Author/Lead Officer of Report: Greg Fell, Director of Public Health

Tel: 20 57462

Report of:	*Greg Fell, Director of Public Health*
Report to:	*Cabinet*
Date of Decision:	*17th April 2019*
Subject:	*Joint Health & Wellbeing Strategy 2019-24*

Is this a Key Decision? If Yes, reason Key Decision:-	Yes	[ ]	No	[X]
- Expenditure and/or savings over £500,000		[ ]		
- Affects 2 or more Wards		[ ]		

Which Cabinet Member Portfolio does this relate to? *Health & Social Care*

Which Scrutiny and Policy Development Committee does this relate to? *Healthier Communities and Adult Social Care*

Has an Equality Impact Assessment (EIA) been undertaken?	Yes	[X]	No	[ ]

If YES, what EIA reference number has it been given? *554*

Does the report contain confidential or exempt information?	Yes	[ ]	No	[X]

If YES, give details as to whether the exemption applies to the full report / part of the report and/or appendices and complete below:-

*"The (**report/appendix**) is not for publication because it contains exempt information under Paragraph (**insert relevant paragraph number**) of Schedule 12A of the Local Government Act 1972 (as amended)."*

Purpose of Report:

This report briefs Cabinet on the preparation and content of the refreshed Joint Health & Wellbeing Strategy for Sheffield, produced by the Health & Wellbeing Board to cover the period 2019-24. Cabinet are asked to approve the Strategy.

Recommendations:

It is recommended that Cabinet approve the Joint Health & Wellbeing Strategy 2019-24 and note that regard must be had to it, where relevant, in exercise of any of the Council's functions.

Background Papers:

Joint Health & Wellbeing Strategy 2019-24

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<tr><th colspan="3">Lead Officer to complete:-</th></tr>
<tr><td rowspan="4">1</td><td rowspan="3">I have consulted the relevant departments in respect of any relevant implications indicated on the Statutory and Council Policy Checklist, and comments have been incorporated / additional forms completed / EIA completed, where required.</td><td>Finance: Anna Sanderson</td></tr>
<tr><td>Legal: Andrea Simpson</td></tr>
<tr><td>Equalities: Diane Owens</td></tr>
<tr><td colspan="2">Legal, financial/commercial and equalities implications must be included within the report and the name of the officer consulted must be included above.</td></tr>
<tr><td>2</td><td>EMT member who approved submission:</td><td>Greg Fell</td></tr>
<tr><td>3</td><td>Cabinet Member consulted:</td><td>Cllr Chris Peace</td></tr>
<tr><td rowspan="3">4</td><td colspan="2">I confirm that all necessary approval has been obtained in respect of the implications indicated on the Statutory and Council Policy Checklist and that the report has been approved for submission to the Decision Maker by the EMT member indicated at 2. In addition, any additional forms have been completed and signed off as required at 1.</td></tr>
<tr><td>Lead Officer Name:
Greg Fell</td><td>Job Title:
Director of Public Health</td></tr>
<tr><td colspan="2">Date: 10th April 2019</td></tr>
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1. PROPOSAL

1.1 SUMMARY

1.1.1 This paper sets out the background to and content of the Joint Health & Wellbeing Strategy to cover the period 2019-24, and proposes a broad approach to implementation of the Strategy. It asks Cabinet to formally approve the new Strategy.

1.2 BACKGROUND

1.2.1 Under the Health and Social Care Act 2012, the Council and the Sheffield Clinical Commissioning Group are required to prepare a Joint Health & Wellbeing Strategy for their area, with reference to the Joint Strategic Needs Assessment that they are also required to produce. These functions are exercised through the Health & Wellbeing Board (the Board). The first Joint Health & Wellbeing Strategy for Sheffield ran from 2013 to 2018; during 2018 the Board dedicated time to developing its successor.

1.2.3 Early on in this process the following guiding principles emerged from the Board's discussions:

- It should be a strategic vision for improving the health and wellbeing of the population Sheffield, not just about NHS and social care services
- It should have a strong health inequalities focus
- It should consider both the long and short term
- It should aim to prevent poor outcomes rather than respond to them

1.2.4 Both the Council and the Clinical Commissioning Group must take the Health & Wellbeing Strategy into account, where relevant, in the exercising of any function.

1.3 THE STRATEGY

1.3.1 As agreed by the Board, work on the Strategy has been iterative, involving a series of discussions with the Board to test the approach and develop content, and a range of discussions with stakeholders to sense check this as it has progressed. These discussions began with a Board workshop led by the Kings Fund and with broad representation from across the city, and have included specific engagement sessions with the Equality Hubs, the Fairness, Tackling Poverty & Social Exclusion Partnership Group, Social Landlords, and the Thriving Voluntary Sector Leadership Group, as well as ongoing discussions with stakeholders throughout the development process.

1.3.2 A first draft of the Strategy was discussed by the Board at their December 2018 Public Meeting, with the Board providing a clear steer on how the Strategy should be developed at that meeting. The Board have continued to receive regular updates as work has progressed.

