

	<b><u>Agenda Item: 6</u></b>
<b>Report to:</b>	<b>Birmingham Health &amp; Wellbeing Board</b>
<b>Date:</b>	<b>3 October 2017</b>
<b>TITLE:</b>	<b>HEALTH &amp; WELLBEING STRATEGY UPDATE</b>
<b>Organisation</b>	<b>Birmingham City Council</b>
<b>Presenting Officer</b>	<b>Adrian Phillips</b>

<b>Report Type:</b>	<b>Information</b>
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<b>1. Purpose:</b>	
1.1	To update the Health and Wellbeing Board of progress in developing and establishing potential indicators and targets and accountable groups across the health and social care economy that have the lead on delivering the ambitions in the Health & Wellbeing Strategy.
1.2	To identify issues that may hinder progress delivering the ambitions of the strategy.

<b>2. Implications: # Please indicate Y or N as appropriate]</b>		
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

- 3.1 The Board to note the developments related to the Strategy.
- 3.2 Board members report how the strategy relates to their organisational objectives.
- 3.3. The Board members agree to provide specific leadership to individual objectives.

### 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. A refreshed Health and Wellbeing Strategy (HWBS) was adopted in January 2017.
- 4.2 At the July HWBB it was agreed that the Operations Group should look to identify individuals from each area to lead priority areas of the strategy. The Operations Group were tasked with identifying potential indicators, targets and key delivery groups, including areas where gaps existed, and to report back to the HWBB.
- 4.3 The mechanisms that can be used to progress meaningful actions to improve outcomes in these areas need to be identified.

#### Targets

- 4.5 **Appendix 1** outlines updated strategy in linking objectives with targets, source etc. Difficulties have been encountered in focussing on targets and agreement of sources etc. It is proposed that the Board will provide leadership in developing this further.

#### Board Member Involvement

- 4.6 The strategy must be owned by the Board. It is recommended that Members of the Board consider “leading” the objectives. This would involve relevant Board Members receiving updates on key issues and developments related to the objectives. This would enable them to update at meetings as needed.

#### 4.7 Next Steps

- The Health and wellbeing Board Operations Group continue to work with partners to ensure plans are in place to deliver the ambitions within the strategy.
- The Operations Group to report on continued progress against targets once they have been established.

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

<b>6. Risk Analysis</b>			
A risk assessment cannot be completed until the draft strategy has been agreed			
<b>Identified Risk</b>	<b>Likelihood</b>	<b>Impact</b>	<b>Actions to Manage Risk</b>
#	#	#	#

<b>Appendices</b>
Health & Wellbeing Strategy Update

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

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

Wayne Harrison  
Jade Hussain  
Adrian Phillips

# Health & Wellbeing Strategy Update

## 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. A key responsibility of the HWBB is to develop a Health and Wellbeing Strategy (HWBS), to inform commissioning decisions across local services such that they are focussed on the needs of service users and communities, to tackle the factors that impact upon health and wellbeing across service boundaries.

In January 2017 the HWBB agree to a set of updated priorities for the HWS around:

Priority	Ambition
<b>Improving the wellbeing of children</b>	Detect and Prevent Adverse Childhood Experiences (ACEs)
	All children in permanent housing
<b>Improve the independence of adults</b>	Increase the control of individuals over their care through Integrated Personal Commissioning (Personal Health Budgets and Direct Payments)
<b>Improving the wellbeing of the most disadvantaged</b>	Increasing employment/ meaningful activity and stable accommodation for those with mental health problems
	Improving stable and independent accommodation for those learning disability
	Improve the wellbeing of those with multiple complex needs
<b>Making Birmingham a Healthy City</b>	Improve air quality
	Increased mental wellbeing in the workplace

Subsequently the HWBB has asked the Operations Group to identify potential indicators and targets and accountable groups across the health and social care economy that have the lead on delivering these ambitions.

An overview of this work is shown in the table below.

<b>Ambition</b>	<b>Target</b>	<b>Key links/external bodies</b>	<b>Board Lead</b>	<b>Operations Lead</b>
Detect and Prevent Adverse Childhood Experiences	Awaiting recommendations of the Task & Finish Group			
All children in permanent housing	All children in permanent housing	Housing Birmingham	Jonathan Drifill	John Hardy BCC
Increase the control of individuals over their care through Integrated Personal Commissioning (Personal Health Budgets and Direct Payments)	To be agreed with NHSE  BCC target 25% by 31/3/18	Integrated Personalised Commissioning Board	tbc	Anita Holbrook CCG  Chris MacAdams BCC
Increasing employment/ meaningful activity and stable accommodation for those with mental health problems	8.9% patients with on CPA in paid employment by 2020/21  Accommodation tbc	Mental Health System Strategy Board	tbc	Jo Carney CCG  Melanie Brooks BCC
Improving stable and independent accommodation for those learning disability	tbc	tbc	tbc	Melanie Brooks BCC
Improve the wellbeing of those with multiple complex needs	tbc	tbc	tbc	Natalie Allen BVSC
Improve air quality	Halve air pollution attributable mortality by 2030	BCC Air Quality Steering Group	Adrian Phillips	Wayne Harrison BCC

Ambition	Target	Key links/external bodies	Board Lead	Operations Lead
Increased mental wellbeing in the workplace	tbc	tbc	tbc	Tbc

Further details on the indicators, baseline performance and required trajectories, along with an overview of current plans to achieve the ambitions that have been identified are given in attached summaries.

## A Focus on the Most Vulnerable

The poor health outcomes of people with co-existing mental and physical conditions represent one of the greatest inequalities in health. Mental illness is involved in one in three avoidable deaths every year, while people with severe mental illness die on average 20 years earlier than the rest of the population – a situation described as lethal discrimination by Rethink.

Similarly, people with learning disabilities in England die much younger than the general population (13 to 20 years younger for men with learning disabilities; 20 to 26 years younger for women with learning disabilities). More than three times the number of people with learning disabilities dies than would be expected when taking into account age and sex.

