

## ROTHERHAM BOROUGH COUNCIL - REPORT TO MEMBERS

1.	<b>Meeting:</b>	<b>Health and Wellbeing Board</b>
2.	<b>Date:</b>	<b>20th February, 2012</b>
3.	<b>Title:</b>	<b>Joint Health and Wellbeing Strategy</b>
4.	<b>Directorate:</b>	<b>Resources</b>

### 5. Summary

The Department of Health have recently published draft guidance on developing Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies.

This report seeks to gain the commitment of partners to contribute towards the development of the Joint Health and Wellbeing Strategy for Rotherham. It sets out a timetable for developing the Strategy, through a number of stages, which are contained in the Health and Wellbeing Board work programme that was presented to the Board in January.

### 6. Recommendations

- **Regular meetings should be held with the Chair of the HWBB to support political leadership of this agenda.**
- **Lead officers will be the Strategic Director, Neighbourhoods and Adult Services, for the local authority and the Chief Operating Officer of the CCG.**
- **A small working group comprising officers from the local authority, Public Health and the Clinical Commissioning Group should meet regularly to align different activities.**

## **7. Background**

HWBBs provide an opportunity to improve integrated working by bringing together partners who can make key decisions which affect health and social care, leading to more effective commissioning, improved local democratic accountability and better citizen engagement. Key tasks for the HWBB to facilitate include the publication of a local Joint Strategic Needs Assessment (JSNA) and a Joint Health and Wellbeing Strategy (JHWS).

In Rotherham, plans are under way to produce the first JHWS by May 2012 in advance of the national timeline of April 2013, when Boards are due to take on their statutory responsibilities. Draft guidance has been published to enable Local Authorities and Clinical Commissioning Groups (CCG) to incorporate jointly agreed actions based on identified need into their planning.

A work programme was approved by the HWBB on 18 January, which sets out a timeline for the completion of specific tasks and decisions for the next twelve months. This work programme also provides milestones for self-assessment against specific criteria so that the board can improve its effectiveness.

A national *Commissioning Outcomes Framework* has also been published, by the Department of Health, to provide the basis on which success can be monitored against a set of national outcome measures.

## **8. Proposals and Details**

In the context of the Health and Social Care Bill, HWBBs will be responsible for ensuring a number of key pieces of work are undertaken and monitored:

- DATA – Gathering information so that we have an accurate picture of our population and place?
- JSNA – Carrying out analysis about needs now and projected needs over the medium and long term.
- JHWS - Agreeing strategic priorities and top line outcomes for collectively addressing the needs of the population.
- COMMISSIONING PLANS – Ensuring that the commissioning plans of the local authority and CCG are aligned to achieve our specified outcomes.
- PERFORMANCE – agreeing a small number of outcome measures to monitor progress.

A timeline for the completion of these key tasks is set out in the work programme.

### **8.1 JSNA**

At the heart of the HWBB's role to improve the effectiveness of commissioning, is the development of a JSNA. From April 2013 local authorities and clinical commissioning groups will be jointly and severally responsible for the production of a JSNA. This duty will be discharged by the HWBB.

JSNAs will be the means by which local leaders work together to understand and agree the needs, as well as 'assets' of local people and communities. Data, information and intelligence underpin JSNAs, but they themselves need to be more than a collection of data and evidence. JSNAs are an analysis and narrative of the evidence, presenting a picture of the local community and its health and social care needs. For this purpose local qualitative information such as user and carer views and experiences are just as important as quantitative data.

The Rotherham JSNA was refreshed during 2011 and presented to Cabinet Members in December. It was agreed that further work was required to this draft and a revised timescale for the completion of the JSNA (March 2012) was set. Some additional work has been carried out and a presentation will be made to the HWBB on 29 February to test out emerging themes.

To ensure that the final product is high quality and reflects the views of all commissioning organisations it is proposed that we should establish a small working group of officers from the local authority, public health and the clinical commissioning group who will work collaboratively on this and other pieces of work.

