Brighton & Hove City Council

Shadow Health & Wellbeing Board

Title:	**Shadow Health & Wellbeing Board**
Date:	**30 May 2012**
Time:	**5.00pm**
Venue	**Council Chamber, Hove Town Hall**

Members:	**Councillors:** Jarrett (Chair); Bennett, Duncan, Meadows, K. Norman, Shanks (Deputy Chair) and Turton	
	Director of Children's Services, Director of Adult Social Care, Director of Public Health, Clinical Commissioning Group (clinical lead), Clinical Commissioning Group (non-clinical member), Youth Council Representative and HealthWatch Representative.	Terry Parkin, BHCC Denise D'Souza, BHCC Dr Tom Scanlon, BHCC Dr Xavier Nalletamby, NHS Geraldine Hoban, BHCPCT Hayyan Asif Robert Brown

Contact:	**Caroline De Marco** **Democratic Services Officer** 01273 291063 caroline.demarco@brighton-hove.gov.uk

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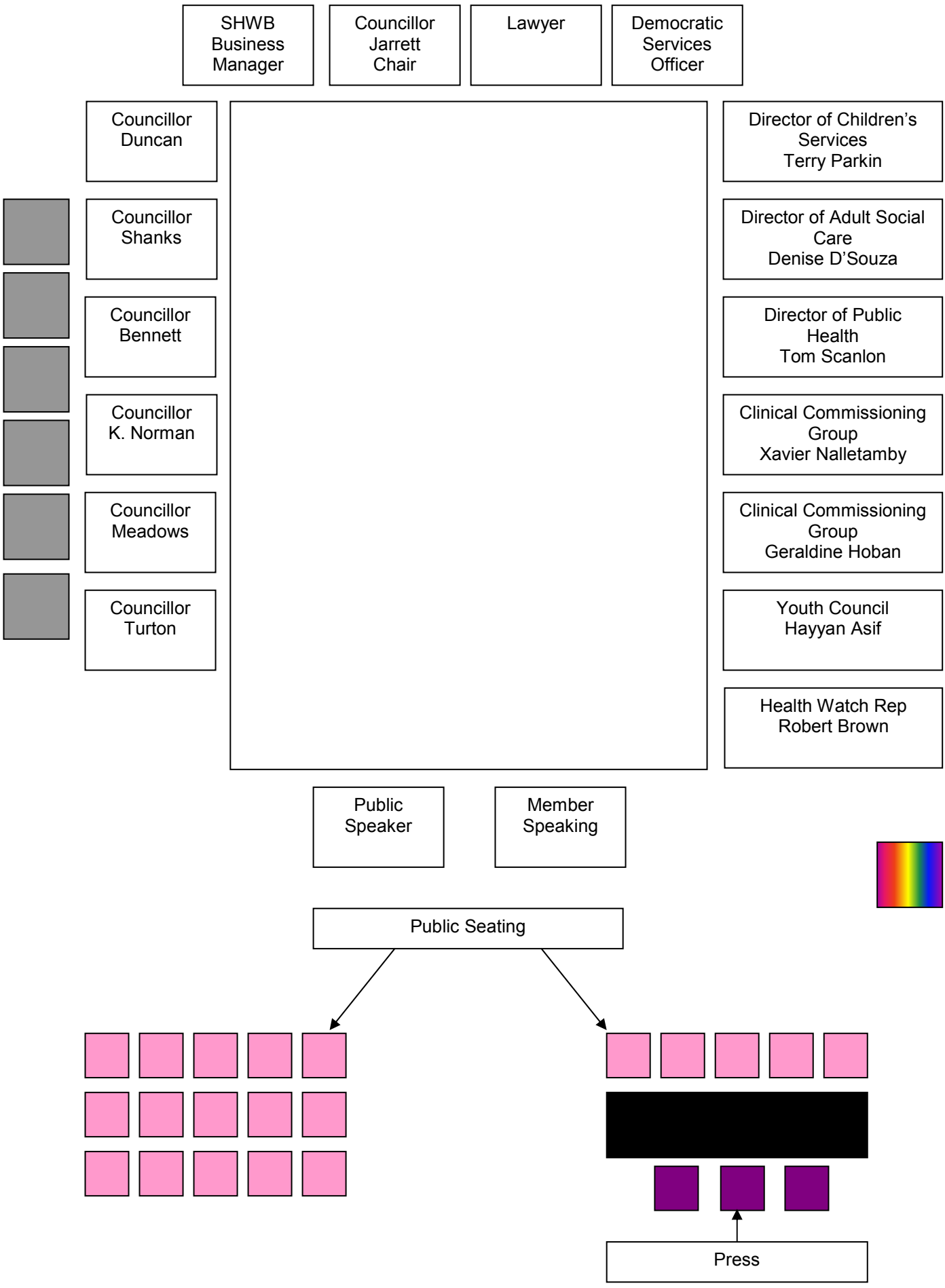
Democratic Services: Meeting Layout

Shadow Health & Wellbeing Board



Part One **Page**

1. Procedural Business

(a) Declaration of Substitutes - Where Councillors are unable to attend a meeting, a substitute Member from the same Political Group may attend, speak and vote in their place for that meeting.

(b) Declarations of Interest – Statements by all Members present of any personal interests in matters on the agenda, outlining the nature of any interest and whether the Members regard the interest as prejudicial under the terms of the Code of Conduct.

(c) Exclusion of Press and Public - To consider whether, in view of the nature of the business to be transacted, or the nature of the proceedings, the press and public should be excluded from the meeting when any of the following items are under consideration.

NOTE: *Any item appearing in Part Two of the Agenda states in its heading the category under which the information disclosed in the report is exempt from disclosure and therefore not available to the public.*

A list and description of the exempt categories is available for public inspection at Brighton and Hove Town Halls.

2. Chair's Communications

3. Public Involvement

To consider the following matters raised by members of the pubic:

(a) **Petitions:** to receive any petitions presented to the full Council or at the meeting itself;
(b) **Written Questions:** to receive any questions submitted by the due date of 12 noon on the 23rd May 2012;
(c) **Deputations:** to receive any deputations submitted by the due date of 12 noon on the 23rd May 2012.

4. Issues Raised by Councillors and members of the Board

To consider the following matters raised by councillors and/or members of the Shadow Board:

(a) **Petitions:** to receive any petitions submitted to the full Council or at the meeting itself;
(b) **Written Questions:** to consider any written questions;
(c) **Letters:** to consider any letters;
(d) **Notices of Motion:** to consider any notices of motion.

5. Annual Report of the Director of Public Health **1 - 4**

Report of the Director of Public Health (copy attached).

Contact Officer:	*Giles Rossington, Senior Scrutiny Officer*	*Tel: 01273 291038*
Ward Affected:	*All Wards*	

6. Joint Strategic Needs Assessment Summary **5 - 16**

Report of Head of Public Intelligence, Consultant in Public Health and Head of Performance and Analysis (copy attached).

Contact Officer:	*Kate Gilchrist, Head of Public Health Research & Analysis*	*Tel: 01273 339133*
Ward Affected:	*All Wards*	

7. Proposal for the Development of the Joint Health & Wellbeing Strategy **17 - 30**

Report of the Director of Public Health (copy attached).

Contact Officer:	*Steve Barton, Lead Commissioner, Children, Youth and Families, Peter Wilkinson, Public Health Consultant*	*Tel: 29-6105,*
Ward Affected:	*All Wards*	

8. Shadow Health & Wellbeing Board In-Year Review/Peer Review **31 - 36**

Report of the Strategic Director People (copy attached).

Contact Officer:	*Giles Rossington, Senior Scrutiny Officer*	*Tel: 01273 291038*
Ward Affected:	*All Wards*	

9. The Use of Substitutes at Meetings of the Shadow Health & Wellbeing Board **37 - 40**

Report of the Strategic Director, Resources, proposing a protocol for the use of substitutes at Shadow Health & Wellbeing Board meetings (copy attached).