1.3.3 As a result of this work, the Strategy adopts a single headline target focused on reducing health inequalities:

> ***We will close the gap in healthy life expectancy in Sheffield by improving the health and wellbeing of the poorest and most vulnerable the fastest***

1.3.4 This is positioned as a 20-year vision to which the Board are committed.

1.3.5 As well as providing the main focus of the Strategy, this will also provide the Board with the lens through which they examine all their business.

1.3.6 To address the commitment to considering both the long and short term, the Strategy is structured around the life course, and attempts to set out the key foundations to a healthy life. These are described in terms of ambitions for the population of Sheffield, across three stages of life:

1.3.7 **Starting Well**

- Every child achieves a level of development in their early years for the best start in life
- Every child is included in their education and can access their local school
- Every child and young person has a successful transition to independence

1.3.8 **Living Well**

- Everyone has access to a home that supports their health
- Everyone has a fulfilling occupation and the resources to support their needs
- Everyone can safely walk or cycle in their local area regardless of age or ability

1.3.9 **Ageing Well**

- Everyone has equitable access to care and support shaped around them
- Everyone has the level of meaningful social contact that they want
- Everyone lives the end of their life with dignity in the place of their choice

1.3.10 These ambitions are themselves significant commitments. The intention

is that the work done over the period covered by the Strategy will serve to shift the trajectory the city is on in each of these areas, by influencing the activity of all partners in Sheffield, including across the whole Council. When the time comes to review and refresh the Strategy, the question would be: are these still the right things to be focusing on, in service of the overarching vision of reducing health inequalities?

1.4 HOW DOES THIS BUILD ON THE PREVIOUS STRATEGY?

1.4.1 As part of developing the refreshed Strategy, the Board have considered carefully what went well with the previous Strategy, and where there have been challenges.

1.4.2 Much of the broad intent behind the previous Strategy remains appropriate and so there is a degree of commonality across the two documents. However there were some specific challenges in relation to delivery of the previous Strategy, along with changes in the overall context around health & wellbeing, that have led to some changes in direction:

- Health inequalities featured as just one aspect of the previous Strategy, but they are the central focus of the new one, and will be the lens through which the Board looks at everything that comes before it.
- The new Strategy is more clearly focused on the wider, social determinants of health, and on specific outcomes that are required to reduce health inequalities in Sheffield over the long term. These are defined in terms of things that impact on real lives, not as aspects of the system.
- The national shift in approach to the NHS, and the emergence of the local Accountable Care Partnership (ACP) provide new opportunities to focus on delivering a more integrated health and care system in Sheffield. Where the previous Strategy went into some detail about the health and care system, the new Strategy restricts itself to setting a vision and strategic direction for the system. It is intended that, working through their usual governance arrangements, the members of the ACP will cooperate to deliver on this vision and direction, with the Health & Wellbeing Board holding that partnership to account.
- Although the previous Strategy identified work programmes as part of its delivery plans, the reality is that resource restrictions mean these have not progressed as planned. The new Strategy takes a realistic view of the Board's ability to deliver directly, and positions implementation as the responsibility of the whole system, not just those around the Board table.
- The Board will maintain a dashboard of measures assessing the overall wellbeing of the Sheffield population, but these will be supplemented by bespoke measures against which they will assess progress against each of the nine ambitions. These will be designed alongside the delivery plans to be produced as set

out in section 1.5 below.

1.5 IMPLEMENTATION

1.5.1 The Board does not have the direct resources to develop its own work programmes to deliver the Strategy, and successful delivery would in any case require the input and commitment of the whole city, not just the partners around the table.

1.5.2 Reflecting this, the Board's role in implementing the Strategy will be focused as follows:

- Convener – using its statutory role as the system leader for health and wellbeing in Sheffield to convene stakeholders and the public to agree what success looks like for each of the ambitions, and what needs to happen in the city to deliver. This process will see the development of action plans for each of the ambitions, leading to the second role for the Board;
- Accountability – using its democratic role to hold partners to account for the commitments it has made in those action plans.

1.5.3 The aim of this is that, rather than the Strategy leading to specific programmes of work, it serves to shape the work that organisations in the city undertake, identifying gaps that need to be filled, blockages that need to be removed, partnerships that need to be developed, and investments that need to be maximised. This is about building wellbeing into all of the city's activity.

1.5.4 As indicated by the diagram below (extracted from the Strategy), this means that the Strategy has implications for all areas of the Council's work, with successful delivery requiring it be recognised and reflected in all aspects of service delivery.

1.5.5 It is proposed that there are a number of key elements to delivering this work, which it will be the responsibility of the Health & Wellbeing Board to oversee:

- **A named lead for work on each of the ambitions in the Strategy** to establish clear accountability, drawn principally from the organisations around the Health & Wellbeing Board, though exceptions to this may be made where individuals have particularly relevant expertise;
- **A series of stakeholder workshops** to bring the systems around each ambition together to agree what good looks like, where pressure points, gaps and places to have impact exist, and agree action plans for delivering on each ambition;
- **An implementation group to be responsible for the overall delivery** constructed from the named leads, with appropriate support, and with a task of retaining a focus on the overall aim of reducing health inequalities;
- **Supported engagement work** through Healthwatch Sheffield to ensure the public are connected to this work;
- **Adjustments to the way the Health & Wellbeing Board conducts its business** to ensure it retains a focus on the aim and ambitions set out in the Strategy.

