

By: Roger Gough, Cabinet Member for Education and Health Reform

To: Health and Wellbeing Board 23 November 2016

Subject: **Developing a Joint Health and Wellbeing Strategy 2018- 2021**

Classification: **Unrestricted**

Summary: This report presents an overview of initial thinking about the development of the next Kent Joint Health and Wellbeing Strategy (JHWS) as the current strategy ends in 2017.

Recommendation(s)

Members of the Kent Health and Wellbeing Board are asked to:

- (a) Provide guidance on timeline and structure for the new JHWS 2018- 2021
- (b) Agree the formation of a JHWS working group as a sub group of the HWB

1. Introduction

The Health and Wellbeing Board has a statutory responsibility to ensure that a Joint Health and Wellbeing Strategy (JHWS), based on the Joint Strategic Needs Assessment (JSNA) is produced. Kent's current strategy runs from 2014 until 2017. Work is now beginning to identify how a new strategy will be developed with regard to the emerging priorities of the JSNA and how the Sustainability and Transformation Plan (STP) might impact on the Strategy.

This report aims to present proposals about the structure of the plan and the mechanism or governance through which the plan will be developed for final approval by the Board.

2. Statutory Guidance

Statutory Guidance indicates that the strategy must have regard to the areas listed below. Beyond that it is for the Board to decide the structure and content of the strategy to most effectively address the health priorities of the local population.

- 2.1) The JHWS should translate JSNA findings into clear outcomes that the Board wants to achieve, which will inform local commissioning – leading to locally led initiatives that meet those outcomes and address the needs.
- 2.2) Health and Wellbeing Boards must encourage integrated working between health and social care commissioners and provide appropriate support to encourage partnership arrangements for health and social care services, such as pooled budgets, lead commissioning, or integrated provision. In JHWSs, Health and Wellbeing Boards must consider how far needs can be met more effectively by working together in this way.
- 2.3) The importance of JSNAs and JHWSs lies in how they are used locally – as well as identifying the local community's needs, they also provide a significant

opportunity to tackle and make a real impact on extreme inequalities experienced by some vulnerable groups and to integrate local services around their users.

- 2.4) The Board must seek assurance that the local commissioning plans align to the JHWS.

3. Current Context

The Board will need to establish how it takes forward its leadership role in developing the strategy to ensure the whole system is working in such a way to meet the overall objective of the HWB, which is to improve the longer term health outcomes of the local population.

The Health and Social Care system is in a state of flux and the advent of the STP changes the trajectory of development of the system towards integration and extensive transformation. All parts of the current system will be affected and influenced by the STP, or it will fail in its purpose of radical reform. The relationship between the Board and the development and implementation of the STP is still emerging.

However it is clear that there should be a relationship between the JHWS, the JSNA and the STP as a golden thread that links the work of the whole system together. This will create an accessible narrative of a system moving towards a set of shared outcomes. The STP will change the system to support the delivery of these shared outcomes. The strategy will give the Board an understanding of how the JSNA priorities need to be addressed and how the STP is contributing to the success of the strategy. However there is an opportunity for the Board to go further in providing assurance on all contributions that impact on the health of the Kent population in one place, for example, through

- Mind the Gap – Public Health Strategy
- The new Adult Social Care Vision
- Integration and the Better Care Fund
- One Public Estate
- the work of Healthwatch Kent to engage the voice of the public
- understanding the contribution of the Voluntary Sector and
- the work of the District Councils

The strategy could also bring focus to national requirements to ensure that the system is comprehensively addressing both local and national issues and that all activity contributes to the overall objectives of the HWB. For example the Five Year Forward View identifies the challenge of triple integration of mental health and physical health, primary and acute sectors, social care and health and the 3 gaps in financial sustainability, in quality and care and in health and wellbeing. Similarly the Care Act 2014 sets out new rights for vulnerable people and their carers with a focus on promoting wellbeing and preventing need. The Board is in a unique position of being able to seek assurance from all local organisations where their work impacts on health and wellbeing.

4. Approach of the Current Strategy

The current strategy has taken an outcome based approach which has been helpful in setting out the work programme for the Board and local health and wellbeing boards.

The current strategy has five outcomes:

- Every child has the best start in life
- Effective prevention of ill health by people taking greater responsibility for their health and wellbeing
- The quality of life for people with long term conditions is enhanced and they have access to good quality care and support
- People with mental health issues are supported to 'live well'
- People with dementia are assessed and treated earlier, and are supported to live well

The Board monitors progress and performance against key indicators for each of the five outcomes through the Kent Assurance Framework. The Assurance Framework provides reports to the Board on a suite of indicators designed to highlight when stresses may be appearing across the system and includes the indicators from the Joint Health and Wellbeing Strategy and those relating to the Better Care Fund. In this way the Board is kept up to date with how the system is responding to the demands being placed upon it and progress towards the outcomes of the strategy.

