

REVIEW OF THE JOINT HEALTH AND WELLBEING STRATEGY

To: Health and Wellbeing Board

Date: 15 January 2015

From: Dr Liz Robin, Director of Public Health

1.0 PURPOSE

- 1.1 To propose a number of existing strategies that could be adopted by the Health and Wellbeing Board (HWB) as annexes to the Joint Health and Wellbeing Strategy (JHWS).
- 1.2 To update the HWB on progress with updating the demographics and other sections of the text in the JHWS, and to request for the final version of the updated JHWS to be taken to the next HWB meeting on 30 April 2015.

2.0 BACKGROUND

- 2.1 A paper with proposals for updating the JHWS was presented to the HWB on 2 October 2014.
- 2.2 The approach agreed by the HWB was to:
 - Check the Joint Strategic Needs Assessments (JSNAs) completed since 2012 (when the JHWS was published) and ensure the key findings are reflected in the JHWS
 - Map and recommend other existing joint delivery strategies in the local health and care system that could be adopted as annexes to the JHWS
- 2.3 The Health and Wellbeing Board has a series of statutory duties in relation to the JSNA and JHWS, set out in the Health and Social Care Act 2012:
 - The responsible local authority and each of its partner clinical commissioning groups must assess the needs of the local population by preparing a Joint Strategic Needs Assessment (JSNA), which is an analysis of the changing health and care needs and assets of the area
 - The responsible local authority and each of its partner clinical commissioning groups must prepare a strategy for meeting the needs included in the JSNA by the exercise of functions of the local authority, NHS England, or the clinical commissioning groups. This is the joint health and wellbeing strategy (JHWS).
 - In preparing the JHWS, the responsible local authority and each of its partner CCGs must, in particular, consider the extent to which the needs could be met more effectively by the making of arrangements under section 75 of the National Health Service Act 2006

- Both the responsible local authority and the CCG must have regard to the JSNA and JHWS when delivering their functions.
- Health and wellbeing boards must comment on draft CCG commissioning plans and give an opinion to the CCG on how well the plans take account of the JHWS.

2.4 The Health and Wellbeing Board had an informal discussion about the process of updating the JHWS at a development day on 10 December 2014.

2.5 At the development day it was suggested that the key findings from the JSNAs completed since 2012 can be incorporated into the six priorities of the JHWS, and these broad JHWS priorities which were widely consulted on should not need to change.

2.6 The JSNAs completed since the publication of the JHWS are:

- Armed Forces 2013
- Housing and Health 2013
- Physical Disabilities and Learning Disabilities through the Life Course 2013
- Mental Health of Children and Young People in Cambridgeshire 2013
- Prevention of Ill Health in Older People 2013
- Carers 2014
- Older People's Mental Health 2014
- Primary Prevention of Ill Health in Older People 2014
- Autism, Personality Disorders and Dual Diagnosis 2014

2.7 The six broad priorities in the JHWS, which have more detailed areas of focus below them, are:

Priority 1	Ensure a positive start to life for children, young people and their families
Priority 2	Support older people to be independent, safe and well
Priority 3	Encourage healthy lifestyles and behaviours in all actions and activities while respecting people's personal choices
Priority 4	Create a safe environment and help to build strong communities, wellbeing and mental health
Priority 5	Create a sustainable environment in which communities can flourish
Priority 6	Work together effectively

3.0 KEY POINTS

3.1 At the Health and Wellbeing Board's development day on 10 December 2014, a table was presented showing delivery strategies in the health and care system that are using the findings of the JSNAs completed since 2012. This table is shown below:

JSNA	Delivery strategy?
Armed Forces 2013	<ul style="list-style-type: none"> Majority of findings covered by other JSNAs Military Covenant Board also took on JSNA findings
Housing and Health 2013	<ul style="list-style-type: none"> Housing strategies at district level – sufficient level of involvement with NHS partners?
Physical Disabilities and Learning Disabilities through the Life Course 2013	<ul style="list-style-type: none"> Special Educational Needs and Disability Strategy (currently out to consultation) Learning disability partnership commissioning strategy 2013-2016
Mental Health of Children and Young People in Cambridgeshire 2013	<ul style="list-style-type: none"> Children and Young People’s Emotional Wellbeing and Mental Health Strategy Public Mental Health Strategy (in development)
Prevention of Ill Health in Older People 2013	<ul style="list-style-type: none"> Older People’s Strategy
Carers 2014	<ul style="list-style-type: none"> Joint Adult Carers Interim Strategy
Older People’s Mental Health 2014	<ul style="list-style-type: none"> Older People’s Strategy
Primary Prevention of Ill Health in Older People 2014	<ul style="list-style-type: none"> Older People’s Strategy
Autism, Personality Disorders and Dual Diagnosis 2014	<ul style="list-style-type: none"> Several mental health strategies (most are single agency): <ul style="list-style-type: none"> - CCG Adult Mental Health Commissioning Strategy 2013-2016 - CCG 5 Year Strategy: Mental Health workstream (in development) - CCC Mental Health and Social Care Strategy (in development) - Public Mental Health Strategy (in development) - Dual Diagnosis Strategy (joint strategy) Crisis Concordat Declaration and Action Plan

3.2 The strategies highlighted in bold indicate those that have been developed and signed-off by both Cambridgeshire County Council and NHS Cambridgeshire and Peterborough Clinical Commissioning Group. These strategies would be in line with the statutory requirements relating to the JHWS, detailed in section 2.3 of this report.

3.3 The Health and Wellbeing Board has already had sight of some of these key strategies at previous HWB meetings. The strategies are available on the County Council’s website to download as appendices to this report (see <http://tinyurl.com/ccc-hwb-150115>), or printed copies are available on request from Democratic Services, Shire Hall, Cambridge:

- Appendix A – Learning Disability Partnership Commissioning Strategy
- Appendix B – Children and Young People’s Emotional Wellbeing and Mental Health Strategy
- Appendix C – draft Older People’s Strategy. This version of the strategy was presented to the HWB in October 2014.
- Appendix D – Joint Adult Carers Interim Strategy
- Appendix E – Crisis Concordat Declaration

3.4 As further joint strategies are developed that use the findings of the JSNA, it is proposed that these are presented to the Health and Wellbeing Board to consider whether they should be adopted as part of the JHWS.

3.5 There are plans in 2015 to hold a number of JSNA summit events to formally launch some of the newer JSNAs. It is proposed that these events bring together the key commissioners and decision makers relating to the JSNA topic, and will be the catalyst for identifying future key delivery strategies, or identifying where there is an unmet need.

3.6 There is further work to do to update some of the text within the existing JHWS, first published in 2012. This includes adding more up to date demographic data about Cambridgeshire’s communities, adding some of the key findings from some of the more recent JSNAs and making minor changes to the text in other specific sections.

3.7 It is proposed that a final version of the updated strategy, including this updated text, is presented to the Health and Wellbeing Board at its next meeting on 30 April 2015.

4.0 ALIGNMENT WITH THE CAMBRIDGESHIRE HEALTH AND WELLBEING STRATEGY

4.1 This paper sets out proposals for updating the Cambridgeshire Health and Wellbeing Strategy 2012-17.

5.0 DECISION REQUIRED

5.1 The Health and Wellbeing Board is asked to approve the recommendation to adopt the following existing joint delivery strategies outlined in sections 3.3as annexes to the Joint Health and Wellbeing Strategy.

- a) The Learning Disability Partnership Commissioning Strategy 2013-16
- b) The Children and Young People’s Emotional Wellbeing and Mental Health Strategy
- c) The Older People’s Strategy (which has previously been presented to the Health and Wellbeing Board).
- d) The Joint Adult Carers Interim Strategy.
- e) The Crisis Concordat Declaration

- 5.2 The Health and Wellbeing Board is asked to approve the recommendation to bring a final version of the updated Joint Health and Wellbeing Strategy to the meeting on 30 April 2015.
- 5.3 The Health and Wellbeing Board is asked to consider whether it has a role in promoting further development of joint strategies – particularly where JSNA findings are being addressed by individual organisational strategies, but these are not currently integrated or jointly signed off.

Source Documents	Location
Health and Social Care Act 2012	http://www.legislation.gov.uk/ukpga/2012/7/contents/enacted
Cambridgeshire Health and Wellbeing Strategy 2012-17	http://www.cambridgeshire.gov.uk/info/20004/health_and_keeping_well/548/cambridgeshire_health_and_wellbeing_board