

Notice of Meeting

Health and Wellbeing Board

Thursday, 24th July 2014 at 9.00am

**In the Council Chamber Council Offices
Market Street Newbury**

Date of despatch of Agenda: Wednesday, 16 July 2014

For further information about this Agenda, or to inspect any background documents referred to in Part I reports, please contact Jessica Bailiss on (01635) 503124
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Further information and Minutes are also available on the Council's website at
www.westberks.gov.uk



Agenda - Health and Wellbeing Board to be held on Thursday, 24 July 2014 (continued)

To: Dr Bal Bahia (Newbury and District CCG), Adrian Barker (Healthwatch), Dr Barbara Barrie (North and West Reading CCG), Leila Ferguson (Empowering West Berkshire), Councillor Marcus Franks (Health and Well Being), Dr Lise Llewellyn (Public Health), Councillor Gordon Lundie (Leader of Council & Conservative Group Leader), Councillor Gwen Mason, Councillor Graham Pask, Rachael Wardell (WBC - Community Services) and Councillor Quentin Webb

Also to: John Ashworth (WBC - Environment), Jessica Bailiss (WBC - Executive Support), Nick Carter (WBC - Chief Executive), Andy Day (WBC - Strategic Support), Balwinder Kaur (WBC - Adult Social Care), Matthew Tait (NHS Commissioning Board), Louise Watson (Thames Valley Area Team), Cathy Winfield (Berkshire West CCGs) and Lesley Wyman (WBC - Public Health & Wellbeing)

Agenda

Part I

			Page No.
9.45 am	11	Health and Wellbeing Strategy/Joint Strategic Needs Assessment (Lesley Wyman) Purpose: To present the alignment of the Health and Wellbeing Strategy and the JSNA to the Health and Wellbeing Board.	1 - 8

Andy Day
Head of Strategic Support

If you require this information in a different format or translation, please contact Moira Fraser on telephone (01635) 519045.



Agenda Item 11

Title of Report:	Updating the Health and Wellbeing Strategy
Report to be considered by:	The Health and Wellbeing Board
Date of Meeting:	24 th July 2014

Purpose of Report: To inform the Health and Wellbeing Board on the timetable for updating the Health and Wellbeing Strategy.

Recommended Action: The Board discuss and agree the proposed timetable.

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Contact Officer Details	
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Executive Report

The West Berkshire Health and Wellbeing Strategy has been developed to provide local partners including West Berkshire Council, Clinical Commissioning Groups (CCGs), Health watch and the Voluntary Sector with a jointly-agreed and locally determined set of priorities on which to base their commissioning plans within the reformed health and care system going forward.

The combination of the Joint Strategic Needs Assessment (JSNA), Joint Health and Wellbeing Strategy and aligned commissioning plans have the potential to be transformational in improving health, care and wider services for people in our communities.

Our local Health and Wellbeing Strategy has been in place since June 2013. The priorities were drawn from the JSNA and the public and key stakeholders were consulted. The priorities are:

- Supporting a vibrant district
- Giving every child and young person the best start in life
- Supporting those over 40 years old to address lifestyle choices detrimental to health
- Reducing childhood obesity in primary school children
- Promoting independence and supporting older people to manage their long term conditions

Under each priority sits a number of objectives that guide the commissioning plans of partner organisations in addressing the 5 priorities. These objectives cover areas of activity that are commissioned and performance managed by individual agencies/organisations as well as projects and programmes that are jointly commissioned by partners working together.

An example of this can be seen under the priority of **'Promoting independence and supporting older people to manage their long term conditions'**

The priority includes the following objectives with various partners listed who are working and commissioning to achieve each individual objective:

- **Supporting carers** – CCGs, ASC, Childrens Services, Public Health and Wellbeing, Voluntary Sector
- **Supporting people to plan for end of life care** – CCGs, ASC
- **Delivering integrated services to support people with long term conditions** – CCGs, ASC, Childrens Services, Public Health and Wellbeing, Voluntary Sector
- **Review and invest in technology that supports independent living and self management** – CCGs, ASC
- **Reduce social isolation, encouraging participation in a wide range of activities** – Public Health and Wellbeing, ASC, Voluntary Sector
- **Ensure services are accessible to rural communities** - CCGs, Public Health and Wellbeing, ASC, Childrens services, Voluntary Sector

In the next updated version of the H&WB Strategy there will be a focus only on priorities where more than one agency/organisation/sector are involved in addressing that priority.

Changes in the next version of the Joint Health and Wellbeing Strategy

The landscape of health and social care has changed considerably since April 2013 and the importance of the integration agenda has moved centre stage. The Health and Wellbeing Strategy needs to reflect this and the emergence of the Better Care Fund, bringing together health and social care services to improve patient outcomes and save money. The importance of prevention cannot be underestimated within the current climate of the increasing numbers of older people and people with long term conditions.

The current JSNA will begin to be updated as new annual data is made available by the Berkshire Public Health Shared Team. A 2013/14 health profile has been received from PHE which gives updates on as many Public Health Outcomes Framework indicators as possible. It is not always possible to compare all indicators since the methodology for calculating many has changed within the preceding year. The only indicator that stands out as a red having shown a worsening since the previous years profile is the rate of people killed and seriously injured on the roads per 100,000. Due to small numbers this rate is expressed as a 3 year aggregate and the rate has increased for 2009-2011 from 43.3 per 100,000 to 46.7 per 100,000 for the period 2010-2012. Otherwise there have been no significant changes. (see appendix 1). Thus the changes in priority are unlikely to be significantly changed in the new Strategy.

