



Haringey Council

Report for:	Cabinet – 16th June, 2015
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Title:	Endorsement of Health and Wellbeing Strategy
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1. Describe the issue under consideration

1.1 Following the expiry of the Health and Wellbeing Strategy (2012-15) a new Health and Wellbeing Strategy has been developed for the next three years (2015-18). This strategy will enable:

- all Health and Wellbeing Board (HWB) 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 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 HWB to work with and influence partner organisations outside the HWB to contribute to the priorities and the approaches for working agreed within this strategy; this includes engaging residents in co-producing solutions.

1.2 This paper summarises the revisions that have been made to the draft Health and Wellbeing Strategy following the public consultation that concluded at the end of March. The purpose is to enable the Health and Wellbeing Board to agree the final version of the Health and Wellbeing Strategy (attached as Appendix 1).

2. Cabinet Member introduction

2.1 Haringey faces considerable challenges with areas of high health need and rising demand for services, particularly in social care; this at a time of shrinking budgets. At the same time, regeneration in the borough provides considerable potential to improve health and wellbeing and reduce inequalities.



2.2 The Health and Wellbeing Strategy presents an opportunity to transform the way in which we seek to improve the health and wellbeing of our residents. Working with our partners and residents, we must ensure that we are ambitious and bold in our approach to delivering our vision.

3. Recommendations

- 3.1 Consider the responses to the consultation on the draft Joint Health and Wellbeing Strategy;
- 3.2 Endorse the draft Health and Wellbeing Strategy (attached as Appendix 1);
- 3.3 Recommend the draft Strategy to the Health and Wellbeing Board for approval and publication.

4. Alternative options considered

- 4.1 Haringey Health and Wellbeing Board has a duty to develop a Health and Wellbeing Strategy to prioritise effort to address needs identified by the JSNA. The previous Health and Wellbeing Strategy covered 2012-15 and has now expired. Therefore no alternative options were considered.

5. Background information

5.1 The legislation and local policies that have informed the development of the Health and Wellbeing Strategy were summarised in a report to the 24th March 2015 Health and Wellbeing Board. They include the Care Act, Children and Families Act, LBH Corporate Plan, NHS Five Year Forward View, Haringey CCG Five Year Plan, and Better Health for London report (London Health Commission).

5.2 The Board's draft Health and Wellbeing Strategy (2015-2018) was developed following a review of the current Health and wellbeing strategy (2012-2015) and significant pre-consultation work with partners and residents/service users. The draft strategy was put out for consultation in February and March 2015.

5.3 The responses from the consultation have been summarised in a report (see Appendix 2). The main themes from the consultation were:

- Many residents recognise that Health and Wellbeing can be improved through better education and awareness and therefore see an important role for parents and schools.
- Residents are most likely to see their role in supporting Health and Wellbeing as being to educate themselves and spread messages to those around them.
- Many respondents believe that cost is an issue, and that a healthy lifestyle needs to be more affordable. Consequently respondents tend to believe the quality and safety of the public environment is important because of the opportunities it provides for free exercise.



- There is quite a sophisticated understanding of the links between mental and physical health and the importance of healthy relationships and sociability in improving Health and Wellbeing. Loneliness amongst older people was a commonly raised issue.
- There was widespread recognition that different communities have different health needs, and that Health and Wellbeing professionals should work closely with communities to develop targeted solutions.

5.4 The Health and Wellbeing Strategy has been updated to reflect the consultation responses. Common resident responses and example quotations have been added. Particular policies have been illustrated with examples raised by respondents i.e. the example of peer support schemes was added to illustrate the proposal for community-based services for people with mental ill-health issues. Throughout the document it has been made clearer that the specific health needs of different communities will be addressed by working closely with those communities.

5.5 Following the consultation, a number of key objectives were drawn out of the Health and Wellbeing Strategy, to offer a simple structure that would facilitate the Board's oversight of the delivery of the Strategy and enable a clear focus on the most important outcomes. The approach of the London Health Commission should be taken as the model – whose Better Health for London report features 10 'ambitions' for the Health and Wellbeing of the city.

5.6 Following the London Health Commission model, 9 'ambitions' for the Health and Wellbeing of Haringey were identified. For each, a single headline indicator has been chosen.

5.7 Supporting these ambitions, the Health and Wellbeing Strategy proposes a focus on three areas where we need to make the most significant and sustainable improvements:

Priority 1: Reducing obesity

Priority 2: Increasing healthy life expectancy

Priority 3: Improving mental health and wellbeing

5.8 The Strategy has been updated to feature a series of charts that show the structure of the delivery plan through which the priorities will be implemented. The structure charts are mapped against the 9 ambitions and indicate the dependencies with other programmes and partnerships. Fundamentally, the structure shows that priority 1 will be delivered under the auspices of the Obesity Alliance, priority 2 through the (Corporate Plan) Priority 2 Portfolio, and priority 3 through the Mental Health Framework.

5.9 There are three versions of the Health and Wellbeing Strategy:

Full Strategy

Summary version of the Strategy



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Easy read version of the Strategy (to be commissioned)

All versions of the strategy and the report summarising the results of the consultation will be uploaded to the Council's dedicated web page for the Health and Wellbeing Strategy 2015-18:

<http://www.haringey.gov.uk/social-care-and-health/health/health-and-wellbeing-strategy>

6. Comments of the Chief Finance Officer and financial implications

6.1 This report for Cabinet summarises the revisions that have been made to the draft Health and Wellbeing Strategy (2015-18) to enable the Health and Wellbeing Board to agree the final version of the Strategy. As such there are no financial implications arising directly from this report. However it is important to note the financial context in which the Health and Wellbeing Strategy will operate.

