

	<u>Agenda Item: #</u>
Report to:	Birmingham Health & Wellbeing Board
Date:	31st January 2017
TITLE:	Health & Wellbeing Strategy
Organisation	Birmingham City Council
Presenting Officer	Adrian Phillips, Director of Public Health

Report Type:	Decision
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1. Purpose:
To recommend priorities for a refreshed strategy

2. Implications: # Please indicate Y or N as appropriate]		
BHWP 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
<p>That the Health and Wellbeing Board:</p> <ul style="list-style-type: none"> • Agrees the limited number of priorities for the refreshed strategy • Delegates further development of measures to the Operations Group • Commissions a Task and Finish group to identify suitable outcomes related to Adverse Childhood Experiences (ACEs) • Invites the Mental Health System Strategy Board to comment on the proposed outcomes or suggest alternatives • Liaise with other Boards as appropriate

4. Background

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. The HWBB has indicated the need to review and refresh the strategy.

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:

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

Child Health

- Reduce childhood obesity
- Reduce infant mortality

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

Guiding principles for a new strategy

A previous paper outlined a set of principles which the HWBB supported. These included:

- 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
- Using an asset-building approach as opposed to stopping a deficit or problem
- Consider the Direct role of the Board as well as Indirect mainly through other Boards
- Improving communication and collaboration between agencies
- A changing culture of promoting independence and the role of services to support this notion

The Board has expressed keen support for Mental Health and ratified the Mental Health System Strategy Plan. It has also received updates from the Mental Health Commission which is due to report shortly.

In addition there is interest in Adverse Childhood Experiences (ACEs) although there is still uncertainty on the outcomes of any work in this area (for adults or children).

Board approach to achieving outcomes

Following the discussion at the November Board, it is proposed that a number of outcomes are negotiated with and delegated to other Boards, such as the Housing Board. This may require the HWBB undertaking other responsibilities for those groups.

The Board has already supported the Mental Health System Strategy Plan. It is proposed that discussions are entered with that Board with a view to appropriate outcomes and also for that body to become a sub-group of the Board.

It is suggested that the HWBB commissions a Task and Finish group to determine the relevant place of an outcome related to ACE (either adult or child or both).

Proposed Priorities for the Health & Wellbeing Strategy

Taking the above into account a set of priorities for the Health & Wellbeing Strategy is suggested below. Suggested approaches to strategic delivery have been suggested

	Ambition	Delivery
Improving the wellbeing of children	Detect and Prevent Adverse Childhood Experiences	Await recommendations of the task and finish group
	All children in permanent housing	Negotiation with Housing Board
Improve the independence of adults	Increase the control of individuals over their care through Integrated Personal Commissioning (Personal Health Budgets and Direct Payments)	Health and Wellbeing Board
Improving the wellbeing of the most disadvantaged	Increasing employment/meaningful activity and stable accommodation for those with mental health problems	Mental Health Systems Strategy Board (TBC) Negotiation with Housing Board
	Improving stable and independent accommodation for those learning disability	Health and Wellbeing Board
	Improve the wellbeing of those with multiple complex needs To Be Agreed	To Be Agreed
Making Birmingham a Healthy City	Improve air quality (and be legally compliant)	Negotiation with Air Quality Board

	Increased mental wellbeing in the workplace To Be Agreed	Consider joint working with adjoining Health and Wellbeing Board To Be Agreed
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There are fewer direct objectives for the HWBB. It requires negotiation with two other City-Boards (Housing and Air Quality) as well as the Mental Health Systems Strategy Board. It also depends on discussion with adjoining HWBB regarding wellbeing in the workplace (a likely recommendation from the Mental Health Commission)

Next Steps

- The Health & Wellbeing Board agrees the proposed areas for the strategy, especially those areas marked in the table
- Commissions a Task and Finish group to identify suitable outcomes related to Adverse Childhood Experiences (ACEs)
- Invites the Mental Health System Strategy Board to comment on the proposed ambitions or suggest alternatives
- Liaise with relevant Boards both within and adjacent to Birmingham
- 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 to consider their leadership role in each area

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

Identified Risk	Likelihood	Impact	Actions to Manage Risk
#	#	#	#
#	#	#	#
#	#	#	#

Appendices

Signatures

Presenting Officer:
Adrian Phillips

Chair of Health & Wellbeing Board
(Councillor Paulette Hamilton)

Date:

Proposed task and finish group for ACEs:

Public Health – Chair (Dennis Wilkes Assistant Director)
 Birmingham Children's Services (Dawn Roberts Early Help & Partnerships)
 WM Police
 Birmingham Women's and Children's Hospital (via Birmingham & Solihull United Maternity Programme BUMP)
 BSMH FT NHS Trust (Adult Mental Health Trust)
 Forward Thinking Birmingham (0-25 yrs Mental Health)
 CLG (Adult Substance Misuse)
 Birmingham Education Partnership
 BCHC NHS Trust Children and Families Division

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

Gunveer Plahe – Speciality Registrar in Public Health
 Wayne Harrison – Assistant Director, Public Health
 Dennis Wilkes – Assistant Director, Public Health