



## **HEALTH AND WELLBEING BOARD: 7 JULY 2016**

### **REPORT OF THE DIRECTOR OF PUBLIC HEALTH**

#### **DEVELOPING THE JOINT HEALTH AND WELLBEING STRATEGY**

##### **Purpose of Report**

1. The purpose of this report is to
  - Set out the proposed new Outcomes and scope of the new Health and Wellbeing Strategy 2017-2020.
  - Feedback from the discussions that have taken place with Board members and stakeholders about the Joint Health and Wellbeing Strategy (JHWS) including the Health and Wellbeing Board Development Session of 21<sup>st</sup> June 2016.
  - Gain the Health and Wellbeing Board's support for finalising the strategy and wider engagement focussing on an approach to prioritisation, delivery and performance management.

##### **Link to the local Health and Care System**

2. The Strategy has been developed in the context of the following national policies:-
  - Health and Social Care Act 2012;
  - The Care Act 2014;
  - The Children and Families Act 2014;
  - The 2016/17 Mandate to NHS England
  - The NHS Five Year Forward View.
3. The local context for the development of the Joint Health and Wellbeing Strategy is set out in paragraphs 10 – 14 of this report.

##### **Recommendations**

4. The Health and Wellbeing Board is recommended to:
  - Approve the proposed outcomes set out at paragraph 34 of the report and to provide a clear steer regarding the content of the priority objectives and actions which will underpin the Joint Health and Wellbeing Strategy;
  - Approve the mission statement and principles to enable the Board to work in a more proactive and collaborative way;
  - Approve the timetable for completion of the Joint Health and Wellbeing Strategy outlined in Paragraphs 48 to 52 of this report;

- Ask Members of the Board to consult their own organisations on the content of the Joint Health and Wellbeing Strategy in order to approve the final strategy at the Health and Wellbeing Board meeting in November.

## Background

5. The current Joint Health and Wellbeing Strategy was published in January 2013 and refreshed in January 2015. The strategy forms the Health and Wellbeing Board's (HWB) response to the health and wellbeing needs identified in the Joint Strategic Needs Assessment (JSNA). It sets out the key priorities that partners need to address in order to improve the health and wellbeing of the population.
6. The 2013-16 strategy identified the following broad key outcomes:-
  - Outcome 1: Getting it right from childhood;
  - Outcome 2: Managing the shift to early intervention and prevention;
  - Outcome 3: Supporting the ageing population;
  - Outcome 4: Improving mental health and wellbeing; and
  - Cross cutting theme: Tackling the wider determinants of health by influencing other boards.
7. A fifth outcome, improving services for people with learning disabilities was added in 2014.
8. When considering the refresh of the JHWS, the Board emphasised the importance of focusing on a small number of key strategic issues which were not addressed through other plans and strategies but would have a positive impact on the health and wellbeing of the people in Leicestershire based on the evidence from the JSNA.
9. The Board has requested that the Strategy identifies priorities where a collaborative, partnership approach is needed to effect improvements. This will ensure shared ownership and bring focus to the work of the Board.

## Context

10. The Joint Health and Wellbeing Strategy is being refreshed at a time of rapid and significant change to the health and care system, both in terms of resources and the ways in which services are delivered. There is an ongoing need to deliver efficient and effective services that make the best use of available resources.
11. Significant work is already been undertaken locally to transform the health and care system across Leicester, Leicestershire and Rutland (LLR) and to ensure that services are sustainable and built around the needs of the local population. The key drivers for this work are the Better Care Together Programme, which has a Five Year Plan covering the period up to 2019, and the requirement from NHS England this financial year to develop a Sustainability and Transformation Plan for LLR for the period 2016 – 2021. The Joint Health and Wellbeing Strategy will be aligned to these overarching Plans.

