

LINCOLNSHIRE HEALTH AND WELLBEING BOARD

Open Report on behalf of Dr Tony Hill, Executive Director of Community Wellbeing and Public Health

Report to	Lincolnshire Health and Wellbeing Board
Date:	7 June 2016
Subject:	Proposal for the development of the Joint Health and Wellbeing Strategy

Summary:

This report sets out a proposed approach to developing the next Joint Health and Wellbeing Strategy for Lincolnshire. It has a specific focus on the framework and principles for how evidence from the Joint Strategic Needs Assessment will be synthesised and prioritised into the themes and priorities for the next Joint Health and Wellbeing Strategy through adopting a systematic methodology.

Actions Required:

The Health and Wellbeing Board is asked to consider and agree the following proposals:

- That the prioritisation framework the HWBB adopts to develop the JHWS is rooted in the topics included within its JSNA
- The HWBB adopts the five core principles set out in the report within which the development of the JHWS will be undertaken
- The HWBB adopts the 9 criteria proposed and that these are worked up into a formal prioritisation framework that can be used for the purposes of developing the JHWS for Lincolnshire
- The proposed stakeholders identified as being involved in the initial engagement on the prioritisation framework
- The HWBB agrees the final prioritisation framework in September 2016 with a view to completing the prioritisation work by March 2017.

1. Background

A statutory duty under the Health and Social Care Act 2012 requires the Local Authority and each of its partner clinical commissioning groups to produce a Joint Health and Wellbeing Strategy (JHWS) for meeting the needs identified in the Joint Strategic Needs Assessment (JSNA).

The purpose of the JHWS is to set out the strategic commissioning direction for the next five years for all organisations who commission services in order to improve the health and wellbeing of the population and reduce inequalities.

Currently the JHWS produced by the Health and Wellbeing Board for Lincolnshire (HWBB) is due to end 2018 and the review of the JSNA which is being undertaken will be expected to form the basis upon which a new JHWS will be developed.

This report sets out a proposed approach to developing the next JHWS for Lincolnshire. It has a specific focus on the framework and principles for how evidence from the JSNA will be synthesised and prioritised into the themes and priorities for the next JHWS through adopting a systematic methodology.

Introduction: Why Prioritise?

A method of prioritisation is required not simply to identify key priorities, but also to decide which priorities should be tackled, when and with what share of the available resources.

These decisions should be informed by the JSNA which will help inform how resources can be jointly and effectively targeted to meet health and social care needs and reduce health inequalities.

It is imperative that an appropriate prioritisation framework is agreed to enable the HWBB to focus on a small number of priority areas within the JHWS where members can take collective action to influence and direct resources to make a distinct and high impact contribution.

Adopting a prioritisation framework will assist with the prioritisation process in a systematic way, ensuring that the HWBB outlines a clear, rational approach and a defensible, transparent process for local decision making, whilst ensuring the active engagement of key stakeholders in the development of the JHWS.

There are many approaches to priority setting with no clear consensus as to the right tool, method or approach to use. This report, therefore, aims to outline an appropriate prioritisation framework within which the HWBB can develop its next JHWS for Lincolnshire.

Given the need to ensure the JHWS focuses on needs identified within the JSNA it is proposed that any prioritisation framework the HWBB adopts is rooted in the topics included within its JSNA.

What to Prioritise?

The JSNA is an assessment of the current and future health and social care needs of the local community, the core aim of which is to develop local, evidence-based priorities for commissioning which will improve local health and wellbeing and reduce inequalities.

Adoption of a prioritisation framework will enable the HWBB to identify a small number of priorities to be included in the revised JHWS, ensuring a focus on collective action to influence and direct resources to where they will have maximum impact.

In terms of developing a prioritisation framework, evidence suggests that any prioritisation process should have the following five principle elements:

1. Stakeholder engagement (that builds public and patient confidence in the process)

2. A clear and transparent process
3. Careful information management
4. Decisions based on clear value choices (underpinned by a sound evidence base)
5. Selection of an agreed prioritisation methodology that takes into account the ranking/scoring of a range of factors, or 'criteria'.

