

HEALTH AND WELLBEING BOARD

14th March 2023

Title:	Joint Local Health and Wellbeing Strategy 2023-28 Refresh Framework for Delivery – Consultation
Report of the Director of Public Health	
Open Report	For Information
Wards Affected: All	Key Decision: Yes
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Summary: The current Barking and Dagenham Health and Well Being Strategy (HWBS) ends in 2023. On review, following the publication of the refreshed JSNA and the Babies, Childrens' and Young Peoples Plan, it is proposed the strategy (now known as the Local Joint Health and Well Being Strategy (JLHWBS)) remains, but is refreshed in the context of the new Integrated Care System (ICS) and in the aftermath of the COVID Pandemic and the current 'cost of living crisis' for the period 2023 -2028 (as recommended in the Director of Public Health's report 2021-22). In the context of the new place-based partnership and integrated working, this refreshed strategy will set out a renewed vision for improving the health and wellbeing of residents and reducing inequalities at every stage of residents' lives by 2028. It provides a framework for action, drawing upon a range of other relevant strategies including the NEL Integrated Care Strategy; LBBD Corporate Plan (currently in production); LBBD equality and diversity policy statement and B&D's Best Chance Strategy. It is being developed alongside the evolving ICB joint forward plan (JFP) which needs to be published by June 30 th 2023. A Local Forward Plan will be produced which will include actions required to deliver this strategy. It is proposed this strategy is reviewed annually alongside the Joint Forward Plan.	

Recommendation(s)

The Health and Wellbeing Board is recommended to (review the JHWS consultation document) discuss and agree:

1. The following areas of the strategy:
 - a. Vision
 - b. Principles
 - c. What we are planning to achieve
 - d. How we are planning to achieve delivery
 - i. Plans for co-production
 - e. Priorities
 - f. Proposed actions
 - g. How success is measured
2. The start of the consultation period, following the HWB
3. Publication of the Strategy in June 2023 (if the Joint Forward Plan has been agreed)

Reason(s)

The Health and Wellbeing Board has a statutory responsibility to publish a Health and Wellbeing Strategy.

1 Background and Context

The Health and Social Care Act 2012 requires each local council area to have a Health and Wellbeing Board (HWB), which brings together key leaders from local health and care organisations to work together to improve the health and wellbeing of local people and to reduce inequalities that are the cause of ill health.

The HWB must produce a Health and Wellbeing strategy (now known as Joint Local Health and Well Being Strategy (JLHWBS)) that describes the key local health and care issues and explains what the board is going to do to make improvements to these issues.

The JLHWS sets out the vision, priorities and action agreed by the HWB to meet the needs identified within the JSNA and to improve the health, care and wellbeing of local communities and reduce health inequalities.

1.1 NHS NEL Integrated Care Strategy

The NHS NEL's Integrated Care Strategy has now been published and should be considered by the HWB in preparing this JLHWBS to ensure that they are complementary. However, there are no expectations that a JLHWBS is re written in the light of the ICB Integrated Care Strategy.

The Integrated Care Strategy built on the existing HWBS (2019- 2023) and is complement to the draft JLHWSs, identifying where needs could be better addressed at the system level. It will also bring learning from across the system to drive improvement and innovation.

System partners across North East London Health and Care Partnership have reached collective agreement on NHS NEL's ICS purpose and four priorities to focus on together as a system. The priorities and cross-cutting themes (see below) will set a clear direction for the development of the new NHS Joint Forward Plan due at the end of March 2023 (see Appendix A for what good looks like against the cross-cutting themes).

Priorities:

- To provide the best start in life for the Babies, Children and Young People of North East London
- To support everyone at risk of developing or living with a long- term condition in North East London to live a longer and healthier life
- To improve the mental health and wellbeing of the people of North East London
- To create meaningful work opportunities and employment for people in North East London now and in the future

Cross-cutting themes describing 'how' NHS NEL will work differently as an integrated care system:

- Working together as a system to tackle health inequalities including a relentless focus on equity.
- Greater focus on prevention
- Holistic and personalised care
- Co-production with residents
- A high trust environment
- Working as a learning health system

1.2 Other Relevant Plans and Assessments

1.2.1 LBD Corporate Plan

The Council Corporate Plan is currently in development, it will set out how and what the Council will deliver against agreed priorities – many of which directly or indirectly impact on the health of residents, as well as good health of residents it will also enable the achievement of all. Therefore, the Health and Well Being Strategy is a key overarching strategy for this plan. LBDs equality objectives for 2023-27, and the action that sits below the objectives, have been developed in line with the

Corporate Plan priorities for the same period. The key relevant objective is:

- **Addressing structural inequality:** activity aimed at addressing inequalities related to the wider determinants of health and wellbeing, including unemployment, debt, and safety. Intersection between poverty, racism and structural inequality.

