

Cabinet
Council

5th March 2013
19th March 2013

Name of Cabinet Member:

Cabinet Member (Children, Young People and Learning) and Chair of Coventry Shadow Health and Well-Being Board – Councillor O’Boyle
Cabinet Member (Health and Community Services) – Councillor Mrs Lucas

Director Approving Submission of the report:

Director of Public Health

Ward(s) affected:

All

Title:

Coventry Health and Well-Being Strategy

Is this a key decision?

Yes

The proposals within the report are likely to impact on residents across the whole of the City.

Executive Summary:

The 2012 Health and Social Care Act, which takes effect on 1 April 2013, introduces significant changes across Health and Social Care. Amongst these changes is the requirement for Local Authorities to establish Health and Well-Being Boards to maintain an overview of the health, social care and wellbeing of the local population.

Health and Well-Being Boards will carry specific responsibilities. These responsibilities include leading the development of the local Joint Strategic Needs Assessment (JSNA) and Joint Health and Well-being Strategy (JHWS). The JHWS is a key document as it will inform the strategies for both health and social care commissioners, who will be expected to work together to deliver the identified priorities.

In preparation for the introduction of the Health and Social Care Act Coventry has established a shadow Health and Well-Being Board. While in shadow form, and in anticipation of an imminent statutory responsibility, the Board has focused on the development of the JSNA and the Coventry Health and Well-Being Strategy in readiness for going live in April 2013.

The Coventry Health and Well-Being Strategy was subject to consultation and was agreed by the Health and Well-Being Board in its December meeting. Cabinet and Council are requested to adopt the Coventry Health and Well-Being Strategy.

Recommendations:

1. Cabinet are requested to recommend that the Council approve the Coventry Health and Well-Being Strategy attached as Appendix 1 of this report.
2. Council are requested as of the 1st April 2013 to approve the Coventry Health and Well-Being Strategy attached at Appendix 1 of this report in anticipation of an imminent statutory responsibility.

List of Appendices included:

Appendix 1 – Coventry Health and Well-Being Strategy

Appendix 2 – Equality and Consultation Analysis.

Background papers:

None

Other useful documents

- 1) Health and Social Care Act:

<http://services.parliament.uk/bills/2010-11/healthandsocialcare.html>

- 2) Joint Strategic Needs Assessment and Joint Health and Well Being Strategies explained – Commissioning for Populations.

http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_131733.pdf

- 3) Coventry's Joint Strategic Needs Assessment:

http://www.coventry.gov.uk/downloads/download/2174/joint_strategic_needs_assessment_2012

- 4) Council Report 21st February 2012 – Transforming Public Health

<http://moderngov.coventry.gov.uk/Data/Council/201202211400/Agenda/0713%20-%20Transforming%20Public%20Health.pdf>

Has it been or will it be considered by Scrutiny?

Yes – Scrutiny Board One and Scrutiny Board Five, 24th October 2012

Has it been or will it be considered by any other Council Committee, Advisory Panel or other body?

Yes – Coventry Shadow Health and Well-Being Board, 10th December 2012

Will this report go to Council?