The hard “Hard Edges” report describes the experiences of individuals who are in contact with at least two out of three of the homelessness, substance misuse and/or criminal justice systems. The quality of life reported by these people facing Sever Multiple Disadvantage (SMD) is much worse than that reported by many other low income and vulnerable people, especially with regard to their mental health and sense of social isolation.

In Birmingham it is estimated that there are:

- Over 6,700 affected by 2 forms, and
- Up to 2,500 affected by 3 forms of SMD

SMD creates a significant cost for the rest of society, particularly with respect to disproportionate use of certain public services. There are also significant social costs associated with SMD, not least the potentially negative impacts on the children with whom many people facing SMD live, have contact, or are estranged from;

The effects of inequities can be entrenched through generations. The range of experiences, such as domestic violence, incarceration, mental illness, unemployment and substance misuse can have an adverse effect on the health and wellbeing of our children, Young

People, families, and adults for a lifetime. Single experiences have an adverse impact on the child's future health & wellbeing but multiple experiences have a cumulative impact.

## **Current position**

System-wide work on each of the priorities seems to be at different stages of development. From the information supplied to the Health & Wellbeing Operations Group each of the areas of the strategy can be categorised as below.

## **Identified indicators, targets and plans for delivery**

- All children in permanent housing
- Increasing employment /meaningful activity for those with mental health problems
- Improving air quality
- Integrated Personal Commissioning

There are established work streams for each of these priorities with propose and/or agreed targets. For the mental health and employment priority BCC integration with the NHS needs to be better understood.

## **Indicators identified but target and plans not yet determined**

- Improving stable and independent accommodation for those learning disability
- Increasing stable accommodation for those with mental health problems

Limited nationally published indicators are available for each of these areas. However, it has been recognised that there are gaps in these areas. It is proposed to prepare a paper for the next Board meeting with more details for potential indicators, targets and the strategic context for these areas. .

## **Indicators, targets and plans not yet determined**

- Detect and Prevent Adverse Childhood Experiences
- Improve the wellbeing of those with multiple complex needs
- Mental wellbeing in the workplace

The HWBB has established a working group on ACEs. However, it is not expected that this work will recommend indicators or targets for the ambition outlined in the strategy. ACEs are also a work stream in the Sustainability and Transformation Partnership for Birmingham & Solihull.

Improving the wellbeing of those with multiple complex needs and mental wellbeing in the workplace are both areas that are being addressed in the Public Service Reform programme of the West Midlands Combined Authority. As yet, the indicators and targets for these areas have not been established, nor has the expected contribution of Birmingham to achieving the overall objectives.

Workplace wellbeing is also a work stream in the Birmingham & Solihull STP.

Once these plans are established Birmingham contribution to them can be quantified and delivery mechanisms agreed and assured.

## **Next steps**

### **Formally agree the indicators and targets for:**

- All children in permanent housing
- Increasing employment /meaningful activity for those with mental health problems
- Improving air quality
- Integrated Personal Commissioning

### **Establish the accountable group and agree targets for:**

- Improving stable and independent accommodation for those learning disability
- Increasing stable accommodation for those with mental health problems

### **Establish Birmingham indicators, targets and plans for:**

- Improve the wellbeing of those with multiple complex needs
- Mental wellbeing in the workplace
- Detect and Prevent Adverse Childhood Experiences



# Detect and Prevent Adverse Childhood Experiences

**Indicator:** tbc

**Target:** tbc

## **Current plans to achieve ambition**

Awaiting update from ACES Task & Finish Group

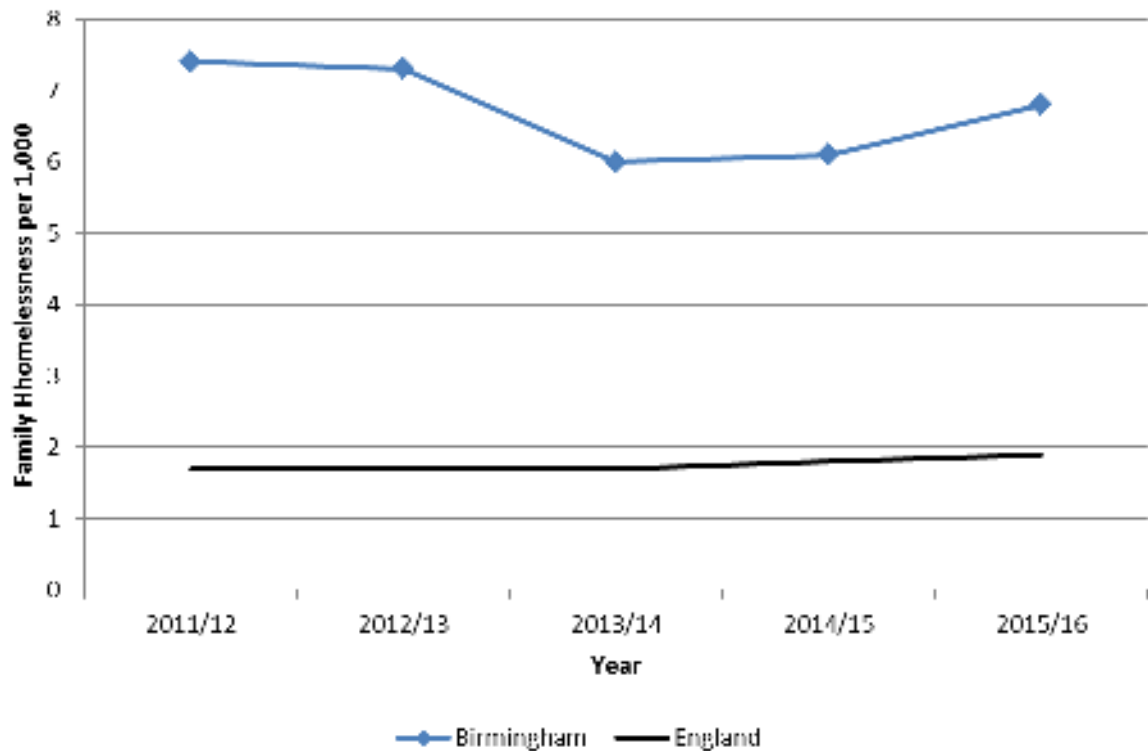
## **Accountable Group**

## **Secondary indicators**

# All children in permanent housing

**Indicator:** Family Homelessness (ChiMat)

**Target:** tbc



## Current plans to achieve ambition

The Birmingham Homelessness Prevention Strategy 2017+ is currently in consultation. The “Positive Pathway Model” sets out five key areas that can be used flexibly to ensure that no matter what stage people enter the pathway; they will be supported as early and as effectively as possible:

1. Universal Prevention
2. Targeted Prevention
3. Crisis Prevention and Relief
4. Homeless Recovery
5. Sustainable Housing

The Homelessness Positive Pathway Programme Board has established five Task and Finish Groups, one for each key area of the pathway. Membership of each group consists of a range of key partners, stakeholders, and crucially citizens as a reference point. The Task and Finish groups will describe what an excellent system looks like. Informed by the public consultation, they will then identify a series of actions, initiatives and opportunities that will be incorporated into the final Strategy Implementation Plan.

Housing Birmingham Partnership is responsible for, and committed to ensuring that Birmingham's vision to eradicate homelessness becomes reality.

## **Accountable Group**

Housing Birmingham Partnership

## **Secondary indicators**

# Increase the control of individuals over their care through Integrated Personal Commissioning – Personal Health Budgets

**Indicator:** Personal Health Budgets are the key deliverable for the Integrated Personal Commissioning Programme. As part of the NHSE Early Adopter Programme we have an accelerated target shifting from 2020 – 2022 to 2019 -2020.

**Target:** There is a need to meet 0.1% by March 2018, and the 0.2% by March 2019. This equates to 1040 PHB's.

## Current Plans to Achieve Ambition

The IPC Programme is expected to achieve the following key shifts, which is reflected in each cohort plan and infrastructure planning.

### Proactive Coordination of Care:

People proactively or reactively identified and offered information about IPC also demonstrating much greater efficiency.

### Community Capacity, Co-production and Peer Support:

Making the most of what's available to through Local Area Coordination and systematic access to peer support.

### Personalised Care and Support Planning:

Having a different or better conversation to identify what matters to people, and capture this in one place.

### Personal Budgets:

A Personal Budget blends resources to achieve health, wellbeing and learning outcomes

### Personalised Commissioning and Payment:

Accessing a wider range of care and support options tailored to individual needs and preferences, through personalised.

IPC Plans focus on several cohorts including Adult Mental Health, Adult Learning Disability, End of Life, Complex Physical Health Care and Wheelchairs. Each of these cohorts has an individualised plan. In addition, there are significant Infrastructure developments in relation to introduction of a Resource Allocation Tool, E-Market Place, Co-Produced local IPC Strategy, Social Media and Training resources.

## **Accountable Group**

IPC Programme Board

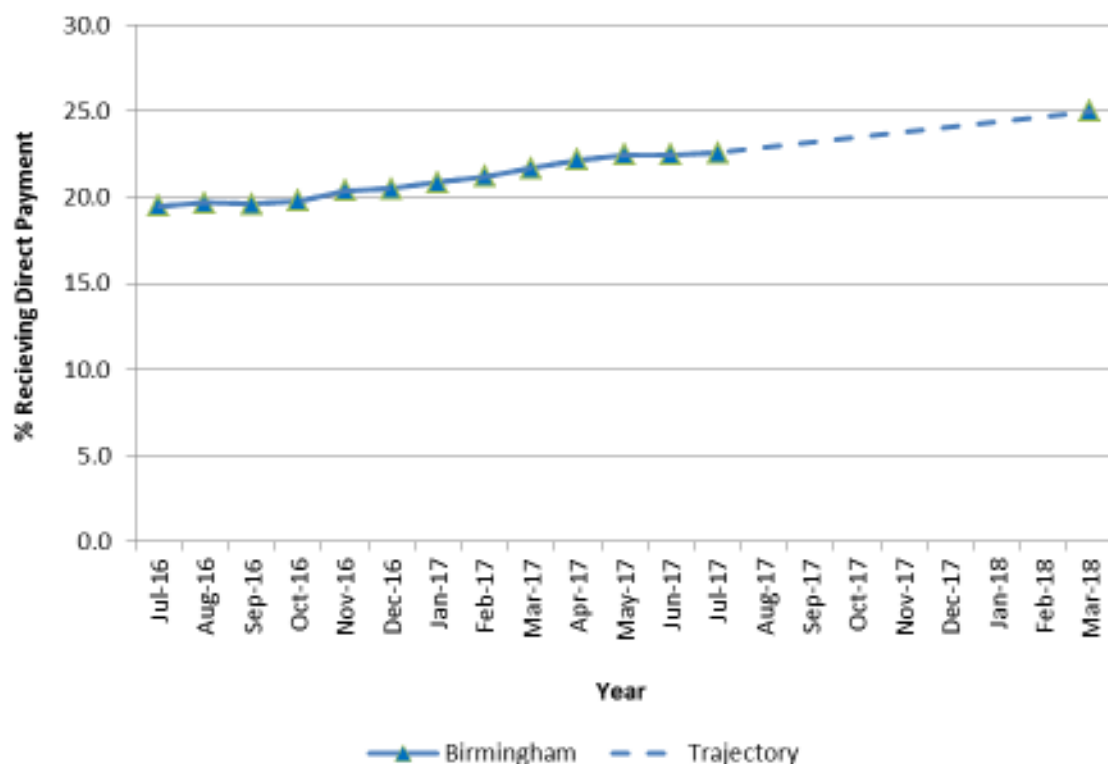
## **Secondary indicators**

NHSE England is currently developing datasets and outcome measures although each cohort is in the process of developing local systems.

