



## HEALTH AND WELLBEING BOARD PAPER FORMAL PUBLIC MEETING

**Report of:** Greg Fell, Director of Public Health

**Date:** 20<sup>th</sup> March 2019

**Subject:** Joint Health & Wellbeing Strategy 2019-24

**Author of Report:** Dan Spicer – 27 34554

**Summary:**

This paper sets out the background to and content of the Joint Health & Wellbeing Strategy to cover the period 2019-24. It also proposes a broad approach to implementation of the Strategy and asks the Board to provide a steer on how to proceed. Finally it asks the Board to formally agree the new Strategy in line with legislative requirements.

**Questions for the Health and Wellbeing Board:**

1. Do the Board agree with the broad approach to implementation described above?
2. Can the Board provide a steer on who should lead the implementation of the Strategy?

**Recommendations for the Health and Wellbeing Board:**

The Board are asked to formally agree the Joint Health & Wellbeing Strategy for the period 2019-24.

**Background Papers:**

- Joint Health & Wellbeing Strategy 2019-24
- 6<sup>th</sup> December 2019 Health & Wellbeing Board Paper – Draft Joint Health & Wellbeing Strategy 2019-24

**What outcome(s) of the Joint Health and Wellbeing Strategy does this align with?**

This paper asks the Board to agree a new Joint Health & Wellbeing Strategy for Sheffield, and thus supersedes the outcomes set out in the previous Strategy.

**Who have you collaborated with in the writing of this paper?**

Greg Fell – Director of Public Health, Sheffield City Council

Nicki Doherty – Director of Delivery, Care Outside of Hospital, NHS Sheffield CCG

Becky Joyce – Accountable Care Partnership Programme Director for Sheffield

Judy Robinson – Chair, Healthwatch Sheffield

Anthony Gore – Clinical Director for Care Outside of Hospital, NHS Sheffield CCG

Stuart Barton – District Commander for Sheffield, South Yorkshire Police

# **JOINT HEALTH & WELLBEING STRATEGY 2019-24**

## **1.0 SUMMARY**

1.1 This paper sets out the background to and content of the Joint Health & Wellbeing Strategy to cover the period 2019-24. It also proposes a broad approach to implementation of the Strategy and asks the Board to provide a steer on how to proceed. Finally it asks the Board to formally agree the new Strategy in line with legislative requirements.

## **2.0 WHAT DOES THIS MEAN FOR SHEFFIELD PEOPLE?**

2.1 The Joint Health & Wellbeing Strategy is required by the Health & Social Care Act 2012, which also requires the Council and NHS to take it into account in their commissioning plans. It therefore provides a significant part of the framework within which services are designed and delivered locally.

2.2 The refreshed Strategy commits the Health & Wellbeing Board to focusing their attention on the challenge of reducing health inequalities in Sheffield, by addressing nine key determinants of health. Successful delivery of the Strategy will see major impacts on the lives of people living in Sheffield.

## **3.0 BACKGROUND**

3.1 Under the 2012 Health & Social Care Act, Health & Wellbeing Boards are required to publish a Joint Health & Wellbeing Strategy for their area. The first of these for Sheffield ran from 2013 to 2018, so during 2018 the Health & Wellbeing Board dedicated time to developing its successor.

3.2 Early on in this process the following guiding principles emerged from the Board's discussions:

- It should be a strategic vision for improving the health and wellbeing of the population Sheffield, not just about NHS and social care services
- It should have a strong health inequalities focus
- It should consider both the long and short term
- It should aim to prevent poor outcomes rather than respond to them

## **4.0 THE STRATEGY**

4.1 As agreed with the Board in previous discussions, work on the strategy has been iterative, involving a series of discussions with the Board to test the approach and develop content, and a range of discussions with partners to sense check this as it has

progressed. These discussions began with a Board workshop led by the Kings Fund and with broad representation from across the city, and have included specific engagement sessions with the Equality Hubs, the Fairness, Tackling Poverty & Social Exclusion Partnership Group, Social Landlords, and the Thriving Voluntary Sector Leadership Group, as well as ongoing discussions with stakeholders throughout the development process.

