

# **North Somerset Health & Wellbeing Board**

**Date of meeting: 5 March 2020**

**Agenda Item: 12**

**Title of report: Development of Health & Wellbeing Strategy and Action Planning**

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## **1. Recommendations**

Members of the Health and Wellbeing Board (HAWB) are asked to endorse the following next steps in developing a work programme for 2020/21:

1. Use the output of the two workshops held with Public Health England to produce an action plan for improvement against the tools looking at (i) place based planning and (ii) service engagement with communities, as well as developing a baseline and action plan for (iii) strengthening community action.
2. Develop a Health and Wellbeing Strategy for North Somerset including methods to analyse existing community needs and views and provide new opportunities for engagement around potential priorities and ways of working to deliver better health and wellbeing and reduce inequalities.
3. Use the Joint Strategic Needs Assessment (JSNA) investigations (described in a separate paper) to develop understanding of issues and drive shared action planning in the initial priority topics of healthy places, mental health and wellbeing and physical activity.
4. Develop and implement a communications and engagement plan for the Board so that regular updates can be provided to a wide range of stakeholders on how population needs are being addressed, celebrate success and identify opportunities for working more effectively with and for our community.

Because the HAWB will not meet again until July it is suggested that a draft action plan, incorporating points above, is shared with members of the Board in April for comment, before being formally adopted at the July meeting.

## **2. Summary of Report**

The Board met for the first time in October and since then work has been taken forward to help define its unique role and priorities through work with Public Health England on the place based approach to reducing health inequalities.

North Somerset is the first local authority in England to take part in this analysis and learning which came through two workshops for the Board and a wider group of stakeholders held in November 2019 and January 2020.

The workshops helped to review the current position of the Board against some key criteria around joint working and understanding and service engagement with communities. It also helped to identify an initial three areas of focus where a partnership approach could deliver

health and wellbeing benefits with a focus on communities that need support most. Those topics are healthy places, mental health and wellbeing and physical activity.

The aim is to use the outputs of those workshops to develop an action plan for improvement during 2020/21 whilst at the same time take forward work to develop a comprehensive Health and Wellbeing Strategy for North Somerset, to be agreed by the Board by March 2021.

It is proposed that during 2020/21 the Board will also use a set of three Joint Strategic Needs Assessment investigations to deepen understanding of healthy places, mental health and wellbeing and physical activity with clear recommendations for improvement relevant to all partner agencies within the Board.

The Board will also develop a communications and engagement plan to help provide regular updates to and opportunities to openly communicate with key stakeholders including community groups and the public.

### **3. Policy**

HAWBs are a statutory forum where political, clinical, professional and community leaders from across the care and health system come together to improve the health and wellbeing of their local population and reduce health inequalities. They have been in place since 2013 and are a single point of continuity in a constantly shifting health and care landscape. Guidance states that HAWBs have these principal responsibilities:

- **Producing a joint strategic needs assessments (JSNA):** JSNAs are assessments of the current and future health, care and wellbeing needs of the local population. HAWBs must consult with the local community when producing the JSNA and should take into account a broad range of issues, including demographics, the particular needs of disadvantaged or vulnerable groups and wider social, environmental and economic factors which might impact on health and wellbeing. The JSNA must be taken into account by local authorities, CCGs and NHS England when preparing or revising commissioning plans.
- **Producing a health and wellbeing strategy (HAWS):** HAWSs are strategies for meeting the local health needs identified in the JSNA. Like JSNAs, HAWSs must be taken into account by local authorities, CCGs and NHS England when preparing or revising commissioning plans.

The proposed plan of action for 2020/21 will deliver the requirement for producing a HAWS, reinforce the development of the JSNA and support the effective oversight of local commissioning plans.