Contact Officer:	*Giles Rossington, Senior Scrutiny Officer, Elizabeth Culbert, Managing Principal*	*Tel: 01273 291038, Tel: 29-1515*
Ward Affected:	*All Wards*	

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For further details and general enquiries about this meeting contact Caroline De Marco, (01273 291063 – email caroline.demarco@brighton-hove.gov.uk) or email democratic.services@brighton-hove.gov.uk

Date of Publication – 22 May 2012

SHADOW HEALTH & WELLBEING BOARD	Agenda Item 5 Brighton & Hove City Council

Subject:		**Director of Public Health: Annual Report**
Date of Meeting:		**30 May 2012 SHWB** **12 June 2012 Health & Wellbeing Overview & Scrutiny Committee**
Report of:		**The Director of Public Health**
Contact Officer:	**Name:**	**Giles Rossington** **Tel: 29-1038**
	Email:	**Giles.rossington@brighton-hove.gov.uk**
Ward(s) affected:		**All**

FOR GENERAL RELEASE

1. SUMMARY AND POLICY CONTEXT:

1.1 Directors of Public Health are required to publish an independent annual report focusing on the health of the local area.

1.2 Dr Tom Scanlon's 2011 annual report for Brighton & Hove will be published in summer 2012. A copy of the draft report will be circulated to SHWB members in advance of the 30 May SHWB meeting.

2. RECOMMENDATIONS:

2.1 That the Shadow Health & Wellbeing Board:

Considers and comments on the Director of Public Health's Annual Report for 2011 (circulated under separate cover).

3. RELEVANT BACKGROUND INFORMATION/CHRONOLOGY OF KEY EVENTS:

3.1 Directors of Public Health (DPH) are employed by NHS Primary Care Trusts (PCTs), or jointly by PCTs and local authorities, to provide public health leadership for local areas. (From April 2013 the responsibility for public health will devolve to local authorities, and DPH's will be jointly employed by local authorities and by Public Health England.)

3.2 One of the DPH's duties is to publish an annual report providing an independent oversight of the health of the local population.

3.3 A draft version of the annual report will be circulated to SHWB members in advance of the 30 May meeting.

4. COMMUNITY ENGAGEMENT AND CONSULTATION

4.1 None for this cover report, but the DPH's annual report will detail engagement/consultation undertaken around the report itself.

5. FINANCIAL & OTHER IMPLICATIONS:

Financial Implications:

5.1 None to this report for information.

Legal Implications:

5.2 None to this report for information.

Equalities Implications:

5.3 None to this report for information. Equalities groups are discussed in the body of the DPH Annual Report, and health inequalities are a core focus of the DPH report.

Sustainability Implications:

5.4 None to this report for information.

Crime & Disorder Implications:

5.5 None to this report for information.

Risk and Opportunity Management Implications:

5.6 Improving population health represents a key opportunity to reduce or ameliorate spending on social care, healthcare and a range of related budgets, as well as improving the lives of individual city residents. Worsening population health represents a very significant risk to many city budgets, particularly in terms of healthcare, social care, housing and worklessness.

Public Health Implications:

5.7 None to this cover report – public health issues are dealt with in detail in the body of the DPH report.

Corporate / Citywide Implications:

5.8 The annual DPH report assesses the health of the city's population and is therefore a key document in terms of addressing the corporate and citywide priorities to reduce health inequalities and to improve population health.

SUPPORTING DOCUMENTATION

Appendices:

1. The Annual Report of the Director of Public Health 2011 (circulated under separate cover)

Documents in Members' Rooms

None

Background Documents

None

SHADOW HEALTH & WELLBEING BOARD	Agenda Item 6 Brighton & Hove City Council

Subject:		**Joint Strategic Needs Assessment (JSNA) Summary 2012**		
Date of Meeting:		**30th May 2012**		
Report of:		**Kate Gilchrist, Head of Public Health Intelligence Alistair Hill, Consultant in Public Health Paula Black, Head of Performance & Analysis**		
Contact Officer:	**Name:**	**Kate Gilchrist**	**Tel:**	**29-0457**
	Email:	**Kate.gilchrist@bhcpct.nhs.uk**		
Ward(s) affected:		**All**		

FOR GENERAL RELEASE

1. SUMMARY AND POLICY CONTEXT:

1.1 From April 2013, local authorities and clinical commissioning groups will have equal and explicit obligations to prepare a Joint Strategic Needs Assessment (JSNA) and Joint Health and Wellbeing Strategy. This duty will be discharged by the Health and Wellbeing Board. The purpose of this item is to inform the shadow Health & Wellbeing Board of the JSNA process. It explains how the process provides a greater understanding of the current and future health and wellbeing needs of local residents to inform the Health & Wellbeing Strategy, and strategies of the Clinical Commissioning Group & Brighton & Hove City Council. It also presents the highest impact health and wellbeing issues for the city identified in the 2012 JSNA Summary.

2. RECOMMENDATIONS:

2.1 That the Board supports the draft JSNA Summary to go out to Public Consultation) (the final version will then be brought to the Board for consideration in September).

2.2 That the Board note that from April 2013 it will become responsible for the JSNA.

2.3 That the Board note the high impact health and wellbeing issues identified within the JSNA and use these to inform the development of the Joint Health & Wellbeing Strategy.

3. RELEVANT BACKGROUND INFORMATION/CHRONOLOGY OF KEY EVENTS:

3.1 The needs assessment process aims to provide a comprehensive analysis of current & future needs of local people to inform commissioning of services that will improve outcomes & reduce inequalities. To do this needs assessments should gather together local data, evidence from service users & professionals, plus a review of research & best practice. Needs assessments bring these elements together to look at unmet needs, inequalities, & provision of services. They also point those who commission or provide services towards how they can improve outcomes for local people.

3.2 The Local Government & Public Involvement in Health Act (2007) placed a duty on local authorities & Primary Care Trusts to work in partnership & produce a JSNA. The Health & Social Care Act 2012 states that the responsibility to prepare the JSNA will be exercised by the Health and Wellbeing Board from April 2013.. The guidance signals an enhanced role for JSNAs to support effective commissioning for health, care & public health as well as influencing the wider determinants that influence health & wellbeing, such as housing & education. Interim Department of Health guidance published in December 2011 advised that emerging Health and Wellbeing Boards should proceed with progressing the refreshing of JSNAs and development of a Joint Health and Wellbeing Strategy.

3.3 There are three elements to the local needs assessment resources available:

Each year, **a JSNA summary**, giving an high level overview of Brighton & Hove's population, & its health & wellbeing needs is published. It is intended to inform the development of strategic planning & identification of local priorities.

A **rolling programme of comprehensive needs assessments**. Themes may relate to specific issues e.g. adults with Autistic Spectrum Conditions, or population groups e.g. children & young people. Needs assessments are publically available & include recommendations to inform commissioning.

BHLIS (www.bhlis.org) is the Strategic Partnership data & information resource for those living & working in Brighton & Hove. It provides local data on the population of the city which underpins needs assessments across the city.

3.4 Since August 2009, a **city needs assessment steering group** has overseen the programme of needs assessments. In 2011 membership includes the Community & Voluntary Sector Forum (CVSF), Sussex Police & the two universities, in addition to the existing members from the city council, Clinical Commissioning Group & LINks. With the establishment of the Health & Wellbeing Board, the steering group will become a subgroup of the Board in relation to JSNA from April 2013.

3.5 The 2011 summary was a 56 page document. For the 2012 refresh we have produced a series of summaries grouped under key outcomes. Building on previous years most of the sections have been co-authored by a member of the Public Health team & a relevant lead in Adult Social Care, Children's Services, the Community & Voluntary Sector, or other statutory partners.

3.6 The structure was informed by the NHS, Public Health and Social Care outcomes frameworks & the forthcoming Child Health Outcomes Strategy; The Marmot report, which advocated adopting a "life course approach"; & the consultation described in section 4. The structure of the 2012 summary is given in Table 1.

3.7 In previous summaries we have simply listed the health & wellbeing issues for the city. This year we have attempted to measure the relative impact of the issues identified within this summary in a systematic way & present this as an impact matrix. Results are shown in Figure 1, giving the issues with greatest impact on the health and wellbeing of Brighton & Hove's population. These are being used in the development of the Joint Health and Wellbeing Strategy. Further information on how the matrix was drawn up is included in Appendix X.

