

# HEALTH AND WELLBEING BOARD



<b>TO:</b>	Blackburn with Darwen Health and Wellbeing Board
<b>FROM:</b>	Dominic Harrison, Director of Public Health
<b>DATE:</b>	29 <sup>th</sup> September 2015

**SUBJECT: Joint Health and Wellbeing Strategy 2015-2018**

**1. PURPOSE**

To present the final draft Joint Health and Wellbeing Strategy for 2015-2018 to the Blackburn with Darwen Health and Wellbeing Board for their approval.

**2. RECOMMENDATIONS FOR THE HEALTH & WELLBEING BOARD**

It is recommended that the Board:

1. Note the content of the Joint Health and Wellbeing Strategy 2015-2018 and its appendix, the annual report of the Joint Health and Wellbeing Strategy 2012-2015
2. Approve and adopt the Strategy as the key focus of the Board's activity for the next three years
3. Note that the Strategy will be publicly launched at the annual Healthtalk event in November 2015

**3. BACKGROUND**

The Health and Wellbeing Board had previously agreed to refresh the current Joint Health and Wellbeing Strategy to ensure that their work programme was looking forward to the next three years, addressing any challenges and seizing any opportunities that had developed since the 2012 strategy was agreed.

The Board had committed to ensuring the new strategy:

- Maintained commitment to action across the life-course to tackle the wider determinants of health and wellbeing
- Reducing the number of themes within 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 from 0-25 years
  - Live well – people of working age
  - Age well – people aged 50+
- Took account of the expanded body of evidence available locally through the Integrated Strategic Needs Assessment (ISNA)
- Reflected the outcomes of local engagement activity that has been strengthened under the

auspices of the Board

- Recognised the changing health, social care and wider public sector landscape as a result of financial pressures and government reform, and the role of the Health and Wellbeing Board and JHWS within this
- Seized the opportunities presented by new ways of working as a result of nationally and locally led programmes for transformation and integration

#### 4. RATIONALE

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

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

The final draft Strategy attached has been developed using the evidence identified in the JSNA 2014, alongside consultation with a wide variety of stakeholders, and as such allows the Board to fulfil these statutory duties.

The updates on the previous Joint Health and Wellbeing Strategy 2012-2015 are produced annually, in order to demonstrate activities that have been undertaken, under the auspices of the Board, to improve health and wellbeing outcomes. Given that this annual report covers the final year of the old strategy, and the Board is now working to the new strategy and principles, the annual report for 2014-2015 has been included as an appendix to the Joint Health and Wellbeing Strategy 2015-2018.

#### 5. KEY ISSUES

The Joint Health and Wellbeing Strategy for 2015-2018 outlines that the key, overarching priorities for the Strategy are to:

- Increase life expectancy year on year for both males and females, and narrow the gap with the rest of England
- Narrow the inequalities in life expectancy within Blackburn with Darwen
- Pursue policies that will maximise the number of years spent in good health
- Improve children and young people's emotional health and wellbeing
- Manage demand and improve outcomes by creating a 2% year-on-year shift in investment from treatment and care into prevention
- Ensure that Blackburn with Darwen has 'healthy places' to live, work and play

The Strategy is presented across four key sections, which are summarised below.

##### **Our approach**

This sets out the key principles which underpin all the priorities and activities identified within the Strategy, these are:

- Work together and integrate where it makes sense
- Build on and utilise community strengths and assets (*build resilience*)
- Addressing inequalities (fairness)
- Tackle the wider determinants of health

- Health in all policies and places
- Good governance

### **Cross cutting themes**

When scoping and consulting on the Strategy, it was evident that there were three distinct themes that had strong influence on each stage of the life course. These were:

- identification, prevention and early intervention
- positive mental health and wellbeing
- poverty and financial inclusion

Multi-agency action plans are being developed to ensure that activities are taken forward to address each of the themes, in support of the Strategy, and a wide range of stakeholder organisations will be working to implement these action plans over coming years.

### **Overview of priorities**

The section demonstrates the new “plan on a page” that summarises the key ISNA challenges, alongside the key principles of approach, the cross-cutting themes and the top priorities for the life course delivery groups. Following approval by the Board, the plan on a page will be designed up and copies printed for each Board member, key stakeholders and for display in public venues, as was undertaken for the 2012-2015 Strategy.

### **Delivering the health and wellbeing Strategy**

The section presents the summary action plans that will be delivered by the three life course groups.

### **Appendix - Joint Health and Wellbeing Strategy 2012-2015 Annual Report 2014-2015**

The annual report highlights the activities undertaken in delivering the first Joint Health and Wellbeing Strategy, during 2014-2015

Once agreed by the Health and Wellbeing Board, the Strategy and Annual Report will be formally designed to form an interactive, online document, with only copies of the plan on a page being printed. The Strategy will be publicly launched during this year’s Healthtalk event, which will take place in November 2015.

## **6. POLICY IMPLICATIONS**

The proposals set out in this paper and the attached Joint Health and Wellbeing Strategy aim to ensure that health and wellbeing matters and actions to improve health and wellbeing are adopted across the breadth of the partnership.

## **7. FINANCIAL IMPLICATIONS**

There are no direct financial implications resulting from this report.

## **8. LEGAL IMPLICATIONS**

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

- To prepare an assessment of relevant needs, through the Joint Strategic Needs Assessment (JSNA)

- To prepare a strategy for meeting those needs, through the Joint Health and Wellbeing Strategy (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 opinions as to whether commissioning plans have 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

The JHWS, by its nature, intends to impact positively on the lives of those people who have been identified as experiencing health and wellbeing inequalities. The characteristics of these people will differ dependent on the topic/issue being considered. The ISNA Summary 2014, which forms the key evidence base of this strategy, outlines a number of these inequalities, whilst issue specific ISNA's provide further detail on inequalities.

An initial Equality Impact Assessment has been carried out to support and inform the review process the outcomes of which have been incorporated into the revised strategy and are currently being considered by the delivery groups in the course of their action planning activities.

A formal version of the EIA will be published alongside the strategy, once action planning activity has been completed.

It is envisaged that this EIA will be a "live" document, that will continue to be added to as the groups work through the development and implementation of their action plans and as other ISNA activity is completed.

## 11. CONSULTATIONS

Extensive consultation has been undertaken throughout the development of the Strategy, including with relevant stakeholders and members of the public, including:

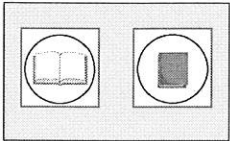
- Blackburn with Darwen Children's Partnership Board and wider stakeholders
- Blackburn with Darwen Local Safeguarding Children Board
- Blackburn with Darwen 50+ Partnership Steering Group and wider stakeholders
- Blackburn with Darwen Borough Council Management Board
- Blackburn with Darwen Prosperous Group
- Blackburn with Darwen Health and Wellbeing Board stakeholders and members
- Blackburn with Darwen Families, Health and Wellbeing Forum
- Blackburn with Darwen Council/Clinical Commissioning Group commissioning groups
- Healthtalk community engagement event
- Locality Healthtalk events
- Blackburn with Darwen Local Public Service Board

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 has been incorporated into all ISNA. This approach is being developed now and has been built upon throughout this review.

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<b>VERSION:</b>	0.1
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<b>CONTACT OFFICER:</b>	Philippa Cross
<b>DATE:</b>	3 <sup>rd</sup> September 2015
<b>BACKGROUND PAPER:</b>	Blackburn with Darwen ISNA Summary 2014 Blackburn with Darwen Joint Health and Wellbeing Strategy 2012-2015





Health &  
Wellbeing  
Board

Start well | Live well | Age well

# Joint Health and Wellbeing Strategy 2015-2018

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## Foreword

On behalf of Blackburn with Darwen Health and Wellbeing Board I am delighted to introduce this, the second, Joint Health and Wellbeing Strategy for the Borough, which sets out our local priorities for improving health and wellbeing over the next 3 years.

Blackburn with Darwen is a diverse and vibrant borough that has seen significant business and commercial investment over recent years, undergoing somewhat of a cultural and economic renaissance. With a strong industrial heritage; artistic and creative talents and a reputation for entrepreneurship the borough has a lot to offer its residents, businesses, investors and visitors.

The borough's biggest asset is its people, from passionate and hardworking residents who play an active role in improving their areas; to a strong voluntary sector dedicated to supporting people and public service delivery, and a socially conscious business community, committed to transforming the town and improving prospects for local people. Through these partnerships, improvements to quality of life have been driven and sustained.

Like many other areas, however, Blackburn with Darwen faces a number of significant challenges including low household income, a legacy of poor housing conditions, below-average health outcomes and a high proportion of residents claiming incapacity benefits, as well as reductions in public sector funding. Whilst good progress has been made in recent years in improving health and increasing life expectancy, significant health problems and inequalities in health persist across the borough.

Blackburn with Darwen Health and Wellbeing Board acts as a forum where commissioners and providers across the NHS, public health and social care, elected members, voluntary and community representatives agree how to work together to achieve better health and wellbeing for local people.

*Our aim is:*

***To improve life chances for the residents of BwD, by improving health and wellbeing; creating healthy places and reducing health inequalities, giving all people opportunity to Start Well, Live Well and Age Well***

In order to achieve this vision we must come together as a Health and Wellbeing Board to ensure that we make the best use of our collective resources. We will encourage and expect all organisations to use the Joint Health and Wellbeing Strategy when considering actions to improve health and wellbeing and when making decisions about spending money and planning services over the next few years.

The strategy does not seek to list every action undertaken by every partner to improve health and wellbeing. It focusses principally on those actions that can be best delivered together. It has been developed through an extensive process of consultation and engagement with the community and other stakeholders and we would like to thank all those who contributed. We have listened to what you said and have taken it into account in producing this document. The shared priorities identified in this strategy will help us to go beyond organisational boundaries and work in creative and innovative ways to improve outcomes for and with local people. We believe that by working together in this way we can improve the life chances of all Blackburn with Darwen's citizens.

**Councillor Mohammed Khan**  
**Chair of Blackburn with Darwen Health and Wellbeing Board**



## 1. Introduction

Publishing this Joint Health and Wellbeing Strategy is an important step on our journey to reducing inequalities and improving the health and wellbeing of the people of Blackburn with Darwen.

Over recent years, Blackburn with Darwen Health and Wellbeing Board have taken forward a great deal of work in the Borough, which is already helping to change lives. This Strategy aims to build on what has been achieved through the first Joint Health and Wellbeing Strategy (2012 – 2015) and other local programmes, by doing more of what has worked well and exploiting opportunities to do some things differently, in order to make an even bigger difference.

The strategy takes a 'life course' approach, as evidence shows it is the most effective way to address health inequalities. The approach will require changes to the systems through which everyone works together to achieve shared aspirations for the people of the Borough.

