



Health &
Wellbeing
Board



Joint Health and Wellbeing Strategy

2018 - 2021

Start well | Live well | Age well



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Start well | Live well | Age well

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Foreword

I am delighted to introduce the third Blackburn with Darwen Health & Wellbeing Strategy on behalf of the Blackburn with Darwen Health & Wellbeing Board. This strategy sets out our priorities for improving the health of our population over the next three years.

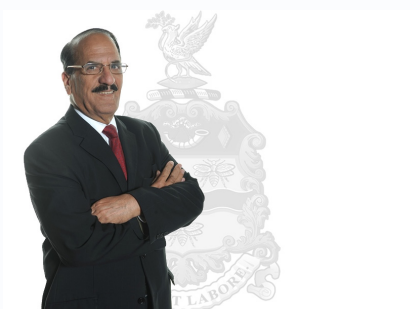
Our Health & Wellbeing Board acts as a forum for health and care providers and commissioners, the voluntary and statutory sector, and community representatives to work together to achieve better health and wellbeing for our residents.

We believe that the biggest asset in the borough is our people and we are pleased that the last three years have seen us develop our approach to positively transform the lives of residents. We have delivered excellent results in some key areas of health such as reducing adult smoking and successful treatment of substance misuse. Quality of life has been improved too with the establishment of local events such as the Festival of Making to cement our commitment to bringing communities together. The development of the health and care integrated neighbourhood teams strengthens our existing work by allowing us to truly deliver care that is responsive to community needs.

This strategy continues our ambition of increased life chances for the residents of Blackburn with Darwen, by improving health and wellbeing; creating healthy places and reducing health inequalities, giving all people the opportunity to Start Well, Live Well and Age Well.

We need to continue working together as a Health & Wellbeing Board to make best use of our collective resources. Organisations will be expected to consider this strategy in their individual planning decisions over the next three years.

This strategy is not a list of actions but focuses on broad themes that, through extensive consultation and engagement with stakeholders and communities, reflect the priorities of Blackburn with Darwen in relation to wellbeing, health and care. I would like to personally thank everyone who has contributed to this strategy and I look forward to building on our previous successes together in the coming years.



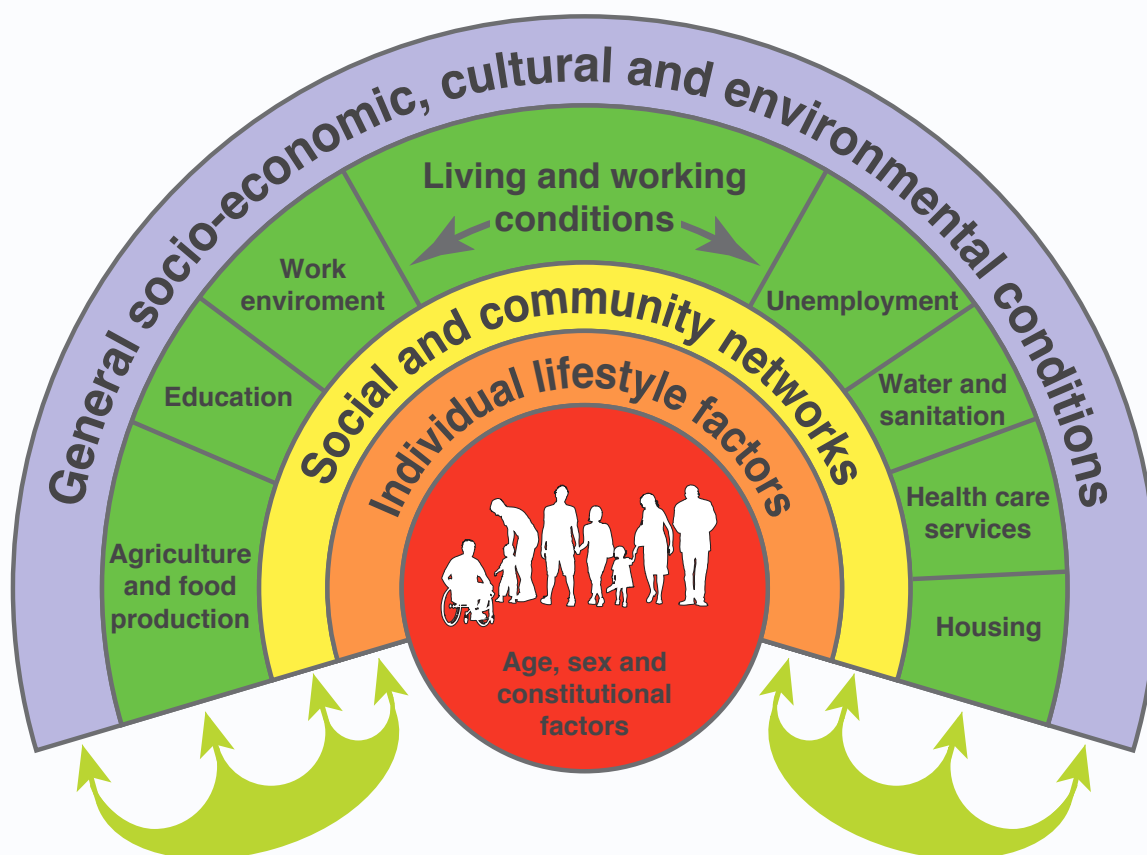
Cllr. Mohammad Khan OBE
Chair of Blackburn with Darwen Health & Wellbeing Board

