



Report to: Blackburn with Darwen Health and Well-being Board

From: Dominic Harrison

Date: 23rd September 2013

TITLE OF REPORT: Delivering the Health and Well-being Strategy - summary of thematic action plans

1. Purpose of the report

- To provide the Health and Well-being Board with a summary of the priorities for delivery under each of the five programme areas of the Health and Well-being Strategy.
- To highlight key interdependencies between the five thematic areas, where the Board may wish to consider endorsing a more joined up programme of delivery.
- To provide an overview of key recommendations for commissioning that are emerging from the thematic action plans

2. Action required of the Health and Well-being Board

The Board are required to consider the summary of the thematic action plans provided and agree to a number of recommendations as outlined in section 5.

3. Background

Following the agreement and adoption of the Health and Well-being Strategy 2012-2015, the Board have been keen to ensure that action plans are in place to drive the delivery of its key priorities.

As such the Board nominated specific members to lead and support the development of action plans for each of the five themes of the strategy, with support from designated Public Health officers. Following the nomination of Board members, the Council has since dedicated a named Director to each of the themes, in order to support the work and drive the delivery of key actions across the Council.

At the meeting of the Board in June, members received an overview of the partnership arrangements that were being developed to support the action planning work, and nominated leads were tasked with reporting back to the September Board, with a final overview of their plans, for the Board to consider.

4. Issues for consideration

4.1 Summary of thematic action plans

A summary of the top three target groups; outcomes and recommendations for commissioning, from each of the thematic action plans can be found at Appendix A. For ease of reference, their key similarities and interdependencies have been drawn out below.

4.2 Key interdependencies of the plans

Collecting and sharing the right information and data is a key theme running across all of the plans. Managing the collecting and sharing of data more effectively will allow groups to undertake better risk profiling, which has been identified in a number of plans and should be inherent in all the plans as this has the potential:

- to identify and prevent a whole range of both social and health problems arising that could impact on individuals and resources
- form the basis for determining appropriate care plans and interventions
- lead to greater independence and self-reliance

The Board are recommended to consider what action they wish to promote in relation to data/information sharing, and whether they wish to establish a cross agency process which requires those who have the task of collecting, storing and making available shared information to be identified, and to ensure it is carried out efficiently and without duplication.

Behaviour change in terms of promoting independence; self-reliance and self-care is a core ambition of the health and wellbeing board and is reflected in a number of the plans.

How this new 'contract' between the Board and the individual can be brokered is a big challenge to overcome, it in effect covers everything from:

- bringing about a mind-set change about the relationship between the individual and the state
- the lifestyle change required in terms of parenting, diet, obesity, smoking, alcohol, drugs and physical and social activity
- through to ensuring patient compliance in taking medication.

The lifestyle issues outlined above may be themes in their own right and the Board are recommended to consider how it can best bring about behaviour change, in relation to these themes and how it can integrate with regional and national campaigns.

Linked to behaviour change is the theme of educating, informing and communicating with citizens and communities, which features in some way in all plans. Communication strategies and engagement activities need to be coordinated across each of the priorities and the Board are recommended to consider this when finalising their Communications and Engagement Strategy.

On a final point of note, Theme 3: Safe and Healthy Homes and Neighbourhoods and Theme 5: Older people's independence and social inclusion, have some significant overlaps in relation to addressing the needs of older people. It is also likely that Theme 4: Promoting health and supporting people when they are unwell, will impact in some way on a number of the target groups identified in the other plans. Care will need to be taken to join up these plans in order to make best use of resources and avoid duplication of effort.

4.3 Key recommendations for commissioning

The action plans identify a number of common themes, that the thematic groups feel should be considered in relation to the commissioning of resources to support their proposed activities.

The key, cross-cutting recommendations are highlighted below.

A greater focus on Preventative spend will need to be funded by savings made on a reduction in high need/high end interventions – this will need to be supported by robust cost/benefit analysis to allow decisions to be taken.

Integration of primary and social care at both managerial and local levels will be fundamental to the achievement of all 5 plans. This is perhaps best summed up in the Theme 1 (Children's plan) with the action "Create an integrated network of providers who co-produce and co-deliver solutions and services" How this is planned, organised, resourced and led across all of the plans and the health and care sector as a whole, will be critical for the Board to consider. Much of this work is already planned between the Council and the Clinical Commissioning Group

Mental health and wellbeing is referenced in all plans and therefore lends itself to a cross partnership plan to identify those at risk, prevent crisis, provide treatment in a timely manner and ensure the delivery of appropriate care. The Board are recommended to consider whether wish to agree to the development of a specific piece of work around mental health, across the breadth of the Health and Well-being Strategy, to scope out need and demand and bring back specific recommendations for commissioned services.

Training of potentially the same front line staff and volunteers is a recurrent theme which needs to be planned strategically and operationally across the priorities to ensure that it supports integration; delivers the right outcomes; avoids duplication of effort and resources and ensures the time and capacity is available to take the training on board and implement the new working practices.

Members of the Board who have responsibility for or influence over the commissioning priorities of their organisation should consider these recommendations when developing their commissioning plans for the next twelve to eighteen months.