4.2 A first draft of the Strategy was also discussed by the Board at their December 2018 Public Meeting, with the Board providing a clear steer on how the Strategy should be developed at that meeting. The Board have continued to receive regular updates as work has progressed.

4.3 As a result of this work, the Strategy adopts a single headline target focused on reducing health inequalities:

***We will close the gap in healthy life expectancy in Sheffield by improving the health and wellbeing of the poorest and most vulnerable the fastest***

4.4 This is positioned as a 20-year vision to which the Board are committed.

4.5 As well as providing the headline focus of the Strategy, this will also provide the Board with the lens through which they examine all their business.

4.6 To address the commitment to considering both the long and short term, the Strategy is structured around the life course, and attempts to set out the key foundations to a healthy life. These are described in terms of ambitions for the population of Sheffield, across three stages of life:

#### **4.7 Starting Well**

- Every child achieves a level of development in their early years for the best start in life
- Every child is included in their education and can access their local school
- Every child and young person has a successful transition to independence

#### **4.8 Living Well**

- Everyone has access to a home that supports their health
- Everyone has a fulfilling occupation and the resources to support their needs
- Everyone can safely walk or cycle in their local area regardless of age or ability

#### **4.9 Ageing Well**

- Everyone has equitable access to care and support shaped around them
- Everyone has the level of meaningful social contact that they want
- Everyone lives the end of their life with dignity in the place of their choice

4.10 These ambitions are themselves significant commitments. The intention is that the work done over the period covered by the Strategy will serve to shift the trajectory the

city is on in each of these areas. When the time comes to review and refresh the Strategy, the question would be: are these still the right things to be focusing on, in service of the overarching vision of reducing health inequalities?

## **5.0 HOW DOES THIS COMPARE TO THE PREVIOUS STRATEGY?**

5.1 As part of developing the refreshed Strategy, the Board have considered carefully what went well with the previous Strategy, and where there have been challenges.

5.2 The previous Strategy consisted of 10 principles (Valuing the people of Sheffield, Fairness and tackling inequality, Tackling the wider determinants of health, Evidence based commissioning, Partnership, Prevention and early intervention throughout life, Independence, Breaking the cycle, A health and wellbeing system designed and delivered with the people of Sheffield, and Quality and innovation) as the foundation on which to deliver five outcomes:

- Sheffield is a healthy & successful city;
- Health and wellbeing is improving;
- Health inequalities are reducing;
- People get the help and support they need and feel is right for them; and
- The health & wellbeing system is innovative, affordable and provides good value for money

5.3 These were underpinned by five proposed work programmes, covering:

- A good start in life
- Building mental wellbeing and emotional resilience
- Food, physical activity and active lifestyles
- Health, disability and employment
- Supporting people at or closer to home

5.4 A dashboard of indicators was produced to provide the Board with a broad understanding of the health and wellbeing of Sheffield's population.

5.5 Much of the broad intent behind the previous Strategy remains appropriate and so there is a degree of commonality across the two documents. However, there were some specific challenges in relation to delivery of the previous Strategy, along with changes in the overall context around health & wellbeing, that have led to some specific changes in direction:

- Health inequalities featured as one aspect of the previous Strategy, but it is now the central focus of the new one, and will be the lens through which the Board looks at everything that comes before it.

- The new Strategy is more clearly focused on the wider, social determinants of health, and on specific outcomes that we need to see an impact on to reduce health inequalities in Sheffield over the long term. These are defined in terms of things that impact on real lives, not as aspects of the system.
- With the national shift in approach to the NHS, and the emergence of the local Accountable Care Partnership, there are new structures in place to focus on delivering a more integrated health and care system in Sheffield. Where the previous Strategy went into some detail about the health and care system, the new Strategy restricts itself to setting a vision and strategic direction for the system that it expects the ACP to deliver, and against which the Health & Wellbeing Board will hold the ACP to account.
- Although the previous Strategy identified work programmes as part of its delivery plans, the reality is that resource restrictions mean these have not progressed as planned. The new Strategy takes a more realistic view of the Board's capacity to deliver directly, and positions implementation as the responsibility of the whole system, not just those around the Board table.
- The Board will maintain a dashboard of measures assessing the overall wellbeing of the Sheffield population, but these will be supplemented by bespoke measures against which they will assess progress against each of the nine ambitions. These will be designed alongside the delivery plans to be produced in partnership with the rest of the city.

