

PETERBOROUGH HEALTH AND WELLBEING BOARD	AGENDA ITEM No. 8
24 SEPTEMBER 2012	PUBLIC REPORT

Cabinet Member(s) responsible:	Councillor Wayne Fitzgerald Cabinet Member for Adult Social Care	
Contact Officer(s):	Terry Rich, Director of Adult Services, Wendi Ogle-Welbourn, Assistant Director for Strategy, Commissioning, Prevention, (Children's Services) Andy Liggins, Director of Public Health	Tel. 758444 863749 758520

PETERBOROUGH DRAFT HEALTH AND WELLBEING STRATEGY 2012-2015: PROGRESS REPORT

R E C O M M E N D A T I O N S	
FROM : Director of Public Health; Director of Adult Services; and Assistant Director for Strategy, Commissioning, Prevention (Children's Services)	Deadline date : N/A
<p>The Health and Wellbeing Board is recommended to:</p> <ol style="list-style-type: none"> 1. Consider and comment on the Health and Wellbeing Strategy that is currently subject to a three month consultation period, ending on the 23rd November 2012; 2. Note the content of the Cambridgeshire Health and Wellbeing Strategy; 3. Note the progress to date of the strategy consultation process; and 4. Request that a revised Health and Wellbeing Strategy is presented to the December meeting of the Health and Wellbeing Board. 	

1. ORIGIN OF REPORT

1.1 This report is submitted to the Health and Wellbeing Board following a request from the Directors Group.

2. PURPOSE AND REASON FOR REPORT

2.1 The purpose of this report is to:

2.1.1 Obtain the Board's views on the draft Health and Wellbeing Strategy and the associated consultation process.

2.1.2 Share the content of the draft Cambridgeshire Health and Wellbeing Strategy, noting points of common concern and alignment between the two strategies that may impact upon strategic commissioning and outcomes for residents.

2.2 This report is for the Board to consider under its Terms of Reference No. 3.1, to develop a Health and Well Being Strategy for the City which informs and influences the commissioning plans of partner agencies.

3. PETERBOROUGH DRAFT HEALTH AND WELLBEING STRATEGY 2012-2015

3.1 Introduction and context

3.1.1 On the 18th June 2012, the Health and Wellbeing Board received a report that introduced the process for developing its first Health and Wellbeing Strategy. In addition, the board were presented with a series of “illustrative priorities” that had been drawn from the 2012 Joint Strategic Needs Analysis. In the period that followed, the accountable officer group worked up the priorities in more detail and produced a draft strategy that was shared with members of the board. The final draft document (appendix 1) was issued for consultation to a wide group of stakeholders. The consultation process will be addressed in paragraph four below.

3.1.2 The three year strategy is intended to:

- Identify health and wellbeing priorities
- Set clear markers for NHS and Local Authority commissioners as they act to put in place the right mix of services and initiatives to meet the needs of the population
- Hold commissioners to account for their decisions
- Help to develop partnerships that provide solutions to commissioning challenges

3.1.3 The priorities selected related closely to the findings of the Joint Strategic Needs Assessment (JSNA) and the draft strategy provides a summary of key JSNA findings in the section titled “How healthy are we?” Whilst it is difficult to do justice to the depth and range of information generated by the JSNA in a relatively brief section, some strong themes were identified and these underpinned the selection of strategic priorities that are presented in section four of the draft strategy. Each priority is accompanied by:

- A more descriptive objective
- Evidence for its inclusion in the priorities
- Broad recommendations on how the priority and objective will be addressed
- The relevant linked outcomes frameworks that will inform the specific outcomes to be selected when the strategy is finalised, post consultation and board approval

3.1.4 In section five the strategy sets out a set of principles that should guide commissioners as they respond to the priorities and outcomes that need to be addressed. These principles represent a checklist for commissioners. This checklist is further supported by a recommended commissioning model that is outlined in the appendix to the draft strategy.

