

Health and Wellbeing Board

Monday 24 March 2014

3.00 pm

Ground Floor Meeting Room G01C - 160 Tooley Street, London
SE1 2QH

Supplemental Agenda No. 2

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Contact

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Date: 21 March 2014

Item No. 13.	Classification: Open	Date: 24 March 2014	Meeting Name: Health and Wellbeing Board
Report title:		Developing the 2014-18 Joint Health and Wellbeing Strategy	
Wards or groups affected:		All	
From:		Ruth Wallis, Director of Public Health	

RECOMMENDATIONS

1. The board is requested to:
 - a) Agree the outline for the development of Southwark’s Joint Health and Wellbeing Strategy for 2014 onwards
 - b) Agree the outline framework of enquiry for the work going forward, as set out in Appendix 1.

EXECUTIVE SUMMARY

2. The paper sets out work to date in refreshing the existing Health and Wellbeing Strategy, which was approved by the Health and Wellbeing Board in July 2013, as well as the key issues for consideration.

BACKGROUND INFORMATION

3. The local authority and clinical commissioning group are required by the 2012 Health and Social Care Act to produce and publish, through the health and wellbeing board, a joint health and wellbeing strategy. Southwark’s Health and Wellbeing Board agreed a one year joint health and wellbeing strategy in July 2013, ‘Building a Healthier Future Together’. An action plan was agreed in October 2013, and progress against this was set out at the December 2013 meeting of the Health and Wellbeing Board.
4. The primary purpose of the strategy is to improve health and wellbeing outcomes in Southwark and to reduce health inequalities. The strategy, which is a statutory obligation, is underpinned by a comprehensive assessment of the local population’s health. In addition, successful development and implementation of the strategy will require shared leadership and commitment from across the local system.

KEY ISSUES FOR CONSIDERATION

1,000 Lives

5. The Health and Wellbeing board agreed in December 2013 to undertake a joint piece of engagement work, called 1,000 Lives. The work focuses on storytelling as a way to capture people’s experiences of health and wellbeing and is based on interpretive phenomenological analysis. The findings from this work will be used to inform the joint strategic needs assessment (JSNA), and to produce an

understanding of health priorities and priorities for the strategy.

6. HealthWatch Southwark has been leading the 1,000 lives steering group and there has been involvement and input from all board partners to the approach. The engagement group has been working across the community, in community settings and in health, voluntary sector and local authority setting and services to talk with people about their life experiences of health and wellbeing. Community volunteers and volunteers from Kings College Hospital have also been involved in helping the steering group collect people's stories.
7. To date, the programme has captured more than 500 stories and experiences, with the team continuing to collect and analyse stories. The Lambeth and Southwark Public Health team, local authority research leads and the community involvement group from the Lambeth, Southwark and Lewisham Public Health collaborative have also been providing expert input on the feedback and analysis process.
8. The steering group is currently looking at where it can increase focused collection of stories from groups identified as likely to have significant health needs by the JSNA, who may be harder to reach or who have not so far engaged in this first stage.

JSNA steering group

9. The Southwark JSNA steering group has been established and brings together key clinical commissioning group, local authority and public health partners and is being led by the public health team.
10. The Health and Wellbeing Board is requested to establish a multi agency steering group bringing together representatives of all partners from the Health and Wellbeing Board to develop a joint strategy.
11. This partnership group will be responsible for developing the strategy. Part of the role of the strategy development group should be to ensure that outcome frameworks for public health, adult social care and NHS and clinical commissioning group outcomes are appropriately represented within the strategy. The focus of the strategy will be to achieve improved health and wellbeing, and reduce health inequalities.
12. The working group should meet monthly to develop an outline health and wellbeing strategy which includes outcomes for its implementation. It will be chaired by the Director of Public Health.
13. Key questions for the steering group in guiding strategy development will be:
 - What are the health and wellbeing needs of the population including inequalities?
 - How are these needs currently being met?
 - Where are the gaps
 - How do we improve outcomes for the population?
14. Analysis from 1,000 Lives engagement work and further development of the JSNA will assist the steering group to answer these questions. The JSNA will also bring forward evidence setting out which evidence-based interventions can

best meet the needs of the population. This will ensure that the interventions which form the basis of the strategy are evidence based.

