

# Health and Wellbeing Board

## 8<sup>th</sup> January 2020

### Health and Wellbeing Strategy Refresh 2020-25

#### Recommendation

1. That Board members note the outcomes from the senior leader events and endorse the approach to refreshing the Health and Wellbeing Strategy.

#### 1.0 Background

- 1.1 The Health and Wellbeing Board has a statutory duty to develop a Health and Wellbeing Strategy (HWBS) under the Health and Social Care Act 2012. The HWBS should translate findings from the Joint Strategic Needs Assessment (JSNA) into priorities to help determine actions by local authorities, NHS and other partners to address the wider determinants that impact on health and wellbeing. The current JSNA is due to conclude in March 2020 and a new HWBS is required in 2020.
- 1.2 At the last meeting the Board agreed it was timely to commence the refresh of the HWBS earlier than originally planned to align with key developments in the wider system. The developments include the Coventry and Warwickshire Health and Care Partnership which held its first meeting on 5<sup>th</sup> November, the new Five-Year Health and Care Plan with a shared joint narrative (Appendix A), and the new Coventry HWBS for 2019-23. The HWBS also needs to have reference to the joint Coventry and Warwickshire Place Forum, including the Health and Wellbeing Concordat and strategic framework development.
- 1.3 This report provides an update on work to refresh the HWBS since the last meeting including the outcomes of the recent senior leader events with the King's Fund.

#### 2.0 Refreshing the Health and Wellbeing Strategy

- 2.1 **Overview:** Work is progressing to refresh the Warwickshire HWBS and is being informed by evidence from four areas:
  - What we have learnt from our current strategy;
  - What are communities are telling us;
  - What the data tells us; and
  - Feedback from senior leaders.

A stock take of the current strategy has been carried out, the place-based JSNA is nearing completion and the King's Fund have facilitated two workshops with senior leaders to shape proposed priorities.

- 2.2 **Learning from the Current Health and Wellbeing Strategy:** The HWBS has galvanized commitment across partners around a preventative and early intervention approach. The work of the Place Forum (the Health and Wellbeing Boards for Coventry and Warwickshire) has been cited as good practice nationally with a Year

of Wellbeing 2019 to upscale prevention across the health and care system. However, it is recognised that challenges remain and there is a need for clear priorities, coordination and involvement of wider partners moving forward.

Performance has improved in many areas and generally health in Warwickshire is reported as good compared with the rest of the country, although there are significant inequalities and areas for improvement. A summary of performance against the high-level priorities in the current HWBS is shown in Table 1. More detail can be found in the [Director of Public Health Annual Report 2018-19](#).

<b>Strengths</b>	<b>Areas for Improvement</b>
<b><i>Promoting Independence for all</i></b>	
<b>Falling teenage conceptions</b> rates since 2009.	<b>Higher rates of suicide</b> than the national average for the last two reporting periods.
<b>Reduction in % of young people not in employment, education or training (NEETs).</b>	<b>Children and young people - increasing hospital admissions</b> due to injuries aged 0-14; self-harm aged 10-14 years; and alcohol specific conditions in under 18s.
<b>GCSE attainment</b> in Maths and English increased since 2016.	<b>Increasing adult obesity</b> over the last two years.
<b>Cancer</b> – under 75 mortality rate has fallen considerably since 2012	
<b><i>Community Resilience</i></b>	
<b>Improved access to support information</b> for service users, above national average for past 3 years.	<b>Increasing social isolation.</b> Stronger support networks and public transport links are needed. <b>Homelessness</b> rates have increased and are higher than national average. <b>Road safety</b> – higher than average rate of people killed and seriously injured on roads.
<b><i>Integrated Health and Care</i></b>	
<b>Supporting people to remain healthy and independent in their homes for longer</b> with care out of hospital.	<b>Further integration of health and care</b> is needed.
<b>Partnerships have strengthened</b> with effective joint working on areas such as homelessness, suicide prevention and early help for vulnerable children.	<b>Clearer joint priorities</b> and coordination are needed to improve health and wellbeing outcomes.
<b>Table 1: Summary of Performance against Current HWBS Priorities</b>	