2. HOW DOES THIS DECISION CONTRIBUTE ?

2.1 The Joint Health & Wellbeing Strategy is required by the Health & Social Care Act 2012, which also requires the Council and Clinical Commissioning Group to take it into account in their commissioning plans. It therefore provides a significant part of the framework within which services are designed and delivered locally.

2.2 The refreshed Strategy commits the Health & Wellbeing Board to focusing their attention on the challenge of reducing health inequalities in Sheffield, by addressing nine key determinants of health. Successful delivery of the Strategy will see major impacts on the lives of people living in Sheffield.

2.3 The Strategy will help to deliver on the Corporate Plan priority “Better health and wellbeing”. Beyond this, due to its focus on the wider determinants of health and wellbeing, successful delivery of the Strategy will support delivery of all priorities in the Corporate Plan.

3. HAS THERE BEEN ANY CONSULTATION?

3.1 As noted above, during the production of the Strategy, officers have engaged with a range of stakeholders, including members of the public, to test approaches and ask for input, all of which has served to shape the final Strategy. This has fulfilled the requirement of the Health & Social Care Act 2012 for people who live or work in Sheffield to be involved in preparing the Strategy.

3.2 The 2012 Act also requires that Sheffield Healthwatch be involved in preparing the Strategy. This has been fulfilled through their place on the Board, and by the inclusion of the Chair of Sheffield Healthwatch on the Editorial Group that has guided the development of the Strategy.

4. RISK ANALYSIS AND IMPLICATIONS OF THE DECISION

4.1 Equality of Opportunity Implications

4.1.1 As a public authority, we have statutory duties under the Equality Act 2010. These are often collectively referred to as the 'general duties to promote equality'. The Act protects people from discrimination, harassment or victimisation based on the protected characteristics of sex, age, race, disability, sexual orientation, gender identification, religion or belief (including no-belief) marriage and civil partnership and pregnancy and maternity.

4.1.2 To help us meet the general equality duties, we also have a specific "Public Sector Equality Duty", as set out in the Equality Act 2010 (Specific Duties) Regulations 2011, which require us to eliminate discrimination, advance equality of opportunity and to foster good relations between different groups.

4.1.3 Our Equality Impact Assessments (EIAs) focus on the impact on groups with protected characteristics as outlined in the Equality Act 2010. These are age, disability, race, marriage and civil partnership, sex, sexual orientation, religion/belief, gender reassignment, pregnancy and maternity.

4.1.4 In addition, as an Authority since 2016 we have taken a decision to go beyond our statutory duty and also assess the impact on the voluntary and community and faith sector (VCFS), poverty and financial inclusion, carers, armed forces and cohesion. Since 2015 we have also considered the impact on health and wellbeing. We believe this approach gives us a wider understanding of the potential impacts of policies and projects in the city.

4.1.5 An EIA has been conducted to assess the impact of the Strategy. It is expected that the Strategy will deliver positive impacts on Equality of Opportunity, with no mitigation for negative impacts required. Further EIAs may be required as specific projects are brought forward under the Strategy, and these will be conducted as appropriate and any mitigations put in place.

4.2 Financial and Commercial Implications

4.2.1 Some activity has been identified as being required to deliver the strategy. Any activity will be delivered within the existing resources.

4.3 Legal Implications

4.3.1 The Health and Social Care Act 2012 introduced the requirement for local authorities to establish Health and Wellbeing Boards, with prescribed membership of elected members, specified officers and representatives of the CCG, Healthwatch and other representatives or persons as appropriate.

4.3.2 The Act imposed a duty (by amendment to the Local Government and Public Involvement in Health Act 2007) on the local authority and partner CCGs to prepare a Joint Health and Wellbeing Strategy. This function must be exercised by the Board. The local authority and CCG must have regard to the Strategy, where relevant, in the exercise of any of their functions and the Board has a statutory power to give its opinion as to whether the local authority is meeting this duty. In this way it has a statutory function of holding the Council to account

4.3.3 There are no other legal implications arising from this report. Any proposed actions to deliver the Strategy may be the subject of further executive decision making and the legal implications will be considered at that time.

4.4 Other Implications

4.4.1 There are no other implications.

5. ALTERNATIVE OPTIONS CONSIDERED

5.1 It is a statutory requirement that the Council and Clinical Commissioning Group must produce a Joint Health & Wellbeing Strategy for Sheffield. As noted above, the Strategy has been developed in an iterative manner, testing possible options with the Board and wider stakeholders, through which the specific approach and ambitions have been arrived at.

6. REASONS FOR RECOMMENDATIONS

6.1 Health inequalities remain a significant challenge for Sheffield, and it is well understood that the solution to this challenge will not only be found within health and social care services. The refreshed Strategy focuses the attention of the Health & Wellbeing Board on nine key areas that have the potential to improve the health and wellbeing of Sheffield's population sustainably over the long term, and narrow the gap in outcomes between the most and least well off.

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