

# Refreshing the Health and Wellbeing Strategy

Development briefing

October 2024





- BCP Council Health and Wellbeing Board Strategy due a refresh
- last published in 2021 two administrations ago

#### Meanwhile ...

- Integrated Care Strategy published January 2023
- New BCP Corporate Strategy 2024
- Health and Wellbeing Board as strategic partnership board to oversee place-based working
- Aspiration for an officer executive group to oversee place-based working, including integrated neighbourhood teams (place-based partnership in national guidance)
- Public health disaggregating this year two new teams and 2 DsPH from April 25 on the footprint of each 'place' (upper tier local authority) in the ICS

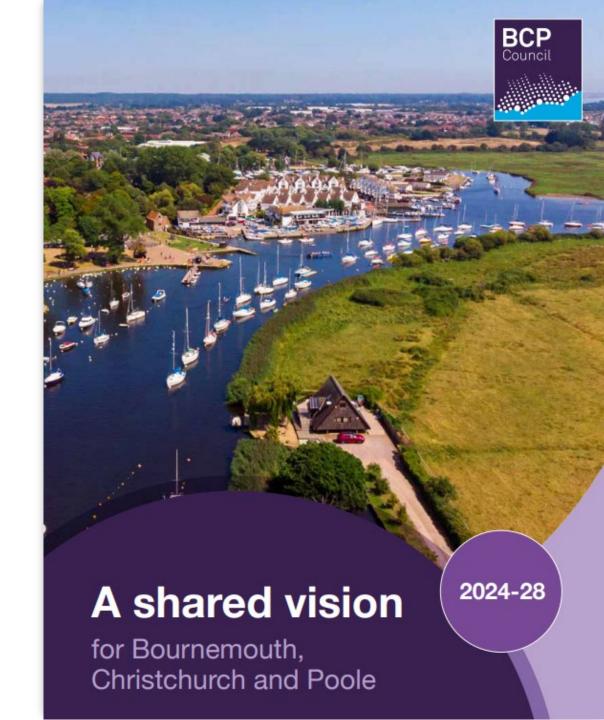
# What does the guidance say?

#### **Statutory guidance**

- HWBs must use the <u>joint strategic needs assessment</u> to prepare a joint local health and wellbeing strategy
- Sets out how the system will deliver improvements to the health and wellbeing of people and communities, through NHS and Councils working together with wider partners
- Must have regard to the ICP strategy, and the NHS Mandate (2022 update)
- LAs and NHS bound by law to consider ICP strategy when determining their commissioning, prevention and integration workplans

#### Local considerations

- New council plan published 2024, NHS Joint Forward Plan published
- HWB strategy refresh can be used to set out how relevant priorities in both these plans will happen at place-level in the integrated care system
- New public health and communities function 'at heart of BCP Council' – link to HWB strategy





JSNA published and updated each year Agree high level priorities considering ICP strategy Identify HWB priorities from council strategy and NHS joint forward plan

Refreshed HWB Strategy for BCP Council Health and wellbeing board strategy refresh process

More detailed delivery plan for place-based partnership

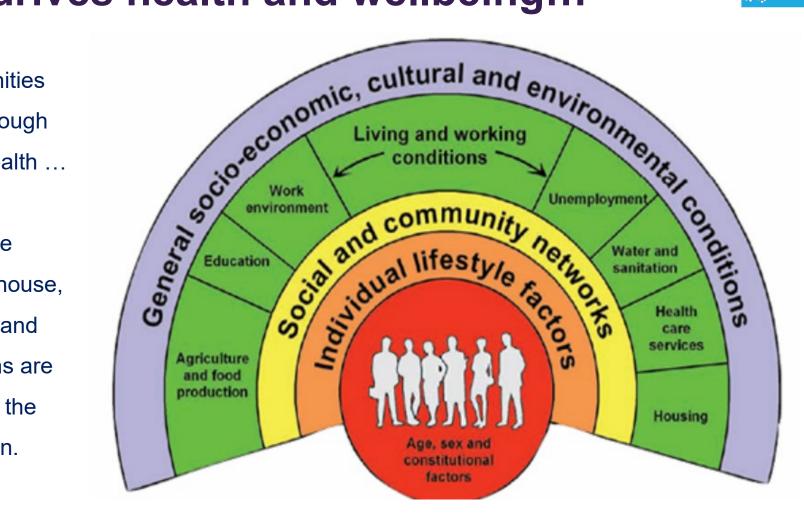
Workshop to agree key workplans that support HWB priorities Development of commissioning, transformation, service improvement plans

Agree resourcing approach, reporting and governance



### Identifying what drives health and wellbeing...

Many issues councils and communities are involved in influence health through so called social determinants of health .... services provided by the NHS and Councils are important, but over the longer term having a good quality house, a job with autonomy and purpose, and good friends and social connections are just as important ... not to mention the quality of the environment we live in.







BCP Council is home to just over 400,000 people. Over the past 10 years the population has grown by 5.6% (21,306 more people).

Around 87,000 residents are aged 65 and over. Ther is a growth of 12% since 2011. BCP also has university, college and foreign language school connections which sees inward migration to the area from young people.

18% or around 70,000 people identify as a minority ethnic group, and this has increased by 60% since 2011. The largest minority ethnic group in the BCP area is 'Other white'.

