

HEALTH AND WELLBEING BOARD



TO:	Health and Wellbeing Board
FROM:	Laura Wharton, Consultant in Public Health
DATE:	7 th March 2023

SUBJECT: Joint Local Health and Wellbeing Strategy

1. PURPOSE

This purpose of this paper is to provide the Health and Wellbeing Board with a final draft of the Joint Local Health and Wellbeing Strategy for approval and set out next steps for delivery of the strategy.

2. RECOMMENDATIONS FOR THE HEALTH & WELLBEING BOARD

The Health and Wellbeing Board is recommended to;

- a) Approve the final draft version of the Joint Local Health and Wellbeing Strategy 2023 – 2028
- b) Note and commit to the developmental programme of work required during the first twelve months of the strategy
- c) Review and update the Joint Health and Wellbeing Strategy in March 2024, as per the outcomes of the JLHWS development programme

3. BACKGROUND AND RATIONALE

The Health and Social Care Act 2012 introduced statutory Health and Wellbeing Boards (HWBs) as a formal committee of the local authority in every upper tier area. HWBs have responsibility for;

- Providing a strong focus on establishing a sense of place
- Instilling a mechanism for joint working and improving the health and wellbeing of their local population
- Setting strategic direction to improve health and wellbeing

Under The Act each Health and Wellbeing Board has a statutory duty to produce a range of assessments and plans, including a Joint Health and Wellbeing Strategy, setting out the way in which it will meet the needs identified in the local Joint Strategic Needs Assessment (JSNA).

The Health and Care Act 2022 amends previous legislation, renaming 'joint health and wellbeing strategies' to 'joint local health and wellbeing strategies'. [Non-statutory guidance](#) published on 22nd November 2022 sets out the roles and duties of HWBs, clarifies their purpose within the new health and social care system architecture and confirms the ongoing requirement to produce a JLHWS. It accompanies previously published [statutory guidance](#) JSNA and JLHWS.

The most recent Blackburn with Darwen JLHWS was extended, and is now due for review.

While much of the evidence, thinking and engagement work upon which the previous Strategy was

based remains as relevant today, in reviewing it, it is important to take account of;

- The expanded body of evidence available locally through the JSNA
- The changing health, social care and wider public sector landscape as a result of financial pressures and health and social care reform, and role of the Health and Wellbeing Board and JLHWS within this.
- Opportunities presented by new ways of working as a result of nationally and locally led programmes for transformation and integration of health and social care

Our challenge now is to do more of what has been shown to work from the previous strategy, but develop this further within the context of increased service demand, inequalities in health amplified by the Covid-19 pandemic, restricted resources and a new system architecture.

4. KEY ISSUES

The revised JHLWS will continue to drive the Health and Wellbeing Board's ambition to increase life chances for the residents of Blackburn with Darwen, through its vision of working together to create a healthier, safer and fairer Blackburn with Darwen where everyone benefits from sustained improvements in health and wellbeing.

The strategy, incorporates the following principles and priorities, which have been developed following consultation with key stakeholders;

Principles:

- Action on the wider determinants of health
- Ensuring health equity
- Intelligence and evidence based decision making
- Coordination at place and service integration

Priorities:

- Best start in life
- Healthy, homes, places and communities
- Mental and physical health and wellbeing
- Good quality work and maximising income
- Positive ageing and independence in later life
- Dying well

The "life course" approach of our previous strategy enabled the HWB and partners to consider the differing health needs that people experience at different points in their lives. Throughout the period of previous JLHWS, this evidence based approach has been embedded into the work of the HWB, and this will continue into the new strategy.

The life course model consists of four main life phases:

- Start Well: Making sure children and young people get the best start in life
- Live Well: Healthy & prosperous people, places and communities
- Age Well: Ensure older people are supported to remain independent and socially included
- Dying Well: Ensuring people, their families and carers are supported to talk about and plan for an improved end of life

The HWB has previously agreed that lead groups will be tasked with taking ownership of delivery of the JLHWS priorities and wherever possible these have been identified from existing groups already in place. These are referred to as Life Course Boards.

During 2023 arrangements for Live Well will be reviewed and new local arrangements for oversight and coordination of Dying Well be developed.

- Start Well – Children’s Partnership Board
- Live Well – *Currently under review*
- Age Well – Age Well Partnership
- Dying Well – *Currently under review*

Membership of each Life Course Board includes a range of relevant stakeholders and each has a named Chair who is also a member of the HWB. Other HWB members participate directly in the Boards, as appropriate, and membership of each Board will be updated in 2023 to fully reflect the agreed priorities.

Each Life Course Board will develop and implement an annual action plan that reflects the agreed priorities and approach in a way that is responsive to the changing local and national landscape, incorporates and influences system priorities and ensures the best possible health outcomes for residents.

The Health and Wellbeing Board is committed to strengthening public involvement in the work of the Board and during 2023/24 will develop its approach in collaboration with wider system partners

A programme of development will, therefore, be undertaken over next 12 months to;

- Review and agree arrangements for oversight, coordination, delivery and monitoring of the JLHWS priorities, including Life Course Boards
- Ensure ongoing alignment with evolving Integrated Care Board plans and structures
- Strengthen public involvement in the work of the Health and Wellbeing Board, including further development of the JLHWS

5. POLICY IMPLICATIONS

The JLHWS will be a key document identifying partnership outcomes and informing priorities to address the health needs of people living in Blackburn with Darwen. The proposals set out in this paper will assist the Health and Wellbeing Board in progressing the JLHWS, which along with the JSNA, will also be used by the Lancashire and South Cumbria Integrated Care Partnership to develop the Integrated Care Strategy.

6. FINANCIAL IMPLICATIONS

There are no additional financial implications arising as a result of the changes documented in this report.

7. LEGAL IMPLICATIONS

Health and Wellbeing Boards are established under section 194 of the Health and Social Care Act 2012. They are committees of the Council under section 102 of the Local Government Act 1972. The statutory membership is provided for in section 194(2) of the Act. The Board is able to appoint sub-committees and may appoint additional persons to the Board.

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

- prepare as assessment of relevant needs, through the JSNA
- prepare a strategy for meeting those needs, through the JLHWS

The Board also has a duty to promote integration and involve the public. Other specific powers and responsibilities of the Board includes a duty to provide opinion as to whether local commissioning plans has taken proper account of the JLHWS, The proposals set out in this paper will assist the Board in delivering these responsibilities under the Act.

The Health and Care Act 2022, received Royal Assent and became an Act of Parliament on 28 April 2022. The Act seeks to enable greater integration between partners across the health (which includes physical and mental health) and social care sector.

8. RESOURCE IMPLICATIONS

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

The priorities set out in the strategy should, along with other national and local plans and guidance influence commissioning decisions made by constituent organisations of the health and wellbeing partnership going forward.

9. EQUALITY AND HEALTH IMPLICATIONS

The Health and Wellbeing Board will continue to have a fundamental role in the improvement of health and wellbeing for the residents of Blackburn with Darwen. The revised JLHWS will place an increased focus on population health and inequalities and support a more joined up approach to planning and delivering health and wellbeing services to local communities.

10. CONSULTATIONS

The revised JLHWS has been through a process of consultation with relevant stakeholders via the thematic delivery groups (Start Well, Live Well, Age Well) and, via Board Members, with the constituent organisations of the Board.

The Health and Wellbeing Board is committed to strengthening public involvement in the work of the Board and during 2023/24 will develop its approach in collaboration with wider system partners.

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BACKGROUND PAPER:	
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