

<b>Report for:</b>	Health and Wellbeing Board – 13 January 2015
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<b>Title:</b>	Health and Wellbeing Strategy 2015-2018: launch of consultation
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<b>Report Authorised by:</b>	Dr. Jeanelle de Gruchy, Director of Public Health
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<b>Lead Officer:</b>	Dr. Jeanelle de Gruchy, Director of Public Health
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## 1. Describe the issue under consideration

- 1.1. Haringey's [current Health and Wellbeing Strategy](#) comes to an end in 2015. In July 2014, the [Health and Wellbeing Board](#) (HWB) launched a [programme of activity to review and refresh](#) the strategy for 2015 to 2018.
- 1.2. The HWB is now asked to consider the draft strategy at its meeting on 13 January and approve it for public consultation.

## 2. Cabinet Member introduction

- 2.1. Everyone has the right to enjoy good health and wellbeing. However, in Haringey there are large inequalities across the borough. Residents in the poorest parts of the borough are not only more likely to die early, but they will also spend a greater proportion of their shorter lives unwell. This inequality is often established from birth (or even before) and develops further through life.
- 2.2. In the current economic climate for the public sector, the challenge is to find new and different ways to build more resilient communities supported by services that make an evidenced and sustained improvement.
- 2.3. Haringey already has a significant and ambitious programme of change which includes regeneration, children's and adults' services, housing and education. National legislation is introducing greater integration of health and social care, new ways for adults to fund their care, and welfare reform to name but a few.
- 2.4. Against this backdrop, the new Health and Wellbeing Strategy will focus on some of the issues requiring system leadership if we are to deliver a real and sustainable difference.

### **3. Recommendation**

#### **3.1. That the HWB:**

- agrees the draft strategy and
- endorses the start of a 3 month public consultation.

### **4. Alternative options considered**

**4.1.** No other options are being considered. The Health and Wellbeing Board has a statutory duty to bring together bodies from the NHS, public health and local government, including Healthwatch as the patient's voice, to plan how best to meet local health and care needs. These needs must be set out through a joint health and wellbeing strategy that offers a strategic framework in which the clinical commissioning group, council and NHS England can make their own commissioning decisions.

### **5. Background information**

**5.1.** It is the statutory responsibility of the Health and Wellbeing Board to publish a Health and Wellbeing Strategy and a Joint Strategy Needs Assessment (JSNA).

**5.2.** Haringey's current Health and Wellbeing Strategy is for 2012 to 2015. In July 2014, the Health and Wellbeing Board (HWB) launched a programme of activity to review and refresh the strategy for 2015 to 2018. An analysis of current need in Haringey (ie the Joint Strategic Needs Assessment) was undertaken as well as a review of the current strategy through a series of meetings with key stakeholder groups, and a workshop, survey and focus groups of the voluntary sector and residents organised by HealthWatch and HAVCO.

**5.3.** The review highlighted in particular that residents in Haringey are:

- becoming overweight and obese from an early age,
- developing long term health conditions at a relatively young age, and
- there are significant numbers of people with mental health issues

This contributes to significant health inequalities in the borough.

**5.4.** This review informed the development of the draft strategy and its three priorities:

- 1) Reducing obesity
- 2) Increasing healthy life expectancy
- 3) Improving mental health

**5.5.** The strategy will enable:

- all partners to be clear about our agreed priorities for the next three years
- all members of the HWB to embed these priorities within their own organisations and ensure that these are reflected in their commissioning and delivery plans
- key agencies to develop joined-up or integrated commissioning and delivery plans to address these priorities

