

Report of the Strategic Director - Health and Wellbeing to the meeting of the Bradford and Airedale Health and Wellbeing Board to be held on 28th March 2017

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Subject: A proposal for development of a Joint Health and Wellbeing Strategy for 2017-2022

Summary statement: The current Joint Health and Wellbeing Strategy (JHWS) is due to expire at the end of March 2017. This briefing puts forward a proposal for the development of a new strategy.

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Portfolio:

Health and Wellbeing

Overview & Scrutiny Area:

Health and Social Care



1. SUMMARY

The current Joint Health and Wellbeing Strategy (JHWS) is due to expire at the end of March 2017. This briefing puts forward a proposal for the development of a new strategy following a Health and Wellbeing Board development session in February this year. Health and wellbeing board members are asked to comment on the proposals in this paper and agree a way forward.

2. BACKGROUND

Joint Health and Wellbeing Strategies became a statutory requirement with the introduction of the Health and Social Care Act in 2012, at the same time as Health and Wellbeing Boards were being established.

The purpose of the Strategy was to develop local evidence-based priorities for commissioning which will improve the public's health and reduce inequalities. It was intended to help determine what actions local authorities, the local NHS and other partners need to take to meet health and care needs, and to address the wider determinants that impact on health and wellbeing.

Bradford's first Joint Health and Wellbeing Strategy was written in 2012 and is due to expire in March this year. It took a life course approach and after a long consultation process identified 18 priorities and is supported by a comprehensive Health Inequalities Action Plan.

In 2014 feedback from an LGA Peer Review process highlighted some issues with the current strategy, mainly that there were too many priorities. Discussion at the Health and Wellbeing Board development session confirmed that the strategy wasn't being used and that we needed something more focused that can be used by the Health and Wellbeing Board to deliver its remit.

3. OTHER CONSIDERATIONS

Discussion at the development session recognised that as a partnership we have already developed plans and strategies that have gone through extensive consultation and had priorities agreed that have a focus on health and wellbeing. Board members recognised that the Joint Health and Wellbeing Strategy needs to be informed by the Joint Strategic Needs Assessment but felt that it was important to add value to and support the delivery of key partnership plans. It was agreed that key partnership plans to take into account are:

- Bradford District Plan 2016-20 – developed by the Bradford District Partnership—building on the idea of a New Deal for the District and with five priorities including Better Health, Better Lives which focuses on: preventing illness; reducing demand



for urgent and unplanned care; supporting independence; parity for mental health; self-care; child health; people being fit, active and healthy.

- Bradford District and Craven Sustainability and Transformation Plan (STP) has five major clinical or disease priorities where the District has considerable health needs and health inequalities (cardio-vascular and Type 2 diabetes, respiratory, mental health including dementia, cancer,) and three broader themes (maternal and child health, socio-economic and environmental factors, healthy ageing). These were identified by a short review of national priorities, local priorities in existing plans and new data from the Joint Strategic Needs Assessment (JSNA). This forms one of six chapters in the West Yorkshire and Harrogate STP which is a statutory plan under NHS planning guidance for 2016-17. A Key element of the STP is to look at how we work together to close the health and wellbeing gap, i.e. reduce inequalities in health.

The Joint Health and Wellbeing Strategy should identify priorities from these key strategic plans for the Health and Wellbeing Board to focus on. Writing a new strategy offers an opportunity to review and improve the focus of the Health and Wellbeing Board and its partners. The new strategy will:

- Focus on small number of priority areas of highest impact
- Drive partnership working; health and wellbeing is everyone's business and responsibility
- Add value to current plans and strategies and becomes a guiding document for the work of the Health and Wellbeing Board and its partners

3.1 Broadly speaking the Joint Health and Wellbeing Strategy will cover the following:

3.1.1 Introduction

Understanding the role of the Health and Wellbeing Board, setting the context within which we are working and what a Joint Health and Wellbeing Strategy is for

3.1.2 Understanding the health needs of the people in Bradford

Summarising what we know about the needs of our population and key characteristics that we need to be aware of when making decisions

3.1.3 Our approach to improving health and wellbeing

What are our principles for where we want to focus i.e. could be focus on prevention, early intervention, returning people to lowest level of need, care closer to home, etc.; identify 6-8 key strategic priorities that the Health and Wellbeing Board can focus on