*Start Well: Making sure children and young people get the best start in life*

*Live Well: Healthy and prosperous people, places and communities*

*Age Well: Ensure older people are supported to remain independent and socially included*

Through this Strategy, we will work together to:

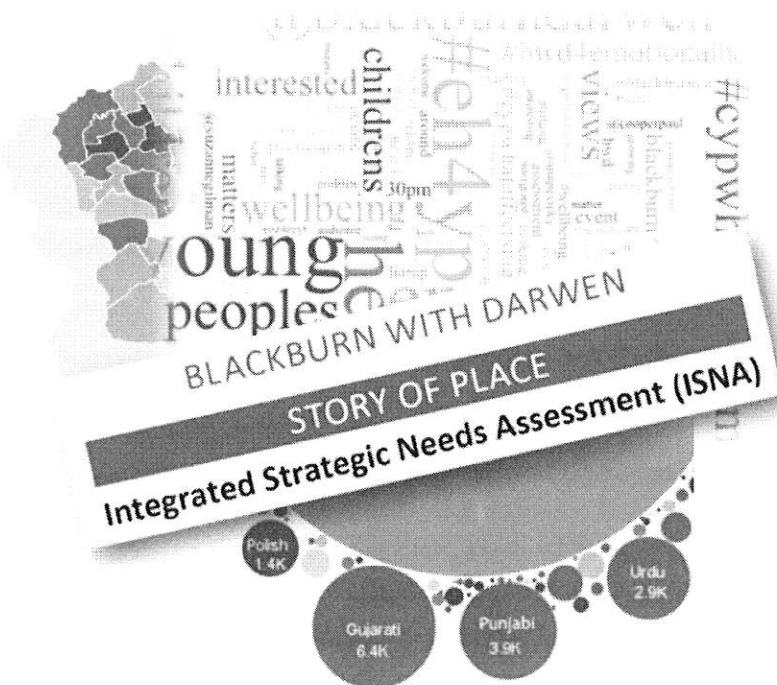
- Increase life expectancy year on year for both males and females, and narrow the gap with the rest of England
- Narrow the inequalities in life expectancy within Blackburn with Darwen
- Pursue policies that will maximise the number of years spent in good health
- Improve children and young people's emotional health and wellbeing
- Manage demand and improve outcomes by creating a 2% year-on-year shift in investment from treatment and care into prevention
- Ensure that Blackburn with Darwen has 'healthy places' to live, work and play

## 2. Background and context

The Health and Social Care Act 2012 makes Health and Wellbeing Boards responsible for producing both a Joint Health and Wellbeing Strategy (such as the one you are now reading), and a 'Joint Strategic Needs Assessment', or JSNA.

It is the role of the JSNA to assess the current and future health and social care needs of the borough's population. The Joint Health and Wellbeing Strategy then sets out a vision and plan for meeting the needs identified in the JSNA.

JSNAs are encouraged to take a broad perspective, including the wider determinants of



health and wellbeing, and the local assets that can help to improve outcomes and reduce inequalities. In Blackburn with Darwen, this has led to the Joint Strategic Needs Assessment becoming known as the Integrated Strategic Needs Assessment, or ISNA. The ISNA comprises a number of linked documents, as outlined below, all of which can be found at:

<http://www.blackburn.gov.uk/Pages/Integrated-strategic-needs-assessment.aspx>.

### Integrated Strategic Needs Assessment (ISNA)

In Blackburn with Darwen, the ISNA aims to strike a balance between breadth and depth, with some documents giving an overview of the borough and its localities, and others exploring a particular topic in greater detail.

- **Summary Review**

The ISNA Summary Review is an annual illustrated update of the statistics, policies and issues which shape and describe health and wellbeing in Blackburn with Darwen. Designed as a quick reference tool, it aims to put across the data in as meaningful a manner as possible by using maps, charts and other visualisations.

- **Story of Place**

The Story of Place is an up-to-date summary of the main messages of all ISNA documents in plain language. It summarises the main health and social care messages under the same ‘Start Well’, ‘Live Well’ and ‘Age Well’ headings as in this Strategy, so that it is easy to see how the two documents relate to each other.

- **Topic-specific ISNA reports**

Topic-specific ISNA reports provide the opportunity to take a more in-depth look at priority issues of particular importance to Blackburn with Darwen. They are listed here under the same life-course headings of ‘Start Well’, ‘Live Well’ and ‘Age Well’ as used in the Health and Wellbeing Strategy. Topics covered include:

Start Well	Live Well	Age Well
<ul style="list-style-type: none"> <li>- Children &amp; Young People’s Emotional Health and Wellbeing</li> <li>- Children’s Dental Health</li> </ul>	<ul style="list-style-type: none"> <li>- Alcohol</li> <li>- Cardiovascular Disease</li> <li>- Cancer</li> <li>- Sexual Health</li> </ul>	<ul style="list-style-type: none"> <li>- Dementia</li> <li>- Loneliness and Isolation</li> <li>- Trips &amp; Falls</li> </ul>

- **Locality Stories**

Integrated health and social care is now being delivered across Blackburn with Darwen by four area-based teams, so it is important that the ISNA should reflect the characteristics and needs of the localities these teams serve. The four Locality Stories, for West, North and East Blackburn, and Darwen & Rural, summarise the key socio-economic and health statistics for each area and include local people’s perspectives on what it is like to live there.

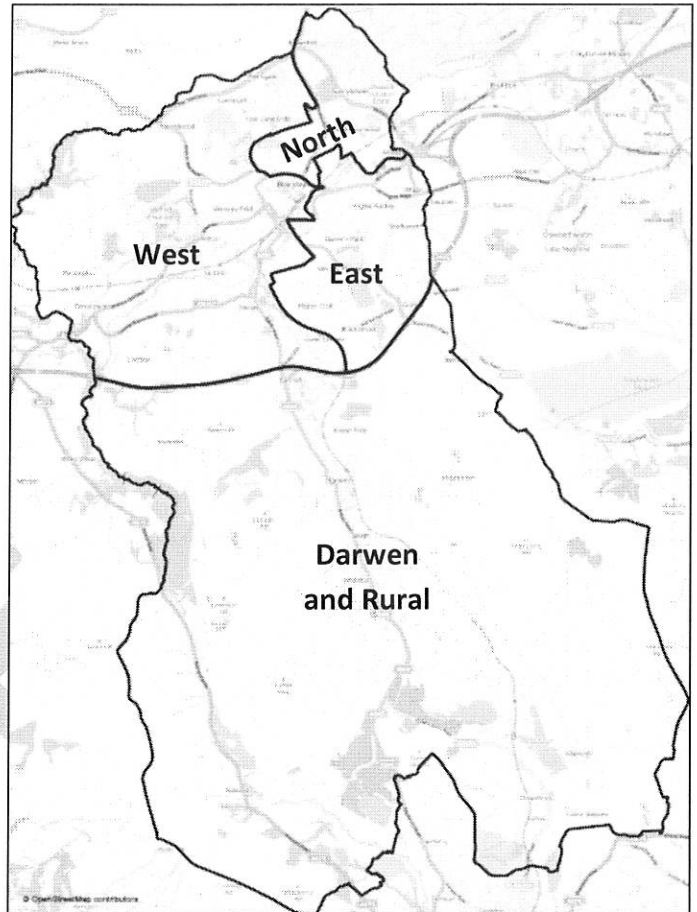
Like this Strategy, the Locality Story takes a 'Start Well', 'Live Well' and Age Well' life course approach.

Under 'Start Well', it describes the level of child poverty in the area, and reports on key child-related outcomes such as development and learning, obesity, poverty and general health.

The 'Live Well' section summarises the local picture regarding housing, deprivation, work and skills, and goes on to describe the health of the Locality's adult residents, including their lifestyles and use of health services.

'Age Well' provides an overview of the numbers of people aged 65 or above, their living arrangements and general health, and also reviews the mortality rates and life expectancy of the Locality's population.

The latest addition to the Locality Stories is a section called "Local People's Story", describing the outcomes of engagement which has been carried out in each of the four areas. The findings relating to children, adults and older people are summarised under the life course headings respectively. These are accompanied by illustrations and artwork produced as part of the engagement process.



### 3. Our approach to the strategy

We believe that to achieve our ambitions for the borough, a "whole place, whole system" approach to health and wellbeing is required. This means ensuring that, as a Board, we have oversight of and influence over the entire local health and social care system, and those wider determinants that impact on health and wellbeing, such as employment and housing. As such, our Strategy and all our activities will be governed by the principles outlined below.

#### 1. Work together and integrate where it makes sense

##### Focus on things we can do together

Throughout Blackburn with Darwen each of our partner organisations already have strategies and plans to address specific health and wellbeing needs. We believe that the value of the Health and Wellbeing Board is in identifying those issues we can influence and affect most as a partnership. As such, this Strategy identifies a series of priorities and actions that are shared across the Borough and across organisations, for which working together as a Health and Wellbeing Board can add the most value.

Working together across sectors, organisations, departments and with communities is recognised as of increasing importance to improving health and wellbeing for a number of key reasons:

- Action on the wider determinants of health requires joint approaches across public, private and voluntary sectors and with residents themselves in order to fully address the causes of poor health and wellbeing
- Residents should be able to receive the support they need when and where they need it without experiencing the artificial barriers that result from organisational boundaries and distinctions that do not reflect their lived experience
- Where money is scarce we will have to do things differently. We must find ways of achieving better outcomes at less cost through working together and through integration of service provision
- We will stop doing things that add little value to improving health outcomes

We are committed to ensuring that all partners, including residents themselves, agree how they can best integrate their resources to improve health and wellbeing for and with local people. We will use our existing partnership structures and locality arrangements, to fulfil this commitment and drive our ambitions for system change.

### Whole system transformation

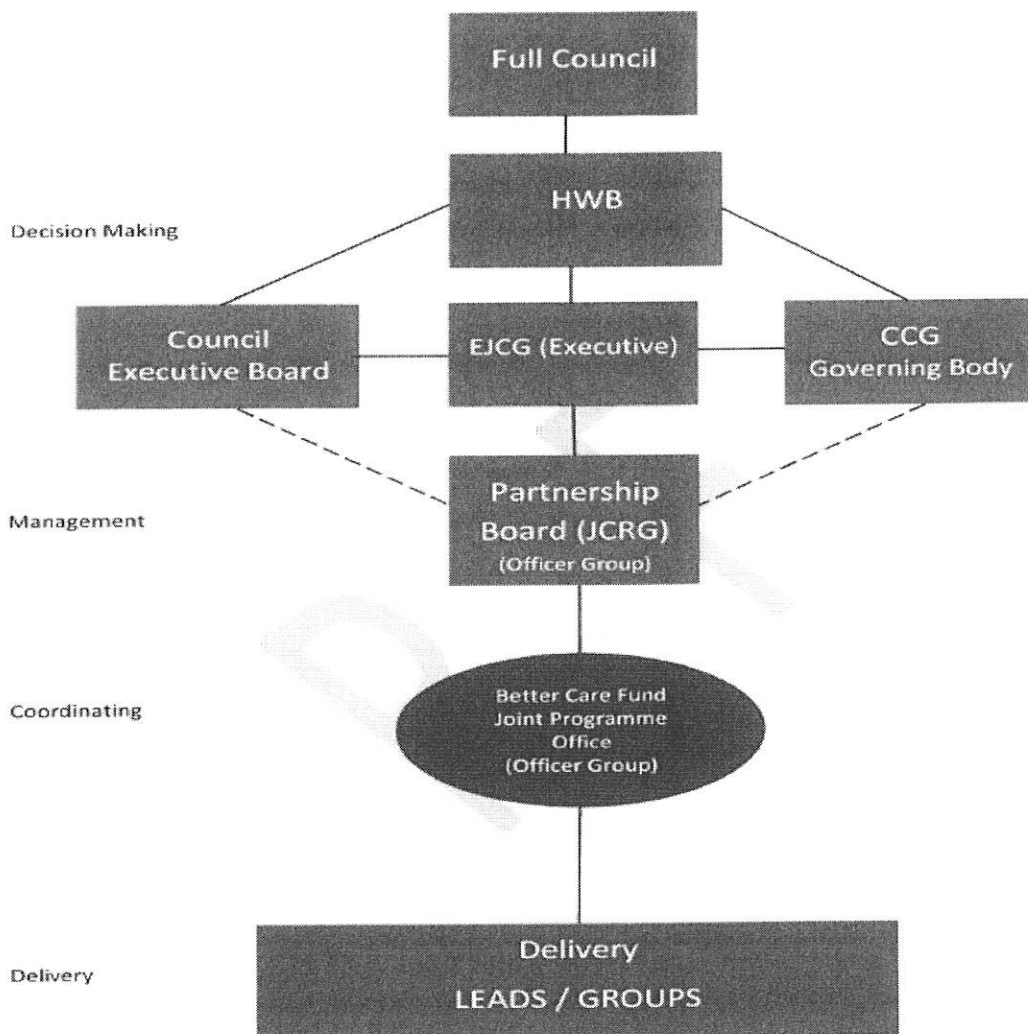
During the lifetime of this strategy the health and care system will go through a rapid transformation and programme of integration. This will be at every level of service delivery from locality level, all the way through to national level – systems will be brought together and centred around a person to meet their individual needs. This will involve significant change to the models of service delivery and management and as such, provides an ideal opportunity to realise the objectives of this strategy within a re-orientated health and social care system. The Health and Wellbeing Board will play a lead role in facilitating and shaping this programme of transformation.

