

# HEALTH AND WELLBEING BOARD

18<sup>th</sup> January 2023

<b>Title:</b>	Shaping the Refresh for the Joint Local Health and Wellbeing Strategy 2023-28
<b>Report of the Director of Public Health</b>	
<b>Open Report</b>	<b>For Information</b>
<b>Wards Affected: all</b>	<b>Key Decision: Yes</b>
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<b>Sponsor:</b>  Matthew Cole, Director of Public Health, LBBD	
<b>Summary:</b>  <p>The current Barking and Dagenham Health and Well Being Strategy (HWBS) ends in March 2023. On review, following the publication of the refreshed JSNA and the Babies, Children's' and Young Peoples Plan, it is proposed the strategy (now known as the Local Joint Health and Well Being Strategy (JLHWBS)) remains but is refreshed in the context of the new Integrated Care System (ICS) and in the aftermath of the COVID Pandemic and the current 'cost of living crisis' for the period 2023 -2028 (as recommended in the Director of Public Health's report 2021-22).</p> <p>In the context of the new Place-based partnership and integrated working, this refreshed Strategy will set out a renewed vision for improving the health and wellbeing of residents and reducing inequalities at every stage of residents' lives by 2028.</p> <p>As most issues impacting on people's health are outside of the health service, the heart of this strategy will be tackling health inequalities supported by the value of relationships and connecting with residents in designing or delivering changes in services, to meet the individual needs and characteristics of our communities.</p> <p>The HWB will need to consider the NHS NEL Integrated Care Strategy when refreshing the JLHWBS to ensure that they are complementary. And conversely, the Integrated Care Strategy should build on and complement the JLHWBSs, identifying where needs could be better addressed at the system level. It should also bring learning from across the system to drive improvement and innovation.</p> <p>Recent guidance on the publication of the ICB joint forward plan (JFP) specifies ICBs and their partner Trusts must involve relevant HWBs in preparing or revising the JFP. This includes sharing a draft with each relevant HWB and consulting relevant HWB's on whether the JFP takes proper account of each relevant Joint Local Health and Well being Strategy. The 23/24 JFP needs to be published by June 30<sup>th</sup> 2023.</p>	

<p>A programme of community engagement is currently being planned to help define 'what good looks like' against the agreed priorities.</p>
<p><b>Recommendation(s)</b></p> <p>The Health and Wellbeing Board is recommended to agree:</p> <ol style="list-style-type: none"> <li>1. The direction of travel for refreshing the Joint Local Health and Wellbeing Strategy, in the context of the newly established Place- based partnership and Integrated Care System.</li> <li>2. Consider NHS NEL's proposed Integrated care Strategy in its considerations on how the refreshed JLHWBs will be shaped.</li> <li>3. A full discussion on the draft Joint Local Health and Wellbeing Strategy at its next meeting in March.</li> </ol>
<p><b>Reason(s)</b></p> <p>The Health and Wellbeing Board has a statutory responsibility to publish a Health and Wellbeing Strategy.</p>

## 1. Background and Context

The Health and Social Care Act 2012 requires each local council area to have a Health and Wellbeing Board (HWBB), which brings together key leaders from local health and care organisations to work together to improve the health and wellbeing of local people and to reduce inequalities that are the cause of ill health.

The HWBB must produce a Health and Wellbeing strategy (now known as Joint Local Health and Well Being Strategy (JLHWS)) that describes the key local health and care issues and explains what the board is going to do to make improvements to these issues.

The JLHWS sets out the vision, priorities and action agreed by the HWB to meet the needs identified within the JSNA and to improve the health, care and wellbeing of local communities and reduce health inequalities.

### 1.1 Role of the Joint Strategic Needs Assessment and Joint Local Health and Wellbeing Strategy

These are vehicles for ensuring that the needs and the local determinants of the health of the local population are identified and agreed. The JSNA provides the evidence base for the health and wellbeing needs of the local population and should be kept up to date regularly. The JLHWS sets out the agreed priorities and joint action for partners to address the health and wellbeing needs identified by the JSNA. They are not an end in themselves, but a regular process of strategic assessment and planning.