Table 1: Structure of 2012 JSNA
The population of Brighton and Hove **Population groups:** Gender; Ethnicity; Sexual orientation; Pregnancy and maternity; Trans & gender reassignment; Refugees and asylum seekers; Carers; Military veterans; Students
An assessment of impact on health and wellbeing of those in Brighton and Hove The issues with the greatest impact on the health and wellbeing of the population, in terms of: • Number of people affected • Impact on life expectancy gap • Impact on wellbeing (including healthy life expectancy) • Impact on equalities groups • Comparison to national • A specific target not being met • Direction of trend.
Life expectancy and healthy life expectancy The overarching indicators of population health and wellbeing (including health inequalities).
Wider determinants of health **Children, young people and families:** Child poverty; Parenting; Children in need, safeguarding, child protection and looked after children; Education **Employment and work:** Young people not in education, employment and training; Employment and unemployment; Health in the workplace **Community safety:** Young offenders; Crime and disorder (including hate crime) **Sustainable communities and places:** Volunteering and the community & voluntary sector; Housing needs; Rough sleepers; Fuel poverty; Active travel; Food and food poverty; Open spaces; Climate change; Air quality; Noise pollution **Wellbeing and community resilience:** Happiness and wellbeing; Social connectedness; Community resilience; Community assets
Improving health **Starting well:** Antenatal and newborn screening; Maternal and infant health; Childhood immunisation **Developing well (Children and young people):** Oral health; Emotional health and wellbeing, and mental health; Physical activity; Healthy weight; Smoking; Substance misuse and alcohol in young people; Sexual health; Under 18 conceptions and teenage parents; Children and young people with disabilities & complex health needs **Living well (adults and older people):** Emotional health and wellbeing; Healthy weight; Physical activity; Sexual health; Smoking; Alcohol; Substance misuse; Domestic and sexual violence Ageing well; Care of older people; Older people's accommodation and support **Prevention of ill health:** Cancer screening; Preventable sight loss; Oral health; Suicide **Improving health and promoting independence:** Learning disabilities; Physical disabilities and sensory impairments; Adults with autistic spectrum conditions; Diabetes; Cardiovascular diseases; Respiratory disease; Cancer; Mental health; Dual diagnosis (mental health and substance misuse); Dementia; HIV/AIDS; Musculoskeletal conditions
Specific health services: Primary care; Urgent care; Variation in effective healthcare
End of life care

Figure 1: JSNA Summary 2012 – issues with the greatest impact on the health & wellbeing of the population of Brighton & Hove

Wider determinants which have the greatest impact on health & wellbeing

	Children & young people	Adults	Older people
Child poverty			
Education			
Employment & unemployment	Youth unemployment	Unemployment & long term unemployment	
Housing			
Fuel poverty			

High impact social issues

	Children & young people	Adults	Older people
Alcohol	Alcohol & substance misuse – children & young people	Alcohol (adults & older people)	
Healthy weight & good nutrition	Healthy weight (children & young people)	Healthy weight (adults & older people)	
	Good nutrition & food poverty		
Domestic & sexual violence			
Emotional health & wellbeing – including mental health	Emotional health & wellbeing (children & young people)	Emotional health & wellbeing (adults & older people) Mental health	
Smoking	Smoking (children & young people)	Smoking (adults & older people)	
Disability	Children & young people with a disability or complex health need	Adults with a physical disability, sensory impairment & adults with a learning disability	

Specific conditions

	Children & young people	Adults	Older people
Cancer & access to cancer screening			
HIV & AIDS			
Musculoskeletal conditions			
Diabetes			
Coronary heart disease			
Flu immunisation			
Dementia			

4. COMMUNITY ENGAGEMENT AND CONSULTATION

4.1 The CVSF conducted a gap analysis of the JSNA summary in January 2012 and changes were made to the proposed structure as a result.

4.2 An involvement event to inform the JSNA and JHWS development was held on the 1st March, which was attended by over 70 representatives from BHCC, the transitional CCG, NHS Sussex, health providers and the community and voluntary sector.

4.3 Two sessions were held in order to complete the impact matrix. Those invited included members of the City Needs Assessment Steering Group; further representatives from Public Health, Children's Services & Adult Social Care; & Community & Voluntary Sector Health & Wellbeing elected representatives.

4.4 The draft JSNA Summary, once approved by the Board, will go out for public consultation in July 2012 focussing on how the JSNA can be further developed.

5. FINANCIAL & OTHER IMPLICATIONS:

Financial Implications:

5.1 The JSNA will inform the development of the council and health budget strategies.

Finance Officer Consulted: Anne Silley Date: 18/05/12

Legal Implications:

5.2 The statutory duty imposed upon Local Authorities and PCT's to produce JSNA is described in the body of this report and this report, describes adherence to that duty. It will be a core function of the Health and Wellbeing Board to approve the JSNA process from April 2013 and is therefore important that the Shadow Board are fully involved in the process.

Lawyer Consulted: Elizabeth Culbert Date: 18/05/12

Equalities Implications:

5.3 The City Needs Assessment Steering Group, including equalities leads for BHCC & NHS Brighton & Hove, has strengthened the city needs assessment guidance to include equalities strands. Strategies using the evidence in the needs assessment will require an EIA. This year's summary has more systematically identified local inequalities in terms of equalities groups; geography & socio-economic status. Each report section has inequalities clearly evidenced. In addition, there are sections which bring together the key needs of each group.

Sustainability Implications:

5.4 Sustainability related issues are important determinants of health & wellbeing and these have been integrated in the summary. The JSNA will support commissioners to consider sustainability issues.

Crime & Disorder Implications:

5.5 None

Risk and Opportunity Management Implications:

5.6 None

Public Health Implications:

5.7 The JSNA summary sets out the key health and wellbeing and inequalities issues for the city and so supports commissioners in considering these issues in policy, commissioning & delivering services.

Corporate / Citywide Implications:

5.8 This supports the city's duty, through The Local Government and Public Involvement in Health Act (2007), for the city council and PCT to work in partnership and produce a JSNA.

SUPPORTING DOCUMENTATION

Appendices:

1. Our approach to needs assessment
2. Impact

Documents in Members' Rooms

1. None

Background Documents

1. Department of Health JSNAs and joint health and wellbeing strategies – draft guidance available at http://healthandcare.dh.gov.uk/files/2012/01/JSNAs-and-joint-health-and-wellbeing-strategies-draft-strats.pdf

2. Current portfolio of needs assessments for the city available publically at www.bhlis.org/needsAssessments

3. The 2012 JSNA Summary drafts are available at www.bhlis.org//jsna2012

Our approach to needs assessment

What is needs assessment?

The needs assessment process aims to provide a comprehensive analysis of current & future needs of local people to inform commissioning of services that will improve outcomes & reduce inequalities.

To do this needs assessments should gather together local data, evidence from service users & professionals, plus a review of research & best practice. Needs assessments bring these elements together to look at unmet needs, inequalities, & overprovision of services. They also point those who commission or provide services towards how they can improve outcomes for local people.

The common name for these needs assessments is **Joint Strategic Needs Assessment (JSNA)**. Joint reflects that they should be carried out jointly by the NHS & councils as a requirement, but in terms of good practice should also include others locally with expertise to offer. Strategic reflects that they should be about providing the 'big picture' in terms of identifying local needs.

National policy & guidance

The Local Government & Public Involvement in Health Act (2007) placed a duty on local authorities & Primary Care Trusts (PCTs) to work in partnership & produce a JSNA.[1]

The 2012 Health & Social Care Bill sets out changes to JSNA, with the transfer of Public Health to local authorities, the change from PCTs to Clinical Commissioning Groups & the creation of local Health & Wellbeing Boards by April 2013. Draft guidance from the Department of Health states that local authorities & Clinical Commissioning Groups will have equal & explicit obligations to prepare a JSNA. This duty will be discharged by the Health & Wellbeing Board.[2]

The guidance signals an enhanced role for JSNAs to support effective commissioning for health, care & public health as well as influencing the wider determinants that influence health & wellbeing, such as housing & education.

Our local approach

In Brighton & Hove there are three elements to the needs assessment resources available:

Overaching documents: The JSNA summary, the State of the City Report & Annual Reports of the Director of Public Health

Each year, a JSNA summary, giving an high level overview of Brighton & Hove's population, & its health & wellbeing needs is published. It is intended to inform the development of strategic planning & identification of local priorities.

The information is primarily drawn from the city's needs assessment portfolio, which includes the Annual Reports of the Director of Public Health along with specific needs assessments & strategies including the Sustainable Community Strategy & the Housing Strategy. The JSNA summary is also used for the State of the City Report which provides high level facts & figures about the city.

Rolling programme of needs assessments on a specific theme or population group

A rolling programme of comprehensive needs assessments forms part of a portfolio of resources for the city. Themes may relate to specific issues, e.g. mental health & wellbeing, or population groups, e.g. children & young people. Needs assessments are publically available & include recommendations to inform commissioning.

BHLIS - the information resource for the city, supported by the city Analysis & Intelligence Network

BHLIS (Brighton & Hove Local Information Service – www.bhlis.org) is the Strategic Partnership data & information resource for those living & working in Brighton & Hove. It provides local data on the population of the city. This data underpins needs assessments across the city.