### Health & Social Care

The Better Care Fund (BCF) was announced in June 2013 to initiate the transformation of local services so that people are provided with better integrated care and support. Nationally, the BCF will consist of at least £3.8 billion to be deployed locally on health and social care through pooled budget arrangements between local authorities and Clinical Commissioning Groups. Locally, the fund is £12.04 million for Blackburn with Darwen in 2015/16, with £10.806 million revenue funding expected to be transferred from the CCG into a pooled budget hosted by Blackburn with Darwen Borough Council.

The introduction of the Better Care Fund has started a drive to bring local government care services and NHS health services closer together in terms of planning, decision making, commissioning and delivery. In Blackburn with Darwen our Better Care Fund arrangements are overseen by the Health and Wellbeing Board, and delivered through a commissioning structure which brings together the Council and Clinical Commissioning Group.

## INTEGRATED WORKING STRUCTURE CHART



### **KEY**

CCG – Clinical Commissioning Group

HWB – Health and Wellbeing Board

EJCG – Executive Joint Commissioning Group

JCRG – Joint Commissioning Recommendation Group

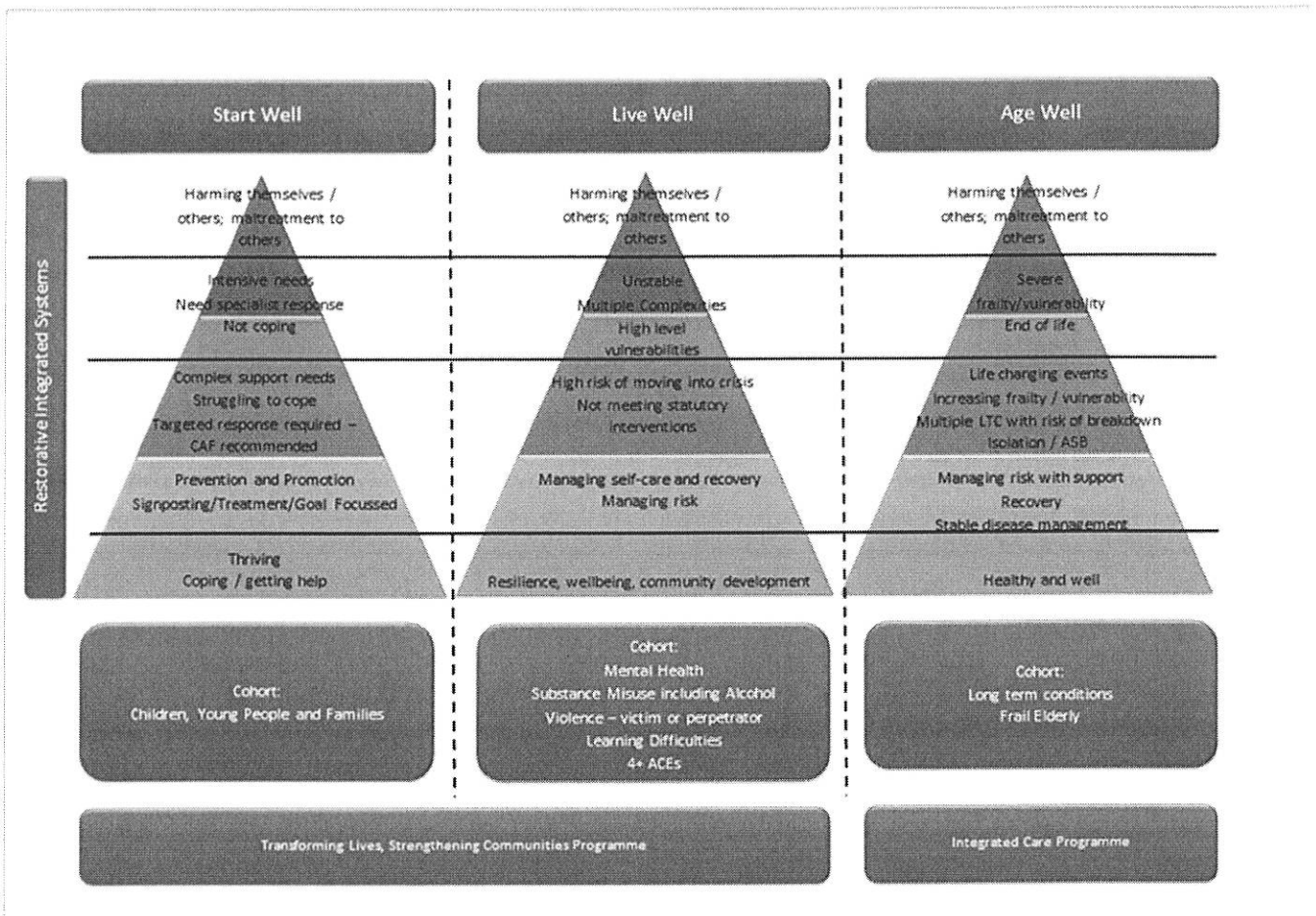
### Integrated service delivery in localities

For the past eighteen months, key organisations within the Health and Wellbeing Board have been developing an approach to integrated service delivery, based on the four localities across the borough. The aim of this approach has been to provide the Council, and their partners, with a mechanism for managing the increasing demand on public sector services, at a time when their resources are diminishing.

In the short term, savings will be made from remodelling the workforce and avoiding duplication in service delivery. In the medium/long term, savings will be made from reducing demand on high cost/crisis services. The ultimate aim is to address the individual's/family's needs to the point where they can best be met from within universal services and the wider community.

There are two workstreams to the locality services approach: the Transforming Lives, Strengthening Communities programme (incorporating Early Help for children and families) and

the Integrated Health and Social Care programme. The strategic model for locality working mirrors the life course approach outlined in this Strategy, as presented in the diagram below.



Our commitment to working together and insistence on integration is already beginning to bring about improved service delivery and outcomes for residents, as demonstrated by the following case studies. Case studies are taken from actual cases that have presented for support, however the names have been changed to protect the identity of the individuals concerned.

### Early Help for Children and Families - Summaya's story

#### Background:

- Summaya, aged 24, 8 months pregnant
- Children's centre received information from midwife regarding a 'Mum to be' who needed additional support
- Engagement with children's outreach team identified Summaya was seeking asylum and had previously been subjected to human trafficking which resulted in pregnancy
- She was living in unsuitable accommodation with limited income and suffering with depression and sleep deprivation. Concerns raised regarding her ability to bond with her baby when it was born

#### Actions taken:

- Child and Family (CAF) assessment undertaken and multi-agency Early Help support package agreed
- Pre-birth support - focus on Summaya's health & wellbeing (health outreach worker); support with income & accommodation; support for asylum application; building relationships in community
- Support after birth – extended stay in birth centre; one to one breast feeding support; health and safety advice; support to access community groups and appointments; toy library

#### Outcomes:

- Family have stayed together and there is positive attachment between Summaya and her baby
- Summaya is becoming more confident and self-sufficient, but she knows how she can access the right help at the right time if she needs it
- The health and wellbeing of Summaya and her son is now good and her son is meeting developmental milestones

### Transforming Lives; Strengthening Communities - Graham's story

#### Background:

- Graham is 46 and he lives alone
- Concerns raised in relation to the condition of his property
- Talking to Graham highlighted additional concerns around social isolation and low level mental health issues

#### Services involved prior to intervention:

- Housing Needs
- Achieving Self Care Service

#### Actions:

- Referral to Transforming Lives Panel by Environmental Health;
- Community Wellbeing Coordinator (Adult Services) identified as lead professional;
- Priorities, agreed with the individual, where to access local groups and services to improve his mental health and to have accommodation issues resolved;
- Information and support was provided to access local groups and services including Fast4Wd, Carers Service, telephone befriender and a men's mental health support group;
- Referrals made to benefits advisor and Housing Needs;
- Information provided on work clubs and volunteering services support run at the local Community Centre.

#### Outcomes:

- Reduction in debt and improvement in budgeting following receipt of benefit advice;
- Improvement to condition of property;
- Graham is now independently accessing services and support;

## Integrated health and social care –Anthony's story

### Background:

- Anthony, aged 85 years lives alone in warden controlled sheltered accommodation in a lower ground flat
- He has no family and relies on carers for support and the onsite warden/pendant alarm
- Multiple medical problems, including COPD, osteoarthritis and hypertension
- Anthony has learning difficulties
- 20 hospital admissions in 12 months with 14 of those resulting in admission to the medical assessment unit or a ward and multiple GP appointments, including home visits.