12. The national introduction of the Better Care Fund (BCF) in 2014 has led to an increased focus on the integration of health and care services in Leicestershire. The BCF is a pooled budget used to transform and improve the integration of local health and care services, in particular to:
  - Reduce the dependency on hospital services, in favour of providing more integrated community based support, such as reablement, early intervention and prevention;
  - Promote seven day working across health and care services;
  - Promote care which is planned around the individual, with improved care planning and data sharing across agencies.
13. The JHWS will not duplicate the BCF Plan but will support its aims and will also include a focus on joint working.
14. An iterative approach will be taken to the drafting of the Strategy, so the Board can ensure that it adapts and responds to the changing landscape. This will enable it to stay relevant throughout the five year period it covers and will support the Board in its aim to complement and contribute to the wider health and care system across LLR.

## **Proposals**

15. The development of the JHWS is an iterative process, which so far has included a combination of gathering evidence from the JSNA and using the current knowledge and experience of board members and stakeholders. The proposals in this report have been developed following desk based research, bilateral conversations with individual board members and dialogue with key stakeholder bodies and feedback from the board session on the 21<sup>st</sup> June.
16. This has highlighted and confirmed a number of shared issues across partnership organisations. Many partners raised the need to shift toward prevention and intervening early to avoid individuals sliding into crisis and service dependency. There is support for an approach which promotes self-help within communities, which promotes healthy lifestyles and provides a good quality local support network helping people to stay well.
17. The toxic trio of mental health issues, alcohol and other substance misuse and domestic violence has been raised by many agencies as being detrimental to children, their families and the wider community.
18. As the demography of Leicestershire will see an increasingly ageing population with complex needs in the future, partners have expressed a real concern about the need to plan ahead, particularly for housing that will maximise independence, the capacity of carers now and in the future and the quality of life of our older people when they become isolated.
19. Mental health is almost unanimously seen as a priority for partnership working across the life course both in terms of parity of esteem and positive mental health promotion but also early identification and access to services, particularly for the young.

20. Although not as advanced in all organisations there is a move towards targeting resources at the most vulnerable and at risk and locality based services. In a county such as Leicestershire where health outcomes are generally good it was clearly felt that improvements would come from understanding and targeting the 'health gaps' for some people and places. Outcomes for children with complex needs and individuals with disabilities were mentioned by multiple agencies as having worse outcomes than the general population. Although evidence is available for geographical differences across Leicestershire in diagnosis of long term conditions, infant mortality and other health outcomes many agreed that a 'deep dive' of health inequality across the county would be a valuable additional planning tool.
21. The process highlighted gaps in the current system such as effective collaboration between prevention activity and clinical commissioning. It was also raised that despite the Health and Wellbeing Board membership consisting of leaders from across key organisations in Leicestershire, representing vast knowledge and expertise and influence, this has not been used to full potential.
22. However, it was clear that there is a vast amount of work in place or planned to rectify these issues and there was very little capacity for new initiatives. Although health and social care colleagues are working increasingly closely together, many thought there were more opportunities to link up with wider partners related to housing, development planning and decision-making, employment and transport to create healthy 'places'.

### **Outcomes**

23. Following these discussions, a set of proposed high-level outcomes have been developed and tested against the following criteria; that the outcomes:
  - Are underpinned by evidence, local knowledge and experience;
  - Require a collaborative approach whereby the contribution of a range of partners is needed in order to achieve the outcome;
  - If not addressed will have significant impact on the system in 5 years' time;
  - Have a positive impact on the health and wellbeing of Leicestershire;
  - Take account of the wider determinants of health.
24. There were a number of other issues that were considered as part of the process and that were highlighted by partners but have not been included in the list of outcomes.
25. For example, it was felt that it would not be suitable to refer to performance on specific conditions in the strategy e.g. liver disease and tooth decay as it is a high level strategy and there would be too many conditions to include. However, it was seen as appropriate to include these as outcomes indicators that would require close monitoring. Some issues were seen as the responsibility of a single organisation and would therefore not meet the requirement to promote partnership working. Elsewhere it was considered that although the health and wellbeing strategy could contribute to the agenda through prevention and reducing demand it was outside its remit to directly intervene e.g. hospital admissions and emergency care.