1. Introduction

The Health and Social Care Act (2012) outlines a number of responsibilities of Health and Wellbeing Boards – including the production of a Health & Wellbeing Strategy. This strategy continues our journey of reducing inequalities and improving the health and wellbeing of residents in Blackburn with Darwen.

Since the launch of our previous strategy (2015-18), there have been significant developments at a national level which have led to greater integration of services and the development of a Pennine Lancashire footprint for health service planning and delivery. At the same time, we have been developing our “place-based partnership” model in Blackburn with Darwen, which delivers integrated prevention, health and care services to our four neighbourhoods.

We know that inequalities lead to poor health outcomes. For example, people living in disadvantaged areas have on average lower life expectancy than those in more advantaged areas. A key driver of these inequalities are the Wider Determinants of Health. These are the areas of our lives which are not specifically health or care service-related, but which drive much of the health risks and outcomes at both individual and population level. The diagram below details the complex, multi-layered aspects that make up these wider determinants:



Source: Dahlgren and Whitehead, 1991

1. Introduction (continued)

Tackling these inequalities and wider determinants is central to our approach and will form the basis of the work undertaken by the Life Course Boards over the coming 3 years.

The “life course” approach of our previous strategy enabled the Health & Wellbeing Board and partners to truly consider the differing health needs that people experience at different points in their lives. Throughout the period of the last strategy, we have fully embedded this evidence-based model into all elements of our work. The life course model now forms the bedrock of the Blackburn with Darwen Health & Wellbeing Board’s activities.

The life course model consists of three main life phases:

- » Start Well: Making sure children and young people get the best start in life
- » Live Well: Healthy & prosperous people, places and communities
- » Age Well: Ensure older people are supported to remain independent and socially included

Each of these has a governance board to set the strategic direction of work and to oversee implementation of actions.

While some of our strategies align to specific phases only, the life course model is supported by cross-cutting work, such as our ‘**Eat Well, Move More, Shape Up**’ strategy, which aims to promote and support certain aspects of people’s health throughout their lives and at all ages.

Our challenge now is to do more of what has been shown to work from the previous strategy but develop this further within the context of changing service delivery models and increased service demands.

Continuing our previous strategy, this strategy seeks to:

- » Increase life expectancy year on year for both males and females, and narrow the gap with the rest of England
- » Narrow the inequalities in life expectancy within Blackburn with Darwen
- » Pursue policies that will maximise the number of years spent in good health
- » Improve people’s emotional health and wellbeing
- » Manage demand and improve outcomes by shifting resources and investments from treatment and care into prevention
- » Ensure that Blackburn with Darwen is a healthy place to live work and play.

2. Local Context

A lot has changed since the launch of our 2015-18 strategy – both locally and nationally. The national move to Integrated Care Partnerships (ICPs) has changed the way we work.

In 2016, the health and care organisations in Pennine Lancashire agreed to work together to address the issues of greatest challenge in relation to health, care and wellbeing, and to work together as a single public sector economy for Pennine Lancashire.