### Actions:

- Intensive Home Support package arranged and case reviewed at weekly, multi-disciplinary team meetings
- Community matrons and social workers taking the lead with support from other professionals
- Physiotherapists have assessed Anthony's walking aids and a new one has been issued
- Occupational Therapists have adapted his accommodation and demonstrated how he could recover himself if he falls again
- Community Care Pathway (CCP) developed with North West Ambulance Service to alert paramedics that the patients has a case manager and options exist for care outside of hospital

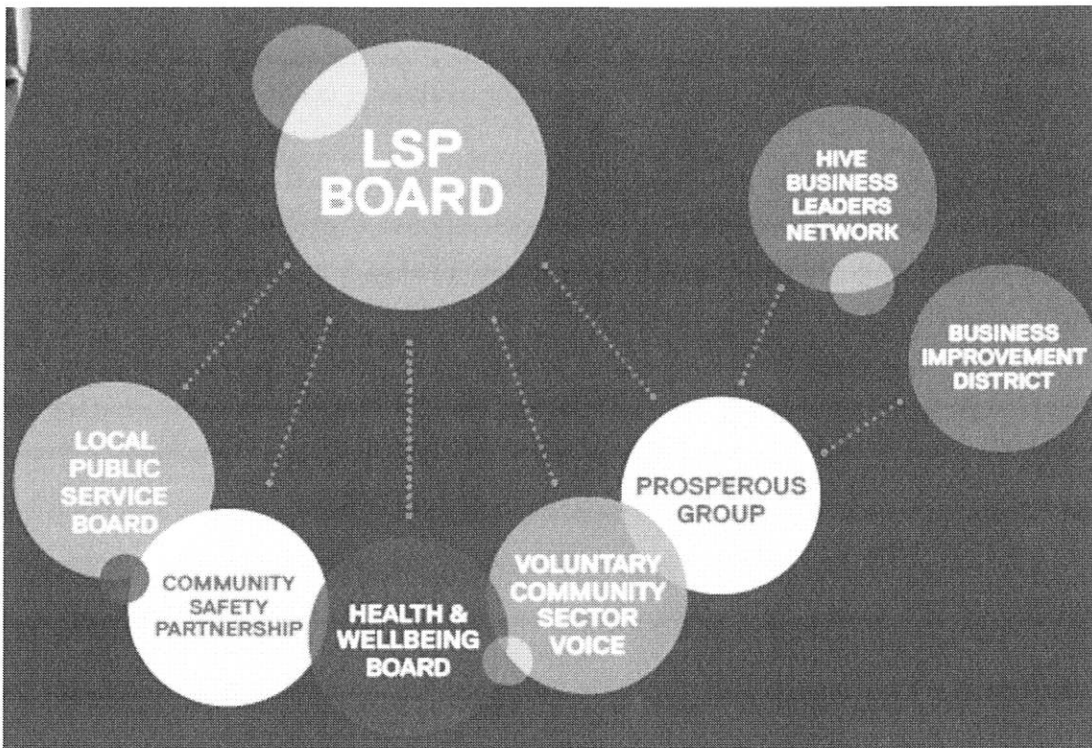
### Outcomes:

- Since intervention Antony has only been taken to hospital on two occasions following a fall:
  - On the first occasion he was discharged from Emergency Department within a few hours
  - On the next occasion he was admitted for one night due being unable to get up and move about, however the following day he was able to walk with a wheeled zimmer frame
- On both occasions the Referral and Assessment Team, maintained communication with the admitting ward to facilitate discharge and ensure follow up at home on discharge.

## Local Strategic Partnership (LSP)

The LSP is the Borough's forum for collectively steering resources and reviewing progress to ensure that all partners successfully deliver against the borough's social and economic priorities. Blackburn with Darwen's Health and Wellbeing Board is an integral part of the borough's LSP, which enables the Board to effectively engage and influence a wide range of partners, outside of the health and wellbeing system. This relationship allows the Health and Wellbeing Board to promote health and wellbeing issues/policies across the breadth of public, private and third sector strategies and delivery objectives. The LSP Board represents the borough's strong public; private and third sectors, and is made up of representatives from the key partnerships outlined below.





## 2. Build on and utilise community strengths and assets (*build resilience*)

The assets within communities, such as skills and knowledge, social networks, local groups and community organisations, are widely recognised as the building blocks for good health and resilience. In Blackburn with Darwen we already have a wealth of community leadership and participation including widespread volunteering and strong community and faith networks.

Local Government and the NHS along with the third sector have a vital role to play in building confident and connected communities to increase their resilience and encouraging them to flourish by providing better opportunities for people to work together to shape the things that affect their lives. This will ultimately ensure the sustainability of the health improvements that this Strategy achieves, with peer support, self-help and self-care being at the heart of our approach.

We will look beyond “needs” and recognise and reinforce the fundamental importance of identifying and making use of the existing strengths and assets within our communities that underpin wellbeing and improve health. We will work with communities and across all partners to develop approaches to building and maximising local assets and create the conditions by which asset based working becomes the norm. We will explore and create new platforms for engagement and interaction with the health and care system, adopting a strong focus on exploiting the latest technological advances and adopting “digital first” principles where it is appropriate to do so and where it does not exclude those who are unable to or who choose not to use technology.

Through our work to integrate systems and processes we will look to transform how professionals, at all levels of the system, interact with people, to build capacity building in the individual and the social/community networks that they come into contact with. We will use our integrated

commissioning arrangements to encourage third sector collaboration in providing a single offer that is responsive to people's varying needs.

### ***Case study – VOICE Breakfast Club***

The VOICE Breakfast Club has been running for the past 5 years, originally from St Luke's Church in Blackburn but moving to a more central location 3 years ago.

The project is staffed entirely by volunteers from the surrounding community, with a large proportion coming to the project with lived experience of multiple disadvantages, or having been affected by personal/associated substance misuse issues. Volunteers work with a minimal budget and the focus of the initiative is firmly on life recovery and individual's improved access to support or services, ultimately leading to improved health and wellbeing for the individual. This is delivered with a passion and enthusiasm that all of the volunteers bring to this initiative.

There are currently 18 volunteers who help to deliver the Breakfast Club which runs every Saturday, fifty two weeks of the year from 10.15am until 11.45. Each weekend the group cater on average for over 60 individuals who will all be experiencing multiple forms of disadvantage.

The club offers a free cooked breakfast and cereals to all who attend and access to support from the pool of trained volunteers. The club is run on a relaxed informal basis and the emphasis is on volunteers building rapport and relationships with attendees. Where needed, volunteers can signpost and support individuals to access appropriate services, in addition to working alongside Fast 4wd and other associated projects such as MEAM, Inspire, Housing, and Health Outreach. Volunteers can undertake the role of peer support or advocates for individuals helping to create a seven day a week wrap round eclectic service for people in need or crisis.

The group are currently looking to start a similar initiative for families each Sunday, starting from October this year and also run social trips out for both its volunteers and people who attend the service. Earlier this year VOICE were where identified by local company Herbert Parkinson's and supported as their nominated Community Group for the year, this has attracted additional elements of funding and support for the organisation and its activities, in addition this the group also took part in an element of Community Consultation and research with regards to the development and compilation of the "Solutions from the Front Line report" undertaken by a partnership between consisting of Homeless links, MEAM and Clinks.

Volunteers from the group have gone on to volunteer in other areas and in addition to increasing their personal skills and confidence, they also bring elements of added value to the other services and projects they engage with within Blackburn with Darwen.

### 3. Addressing inequalities (fairness)

Poor health outcomes are worse where inequalities exist within societies and communities, and whilst many inequalities are driven by socio-economic conditions, some are driven by unequal levels of service provision and unequal abilities to access the services on offer. As such, promoting equality of access and equality of opportunities are principles that run through all the priorities of this strategy.

The Health and Wellbeing Board are determined to use the voice of residents and patients in order to fully understand the inequalities faced by people in the borough, and use this insight to inform the commissioning, development and delivery of services. It is this insight that will allow us to ensure that services are targeted towards the needs of different communities and different areas of the borough, to ensure the best take up by residents.

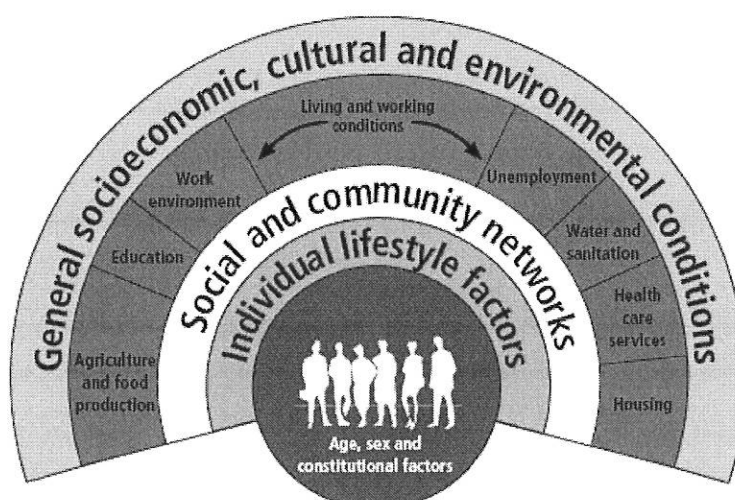
Our commitment to addressing those socio-economic drivers of inequality is outlined in further detail in the next two sections.

### 4. Tackle the wider determinants of health

The health of any given population is determined by how communities live, work and play, the influential Marmot report described these underlying factors as the 'causes of the causes', or the "wider determinants" of ill-health<sup>1</sup>. All aspects of our everyday lives therefore have an impact on our health and wellbeing. This means that working together to improve health and wellbeing is everybody's business and in everybody's interest. A key aim of this strategy is to tackle the root causes of the inequalities that are driving the (relatively) poorer life chances of the Borough's citizens compared to England as a whole, thus taking a truly preventative approach. To achieve this we have created a Health and Wellbeing Strategy that covers actions for improving health both within health services and much more widely. The diagram below sets out the complex, multi-layered factors which impact on the health of individuals.

#### The determinants of health - Dahlgren and Whitehead (1991)

*(infographic? – explore for printed version)*



<sup>1</sup> The Marmott Review, 2010, "Fair society, health lives"

## 5. Health in all policies and places

Blackburn with Darwen have adopted a 'Health in All Policies' (HiAP) approach which targets the key social determinants of health through an integrated approach across relevant areas with the ultimate goal of achieving health equity. The rationale behind HiAP is that health is influenced by social, environmental and economic factors, which lie beyond the realm of the health sector.

In order to effectively influence population health, it is crucial to target these root causes within a broader societal perspective. In practice this means integrating health considerations into a wider range of related policy areas, such as employment, education and social policy. The effective use of the HiAP approach involves a number of activities, such as health impact assessment (HIA), to achieve better health outcomes and reduce health inequalities.

To achieve maximum impact on health and wellbeing, there is also a need to ensure that the environments that people are in are supportive of good health. The Ottawa Charter for Health Promotion, emphasises this:

“Health is created and lived by people within the settings of their everyday life; where they learn, work, play and love...and by ensuring that the society one lives in creates conditions that allow the attainment of health by all its members.”

This strategy therefore outlines ambitions for healthy places, as well as healthy people, and a “healthy settings” approach is being adopted, by the Live Well Board, to drive improvements to the physical environment. A healthy setting approach views health holistically, as the product of interactions between individuals, communities and their environments – and is underpinned by values such as equity, community participation, empowerment and partnership.