### **4. Details**

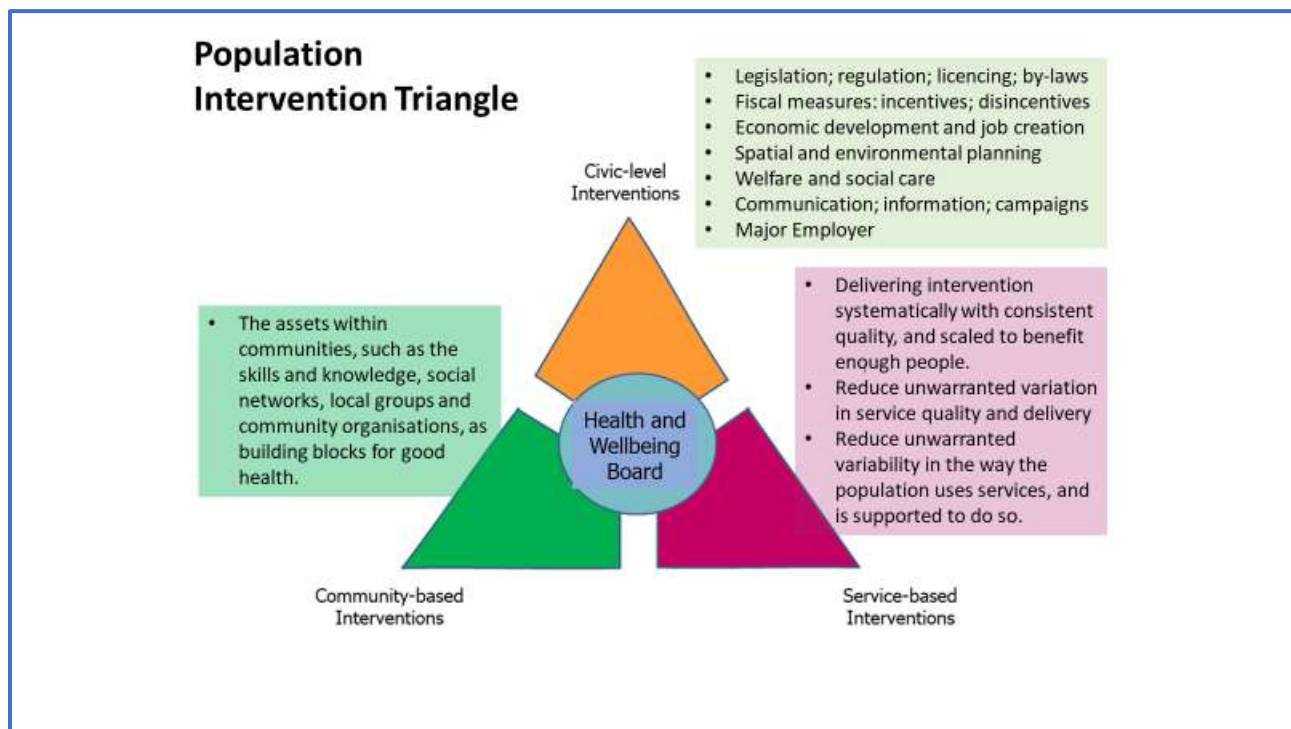
Since the Board's first meeting in October 2019, North Somerset has taken advantage of an opportunity to work with Public Health England (PHE) on its place based approach to reducing health inequalities. PHE published a toolkit for local areas in July 2019 and following an approach by the Director of Public Health, it was agreed that North Somerset would be the first local authority in England to apply the toolkit to help shape local action.

This opportunity was deliberately used as a means of opening up the debate about how the Health and Wellbeing Board could provide leadership in improving health and wellbeing and reducing health inequalities.

There are four suggested key areas to be taken forward to use the learning from these workshop effectively.

- 1) Using the place based tools to plan improvements around leadership and work with local communities

Workshop one introduced the value of using the Population Intervention Triangle (see image below) as a means of analysing how action is being led across civic, service and community levels of activity. The workshop also created a baseline measurement of how well partnership working is currently working, with the recognition that the Board has only just been established. The collective baseline rating can be seen in Appendix 1. It shows an overall rating of emerging and developing against the categories in the PHE tool: Place Based Planning. This identifies scope for development to move local action into the stronger maturing and thriving categories.



Workshop two looked in more detail at the important interaction between service interventions and the communities they are designed to serve using the PHE tool: Service engagement with communities. Again, participants in the workshop were asked to develop a baseline measurement for current work to make services interact well with communities (see Appendix 2). The overall rating was emerging and development, with clear indications of how local practice could be improved to reach into the maturing and thriving categories.

