

HEALTH AND WELLBEING BOARD



TO:	Health and Wellbeing Board
FROM:	Dominic Harrison, Director of Public Health
DATE:	25th September 2018

SUBJECT: Blackburn with Darwen Joint Health and Wellbeing Strategy 2018 - 2021

1. PURPOSE

The purpose of this report is to present the final Joint Health and Wellbeing Strategy document to the Health and Wellbeing Board for approval and outline the continued arrangements for delivery of the Strategy.

2. RECOMMENDATIONS FOR THE HEALTH & WELLBEING BOARD

The Board is recommended to;

- Approve the proposed Joint Health and Wellbeing Strategy for the period 2018 – 2021
- Note the continued arrangements for delivery of the strategy

3. BACKGROUND

A statutory duty under the Health and Social Care Act 2012 requires the Health and Wellbeing Board to produce a Joint Health and Wellbeing Strategy (JHWS) setting out the way in which it will meet the needs identified in the local Integrated Strategic Needs Assessment (ISNA).

The current Joint Health & Wellbeing Strategy (JHWS) produced by the Blackburn with Darwen Health and Wellbeing Board expires in 2018. While much of the evidence, thinking and engagement work upon which the previous strategy is based remains as relevant today it is important to take account of;

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

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 changing service delivery models and increased service demands.

4. RATIONALE

This strategy continues The Board's ambition to ***increase life chances for the residents of Blackburn with Darwen, by improving health and wellbeing; creating healthy places and reducing health inequalities, giving all people the opportunity to Start Well, Live Well and Age Well.***

The "life course" approach of our previous strategy enabled the Health & Wellbeing Board and partners to truly consider the differing health needs that people experience at different points in their lives. Throughout the period of the last strategy, this evidence based approach has been fully embedded into the Health and Wellbeing Boards work.

The life course model consists of three 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

Since the launch of our previous JHWS (2015-18), there have been significant developments at a national level which have led to greater integration of services and the development of a Pennine Lancashire footprint for health service planning and delivery. Concurrent with this, we have been developing our "place-based partnership" model in Blackburn with Darwen, which considers the needs of, and delivers integrated prevention, health and care services to our four neighbourhoods.

5. KEY ISSUES

The Joint Health and Wellbeing Strategy for Blackburn with Darwen 2018 -2021 is included in Appendix A of this report.

The key issues requiring decision or agreement by the Board are set out below;

5.1 Priorities:

Continuing the previous strategy, this JHWS seeks 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 people's emotional health and wellbeing
- Manage demand and improve outcomes by shifting resources and investments from treatment and care into prevention
- Ensure that Blackburn with Darwen are healthy places to live, work, and play

Over the course of recent months the Health and Wellbeing Board has, through consultation with partners, identified 3 main cross-cutting themes for the new strategy.

- Poverty
- Vulnerable people
- Mental health and wellbeing

5.2 Principles for delivery:

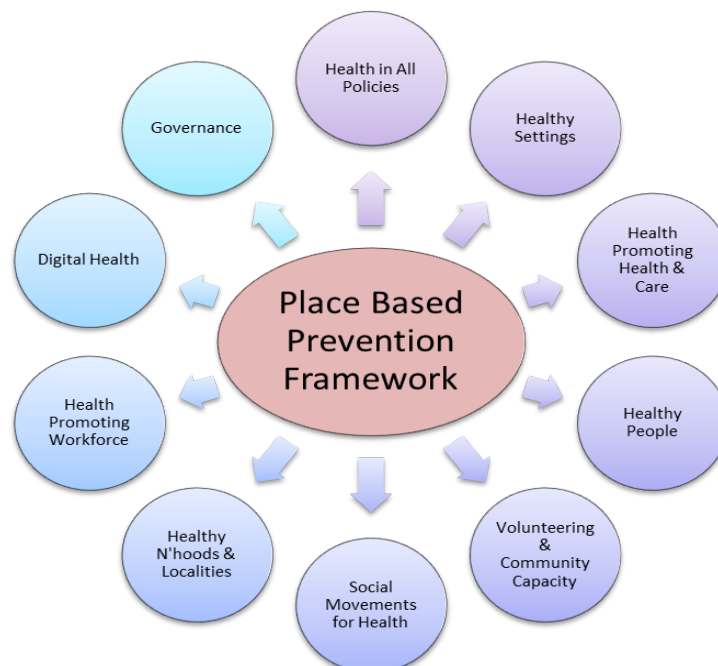
A Place-Based Prevention Framework has been developed for Pennine Lancashire with the aim of embedding prevention across every aspect of our plans and this approach to delivering our priorities has been adopted as part of the new JHWS.

