

CHESHIRE EAST COUNCIL

Health and Wellbeing Board

Date of Meeting:	25 th March 2014
Report of:	Corporate Manager Health Improvement
Subject/Title:	Review and Refresh of the Cheshire East Joint Health and Wellbeing Strategy
Portfolio Holder:	Councillor Janet Clowes Portfolio Holder for Health and Adult Care

1.0 Report Summary

- 1.1 The Health and Wellbeing Board came into existence on 1 April 2013. The Board has had a fruitful first year, overseeing the process of submitting to the Department of Health the successful bid to be a Health and Social Care Pioneer authority (in conjunction with the Cheshire West and Chester Health and Wellbeing Board) and supporting the ongoing integration programmes with the Clinical Commissioning Groups. In addition the Board has been monitoring the progress of key initiatives such as the Learning Disability Lifecourse Review, the Dementia Strategy and Implementation Review and the work of the Joint Commissioning Leadership Team.
- 1.2 The Health and Social Care Act (2012) placed a duty upon the Local Authority and Clinical Commissioning Groups in Cheshire East, through the Health and Wellbeing Board, to develop a Joint Health and Wellbeing Strategy to meet the needs identified in the Joint Strategic Needs Assessment (JSNA). The interim Strategy was approved in December 2012.
- 1.3 The interim Strategy was a one year Strategy. A refreshed Strategy has now been drafted for 2014 – 2016 to provide direction for Commissioners over the next two years. This has been based upon the evidence from the refreshed Joint Strategic Needs Assessment and the Annual Report of the Director of Public Health 2013. The revised Strategy is attached as **Appendix One**.

2.0 Recommendation

- 2.1 That the Health and Wellbeing Board consider and endorse the refreshed Strategy.

3.0 Reasons for Recommendations

- 3.1 To ensure that the Joint Health and Wellbeing Strategy is fit for purpose.

4.0 Policy Implications including - Health

4.1 To achieve improved health and wellbeing outcomes for local communities, the Health and Social Care Act 2012 identified the need for increased joint working between the NHS and local authorities, with high quality local leadership and relationships being an essential foundation. The Act described Health and Wellbeing Boards as having the key role of improving joint working by bringing together key commissioners and through their function of encouraging integrated working in relation to commissioning.

4.2 The Joint Health and Wellbeing Strategy will be the mechanism by which the needs identified in the Joint Strategic Needs Assessment are met, setting out the agreed priorities for collective action by the key commissioners, the local authority, the Clinical Commissioning Groups and NHS England

5. The Joint Health and Wellbeing Strategy

5.1 The Joint Health and Wellbeing Strategy should demonstrate how the Authority and CCGs, working with other partners will meet the needs identified in the JSNA. This could potentially consider how commissioning of services related to wider health determinants such as housing, education, or lifestyle behaviours can be more closely integrated with commissioning of health and social care services.

5.2 There is a clear expectation within the Act that the JSNA and Joint Health and Wellbeing Strategy will provide the basis for all health and social care commissioning in the local area. This begins with the duty of the Clinical Commissioning Groups, NHS England and the local authority to have due regard to the relevant JSNA and Joint Health and Wellbeing Strategy when carrying out their respective functions, including their commissioning functions.

5.3 Developing the Joint Health and Wellbeing Strategy should incorporate a robust process of prioritisation in order to achieve the greatest impact and the most effective use of collective resources, whilst keeping in mind people in the most vulnerable circumstances. The aim of the Strategy is to jointly agree what the greatest issues are for the local community based on evidence from the JSNA.

5.4 The Department of Health Guidance sets out a number of values that underpin good Strategies:

- Setting shared priorities based on evidence of greatest need;
- Setting out a clear rationale for the locally agreed priorities and also what that means for the other needs identified in the JSNA, and how they will be handled with an outcomes focus;

- Not trying to solve everything, but taking a strategic overview on how to address the key issues identified in JSNAs, including tackling the worst inequalities;
- Concentrate on an achievable amount – prioritisation is difficult but important to maximise resources and focus on issues where the greatest outcomes can be achieved;
- Addressing issues through joint working across the local system and also describing what individual services will do to tackle the priorities;
- Supporting increased choice and control by people who use services with independence, prevention and integration at the heart of such support.

5.5 The Interim Strategy's priorities have been reviewed and tested against the refreshed JSNA and the recently published Director of Public Health's Annual Report, to determine their robustness for 2014. Members of the Board have contributed their thoughts to an earlier draft. Changes have been made to the 'Starting Well' priority in the light of the refresh of the Children and Young People's JSNA. Improving the physical health of those with serious mental illness has been highlighted as a new priority and we have introduced a specific reference to reducing social isolation and loneliness in the Ageing Well priority.

8.0 Access to Information

The background papers relating to this report can be inspected by contacting the report writer:

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