

**JOINT HEALTH AND WELLBEING STRATEGY CONSULTATION**

**To:** Communities and Partnership Committee

**Meeting Date:** 12 March 2020

**From:** Liz Robin, Director of Public Health  
Adrian Chapman, Service Director of Community and Safety

**Electoral division(s):** All

**Forward Plan ref:** N/A      **Key decision:** No

**Purpose:** To present the draft Cambridgeshire and Peterborough Health and Wellbeing Strategy to Communities and Partnerships Committee for consultation and highlight the links with the draft Think Communities Health Deal Agreement

**Recommendation:** The Committee is asked to:  
  
Discuss and comment on the draft Joint Health and Wellbeing Strategy and on the Think Communities Health Deal Agreement.

<b><i>Officer contact:</i></b>		<b><i>Member contacts:</i></b>	
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## **1. BACKGROUND**

- 1.1 Health and wellbeing boards were established under the Health and Social Care Act 2012 to act as a forum in which key leaders from the local health and care system could work together to improve the health and wellbeing of their local population. They became fully operational on 1 April 2013 in all 152 local authorities with adult social care and public health responsibilities.
- 1.2 The Cambridgeshire Health and Wellbeing Board is chaired by the Deputy Leader Cllr Roger Hickford and the Vice-Chair is Jan Thomas, the Accountable Officer for the Cambridgeshire & Peterborough Clinical Commissioning Group (CCG).
- 1.3 Developing a Joint Health and Wellbeing Strategy (JHWS) to meet the needs identified in their Joint Strategic Needs Assessment (JSNA) is a statutory requirement of all Health and Wellbeing Boards.
- 1.4 Alongside the development of the draft JHWS, the Think Communities team has been working with partners to develop a draft Think Communities Health Deal Agreement.

## **2. MAIN ISSUES**

### **Developing the joint Health and Wellbeing Strategy**

- 2.1 Cambridgeshire and Peterborough Health and Wellbeing Boards have chosen to work together through a 'Whole System' Joint Sub-Committee, which includes the full membership of both Boards, to develop one Joint Health and Wellbeing Strategy across Peterborough and Cambridgeshire. This will increase the strategic impact of the JHWS on the wider health system. Cllr Holdich (Peterborough City Council Leader) currently chairs this 'Whole System Joint Sub-Committee', and in the longer term the Chair will alternate between Peterborough and Cambridgeshire.
- 2.2 The approach to developing the new Joint Health and Wellbeing Strategy (JHWS) was to discuss the key findings of the Cambridgeshire and Peterborough Joint Strategic Needs Assessment (JSNA) for health and wellbeing, with a wide range of local stakeholders. These discussions focussed on health and wellbeing outcomes where we face challenges as a system - for example the impact of population growth on infrastructure and demand for services; significant inequalities between communities; or outcomes where the system as a whole does worse than average. These discussions helped to develop the key priorities and areas of focus for the JHWS.
- 2.3 The four priorities identified for the JHWS are:

**Priority 1: Places that support health and wellbeing**

**Priority 2: Helping children achieve the best start in life**

**Priority 3: Staying healthy throughout life**

**Priority 4: Quality health and social care**

Further detail of the background to these priorities, the areas of focus within them, and the proposed actions for the Health and Wellbeing Board and partner agencies are described

within the Strategy documents on the consultation weblink and attached as **Appendices 1, 2, 3 and 4.**