A final version of the JSNA should be completed and presented to HWBB in March. At this March meeting emerging themes should be agreed to inform the development of a draft JHWBS.

### **Rotherham Health Summit**

A health summit, led by NHSR, took place in November last year and considered an enormous amount of intelligence on health inequalities based on community consultation, existing data and analysis from key stakeholders.

The conclusions from this summit will be used to inform the JSNA and a separate presentation on the agenda of the HWBB on 29 February will share initial areas for action.

### **Joint Health and Well Being Strategy**

The JHWS should be seen as the agreement between the HWBB and the community to improve the health and well being of the population. The draft guidance describes a set of values that should underpin good health and wellbeing strategies:

- Setting shared priorities based on evidence of greatest need
- Setting out a clear rationale for the locally agreed priorities
- Not trying to solve everything, but taking a strategic overview of how to address the key issues identified in the JSNA, including tackling the worst inequalities
- Concentrate on an achievable amount – prioritisation is difficult but important to maximise resources and focus on issues where greatest outcomes can be achieved
- Addressing issues through joint working across the local system and also describing what individual services will do to tackle priorities
- Supporting increased choice and control by people who use services

It is suggested that the meeting of the HWBB in April is dedicated to agreeing strategic priorities and top line outcomes in advance of public consultation.

The meeting will need to be structured to demonstrate how themes emerging from the JSNA have led to the production of a set of the important issues. In turn, the role of the Board will be to work through these issues and agree priorities to maximise impact on health and wellbeing of the population. The priorities agreed at this meeting will lead to the production of the first draft JHWS for consultation and consideration in May.

The development of a local JHWS needs to be aligned to the authorisation process for the CCG that requires that a coherent local strategy is in place before authorisation begins. This process is due to begin in July 2012, consequently our proposed timeline for Rotherham is consistent with this process.

### **Outcomes Based Approach**

HWBBs will need to reflect outcomes as set out in the Outcomes Frameworks (NHS, Public Health and Social Care) as well as the local priorities in their JHWS – however the draft guidance states that national outcomes should not overshadow, but inform, local priorities.

The national frameworks are designed to overlap, so they include indicators where a joint approach will be required from each organisation. The Department of Health Business Plan 2011-15 includes a set of 'Impact Indicators' that are designed to help the public to judge whether government's policies and reforms are having the right effect and show where the outcomes frameworks overlap.

Based on these, a set of outcomes and proposed measures have been designed for our local strategy, which have been endorsed by the HWBB (Table 1). This should set out some of the key strands of the JHWS, although alongside these outcome measures it will be important to develop local measures based on the analysis of data outlined above and agreed JHWS priorities.

**Table 1. Outcome Measures**

Outcome	Proposed measure
Improving population health and tackling health inequalities	<ul style="list-style-type: none"> <li>• Differences in how long the best and worst off people can expect to live/to live without major health problems</li> <li>• Babies born at a healthy birth weight</li> </ul>
Preventing people from dying prematurely	<ul style="list-style-type: none"> <li>• Potential years of life lost from causes amendable to healthcare</li> <li>• Deaths from avoidable diseases</li> </ul>
Enhancing quality of life for people with long term conditions	<ul style="list-style-type: none"> <li>• Quality of life for people with long-term conditions</li> <li>• Quality of life for people in social care</li> </ul>
Preventing deterioration and helping people to recover from episodes of ill-health or following injury	<ul style="list-style-type: none"> <li>• Hospital admission for things that should usually be treatable outside hospital</li> <li>• The proportion of people leaving hospital who end up back in hospital within 28 days</li> </ul>
Ensuring people have a positive experience of care	<ul style="list-style-type: none"> <li>• Peoples experience of GP services</li> <li>• Peoples experience of being in hospital</li> <li>• Satisfaction with social care services</li> </ul>
Treating and caring for people in a safe environment and protecting them from avoidable harm	<ul style="list-style-type: none"> <li>• The number of safety incidents reported by hospitals and the number of incidents that leave to serious harm</li> </ul>

### **Public Consultation**

Local authorities and CCGs have a duty to involve the local community and good practice would be to involve people who access or potentially could access services within the area. Ideally, public engagement should take place at different stages of the process, not just at the end. An active dialogue with the local community will provide information to supplement other evidence making the JSNA more reflective of local experience. For example, the consultation that was undertaken as part of the Health Summit should inform the JSNA.

