

HEALTH AND WELLBEING BOARD

DATE: 14 September 2017

JOINT HEALTH AND WELLBEING STRATEGY FOR NORTHUMBERLAND

Report of: Daljit Lally Interim Chief Executive/DCS

Cabinet Member: Councillor Veronica Jones, Adult Wellbeing and Health

Purpose of report

This paper sets out the background to the responsibilities of the Health and Wellbeing Board (HWB) with respect to the development of a Joint Health and Wellbeing Strategy (JHWS). With the existing JHWS coming to its conclusion, the paper outlines the proposed direction of travel for a new strategy which reflects current and future population health and wellbeing needs and priorities and the changing landscape in health and social care provision both locally and nationally.

Recommendations

The Board is asked to:

- a. Note the contents of the report, and
- b. Support the proposals for the governance, priority areas and development of a new JHWS for Northumberland.

Key issues

The HWB has a statutory requirement to produce a JHWS on behalf of the CCG and Council. The current JHWS concludes in 2017 and a new strategy is required which reflects both the more detailed information now available on the health needs of the population of Northumberland; and the changing landscape for health and social care provision.

The JHWS requires a more formal governance mechanism to demonstrate progress against the priority areas and to hold the Northumberland system to account. This will involve engagement from a wide range of stakeholders from health, social care, the voluntary sector and health-related services (such as planning, transport and housing).

The broad priority areas proposed for the new JHWS are:

- Giving children and young people the best start in life
- Empowering people and communities

- Tackling some of the wider determinants of health
- Adopting a whole system approach to health and social care.

Improving mental wellbeing/resilience, supporting people with long term conditions and promoting the integration of services will be cross-cutting themes.

Background

The Health and Social Care Act 2012 (HSCA)¹ introduced a joint and equal duty for the CCG and the Council to prepare a JHWS, exercised through the HWB. It is required to reflect the Joint Strategic Needs Assessment (JSNA) and take into consideration the Government's priorities and mandates for the NHS² and the statutory requirement for the Council to take appropriate steps to improve the health and wellbeing of its population. The commissioning plans of the Council, CCG and NHS England will be expected to have been informed by the JHWS; the CCG annual report must review the extent to which it has contributed to the delivery of the Strategy. If the HWB considers that the CCG, NHS England or the Council have not taken proper account of the JHWS, action can ultimately be taken through NHS England, the Secretary of State for Health and the Council's scrutiny committee respectively.

There are no mandated requirements in terms of review and reporting, but to enable transparency and wider participation, the HWB should be clear with partners and the community on the timing cycle and when outputs will be published.

Recognising the influence that the wider determinants have on health, the HSCA (s195) requires HWBs to encourage those who provide health-related services to work closely with the HWB and with those who provide health and social care. In this context, the legislation defines health-related services as those that are not health and social care services, but which may have an effect on health outcomes such as planning, transport and environmental services. As a result, the wider determinants that contribute to the priorities in the JHWS should be a feature.

The current JHWS³ covers the period 2014 - 2017. It has five priority areas relating to:

- Children and families who might be at risk of not achieving their full potential
- Tackling some of the main causes of health problems in the County (lifestyle factors)
- Supporting people with long term conditions to be independent and have control
- Ensuring that all public services support the independence and social inclusion of

¹ Health and Social Care Act 2012 s192 - 199.

² The Government's mandate to NHS England for 2016/17 set out the goals until 2020.

³ Achieving Health and Wellbeing in Northumberland. April 2014. Available from:
<http://www.northumberland.gov.uk/Campaigns/jsna/Our-strategy.aspx>

- disabled people and people with long term conditions; and
- Making sure that all partners work well together and are clear about what they themselves need to do to help improve the health and wellbeing of local people.

As the first JHWS for Northumberland, the priorities appropriately reflected the needs of the population. Since then, there have been some significant developments such as new NHS models of care and in particular, the proposed Accountable Care Organisation (ACO) for Northumberland; the introduction of the Care Act 2014; and a recognition that a 'deficit' approach to improving health and wellbeing will not be sufficient to meet future health and wellbeing needs and a sustainable health and social care system. The current JHWS has lost visibility, impact and traction and requires more than a simple review and change of timescale; it is therefore proposed that a new JHWS is developed which reflects recent changes and the future direction of travel for health and social care.

Framework for a new Joint Health and Wellbeing Strategy

Governance. If a JHWS is to be successful in shaping the commissioning of services to improve wellbeing and health and reduce inequalities, a robust governance process of ongoing reporting, review and accountability is required. It is suggested that:

- a. The timescale for the strategy is set at 10 years so as to be long enough to measure meaningful changes in population health/health-related outcomes (this would also mirror the timescale for the contract of the proposed ACO);
- b. The priorities are reviewed mid-term to provide assurance that they still reflect need;
- c. Each priority area has an Elected Member, Council Officer, and health(care) lead who will provide assurance to the HWB that there are mechanisms in place to deliver that element of the strategy and to report on progress through a local delivery plan. This may be achieved through existing strategies and action plans and should not duplicate what is already in place, but may require the development and delivery of new ones where these are absent;
- d. Each priority is reflected in a single high level outcome, primarily supported by national indicators which can demonstrate progress;
- e. An annual report on progress against each priority area is provided to the HWB by the leads for each priority area.

Governance of the JHWS development process itself is also a consideration and the recommendation is that a small Task and Finish group is established, led jointly by the CCG and the Council to undertake the exercise, with a view to presenting the final JHWS to the Health and Wellbeing Board in March 2018.

