| DECISION-MAKER:  |   | R:        | HEALTH OVERVIEW AND SCRUTINY PANEL                                 |          |               |  |  |  |  |
|--|---|-----------|--|----------|---------------|--|--|--|--|
| SUBJECT:   |   |           | HEALTH AND WELLBEING STRATEGY: UPDATE                              |          |               |  |  |  |  |
| DATE OF DECISION:  |   |           | 24 MARCH 2016  |          |               |  |  |  |  |
| REPORT OF:   |   |           | ACTING SERVICE DIRECTOR – INTELLIGENCE, INSIGHT AND COMMUNICATIONS |          |               |  |  |  |  |
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| STATEMENT OF CONFIDENTIALITY   |   |           |  |          |               |  |  |  |  |
| None   |   |           |  |          |               |  |  |  |  |
| BRIEF SUMMARY  |   |           |  |          |               |  |  |  |  |
| 2013 and is due to expire in 2016. There is therefore a need to develop a new HWBS for the City, informed by an updated Joint Strategic Needs Assessment (JSNA). Local authorities and Clinical Commissioning Groups have equal and joint duties to prepare JSNAs and HWBSs, through the Health and Wellbeing Board (HWBB). This report details the progress and plans for the development of the JSNA and HWBS. |   |           |  |          |               |  |  |  |  |
| RECOM  | IMENDAT   | IONS:     |  |          |               |  |  |  |  |
|  | (i) That the Health Overview and Scrutiny Panel consider the achievements from the Health and Wellbeing Strategy 2013-2016, the progress and plans to update the Joint Strategic Needs Assessment and develop a new Joint Health and Wellbeing Strategy for the City. |           |  |          |               |  |  |  |  |
| REASO  | NS FOR F  | REPORT    | RECOMMENDATIONS  |          |               |  |  |  |  |
| Local authorities and Clinical Commissioning Groups have equal and joint duties to prepare JSNAs and JHWSs, through the Health and Wellbeing Board (HWBB).   |   |           |  |          |               |  |  |  |  |
| ALTER  | NATIVE O  | PTIONS    | CONSIDERED AND REJECTED  |          |               |  |  |  |  |
| 2.   | None.   |           |  |          |               |  |  |  |  |
| DETAIL   | ·   |           | tation carried out)  |          |               |  |  |  |  |
|  | Update o  | on Health | and Wellbeing Strategy 2013-16                                     | <b>5</b> |               |  |  |  |  |
| 3.   | The Health and Wellbeing Strategy 2013-16 included 64 commitments under three themes:  • Building resilience and using preventive measures to achieve better  |           |  |          |               |  |  |  |  |
|  | health and wellbeing  Best start in life  Aging and Living Well.  |           |  |          |               |  |  |  |  |
|  | A summary of progress to date is attached in Appendix 1.  |           |  |          |               |  |  |  |  |
|  | l .   | •         | - ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '                            |          |               |  |  |  |  |

- 4. 81% (52) of commitments have been completed or are on target to be achieved. Key successes include:
  - School nursing recommissioned and breast feeding action plan developed.
  - New Integrated Substance Misuse Service commissioned.
  - Top quartile performance for needle exchange, blood born virus and hepatitis treatments.
  - Fundamental review of mental health services underway and due to be completed in May.
  - City-wide campaign to reduce stigma surrounding mental health issues delivered and Be Well Strategy refreshed.
  - Better Care programme has established six clusters bringing together health, social care, housing and voluntary staff, introduced clear pathways for falls and integrated a number of health and social care services.
  - Solent Jobs Pilot resulted in 25% of participants getting into work.
  - 0-19 Prevention and Early Intervention Strategy is under development.
  - Teenage Sexual Health Strategy published.
  - Reduction in the number of care leavers requiring support through a range of support mechanisms and initiatives.
  - Fuel poverty strategy published.
  - Improved diagnosis for dementia, with patients supported by selfmanagement goals and a personal programme. Bespoke dementia e-learning package is being delivered across provider services.
