

Joint Health and Wellbeing Strategy

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Introduction

- Health and Wellbeing Boards are a requirement of the Health and Social Care Act 2012
- Must be in place by April 1st 2013
- MK Shadow Board since December 2011
- Its role is to bring together local commissioners of health and social care, public health, councillors, HealthWatch (LINK) and the voluntary sector

Functions

- Two key tasks of the new Health and Wellbeing Board are:
 - 1) the production of the Joint Strategic Needs Assessment (JSNA)
 - 2) the development of the Joint Health and Wellbeing Strategy (JHWS)
- These are statutory duties, required of both Milton Keynes Clinical Commissioning Group (MKCCG) and Milton Keynes Council (MKC)
- Both must be published

Joint Strategic Needs Assessment

- Objective analysis of current and future needs of the population
- Wide range of quantitative and qualitative data, including user views
- The JSNA will be the primary process for identifying needs
 - impact on health and well being and wider determinants eg impact of poverty, housing, education
 - demographic changes
 - health inequalities and tackling underlying determinants

Examples

- Increase in the 80+ age group
- Number of children living in poverty
- BME Groups as % of school pupils
- Number of first languages spoken
- Households identified as living in unsuitable housing
- Number of carers living in Milton Keynes and those providing more than 50 hours care a week
- Educational attainment (5 GCSEs incl English / Maths)
- Number of children in care
- Milton Keynes areas in relation to National Scale for Income Deprivation Domain
- % of adults who smoke
- Number of people with dementia and projected increase
- Number of over-65s having falls
- Projected increase in hospital admissions
- % of population on disease register for schizophrenia, bipolar disorder and other psychoses – mapped to areas of deprivation

Joint Health and Wellbeing Strategy

Musts:

- Requirement to develop a shared strategy based upon needs identified in the JSNA
- Duty to have regard to the JHWS when commissioning
- MK CCG commissioning plans to be aligned with the JHWS
- Annual report must review contribution to delivering JHWS
- NHS Commissioning Board must assess how MK CCG has met this duty

Purpose

- Means to improve health and wellbeing outcomes through strategic commissioning
- “Picture of place”
- Consider all relevant needs:
 - health needs
 - care needs
 - wider social, environmental and economic factors
 - adults and children

Who?

- The Health and Wellbeing Board is responsible for signing off both the JSNA and JHWS
- Equally responsible: MK CCG Representative, Director of Children's Services, Director of Public Health, Director of Adult Social Services, Local Councillor(s), local Healthwatch representative and other members
- Other stakeholders: police, probation etc.
- Local communities

Process

- December 2011 – first Shadow HWB
- Tasks identified included:
 - JSNA
 - MK Health and Wellbeing Strategy
- Jan – May 2012 Monthly meetings of HWB Strategy Group
- 24th May Shadow HWB – agree strategy consultation
- 23rd August Consultation closes
- Next steps - review comments/suggestions/add outcome measures
- 11th September Strategy Group reconvenes
- 27th September Final Draft to Shadow HWB
- 2nd October CCG Board approval
- 17th October MKC Cabinet
- 23rd November Strategy Launch – Stadium MK

Priorities and Actions

- Setting shared priorities
- Evidence based on need
- Tackling key issues not trying to solve everything
- Focus on achieving greatest outcomes
- Integration, prevention and independence
- Strategic priorities are:
 - Improve Wellbeing,
 - Reduce Early Deaths and Tackle Major Diseases,
 - Reduce Health Inequalities

Objectives

To achieve the priorities nine objectives developed

Improve Wellbeing

- Healthier Lifestyles
 - Smoking, Exercise, Diet, Alcohol, Sexual Health, Healthy Workplaces
- Mental Health
 - IAPT (increasing Access to Psychological Therapies), dementia, self esteem, exercise
- The strength of community
 - Work with families, connections, carers

Reduce Early Deaths and Tackle Major Diseases

- Preventable diseases and deaths
 - Consistent prevention advice
 - Early identification
 - Self Management
- Accidents and Injuries
 - Over 65s and under 5s
- Reduce unnecessary hospital admissions
 - Identify those most at risk and target services
 - Reduce level of admissions from care homes
 - End of life care within community
 - Further integration between health and social care

Reduce health inequalities

- Reduce poverty
 - Employment opportunities
 - High quality child care
 - Affordable housing
 - Children in poverty
- Equitable employment opportunities
 - Focus on 18-25 years
 - Those with disabilities
 - Long term unemployed
- Vulnerable adults and children
 - Maximise capabilities
 - Children gain good development level at 5 years
 - Safeguarding – high quality and integrated

Timescales

- Shadow Health and Wellbeing Board agreed draft for consultation on May 24th 2012
- 90 day consultation period ending August 23rd 2012
- Returns to Health and Wellbeing board September 27th 2012
- Aiming for MKC Cabinet and MK CCG to adopt in October 2012.