It is therefore proposed that the HWBB adopts these as a set of core principles within which the development of the JHWS will be undertaken.

How to Prioritise?

There are a range of prioritisation tools available across the health and care sector many of which have a specific focus towards economic based analysis of alternative courses of action in terms of costs and consequences, e.g. cost benefit or cost effectiveness analysis.

Whilst it is essential to ensure that the ability to have an effect on a priority over the life of the strategy is important it is equally critical that the prioritisation framework within which priorities are decided upon does not solely focus on an analysis of economic criteria, important as this is, particularly to commissioners.

For the purposes of this exercise it is, therefore, proposed that a variation on the multi-criteria decision analysis (MCDA) tool is used. Whilst complementing more widely used economic based prioritisation tools (such as cost effectiveness, cost benefit analysis) the MCDA approach is concerned with comparing impacts in ways which do not involve giving all of them explicit monetary values, although they may include data from cost-effectiveness or cost-benefit analyses.

Initially developed by HM Treasury this approach to prioritisation is increasingly being used within health and care as it allows for a range of criteria to be considered and scored. Each of those criteria can also be weighted in such a way as to recognise their relative importance to the overall decision and to the other criteria within the tool.

An initial 9 proposed criteria have been drafted to potentially be taken into account in developing a prioritisation framework in Lincolnshire. They can be summarised as follows:

- **Strategic fit** with national and/or local policy and outcome frameworks
- Potential to reduce or improve **health inequalities/equity**
- **Strength of evidence** demonstrating better outcome or being receptive to change
- Consideration of any economic evaluations undertaken to ensure **value for money**
- Likely **magnitude of benefit** relating to improved clinical and social outcomes
- Scale of impact in terms of the **number of people benefiting**
- **Public acceptability** based on wider recognition of the priority by the population
- Unintended consequences based on **risk of not investing/prioritising**
- Impact and likelihood to delay and prevent need through **supporting prevention**

It is proposed that the HWBB adopts the 9 criteria above and that these are worked up into a formal prioritisation framework that can be used for the purposes of developing the JHWS for Lincolnshire.

Who should prioritise?

A common element of any prioritisation process is the need to include the opinions of a range of stakeholders; the first step therefore is identifying key stakeholders.

Statutory Guidance published by the Department of Health in March 2013, sets out who 'must' be involved and who 'should' be involved in the development of the JSNA and JHWS. Whilst acting as a 'checklist' of who ought to be involved, it steers clear of advising

how to ensure that involvement is meaningful and manageable, given the range and complexity of the differing stakeholders. The HWBBs local engagement plan partially resolves this in categorising stakeholders into three categories according to their level of interest and influence in our JSNA processes.

It is also necessary to ensure that statutory obligations set out in the Health and Social Care Act 2012 are met through involving Healthwatch and people who live or work in Lincolnshire in the development of the JHWS.

It is therefore proposed that the stakeholders involved in the initial prioritisation work which will inform the proposed priorities for the JHWS are:

- Member organisations of the HWB; and
- Stakeholders who are invited to informal sessions of the HWB; and
- Any other stakeholders identified in the engagement plan as having a high degree of interest and/or influence over the JSNA (and the needs associated with it)

This approach will ensure that stakeholders identified within the statutory guidance are fully consulted and the approach will be augmented by workshops with the wider community to enable any other interested parties to undertake the prioritisation exercise. A full consultation and engagement plan is being developed to support this work.

When to prioritise?

Given the review of the JSNA is currently underway it is proposed that alongside this work the HWBB develops and agrees the prioritisation framework by September 2016 to allow the current review of the JSNA to inform prioritisation between February and March 2017. This will then allow the new strategy to be written and agreed in preparation for the existing JHWS ending in 2018.

2. Conclusion

The HWBB is asked to agree a core set of principles as set out in this report that will support the development of the next JHWS for Lincolnshire.

3. Consultation

A full consultation and engagement plan is being developed and it is proposed that this will be formally agreed by the HWBB in September 2016 to ensure that statutory requirements are met in the development of the JHWS for Lincolnshire.

4. Appendices

None

5. Background Papers

No background papers within Section 100D of the Local Government Act 1972 were used in the preparation of this report.

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