### **Alignment with the Think Communities Health Deal Agreement**

- 2.4 Communities we live in are fundamental to our health, and we are taking a 'Think Communities' approach to the Joint Health and Wellbeing Strategy. Our Think Communities System Ambition is to develop a public sector workforce that listens, engages with and aligns to communities and each other, through mobilisation of citizens and communities into positive action and commits to delivering services in ways that support communities to drive lasting change.
- 2.5 The draft Think Communities Health Deal Agreement (**Appendix 5**) identifies how the System partners will commit to working collaboratively with the focus on place /local communities whilst aiming to empower people to take responsibility to improve their health outcomes. Supporting the health and well-being of our communities is fundamental to Local Government, and the NHS, therefore we recognise that many of the most important factors which affect our residents' health are social, economic and environmental.
- 2.6 The Think Communities approach is based on place and partners supporting Communities /individuals to be enabled to take back responsibility, rather than organisations working in silos .The action needed to address the Wider Determinants of Health can be challenging therefore we need to adopt a much more holistic approach to delivering solutions with Communities which contribute to the delivery of some of the Health and Well-being priorities.
- 2.7 It is proposed that the Cambridgeshire County Council role in the Think Communities Health Deal Agreement implementation should be overseen by the Communities and Partnership Committee. This will provide opportunities to contribute to the delivery of the Health and Wellbeing Strategy actions.

### **The consultation process**

- 2.8 The consultation on the draft JHWS was launched on February 7<sup>th</sup> 2020 and will close on 30<sup>th</sup> April. The consultation documents and questionnaire are available on weblink <https://consultcambs.uk.engagementhq.com/health-and-wellbeing-strategy-consultation>

The consultation documents include the full draft Joint Health and Wellbeing Strategy, an Executive Summary, and an Easy Read version which has been tested with HealthWatch Access Champions.

Hard copies of the consultation documents will be made available in libraries, or by request from the Public Health administrative team.

Hard copies of the Easy Read version are being sent to organisations working with people with learning disabilities.

2.9 Presentations and/or workshops on the Joint Health and Wellbeing Strategy consultation are in process of being planned for the following Committees and Boards, although at the time of writing some are still to be confirmed.

- Peterborough City Council Health Scrutiny Committee
- Cambridgeshire County Council Health Committee, Communities and Partnerships Committee, and General Purposes Committee
- A relevant Committee, Panel or Workshop in all District and City Councils
- A relevant forum at the Cambridgeshire and Peterborough Combined Authority
- Cambridgeshire Public Service Board
- The Sustainable Transformation Partnership (STP) Board and relevant Alliances and Clinical Sub-Groups.
- The CCG Governing Body
- Cambridgeshire and Peterborough HealthWatch Board
- Patient Participation Groups and Forums
- Partnership Boards (for Older People, Mental Health, People with Disabilities)
- Voluntary Sector Chief Executives Group
- Cambridgeshire Countywide Community Safety Board
- Safer Peterborough Partnership
- Cambridgeshire & Peterborough Executive Safeguarding Board
- Think Communities Senior Officer Board
- Children's Health and Wellbeing Executive Board
- Cambridgeshire Sub-Regional Housing Board
- Planning Policy Officers Group
- Public Health Reference Group
- Cambridgeshire and Peterborough Smoke Free Alliance

The Health and Wellbeing Strategy presentation includes slides prepared by the Think Communities team, outlining the Think Communities approach and the draft Think Communities Health Deal Agreement.

2.10 A progress report on the consultation will be taken to the Cambridgeshire and Peterborough Health and Wellbeing Boards Joint Whole-System Sub-Committee meeting on March 5<sup>th</sup> 2020.

The consultation feedback report together, with the final draft of the JHWS as modified in response to the consultation, will be taken to the Joint Whole System Sub-Committee for approval on June 4<sup>th</sup> 2020.

### **Implementing the Strategy and Think Communities Health Deal**

2.11 The Health and Wellbeing Board doesn't hold its own budget, but works as forum to bring local organisations and leaders together, to develop a joint approach to health and wellbeing.

2.12 One outcome of the pre-consultation discussions with stakeholders, was that for most of the key issues in the JHWS we were able to identify a multi-agency board or group which was already addressing the strategic priority or focus area of concern. In some cases this group had agreed a multi-agency plan across Cambridgeshire and Peterborough to achieve this. Sometimes, other key stakeholders were not aware of this work – leading to a risk of

duplication and fragmented working across the wider system. Fragmentation and duplication in the wider system can make a 'Think Communities' approach more challenging to achieve – if it is not clear where communities should go to for information, or they get different answers to the same question from different sources.

