		TO:	Health and Wellbeing Board					
		DATE:	25 th September 2024					
BRIEFING		LEAD OFFICER	Andrew Turvey					
		TITLE:	Health and Wellbeing Strategy Refresh					
Background								
1.1 1.2	Under the duties set out in the Health and Social Care Act (2012), Health and Wellbeing Boards are responsible for publishing a local Health and Wellbeing Strategy, which sets out the priorities for improving the health and wellbeing of its local population. This strategy should be informed by the Joint Strategic Needs Assessment (JSNA), and should lay out how the needs of the population should be addressed. The strategy should not be an end in itself, but rather facilitate the development of plans and interventions.							
	The strategy should set out the vision, priorities and action agreed by the HWB to meet the needs identified within the JSNA with the primary aims of: improving the health, care and wellbeing of local communities and reducing health inequalities. The Department for Health and Social Care expects the development of strategy within the HWB to be based on the following principles:							
	building from the bottom up							
	 following the principles of subsidiarity 							
	 having clear governance, with clarity at all times on which statutory duties are being discharged 							
	ensuring that leadership is collaborative							
	 avoiding duplication of existing governance mechanisms 							
	 being led by a focus on population health and health inequalities 							
1.3	References:							
	Guidance document: <u>Health and wellbeing boards – guidance - GOV.UK (www.gov.uk)</u>							
	Existing Strategy: <u>rotherham-joint-health-and-wellbeing-strategy</u> (rotherhamhealthandwellbeing.org.uk)							
Key Issues								
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2.1	The current Health and Wellbeing Strategy covers a five year period up to 2025. There is a requirement to develop a refreshed strategy which meets the needs of our local population which will integrate and implement related organisational and place-based strategies; encourage and support effective partnership working; share good practice and build on our local assets and relationships.							
2.2	A task-and-finish group has been set up to support the HWB in delivering the new strategy. A workplan is in development which will identify our priorities; develop an understanding of what will work locally and identify potential gaps which need to be addressed. Critical aspects to this work are comprehensive and rigorous analysis of the existing evidence base and effective engagement with our community and stakeholders.							

2.3	The group membership consists of representatives of the Council, NHS, voluntary sector and other partners across Rotherham and South Yorkshire. Terms of reference for the group are shown in the presentation in Appendix X , and cover the gathering of evidence, design of consultation and engagement interventions, consideration and amalgamation of feedback into a structure and production of a draft for discussion. Approaches to consulting with the public and stakeholders are also shown in the appendix.						
Key Actions and Relevant Timelines							
3.1	The new strategy is to be completed by March 2025. The following are the tentative timelines for the completion of the refresh:						
	 August: Convene T&F group. Develop stakeholder engagement plan. Begin to gather existing evidence. Begin to consult the Chair and Aim sponsors. 						
	 September: Consultation programme begins. Share plans for approval at Sept HWB 						
	November:Priorities agreed.Draft plan in production						
	 December: First draft by end December. Shared the draft refreshed strategy for comment. 						
	 January: Final draft produced. The draft submitted to various governance bodies for approval 						
	March: • Publication						
	A draft Gantt chart outlining the project is appended.						
Implications for Health Inequalities							
4.1	This strategy development is a key enabler to ensure that adequate focus and resource is given to health inequality in Rotherham. An effective strategy will draw on the evidence from the JSNA and from the consultation work to highlight and address health inequity and provide a basis from which other partnership strategies and action plans can develop practical interventions to close gaps in health need, access, experience and outcome within our population.						
Recommendations							
5.1	That the board approve the approach outlined here						
5.2	That the board consider how our partner organisations can support this work						
5.3	That we convene a Board development session in Winter 24/25 to reflect on and respond to the draft before producing a final draft in late January.						