

5 June 2013**Agenda Item: 12****REPORT OF THE DIRECTOR OF PUBLIC HEALTH****HEALTH & WELLBEING STRATEGY CONSULTATION PLAN 2014/15****Purpose of the Report**

1. This report describes the work programme for the on-going development of the Health & Wellbeing Strategy. It summarises the discussion from the Health & Wellbeing Board workshop held on the 27th March 2013 which identified themed priorities, based on the work of the integrated commissioning groups. It also proposes a timeline for the forthcoming consultation to agree the Health & Wellbeing Strategy for 2014/15.

Information and Advice**Background**

2. The first Health & Wellbeing Strategy for Nottinghamshire was approved by the Health & Wellbeing Board in May 2012. The Board agreed that the strategy would take account of the priorities within the strategies from all key partners. These were reviewed and considered against agreed criteria to confirm that the chosen areas represented current local priorities.
3. The first strategy gave a good foundation on which to base the early work of the Board and communicate the Boards vision for Health & Wellbeing. The strategy included the following priorities:
 - **Prevention: Behaviour Change & Social attitudes** – smoking, obesity, drugs and alcohol.
 - **Children, Young People & Families** – health and wellbeing areas included in the Children Young Peoples and Families Plan.
 - **Adult and Health Inequality Priorities** – Learning disability, Autistic Spectrum Disorders, Physical Disability, Long Term Conditions and Sensory Impairment, Mental Health & Emotional Wellbeing, Dementia, Older People.
 - **The Wider Determinants Of Health & Wellbeing** - Education, Personal Attainment & Aspirations, Crime & Community Safety (inc domestic violence) Healthy environments in which to live, work and play (inc. Housing.)
 - **Carers**

Current Priorities

4. Given the board range of priorities within the strategy, Health & Wellbeing Board members asked that a smaller number of priorities be agreed that focused on areas of work where the Board could add greatest value. They also wished to realise benefit in the short term, whilst work continued on areas that would produce important benefits in the longer term.
5. In response, the Health & Wellbeing Implementation Group tasked each integrated commissioning group with agreeing up to three priorities for 2013/14, which reflected the group's views, and demonstrated what outcomes could be achieved. These are available in the background paper 'Proposed Health & Wellbeing Priorities for 2013/14'. The Health & Wellbeing Board considered these priorities during its workshop on 27th March to help gain a collective view on the role of the Board in delivering the priorities.
6. This work has been taken forward alongside the development of the Joint Strategic Needs Assessment (JSNA). Following the refresh of the adults sections of the JSNA in 2012, work has now been completed on the review of the Children and Young People's section. This section is currently awaiting final approval.
7. In addition to the refresh of the JSNA, work has been started to identify and address gaps in evidence. The work programme also includes review of the format, content and accessibility of the JSNA to make the information more available to a wider range of partners when planning and assessing health and wellbeing services.

Future Strategy

8. The Health & Wellbeing Implementation Group has developed a plan to perform a full review of the Health & Wellbeing Strategy for 2014 onwards, using the refreshed JSNA. This includes a comprehensive consultation and engagement programme to explore partners and public views. This work is due to be completed by September 2013 to feed into the commissioning cycles for 2014 onwards. The programme of activity is included in **Appendix One**.
9. Discussion at the March Health & Wellbeing Board workshop was wide and far reaching and comment was made that the priorities within the strategy were all important, and should not be reviewed to form a short list for 2013/14. It was therefore suggested that these feed into a full review of the Health & Wellbeing Strategy for 2014/15.
10. The following themes emerged from the workshop discussions which may be useful to frame the future consultation and or strategy:

I. Prevention and Early Intervention

There was a general theme around the need to reinvest earlier in pathways to help prevent future problems. This was supported by a number of examples in the discussions:

- a) Early identification of dementia
- b) Reducing the number of people starting to smoke, especially children and young people.
- c) Increasing healthier choices available for out of home food provision.

- d) Delivering brief intervention training to staff to make better use staff assets.

II. Supporting People

The Board recognised the need to support people to retain their independence, improve their own health and wellbeing, and reduce the need for traditional health and social care services.

- a) Supporting older people and people with long term conditions to live at home.
- b) Raising awareness of carers issues to identify and signpost people to available support, including target groups such as young carers.
- c) Promoting apprenticeships across partners to improve participation, attainment in learning and employability.
- d) Supporting the Winter Warmth programme to reduce winter deaths.

III. Improving collaboration and coordination across partners

The Board recognised the need to show strong leadership across partners and maintain a consistent message to the public on key issues.

- a) Use of social marketing and local media to deliver a coordinated substance misuse message across partners.
- b) Challenging stigma associated with mental health
- c) Supporting the Multiagency Safeguarding Hub to promote effective information sharing and coordination of services.
- d) Use of the new integrated commissioning model for children to produce clear and easy to follow pathways to children's services

NB: Whilst these areas have been split into 3 categories, there is clearly overlap across these areas.

- 11. Discussion within the workshop also recognised that there was further work required to fully consider priority actions for housing, healthy environment and domestic violence, as these were not reflected in the work to date.

Next Steps

- 12. Each discussion group noted that there needed to be a much stronger focus on outcomes in order to be confident that the proposed actions will deliver significant benefits. It was suggested that the integrated commissioning groups be asked to consider this further whilst developing their more detailed actions plans.
- 13. The Health & Wellbeing Implementation Group has an important role in assuring performance and identifying where resource is required to address problem areas. The Board will receive feedback on decisions required or action taken accordingly.
- 14. The Health & Wellbeing Board took on its statutory duties as the local system leader for Health & Wellbeing on 1 April 2013. Early attention on the full review of the current Health & Wellbeing Strategy will provide leadership on the priorities for the new Health & Wellbeing Board.