Considerations in identifying the priority areas. The identification of the priorities has considered not just the JSNA, but also other key drivers of change including:

- a. **‘Fair Society, Healthy Lives’ (The Marmot Review)**⁴ which identified 6 key areas for action to improve health and reduce unfair and unjust inequalities in health;
- b. **The NHS Five Year Forward View**⁵ which makes recommendations for a radical upgrade in prevention and recommends the creation of new models of care such as Northumberland’s ACO. The ACO is an example of a Primary and Acute Care System (PACS), core elements of which encompass connecting people to community assets and resources to help keep them well, working with the Council and the voluntary sector, using social prescribing and other tools;
- c. **The Care Act 2014** which requires the Council to consider the person’s own strengths and capabilities and what support might be available from their wider support network or within the community to help in considering what else other than the provision of care and support might assist the person in meeting the outcomes they want to achieve;
- d. **The social determinants of health** and the ongoing emergence of evidence on the impact of the social determinants of health, their relative contribution to health and the means of mitigating against their adverse effects; the need to embed health in all policies; and the role of the NHS in tackling the social determinants.
- e. **Due North: The report of the Inquiry on Health Equity for the North**⁶ made recommendations based on an analysis of the root causes of the observed health inequalities within the North of England and with the rest of the country. The report recommended: tackling poverty and economic inequality; promoting healthy development in childhood; increase the influence that the public has on how resources are used to improve the determinants of health; strengthen the role of the health sector in promoting health equity.
- f. **Health and Wealth - Closing the Gap in the North East**⁷ sets out a vision for transforming the health and wellbeing of North East residents with recommendations which included an increase in preventive spending across the health and care system and wider determinants of health and wellbeing; helping people who have been unwell back into work as quickly as possible; specific recommendations relating to mental health services; improving workplace wellbeing; and increasing high quality employment.

Outline proposals for the priority areas. Taking into account the above considerations and what we know about the current and future health needs of the population of

⁴ Marmot, M (2010). Fair society, healthy lives: the Marmot Review : strategic review of health inequalities in England post-2010. Institute of Health Equity. 2010.

⁵ NHS England (2014). The Five Year Forward View. NHS England. October 2014.

⁶ Whitehead M (2014). Due North: The report of the Inquiry on Health Equity for the North. University of Liverpool and Centre for Local Economic Strategies, 2014

⁷ North East Commission for Health and Social Care Integration (2016). Health and Wealth - Closing the Gap in the North East. 2016.

Northumberland from the JSNA, the priority areas for the JHWS should be:

a. Giving children and young people the best start in life. This is the highest priority area identified in the Marmot Review in terms of reducing inequalities in the longer term. The evidence is clear that childhood experiences have a long term impact on health and resilience which extend across the life course. Whilst there are many areas of child health in which Northumberland performs better than the England average, there are also a number of indicators for which child health outcomes are poorer. Improving the early life experiences of children will, both directly and indirectly, result in improved health and wellbeing in later life.

b. Empowering people and communities. Focusing solely on preventing the causes of ill health will not be sufficient to achieve the improvements in wellbeing and health which are required to make the health and social care system sustainable. Community-centred approaches mobilise assets within communities to promote equity and increase people's control over their health and lives. There is compelling evidence for these approaches, which help to support older people and those with long term conditions, reduce social isolation, enable positive behaviour change and increase personal and community resilience. While there are beacons of good practice in the County, to maximise the opportunities this approach presents there is a need to develop a Northumberland wide approach which features elements of asset based community development, social prescribing and community navigation.

c. Tackling some of the wider determinants of health. The wider determinants are considered to have a larger impact on wellbeing and health than the provision of healthcare. In Northumberland, there are disproportionately wide inequalities with respect to employment and access to services; the former partly a reflection of the the employment landscape and the latter, a characteristic of rural deprivation. Fuel poverty is also a feature of rural deprivation. These areas should be considered for focused attention as part of a JHWS.

d. Adopting a whole system approach to health and social care. The continuing development of a health and care system which takes an integrated care approach should be a priority to ensure sustainability and the continued delivery of high quality services for Northumberland. This supports the ACO direction of travel and requires organisations to set aside traditional boundaries in order to achieve the best health and wellbeing outcomes for the population.

Transparency. There is a duty on the CCG, the Council and the HWB to involve people living and working in Northumberland in the preparation of the JHWS. A draft document will be provided for partners, stakeholders and residents to comment on. Engagement will be both face-to-face, largely using existing networks and fora, and virtual engagement using digital means. Equality considerations will be integrated into the engagement process.

Background papers

Northumberland Joint Health and Wellbeing Strategy (2014 - 2017). Achieving Health and

Wellbeing in Northumberland. Available from:

<http://www.northumberland.gov.uk/NorthumberlandCountyCouncil/media/JSNA/strategy%20documents/HWB.pdf>

Policy	These proposals for the strategy are consistent with the health needs of Northumberland and local and national policy and strategy.
Finance and value for money	The aim of the strategy is to improve health and wellbeing so that in the longer term, demand on health and social care can be managed within financial constraints
Legal	The development of a JHWS is a statutory function of the HWB.
Procurement	The HWB is strategic in nature and does not need to be involved directly in any procurement activities.
Human Resources	N/A
Property	N/A
Equalities (Impact Assessment attached) Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>	Reducing inequalities will be a core component of the final strategy
Risk Assessment	N/A
Crime & Disorder	N/A
Customer Consideration	The HWBS will require active stakeholder engagement
Carbon reduction	N/A
Wards	All

Report sign off

Finance Officer	N/A
Monitoring Officer/Legal	N/A
Human Resources	N/A
Procurement	N/A
I.T.	N/A
Interim Chief Executive/DCS	DL
Portfolio Holder(s)	YES

Author and Contact Details:

Elizabeth Morgan - Interim Director of Public Health

Email: elizabeth.morgan@northumberland.gov.uk