1.2.2 ICB Joint Forward Plan (JFP)

Before the start of each financial year, an ICB, with its partner NHS Trusts and NHS Foundation Trusts, must prepare a 5-year joint forward plan, to be refreshed each year. The plan sets out any steps on how the ICB proposes to implement any JLHWS that relates to the ICB area, and the ICB must have regard to the Integrated Care Strategy when exercising any of its functions.

The guidance specifies ICBs and their partner trusts have a duty to prepare a first JFP before the start of the financial year 2023/24 – i.e. by 1 April. For this first year, however, the date for publishing and sharing the final plan with NHS England, their Integrated Care Partnerships and Health and Well-being Boards, is 30 June 2023. Therefore, it is expected that the process for consulting on a draft (or drafts) of the plan, should be commenced with a view to producing a version by 31 March, but consultation on further iterations may continue after that date, prior to the plan being finalised in time for publication and sharing by 30th June.

The plan itself must describe how the ICB proposes to implement this JLHWSs, and the NHS NEL ICB and partner trusts will send a draft of the JFP to the HWB when initially developing it or undertaking significant revisions or updates. The HWB must respond with its opinion and may also send that opinion to NHSE, telling the ICB and its partner trusts it has done so. If NHS NEL ICB and its partner trusts subsequently revises a draft JFP, the updated version will be sent to the HWB, and the consultation process described above repeated. The JFP must include a statement of the final opinion of the HWB.

Barking and Dagenham are also producing a Local Forward Plan which will set out how the partnership will deliver the JLHWBS.

1.2.3 ICB Annual Reports

The ICB is required as part of their annual report to review any steps they have taken to implement the NEL borough's JLHWS. In preparing this review, the ICB must consult the HWB.

1.2.4 Joint Outcomes Framework¹

A framework will be developed nationally with a focused set of national priorities, and an approach for prioritising shared outcomes at a local level, focused on individual and population health and wellbeing. The implementation of shared outcomes will begin from April 2023.

The national government will set some delivery standards for organisations, to ensure that the public receive a consistent standard of care, via setting a Mandate for NHS England. The outcomes will sit alongside - and complement - systems' and organisations' statutory responsibilities and wider regulatory frameworks.

1.2.5 Performance Assessments

In undertaking its annual performance assessment of an ICB, NHS England must include an assessment of how well the ICB has met the duty to have regard to the relevant JSNAs and JLHWSs within its area. In conducting the performance assessment, NHS England must consult each relevant HWB for their views on the ICB's contribution to the delivery of any JLHWS to which it was required to have regard.

The Care Quality Commission (CQC) will consider outcomes agreed at place level as part of its assessment of ICSs. The CQC will also continue to develop its assessment of individual providers, to ensure their contribution to plans that improve outcomes at place and ICS level are assessed as part of the overall oversight framework. In addition to its current role in regulating and inspecting health and care providers, the CQC will also review integrated care systems including NHS care, public health, and adult social care and assess local authorities' delivery of their adult social care duties.

A performance 'dashboard' is proposed once the HWBS priorities are agreed. The Children's and Adults delivery groups are accountable to the Place based Partnership Executive and HWB for the delivery of identified success measures.

2 Shaping the Health and Wellbeing Strategy

The current Barking and Dagenham Health and Well Being Strategy ends in 2023. However, on review following the publication of the refreshed JSNA, and the Babies, Children's' and Young Peoples Plan, and as recommended in the Director of Public Health's report 2021-22, it is proposed the strategy remains but refreshed in the aftermath of the COVID- 19 pandemic and the current 'cost of living crisis', for the period 2023 -2028.

