

BARNSELY METROPOLITAN BOROUGH COUNCIL

This matter is a Key Decision within the Council's definition and has been included in the relevant Forward Plan

Report of the Executive Director (People)
to Cabinet

(2nd November 2016)

BARNSELY DRAFT HEALTH AND WELLBEING STRATEGY (2016-20)

1.0 Purpose of the Report

- 1,1 For Cabinet to consider the updated, draft Health and Wellbeing Strategy for the Borough.

2.0 Recommendations

- 2.1 That Cabinet approves the draft Barnsley Health and Wellbeing Strategy (2016-20) for adoption.**

3.0 Introduction

3.1 Role Of The Barnsley Health And Wellbeing Board

- 3.2 The Barnsley Health and Wellbeing Board was, originally, established in shadow form, in January 2012 and, following implementation of the Health and Social Care Act (2012) formally assumed its responsibilities in April 2013.

- 3.3 The Board is a formal committee of the Council whose purpose is to enable the local health and social care sectors to work together to improve the health and wellbeing of local people and communities and to reduce inequalities in health within the Borough and in comparison to other areas of the country.

3.4 The Statutory Duty To Produce A Health And Wellbeing Strategy

- 3.5 One of the responsibilities of the Health and Wellbeing Board is to produce a Health and Wellbeing Strategy which sets out how the Board will meet the health and wellbeing needs of local people and communities. These are identified, in particular, through the local Joint Strategic Needs Assessment (JSNA) together with other assessments such as child and family poverty as well as other sources of evidence, including the Director of Public Health's Annual Report.

- 3.6 Barnsley's first Health and Wellbeing Strategy was produced in June 2014. A mid term review of the current Strategy has, recently, been undertaken with a view to refreshing the document and ensuring its approval and adoption by the executive boards of each partner on the Health and Wellbeing Board.

3.7 Barnsley Draft Health And Wellbeing Strategy (2016-20)

3.8 The refreshed, draft, Barnsley Health and Wellbeing Strategy is attached as Appendix 1 to the report. Its 'Vision' is to ensure:

"That the people of Barnsley are enabled to take control of their health and wellbeing and enjoy happy, healthy and longer lives, in safer and stronger communities, whoever they are and wherever they live."

3.9 The draft, Strategy recognises the NHS's 5 Year Forward View, the Regional Sustainability and Transformation Plan (STP) and the local Integrated Place Based Plan. It is formulated on the basis of four, guiding principles, summarised, below:

1. A focus on doing things more efficiently, particularly in terms of promoting the prevention of debilitating conditions, through the life course approach.
2. To inspire and empower individuals and communities to take the lead in improving their health and wellbeing and in planning and delivering health and social care services of relevance to them.
3. To connect, collaborate and co-produce solutions which will lead to improvements in the health and wellbeing of individuals and communities.
4. To go further, faster, through targeting resources and prioritising actions aimed at helping those vulnerable individuals and communities most in need of help.

3.10 Key Objectives And Strategic Priorities Of The Draft Strategy

3.11 The key objectives of the draft Strategy will be to ensure:

- Children start life being healthy and staying healthy.
- People live happier, healthier and longer lives.
- People enjoy improved mental health and wellbeing.
- People live in stronger, more resilient families and communities.
- People are enabled to contribute to a strong and prosperous local economy.

3.12 A number of strategic priorities have been identified where, if the principles, outlined in Paragraph 3.9, are practically applied, thereby leading to the improvements sought, will, at the same time, demonstrate that the Health and Wellbeing Board is well on the way to achieving its strategic purpose. Successful implementation of the Strategy will, therefore, demonstrate that the Board is helping in :

- Reducing the incidence of smoking.
- Improving early help for those suffering from mental ill health.
- Joining up services for supporting older people (focusing on dementia and falls) .

3.13 Achieving these key objectives and strategic priorities will place an onus on the Board and its partners in undertaking the following:

- Focusing on the areas in greatest need of improvement, as identified in assessments, notably the JSNA.

- Helping build the components for stronger, resilient communities, including good housing; improving education outcomes and access to skills and jobs.
- Making the prevention of ill health everybody's business, including workforces via improved engagement.
- Delivering the Borough's 'Digital Road Map' to continually improve health and social care provision

4.0 Consideration of Alternative Approaches

- 4.1 The development of a refreshed Health and Wellbeing Strategy which addresses the health and social care needs of local individuals and communities, aimed at improving the overall health and wellbeing of the Borough and which closes the gap in health inequality, during the period 2016-20, remains a statutory responsibility for the Board and its constituent partners, including Barnsley MBC.

5.0 Proposal and Justification

- 5.1 In view of this prevailing statutory duty, it is essential that the key objectives and strategic priorities of the draft Strategy are considered by the Cabinet, together with the executive boards of partner organisations within the Health and Wellbeing Board, with a view to approval and adoption. This should be as part of an integrated and place based approach to improving systems for health and social care, in the Borough.