# Increase the control of individuals over their care through Integrated Personal Commissioning - Direct Payments

**Indicator:** Proportion of clients for whom a Social Care Individual Budget is being taken in the form of a Direct Payment. (Care First)

**Target:** 25% by 31/3/18



## Current plans to achieve ambition

### Promoting Direct Payments as being the first choice for citizens

- Direct Payment is the first offer in any conversation with the Council
- Officers feeling confident in being able to deliver key messages
- Targeted support to those officers and those teams which are seen as being pivotal to increasing numbers

- Support to Home Support providers so that they have a clear understanding of Direct Payments

### **Development of Peer Support and improve joint working across Social Care & Health**

- Citizens and patients able to feel that they can communicate with a 'peer' about DP's/PHB's (Direct Payments/Personal Health Budgets)
- Communications Plan that has citizens as its focus and is reaching out beyond the Council
- A meaningful on-line market place that gives citizens information on DP's and what services are available

### **Change in the way that the Home Support market for children's and adults is managed**

- Reduction in numbers of commissioned home support providers from 140 down to between 73 and 97
- Move towards a geographical model for Home Support
- Development of quality ratings and focus on driving up quality

### **Accountable Group**

Direct Payments Project Board.

### **Secondary indicators**

#### **Adult Social Care Outcomes Framework (ASCOF)**

The ASCOF is a set of outcome measures, which have been agreed to be of value both nationally and locally for demonstrating the achievements of adult social care. Its key uses span this national and local context:

- Nationally, the ASCOF will give an indication of the strengths of social care and success in delivering better outcomes for people who use services. This will support the Government's role in reporting to the public and Parliament on the overall system, and influence national policy development. It will also help local government to understand trends and highlight risks in keeping with its responsibility for improvement in councils.
- Locally, one of the key uses of the ASCOF is for 'benchmarking' and comparison between areas. This is critical to local accountability of councils and reporting to their citizens on a consistent basis. Whilst the ability to compare between areas varies between the measures, overall the framework is one of the most significant supports available to councils themselves in managing their own service

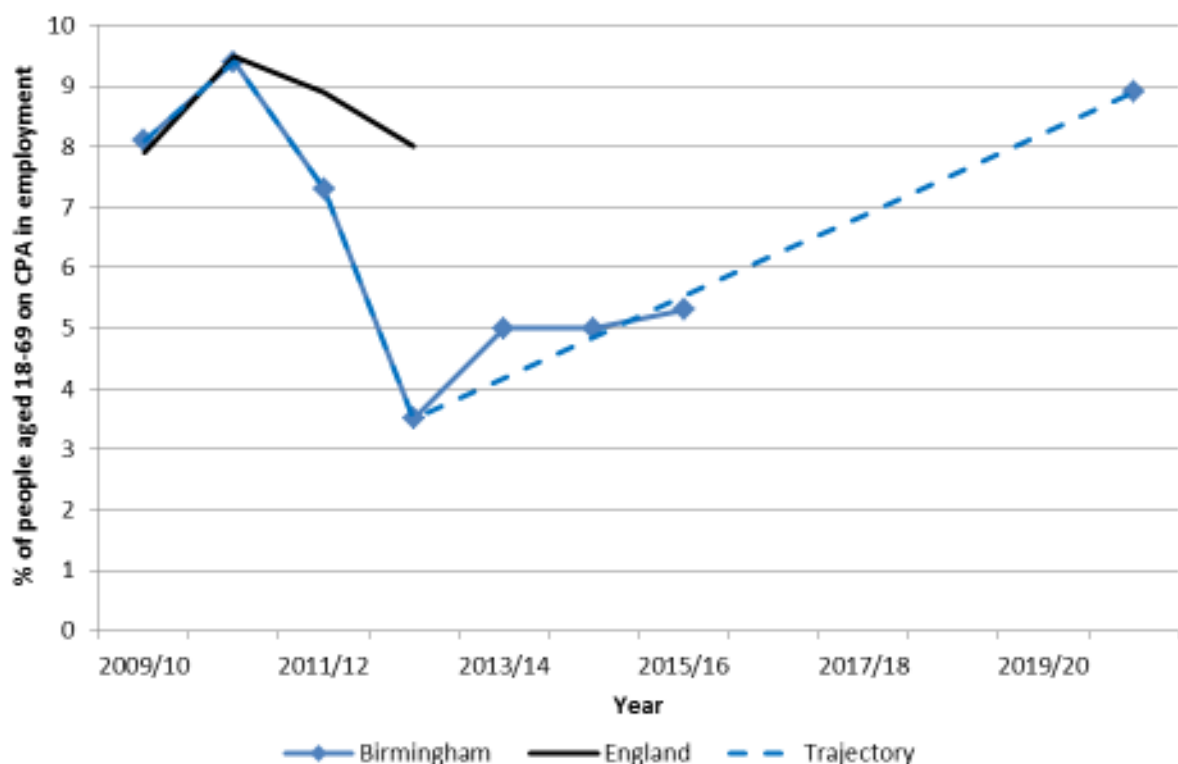
improvement, since it will provide one of the few validated sources of outcome information.



# Increasing employment/ meaningful activity for those with mental health problems

**Indicator:** Proportion of working age adults (18-69) who are receiving secondary mental health services and who are on the Care Programme Approach at the end of the month who are recorded as being employed (ASCOF)

**Target:** 8.9% patients by 2020/21



The current Public Health Outcomes Framework indicator for the gap in the employment rate between those in contact with secondary mental health services and the overall employment rate shows Birmingham to be performing significantly better than the national average. However, this is a reflection of the low overall employment rate, for which the gap with the national rate widened in 2015/16, rather than good performance for employment of people with mental health conditions.

## Current plans to achieve ambition

CCGs are re-commissioning Mental Health 'day services' and learning and work services to provide a redesigned integrated recovery and employment service for people receiving

secondary care mental health services. Employment support will be provided with fidelity to the Individual Placement Support (IPS) model.

