

Major Conditions Strategy

Purpose of Report

For direction.

Summary

This report provides the context to the presentation from Jennifer Benjamin, Deputy Director for Policy Provision and Accountability in the DHSC who will give a progress report on the Major Conditions Strategy and will seek the views of the Community Wellbeing Board. The report sets out the proposed policy lines in respect of the strategy and seeks the views of Board members.

LGA Plan Theme: Putting people first

Recommendation

That the Community Wellbeing Board discuss and agree the proposed initial policy lines in respect of the Major Conditions Strategy

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Major Conditions Strategy

Background

1. At their meeting on 1 March, members of the Community Wellbeing Board and invited members of the Children and Young People's Board noted the update report on the Major Conditions Strategy (MCS), announced by Secretary of State for Health and Social Care. The Secretary of State's full statement is available [here](#).
2. The Board requested that LGA officers invite the Department of Health and Social Care to the next meeting of the Board.
3. The report also set out all the LGA's existing policy lines that are relevant to the Major Conditions Strategy and requested that the Board agree a few key messages to prioritise.

Proposal

4. Jennifer Benjamin, Deputy Director for Policy Provision and Accountability, of the DHSC Systems, Integration and Reform Directorate, will attend the meeting to provide an update on the scope and content of the strategy, provide information on arrangements to engage local government stakeholders and to seek the views of the Community Wellbeing Board and invited Children and Young People Board members.
5. The meeting will also be an opportunity for members to agree the LGA's key policy messages in respect on the Major Conditions Strategy. The Strategy will be broad ranging: It covers six conditions – mental ill-health, chronic respiratory diseases, dementia, cardio-vascular disease, including diabetes and stroke, and musculoskeletal conditions; it will address primary, secondary and tertiary prevention; and will consider how health inequalities impacts on the care and support of people with major conditions. For these reasons, the LGA has over 20 key policy messages which are relevant to the strategy.
6. We can, of course, include all of the LGA's existing policy messages in our formal response to the call for evidence on the Major Conditions Strategy but it would be helpful in sharpening our focus if the Board could agree the most important broad messages on which to focus our influencing activity.
7. The proposed broad priority key messages are set out below:
 - 7.1 **Take an inclusive approach, reaching beyond the NHS** - It is clear to us that the strategy cannot be limited to clinical interventions and the work of the NHS. We are keen to work with Government to ensure that local government partners, who are vital in planning and delivering prevention, care and support, are closely involved in developing the scope and content of the strategy.

- 7.2 Join up national Government planning and action** - Given the cross-cutting and multi-factorial nature of improving health outcomes, we urgently need a cross-Government approach to the MCS that addresses the wider determinants of health – led by DHSC but with involvement of other Government departments. This should also include a long-term workforce plan across health, social care, public health and the voluntary, community and social enterprise sector (VCSE) to improve physical and mental health.
- 7.3 Prevention and early intervention needs to be a key feature of the strategy** - For many years prevention has been overshadowed by clinical treatment and, as such, explicit and additional investment in prevention is required. This is a more cost effective approach than treating major conditions once they have developed. Many mental health and physical health conditions have their roots in childhood so children’s mental and physical health and wellbeing needs to be a key focus in terms of prevention, early identification and intervention, and providing treatment and support.
- 7.4 The MCS needs to reflect the key adult social care sector principles of a person-centred, place-based approach and outcome based approach** - The focus should be how all care and support services across health, care, the VCSE sector and other sectors enable individuals to lead their lives as they wish, independent within their own communities wherever possible. A well trained and valued workforce is essential for high quality care and support and should, therefore, be a key component in the MCS.
- 7.5 Children and young people’s health needs to be embedded in the strategy** – It is crucial that Government maintains a strong focus on children and young people’s physical and mental health. We are concerned that without an explicit strategy on children’s health, this will be overlooked. Many of the conditions in the strategy are primarily, though not exclusively, experienced by adults rather than children and young people so there is a high risk that children’s physical and mental health may not receive the prominence it deserves. Furthermore, the strategy must recognise that children have unique and distinct needs, and a separate legislative framework, so that an all age approach may be difficult.
- 7.6 Health inequalities must be central** - We understand that the now shelved Health Disparities White Paper will be incorporated into the MCS. We are concerned and disappointed at the abandonment of a separate strategy to address the widening disparities in health. We will continue to press the Government that the MCS clearly focuses on health inequalities in all major conditions.
8. The Board is requested to consider and agree the above messages as the key priorities in the LGA response to the Major Conditions Strategy.

Implications for Wales

9. Health is a devolved responsibility and, therefore, the proposed Multiple Conditions Strategy will apply only to England.

Financial Implications

10. We do not yet have sufficient information on the Major Conditions Strategy to identify whether there will be any financial implications for local government in implementation any of the proposals in the strategy.

Equalities implications

11. We do not yet have sufficient detail on the Major Conditions Strategy to understand the equalities implications. The Secretary of State for Health and Social Care, in announcing the strategy, reiterated the Government commitment to gaining five additional years of healthy life expectancy by 2035 and to narrow the gap in health life expectancy by 2030. He also underlined that the MSC will include the key commitments with regard to health disparities.

Next steps

12. The Community Wellbeing Board is requested to agree that LGA's key priorities in our response to the Major Conditions Strategy.