

Report of the Interim Strategic Director of Adult and Community Services and the Director of Public Health to the meeting of the Health & Wellbeing Board to be held on 14 May 2013.

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Subject:

Health Inequalities Action Plan

Summary statement:

The report provides a progress update on development of the Health Inequalities Action Plan (HIAP) and the mechanism to oversee delivery.

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Portfolio:
Adult Services & Health

Overview & Scrutiny Area:
Health



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1. Summary

- 1.1 The report provides a progress update on development of the Health Inequalities Action Plan (HIAP) and the mechanism to oversee delivery.

2. Background

- 2.1 The Health and Social Care Act 2012 requires Joint Health and Wellbeing Boards (JHWB) to prepare a Joint Health and Wellbeing Strategy (JHWS) setting out the Health and Wellbeing priorities for the district. A final version of the JHWS for Bradford District was presented to the JHWB at its meeting on 19th March 2013. This was approved in terms of its content with final amendments to be made in respect of design.
- 2.2 In December 2011, a meeting of the full Council noted the high level of health inequalities that exist in Bradford Metropolitan District and recognised that improving health outcomes for residents was one of the most important challenges the district faces. The Council called on the Shadow Health and Wellbeing Board and its successor body to develop a Health Inequalities Action Plan (HIAP) for Bradford District.
- 2.3 In January 2012, the shadow JHWB agreed a framework for the JHWS that incorporated a HIAP. A development process including consultation with partner organisations and stakeholders was undertaken contributing to the development of a draft JHWS incorporating a HIAP. The 19th March 2013 meeting of the Shadow JHWB resolved that the JHWS be approved and that the plans for the continued development of the HIAP be agreed.
- 2.4 This report provides an update in the ongoing development of the HIAP highlighting further development and key areas to consider before the presentation of the final draft of the HIAP scheduled for the 23rd July JHWB meeting.

3. Report issues

- 3.1 The purpose of the Health Inequalities Action Plan (HIAP) is to identify and implement priority actions that have the potential to reduce the inequalities in health outcomes experienced between different populations within Bradford district and between Bradford district and other parts of the UK
- 3.2 The HIAP will be made up of 'commitments' (actions) to reduce health inequalities given against the 18 priorities identified in the JHWS. It is expected that these commitments will include short and longer term actions.
- 3.3 Relevant standards against which progress in the HIAP will be monitored will be taken from the national outcomes frameworks for public health, adult social care, and the NHS, with the addition of locally determined standards where applicable.
- 3.4 The proposal is for a lead partnership to be identified from the Local Strategic Partnership (LSP), which here in Bradford is Bradford District Partnership (BDP) including Bradford Assembly, for each of the 18 priorities identified in the JHWS and for this lead partnership to take responsibility for agreeing the commitments (actions), for taking a role in delivering against these actions and for reporting twice yearly to the JHWB and the Bradford District Partnership (BDP).

- 3.5 Local Strategic Partnerships (LSPs) are non-statutory bodies that bring together, at a local Level, different parts of the public, private, community and voluntary sectors; allowing different initiatives and services to support each other so that they can work together more effectively. LSPs have been one of the main ways through which local authorities have exercised a wider 'community leadership' role. In July 2008, the role for LSPs was enhanced to include responsibility for identifying needs of communities, co-ordinating engagement activities of partners and developing a Sustainable Community Strategy. The Partnerships within BDP are responsible to and held accountable by the BDP Executive and the Council Overview and Scrutiny System. It is important to anchor the HIAP within the BDP framework of Partnerships.
- 3.6 Current activity in developing the HIAP is concentrating on dialogues with each of the Partnerships within the BDP. Work is also underway to identify the most appropriate lead partnership.
- 3.7 There is an acknowledgement that there are different categories of partnerships within the BDP. Partnerships either have an emphasis on advisory and engagement functions or have a delivery role with a more coordinating and direct delivery function. This may mean that their level of influence and opportunity to deliver against the HIAP priorities is not equal leading to the possibility of a change in the partnerships identified as the lead. Those partnerships with an advisory and engagement role have a strong level of volunteer and service user participation from disabled and older people. There is however an acknowledgement of the commitment of all partnerships to achieving the joint outcomes of improving health and wellbeing for everyone in the district and reducing health inequalities and the essential role of all partnerships in achieving this.
- 3.8 As well as developing the actual HIAP it is essential to sit this within a structure that can deliver it and that can enable the JHWB and the full range of stakeholders to understand progress towards achieving the identified outcomes. It is expected that the Councils Strategic Support Team will play a role in performance management and developing the twice yearly reports. The lead Partnership role is a key aspect of this and two options are being explored for the role of lead partnership.
- 3.9 One option is for the role to be to take responsibility for agreeing the commitments (actions), for taking a role in delivering against these actions and for reporting twice yearly to the JHWB and the Bradford District Partnership (BDP). If this option is the preferred one then the partnerships with an advisory/support function would not be identified as lead partnerships and would play a supporting role. With this option an alternative lead partnership would be identified to some of those previously identified.
- 3.10 An alternative option is for the commitments against the 18 priorities to be made by delivery organisations within the partnerships that have a delivery function. If this was the preferred option then the remit of the Lead Partnership would be to receive twice yearly reports from the organisations that have responsibility for delivery against the commitments; and provide constructive comments/added value to these reports. With this option partnerships with an advisory and support function as well as those with a delivery function may be lead partnerships.

- 3.11 It is apparent that the development of the HIAP is involving significant discussion with the BDP Partnerships. This is taking place at the same time as a discussion as to how the framework of BDP Partnerships operates. In particular the Health and Wellbeing Partnership is reviewing its operation and membership.
- 3.12 Mental health has been an area of discussion as the engagement partnerships do not currently include a dedicated mental health partnership. Representation at the Strategic Disability Partnership is currently provided by Bradford and Airedale Mental Health Advocacy Group (BAMHAG). This is an area to be further explored as the HIAP is developed.
- 3.13 A refresh of the HIAP will be built into it to enable the JHWB to consider the impact of a broader range of influences and how this may affect the district. The welfare reform and austerity programme coupled with demographic changes could lead to health and wellbeing outcomes which are not apparent currently. Particular groups of people may be more or less affected. It is important to build in a mechanism to adjust priorities as required as we more fully understand impacts.
- 3.14 There are specific pieces of work being undertaken in the district which will provide a more extensive understanding of health inequalities. An example is the suicide audit and development of a suicide prevention strategy and work around diabetes. It will also be important to link review and further development of the HIAP to the commissioning cycles within the district.

4. **Options**

- 4.1 To agree the continued development of the HIAP exploring the commitments and Lead Partnership role.

5. **Recommendations**

The Health and Well Being Board is asked to:

- (1) Note the progress in the development of the Health Inequalities Action Plan and the expectation that a final draft with recommendations will be presented at the meeting to be held on 23 July 2013.
- (2) Comment on the potential role of the Bradford District Partnership and Partnership Boards in supporting the delivery of the Health Inequalities Action Plan.

6. **Background documents**

- 6.1 'Good Health and Wellbeing', Strategy to improve health and wellbeing and reduce health inequalities 2013 – 2017, Bradford District Health and Wellbeing Strategy
Bradford and Airedale health and Wellbeing Board

7. **Not for publication document**

None

8. **Appendices**

None