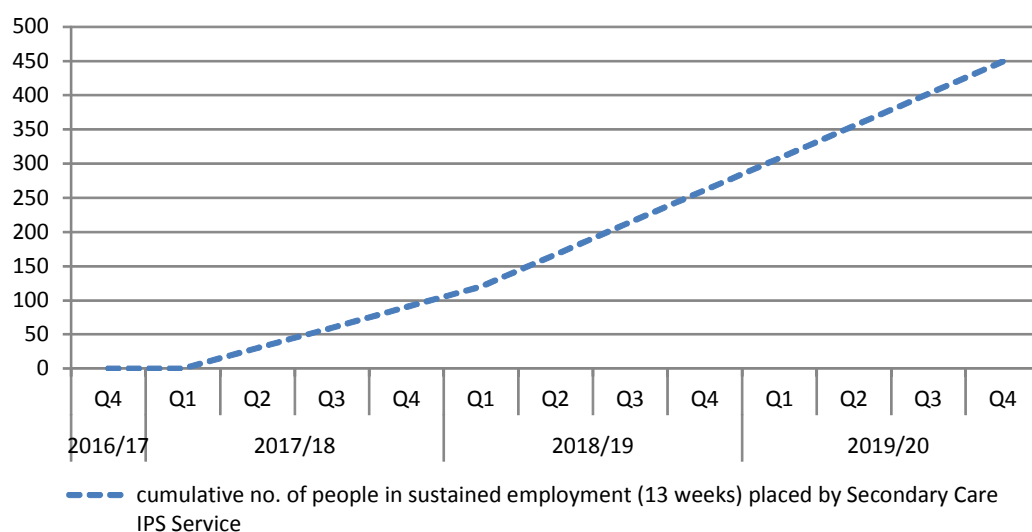
Individual Placement Support is an evidence based model which has been proven to achieve higher numbers of people entering and sustaining employment. IPS workers are integrated into community mental health services and provide open ended support to both employee and employer. A tendering process is currently being undertaken. The service will be established from April 2018.

## Accountable Group

Mental Health System Strategy Board

## Service Level Key Performance Indicators

The provider of the IPS service will be set KPIs to monitor performance. Commissioners will monitor the number of people engaged by the service and the number of people who are placed in paid employment which is sustained for 13 weeks.

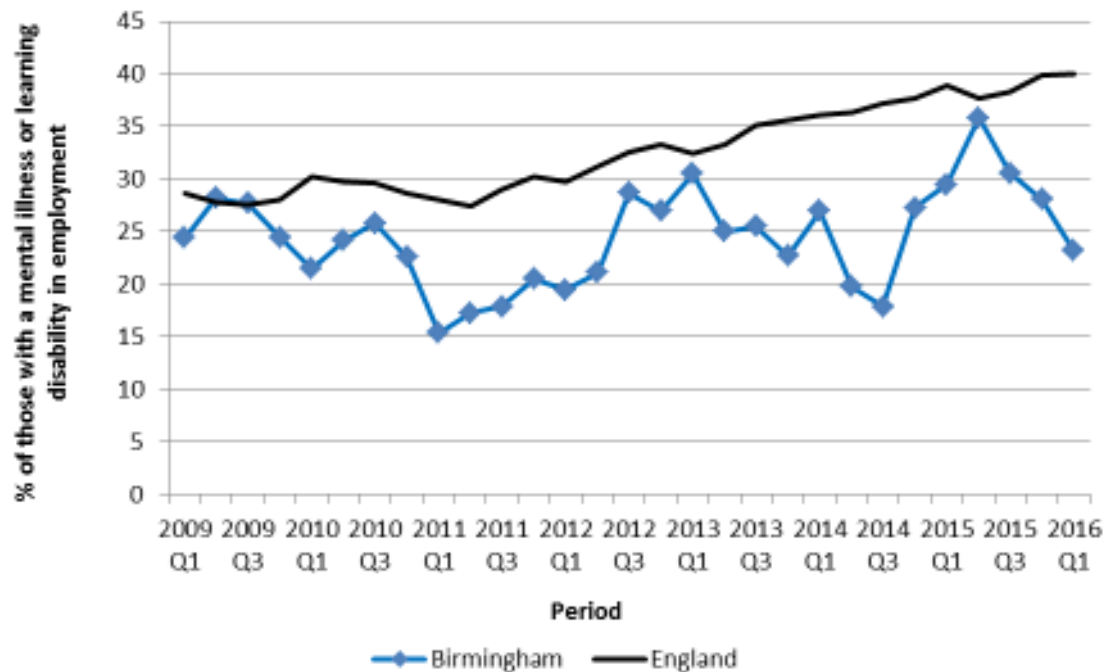


## Secondary indicators

It is recognised that employment and meaningful activity affects a much wider population than those on CPA and in contact with secondary mental health services. Therefore a number of other indicators may be considered to give a better overall picture of the situation in Birmingham.

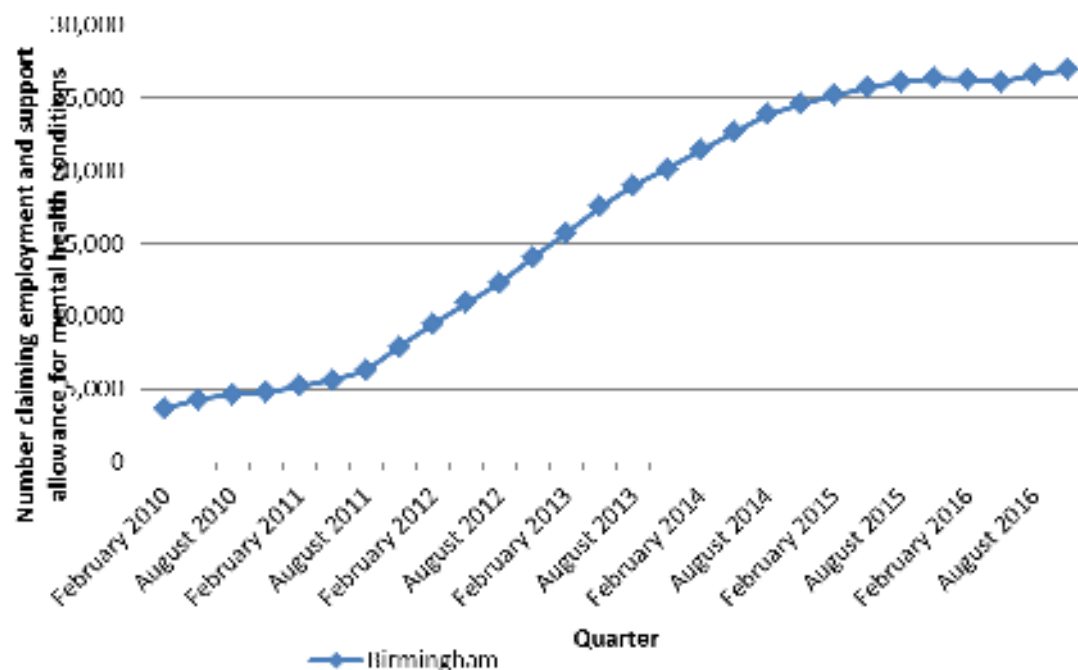
**Indicator:** Employment of people with mental illness or learning disability: % of those with a mental illness or learning disability (PHE Common Mental Health Disorders Profile)