Local authorities and ICBs must have regard to the relevant JSNAs and JLHWSs so far as they are relevant when exercising their functions, including NHS England in exercising any functions in arranging for the provision of health services in relation to the geographical area of a responsible local authority.

### 1.2 Recent guidance on Health and Wellbeing Boards (HWBs) (Nov 2022)<sup>1</sup>

<sup>1</sup><https://www.gov.uk/government/publications/health-and-wellbeing-boards-guidance>

HWBs continue to be responsible for:

- Assessing the health and wellbeing needs of their population and publishing a joint strategic needs assessment (JSNA).
- Publishing a joint local health and wellbeing strategy (JLHWS), which sets out the priorities for improving the health and wellbeing of its local population and how the identified needs will be addressed, including addressing health inequalities, and which reflects the evidence of the JSNA.
- The JLHWS should directly inform the development of joint commissioning arrangements (see section 75 of the National Health Service Act 2006) in the place and the co-ordination of NHS and local authority commissioning, including Better Care Fund plans.
- Developing a pharmaceutical needs assessment (PNA) for their area.

### 1.3 **Local Joint Health and Well Being Strategy and Integrated Care Strategy**

The HWB will need to consider NHS NEL's Integrated Care Strategy when preparing the JLHWBS to ensure that they are complementary. Conversely, the HWB should be active participants in the development of the Integrated Care Strategy as this may also be useful for HWBs to consider in their development of their strategy.

The Integrated Care Strategy should build on and complement JLHWSs, identifying where needs could be better addressed at the system level. It should also bring learning from across the system to drive improvement and innovation.

JSNAs will be used by Integrated Care Partnerships (ICPs) to develop the Integrated Care Strategy, identifying where the assessed needs within the JSNA can be met by local authorities, ICBs or NHS England in exercising their functions.

The Department for Health and Social Care has issued guidance for integrated care strategies<sup>2</sup> with a suggestion that partnerships may wish to develop interim strategies to influence system planning for 23/24 ahead of further strategy guidance expected in June 2023.

### 1.4 **NHS NEL Integrated Care Strategy Proposal**

System partners across North East London Health and Care Partnership have reached collective agreement on NHS NEL's ICS purpose and four priorities to focus on together as a system. The priorities and cross-cutting themes (see below) will set a clear direction for the development of the new NHS Joint Forward Plan due end March 2023 (see Appendix A for what good looks like against the cross-cutting themes).

The interim strategy document will be completed taking on board any further feedback from the Integrated Care Partnership on 11<sup>th</sup> January. The strategy will not however be a one-off process, more a dynamic dialogue across all parts of the system and with local people.

#### **Priorities:**

- To provide the best start in life for the Babies, Children and Young People of North East London
- To support everyone at risk of developing or living with a long-term condition in North East London to live a longer and healthier life

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<sup>2</sup> <https://www.gov.uk/government/publications/guidance-on-the-preparation-of-integrated-care-strategies/guidance-on-the-preparation-of-integrated-care-strategies>

- To improve the mental health and wellbeing of the people of North East London
- To create meaningful work opportunities and employment for people in North East London now and in the future

**Cross-cutting themes** describing ‘how’ NHS NEL will work differently as an integrated care system:

- Working together as a system to tackle health inequalities including a relentless focus on equity
- Greater focus on prevention
- Holistic and personalised care
- Co-production with residents
- A high trust environment
- Working as a learning health system

## Other Relevant Plans and Assessments

### 1.5 LBB Corporate Plan

The Council Corporate Plan is currently in development, it will set out how and what the Council will deliver against agreed priorities – many of which directly or indirectly impact on the health of residents, as well as good health of residents it will also enable the achievement of all. Therefore, the Health and Well Being Strategy is a key overarching strategy for this plan.

### 1.6 ICB Joint Forward Plan (JFP) (replacing commissioning plan)

Before the start of each financial year, an ICB, with its partner NHS Trusts and NHS Foundation Trusts, must prepare a 5-year joint forward plan, to be refreshed each year. The plan sets out any steps on how the ICB proposes to implement any JLHWS that relates to the ICB area, and the ICB must have regard to the Integrated Care Strategy when exercising any of its functions.

