

WIRRAL SHADOW HEALTH & WELLBEING BOARD

Meeting Date	4 September 2012	Agenda Item	4.1
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Report Title	Health & Wellbeing Board Strategy (Briefing Paper)
Responsible Board Member	Fiona Johnstone (Director of Public Health)

Link To Shadow HWB Function	Board development	√					
	JSNA/JHWS	√					
	Health and social care integrated commissioning or provision	√					
Equality Impact Assessment Required & Attached	Yes		No		N/A	N/A	
Purpose	For approval	Yes	To note		To assure		

Summary of Paper	The aim of the paper is to outline the potential scope, format and production timetable for the inaugural Wirral Health and Wellbeing Strategy.		
Financial Implications	Total financial implication	New investment required	Source of investment (e.g. name of budget)
	£ N/A	£ N/A	£ N/A
Risks and Preventive Measures	N/A		
Details of Any Public/Patient/Service User Engagement	N/A		
Recommendations/Next Steps	<ol style="list-style-type: none"> 1. Approve content of paper 2. Production of draft strategy by the end of January 2013 3. Board review of priorities identified by JSNA questionnaire 		

Report History		
Submitted to:	Date:	Summary of outcome:
List of Appendices	Responses to the JSNA Key Issues Questionnaire August 2012	

Publish On Website	Yes	Yes	Private Business	Yes	
	No			No	No

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Health & Wellbeing Strategy – Briefing Paper

1. Introduction

1.1. The aim of this paper is to outline the potential scope, format and production timetable for the inaugural Wirral Health and Wellbeing Strategy.

1.2. It is based on available national guidance, examples of good practice (e.g. Barking & Dagenham Partnership) and the collective input and expertise of Health and Wellbeing partners through the JSNA Steering Group.

2. Background

2.1. According to Department of Health guidance, a Health and Wellbeing Strategy should translate the priorities derived from assessing needs and available assets (based on a high quality JSNA process that provides evidence based outputs) into concrete actions that collectively address the underlying determinants of health and wellbeing and improve outcomes.

2.2. It should provide members of Health & Wellbeing Boards (H&WB) with the opportunity to:

- Explore local issues that previously may only have been addressed in isolation.
- Develop a consensus on priorities to be addressed across the system and how to make use of collective resources in order to achieve them.
- Formulate local decisions that drive service change (e.g. investment/disinvestment) according to local need and engagement with local communities.

3. Principles

3.1. In developing a Health & Wellbeing Strategy it is important to consider a number of key principles. These principles should facilitate the development of a strategic document that does not try to solve everything, but which should:

- a. Tackle the current and future health and social care needs of the population (identified by JSNA), including the worst inequalities.
- b. Understand inequalities and the factors that influence them (e.g. housing).

c. Focus on issues that can be addressed together (through joint working across the local system) and understands the value of pooling resources to achieve greater impact and improvements in outcomes.

d. Set shared priorities based on evidence of greatest need and focus on those which will make the biggest difference (maximise resources).

e. Develop a prioritisation process which is systematic, transparent, simple and is used consistently over time to justify outcomes. It should aim to balance different types of need and take into account complex needs and integrated planning to address them.

f. Articulate a clear rationale for locally agreed priorities (and what that means for other JSNA identified needs) and how they will be tackled by individual services to deliver improved outcomes.

g. Support increased choice and control by those who use services with independence, prevention and integration at the heart of such support.

h. Focus on prevention and improving outcomes when setting strategy and making decisions (e.g. set clear and measurable outcomes). There should be a process for reviewing whether outcomes have changed as a result of agreed outcomes (taking into account the long term nature of delivering health outcomes).

3.2 The principles that underpin the strategy (as collectively agreed by the H&WB Board) should be distilled into a number of key "design principles".

3.3 These design principles should drive forward the strategy and create an environment and framework which:

- Builds relationships and capabilities
- Targets specific outcomes (based on a shared purpose)
- Examines possibilities over constraints
- Is iterative, participative and based on dialogue
- Promotes collectively agreed values
- Facilitates experimentation
- Articulates a clear set of possibilities that may not yet exist (aspirations)

3.4 When defining the agreed set of design principles, it is important to recognise that good design (regardless of arena) succeeds by persuading, but great design succeeds by inspiring.

4. Strategy Format and Scope

4.1. The draft format and scope of the strategy was developed through the JSNA Steering Group.

4.2. The Steering Group generated a number of outputs to inform the development of the strategy. These included the following:

a. Consensus on the importance of the underpinning principles as set out in this document. Particular emphasis was placed on the importance of the following:

- Priorities clearly derived from evidence based need.
- Development of a process for determining collective priorities.
- Establish a clear set of principles to drive the development of the strategy (defined as "Design Principles").

b. Recognition of the work undertaken by Barking and Dagenham Partnership, particularly the format for describing priorities, outcomes and key actions:

Priority	Key Outcome	Summary of Key Actions (2010/11)
Smoking	<ul style="list-style-type: none"> • 3% reduction in the % of smoking prevalence over 3 years from 2009/10 baseline 	<ul style="list-style-type: none"> • Aligned/agreed CQUINs across multiple providers

c. Suggested format for the HW&B Strategy:

Number	Section	Comments
1	Vision	Include reference to time frame (3-5, 10-15 years)
2	Context	Brief summary of national policy, system reform, transformation methods and leadership
3	Design principles (and approach)	Develop and agree a clear set of principles to drive/test strategy development (see above)
4	Key issues	Summary of the populations current and future

		(modelled) health needs/facts/issues
5	Prioritisation Process	Develop a process which is systematic, transparent, simple and used consistently over time to justify outcomes
6	Priorities	Shared and aligned across H&WB partners
7	Key outcomes	Clear and measurable outcomes (e.g. Outcomes Framework or local priorities)
8	Actions	What the HW&B intend to do to deliver outcomes
8	Governance and Review	

5. Next Steps

5.1 The first draft of the H&WB strategy will be produced by the end of January 2013 (subject to H&WB approval of this report).

5.2 In order to facilitate the development of the Strategy additional dedicated resources have been identified to supplement existing staff/resources (e.g. Helen Bromley – Trainee Public Health Consultant).

5.3 In the short term (between September and January) it is proposed that the H&WB should focus on the feedback generated by the JSNA Questionnaire. The questionnaire focused on establishing the views of Wirral residents on the key issues identified by the JSNA.

5.4 A report summarising the latest results from the questionnaire are contained in the attached paper (Appendix 1 – Responses to the JSNA Key Issues Questionnaire August 2012). Alcohol and the ageing population have been identified as key priorities from the responses received. As part of the strategy development process these two issues will be examined in greater detail in two separate workshops in the autumn and new year.

Tony Kinsella
Performance & Intelligence
Public Health (August 2012)

