

Health and Wellbeing Strategy





Foreword



Councillor Graham Jones, Chair of the Health and Wellbeing Board



Dr Bal Bahia, Vice Chair of the Health and Wellbeing Board

We are pleased to present the refreshed health and wellbeing strategy which is the result of development sessions with the local government association. As a board we have agreed to be more focussed and widen the membership to help tackle health inequalities. We plan to reduce harms from alcohol and build community resilience in this coming year.

In the development work we have come across a new term called "Systems Leadership".

It is a way of working where you share the burden of leadership to achieve large scale change across communities at all levels, beyond organisational boundaries, professions and sectors. It involves the users and carers in the design and delivery of services.

It requires sharing leadership with others and coming together on the basis of a shared ambition and working together for solutions.

We are moving from joint working to joint leading between our respective organisations and being able to see the wider picture and interests of the wider system ahead of our own organisational priorities. Reaching this point has required us to develop shared narratives and form strong relationships. We aim to rethink services from the System perspective with users at the centre.

Hopefully you can see this reflected in this refreshed strategy which follows.



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Introduction and context

West Berkshire's Health and Wellbeing Board was formally established in 2013 and is a partnership that brings together the leaders of the health and social care system in West Berkshire. The Board is required by legislation to deliver specific responsibilities:

- the production of a Joint Strategic Needs Assessment (JSNA)
- the development of a Health and Wellbeing Strategy
- to encourage and enable integrated working between health and social care.

The JSNA uses current data and evidence about health and wellbeing in West Berkshire, to highlight the health needs of the whole community. It shows how needs might vary for different age groups and identifies health differences for disadvantaged or vulnerable groups. The JSNA also looks at a wider range of factors that help shape the health and wellbeing of individuals, families and local communities such as education, employment, housing, transport and the environment. There is also an inclusion of ward profiles bringing together many available statistics at the ward level.

In West Berkshire the JSNA is being integrated into the District Profile and will become the District Needs Assessment, covering all available data sets from all partner organisations and public consultations.

The Vision for Health and Wellbeing in West Berkshire

The Health and Wellbeing Board's ambition is to enable communities to live healthy lives and to close the gap between communities that are doing well and those that need help. We will listen together, deliberate together and make decisions together to overcome barriers and improve opportunities for everyone to support and sustain healthy, independent living.

Overarching aims that drive the strategy:

- The people of West Berkshire will live longer, healthier lives
- Fewer people will die prematurely
- The gap in healthy life expectancy between the most vulnerable and least well off in our district and the rest will be reduced.

Key cross cutting themes of the Health and Wellbeing Strategy

The following four themes will underpin all of the priorities that are outlined in the Health and Wellbeing Strategy:

Integrated care – working in partnership to ensure that health and social care is personalised and delivered in the right place at the right time, in community settings and close to home wherever possible.

Prevention - Improving health and wellbeing by encouraging and supporting West Berkshire residents to take responsibility for improving and maintaining their own health.

Community resilience – enabling communities to be resilient and strong, solving problems for themselves, working together with partner agencies and the voluntary sector to meet their health and wellbeing needs.

Tackling inequalities in health – addressing the wider determinants of health such as housing, unemployment, homelessness educational, social isolation, transport and community safety. Ensuring those who have the most need in our district are as healthy as everyone.



Fackling Health

Prevention oss cutting themes

Priority Health and Wellbeing aims and objectives for 2016-2019

Give every child the best start in life

- Decrease the educational attainment gap between children on free school meals and the rest
- Reduce childhood obesity
- ➤ Improve educational and health outcomes for Looked After Children
- Support the health and wellbeing of young carers

Support mental health and wellbeing throughout life

- Promote the emotional health and wellbeing of children
- > Promote positive mental health and wellbeing for adults
- Prevent suicide and self-harm for adults and young people
- Decrease social isolation
- Ensure early assessment of and good provision of care for those with dementia

Reduce premature mortality by helping people lead healthier lives

- Reduce alcohol related harm across the district for all age groups
- ➤ Increase uptake of NHS Health Checks
- Support residents to stop smoking and reduce substance misuse
- Support residents to be more physically active, achieve a healthy weight and eat a healthy diet

