

CABINET

19 December 2012

Title: Joint Health and Wellbeing Strategy	
Report of the Cabinet Member for Health	
Open Report	For Decision
Wards Affected: All	Key Decision: Yes
Report Author: Matthew Cole, Director of Public Health	Contact Details: Tel: 020 8227 3657 E-mail: matthew.cole@lbbd.gov.uk
Accountable Divisional Director: Matthew Cole, Director of Public Health	
Accountable Director: Anne Bristow, Corporate Director of Adult and Community Services	
Summary: <p>This report provides Cabinet with the opportunity to approve or amend the Health and Wellbeing Strategy 2012-2015, with its underpinning delivery plan as well as associated Equalities Impact Assessment (EIA).</p> <p>The draft Strategy sets out a vision for improving the health and wellbeing of residents and reducing inequalities at every stage of people's lives by 2015. It aims to help residents improve their health by identifying the key priorities for action based on the evidence in our Joint Strategic Needs Assessment (JSNA), as well as what can be done to address them and what outcomes are intended to be achieved. These priorities will then underpin commissioning plans and other agreements to undertake the actions together, in order to make the greatest impact across the health and social care system and wider Council responsibilities. It also sets out how we will work together to deliver the agreed priorities.</p> <p>The Strategy has been subject to wide consultation, over a three month period, and has been redrafted to take account of the feedback. It has been signed off for presentation to Cabinet by the Shadow Health and Wellbeing Board at its meeting on 27 November 2012</p>	
Recommendation <p>The Cabinet is recommended to approve the Health and Wellbeing Strategy 2012-15, along with any comments or observations that Cabinet wishes officers to accommodate as they begin implementation.</p>	
Reason(s) <p>The Health and Social Care Act 2012 sets out a requirement that the Council and Clinical Commissioning Group agree a Health and Wellbeing Strategy, which will guide both organisations' commissioning plans for health, social care and related services. The attached Strategy is the result of a widely consulted-upon, partnership approach to establishing the key priorities for the improvement of health and wellbeing for the local population. It is commended to Cabinet by the Shadow Health and Wellbeing Board.</p>	

1. Background to the Strategy

- 1.1. London Borough of Barking and Dagenham, through the Barking and Dagenham Partnership, agreed a Health and Wellbeing Strategy for the period 2010 to 2012/13, which set ten key priorities for improving the health of the local population.
- 1.2. The expiry of that Strategy coincides with the introduction of new duties placed on the Council, through the Health and Social Care Act 2012, to jointly prepare a Health and Wellbeing Strategy with its partners in the NHS.
- 1.3. Duties are also then placed on the both the Council and the local NHS commissioners to 'have regard' to this Strategy when formulating policy or commissioning services. It is intended, therefore, that the Council's plans for commissioning health and social care services, as well as delivering a wide range of public health related services and programmes, should link to the priorities of the Strategy that Cabinet is now being asked to approve.
- 1.4. From 1 April 2013, the Council will be responsible for leadership of the local public health system, commissioning patient and public engagement mechanisms for health and social care, and for ensuring a joint approach to health and social care service design through the new Health and Wellbeing Board. These are major developments of the Council's role in championing the improvement in health of the local population. This Strategy is the first publication that sets out the approach that the Council will take to these new important duties.
- 1.5. Whilst these duties are important, they merely provide a statutory basis for activity that the Council is already committed to taking. The residents of the Borough have some of the poorest health outcomes in the country, and the Council has a long-standing commitment to work with partners to address these issues. As the Strategy describes, Barking and Dagenham has more deaths than the London average for most conditions, including heart disease, cancer and lung disease. The local assessment of health and wellbeing issues, the 'Joint Strategic Needs Assessment', once again highlights the lifestyles that will cause problems both now and in the future. These include smoking, obesity, physical activity and alcohol misuse.
- 1.6. Whilst the Council's budget situation remains challenging, it remains committed to services and interventions to support people to remain healthy or to improve their health. These have included well taken-up subsidised leisure provision for young people and older people, as well as an innovative joint approach to primary health and social care services for those with long-term conditions, helping to keep them out of hospital and ensure that they get the right care at home to live as independently as possible. The Strategy forms part of a commitment to continue, despite a very challenging financial climate, to do what is possible for the improvement of residents' health and wellbeing.

