

<b>Title:</b>	Joint Health & Wellbeing Strategy (JHWS)
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<b>Purpose/Key Messages:</b>	To update BHSP members on the development of a city Joint Health & Wellbeing Strategy
<b>Significance to BHSP and Delivering SCS outcomes:</b>	A JHWS is a statutory requirement from April 2013, bringing LA and CCG commissioners together to jointly agree high level health and wellbeing priorities for the local area. The JHWS is relevant to any BHSP work which aims to improve health and wellbeing or reduce health inequalities etc.
<b>What is BHSP being asked to do?</b>	At this stage, to note and comment on the draft JHWS. There will be further opportunities to engage in the development/implementation of the JHWS priority areas in the coming months.
<b>Next steps and report back mechanism:</b>	JHWS will be agreed by the city Health & Wellbeing Board in June 13, and engagement with commissioners, providers and stakeholders aimed at implementing the JHWS action plans will follow

### **Brighton & Hove Joint Health & Wellbeing Strategy**

**Health & Wellbeing Boards.** The Health & Social Care Act (2012) requires all local authorities with social services responsibilities to establish a local Health & Wellbeing Board (HWB). HWBs are partnership boards, bringing together Clinical Commissioning Groups (CCGs); the NHS Commissioning Board; local authority elected members and officers (including the local Directors of Children's Services, Adult Social Services and Public Health); and representatives of the general public (via Healthwatch, the new statutory public and patient involvement organisation). HWBs can include additional members beyond this mandatory minimum, and in Brighton & Hove we have invited the city Youth Council to be a member.

**HWB duties.** The Act establishes some general duties for HWBs: to encourage joint working across health and social care; to ensure that local health and wellbeing commissioning decisions are informed by

evidence (i.e. the local Joint Strategic Needs Assessment: JSNA); and to ensure that local service users are as involved as possible in decision-making. HWBs also have specific duties to publish a local JSNA and a local Joint Health & Wellbeing Strategy (JHWS).

**JHWS: statutory requirements.** The local JHWS is intended to be a key high-level plan for health and wellbeing across the local area, identifying key local challenges and describing plans to improve services and outcomes in these areas. The JHWS is not intended to be an over-arching document capturing the every health or wellbeing challenge across the local area.

**JHWS: local prioritisation.** Locally, we've been clear that the JHWS should focus on some key priority areas rather than be all-encompassing. In order to identify these areas, we undertook to 'prioritise' our JSNA information, scoring each of the 82 themed JSNA areas against a matrix of public health measures (including: impact on life expectancy, on healthy life years, on equalities groups, performance against comparators/targets, trend of performance etc). This scoring process left us with a long-list of 20 or so JSNA areas which ranked highly in multiple categories.

**Wider determinants.** Some of the JSNA areas that made up this highest priority long-list were 'wider determinant' areas: issues such as child poverty or worklessness which are not within the direct remit of health or social care services, but where there is a significant impact upon health and wellbeing. As there are existing city strategic partnerships directly responsible for these issues, it was decided that they should be omitted from the JHWS, which should be focused on those areas that the HWB partners can most directly influence.

**Further prioritisation.** The remaining long-list areas were further assessed to determine which issues were best suited to the JHWS. This included determining whether an issue was at core a partnership matter or whether it was essentially the responsibility of one commissioning organisation (e.g. we identified diabetes as a core CCG issue). It also involved checking whether there had been extensive partnership working on this areas in the recent past (e.g. the Intelligent Commissioning work around alcohol and the subsequent establishment of a city Alcohol Programme Board). At the end of this assessment process we were left with six highest priority issues where we had identified the greatest potential value to be added via better partnership working. These issues were presented to the Shadow HWB which agreed to include five of them in its JHWS (a sixth priority on flu immunisation was rejected). The five JHWS issues are:

- Dementia
- Emotional health & wellbeing (inc. mental health)

- Healthy weight & good nutrition
- Smoking
- Cancer and access to cancer screening

**The JHWS.** The draft JHWS describes why each of these issues is so important in the context of Brighton & Hove, details the action plan developed around each issue, and list the outcomes via which we will seek to measure improvement. The JHWS will be formally agreed by the HWB post April 2013 (when HWBs assume their statutory powers). Once formally agreed, the JHWS will be binding on its LA and CCG partners; the HWB will monitor CCG and council commissioning plans to ensure that they are in line with JHWS priorities (and may refer CCG plans to the NHS Commissioning Board if they do not support the JHWS).

**Engagement.** We are currently engaging with key partners and stakeholders around the draft JHWS and are happy to take on board any advice or comments. Once the JHWS has been agreed we will undertake much more engagement around each of the JHWS priorities.

**Draft JHWS.** The draft JHWS can be accessed via this link:

[http://present.brighton-hove.gov.uk/Published/C00000687/M00004093/\\$\\$ADocPackPublic.pdf](http://present.brighton-hove.gov.uk/Published/C00000687/M00004093/$$ADocPackPublic.pdf)