

Bristol Joint Health and Wellbeing Strategy – Re-fresh 2016

This paper was up-dated on 7th October 2016

This paper sets out the rationale, process and outcomes to date for the re-freshing of the Bristol Health and Wellbeing Strategy.

2016: Our Approach: What has changed?

Our strategy in 2013 was ambitious, and it should remain so. It recognised that our health and wellbeing is influenced much more by where we live, what we eat and drink and whether or not we have a job, than by the services we receive. The strategy can be found here:

[https://www.bristol.gov.uk/documents/20182/34772/HW%20Strategy%20Document 2013 web.pdf/9dcfd365-4f01-46be-aaf3-0874d75c7c33](https://www.bristol.gov.uk/documents/20182/34772/HW%20Strategy%20Document%202013%20web.pdf/9dcfd365-4f01-46be-aaf3-0874d75c7c33)

We took the approach that almost everything the partners on the Health and Wellbeing Board do, affects our health and wellbeing. This very much reflected a “Bristol” way of doing things. We have so much to be proud of – a cycling city, a Green Capital and so much more. We need to continue to reflect this. The priorities we agreed were:

- Built Environment
- Food
- Tackling Domestic Violence
- Smoking
- Alcohol Misuse
- Children – best start in life
- Mental Wellbeing and Social Isolation
- Dementia
- Maternity Services
- Integrated Care

But, this number of priorities has been hard to track and the health and care landscape has changed. The Health and Wellbeing Board is a

system leader for Health and Wellbeing in the city, but we cannot do it all and we do not need to do it all – there are other partnerships, with whom we need to work closely with, that may be better placed to deliver on some of the things that we would all like to achieve in the city.

There are also new national policy changes, for example the Sustainable Transformation Plans, the NHS 5 Year Forward View, the Better Care Programme. Plus, the public sector has been experiencing unprecedented reductions in resources. There has also been a new push on health and work, looking at the relationship between health, employment and unemployment. We are also working in the context of potential devolution of powers to the sub region.

Bristol also has a new directly elected Mayor.

What does the Joint Strategic Needs Assessment 2015 tell us?

The big intractable problems are however still the same. National challenges such as premature deaths from cancer, heart disease and stroke. Plus the challenge of Dementia and Long term conditions and the health impacts of smoking, alcohol, and unhealthy weight. Mental Health is also a national and local issue. Our 2013 Strategy did not reflect the obesity challenge within the city.

Specific issues for Bristol are a growing and changing population, both children and older people. Around 16% of the population are from BME backgrounds but amongst children it is 28%. The city is increasingly diverse, with significant differences in ethnicity between areas.

Stark health inequalities persist and do not appear to be improving. There remain large differences in life expectancy for both men and women. The number of years lived in poor health also varies hugely and in some areas people are living over 30 years of their lives in poor health; overall around 72,000 people report themselves as having a limiting long term illness or disability.

An increased focus on tackling health inequalities needs to be a key part of this strategy.

What now?

Prevention, Early Intervention and Self Care have got to become more than just slogans, if we are to meet the challenges of reducing public expenditure.

Hence, the Health and Wellbeing Board decided that it needed to focus its efforts on the issues that it had the most direct influence over. The HWB will work with other partnerships, such as the Children and Families Board and Safer Bristol Partnership and other organisations to deliver on the issues on which they have the greatest influence. Through this co-ordinated approach we believe that we will make progress, albeit in a challenging financial environment.

Key Themes

It is proposed that there are important themes that should be taken into account when delivering on all of the priorities. This means that demonstrable actions to address these need to be developed in delivering on the priorities.

These themes are:

Tackling health inequalities	Prevention and Early Intervention and self care	Tackling the wider Determinants of health	Promoting Integration	Innovation
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For example, when tackling the issue such as “Healthy Weight” the Action Plan will consider what can be done to prevent problems of unhealthy weight developing. This could be through health visitor or Children’s Centres. It will also consider how to better target communities and population groups that have the biggest challenges in order to reduce inequalities. It is acknowledged that the evidence base for effectively tackling childhood obesity is limited. Therefore, innovative approaches will need to be adopted. The wider determinants could be issues such as lack of access to fresh food or open spaces.

