

Joint Health and Wellbeing Strategy 2019-24

Governing Body meeting

H

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Author(s)	Greg Fell, Director of Public Health
Sponsor Director	Nicki Doherty, Director of Delivery – Care Outside of Hospital
Purpose of Paper	
<p>This report briefs Governing Body on the preparation and content of the refreshed Joint Health and Wellbeing Strategy for Sheffield, produced by the Health and Wellbeing Board to cover the period 2019-24. The Strategy is available for Governing Body members in the support information pack.</p>	
Key Issues	
<p>This paper sets out the background to and content of the Joint Health and Wellbeing Strategy to cover the period 2019-24, and proposes a broad approach to implementation of the Strategy. Finally, it asks Governing Body to formally agree the new Strategy in line with legislative requirements.</p>	
Is your report for Approval / Consideration / Noting	
<p>Approval</p>	
Recommendations / Action Required by Governing Body	
<p>The Governing Body is asked to approve the Joint Health and Wellbeing Strategy 2019-24.</p>	
Governing Body Assurance Framework	
<p><i>Which of the CCG's objectives does this paper support?</i></p> <p>Objective 3: To work with Sheffield City Council to continue to reduce health inequalities in Sheffield</p> <p>Principal Risk 3.1: CCG is unable to undertake the actions, and deliver the outcomes from them, that are set out in the HWB's plan for reducing health inequalities, eg due to financial constraints</p>	
Are there any Resource Implications (including Financial, Staffing etc)?	
<p>No</p>	

Have you carried out an Equality Impact Assessment and is it attached?

Please attach if completed. Please explain if not, why not

No

Have you involved patients, carers and the public in the preparation of the report?

Not directly

1. Introduction / Background

1.1 SUMMARY

1.1.1 This paper sets out the background to and content of the Joint Health & Wellbeing Strategy to cover the period 2019-24, and proposes a broad approach to implementation of the Strategy. Finally it asks Cabinet to formally agree the new Strategy in line with legislative requirements.

1.2 BACKGROUND

1.2.1 Under the 2012 Health & Social Care Act, Health & Wellbeing Boards are required to prepare a Joint Health & Wellbeing Strategy for their area. The first of these for Sheffield ran from 2013 to 2018, so during 2018 the Health & Wellbeing Board dedicated time to developing its successor.

1.2.3 Early on in this process the following guiding principles emerged from the Board's discussions:

- It should be a strategic vision for improving the health and wellbeing of the population Sheffield, not just about NHS and social care services
- It should have a strong health inequalities focus
- It should consider both the long and short term
- It should aim to prevent poor outcomes rather than respond to them

1.3 THE STRATEGY

1.3.1 As agreed by the Board, work on the strategy has been iterative, involving a series of discussions with the Board to test the approach and develop content, and a range of discussions with stakeholders to sense check this as it has progressed. These discussions began with a Board workshop led by the Kings Fund and with broad representation from across the city, and have included specific engagement sessions with the Equality Hubs, the Fairness, Tackling Poverty & Social Exclusion Partnership Group, Social Landlords, and the Thriving Voluntary Sector Leadership Group, as well as ongoing discussions with stakeholders throughout the development process.

1.3.2 A first draft of the Strategy was discussed by the Board at their December 2018 Public Meeting, with the Board providing a clear steer on how the Strategy should be developed at that meeting. The Board have continued to receive regular updates as work has progressed.

1.3.3 As a result of this work, the Strategy adopts a single headline target focused on reducing health inequalities:

We will close the gap in healthy life expectancy in Sheffield by improving the health and wellbeing of the poorest and most vulnerable the fastest

1.3.4 This is positioned as a 20-year vision to which the Board are committed.

1.3.5 As well as providing the main focus of the Strategy, this will also provide the Board with the lens through which they examine all their business.

