

# **Report of the Director of Health and Wellbeing to the meeting of Health and Social Care Overview and Scrutiny Committee to be held on 7 September 2017**

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## **Subject:**

**Joint Health and Wellbeing Strategy 2017-2022**

## **Summary statement:**

This paper describes the background to the development of a Joint Health and Wellbeing Strategy 2017-2022 and provides a draft strategy for review and comment.

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## **Portfolio:**

**Health and Wellbeing**

## **Overview & Scrutiny Area:**

**Health and Social Care**

## **1. SUMMARY**

This paper describes the background to the development of a draft Joint Health and Wellbeing Strategy 2017-2022. The draft Strategy is provided as an appendix for the Committee to review and to provide feedback to be taken into consideration in development of a final draft.

## **2. BACKGROUND**

The purpose of a Joint Health and Wellbeing Strategy is to improve health and wellbeing, reduce health inequalities between people and to provide a shared, public agreement about the focus and direction of the Health and Wellbeing Board. Through the Board members this shared agreement extends across the key organisations of the health and wellbeing sector.

A number of Health and Wellbeing Board development meetings in late 2016 and early 2017 were used to discuss and shape a new draft Strategy for 2017-2022.

The development of a West Yorkshire and Harrogate Sustainability and Transformation Plan (STP) throughout 2016 meant that health and wellbeing data from the Joint Strategic Needs Assessment and other sources such as the Public Health Outcomes data had recently been re-examined in detail, to identify the main health and wellbeing needs, and main drivers of health inequality in the District.

These were identified as the major causes of poor health and wellbeing, preventable disease and early death in the District (cancer, respiratory disease, cardiovascular disease, poor mental wellbeing, Type 2 Diabetes and obesity) and some of the key ways to address them – through a strong focus on maternal and child health, a drive to help people to live and age well and addressing wider social, economic and environmental factors.

At the same time the Better health, Better lives priority of the District Plan was being shaped through extensive engagement with stakeholders, followed by public consultation.

Given this recent work the Board agreed that the major health and wellbeing needs and priorities were well-understood and the work to develop the new joint strategy should focus on identifying the priority outcomes that would address the health and wellbeing priorities of both the STP and the District Plan.

## **3. REPORT ISSUES**

The draft strategy proposes four priority outcomes:

- our children have the best possible start in life
- the people of Bradford have good mental wellbeing
- people are living their lives well and are ageing well
- Bradford District is a healthy place to live, learn and work

Each has a short statement of current needs and some suggestions for what success will

look like. The indicators to track success are in development.

Three high-level delivery actions are suggested:

- A health-promoting place to live
- Promoting wellbeing, preventing ill-health
- Getting help earlier and self-care

The proposed delivery actions challenge us all to think in a broader way about health and wellbeing. Rather than focusing on the services that treat us once we are already ill, they ask us to recognise and build on the assets and capabilities of communities and to take greater personal responsibility for our health and wellbeing. They start by harnessing the potential for the place where we live to support and improve health and wellbeing.

These delivery actions will require different ways of thinking and acting, will require a wider commitment to improving health and wellbeing and will need us to consider how best to direct resources in future.

This draft strategy links with and contributes to other key strategies including those that will deliver the other priorities of the District Plan, for example the Children, Young People and Families Plan. These other high-level strategies and plans will in turn contribute to health and wellbeing outcomes. Healthier children will do better in school, and children growing up in secure, well-supported families are likely to have better health and wellbeing. The strategies that address our physical environment can support health and wellbeing through new, better quality homes, better energy efficiency and cleaner, green forms of transport.

The scale of the improvement needed to the District's health and wellbeing is such that the strategy will need the support of many different partnerships and sectors which can also impact on health and wellbeing. The last section of the strategy is a short toolkit to support this approach, it asks people to think through eight guiding principles when planning activities, prioritising resources or when redesigning a service, commissioning a new service, writing or reviewing policy in order to identify opportunities to maximise their contribution to health and wellbeing.

To date the draft has been received at Health and Wellbeing Board with members asked to take the draft to key people in their own organisations, partnerships and governance arrangements, and taken to the Joint Clinical Board of the Bradford Clinical Commissioning Groups and to the Voluntary and Community Sector Health and Wellbeing Forum.

The draft Strategy is provided as an appendix for the Committee to review and to provide feedback and advice which will be taken into consideration in development of a final draft. Please see Appendix 1.

#### **4. FINANCIAL & RESOURCE APPRAISAL**

There are no direct financial issues arising from this report. However, the draft Strategy has been developed in the context of current financial plans which address ongoing budget reductions for the Local Authority and other delivery partners and rising demand in the health and wellbeing sector.

## **5. RISK MANAGEMENT AND GOVERNANCE ISSUES**

The Health and Wellbeing Board has governance of the Joint Health and Wellbeing Strategy, and is responsible for the effective delivery of the Strategy and its impact on health and wellbeing outcomes for the people of the District. In turn the Board is governed by and reports to the Bradford District Partnership as the Strategic delivery partnership responsible for the Better health, Better Lives of the District Plan 2016-2020.

The Board will work to implement the strategy through the responsibilities and influence of its Board members who are senior executives and officers in the council and local NHS organisations, through its influence and work with other sectors and partnerships and through the Board's working groups.

The working groups are:

- the Executive Commissioning Board, comprising the senior officers from the local authority, the Clinical Commissioning Groups (CCGs), NHS England and Public Health England responsible for commissioning to improve health and wellbeing outcomes;
- the Integration and Change Board - chief officers from the local authority, CCGs and local NHS Trusts,
- the Healthy Weight Board which is developing recommendations for promoting healthy lifestyles at a population level to improve wellbeing and reduce preventable illness.

## **6. LEGAL APPRAISAL**

The strategy has a strong focus on improving health and wellbeing outcomes and reducing health inequalities, and will be supported by a delivery plan that will address these aims at a broad, population level. This directly addresses the statutory duties of the Health and Wellbeing Board under the Health and Social Care Act 2012.

## **7. OTHER IMPLICATIONS**

### **7.1 EQUALITY & DIVERSITY**

The draft strategy aims to reduce health inequalities which in some instances can disproportionately affect people with protected characteristics under the Equality Act 2010. As such the Strategy aims to make a positive contribution to people with protected characteristics.

### **7.2 SUSTAINABILITY IMPLICATIONS**

The draft strategy will support and build on the work at local and West Yorkshire-Harrogate level to ensure that services become sustainable within the available budget for health and wellbeing by 2020.

### **7.3 GREENHOUSE GAS EMISSIONS IMPACTS**

No direct implications.

### **7.4 COMMUNITY SAFETY IMPLICATIONS**

No direct implications.

### **7.5 HUMAN RIGHTS ACT**

No direct implications.

### **7.6 TRADE UNION**

There are no direct Trade Union implications as a result of the Strategy.

### **7.7 WARD IMPLICATIONS**

The proposed approach may have implications for wards. In areas with poorer health and wellbeing and higher levels of health inequalities different approaches may need to be developed to accelerate improvement in health and wellbeing and to reduce health inequalities.

## **8. NOT FOR PUBLICATION DOCUMENTS**

None.

## **9. OPTIONS**

9.1 That the Members provide verbal feedback on the draft Joint Health and Wellbeing Strategy at the meeting.

9.2 That a timescale for written feedback is agreed at the meeting if Members so wish.

## **10. RECOMMENDATIONS**

That Members' give consideration to option 1 and 2.

## **11. APPENDICES**

Appendix 1 – Draft Joint Health and Wellbeing Strategy 2017-2022

## **12. BACKGROUND DOCUMENTS**

None