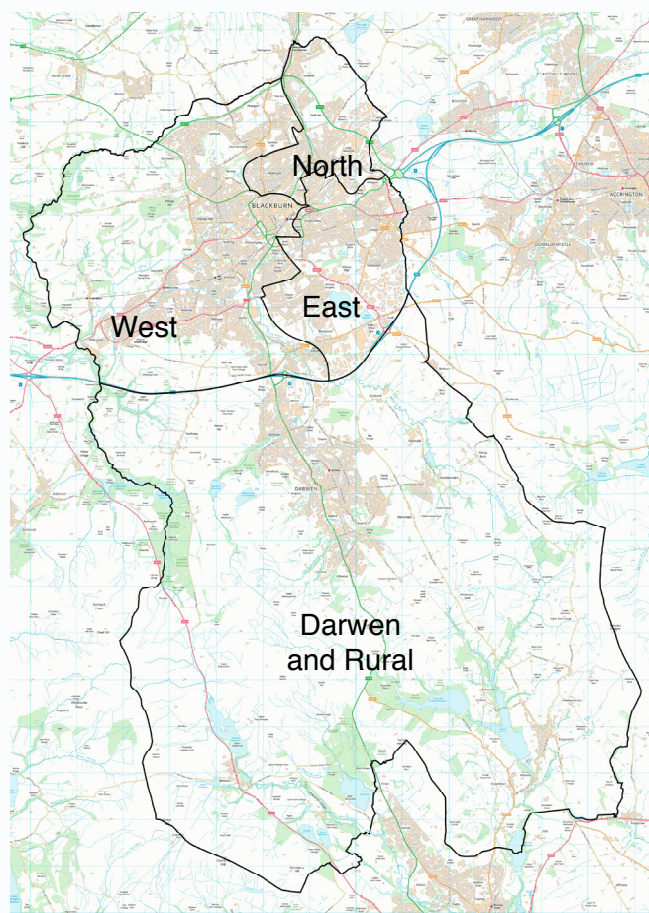
A new Model of Care has been developed through a solution design process involving widespread public and professional engagement which will be central to the way in which services and workforce develop in future. The New Model of Care puts people, their families and communities at the heart of everything, aiming to put them in control of their own health and wellbeing, so they can remain as healthy as possible for as long as possible. If people do become ill, the New Model of Care aims to ensure they receive the right level of support within their home or local area. When specialist or enhanced support is needed (for example in hospital), people will receive care that is safe, effective and shaped around their individual needs.

The Blackburn with Darwen Local Integrated Care Partnership (LICP) will drive delivery at Neighbourhood level, building on the long-term relationships between health, social care and other partners locally.

2. Local Context (continued)

The neighbourhood model is the next step in the locality working model set out in our 2015 Health & Wellbeing Strategy and embeds the previous strategy's principles of :

1. Everyone can contribute something – to their own health, care or support to others
2. Shared decision making – people should be given the opportunity to shape their care and support and work towards the outcomes that they want to achieve
3. Support at home first – (where appropriate) people should receive support within their own home, either self-care, community-based care, or engagement with voluntary and community groups
4. Work early – identify early opportunities to engage with vulnerable people
5. Technology-enabled care and support [digital health] – to give people greater control over their health and care



The Blackburn with Darwen Neighbourhoods

To support such a fundamental shift, it is key that all partners, including residents and communities themselves, are working to the same goals, and plans are aligned to this vision. The Health & Wellbeing Board will continue to play an essential role in facilitating and developing this transformation.

Austerity, together with an increasing demand for our health and care services, has challenged us locally. The Health & Wellbeing Board welcomes the recent announcement of increased funding into the NHS and will continue to oversee the best use of joint resources through the Better Care Fund, to improve outcomes for local residents.

3. Our approach to the strategy

Place Based Prevention



Health in All Policies (HiAP)

HiAP is a concept embedded in most public sector organisations which requires that the impact of any new policy on health must be considered – be it employees or local residents, physical or mental health. It is incumbent on Health & Wellbeing Board members to champion HiAP in their local organisations, and to ensure that HiAP is implemented and monitored.

Healthy Settings

We want all places in our communities to be places that promote good health and do not cause detriment to the health of residents. This includes businesses, homes, and public buildings/areas. We are, and will continue to, work closely with a wide range of partners to embed this across the borough.

3. Our approach to the strategy (continued)

Health-Promoting Health & Care Systems

We want to ensure that residents of Blackburn with Darwen live healthy lives, for as long as possible. This means focusing on primary prevention and early intervention as a core principle of health and care delivery. There is a wealth of evidence demonstrating that early intervention delivers improved health outcomes but to achieve these, the whole local health and care system needs to be geared up to an “upstream” approach.

Healthy People

We believe that everyone can contribute something to their own health and/or to the health of others. Supporting individuals to become healthy people is central to our approach, and that of the Life Course Boards. We also have extensive work on-going to promote health across the life course through the borough’s Eat Well, More More, Shape Up strategy.