One of the key points of learning in the two workshops was that much of the focus to date around health and wellbeing has been around different service-level interventions provided by a range of local agencies. There are also some good examples of good civic-level leadership but the greatest gap in understanding is around how best to link service and civic levels effectively with community needs and aspirations. Therefore, it is suggested that a final baseline measurement is undertaken around strengthening community action (the link between civic and community points on the triangle). An action plan for all three baseline measurements will be produced to ensure progress is made in applying the place based approach in North Somerset.

Because the HAWB will not meet again until July it is suggested that a draft action plan, incorporating points above, is shared with members of the Board in April for comment, before being formally adopted at the July meeting.

(2) Develop a Health and Wellbeing Strategy for North Somerset

The two workshops delivered with PHE helped to create a sense of commitment and confidence about the potential to better focus on key challenges to reducing inequalities and ways to create better health and wellbeing across North Somerset.

However, it was only the start in a longer process of developing a full Health and Wellbeing Strategy for North Somerset based on a more detailed review of population needs, local assets and a good understanding of what matters most to local communities through a co-production approach.

This will include consulting with a range of important local forums including the Health Overview and Scrutiny Panel (and other Council meetings), the Healthier Together Partnership, North Somerset localities and the VCSE sector through different approaches including engaging its Leadership Forum and the North Somerset Wellbeing Collective. Direct engagement of the community will be used to look at different experiences and needs across the life course with conversations taking place in a variety of locations, particularly picking up on areas or population groups with identified higher levels of need.

A rapid review of good practice approaches used in other local areas will be undertaken to help develop a workplan for this task, including key milestones where the Board will be able to participate and help drive the process. This workplan will be produced and shared in April for comment.

The Board are asked to confirm they are content with this approach and provide initial views on how they would like the strategy to develop in 2020/21.

(3) Use the JSNA investigations to drive action in the priority topic areas

A separate paper being presented to this meeting describes how the JSNA will develop through the use of investigations around key areas for action.

Importantly, these investigations will help to maintain momentum around the topics selected by participants in the place based approach workshops. This can be done concurrently with the development of a long-term strategy, with priorities agreed using a range of information sources, including local public views.

(4) Develop a communications and engagement plan for the HAWB

The process of engagement at the two place based workshops highlighted the benefit of open communication between the Board and a range of stakeholders. However, the new role of the Board was not clear to all stakeholders and there were gaps in shared understanding around some of sources of information, for example, areas of higher population need, community assets or innovations in service delivery.

It was agreed that it would be helpful to develop regular updates on the work of the Board and other activity in North Somerset that is helping to reduce inequalities and improve health and wellbeing. A review of possible communication channels will be undertaken and a plan developed to provide routine announcements. It is intended that this will help to

highlight where action is being taken, how different groups and communities can be involved in securing improvements and to celebrate success.

It is proposed that a communications and engagement plan is shared with the Board in April for review and comment before being implemented during 2020/21. The plan will include actions to support the development of the Health and Wellbeing Strategy.

## **5. Consultation**

Two stakeholder workshops were held with Public Health England to develop an approach to improving health and wellbeing and reducing inequalities in North Somerset. This initial consultation is being used to develop an action plan for 2020/21 but the development of a Health and Wellbeing Strategy in the year ahead will involve a much wider range of community and stakeholder engagement to ensure it reflects different needs and aspirations.

## **6. Financial Implications**

Delivery of the 2020/21 action plan and the development of the Health and Wellbeing Strategy will be met through existing officer time and resources. Where possible, activity will be combined with already planned opportunities for engagement.

### **Costs**

No direct costs at this stage apart from officer time.

### **Funding**

If resources are required to support community and stakeholder engagement around the development of a new Health and Wellbeing Strategy these will be met from the Public Health and Regulatory Services budget.