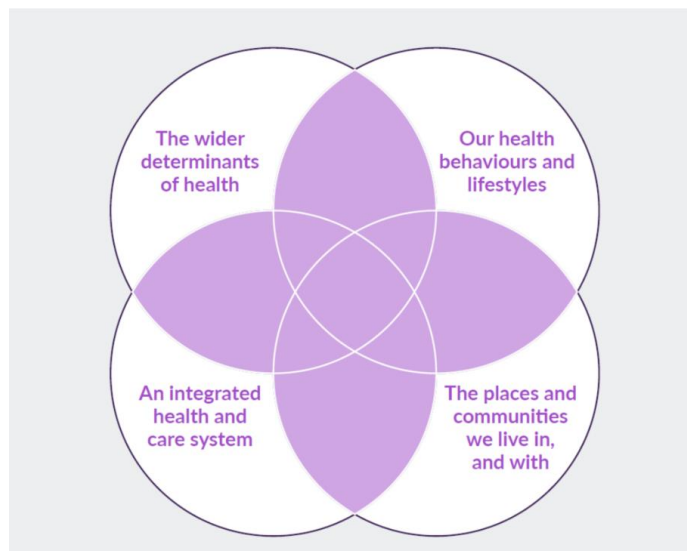
2.3 **Feedback from communities and data evidence:** The JSNA is providing valuable evidence from both community feedback and ‘hard’ data around priorities and assets in local areas. To date, over 2000 residents and professionals and over 300 community organisations have been engaged and 12 stakeholder events held, supported by WCAVA and Grapevine. The overall themes from the 14 areas assessed to date include:

- Mental health and wellbeing issues and access to services (all ages);
- Services for children and young people;
- Services for older people and an ageing population;
- Transport and road safety;
- Housing and homelessness;

- Healthy lifestyles;
- Support for carers; and
- Inequalities and areas of deprivation across the county.

All 22 needs assessments are due to be completed by the end of March 2020 then a full stocktake of findings will be taken. Action plans will also be developed for each Health and Wellbeing Partnership in Warwickshire North, South Warwickshire and Rugby. The refreshed HWBS needs to be overarching and aligned to these plans.

2.4 **Feedback from senior leaders:** The King's Fund facilitated two workshops with senior leaders in October and December using the population health model (Figure 1) to review existing activity and identify gaps to inform the new strategy. The case for change was outlined by the new Director for Public Health, in particular the need to address **health inequality gaps**, and for partners to work differently across organisational boundaries and lead by example. The King's Fund also shared national and international examples of approaches to population health including Tokyo, Paris and Manchester.



**Figure 1: Population Health Model**

*(Ref. A vision for population health: Towards a healthier future, The King's Fund, November 2018)*

The feedback from senior leaders identified opportunities to strengthen our approach on health and wellbeing with key messages around the following:

- A need for a clear, shared priorities and coordinated work to deliver these;
- A stronger prevention focus and moving resources upstream to address wider determinants of health;
- A need to address inequalities including an inclusive economy, employment, affordable housing and transport;
- Greater community leadership with more investment in communities and the voluntary sector; and
- Greater integration of services and sharing of resources (buildings, data and people).

The themes identified by senior leaders were blended with JSNA evidence to provide a list of potential priority areas grouped under the three strategic objectives derived from the Coventry and Warwickshire Concordat and shared narrative (in Appendix A), and summarised in Figure 2.

## Warwickshire HWBS – Emerging Priorities



**Figure 2: Potential Priority Areas for the Health & Wellbeing Strategy**  
*NB Areas shown in red text are specific areas from the JSNA to date*

Leaders were asked to select areas for focused activity and to develop some ‘big ambitions’ for Warwickshire. There was a commitment to tackling health inequalities in general, and the need for an inclusive economy, employment, affordable housing and transport. The priority areas identified for focused activity initially were:

- **Children and young people** – including mainstreaming strengths-based approaches; and
- **Mental health and wellbeing** - including acting early to improve mental health and wellbeing such as work on financial inclusion.

It was recognised that there is overlap between these two areas and a need to understand current work and pressures in developing an integrated approach. Further research will now be carried out to help shape priorities moving forward.

### 3.0 Next steps

- 3.1 The findings from the workshops together with the stocktake of the current strategy and JSNA evidence will be analysed to inform the development of the new strategy. This will be finalised once the JSNA process is completed at the end of March 2020. It is intended that any additional consultation and engagement required will be an extension of the JSNA engagement activity carried out to date.

3.2 A further update on draft priorities will be provided to the next Health and Wellbeing Board in May 2020 with an aim to present a refreshed strategy in September 2020.

#### **4.0 Financial Implications**

4.1 There are no direct financial implications from this update at this stage. However, as and when more detailed plans are being developed, Finance Officers will be involved to provide scrutiny and assurance on spending and benefits where necessary.