Volunteering & Community Capacity

Building volunteering and community capacity has benefits for individuals, communities, and organisations. At the individual level, it provides positive experiences, a sense of self-worth, reduces social isolation, and develops skills. For communities and organisations, volunteers and community capacity help address resource challenges and enable a wider range of services to be delivered. Recognising and supporting volunteers should be a key principles for all Health & Wellbeing Board partners.

Governance

The development of a neighbourhood approach and place-based prevention requires neighbourhood level accountability for service delivery and knowledge of the issues that affect the health of residents in an area. We believe that the communities themselves are best placed to provide this and will seek to develop mechanisms by which this can be embedded into our neighbourhood model over the lifespan of this strategy.

Digital Health

How we interact and engage with other people and service provision is ever-changing in our digital society. However, access to newer technologies is not universal and many local residents do not have internet access, do not know how to use the internet, or both. Similarly, digital access requires certain levels of literacy and language skills, disadvantaging some sections of the population likely to have higher health needs.

As services increasingly move to a “digital first” model with the default for information and access being online only, it is crucial that Health & Wellbeing Board members (and all partners), consider means by which they can not only increase digital access locally, but also ensure equal access to services for those who struggle to access online services.

3. Our approach to the strategy (continued)

Social Movement for Health

Social movements involve collective action by individuals who voluntarily come together around a common cause. They put pressure on society to change, respond directly to the needs of people and communities and have the potential to spread widely across populations. Social movements can have tremendous power, and have led to transformational changes in both practice and culture (for example, the civil rights movement).

Social movements have often come into conflict with institutions and traditional power structures. Yet, there is huge potential to improve health and wellbeing by encouraging and harnessing the energy of social movements, rather than resisting them. Improving the health of the population is something that should be done with and for our residents, not to them. Providing communities with the opportunity and freedom to act for themselves, to take ownership of movements from the very beginning but with the active support of responsive public organisations, can drive the changes that our communities themselves really want.

Blackburn with Darwen Health & Wellbeing Board is committed to promoting and supporting social movements for health within the borough.

Health Promoting Workforce

Staff in the public sector, including health and social care staff, need support to develop new skills in prevention, early intervention and supporting the public in self-care and disease management. The workforce itself needs access to good health promotion in their own workplace setting.

Healthy Neighbourhoods and Localities

It is important to re-focus existing health and social care services towards prevention and integrate them further with wider local authority departments and voluntary, community and faith services within local communities to provide out of hospital prevention and care services. This approach will support the building of wider community capacity for prevention, self-help and social support at locality, neighbourhood and community levels and enable earlier intervention and detection of disease and illness. For example :

- » Re-design and integrate existing out of hospital services to create a system capable of earlier intervention and prevention and greater provision of care and support in communities.
- » Support communities to take action on local healthy environments such as access to local greenspace, allotments and active travel (cycling and walking)
- » Establish and support local support groups that help those with established long term conditions to live independently in their own homes and neighbourhoods – especially local support groups that seek to end loneliness and social isolation
- » Provide access to information on support available within local communities that help citizens lead active fulfilled healthy lives e.g. through sport, volunteering etc

4. Case Studies

Health Promoting Workforce

Making Every Contact Count for Healthy Hearts

The Pennine Lancashire Integrated Care Partnership was chosen by the Local Government Association to pilot 'Prevention at Scale', starting in Blackburn with Darwen from April 2018.

Prevention at Scale aims to improve peoples health outcomes and reduce demand on clinical services by mobilising front-line staff to increase social-prescribing and other non-clinical interventions.

The focus of the pilot is 'Making Every Contact Count for Healthy Hearts'. Making Every Contact Count or 'MECC' is an approach to behaviour change which uses the thousands of daily interactions to support people in making positive changes to improve their physical, mental or social wellbeing. It supports opportunistic delivery of concise and consistent healthy lifestyle information 'at scale' and enables individuals to engage in conversations about their health. MECC also maximises opportunities within routine health and care interactions for a brief discussion / sign-posting / referral to non-clinical health & wellbeing services. It is not intended to add to busy workloads, but is structured to fit into and complement existing professional care and social engagement approaches.

The pilot programme has been rolled out by neighbourhood, starting in the North.

The intervention has two phases:-

Phase 1 - Adding value to NHS Health Checks and making every conversation count

- » increasing the number of people attending for a Health Check who are then referred to the Blackburn with Darwen Wellbeing Service for a lifestyle intervention
- » encouraging staff to have opportunistic conversations with patients to identify those who are physically inactive and referring them on to the Wellbeing Service if appropriate.

After providing MECC training to GP practice staff who deliver NHS Health Checks, the number of patients who are being referred to the Wellbeing Service following a Health Check, and more generally, has increased significantly.