  - Awareness raising undertaken for end of life care planning and extended care for people with non-cancer diagnosis.
- 5. The following 10 commitments are 'amber', meaning that, while work is ongoing, it is currently off target. These will be considered as part of work to revise the numbers accessing both drug and alcohol services.
  - Support more vulnerable people into good quality work, including young people, carers and people with learning disabilities, mental health issues, long term conditions and disabilities.
  - Develop and deliver early learning for two year olds who are disadvantaged.
  - Narrow the gap in attainment and outcomes for children with special educational needs and disability (SEND), increasing their aspirations, skills and qualifications.
  - Make the most of existing services that offer free or discounted access to leisure, learning, transport and care.
  - Offer an annual health check to carers and promote support networks for carers across the City.
  - Join up health and social care services so that the number of assessments is reduced and a person's experience of moving between professionals is smoother and less fragmented.
  - Develop a shared understanding of how best to support people to retain their independence and make changes to practice to improve

achievement of this objective. Map current provision to ensure that appropriate national care pathways are incorporated and audited in hospitals and the community. Have timely bereavement counselling available. 6. Two commitments are 'red', meaning they are significantly off target. These, together with key actions to address, are below, and will also be considered as part of work to develop a revised Health and Wellbeing Strategy: Continue to develop high class education provision, raise attainment faster than comparator cities and improve school attendance rates where they are low. Key action: The School Attendance Action Plan is working to increase attendance alongside an extensive programme to improve school attainment, particularly focussing on secondary school performance. Establish an end of life care register accessible to all appropriate service providers (e.g. Out of Hours Service). Key action: Work is continuing to establish an End of Life Register, however delays in the IT infrastructure have significantly delayed progress. This will form a key element of Better Care planning. Developing a new Health and Wellbeing Strategy 7. The revised Health and Wellbeing Strategy (HWBS) will be an overarching partnership strategy which sets out the vision and priorities for improving health and wellbeing in the City. It will set the strategic direction of travel, and inform the development and be underpinned by more detailed strategies and plans, as well as commissioning and service delivery. The HWBS needs to be informed by the best available evidence and data, 8. compiled through updating the Joint Strategic Needs Assessment (JSNA). At their meeting on 4th November 2015, the Health and Wellbeing Board considered proposals for updating the JSNA and agreed a number of priority areas, based on an initial analysis (attached in Appendix 2): Early years/ child health Long term conditions Taking responsibility for health Health inequalities. 9. It was agreed that further analysis would be undertaken on these themes. through work to update the JSNA compendium, public consultation and stakeholder engagement. This will provide a range of qualitative and quantitative information which will ensure an evidence based approach to developing the revised HWBS. It was also agreed that Healthwatch Southampton would be involved in developing and supporting the consultation process. 10. Following that meeting, a series of task and finish groups were established aligned to the four themes, with relevant health and Council officers. The aim

|     | of these groups was to support the development of the JSNA, to identify related strategies, services and assets and consider best practice examples. In addition, the groups have supported the design of the public consultation proposals, to ensure these support and enhance existing engagement work.  |  |  |  |  |  |
|-----|---|--|--|--|--|--|
| 11. | A session has also been held with Healthwatch's 'Friday Forum', which includes voluntary sector providers and community groups, to gather their views about key challenges and priorities for health improvement in the City.   |  |  |  |  |  |
