		Agenda Item: 6
Report to:	Birmingham Health & Wellbeing Board	
Date:	29th November 2016	
TITLE:	HEALTH & WELLBEING STRATEGY	
Organisation	Birmingham City council	
Presenting Officer	Adrian Phillips, Director of Public Health	

Report Type:	Decision

1.	Purpose:
	To invite Board Members to propose a small number of priorities for the refreshed strategy

2.	Implications:		
BHWB Strategy Priorities	Child Health		Y
	Vulnerable People		Y
	Systems Resilience		Y
Joint Strategic Needs Assessment			Y
Joint Commissioning and Service Integration			Y
Maximising transfer of Public Health functions			N
Financial			Y
Patient and Public Involvement			Y
Early Intervention			Y
Prevention			Y

3.	Recommendation
	That the Health and Wellbeing Board: • Agrees a limited number of priorities for the refreshed strategy • Delegates further development to the Operations Group • Receives a revised draft strategy at the next meeting as well as related proposals in terms of key stakeholders

4. Background

4.1 The Health and Social Care Act 2012 required Local Authorities in England to have a Health and Wellbeing Board (HWBB). Boards should ensure that local health needs drive local decision-making, bringing together partners to improve health. The initial Health and Wellbeing Strategy (HWS) was adopted in June 2013 and is the first of its kind in Birmingham. It outlined the key priorities for the HWB and required the involvement of many organisations across the city for its delivery. Three years have now passed since the creation of the HWS and it is necessary to review whether priorities need updating to reflect the current situation, as well as whether improvements can be made to maximise its beneficial impact. Proposals for new priorities are presented.

4.2 Current Strategy

The current strategy was presented on a page and highlights its vision to improve the health and wellbeing of the most vulnerable individuals in Birmingham as its most important priority. The strategy is divided into three sections and consists of ten outcomes with actions, measures and targets with timeframes given. The outcomes included for each key area is as follows:

4.2.1 Vulnerable People

- Make children in need safer
- Improve the wellbeing of children
- Increase the independence of people with a learning disability or severe mental health problem
- Reduce the number of people and families who are statutory homeless
- Support older people to remain independent

4.2.2 Child Health

- Reduce childhood obesity
- Reduce infant mortality

4.2.3 System Resilience

- Health and care system in financial balance
- Common NHS and Local Authority approaches
- Improve the primary care management of common and chronic conditions

4.3 Strategy Review

A high level review of progress shows good progress regarding vulnerable children, some progress on homelessness but relatively poor or no progress on the other priorities. The reasons can be distilled into the following:

1. The drivers for change lie outside the control of the HWBB (e.g. child obesity, financial control)
2. The key partners are outside the current HWBB (e.g. infant mortality, family homelessness)
3. The interventions have not been successful or systematic (e.g. resilience of older people)
4. There has been insufficient strategic focus (e.g. independence of vulnerable groups)
5. The HWBB is not just about direct delivery but also about City leadership

Any change in strategy must recognise these barriers and either overcome them or consider whether such an aim is appropriate if success is unlikely.

The third party reviews (UoB and Durham) have highlighted the dilemma of whether the HWBB is systems leader or is it more concerned with transactional actions. Furthermore they both highlight that meeting in "public" may lead to guarded comments when more open and frank discussion between Board members may be more fruitful strategically. Thus there is a great interplay between the style of the HWBB, its membership and its priorities.

4.4   Guiding principles for a new strategy

Meetings and workshops have been held to discuss how the HWS functions and identify views on strategy development what it was felt important to include. Members generally supported the concept of a strategy on a page and much of the existing content; however suggestions for improvement were also raised. Key themes that emerged were:

- There should be no more than 3 or 4 clear priorities grounded in the population's needs – fewer priorities/outcomes can focus Board work and make best use of limited resources
- Priorities should be important to all stakeholders and be areas to which all stakeholders can contribute
- Priorities that affect and can add value to most people's lives
- Strategic fit with the current landscape

    Other comments that arose from these discussions included:
- Areas that do not feature as clearly as perhaps they should: improving outcomes for families, mental health and wellbeing, child poverty, fuel poverty, health equity, social isolation, integrated care, air quality
- Agreeing a definition of 'vulnerable groups' and recognising that we can't affect change in massive numbers. For example nearly half a million people in Birmingham are in the most disadvantaged 10% in the country, over a third of children are in "child poverty"
- Using an asset-building approach as opposed to stopping a deficit or problem
- Improving communication and collaboration between agencies
- A changing culture where citizens take increased responsibility for themselves

4.5   Strategic Landscape

It is important to consider the current context as there are many local, regional and national changes that link to health and wellbeing in Birmingham.

