

North Tyneside Health & Wellbeing Board Report Date: 11th January 2018

ITEM 5

Title: North Tyneside
Joint Health & Wellbeing
Strategy Review and
Development of the
Health & Wellbeing Board
Work Programme

Report from : North Tyneside Council

Report Authors: Wendy Burke
Haley Hudson

Relevant Partnership Board: Health and Wellbeing Board Task and Finish Group

1. Purpose:

The purpose of this report is to provide an update to the Board in relation to the review of the Joint Health and Wellbeing Strategy 2013-23 and to present the Health and Wellbeing Board work plan for 2018-2020.

2. Recommendation(s):

The Board is recommended to:

- a) Agree the review of the Joint Health and Wellbeing Strategy.
- b) Agree the Health and Wellbeing Board work plan for 2018-2020.
- c) Ensure that relevant accountable bodies are tasked with the responsibility to report and deliver on the nine objectives the work plan.

3. Policy Framework

This item relates directly to the whole of Joint Health and Wellbeing Strategy 2013-23.

4. Information:

4.1 Background

The Health and Social Care Act 2012 introduced duties and powers for health and wellbeing boards in relation to Joint Strategic Needs Assessments (JSNAs) and Joint Health and Wellbeing Strategies (JHWSs).

The purpose of the Joint Health and Wellbeing Strategy is to improve the health and wellbeing of the local community and reduce inequalities for all ages and involves a

continuous process of strategic assessment and planning which will improve the public's health and reduce inequalities.

The North Tyneside Joint Health and Wellbeing Strategy was published on the 1st April 2013 setting out the vision, values, objectives and priority areas for the Board over a 10 year period.

4.2 Board Review

During 2017 the Health and Wellbeing Board decided to undertake a review of Joint Health and Wellbeing Strategy (the Strategy) to ascertain whether the objectives and priorities of the Strategy still reflect local needs, national policy changes and developments and are fit for purpose to inform future commissioning of health and social care.

A planning day was held by the Health and Wellbeing Board on 28 June 2017 with Board members and a range of stakeholders from across the health and social care partnerships in North Tyneside. This was followed by a further session on 19th October 2017. A small group of key officers from across the partnership formed a task and finish group to pull together the considerations of both planning sessions and to present a review of the strategy and develop work plan to the Board. Members of the task and finish group were:

- Anya Paradis – North Tyneside Clinical Commissioning Group
- John Matthews – North Tyneside Clinical Commissioning Group
- Steve Rundell - North Tyneside Clinical Commissioning Group
- Wendy Burke – North Tyneside Council
- Haley Hudson – North Tyneside Council
- Peter Kenrick – North Tyneside Healthwatch
- Jenny McAteer – North Tyneside Healthwatch
- Richard Burrows – Local safeguarding Children's Board Chair
- Judith Stonebridge – Northumbria NHS Foundation Trust
- Alma Caldwell – Age UK North Tyneside.

The review process concluded the following about the current Joint Health and Wellbeing Strategy:

- The policy context has changed since 2013 and there are new and significant policy drivers
- The health and social care needs of the population have not changed significantly but the JSNA has been updated
- The vision and the values of the strategy are broad enough to remain relevant
- The objectives are broad enough to remain current but there are too many objectives that are similar and they are not 'SMART' (specific, measurable, attainable, realistic, timescales)
- There are no specific deliverable actions and measures
- There is no responsibility and accountability for delivering aspects of the strategy
- There should be a clear focus on prevention with action across the life course

- Emotional and mental wellbeing should be a priority
- Governance arrangements should be leaner and the Integration Board is no longer required.

4.3 Joint Health and Wellbeing Strategy Mid Point Review

The review of the Joint Health and Wellbeing Strategy is attached in Appendix 1 and highlights progress made to date and reflects on the strategic context and key system drivers that we face now and into the next 5 year period.

The strategic vision set out in the Strategy is that by 2023, we will have improved health and wellbeing outcomes in North Tyneside to match the best in the country, and

- Health inequalities will be significantly reduced across the borough in areas and populations with greatest health problems
- Communities will experience greater positive wellbeing and resilience particularly those who are most vulnerable and those living in the most deprived areas in the borough
- Existing strengths and assets in communities will be supported and sustained
- Dependency on health and care services will be reduced through the promotion of greater activity, participation and independence, and
- Barriers to accessing services will be removed.