## **7. Legal powers and implications**

Local authorities and clinical commissioning groups (CCGs) have equal and joint duties to prepare a Health and Wellbeing Strategy, through the Health and Wellbeing Board. Full details of the national guidance (2013) can be found [here](#)

## **8. Climate change and environmental implications**

The scope of the Health and Wellbeing Strategy is broad and includes wider social, environmental and economic factors that impact on health and wellbeing such as access to green space, the impact of climate change, air quality, housing, community safety, transport, economic circumstances and employment. This will include the evidence base demonstrating the aligned benefits of action to address climate change and health and wellbeing change.

## **9. Risk management**

The Health and Wellbeing Strategy and action plan for 2020/21 will be overseen by the Health and Wellbeing Board. Any risks to delivery of this work will be identified to the Board for discussion and resolution.

## **10. Equality Implications**

Equality implications of current and future service delivery as well as wider determinants of health and wellbeing will be addressed through the development of a Health and Wellbeing Strategy and HAWB action plan. Reducing gaps in health outcomes between population groups is one of the key aims of producing the HAWS and JSNA.

## **11. Corporate Implications**

The JSNA will support the delivery of the new Council Corporate Strategy and the Healthier Together plan for Bristol, North Somerset and South Gloucestershire by providing key data and analysis to inform action planning and partnership working.

## **12. Options considered**

The development of a Health and Wellbeing Strategy is a duty of the Health and Wellbeing Board. The actions set out enable the Board to meet that responsibility.

### **AUTHOR**

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### **APPENDICES**

Appendix 1: Scoring against the PHE Place Based Leadership tool

Appendix 2: Scoring against the PHE Service Engagement with Communities tool

### **BACKGROUND PAPERS**

None

## Appendix 1: Scoring against the PHE Place Based Leadership tool

### Self-assessment tool: Workshop One – Placed based leadership

	Leadership (1)	Needs Assessment (2)	Prioritisation (3)	Scoping Whole System (4)	Intervention Selection (5)	Target Setting (6)	Business Planning (7)	Information Governance (8)	Programme Management (9)	Evaluation (10)
Emerging (A)										
Developing (B)										
Maturing (C)										
Thriving (D)										
Consensus ?	A/B	A/B	A/B	A/B	A/B	A/B	A/B	A/B	A/B	A/B
Proposed actions to improve	<ul style="list-style-type: none"> <li>Recognised work is at an early stage for the HWB but optimistic about moving to D</li> <li>Action must lead to a percentage change in health inequalities</li> <li>Mustn't allow the acute agenda to crowd out prevention and health inequalities: but in excess hospital admissions from priority wards a good indicator of success</li> <li>Accommodate greater emphasis on wider determinants of health/place-shaping</li> <li>Need for good communication from the Board to wider constituents; Share Priorities, ensure transparency, identify clear opportunities for others to engage</li> </ul>									

## Appendix 2: Scoring against the PHE Service Engagement with Communities tool

### Self-assessment tool: Workshop Two – Service engagement with communities

	Table 1	Table 2	Table 3	Table 4
Prioritisation and targeting (1)	<b>B</b>	<b>A/B</b>	<b>B</b>	<b>B</b>
Defining 'communities' (2)	<b>A/B</b>	<b>A/B</b>	<b>B</b>	<b>A/B</b>
Practical asset mapping (3)	<b>B</b>	<b>A</b>	<b>B</b>	<b>A/B</b>
Community-based perspectives (4)	<b>A/B</b>	<b>A</b>	<b>A/B</b>	<b>A/B</b>
Shared community Profiles (5)	<b>A/B</b>	<b>A</b>	<b>A</b>	<b>B</b>
Neighbourhood action plan (6)	<b>A/B</b>	<b>A</b>	<b>B</b>	<b>A</b>
Co-ordinated partner behaviour (7)	<b>B</b>	<b>B</b>	<b>B</b>	<b>B</b>
Outreach and in-reach models (8)	<b>A/B</b>	<b>A/B</b>	<b>B</b>	<b>A/B</b>
Linking to the disengaged/excluded (9)	<b>A/C</b>	<b>B</b>	<b>B/C</b>	<b>A</b>
Transfer to community ownership (10)	<b>C</b>	<b>B</b>	<b>B/C</b>	<b>A</b>