Build a thriving and sustainable environment in which communities can flourish

- ➤ Increase the percentage of communities where community conversations have successfully run and local action plans have been jointly developed
- Increase the provision of affordable housing
- Improve rural access to services
- Decrease levels of air pollution in areas that need it
- Increase reporting rates of domestic abuse and decrease prevalence of domestic abuse

Help older people maintain a healthy, independent life for as long as possible

- > Prevent falls and ensure integrated care for those who have sustained a fall
- ➤ Maximise independence for older people and those with long-term conditions
- > Ensure good end of life care is available and residents are able to die where they choose

Focus of the Health and Wellbeing Board from October 2016 to October 2017

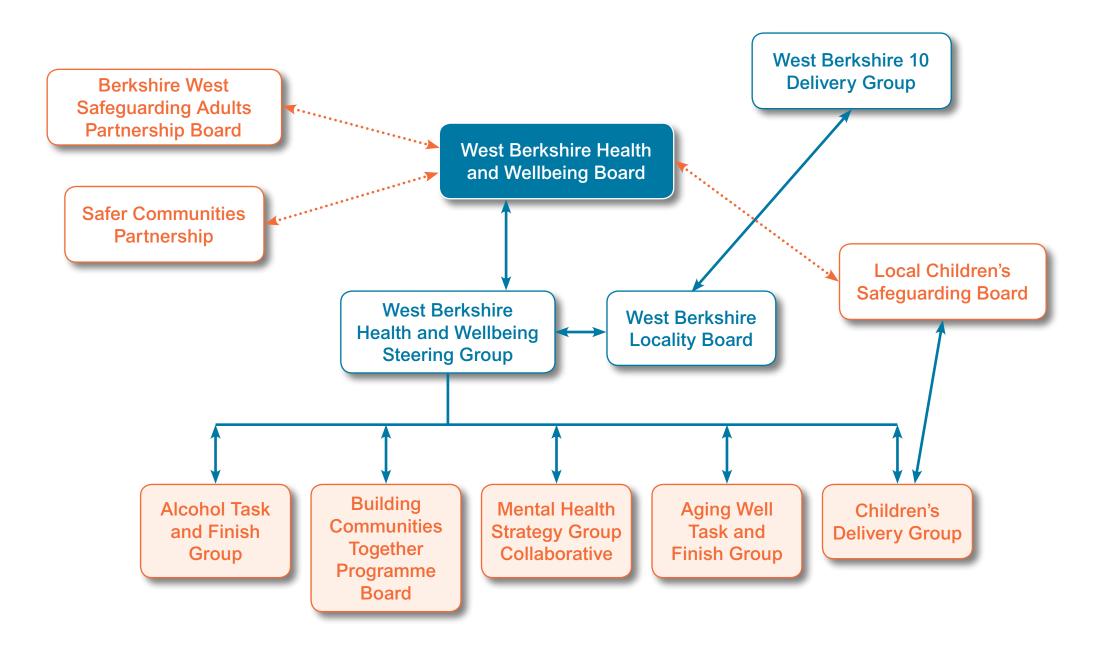
The Health and Wellbeing Board has selected 2 specific priorities from the priority aims and objectives listed within the strategy to focus their attention in the first year of the strategy refresh. These were decided following meetings and discussions of the Health and Wellbeing Board and the West Berkshire Leaders Group brought together to explore the wider determinants of health.

It was agreed that all partners could be instrumental in reducing alcohol related harm and that a multiagency Alcohol Strategy Group should be convened to develop an Alcohol Strategy and action plan for the district addressing all aspects of alcohol related harm including health and wellbeing and crime prevention.

The Building Communities Together Programme has already begun to run community conversations in certain areas including Calcot, Greenham, Burghfield, Mortimer, North Thatcham, Hungerford and Lambourn. The Health and Wellbeing Board will support this work and bring together community focused programmes in different agencies to facilitate a cohesive effort to build community resilience.



West Berkshire Health and Wellbeing System Proposed Governance



The cross cutting themes will underpin each priority area.

The primary objectives are the objectives that are the focus for the HWB for the first year of the strategy refresh. The other objectives will be addressed through existing groups and strategies and progress will be reported to the HWB on a regular basis through the Health and Wellbeing Steering Group.

