

Wolverhampton City Council

**OPEN INFORMATION ITEM**

Health and Wellbeing Board

Date **1 MAY 2013**

Originating Service Group(s) **COMMUNITY**

Contact Officer(s)/  
Telephone Number(s) **V GRIFFIN  
(55)5370**

Title **JOINT STRATEGIC NEEDS ANALYSIS / HEALTH AND  
WELLBEING STRATEGY – TASK AND FINISH GROUP UPDATE**

---

**RECOMMENDATIONS**

- That the Board endorses the priorities outlined in Section 2 agreed at the Health and Wellbeing Board Away Day held on 10 April 2013.
- That the Board endorses the 3 proposed operational priorities as outlined in Section 4, which will be the subject of future focused Away Days.
- That the Board endorses the additional priority for the Adults Delivery Board on Wellbeing outlined in section 3.
- That the Board notes the progress on the JSNA Mark 2 and receives future updates.

## 1. BACKGROUND

Phase 1 of the 'Core' JSNA refresh is now complete and the Phase 1 Health and Wellbeing Strategy is now in the process of being published. There is a collective recognition that phase 1 is a Public Health dominated document and that phase 2 needs to broaden its horizons and encompass the wider priorities of the Health and Wellbeing Board with a particular focus on the key joint commissioning priorities and the wider wellbeing agenda.

It has also been recognised that the priorities of the Health and Wellbeing Board need to fit within the overall structure of the Local Strategic Partnership within the City and that many of the wider determinants of Health such as employment, education and housing will be covered by the other sub committees of the LSP. Therefore there needs to be greater connectivity with the wider agenda of the LSP.

## 2. PROGRESS TOWARDS PHASE 2 OF THE JSNA AND HWBS PRIORITIES

The work programme of the task and finish group continues and has focused on two specific areas:

- The **top five priorities** of the Health and Wellbeing Board.
- The **priorities** of the three sub-groups of the Health and Wellbeing Board (HWB)- the Adults Delivery Board, Children's Trust Board and the Public Health Board
- The **operational requirements** under the new legislative requirements and operating principles of the HWB.

The work of the task and finish group has been hampered by lack of representation, to date, beyond the Local Authority.

As per the attached Venn diagram the priorities of the sub groups have been agreed as follows:

Sub Group	Priority	Link to HWB Outcomes
<b>Health and Wellbeing Board</b>	Wider determinants of health	
	Alcohol and drugs	Alcohol Related Mortality
	Dementia	
	MH diagnosis and early detection	
	Urgent Care	
<b>Adults Delivery Board</b>	Dementia	Residential and nursing care admissions
	Long Term Conditions	Stroke recovery, employment of people with long term conditions, diabetes
	Urgent Care	Circulatory Disease Mortality
	Mental Health	Domestic abuse, premature mortality
	Supported Housing	
	Wellbeing	

	Reablement and Prevention	
<b>Children's Trust Board</b>	Child Poverty	
	Educational Inequalities	
	Health Inequalities	
<b>Public Health Board</b>	Wider determinants of Health	Fuel poverty, child development
	Health Improvement	Childhood obesity, diabetes
	Prevention of mortality	Deaths from chronic liver disease, falls prevention
	Health Protection	Surveillance, patient safety and quality, responding to public health incidents

The priorities of the Health and Wellbeing Board have been split between short term and long term priorities with the wider determinants of health being a long term priority and the other priorities being a shorter term focus in 2013/14.

The priorities of the Clinical Commissioning Group as defined in its Integrated Plan are:

- Diabetes
- Urgent Care
- Dementia

These priorities have been incorporated into the priorities of the Adults Delivery Board. If we are to make progress on the health inequalities agenda and achieve key targets all parties need to work together and pool resources / expertise.

Each of the above priorities needs to be underpinned by data and needs analysis and the refreshed Phase 2 JSNA will systematically start to include this. Each topic area considered in the Phase 2 JSNA refresh will have an accompanying written Chapter, providing commentary on the data and analysis, which is collated in a standardised format and aims to make the information accessible and understandable by anyone who wants to use the JSNA.

In addition to the above there is a new requirement for the Health and Wellbeing Board to have an overview of the Pharmacy Needs Analysis.

### **3. PROPOSED ADDITIONAL PRIORITY ON WELLBEING FOR THE ADULTS DELIVERY BOARD**

The wellbeing agenda is an important one for the City. The new economics foundation has identified a useful framework for use by the City in addressing and co-ordinating interventions to address wellbeing. This evidence based approach comprises the 'Five Ways to Wellbeing' and identifies specific policy interventions that can improve well-being. Work on this approach has already started in Wolverhampton with a cross-partner Five Ways to Wellbeing Group established to co-ordinate this work. This group will link to the LSP as it will form a task and finish group of the self-reliant communities group.

Work to date includes the allocation of lead agencies for each of the 5 ways. Details of the Five Ways and their agency lead are given below:

1. Connect –connect with those around you including friends, family and neighbours to enrich you every day. Lead - Neighbourhood Services
2. Keep Active – physical exercise and activity. Lead - Wolves Community Trust
3. Keep Learning – learn and achieve new things. Lead - Wolverhampton University
4. Take Notice – be aware of and appreciate the world around you. Lead -WAVE (museums, galleries and archives of Wolverhampton)
5. Give – do something for a friend or stranger and create connections. Lead - Volunteer Centre

It is proposed that the Five Ways to Wellbeing forms the framework for the Board in addressing this priority and that this work continues to be taken forward by the established cross-partner group.

