

Report of the Director of Health and Wellbeing to the meeting of the Bradford and Airedale Health and Wellbeing Board to be held on the 19th December 2017

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Subject:

Connecting people and place for better health and wellbeing. A Joint Health and Wellbeing Strategy for Bradford and Airedale 2018-2023

Summary statement:

The final draft of the Joint Health and Wellbeing Strategy 2018-2023 is brought to the Board for approval subject to any final amendments that the Board may wish to see.

Bev Maybury Strategic Director – Health and Wellbeing, Bradford MDC

Report Contact: Sarah Muckle, Deputy Director of Public Health

Phone: (01274) 432805

E-mail: sarah.muckle@bradford.gov.uk

Portfolio:

Health and Wellbeing

Overview & Scrutiny Area:

Health and Social Care

1. SUMMARY

The final draft of the Joint Health and Wellbeing Strategy 2018-2023 is brought to the Board for approval, subject to any final amendments that the Board may wish to see.

2. BACKGROUND

The purpose of a Joint Health and Wellbeing Strategy is to help the Health and Wellbeing Board to meet its duties to improve health and wellbeing, reduce health inequalities between people, and provide a shared, public agreement about the focus and direction of the Health and Wellbeing Board as it leads this work. Through the Board members this shared agreement extends across the health and wellbeing sector and to other sectors and strategic partnerships who have important contributions to make to health and wellbeing.

The Joint Strategic Needs Assessment and other sources such as the Public Health Outcomes data have helped to identify the main health and wellbeing needs, and main drivers of health inequality in the District. Health and Wellbeing Board development meetings in late 2016 and early 2017 have been used to discuss and shape a new draft Strategy for 2018-2023

In 2016 the Better health, Better lives priority of the District Plan was shaped through engagement with stakeholders followed by public consultation. Given this and other 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 should be the focus for the next five years.

The Health and Wellbeing Board owns the joint strategy and holds its members to account for leading its implementation. The strategy links to and supports other strategies and plans. For example, improving health and wellbeing on a large scale will support economic growth and contribute to the other priorities such as 'A Great Start for all our Children' which are owned and led by other strategic partnerships. The Strategy also supports work to improve health and wellbeing outcomes through the West Yorkshire and Harrogate Health and Care Partnership.

Improving health and wellbeing also relies on the delivery of other strategies and plans to deliver good quality housing, good jobs, safe and inclusive neighbourhoods and better air quality.

An earlier draft of the strategy was received at the Health and Wellbeing Board in July 2017. Board members were asked to share the draft with their own organisations, partnerships and governance arrangements. The draft has also been discussed at the Joint Clinical Board of the Bradford Clinical Commissioning Groups, the Voluntary and Community Sector Health and Wellbeing Forum, the Children's Transformation and Integration Group, and discussion at disability groups has been facilitated by Bradford Talking Media.

3. OTHER CONSIDERATIONS

The draft strategy proposes four priority outcomes:

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

Three high-level delivery actions are introduced and will be developed in detail through a place-based Health and Care Plan and a Healthy Bradford Plan. These are:

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

These three approaches to implementing the strategy challenge us all to think in a broader way about health and wellbeing. They start by harnessing the potential for the place where we live, our housing, neighbourhoods, our economy and environment to support and improve 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 will require different ways of thinking, 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. Healthier children will do better in school. Our other high-level strategies and plans will in turn contribute to health and wellbeing outcomes because 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.

4. FINANCIAL & RESOURCE APPRAISAL

The Joint Health and Wellbeing Strategy sets the direction and provides a broad framework for decisions about the use of resources for the health and wellbeing sector across the District. A finance and resource update will be provided as part of a separate agenda item.

5. RISK MANAGEMENT AND GOVERNANCE ISSUES

Governance of the strategy will be through the Health and Wellbeing Board which owns and leads the strategy. Risk will be managed by the Integration and Change Board through a performance management framework with regular reporting to the Health and Wellbeing Board.

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 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. Implementation of the strategy will involve co-ordinated action to increase physical activity levels and active travel in the District which may have some impact on greenhouse gas emissions if the number of car journeys were to decrease as a result.

7.4 COMMUNITY SAFETY IMPLICATIONS

No direct implications, however community safety is an enabling factor, allowing people to engage in community activities, and to use streets and neighbourhood amenities for physical activity. Reduced social isolation and increased physical activity will both act to

enhance wellbeing.

7.5 HUMAN RIGHTS ACT

No direct implications.

7.6 TRADE UNION

No direct implications.

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

No options are provided.

10. RECOMMENDATIONS

That the Joint Health and Wellbeing Strategy be agreed subject to any minor amendments made at the meeting.

11. APPENDICES

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12. BACKGROUND DOCUMENTS

None