

HEALTH AND WELLBEING BOARD			
Report Title	Lewisham's Health and Wellbeing Strategy		
Contributors	Director of Public Health	Item No.	6
Class	Part 1	Date:	19.09.13

1. Summary

- 1.1 The Health and Social Care Act 2012 introduced a statutory requirement for Health and Wellbeing Boards to prepare Health and Wellbeing Strategies (HWS) for their local areas. The Act states that joint Health and Wellbeing Strategies should provide an over-arching framework to ensure a strategic response to the health and social care needs of the local population.
- 1.2 Lewisham's Health and Wellbeing Strategy is a 10 year strategy whilst the delivery plan is initially for three years. A review will be undertaken at the end of the three years and this will inform the development of a subsequent delivery plan for the remaining years.

2. Purpose

- 2.1 This report seeks approval of Lewisham's Health and Wellbeing Strategy and asks the Board to note the accompanying draft delivery plan that sets out actions for addressing the priorities identified in the strategy.

3. Recommendations

Members of the Health and Wellbeing Board are recommended to:

- Approve the final version of the Health and Wellbeing Strategy – attached at Annex A;
- Note the current draft Delivery plan – attached at Annex B.
- Agree that the responsibility for further development of the plan and the monitoring of the plan will be undertaken by the Delivery Group, who will provide regular updates on progress to the Board.

4. Policy Context

- 4.1 The development and publication of a Health and Wellbeing Strategy is a statutory duty under the Health and Social Care Act 2012. The purpose of the Strategy is to inform commissioning decisions across

local services focusing on the needs of service users and communities, based on evidence provided in the Joint Strategic Needs Assessment (JSNA).

4.2 Local authorities, Clinical Commissioning Groups (CCGs) and the NHS Commissioning Board are required to take the Joint Strategic Needs Assessment and the Health and Wellbeing Strategy into account when producing commissioning plans so that their plans are fully aligned with the jointly agreed priorities in the Health and Wellbeing Strategy.

4.3 Lewisham's Health and Wellbeing Strategy has been developed in the context of the Lewisham JSNA and other local strategies that aim to improve the lives of Lewisham's residents. These include:

- Lewisham's Sustainable Communities Strategy
- Lewisham's Children and Young People's Plan
- Lewisham's CCG Commissioning Strategy
- Joint Health and Care Commissioning Plans
- Other strategies and plans (e.g. Housing, Safer Lewisham)

5. Background

5.1 In its shadow form, the Health and Wellbeing Board initiated the development of a new Health and Wellbeing Strategy, building on the JSNA and the strengths and successes of existing plans and Strategies, whilst being more wide-reaching and ambitious in its scope. An officer group that supports the Board, with representation from the local authority, public health and other parts of the NHS, steered this process.

5.2 Through a review of the key evidence in the Lewisham JSNA, a review of existing intelligence from users, carers and 'less heard' groups including community engagement activities with key groups, the following key priorities for the Health and Wellbeing Strategy were identified:

- Achieving a Healthy Weight
- Increasing the number of people who survive colorectal, breast and lung cancer for 1 and 5 years
- Improving Immunisation Uptake
- Reducing Alcohol Harm
- Preventing the uptake of smoking among children and young people and reducing the numbers of people smoking
- Improving mental health and wellbeing
- Improving sexual health
- Delaying and reducing the need for long term care and support
- Reducing the number of emergency admissions for people with long-term conditions.

- 5.3 The priorities cover those areas by which Lewisham Council and its partners can collectively:
- a) make the biggest difference to health and wellbeing at all levels of our health and social care system
 - b) take actions that will enable change and integration across social care, primary and community care, and hospital care
 - c) take early action now, that will improve quality and length of life in the future, and reduce the need for additional health and social care interventions later on.
- 5.5 The draft Health and Wellbeing Strategy has been revised following feedback from key partners. The Strategy – attached at Annex A - also includes ideas from people across the voluntary and community sector who have taken part in the development of the strategy. During a series of community engagement activities the sector was asked what issues it would like considered in order to improve health and wellbeing in Lewisham.
- 5.5 A delivery plan has also been developed and a draft is attached at Annex B. The draft Delivery Plan sets out the high level activities (deliverables) to achieve the improvements and outcomes required in each of the Health and Wellbeing Strategy priority areas. The next steps in its development is to ensure clarity on the individual contributions of each partner and to translate the plan into action in 2014/15. Whilst the Strategy covers 10 years the delivery plan is initially for three years. The Delivery Board will review progress and will consider if any additional steps need to be taken to ensure there is measurable and effective improvement. The Delivery Board will provide feedback to the Health and Wellbeing Board on a regular basis.
- 5.6 The draft Strategy and the draft Delivery Plan were presented to the Healthier Communities Select Committee on 4 September 2013.
- 6. Financial implications**
- 6.1 The actions identified in the delivery plan will be delivered by Lewisham Council and its partners on the Health and Wellbeing Board within the constraints of their existing budgets and future years' budget strategies.
- 7. Legal implications**
- 7.1 The Health and Social Care Act 2012 introduced a statutory requirement for Health and Wellbeing Boards to prepare joint Health and Wellbeing Strategies (HWS) for their local areas.

- 7.2 Members of the Board are reminded that under Section 195 Health and Social Care Act 2012, health and wellbeing boards are under a duty to encourage integrated working between the persons who arrange for health and social care services in the area.

8. Crime and Disorder Implications

- 8.1 Actions relating to Alcohol Harm Reduction e.g. underage sales test purchases, and also action for Tobacco Control e.g. work with Trading Standards to reduce access to illicit tobacco will contribute to reducing crime and disorder in the borough.

9. Equalities Implications

- 9.1 In line with requirement in the Equality Act 2010, an Equality Analysis Assessment was undertaken on the Health Inequalities Strategy by assessing the possible impact that each of the priorities might have on each of the 9 protected characteristics. Census, GLA Population Projections and various other local and national data sources were used to assess the potential impact across the protected characteristics.
- 9.2 There was no clear evidence that the Health and Wellbeing Strategy as a whole will have a negative impact on any of the protected characteristics. In some cases there was likely to be a positive impact on one or more of the protected characteristics as they are the target of particular interventions under the strategic priorities. This is because of the JSNA process identifying a greater need as the result of worse outcomes or poorer use of healthcare, for example:
- Reducing alcohol harm amongst young women
 - Improving cancer survival amongst older people, through improved awareness of early symptoms and signs
 - Reducing rates of teenage pregnancy
 - Tackling obesity in children
 - Improving access to IAPT services amongst BME groups
 - Reducing emergency admissions for people with long term conditions.
- 9.3 In other cases people identified as having a protected characteristic may benefit more from some of the priorities as a result of an association with a target group, for example, older people are more likely to have complex healthcare and social support needs and are more vulnerable to crises that reduce their independence. They are therefore more likely to benefit from the strategy's priority to delay and reduce the need for long term care and support.

If there are any queries on this report please contact Dr Danny Ruta, Director of Public Health on 020 8314 9094.