¹ <https://www.gov.uk/government/publications/health-and-social-care-integration-joining-up-care-for-people-places-and-populations>

But, as most issues impacting on people's health are outside of the health service, the heart of this will be tackling health inequalities supported by the value of relationships and connecting with residents in designing or delivering changes in services, to meet the individual needs and characteristics of our communities.

In the context of the new place-based partnership and integrated working this refreshed Strategy will set out a renewed vision for improving the health and wellbeing of residents and reducing inequalities at every stage of residents' lives by 2028, aspiring to the development of a 'system of health'.

3 Overview of Strategic Framework for Consultation

3.1 Our Vision: What do we want to achieve together in Barking and Dagenham?

By 2028, residents in Barking and Dagenham will have improved health and wellbeing, with a reduction in the gap in health inequalities between Barking and Dagenham residents and people living elsewhere.

Our residents will have increased resilience, empowered to thrive, not just survive in the face of adversity, and will have opportunities to achieve their full potential.

Our residents will benefit from coproduction and partnerships around their needs and priorities.

3.2 Themes

The strategy will be based on three themes. The following sets the vision for each of these themes.

Best Start in Life

- Every baby, child, young person and their families gets the best start; is healthy, happy and achieves; thrives in inclusive schools and settings, in inclusive communities; are safe and secure, free from neglect, harm and exploitation; and grow up to be successful young adults.

Living Well

- Our residents will be empowered to thrive and not just survive in the face of adversity and will have opportunities to achieve their full potential.

Ageing Well

- Our residents will be empowered to manage their health, including healthy behaviours, recognising, and acting on symptoms and managing any long-term conditions.

- Our services will allow our residents to have an early diagnosis of health conditions and be provided with appropriate care to manage their condition.
- Health and wellbeing will be an asset and enabler for our residents, accessing opportunities (educational, employment, social) and living independently for as long as possible.

3.3 Key Principles for Delivery:

- Addressing health inequalities
- Place based working
- Coproduction with Communities
- Integrated Health and Care

3.4 What are we trying to achieve?

Best start in life

We want our babies, children, and young people to:

- Get the best start, be healthy, be happy and achieve
- Thrive in inclusive schools and settings, in inclusive communities
- Be safe and secure, free from neglect, harm, and exploitation
- Grow up to be successful young adults

Living well

We want our residents to not just survive, but to thrive and realise their potential by improving:

- Multi-agency support for those with Adverse Childhood Experiences
- Access and outcomes in education, employment & skills
- Physical & mental wellbeing

Ageing well

We want our residents to live healthily for longer by:

- Being empowered to manage their health, including healthy behaviours, recognising and acting on symptoms and managing any long-term
- Having increased opportunities to have an early diagnosis of health conditions and be provided with appropriate care to manage their condition and before their condition becomes more serious
- Enabling them to live independently to as long as possible

3.5 How will we deliver our agreed outcomes over the next 5 years?

Priorities

The JSNA has been complemented by other important sources (such as the 2021 Census) to formulate a set of key priorities agreed by the place-based partnership. These relate to:

- Improving outcomes for people with long term conditions in children and adults
- Addressing obesity and smoking in children and adults
- Providing the best start in life for our babies, children, and young people.
- Preventing and addressing domestic abuse
- Preventing the exposure to and the consequences of adverse childhood experiences
- Addressing wider determinants of health for example unemployment, poor housing, low level of training, education, and skills development

3.6 Developing Outcomes and Delivery Plans

Coproduced with residents:

- Each theme will reflect the relevant partnership priority and will have outcomes to be delivered within the five year cycle of this strategy
- A detailed set of delivery plans will be developed to describe activity to achieve the agreed measures
- All interventions will be evidence-based, outcomes orientated, systematically applied across the borough, scaled-up appropriately and appropriately resourced to meet needs, and sustainable
- Responsibility and accountability for delivering these plans will be both the Adult and Best Chance for Children and Young People Delivery Groups
- Measures (performance indicators) will be identified against which progress will be tracked

4 Consultation and Engagement

Insight from Partnership Board members (as well as internally) relating to recent and related engagement was obtained to identify gaps and newly emerging themes (such as 'cost of living crisis'), or feed into later development of the delivery plans. A survey was also carried out, hosted on One Borough Voice, where residents were asked to 'sense check' the relevance of current strategy priorities that fall within current themes.