26. The outcomes originally proposed to the recent Development Session are set out in Appendix 1 with a rationale for their inclusion. However, feedback from the Session has led to a number of changes which have been incorporated into the set presented below.

### Summary of feedback

27. There was broad support for an outcomes-based approach but the importance of identifying specific priority objectives where partnership working would add value and give a sharper focus was also highlighted.
28. There was consensus to reduce Outcome 1 to self-care by removing the wording relating to communities and focusing instead on patient activation. Several issues were raised for inclusion as priority objectives within this outcome that support prevention. Building on community strengths and influencing the wider determinants of health were suggested as essential actions to help people to stay well.
29. In general, many members suggested that self-care and inequality should be the leading statements with children, older people and mental health outcomes following as important sub-outcomes.
30. Board members commented that the emphasis should be on a sound delivery approach, that “implementation is key” and to reflect the Board’s role for coordination and collaboration through the Strategy.
31. Concerns were raised that there was the potential for duplication of the Leicestershire Safeguarding Children’s Board role within the children’s outcome – however, others felt that the contribution of the partners to safeguarding children should be reflected in the Joint Health and Wellbeing Strategy.
32. There was some discussion regarding the mental health outcome and whether it should be considered covered in Outcome 1 to reflect parity of esteem. However, it was concluded that with some improvements to the priority objectives it would be a useful way to demonstrate a commitment to the importance of mental health throughout the life course.
33. Other issues that were raised for inclusion were carers, dementia, whole life disability, Special Educational Needs and Disability and veteran health which will be considered during wider engagement on the priority objectives beneath the five outcomes.
34. The following outcomes are proposed following the feedback from the Development Session:
- Outcome One - The people of Leicestershire take responsibility for their own health and well being
- Outcome Two - The gap between health outcomes for different people and places has reduced

Outcome Three - Children and young people are safe and free from harm and are supported by families and others to reach their full potential

Outcome Four - People plan ahead to age well and stay healthy and older people feel they have a good quality of life

Outcome Five - People know how to take care of the mental health and wellbeing of themselves and their family

### **Priority Objectives**

35. It is proposed that each Outcome is underpinned by priority objectives and focussed actions. The priority objectives presented to the recent Development Session are set out in Appendix 1.
36. In response to feedback from the Development Session, it is proposed that further consideration is given to the priority objectives following wider engagement with the partners of the Health and Wellbeing Board before finalising the Strategy.
37. It was agreed that the objectives under all Outcomes needed further development to ensure a focus on partners' priorities.

### **Delivery**

38. In order to enable the Board to track progress against the outcomes it is proposed that a delivery plan is developed through engagement with all partners and wider stakeholders.
39. The 'action plan' will be used to identify current activity which contributes to the delivery of the outcomes, focussing on programmes which involve collaboration and integration. This will enable the Board to complete a 'diagnostic' against the agreed priorities through capturing and describing existing activity, identifying gaps and the issues that would benefit from improved joint working.
40. The action plan will set out the current position, the change we would expect to see in five years' time, the actions that will be taken, with a lead Board member as contact and measures of success. Appendix 2 illustrates how this could be developed.
41. At the Board Development session there was support for the proposal to identify a lead board member or members for each outcome/priority. However, several members commented that the role should be very clearly about being a champion and lead Board 'contact' and not considered responsible for delivery. The ambition for the 'leads' needs to be realistic in view of the busy senior managers at the Board.
42. There was no support for targets but a desire for a performance framework that was streamlined to focus on the 'big issues'. The Board supported a performance framework which reflected the aims and ambition of the Board and clearly illustrated current performance and trends. Delegates raised the

importance of using performance data to drive learning and evaluation and to prompt action. It was also seen as a tool for communications and wider engagement and should therefore be relevant and understandable for the public.

