

Title of report: Best Start in Life and Good Mental Health Implementation Plans

Meeting: Health and Wellbeing Board

Meeting date: 4 December 2023

Report by: Public Health Principal

Classification

Open

Decision type

This is not an executive decision

Wards affected

(All Wards);

Purpose:

1.4 To provide the Board with an update on the progress of the draft implementation plans for 'Best Start in Life' (BSiL) and 'Good Mental Health' (GMH)

1.5 To receive feedback and approval from the Board for the aforementioned plans

Recommendation(s)

1.6 That the Board consider the reports and note their progress.

1.7 That the Board consider its response to the draft plans and suggest modifications for consideration as appropriate.

Alternative options

The Board could choose not to adopt these implementation plans, but the plans set out the intention to deliver on the key strands of activity of the Joint Local Health and Wellbeing Strategy (JLHWBS) 2023-2033 and are therefore crucial components in taking forward the ambitions of the JLWBS.

Key considerations

1.8 The JLHWBS 2023-2033 was approved by Board in April 2023: its central focus at the beginning of this ten year period is on 'Best start in life' for children under 5 (BSiL) and 'Good mental wellbeing throughout life' (GMH).

- In July 2023 all partners came together for the launch of the strategy and to consider what outcomes and activity would help meet our commitment to BSiL and GMH. Since then there has been ongoing work with relevant groups and service leads to identify and discuss the specific actions that will go into the implementation plans.
- There has been an enormous amount of enthusiasm for both priorities and a huge amount of input has been received over what is effectively a 2 month period; this has been very encouraging, but ensuring that all relevant voices and possible commitments for action have been captured has consequently been an immense undertaking.
- The process for developing actions, capabilities and identifying measures needs to be seen as part of ongoing engagement and as an iterative process and therefore cannot be definitive at this point. We also need to make sure that any commitments are relevant to/consistent with the ICS and ICB developments.
- A Community Paradigm workshop took place for both priorities on the 29 September and the contribution that this approach can make towards successful delivery of both plans has been acknowledged as crucially important. To support the community paradigm approach, Public Health have committed £150,000 non-recurrent funds to support the two delivery plans.
- In formulating the plans we were mindful of the need to follow the principles laid down in the JLHWBS for its fulfilment
 - That there should be a prevention first approach
 - That the focus should be on reducing health inequalities
 - That we should work with communities at every stage (co-production, ‘community paradigm’)
 - That an integrated way of working should be developed
 - That we should recognise and value our workforce
 - That activity should be evidence informed
 - That we should be outcomes focused and strive for continuous improvement

1.9 Whilst the Health and Wellbeing Strategy is a 10-year strategy, it is recognised that community needs may change and that through delivery of actions against the core priorities, the board may wish to shift its priorities. Therefore the proposed implementation plans are set over a period of 2 years

Community Impact

The purpose of the BSiL implementation plan is to specify the actions and activity that will improve the lives of the 0-5s and their families in Herefordshire. Similarly the GMH plan details the actions that will help to improve the mental health and wellbeing of Herefordshire residents. One of the key principles upon which the JLHWBS was developed was that of community empowerment (‘community paradigm’) and commitment to this principle will be demonstrated by involving our communities in any actions that are proposed. The BSiL and GMH plans therefore incorporate actions that follow through on this commitment.

Environmental Impact

There are no general implications for the environment arising from this report; however both plans include a commitment to promote healthier eating and increase levels of physical activity through active travel, which in due course could have a positive environmental benefit.

Equality duty

1.10 Under section 149 of the Equality Act 2010, the 'general duty' on public authorities is set out as follows:

A public authority must, in the exercise of its functions, have due regard to the need to –

- a) eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;
- b) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
- c) Facilitate good relations between persons who share a relevant protected characteristic and persons who do not share it.

1.11 The public sector equality duty (specific duty) requires us to consider how we can positively contribute to the advancement of equality and good relations, and demonstrate that we are paying 'due regard' in our decision making in the design of policies and in the delivery of services.

1.12 The principles of equality and the reversal of health inequalities are key strands of the strategy

1.13 To be effective in delivering good population outcomes and helping those most in need, the strategy calls for intervention by working together at system, place, and community levels to tackle issues reflecting whole system priorities as well as specific concerns at the right scale.

Resource implications

1.14 There are no resource implications associated with this report. However, the resource implications of any recommendations made by the HWBB will need to be considered by the responsible party in response to those recommendations or subsequent decisions

Legal implications

1.15 Health and wellbeing boards are responsible for encouraging integrated working between health and social care commissioners, including partnership arrangements such as pooled budgets, lead commissioning and integrated provision.

1.16 Their purpose is to establish collaborative decision making, planning and commissioning across councils and the NHS, informed by the views of patients, people who use services and other partners.

1.17 The functions of the Health and Wellbeing Board are set out in paragraph 3.5.24 of the constitution.

1.18 The production of a Joint Local Health and Wellbeing strategy is a statutory requirement and therefore its endorsement and support is required.

Risk management

There are no risk implications identified emerging from the recommendations in this report. However, the delivery of these plans require system and collaborative working across all partners. Where possible, we have identified where activity is funded, but given the fiscal position across partners these will need to be kept under review.

Consultees

Matt Pearce (Director of Public Health), Hilary Hall (Corporate Director Community Wellbeing), Henry Merricks-Murgatroyd (Democratic Services Manager)

Appendices

Appendix 1 – Best Start in Life Implementation plan

Appendix 2 – Good Mental Health Implementation plan

Appendix 3 – Provisional Outcomes Dashboard

Appendix 4 - BSiL & GMH Main Report

Background papers

None identified