1.3.6 To address the commitment to considering both the long and short term, the Strategy is structured around the life course, and attempts to set out the key foundations to a healthy life. These are described in terms of ambitions for the population of Sheffield, across three stages of life:

1.3.7 **Starting Well**

- Every child achieves a level of development in their early years for the best start in life
- Every child is included in their education and can access their local school
- Every child and young person has a successful transition to independence

1.3.8 **Living Well**

- Everyone has access to a home that supports their health
- Everyone has a fulfilling occupation and the resources to support their needs
- Everyone can safely walk or cycle in their local area regardless of age or ability

1.3.9 **Ageing Well**

- Everyone has equitable access to care and support shaped around them
- Everyone has the level of meaningful social contact that they want
- Everyone lives the end of their life with dignity in the place of their choice

1.3.10 These ambitions are themselves significant commitments. The intention is that the work done over the period covered by the Strategy will serve to shift the trajectory the city is on in each of these areas. When the time comes to review and refresh the Strategy, the question would be: are these still the right things to be focusing on, in service of the overarching vision of reducing health inequalities?

1.4 **HOW DOES THIS COMPARE TO THE PREVIOUS STRATEGY?**

1.4.1 As part of developing the refreshed Strategy, the Board have considered carefully what went well with the previous Strategy, and where there have been challenges.

1.4.2 The previous Strategy consisted of 10 principles (Valuing the people of Sheffield, Fairness and tackling inequality, Tackling the wider determinants of health, Evidence based commissioning, Partnership, Prevention and early intervention throughout life, Independence, Breaking the cycle, A health and wellbeing system designed and delivered with the people of Sheffield, and Quality and innovation) as the foundation on which to deliver five outcomes:

- Sheffield is a healthy & successful city;
- Health and wellbeing is improving;
- Health inequalities are reducing;
- People get the help and support they need and feel is right for them; and
- The health & wellbeing system is innovative, affordable and provides good value for money

1.4.3 These were underpinned by five proposed work programmes, covering:

- A good start in life
- Building mental wellbeing and emotional resilience
- Food, physical activity and active lifestyles
- Health, disability and employment
- Supporting people at or closer to home

1.4.4 A dashboard of indicators was produced to provide the Board with a broad understanding of the health and wellbeing of Sheffield's population.

1.4.5 Much of the broad intent behind the previous Strategy remains appropriate and so there is a degree of commonality across the two documents. However there were some specific challenges in relation to delivery of the previous Strategy, along with changes in the overall context around health & wellbeing, that have led to some changes in direction:

- Health inequalities featured as just one aspect of the previous Strategy, but they are the central focus of the new one, and will be the lens through which the Board looks at everything that comes before it.
- The new Strategy is more clearly focused on the wider, social determinants of health, and on specific outcomes that are required to reduce health inequalities in Sheffield over the long term. These are defined in terms of things that impact on real lives, not as aspects of the system.
- With the national shift in approach to the NHS, and the emergence of the local Accountable Care Partnership (ACP), there are new structures in place to focus on delivering a more integrated health and care system in Sheffield. Where the previous Strategy went into some detail about the health and care system, the new Strategy restricts itself to setting a vision and strategic direction for the system that it expects the ACP to deliver, and against which the Health & Wellbeing Board will hold the ACP to account.
- Although the previous Strategy identified work programmes as part of its delivery plans, the reality is that resource restrictions mean these have not progressed as planned. The new Strategy takes a more realistic view of the Board's capacity to deliver directly, and positions implementation as the responsibility of the whole system, not just those around the Board table.
- The Board will maintain a dashboard of measures assessing the overall wellbeing of the Sheffield population, but these will be supplemented by bespoke measures against which they will assess progress against each of the nine ambitions. These will be designed alongside the delivery plans to be produced in partnership with the rest of the city.

1.5 IMPLEMENTATION

1.5.1 The Board does not have the direct resources to develop its own work programmes to deliver the Strategy, and successful delivery would in any case require the input and commitment of the whole city, not just the partners around the table.

1.5.2 Reflecting this, the Board's role in implementing the Strategy will be focused as follows:

- Convener – using its statutory role as the system leader for health and wellbeing in Sheffield to convene stakeholders and the public to agree what success looks like for each of the ambitions, and what needs to happen in the city to deliver. This process will see the development of action plans for each of the ambitions, leading to the second role for the Board;
- Accountability – using its democratic role to hold partners across the city to account for the commitments they have made in those action plans.

1.5.3 The aim of this is that, rather than the Strategy leading to specific programmes of work, it serves to shape the work that organisations in the city undertake, identifying gaps that need to be filled, blockages that need to be removed, partnerships that need to be developed, and investments that need to be maximised. This is about building wellbeing into all of the city's activity.