Yes – 19th March 2013

1. Context (or background)

- 1.1 The 2012 Health and Social Care Act represents significant changes across Health and Social Care. Amongst these changes is the requirement for Local Authorities to establish Health and Well-Being Boards to maintain an overview of the health, social care and wellbeing of the Coventry population.
- 1.2 In preparation for the introduction of these changes, which take effect in April 2013, Coventry City Council has established a Shadow Health and Well-Being Board which includes membership across Health (including University Hospital Coventry and Warwickshire and Coventry and Rugby Clinical Commissioning Group), Social Care and other key partners including West Midlands Fire Service and West Midlands Ambulance Trust. The Coventry Shadow Health and Well-Being Board has taken a broad view of Health and Well-Being in order that it may take action across the life course to improve the public health issues that have been prevalent in Coventry for too long.
- 1.3 Health and Well-Being Boards will have some specific responsibilities under the Health and Social Care Act 2012 once it takes effect. These responsibilities include the development of the local JSNA along with a Health and Well-Being strategy. The JSNA is to provide a comprehensive analysis of the current and future needs and assets of an area. The Health and Well-Being Strategy will use the information from the JSNA to set out commissioning priorities that will inform the strategies for both health and social care commissioners, who will be expected to work together to deliver the priorities identified.
- 1.4 In anticipation of imminent statutory responsibilities, the Coventry Shadow Health and Well-Being Board has led the development of the Coventry Health and Well-Being as a response to the challenges posed by the JSNA. The development of the strategy has been an extensive process of stakeholder engagement and consultation. As a result of this work, the Shadow Health and Well-Being Board agreed to accept the strategy at its December meeting and adopt the following strategic themes and associated priorities as detailed in the strategy:
- 1.5 Theme One -Healthy people
Enabling all to maximise their health and wellbeing outcomes across the lifecourse, and the entire care pathway. There is a particular focus on early years, where there is the most scope for prevention, and older people, who carry the largest burden of ill health. Both the general population outcomes and those for particular high risk groups will be improved through a partnership approach.
- Initial priorities;
- Early Years (prenatal to age 2)
 - Older people
- 1.6 Theme Two - Healthy Communities
Working with our communities to empower them to sustain good health and well-being, and address the broader determinants of health, using asset-based approaches.
- Initial priorities;
- Obesity (maternal and childhood)
 - Mental Wellbeing
 - Domestic Violence and abuse

- Sexual Violence

1.7 Theme Three - Reduce variation

Identifying and intervening for disadvantaged groups; those at high risk of poor outcomes. These groups would include migrant health, disabilities and looked after children for example. Variations in outcomes across the population will be addressed.

Initial priorities;

- Smoking
- Alcohol
- Infectious Diseases

1.8 Theme Four - Improve outcomes

Maximising the health and wellbeing outcomes for the population of Coventry, by focusing on those areas where there are major opportunities to raise the health and wellbeing up to the level of the most healthy people in England.

Initial priorities;

- Cancer (for Year 1)
- Variation in primary care
- Lifestyle risk management (Making every contact count)

- 1.9 The Strategy was subject to consultation and was agreed by the Health and Well-Being Board in its December meeting and the board will take the lead role in monitoring delivery against the strategy. Cabinet and Council are requested to adopt the Coventry Health and Well-Being Strategy.

2. Options considered and recommended proposal

- 2.1 Cabinet are requested to recommend that the Council approve the Coventry Health and Well-Being Strategy attached as Appendix 1 of this report.
- 2.2 Council are requested to approve the Coventry Health and Well-Being Strategy attached at Appendix 1 of this report in anticipation of an imminent statutory responsibility.

3. Results of consultation undertaken

- 3.1 Consultation on the Health and Well-Being Strategy was carried out between 17th September and 30th November 2012. The consultation included an internet based survey along with meetings and workshops, those who wished to comment in the course of the consultation were also able to e.mail Public Health directly.
- 3.2 The web-based survey generated 11 responses, with 7 of these responses from members of the public and 4 from organisations. A further 10 responses were submitted directly to Public Health via e.mail. All of these 10 responses were from organisations including Myton Hospice, Warwick Medical School and West Midlands Special Needs Transport. The consultation also directly engaged the Learning Disabilities Partnership Board, the Older Peoples Partnership Board and the Physical and Sensory Impairment Reference Group with a further session being held at Whitley Academy.
- 3.3 The range of responses were varied with a number being in relation to the inclusion of particular groups within the strategy, as a general theme those that responded considered that some groups were particularly under-represented or not represented at all. Other comments related to a lack of detail and specifics within the strategy and the understating

of the impact the strategy would have on the broader determinants of health including jobs and employment.