The settings approach involves a focus on three interconnected areas:

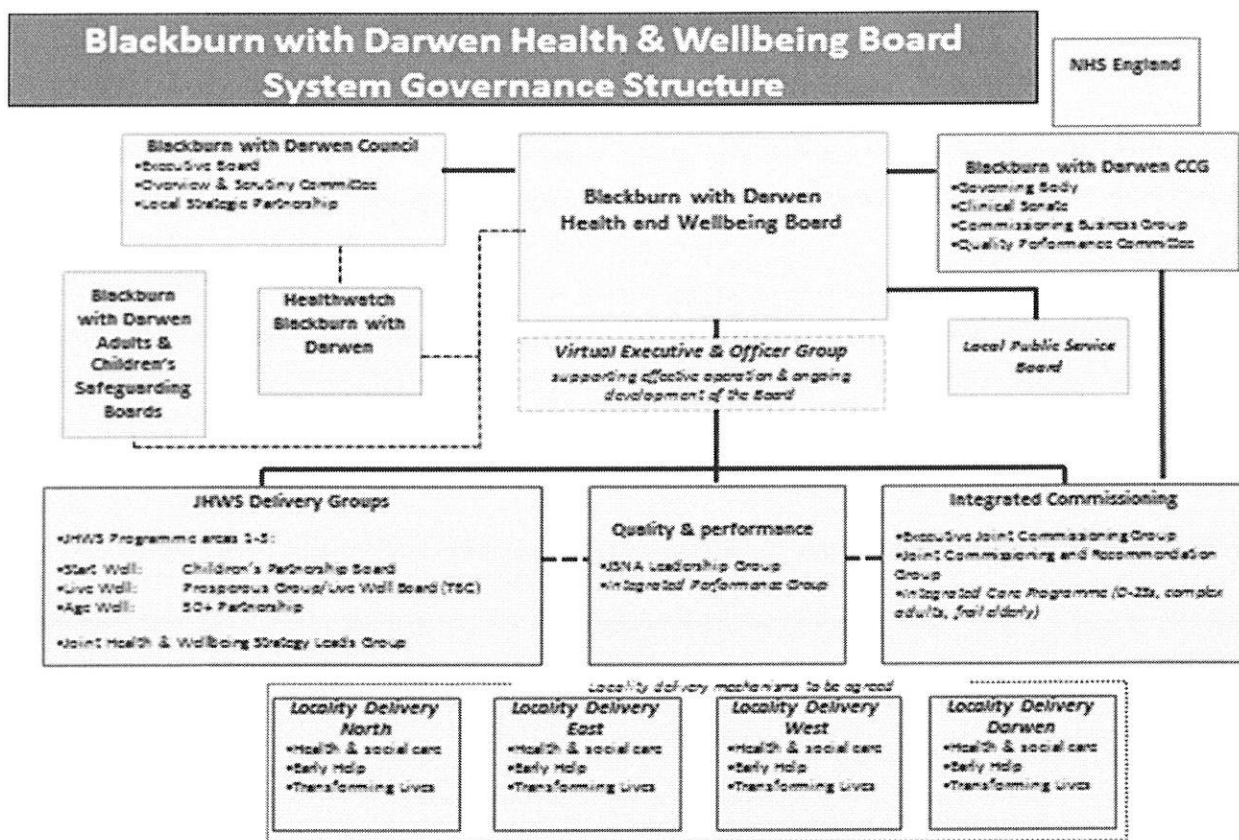
- creating healthy, supportive and sustainable living and working environments
- integrating health within the culture, routine life and core business of settings [whether this is quality of patient care in hospitals; education in schools; or rehabilitation in prisons; or liveability and quality of life in neighbourhoods and communities]
- focusing and connecting outwards to improving wider community wellbeing

The Health and Wellbeing Board's terms of reference also place a responsibility on its members to advocate for health and wellbeing priorities across their own organisations and professional networks, in order to raise awareness of the key issues and promote the consideration of health in all policies. Board members are expected to align their own organisational plans, policies and financial decisions with the borough's health and wellbeing priorities.

## 6. Good governance for health and wellbeing

A joined up approach to improving health and wellbeing requires new forms of governance that maximise accountability and provide greater transparency to the public. The Health and Wellbeing Board has a number of mechanisms in place, outlined in the diagram below, that ensure that it is:

- held accountable for the delivery of its ambitions, by the public and by organisations
- able to hold its members to account for their individual delivery and performance



### Resident engagement and voice

Residents have a number of mechanisms through which they are able to have their say on what matters to them in relation to health and wellbeing, including:

- Attendance at Board meetings and the ability to ask questions of members (in advance)
- Healthwatch
- Locality listening events
- Annual Healthtalk and locality Healthtalks
- Engagement events relating to specific topics

Issues raised through all of these mechanisms feed directly into Integrated Strategic Needs Assessments, Locality Stories and overall policy development discussions held by the Board.

### 4. Cross cutting themes

When scoping and consulting on this strategy, it was evident that there were three distinct themes that had strong influence on each stage of the life course. These were identification, prevention and early intervention; positive mental health and wellbeing and poverty and financial inclusion. As such, multi-agency action plans are being developed to ensure that activities are taken forward to address each of the themes, and we will be working with a wide range of stakeholder organisations to implement these action plans over coming years.

It is proposed that these themes form the focus of the Public Health Annual Report 2015 which will be published later in the year.

#### **Identification, prevention and early intervention:**

This theme relates to a shift towards preventing ill health problems in the first place and detecting problems early when they do occur. Some of the great improvements in health in this country over the past decades and centuries have been due to preventative action – for example the development of a sewerage system or the introduction of mandatory wearing of seat belts in cars. By continuing to focus on prevention, further improvements in health can be secured.

Early identification of health problems gives the opportunity to provide help or treatment earlier and improve outcomes. This is of particular importance in Blackburn with Darwen as deaths from causes considered preventable, are higher than the national average. The focus on prevention and early intervention is therefore of great significance to the local population.

Early intervention is also relevant to wellbeing and resilience of children and families; as stated within the Munro Review by offering help to children and families when low level problems emerge, it improves outcomes for the child/young person by ensuring they receive help before they have any adverse experiences.

#### **Fair Society, Healthy Lives: 2010. - The Marmot Review**

*“the foundations for virtually every aspect of human development – physical, intellectual and emotional are laid in early childhood. What happens during those early years, starting in the womb, has lifelong effects on many aspects of health and well-being, from obesity, heart disease and mental health, to educational and economic achievement... Later interventions, although important, are considerably less effective if they have not had good early foundations”*

There are major financial drivers to shifting our focus and resources into preventative action. Demand for treatment and care services is continuing to increase, and in coming the current model of care will become financially unsustainable. Getting ahead of this demand by addressing those wider determinants of health; providing services that prevent the need for costly care/treatment and cultivating communities that are resilient and capable of supporting themselves and others, is therefore critical for all agencies.

Key principles embedded within our approach to prevention and early intervention are:

1. **Everyone can contribute something** - to their own health, care or support to others
2. **Shared decision making** – people should be given the opportunity to shape their care and support and work towards the outcomes they want to achieve
3. **Support at home first** – (where appropriate) people should receive support within their own home, either self-care, community based care or engagement with voluntary and community groups
4. **Work early** - identify early opportunities to engage with vulnerable people
5. **Technology-enabled care and support** – to give people greater control over their health and care

### **Positive mental health and wellbeing**

Mental wellbeing consists of two key factors, 'feeling good' and 'functioning well', and is something that all people can aspire to, including those with a diagnosis of mental disorder. Mental wellbeing is profoundly important to quality of life and the capacity to cope with life's ups and downs. It is protective against both mental and physical illness, unhealthy lifestyles and social inequalities in health.

Data suggests that, across the life-course, people living in Blackburn with Darwen experience poor mental wellbeing and poor mental health, including high rates of self-harm and suicide. Factors explaining why people living in Blackburn with Darwen experience poor mental wellbeing and poor mental health are complex and can be seen to largely result from social, economic and environmental inequalities.

Without good mental health and wellbeing, people find it difficult to engage in positive activities, including accessing the help and support that is available. The promotion of sound mental health and wellbeing across the population of Blackburn with Darwen is essential if we are to successfully meet the diverse challenges that face our society.

### **Poverty and financial inclusion (Fairness)**

Money, or lack of it, can have a massive influence on a person's health – with health reducing as socio-economic status worsens.

It is widely recognised that there is a North-South divide in health, with the south of England experiencing better health than the north. In Blackburn with Darwen there are more children in poverty, more households experiencing food poverty, and a higher unemployment rate compared to the national average.

One of the key reasons for this is differences in poverty, power and the resources needed for health. Least wealthy populations have the highest rates of avoidable long term conditions, which also reduce their capacity to achieve higher educational qualifications or to enter well paid employment, making them more dependent on social protection support.

Without adequate financial resources people of all ages can find it difficult to live well and engage in activities that promote their health and wellbeing. It is for this reason that tackling this root cause of poor health is one of the key cross cutting ambitions of this Strategy.

*Explore use of infographics for this section*

## 5. Overview of priorities: Strategy on a Page

### Blackburn with Darwen Joint Health & Wellbeing Strategy Refresh 2015 – 2018:

#### Our ambitions:

- Increase life expectancy year on year for both males and females, and narrow the gap with the rest of England
- Narrow the inequalities in life expectancy within Blackburn with Darwen
- Pursue policies that will maximise the number of years spent in good health
- Improve children and young people's emotional health and wellbeing
- Manage demand and improve outcomes by creating a 2% year-on-year shift in investment from treatment and care into prevention
- Ensure that Blackburn with Darwen has 'healthy places' to live, work and play

Challenges	Principles	Cross cutting themes			Priorities	OUTCOMES & PROXY MEASURES
		Identification, prevention & early intervention	Positive mental health & wellbeing	Poverty & financial inclusion (fairness)		
Continuing poverty, deprivation and disadvantage Increasing inequalities in unemployment and worklessness Harmful impact of alcohol 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	<ul style="list-style-type: none"> <li>• Work together and integrate where it makes sense</li> <li>• Build on strengths (assets)</li> <li>• Address inequalities (fairness)</li> <li>• Tackle wider determinants</li> <li>• Health in all policies and places (including social value)</li> <li>• Good governance</li> </ul>				<p><b>Start Well (0-25yrs):</b></p> <ol style="list-style-type: none"> <li>1. Ensure an effective multi-agency Early Help offer provides the right help at the right time</li> <li>2. Support families through a consistent approach to parenting skills and support</li> <li>3. Improve children and young people's emotional health and wellbeing</li> <li>4. Embed routine enquiries about childhood adversity into everyday practice</li> </ol> <p><b>Live Well (people of working age):</b></p> <ol style="list-style-type: none"> <li>1. Develop and support opportunities for employers to improve workplace health and wellbeing</li> <li>2. Develop BwD as a healthy place - where people have access to healthy homes, healthy neighbourhoods and health promoting services</li> <li>3. Encourage people to take control of their own health and wellbeing</li> </ol> <p><b>Age Well (50+):</b></p> <ol style="list-style-type: none"> <li>1. Develop BwD as a dementia friendly community</li> <li>2. Increase support to reduce social isolation and loneliness</li> <li>3. Tackle the wider determinants of health of older people including finance, employment, housing and fuel poverty</li> <li>4. Develop the local integrated service offer to promote independence</li> </ol>	
<b>OPPORTUNITIES/DRIVERS /ENABLERS</b>		Locality Working, Transforming Lives, Welfare Reform, ISNA, Early Help, Social Value Act, Better Care Fund, Adverse Childhood Experiences (ACE); Digitalisation				

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## 6. Delivering the Health and Wellbeing Strategy:

The following section describes in more detail how the priorities set out in this Strategy will be delivered and how we will measure progress.

To address the challenges identified, the Health and Wellbeing Board have agreed priority areas for shared action that will be delivered by all partners across all three life course stages. These are based on public and stakeholder consultation and evidence of what works.

The Board will focus on these priorities to improve the physical and mental health and wellbeing of Blackburn with Darwen's residents, using the approach and principles described earlier in this strategy.

In each of these programme areas we will work to improve the health of the worst-off fastest through greater improvements in more disadvantaged communities and vulnerable groups.

For each priority we have identified a key outcome measure, improvement in which will demonstrate the difference being made locally, by delivery of this strategy and the other plans and actions it influences. We have selected indicators from relevant National Outcomes Frameworks, which will allow us to benchmark our progress against other towns and cities.