The West Berkshire Health and Wellbeing Board has undergone a number of changes throughout 2013/14 and the vision of the Board and its membership has been considered. Two development sessions have taken place, the first facilitated by the LGA, to help focus the Board on its roles and responsibilities going forward, taking into account the changing landscape. Consequently there is a need to update and refresh the priorities and the Strategy for the future.

The current West Berkshire Council Sustainable Communities Strategy – A breath of Fresh Air – should be brought together with the Health and Wellbeing Strategy to ensure that all aspects of Public Health and wellbeing are addressed including the wider determinants of health and tackling inequalities in health. An illustration of how all aspects of health and wellbeing fit together can be seen in the illustration below from Barton and Graft (2010).

The JSNA identifies many priorities however a list is presented below that focuses on areas of work that will need a partnership approach and where we have reason for concern (either compared to England, South east Region or to other Authorities that have similar levels of deprivation – deprivation decile).

Demography

- accessibility of services/transport
- rurality
- loneliness, social isolation
- increasing number of older people

Starting well and developing well

- mental health and wellbeing in children and young people (including CAMHS)

- inequalities – lower achievement for children in different age groups on free school meals
- children and young people permanently excluded from School (higher than nat/regional average but small numbers)

living well

- Mental health and wellbeing
- Excess weight including physical activity and health eating
- Early identification of cancers considered preventable
- Alcohol (alcohol related hospital admissions)

Ageing well

- Increasing number of older people living with long term conditions
- Increase in dementia
- Increase in numbers of carers
- Mental health and wellbeing for older people
- Falls prevention and maintaining independence
- End of life care choices
- Delayed transfers of care

Alongside these priorities are groups of vulnerable people whose health and wellbeing will continue to be a priority. This includes people on low incomes or who are unemployed, Black and Minority Ethnic groups, people with learning disabilities, people with autism, Gypsy Roma Travellers, people with physical disabilities and sensory deprivation.

The Health and Wellbeing Strategy that is developed will be jointly developed with input from all partners on the Health and Wellbeing Board. The priorities will be agreed by the public and all key stakeholders and will drive all commissioning plans in future.

The current H&WB Strategy does have a set of reasonable priorities that are drawn from the JSNA and the performance framework that was tabled at the March 2014 Board will be used to help to track progress for 2014/15. At the September Board there will be a 6 month review of all the progress that has been made by partners working together.

Suggested Timeline for updating the H&WB Strategy

September 2014 H&WB Board meeting – draft H&WB Strategy available for consultation

October – November – consultation on the H&WB Strategy including the public and key stakeholders. Healthwatch will be responsible for leading on the public consultation.

December – January – finalisation and agreement of the new H&WB Strategy and performance framework

March 2015 - Final H&WB Strategy and performance framework

Appendices

Appendix 1 – 2014 Health Profile.

Appendix 2 – wider determinants of health – Barton and Grant (2010)

HEALTH PROFILE 2014 – Summary of changes

See technical document for explanation of the purpose of this summary, the tartan rug display and indicator details

KEY: -No change
 ↑Improvement ↓Worsening

Health Profile indicator (see technical document for further details)			2014		2013		2014 Ratings for Counties / Unitary Authorities in PHE Centre area								2014	
	■	■														
1 Deprivation			N/A	1.0		N/A										20.4
2 Children in poverty			N/A	11.2		N/A										20.6
3 Statutory homelessness			N/A	0.7		N/A										2.4
4 GCSE achieved	■	■		61.3		57.2										60.8
5 Violent crime			N/A	8.4		N/A										10.6
6 Long term unemployment			N/A	3.6		N/A										9.9
7 Smoking status at time of delivery			N/A	7.2		N/A						*	*			12.7
8 Breastfeeding initiation			N/A	77.6		N/A						*	*			73.9
9 Obese children (year 6)	■	■		14.5		15.5										18.9
10 Alcohol specific hospital stays <18			N/A	17.9		N/A										44.9
11 Under 18 conceptions			N/A	19.7		N/A										27.7
12 Smoking prevalence			N/A	18.8		N/A										19.5
13 % of physically active adults			N/A	58.7		N/A										56.0
14 Obese adults			N/A	18.5		N/A										23.0
15 Excess weight in adults			N/A	65.5		N/A										63.8
16 Incidence of malignant melanoma	■	■		13.9		16.0										14.8
17 Hospital stays for self-harm			N/A	137.3		N/A										188.0
18 Hospital stays for alcohol related harm			N/A	409		N/A										637
19 Drug misuse			N/A	5.3		N/A										8.6
20 Recorded diabetes	■	■		4.37		4.15										6.01
21 Incidence of TB			N/A	4.6		N/A										15.1
22 Acute sexually transmitted infections			N/A	444		N/A										804
23 Hip fractures in people >65			N/A	552.4		N/A										568.1
24 Excess winter deaths			N/A	15.4		N/A										16.5
25 Life expectancy at birth (male)	■	■		80.8		80.7										79.2
26 Life expectancy at birth (female)	■	■		84.6		84.5										83.0
27 Infant mortality	■	■		3.1		3.0										4.1
28 Smoking related deaths			N/A	232.9		N/A										291.9
29 Suicide rate			N/A	8.2		N/A						*	*			8.5
30 Under 75 mortality rate: CV			N/A	64.1		N/A										81.1
31 Under 75 mortality rate: cancer			N/A	130.0		N/A										146.5
32 Killed and seriously injured on roads	↓	■		46.7		43.3										40.5

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Appendix 2



