

LINCOLNSHIRE HEALTH AND WELLBEING BOARD

Open Report on behalf of Tony McGinty, Interim Director of Public Health

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| Report to | Lincolnshire Health and Wellbeing Board |
| Date: | 26 September 2017 |
| Subject: | Development of the Joint Health and Wellbeing Strategy for Lincolnshire |

Summary:

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).

Currently the JHWS produced by the Health and Wellbeing Board for Lincolnshire (HWB) is due to end 2018 and in March the HWB agreed an approach to developing the next JHWS for Lincolnshire.

This approach included a series of stages of engagement with the aim of the HWB:

- Identifying what the HWB felt the priorities for the next JHWS should be (utilising a previously agreed prioritisation framework);
- Understanding the views of people who live and work in Lincolnshire;
- Enabling Health Scrutiny Committee to have an opportunity to feed their views into the process;
- Ensuring that groups representing the views of people with protected characteristics (as defined by the Equality Act 2010) have their voice heard as part of developing the next JHWS for Lincolnshire

The engagement on the prioritisation of JSNA to inform the development of the next JHWS for Lincolnshire has been extensive in seeking and obtaining the views of over 400 people directly representing over 100 organisations and groups across the county as well as individual members of the public.

There has been a high degree of commonality across the engagement in terms of both prioritising the JSNA evidence as well the reasons for these decisions and some associated thematic areas for the HWB to consider as part of developing the JHWS further.

Actions Required:

The Health and Wellbeing Board is asked to:

1. Receive the evaluation report detailing the engagement on the next Joint Health and Wellbeing Strategy for Lincolnshire;
2. Discuss and agree the priorities for further development into the next Joint Health and Wellbeing Strategy for Lincolnshire;
3. Agree the members of the Health and Wellbeing Board who will lead on the further development and drafting of the Joint Health and Wellbeing Strategy for Lincolnshire.

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 (HWB) is due to end 2018 and in March the HWB agreed an approach to developing the next JHWS for Lincolnshire.

This approach included a series of stages of engagement with the aim of the HWB:

- Identifying what the HWB felt the priorities for the next JHWS should be (utilising a previously agreed prioritisation framework) through a systematic assessment of the evidence in the JSNA. Alongside the work of the HWB to identify priorities based on the JSNA a robust process of engagement has been undertaken over;
- Understanding the views of people who live and work in Lincolnshire in coming to conclusions about what priorities the new JHWS should focus on;
- Enabling Health Scrutiny Committee to have an opportunity to feed their views into the prioritisation process for the next JHWS;
- Ensuring that groups representing the views of people with protected characteristics (as defined by the Equality Act 2010) have their voice heard as part of developing the next JHWS for Lincolnshire (the EIA for the engagement process is attached to this report as Appendix B)

In order to achieve this an engagement plan for identifying the possible priorities for the next JHWS was developed that covered the following key stages of engagement:

1. Apr – May 2017: Six workshops with member organisations of the HWB (applying the agreed prioritisation framework to the evidence included in the JSNA);
2. Jun – Jul 2017: Seven countywide public engagement workshops and an online survey to identify the views and priorities of people who live and work in Lincolnshire (based on the JSNA evidence base);
3. Jul 2017: Health Scrutiny Committee Working Group to obtain the committees views and priorities;
4. Aug 2017: Reference Group to gather views & insight from groups representing people with protected characteristics regarding their key priorities for the new JHWS for Lincolnshire

Feedback has been provided to an informal session of the HWB (on 5 September 2017) where the initial findings from the various stages above have been presented and attendees given the opportunity to reflect on the outcome of the engagement as well as discuss the possible approach to the next stage of development for the JHWS.

Analysis of Engagement

A full analysis report on the outcome of the engagement is provided as Appendix A to this report. This sets out the detailed analysis of the findings from each of the four engagement stages above both regarding the priorities that each stage identified as well as a thematic analysis of the reasons for these decisions and some proposals regarding the potential impact of this on the decisions of the HWB regarding developing the new JHWS.

JSNA Based Priorities

There was a high degree of commonality across the different engagement stages and in summary the overall emerging priorities identified from the engagement are:

- Mental Health – both Adults & Children/Young People
- Housing
- Carers
- Physical Activity
- Dementia
- Obesity

The HWB is asked to consider these proposed priorities and decide whether they wish to take forward all of them into the next JHWS for Lincolnshire or whether they wish to focus the strategy on a fewer amount of priorities behind which they believe they can also seek to address some of the thematic issues set out below.

Thematic responses

As well as commonality in the JSNA topics which were prioritised across the engagement process there was also a high degree of overlap in the reasons and rationale as to why people chose the priorities they did. The most common of these were:

- Strength of evidence that taking a preventative approach could have an impact on people's health and wellbeing;
- The scale of need within the population both now and in the future for the area of need;
- That the prioritised need had a high degree of overlap and impact on a number of other areas of need within the JSNA;
- The scale of impact not just on health and wellbeing outcomes but also on the quality of life of individuals, carers, families and communities;
- That the evidence showed that the prioritised need was affected by inequalities and so it was felt that this could be impacted by addressing the need;
- The prioritised need was having an impact on multiple partner organisations and service provision/pathways and so addressing the need as a priority would drive forward closer partnership working to improve people's health and wellbeing.