**Target:** tbc



**Indicator:** Number of people receiving Employment Support Allowance for mental health conditions.

**Target:** tbc



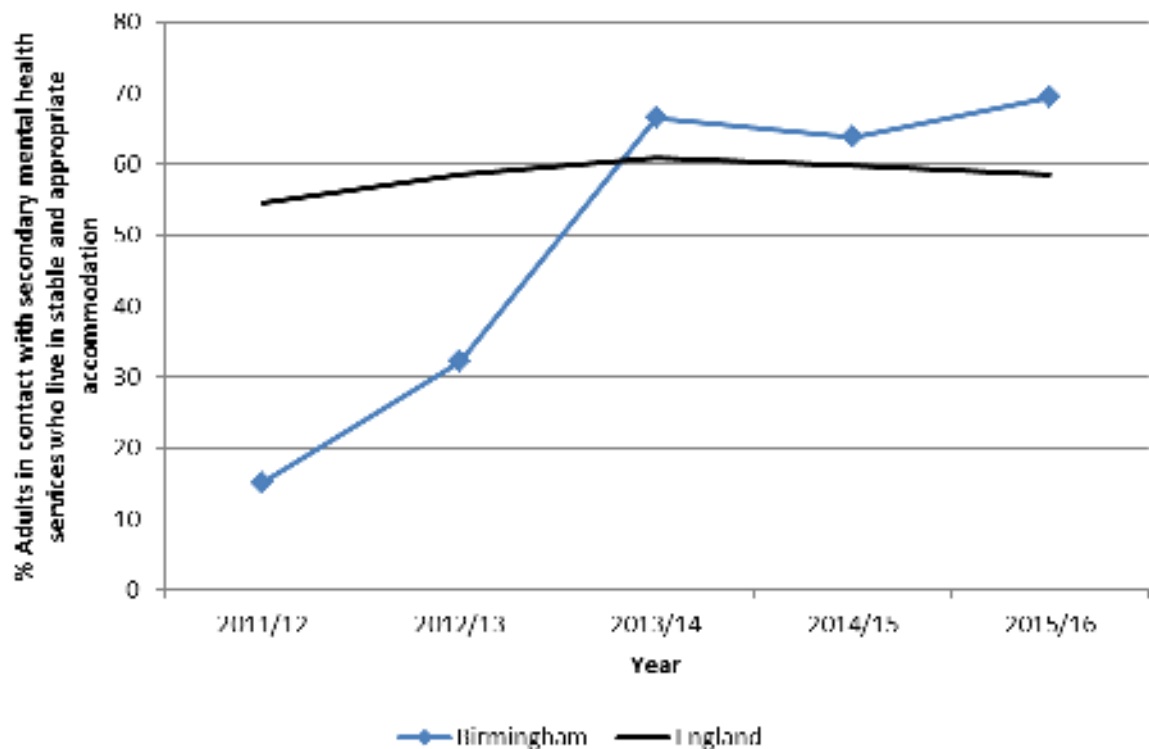
## **Current plans to achieve secondary ambition**

THRIVE West Midlands is the action plan established in response to the West Midlands Commission on Mental Health. One of THRIVE's five key work streams is "Supporting People into Work and Whilst in Work". As part of this THRIVE is commissioning a large scale RCT trial of Individual Placement Support for long term conditions (including mental health) in primary care. The trial will take place across Birmingham and the Black Country with test sites in South, Central and West Birmingham.

# Increasing stable accommodation for those with mental health problems

**Indicator:** Adults in contact with secondary mental health services who live in stable and appropriate accommodation (PHOF)

**Target:** tba



## Current plans to achieve ambition

Council and Mental Health Trust representatives are meeting to look at developing meaningful measures linked to two key objectives:

- How we support individuals to access settled accommodation (cohort to be identified)?
- Individuals living in settled accommodation how do we support them to maintain the accommodation and avoid unnecessary move-on/eviction/abandonment?