5. Recommendations

The Health and Well-being Board are recommended to:

1. Note the summary of the final draft thematic action plans as outlined in Appendix A
2. Discuss and consider what action they wish to promote in relation to data/information sharing, and whether they wish to establish a cross agency group/process to examine the issues and identify solutions
3. Discuss and consider how it can best bring about behaviour change in relation to the key themes identified within the strategy
4. Ensure that communication strategies and engagement activities are coordinated across each of the priorities and theme groups (see also report on Communications and Engagement)
5. Agree that each relevant constituent organisation consider the key recommendations for commissioning (as provided in 4.3 of this report) when developing their commissioning plans for the next twelve to eighteen months
6. To discuss and consider whether they wish to agree to the development of a specific piece of work around mental health, across the breadth of the Health and Well-being Strategy, to scope out need and demand and bring back specific recommendations for commissioned services.

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Theme 1 – Best start for children and young people

Target groups

1. Children whose emotional health and wellbeing is being impaired
2. Children at risk of and/or have experiences significant harm
3. Parents of young children who are vulnerable or at risk of being vulnerable

Key outcomes to be achieved

1. More children are confident and able to realise their own abilities, cope with the normal stresses of life and can learn productively
2. Less children are requiring and receiving specialist assessments and interventions
3. The way in which we address childhood adversity is changed to prevent the intergenerational cycle

Resource recommendations

1. Following a cost benefit analysis to show that interventions are successful, increase preventative spend by savings made on reduction in high need/high end interventions and identify ways to move resources from existing contracts to address the key outcomes
2. Increase community capacity
3. Enhance partnership working to improve joint commissioning and achieve economies of scale/reduce duplication, including delivering shared train

Theme 2 – Health at work

Target groups

1. BwD residents who are unemployed or at risk of becoming unemployed
2. People with long term conditions affecting their ability to work
3. People with poor mental health and wellbeing affecting their ability to work

Key outcomes to be achieved

1. More people in BwD employed and retained in local businesses and organisations
2. More BwD residents with long term conditions and mental health problems in education, training, employment or volunteering.
3. People at work (and their employers) will have improved access to mental health services, and higher quality health promoting workplaces accredited by a workplace charter

Resource recommendations

1. Health at Work is the most underfund priority in prevention spend within Blackburn with Darwen's current Public health Investment portfolio. The Public Health team have already identified resources that would address a large part of the needs identified in this list of priority interventions
2. Discussions are underway with the Councils Health and Safety team to explore how this team may work with the Health and Work objectives identified in the HWB Strategy
3. Further resource commitment (mostly 'in kind') would be secured through the programme Leadership Group.

Theme 3 – Safe and healthy homes and neighbourhoods

Target groups

1. Vulnerable People definition to cover:
 - One or more member of household has long term underlying health condition
 - have physical or learning difficulties, including mental health
 - are old and frail

- severely deprived
- are a minority hard to reach group

Key outcomes to be achieved

1. Less poor and unfit housing for vulnerable people and a reduction in excess winter deaths as a result of this
2. Reduced social isolation for vulnerable people
3. More people feel safe in their local area

Resource recommendations

1. Resources will need to be reprioritised to ensure the delivery of key actions such as the landlord licensing scheme; the work with vulnerable homeless people and to support the new Affordable Warmth partnership. A full cost benefit analysis will need to be undertaken to establish the effectiveness of these interventions, to ensure that resources are re-prioritised to preventative actions

Theme 4 – Promoting health and supporting people when they are unwell

Target groups

1. People who smoke or are at risk from smoking
2. People With Long Term Conditions
3. People with mental health problems or at risk of developing them.

Key outcomes to be achieved

1. Reduction in the number of people smoking, including those pregnant women smoking at time of delivery
2. Others yet to be agreed

Resource recommendations

1. Restructuring Stop Smoking service will free up financial resources
2. Increasing Public Health Allocation to tobacco control
3. Others yet to be agreed

Theme 5 – Promoting health and supporting people when they are unwell

Target groups

1. People over 50 who are at substantial risk of losing their independence but are not eligible for formal social care. The definition of risk is likely to be based on severity or combination of 2 or more of the following risk factors, e.g. Long term conditions (including dementia, depression, anxiety); Low income; Isolation (lonely); high user of unplanned health and social care; Loss (bereavement); Substandard housing; Alcohol & Substance abuse and/or falls

Key outcomes to be achieved

1. People at risk will be identified earlier, and will have an appropriate multi-disciplinary package of support that will prevent them progressing into formal social care
2. People's independence and increased social inclusion will be maximised
3. Individuals have a greater awareness of their role and responsibility for their own HWB and have a greater awareness of how to manage health conditions

Resource recommendations

1. Greater investment in prevention work, including a more significant role for 3rd sector partners in policy planning and the delivery of services and moving statutory spend from higher needs to preventative
2. Explore a community budget approach to commissioning and stimulating support
3. There is a need to build on and connect community capacity and encourage self help

Matrix of key issues (still being finalised)

Strategies	BS	HW	S&HH	PH	OP
Risk profiling	√			√	√
Data/information sharing	√				√
Tobacco control			√	√	
Behaviour change					
Issues	BS	HW	S&HH	PH	OP
Long term conditions		√	√	√	√
Social isolation			√		√
Mental wellbeing	√	√			√
Poor & unfit housing			√		√
Smoking			√	√	