Recent guidance<sup>3</sup> specifies that systems have flexibility to determine their JFP’s scope as well as how it is developed and structured. Legal responsibility for developing the JFP lies with the ICB and its partner Trusts. However, it is encouraged that systems use the JFP to develop a shared delivery plan for the Integrated Care Strategy and the JLHWS that is supported by the whole system, including local authorities and voluntary, community and social enterprise partners. As a minimum, the JFP should describe how the ICB and its partner Trusts intend to arrange and/or provide NHS services to meet their population’s physical and mental health needs. This should include the delivery of universal NHS commitments, address ICSs’ four core purposes and meet legal requirements.

ICBs and their partner trusts must involve relevant HWBs in preparing or revising the JFP. This includes sharing a draft with each relevant HWB and consulting relevant HWB’s on whether the JFP takes proper account of each relevant joint local health and wellbeing strategy (JLHWS).

The guidance specifies ICBs and their partner trusts have a duty to prepare a first JFP before the start of the financial year 2023/24 – i.e. by 1 April. For this first year, however, the date for publishing and sharing the final plan with NHS England, their Integrated Care Partnerships and Health and Well-being Boards, is 30 June 2023. Therefore, it is expected that the process for consulting on a draft (or drafts) of the plan, should be commenced with a view to producing a version by

<sup>3</sup> <https://www.england.nhs.uk/wp-content/uploads/2022/12/B1940-guidance-on-developing-the-joint-forward-plan-december-2022.pdf>

31 March, but consultation on further iterations may continue after that date, prior to the plan being finalised in time for publication and sharing by 30<sup>th</sup> June.

The plan itself must describe how the ICB proposes to implement relevant JLHWSs. ICBs and their partner trusts must send a draft of the JFP to each relevant HWB when initially developing it or undertaking significant revisions or updates. A HWB must respond with its opinion and may also send that opinion to NHSE, telling the ICB and its partner trusts it has done so. If an ICB and its partner trusts subsequently revises a draft JFP, the updated version should be sent to each relevant HWB, and the consultation process described above repeated. The JFP must include a statement of the final opinion of each HWB consulted.

## 1.7 **ICB Annual Reports**

The ICB is required as part of their annual report to review any steps they have taken to implement the NEL borough's JLHWS. In preparing this review, the ICB must consult each relevant HWB.

## 1.8 **Joint Outcomes Framework<sup>4</sup>**

A framework will be developed nationally with a focused set of national priorities, and an approach for prioritising shared outcomes at a local level, focused on individual and population health and wellbeing. The implementation of shared outcomes will begin from April 2023.

The national government will set some delivery standards for organisations, to ensure that the public receive a consistent standard of care, via setting a Mandate for NHS England. The outcomes will sit alongside - and complement - systems' and organisations' statutory responsibilities and wider regulatory frameworks.

## 1.9 **Performance Assessments**

In undertaking its annual performance assessment of an ICB, NHS England must include an assessment of how well the ICB has met the duty to have regard to the relevant JSNAs and JLHWSs within its area. In conducting the performance assessment, NHS England must consult each relevant HWB for their views on the ICB's contribution to the delivery of any JLHWS to which it was required to have regard.

**The Care Quality Commission (CQC)** will consider outcomes agreed at place level as part of its assessment of ICSs. The CQC will also continue to develop its assessment of individual providers, to ensure their contribution to plans that improve outcomes at place and ICS level are assessed as part of the overall oversight framework. In addition to its current role in regulating and inspecting health and care providers, the CQC will also review integrated care systems including NHS care, public health, and adult social care and assess local authorities' delivery of their adult social care duties.

## 2. **Shaping the Health and Wellbeing Strategy**

The current Barking and Dagenham Health and Well Being Strategy ends in March 2023. However, on review following the publication of the refreshed JSNA, and the Babies, Children's' and Young Peoples Plan, and as recommended in the Director of Public Health's report 2021-22, it is proposed the strategy remains but

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<sup>4</sup> <https://www.gov.uk/government/publications/health-and-social-care-integration-joining-up-care-for-people-places-and-populations>

refreshed in the aftermath of the COVID Pandemic and the current 'cost of living crisis' for the period 2023 -2028.