1.5.4 It is proposed that there are a number of key elements to delivering this work:

- **A named lead for work on each of the ambitions in the Strategy**

In order to establish accountability, each ambition should have a named person responsible for moving it forward. This is not about doing the work: it is about coordinating and ensuring that it happens, and being a point of contact for the Board. These people should be drawn from the Board, but not just from within the Board – their selection is also a mechanism to draw wider stakeholders into the work. The Board are asked, as part of their discussion in response to this paper, to consider how the appropriate people for these roles should be identified.

- **A series of stakeholder workshops**

A starting point for work on each of the ambitions should be a major stakeholder workshop, at which the ambition is discussed, work is undertaken to understand the system that exists around it, where pressure points, gaps and places to have impact exist, and crucially agree what good looks like. These workshops will be the starting point for work on each ambition, but the future direction beyond this would be developed by the named lead, working with a broad coalition of stakeholders with an interest in or responsibility for the ambition in question.

- **An implementation group to be responsible for the overall delivery**

To ensure we retain a focus on the overall aim of reducing health

inequalities, the named leads will also form an implementation group for the Strategy, with support from the Public Health Intelligence Team in relation to metrics and secretariat support provided by officers supporting the Health & Wellbeing Board.

- **Supported engagement work**

Healthwatch Sheffield are being funded through the Health & Wellbeing Board to deliver additional engagement work around the work of the Board, and there will be opportunities to shape this to support the work flowing from the initial workshops described above.

- **Use of Board time**

The Strategy is reasonably well established in the Steering Group's approach to developing the Forward Plan for the Board, and this will need to continue. It is intended that the Forward Plan will establish a slot at every Board meeting to focus on one of the ambitions in the Strategy. Beyond this, discussions in meetings will need to be focused on drawing out links to the Strategy, at a minimum relating to the headline ambition around health inequalities, and ideally directly to one or more of the nine ambitions.

- **Revision of Board templates**

To support this, we will revise templates and guidance that is provided for people producing papers and/or items for discussion at Board.

2. HOW DOES THIS DECISION CONTRIBUTE?

2.1 The Joint Health & Wellbeing Strategy is required by the Health & Social Care Act 2012, which also requires the Council and NHS to take it into account in their commissioning plans. It therefore provides a significant part of the framework within which services are designed and delivered locally.

2.2 The refreshed Strategy commits the Health & Wellbeing Board to focusing their attention on the challenge of reducing health inequalities in Sheffield, by addressing nine key determinants of health. Successful delivery of the Strategy will see major impacts on the lives of people living in Sheffield.

3. HAS THERE BEEN ANY CONSULTATION?

3.1 As noted above, during the production of the Strategy, officers have engaged with a range of stakeholders, including members of the public, to test approaches and ask for input, all of which has served to shape the final Strategy. This has fulfilled the requirement of the Health & Social Care Act 2012 for people who live or work in Sheffield to be involved in preparing the Strategy.

3.2 The 2012 Act also requires that Sheffield Healthwatch be involved in preparing the Strategy. This has been fulfilled through their place on the Board, and by the inclusion of the Chair of Sheffield Healthwatch on the Editorial Group that has guided the development of the Strategy.

4. ALTERNATIVE OPTIONS CONSIDERED

- 4.1 No alternative options have been considered. It is a statutory requirement that the Council and Clinical Commissioning Group must produce a Joint Health & Wellbeing Strategy for Sheffield.

5. REASONS FOR RECOMMENDATIONS

- 5.1 Health inequalities remain a significant challenge for Sheffield, and it is well understood that the solution to this challenge will not only be found within health and social care services. The refreshed Strategy focuses the attention of the Health & Wellbeing Board on nine key areas that have the potential to improve the health and wellbeing of Sheffield's population sustainably over the long term, and narrow the gap in outcomes between the most and least well off.

6. Action / Recommendations for Governing Body

The Governing Body is asked to approve the Joint Health and Wellbeing Strategy 2019-24.

Cover paper prepared by Emma Wathall, Business Manager

On behalf of Nicki Doherty, Director of Delivery – Care Outside of Hospital

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