

# Agenda Item 9

		<b>THE HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE</b>	
Boston Borough Council	East Lindsey District Council	City of Lincoln Council	Lincolnshire County Council
North Kesteven District Council	South Holland District Council	South Kesteven District Council	West Lindsey District Council

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

Report to	<b>Health Scrutiny Committee for Lincolnshire</b>
Date:	<b>15 March 2017</b>
Subject:	<b>Joint Health and Wellbeing Strategy 2018-2023 – Engagement Plan</b>

## Summary:

This report provides Health Scrutiny Committee for Lincolnshire with details on how the Lincolnshire Health and Wellbeing Board will engage with stakeholders, service users and the public to identify the priorities for the next Joint Health and Wellbeing Strategy (JHWS), which is due to be approved by March 2018 and cover the period 2018-2023.

## Actions Required:

The Health Scrutiny Committee for Lincolnshire is asked to:

- Receive and consider this report and comment on the proposed engagement approach for the development of the next Joint Health and Wellbeing Strategy for Lincolnshire, which is due to be approved by March 2018 and cover the period 2018-2023.
- Agree that the newly constituted Health Scrutiny Committee establish a working group, which would meet in July 2017 to gather the Committee's views as part of the prioritisation process.

## 1. Background

Local Authorities and Clinical Commissioning Groups (CCGs) have an equal and joint duty under the Health and Care Act, 2012 to prepare a Joint Strategic Needs Assessment (JSNA) and Joint Health and Wellbeing Strategy (JHWS) through the Lincolnshire Health and Wellbeing Board.

The JSNA is an assessment of the current and future health and care needs of local populations. It is used by the Lincolnshire Health and Wellbeing Board to inform the development of the JHWS and provides a shared evidence base to support the planning and commissioning of health and care services.

On 16 September 2015 the Health Scrutiny Committee for Lincolnshire considered a paper on the review of the JSNA, which focused on the stakeholder engagement phase of the review, which ran from September 2015 to December 2015. Following consideration of the detail of the JSNA by a working group (11 November 2015), the Committee finalised its response to the JSNA on 16 December 2015. The Committee was advised of the rationale for the development of the 35 JSNA topics and as part of its response, the Committee made specific comments on these topics.

On 23 November 2016, it was reported to the Health Scrutiny Committee that the Lincolnshire Health and Wellbeing Board had reviewed the stakeholder feedback on the JSNA and had instigated a fundamental review which began April 2016. Expert panels comprising appropriate representatives from County Council, Clinical Commissioning Groups, health providers, District Councils, voluntary and community sector were set up to support Topic Leads to refresh each of the topics. The JSNA will be published as a web-based resource on the Lincolnshire Research Observatory in May 2017 and will be updated on an annual basis.

It was also reported to the Health Scrutiny Committee on 23 November 2015 that the JSNA is the shared evidence used by the Lincolnshire Health and Wellbeing Board to inform the priority setting for the development of the JHWS 2018-2023. A list of the 35 topics in the JSNA 2017 is attached in Appendix A.

### Stakeholder and Community Engagement

In March 2013, the Department of Health published 'Statutory Guidance on Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies', which identifies the partners who 'must' be involved in producing the JSNA and JHWS as well as the partners who 'should' be involved in the process.

In preparing the next JWHS, the Lincolnshire Health and Wellbeing Board have taken account of the Statutory Guidance. The proposed approach is to hold a series of engagement events with a range of stakeholders, partners and the public which will enable the Lincolnshire Health and Wellbeing Board to identify health and wellbeing priorities based on the evidence in the JSNA. It is proposed that this engagement is grouped into three stages:

1. Initial work to review all the evidence against the 35 topics in the JSNA, and to prioritise the topics using the scoring criteria and framework agreed by the Lincolnshire Health and Wellbeing Board in September 2016. This to be undertaken by nominated lead

officers from organisations who have members on the Lincolnshire Health and Wellbeing Board, across 4 – 6 workshops.

2. A number of public engagement events will then take place across the County in order to ensure the inclusion and engagement of wider stakeholders in the prioritisation process. Evidence from the JSNA will be thematically presented, with those attending undertaking a similar prioritisation exercise to identify the key JSNA priorities. At this stage there will also be a progress report presented to Health Scrutiny Committee to allow them to review the initial prioritisation work and feedback their response to the Lincolnshire Health and Wellbeing Board.
3. Following this, discussion and moderation of the prioritisation will take place by Lincolnshire Health and Wellbeing Board members and wider invited stakeholders at an informal Health and Wellbeing Board session.