This approach has been successful by providing a focus for the activity of the Board and Local Boards but has also proved to be so broad that it has been easy to accommodate outcomes into commissioning plans without real clarity on the effectiveness of the interventions proposed to impact on that outcome. The detailed modelling of the JSNA Plus will support the Strategy to be more specific about the effects of commissioning decisions and highlight what the Board could expect to see in commissioning plans.

5. Proposal for structure for the new strategy

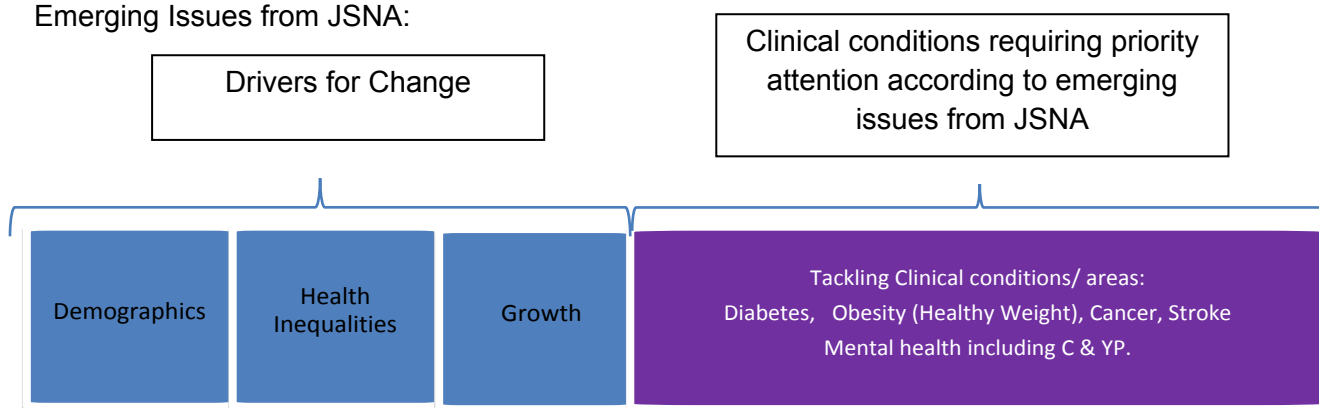
The Health and Wellbeing Strategy is subject to statutory guidance but beyond that can develop in a way that suits the local context and provide assurance that the whole system is operating in the most effective way. The strategy provides the Board with an opportunity to demonstrate how the health and social care system is greater than the sum of its parts as it strives to work together to improve the health and wellbeing of the population.

In developing a structure for the new strategy 3 strands have been explored that could each be the foundation for the next iteration. Ideally it may be a combination of these approaches that provides the Board with a strategy that remains relevant for the next 3 years. These are summarised at a high level below and their interdependencies can be seen in Appendix 1.

5.1 Approach 1: JSNA Priorities

Similar to the current strategy, broad themes focused on the findings of the JSNA that provide a useful way to talk about issues and breakdown activity for local boards to examine the local position. The emerging areas for focus from the JSNA are as follows and could be used as the priority outcomes from which to develop future activity.

Emerging Issues from JSNA:

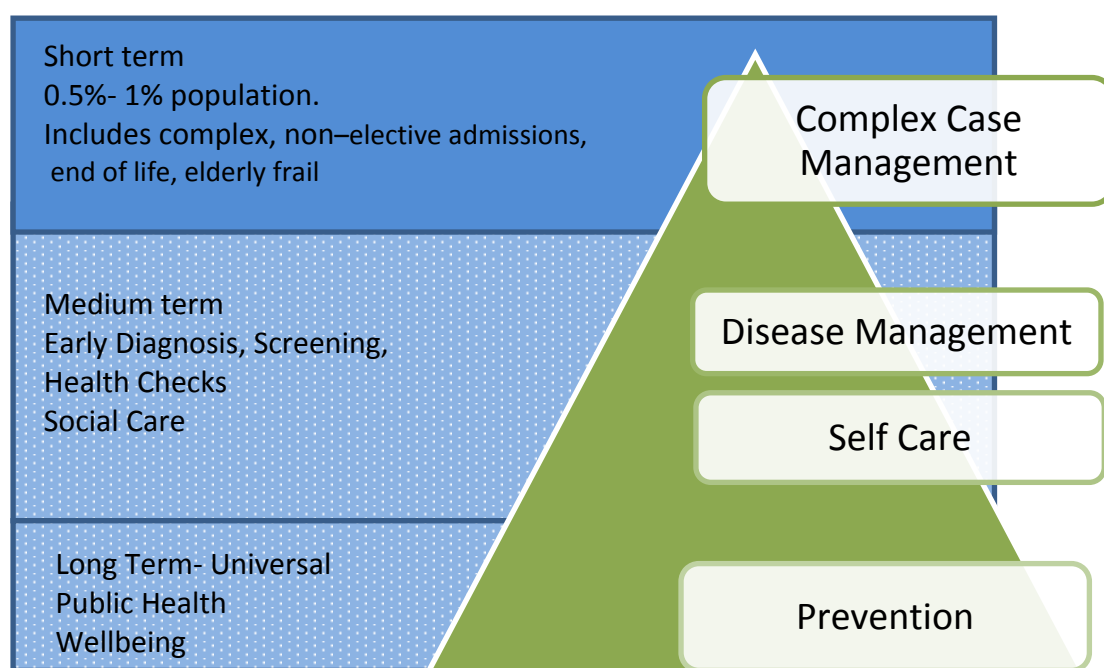


The JSNA has identified the key drivers for change across Kent, an ageing population, intransigent health inequalities and growth through new towns bringing young families into Kent. The JSNA Plus will help the Board understand the health impacts of these changes and the likely health and wellbeing priorities to emerge from these challenges. The JSNA has also identified key clinical conditions that will require priority attention to improve the overall health of the Kent population. These priorities must be addressed through the strategy and into local health and wellbeing boards as the focus for attention for local work plans.

5.2 Approach 2: Targeting Prevention: Kaiser Permanente- a model for a population wide approach

The Kaiser Permanente Pyramid below has been highlighted as a successful model of integrated, cost effective care focussing on preventing ill health, disease management and keeping people out of hospital. This model reflects the local care model in the STP that shows how more local care will enable a change in care settings to drive down demand in acute activity.

Using this approach the strategy will be able to focus activity on those most at risk and promote the most effective interventions for commissioners to address in their commissioning plans. This will link the priorities emerging from the JSNA above with practical and effective ways of commissioning and working together for the Board and local HWBs to target those most at risk and support people to remain well and independent for as long as possible.

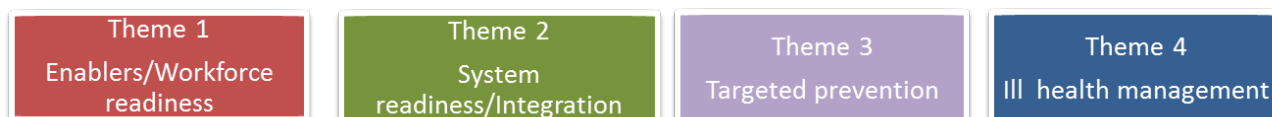


5.3 Approach 3: STP relationship and golden thread

This approach relates to the key themes of the STP that can be reflected in the strategy and supports the development of a golden thread to create a whole system approach to population health and wellbeing. At the time of writing the STP is not in the public domain, however the STP will address the issues of improving the health and wellbeing of the population, improving quality of care and working towards sustainability. This will mean that

the STP is presenting a case for change that will have many synergies with the work of the HWB and the development of a JHWS.

More work is required to map the STP with the strategy when it becomes public but potential areas where the JHWS and the STP could align may include:



- Targeted Prevention
- Disease or ill health management
- Mental Health
- Preparing for growth and demographic changes
- Enablers to change- such as workforce, estates management and IT
- Integration

6. Mechanisms to develop a new strategy

A small working group has developed the initial thinking presented in this report. This group includes officers from Public Health and Corporate Policy. It is suggested that a more formal working group is brought together to widen the membership to provide oversight of approach and content. Nominations are sought through the HWB.

The working group will develop a suite of priorities and use the multi-agency data and information group (MADIG) and the findings of the Kent Integrated Dataset to inform the development of performance indicators and outcome measures for the strategy so that the Board will know what success looks like. These measures will become part of the assurance framework used by the Board to understand impact on the system.

7. Timeline

It is proposed that the JHWS for 2018-2021 will be signed off by the Board in September 2017 and be presented at Kent County Council in December 2017. It will go live from January 2018.

Suggested Timeline:

March: High level draft with proposed priorities

April: Stakeholder engagement

June: Draft to the Board

July/August: Wider consultation

September: Final draft to the Board

5. Recommendation(s)

Members of the Kent Health and Wellbeing Board are asked to:

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Background Document: Joint Strategic Needs Assessment Overview Report August 2016

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Appendix 1

