

## **Manchester City Council Report for Resolution**

**Report to:** Manchester Health and Wellbeing Board – 4 July 2012

**Subject:** Joint Health and Wellbeing Strategy

**Report of:** David Regan, Director of Public Health

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### **Summary**

The preparation of a Joint Health and Wellbeing Strategy (JHWS) will (from April 2013) be a statutory duty for local authorities and Clinical Commissioning Groups (CCGs), to be exercised through the Health and Wellbeing Board. This paper therefore proposes a process for developing an initial draft JHWS by October 2012 (to inform 2013/14 commissioning plans) and for finalising this with greater public involvement by early 2013.

### **Recommendation**

The Board is asked to:

1. approve the proposed process for developing the Joint Health and Wellbeing Strategy through the Driver Group
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## **1. Introduction**

- 1.1 The preparation of a Joint Health and Wellbeing Strategy (JHWS) will (from April 2013) be a statutory duty for local authorities and Clinical Commissioning Groups (CCGs), to be exercised through the Health and Wellbeing Board. The JHWS is a crucial local document: CCGs, the NHS Commissioning Board and local authorities have a legal obligation to have regard to the strategy when preparing or revising commissioning plans. Consequently it is clearly critical that the strategy is robust and genuinely shared by members of the Board.
- 1.2 While the statutory duty to prepare a JHWS does not come into force until 2013, it would be desirable for the Board to begin the development process now. This would enable the Board to inform commissioning plans for 2013/14, in advance of the statutory duty, and to progress quickly with implementing the shared objective of greater service integration; and it would support CCGs in their authorisation process by enabling them to demonstrate their engagement with the development of the plan and its influence on their own commissioning plans.
- 1.3 This paper therefore proposes a process for developing an initial draft JHWS by October 2012 (to inform 2013/14 commissioning plans) and for finalising this with greater public involvement by early 2013.

## **2. Requirements of the JHWS**

- 2.1 Formal guidance on the JHWS has not yet been issued. However, draft guidance issued in January 2012 suggests that the following may be key points to consider in the development of the strategy:
  - a. It must be informed by the JSNA, and should also draw on other local needs assessments and plans;
  - b. It should take account of the present and future health and social care needs of the whole population, with action across the lifecourse and consideration given to groups in the most vulnerable circumstances;
  - c. It should focus on what can be done jointly rather than on actions for individual organisations;
  - d. It should prioritise the issues that require the greatest attention rather than trying to cover everything at once, and set out a clear rationale for why these priorities have been identified;
  - e. It should consider services beyond health and social care, including tackling the wider determinants of health;
  - f. It should promote greater integration of commissioning and service provision, including through use of Section 75 powers;
  - g. It should promote independence, choice and control for service users;
  - h. There should be full involvement of all stakeholders, including patients/clients and the wider community, in the development of the strategy.
- 2.2 These requirements are entirely consistent with the Board's existing approach and priorities, and are reflected in the way the JSNA is being developed locally.

### 3. Proposed approach to development

- 3.1 It is not realistically possible to produce a final JHWS with full community and patient/client engagement by October, when the strategy is required in order to inform commissioning plans. Consequently it is proposed to undertake a two-stage process, as follows:
- a. A small working group drawn from the Driver Group to prepare a draft strategy by the end of October, drawing on existing consultations and priorities. This draft should be sufficiently complete to enable it to inform the start of discussions around commissioning plans for 2013/14. At this stage, wide stakeholder engagement will necessarily be limited to using existing Patient and Public Involvement and Community Network structures, including PPI Forums and the LINK.
  - b. A full consultation and engagement exercise to be conducted over the following four months, with emerging findings from this exercise being reported to the Board in order to enable these views to refine the ongoing development of commissioning plans during the winter. This consultation then to inform a revised strategy to be published in April/May 2013.
- 3.2 Public Health Manchester will provide the staff resource to co-ordinate the development of the strategy. However it will clearly require input from all partners, and in the second phase considerable support from communications teams. It is proposed that the Board task the Driver Group to take responsibility for the development of the strategy.
- 3.3 The key milestones for this work are as follows:

First draft completed by Driver Group	10 September 2012
Initial draft considered by Board	19 September 2012
Health Scrutiny Committee	18 October 2012
Draft approved by Board	14 November 2012
Consultation and engagement period	November 2012 – March 2013
Strategy revision	April 2013
Final strategy approved by Board	May 2013

### 4. Recommendations

- 4.1 The Board is asked to:
- a. approve the proposed process for developing the Joint Health and Wellbeing Strategy