15. The working group will need to set out the relationship of the strategy to other areas of local authority, CCG and partners business.

Strategic framework of enquiry

16. Appendix 1 sets out a headline summary of work to date in bringing together national and local policy, financial and performance issues. In capturing these, the framework seeks to set out the headline objectives partners are beginning to indicate the board and strategy should focus on, alongside potential success measures partners could use to track progress. It is proposed that the framework forms the basis of the work of the JSNA steering group and strategy development work going forward.
17. Emerging issues captured in the framework so far include the implications of national spotlights and requirements, such as the Better Care Fund, revised inspection framework across education, social care and health, as well as increasing demand for acute provision and national outcomes frameworks across health, public health, children's services and social care.
18. The framework has also been informed by the ongoing strategic planning developments in the council, CCG and local health provision, such as the Southwark and Lambeth Integrated Care programme. Initial discussions with board members are beginning to ensure further alignment across partners' respective planning frameworks, and these discussions will continue as the strategy is developed.
19. The framework also begins to capture the detail emerging from the ongoing JSNA and 1,000 Lives work, including the high levels of need of the local population, such as continuing high rates of childhood obesity, smoking and diabetes, as well as rising numbers of A+E attendances, and the impact of changing economic conditions. It is intended that the work of the JSNA steering group and ongoing stakeholder engagement work will further inform and influence the development of this strategic framework, for example in delving deeper into some of the issues highlighted.
20. The JSNA and 1,000 Lives feedback are also bringing to the fore the interdependencies between risk factors and vulnerabilities, including the compounding effect of inequalities in physical and mental health, as well as deprivation and disadvantage on individuals' health and wellbeing.

Policy implications

21. Southwark Council and Southwark Clinical Commissioning Group have a statutory duty under the 2012 Health and Social Act to produce a Health and Wellbeing Strategy for the borough through the board and to have regard to the strategy when commissioning and planning services. The agreed joint strategy will have implications for individual partner's strategies and delivery arrangements, including the Council Plan and clinical commissioning group operating plan among others.

Community and equalities impact statement

22. There are substantial health inequalities in Southwark and for Southwark residents compared with other areas. Those on lower incomes, with disabilities, some ethnic groups and those who are vulnerable and likely to suffer poor health and wellbeing and/or die young. There are also specific inequalities between gender, ethnicity and sexual orientation groups. The joint strategic needs assessment and evidence base used for strategy development is committed to identifying and reducing these inequalities, and to be informed by the extensive evidence-base of effective interventions to reduce these.

Legal implications

23. The board is required to produce and publish a Health and Wellbeing Strategy on behalf of the local authority and clinical commissioning group. The work outlined in this report will assist the board in fulfilling this requirement.

Financial implications

24. There are no financial implications contained within this report. Although, it should be noted that the new health and wellbeing strategy is likely to have implications for how local resources to improve health and wellbeing outcomes are deployed.

REASON FOR URGENCY

25. The 2014/18 joint health and wellbeing strategy needs to be in place by July 2014 to allow continuation from the 2013/14 strategy. The process for the development of the strategy needs to be agreed at this health and wellbeing board meeting to enable the steering group to undertake the necessary preparation work for submission of the proposed strategy to the July board meeting.

REASON FOR LATENESS

26. It was not possible to complete the necessary consultations across the council and with the Southwark Clinical Commissioning Group in order to finalise this report before the deadline for the circulation of the health and wellbeing board agenda.

BACKGROUND PAPERS

Background Papers	Held At	Contact
'Building a Healthier Future Together'	http://www.southwark.gov.uk/downloads/download/3570/joint_health_and_wellbeing_strategy_2013-14	Elaine Allegretti 020 7525 3816
Link: http://www.southwark.gov.uk/downloads/download/3570/joint_health_and_wellbeing_strategy_2013-14		

APPENDICES

No.	Title
Appendix 1	Strategic Framework of Enquiry – 2014+ Joint Health and Wellbeing Strategy