3.1.5 The draft strategy concludes with reference to the consultation process and the main areas that respondents are being asked to comment on (covered in more detail in the next section). In addition it makes reference to proposed schedule of outcomes that will be developed as the board’s framework for setting a baseline and monitoring performance on the delivery of the agreed priorities.

4. CONSULTATION

4.1 The Consultation Plan has been developed with the support of NHS Peterborough and Peterborough City Council officers. The consultation will run for three months from 23rd August until 22nd November 2012 in line with the Council/Voluntary Sector Compact Agreement. It includes an electronic mail-out of the document to a wide-ranging list of organisations and individuals across the statutory and non-statutory and community sectors. Groups representing those people with protected characteristics under equalities legislation have been specifically targeted. Responses to the consultation questions are requested either by using the consultation form at the end of the document, by responding electronically using a survey tool, or by responding to the specific email address that has been set-up for the purpose. A stakeholder consultation event is being planned for November. All responses will be collated following the closure of the consultation period

and a report will be brought to the next H&WB meeting on 10th December for consideration by the Board.

5. CAMBRIDGESHIRE DRAFT HEALTH AND WELLBEING STRATEGY: COMMON ISSUES AND POINTS OF ALIGNMENT

- 5.1 Cambridgeshire Health and Wellbeing Board has produced a draft five year strategy, 2012-2017 rather than the three year period for Peterborough (see attached appendix 2). The consultation on its draft strategy came to an end on the 17th September. In common with Peterborough, the draft strategy is underpinned by the JSNA, it identifies the broad range of factors that impact upon health and wellbeing and references Dahlgren and Whitehead's determinants of health model. It seeks to add value to and not replicate existing strategies.
- 5.2 Cambridgeshire sets out five priorities for consultation, the first three of which reflect, in large measure priorities one, two and three in the Peterborough draft strategy. Cambridgeshire's fourth priority, which refers to early intervention on mental health, minimising the impact of substance misuse is also referenced in the Peterborough version. Where the strategies are more markedly different, in terms of priorities, is the inclusion in the Cambridgeshire draft strategy, of the fifth priority; "Create a sustainable environment in which communities can flourish". In this priority there is a more overt focus on wider partnership action to make a contribution to health and wellbeing. In the Peterborough draft strategy, alignment between the Health and Wellbeing Board and the key partnership bodies, Greater Peterborough Partnership, Safer Peterborough Partnership, Safeguarding Boards is firmly endorsed. It is however recognised that effective arrangements for ensuring that the principles, messages and priorities outlined in the Health and Wellbeing Strategy, are reflected in work of these other partnerships. Peterborough focuses more specifically on people with life-long disabilities and complex needs as a discrete priority. Cambridgeshire reflects these need groups within other priorities. In Peterborough's case there are compelling reasons both financial as well as needs based that drive this fifth priority.
- 5.3 The priorities in the Cambridgeshire draft strategy expand upon the areas for action in a different way, but both seek to provide a clear direction for commissioners as those authorities develop commissioning plans. Peterborough has set out an intention to develop key outcomes to monitor the impact of commissioners action on the agreed priority areas. Cambridgeshire makes reference to the important indicators linked to their priorities.
- 5.4 The consultation process employed by Cambridgeshire asks for more detailed responses from consultees. The results of Cambridgeshire's consultation may prove instructive for future consultation by Peterborough and will be looked at with interest when published.

6. CONCLUDING COMMENTS

- 6.1 The key test for the relevance and impact of the Health and Wellbeing Strategy is the difference made to the lives of Peterborough's residents. In the first instance this will be evidenced by the degree to which Health and Local Authority commissioners respond to the priorities and incorporate actions and initiatives that address the priority needs. Subsequently, through the duration of the strategy the focus will be on the impact on outcomes. However the current task is to confirm that the priorities that are selected and the outcomes that will underpin them make sense.

7. BACKGROUND DOCUMENTS

Used to prepare this report, in accordance with the Local Government (Access to Information) Act 1985)

Peterborough Joint Strategic Needs Assessment 2012
Health and Social Care Act 2012
Draft Cambridgeshire Health and Wellbeing Strategy 2012-17

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