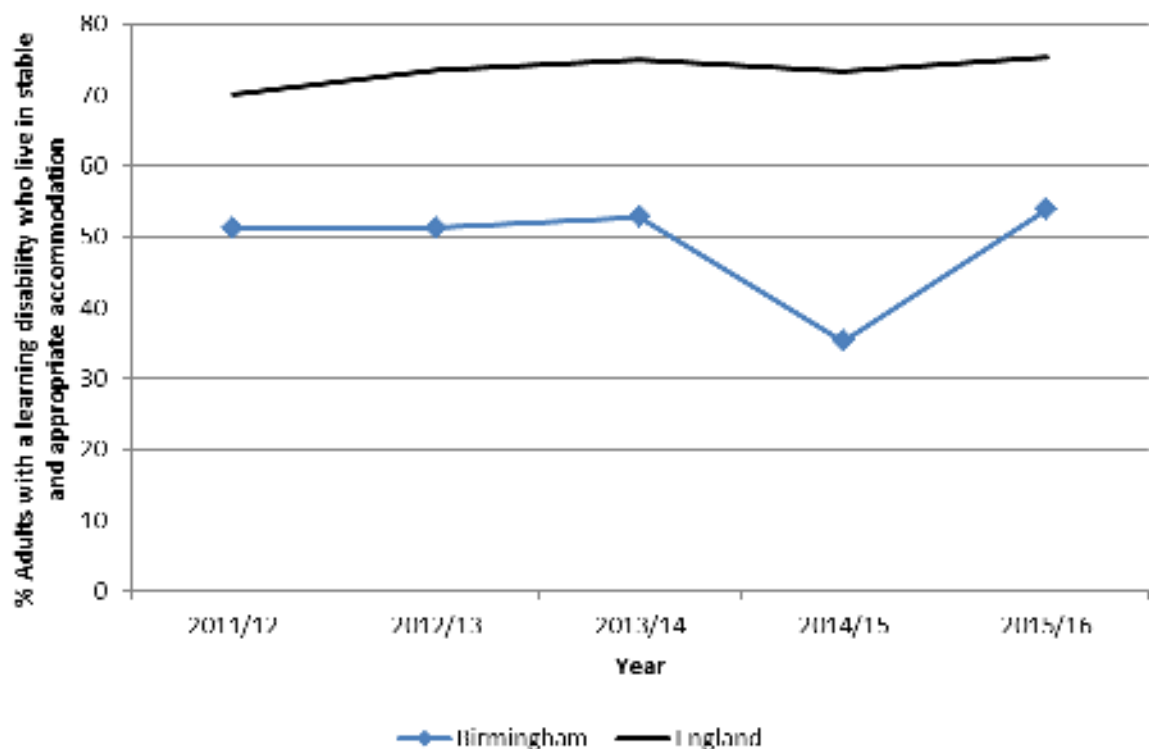
## Accountable Group

## Secondary indicators

# Improving stable and independent accommodation for those learning disability

**Indicator:** Adults with a learning disability who live in stable and appropriate accommodation (PHOF)

**Target:** tbc



## Current plans to achieve ambition

## Accountable Group

## Secondary indicators

# Improve the wellbeing of those with multiple complex needs

**Indicator:** tbc

**Target:** tbc

## Current plans to achieve ambition

Birmingham tbc

The West Midlands Combined Authority Public Service Reform programme is focussing on Multiple Complex Needs as one of its four work streams. Their initial definition is “people with two or more of three complex needs relating to offending, homelessness or substance misuse. There are some important gaps in this definition which are currently being explored.” This work is still in progress.

## Accountable Group

Birmingham tbc

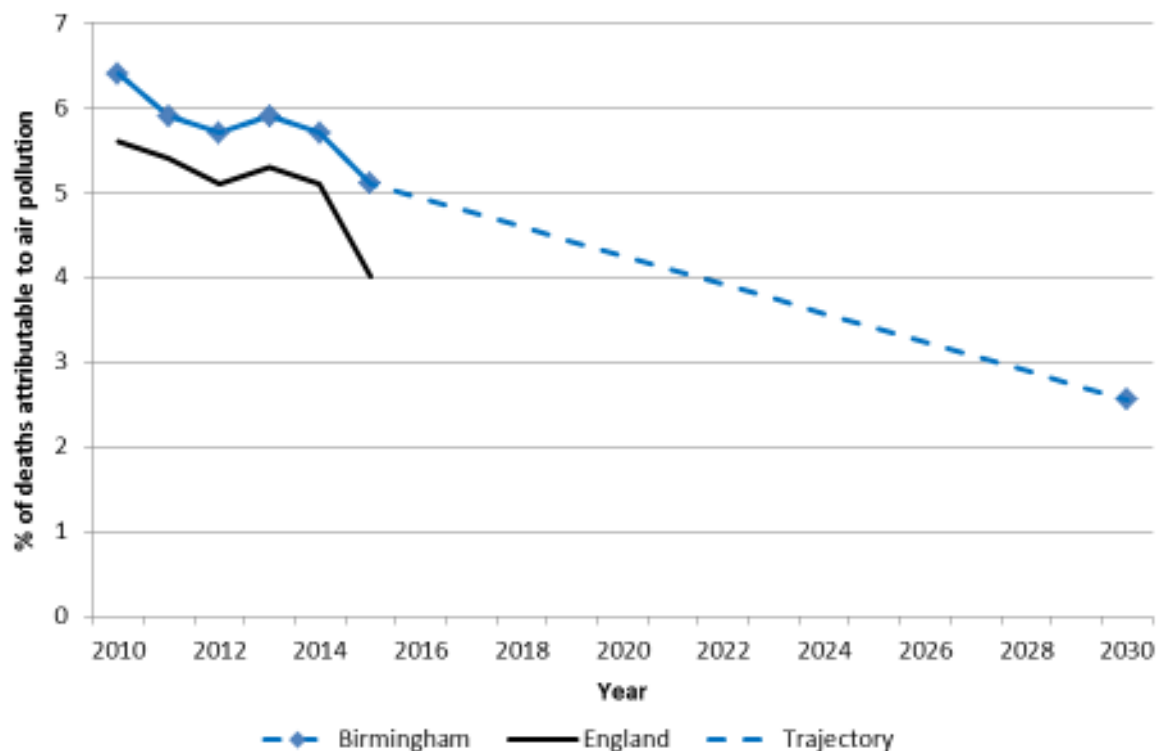
West Midlands Combined Authority

## Secondary indicators

# Improve Air Quality

**Indicator:** Fraction of all-cause adult mortality attributable to anthropogenic particulate air pollution (PHOF)

**Target:** Halved by 2030 (on 2015 baseline)



## Current plans to achieve ambition

The whole of Birmingham has been designated an Air Quality Management Area (AQMA) under the Environment Act 1995, which means there is a duty to monitor and report on levels of nitrogen dioxide (NO<sub>2</sub>), particulates (PM<sub>10</sub> and PM<sub>2.5</sub>) and sulphur dioxide (SO<sub>2</sub>). According to Defra modelling, the concentration of NO<sub>2</sub> in Birmingham's air is up to 50% higher than it should be. If we don't take any action, we will not reach the legal limit until 2027.

As part of a plan to improve air quality in the UK and to meet legal air quality limits in the shortest possible time, the Government has instructed Birmingham to introduce a Clean Air Zone (CAZ). Work is currently underway to develop the extent of the CAZ and to model the impact on health across the population.

It is recognised that to achieve the ambition of halving deaths attributable to air pollution will require changes above and beyond the CAZ and the Director of Public Health is leading this work within the Council.



