

**Health and Wellbeing Board****DEVELOPMENT OF THE 2021 - 2026 JOINT HEALTH & WELLBEING STRATEGY****1. OBJECT AND KEY POINTS IN THIS REPORT**

- 1.1 The Joint Health & Wellbeing Strategy (JHWS) is at a point where it needs a refresh.
- 1.2 This paper presents options for development of the new JHWS, a proposed strategic direction and a process for action planning, delivery and reporting.

**2. BACKGROUND INFORMATION****The Duty to have a JHWS**

2.1 Government guidance states<sup>1</sup> that Local authorities and clinical commissioning groups (CCGs) have equal and joint duties to prepare Joint Strategic Needs Assessments and Joint Health & Wellbeing Strategies through the health and wellbeing board. The responsibility falls on the health and wellbeing board as a whole and so success will depend upon all members working together throughout the process. Success will not be achieved if a few members of the board assume ownership, or conversely do not bring their area of expertise and knowledge to the process. As the duties apply across the health and wellbeing board as a whole, boards will need to discuss and agree their own arrangements for signing off the process and outputs. What is important is that the duties are discharged by the board as a whole.

**Working towards a new JHWS**

2.1 North Lincolnshire HWB has built a strong foundation with its 2013-2018 JHWS, selection of strategic actions<sup>2</sup> and delivery of 'big ticket' items, followed by the health and wellbeing priorities framework agreed in 2019<sup>3</sup>.

2.2 During 2019/20 a series of workshops took place which led to the HWB selecting 6 priorities for a new JHWS:

- Keep North Lincolnshire **safe and well**.
- Babies, infants and young people to have the **best start in life**.
- People **live well** to enjoy healthy lives.

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<sup>1</sup>

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/277012/Statutory-Guidance-on-Joint-Strategic-Needs-Assessments-and-Joint-Health-and-Wellbeing-Strategies-March-20131.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/277012/Statutory-Guidance-on-Joint-Strategic-Needs-Assessments-and-Joint-Health-and-Wellbeing-Strategies-March-20131.pdf)

<sup>2</sup> <https://www.northlincs.gov.uk/wp-content/uploads/2018/08/JHWS-Supplementary.pdf>

<sup>3</sup> <https://democracy.northlincs.gov.uk/wp-content/uploads/2019/10/Item-14-Strategic-HW-Planning.pdf>

- People experience **equity** of access to support their health and wellbeing.
- **Communities are enabled** to be healthy and resilient.
- To have the **best systems and enablers** to effect change.

2.3 Since then we have been living through the Covid pandemic, which, understandably, has not only slowed the development of the strategy but also influenced its future direction.

2.4 There is an opportunity now to take the learning from our pandemic experience into our new JHWS. During Covid, health equity and preventable health issues have been thrown into sharp relief. We have also learned that given the right conditions, we can swiftly adapt our health behaviours, walking and cycling more in lockdown, for example.

2.5 New technologies for health care have seen accelerated development during Covid, we have grown used to medical appointments online and to meeting remotely, keeping our services up and running efficiently and effectively.

2.6 We have learned how to better share data and become more accustomed to using data and intelligence routinely to guide our actions, applying evidence of effectiveness as it becomes available to stop or start interventions and programmes.

2.7 Key issues to incorporate into the new strategy include levelling the playing field to promote equity in health outcomes across the life course. Different communities will need different supports and interventions to achieve equitable health and wellbeing.

2.8 The organisations around the HWB table already work on these issues as part of their regular business, for example the work on special educational needs and inclusion is important in tackling health disparities. The opportunity in the JHWS is to focus on areas where the HWB can drive collaboration and action across the system to effect change.

2.9 Prevention remains a key cross cutting theme recognising that, on the whole, people want to take responsibility for their own health and stay as well as they can for as long as they can.