The Framework is based on five key principles:

1. **Place based prevention requires a ‘whole of society’ approach:** Estimates suggest that health care services contribute only to about 20% of the health of the population. Most of the ‘determinants of health’ are only amenable to effective preventive actions outside of the health care system.
2. **Place based prevention is a co-operative and collective activity that mobilises support for change.** Creating healthy communities through place based prevention requires collective action aimed at generating a co-operative community resilience to health risks at an individual and community level.
3. **Place based prevention involves mobilising all of societies resources in a ‘place’:** Place based prevention and health care systems are the most likely to be effective in mobilising all of societies capacities to improve health and wellbeing
4. **Place based prevention involves creating a culture for health that actively enables citizens to take care of themselves and their communities:** Creating a social movement for health that supports citizen action for wellbeing and re-directs the health and care systems towards prevention is critical to the future sustainability and transformation of health and care systems
5. **Place based prevention is aimed at promoting equity of outcomes and equal life chances for all residents.** Creating equity of outcomes may sometimes involve inequalities of inputs - providing more resources to those whose need is greatest, and actively challenging social inequalities that are unjust, unfair and avoidable.

The Framework is also set out in ten Domains, as shown in the following diagram and described briefly below.

Figure 1: The Pennine Lancashire Place Based Prevention Framework



5.2 Governance and Accountability:

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

The key delivery groups for JHWS going forward will, therefore, continue to be;

1. Start Well – Children’s Partnership Board
2. Live Well - Live Well Board
3. Age well – Age Well Partnership

Membership of each Board includes a range of relevant stakeholders and organisations and each has a named Chair who is also a member of the Health and Wellbeing Board. Other Health & Wellbeing Board members participate directly in the Life Course Boards as appropriate. Each Board will continue to contribute to the Integrated Strategic Needs Assessment (ISNA) process as relevant to their priority.

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 and ensures the best possible health outcomes for residents. The action plans will have specific, measurable milestones that the boards wish to achieve alongside the medium to longer term indicators of progress outlined in national outcomes frameworks. The plans will be shared with the Health & Wellbeing Board and the respective Life Course Chairs will provide an annual update to the Board outlining progress, challenges and plans for the coming year.

6. POLICY IMPLICATIONS

The proposals set out in this paper will have implications for other policies and plans across the health and wellbeing partnership. It is part of the Health and Wellbeing Board’s role to ensure that the priorities set out in the JHWS are taken account of by partners, as appropriate.

7. FINANCIAL IMPLICATIONS

There are no direct financial implications of this paper.

8. LEGAL IMPLICATIONS

Health and Wellbeing Boards were established under section 194 of the Health and Social Care Act 2012. 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 Act details two core functions of Health & Wellbeing Board:

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

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

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.

10. EQUALITY AND HEALTH IMPLICATIONS

The principle aim of the JHWS is to improve health and wellbeing and reduce inequalities. These principles have been fully embedded and the Strategy has been subject to the relevant impact assessments.

11. CONSULTATIONS

The revised JHWS 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.

VERSION:	1
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DATE:	13 th September 2018
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BACKGROUND PAPER:	
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