

CHESHIRE EAST COUNCIL

REPORT TO: Health and Wellbeing Overview and Scrutiny Committee

Date of Meeting: 3rd April 2012

Report of: Head of Health Improvement

Subject/Title: Draft Interim Health and Wellbeing Strategy

Portfolio Holder: Cllr Janet Clowes

1.0 Report Summary

- 1.1 The Health and Social Care Bill (2011) places a duty upon the local authority and clinical commissioning groups in Cheshire East to develop a Joint Health and Wellbeing Strategy, to meet the needs identified in the Joint Strategic Needs Assessment. The first draft Interim Strategy is attached for comment by the Committee.

2.0 Decision Requested

- 2.1 That the Committee consider and comment upon the draft interim Joint Health and Wellbeing Strategy.

3.0 Reasons for Recommendations

- 3.1 To inform the drafting of the interim Joint Health and Wellbeing Strategy.

4.0 Wards Affected

- 4.1 All

5.0 Local Ward Members

- 5.1 All

6.0 Policy Implications including – Carbon Reduction - Health

- 6.1 The Health and Social Care Bill 2011 proposes a number of significant changes that will affect the local health and social care landscape. This includes the establishment of the Cheshire East Health and Wellbeing Board, the GP Clinical Commissioning Groups and the transfer of the Public Health responsibilities from the PCT to the Local Authority. When enacted, the Authority will have a greater role to play in setting policy, providing leadership and commissioning activity that will contribute to improved health outcomes for

the population of Cheshire East. 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 the NHS Commissioning Board.

7.0 Financial Implications (Authorised by the Borough Treasurer)

7.1 There are no direct financial implications in relation to this report.

8.0 Legal Implications (Authorised by the Borough Solicitor)

8.1 There are no direct legal implications specific to this report.

9.0 Risk Management

9.1 N/A

10.0 Background

10.1 The key legislative changes proposed within the Bill are summarised as:

- i. Clinically led commissioning – the Bill puts clinicians in charge of shaping services, enabling NHS funding to be spent more effectively. Supported by the newly established **NHS Commissioning Board**, new **clinical commissioning groups** will now directly commission services for their populations.
- ii. Provider regulation to support innovative services – enshrining a fair playing field in legislation for the first time, this will enable patients to be able to choose services which best meet their needs – including from charity or independent sector providers, as long as they meet NHS costs. Providers, including NHS Trusts, will be free to innovate to deliver quality services. **Monitor** will be established as a specialist regulator to protect patients interests.
- iii. Greater voice for patients – the Bill establishes new **Healthwatch** patient organisations, both locally and nationally, to drive patient involvement across the NHS.
- iv. New focus for Public Health – The Bill provides the underpinnings for **Public Health England**, a new body to drive improvements in the public's Health.
- v. Greater accountability locally and nationally – the Bill sets out clear roles and responsibilities, whilst keeping Minister's ultimate responsibility for the NHS. The Bill limits micro-management and gives local authorities a new role to join up local services (through the **Health and Wellbeing Board**).
- vi. Streamlined arms-length bodies – the Bill removes unnecessary tiers of management , releasing resources to the frontline.

10.2 Locally, work is well underway with a Shadow Health and Wellbeing Board now established. The two Clinical Commissioning Groups (CCGs) are firmly established and appointing their key staff and the transfer of Public Health

functions to the Local Authority is being overseen by a Transition Programme Board.

11. Progress to date

11.1 Two key elements of work are in hand:

- A refresh of the Joint Strategic Needs Assessment (JSNA);
- The drafting of the Interim Joint Health and Wellbeing Strategy (JHWS).

The **JSNA** should provide the data and interpretation that allows the new 'system' to identify the priorities for action in relation to health needs and inform commissioners to allow them to invest in appropriate services. This requires organisations to input their data into the JSNA in the first place and this is now being progressed to ensure it is a comprehensive and useful tool.

The **JHWS** 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.

11.2 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. Prioritisation processes need to be systematic, transparent, simple; and used consistently over time to justify the outcomes. The prioritisation should aim to balance different types of needs and take account of complex needs and integrated planning to address them.

11.3 The Department of Health Draft 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.

- 11.3 A draft strategy for consultation needs to be published in the early Summer 2012. The consultation process will then inform a final draft that will be presented to the Health and Wellbeing Board and Council later in the year or in early 2013. The Strategy has to be ready for 1st April 2013.
- 11.4 The draft Strategy has been pulled together taking into account information from the JSNA, the Sustainable Community Strategy and priorities identified by the Children's Trust, the Safer Cheshire Partnership, the CCGs, the Cheshire East Housing Strategy and the Ageing Well Programme. The list of priorities will need refining through consultation to determine its final form. The Strategy is attached as Appendix A for consideration and comment by the Scrutiny Committee.
- 11.5 The work to date has been informed by Council and PCT officers, the Children's Trust Board and an initial discussion with CCG GP leads (with a further meeting planned). An analysis of priorities from across a number of existing strategies and plans was undertaken to help inform the first draft. A 'life course' approach has been taken in line with the DoH guidance.
- 11.6 Key next steps will be to refine the priorities, through a process of weighting to agree those that all stakeholders have a responsibility for delivery (through either commissioning or providing) and then developing the draft action plan that will identify what is to be done and by whom, to ensure that agreed outcomes are achieved. This will then form the basis of the consultation over the Summer.

12.0 Access to Information

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

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