### **The proposed Strategy**

2.10 Taking the 6 themes and an underlying set of principles, proposals for a new JHWS have been developed and are included at Appendix 1. The working aim for the development of the strategy is: *By working together, to improve health and wellbeing and improve equity in health and wellbeing outcomes.*

2.11 This concept of health equity is demonstrated in the figure below, developed by Public Health England. Here we see 3 people trying to watch a sports match, but only the person with enough height can see the game. If we give each of the fans the same box to stand on, an equal intervention, still only 2/3 can see the game excluding the shortest person. But if we adapt our intervention with different sized boxes everyone can see. Better yet, if we change the design of the environment to have a see through fence, everyone is enabled to watch the match.

2.12 Building on the Priorities Framework, this JHWS continues the shift is towards more consideration of place, determinants and enablers to support people to take opportunities around them to be healthy. It goes beyond informing people about desired behaviours to creating enabling conditions for those behaviours. This widens the area of interest for the HWB beyond health and care services, to how the built environment and 'place' can support improvements in health and

wellbeing.



2.13 Proposed actions under each theme have been selected as areas where recent JSNA analysis supports the need for action (Appendix 2) and HWB sponsorship will add value and impetus to the work.

2.14 The strategy covers the life course, from preconception through to older age. It covers physical and emotional health and wellbeing.

2.15 The HWB is in a unique position to apply data, learning and experience to further improve health locally. The right people are round the HWB table to take the actions that will enable improved health and wellbeing locally.

### Next Steps

2.16 If the HWB supports the strategic direction of the new JHWS, then the following development and governance arrangements are suggested:

2.17 HWB tasks existing partnership groups or where there is none, forms new groups to lead action planning and delivery of the themes. Children's Trust for theme 3, HPOM for Theme 1. Groups would select priority areas for each theme where partnership action adds particular value.

2.18 Groups will develop detailed action plans and metrics with public and stakeholder engagement, supported by JSNA.

2.19 The groups will keep the HWB apprised of progress through quarterly progress reports.

2.20 Delivery could also be supported by Board consideration of topics that cut across the themes, such as physical activity, tobacco control, obesity, and health equity

2.21 As previously, the JHWS would be subject to annual review and revision.

## 3 OPTIONS FOR CONSIDERATION

3.1 3 options are presented

3.1.1 Defer JHWS development

3.1.2 Start a new JHWS development process

3.1.3 Agree strategic direction and principles based on agreed themes as per Appendix 1, with delegation to partnership groups for action planning.

#### **4 ANALYSIS OF OPTIONS**

4.1 Maintaining the status quo (option 1) leaves the system at a disadvantage at a key time in the development of LA strategies, the ICS and the development of place based actions.

4.2 Option 2 delays the JHWS production but would allow for reconsideration of priorities in the light of Covid. However key threats and opportunities to health and wellbeing are similar to pre covid times.

4.3 Option 3 to proceed with action planning based on the strategic direction in Appendix 1 is recommended. It will provide the basis for Place planning, support the developing maturity of the ICS and guide actions for partnership groups delivery and reporting.

#### **5 RESOURCE IMPLICATIONS (FINANCIAL, STAFFING, PROPERTY, IT)**

5.1 **Financial:** The strategy will help shape financial allocation decisions across the partnership and may assist in grant applications for additional funding.

5.2 **Staffing:** Utilising existing partnerships alleviates staffing risks.

5.3 **IT:** N/A

#### **6. OUTCOME OF INTEGRATED IMPACT ASSESSMENT (IF APPLICABLE)**

6.1 An integrated Impact Assessment is not required at this stage in the process.

#### **7. OUTCOMES OF CONSULTATION AND CONFLICTS OF INTERESTS DECLARED**

7.2 Key partners would be involved in Option 3 which would enable public engagement with action planning.

#### **8. RECOMMENDATIONS**

8.1 To approve option 3.

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**Background Papers used in the preparation of this report**

**Please see footnotes and appendix 2**