But, as most issues impacting on people's health are outside of the health service, the heart of this will be tackling health inequalities supported by the value of relationships and connecting with residents in designing or delivering changes in services, to meet the individual needs and characteristics of our communities.

In the context of the new place-based partnership and integrated working this refreshed Strategy will set out a renewed vision for improving the health and wellbeing of residents and reducing inequalities at every stage of residents' lives by 2028, aspiring to the development of a 'system of health'.

## 1.10 Proposed Framework for the 2023 – 2028 Strategy

### Vision

By 2028 as Barking and Dagenham (B&D) continues to grow, our residents will have improved health and wellbeing, with less health inequalities between B&D residents and the rest of London: no-one will be left behind.

Our residents will have increased resilience, empowered to not just survive, but to thrive. Residents will benefit from a place-based system of care, where partners across the Barking, Havering and Redbridge system work together to get upstream of care and improve the health of the population. Partners will increasingly focus on outcomes and impact, rather than outputs with outcomes-based commissioning working effectively to improve outcomes for residents.

The strategy will place the 'Marmot Principles' and associated indicators at the heart of what it says as an evidence-based approach to putting health equity at the centre of post-pandemic recovery.

It will also consider the impacts of the 'cost of living' crisis which nationally has resulted in over half (55%) of people feeling their health has been negatively impacted. These numbers will be much greater across our community where poverty and deprivation are high, given we were the fifth most deprived area in England in 2019, up from the 20th in 2004.

The strategy will be built around the following four pillars of population health<sup>5</sup> :

- The wider determinants of health
- Our health behaviours and lifestyles
- An integrated health and care system
- The places and communities we live in, and with

And will reflect the current priority themes of:

**Priority Theme 1:** Best Start in Life

**Priority Theme 2:** Early Diagnosis and Intervention

**Priority Theme 3:** Building individual and community strength

The following partnership priorities will be reflected within these themes:

- **Addressing long term conditions** (adults and children) (early diagnosis and treatment preventing long term serious health conditions including serious

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<sup>5</sup> <https://www.kingsfund.org.uk/publications/vision-population-health>



mental health problems, avoidable admissions and reducing demand on social care services)

- **Addressing obesity and smoking**
- **Best start in life** including healthy pregnancy, developmental support, diagnosis and support for SEND
- **Domestic violence and addressing adverse childhood experiences**
- **Health in all Policies/anchor institutions**
- (Including training, education and skills development, employment, housing and inclusive growth)

These will be underpinned by addressing health inequalities with a focus on the [Core20Plus5](#) (adults and children) priorities. The strategy will take a place-based approach delivered through locality working, involving three types of interventions:

- Civic-level interventions (e.g. licensing, economic development)
- Community-based interventions (e.g. using and building assets within communities)
- Services-based interventions (e.g. quality and scale, reducing variation)

### 1.11 Developing Outcomes and Delivery Plans

Coproduced with residents:

- Each theme will reflect the relevant partnership priority and will have outcomes (short medium and long term) associated to them.
- A detailed set of delivery plans will be developed to describe activity to achieve the agreed measures.
- All interventions will be evidence-based, outcomes orientated, systematically applied across the borough, scaled-up appropriately and appropriately resourced to meet needs, and sustainable.
- Responsibility and accountability for delivering these plans will be both the Adult and Best Chance for Children and Young People Delivery Groups.
- Measures (performance indicators) will be identified against which progress will be tracked.

## 3 Consultation and Engagement

This process has been broken down into three phases. The first included gathering relevant insight from Partnership Board members (as well as internally) relating to recent and related engagement undertaken that could help to identify gaps, newly emerging themes- such as 'cost of living crisis', or feed into development of the delivery plans. It also included a survey hosted on One Borough Voice, where residents were asked to 'sense check' the relevance of current strategy priorities that fall with current themes.

Phase two is currently being formulated and focusses on working with LBBDs Participation and Engagement Team to develop a plan for engagement with communities and existing groups/organisations, with input being sought from partners within the community and voluntary sector. The intention is to engage with underserved groups and within key geographic areas (by linking in with Locality Leads) that have the greatest need/are impacted most by the issues outlined within the partnership priorities listed in 2.1 above.