- 2.13 A key proposed outcome from the JHWS is therefore to 'keep it simple' – highlighting, endorsing and signposting to existing multi-agency Boards and groups, which are addressing key health and wellbeing issues. The role of the Health and Wellbeing Boards then becomes to support and signpost to multi-agency Boards and groups, prevent unnecessary duplication, regularly monitor their progress against JHWS priorities and the outcomes achieved for residents, and provide strategic challenge, support and 'unblocking' where necessary.
- 2.14 The 'Think Communities' Health Deal Agreement is fully aligned with this – emphasising the importance of the wider determinants of health in the Think Communities approach, and asking partner organisations to commit to working collaboratively with a focus on place and populations. . The Agreement outlines the transformation and workforce development needed by Public Sector partners to work collaboratively with their Communities to create the conditions needed to enable Communities to take action.

### **Implications for the work of the Communities and Partnership Committee.**

- 2.15 The Health Committee is the Service Committee for Cambridgeshire County Council's public health functions. The Council's Director of Public Health is the lead officer for both the Joint Strategic Needs Assessment and the Joint Health and Wellbeing Strategy, and public health staff in the Council have significant involvement in a number of proposed priorities and actions. The Health Committee is therefore a key partner in the JHWS, and the JHWS will help to deliver identified Health Committee priorities and key outcomes such as reducing health inequalities, children and young people's mental health, and health in new communities.

The Communities and Partnership Committee will take on an oversight role for Cambridgeshire County Council in relation to the Think Communities Health Deal implementation and endorse new opportunities for the Community and Safety Services to contribute to the delivery of the actions contained in the HWB strategy.

## **3. APPENDICES**

- 3.1 Appendices 1-4 are weblinks

Appendix 1: Draft Cambridgeshire and Peterborough Health and Wellbeing Strategy (2020-24) - <https://consultcambs.uk.engagementhq.com/3218/documents/3920>

Appendix 2: Executive Summary: Draft Cambridgeshire and Peterborough Joint Health and Wellbeing Strategy - <https://consultcambs.uk.engagementhq.com/3218/documents/3930>

Appendix 3: Consultation Questionnaire - <https://consultcambs.uk.engagementhq.com/health-and-wellbeing-strategy-consultation>

Appendix 4: Draft Health and Wellbeing Strategy Easy Read - <https://consultcambs.uk.engagementhq.com/3218/documents/3940>

#### **4. ALIGNMENT WITH CORPORATE PRIORITIES**

Report authors should evaluate the proposal(s) in light of their alignment with the following three Corporate Priorities.

##### **4.1 A good quality of life for everyone**

The purpose of the JHWS is to improve people's health and wellbeing, which is an important aspect of quality of life. Priority 3 is 'Staying healthy throughout life' and Priority 4 is 'Quality health and social care'.

##### **4.2 Thriving places for people to live**

Priority 1 of the JHWS is 'Places that support health and wellbeing'

##### **4.3 The best start for Cambridgeshire's children**

Priority 2 of the JHWS is 'Helping children achieve the best start in life'

##### **4.4 Net zero carbon emissions for Cambridgeshire by 2050**

Climate change is a significant threat to health and wellbeing. Focus area 1.1 of the JHWS is 'Housing Developments and Transport which support residents' health and address climate change'. Under this focus area there is a proposed action 'The Health and Wellbeing Board can endorse and support member organisations' Climate Change Strategies and Action Plans as these develop'.

#### **5. SIGNIFICANT IMPLICATIONS**

##### **5.1 Resource Implications**

The draft JHWS does not have direct financial implications for the organisations involved at this point. The plans and actions outlined are expected to be delivered within existing system resources. The consultation process will require officer time, prioritised within existing workloads as this is a statutory strategy; and there have been limited costs for design, printing (delivered in-house through Peterborough City Council design and print service) and social media.