The Health and Wellbeing Board will be the principal statutory partnership through which this Strategy will be managed and to which partners will be called to account for delivery. Three local partnership groups are responsible for overseeing and ensuring delivery of the action plans for each life course stage. These groups are,

**Start Well:** Children's Partnership Board

**Live Well:** Live Well Board

**Age Well:** Age Well Partnership

Each of the above delivery groups has developed a work-plan setting out the actions required across a range of local stakeholders to progress towards meeting the agreed priorities and achieving our desired outcomes. The work-plans are set out below and will be reviewed and updated annually.

**Start Well – Summary action plan**  
*“Making sure children and young people get the best start in life”*

**What does the ISNA tell us?**

*The ISNA concludes that the following are key issues for the Start Well agenda:*

- *The importance of the best start in life as the foundation for good health in adulthood*
- *The need to help families overcome poverty, deprivation and multiple associated problems*
- *The quest to reduce the Borough’s relatively high infant and child mortality rates*
- *Road safety - especially for child pedestrians*

The Children’s Partnership Board’s (CPB) priority areas were agreed in 2013 as part of the transition from the Children’s Trust. They have been regularly reviewed through consultation and the information from the ISNA and other intelligence from partner agencies, including the Local Safeguarding Children Board (LSCB). Consideration was also given to existing multi-agency activity within the Borough and across the Pan-Lancashire area. The areas identified in the ISNA have long been recognised as priority areas for the Borough, and in some areas there are well-established groups working to improve outcomes for that group. For example, the Pennine Lancashire Infant Mortality Group leads on the Infant Mortality Prevention Framework and Action Plan and reports to both the Children’s Partnership Board and the LSCB through the Child Death Overview Panel (CDOP). The Blackburn with Darwen Community Safety Partnership (CSP) leads on road safety, and a recently formed sub-group of the CSP – the Pennine Lancashire Casualty Reduction Partnership - will continue on the issue locally.

The Children’s Partnership Board has therefore focused on ensuring the best possible start in life and helping families overcome poverty and deprivation through the delivery of an effective multi-agency Early Help Strategy.

**Key priorities for Start Well**

**Priority: 1a.      Ensure an effective multi-agency Early Help offer provides the right help at the right time**

**What we will do:**

- Work in partnership to deliver effective, evidence based early intervention
- Update the multi-agency Early Help Strategy
- Develop the Early Help Outcomes Framework

**How we will know we are making a difference:**

The Early Help Outcomes Framework references key national indicators from the Child Health Profile and the Public Health Outcomes Framework, as well as locally agreed outputs and indicators to demonstrate the impact of this work.

Children and families will be resilient and feel supported, so that children are ready for school and children can achieve, and be happy.

**Priority: 1b. Support families through a consistent approach to parenting skills and support**

What we will do:

- Produce a Parenting Strategy
- Identify the most effective, evidence-based parenting programmes
- Secure high level commitment from partners to the parenting approach

How we will know we are making a difference:

Increased local investment in parenting support activities, with parents able to access support that they need.

**Priority: 1c. Improve children and young people's emotional health and wellbeing**

What we will do:

- Develop school based mental health promotion and social and emotional learning, to promote resilience and emotional intelligence
- Develop and implement the nutrition, healthy weight and physical activity strategy
- Ensure that all staff have core skills in this area

How we will know we are making a difference:

Children and families will enjoy a greater sense of mental wellbeing, with schools acting as a hub for emotional wellbeing and resilience.

**Priority: 1d. Embed routine enquiries about childhood adversity into everyday practice**

What we will do:

- Pilot Routine Enquiry into Childhood Adversity (REACH) for children and young people
- Improve community resilience for children and young people through an ACE-informed approach

How we will know we are making a difference:

There will be greater professional awareness of the impact of childhood adversity, which will lead to professionals asking about childhood adversity as part of routine enquiries. There will be a reduced number of children and young people in specialist services.

***How the Children's Partnership Board will measure progress:***

The CPB has adopted the Child Health Profile (CHP) as its outcomes framework. The Child Health Profile is produced by Public Health England (formerly CHIMAT) and provides an annual snapshot of child health and wellbeing for each local authority in England across 32 key health indicators. It also allows benchmarking of outcomes at a local, regional and national level, enabling the Board to have an overall, holistic view of the health and wellbeing of children and young people in Blackburn with Darwen. The Board will review the Child Health Profile on an annual basis, as it is

released. In addition, as key statistics are published throughout the year, these will be presented to the Board for discussion.

The Early Help Strategy also has an associated outcomes framework. The Early Help Outcomes Framework draws on indicators from both the Child Health Profile and the Public Health Outcomes Framework (PHOF), as well as the agreed local indicators. The Early Help Outcomes Framework will be presented annually, with bi-annual updates, to the Children's Partnership Board.

Annual reports will be shared with the Health & Wellbeing Board, with other key updates agreed as appropriate.

Key measures include:

- Infant and Child Mortality
- Children in Poverty
- Children killed or seriously injured in road traffic accidents
- Hospital admissions
- School readiness
- Tooth decay in children

Live Well - Summary action plan  
"Healthy and prosperous people, places and communities"

What does the ISNA tell us?

The ISNA concludes that the following are key issues for the Live Well agenda:

- The need to provide work and training opportunities to help as many non-working residents as possible into suitable high-quality employment
- The importance of promoting a healthy weight and lifestyle in order to reduce the risk of a range of diseases, including cancer, CVD and diabetes

The Live Well Board was established in September 2015, with the task of taking forward activities to improve the health and wellbeing of working age people in Blackburn with Darwen. The Board's first task is to further consider the actions identified below, and establish a comprehensive framework for delivery and a subsequent outcomes framework.

Key priorities for Live Well

**Priority: 2a.                                      Develop and support opportunities for employers to improve workplace health and wellbeing**

What we will do:

- Support businesses in creating progression plans and programmes for workplace wellbeing including opportunities to become accredited wellbeing organisations
- Realise social and economic benefits from our public sector procurement and contract opportunities by embedding a social value approach

How we will know we are making a difference:

- Reduced work sickness absence
- Increased the % of Council spend with businesses in Lancashire
- Increased the number of businesses/organisations adopting a social value approach to procurement

**Priority: 2b.    Develop BwD as a healthy place - where people have access to healthy homes, healthy neighbourhoods and health promoting services**

What we will do:

- Increase active travel opportunities, across the life course, for both utility and recreational activities
- Make best use of planning and licensing process to maximise the benefits of new development for residents' health and wellbeing
- Develop a partnership approach to the creation and implementation of a health and housing plan, which supports healthy homes and environments for all residents of Blackburn with Darwen

- Widen choice in relation to leisure and evening activity and entertainment including dry (alcohol free) venues
- All new developments, both residential and trade, will use planning and enforcement regulations to maximise potential outdoor spaces for the benefit of physical activity

How we will know we are making a difference:

- Reduced the percentage of people deemed to be living in fuel poverty
- Increased the percentage of people using outdoor space for exercise/health reasons
- Reduced the percentage of vacant town centre premises in Blackburn and Darwen
- Other measures to be recommended from the Health and Housing Review and the Healthy Settings Review

**Priority: 2c. Encourage people to take control of their own health and wellbeing**

What we will do:

- Ensure residents are given opportunities to engage in activities which promote the five ways to wellbeing<sup>2</sup>
- Increase opportunities for volunteering and community activity

How we will know we are making a difference:

- Increased the number of people reporting positive wellbeing
- Increased the percentage of adults who are physically active

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<sup>2</sup> The **Five Ways to Wellbeing** are a set of evidence-based actions which promote people's wellbeing. They are: **Connect, Be Active, Take Notice, Keep Learning** and **Give**. These activities are simple things individuals can do in their everyday lives.

## Age Well – Summary action plan

*“Ensure older people are supported to remain independent and socially included”*

### **What does the ISNA tell us?**

*The ISNA concludes that the following are key issues for the Age Well agenda:*

- *The fact that preventative action in middle age can help to protect against some of the conditions associated with old age*
- *The importance of supporting residents and voluntary organisations to respond to the needs of older people in their communities*
- *The need to provide flexible packages of care for the increasing numbers of older residents*

### **Key priorities for Age Well**

#### **Priority: 3a. Develop BwD as a dementia friendly community**

##### What we will do:

- Establish a local dementia action group
- Work together to develop and deliver an effective and efficient pathway for individuals who develop dementia.
- Reduce the stigma of dementia
- Support the development of a dementia friendly Borough
- Engage with people with dementia and their carers to support service design
- Develop strong links between local dementia services and the Integrated Locality Teams
- Develop dementia friendly organisations, including Royal Blackburn Hospital adopting the “butterfly”<sup>3</sup> scheme on all of their wards

##### How we will know we are making a difference:

- Reduced waiting times for memory assessment
- Increased number of dementia friends
- Increased number of dementia friendly organisations signed up to the dementia action alliance

#### **Priority: 3b. Increase support to reduce social isolation and loneliness**

##### What we will do:

- Promote social inclusion as an explicit outcome for statutory services
- Develop more opportunities for older people to be socially included and raise awareness of opportunities already available, particularly targeting those in care homes / sheltered accommodation
- Promote better communication of existing groups and opportunities available

##### How we will know we are making a difference:

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<sup>3</sup> The Butterfly Scheme provides a system of hospital care for people living with dementia or who simply find that their memory isn't as reliable as it used to be

- Partners using a common tool to identify people at risk of loneliness or isolation
- Mechanisms in place to support people to access and take up activities
- Increased the number of interventions taking place with this target group

**Priority: 3c. Take action on agreed key determinants of the health of older people**

What we will do:

- Develop and deliver a programme of workshops / courses for older people on
  - pre-retirement
  - finance issues
  - housing
- Identify steps needed to revise & re-launch single referral route to services
- Review and develop offer from Advice for All

How we will know we are making a difference:

- An increase in people accessing early intervention and prevention services
- Numbers attending workshops
- Fewer older people in fuel poverty
- Increased numbers accessing financial support
- Fewer older people in poverty

**Priority: 3d. Develop the local integrated service offer to promote independence**

What we will do:

- Continue to develop integrated teams in localities, including the 3<sup>rd</sup> sector offer
- Improve the quality of Domiciliary Care
- Increase uptake of personal budgets and tele-care

How we will know we are making a difference:

- Increased referrals to wider services for prevention and early intervention
- Fewer people going into residential care
- More people on personal budgets
- 1% increase in prevention spend across BwD Borough Council and the BwD CCG





Start well | Live well | Age well

# Blackburn with Darwen Health and Wellbeing Board

## Annual Report 2014 / 15

### **The Purpose of this Report**

The purpose of this report is to provide an update on the final year of the Joint Health and Wellbeing Strategy and to introduce the refreshed Strategy for 2015 / 2018.

The principles of the Health and Wellbeing Board include an undertaking to promote openness and transparency in the way that the Board carries out its work and engages with people who use health and care services and the general public. It is in this spirit of openness that we are producing this annual report.

### **Healthtalk 2014**

Healthtalk 2014 took place on 25 November 2014 at Youth Zone. Healthtalk was a chance for 80 residents from all over the borough to have a conversation about all the things going on in localities that make people healthy and sustain good health and wellbeing. The event formed a key part of the Health and Wellbeing Board's activity to develop locality stories and review the Health and Wellbeing Strategy, by ensuring that local people had a chance to input into the developments.