6.0 Implications for Local People and Service Users

- 6.1 The draft, Barnsley Health and Wellbeing Strategy (2016-20) will, with due regard to needs assessments, including the current and forthcoming JSNA and other documents, including the Director of Public Health's Annual Report, lead to the planning and commissioning of services which will bring improvements to the health and wellbeing of individuals and communities, throughout Barnsley and close any gap(s) in health inequality between areas of the Borough.
- 6.2 The 2016 JSNA is currently in progress and will be published via the Council's Website at the end of December 2016. From then onwards, regular updates will be made to the JSNA through the 'State of the Borough' Portal to assist with service planning and improvement, including within localities.

7.0 Financial Implications

- 7.1 There are no specific financial implications for the Council arising from the report and draft strategy. It is envisaged that the strategic priorities of the draft Strategy that apply to the Council have been reflected in relevant Business Plans and therefore allowed for within agreed budgetary provision.

8.0 Employee Implications

- 8.1 There are no employee implications for the Council, emerging through consideration of the report and draft Strategy. Again, the Council's workforce should be considered as an important stakeholder in the Strategy as responsibility for improving our health lies with us all, as individuals.

9.0 Communications Implications

- 9.1 Following approval and adoption by partner organisations on the Board, steps will be taken, in consultation with the Director (Human Resources, Performance and Communications) to promote an interactive version of the Strategy, including encouraging stakeholders such as GP practitioners and schools, to ensure it is signposted on their Websites.

10.0 Consultations

- 10.1 All partner organisations within the Health and Wellbeing Board, including Barnsley Healthwatch, have been consulted on the development of the refreshed, draft Strategy, together with the Council's Senior Management Team.
- 10.2 The Board, also, gratefully acknowledges the contribution made to the formulation of the Strategy by participants at the Health and Wellbeing consultation event, held on 21st June 2016, together with those participants who attended the Health and Equality event, organised by Barnsley 'Reach' on 15th October.

11.0 The Corporate Plan and the Council's Performance Management Framework

- 11.1 The purpose of the Strategy, also accords with the following Council Corporate Plan Priorities and Outcomes:
- (a) People achieving their potential and ensuring people become healthier and, as a result, happier, independent and more active.

 - (b) Building strong and resilient communities with an emphasis on the prevention of debilitating conditions and co-produced services which improve the user's quality of experience.

12.0 Promoting Equality, Diversity and Inclusion

- 12.1 A full Equality Impact Assessment (EIA) has been carried out to support the development of the Strategy (*Please see Appendix 2*). The EIA will continue to be updated as further evidence becomes available (including through community engagement, analysis of health outcome data, particularly via the JSNA and performance data) about the health inequalities faced by people from diverse groups in Barnsley as part of informing and developing the Strategy..

13.0 Tackling the Impact of Poverty

- 13.1 The key objectives and strategic priorities of the refreshed, draft Strategy aim to improve the health and wellbeing of individuals and communities in Barnsley, in recognition that poor health and wellbeing is a determinant of deprivation.
- 13.2 In striving for these improvements, the benefits of improved health and wellbeing, such as a good early start in life for children, together with the independence and choice which personalised services can bring, will enable people to become more active in thriving communities and to play a fuller role in the economic and social prosperity of the Borough.

14.0 Tackling Health Inequalities

- 14.1 One of the primary objectives of the refreshed, draft Strategy will be to close the gap in any health inequality which has been identified in assessments such as the JSNA, together with other sources, including the Director of Public Health's annual report.

15.0 Reduction of Crime and Disorder

- 15.1 As part of evaluating the impact of the refreshed, draft Strategy on a range of outcomes, including community safety, there should be no implications for tackling crime, disorder or anti social behaviour, arising through its approval and adoption.

16.0 Risk Management Issues

- 16.1 In response to the findings and recommendations of a recent Internal Audit review of the governance of the Health and Wellbeing Board, a Board risk register has been formulated which will enable the Board, as part of its revised Terms of Reference, to be kept aware of any risks that could impact on the progress of key objectives and strategic priorities of the draft Strategy, leading to effective, remedial action.

17.0 Health, Safety and Emergency Resilience Issues

- 17.1 There should be no implications for the safety of the public or employees, emerging through this report.

18.0 Compatibility with the European Convention on Human Rights

- 18.1 There are no implications for the Articles and Protocols of the Convention arising through approval and adoption of the refreshed, draft Strategy.

19.0 Conservation of Biodiversity

- 19.1 There are no implications for the local environment or the conservation of biodiversity emerging through this report.

20.0 Glossary of Terms and Abbreviations

20.1 None, applicable.

21.0 List of Appendices

- 21.1 Appendix 1: 'Feel Good Barnsley: Barnsley's Health and Wellbeing Strategy (2016-20)
- Appendix 2: Equality Impact Assessment of the Barnsley Health and Wellbeing Strategy (September 2016)

22.0 Details of Background Papers

22.1 Background papers used in the compilation of this report and the development of the draft, refreshed Strategy are available to view by contacting the People Directorate, Barnsley Metropolitan Borough Council, PO Box 634, Barnsley, South Yorkshire, S70 9GG.

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Date: 18th October 2016

Financial Implications/
Consultation <i>(to be signed by senior Financial Services Officer where no financial implications</i>