Due to the engagement work recently undertaken during the development of B&Ds Best Chance Strategy and extensive engagement and outcomes produced as part of the boroughs Domestic Abuse Commission Report, 2021- engagement for this refresh has been focussed on adult populations only.

Healthwatch, have also asked the community key questions and obtained feedback relating to priority areas: long term conditions; healthy lifestyles and employment and education (overarching responses are being summarised at time of writing).

The discussion at the March HWB marks the start of the consultation period ahead of the refreshed strategy. The time thereafter will provide an opportunity for residents, external partners and internal colleagues (including through internal governance processes) to revise the document during final stages of consultation, ahead of its finalisation and publish.

4 Mandatory Implications

A draft Equalities Impact Assessment has been shared with the Strategy Team for review.

5.1 Joint Strategic Needs Assessment

The Health and Well Being Strategy is informed by the JSNA.

Public Background Papers Used in the Preparation of the Report:

None

List of Appendices:

Appendix A	What success will look like for The NHS NEL Integrated Care System
Appendix B (attached)	JHWS Consultation Document

What success will look like for The NHS NEL Integrated Care System

Health Inequalities

In addition to the specific health inequalities measures set out in relation to our four priorities below:

- Across North East London we are reducing the difference in access, outcomes and experience with a focus on people from black and minority ethnic communities, people with learning disabilities, people who are homeless, people living in poverty or deprivation and for carers.
- Healthy life expectancy is improved across NEL and the gap between our most and least deprived areas / those living in poverty and the wealthiest is reduced.
- We have improved ethnicity data collection and recording across health and care services and deliver inclusive, culturally competent, and trusted health and care services to our population.
- Our staff have access to training on health inequalities and we routinely measure and address equity in NHS waiting lists.
- We are mitigating against digital exclusion.
- Tackle racism and increase cultural competence and cultural awareness in services.

Prevention

In addition to the specific prevention measures set out in relation to our four priorities:

- We invest more in prevention as a system to reduce prevalence of long-term conditions and mental health equitably across all of our places.
- We identify and address unmet need including diagnosing more people early and increasing access to care and support particularly for our most vulnerable or underserved groups.
- We invest in our community and voluntary sector to support prevention and early intervention in a range of ways to suit our diverse population.
- Through our role as anchor institutions, we support economic development by employing local people and prioritising social value in procurement.
- We share and use data to identify the most vulnerable people living locally including those not using services and those frequently using services to provide more targeted and proactive support which better meets their needs.

Personalisation

- Staff have access to all the information they need in one place to enable them to provide seamless care to local people and can share this information safely through our IT systems.
- Local people including carers only need to tell their story once through their health and care journey.
- Local people are asked what matters to them in setting their treatment or care goals and can access a wide range of non-medical support in the community.

- Particularly vulnerable residents are identified and given additional support to access services ensuring their experience and outcomes of care are equitable.
- Our staff are equipped to deliver trauma-informed care based on the principles of physical and psychological safety; trust; choice; collaboration; empowerment; and cultural competence.
- We aim for at least one PCN in each place-based partnership to have a CYP social prescribing service, in line with local needs.

Coproduction

- We can evidence how decisions taken by our boards are informed by the views of local people.
- We helped establish a community and voluntary sector collaborative and actively support and resource its development.
- We train a wide range of health and care staff in co-production and power sharing approaches.
- We can demonstrate how we have identified and engaged underserved groups and the full diversity of our local population.
- We use existing sources of insight from local people including carers to shape our strategies and plans and resist repeatedly asking the same questions.
- We close the loop when we seek the views of carers and local people by feeding back.

High Trust environment

- Partners in the ICS feel actively engaged.
- Partners have adopted an 'open book' approach including how we spend our money.
- We challenge each other constructively without blame.
- We are open to new ways of working and share risk as a system.

Learning System

- We use data, evidence, and insights to build our understanding of our population and to drive our ambitions, priorities, transformation and improvements.
- We regularly review the impact we are having through evaluation of our services and transformation programmes and make changes based on this learning.
- We innovate and enable shared learning to accelerate adoption of innovation, research and best practice throughout our system.
- We support and encourage research that is focused on improving health and care for local people and involve more local people in research.