AGENDA ITEM 7

HEALTH AND WELLBEING BOARD

TO:	Health & Wellbeing Board
FROM:	Dominic Harrison, Director of Public Health
DATE:	12th March 2014

SUBJECT: Delivering the Joint Health & Wellbeing Strategy – update of progress

- **PURPOSE**

The purpose of this report is;

- To provide the Health and Wellbeing Board with a summary of progress made against the action plans that support the delivery of the Joint Health & Wellbeing Strategy 2012-2015.
- To highlight key interdependencies between the five thematic areas of the strategy and make recommendations for a more joined up programme of delivery across these cross cutting issues
- To highlight gaps in the coordination of delivery of the Joint Health & Wellbeing Strategy and make recommendations for addressing these

2. RECOMMENDATIONS

The health and wellbeing board are recommended to:

- Note and comment on the progress made to date against delivery of the Joint Health and Wellbeing Strategy Action Plans
- Note the key interdependencies between the five thematic areas of the strategy and comment on plans for more joined up delivery across these issues.
- Accept at the next meeting of the Board in June 2014 a report outlining;
  - Progress against the outcomes and metrics set out in the thematic action plans, in line with performance monitoring arrangements to be developed and agreed by the Board following the recent Policy Development Session.
  - An update of progress against the key cross cutting themes and interdependencies set out in this report
  - Recommendations for the coordination of delivery of the Joint Health and Wellbeing Strategy where gaps have been identified

3. BACKGROUND

The Blackburn with Darwen Joint Health and Wellbeing Strategy (JHWS) was approved by the shadow Health and Wellbeing Board in June 2013 following a period of consultation and engagement. The Strategy identified priorities for health and wellbeing set across the life course as follows;

Programme Area 1: Best start for children and young people
Programme Area 2: Health and work
Programme Area 3: Safe and healthy homes and neighbourhoods
Programme Area 4: Promoting good health and supporting people when they are unwell
Programme Area 5: Promoting older people's independence and social inclusion

Following approval of the Strategy five work streams were set up to produce detailed partnership action plans to underpin each theme, which are reviewed on an annual basis. The current plans were refreshed and approved by the Board in September 2013 and a series of cross cutting themes for further joint activity across the programme areas were identified.

Coordination of delivery:

At the meeting of the Board in June 2013, members received an overview of the partnership arrangements that were being developed to support the delivery of the strategy. 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 and a named Local Authority Director to each of the themes, in order to support the work and drive the delivery of key actions across the Council.

The Children's Partnership Board provide coordination and oversight of programme area 1; Best start for children and young people and the 50+ Partnership provide the same for programme area 5; Promoting older people's independence and social inclusion. The Community Safety Partnership is providing some oversight of programme area 3; Safe & Healthy Homes and Neighbourhoods, and this arrangement will be developed further. Programme areas 2 and 4 (Work & Health and Promoting Health & Supporting People When They are Unwell respectively) do not currently have a single/overarching mechanism for coordination of delivery.

4. RATIONALE

The Joint Health & Wellbeing Strategy (JHWS) is the overarching plan through which the public, private, community and voluntary sectors as well as residents themselves will work together to improve health and wellbeing for and with local people.

In order to assure itself that progress is being made in working towards the goals and aspirations set out in the JHWS, challenge progress, address blockages and amend or update plans where necessary the Health and Wellbeing Boards governance arrangements must incorporate mechanisms for the reporting of progress against the strategy and its associated plans.

5. KEY ISSUES

Summary of progress to date and next steps:

A summary of progress to date, next steps and areas for additional support for each of the five programme areas can be found in Appendix A. To accompany this report a verbal summary of progress will be given to the Board by each of the Board Member thematic leads along with an opportunity for further discussion.

Addressing key interdependencies of the plans:

There are a number of issues and interdependencies that cut across most/all of the programme areas of the strategy. To date there has been no coordinated or concerted approach to addressing these.

In order to progress some of the key cross cutting issues of the plans a meeting of the health and wellbeing strategy leads was held on 3rd Feb 2014 comprising Board Member, Public Health and Director representatives for each theme. It is envisaged that the Joint Health & Wellbeing Strategy Leads Group will provide the forum for driving forward action to address the cross cutting themes, which were also raised by a number of the programme delivery groups in their feedback.

Over the coming months the group will focus on joint action to address the key themes and interdependencies that cut across the five action plans and;

- Agree and take activity forward through their individual organisations and/or partnership groups
- Make recommendations to the Health & Wellbeing Board and other relevant groups for further coordinated action
- Make recommendations to the Health & Wellbeing Board and other relevant groups to inform commissioning plans

For ease of reference, they key similarities and interdependencies have been drawn out below

Collecting and sharing the right information and data.