In line with the advances we have made in needs assessment over the past few years, BHLIS was relaunched in March 2012 as the home for needs assessments & their supporting data & evidence.

[1] Department of Health, Guidance on Joint Strategic Needs Assessment, 2007. www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_081267.pdf

[2] JSNAs and joint health and wellbeing strategies - draft guidance. Department of Health. January 2012. www.bhlis.org/needsAssessments/jsna

Our approach to needs assessment

City needs assessment steering group

Since August 2009, a city needs assessment steering group has overseen the programme of needs assessments. This includes the JSNA, but is broader & includes needs assessments which might typically sit outside the health & wellbeing sphere. However, given that JSNA includes the wider determinants of health, these needs assessments also inform this summary.

In 2011 the group broadened its membership to reflect this & now includes the Community & Voluntary Sector Forum (CVSF), Sussex Police & the two universities, in addition to the existing members from the city council, NHS & LINks.

With the establishment of the Health & Wellbeing Board, the steering group will become a subgroup of the Board in relation to JSNA.

Local consultation

Each year the JSNA summary develops from feedback & consultation. This year in particular sees changes to the way the summary has been produced. These changes have been informed by the new guidance from the Department of Health, but also from consultation with local partners & the community & voluntary sector.

In particular, the CVSF conducted a gap analysis of the JSNA summary in January 2012 which has fed into the plans for this summary.

In March 2012, we held a seminar for councillors, commissioners, thematic partnership chairs, community & voluntary sector reps & providers on the plans for the JSNA summary & Joint Health & Wellbeing Strategy. Feedback at the event has also informed the structure of this year's summary.

The draft report will be presented to the Health & Wellbeing Board in May 2012. Between June & July, the draft summary will be consulted on with local partners & the public. The final report will then be published in September 2012.

Inequalities & protected groups

This year's summary will more systematically identify local inequalities in terms of equalities groups; geography or socio-economic status. Each report section has inequalities clearly evidenced. In addition, there are sections which bring together the key needs of each of the protected groups.

Joint Strategic Assets Assessment

The new guidance is clear that JSNAs should not focus solely on needs but also identify assets of local communities. As this is a new area, in this year's summary we set out the planned approach to building assets into needs assessments. This approach was informed by the JSNA & Joint Health & Wellbeing Strategy event held in March 2012.

The 2010 Annual Report of the Director of Public Health mapped community resilience assets[3] and is an important resource for JSNA.

Voice

The voice of professionals, service users & the public provides important evidence for the JSNA. This will be embedded throughout the summary, & where we do not currently have this evidence it will be included in 'what we don't know'. It is also a key element of comprehensive needs assessments.

What we don't know

Throughout the summary, where there is a lack of local data, if possible other studies & evidence have been used to produce estimates for the city. Where this is the case it will be clearly identified.

Assessing impact

In previous summaries we have listed the health & wellbeing issues for the city. This year we will try to more systematically identify the impact on the city's population. The approach taken will be clearly set out along with an impact matrix for the city; this will feed into the prioritisation process for the city's first Joint Health & Wellbeing Strategy.

Joint Health & Wellbeing Strategy

The Health & Wellbeing Board will jointly agree what the greatest issues are for local people based on the evidence in the JSNA. The Strategy will set these out along with what the Board will do to address them & what outcomes it intends to achieve. It will not include everything; but focus on the key issues that make the biggest difference.

Further information

The annual summaries, along with the portfolio of needs assessments & local data on health & wellbeing (& more) is available at: www.bhlis.org/needsAssessments

[3] Brighton & Hove. Annual Report of the Director of Public Health 2010. www.bhlis.org/needsAssessments/publichealthreports

Figure 4.1: JSNA Summary 2012 – issues with the greatest impact on the health & wellbeing of the population of Brighton & Hove

Wider determinants which have the greatest impact on health & wellbeing

	Children & young people	Adults	Older people
Child poverty			
Education			
Employment & unemployment	Youth unemployment	Unemployment & long term unemployment	
Housing			
Fuel poverty			

High impact social issues

	Children & young people	Adults	Older people
Alcohol	Alcohol & substance misuse – children & young people	Alcohol (adults & older people)	
Healthy weight & good nutrition	Healthy weight (children & young people)	Healthy weight (adults & older people)	
	Good nutrition & food poverty		
Domestic & sexual violence			
Emotional health & wellbeing – including mental health	Emotional health & wellbeing (children & young people)	Emotional health & wellbeing (adults & older people) Mental health	
Smoking	Smoking (children & young people)	Smoking (adults & older people)	
Disability	Children & young people with a disability or complex health need	Adults with a physical disability, sensory impairment & adults with a learning disability	

Specific conditions

	Children & young people	Adults	Older people
Cancer & access to cancer screening			
HIV & AIDS			
Musculoskeletal conditions			
Diabetes			
Coronary heart disease			
Flu immunisation			
Dementia			

Impact

What do we mean by impact?

In previous summaries we have simply listed the health & wellbeing issues for the city. For the first time this year we have attempted to measure the relative impact of the issues identified within this summary in a systematic way & present this as an impact matrix.

As JSNAs are about the health, care & public health of the population as well as the wider determinants that influence health & wellbeing, such as housing & education, wider determinants were also included in the process.

In the last section we set out what needs assessment involves, our local approach & how this year's summary has been developed. In brief the sections included were chosen based upon:

- New guidance from the Department of Health
- The Public Health, NHS, & Adult Social Care Outcomes Framework & without a current Children's Service Outcomes Framework guidance from the Department of Health
- Consultation with local statutory sector partners & the community & voluntary sector:
    - In particular, the CVSF conducted a gap analysis of the JSNA summary in January 2012 which has fed into the plans for this summary.
    - In March 2012, we held a seminar for councillors, commissioners, thematic partnership chairs, community & voluntary sector reps & providers on the plans for the JSNA summary & Joint Health & Wellbeing Strategy. Feedback at the event has also informed the structure of this year's summary.

Building on previous years most of the sections have been co-authored by a member of the Public Health team & a relevant lead in Adult Social Care, Children's Services, the Community & Voluntary Sector, or other statutory partners. This does not equate to full co-production of the summary but it is a considerable step forward. We will continue to build on this for future summaries.

How we developed the impact matrix

In developing the matrix we have looked at methods used elsewhere & in particular in areas which have had shadow Health & Wellbeing Boards for some time.

The measures we have used in this year's matrix include:

- ***Number of people affected***
- ***Impact on life expectancy gap***
- ***Impact on wellbeing (including healthy life expectancy)***
- ***Impact on equalities groups***
- ***Comparison to national***
- ***A specific target not being met***
- ***Direction of trend.***

Impact on equalities groups is included as an element of the grid rather than considering equalities groups as distinct issues. This was done since it was felt that it was not appropriate to rate the needs of different equality groups against each other, & to reflect that as some groups are small in number they would be likely to rate low impact across many of the measures.

The impact on equalities groups measure was on population groups & not geographical inequalities.

We scored each element on a three point scale as indicated in Table 4.1. For some elements we were able to quantify the classification used (for example the number of people affected, or comparison to national), but others were a more subjective assessment.

It is worth noting that there were other measures we would have liked to include, such as cost impact, but the evidence was not available systematically to be included this year. This will be developed over the coming years.

How we completed the matrix

Two impact sessions were held in order to complete the matrix. Those invited included members of the City Needs Assessment Steering Group[1]; further representatives from Public Health, Children's Services & Adult Social Care; & Community & Voluntary Sector Health & Wellbeing elected representatives.

[1] The Steering Group membership includes the Community & Voluntary Sector Forum (CVSF), Sussex Police, the two universities, & members from the city council, Clinical Commissioning Group & LINks

Table 4.1: Impact measures & categories used				
Measure	**Low**	**Medium**	**High**	**Comment**
Number of people affected	Low Below 1% of population at risk	Medium Between 1%-10%	High 10% or more	Could be of total population/ children & young people/ working age/ older people
Impact on life expectancy gap	Low	Medium	High	Population level
Impact on wellbeing (inc healthy life expectancy)	Low	Medium	High	Medium to long term impact
Impact on equalities groups	Low	Medium	High	Current impact
Comparison	Better	Similar	Worse	To England average (based upon significance where available)
Target	Better	Similar	Worse	Where a specific national/local improvement target/ standard exists
Trend direction	Improving	Stable	Worsening	Medium to long term trend

At the start of the first session the purpose of the sessions was outlined along with guidance on the measures to be used to ensure a shared understanding of how to categorise.

