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To: Shadow Health & Wellbeing Board – 27 November 2011

Subject: Towards a Health and Wellbeing Strategy

1 Introduction

Healthy Lives, Healthy People: Update and way forward¹ outlined the following in relation to Health and Wellbeing Boards (H&WBB), Joint Strategic Needs Assessment (JSNA) and Health and Wellbeing Strategy:

“Bringing the whole system together at the local level will be health and wellbeing boards. They will maximise opportunities for integration between the NHS, public health and social care, promoting joint commissioning, and driving improvements in the health and wellbeing of the local population. Health and wellbeing boards will provide the vehicle for local government to work in partnership with commissioning groups to develop comprehensive Joint Strategic Needs Assessments and robust joint health and wellbeing strategies, which will in turn set the local framework for commissioning of health care, social care and public health services, and taking into account wider ranging local interventions to support health and wellbeing across the life course (e.g. local planning and leisure policies and working with community safety partnerships and police and crime commissioners).”

Thus, the role of the H&WBB can be summarised as:

- Developing a joint strategic needs assessment for the locality
- Drawing on the JSNA, to agree a Joint Health and Wellbeing Strategy
- Ensuring individual commissioning plans (health, public health and social care) and wider interventions (e.g. local planning, leisure services etc) relating to the wider determinants of health align with the Joint Health and Wellbeing Strategy.

This paper outlines some of the key elements that need to be considered now in advance of national guidance being available. We envisage the first Kent Health and Wellbeing Strategy will be required to be published before the end of the current financial year.

2. Elements that need consideration

2.1 Context

The context in which the strategy is developed is important, both from

¹ Healthy Lives, Healthy People: Update and way forward. Department of Health July 2011.

a health, public health and social care view point. Clearly the Strategy will need to contribute to the delivery of “Bold Steps for Kent” and will also need to reflect Social Care plans and National Health Service operating plan. Importantly, the NHS, Public Health and Social Care are moving rapidly towards an outcomes based approach. At the time of writing the NHS are already working towards delivery of the NHS Outcome Framework, with publication of the Public Health outcomes framework imminent.

Additionally, the work of the emerging Health and Wellbeing Board has already flagged a number of priorities going forward e.g. Dementia.

Thus the strategy will need to cover:

- ✓ Health Services
- ✓ Social Care Services
- ✓ Improving Health and
- ✓ Reducing Health Inequalities

2.2 Kent JSNA and relevance to Clinical Commissioning Groups and Districts in Kent

Production of the Kent JSNA is currently being undertaken by the Public Health Directorate. Further work is required to translate this into a more meaningful story at both District and Clinical Commissioning Group level given the size and variation of need across Kent’s geography. The Health and Wellbeing Strategy will need to be strategic enough to support differing locality needs and priorities.

2.3 Stakeholders and working with partners

There are many stakeholders we will need to consider in the production of the Health and Wellbeing Strategy. This includes Statutory members of the H&WBB together with Directorates of KCC, District Authorities within Kent, Health and Social Care providers, Kent and Medway Cluster, and finally, but not least the population of Kent.

2.4 Inequalities and Marmot

Given the Health Inequalities in Kent, the strategy will also need to align where possible with the objectives set out in Sir Michael Marmot’s report “Fair Society Healthy Lives”²

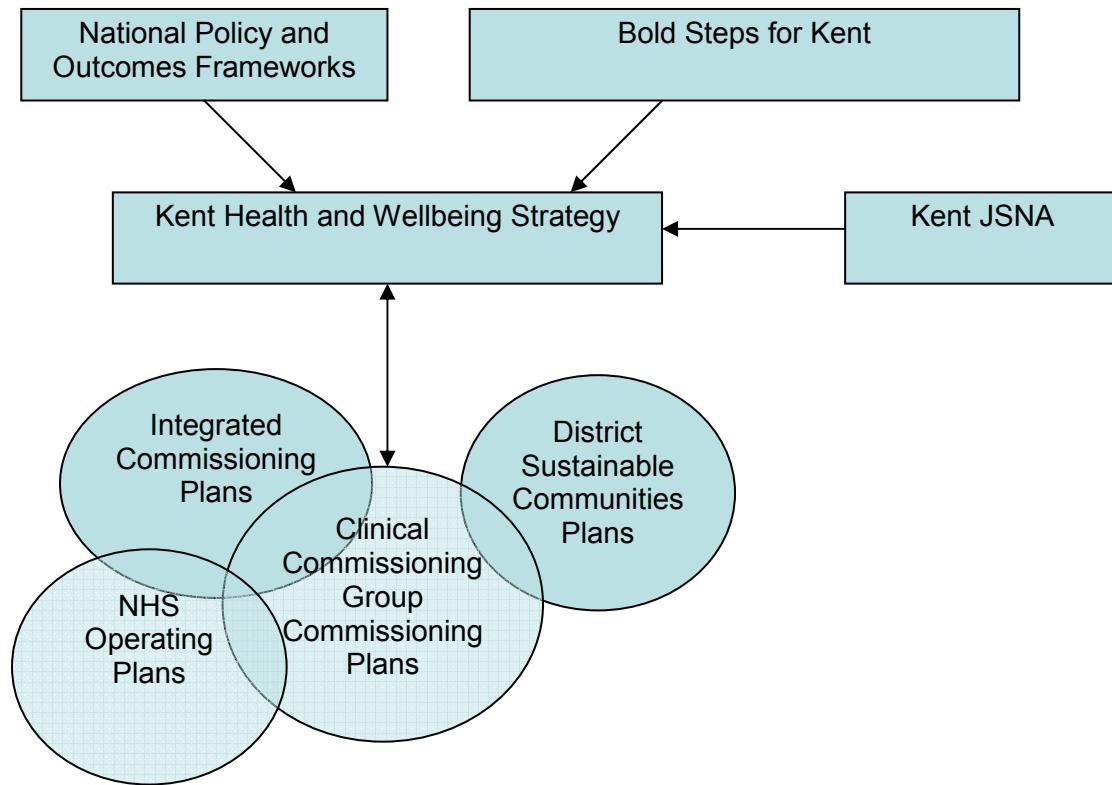
2.5 Production and Process

We will also need to consider, given the multiplicity of stakeholders who leads this process, how we get the physical document written,

² Fair Society Healthy Lives. The Marmot Review. Strategic Review of Health Inequalities in England post-2010. February 2010

what the document will look like and how it is published, distributed and communicated and to what timeline.

3.0 Envisaged Relationship of the Strategy to Existing Commissioning Strategies



4.0 Suggested Outline of the Strategy

4.1 Executive Summary

4.2. Summary of the Context within which the Strategy exists

- National
- Local
 - Bold Steps for Kent
 - Direction of local and national policy.

4.3 Summary and priorities of the Joint Strategic Needs Assessment is highlighting Kent wide priorities, however, will need to take account of local priorities where they are important but differ from Kent.

- 4.4 High level mapping of existing resources i.e. where the money is currently spent across health and social care; this would then help us consider how it needs to move.
- 4.5 Vision for what the health of the population of Kent will look like in future years
- 4.6. Strategy setting out key directions for major initiative for the year e.g. change in pathways
- 4.7 Implementation plan together with targets that relate to delivering the vision with the Strategy.

Development and production of the strategy could become all encompassing and there is the potential to create a document which adds little and potentially disengages the very people we want engaged. Thus, I envisage the strategy to be short and succinct, to point to, and to reference, existing commissioning strategies without replicating and duplicating these.

Andrew Scott-Clark
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