| 12. | The first stage of public consultation to support the development of the JSNA and HWBS focuses on taking responsibility for health and behavioural change. A 'healthy behaviours' questionnaire has been sent to People's Panel, as well as targeted groups including tenants, community groups and Healthwatch networks. Patients and service users are also being invited to complete the survey through the task and finish groups' networks, and it is being promoted on Facebook and Twitter. To date, it has received over 500 responses and will run until 25th March 2016.  |  |  |  |  |  |
| 13. | Workshops with People's Panel volunteers and Sure Start Centre groups are also being held in March. These will enable more detailed and qualitative insight to be gathered around the barriers and incentives for healthier behaviour and taking responsibility for health. Outcomes from this phase of consultation will be used to inform development of the revised HWBS, and public consultation on the draft strategy will be carried out in May using an online questionnaire. This will be supplemented by copies of the questionnaire being available in a variety of public places including Council offices, libraries, doctor's surgeries etc. and promoted through existing patient, user and provider networks, groups and social media. |  |  |  |  |  |
| 14. | In terms of next steps, the timetable for the development of the new HWBS is as follows:  |  |  |  |  |  |
|     | <ul> <li>Initial public consultation – March 2016</li> <li>Developing a first draft and requesting input from key stakeholders – April 2016</li> <li>Public consultation on draft strategy – May 2016</li> <li>Reporting on evidence gathered from JSNA and consultation, and presenting draft strategy to key Boards and groups (including CMT/CCG, LSCB, LSAB, Cabinet, Connect, HWBB, HOSP) – May 2016</li> <li>Presentation and approval (from HWBB, CMT, Cabinet and Full Council) – June and July 2016.</li> </ul>  |  |  |  |  |  |
| 15. | In line with this timetable, it is proposed to consult with the Health Overview and Scrutiny Panel in May. This will provide the panel with an overview of the emerging evidence, and enable them to input into the approach for health improvement in the City going forward.  |  |  |  |  |  |

| RESOURCE IMPLICATIONS   |   |                       |  |  |  |  |  |
|---|---|-----------------------|--|--|--|--|--|
| <u>Capital/Revenue</u>  |   |                       |  |  |  |  |  |
| 16.   | None.   |                       |  |  |  |  |  |
| Property/Other  |   |                       |  |  |  |  |  |
| 17.   | None.   |                       |  |  |  |  |  |
| LEGAL IMPLICATIONS  |   |                       |  |  |  |  |  |
| Statutory power to undertake proposals in the report:   |   |                       |  |  |  |  |  |
| 18.   | None.   |                       |  |  |  |  |  |
| Other Legal Implications:   |   |                       |  |  |  |  |  |
| 19.   | None.   |                       |  |  |  |  |  |
| POLICY FRAMEWORK IMPLICATIONS   |   |                       |  |  |  |  |  |
| 20.   | The Health and Wellbeing Strategy is a key strategy of the Council. It will provide the vision and priority outcomes for health and social care services across the City. |                       |  |  |  |  |  |
| KEY DE  | ECISION   | lo                    |  |  |  |  |  |
| WARDS   | S/COMMUNITIES AFF   | ECTED: All            |  |  |  |  |  |
|   |   |                       |  |  |  |  |  |
|   | <u>SUP</u>  | PORTING DOCUMENTATION |  |  |  |  |  |
| Append  | dices   |                       |  |  |  |  |  |
| 1.  | Health and Wellbeing Strategy 2013-2016: Progress against commitments   |                       |  |  |  |  |  |
| 2.  | Initial analysis of priority areas for the Joint Strategic Needs Assessment   |                       |  |  |  |  |  |
| Docum   | ents In Members' Roo  | oms                   |  |  |  |  |  |
| 1.  | None  |                       |  |  |  |  |  |
| Equality Impact Assessment  |   |                       |  |  |  |  |  |
|   | Do the implications/subject of the report require an Equality and Safety Impact Assessments (ESIA) to be carried out.   |                       |  |  |  |  |  |
| Privacy Impact Assessment   |   |                       |  |  |  |  |  |
| Do the i  | Do the implications/subject of the report require a Privacy Impact No   |                       |  |  |  |  |  |
| Assessment (PIA) to be carried out.   |   |                       |  |  |  |  |  |
| Other Background Documents Equality Impact Assessment and Other Background documents available for inspection at: |   |                       |  |  |  |  |  |
| Title of I  | Title of Background Paper(s)  Relevant Paragraph of the Access to Information Procedure Rules / Schedule 12A allowing document to be Exempt/Confidential (if applicable)  |                       |  |  |  |  |  |
| 1.  | None  |                       |  |  |  |  |  |