

Partnership Board for Health and Wellbeing

MEETING DATE:	8 February 2012
TITLE:	Emerging priorities
AN OPEN PUBLIC ITEM	
List of attachments to this report:	
Appendix One: Emerging priorities	

1 THE ISSUE

- 1.1 The Health and Wellbeing Board is responsible for developing a set of strategic priorities that deliver the Boards aim to:
- Reduce health inequalities and improve health and wellbeing in Bath and North East Somerset
- 1.2 The priorities that the Board agrees will form the foundations of the Health and Wellbeing Strategy, as well as inform the Boards work programme over the next few years.
- 1.3 This report introduces the emerging priorities for discussion.

2 RECOMMENDATION

The Partnership Board is asked to:

- 1) Note and comment on the emerging priorities (appendix 1)

3 FINANCIAL IMPLICATIONS

- 3.1 Activities defined within this report are to be managed through existing resources within the Council and PCT.

4 THE REPORT

- 4.1 On 28 May a task group of the HWB, chaired by Cllr Simon Allen, began thinking on a set of strategic priorities for the Health and Wellbeing Board. Discussions were informed by the JSNA update 2012 and need. The output from this session is a set of emerging priorities (set out in appendix 1).
- 4.2 The emerging priorities are a work in progress; there is still the opportunity to refine, especially as the CCG Plan develops.
- 4.3 The emerging priorities include 7 aspirational objectives and a series of outcomes focused priorities that will contribute to the delivery of at least 1 of the objectives.
- 4.3 Once complete these priorities will offer the Board the opportunity to be clear about what it wants to achieve. They will create a strong local voice which will enable us to influence decisions locally and nationally; including the NHS commissioning board. They should

underpin our commissioning plans, in order to make the greatest impact across the health and care system and beyond.

4.4 *‘Joint health and wellbeing strategies should prioritise the issues requiring the greatest attention, avoiding the pitfalls of trying to take action on everything all at once. They will not be a long list of everything that might be done; they will focus instead on key issues that make the biggest difference’.* **(DoH draft JHWS guidance)**

4.5 Next steps

Consultation on the emerging priorities will continue with the CCG and key Council service leads. The task group will meet again on the 2 July to review the emerging priorities – this session will have a particular focus on outcomes.

5 RISK MANAGEMENT

5.1 Risk will form a key consideration in the development of the Boards priorities (the associated risk of ‘doing or ‘not doing’ the priority).

6 EQUALITIES

6.1 Inequality is a key part of the JSNA framework. To reduce health inequality is a key ambition of the Board – around which the priorities are framed.

7 CONSULTATION

4.2 The emerging priorities have been developed in consultation with:

- a. *Cabinet Member; Staff; Other B&NES Services; Service Users; Local Residents; Community Interest Groups; Stakeholders/Partners; Other Public Sector Bodies;*

8 ISSUES TO CONSIDER IN REACHING THE DECISION

- a. **Select from:** *Social Inclusion; Customer Focus; Sustainability; Human Resources; Property; Young People; Human Rights; Corporate; Health & Safety; Impact on Staff; Other Legal Considerations*

9 ADVICE SOUGHT

- a. The Council's Monitoring Officer (Council Solicitor) and Section 151 Officer (Divisional Director - Finance) have had the opportunity to input to this report and have cleared it for publication.

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Background papers	<i>NA</i>
Please contact the report author if you need to access this report in an alternative format	