AUDIT TRAIL

Lead Officer	Ruth Wallis, Director of Public Health	
Report Author	Ruth Wallis, Director of Public Health	
Version	Final	
Dated	19 March 2014	
Key Decision?	No	
CONSULTATION WITH OTHER OFFICERS / DIRECTORATES / CABINET MEMBER		
Officer Title	Comments Sought	Comments Included
Director of Legal Services	No	No
Strategic Director of Finance and Corporate Services	No	No
Strategic Director of Children's and Adults' Services	Yes	No
Date final report sent to Constitutional Team		20 March 2014

Strategic Framework of Enquiry – 2014+ Joint Health and Wellbeing Strategy:

Southwark partners working together for....		
...Better health and wellbeing	...Better communities and life chances	...Better care, better quality of life
<p>This priority is focused on providing effective population-based healthy lifestyle promotion (primary prevention) and includes action on wider determinants of ill health and poor wellbeing</p>	<p>This priority is focused on services for residents with multiple conditions, vulnerabilities or disadvantage; this includes the full spectrum of mental health provision</p>	<p>This priority is focused on ensuring services for those with health or care diagnoses are accessible over 7 days, equitable, personalised and well-coordinated, underpinned by a model of delivery that is proactive, preventative, and focused on out-of-hospital care</p>
<p>What do we want to achieve?</p> <ul style="list-style-type: none"> - More people leading healthier lifestyles as result of accessing information, advice and support - Reduce key health inequalities experienced by residents of Southwark - More community 'health lifestyle' programmes and greater use of community 'networks' including voluntary and community sector, and pharmacies - Targeted action on and improved outcomes around key health and wellbeing priorities (obesity, smoking, alcohol, drugs, teenage conceptions) 	<p>What do we want to achieve?</p> <ul style="list-style-type: none"> - Multi-agency locality working encompassing housing, community, health, social care and early help provision (focus on early intervention, and residents who are vulnerable or disadvantaged) - Improved self-management of physical and mental long term conditions, including community pathways - Enhanced risk stratification, improved diagnostic capacity and pre-emptive management of patients at risk of developing a long term condition - An integrated 'troubled families' service across health, education and social care 	<p>What do we want to achieve?</p> <ul style="list-style-type: none"> - 7-day, accessible services, effective risk stratification of high risk patients, and proactive management support few emergency admissions and more out-of-hospital care - Well-integrated service for frail elderly and people with long term conditions - Integrated service for children and adults with SEND across health, housing, education and care - Social work models and transformation including multi-agency child protection and prevention services
<p>How could we measure success?</p> <ul style="list-style-type: none"> - Better take-up and reach of health checks and public health promotion/information - Wider use of every contact counts approach - Improved outcomes around key lifestyle concerns, eg obesity levels, number of smoking quitters, incidence of alcohol-related illness and attendance at A+E, and teenage conception rates - Reduction in potential years of life lost to causes amenable to healthcare - Improved education, employment and crime rates, including for vulnerable groups 	<p>How could we measure success?</p> <ul style="list-style-type: none"> - Improved access to primary and community care - Improved quality and patient outcomes in primary care (including reduced variation) - Earlier diagnosis, with reduced waiting time for diagnosis, and referral to treatment, including improved rate of early dementia diagnosis - More people reporting feeling supported to manage their long term conditions; and better outcomes around long term conditions - Improved access, choice and quality for maternity and under 5 services - Improved outcomes for at-risk, safeguarding and looked after children (including early help cohorts) - Better outcomes around mental health, including access to community mental health services for vulnerable groups 	<p>How could we measure success?</p> <ul style="list-style-type: none"> - Fewer emergency admissions, including fewer avoidable emergency admissions, and hospital admissions for residential/nursing home residents - A reduction in discharge delays out of hours, and increased effectiveness of reablement services - Fewer admissions to residential/nursing homes - More patients with ongoing health and care needs use personal budgets to achieve outcomes they want - User experience of integration - Increased proportion of patients on end of life care pathways supported to die in place of their choosing - More vulnerable children and adults live in a safe and stable home - More carers report satisfaction with services; and more people reporting they have as much social contact as they would like - Improved outcomes for those with dementia

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NOTE: Amendments/queries to Everton Roberts, Constitutional Team, Tel: 020 7525 7221

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