

MUNICIPAL YEAR 2013/2014

MEETING TITLE AND DATE:
Health and Wellbeing Board

20 March 2014

REPORT OF: Shahed Ahmad,
Director of Public Health.

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Agenda - Part: 1	Item: 3
Subject: The Joint Health and Wellbeing Strategy 2014 -19	
Wards: All Key Decision No: N/A	
Cabinet Member consulted: Cllr Don McGowan, Cabinet Member for Adult Services, Care and Health	

1. EXECUTIVE SUMMARY

Attached to this report is Enfield's new Joint Health and Wellbeing Strategy (JHWS) and Executive Summary covering the period 2014-19. The JHWS was approved at the 13th of February meeting of the Health and Wellbeing Board, subject to final amendments which have been made.

A strategy implementation plan which will include detailed action plans is currently being developed. This will enable the Health and Wellbeing Board to review the progress of the actions and measures of success on a regular basis, updating as required in response to changes in the evidence base (JSNA) and to reflect progress.

A communications plan for the JHWS is being produced.

A detailed report about the JHWS consultation process has been produced and will be available and distributed to the Board by the end of March.

The full Joint Health and Wellbeing Strategy will be reviewed in 2018/19.

2. RECOMMENDATIONS – the Health and Wellbeing Board is asked to:

- a) Receive the Joint Health and Wellbeing Strategy 2014 – 19.

3. BACKGROUND

- 3.1 The Health and Wellbeing Board is responsible for developing and then publishing a Joint Health and Wellbeing Strategy (JHWS). The JHWS is the document that describes the key health and wellbeing priorities for the borough and central to this, is addressing the inequalities that exist in the borough and making a difference where it is needed most. As set out in statutory guidance, the JSNA has been used as the evidence base upon which the strategy has been developed.
- 3.2 The strategy sets out how the Enfield Health and Wellbeing Board (HWB) 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 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 continue to engage people through a mixture of formal consultations and 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.
- 3.4 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.
- 3.5 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**
- ✓ **Integration**
- ✓ **Equality and Diversity**
- ✓ **Addressing health inequalities**
- ✓ **Ensuring good quality services**

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**
- ✓ **Reducing health inequalities - Narrowing the gap in life expectancy**
- ✓ **Promoting healthy lifestyles and making healthy choices**

5. **ALTERNATIVE OPTIONS CONSIDERED**

None - it is a statutory requirement to produce a Joint Health and Wellbeing Strategy.

6. **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.

7. **COMMENTS OF THE DIRECTOR OF FINANCE, RESOURCES AND CUSTOMER SERVICES AND OTHER DEPARTMENTS**

7.1 **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 Wellbeing 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 and CCG resources and pooled funds. This includes the Better Care Fund (BCF) which is a pooled budget between the Enfield CCG and the Council.

7.2 **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.

8. KEY RISKS

- 8.1 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:
- 8.2 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 delivery of the strategy by all partners, in particular the Council and Clinical Commissioning Group, and crucially the actions and measures of success contained within.
- 8.3 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.
- 8.4 Engaging local people – also refer to point 3.3. Central to the success of the JHWS is the involvement of local people in implementing this strategy. This risk will be mitigated through a range of activities including 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.

9. IMPACT ON COUNCIL PRIORITIES

9.1 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.

9.2 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.

9.3 Strong Communities

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

10. EQUALITIES IMPACT IMPLICATIONS

An Equalities Impact Assessment (EQIA) has been undertaken and summarised in the strategy document. EQIA’s will also need to be undertaken as services change as a result of commissioning arrangements.

11. PERFORMANCE MANAGEMENT IMPLICATIONS

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

12. HEALTH AND SAFETY IMPLICATIONS N/A

13. HR IMPLICATIONS N/A

14. PUBLIC HEALTH IMPLICATIONS – this is a Public Health report.

Background Papers

None.