Participants were then split into four groups with between three & five people in each group. Each group had between 14-19 sections to assess. To do this, individuals each took a JSNA section & completed a grid with the evidence as presented in the JSNA. As a group the evidence put forward was then considered for each measure & consensus on the rating was reached.

At the end of the first session each group then considered which issues had the greatest impact of those they had covered.

In the second session, a few remaining sections were completed. However, the main focus of the second session was reconciling & checking consistency of the methods used by each of the four groups. This was done as one group & meant some small changes were made to ratings & the issues with greatest impact.

The high impact issues were assessed as those with three or more measures with a high rating, as although it led to 27 issues, it was clear that many were the same across different parts of the life course & so could be combined.

It must be reflected that whilst those involved had a great deal of expertise & knowledge, this was not a perfect process. Whilst part of the session involved a reconciliation of the methods used, judgements made by one group may have differed by those which would have been made by another.

As this was the first time this had been attempted it was a learning process. An important next step will be to get feedback on these issues through the consultation process and build in wider engagement for the next time this is done.

We do however note that this year the shadow Health & Wellbeing Board will be using this list of issues to identify its initial priorities.

CCG SESSION – TO BE ADDED

Impact

The issues ranking most highly: Issues with three of more ratings of high impact were:

Six

- Cancer
- Mental health (adults & older people)

Five

- Alcohol (adults & older people)
- Flu immunisation (older people)

Four

- Healthy weight (adults & older people)
- Good nutrition & food poverty
- Smoking (adults & older people)
- Domestic & sexual violence
- Employment & unemployment
- Housing
- Alcohol & substance misuse (children & young people)
- Physical disability & sensory impairment (adults & older people)
- Musculoskeletal conditions

Three

- Access to cancer screening
- Education
- Fuel poverty
- Emotional health & wellbeing (adults & older people)
- Emotional health & wellbeing (children & young people)
- Child poverty
- Healthy weight (children & young people)
- Disability & complex health needs – children & young people
- Diabetes
- Dementia
- HIV & AIDS
- Coronary heart disease
- Smoking (children & young people)

Grouping the issues

For some of the issues identified there were clear natural groupings, for example health weight in children & young people; in adults & older people; & good nutrition & food poverty.

Once issues were grouped in this way they were categorised into the following:

- High impact social issues
- Wider determinants which have the greatest impact on health & wellbeing in the city &
- Specific conditions

All issues were considered across the life course - Figure 4.1 sets out the key issues & indicates which stages of the life course they were identified as particular issues for in Brighton & Hove.

Where we don't have information on impact

There were elements where we did not have enough evidence upon which to make informed judgements about the impact on the population. The full impact grid, available on BHLIS, highlights where this is the case & the City Needs Assessment Steering Group will be looking at how to best fill some of these gaps. This may not be possible in all cases.

Joint Health & Wellbeing Strategy

From these issues highlighted as having the greatest impact on the city the Health & Wellbeing Board will jointly agree what issues it will prioritise to work on in partnership. The Joint Health & Wellbeing Strategy will set these out along with what the Board will do to address them & what outcomes it intends to achieve. It will not include everything; but focus on the key issues that make the biggest difference by partners working together.

Further information

The full impact grid is available at:
www.bhlis.org/needsAssessments

SHADOW HEALTH & WELLBEING BOARD	Agenda Item 7 Brighton & Hove City Council

Subject:		**Proposal for the Development of the Joint Health & Wellbeing Strategy**	
Date of Meeting:		**30 May 2012**	
Report of:		**The Director of Public Health**	
Contact Officer:	**Name:**	**Steve Barton/Peter Wilkinson**	**Tel: 29-6105**
	Email:	**Steve.barton@brighton-hove.gov.uk/peter.wilkinson@bhcpct.nhs.uk**	
Ward(s) affected:		**All**	

FOR GENERAL RELEASE

1. SUMMARY AND POLICY CONTEXT:

1.1 As part of the recent changes introduced by the Health and Social Care Act from April 2013 local authorities must set up statutory Health & Wellbeing Boards (HWB) to lead local commissioning and the integration of local health and social care services. The Joint Health and Wellbeing Strategy will be a key part of the Health and Wellbeing Board delivering this role.

1.2 The aim of the Joint Health and Wellbeing Strategy is to jointly agree the greatest issues for the local community based on evidence in the Joint Strategic Needs Assessments, what can be done to address them; and what outcomes are intended to be achieved. The strategy will not cover all aspects of health and wellbeing but will focus on the key local issues where stronger partnership working is expected to improve local outcomes.

1.3 The purpose of this paper is to describe to the Shadow Health and Wellbeing Board (SHWB) the aim and principles of the Joint Health and Wellbeing Strategy, how it is proposed to develop and structure the strategy locally and the process for identifying the local priority outcomes areas.

2. RECOMMENDATIONS:

2.1 That the Shadow Health & Wellbeing Board:

(1) Agrees the outline structure of the Joint Health and Wellbeing Strategy;

(2) Agrees the top priorities for inclusion in the Joint Health and Wellbeing Strategy and which will be led by the Shadow Health & Wellbeing Board;

(3) Recommends to officers areas (led from elsewhere) where further Shadow Health & Wellbeing Board monitoring input might add value (e.g. housing)

(4) Agrees that a further report should be brought to the Shadow Health and Wellbeing Board in September 2012 setting out detailed plans for improving outcomes in each of the draft priority areas..

3. RELEVANT BACKGROUND INFORMATION/CHRONOLOGY OF KEY EVENTS:

3.1 Aim of the Joint Health and Wellbeing Strategy

"The aim of the Joint Health and Wellbeing Strategy (JHWS) is to jointly agree the greatest issues for the local community based on evidence in the Joint Strategic Needs Assessments (JSNAs), what can be done to address them; and what outcomes are intended to be achieved." (from Department of Health draft guidance January 2012)

3.2 Principles underpinning JHWS (adapted from draft DoH guidance)

- It should be strategic and must take into account the current and future health and social care needs of the entire population
- Prioritise the issues requiring greatest attention, whilst avoiding trying to take action on everything at once. They will not be a long list of everything that might be done; they will focus on the key issues that make the biggest difference
- Focus on things that can be done together
- Identify how local assets can be used to meet identified needs
- Key to understanding local inequalities and the factors that influence them

3.3 Identifying the priority issues for the Joint Health and Wellbeing Strategy

The function of the JSNA is to extract and make sense of evidence across a broad remit, covering areas which will not all be included in the final JHWS but will be addressed through other commissioning strategies.

The process for the identification of those areas from the Brighton and Hove JSNA considered as having the greatest impact on health and wellbeing locally has been described elsewhere.

The next stage is to identify from the high impact areas, those areas the SHWB wishes to prioritise for the JHWS for 2013-14, particularly those areas where stronger local partnership working would be expected to improve outcomes. To support this process a small group of officers from the emerging Clinical Commissioning Group (CCG), children's services, adult social care and public health has reviewed the highest impact social areas and specific conditions from the JSNA. The discussions and recommendations are summarised in **Appendix 1**. The key factors considered were the identification of common outcomes and priorities across organisations, with a focus on those areas which could be addressed more efficiently and effectively through stronger partnership working; and the alignment with the key plans and priorities of local organisations including the nationally identified outcome frameworks.

High impact issues and conditions recommended for possible inclusion in the strategy:

- Healthy Weight & Good Nutrition
- Mental Health & Emotional Health & Wellbeing
- Smoking
- Cancer & Access to Cancer Screening
- Flu Immunisation
- Dementia

High impact issues and conditions **not** recommended for possible inclusion in the strategy:

- Alcohol
- Domestic & Sexual Violence
- Disability
- HIV & AIDS
- Musculoskeletal Conditions
- Diabetes
- Coronary Heart Disease

The final selection of the priorities will be made by SHWB members. In selecting the priorities the SHWB may wish to have a combination of "quick win" areas that are considered easier to deliver with others considered to be more difficult.

3.4 **Structure of the Joint Health and Wellbeing Strategy**

The main audience for the JHWS is the local community, the City Council including members and commissioners, the CCG, the NHS Commissioning Board and the Director of Public Health.

The JHWS should be a short document, using plain English with a clear structure based on the life course: i.e. children, young people, working age adults, older people.

The strategy will include a brief section describing the needs of the city from the JSNA and the prioritisation process to identify the priority outcomes. More detail will be provided elsewhere or in an appendix.

The JHWS will outline the main actions in the short, medium and long term to deliver the key priority outcomes identified by the SHWB.

