

HEALTH AND WELLBEING BOARD



TO:	Health and Wellbeing Board
FROM:	Dominic Harrison (Director of Public Health)
DATE:	11 th March 2015

SUBJECT: Joint Health & Wellbeing Strategy 2015 - 2018

1. PURPOSE:

To update the Health and Wellbeing Board on progress and next steps towards refreshing the Blackburn with Darwen Joint Health and Wellbeing Strategy for the period 2015 – 2018

2. RECOMMENDATIONS:

It is recommended that the Health and Wellbeing Board note the progress made in refreshing the joint health and wellbeing and strategy in particular;

- The process and timescales for developing the detailed action plans associated with each theme
- Plans for engaging with wider stakeholders and members of the public
- The timescale for final sign off of the strategy, action plans and associated performance and outcomes framework

3. BACKGROUND

Between September and December 2014 The Board agreed.

- To maintain a commitment to action across the life-course to tackle the wider determinants of health and wellbeing
- To reduce the number of themes of the JHWS from five to three in order to align with other programmes and clarify the approach to the community and other stakeholders, as set out below;
 - Start well - children and young people aged from 0-25 yrs
 - Live well - people of working age
 - Age well - people aged 50+
- To strengthen and streamline arrangements for delivery of the JHWS including confirmation of the continued role of the Children's Partnership Board and 50+ Partnership in developing, supporting and overseeing the Start and Age Well themes of the JHWS and agreeing a new role for the LSP Prosperous Group in performing the same role for the Live Well Theme.
- To formally establish a Joint Health & Wellbeing Strategy Leads Group whose role it will be to ensure consistency and coordination across the three themes of the JHWS in terms of planning, delivery and reporting and to take forward or escalate any cross cutting or 'wicked' issues' facing delivery of the strategy.
- To strengthen performance and outcome reporting arrangements for the JHWS and over time incorporate these into local arrangements for integrated performance and outcome monitoring

4. RATIONALE

The current Joint Health & Wellbeing Strategy (JHWS) is due to be reviewed in 2015. While much of the evidence, thinking and engagement work upon which the original strategy is based remains as relevant today it is important to take account of:

- The expanded body of evidence available locally through the Integrated Strategic Needs Assessment (ISNA)
- Outcomes of local engagement activity that has been strengthened under the auspices of the Health and Wellbeing Board
- The changing health, social care and wider public sector landscape as a result of financial pressures and government reform, and role of the Health and Wellbeing Board and JHWS within this
- Opportunities presented by new ways of working as a result of nationally and locally led programmes for transformation and integration.

• KEY ISSUES

Appendix 1 sets out the framework and thematic priorities for the revised JHWS as agreed by the Board in December 2014. The key issues for the Board to note are set out below;

Developing the action plans:

Activity is ongoing to refine the priorities into a coherent and evidence based set of actions for delivery with associated outcome and proxy measures. Actions will;

- Clearly lend themselves to coordinated input from partners
- Have an evidence based to support specific action
- Be targeted according to need
- Strongly reflect the priorities & principles of the strategy
- Be outcome focussed and measurable

This work is being led by the JHWS delivery groups in consultation with other key stakeholders and HWB sub groups. To date this has included;

- Presentations to;
 - Children's Partnership Board
 - Children's Safeguarding Board
 - 50+ Partnership Steering Group
 - Council Management Board
- Healthtalk community engagement event November 2014
- Feedback from consultation to develop the local Plan for Prosperity
- Children's Partnership Board stakeholder workshop 14th Jan 2015
- 50+ Partnership stakeholder workshop 5th Feb 2015
- 1:1 discussions with key stakeholder representatives and HWB members

Further planned consultation and engagement will include;

- Further 50+ Partnership stakeholder workshop 19th March 2015
- Discussion with Prosperous Group 21st April 2015
- Local Public Service Board
- VCFS Families Health & Wellbeing Board

- CCG/Council Joint Commissioning Groups
- ISNA Leadership Group
- HWB Policy Development Session 21st April to consider health and housing (Live Well priority)
- Four locality Healthtalk community engagement sessions
- Wider public consultation via social and other media

The plans will be presented to the Board in June 2014 for agreement.

Oversight of delivery and annual review of the plans and will be the responsibility of the three JHWS delivery groups.

Cross cutting themes:

The revised JHWS has three cross cutting themes. These are 1) identification, prevention and early intervention, 2) positive mental wellbeing and 3) poverty and financial inclusion

A series of HWB 'hosted' stakeholder events are planned to take forward these themes. The aim of these sessions is to identify shared priorities across wider stakeholders and agree a small number of actions for delivery across the wider health and wellbeing partnership. Oversight of delivery will be the responsibility of the Joint Health and Wellbeing Strategy Leads Group.