- the HWB to hold member organisations to account for their actions towards achieving the priorities within the strategy
  - members of the board to work with and influence partner organisations to contribute to the priorities and the approaches for working agreed within this strategy
- 5.6. The draft strategy acknowledges the importance of, and is aligned with, other closely related frameworks and programmes, including the CCG's 5 year strategy; NHS North Central London's 5-year strategy; health and social care integration; Haringey 54,000; improving the quality of primary care.
- 5.7. The draft strategy also acknowledges the key wider determinants of health and wellbeing including regeneration, housing, employment and education. This strategy complements the strategies and programmes that address these areas. In addition, the Health and Wellbeing Board will work to influence these policy areas, where appropriate, to support delivery of its new health and wellbeing strategy.
- 5.8. The strategy will have strong synergy with the council's Corporate plan, both in its priorities and through integrating the cross-cutting principles of: developing a preventative and early intervention approach; reducing inequalities; working with communities and developing partnerships.
- 5.9. The purpose of this statutory consultation is to obtain views on:
- the proposed priorities
  - the focus of the three priorities and ideas of how to deliver these outcomes
  - how organisations and individuals could contribute to the delivery of the outcomes, either by themselves or in partnership with others
- 5.10. In addition, there will be more detailed engagement with residents and service users on the priorities to shape the development of the delivery plans. This consultation activity will vary for the respective priorities to ensure that we can most usefully inform the plans.
- 5.11. The consultation will engage with:
- residents and users of relevant council and NHS services
  - community groups and the voluntary sector
  - partner organisations and partnership boards
  - NHS and Social Care providers
- 5.12. The consultation will last for 3 months. The strategy and delivery plans will be brought to the June/July HWB.

## **6. Comments of the Chief Finance Officer and financial implications**

- 6.1. There are no new financial implications directly arising from this report. The Health and Wellbeing strategy will be implemented using Public Health Grant and Council budgets and the budgets of other partners such as Health.
- 6.2. The costs of the consultation will be met from within existing resources.

## **7. Comments of the Assistant Director of Corporate Governance and legal implications**

- 7.1. Section 196 of the Health and Social Care Act 2012 provides for the Health and Wellbeing Board to exercise the functions of the local authority and the clinically commissioning group to prepare a joint health and wellbeing strategy (JHWS). The Statutory Guidance on Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy 2013 provides that “Local authorities and clinical commissioning groups have equal and joint duties to prepare JSNAs and JHWSs, through the health and wellbeing board. The responsibility falls on the health and wellbeing board as a whole and so success will depend upon all members working together throughout the process. Success will not be achieved if a few members of the board assume ownership, or conversely do not bring their area of expertise and knowledge to the process. As the duties apply across the health and wellbeing board as a whole, boards will need to discuss and agree their own arrangements for signing off the process and outputs. What is important is that the duties are discharged by the board as a whole” (Paragraph 3.1).

In preparing the JHWS, the Board must involve the local Healthwatch organisation and the local community. The Guidance provides that when involving the local community, the Board “should consider inclusive ways to involve people from different parts of the community including people with particular communication needs to ensure that differing health and social care needs are understood, reflected, and can be addressed by commissioners. This should recognise the need to engage with parts of the community that are socially excluded and vulnerable<sup>48</sup>. Involvement should aim to allow active participation of the community throughout the process – enabling people to input their views and experiences of local services, needs and assets as part of qualitative evidence; and to have a genuine voice and influence over the planning of their services” (Paragraph 5).

## **8. Equalities and Community Cohesion Comments**

- 8.1. An Equalities Impact Assessment (EqIA) is currently being undertaken. The findings will be analysed and will inform the final strategy.

## **9. Head of Procurement Comments**

- 9.1. The Procurement Service has been consulted about this report, and has confirmed that no comment is required.

## **10. Policy Implication**

- 10.1. This strategy enables the HWB to fulfil its statutory duty to bring together bodies from the NHS, public health, local government and Healthwatch to plan how best to meet local health and care needs. These needs must be set out through a joint health and wellbeing strategy that offers a strategic framework in which the clinical

commissioning group, council and NHS England can make their own commissioning decisions.

## 10.2. Key strategies and plans are:

- 10.2.1. Joint Strategic Needs Assessment
- 10.2.2. Council's Corporate Plan
- 10.2.3. NHS North Central London 5 year plan
- 10.2.4. Haringey Clinical Commissioning Group 5 year plan
- 10.2.5. Health and social care integration
- 10.2.6. Haringey 54,000 programme
- 10.2.7. Tottenham Strategic Regeneration Framework
- 10.2.8. Housing and welfare reforms

## 11. Reasons for Decision

11.1. The HWB takes the lead in promoting a healthier Haringey and this strategy provides its direction over the next four years. It is therefore vital that partners are involved in formulating and committed to commissioning and delivery in line with the proposed strategic approach.

## 12. Use of Appendices

12.1. Appendix 1: The Health and Wellbeing Strategy consultation draft will be tabled at the HWB on 13 January 2015.

## 13. Local Government (Access to Information) Act 1985

13.1. None