

Health and Wellbeing Board (shadow)

MEETING DATE:	19 September 2012
TITLE:	Strategic priorities
AN OPEN PUBLIC ITEM	
List of attachments to this report:	
None	

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 This report seeks agreement on 7 strategic priorities. These priorities have been developed by a task group of the Board and are based on the Joint Strategic Needs Assessment (JSNA) update 2012.
- 1.3 These priorities will form the foundations of the Joint Health and Wellbeing Strategy (JHWS), as well as inform the Boards work programme over the next 3 years.

2 RECOMMENDATION

The Board is asked to:

- 1) To agree the 7 strategic priorities set out in this report (point 4.4). *(in agreeing these priorities the board should consider the feasibility of aligning these 7 strategic priorities and commissioning/delivery plans)*
- 2) To agree to review the strategic priorities in 15-16 in line with the 3 year duration of the CCG Plan.

3 FINANCIAL IMPLICATIONS

- 3.1 There are no direct financial implications arising from this report. However, implementation of the priorities may require service areas to consider service design / allocation of resources to ensure the Board delivers priority outcomes.

4 MAIN REPORT

- 4.1 *'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)*

4.2 On 28 May and 2 July a task group of the HWB, chaired by Cllr Simon Allen, began thinking on a set of strategic priorities for the B&NES Health and Wellbeing Board. Discussions were informed by the JSNA update 2012. The output from these sessions is 7 strategic priorities.

4.3 To ensure public and patient input into the development of the strategic priorities the Link were part of both task group sessions.

4.4 The 7 strategic priorities are:

- Improve outcomes for people who experience mental health problems
- Improve the outcomes of families experiencing complex needs
- Improve the outcomes of vulnerable groups
- Improve the outcomes of people with long term conditions (including end of life)
- Improve the outcomes of our aging population
- Reduce economic inequality (linked with poor health outcomes)
- Develop healthy and sustainable places and communities

4.5 The priorities will offer the Board the opportunity to be clear about what it wants to achieve locally. They will create a strong local voice which will enable the Board to influence decisions locally and nationally; including the NHS commissioning board. They should underpin commissioning plans and service delivery in order to improve health outcomes.

4.6 ***The national versus local context***

National versus local outcomes frameworks continue to be a debate that Health and Wellbeing Boards and CCGs are struggling with nationally. There is concern that JSNAs and JHWS (including local priorities) will become 'interesting reads' unless real consideration is given to local priorities in the design, commissioning and delivery of services. The DoH is clear that national outcomes frameworks give:

'commissioners freedom to decide how to improve quality and outcomes in ways that are most important for their local populations' ('levels of ambition, NHS Outcomes Framework).

4.7 It will be important for each HWB partner to strike a balance between the national and the local context; as without a common strategic vision - through this set of locally informed strategic priorities - there is a risk to partnership integration. To achieve this, these 7 strategic priorities will need to find a way of setting themselves against national outcomes frameworks. This will be a challenge that will require a commitment from partners to shape commissioning and delivery plans against these priorities as well as national outcomes frameworks. *(The HWB has a duty to ensure that commissioning plans take proper account of these priorities and the Joint Health and Wellbeing Strategy.)*

4.8 ***In the context of the economic climate***

Feedback at the 13 June HWB on the strategic priorities was that there needed to be more recognition of the current economic, commissioning and political context. The following has been added as an introduction to the strategic priorities:

In the context:

- *Of the **tough economic climate**, which is creating many challenges for the public sector. Our financial capacity to deliver services in the same way as the past is being put under pressure. These priorities offer the Board the opportunity to be clear about what it wants to achieve and where commissioning plans and resources should be targeted.*
- *Priorities and outcomes will be delivered in the context of the existing financial and **commissioning** framework.*
- *Of the **local political environment**. The priorities will help create a strong local voice which will help the Board to influence locally and nationally, including local commissioning plans*

and the NHS commissioning board. It will also enable the Board to be clear about what it is going to do and what it is not going to do.

- 4.9 The task group was also keen that the Board adopted principles of operation that would ensure focus and attention is given to ill-health prevention, system integration and community engagement. The following has been added as an introduction to the strategic priorities:

Principles of operation:

- *Strengthen the role and impact of ill-health **prevention***
- *A commitment to **add value** through a ‘whole system approach’ and through **integrating** the NHS, social care and public health systems.*
 - *Influence planning, transport, housing, environment, economic development and community safety in order to address the wider determinants of health and wellbeing.*
- ***High quality** service delivery **within the resources available**. Including low cost and no cost options, and reducing waste through a whole system approach.*
- *A commitment to **public, patient and provider engagement**.*

- 4.10 The task group was keen to recognise that there is already a wealth of activity taking place across the health and wellbeing sector that is already contributing to the delivery of the 7 strategic priorities. An initial mapping exercise will be undertaken to set out this activity. The aim of this exercise will be to better understand what we are doing now.

- 4.11 The task group was also clear that to add value, delivery of the 7 strategic priorities should not simply be the coordination of existing activity but a re-think of the key outcomes and activity against the 7 priorities. This should ensure a meaningful focus on better outcomes for people, a whole system view of service delivery (such as housing, the economy and the environment), as well as identifying gaps and opportunity for better service integration.

4.12 Duration

The CCG have agreed a 3 year term for the CCG Plan (with 12–13 being year 1). It is recommended that the duration of the Boards priorities, and subsequently the Joint Health and Wellbeing Strategy, is aligned with the duration the CCG Plan. This will mean that the 7 strategic priorities and the JHWS will be reviewed in 14-15. (DoH draft guidance leaves the duration of the JHWS up to local determination).

4.13 Next steps

The 7 strategic priorities will form the foundations of the JHWS. It is also recommended that the Board selects just 2 of these priorities to really focus on in 12 – 13. To identify the top 2 priorities for 12 – 13 the task group will conduct a prioritisation exercise and report back to the November HWB Board.

- 4.14 Once the top 2 priorities are agreed a process will be undertaken to identify the key outcomes against the priorities, and to shape future commissioning and delivery accordingly.

5 RISK MANAGEMENT

- 5.1 Risk will form a key consideration in the delivery of the Boards priorities.

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	