

# HEALTH & WELLBEING OVERVIEW & SCRUTINY COMMITTEE

## Agenda Item 9

Brighton & Hove City Council

<b>Subject:</b>	<b>Shadow Health &amp; Wellbeing Board: Update</b>		
<b>Date of Meeting:</b>	<b>12 June 2012</b>		
<b>Report of:</b>	<b>Strategic Director, People</b>		
<b>Contact Officer:</b>	<b>Name:</b>	<b>Giles Rossington</b>	<b>Tel: 29-1038</b>
	<b>Email:</b>	<b>Giles.rossington@brighton-hove.gov.uk</b>	
<b>Ward(s) affected:</b>	<b>All</b>		

### FOR GENERAL RELEASE

#### 1. SUMMARY AND POLICY CONTEXT:

- 1.1 The Brighton & Hove Shadow Health & Wellbeing Board (SHWB) held its first meeting on 30 May 2012. This report provides Health & Wellbeing Overview & Scrutiny Committee (HWOSC) members with information on the SHWB's decisions in regard to draft priorities for the city Joint Health & Wellbeing Strategy (JHWS).

#### 2. RECOMMENDATIONS:

- 2.1 That the Health & Wellbeing Overview & Scrutiny Committee considers and comments on the draft Shadow Health & Wellbeing Board priorities for the city Joint Health & Wellbeing Strategy (as detailed in part )

#### 3. RELEVANT BACKGROUND INFORMATION/CHRONOLOGY OF KEY EVENTS:

- 3.1 The key responsibilities of local Health & Wellbeing Boards (HWBs) are to manage the local Joint Strategic Needs Assessment (JSNA) process, and to use data from the JSNA to inform a Joint Health & Wellbeing Strategy (JHWS). Although HWBs do not become statutory bodies until April 2013, our local Shadow HWB (SHWB) has already begun work on its first JHWS.
- 3.2 For Brighton & Hove, the vision for the JHWS is that it will not seek to describe every health, public health and social care issue in the city, but rather will be an accessible, high-level document which focuses on a small number of key priorities for the city, and sets outcomes goals for commissioners which will result in measurable improvements in services.
- 3.2 In order to move from the wide-ranging data of the JSNA to key priorities for the JHWS, a group, with members from city Public Health team, BHCC, city GPs and the local voluntary sector, followed a prioritisation pathway.
- 3.3 Initially the JSNA data was spilt up into 80 broad areas, including specific conditions (e.g. cancer, diabetes etc), social factors causing ill health (smoking, obesity etc), and the wider determinants of health (e.g. worklessness, child poverty, poor housing etc). Where it made sense to do so, these areas reflected the 'life pathway' approach to public health – i.e. focusing on issues in terms of their impact at different life stages: thus looking at issues from the distinct perspectives (where relevant) of children and young people, working age adults, and older people.
- 3.4 These 80 JSNA areas were then scored against a matrix which included measures such as the impact upon health life expectancy, the impact upon wellbeing, specific impacts upon equalities groups and performance (against national/regional averages/comparator groups/targets/trends).
- 3.5 Around 30 areas scored highly in several categories. Some of the JSNA areas were then combined (for instance, several categories concerned with diet and excess weight were designated as 'health weight and nutrition'), giving a total of 18 areas to go forward to the next stage of scoring as a 'long-list'.
- 3.6 Several of the long-list issues related to the wider determinants of health – e.g. they identified issues such as housing, worklessness or child poverty which represent the root causes of poor health without themselves being core health or social care issues. As these issues are 'owned' by other bodies (e.g. housing quality is the responsibility of the Strategic Housing Partnership), it was felt that they should not also be the primary focus of the SHWB. These wider determinant issues were therefore discounted (this is not to say that the wider determinants of health may not play an important role in terms of finding ways to improve city performance with regard to particular conditions etc).
- 3.7 The remaining 13 issues were then assessed against criteria which included whether there were already robust partnership structures in place; whether the issues were 'core' partnership matters, or fell mainly to one partner; and whether the issues chimed with Council and citywide priorities. Six issues emerged from this process as recommended priorities.

- 3.8 The SHWB considered these recommended priorities at its 30 May 2012 committee meeting and agreed to adopt five of them. These were: **smoking; healthy weight and nutrition; cancer and cancer screening; mental health and emotional health and wellbeing;** and **dementia**. For all of these issues, SHWB members felt that there was a very significant problem in the city, that two or more organisations had a key role to play in improving services, and that there was a realistic prospect of improving services by working together more effectively.
- 3.9 The shortlist items *not* adopted were: **alcohol, domestic and sexual violence, disability, HIV & AIDs, musculoskeletal conditions, diabetes, coronary heart disease, and flu immunisation**. In terms of alcohol and domestic and sexual violence, the reasoning was that there has been a good deal of recent work on these issues (via the Intelligent Commissioning Pilots), and that there are plans in place to continue to improve partnership working. It is therefore unclear what value the SHWB could add. For disability it was also felt that local partnerships were robust and that there was limited scope for the SHWB to drive further improvement in the short term. A similar point was made for HIV & AIDs, with the additional complication that these services will in the future be commissioned nationally by the NHS Commissioning Board. For musculoskeletal conditions, diabetes and coronary heart disease, there was a consensus that improving services was primarily the responsibility of healthcare commissioners rather than a core partnership matter. SHWB members also rejected a recommendation that flu immunisation be a JHWS priority, arguing that this was essentially a matter of improving operational details rather than a strategic issue.
- 3.10 It should be stressed that inclusion/rejection of issues is of relevance *only* in terms of the SHWB's work programme and what board members feel is realistically achievable via improved partnership working. It is not the case that issues which did not make the final list of draft JHWS priorities are not priorities for other bodies or corporate priorities etc.
- 3.11 Officers will develop detailed business cases for each of the agreed draft JHWS priorities (including equality impact assessments) over Summer 2012 and will present these plans for approval at the September SHWB meeting. If approved, these plans will form the basis of the JHWS.

#### **4. COMMUNITY ENGAGEMENT AND CONSULTATION**

- 4.1 There has been engagement with the local voluntary and community sector, with city GPs, and with NHS commissioners in terms both of compiling the JSNA and prioritising issues for the JHWS.
- 4.2 As part of the process of developing business plans for the draft JHWS priority areas there will be stakeholder consultation.

#### **5. FINANCIAL & OTHER 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

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 None to this report for information

Public Health Implications:

5.7 None to this report for information

Corporate / Citywide Implications:

5.8 None to this report for information

**6. EVALUATION OF ANY ALTERNATIVE OPTION(S):**

6.1 None directly to this report. Section 3.9 of the report details the evaluation of alternative priorities by the SHWB.

**7. REASONS FOR REPORT RECOMMENDATIONS**

7.1 To keep HWOSC informed about the work of the SHWB.

## **SUPPORTING DOCUMENTATION**

### **Appendices:**

None

### **Documents in Members' Rooms**

None

### **Background Documents**

None