2. Process of development of the new Strategy

- 2.1. An expectation was set by the Department of Health that areas would have a new health and wellbeing strategy in place by the end of the 2012 calendar year, and the Shadow Health and Wellbeing Board agreed to work to this timescale. The

Strategy has undergone an extensive development period, co-ordinated in partnership through the Board and its subgroups.

- 2.2. In addition, a consultation has been undertaken on a first draft of the Strategy, which closed on 8 October 2012, and the Strategy takes account of the views that have been put forward.
- 2.3. As part of the consultation process, the Strategy was considered by the Health and Adult Services Select Committee.
- 2.4. The Strategy was authorised to go forward to approval by the Cabinet and the Clinical Commissioning Group at a meeting of the Shadow Health and Wellbeing Board on 27 November 2012. Members of the Board agreed that the Strategy had developed well from the earlier drafts, had adapted to meet the initial comments made at earlier meetings, as well as observing that it provided a good basis for linking commissioning plans into its overall strategic vision.
- 2.5. Fundamentally, the Strategy is rooted in the findings of the Joint Strategic Needs Assessment (JSNA), which highlights priorities for improving the health and wellbeing of the population based on an analysis of available data for health and care conditions as well as current issues around access to services. The JSNA contains a wealth of information, and can be accessed at www.barkinganddagenhamsna.org.uk.
- 2.6. To guide the development of the Strategy, the Shadow Health and Wellbeing Board established some key principles to adopt:
 - To set out shared priorities based on evidence of greatest need that puts the emphasis on prevention and early intervention.
 - To make health and wellbeing a personal agenda supported by borough based programmes and interventions.
 - To set out a clear rationale for the locally agreed priorities and also what that means for the other needs identified in the JSNA and how they will be handled.
 - Not try to solve everything, but take a strategic overview on how to address the key issues identified in the JSNA, including tackling the worst inequalities.
 - To concentrate on an achievable amount with an outcomes focus – prioritisation is difficult but important to maximise resources and focus on issues where the greatest gains in health and wellbeing can be achieved.
 - To address issues through joint working across the local health and social care system, and also to describe what individual services will do to tackle priorities and give effective solutions to individual problems.
 - To enable improved patient and service user engagement in the development of our Strategy and plans.

- To enable increased choice and control by residents who use services, with independence, prevention and integration at the heart of how choices can be made.

2.7. The Health and Wellbeing Strategy has strong links to national policies and strategies. In the local context the Health and Wellbeing Board will not seek to replicate other areas of work, or create complex cross-accountabilities between different programmes (such as, for example, the Housing Strategy or Sport and Physical Activity Strategy). However, we will work with the relevant boards and accountable officers, to ensure that the achievement of outcomes described in the Health and Wellbeing Strategy is supported across the whole partnership.

3. About the Strategy

3.1. In preparing the Strategy, officers have sought to ensure that it will drive an improvement in health and wellbeing through all stages of life, to reduce health inequalities and to promote choice, control and independence.

3.2. The emphasis on impacting on all stages of life has meant that the Strategy is structured around the life course. Activities across different stages of life are then grouped in broad priority themes:

- care and support;
- protection and safeguarding;
- improvement and integration of services; and
- prevention.

3.3. The key outcomes from the delivery of the Strategy by 2015 are to:

- Increase the life expectancy of people living in the borough;
- Close the gap between the life expectancy in Barking and Dagenham with the London average; and
- Improve health and social care outcomes through integrated services.

3.4. In line with the feedback we have refocused the way we describe the priorities across the life course. The life course is now described as:

- Pre birth to early years;
- Primary School Children;
- Adolescence;
- Maternity;
- Early Adulthood;

- Established Adults;
- Older Adults;
- Vulnerable and Minority Groups (added as a result of the Equality Impact Assessment).