The Strategy has five refreshed strategic goals that will support the delivery of the vision.

- To focus on outcomes for the population in terms of measurable improvements in health and wellbeing.
- To reduce the difference in life expectancy and healthy life expectancy between the most affluent and most deprived areas of the borough.
- To shift investment to focus on evidence based prevention and early intervention wherever possible.
- To engage with and listen to local communities on a regular basis to ensure that their needs are considered and wherever possible addressed.
- To build resilience in local services and communities through a whole system approach across statutory and non-statutory interventions, to deliver better outcomes for the public and better use of public money.

4.4 North Tyneside Health and Wellbeing Board work plan 2018 / 2020

The task and finish group has developed a Health and Wellbeing Board work plan for 2018 / 2020 shown in Appendix 2. This work plan has nine objectives to deliver the strategic goals set out in the Joint Health and Wellbeing Strategy.

It should be made clear that these objectives do not represent the whole spectrum of health and wellbeing priorities for the borough, nor will they solely deliver the full JHWS vision. Instead the objectives represent a set of challenging actions that:

- Will support progress of the goals of the JHWS
- Are deemed sufficiently challenging to support meaningful change and impact
- Are measurable, and
- Can only be successfully achieved by true partnership working of all Health and Wellbeing Board members and their respective organisations.

The nine objectives in the 2018 / 2020 Health and Wellbeing Board work plan are:

- To tackle childhood accidents
- To reduce the use of tobacco across the life course
- To tackle obesity across the life course
- To improve the mental health and emotional resilience of the of North Tyneside population
- An integrated approach to identifying and meeting carer health and wellbeing needs (all ages)
- To reduce alcohol misuse
- Comprehensive support for people with dementia
- Reduce social isolation and increase cultural engagement across the population of North Tyneside to improve health and wellbeing
- To reduce falls and fractures risk and ensure effective treatment, rehabilitation and secondary prevention for those who have fallen.

4.5 Next Steps

If agreed, the Health and Wellbeing Board will ensure there is an accountable body for each of nine objectives set in the work plan.

The Chair of the Health and Wellbeing Board and support officers will use the work plan to develop the Board Forward Plan of Board meetings for 2018-2020. This will ensure that associated actions for each objective are proportionately and routinely monitored for progress. Any issues with the objectives or their associated actions can be escalated to any Health and Wellbeing Board meeting.

5. Decision options:

The Board may either

a) agree the review of the Joint Health and Wellbeing Strategy and the Health and Wellbeing Board Work Plan and ensure that relevant accountable bodies are tasked with the responsibility to report and deliver on the nine objectives the work plan.

or

b) request the Health and Wellbeing Task and Finish Group to undertake further work to review and revise the Strategy and work plan in the light of any comments made by the Board.

6. Reasons for recommended option:

The Task and Finish Group was established by the Board to review the strategy and produce a work plan, this work has been completed in consultation with a wide range of partners and Board members.

7. Appendices:

Appendix 1: North Tyneside Joint Health and Wellbeing Strategy 2013-23 Mid Point Review 2017

Appendix 2: North Tyneside Joint Health and Wellbeing Work Plan 2018-2020

8. Contact officers:

Wendy Burke, Director of Public Health (0191 6432104)

Hayley Hudson, Assistant Director Strategy and Transformation (0191 6437008)

9. Background information:

The following background documents have been used in the compilation of this report and are available from the author:-

North Tyneside Joint Health and Wellbeing Strategy 2013-23

COMPLIANCE WITH PRINCIPLES OF DECISION MAKING

10 Finance and other resources

The Strategy and Work Programme of the Health and Wellbeing Board will be delivered from within existing resources of each partnership organisation represented on the Board.

11 Legal

The Health and Wellbeing Board is required to prepare a Health and Wellbeing Strategy in accordance with Section 196 of the Health and Social Care Act 2012.

12 Consultation/community engagement

Consultation has taken place with Board members and wider stakeholders at the planning events in June and October.

13 Human rights

There are no human rights implications directly arising from this report.

14 Equalities and diversity

There are no equalities and diversity implications directly arising from this report.

15 Risk management

There are no direct risk management implications directly arising from this report.

16 Crime and disorder

There are no crime and disorder implications directly arising from this report.