

**Joint Health and Wellbeing Strategy – Impact Analysis**  
**28 March 2012**

Impact Analysis for Decision Making					
Background Information					
Directorate	Service area	Lead officer	Person / people completing analysis	Date completed	Version
Public Health	Performance and Development	Tony Hill	Nicholas Ivankiw, Lisa Holmes, Sarah Deighton, Sarah Moody, Rob Hewis, Pam Channa, Sandy Zavery, Kate Holley, David Stacey	24/02/2012	0.5
Title of the policy / project / service etc. being considered	Joint Health & Wellbeing Strategy (JHWS)				
General overview and description of the Joint Health & Wellbeing Strategy (JHWS)	<p>The Health and Social Care Bill, currently at the committee stage in the House of Lords, sets out a number of duties around the production of the JHWS.</p> <p>The responsible local authority and each of its partner clinical commissioning groups must:</p> <ul style="list-style-type: none"> <li>- prepare a strategy (the JHWS) for meeting the needs included in the JSNA</li> <li>- consider the extent to which the needs could be met more effectively through formal integrated working across health and social care (under section 75 of the National Health Service Act 2006)</li> <li>- have regard to guidance issued by the Secretary of State (draft statutory guidance has recently been published)</li> <li>- involve the Local Healthwatch organisation and people who live or work in the area.</li> <li>- publish the strategy.</li> </ul> <p>The JHWS (and JSNA combined) forms the basis for local decisions that drive service change such as investment and disinvestment in services according to local needs and engagement with the local community.</p> <p>The JHWS is also a unique opportunity for the Shadow Health and Wellbeing Board members to explore together the local issues that they have not managed to tackle on their own.</p>				

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<p>The status of the Joint Health &amp; Wellbeing Strategy (JHWS)</p>	<p>New (Draft)</p>
<p>Timescales for implementation</p>	<p>28/03/12 - Draft strategy is presented to Lincolnshire Shadow Health and Wellbeing Board prior to the formal consultation period.</p> <p>02/04/12 - 22/06/12 - Formal consultation (12 weeks) - During the period of consultation and as part of the sign off process the draft strategy will also be presented at the NHSL Cluster Board, Health Scrutiny Committee and Lincolnshire County Council Executive.</p> <p>September 2012 - Final sign off by Lincolnshire Shadow Health and Wellbeing Board, Executive and NHSL Board</p>

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Analysis	
1. The current situation?	<p>A Shadow Health and Wellbeing Board exists in Lincolnshire and a JSNA has been produced for a number of years, but this has not influenced commissioning in the way it should. The development of the first JHWS is set to change this. From July 2013, the Health and Wellbeing Board (HWB) will have a duty to involve users and the public in the development of both the JSNA and the JHWS, and pay due regard to the Public Sector Equality Duty. This will strengthen local accountability, enabling health and wellbeing boards to work with the local community and partners to identify needs and assets, and to jointly decide and agree actions to address them and utilise their potential. Through this involvement, the local community will have the ability to influence local services and have an understanding of what other factors have influenced service provision in their area. There is an opportunity here for greater partnership with local stakeholders and the community, through which local assets and resources can be offered and used as a way to work together to address local needs and tackle the wider determinants of health in a different way.</p> <p>Due to the nature of the strategy it will be heavily based on existing population data, predominantly that contained within the JSNA. The information contained in the JSNA will be used to help inform the strategy along with stakeholders who were asked to prioritise topics identified by the theme leads.</p>
2. The issues(s) you are addressing with the Joint Health & Wellbeing Strategy (JHWS)	<p>The issues have been developed from the analysis of the 2011 JSNA, these are:</p> <ul style="list-style-type: none"> <li>- Promote healthier lifestyles</li> <li>- Improve health and wellbeing for older people</li> <li>- Deliver systematic care for major causes of ill health and disability</li> <li>- Improve health and reducing health inequalities for children</li> <li>- Reduce worklessness</li> </ul>

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<p>3. The difference the Joint Health &amp; Wellbeing Strategy (JHWS) will make</p>	<p>The JHWS is intended to inform commissioning decisions of health and social care commissioners in Lincolnshire, in order that they are focussed on the needs of service users and communities to tackle the above prioritised factors that impact upon health and wellbeing across service boundaries. Coordinating and understanding local commissioning arrangements across partners will ensure that vulnerable groups are not overlooked. The JHWS can also be used to influence the commissioning of local services beyond health and social care, for example supported housing, to make a real impact upon the wider determinants of health. The JHWS drives the collective actions of the NHS and local government, as commissioners and providers, and engages communities in the improvement of their own health and wellbeing. Local authorities, CCGs and the NHS Commissioning Board will need to have regard to the local JSNA and JHWS as they draw up their commissioning plans so that their plans are fully aligned with the jointly agreed priorities. The JHWS is a unique opportunity for the health and wellbeing board members to explore together the local issues that they have not managed to tackle on their own.</p>	
<p>4. The assumptions about the benefits</p>	<p>People of Lincolnshire are expected to benefit from the strategy because resources are targeted at the five JSNA priorities; specifically, this means that the strategy will aim to:</p> <ul style="list-style-type: none"> <li>- reduce health inequalities</li> <li>- improve the health and wellbeing of people directly affected by the prioritised topics</li> </ul>	
<p>5. Testing your assumptions about the benefits</p>	<p>The JSNA supports the assumptions about the benefits and as stated earlier has had a major role in informing the strategy. The JSNA is deemed to be a robust evidence tool as it has been developed over a number of years with a range of stakeholders and measures are in place to ensure the validity of the data. Extensive consultation was carried out to develop the themes of the JSNA and the data collected was verified by subject experts and peer groups.</p>	
<p>6. The assumptions about any adverse impacts. Could the Joint Health &amp; Wellbeing Strategy (JHWS) have a negative effect on anyone?</p>	<p>Yes</p>	