Risk profiling (linked to the sharing of data) which has the potential to;

- Identify and prevent a range of both social and health problems arising
- Form the basis for determining appropriate care plans and interventions
- Lead to greater independence and self-reliance

Behaviour change in terms of

- Lifestyle (alcohol, smoking, physical activity, parenting etc.)
- Promoting independence;, self-reliance and self-care

Educating, informing and communicating with citizens by prioritising and coordinating activity across each of the priorities, supported by the Health and Wellbeing Communications and Engagement Strategy.

Training of 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

Integration of primary and social care at both managerial and local levels. 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.

Loneliness and social isolation is a focus for theme 5 but is referenced in a number of plans and therefore lends itself to a cross partnership approach to reducing the issues of loneliness and social isolation across the life course.

Coordination of delivery

Programme areas 2 and 4 (Work & Health and Promoting Health & Supporting People When They are Unwell) do not have defined mechanisms in place for coordination of delivery. The benefits of having a single coordinating group for each programme area are evident in the level and pace of progress made in and cross partnership support for other areas of the strategy.

As part of the ongoing review of the Board and its structures it is recommended that options for the coordination of these two programme areas are explored, where possible from within existing local partnership structures.

Performance and outcome monitoring arrangements

In order to provide assurance to the Board and allow for greater challenge to take place progress against the action plans will continue to be monitored on a quarterly basis along the lines of the attached report (see Appendix A);

- What we said we would have achieved by now
- What we have achieved
- What we will do next
- What are the blocks and issues (if any) and;
  - what we are going to do about them
  - what we need the Board to help us with

Going forward, the milestones and outcomes detailed within the action plans will be incorporated into the proposed integrated performance and governance framework being developed by the Board.

6. POLICY IMPLICATIONS

The Joint Health & Wellbeing Strategy and associated action plans incorporate actions that should influence the development of policy across local partnerships. This is managed via the Board, its partners and associated thematic delivery groups.

7. FINANCIAL IMPLICATIONS

There are no direct financial implications of this report for the Council or its partners.

8. LEGAL IMPLICATIONS

There are no legal direct implications of this report for the Council or its partners.

9. RESOURCE IMPLICATIONS

A number of resources issues for the delivery of the strategy have been raised by the programme areas and are for the Board to discuss and/or refer back to thematic delivery or other groups as appropriate.

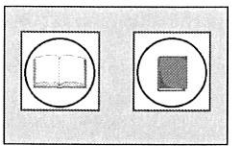
10. EQUALITY AND HEALTH IMPLICATIONS

The health and wellbeing strategy has been subject to the relevant impact assessments and amended as such.

11. CONSULTATIONS

The Joint Health & Wellbeing Strategy and associated action plans have been developed in consultation with a range of partners and members of the public and ongoing engagement activity is planned and managed through the Health and Wellbeing Board's Communications and Engagement Strategy.

VERSION:	1
CONTACT OFFICER:	Laura Wharton, Public Health Partnerships Manager (588911)
DATE:	28th February 2014
BACKGROUND PAPER:	Health & Wellbeing Board Paper September 2013: Delivering the Health & Wellbeing Strategy – summary of thematic action plans



Appendix A: Summary of JHWS Action Plans, Progress, Next steps & Challenges February 2014