### **The role of the Board – a new way of working**

43. At the recent development session of the Board, members highlighted their desire to shift to a more proactive and collaborative approach. The health and wellbeing board is operating in a complex and fast moving environment and therefore the Board needs to be able to 'navigate' the system ensuring that key strategies and interventions are joined up and identify and respond to change.
44. Further, at a time of increasing demand and reducing resources partners need to work together more proactively to maximise their impact for the good of the people of Leicestershire.
45. The new JHWS will set out the Board's commitment to participating in a combined effort towards shared priority outcomes.
46. As such a set of Board Principles were proposed to the Board Development Session. These were broadly welcomed but it was felt that that there were too many and that many overlapped or had the same message as an outcome. It was also suggested that the first principle could form a 'mission statement' for the Board.
47. The following are therefore recommended as a mission statement and Board principles for inclusion in the final strategy:

### **The Health and Wellbeing Board will provide leadership and champion opportunities to improve health and wellbeing outcomes for everybody in Leicestershire by:**

- (a) Working together in partnership to provide a positive, seamless experience of care which is focussed on the individual to give the right support, in the right place, at the right time.
- (b) Putting health and wellbeing at the centre of all public policy making by influencing other agendas such as economy, transport, planning and housing.
- (c) Having a clear understanding of the roles and responsibilities of all partner organisations and how collaboration can improve health and wellbeing through support and challenge.
- (d) Supporting people to avoid ill health, particularly those most at risk, by facilitating solutions, shifting to prevention, early identification and intervention.

- (e) Building on the strengths in our communities and using place based solutions.

### **Timetable for Decisions**

48. Following approval from the Health and Wellbeing Board for these proposals, the Leicestershire Joint Health and Wellbeing Strategy will be drafted based on the Outcomes and Principles included in this report.
49. Wider engagement with Board partners will take place during July and August, focused on developing a set of priority objectives to be included under each outcome. At the same time, a linked exercise will develop a delivery plan to describe the key programmes of action against each priority objective. This will highlight gaps in the existing activity to provide a 'diagnostic' to the Board for consideration.
50. The draft Joint Health and Wellbeing Strategy will be presented to the Board in September for consideration; following which a short period of public engagement will take place. It is intended that this engagement will be web based and will be supported by Healthwatch Leicestershire.
51. This period will allow Board members to gain endorsement from their own organisations to allow them to give approval to the final Strategy.
52. The final version of the Strategy will be presented to the Health and Wellbeing Board in November for approval.

### **Resource Implications**

53. The development of the JHWS has been led by Leicestershire County Council.
54. Implementation of the JHWS will require co-ordination by the Health and Wellbeing Board with plans to deliver the strategy being integrated into the commissioning cycles of all organisations represented on the Health and Wellbeing Board with the associated human resource implications this will need.

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### **Relevant Impact Assessments**

Equality and Human Rights Implications



55. The JHWS will subject to a full equalities and human rights impact assessment and a health impact assessment.

Partnership Working and associated issues

56. The JHWS is a partnership document that will involve all partners represented in the Health and Wellbeing Board and will include a commitment to working with other partnerships responsible for housing, community safety, economy and transport

**Outcomes proposed to the Health and Wellbeing Board Development Session - 21<sup>st</sup> June 2016****Outcome One - The people of Leicestershire take responsibility for their own health and our communities inspire and enable good choices for all**

1. This outcome aims to address the need to make a greater shift to prevention by supporting the population of Leicestershire to make good lifestyle choices and by developing and investing in community based approaches to health prevention.
2. It is proposed that the Outcome is underpinned by specific objectives and focussed actions. It is proposed that consideration will be particularly given to the following objectives:
  - Working together to build health into the local environment and support communities to help themselves
  - Encouraging and support people to stay well and target the most vulnerable and at risk
  - Working together to keep communities safe and free from harm

**Outcome Two - Children and young people are safe and free from harm and are supported by families and others to reach their full potential**

3. This outcome highlights the importance of ensuring a co-ordinated and proactive approach to keeping children and young people safe with a particular focus on the following objectives:
  - Ensuring the best start in life for children and their families
  - Working proactively in partnership to keep children and young people safe and free from harm and sexual exploitation
  - Supporting those families identified as most troubled to become self-sufficient and resilient
  - Preparing and supporting children with complex physical and mental health needs, and their families, as they move between child and adult services