3.1.4 A framework to inform decision-making

To give the best chance of improving health and wellbeing and reducing inequalities it needs to be everyone's business and our ability to have a positive impact considered in all of our actions as a health and social care economy. The Strategy will provide a short toolkit to:



- Enable commissioners to understand the impact of their decisions on health and wellbeing and the opportunity to reduce health inequalities. Supporting decision-makers in health and social care to maximise the potential to improve the health of the population.
- Enable Health and Wellbeing Board members to hold people to account for improving health and wellbeing and reducing the impact of health inequalities on the population via their strategies and action plans.

See section 12 – Background documents for the recent update of our joint assessment of needs.

3.2 Engagement and consultation

Priorities in the District Plan and Sustainability and Transformation plan have been widely consulted on already therefore there is no need to consult on priorities if we are not identifying new ones. we will take into account messages from any relevant engagement or consultation that has taken place in the last 12-18 months (such as that for the 2016-20 District Plan) or that takes place whilst the strategy is being developed (such as that being planned for the Bradford and Craven Sustainability and Transformation Plan). The draft Strategy will be consulted on via:

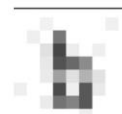
- Stakeholder engagement via existing forums
- Engagement with council committees, members and partnership committees
- Public engagement planned with communications and engagement colleagues in the council and in partner organisations

4. FINANCIAL & RESOURCE APPRAISAL

The Directors of Finance from the Council, the Clinical Commissioning Groups and the main health providers have worked together to forecast the resources that are likely to be available to the Health and Wellbeing sector in Bradford District up to 2021 (subject to changes to national budget settlements). These have been reported through the Sustainability and Transformation Planning Process. The Board received a full finance update in September 2016 as part of this process. The priorities of the Joint Health and Wellbeing Strategy will support local decision-makers to make best use of available resources to improve health and wellbeing.

5. RISK MANAGEMENT AND GOVERNANCE ISSUES

The Joint Health and Wellbeing Strategy is owned by the Bradford and Airedale Health and Wellbeing Board, which in turn reports to the Bradford District Partnership. The Board also reports on progress against the Better Health, Better Lives priority of the District Plan and the process of developing the new strategy will seek consistency across the key plans and strategies in the District. Each Board member will be asked to take the final Joint



Health and Wellbeing Strategy through their organisation's governance routes for agreement

6. LEGAL APPRAISAL

The Joint Health and Wellbeing Strategy is a statutory requirement under the 2012 Health and Social Care Act. The commissioning plans of the local authority and local NHS organisations are required to be consistent with the priorities of the Joint Health and Wellbeing Strategy.

7. OTHER IMPLICATIONS

7.1 EQUALITY & DIVERSITY

The Joint Health and Wellbeing Strategy will seek to reduce health inequalities including as they relate to broader equalities for example, gender, ethnicity and deprivation and to protected characteristics.

7.2 SUSTAINABILITY IMPLICATIONS

The Strategy will deliver the Health and Wellbeing aim of the Bradford and Craven Sustainability and Transformation Plan (STP) and will contribute to the Health and Wellbeing aim of the West Yorkshire and Harrogate STP.

7.3 GREENHOUSE GAS EMISSIONS IMPACTS

None.

7.4 COMMUNITY SAFETY IMPLICATIONS

None.

7.5 HUMAN RIGHTS ACT

None.

7.6 TRADE UNION

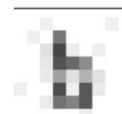
None

7.7 WARD IMPLICATIONS

None

8. NOT FOR PUBLICATION DOCUMENTS

None



9. OPTIONS

None provided

10. RECOMMENDATIONS

- 10.1 That the proposed approach to developing the Joint Health and Wellbeing Strategy as outlined in the report be agreed.
- 10.2 That the Board agree that the Joint Health and Wellbeing Strategy focus on delivering the priorities for the health and wellbeing elements of the District Plan and the local Sustainability and Transformation Plan.

11. APPENDICES

None

12. BACKGROUND DOCUMENTS

Joint Strategic Needs Assessment for Bradford District
<https://jsna.bradford.gov.uk/JSNA.asp>