Each group identified ideas about how to improve health in their neighbourhood, by making best use of the local resources. The groups each prioritised one idea to take forward. There were common themes across all discussions:

- need to make best use of open space for a range of health and wellbeing activities that are community led
- need to work with local leaders and residents to build a database / map / service directory of activities
- need to promote local activities
- need to repeat this exercise within smaller areas within each locality and to improve links between communities within and between localities

### **Joint Strategic Needs Assessment (JSNA) - understanding the health needs of the population**

As part of the Health and Social Care Act 2012, responsibility for the production of Joint Strategic Needs Assessment (JSNA) rests with the Health and Wellbeing Board. JSNA is an assessment of local need and evidence contained in the JSNA is used to help the Council the NHS and local partners to understand what needs to be done to improve the health and wellbeing of local people and inform local commissioning intentions. It is also a key part of the process of developing the local Joint Health and Wellbeing Strategy (JHWS).

In Blackburn with Darwen this process is known more broadly as Integrated Strategic Needs Assessment (ISNA). The ISNA brings together information about how the population of the borough is made up, what do we know about how healthy it is and the assets people and communities have to help them to stay healthy. It aims to understand what residents and people that use services think about Blackburn with Darwen and the services that help to promote health and summarises the stories that people and communities tell about their own experiences of health and wellbeing.

#### Completed ISNAs during 2014 / 15

Children and Young People's Emotional Health and Wellbeing:

<http://www.blackburn.gov.uk/Lists/DownloadableDocuments/CYP-Lite-ISNA-FINAL.pdf>

Trips and falls:

<http://www.blackburn.gov.uk/Lists/DownloadableDocuments/Falls-ISNA.pdf>

Completed ISNA's can be found on the Blackburn with Darwen Council Website at:

<http://www.blackburn.gov.uk/Pages/Integrated-strategic-needs-assessment.aspx>

#### **Joint Health and Wellbeing Strategy Progress 2014-2015**

The information contained in the following section of the annual report provides a summary of the progress that has been made by local organisations to achieve the strategic priorities of the JHWS.

##### Strategic Priority 1: Best start for children and young people

- The Early Help Strategy has been launched and implemented. The Early Intervention Foundation (EIF) is supporting the work of the 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 focussed areas to support the Early Help Strategy
- An Emotional Health and Wellbeing Integrated Strategic Needs Assessment for children and young people has been completed
- A mapping exercise has been completed around parents of children who are vulnerable or at risk of being vulnerable. This exercise assisted 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.
- A mapping exercise has been completed around reducing the number of children and young people who have experience childhood adversity (ACE). This provided 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

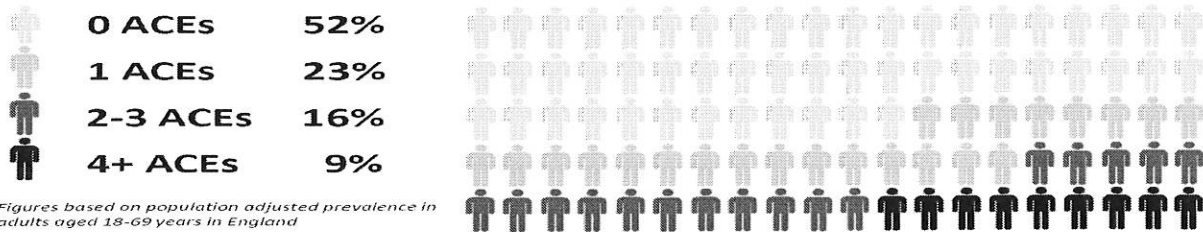
**Adverse Childhood Experiences (ACEs)**

Stressful events occurring during childhood that directly affect a child (e.g. child maltreatment) or affect the environment in which they live (e.g. growing up in a house where there is domestic violence)

**How many adults in England have suffered each ACE?**



For every 100 adults in England 48 have suffered at least one ACE during their childhood and 9 have suffered 4 or more



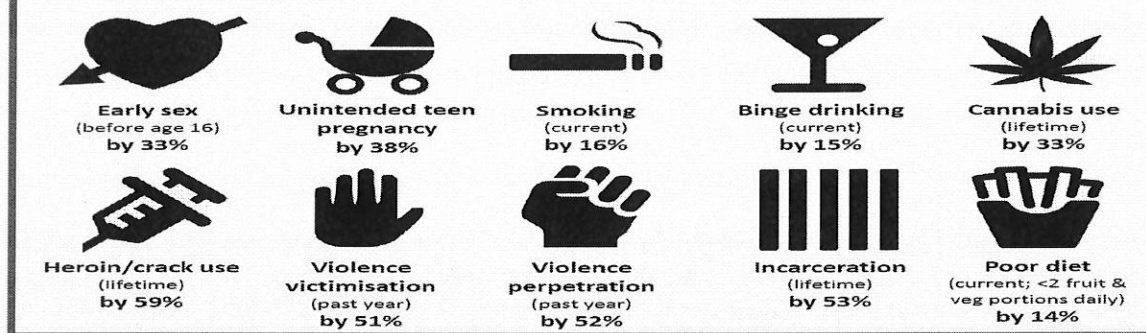
**Source: National household survey of adverse childhood experiences and their relationship with resilience to health-harming behaviors in England**  
Bellis MA, Hughes K, Leckenby N, Perkins C, Lowey H. *BMC Medicine* 2014, 12:72

## ACEs increase individuals' risks of developing health-harming behaviours

Compared with people with no ACEs, those with 4+ ACEs are:

- 2** times more likely to currently binge drink and have a poor diet
- 3** times more likely to be a current smoker
- 5** times more likely to have had sex while under 16 years old
- 6** times more likely to have had or caused an unplanned teenage pregnancy
- 7** times more likely to have been involved in violence in the last year
- 11** times more likely to have used heroin/crack or been incarcerated

Preventing ACEs in future generations could reduce levels of:



The English national ACE study interviewed nearly 4000 people (aged 18-69 years) from across England in 2013. Around six in ten people asked to participate agreed and we are grateful to all those who freely gave their time. The study is published in **BMC Medicine**:

Bellis MA, Hughes K, Leckenby N, Perkins C, Lowey H. National household survey of adverse childhood experiences and their relationship with resilience to health-harming behaviors in England. *BMC Medicine* 2014, 12:72

Centre for Public Health, Liverpool John Moores University  
WHO Collaborating Centre for Violence Prevention

May 2014  
www.cph.org.uk  
Tel: +44(0)151 231 4510

### Strategic Priority 2: Health and Work

- A Local Authority Workplace Health and Wellbeing Group was established to coordinate workplace health and wellbeing activity across the Authority. The Group focused on bringing together different strands of activity into one single coordinated offer and identified gaps to be addressed to improve wellbeing. An Employees Guide on workplace wellbeing has been produced and circulated
- Development activity took place via Public Health with the VCFS to expand mental health training and support through development of evidence based tiered mental health and wellbeing interventions, including support available for employers, frontline staff and community members
- A travel plan function has been established which offers bespoke advice to businesses and job seekers is in place via the Connect programme hosted by Capita

On 25 February 2015 the Health and Wellbeing Board hosted an event to discuss and develop a draft action plan around mental health and wellbeing. The event was attended by around 40 delegates from Blackburn with Darwen Council, NHS, voluntary sector and universities (Blackburn College and Lancaster University). There are four themes to the action plan:

- partnership working and commissioning for mental wellbeing
- increasing awareness around mental wellbeing
- developing a community which promotes mental wellbeing
- developing services which promote mental wellbeing

Delegates discussed these themes, the proposed actions, ways their organisations could contribute to the action plan and other actions they would like to see including in the plan.

An employees' guide to workplace wellbeing has been published for staff working for Blackburn with Darwen Council. The booklet highlights some of the opportunities available which can help staff to achieve the 'five ways to wellbeing'.

Services available include:

- the Wellbeing Service
- corporate gym membership
- Your Call
- Our Ideas
- community learning and 'Health and Wellbeing' courses
- Re:refresh

Strategic Priority 3: Safe and healthy homes and neighbourhoods

- Pro-active promotion of decent and safe homes (DASH) continued to improve housing standards, whilst working closely with other key services (e.g. GP's, Carers Support etc)
- Residents are encouraged to take up heating / insulation, money / energy debt advice and energy switching schemes. There is coordinated delivery of money and benefits advice to people in fuel poverty
- People at risk of poor health during winter were identified via Warm Homes Healthy People Fund with appropriate action taken

DASH has started providing a Hospital In-Reach Service which involves a Liaison Officer visiting wards at the Royal Blackburn Hospital to offer DASH services to some of the most vulnerable residents of the Borough. During one of these visits our Liaison Officer met Mr L.

Mr L is in his 70's and suffers with COPD, asthma, heart disease, has had previous heart attacks and a stroke amongst, other chronic illnesses. He had been admitted into hospital on a regular basis and when the Liaison Officer first met him, he was quite depressed and low in mood. The Liaison Officer then visited Mr L following his discharge from hospital and discovered that he was finding it very difficult to cope in various ways. Living alone he had not been able to afford to heat his home and was struggling to meet his mortgage payments.

Mr L's home was extremely cold due to the lack of heating which was having a negative impact on his health. It was cluttered with items such as paperwork, tools, magazines etc. making it very difficult for him to move around his home safely. As Mr L was unsteady on his feet the Liaison Officer was concerned about the hazards inside the property, both in terms of trips and falls and from a fire safety point of view. Mr L didn't know how to start going about clearing things out; some of his items were unwanted but some might be worth something.

Mr L was quite emotional and said that he wanted to move into a smaller, more affordable property but felt overwhelmed about how to achieve this. They discussed some of the options available to him regarding moving house. A referral was made to the DASH handyperson service to repair the front doorstep, which was very uneven and to Lancashire Fire and Rescue Service requesting a Fire Safety Home visit.

Mr L showed the Liaison Officer his energy bills. He feared he was in debt which was the reason why he wasn't using his heating. However, Mr L wasn't in debt but because he didn't really understand his energy bills he was holding back paying them. Once his bills were explained to him and, he was helped to understand that he was not in debt, he felt more confident to keep his home warm.

Following a discussion with the Liaison Officer, Mr L visited his GP and was prescribed medication that has lifted his mood. This has meant he now feels confident contacting charities, and has donated many of his unwanted items and also sold some of his tools which were stored in the front garden. As a result, he has now cleared his property, and put it on the market for sale. After considering the housing advice he was given, and further discussions with his friend (and local vicar) he has now registered with B with Us to find a smaller property.

#### Strategic Priority 4: Promoting good health and supporting people when they are unwell

- A single point of access to wellbeing services was launched in January 2014
- To improve the quality and co-ordination of ambulatory care sensitive conditions to keep people with long term conditions out of hospitals a proactive and multi-disciplinary approach to active early identification of disease has been developed
- Assistive Technology in the Borough now has its own dedicated programme referred to as Safe and Well. A number of pilot projects have taken place and is supporting Early Intervention and Prevention by working in partnership with voluntary sector providers
- Self-care Facilitators are working with patients as part of the Enhanced Integrated Community Services (EICS) pilot. A Wellbeing Hub is in place to facilitate self-care through a variety of wellbeing services

**FOCUS ON**

#### **ASSISTIVE TECHNOLOGY**

Innovative equipment has been rolled out as part of Blackburn with Darwen Council's Safe and Well Programme across all areas of Blackburn with Darwen to give those people with issues like learning disabilities and dementia support to maintain independence in their daily lives. The programme promotes the use of the assistive living technology and devices such as memory books, GPS systems, panic buttons, falls detectors and much more.