#### **5.0 Environmental Implications**

5.1 There are no direct environmental implications from this update at this stage. However, as and when more detailed plans are being developed, the relevant Officers will be involved to provide scrutiny and assurance where necessary.

**Background papers** - None.

	<b>Name</b>	<b>Contact Information</b>
Report Author	Rachel Barnes	<a href="mailto:rachelbarnes@warwickshire.gov.uk">rachelbarnes@warwickshire.gov.uk</a>
Director of Public Health	Dr Shade Agboola	<a href="mailto:shadeagboola@warwickshire.gov.uk">shadeagboola@warwickshire.gov.uk</a>
Strategic Director	Nigel Minns	<a href="mailto:nigelminns@warwickshire.gov.uk">nigelminns@warwickshire.gov.uk</a>
Portfolio Holder	Cllr Caborn	<a href="mailto:cllrcaborn@warwickshire.gov.uk">cllrcaborn@warwickshire.gov.uk</a>

The report was circulated to the following members prior to publication:

WCC members: Councillors Caborn, Redford, Golby, Adkins and Roodhouse.

## **Appendix A: Coventry & Warwickshire Health & Care Partnership Core Narrative**

*One Health and Care Partnership, Two Health and Wellbeing Boards, Three Outcomes, Four Places*

There are a million reasons to be ambitious about living a healthy and fulfilling life in Coventry and Warwickshire. Together, as organisations working to improve health and wellbeing, we share a common vision: We will do everything in our power to enable people across Coventry and Warwickshire to pursue happy, healthy lives and put people at the heart of everything we do. We believe every single one of our one million residents deserves to:

- **Lead a healthy, independent and fulfilled life**
- **Be part of a strong community**
- **Experience effective and sustainable services**

Over the last three years we have been working together on this vision. We now want to use it to change the way we understand population health, prevent illnesses and design services to meet people's often increasingly complex needs over the next 5-10 years. The NHS Long Term Plan will be a catalyst for change in Coventry and Warwickshire, but we aren't stopping there. We will look at our health and care services and wider factors that can impact living a healthy, independent and fulfilling life. We will be linking up our Five-Year Plan to both of our refreshed local Health and Wellbeing Strategies. We have been listening to what local people and our staff have been telling us about what is important to them, and that is now driving a new way of working. Our first important step is the creation of a new Health and Care Partnership Board, which will meet in public, to oversee the transformation of health and care within Coventry and Warwickshire by building a new relationship between individuals and communities and the services they use. The Coventry and Warwickshire Health and Care Partnership brings together health and social care services, local authorities, voluntary and community sector organisations and other partners.

Our aim is to deliver life-long health and wellbeing benefits for the people of Coventry and Warwickshire. In order to make this happen we are making the following commitments:

- Prevention will be at the centre of everything we do. We are committed to promoting health and wellbeing rather than treating illness. As organisations responsible for public money we will change where we spend our money to promote health and wellbeing. Through earlier intervention, we're aiming to make it easier for everyone to lead healthy lives and stay well for longer.
- Health must not be viewed in isolation. We recognise the importance of education, good work, affordable and appropriate housing, leisure opportunities and a healthy environment to the quality of life of local people. We need to work together to improve the overall health of our population and address inequalities by reducing the health and wellbeing gap that exists between our most deprived and affluent areas.
- We all need to do more to look after our own health and wellbeing so that we depend less on our local health and social care services, while knowing they are there when we need them. Voluntary organisations and community groups play an enormous role in keeping people healthy and independent and we will change how we work with communities to enable community leadership and build capacity. We will do more to support carers too, not only to improve the health of family members they care for, but also their own health and wellbeing.
- When people need support from health and social care services, we know that they want accessible, responsive and high-quality services and we will provide them. We will have a focus on making sure that services deliver the right standard of care in a consistent way across Coventry and Warwickshire that builds on best practice and evidence.
- We will be honest about the challenges we face. Demands on health care services continue to increase, alongside a shortage of key staff groups and skills to deliver care and financial pressures to deal with. While the amount of money we spend in the NHS is going up each year, the cost of services is going up more quickly, so we need to identify ways to deliver the same level of services at a lower cost – for example, through reducing waste and avoiding the duplication of services. We will work together to ensure we are always doing what's right for individuals and make it easier for people to access the right service, the first time.
- There will be times when we need to make difficult decisions, but when we do, we will listen to the views of local people and our staff, and we will have transparent processes for making those decisions.