**Outcome Three - People plan ahead to age well and stay healthy and older people feel they have a good quality of life**

4. This outcome responds to the increasing importance of ensuring a better quality of life in later life. There are increasing numbers of older people in the County who have multiple and complex issues in later life. This outcome aims to address the gap in ill health and maximise the independence of older people by a

concerted and planned focus on wider determinants (e.g. housing, connectivity) as well as high quality frail elderly service provision. There will be a particular focus on the following objectives:

- Plan for the ageing population, particularly their housing needs
- Improve the diagnosis and management of long term conditions
- Maximise independence of older people and work with communities to help them stay connected
- Enable older people in Leicestershire to keep well and healthy with a focus on the needs of the increasing number of frail elderly people

#### **Outcome Four People know how to take care of the mental health and wellbeing of themselves and their family**

5. This outcome aims to address the pressing issue of mental health and the need to ensure that it is given the same level of consideration, effort and co-ordinated support as physical health. The issues are complex and require a collaborative approach across the partnership. It is proposed that the Board focus their efforts and resources to:
  - Provide positive mental health promotion through improved coordination and collaboration
  - Increase the early detection and treatment of children and young people with mental health and wellbeing needs

#### **Outcome Five - The gap between health outcomes for different people and places has reduced**

6. This outcome is about addressing the need to tackle health inequalities within Leicestershire. Whilst the County performs well on many health indicators when compared with other parts of the Country there remain a number of health inequalities including life expectancy which need focused attention. This outcome proposes a focus on both reducing health inequalities between the most vulnerable groups and the rest of the population and reducing health inequalities between different geographical areas in the County by:
  - Improving our understanding of the most vulnerable and at risk within the Leicestershire population
  - Using evidence to improve the targeting of activity to reduce health inequality between people and places
  - Improving outcomes for people with special educational needs and disabilities



**How we will deliver the change**

**Example of the recommended approach to the Delivery Plan**

**Outcome 1: The people of Leicestershire take responsibility for their own health and our communities inspire and enable good choices for all**

<b>We will improve our communities for health and wellbeing</b>					
<b><i>Where are we now?</i></b>	<b><i>Where do we want to go?</i></b>	<b><i>How do we get there?</i></b>	<b><i>How will we know we've succeeded?</i></b>	<b><i>Who will be the lead Board contact?</i></b>	<b><i>Key Partnership</i></b>
Health and wellbeing needs can be overlooked outside the health and social care sector	Making the most of the total contribution available for health and wellbeing	Sharing evidence to build health into the local environment through Health Impact Assessments and Health in All Policies  Using Social Value in commissioning and procurement			
<b>Encourage and support people to stay well and target the most vulnerable and at risk</b>					

Illness not wellness	Improved health outcomes for all now and in the future through people taking responsibility for their own health	Providing joined up approaches to universal information and advice	Population outcomes	Director of Public Health, LCC	Unified Prevention Board
		Harness the strength of communities			Communities Strategy Board LCC
Our workforce are not always being advocates for a healthier lifestyle	Our workforce are health exemplars	Implementing new approaches to workplace health			Better Care Together
Variation in detection rates of long term conditions	There is no variation in detection rates and conditions do not go undetected	Develop and embed what we know works in health and social care prevention			Better Care Together
Lifestyle behaviours such as smoking, poor diet, alcohol and sedentary behaviour and low levels of exercise are leading to preventable health gaps	Healthy choices are the norm	Deliver integrated lifestyle change services	Smoking prevalence Obesity Liver disease		

Carers of all ages provide essential care and need support					Better Care Together
<b>We will work together to keep communities safe and free from harm</b>					
Mental health, drug and alcohol abuse and domestic violence impact on the wellbeing of too many children and families.				Leicestershire Police, Community Safety Partnership	

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