The final strategy and the proposed key actions will then be agreed by the SHWB September 2012.

3.5 **Inequalities**

The strategy will include a section on inequalities. Understanding local inequalities is one of the key principles underpinning the JSNA and JHWS. There are two critical outcome measures for the overarching vision for the Public Health Outcomes Framework:
1: Increased healthy life expectancy
2: Reduced differences in life expectancy and healthy life expectancy between communities.

Regarding inequalities it is recommended that the JHWS uses the framework from the 2010 Marmot Review into health inequalities in England, "Fair Society, Healthy Lives". This review has provided an evidence-based strategy to address the broader determinants of health and reduce inequalities. The report set six key policy and priority objectives:

1. Give every child the best start in life
2. Enable all children, young people and adults to maximise their capabilities and have control over their lives
3. Create fair employment and good work for all
4. Ensure healthy standard of living for all
5. Create and develop healthy and sustainable places and communities
6. Strengthen the role and impact of ill health prevention.

The JHWS will reflect the inequalities work being undertaken by local agencies across the local population and communities.

3.6 **The wider determinants of health**

Considering how to address inequalities leads to the wider determinants of health such as education, employment, housing and child poverty. These were identified as stand-alone high impact areas in the JSNA, but are also clearly linked to the high impact social issues and specific conditions. Locally there are other partnerships which consider these broader areas. The relationship between the HWB and the other partnerships will become clearer over time as the HWB is likely to identify areas where improved health and wellbeing outcomes could result from greater joined up working between the health and social care agencies and other partnerships.

4. COMMUNITY ENGAGEMENT AND CONSULTATION

4.1 It is proposed to build on relevant consultation processes already in place, and to take into account that several members of the SHWB are there to represent the local community.

4.2 It is recommended that for the first shadow year the consultation on the key outcomes selected by the SHWB is linked with the JSNA consultation which is due to take place over the summer of 2012.

5. FINANCIAL & OTHER IMPLICATIONS:

Financial Implications:

5.1 The Joint Health and Wellbeing Strategy will inform the development of the Council's budget strategy and those of health and other partners.

Finance Officer Consulted: Anne Silley Date: 18/05/12

Legal Implications:

5.2 The Health and Wellbeing Board will be responsible for agreeing a Health and Wellbeing Strategy (HWS) from April 2013. It is therefore important for the

Shadow Board to have early involvement in the creation and development of the HWS in order for the Board to be in a position to meet its statutory responsibilities.

Lawyer Consulted: Elizabeth Culbert Date: 18/05/12

Equalities Implications:

5.3 The paper describes the process for developing the Joint Health and Wellbeing Strategy, and also includes information about the high impact areas identified from the Joint Strategic Needs Assessment for further consideration by the Health and Wellbeing Board. The final strategy will need to be assessed for its implications on equalities, but at this stage there are not considered to be any significant implications.

Sustainability Implications:

5.4 The final strategy will need to be assessed for its implications on sustainability, but at this stage there are not considered to be any significant implications.

Crime & Disorder Implications:

5.5 No implications at this stage in the process

Risk and Opportunity Management Implications:

5.6 As with any prioritisation process there are likely to be challenges to the final selection of key outcomes

Public Health Implications:

5.7 No implications at this stage in the process.

Corporate / Citywide Implications:

5.8 No implications at this stage in the process.

6. EVALUATION OF ANY ALTERNATIVE OPTION(S):

6.1 A working group analysed the JSNA data in order to identify draft priorities for the JHWS. A number of potential priority areas were evaluated as part of this process, with those which scored highly in the most categories being taken forward as draft priorities. The methodology used in this process is described in more detail in the Joint Strategic Needs Assessment report presented to the 30 May 1012 SHWB meeting.

7. REASONS FOR REPORT RECOMMENDATIONS

7.1 There is a statutory requirement to have a HWB from April 2013, and the board is expected to have a JHWS based on the Joint Strategic Needs Assessment.

SUPPORTING DOCUMENTATION

Appendices:

1. Health and Wellbeing Strategy: Prioritisation of JSNA High Impact Social Issues and Specific Conditions

Documents in Members' Rooms

None

Background Documents

1. Department of Health: JSNAs and joint health and wellbeing strategies – draft guidance. Department of Health, January 2012.

APPENDIX 1: HEALTH AND WELLBEING STRATEGY: PRIORITISATION OF JSNA HIGH IMPACT SOCIAL ISSUES AND SPECIFIC CONDITIONS

Acknowledged that there are many links across the different high impact areas including the wider determinants. For example Healthy Weight links with cancer, diabetes and heart disease, as well as the wider determinants such as child poverty, education and employment.

High impact issue from JSNA **(Number in brackets reflects the number of high impact scores for that issue from the JSNA matrix.** **Max score = 7.)**		
HIGH IMPACT SOCIAL ISSUES	**Comments**	**Recommendations for HWB**
Alcohol (5 for adults and older people, 4 for children and young people)	• High need and increasing • High societal costs and health care costs • Included in NHS (liver disease) and PH outcomes frameworks • Clear links with the wider determinants high impact areas such as housing and employment and the specific conditions • Some evidence for effectiveness of interventions • Strategy in place • Alcohol Programme Board in place with structured commissioning plan	Alcohol is an area of high need but the present partnership arrangements are considered adequate. Not recommended as a priority outcome for the HWB

Healthy Weight & Good Nutrition (4 for healthy weight adults and older people,4 for good nutrition and food poverty and 3 for healthy weight children and young people)	• High need and increasing prevalence amongst adults (child prevalence may be stable but still affects a large number of children). • Nutrition in hospitals and care homes an important issue. • Clear links with the wider determinants and specific conditions high impact areas such as diabetes and heart disease • Included in PH outcomes • Some evidence for effective interventions • Strategy in place for children • No one overall partnership group. • Plans to develop an Obesity Programme Board	Although there are plans to establish the Obesity Programme Board this is not yet established. Recommended for consideration as a priority outcome for the HWB
Domestic and sexual violence (4)	• High levels of need (under-reporting) • Included in PH outcomes • Clear links with the wider determinants such as housing and alcohol • Significant factor for both Child and Adult Safeguarding • Increasing evidence base • There is a local strategy and implementation group	As one of the intelligent commissioning pilots domestic violence has been a recent local priority area. Many of the issues link with the wider determinants of health. Not recommended as a priority outcome for the HWB (but acknowledge that DV may require renewed leadership & focus)

Mental health and Emotional health and wellbeing (6 for mental health adults and older people, 3 for both emotional health and wellbeing for adults and older people and for emotional health and wellbeing for children and young people)	• The need is high and likely to increase in the current economic climate – along with cancer it was the highest impact health & wellbeing issue for the city • Included in PH and NHS outcomes. Not a PI any more for social care but similar outcomes for employment and housing as in PH. Included in social care surveys on health and happiness. • For young people, self-harm, accommodation issues and parenting all important factors. Clear links with wider determinants such as housing, employment and child poverty. • Large area across health, social care and children. • Joint commissioning strategies in place • Ongoing review of community services between BHCC and NHS • A lot of good partnership working, including with the voluntary sector, but opportunities for improvement	Recommended for consideration as a priority outcome for the HWB

Smoking (4 for adults and 3 for children)	• Greatest cause of premature death and health inequality. • High rates of smoking locally. • Moving to measuring population prevalence (PH outcomes framework) in adults and children at age 15 years. • Clear links with specific conditions such as cancer and heart disease and with wider determinants including education and child poverty • Evidence for effectiveness of Stop Smoking Services • Broader focus required as outcome moving to reducing population prevalence rather than numbers accessing services & quitting • Tobacco Control Alliance in place. Recently re-launched and now developing action plans.	Although there is a Tobacco Control Alliance in place, this is still establishing itself and may benefit from the support of the HWB. Recommended for consideration as a priority outcome for the HWB
Disability	• This links with child poverty and the social care personalisation agenda	This is considered to be a very complicated area and likely to require