Recognising that engagement mechanisms need to be inclusive to ensure that the 'voice' of more marginalised individuals is captured, it is proposed that a reference group/s of under-represented individuals or groups, identified by the Equality Impact Assessment (EIA) is/are held as part of stage 3 of the engagement. Based on the EIA, the Community Engagement Team will advise on the appropriate approach to be taken to engaging under-represented groups.

The above approach will be led and supported by the Public Health Division of the Adult Care and Community Wellbeing Directorate area within the County Council, with specialist advice from the Council's Community Engagement Team.

### Communications

There are multiple partnerships and boards that need to be identified and included as stakeholders in this review. The Lincolnshire Health and Wellbeing Board Engagement Framework, agreed by the Board in September 2015, sets out the principles on how the Health and Wellbeing Board will engage with key stakeholders, partners and the public. This approach includes, wherever possible, linking in with stakeholder's existing communication and engagement mechanisms. Therefore a mapping exercise of existing networks and boards, for example Patient and Participation Groups or strategic boards such as the Community Safety Board, and ways to communicate with them will also be undertaken as part of developing a detailed delivery plan for the communication activity.

The following bullet points form the proposed principles of all Lincolnshire Health and Wellbeing Board communications with stakeholders. In producing a JHWS for Lincolnshire, the Health and Wellbeing Board want to:

- Understand local need to ensure that services delivered are appropriate, effective and meet the needs;
- Work with organisations and the public to identify the key issues and needs of the community on an ongoing basis so we can all tackle them together;
- Involve people in Lincolnshire so that they may inform our local priorities to enable us to work to improve the health and wellbeing of the local community and reduce health inequalities.

## 'Next Steps' and Timescales

<b>Action</b>	<b>Timescale</b>
Initial nomination of lead officers from each member organisation of the Lincolnshire Health and Wellbeing Board (County Council, Clinical Commissioning Groups, Healthwatch Lincolnshire and District Councils) to undertake the prioritisation scoring (across 4-6 workshops).	April - June 2017
Wider stakeholder engagement in the prioritisation process, including feedback from a working group with Health Scrutiny Committee Members	June – July 2017
Discussion/moderation of prioritisation by the Lincolnshire Health and Wellbeing Board at an informal session	July 2017
Reference group/s of under-represented individuals/groups as a means of checking back and verifying	July – August 2017
Report the final proposed outcome and draft structure of the JHWS to the Lincolnshire Health and Wellbeing Board	September 2017
Allocated theme lead organisations to draft the JHWS	Oct. – Dec. 2017
Finalise and sign off the JHWS for Lincolnshire 2018 – 2023	January - March 2018
Ongoing communication and promotion of the new JHWS	April 2018 onwards

## **2. Conclusion**

In undertaking the engagement on the development of the JHWS, the Lincolnshire Health and Wellbeing Board will need to be able to demonstrate it has taken account of and listened to the views of the people who live and work in Lincolnshire as well as stakeholders, and that the process has been undertaken in an open and transparent way.

## **3. Consultation**

This is not a consultation item.

## **4. Appendices** - These are listed below and attached at the back of the report

Appendix A	Lincolnshire JSNA 2017 - List of Topics
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## **5. Background Papers**

Document Title	Where can the document be viewed
Statutory guidance on joint strategic needs assessments and joint health and wellbeing strategies	<a href="https://www.gov.uk/government/publications/jsnas-and-jhws-statutory-guidance">https://www.gov.uk/government/publications/jsnas-and-jhws-statutory-guidance</a>

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**Lincolnshire JSNA 2017 – List of Topics**

1. Alcohol (Adults)
2. Autism
3. Breastfeeding
4. Cancer
5. Carers
6. Chronic Obstructive Pulmonary Disease
7. Coronary Heart Disease
8. Dementia
9. Diabetes
10. Domestic Abuse
11. Drug Misuse
12. Educational Attainment (Foundation)
13. Educational Attainment (Key Stage 4)
14. Excess Seasonal Deaths and Fuel Poverty
15. Falls
16. Financial Inclusion
17. Food and Nutrition
18. Housing & Health
19. Immunisation (all ages)
20. Learning Disabilities
21. Looked After Children
22. Maternal Health, Pregnancy & First Few Weeks of Life
23. Mental Health (Adults)
24. Mental Health and Emotional Wellbeing (Children & Young People)
25. Obesity (All Ages)
26. Physical Activity
27. Physical Disability and Sensory Impairment
28. Road Traffic Collisions
29. Sexual Health
30. Smoking Reduction in Adults
31. Special Educational Needs and Disability
32. Stroke
33. Suicide
34. Teenage Pregnancy
35. Young People in the Criminal Justice System

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