



Bristol Health & Wellbeing Board

Health and Wellbeing Strategy Re-fresh	
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Report for Discussion and Decision	

1. Purpose of this Paper

- 1.1 To propose that the Health and Wellbeing Board undertakes a re-fresh of the Joint Health and Wellbeing Strategy.
- 1.2 To propose the process and governance to deliver this re-fresh.

2. Executive Summary

- 2.1 This report proposes undertaking a re-fresh of the Bristol Health and Wellbeing Strategy. It proposes that the re-freshed strategy will be more focussed and that there will be stronger governance on the delivery of the outcomes.

3. Context

- 3.1 The current Joint Health and Wellbeing Strategy was approved in September 2013 following extensive public and stakeholder engagement.
- 3.2 The Strategy was well received and the priorities are all still valid. However, it has been challenging to sustain action and reporting against the action plans for delivering the 10 priorities.
- 3.3 There are many reasons for this. These include large scale organisational change since the development of the strategy,

plus developments within the health and social care landscape, nationally and locally.

- 3.4 There is also a view that there has been too much to sustain and that it should be much clearer what the top, joint priorities for action for the next two to three years are. Measuring success against these top priorities will also be important.
- 3.5 The Joint Health and Wellbeing Strategy should be informed by the Joint Strategic Needs Assessment. A 2015 update is now taking place to support the development of the revised strategy. From 2016 onwards, there will be a revised approach to the JSNA.

4.0 Issues and Challenges

- 4.1 Joint Health and Wellbeing Strategies should be developed locally and based on local need. However, needs alone will not deliver a meaningful strategy. There will need to be a number of key inputs and drivers including:

- National policy drivers, eg. NHS Operating Framework, NHS 5 Year Forward View, Care Act, Better Care
- Mayors Vision and Corporate Plan
- Service performance
- Patient and public experience
- VFM, efficiency, QIPP – cost/quality relationship

Furthermore, the JSNA tells us what we know about. There will be gaps in our knowledge.

- 4.2 Further challenges include prioritisation of issues. It is tempting to include everything as a priority, because it is all important. However this leads to an unfocused set of actions and diffuse accountability. Keeping the strategy focussed, whilst bearing in mind the wider public health remit, will always be a challenge.
- 4.3 However, the purpose of the strategy is to inform commissioning plans. If it is too tightly focussed there is a danger that it will bear little resemblance to the reality of commissioning within the city.

- 4.4 At the time of developing the current strategy, there was widespread support for a “sustainable cities” approach, focussing on wider determinants as well as health services. It will be important to maintain sufficient focus in this area.
- 4.5 Furthermore, the balance between aspiration and practical realities needs to be met.

5.0 Proposed way forward – process

- 5.1 It is proposed to set up a short-life strategy group. This would include:
- Strategy Lead at CCG
 - Public Health, BCC
 - Health Strategy, BCC
 - Adults and Childrens Commissioning BCC
 - Place representative
 - VCS representative
 - HealthWatch
- 5.2 It is not proposed to undertake a consultation on the scale of the original strategy.

6.0 Principles

- 6.1 The re-fresh will be developed through the partnership working group on behalf of the Health and Wellbeing Board. However, informal feedback has suggested that priorities should be ones that collective/partnership action can have the most impact on. IE. Where the Health and Wellbeing Board adds value.
- 6.2 It is also suggested that a number of cross cutting themes run through the priority areas, such as
- Community resilience
 - Integration
 - Prevention and early intervention
 - Tackling health inequalities

6.3 A potential approach would be to identify two or three priorities for delivery within each theme.

7.0 Delivery of priorities

7.1 Linkages to other strategic partnerships and their delivery plans needs to be developed in order to gain the greatest impact on the cross cutting themes.

7.2 For example, it will be important to agree where the delivery of priorities for children should be held. Also, it should be noted that there is already governance infrastructure for the delivery of “integration” through the Better Care Programme, also on this agenda.

8.0 Key risks and Opportunities

8.1 There is a risk that the re-freshed strategy will not be sufficiently focussed to be held to account on delivery.

8.2 However, there is significant opportunity to learn from what has and has not worked so far.

9. Implications (Financial and Legal if appropriate)

9.1 None arising directly from this report.

10. Conclusions

10.1 That it is timely to undertake a re-refresh of the Bristol Joint Health and Wellbeing Strategy.

11. Recommendations

11.1 It is recommended that the HWB agree to the proposals as set out in the report.