This is expected to be undertaken through different approaches (including workshops) to seek views, mainly on 'what good looks like' which will inform measures for the refresh as well as potentially feeding into outcome development and actions within the delivery plans.

Due to the extensive engagement work recently undertaken during the development of the Babies, Childrens and Young Peoples Plan. Engagement for this strategy refresh will be focussed on engagement with adult populations only.

The final phase will be to write a refreshed draft of the strategy and provide an opportunity for residents (via One Borough Voice), identified peer reviewers and other colleagues (throughout the internal governance process) to revise the document during final stages of consultation, ahead of its finalisation and publish.

## **4 Mandatory Implications**

### **4.1 Joint Strategic Needs Assessment**

The Health and Well Being Strategy is informed by the JSNA.

#### **Public Background Papers Used in the Preparation of the Report:**

None

#### **List of Appendices:**

**Appendix A – What success will look like for The NHS NEL Integrated Care System**



## What success will look like for The NHS NEL Integrated Care System

### Health Inequalities

*In addition to the specific health inequalities measures set out in relation to our four priorities below:*

- Across North East London we are reducing the difference in access, outcomes and experience with a focus on people from black and minority ethnic communities, people with learning disabilities, people who are homeless, people living in poverty or deprivation and for carers.
- Healthy life expectancy is improved across NEL and the gap between our most and least deprived areas / those living in poverty and the wealthiest is reduced.
- We have improved ethnicity data collection and recording across health and care services and deliver inclusive, culturally competent, and trusted health and care services to our population.
- Our staff have access to training on health inequalities and we routinely measure and address equity in NHS waiting lists.
- We are mitigating against digital exclusion.
- Tackle racism and increase cultural competence and cultural awareness in services.

### Prevention

*In addition to the specific prevention measures set out in relation to our four priorities:*

- We invest more in prevention as a system to reduce prevalence of long-term conditions and mental health equitably across all of our places.
- We identify and address unmet need including diagnosing more people early and increasing access to care and support particularly for our most vulnerable or underserved groups.
- We invest in our community and voluntary sector to support prevention and early intervention in a range of ways to suit our diverse population.
- Through our role as anchor institutions, we support economic development by employing local people and prioritising social value in procurement.
- We share and use data to identify the most vulnerable people living locally including those not using services and those frequently using services to provide more targeted and proactive support which better meets their needs.

### Personalisation

- Staff have access to all the information they need in one place to enable them to provide seamless care to local people and can share this information safely through our IT systems.
- Local people including carers only need to tell their story once through their health and care journey.
- Local people are asked what matters to them in setting their treatment or care goals and can access a wide range of non-medical support in the community.
- Particularly vulnerable residents are identified and given additional support to access services ensuring their experience and outcomes of care are equitable.
- Our staff are equipped to deliver trauma-informed care based on the principles of physical and psychological safety; trust; choice; collaboration; empowerment; and cultural competence.
- We aim for at least one PCN in each place-based partnership to have a CYP social prescribing service, in line with local needs.

### Coproduction

- We can evidence how decisions taken by our boards are informed by the views of local people.

- We helped establish a community and voluntary sector collaborative and actively support and resource its development.
- We train a wide range of health and care staff in co-production and power sharing approaches.
- We can demonstrate how we have identified and engaged underserved groups and the full diversity of our local population.
- We use existing sources of insight from local people including carers to shape our strategies and plans and resist repeatedly asking the same questions.
- We close the loop when we seek the views of carers and local people by feeding back.

### **High Trust environment**

- Partners in the ICS feel actively engaged.
- Partners have adopted an 'open book' approach including how we spend our money.
- We challenge each other constructively without blame.
- We are open to new ways of working and share risk as a system.

### **Learning System**

- We use data, evidence, and insights to build our understanding of our population and to drive our ambitions, priorities, transformation and improvements.
- We regularly review the impact we are having through evaluation of our services and transformation programmes and make changes based on this learning.
- We innovate and enable shared learning to accelerate adoption of innovation, research and best practice throughout our system.
- We support and encourage research that is focused on improving health and care for local people and involve more local people in research.