JHWS Programme area	Progress update February 2014
Programme Area 1: Best start for children and young people	What has been achieved? The multi-agency Children's Partnership Board has been established with the Director of Children's Services as Chair and Arshad Rafiq, Lay Person on the H&WB Board as Vice Chair. 4 meetings have taken place, with the intention to meet 8-weekly in the short term. The Board has established three key priority areas: early help, emotional health & wellbeing and parenting skills. A lead for each of the three priority areas has been agreed and focused task groups are being established. A fourth area of work relates to the REaCH project (Routine Enquiry about Childhood Adversity) which underpins the three priorities; this will be owned jointly by the 3 priority leads. The following has been achieved in relation to programme area 1: • **Children with specific vulnerabilities or needs which are not being met:** The Early Help Strategy has been launched and implementation is underway. The Early Intervention Foundation (EIF) is supporting the work of a system wide approach to integration of commissioners and providers, which brings together the NHS, LA and other key partners including the VCFS. The EIF will work with the LA and partners on focused areas to support the Early Help Strategy. • **Children whose emotional health and wellbeing is being impaired**: Through this priority, an emotional and wellbeing integrated strategic needs assessment for children and young people is being carried out; due to be available end March 2014. • **Parents of children who are vulnerable or at risk of being vulnerable:** The mapping exercise already completed will assist in the development of a resource directory of services that target parenting skills, and will help direct work around engaging with caregivers to develop parenting skills. It is hoped this will lead to a business case for development of services to address unmet need. • **Reducing the number of children and young people who have experienced childhood adversity (ACE):** A mapping exercise has been completed which provides a high level overview of what is being provided from all partners within the Borough in relation to the emotional and wellbeing needs of our children and young people. What next? • Establishing the 3 sub-groups which will result in further refinement of actions and desired outcomes and indicators clearly stated. What do we need support with? • To ensure that a multi-agency approach is taken with all key partners on board and engaged, there are increasing administration requirements which are currently being absorbed. Therefore, additional administration support is required. • In the Children's Partnership Board, there is representation from each other Programme Area, but it is unclear how this is systematically achieved across the Programme Areas and how the children and young people's agenda support and challenge the other areas and avoid duplication. • Understanding how the mental health and wellbeing theme is being driven forward through the strategy and what is being delivered across each programme area.

JHWS Programme area	Progress update February 2014
Programme Area 2: Health and work	What has been achieved? The following has been achieved in relation to programme area 2: • **Workplace Health & Wellbeing:** A Local Authority Workplace Health and Wellbeing Group has been established to coordinate workplace health and wellbeing activity, across the Authority. The group comprises representatives from HR, Culture, Leisure & Sport, Public Health, Health and Safety, Planning, Regeneration and Capita (Connect). The Group is initially focussing on bringing together different strands of activity into one single coordinated offer and identifying gaps to be addressed to improve wellbeing within the workplace and are currently carrying out a scoping exercise to map existing workplace wellbeing provision and identify gaps and areas and opportunities for further action. • **Expand mental health services for local employers & develop mental health awareness training across frontline staff and community members:** Developmental activity is ongoing via Public Health with the VCFS to expand mental health training and support through development of evidence based tiered mental health and wellbeing interventions (Steps 1-3), including support available for employers, frontline staff and community members. • **Establish a full time travel plan function offering bespoke advice to businesses and job seekers:** A travel plan function offering bespoke advice to businesses and job seekers is in place via the Connect programme hosted by Capita. What next? • The Workplace Health and Wellbeing group will extend its remit and membership later in the year to maximise opportunities to work with voluntary and public sector partner organisations and local businesses to develop workplace wellbeing programmes. This will include support to work toward an accredited wellbeing at work charter. • The Workplace Health & Wellbeing Group will explore opportunities for an integrated occupational health/health at work service across local partners. • Public Health will commission additional detailed analysis of health related unemployment in order to better target interventions, support neighbourhood working arrangements and inform the development of employment support options for people with long term conditions. • Job Centre/work programme providers to be incorporated into frontline staff training programme for identification and brief advice being coordinated across the JHWS programme areas. What do we need support with? • There is currently no single/overarching coordination group for this theme. As part of the ongoing review of the Board we would like to explore options for coordination and oversight of this area using existing partnership delivery structures.

JHWS Programme area	Progress update February 2014
Programme Area 3: Safe and healthy homes and neighbourhoods	What has been achieved? The following has been achieved in relation to programme area 3: • **Promote DASH to improve housing standards, working with other key services to ensure maximum uptake and impact:** Additional pro-active promotion of the decent and safe homes (DASH) to improve housing standards, whilst working closely with other key services (e.g. GP's; Carers support, etc.) is ongoing. • **Encourage uptake of insulation and reduced fuel consumption schemes:** Uptake encouraged of heating / insulation, money/ energy debt advice and energy switching n schemes. Co-ordinated delivery of money and benefits advice to people in fuel poverty • **Identify people at risk of poor health during the winter:** People at risk of poor health during the winter identified via Warm Homes Healthy People Fund and complementary action • **Work with CSP to tackle anti-social behaviour (particularly alcohol related ASB):** Multi agency alcohol strategy in development. What next? • Ensure all identified people at risk are immunised against flu (and take other preventative treatments) • Develop assessment and referral mechanisms to include housing needs and conditions to better target DASH interventions • Further deliver a multi-agency regulatory framework around private rented sector properties and houses of multiple occupation, including delivering inspections and landlord engagement schemes. Review ongoing. • Identify ways to move resource from existing projects/initiatives to address the key outcomes • Invest to save' programmes to be developed under Making Every Adult Matter (MEAM) programme. What do we need support with? • Resources needed to develop the new Affordable Warmth partnership led by Healthy Living Centre • Given other resource pressures there is difficulty in sustaining development of accreditation and landlord engagement schemes. Potential to explore private sector sponsorship. • Resources needed to develop the 'MEAM' project to help vulnerable homeless people access preventative services and peer mentoring • Increased resources need to move on vulnerable from unsuitable accommodation. • Further cost benefit analysis of increased preventative spend funded by savings made on reduction in high need/high end interventions.