The Strategy is structured so that:

- The first pages (1 - 14) contain preambles; endorsements; the structure of the document; an overview of the health needs of the borough; and links to national and regional context and other local strategies and plans;
- The core of the document (pages 15 - 28) set out the outcomes, priority themes and describe the intent behind improving health at the stages of the life course;
- Finally, pages 29 - 32 set out how the Strategy will be delivered and monitored, and a summary of equalities considerations.

4. The Delivery Plan, Equalities Impact Assessment and Consultation Response

- 4.1. The Shadow Health and Wellbeing Board agreed that the publication of an outline Delivery Plan at the same time as the Strategy was appropriate to ensure that there were activities agreed and underway from the start of the Strategy period. The Delivery Plan sets out how the priorities will be delivered, and the agencies responsible for implementation.
- 4.2. An Equalities Impact Assessment has also been completed, and is available for Members to consider alongside the Strategy on the Council's website at <http://www.barkingdagenhampartnership.org.uk/hwb/pages/healthwellbeingstrategy2012.aspx> . This webpage also publishes the comments that were received on the first draft Strategy, showing how it has changed in response to partners' feedback.
- 4.3. Some formatting work will take place on the document once approved, though it will not be sent for professional printing. It is intended to disseminate the document electronically and print hard copies internally and only as required.

5. Approval for future iterations of the Health and Wellbeing Strategy

- 5.1. From April 2013, the Health and Wellbeing Board will take up its position as a formal committee of the Council, with a statutory basis. From this point, it is expected that the Health and Wellbeing Board will take the formal decision to approve the Strategy on the Council's behalf.

6. Options Appraisal

- 6.1. The options presented to Cabinet through this report are to:
 - a) Reject the Strategy and Delivery Plan;

- b) Approve the Strategy and Delivery Plan, either in its entirety or with any comments that they wish to see reflected as delivery commences.

- 6.2. The report recommends that the Cabinet adopt option (b) to approve the Strategy. As has been outlined in the report, considerable consultation and engagement has been undertaken across the Partnership, and the Strategy has been drafted based on the evidenced findings of the Joint Strategic Needs Assessment. The Shadow Health and Wellbeing Board has reviewed the document and is recommending approval to the Cabinet and to the Board of the Clinical Commissioning Group. To take up option (a) is therefore not recommended, and carries risk of destabilising partner relations and delaying implementation of important programmes that rely on the Strategy's direction.
- 6.3. Any Strategy and Delivery Plan must contain a capacity to adapt as delivery commences, so that it is able to meet any changing circumstances that may be encountered. Therefore, should Cabinet have observations to make on elements of the Strategy, or feedback that they would wish to see reflected as delivery commences, they have the option to approve the Strategy, with comments provided for officers to take forward as they shape the implementation of the Strategy.

7. Consultation

- 7.1. The consultative process which has been undertaken to shape the Strategy is outlined in this report. In particular, for the Council, the Strategy has been reviewed, commented upon and amended in light of feedback from the Health and Adult Services Select Committee and the Shadow Health and Wellbeing Board.

8. Financial Implications

Completed by: Dawn Calvert, Group Manager – Finance

- 8.1. The financial implications of the Strategy must be contained within current resources, including the Public Health grant that is due to transfer to the Local Authority from 1 April 2013. The baseline of estimated spend for Barking and Dagenham, as announced on 7 February 2012, is £11.019m for 2012/13. Final grant allocations for 2013/14 are expected to be announced in December 2012.

9. Legal Implications

Completed by: Chris Pickering, Principal Solicitor

- 9.1. As the report identifies, the Council alongside the area NHS Clinical Commissioning Group have a shared duty as of April 2013 to develop a Health and Well-Being Strategy. The Strategy appears to have been adopted in a procedurally fair manner, including necessary consultation and impact assessments. Therefore the legal risks to its adoption will be limited as the Strategy represents the Council's fulfilment of that obligation and its commitment to improve the service.

10. Other Implications

- 10.1. **Risk Management** - Risks involved in the Council are reviewed by an internal Health Group, chaired by the Corporate Director of Adult and Community Services.

