

**JOINT HEALTH & WELLBEING STRATEGY 2019-24****Governing Body papers****5 March 2020**

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<b>Purpose of Paper</b>	<p>Under the Health &amp; Social Care Act 2012 Clinical Commissioning Groups are required to have due regard for their local Joint Health &amp; Wellbeing Strategy in developing their Commissioning Plans.</p> <p>This paper briefs the Governing Body on Sheffield's Joint Health &amp; Wellbeing Strategy and asks them to consider how the Clinical Commissioning Group can support delivery of all its ambitions, through all its activity.</p>
<b>Key Issues</b>	As above
<b>Is your report for Approval/Consideration/Noting</b>	Consideration
<b>Recommendations/Action Required by Governing Body</b>	<p><b>Recommendations for the Governing Body</b></p> <p>The Governing Body should:</p> <ul style="list-style-type: none"> <li>Note the Joint Health &amp; Wellbeing Strategy 2019-24</li> </ul> <p><b>Questions for the Governing Body</b></p> <p>The Governing Body is asked:</p> <p>What opportunities are there for the Clinical Commissioning Group to contribute to all nine ambitions within the strategy as commissioning intentions are developed across all areas of the CCGs functions?</p>
<b>What assurance does this report provide to the Governing Body in relation to Governing Body Assurance Framework (GBAF) objectives?</b>	N/A
<b>Are there any Resource Implications (including Financial, Staffing etc)?</b>	N/A

<b>Have you carried out an Equality Impact Assessment and is it attached?</b>
N/A
<b>Have you involved patients, carers and the public in the preparation of the report?</b>
N/A

## JOINT HEALTH & WELLBEING STRATEGY 2019-24

### Governing Body papers

5 March 2020

#### 1. Introduction

Under the Health & Social Care Act 2012 Clinical Commissioning Groups are required to have due regard for their local Joint Health & Wellbeing Strategy in developing their Commissioning Plans.

This paper briefs the Governing Body on Sheffield's Joint Health & Wellbeing Strategy and asks them to consider how the Clinical Commissioning Group can support delivery of all its ambitions, through all its activity.

#### 2. Defining Wellbeing

For the purpose of this paper wellbeing is defined with a view to the health of the population and with a focus on structural determinants: considering the absence of factors that are supportive of health across many domains (income, environment, homes, health, connections, or opportunity to name a few) and in an asset based way (focusing on the presence of protective factors). It is not defined as something primarily rooted in individuals and individual behaviours or decisions, or as a psychological construct.

#### 3. Health & Wellbeing Board

Health & Wellbeing Boards were created by the 2012 Health & Social Care Act. They are statutory committees of local authorities and thus have a place within the democratic governance of places, as well as being partnership bodies focused on health & wellbeing.

Under the 2012 Act, the Board is responsible for encouraging integrated working around health and wellbeing in Sheffield, must develop and publish the city's Joint Strategic Needs Assessment & Pharmaceutical Needs Assessment, and agree a Joint Health & Wellbeing Strategy for Sheffield, based on the evidence in the JSNA. Both the Council and CCG must have due regard for the Strategy in their commissioning plans, and the Board has the power to hold them to account on this point.

In Sheffield over the last four years we have adjusted the focus of the Board to wellbeing in its broadest sense and away from NHS and social care integration (those remain important as one of many factors that contribute to wellbeing overall). This makes the HWBS a strategy for the determinants of health, or in effect a population health strategy.

The Board is described in its Terms of Reference as the owner of the strategic vision for health and wellbeing in Sheffield, with a responsibility for holding all partners and organisations to account for delivering against this.

## 4. Joint Health & Wellbeing Strategy

The Joint Health & Wellbeing Strategy is the Board's clearest expression of that strategic vision for improving the city's health and wellbeing. Its primary focus is on reducing health inequalities in Sheffield, setting these as the primary descriptor of poor and unfair health in our city. Beneath this is has nine fairly broad but well defined ambitions, with an additional focus on building wellbeing better into all decision making (following the lead of the Welsh, New Zealand, Scottish, and Icelandic governments in building wellbeing and inequalities into the culture and decision-making machinery of whole places and institutions).