As in the Governance section the Board will ensure that progress is made on priority no 1 – Giving every child the best start in life – through the **West Berkshire Children's Delivery Group**

No 2 - Support mental health and wellbeing throughout life – through the **West Berkshire Mental Health Strategy Group**

No 3 - Reduce premature mortality by helping people lead healthier lives – through the **West Berkshire Healthy Lifestyle Network** and the **Building Communities Together Sub Group**. There will also be established a **West Berkshire Alcohol Strategy Group** as a task and finish group.

No 4 - build a thriving and sustainable environment in which communities can flourish – through the **Safer Communities Partnership**, **Building Communities Together Sub Group**, **Skills and Enterprise Partnership** and other multi agency strategic groups such as **Housing Partnership**, **Transport Partnership**.

No 5 - Help older people maintain a healthy, independent life for as long as possible - Through the **Older People's Group** and **West Berkshire Locality Board**

The Berkshire West Locality Board and the Adult and Children's Safeguarding Boards will inform and guide work of all subgroups focused on the Primary Objectives of each of the priorities.

Key challenges within the JSNA

The residents of West Berkshire have good health overall and the District is in the top 10% of all localities for health and wellbeing according to the Index Of Multiple Deprivation in 2015. Life expectancy is good and above the national and regional averages. Healthy life expectancy is also higher than the national and regional averages.

There is a growing population of older people with a projected increase of 20% of people over 65 years in 2025 (POPPI) and therefore increasing numbers of people with long term conditions, including diabetes, depression and dementia – all projected to carry on increasing. Children with complex conditions are also living longer and those with learning disabilities have life long health and wellbeing needs. The pressure on health, mental health and social care services is growing and there is a need for more carers, better integrated services as well as a necessity for individuals and communities to play a pivotal role in maintaining good health and wellbeing.

There is a significant gap in life expectancy between wards in the district: males: 75.3 years in Victoria ward compared to 85.2 years in Bucklebury. Females: 80.6 years in

Thatcham North compared to 90.2 years in Birch Copse. There is a notable challenge for the Health and Wellbeing Board to address this health inequality through the HWS.

These challenges require a variety of approaches to be adopted, including new models of service delivery. Health and social care integration is vital, breaking down barriers to how and where care is delivered. Building community resilience and empowering residents to take responsibility for living healthier lives, embedding prevention and tackling inequalities in health through addressing the wider determinants of health will all be part of the solution for the future.

This refreshed strategy is informed by the JSNA, as well as by input from West Berkshire residents and the representative body of Healthwatch West Berkshire who are one of the partners on the HWB. The strategy is also informed through 'community conversations' across the district where residents have an opportunity to share their views on health and wellbeing, communicate their needs and demonstrate how they can work in partnership with the statutory and voluntary sectors in improve health and wellbeing.

What is a health and Wellbeing Strategy?

The Health and Wellbeing Strategy is a long-term strategy for meeting the health and wellbeing needs of the local population, as identified in West Berkshire's District Needs Assessment (DNA). It is a statutory requirement and has been developed by the Health and Wellbeing Board, who will, as systems leaders ensure it is delivered jointly by partners. The partners include West Berkshire Council, Newbury and District Clinical Commissioning Group (CCG), North and West Reading CCG, Public Health, West Berkshire Healthwatch and the Voluntary Sector. Other key partners include organisations who deliver outcomes on the wider determinants of health such as police, community safety, transport, housing, environment and skills and enterprise.

Statutory guidance on health and wellbeing strategies highlights the importance of setting out a small number of key strategic priorities for action that will make a real impact on people's lives. There should be clear outcomes derived from the DNA, that the board wants to achieve. The strategy must inform commissioning and lead to locally-led initiatives to meet the stated outcomes and address the local needs. CCGs and local authority services and commissioning plans are also required to take account of the priorities set out in their local Health and Wellbeing Strategy.

It is important to recognise that health and wellbeing strategies are not required to cover every health issue facing a local area. The statutory guidance emphasises that this is not about taking action on everything at once, but about setting a small number of key strategic priorities for action. Therefore, not all of the 'needs' that are highlighted in the DNA will be addressed in this Strategy.

The priorities that are proposed have been agreed by Health and Wellbeing Board members, based on an understanding of issues in the DNA and wider factors, and the outcomes that they want to achieve for the district. Engagement with service commissioners, providers and users helped to inform these priorities.