(4 for Physical disability and sensory impairment, 3 for disability and complex health needs for children and young people)	• Need to think about how people with disability get a job etc rather than focus just on their care • Clear links with wider determinants such as housing and child poverty. • Transition to adulthood is a key area, wheelchair and adaptations are others. • There are strategy groups and partnerships in place for Learning Disability. • Complex disability service considered to be good. • Outcomes same as those for mental health re employment and housing plus for PH outcomes	more time for the HWB to identify a clear role for itself. Not recommended as a priority outcome for the HWB
SPECIFIC CONDITIONS	**Comments**	**Recommendations for HWB**
Cancer and access to cancer screening (6 for cancer and 3 for access to cancer screening)	• Cancer is a high priority locally as we have poor performance, poor mortality rates and widening inequalities. • Local cancer screening programmes overall performance is mixed and could be improved • Included in PH and NHS outcomes framework. • Current programmes are raising awareness of early symptoms and	Potential for the HWB to promote the prevention and early detection of cancer. Recommended for consideration as a priority outcome for the HWB

	signs amongst the community. Increasing early referrals from GPs. • Improving treatment rests mainly with NHS/CCG • Sussex cancer network in place • Partnership working could improve early detection	
HIV & AIDS (3)	• Local high prevalence • Good local clinical service • Good local support services • PH outcome for late diagnosis • HIV network being established across Sussex • Local agencies involved in promoting prevention, early detection and reducing stigma.	A great deal of work is already ongoing locally. Sussex-wide HIV network now being planned. Complicated area of commissioning under new NHS structures. Not recommended as a priority outcome for the HWB
Musculoskeletal conditions (4)	• A Sussex wide service review of musculoskeletal conditions is already underway and will make recommendations towards the end of the year. • PH outcomes for hip fractures. NHS outcomes for hip replacement, knee replacement.	This is considered to be mainly a commissioning issue. Not recommended as a priority outcome for the HWB
Diabetes (3)	• Local outcomes are considered poor with high emergency admissions	Issue is mainly a commissioning one.

	• Need for self care and education • Included in PH outcomes • Local Diabetes CRG in place with a wide range of partners.	Not recommended as a priority outcome for the HWB
Coronary Heart Disease (3)	• Better local outcomes than for other priorities • Included in PH and NHS outcomes framework. • Sussex-wide network for cardiovascular disease in place • Main focus is on prevention – stop smoking/healthy eating/physical activity. NHS Health Checks.	Already has an established Sussex-wide network Not recommended as a priority outcome for the HWB
Flu immunisation (5)	• Poor local coverage amongst over 65s, and other at-risk groups • Uptake by local frontline workforce also low • Included in PH outcomes framework • Local multiagency flu vaccination steering group in place.	Mainly the operational role of the NHS/CCG but improving local coverage through better partnership working could provide a “quick win” for 12/13. Recommended for consideration as a priority outcome for the HWB
Dementia (3)	• Increasing need as the local population ages • Included as a “placeholder” in the PH outcomes framework. • Local priority area for NHS Sussex/CCG/BHCC	Although there are local partnerships, it is felt that there would be benefits from the HWB prioritising dementia Recommended for consideration as a

	• A local multiagency group is in place. • There is a Sussex-wide dementia partnership	priority outcome for the HWB

SHADOW HEALTH & WELLBEING BOARD	Agenda Item 8 Brighton & Hove City Council

Subject:		**Shadow Health & Wellbeing Board (SHWB) In-Year Review/Peer Review**	
Date of Meeting:		**30 May 2012**	
Report of:		**Strategic Director, People**	
Contact Officer:	**Name:**	**Giles Rossington**	**Tel: 29-1038**
	Email:	**Giles.rossington@brighton-hove.gov.uk**	
Ward(s) affected:		**All**	

FOR GENERAL RELEASE

1. SUMMARY AND POLICY CONTEXT:

1.1 As part of the process of learning during the shadow year of HWB development (2012/13), officers supporting the Shadow Health and Wellbeing Board (SHWB) intend to commission an in-year review of the effectiveness of shadow HWB arrangements.

1.2 SHWB members have expressed an interest in aspects of this review process, including posing questions about the timing of the review and the type of review to be undertaken. This paper therefore addresses these issues and proposes a preferred option for the review.

2. RECOMMENDATIONS:

2.1 That the Health and Wellbeing Board:

Agrees the preferred option outlined in this report for an in-year review of the effectiveness of the shadow HWB (summarised at point 3.11 of this report).

3. RELEVANT BACKGROUND INFORMATION/CHRONOLOGY OF KEY EVENTS:

3.1 **Timing.** The Health & Social Care Act (2012) requires all relevant local authorities to have a Health & Wellbeing Board in place by April 2013, and the Department of Health has strongly encouraged authorities to have shadow arrangements in place from April 2012 . Having a shadow year offers the opportunity to test the effectiveness of local HWB arrangements, and if necessary alter them prior to April 2013.

3.2 In an ideal scenario, an in-year review would typically be held towards the end of the shadow year in order to draw on as much experience of operating the arrangements in question as possible. However, this is likely to pose problems in terms of the HWB work programme for 2012/13. Although strictly speaking the shadow HWB has no decision-making powers, the Board's Joint Health & Wellbeing Strategy (JHWS) will inform real commissioning decisions in the current financial year and in 2013/14. Agreeing the JHWS is *the* core HWB activity and it is therefore important that any in-year review process feeds into the JHWS decision-making. A review which took place after the JHWS had been agreed could clearly not influence this year's JHWS and would therefore potentially represent a significant lost opportunity, not just in terms of 2012/13 but 2013/14 also.

3.3 There is therefore a compelling argument for holding an in-year review at such a time that its findings can be used to influence the JHWS. However, for the JHWS to be effective it in turn needs to influence city council and NHS commissioning decisions for 2013/14 – there is little chance that the JHWS priority outcomes will be achieved if they are not reflected in city commissioning plans for the coming year. For the city council, the timetable for setting a budget for 2013/14 requires options for spending and savings plans to be available by September 2012 in order to publish a budget update and savings report in late November/early December and a final budget in late February/early March. We can therefore realistically agree the JHWS for 2013/14 no later than September 2012, which would require any in-year review to take place over summer 2012.

3.4 Holding an in-year review in the summer of the municipal year in question might appear to risk wasting learning opportunities from the greater part of the year. However, in this instance this is unlikely to generally be the case since:

- The formal establishment of a local SHWB on 01 April 2012 was preceded by more than a year's preparatory and engagement work which has informed the SHWB Terms of Reference and work planning around the JSNA and JHWS processes and pathways. In essence therefore, in-year review of the SHWB will seek to map all activity to date (across around 18 months of development), not just the formal activities of the Board from 01 April 2012. Viewed in this context, a summer review does not appear particularly unbalanced.

- Decisions not to seek early adopter status for the SHWB and to delay the publication of the JSNA until spring 2012, have meant that the JHWS pathway for 2013-14 has had to be truncated, resulting in work which would naturally be spread across the year being concentrated in the early months of the 2012-13 municipal year. Therefore, whilst a summer review would be early in terms of the SHWB meetings schedule for 2012-13, it would not be particularly early in terms of the substantive work of the SHWB for this year, which, in contrast to succeeding years, is very much concentrated in the early months of operation.

3.5 This would also fit with the timetable for reviewing the Council's new constitutional arrangements. Although it would be possible to alter the Terms of Reference of the SHWB at another point (by taking a report to Policy & Resources Committee and Full Council), it is clearly desirable to use the constitutional review process to manage as many changes as possible in a coordinated way.

3.6 At the shadow HWB pre-meeting, the idea was mooted of having an additional shadow board meeting in the summer. Although this would be possible, it is unclear what the business of this meeting would be. In practical terms it would not be feasible to move forward agreeing the JHWS scheduled for the September shadow HWB meeting, as officers require as much time as possible to work up detailed business cases for the draft priorities to be presented at the September 2012 Board meeting. This work could not feasibly be undertaken in time for a meeting in, say, July. It is therefore unclear whether adding a SHWB meeting would add any value to the development of a local HWB.

3.7 **Type of Review.** There are several options for the type of in-year review we might choose. These range from an in-house review to the use of external consultants. The option that officers have thus far pursued in detail is that of a peer-review, facilitated by an external partner. Peer review (e.g. gauging our HWB preparations against those of another local authority at a comparable stage of development) has several advantages: it allows us to compare ourselves against a real organisation, facing similar obstacles, rather than against a more or less abstract 'model' of good practice; it enables SHWB members to share learning with their direct counterparts in another area: not just elected members, but also public representatives, CCGs and chief officers; in pragmatic terms, it also means that we can share any costs with our peer-partner. Any costs that do arise will be met from the existing budgets controlled by the chief officer members of the SHWB: there is no requirement for additional funding.

3.8 Other types of review have their advantages, but also considerable drawbacks. An in-house review would potentially be the cheapest option, but it is unclear whether we have the necessary expertise to conduct an effective review of such a novel initiative. An external consultant might provide expertise, but inevitably at a high cost. Using an organisation such as the Local Government Association (LGA) to facilitate review might be a possibility, but LGA plans to offer such a services are still at a nascent stage of development.