15. The Health & Wellbeing Board is asked to consider the content of the current Health & Wellbeing Strategy and agree themes on which to frame the forthcoming consultation questions.
16. The Board may also wish to propose a revised approach to the Health & Wellbeing Strategy to concentrate on areas where the Board provides added value in the new system. The discussion at the workshop highlights examples where a collective agreement can lead an integrated approach to address common priorities areas.

Statutory and Policy Implications

This report has been compiled after consideration of implications in respect of finance, equal opportunities, human resources, crime and disorder and users. Where such implications are material, they have been brought out in the text of the report.

RECOMMENDATION/S

The Health & Wellbeing Board are asked to:

1. Note the plan to review the Health & Wellbeing Strategy for 2014 onwards.
2. Comment on the consultation process and propose themes for the consultation or future strategy.
3. Receive a further report in September on progress against these priorities and the full review of the strategy.

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Constitutional Comments (SG 09/05/2013)

17. The Board is the appropriate body to decide the issues set out in this Report. The Board has responsibility for preparing and publishing a Health and Wellbeing Strategy based on the needs identified in the joint strategic needs assessment and to oversee the implementation of the Strategy by virtue of its Terms of Reference.

Financial Comments (ZKM 16.05.13)

There are no financial implications arising directly from this report.

Background Papers

Our Strategy for Health & Wellbeing in Nottinghamshire: Priorities for 2012-13

Proposed Health & Wellbeing Priorities for 2013/14

Except for previously published documents, which will be available elsewhere, the documents listed here will be available for inspection in accordance with Section 100D of the Local Government Act 1972.

Electoral Division(s) and Member(s) Affected

All.

APPENDIX ONE - HEALTH & WELLBEING STRATEGY – PLAN TO REFRESH STRATEGY FOR 2013 ONWARDS

Background

1. The following report provides information on the work being undertaken around the implementation of the Health & Wellbeing Strategy and the proposed plan to undertake a formal refresh of the strategy for 2013 onwards.
2. The first Health & Wellbeing Strategy was developed during November 2011-March 2012. The strategy was approved by the Health & Wellbeing Board (HWB) in May 12 (and Nottinghamshire County Council in July 12). The Initial development involved review of existing strategies from all partners, many of which had been jointly produced and were still relevant. This produced a long list of priorities which were the subject of workshops with wider stakeholders and a public consultation to produce a short list for development into the Health & Wellbeing Strategy.
3. A rapid refresh of the Joint Strategic Needs Assessment (JSNA) took place at the same time and its findings (including consultation responses) were incorporated into the development of the strategy and on-going work programme.
4. During 2012 a new supporting structure was developed to support the delivery for the Board. This included a range of integrated commissioning groups to lead the development of health and wellbeing commissioning priorities. During this time, the groups were consulted on the priorities, JSNA and the development of a local outcomes framework, which would be used to monitor progress over time.

Plan to Review the Strategy

5. Discussions around the plan to refresh the strategy were built into HWB development workshops and meetings of the integrated commissioning groups and supporting groups. Early feedback suggested that there was general support for the priorities included in the strategy. However Board members and partners felt that there should be agreement of a small range of immediate priorities where the Board could concentrate its efforts.
6. The Health & Wellbeing Implementation Group tasked the Integrated Commissioning groups to identify three key actions for each priority within the strategy. This work commenced in October and is continuing as part of the implementation group work programme.
7. It is proposed that the Health & Wellbeing Board perform a formal review of its strategy once all groups have considered their action plans, aligned them to the work of the board and agreed their immediate priorities. This work will include consideration of short-term priorities for the individual groups where the HWB can bring added value to existing commissioning mechanisms.

Next Steps

8. The Health & Wellbeing Implementation Group agreed the following plan to support the consultation on the next version of the Health & Wellbeing Strategy for 2014 onwards.

Action	Lead	Timescale
Integrated Commissioning Group to present their three agreed priorities for consideration by the HWIG and HWB.	Chair of integrated commissioning groups	18 March 2013
HWB to consider priority areas for HWS for 2013 in workshop	Chair of HWB	27 March 2013
Communicate themes from March HWB workshop to integrated commissioning groups	Associate Director of PH	April 2013
Start implementation of communication plan by reviewing information on HWB website and building plan of engagement activities using existing processes	Associate Director of PH	April – May 2013
Integrated commissioning groups to review commissioning priorities for 2014 onwards in light of JSNA findings, HWB feedback and local outcomes framework performance.	Integrated Commissioning Group Chairs	April – June 2013
Hold workshop for integrated commissioning groups on role of HWB structure & function, including HWS consultation	Associate Director of PH	10 June 2013
Hold stakeholder network on HWS immediate priorities and gain views for future strategy	Associate Director of PH	June 2013
Define consultation questions and produce plain language text to support HWS consultation	Associate Director of PH	June 2013
Undertaken public consultation Health & Wellbeing Strategy priorities for 2014 onwards	Associate Director of PH	June - September 2013
Finalise content and scope of HWS	Associate Director of PH	September 2013
Present revised HWS to HWIG	Associate Director of PH	26 Sept 2013
HWB to agree HWS	Associate Director of PH	6 November 2013
Publish & Launch Health & Wellbeing Strategy for 2014 onwards	Associate Director of PH	January-March 2014

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