

# MUNICIPAL YEAR 2013/2014 REPORT NO. 162

**MEETING TITLE AND DATE:**

CABINET - 22 January 2014

**REPORT OF:** Ray James, Director of Health, Housing and Adult Social Care.

Contact officer and telephone number:

Keezia Obi, Head of Public Health Strategy

[Keezia.Obi@enfield.gov.uk](mailto:Keezia.Obi@enfield.gov.uk)

Telephone: 020 8379 5010

**Agenda - Part: 1**

**Item: 7**

**Subject:** The Joint Health and Wellbeing Strategy 2014 -19 (Draft)

**Wards:** All

**Key Decision No:** 3838

**Cabinet Member consulted:** Cllr Donald McGowan, Cabinet Member for Adult Services, Care and Health

## 1. EXECUTIVE SUMMARY

Local Health and Wellbeing Boards (HWBs) are responsible for producing a Joint Strategic Needs Assessment (JSNA) about the health and wellbeing of local people, and using this information to develop and then publish a Joint Health and Wellbeing Strategy (JHWS).

This strategy is the document that describes the key health and wellbeing priorities for the borough and the current strategy "Improving Health and Wellbeing in Enfield" will be replaced by this new strategy covering the period 2014-2019. Central to this is addressing the inequalities that exist in the borough and making a difference where it is needed most.

In September 2013, the Health and Wellbeing Board approved the borough's first 'on-line' JSNA. This new JSNA has been used by the HWB to inform the strategy.

The HWB has a duty to involve the local community in the preparation of the JHWS, for example Healthwatch, the voluntary and community sector, Youth Parliament and other user groups. This process began with the production of the JSNA and continued with a formal process of consultation about the strategy priorities.

## 2. RECOMMENDATIONS - Cabinet is asked to:

1. Consider and comment on the draft Joint Health and Wellbeing Strategy 2014 - 19, which is enclosed together with the executive summary.
2. Note the outcome of the consultation on the Joint Health and Wellbeing Strategy.

### **3. BACKGROUND**

- 3.1 The statutory Health and Wellbeing Boards are responsible for developing and then publishing a Joint Health and Wellbeing Strategy (JHWS).
- 3.2 The purpose of this strategy is to set out how the Enfield Health and Wellbeing Board will work with partners and the population of Enfield to improve health and wellbeing across the borough over the next five years. The strategy was produced by a working group representing the partners on the HWB.
- 3.3 Many factors effect health and wellbeing; issues such as unemployment, poor housing and feeling unsafe can all impact upon mental and physical health. The Health and Wellbeing Board (HWB) has described in this strategy how they will work to mitigate such factors, as well as encouraging people to take a more active role in their own and others health, by promoting healthy weight management through diet and physical activity, controlling excess alcohol intake and supporting people to stop smoking.
- 3.4 The HWB has already engaged the local community through the consultation on the priorities in this strategy. However, this is just the start of an on-going process. The HWB will engage through a mixture of formal consultations and other activities, including with community and voluntary groups, faith groups, schools and children's groups and patient/service user groups throughout the implementation of this strategy.
- 3.5 This strategy will ensure greater integration between health and social care. The HWB are committed to the aim of supporting individuals to plan and control their care and bring together services to achieve the outcomes important to them. The Board will develop integration plans, which will involve the HWB in dialogue with both the population of Enfield and with local stakeholders.
- 3.6 The priorities and actions adopted in this strategy draw on the strengths of the HWB, and are designed to provide additional impetus for improving health and wellbeing in Enfield into the future.

#### **4.0 Vision, principles and priorities**

- 4.1 The HWB vision is:

***“Working together to enable you to live longer, healthier, happier lives in Enfield”***

- 4.2 The vision is underpinned by five supporting principles:

**Prevention and early intervention** – what people eat and drink, the amount of physical exercise they do, whether they smoke and other lifestyle choices has an impact on the likelihood of people developing long term conditions such as cancer, cardio-vascular disease or diabetes. The HWB recognise that in many cases, poor health can be avoided through better life choices and recognising

risks to health. Early diagnosis, positive interventions and good quality service delivery will lead to the people of Enfield enjoying better health and wellbeing into the future.