#### **4. OPERATIONAL PRIORITIES**

In addition to the key priorities of the Board and Sub-groups outlined above there will be a number of key operational priorities for the Board in 2013/14. A number of these operational priorities have already been defined by the Task and Finish Group as follows:

- The response to the Francis Report
- Joint Commissioning and Integrated Care Management and Assessment
- Child Poverty Strategy.

Further operational priorities may evolve throughout the course of the year.

#### **5. FINANCIAL IMPLICATIONS**

- 5.1 There are no financial implications associated with this report.

**[NM/23042013/Z]**

#### **6. LEGAL IMPLICATIONS**

- 6.1 There are no legal implications associated with this report.

**[FD/23042013/A]**

#### **7. EQUAL OPPORTUNITIES IMPLICATIONS**

- 7.1 The equal opportunities implications will be addressed as an integral part of the Joint Health and Well Being Strategy.

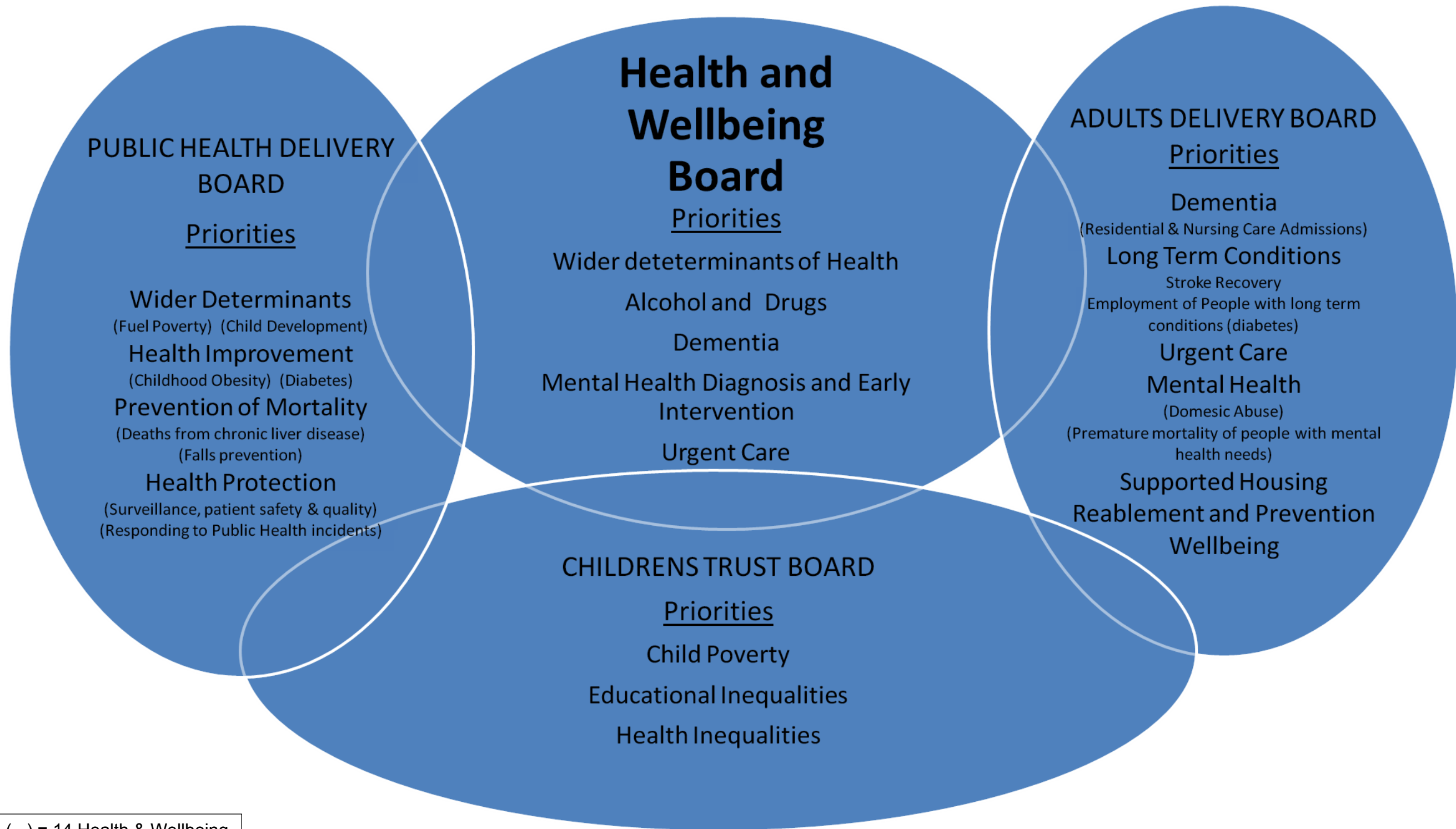
#### **8. ENVIRONMENTAL IMPLICATIONS**

- 8.1 There are no environmental implications associated with this report.

#### **9. SCHEDULE OF BACKGROUND PAPERS**

Delivering the Health and Well Being Board Priorities

# DELIVERING THE HEALTH AND WELLBEING BOARD PRIORITIES



( ) = 14 Health & Wellbeing Outcome Briefings