An entry has been made on the Corporate (and Directorate) Risk Registers, principally relating to the transfer of Public Health responsibilities to the Council, but also encompassing issues relating to the delivery of the programmes that support the Health and Wellbeing Strategy. These are reviewed by Directorate Management Team (DMT) and Corporate Management Team as appropriate.

- 10.2. **Contractual Issues** - The Health and Wellbeing Strategy raises no specific contractual issues in itself, although it is expected that commissioning plans, and the contracts that arise from them, will in future reflect the priorities established by the Strategy.
- 10.3. **Staffing Issues** - The Strategy has no direct staffing implications.
- 10.4. **Customer Impact** - A detailed equality impact assessment has informed the development of the Strategy and it available for review on the Council's website at <http://www.barkingdagenhampartnership.org.uk/hwb/pages/healthwellbeingstrategy2012.aspx> . The Strategy has been drafted to take account of its findings, including an amendment to the life course approach to consider separately the specific needs of certain groups with protected characteristics. The Strategy is driven by a fundamental objective to improve residents' access to key health and social care services, for example, reflecting the work that the Council has done with local GPs to develop integrated care based around clusters of GP practices and social care teams, which is seeing significant benefits in terms of improved co-ordination, reduced delays to provision of service, and improved customer satisfaction.
- 10.5. **Safeguarding Children and Vulnerable Adults** - The Strategy acknowledges the role of the respective safeguarding boards for vulnerable adults and children and includes a specific theme about improving safeguarding and protection across the services that it seeks to improve. The Shadow Health and Wellbeing Board, through these commitments, will continue to build its work with the safeguarding boards with a view to strengthening the safeguarding roles and practice of health and social care services.
- 10.6. **Health Issues** -There is an unprecedented opportunity, through the leadership role conferred on the Council by the reforms introduced in the Health and Social Care Act 2012, to consider how the Council's community role, and all of the existing powers and levers available to it, can be used to improve the health and wellbeing of our population. The Strategy provides a framework through which Members can, in future, consider the extent to which Council priorities, decisions and services are providing the maximum positive impact on the health and wellbeing of the local population. It contains a programme of action for improving the health and wellbeing of the population, working closely with the NHS and voluntary sector, and for improving the quality of services local people receive and their extent to which they are planned and delivered in an integrated manner.
- 10.7. **Crime and Disorder Issues** - The Strategy acknowledges that crime and the fear of crime have an impact on health and wellbeing, causing people anxiety and posing a barrier to their active enjoyment of the borough's parks and leisure facilities and to their engagement in the community. It commits health partners to work on these issues, alongside the Council's existing long-standing commitment, and sets the priorities of the Shadow Health and Wellbeing Board in a wider context

of Council activity to improve community and individual wellbeing - which includes making neighbourhoods safer.

- 10.8. **Property / Asset Issues** - The Strategy raises no specific property or assets issues, and where they arise from commissioning and contracting processes that are intended to deliver the Strategy's priorities, they will be addressed in the appropriate reports put before Cabinet.

Background Papers Used in the Preparation of the Report:

- Joint strategic needs assessment and joint health and wellbeing strategies – draft statutory guidance. <http://healthandcare.dh.gov.uk/draft-guidance/>
- Joint strategic needs assessment 2011 www.barkinganddagenhamjsna.org.uk
- Public health outcomes framework.
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_132358
- The Adult Social Care outcomes framework
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_131059
- The Operating Framework for the NHS in England 2012/13
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_131360
- Operating principles for health and wellbeing boards
http://www.adph.org.uk/files/latest_news/Operating%20principles%20for%20health%20and%20wellbeing%20boards.pdf
- Clinical Commissioning Group Responsibilities
<http://www.commissioningboard.nhs.uk/files/2012/09/fs-ccg-respon.pdf>
- <http://www.barkingdagenhampartnership.org.uk/hwb/pages/healthwellbeingstrategy2012.aspx> .

List of appendices:

Appendix 1 - Joint Health and Wellbeing Strategy 2012-15

Appendix 2 - Joint Health and Wellbeing Strategy Delivery Plan 2012-15