15% of residents and non-UK born (61,949 people). Most arrived in the UK in early adulthood or as children.

BCP Council is home to serving military personnel and vererans. Almost 16,000 residents aged 16+ have previously served in the UK armed forces. In 2011 8.8% of BCP residents reported providing unpaid care, a slight decrease from 11.3% in 2011. 2.5% of residents are providing 50 hours or more of unpaid care a week.



84% are satisfied with the local area and 87% feel they belong to their local community.

(BCP residents survey 2021)

The local natural environment is greatly valued by residents and used to help support and improve their health and wellbeing. (100 Conversations)

### **Healthy Lives – selected issues**



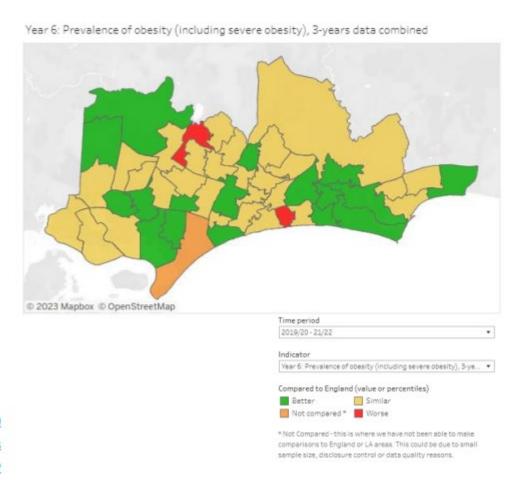
The health of children and young people is mixed compared with England averages.

There are fewer babies born with low birth weight, and the percentage being breastfed are better than average for England. Levels of childhood obesity are better than England – about 1 in 6 Year 6 children are obese and this varies across the local authority.

Mental health and emotional wellbeing of children is a priority with rates of inpatient admissions and admissions for self harm worse than England.

In adults, a similar proportion to England are overweight or obese. Fewer adults smoke compared with the England average, and 22 per cent are physically inactive (doing less than 30 minutes per week of moderate activity).

Admissions to hospital for alcohol related conditions are higher compared with England, and deaths from substancemisuse are also higher than England.





### **Thriving Communities - Inequalities**

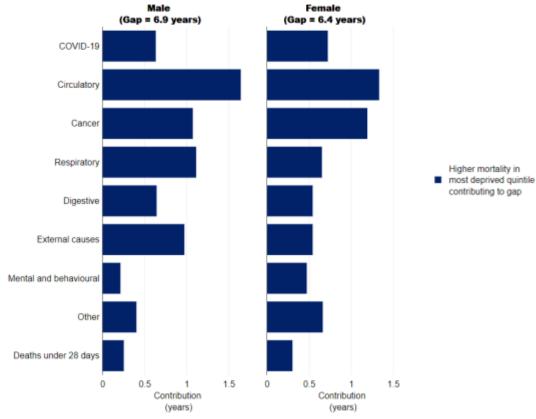
Health inequalities are unfair and avoidable differences in people's health across social groups and between population groups.

In the BCP Council area people are generally healthier and live for longer than England. But there is a social gradient in life expectancy between least and most deprived areas. This gap is 6.9 years for men and 6.4 years for women.

Circulatory disease, respiratory disease and cancer contribute most to this gap.

Men living in BCP Council will spend about 15 years in poor health in later life, and women 18 years in poor health – known as healthy life expectancy. Just as with life expectancy, there is a gap in healthy life expectancy with people living in less deprived areas staying in good health for longer.

Breakdown of the life expectancy gap between the most and least deprived quintiles of Bournemouth, Christchurch and Poole by cause of death, 2020 to 2021



Source: Office for Health Improvement and Disparities based on ONS death registration data and 2020 mid year population estimates, and Department for Levelling Up, Housing and Communities Index of Multiple Deprivation, 2019

### The ICP strategy broad priorities



## Prevention and early help

 programmes that work upstream to avoid or reduce consequences of ill-health. Includes public health, NHS and council activities

## Thriving communities

Changing our approach to service provision – working with and for communities. Includes community development, work on wider determinants of health

## Working better together

 Examples of how statutory partners deliver integration, ranging from pooling money, developing joint teams, sharing information, collaborating with wider partners

# Strategy refresh – examples of programmes that could fit under ICP headings



# Prevention and early help

- Fulfilled lives (BCP children's transformation
- Building strong foundations adults transformation
- Prevention

   (all age, smoking, obesity, alcohol)
- Public mental health /suicide prevention

## Thriving communities

- Empowering communities
- Age friendly communities / BCP
- Access to Food Partnership
- Housing including strategy refresh

# Working better together

- Better Care Fund, urgent care
- Neighbourhood teams and locality working
- Care records and pop. health insight
- New hospitals programme

### Approach to the refresh



#### Asking for support for the following proposals

- No big refresh process use ICP strategy headings, priorities in NHS and Council plans to produce high level framework
- Send out a short MS Forms survey to board members to seek views from a long list – use this to identify and agree the most important
- 3) Identify connection between BCP Council corporate strategy and HWB strategy
- 4) Engage and seek views from Place-based partnership launch October 17th
- 5) Strategy sign off January 2025
- 6) Workshop to develop and agree delivery plan for the PBP, informed by HWB strategy