Better Care Bristol

The focus of this strategy is not just about the delivery of services, but these do play an important part.

In fulfilling the Health and Wellbeing Board's responsibility to promote integration, the HWB is the body responsible for oversight of the Better Care Bristol programme. This programme, based on a national programme, but further expanded in Bristol, is aimed at achieving a better integration of services between health and adult care. Whilst this work is about the improvement and transformation of services, it is also heavily focussed on prevention and early intervention.

The vision for Better Care can be summarised by three themes:

- Integrated Locality Based Services – developing a coherent, locality model that brings together local, integrated resources and services
- Public health and Self-Care – supporting a massive shift towards prevention and self-care, including how people see themselves in relation to their own health.
- Integrated Pathway re-design – developing pathways that support people in managing conditions from the earliest indications through to becoming severe and complex. To do this we need to deploy the right resources that can help across this journey, at whatever point they are most relevant.

A possible mechanism in supporting people to stay independent for longer is through the use of personal health budgets and integrated health and social care budgets. Bristol CCG is working alongside Bristol City Council and the local voluntary and community sector to introduce these for a small number of people. More information can be found on the CCG's personal health budgets webpage.

Refreshing the Strategy: How did we prioritise?

In developing the Health and Wellbeing Strategy in 2013 our goal was to name priorities based on strong evidence, stakeholder and public feedback, and identify specific areas where the Health and Wellbeing Board could have the biggest impact.

These are areas where we can make progress on addressing health inequalities in our city between local areas, communities and groups of our population.

This goal still stands, but the Health and Wellbeing Board has now agreed a set of criteria that aimed to really examine whether there are ***gains to be made across the whole system***. These criteria were applied to the existing priorities. The Health and Wellbeing Board also considered the up-dated Joint Strategic Needs Assessment from December 2015 and agreed that the issue of Healthy Weight was not adequately reflected in the current strategy, so this was also included.

We asked the following:

1. Is there a problem we are trying to solve? (Why are we doing this?)
2. Is there evidence of need and potential impact? (Burden on the health of the local population/health inequalities).
3. What can and will be done differently if this priority is in the Joint Health and Wellbeing Strategy?
4. Is this an issue that partnership working can impact upon?
5. Is the Health and Wellbeing Board the right body/partnership to lead on this? (or is another body already leading on this?)
6. Does this fit well with partners organisational must-do's (or HWB must-do's)?
7. Is it a priority for all partners on the Health and Wellbeing Board?
8. Is it feasible to make some demonstrable progress on this in a 2 – 3 year period?

The emerging priorities

Following this process, the priorities that emerged were:

- Tackling alcohol misuse
- Mental wellbeing and social isolation
- Healthy Weight

These priorities are often inter-related and always complex. For example, poor mental wellbeing can have a big influence on alcohol consumption and the other way round. While alcohol can have a very temporary positive impact on our mood, in the long term it can cause big problems for our mental health. It's linked to a range of issues from depression and memory loss to suicide.

Likewise, there are bi-directional associations between mental health problems and obesity, with levels of obesity, gender, age and socioeconomic status being key risk factors. The mental health of women is more closely affected by overweight and obesity than that of men. (PH England 2011 Obesity and Mental Health).

By focussing on these three priorities and the links between them, there is the opportunity to add up to "more than the sum of the parts".

This is a strategy for all ages: a life-course approach will be developed to deliver outcomes on these priorities.

Next steps. The Health and Wellbeing Board is asked to

- endorse the three priorities
- discuss which organisations should lead on the development of action plans to deliver against these priorities
- consider what mechanisms for "holding to account" are required

Alcohol Misuse. There is a well-developed Action Plan in progress for delivering progress on this priority. This is the delivery mechanism for this priority.

Mental Wellbeing and Social Isolation. This is potentially a very broad issue to tackle. An "Open Space" Summit event is being arranged for Thursday 24th November a.m., in the Conference Hall, City Hall.

Healthy Weight. Again, this is a multi-faceted issue, which would benefit from a scoping event to define this work. It is proposed to hold an event in January 2017 to progress this.