##### **5.2 Procurement/Contractual/Council Contract Procedure Rules Implications**

There are no significant implications within this category

##### **5.3 Statutory, Legal and Risk Implications**

The production of a Joint Health and Wellbeing Strategy to meet the needs identified in the Joint Strategic Needs Assessment is a statutory duty of Health and Wellbeing Boards.

#### 5.4 Equality and Diversity Implications

The draft JHWS includes a focus on addressing inequalities in health and wellbeing demonstrated through the joint strategic needs assessment.

#### 5.5 Engagement and Communications Implications

The report sets out details of significant implications in paragraphs 2.8 and 2.9.

#### 5.6 Localism and Local Member Involvement

The focus on place through a Think Communities Health Deal Agreement is set out in paragraphs 2.4-2.7.

#### 5.7 Public Health Implications

The purpose of the JHWS is to work together to improve a wide range of public health and care outcomes.

Implications	Officer Clearance
Have the resource implications been cleared by Finance?	Yes Name of Financial Officer: Martin Wade
Have the procurement/contractual/ Council Contract Procedure Rules implications been cleared by the LGSS Head of Procurement?	Yes Name of Officer: Gus De Silva
Has the impact on statutory, legal and risk implications been cleared by the Council's Monitoring Officer or LGSS Law?	Yes Name of Monitoring Officer: Fiona McMillan
Have the equality and diversity implications been cleared by your Service Contact?	Yes Name of Officer: Liz Robin
Have any engagement and communication implications been cleared by Communications?	Yes Name of Officer: Matthew Hall
Have any localism and Local Member involvement issues been cleared by your Service Contact?	Yes Name of Officer: Liz Robin
Have any Public Health implications been cleared by Public Health	Yes Name of Officer: Liz Robin

Source Documents	Location
<p>Cambridgeshire and Peterborough Joint Strategic Needs Assessment Core Dataset (2019)</p> <p>HealthWatch 'What would you do?' Consultation Report</p>	<p><a href="https://cambridgeshireinsight.org.uk/jsna/published-joint-strategic-needs-assessments/">https://cambridgeshireinsight.org.uk/jsna/published-joint-strategic-needs-assessments/</a></p> <p><a href="http://www.healthwatchcambridgeshire.co.uk/sites/default/files/final_-_cambs_and_pboro_what_would_you_do_report_.pdf">http://www.healthwatchcambridgeshire.co.uk/sites/default/files/final_-_cambs_and_pboro_what_would_you_do_report_.pdf</a></p>



## **Think Communities Health Deal Agreement**

### **Think Communities Approach**

It is an approach to public services that will fundamentally evolve and change the relationship between the Public Sector and Communities.

It will transform the way the public sector delivers its services.

It will see the public sector have a much greater focus and understanding of working within place – joining up the system in innovative ways and delivering our services closer to communities to meet the needs.

It is about understanding the strengths and specific issues within specific areas and working with communities to improve lives.

### **Our System Ambition**

A public sector workforce that listens, engages with and aligns to communities and each other, through mobilization of citizens and communities into positive action. The System commits to delivering services in ways that support communities to drive lasting change.

The Think Communities Health Deal Agreement requires the System partners to commit to working collaboratively with the focus on place /populations to aim to empower people to take responsibility to improve their health outcomes.

### **Why we have this ambition-**

#### **· We need to do something fundamentally different.**

- Demand for public services is increasing at an alarming rate, often in the context of reducing budgets.
  - Forecasts show that this is not likely to change anytime soon.
- Health Inequalities remain with some outcomes are not improving.
  - And the system has become too complex.

### **Interdependencies across the System**

Supporting the health and wellbeing of our communities is fundamental to Local Government, as well as to the NHS, we recognise that many of the most important factors which affect our residents' health are social, economic and environmental.

The Health and Wellbeing Board is the place where politicians, health and social care professionals and other leaders across the system work together to solve problems and lead change to benefit our residents. The Health and Well-being Boards signed Memorandum of Understanding (2018) by the Partners stating how they will work together.