## **6.0 IMPLEMENTATION**

6.1 The Board does not have the direct resources to develop its own work programmes to deliver the Strategy, and successful delivery would in any case require the input and commitment of the whole city, not just the partners around the table.

6.2 Reflecting this, the Board's role in implementing the Strategy will be focused as follows:

- Convener – using its statutory role as the system leader for health and wellbeing in Sheffield to convene stakeholders and the public to agree what success looks like for each of the ambitions, and what needs to happen in the city to deliver. This process will see the development of action plans for each of the ambitions, leading to the second role for the Board;
- Accountability – using its democratic role to hold partners across the city to account for the commitments they have made in those action plans.

6.3 The aim of this is that, rather than the Strategy leading to specific programmes of work, it serves to shape the work that organisations in the city undertake, identifying gaps that need to be filled, blockages that need to be removed, partnerships that need to be developed, and investments that need to be maximised. This is about building wellbeing into all of the city's activity.

6.4 It is proposed that there are a number of key elements to delivering this work:

- **A major launch event**

To give the Strategy the profile it needs, it is proposed that the Board sponsor a major launch event in the Summer of 2019.

- **Named individuals with responsibility to ensure work progresses on each ambition, who are accountable to the Board**

In order to establish accountability, there need to be named individuals who are responsible for driving work forwards. It is also important that this work is owned by the Board and by all the organisations around the table. With this in mind, the following approach is proposed:

1. A Strategic Lead to be identified to take responsibility for each of the Life Course Stages. This could be someone drawn from the Board, but does not have to be; what is important is that they are a topic expert and can command respect in the city and system.
2. A Non-executive Lead to be identified to work with the Strategic Lead and provide oversight on behalf of the Board, on an ongoing basis. This person must be a Board member, and should ideally be from a different organisation to the Strategic Lead in order to maintain broad ownership of the Strategy.
3. The Strategic Lead and Non-executive Lead should identify specific individuals to lead on the ambitions within their life course stage. This is not about these people doing the work: it is about making specific people for coordinating work and ensuring that it happens, and being a point of contact for the Board. These people should be drawn from the Board, but not just from the Board membership – their selection is also a mechanism to draw wider stakeholders into the work.

- **An implementation group to be responsible for the overall delivery**

To ensure we retain a focus on the overall aim of reducing health inequalities, the Strategic Leads will also form an implementation group for the Strategy, alongside the Director of Public Health, with support from the Public Health Intelligence Team in relation to data and metrics, and secretariat support provided by officers supporting the Health & Wellbeing Board.

A structure chart setting out how this would work in practice is included for information as an appendix to this paper.

- **A series of stakeholder workshops**

A starting point for work on each of the ambitions should be a major stakeholder workshop, at which the ambition is discussed, work is undertaken to understand the system that exists around it, where pressure points, gaps and places to have impact exist, and crucially agree what good looks like. Critically, these are

positioned as open and frank listening exercises, where the whole system is invited to give their views on what is working well and what needs to change, and a collective view is developed on how to move forward.

These workshops would also agree how we will know that we are making progress, identifying for each ambition what data and intelligence will be reported. These workshops will be the starting point for work on each ambition, but the future direction beyond this would be developed by the named lead, working with a broad coalition of stakeholders with an interest in or responsibility for the ambition in question.

- **Supported engagement work**

Healthwatch Sheffield are being funded through the Health & Wellbeing Board to deliver additional engagement work around the work of the Board, and there will be opportunities to shape this to support the work flowing from the initial workshops described above.

- **Use of Board time**

The Strategy is reasonably well established in the Steering Group's approach to developing the Forward Plan for the Board, and this will need to continue. It is intended that the Forward Plan will establish a slot at every Board meeting to focus on one of the ambitions in the Strategy. Beyond this, discussions in meetings will need to be focused on drawing out links to the Strategy, at a minimum relating to the headline ambition around health inequalities, and ideally directly to one or more of the nine ambitions.

- **Revision of Board templates**

To support this, we will revise templates and guidance that is provided for people producing papers and/or items for discussion at Board.

