

Health and wellbeing Board

24/7/19

Rep: Kim Shutler, Chair VCS Assembly

The main focus of the meeting with the Joint Strategic Needs Assessment

- Change in focus to look at assets and strengths not just issues
- JSNA Steering Group – have we got a rep?
- In addition to the overall JSNA (over 100 pages) they do a more in depth analysis when needed e.g. dementia, autism. All available on line.
- Also broken down to locality level including community partnerships.
- Life expectancy is going up gradually which is against national changes although not as much as England have. The issues are with good health i.e. we aren't making gains in healthy life expectancy. This increases demand for health and care services because they live longer but not well enough to work or need additional support.
- Inequalities remain issue. About 10 year difference in the most deprived and most affluent and 21 year gap in health life expectancy.
- One of the issues is thinking of disease and issues in silos rather than recognising whether there are so many multi-morbidities.
- Smoking, poor diet, lack of physical activity and alcohol drugs. By causing these lifestyle factors we don't recognise the context in which people live their lives. Social determinants very crucial short and long term.
- Challenge is that the things that have the biggest impact in terms of actions take the longest to show.
- Marmot set out the standards needed 10 years ago. Marmot 2 will be out next year. Poverty anticipated to be key focus.
- Key drivers:
 - Poverty strongest driver (have we got representation on the Poverty Steering Group)
 - Mental wellbeing – the onset of mental illness start earlier – exacerbating factors same as for physical health. It was raised that this should be recognised in all our policies
 - Adverse child experiences (ACEs) – we know these are common but don't know full impact. Data shows around 30% of adult MH problems as a result of ACEs. Prevention plus trauma informed services.
 - Loneliness – as harmful to our health as smoking 15 cigarettes a day. Can't all be solved by services, also how we create the right environments for people to make conditions.
 - Childhood obesity – yr 6 in most deprived areas showing up to 40%
- Changing the orientation of our care not just medical model.
- Social factors more important than biological factors in health ageing.
- Average weekly wage in Bradford has risen and number of women in work has increased.
- Some discussions around raising aspirations and what that can do in terms of helping to bring people out of poverty.
- There are 3 indicators on the dashboard:
 - Sickness day lost
 - Number of people employed in secondary services
 - Suicide rates

I raised that H&Wb Board members as employers could support to address these by promoting MH and suicide awareness and offering work placements.

- Check we have a rep on One Workforce Board.
- Noted that the impact of welfare reforms has never been so bad.
- Government have launched a Green Paper on Prevention.
 - Discussion about how we collectively respond to this
- I raised about the issue of imminent cuts to advice services and youth services and the impact that these will have on all of this. Susan (Leader of Council) said that this needs to be discussed as a system. It was recognised that decision makers need to be better sighted on these issues.
- I raised that one system thing which would help would be for a wider consideration of the estates strategy across Bradford e.g. empty GP surgeries. Kersten said there are currently 140 asset transfers going through. Brendan Brown (Airedale hospital CEO) said that this was discussed at the last ICB and will be revisited as it was recognised that access to spare for community groups is crucial for sustainability.
- Geraldine Howley from Incommunities confirmed that there would be some additional funding for employment support that they will be leading on – which will hopefully allow a form of continuation of the ILM scheme to continue. Details not clear yet. This is a scheme that lots of VCS benefit from so is excellent news. I will follow up with her to get more details.
- There is a review of the Executive Commissioning Board with the conclusion of changes needed to support joint commissioning. It is likely that ECB will be reformed into a new Board to support this.
- Dan Greenwood updated on Early Help and Prevention briefly. The plan is for an options appraisal to come to the next Board meeting, followed by work on an operating model and what organisational development work will be needed to support this. Peter Horner and Mark Nicholson are the VCS reps for this work.