Scope and development of the Health and Wellbeing Strategy

This Strategy has been developed within a local, regional, and national context, and an overarching legal framework. It has been informed by, and seeks to align with, the broader strategic priorities of West Berkshire Council, Newbury and District CCG and North and West Reading CCG as well NHS England and Public Health England. This is a strategic document, which sets out the high-level objectives and in relation to five broad priority areas. It does not provide detailed information about how the priorities will be delivered as this information will be contained in supporting strategies and evidence-based implementation plans, service plans, and/or commissioning plans.

In West Berkshire, the Health and Wellbeing Strategy is linked at the overarching level to the West Berkshire Council Strategy (ref and link) and the Berkshire West CCG Five Year Forward View and Primary Care Strategy (ref and links). Other important strategies that underpin the HWS include the Community Safety Strategy, Housing Strategy, Transport Plan, Carers Strategy and others that are stil in development.

The role of the HWB Board

The Health and Wellbeing Board was established in 2013 with a duty to encourage integrated working between health, social care and other public services in order to improve health and wellbeing outcomes for West Berkshire residents.

It has an important strategic influence on encouraging joined up, integrated and system wide working to improve outcomes for local people.

Public spending has and will continue to reduce by unprecedented levels; therefore, joint working across the public sector and beyond with voluntary, community and local businesses is essential to ensure those most in need are supported and that people and communities become as independent and resilient as possible.

This significant financial pressure on all public sector organisations results in a challenge to support those in need whilst radically reducing spend. This has provided an increased incentive for collaboration, integration and transformative change in the way public services are delivered, shifting to prevention, community support and early help, enabling residents to live as independently as possible. For health and care, this means having more of a focus on prevention and self-care. The Health and Wellbeing Board is an important systems leader in identifying opportunities to help make these shifts.

Our aim, therefore, is to create strong, resilient communities so that individuals have less need for interventions from public services. When communities and individuals do need services, these will be delivered at a local level so that people will receive seamless, coordinated and integrated care, without duplication or gaps. In this way resources are used more effectively, and by taking early action the need for long term care can be prevented or delayed.

To achieve the Board's overarching aims of increasing healthy life expectancy and decreasing health inequalities, we will take wide ranging actions across West Berkshire to prevent ill health where this is possible and ensure that we reach those most likely to suffer the effects of health inequalities. We will focus on prevention and decreasing the

gap for healthy life expectancy between vulnerable groups and deprived communities and the rest. In this way we can improve the health and wellbeing of West Berkshire residents, whilst decreasing demand within the health and care sector. We know that we must also focus on how we deliver our services since those most in need sometimes do not take advantage of what is available. We therefore need to reach out to communities and vulnerable groups and build upon their strengths and assets.

Governance

The governance of West Berkshire's health and wellbeing system is challenging. It is multi-layered and operates at West Berkshire, Berkshire West, and Berkshire levels. The emergence of Sustainability and Transformation Plans adds another level of governance on a wider footprint: Buckinghamshire, Oxfordshire and Berkshire West.

For the Board to be a system leader in West Berkshire it will use sub-groups to provide assurance that work is being undertaken and to drive work that needs to be done in the system.

So that the Board itself can be accountable to its partners and the communities in West Berkshire, it will produce an annual report to summarise its activity and demonstrate delivery of the Health and Wellbeing Strategy.

Public engagement

Our vision is for community engagement that will drive change for the benefit of patients, service users and the public as a whole. The public, individually and collectively, will be able to participate as equal partners in the development of their own health and wellbeing and of the overall health and wellbeing system

The HWB has agreed a Community Engagement Strategy that includes the following aims:

- To improve health and social care services and the public's health and wellbeing more generally
- To increase democracy and accountability
- To generate direct benefits to participants from engaging
- To improve social capital
- To ultimately release resources through co-production.

The benefits of working together with communities include saving money by reducing duplication and achieving economies of scale; increasing effectiveness through sharing skills and capacity thus exploiting synergies; achieving outcomes which may not have been possible without community input; developing deeper insight into the needs and views of residents; opening up opportunities for collaboration and innovation.