## **7.0 QUESTIONS FOR THE BOARD**

7.1 Do the Board agree with the broad approach to implementation described above?

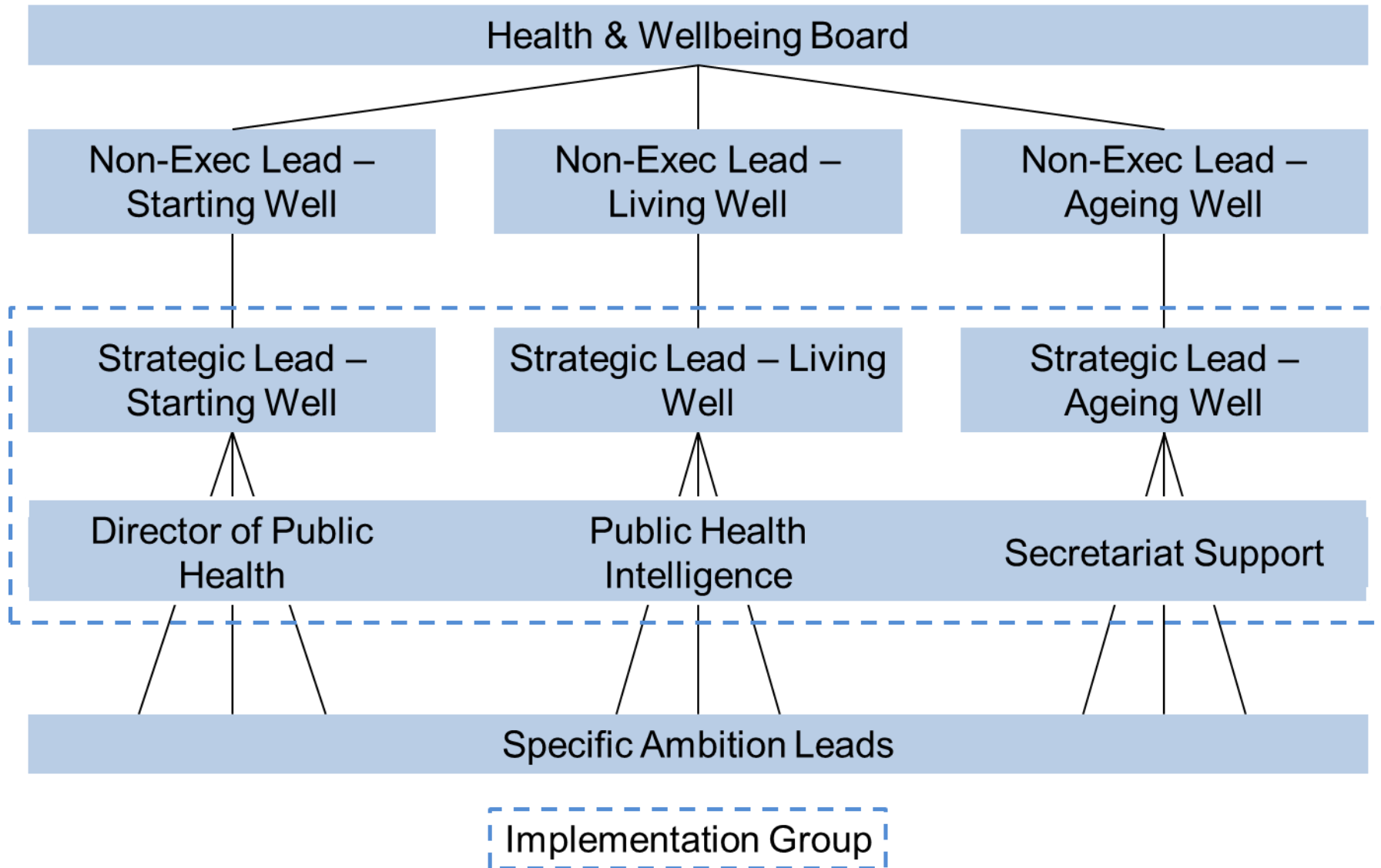
7.2 Can the Board provide a steer on who should lead the implementation of the Strategy?

## **8.0 RECOMMENDATIONS**

8.1 The Board are asked to formally agree the Joint Health & Wellbeing Strategy for the period 2019-24.



Appendix: Implementation Structure



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