JHWS Programme area	Progress update February 2014
Programme Area 4: Promoting good health and supporting people when they are unwell	What has been achieved? The following has been achieved in relation to programme are 4: • **Increase use of risk stratification tool in primary care to aid early identification of those with long term conditions:** Risk profiling underway as part of Enhanced integrated Community Services (EICS) pilot with 4 GP practices in East of the borough and programmed roll out of risk profiling as part of the national Directly Enhanced Scheme (DES) is in place. • **Establish single point of access to wellbeing service:** The single point of access for the wellbeing services was launched in January 2014 • **Improve the quality and co-ordination of ambulatory care sensitive conditions to keep people with long term conditions out of hospitals:** Proactive and multi-disciplinary approach to active early identification of disease in place. Disease specific action plans being developed. • **Expanded Tele-Healthcare:** Assistive Technology in BwD now has its own dedicated programme referred to locally as Safe and Well. A number of pilot projects are live within the Programme, which is also supporting Early Intervention and Prevention by working in partnership voluntary sector providers to look at how technology could benefit people that do not meet Social Care criteria. • **Self-Care packages of support**: Self-care Facilitators are working with patients as part of the EICS pilot. A Wellbeing Hub is in place to facilitate self-care through a variety of wellbeing services. • **Put in place a public awareness programme associated with smoking shisha:** A multi-agency shisha control strategy is in place. As part of One Voice have been commissioned to deliver a shisha health awareness campaign to run during 2014. • **Increase number and variety of location of stop smoking services & increase types of intervention available:** Additional specialist stop smoking capacity has been commissioned to offer additional clinics and groups. The service now follows up people who drop out via text message and has increased its internet and social media presence both in marketing the service and providing ongoing support. In April 2014 a new service specification will be issued for community providers such as pharmacies, which will increase the number of venues offering support. • **Continue smoking in pregnancy scheme:** Continuation of the Smoking in Pregnancy Incentive scheme has been agreed for 2014/15. What next? • Developing an integrated information system across wellbeing services is planned for next phase of the development of the wellbeing service. • Training for frontline staff to offer brief advice & signposting on alcohol and smoking etc. will be incorporated into a wider training programme to be coordinated across the five programme areas of the health & wellbeing strategy. • Improve targeting of stop smoking support e.g. for those with mental health problems What do we need support with? • Other than a small steering group there is currently no overarching coordination mechanism for this theme. As part of the ongoing review of the Board we would like to explore options for coordination and oversight of this area using existing partnership delivery structures. Due to the diversity of the actions in this programme area a possible approach would be to maintain the steering group and delegate actions to a number of existing partnership groups, as opposed to identifying or creating a single delivery group for this area of the strategy.

JHWS Programme area	Progress update February 2014
Programme Area 5: Promoting older people's independence and social inclusion	What has been achieved? Coordination and oversight of this programme area is provided by the 50+ Partnership. 3 workshops were held with partners to agree the outcomes and actions for the work plan and 4 task groups have been established to take the agreed plans forward: The following has been achieved in relation to programme area 5: • **A protocol for information sharing across partner organisations**: Wording agreed and management of the process to be led by Your Support Your Choice (YSYC). • **Multi-agency referral form and agreed the pathways:** Form almost completed incorporating the GLOW project. The pathways are agreed and the completed forms will be routed through YSYC for action • **Training package for partners' frontline staff and using the referral form**: This is now in its planning stage • **Pathways from A&E services**: Needs have been identified and discussions held to consider extending projects such as Age UK's "Can we help you?" and making them more effective. **Other linked work** • Establishment of Your Support Your Choice as a signposting facility to services and activities (including community led). • Establishment of the Wellbeing Service to support long term conditions and healthy lifestyles to increase referrals from primary care health professionals. What next? • To develop and roll out the training package for multi skilling frontline staff/ partners in relation to the multi-agency referral form, pathways and protocols. • To monitor and ensure there is no duplication of service • Developing A&E pathways linked to the Better Care Fund • Working with partners to cross reference information directories to ensure effectiveness What do we need support with? • Developing common information governance protocols and procedures across all HWB themes