Carol Beardsworth, 53, a local resident and receptionist at Blackburn with Darwen Carers Service, has already been able to take advantage of the equipment for her father Joseph, 82, who suffers from dementia and her brother Stephen, 57, who has a learning disability.

Following a recommendation from her Carers Advisor, Carol went to an event at Your Support Your Choice to find out more about assistive technology and how it can help. She was advised that both her father, for whom she is the main carer, and brother would benefit from a special phone that features large buttons that can be programmed to phone specific numbers, for example Carol's mobile phone and other family members. There is a panic button on the back and it also has a GPS tracking function which is useful as Joseph sometimes wanders away from home.

Carol says Stephen wouldn't leave the house before he got his phone but now he feels confident enough to take their dog for a walk because he knows he can use the phone to call for help if he needs it. In addition Joseph has also been given a memory book which Carol has filled with family photos and, due to the hi-tech nature of the device, been able to record an audio message to go with each photo – such as a message from the family member pictured, or a message to explain what the photo is of, to help her father remember.

Carol said:

"More people should know about assistive technology as its great. I only went to Your Support Your Choice to find out about equipment for my dad but then I realised the equipment would be great for my brother too. The phones mean I don't need to worry as much, I've got more peace of mind. The GPS tracking facility is brilliant for people with learning disabilities or dementia. I don't need to rush at the shops to get home and I don't need to worry at work anymore – the equipment has helped me to get some of my life back."

## Programme Area 5: Promoting older people's independence and social inclusion

- A protocol for information sharing across partner organisations has been agreed and management of the process is led by Your Support Your Choice (YSYC)
- A multi-agency referral form and agreed pathways are in place and completed forms will be routed through YSYC for action

**FOCUS ON**

### **YOUR SUPPORT, YOUR CHOICE**

This service aims to help people to live as independently as possible within the community and have a wide range of information about the different choices available to offer support to people when they need it most. They work closely with their partners in the independent and voluntary sector to ensure that local people have easy access to information, advice and support.

The service puts people in touch with organisations, projects, activities and initiatives available in the community and offers free information and guidance on:

- staying independent
- home safety and maintenance
- self-directed support and peer support
- positive mental health and stress management
- what's on in your community
- health and social care guidance
- volunteering opportunities
- support for people with a disability
- support for people with long term health conditions
- employment support and job clubs

## **DECISIONS TAKEN AND KEY ITEMS CONSIDERED BY THE HEALTH AND WELLBEING BOARD DURING 2014-15**

The Blackburn with Darwen Health and Wellbeing Board has taken a number of key decisions in 2014 / 15. These include:

- Better Care Fund
- Communication and Engagement Strategy
- Community Pharmacy
- Integrated Strategic Needs Assessment update
- Health and Wellbeing Annual Report
- Strategic Review of the Health and Wellbeing Board
- Health and Wellbeing Board Terms of Reference



- Pharmacy Needs Assessment
- Tobacco Free Lancashire
- Integrated Strategic Needs Assessment – Children and Young People’s Emotional Health and Wellbeing
- Provider Engagement
- Disabled Children’s Chart
- Mental Health Crisis Care Concordat
- Mental Wellbeing Action Plan
- Peer Review Feedback

In addition The Board considered and provided commentary on the following items:

- Public Health Annual Report
- Hospice Petition
- National Autism Self-Assessment Framework
- Towards a Health and Care Strategy for Lancashire
- Pennine Lancashire Annual Resilience Plan
- Response to Keogh Review
- Alcohol Strategy
- Joint Health and Wellbeing Strategy – update on progress
- Healthwatch Annual Report
- Accident Prevention Strategy
- Commissioning Priorities – CCG and Local Authorities
- Integrated Strategic Needs Assessment – Locality Stories
- Overview of Development in Partnership working across Localities
- Local Safeguarding Adult Board – Annual Report
- Local Safeguarding Children Board – Annual Report
- Memorandum of Understanding – Safeguarding Partnerships
- Scheduled Care Service Redesign Programme
- NHS Five Year Forward Plan
- CCG Operational Plan
- Prime Minister’s Challenge Fund
- Resilience Outcomes
- Dementia Strategy
- Screening and Immunisation

### **PEER REVIEW**

The Board decided to invite a peer challenge as the Borough reaches a milestone in its planning for health and wellbeing. This included a review of the Joint Health and Wellbeing Strategy and local developments in integrated ways of working, which bring about opportunities to reflect on the ways how we are working to improve health and wellbeing and what we can do to be more effective.

The peer team were impressed with the way the longstanding relationships and strong partnerships in the Borough are working to improve the health and wellbeing of the population and the incredible energy, ambition and pace demonstrated to address the significant challenges the population face.

Feedback letter:

<https://www.blackburn.gov.uk/Lists/DownloadableDocuments/Blackburn%20Health%20and%20Wellbeing%20board%20peer%20challenge%20feedback%20letter.pdf>

## **THE FUTURE WORK OF THE BLACKBURN WITH DARWEN HEALTH AND WELL BEING BOARD**

The Joint Health and Wellbeing Strategy has now been refreshed and sets out our local priorities for improving health and wellbeing over the next three years. The Strategy takes a life course approach to improving wellbeing, and therefore has three key delivery strands:

- Start well – children and young people from 0-25 years
- Live well – people of working age
- Age well – people aged 50+

The key, overarching priorities for the Strategy are to:

- Increase life expectancy year on year for both males and females, and narrow the gap with the rest of England
- Narrow the inequalities in life expectancy within Blackburn with Darwen
- Pursue policies that will maximise the number of years spent in good health
- Improve children and young people's emotional health and wellbeing
- Manage demand and improve outcomes by creating a 2% year-on-year shift in investment from treatment and care into prevention
- Ensure that Blackburn with Darwen has 'healthy places' to live, work and play

The Strategy is presented across four key sections, which are summarised below.

### **Our approach**

This sets out the key principles which underpin all the priorities and activities identified within the Strategy, these are:

- Work together and integrate where it makes sense
- Build on and utilise community strengths and assets (*build resilience*)
- Addressing inequalities (fairness)
- Tackle the wider determinants of health
- Health in all policies and places
- Good governance

### **Cross cutting themes**

When scoping and consulting on the Strategy, it was evident that there were three distinct themes that had strong influence on each stage of the life course. These were:

- identification, prevention and early intervention
- positive mental health and wellbeing
- poverty and financial inclusion

Multi-agency action plans are being developed to ensure that activities are taken forward to address each of the themes, in support of the Strategy, and a wide range of stakeholder organisations will be working to implement these action plans over coming years.

### **Overview of priorities**

The section demonstrates the new “plan on a page” that summarises the key ISNA challenges, alongside the key principles of approach, the cross-cutting themes and the top priorities for the life course delivery groups. Following approval by the Board, the plan on a page will be designed up and copies printed for each Board member, key stakeholders and for display in public venues, as was undertaken for the 2012-2015 Strategy.

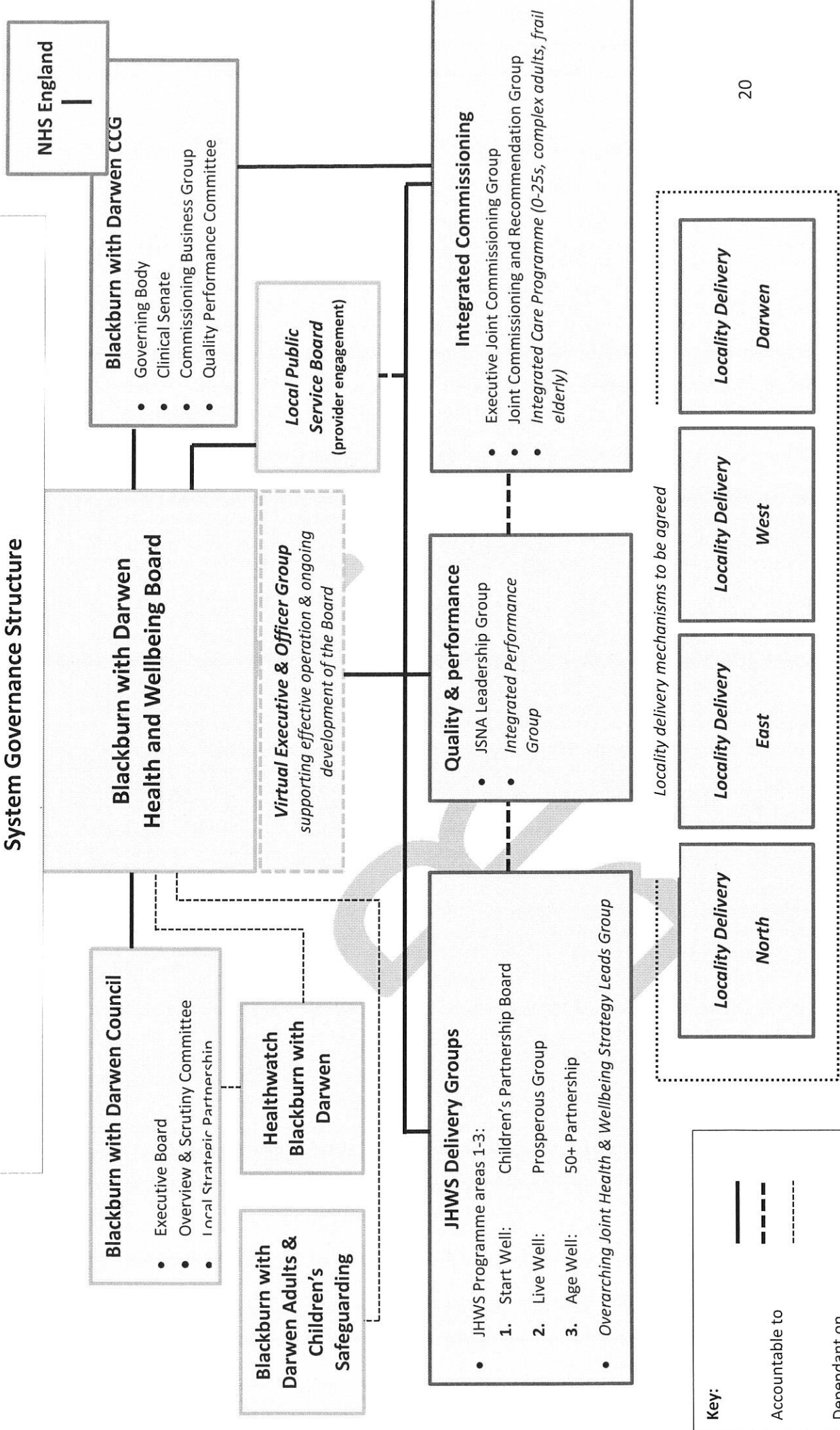
### **Delivering the health and wellbeing Strategy**

The section presents the summary action plans that will be delivered by the three life course groups.

REF

# Blackburn with Darwen Health & Wellbeing Board

## System Governance Structure



**Key:**

Accountable to

Dependant on

Locality delivery mechanisms to be agreed