These could be considered to form the basis for some core thematic priorities for the JHWS to focus on including the need for a **strong focus on prevention and early intervention**, for **collective action across organisations** in order to address the priority areas of need, and for **addressing inequalities and equitable provision of services** based on needs of the population.

Feedback from the Informal Health and Wellbeing Board Session

An informal session of the HWB was held on 5 September 2017 at which approximately 30 people attended a workshop to receive a presentation on the findings of the engagement. A mix of HWB members and other invited stakeholders were then given an opportunity to discuss the findings of the engagement and consider what the priorities should be for the next JHWS. The session also included some time for attendees to discuss the future delivery model for the next JHWS and how the strategy might be structured.

Discussion of engagement findings detailed a high degree of support for the areas identified through the engagement with significant amount of the conversation focusing on mental health. There was also a general support for focusing on a few priorities that can be broken down into very clearly defined areas of work and this was specifically mentioned in relation to mental health, given the breadth of the topic both in terms of scale of need and scope of services, partners and potential impact on other needs. Other conversations also picked up on the need to focus on prevention but, more importantly, to focus on integration across not just health and social care organisations but the wider community.

Regarding the second discussion on structure and delivery of the JHWS the attendees broadly supported a clearly defined set of actions through delivery planning so that there is a degree of transparency and accountability in the delivery of the new strategy. Some discussions also supported an approach where the JHWS becomes a rolling programme

in which, through regular review, it can change and move onto other priorities over the life of the strategy. There was also a clear view that regular progress/highlight reporting was critical to ensure transparency and assurance. Finally a number of attendees discussed that the potential mechanism for delivery of the JHWS could be through specific task and finish groups with delegated responsibilities from the HWB but also accountable to the HWB. It was also commented that this might help in bringing together a wider set of organisations into a more active role regarding the work of the HWB.

Lastly, across both areas of discussion, there were multiple examples of attendees raising the need to clearly define the relationship between the JHWS and the Sustainability and Transformation Planning (STP) in Lincolnshire and that this included defining the role of the HWB within the governance of the STP.

Continuing Engagement with stakeholders

Engagement with stakeholders has been extensive and inclusive, with an engagement database created for the purpose of this process detailing 900+ contacts. Over 400 people have actively participated in the engagement process.

Whilst the purpose of the engagement was to share the JSNA evidence base regarding local needs, with the aim of gathering peoples opinion on what they consider to be the key priorities in the new JHWS, there was a strong desire amongst those who were involved in the process that the HWB can continue to engage wider stakeholders in the development and implementation of the new strategy. Many comments have been made during the engagement regarding peoples continued involvement in the process, with it not being seen as 'one-off' time limited engagement.

Feedback on JSNA

As well as feedback relating to the development of the priorities for the next JHWS there was also feedback received regarding the JSNA for Lincolnshire and this was primarily concerned with suggestions and observations relating to perceived gaps in the current JSNA evidence base and also amendments and changes to existing JSNA topics. This has been detailed as part of the analysis report at Appendix A and will continue to be reviewed as part of the ongoing process of maintaining the JSNA.

2. Conclusion

The engagement on the prioritisation of JSNA to inform the development of the next JHWS for Lincolnshire has been extensive in seeking and obtaining the views of over 400 people directly representing over 100 organisations and groups across the county as well as individual members of the public.

There has been a high degree of commonality across the engagement in terms of both prioritising the JSNA evidence as well the reasons for these decisions and some associated thematic areas for the HWB to consider as part of developing the JHWS further.

The next stage of development will require the HWB to agree the priorities for inclusion in the next JHWS and agree the members of the HWB who will lead on further development and drafting of the JHWS.

As part of the next stage of development the HWB is also asked to consider the feedback from the Informal HWB session on 5 September 2017 regarding the possible form and structure of the new JHWS.

3. Consultation

Over 900 people have been directly contacted as part of this engagement process as well as wider communications and press releases to include members of the public in the engagement.

The seven countywide public engagement workshops were held in Lincoln, Sleaford, Gainsborough, Pinchbeck, Spilsby, Grantham and Louth. The total cost of these events was £1,084 at an average of £155 per event and just under £5 per person attending.

Level of engagement at each stage is detailed below:

| Stage | Dates | Engagement Type | Level of Engagement |
|-------|----------------|--|--|
| One | Apr – May 2017 | Six workshops with member organisations of the HWB | 10 attendees per workshop |
| Two | Jun – Jul 2017 | Seven countywide public engagement workshops | 220 attendees (representing over 60 organisations and groups as well as members of the public) |
| | | Online survey | 180 responses |
| Three | Jul 2017 | Health Scrutiny Working Group | 6 attendees |
| Four | Aug 2017 | Reference Group | 6 attendees (representing approximately 40 networked organisations) |

4. Appendices

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| These are listed below and attached at the back of the report | |
| Appendix A | Developing the Joint Health & Wellbeing Strategy (2018): Analysis of the Engagement Feedback |
| Appendix B | Impact Analysis for JHWS Engagement 2017 |

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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