Additionally the West Midlands Combined Authority has a focus on air quality and is developing an approach across the wider conurbation.

## Accountable Group

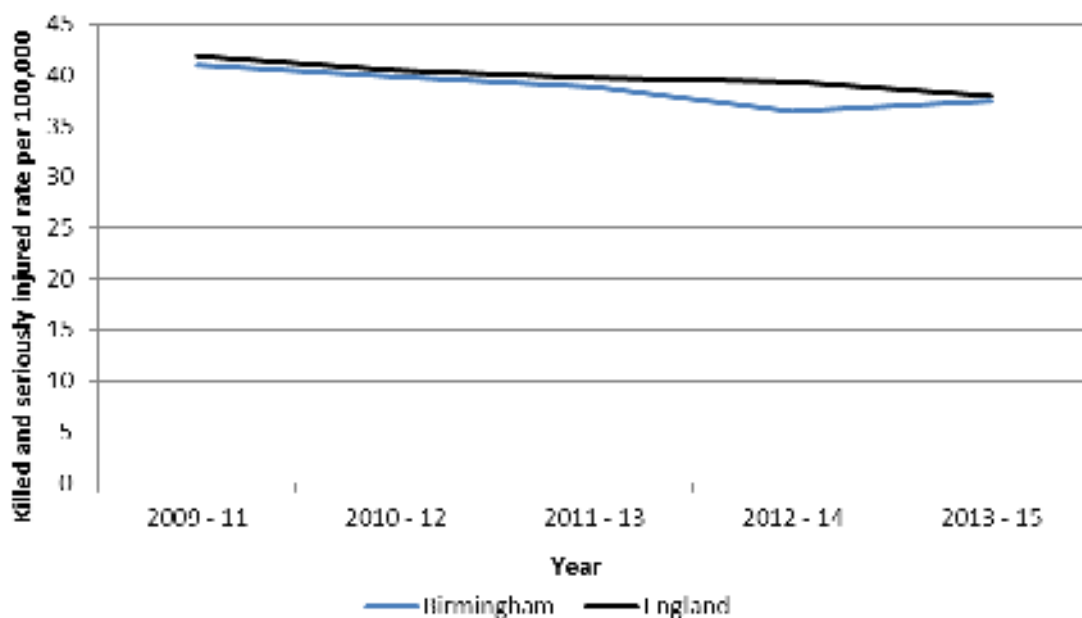
BCC Air Quality Members Steering Group

## Secondary indicators

In order to ensure that changes to the transport system don't have unintended adverse effect two other indicators have been proposed.

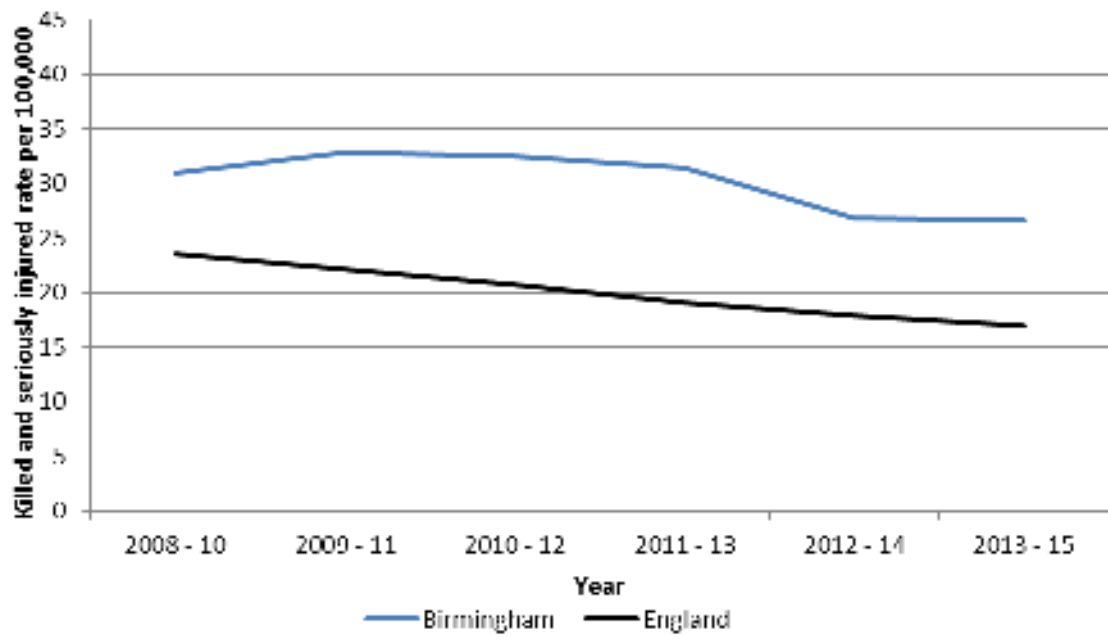
**Indicator:** Killed and seriously injured casualties on England's roads (PHOF)

**Target:** No increase



**Indicator:** Children killed and seriously injured on England's roads (ChiMat)

**Target:** No increase



# Increased mental wellbeing in the workplace

**Indicator:** tbc

**Target:** tbc

## Current plans to achieve ambition

Birmingham tbc

The WMCA Mental Health Commission has developed a 'West Midlands Workplace Wellbeing Commitment' where public and private sector employers sign up to demonstrate their commitment to the mental health and wellbeing of their staff.

The Commission has also committed to work with the Government to trial an innovative 'Wellbeing Premium' - a tax incentive that rewards employers demonstrating their commitment to staff wellbeing. The trial will reveal if such a financial incentive, accompanied by an employer action plan, reduces staff sickness absence, improves productivity and prevents people leaving work due to ill health.

Improving wellbeing in the workplace is also a work stream for the Birmingham & Solihull STP.

## Accountable Group

Birmingham & Solihull STP

West Midlands Combined Authority Mental Health Commission

## Secondary indicators

The Mental Health Commission has set an ambition to recruit 200 organisations from a whole range of sectors within the region to sign up to the Wellbeing Commitment, and for this to move towards 500 by the end of year two.