- 3.4 As the strategy is a high level strategy which is based largely on the JSNA, it is not feasible or possible for it to address at once all the areas within the City that impact on Health and Well-Being. The strategy was deliberately drafted to focus effort on a smaller number of key areas where it is considered that the greatest impact could be achieved through the Health and Well-Being board. Therefore, the exclusion of some specific issues and lack of focus on specific groups is not to be interpreted as a lack importance of these groups.
- 3.5 The issues raised in the consultation were presented to the Shadow Health and Well-Being board at its December meeting. As a result of the consultation some changes were made to the strategy including the need for commissioners and providers to explicitly consider both the need and access to services for specific groups and to publicise the prioritisation criteria used in developing the strategy.

4. Timetable for implementing this decision

- 4.1 From when it takes effect on 1st April 2013 the Health and Social Act 2012 requires Health and Well-Being Boards to produce a Health and Well-Being strategy. Action plans will be put in place against each of the priority areas when the board takes on its statutory functions in April 2013.

5. Comments from Director of Finance and Legal Services

5.1 Financial implications

There are no direct financial implications to the Council regarding the Coventry Health and Well-Being Strategy. The strategy commits the City Council and the other partners to deliver against its priorities using existing resources.

5.2 Legal implications

The Health and Social Care Act 2013 amends s116 of the Local Government and Public Involvement in Health Act 2007 so that local authorities and each of its partner clinical commissioning groups must undertake a Joint strategic needs assessment and produce and publish a joint health and wellbeing strategy.

S. 196 (2) Health and Social Care Act delegates this s116 duty to the Health and Wellbeing Board.

In preparing its strategy consideration must be given to the extent to which the needs could be met more effectively by the making of arrangements under s75 National Health Service 2006 (rather than in any other way), any guidance issued by the Secretary of State and must involve in the preparation the Local Healthwatch organisation and the people who live or work in the area.

S116B places a duty upon the local authority and each of its partner clinical commissioning in exercising any of its functions to have regard to the assessment and strategy.

6. Other implications

6.1 How will this contribute to achievement of the Council's key objectives / corporate priorities (corporate plan/scorecard) / organisational blueprint / Local Area Agreement (or Coventry Sustainable Community Strategy)?

This Coventry Health and Well-Being strategy will support the delivery of key objectives through making a positive contribution to the Health and Well-Being to improve the public health issues that have been prevalent in Coventry for too long.

This will support the delivery of the Council Plan 2011-14, in particular the priority outcomes; 'Coventry, proud to be a city that works... to support and celebrate our young people', through the priority of early years; and 'Coventry, proud to be a city that works... to protect our most vulnerable residents', through the priority of older people.

6.2 How is risk being managed?

The Coventry Health and Well-Being strategy will be accompanied by an action plan against each priority which seeks to ensure that progress is made and the risks associated with each area of activity are managed.

6.3 What is the impact on the organisation?

The work of the Shadow Health and Well-Being Board, and the agreement of board members to the Coventry Health and Well-Being Strategy demonstrate the commitment of all partner organisations to improve health across the City.

6.3 What is the impact on the organisation?

There is no direct impact identified on staffing/human resources, information and communications technology, accommodation, assets, or the council's corporate parenting responsibilities as a result of adopting the strategy.

6.4 Equalities / EIA

An Equalities and Consultation Analysis (ECA) has been carried out and is attached at Appendix 2.

Significant health inequalities exist in Coventry and the strategy gives the framework to start to address these inequalities in a co-ordinated way with partner organisations working together through the Health and Well-Being Board.

6.5 Implications for (or impact on) the environment

None identified.

6.6 Implications for partner organisations?

The Shadow Health and Well-Being Board has membership across a range of partners including the City Council, Health (including University Hospital Coventry and Warwickshire and the Coventry and Rugby Clinical Commissioning Group), local Universities, West Midlands Fire Service and West Midlands Ambulance Service. The strategy commits these organisations to deliver against the identified priorities.

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Members: Cllr Jim O'Boyle	Cabinet Member (Children, Learning and Young People) Chair of Shadow Health and Well-Being Board	Coventry City Council	1/2/13	4/2/13
Cllr Ann Lucas	Cabinet Member (Health and Community Services)	Coventry City Council	4/2/13	5/2/13

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