These ambitions are squarely focused on the wider determinants of health and wellbeing, chosen as areas that feature some combination of the following three features:

- They are a significant factor in health inequalities – e.g. school readiness has long term implications and is spread inequitably in the city
- They aren't being addressed directly already by existing work – e.g. smoking remains a key factor in health but the city has a Tobacco Control Strategy in place that seems to be delivering
- They offer opportunities for more and better partnership to drive improvement – e.g. equitable access to care and support requires a whole system approach

The ambitions can be seen as setting out 9 pillars of a healthy life, with a view that if as a city we can deliver on them, we will go a long way towards our goal of eliminating health inequalities in Sheffield.

## 5. Ten Key Points on the Strategy

### 5.1 The Strategy is pitched at Health & Wellbeing in its entirety

It is not focused primarily on NHS and social care services, but on all the things that contribute to wellbeing. As a result there are obvious interfaces with other broad encompassing strategies and plans: such as Economic Strategy, Local Plan, etc.

### 5.2 It's a Strategy, not an action plan

The Board has kept it deliberately short, setting out its single target (health inequalities) and the critical priorities for the city to address to make a difference.

### 5.3 It sets out nine clear ambitions for the city

These are themselves quite broad areas, but are set out as the critical building blocks of a strategic approach to improving health and wellbeing.

### 5.4 These aren't everything

There is a lot that isn't "in" the Strategy. This doesn't mean those things aren't important; some, such as smoking, clearly have a huge impact on health & wellbeing, and exclusion is more a reflection that strong strategies are place to address these issues already. The Board has focused on areas where they think significant improvements need to be made and better linked to health and wellbeing improvements.

## **5.5 It's not just what we do, but how we do it**

The Strategy is not explicit about this, but it assumes that we take an asset-oriented approach to delivery, and that we have an expectation that inequality and the gap (in whatever aspect) is increasingly built into all our work.

## **5.6 It recognises there is much that is great going on already**

It's important to note there is a great deal of good policy and service delivery that already does much to improve lives and that we can build on. The aim of the Strategy is to focus on improving trajectories and further narrowing the gap, and to identify new perspectives and methods to address old problems through engaging new partners and stakeholders.

## **5.7 Delivery will be coordinated by the Health & Wellbeing Board**

The Board is the responsible body for the Strategy, and will coordinate its work programme around delivery of the Strategy.

## **5.8 This is (mostly) not about new projects and workstreams**

The Board will identify a named board sponsor and lead officer (not necessarily from SCC) for each ambition. Their job will be to keep the Board apprised of work ongoing in relation to the ambitions, and to enable them to assess whether the right things are happening in Sheffield. They will work using existing processes and groups where they exist.

## **5.9 But implementation is a job for the whole city**

This is an exercise in engaging the city as a whole in building mechanisms for improving wellbeing across all policy and service areas, offering an opportunity for all to shape what needs to happen. In effect this is an attempt to achieve a focus on wellbeing across all policy making, similar to what Welsh and other governments are doing, but at a local level.

## **5.10 There will never be a single plan**

There will not be a single plan, certainly not a single plan that will specify in granular detail what happens across all identified ambition areas. Instead the aim is to provide a focal point, and an opportunity to assess what we are doing.

## **6. Inequalities in health**

The Health & Wellbeing Board published a Health Inequalities Strategy in 2014. Largely stakeholders to that strategy achieved the stated objectives: the current strategy seeks to broaden the approach to health inequalities by taking "inequalities in health" out of that paradigm of being something that is seen as (solely) something for the NHS to address, to being something that is about the city and that all its institutions have a responsibility for. Similarly addressing inequality isn't seen within the strategy as something that (only) community organisations or VCS more broadly can solve. All are critically important, but not by themselves sufficient.

In effect our Health and Wellbeing Strategy has superseded our 2014 Health Inequalities Strategy. If we don't address inequalities in school readiness or poor quality housing (and the downstream consequences of those) then the strategy has not achieved its purpose.

There isn't and will not be a single fix solution. Each of the ambitions need skilled individuals who know the territory and know the institutions, characters and can spot or engineer opportunities to make progress.

## **7. Recommendations for the Governing Body**

The Governing Body should:

- Note the Joint Health & Wellbeing Strategy 2019-24

## **8. Questions for the Governing Body**

The Governing Body is asked:

- What opportunities are there for the Clinical Commissioning Group to contribute to all nine ambitions within the strategy as commissioning intentions are developed across all areas of the CCGs functions?

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