

HEALTH AND WELLBEING BOARD



TO:	Health and Wellbeing Board
FROM:	Dominic Harrison, Director of Public Health
DATE:	20 March 2018

SUBJECT: Health & Wellbeing Strategy 2018-2021

1. PURPOSE:

This paper is provided to inform members of the mandatory requirement for the Blackburn with Darwen Health & Wellbeing Board to have a Health & Wellbeing Strategy, and to provide outline details for the 2018-2021 update of this document.

2. RECOMMENDATIONS FOR THE HEALTH & WELLBEING BOARD:

This paper is for information only. The Health & Wellbeing Board is asked to note its content and support the development of an updated strategy.

3. BACKGROUND:

The Health & Social Care Act 2012 provides that it is a legal obligation for local Health & Wellbeing Boards to produce a Joint Health & Wellbeing Strategy (JHWS). The content of the JHWS is to be based on locally agreed priorities and research evidence to reflect the needs of the population served.

The only requirements on the content of the JHWS is that it must reflect the needs identified in the Joint Strategic Needs Assessment (JSNA) and demonstrate how it will assist in the delivery of the NHS Mandate (agreement between the Government and NHS England). The NHS Mandate is currently on a 5-year cycle (until 2020) with annual amendments and adjustments to reflect changing circumstances. The 2018/19 update is expected in late March 2018. The current objectives from the NHS Mandate (Department of Health, 2017) are:

1. Through better commissioning, improve local and national health outcomes, and reduce health inequalities;
2. To help create the safest, highest quality health and care service;
3. To balance the NHS budget and improve efficiency and productivity;
4. To lead a step change in the NHS in preventing ill health and supporting people to live healthier lives;
5. To maintain and improve performance against core standards;
6. To improve out-of-hospital care;
7. To support research, innovation, and growth.

It is the responsibility of both the CCG and the local authority to jointly prepare the strategy on behalf of the HWB but all members are expected to contribute to the development process. Additional expertise from non-HWB members (such as members of the Start Well, Live Well, and Age Well partnerships) may be sought where appropriate. Engagement with the wider community is expected to ensure that the final document reflects local need and that all partners are working towards the same local priorities. It is expected that the JHWS is a iterative process that, alongside a time-limited strategy (currently 3-years for BwD), forms a key part of local commissioning cycles.

The completed JHWS should then be used to inform the plans of the CCG and the local authority with the HWB Board having powers of challenge and holding organisations to account if they believe that this is not being undertaken. Key measures in the strategy will assist with this process. The final strategy should be published and freely available to ensure transparency of process and priorities; and accountability of the HWB Board to the local population.

References:

Department of Health (2013). Statutory Guidance on Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies.

Department of Health (2017). The Government's Mandate to NHS England for 2017-18.

4. RATIONALE:

It is a mandatory requirement for Health & Wellbeing Boards to have a Health & Wellbeing Strategy (HWBS) in place. The current Blackburn with Darwen HWBS expires in 2018 therefore an updated document is required to be in place by the end of this period (December 2018).

5. KEY ISSUES:

The scale and pace of change nationally - within all public services - as a response to the austerity agenda means that local priorities and delivery methods may change over the period of the new HWBS. The HWBS will be aligned to the current national and local agendas (including those of STP partners) while providing a flexible strategy that can respond to any potential changes.

6. POLICY IMPLICATIONS:

The HWBS will not directly impact any existing policy but it should inform future policy developments in the local health and wellbeing economy.

7. FINANCIAL IMPLICATIONS:

No additional expenditure requirements from the development of the HWBS. Any identified developments required as a result of the strategy will need to be either externally funded or funding found from existing resources.

8. LEGAL IMPLICATIONS:

The Health and Social Care Act 2012 places a duty on local authorities and their partner clinical commissioning groups to prepare and publish a joint health and wellbeing strategy to meet the needs identified in the Joint Strategic Needs Assessment.

9. RESOURCE IMPLICATIONS:

There are no additional expenditure requirements from the development of the HWBS. Any identified developments required as a result of the strategy will need to be either externally funded or funding found from existing resources.

10. EQUALITY AND HEALTH IMPLICATIONS:

There are no equality and health implications from the development of a new HWBS. The final document – which will be presented to the HWB Board for sign-off in Autumn 2018 – will have reducing inequalities and improvement of the health of the population integral throughout.

11. CONSULTATIONS:

Engagement and consultation with partners is essential to the development of the HWBS. Links have already been made with the Start Well, Live Well, and Age Well leads and further involvement with these workstreams and Partnership Boards will be crucial in the development of the strategy. Wider public engagement will be sought via the members of the Partnership Boards, and elected members. Additionally, it is vital that the HWB Board themselves have ownership of this document and it is envisaged that there will be a development forum dedicated to this in due course.

VERSION:	1.0
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CONTACT OFFICER:	Wendi Shepherd, Public Health Speciality Registrar
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DATE:	March 2018
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BACKGROUND PAPER:	BwD HWBS 2015-2018
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