The first of these events took place on 25th February 2015 to consider mental wellbeing. The event was attended by over 25 stakeholder organisations/departments and included contributions from Public Health England, Lancashire Mind and local wellbeing services providers. A draft action plan has been developed for agreement by the Board.

Performance and outcomes framework:

Key outcomes measures for each theme will be selected from relevant national outcome frameworks and local proxy measures agreed to enable The Board to regularly monitor the progress, effectiveness and impact of the strategy.

These will be incorporated into emerging local arrangements for integrated performance and outcome monitoring, which is increasing in importance in light of the Francis enquiry and Keogh review, and expectations that local authorities; clinical commissioning groups and health and wellbeing boards should have oversight of the health systems as a whole.

6. POLICY IMPLICATIONS

The proposals set out in this paper will have implications for a number of other policies and plans across the health and wellbeing partnership and these will be considered as part of the review process.

7. FINANCIAL IMPLICATIONS

There are no direct financial implications of this paper

8. LEGAL IMPLICATIONS

The Health and Social Care Act 2012 details two core functions of Health & Wellbeing Board:

- To prepare an assessment of relevant needs, through the Joint Strategic Needs Assessments (JSNA)
- To prepare a strategy for meeting those needs, through the Joint Health and Wellbeing Strategies (JHWS)

The Board also has a duty to promote integration and involve the public. Other specific powers and responsibilities of the Board include a duty to provide opinion as to whether commissioning plan has taken proper account of the JHWS. The proposals set out in this paper will assist the Board in delivering these responsibilities.

9. RESOURCE IMPLICATIONS

The principle resource implication of this paper is the time of officers from those constituent organisations of the Board to support the implementation of the recommendations.

10. EQUALITY AND HEALTH IMPLICATIONS

An Equality Impact Assessment is being carried out to support and inform the review process the outcomes of which will be incorporated into the revised strategy and considered by constituent organisation of the HWB as appropriate.

11. CONSULTATIONS

The proposals set out in this paper will be consulted upon and developed between December 2014 and February 2015 with relevant stakeholders including members of the community and community representatives and via members of the Board with the constituent organisations of the Board. The majority of this activity his will be led by the partnership delivery groups referred to above.

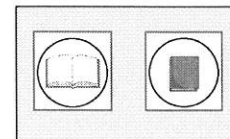
An extensive programme of consultation and engagement with wider stakeholders and members of the community was carried out to inform the first JHWS 2012 – 2015 and is incorporated into all ISNA. This is being developed and built upon during this review of the JHWS

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CONTACT OFFICER:	Laura Wharton
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DATE:	February 2015
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BACKGROUND PAPER:	
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Blackburn with Darwen Joint Health & Wellbeing Strategy Refresh 2015 – 2018:

Our Approach:

- Tackle the wider determinants of health and wellbeing
- Focus on things we can do together to make the biggest difference
- Evidence based action across the life course

Challenges	Principles	Cross cutting themes	Priorities
Continuing poverty, deprivation and disadvantage	<ul style="list-style-type: none"> • Work together • Build on strengths (assets) • Good governance • Integration • Addressing inequalities (fairness) • Health in all policies including social value 	<p>Identificaiton, prevention & early intervention</p> <p>Promoting positive mental health & wellbeing</p> <p>Reducing poverty & financial inclusion</p>	<p>Start Well (0-25yrs):</p> <ol style="list-style-type: none"> 1. Ensure an effective multi-agency Early Help offer provides the right help at the right time 2. Support families through a consistent approach to parenting skills and support 3. Improve children and young people’s emotional health and wellbeing 4. Embed routine enquiries about childhood adversity into everyday practice
Increasing inequalities in unemployment and worklessness			<p>Live Well (people of working age):</p> <ol style="list-style-type: none"> 1. Develop and support opportunities for employers to improve workplace health and wellbeing 2. Ensure people have opportunities to live in healthy homes and neighbourhoods 3. Encourage people to take control of their own health and wellbeing
Increasing harmful impact of alcohol			<p>Age Well (50+):</p> <ol style="list-style-type: none"> 1. Develop BwD as a dementia friendly community 2. Increase support to reduce social isolation and loneliness 3. Tackle the wider determinants of health of older people including finance, employment, housing and fuel poverty 4. Develop the local integrated service offer to promote independence
Poor quality and diversity of housing			
High levels of fuel poverty			
Poor health outcomes in children			
High premature mortality and disability from long term conditions			
Increasing numbers of older people needing support to remain socially included and independent			
Significant sections of the population socially isolated			
OPPORTUNITIES/DRIVERS /ENABLERS		Locality Working, Transforming Lives, Welfare Reform, ISNA, Early Help, Social Value Act, Better Care Fund, Adverse Childhood Experiences (ACE), other	

OUTCOMES & PROXY MEASURES