6.2 The Council's Medium Term Financial Strategy (MTFS) sets out actions to achieve savings of at least £70 million by the end of the period to 2018. This is in addition to a £117 million reduction that has already been made since 2010. The Medium Term Financial Strategy and the Corporate Plan have been developed together to meet this challenge and in order to ensure that the Council remains clearly focused on its objectives. The MTFS has been drawn up in terms of investment in each of five key priorities. Priorities one and two are most closely linked to the Health and Wellbeing Strategy although, given the general duty of promoting wellbeing, all priorities must be seen as contributing to it.

6.3 The 2015-16 net revenue budget for the Council is £276 million which includes budgets allocated to Adults Social Care and Children and Young People's Services; and Public Health. These budgets support the delivery of two priorities in the Corporate Plan:

- £53 million for Corporate Plan Priority One - Enable every child and young person to have the best start in life, with high quality education
- £96 million for Corporate Plan Priority Two - Empower all adults to live healthy, long and fulfilling lives

6.4 In this challenging financial context the successful implementation of the Health and Wellbeing Strategy is a key component to supporting the financial position of the Borough and Haringey CCG in addition to the undoubted benefits that will accrue from achieving health improvements for our residents.

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



7.1 Section 196 of the Health and Social Care Act 2012 requires the function of the CCG (Clinical Commissioning Group) and the local authority of preparing joint strategic needs assessments (JSNA) and joint health and wellbeing strategies (JHWS) to be discharged by the Health and Wellbeing Board.

7.2 Section 193 of the Act imposes a duty on the local authority and the CCG to produce JHWS for meeting the needs identified in the JSNA. The local authority, CCG and the NHS Commissioning Board (in relation to its local commissioning responsibilities) must have regard to the JSNA and JHWS when carrying out their functions. The Act does not specify the form the JHWS should take. It requires the local authority and the CCG to have regard to the Secretary of State's mandate to the NHS Commissioning Board which sets out the Government priorities for the NHS and any guidance issued by the Secretary of State when preparing the strategy. The Act also requires the local authority and CCG to involve the Local Healthwatch organisation and the people who live or work in the local authority's area when preparing the JHWS.

7.3 The local authority and the CCG must consider how the needs in the JSNA could more effectively be met through the use of flexibilities available under section 75 of the NHS Act, such as pooled budgets, when preparing the JHWS. The Act enables the local authority and CCG to include in the strategy their views on how arrangements for the provision of health-related services could be more closely integrated with arrangements for the provision of health services and social care services in the area.

7.4 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).

7.5 The Statutory Guidance also requires the Health and Wellbeing Board to give consideration to the Public Sector Equality Duty under the Equality Act 2010 throughout the JHWS process. "This is not just about how the community is involved, but includes consideration of the experiences and needs of people with relevant protected equality characteristics, (as well as considering other groups identified as vulnerable in JSNAs); and the effects decisions have or are likely to have on their health and wellbeing" (Paragraph 7).

7.6 Once approved, Health and Wellbeing Board must publish the JHWS.



8. Equalities and Community Cohesion Comments

8.1 The development of the Health and Wellbeing Strategy has been subject to an Equalities Impact Assessment.

8.2 The EQiA provides substantial detail on the evidence base around Health Inequalities that informed the Strategy. It also details the consultation work that has been carried out and how the demographic profile of respondents was monitored.

8.3 The EQiA concludes that proposals to increase healthy life expectancy and prevent people from developing long term health conditions will have a positive effect on older people, and (because children from BME groups are more likely to be obese) proposals to tackle obesity in the HWB Strategy should have a positive impact on BME groups.

9. Head of Procurement Comments

9.1 The Health and Wellbeing Strategy does not have any identified Procurement activities within it. Any Procurement that needs to be undertaken to meet the objectives set out within the Strategy will be dealt with on an individual basis under normal procurement practise.

10. Policy Implication

10.1 The Health and Wellbeing Board (HWB) has a duty to develop, upgrade and publish the Health and Wellbeing Strategy. The Health and wellbeing strategy aims to improve the health and wellbeing of children and adults in our borough and reduce health inequalities by pursuing the three priorities of reducing obesity, increasing healthy life expectancy and improving mental health and wellbeing.

10.2 The Health and Wellbeing Strategy has clear synergy with Priorities 1 and 2 of the Corporate Plan. It is clear that the intention is to integrate the delivery plan for the Strategy into existing/emerging Corporate Plan delivery plans – primarily the Priority 2 Portfolio.

10.3 The Community Strategy currently being developed will be relevant to the delivery of the Health and Wellbeing Strategy – given that working with communities is identified as one of the key methods for implementing the Health and Wellbeing Strategy. The Policy team are involved in both Strategies are so are well placed to ensure that they complement one another.

11. Reasons for Decision

It is recommended that the Health and Wellbeing Strategy 2015-18 is approved as the Health and Wellbeing Board has a duty to develop a Health and Wellbeing Strategy and the previous Strategy has now expired.



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This 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; key agencies to develop joined-up commissioning and delivery plans to address these priorities; and the HWB to hold member organisations to account for their actions towards achieving the priorities within the strategy.

12. Use of Appendices

Appendix 1: Health and Wellbeing Strategy (final v1.9)

Appendix 2: Summary of Consultation responses

13. Local Government (Access to Information) Act 1985

See the paper 'Transforming health and wellbeing in Haringey' - Health and Wellbeing Board (24th March 2015)