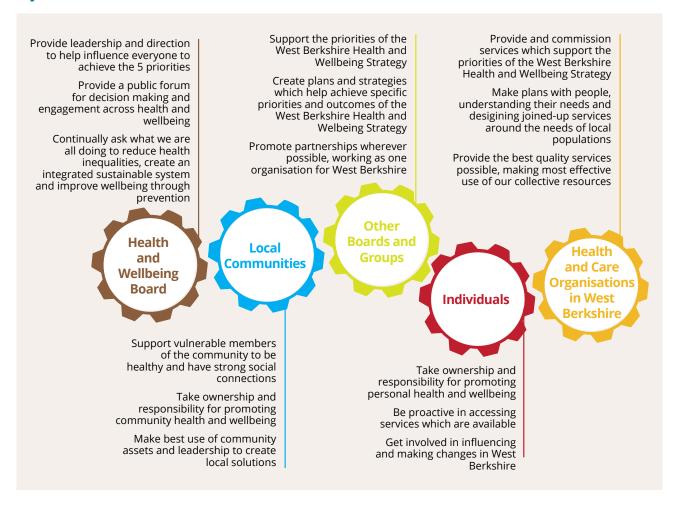
The principles of good engagement will be adhered to: open, representative, informed, two-way, realistic, regular and ongoing and impactful. Details are set out within the Health and Wellbeing Community Engagement Strategy that was agreed by the HWB in November 2015.

Goals for the first 2 years included the following:

- Communications and engagement teams of the partner organisations will meet regularly to scan for opportunities and plan and organise jointly for the period ahead.
- Engagement activities will be better co-ordinated and aligned e.g. Health and Wellbeing Hot Focus sessions, annual plans and calendars, plus online list of all consultations resulting in a publicly accessible register of consultations and engagement activities.
- Stakeholder mapping will Identify common priorities, interests and approaches, including agreeing a set of common standards for engagement.
- Early public engagement on key strategic issues will be carried out including Health and Wellbeing Strategy, Better Care Fund, new models of care.
- One joint consultation exercise in the first year will be carried out.

Following the LGA Health and Wellbeing Peer Review in March 2016 it is the intention that much of the community engagement can be accomplished through the Community Conversations that take place across the district as part of Building Communities Together.

How the Board fits into the whole Health and Wellbeing system in West Berkshire



Integration

Integrated working needs to happen in different ways. This includes horizontal integration – through the development of multidisciplinary teams, vertically – through joint structures and budgets and enabling integration – through seamless working.

Horizontal integration means the development of multi-disciplinary teams based in community based clusters, working across community health, social care, mental health, the voluntary and community sector and friends and family networks to provide integrated and accessible care. This will mean health and social care services are wrapped around the individual.

Vertical integration is the development of joint working arrangements, joint decision making structures, pooled or aligned budgets and shared staffing arrangements

Enabling integration

Shared workforce strategies

Better use of technology to improve communication – Connected Care etc. Record sharing

Shared market position statements

Shared plans for better use of estates – co-location of multidisciplinary teams New commissioning models that focus on prevention, developing community resilience and integration, focusing on whole population approaches More co-operative working with voluntary and community sector to deliver and sustain interventions.

West Berkshire examples of integration

The leaders of the 10 Health and Unitary Authority partners, known as the Berkshire West 10, have developed a direction setting vision around integration which formed the basis for a Pioneer Bid in 2013. Despite being unsuccessful with this bid, the 10 partners are united in their ambition to undertake a methodical and systematic journey towards more integrated care for the people we serve. The integration programme presents an opportunity now underpinned by the Better Care Fund to test different models of integration across different settings and care groups.

It has been agreed as a partnership we will make commissioning decisions based on what works best for our communities. This may be across the West of Berkshire (West Berkshire, Reading and Wokingham) or on a more local level. All the work will need to deliver the following:

- Enable us to respond to the needs of our local populations by targeting services to give the greatest impact on health and social care outcomes
- Address the views expressed by our local populations of how they wish services to be provided through partnership and co-production
- Avoid duplication, focus on strengths and ensures value for money & efficiency
- Promote further health and social care integration where a case for change is made
- Where appropriate we will combine resources, sharing best practice and expertise

Extensive work is already underway in the frail elderly pathway, which was identified as a key Integration work stream. This Berkshire West wide work stream forms the backbone of system change and our local West Berkshire BCF schemes are critical to delivering a number of elements. Below are the West of Berkshire work streams underway:

- 1. Connected Care Technology leads across the organisations are actively working to establish robust mechanisms that allow us to communicate and share information more effectively. As well as looking at systems that support organisations delivering health and social care we are also at technological solutions to support patients and services to live independently.
- 2. Care Homes project The locality community health teams will respond within 2 hours of receipt of a referral or within 2 hours of a patient returning home from A&E. The Rapid Response and Treatment provides increased and targeted Community Geriatrician input, including active treatment interventions including crisis support and the use of telehealth to support those at risk of admission
- **3. Workforce** this project is focusing on how we develop the workforce and improve recruitment to create resilience.
- **4. Home first** this project aims to create consistency in discharge arrangements across the West of Berkshire.
- Carers integrated commissioning the focus is on creating a common offer for information advice and support services to all carers across the West of Berkshire.

Locally in West Berkshire we are working towards the second phase of establishing a Joint Care Provider. Our focus has been to streamline the discharge arrangements for patients in West Berkshire and enhancing them so support is available 7 days a week. This has involved bringing together three teams to work together so that the patient is the central focus and any support or care provided is wrapped around them. The changes we have made mean that we are much quicker in making contact with a patient and understanding what they need and can access resources more effectively across health and social care.

How we deliver the strategy

The Health and Wellbeing Board is a strategic board, that is required to use the information available, their collective knowledge and expertise plus what residents say is important to them to provide leadership, direction and challenge. They will use their influence to encourage everyone who lives, works and provides services in the district to work together to improve health and wellbeing to reduce inequalities in partnership.

All of the partners on the Health and Wellbeing Board have agreed the strategy and will reflect it within their organisational plans and work. The board will assess commissioning plans against the health and wellbeing priorities set out in this strategy and hold commissioners accountable for performance. This is a statutory requirement. In addition, all organisations represented agree to shape their own strategies in order to coherently underpin and help deliver the Joint Health and Wellbeing Strategy. This demonstrates a whole system that is driven by the HWB.

All relevant plans will also be formulated with regard to the District Needs Assessment and be developed to achieve against outcomes within the National Outcomes Frameworks including Adult Social Care, NHS and Public Health. In addition to demonstrate progress in delivery, West Berkshire's Health and Wellbeing Board will require all partners to contribute to a Joint Annual Report each year.

The Board itself will not develop a detailed action plan for the delivery of the Strategy, as much of the work will be done through partner and commissioned teams and services. However, the Board will make sure that the priorities are being delivered and progress is being made.

A Health and Wellbeing Steering Group has been set up to act on the Board's behalf to develop new ways of working and to ensure that other all key groups and partnerships work better together for Health and Wellbeing. Sub-groups of the HWB will be responsible for individual outcomes and achieving progress on the priorities agreed by the board.

The Board are also empowered by law to encourage organisations involved in delivering services that affect health (such as education, housing, employment, transport, planning and the environment) to work closely with those who plan and deliver health and care services and with the Health and Wellbeing Board itself.

Partnerships will be promoted wherever possible and joint working and pooled budgets can become a reality across the health and care organisations in West Berkshire, providing and commissioning services to support the West Berkshire Health and Wellbeing priorities. The best quality services will be provided, making most effective use of 'the Berkshire West Pound' - our collective resource across West Berkshire, Wokingham and Reading.

Planning will be developed with communities so that their needs are understood and joined-up services are designed around the needs of local populations. Communities will be enabled to take ownership and responsibility for promoting community health and wellbeing, making best use of community assets and leadership to create local solutions. Vulnerable members of the community will also be supported to be healthy and have strong social connections,

The Public Health and Wellbeing team within the Local Authority will be responsible for leading on the cross cutting theme of prevention, ensuring that programmes of work are evidence based or follow best practice and deliver value for money.

The Building Communities Together subgroup will be responsible for leading on the cross cutting theme of building community resilience, ensuring that communities are enabled to work in partnership and helped to use their assets to be healthier and happier. The Community Conversations ask people the following three questions: what are the local talents? What could be better? And What are the hard things to fix? Once these conversations have taken place there is a process of community planning where local solutions are developed with support available from the Building Communities Together grant funding. The final step in the overall process is to implement change and monitor the impact, which hopefully will lead to sustained change for the better.



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West Berkshire Council Public Health and Wellbeing Department Market Street Newbury Berkshire RG14 5LD

T 01635 42400 www.westberks.gov.uk