

Health and Wellbeing Annual Strategy Review

Introduction

Earlier this year, the health and well-being board approved its first health and well-being strategy. The strategy covered the period 2013 to 2016, and contained a commitment to an annual refresh. This paper sets out:

- A. Why a refresh is particularly necessary.
- B. The opportunity to do it differently and better.
- C. Confirms the next steps agreed at the Senior Strategic Development Group meeting on 4 November.

Why refresh?

Apart from the commitment to an annual refresh of the strategy, there are a number of strong reasons to relook at our strategy.

Our initial strategy was approved as the board formally assumed its responsibilities. Eight months further on, we have inevitably developed a greater understanding of the challenges and opportunities we face as a system. Most importantly, the bid to be a pioneer of health and social care integration, served to develop our thinking about what we have already achieved, and how we should proceed. For example, work on personalisation, which is lightly referenced in the strategy may well now take on a higher profile.

The launch of the integration transformation fund from 2014/15, with a bigger fund in 2015/16, means that the health and well-being board will have formal responsibilities around financial allocations. Whilst this cements our 'Stronger Barnsley Together' identity, it will require us to have a strategic planning and commissioning process that is more fit for purpose than it has needed to be so far.

NHS England has issued a series of 'Calls to Action'. So far, these are concerned the future direction of the NHS in its entirety, developing primary care, and I understand there is soon to be another 'Call' around community pharmacy. In response to this national work, clinical commissioning groups will be expected to adopt some kind of statement of strategic intent.

Opportunity to do it differently

More engagement with individuals families and communities

Involvement of local people in the current strategy was necessarily limited to a council led consultation exercise. All health and well being board partners have undertaken a wide range of public consultation exercises, and use a number of

different channels to communicate with local people. Bringing this into a refreshed strategy would strengthen it and would also present an opportunity to build community assets.

Greater clinical leadership

All the NHS partners are, in their own ways, seeking to further develop the practice of clinical leadership. There is an opportunity in refreshing the strategy to develop a broader understanding of the challenges facing Barnsley, work with the most senior professionals across the borough to identify innovative solutions, and build greater ownership of the context within which decisions will be made over the next few years.

Underpinned by financial strategy

The social care system undoubtedly faces significant financial challenges over the next few years. Real terms cuts in local authority funding, could now be matched by an NHS position significantly worsened by changes in the resource allocation formula nationally. Any strategy for health and well-being needs to present this financial position realistically, and outline a collective and robust response.

The integration transformation fund can be part of our response to this deteriorating financial outlook. It is therefore important that the fund is used in ways which deliver maximum long term value for the borough.

Aligned to our delivery infrastructure

The current strategy predates the establishment of programme boards reporting to the health and well-being board, and is therefore arguably not as well aligned to it as it might be. There is an opportunity to either rewrite the strategy in line with the programme boards, or to review the programme board composition in accordance with the strategy – or more probably some mix of both.

Building in evaluation of the strategy (and also in support of the pioneer work)

Strategic Evaluation would seek to build in evaluation as an integral part of the whole programme of work, providing real-time data and feedback to enable adaptive capability across the whole of the programme; and to develop capacity in coproduced solutions between commissioners, providers and communities through a model of Social Value, that tracks outcomes, capacity and economic impact.

Next steps from the SSDG meeting (NB BHNFT weren't represented at the meeting)

The group considered that we should aim to reach a single borough wide strategy for health and wellbeing.

In addition, the plans of individual organisations should contain explicit references to the health and well-being strategy. This would demonstrate a clear connection, and encourage the mutual accountability necessary to make progress.

A Trilateral meeting between the boards of BHNFT SWYPFT and the CCG planned for 5 December is used to agree strategic priorities. The conclusions from this meeting will inform a couple of focused Board meetings before end March 14 to formulate its strategy.

Review the JSNA to inform the strategy, and also explore how the strategy should inform future JSNA work. In addition the strategy will be informed by intelligence on the health and care system performance, and the DPH report

Commit to the development of a whole health and care system financial strategy by mid February 2014 to inform the agreed allocation of the integration transformation fund.

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