The Health and Wellbeing Board recognises that good health and wellbeing starts before birth, with the choices made by the mother affecting outcomes for the baby. This includes early access to ante natal care, and supporting women to make healthy choices before and during pregnancy.

**Integration** – service users should receive a seamless service, regardless of the source of the support; the HWB will encourage integration across all relevant health and social services, Schools’ and Children’s Services, and the voluntary and community sector where appropriate. The HWB recognise that as the main consumers of health and social care, integration of services is a key issue for older people.

**Equality and Diversity** – Enfield HWB initiatives will address equality and diversity, by ensuring services are accessible and high quality, tailored appropriately to the different groups in Enfield, particularly in the light of the east-west divide across the borough in health and wellbeing outcomes.

**Addressing health inequalities** where it is needed most – the HWB will ensure that its initiatives will target health inequalities in Enfield, with the aim of minimising variation in health and life expectancy between East and the West of the borough, while also improving the health and wellbeing of all Enfield residents.

**Ensuring good quality services** – all services will be designed around the patient or user, will be safe, and will be caring and compassionate; the HWB will develop a response to the Mid Staffordshire Hospital and Winterbourne Review which will focus on this supporting principle.

4.3 The vision will be delivered through five key 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 making healthy choices**

4.4. The intended outcome of this strategy is a long-term generational change in health and wellbeing in Enfield.

## **5.0 CONSULTATION ON THE JOINT HEALTH AND WELLBEING STRATEGY**

- 5.1 Consultation on the draft priorities took place between September and December 2013. This consultation utilised a range of techniques in order to obtain views from the public, staff, carers and other key stakeholders.
- 5.2 Views on the five draft priorities were consulted on using a detailed questionnaire, available online and in paper copies, through token boxes, whereby individuals were given a token to vote for which priority they thought was most important, and via public consultation events. A number of public events took place during the consultation period, some catering to the general public, and others directed towards specific groups and organisations.
- 5.3 Just over 2,000 responses to the consultation were received – this figure was made up of 565 detailed questionnaire responses and 1,441 token box votes. Comments were also gathered through a range of consultation events, and included views of the community and local organisations.
- 5.4 A range of comments were also received from individuals and local organisations, covering topics such as improving ease of access to information and advice, the importance of the prevention agenda, improving early diagnosis of long term conditions and offering a broad range of support to encourage people to adopt healthier lifestyles whilst promoting personal responsibility for health and wellbeing.
- 5.5 Questionnaire responses indicated that 99% of consultees supported a few, some, or all of the draft priorities, with over three quarters of respondents, (76%) supporting all five draft priorities. When asked to select which priority or priorities respondents thought were the most important, the top three most popular selections were:
- ✓ Enabling people to be safe, independent and well (71% of respondents)
  - ✓ Ensuring the best start in life (61% of respondents)
  - ✓ Promoting healthy lifestyles – was also supported by the majority of respondents (52% of respondents)
- The two remaining priorities were selected by fewer respondents; however they were still supported as priorities for the strategy:
- ✓ Creating stronger, healthier communities (44% of respondents)
  - ✓ Narrowing the gap in healthy life expectancy (33% of respondents)
- 5.6 Respondents to the detailed questionnaire were also asked to add any comments about what they thought to be the key areas for the health and

wellbeing of local people. 188 questionnaire respondents chose to provide a comment. These comments were then thematically grouped, findings of which are summarised in the word cloud below:



- 5.7 The size of the font in the word cloud indicates the relative frequency with which a topic was mentioned by respondents – as such, we can see that the most commonly raised themes were Healthy Places and Health Promotion, Primary Care, Access to Services and Mental Health. The full list of themes can be viewed in the strategy document.
- 5.8 Responses collected via the token boxes ranked responses in a slightly different order to the detailed questionnaire, though the popularity of priorities did vary depending on the token box location.
- 5.9 Overall, token box responses ranked the priorities in the following order:
- ✓ ‘Creating stronger, healthier communities’ with 39%
  - ✓ ‘Enabling people to be safe, independent and well and delivering high quality health and care services’ with 21%
  - ✓ ‘Narrowing the gap in healthy life expectancy’ with 17%
  - ✓ ‘Ensuring the best start in life’ with 12%
  - ✓ ‘Promoting healthy lifestyles and making healthy choices’ with 11%
- 5.10 A range of comments were also received from public events, covering topics such as improving ease of access to information and advice, improving early diagnosis of long term conditions, the prevention agenda, and offering a broad range of support to encourage people to adopt healthier lifestyles whilst promoting personal responsibility for health and wellbeing.

- 5.11 All comments received were reviewed and considered in the preparation of this strategy. The majority of comments from both the questionnaires and public events have either been incorporated in the body of the report or have influenced the actions and measures of success.
- 5.12 The HWB are committed to continuing the dialogue that has begun between the board, local people and organisations regarding health and wellbeing. As such consultation on the JHWS will be an on-going process throughout the life of the strategy.
- 5.13 Final approval of the strategy will be by the HWB at a Board meeting to be held on 13 February 2014.

## **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**

- 8.1 **Financial Implications** – As detailed in other parts of the report, the purpose of the 5 year joint Health and Wellbeing Strategy is to improve the health and wellbeing of local people. The Health and Well-Being Board (HWB) is a partnership of the Council, Enfield Clinical Commissioning Group (CCG), Healthwatch and the Voluntary and Community sector and they will oversee the implementation of the strategy.

The delivery of the strategy will be funded from existing Council resources (including the Public Health grant) and pooled funds to improve the integration between Health and Social Care services. This includes the Better Care Fund Plan (including a spending plan) which is subject to joint signoff by the Council and CCG in February 2014.

- 8.2 **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 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. Specific risks are noted as follows:
- 9.2 Partnership – key to the effective delivery of this strategy is collaborative working among the key partners represented on the Health and Wellbeing Board (HWB), particularly given the current financial climate and budgetary constraints. This will be mitigated by the agreement of this strategy by all partners, in particular the Council and Clinical Commissioning Group, and crucially the actions and measures of success contained within.
- 9.3 The delivery of the actions and measures of success – the risks associated with this are being mitigated by the production of a more detailed action plan (performance management framework) which the HWB will monitor at regular intervals and allows for corrective action to be taken as necessary.
- 9.4 Engaging local people – central to the success of the JHWS is the involvement of local people in implementing this strategy. This risk will be mitigated through the use of social marketing techniques, existing mechanisms available to partners on the HWB, alongside their commitment to build on the success of the consultation of the HWB as outlined in the strategy.

## **10. IMPACT ON COUNCIL PRIORITIES**

### **10.1 Fairness for All**

Central to the delivery of the JHWS is addressing the inequalities that exist in the borough and making a difference where it is needed most.

### **10.2 Growth and Sustainability**

Central to the delivery of the JHWS is addressing the wider determinants of health such as the environment in which we live, education and employment.

### **10.3 Strong Communities**

One of the priorities of the JHWS is “creating stronger, healthier, communities”.

## **11. EQUALITIES IMPACT IMPLICATIONS**

Advice has been received and an Equalities Impact Assessments (EIA) is currently being undertaken for the publication of the strategy. EIA's will also need to be undertaken as services change as a result of commissioning arrangements.

## **12. PERFORMANCE MANAGEMENT IMPLICATIONS**

The delivery of the JHWS will contribute to the achievements of the council and CCG's priorities and key targets.

## **13. HEALTH AND SAFETY IMPLICATIONS N/A**

## **14. HR IMPLICATIONS N/A**

## **15. PUBLIC HEALTH IMPLICATIONS – this is a Public Health report.**

### **Background Papers**

None.