The Cambridgeshire and Peterborough Sustainable Transformation Partnership (STP) has prepared their local Five-Year Plan as part of the wider NHS Long Term Plan. This will reflect national guidance from NHS England and local needs for health and care services. It is essential that the Health and Wellbeing Strategy and the STP response to the NHS Long Term Plan are aligned and complementary.

The Public Service Board has also set out its Four Grand Challenges for Cambridgeshire and Peterborough outlined below.

1. Giving people a good start in life.
2. Ensuring that people have good work.
3. Creating a place where people want to live.
4. Ensuring that people are healthy throughout their lives.

The Think Communities approach acknowledges the significant impact that housing, household income and employment, access / use of green space, and environmental issues have on a person's health. Partners know that local residents who present to health services are also the users of other public sector services, therefore the whole sector understands the importance of collective preventative activity to reduce poor health outcomes.

The Think Communities Health Deal Agreement recognises the need to focus on addressing the Wider Determinants of Health to improve health outcomes within our local communities. The Agreement outlines the transformation needed by Public Sector partners to work collaboratively with their Communities to create the conditions needed to enable Communities to take action.

The communities we live in are fundamental to our health outcomes and taking a 'Think Communities' approach based on place, rather than a silo approach based on organisations is at the core of the Strategy. The local health issues are often clear, while the actions we can take locally to address them can be more challenging therefore we need to adopt a much more holistic approach to delivering solutions with Communities.

### **What can the System do to deliver?**

The System Partners recognises the impact on Health Outcomes caused through the Wider Determinants of health which can differ from community to community or geographical location.

Understanding the root causes maybe stemming from Housing, Employment, lack of Green Spaces, Family events / experiences, Education, Lifestyle choices etc.

The System recognises the contribution and resources that Partners can bring to help deliver change and improved outcomes.

### **Who are the Communities in need?**

We need to be able to identify which Communities we are focusing on as System Partners these Communities maybe defined by -

**Place** – in that the Community belongs to a geographical area

**Person** – Individuals /families who are in contact with services on a frequent basis.

**Community**- which could be defined by people who have aspects in common such as Faith, Ethnicity, Longterm Conditions, Isolation, Falls

### **What are we agreeing to deliver moving forward?**

**Supporting a set of shared Values developed with our communities to -**

Live in an area with good community spirit.

Have enjoyable activities and not be lonely.

Keep Children and young people safe and having fun.

Live in a clean, green and rubbish free area.

Be part of a Community and valued whatever their differences.

## **Culture change**

As a System we will support cultural change through organisational development programmes designed to develop the capacity of our workforce to work across organisational boundaries. Leading to the purposeful creation of a shared culture across our workforce's where individuals can clearly see their role in supporting our communities to become resilient.

## **Collective delivery of Local priorities**

To take some of the Priorities from the Health and Wellbeing Strategy and work at a Community Level to design and deliver improvements that address local health inequalities and improve health outcomes at an individual and Community level.

The Think Communities approach can support the delivery of some of the Health and Wellbeing Strategy priorities by utilising local data and intelligence

For example -

Promote Workplace Health Diabetes

Best start in Life Obesity/Lifestyles

Loneliness Mental wellbeing

Housing/ Homelessness Employment

## **What this will mean for Citizens and Communities?**

Having more say on decisions that impact their lives and where they live and utilising Community Based Assets.

Understanding the community better by building clear area profiles to understand the opportunities, risks and challenges.

Building stronger local connections and community networks.

Working in partnership with the public sector and other organisations to focus on the issues most important in their area.

Focusing more on prevention than cure.

## **What does this mean for the System?**

Letting go - people and communities do not always want and need services involved and can be empowered to take back responsibility for their lives.

Recognising that local places have different strengths and challenges and working through local System groups develop solutions with the Community.

Accepting that communities usually know best.

Working in a way that makes sense to communities, not offering one size fits all approaches and therefore build on the data and local intelligence.

Building greater collaboration with partners and local people equals better outcomes.

Developing a connection to a 'place' and really understanding the key issues for that area.

Training our workforce – so that they can work in new ways to support the local community.