3.9 Officers have identified an external partner to facilitate the in-year review should SHWB members agree. That partner, OPM (Office for Public Management), is a mutual company specialising in working with central and local government and 3rd sector organisations. OPM is being employed to assist in the development of a number of HWBs, largely in the London area. OPM has identified a peer-review partner for Brighton & Hove: Wandsworth. Whilst perhaps not an obvious partner in ideological terms, Wandsworth is a reasonable comparator in terms of size, demographics, and crucially, HWB development. If this option were to be chosen, the plan, broadly speaking, would be to bring members of both shadow HWBs together in July to share experiences and discuss their expectations of the HWB. In tandem with this, officers would meet to have detailed discussions about HWB planning, putting together a JHWS etc. The results of this process would then be collated and analysed by OPM and used to inform the further development of the HWB in both areas.

3.10 Endorsement of the preferred option of facilitated peer review in summer 2012 would not preclude further i*nternal* assessment of the effectiveness of the shadow HWB arrangements at a later point in the year (for instance using the Good Governance Institute's Board Assurance Toolkit for HWBs). It should therefore be possible to use both early stage peer review and later stage internal review to inform, as thoroughly as possible, the development of a robust model for the statutory HWB.

3.11 In summary, therefore, the preferred in-year review option is for an externally-facilitated peer review to take place in time for result findings to feed in to the process of setting this year's JHWS (i.e. to report by September 2012).

4. COMMUNITY ENGAGEMENT AND CONSULTATION

4.1 No formal consultation was undertaken in preparing this report.

5. FINANCIAL & OTHER IMPLICATIONS:

Financial Implications:

5.1 The proposed timing of the review will enable the JHWS to feed into the developing budget strategy for 2013/14 and 2014/15

Finance Officer Consulted: Anne Silley Date: 18/05/12

Legal Implications:

5.2 There are no legal implications arising from the recommendations in this report.

Lawyer Consulted: Elizabeth Culbert Date: 15/05/12

Equalities Implications:

5.3 In-year review of the SHWB will include focus on equalities groups – seeking assurance that robust arrangements are in place for reflecting the views of all city communities and that the draft Joint Health & wellbeing Strategy takes into account equalities issues, as well as the core HWB duty to seek to reduce health inequalities.

Sustainability Implications:

5.4 None identified.

Crime & Disorder Implications:

5.5 None identified.

Risk and Opportunity Management Implications:

5.6 In-year review of the operation of the SHWB is intended to mitigate the risks inherent in developing a statutory HWB by identifying areas where working practices could be more effective. The peer review approach identified as the preferred option offers particular benefits in that it reviews our approach against that of a real comparator authority rather than a theoretical model of best practice.

5.7 Although 2012-13 is a shadow year for HWBs, in-year HWB decisions about the JHWS will impact upon city council and CCG/PCT commissioning plans for 2013-14. It is therefore incumbent upon the SHWB that its initial JHWS is as effective as possible. To the degree that an in-year review can help mitigate these risks, it will need to be timed to inform the publication of the JHWS: that is, to report by September 2012.

5.8 There is a risk that, in holding an in-year review at a relatively early point in the year, the opportunity is missed to learn from activity throughout the shadow year. However, this could be mitigated by internal learning, and is relatively speaking, a lower order of risk than those relating to the fitness-for-purpose of the JHWS.

Public Health Implications:

5.9 The core business of the SHWB is to ensure that key city public health issues are effectively addressed and that reducing health inequalities is prioritised. An in-year review could be a useful tool in assuring that these aims are being met.

Corporate / Citywide Implications:

5.10 The SHWB brings together the city council, healthcare commissioners and representatives of city residents in order to undertake high level planning for city health, public health and adult and children's social care services. The SHWB seeks to improve efficiency and offer better value for money by encouraging better partnership working in key areas via the city JHWS. An effective JHWS supports council and partner priorities to reduce health inequalities and improve the health of city residents. An in-year review process which maximises the

efficacy of the JHWS will therefore support the corporate and citywide health priorities.

SUPPORTING DOCUMENTATION

Appendices:
None

Documents in Members' Rooms
None

Background Documents

None

SHADOW HEALTH & WELLBEING BOARD

Agenda Item 9
Brighton & Hove City Council

Subject:		**The Use of Substitutes at Meetings of the Shadow Health & Wellbeing Board**
Date of Meeting:		**30th May 2012**
Report of:		**Strategic Director, Resources**
Contact Officer:	Name:	Giles Rossington/Elizabeth Culbert Tel: 29-1038
	E-mail:	Giles.rossington@brighton-hove.gov.uk
Wards Affected:	All	

FOR GENERAL RELEASE

1. SUMMARY AND POLICY CONTEXT:

1.1 From 01 April 2013 local Health & Wellbeing Boards (HWBs) will become formal committees of local authorities. Prior to April 2013, there is no statutory requirement for shadow HWBs to operate as council committees. However, the local intention is for the shadow HWB to mirror, as far as possible, the format of the statutory HWB in order to ensure that the transition from the shadow to the statutory board is as smooth as it can be.

1.2 This report sets out a proposed protocol in relation to substitutes for HWB members, taking into account the varied membership of the HWB and their roles.

2. RECOMMENDATIONS:

2.1 That the Shadow Health and Wellbeing Board agrees the protocol for the use of substitute members as set out at paragraph 3.2 below.

3. BACKGROUND INFORMATION

3.1 The Brighton & Hove shadow HWB has five types of members: elected members (i.e. Councillors), council officers (the Directors of Public Health, Adult Social Services and Children's Services), representatives of the CCG, a representative of the Youth Council, and a representative of the LINk (up until 01 April 2013, when this place will be taken by a representative of Healthwatch).

3.2 There is no local constitutional precedent for the use of substitutes in such a body, and it is therefore proposed that shadow HWB members themselves agree a protocol for the use of substitutes at the shadow HWB. Regulations are expected which will set out more detailed rules for the operation of the HWB and the proposed protocol for substitutes will need to be reviewed in the light of any new Regulations and Statutory Guidance.

3.3 Where existing arrangements for substitutes are tried and tested in other committees, it is proposed to retain these arrangements. The one area where existing arrangements cannot be drawn on is in relation to the three statutory chief officers, who are not voting members on other council committees.

3.4 The Director of Children Services (DCS), the Director of Adult Social Services (DASS) and the Director of Public Health (DPH) are appointed as named individuals on the HWB and they have specific statutory responsibilities. It is possible for another officer to be formally appointed to fulfil these duties (for example, to cover extended leave or sickness absence), but it is not possible for the individual officers themselves to delegate responsibility for their function to another officer.

3.5 In addition to exercising their responsibilities as statutory chief officers, the DCS, DASS and DPH also have the more general role at shadow HWB meetings of providing expert input in terms of their children's services, adult social care or public health briefs. In this more general context, another officer could readily act on behalf of the statutory chief officers to advise the members of the shadow board.

3.6 Taking in account the issues set out above, a proposed protocol is as follows:-

(a) For elected members, it is proposed that substitution rules mirror those of other Council committees – i.e. any member can be substituted by another member of their political group.

(b) For CCG representatives, it is proposed that the CCG representatives can be substituted by any other CCG member.

(c) For Youth Council representatives, it is proposed that the Youth Council representative can be substituted by another member of the Youth Council.

(d) For LINk/Healthwatch representatives, it is proposed that the LINk/Healthwatch representative can be substituted by another member of the LINk/Healthwatch.

(e) For the statutory Directors of Children Services, Adult Social Services and Public Health it is proposed that voting substitutes are not permitted. However, the statutory chief officers may nominate an officer to attend in their place in an advisory capacity when the statutory officer in unable to be present.

4. CONSULTATION

4.1 No formal consultation was undertaken in compiling this report.

5. FINANCIAL & OTHER IMPLICATIONS:

Financial Implications:

5.1 There are none.

Legal Implications:

5.2 There are no legal implications arising from this report.

Lawyer: Elizabeth Culbert 14/05/12

Equalities Implications:

5.3 None

Sustainability Implications:

5.4 None

Crime & Disorder Implications:

5.5 None

Risk and Opportunity Management Implications:

5.6 None

Corporate / Citywide Implications:

5.7 None

SUPPORTING DOCUMENTATION

Appendices:

None

Documents in Members' Rooms:
None

Background Documents:
None