There is also a requirement to involve local HealthWatch once established. HealthWatch will provide local people with the opportunity to get involved in the scrutiny of local services and to make reports and recommendations to individual commissioners and providers. This should complement the local authority's existing community engagement and, through its place on the HWBB, local HealthWatch can provide expertise and advice to the HWBBs involvement methods and activities.

It is proposed that consultation on the development of a local strategy is done in two phases.

- The first being the analysis of the data, asking the question “does this look like Rotherham to you?” based on the analysis produced by the first multi-agency task group. This should be undertaken once the JSNA has been presented to the HWBB in March and the outcome of which should then form part of the HWBB priority setting meeting in April.
- The second phase being the priority setting stage once the Board have considered what they want their priorities to be; asking the public “Do we have this right?” “Are we missing anything?”.

There needs to be an agreed process for consultation, which utilises existing networks and groups and draws on our experience of community engagement. It is proposed that the existing LINKs is used to carry out this consultation.

### **Alignment with Other Assessments and Plans**

JSNAs should build on and align with other assessments to avoid duplication and develop a comprehensive local assessment of needs and assets. Similarly, JHWS will need to contain priorities that inform a number of local authority and CCG strategies and plans for local services.

The draft guidance suggests a number of local assessments which are used by other public sector organisations to inform service planning, and some HWBB members will have a statutory duty in relation to some of these assessments, so alignment is important to support these responsibilities. Assessments include (but are not limited to):

- Pharmaceutical Needs Assessment
- Local Economic Assessment
- Community Safety Strategic Assessment
- Local safeguarding Children's Board Annual Report
- Child Poverty Needs Assessment
- Housing Needs Assessment
- Adults Annual Safeguarding Report

The first stage of the process will require a review of all the associated assessments to ensure they are all aligned. A review of all local strategies and plans will also need to take place to assess what we currently have in place, whether they are fit for purpose and current.

This work will be undertaken by a small working group of officers from the local authority, public health and the clinical commissioning group.

## **9. Finance**

There are no direct financial implications in relation to the content of this report, however, a high degree of collaborative working is required to provide adequate support to this agenda within existing, or less resources than we currently have.

Joint leadership from the local authority and the clinical commissioning group should help make best use of the resources across the relevant partner organisations and better coordinating the various pieces of work and associated action/steering groups.

## **10. Risks and Uncertainties**

- Continuing with this wider agenda in silos will not have the required impact to achieve a strong joint strategy for the benefit of local people
- If the evidence resulting from the JSNA, ISNA and health summit are not pulled together and jointly inform the strategy there is an opportunity missed to coordinate and utilise the skills of everyone working on this wider agenda and shift resources to where we need them the most (through the strategy)
- To effectively inform commissioning plans of all agencies there needs to be 'buy-in' from everyone involved and each agency needs to see where they fit into the bigger picture

## **11. Policy and Performance Agenda Implications**

The details in this report directly relate to the development of a local health and wellbeing strategy, which will be a requirement of the HWBB to publish from April 2013, although earlier implementation will ensure we are appropriately placed to tackle health issues locally.

## **12. Background Papers and Consultation**

- Health and Social Care Bill 2011
- JSNAs and Joint Health and Wellbeing Strategies – draft guidance, January 2012
- Joint Strategic Needs Assessment 2011
- Integrated Single Needs Assessment
- Rotherham Health Summit – outcomes report

## **13 Contact details**

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## **14. Glossary of Terms**

CCG	Clinical Commissioning Group
HWBB	Health and Wellbeing Board
ISNA	Integrated Single Needs Assessment
JHWS	Joint Health and Wellbeing Strategy
JSNA	Joint Strategic Needs Assessment
SLT	Strategic Leadership Team