4.5.1   Sustainability and Transformation Plan (STP)

The STP is a programme on commissioning and provision work across health and social care, seen as a way of implementing the Five Year Forward View. There are 44 STP areas in the country with Birmingham combined with Solihull. Requiring a major review on how we work and what is done, it aims on closing gaps in health inequalities (Health and Wellbeing Gap), quality of services (Care and Quality Gap) and lack of funding for demand (Productivity and Efficiency Gap). In Birmingham and Solihull, the following Health & Wellbeing priorities have been identified:

- Tackling Primary Care Variation
- Employment and Health

- Vulnerable Groups
- Early Years
- Increasing Physical Activity across the population

4.5.2 West Midlands Combined Authority (WMCA): Public Service Reform (PSR)

The WMCA are twelve local authorities and three local enterprise partnerships that are working together for devolution of powers and budget from central government to the West Midlands. Whilst local councils will deliver services and keep their identity, the WMCA will have the resources to work together on big issues and around big decisions. The PSR developed by the WMCA aims to increase productivity within the public sector as well as improve outcomes for residents. It is particularly focussed on employment in certain groups as a primary tactic to reduce the fiscal gap in the West Midlands and improving cost-effectiveness of public services. The programme is developed around the following areas that the WMCA has recommended are taken into account when refreshing the HWS:

- Employment & Skills
- Criminal Justice
- Mental Health
- In all areas, there is a focus on individuals with multiple complex needs, defined as at least two of: offending behaviour, homelessness and substance misuse.

In particular, the Board should have due regard for the recommendations of the Mental Health Commission which is due to report shortly.

4.6 Proposed Priorities for the Health & Wellbeing Strategy

4.6.1 Taking the above factors into account a draft set of priorities for the Health & Wellbeing Strategy is suggested below. These are a "first-cut" as a clear Board statement related to being succinct and few in numbers. They have been grouped in the manner of previous discussions including those in workshops.

	Areas	Rationale	Board
Improving the wellbeing of children	Detect and prevent Adverse Childhood Experiences	Evidence of impact on child and adult wellbeing	Frequently discussed at Board
	Improve the Early Years support to parents	Evidence of impact on child development	As part of Early Help system
	Improve child and maternal vaccination	Evidence of reducing common infectious diseases	Discussed in relation to Health Protection
	Stable accommodation for children	Unstable and temporary accommodation disrupts social bonds causing stress and mental ill health	Discussed as part of impact of housing and health

Improve the independence of adults	Support people to remain in their own communities	Improves wellbeing and reduces reliance on public sector support	Previous priority and STP
	Improve relevant vaccination and screening	Flu and pneumococcal vaccination as well as bowel screening are evidence-based	Discussed in relation to Health Protection
	Increase the control of individuals over their care	Personalisation has been shown to increase wellbeing and independence in many areas	Part of initial strategy and STP
Improving the wellbeing of the most disadvantaged	Improving employment in those with severe mental health problems and learning disability	There is excellent evidence that work improves wellbeing and other outcomes	Previous priority Discussed within Mental Health and in both STP and WMCA
	Improving stable and independent accommodation for those with mental health problems and learning disability	Excellent evidence for Housing First	Previous priority. In WMCA
	Improve the wellbeing of those with multiple complex needs	Good local evidence from Fulfilling Lives	Discussed at Board WMCA priority
Making Birmingham a Healthy City	Improve air quality	Good evidence	Discussed in relation to Health Protection Board discussion
	Increase physical activity	Good evidence for the effect on wellbeing	Board workshop
	Increased mental wellbeing in the workplace	Good evidence for a positive effect on employees and employers	Within updates on Mental Health commission

4.6.2   A slightly different way of regarding these is to consider those of importance to the Board:

- Where it is the prime leader and motivator
- Where it makes strategic alliances with other Boards etc.

4.6.3   The first requires a careful review of Board membership in order to deliver such a strategic change. An obvious example relates to children. The second requires good collaboration and possibly formal alliances with those other mechanisms. Examples include air quality and homelessness. This would not stop the HWBB putting forward its ambition, e.g. an ambition to stop temporary accommodation for families and those with mental illness. It is recognised that few (if any) other Boards etc. specifically focus on the most vulnerable as an important inequality.

4.6.4 Thus the HWBB could be the local champion for the MH Commission recommendations as well as increasing physical activity and reducing the vulnerability of the most disadvantaged. It may also be concerned about Air Quality and Homelessness but liaise with other Boards who are similarly concerned with such areas. These are examples only.

4.6.5 No matter which priorities are chosen, they need to be reviewed in light of learning from the current strategy as described above.

4.7 Next Steps

- The Health & Wellbeing Board refines the proposed areas for the strategy.
- Measures and targets will be proposed by the Operations group to the Board
- Key stakeholders and other relevant Boards etc. will be identified
- Board members will need to consider their leadership role in each area.

In addition, the HWBB may need to consider membership in order to deliver the strategy or whether it has the right links to other groups, e.g. Mental Health Systems Strategy Board.

Once the strategy is agreed, the Operations Group will:

- Firm-up indicators and targets against each of the priorities;
- Establish the system wide activities and plans to deliver against each of the priorities;
- Report back to the Board on progress against the agreed targets and potential concerns in achieving these.

5.	Compliance Issues
5.1	*Strategy Implications*
	This paper concerns development of the strategy
5.2	*Governance & Delivery*
	To be overseen by the Health and Wellbeing Board
5.3	*Management Responsibility*
	The Board

6.	Risk Analysis
	A risk assessment cannot be completed until the draft strategy has been agreed

Appendices
None

Signatures	
Chair of Health & Wellbeing Board (Councillor Paulette Hamilton)	
Date:	

The following people have been involved in the preparation of this board paper:

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