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<p>6.1 Which groups/individuals could the Joint Health &amp; Wellbeing Strategy (JHWS) have a negative impact on?</p>	<ol style="list-style-type: none"> <li>1. Women</li> <li>2. Children</li> <li>3. People with enduring Mental Health issues</li> <li>4. People with disabilities</li> <li>5. Women during Pregnancy and Maternity</li> </ol>
<p>6.2 Please state how the Joint Health &amp; Wellbeing Strategy (JHWS) could have a negative impact on these groups/individuals</p>	<p><u>General concerns</u></p> <ul style="list-style-type: none"> <li>• As a result of the specific targeting, there is a risk that the general population may fail to benefit from the measures that are to be implemented throughout the strategy.</li> <li>• Since JSNA underpins the JHWS, there is the potential risk of a negative impact if the information or data sets contained within the JSNA are not accurate updated at the appropriate time and commentaries amended as required by the evidence base.</li> <li>• Failure of the Health and Social Care Bill to become law risks the Shadow Health &amp; Wellbeing Board and Clinical Commissioning Groups lacking the authority to implement the strategy.</li> <li>• Failure of the JHWS to address or include aspects of Mental Health and Wellbeing across all themes and priorities where appropriate.</li> </ul> <p><u>Concerns regarding the protected characteristics</u></p> <p>There is a danger that by not considering the specific needs of people from all of the nine protected characteristics we would be disenfranchising them through the prioritisation of service commissioning that the Health &amp; Wellbeing Strategy is proposing. The following section explains the specific issues that would need to be considered.</p>

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	<ul style="list-style-type: none"> <li>• Religion or belief – potential for physical exercise issues with certain groups, i.e. access to women only sessions etc if not currently provided or financial viable. Potential issues with some engagement of groups in screening programmes such as Bowel Cancer screening.</li> <li>• Race – potential inequalities in educational attainment due to social and cultural factors which may contribute to greater inequality in employment opportunities</li> <li>• Disability – failure of the JHWS to deliver improved opportunities and equality of access for groups with disabilities</li> <li>• Age – risk of increased demand for services due to impact of JHWS, plus increase in life expectancy due to improved health outcomes and increase number of older people with disabilities</li> <li>• Pregnancy &amp; Maternity – potential for increased expectation on pregnant women to work longer. Potential for not achieving outcomes for worklessness within this cohort due to employer reluctance to take on unemployed pregnant women or lack of opportunities within work following maternity leave. Potential concern that parenting relationship and role will be de-valued and expectation of shorter maternity leave and impact on young children.</li> </ul>
<p>7. Testing your assumptions about adverse impacts</p>	<p>Consultation events have taken place along with online surveys. A range of stakeholders were invited to take part and participants were encouraged to involve colleagues. Further consultation is being planned.</p>
<p>7.1 What further evidence do you need to gather?</p>	<p>None at this time</p>

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8. Who are the stakeholders of the Joint Health & Wellbeing Strategy (JHWS) and how will they be affected?	<b>Primary</b> (those directly affected, either positively or negatively by the organisation's actions)
	People affected by the five priority areas - people working in the topic areas listed in the strategy, patients, service users and their families.  A full list of stakeholders has been included in the consultation plan
	<b>Secondary</b> (intermediaries, people or organisations who are indirectly affected by the organisation's actions)
	Residents of Lincolnshire, service providers offering support to people affected by the five priority areas (support to employment and leisure provision for example)  A full list of stakeholders has been included in the consultation plan
9. Assessing the risks and minimising adverse impacts	Consultation with a wide range of stakeholders through a variety of means. Stakeholder events and online surveys have been undertaken in order to gather views. Events were undertaken with equality, diversity and health issues in mind.
10. What changes will the Council need to make as a result of introducing the Joint Health & Wellbeing Strategy (JHWS)?	Don't know at this time and won't know until the strategy is signed off.
11. Undertaking evaluation	The strategy will be owned and reviewed by the Health and Wellbeing Board and appropriate amendments made to either the strategy or the commissioning plans of the member bodies.

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Further Details				
Are you handling personal data? If so, please contact . . .	No			
How was this analysis undertaken?	The IA was primarily completed by Nicholas Ivankiw. The Public Health Performance & Development and Community Engagement teams have been involved in reviewing and amending.	<table border="1"> <tr> <td style="background-color: #d4f1d4;">Are you confident that everyone who should have been involved has been?</td> <td>No, we wanted to engage a wider audience but have not been able to do so. This will be addressed during the formal consultation period on the JHWS</td> </tr> </table>	Are you confident that everyone who should have been involved has been?	No, we wanted to engage a wider audience but have not been able to do so. This will be addressed during the formal consultation period on the JHWS
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Has this analysis been scrutinised by your Directorate Steering Group?	Please select	Yes		
If the Joint Health & Wellbeing Strategy (JHWS) is new, or requires a decision by Councillors to revise, has this impact analysis been included with the committee report?	Please select	Yes		
Have actions identified in this analysis been included in the service area workplan for monitoring?	Please select	Yes, they have been included in the consultation plan		