4. Case Studies (continued)

Phase 2 - Valuing everyday practice

We know that staff who are themselves physically active or who appreciate the benefits of physical activity, are more likely to promote physical activity to their patients.

To support a wider culture change, we want to help GP practice staff to be more engaged with physical activity. This will therefore improve the health and wellbeing of GP practice staff.

Partnership working in action

Already, the pilot is demonstrating true partnership working : -

- » The approach is being delivered within existing resources
- » Blackburn with Darwen Council Wellbeing Service – Project delivery : support Practice staff in Phases 1 & 2 including face-to-face in MECC and other behaviour change approaches
- » Blackburn with Darwen Council Public Health – Overall leadership and changes to NHS Health Check service specification
- » Blackburn with Darwen CCG – liaison with Neighbourhood groups and GP practices
- » East Lancashire Hospitals NHS Trust – provision of online MECC training module
- » GP's and Practice staff – commitment of time for training
- » Local Government Association – national networking and good practice sharing, joint development of approaches with other areas, expertise and support in concept development

4. Case Studies (continued)

Digital Health

Connected Healthy Communities

Over the last five years the impetus to improve health and wellbeing through digital developments and innovation has grown significantly. The NHS Five Year Forward View identified the use of technology to improve patient experience and access as one of its top three priorities. Guidance from Government gave a spur for Lancashire and South Cumbria to develop its first Digital Road Map, which amongst its key ambitions, aims to enable citizens to harness the power of assistive technology to live more independent, healthy lives. Our ambition aligns strongly with the themes of Health and Wealth embodied in the Industrial Strategy and Digital Economy Strategy which aim to: Encourage Digital Innovators; Focus on the user; Equip the Digital Innovator; Grow infrastructure, platforms and ecosystems; Ensure sustainability.

We are working to encourage and promote digital innovation in delivery of Population Health and Place Based Prevention, and working with partners to develop an ecosystem which both activates Citizens and encourages a predict and prevent approach.

We are supporting digital transformation in primary care through supporting practices to use digital engagement tools as part of a drive to increase the number of patients using the NHS's online access system, improve communications with patients and support the promotion of self-care messages.

Our **Making Sense 'Passive Sensors project'** is a partnership between Blackburn with Darwen Council, Lancaster University, the Voluntary and Community Sector and business to implement low cost passive sensors for vulnerable older adults and develop 'decision dashboards' to inform relatives/carers and clinicians in the Integrated Neighbourhood Teams. Sensors are being installed in 100 homes, with a strong emphasis on co-design with residents, Integrated Neighbourhood Teams, GPs and Secondary Care Clinicians. The sensors are installed in the bedroom and living room to measure temperature, humidity and movement into and out of each room. The project is aimed at citizens aged 50+ who live alone, to test out how we can use data from people's homes to help our local health and care organisations keep residents comfortable, safe, well and independent in their own homes. We are working with clinicians and practitioners and with Lancaster University Data Science Institute to co-design ways in which the data can be used to predict the need for key interventions.

Promoting Active Primary pupils is a partnership with Garmin, primary schools, Public Health, Blackburn Rovers Community Trust, Lancaster University and local businesses. We are working to promote physical activity in primary school pupils in eight local schools and develop metric prototyping. The project provides simple Garmin activity trackers for a class of 30 children in a school with a digital hub to gather data on steps and distance. Incentives are provided to increase physical activity for individuals and collectively for each class. There have been positive results from early pilots.

We are working to provide innovative ways to support Young People's Mental Health and Wellbeing through **Bee Yourself**. This co-produced website and app for young people has been developed to support and improve poor mental well-being and signpost to relevant support.

4. Case Studies (continued)

Healthy People

Pennine Lancashire Sport England Place Pilot

Physical inactivity is a growing problem and is a key driver for non-communicable diseases including heart disease, diabetes and cancer, and for other health risk factors including increased blood pressure and blood sugar, obesity and poor mental wellbeing.

We recognise these trends across Pennine Lancashire, and in December 2017 following a rigorous selection process our partnership was selected as a Sport England Local Delivery Pilot. We will use innovative approaches to work with a range of key stakeholders, including local authorities, leisure trusts and VCFS organisations on a multi-agency and partnership basis in order to drive whole system change in what we have titled 'Together an Active Future'.

Together an Active Future aims to tackle physical inactivity and poor mental wellbeing across the 13 neighbourhoods which make up Pennine Lancashire. We have developed a Life-course Transition Model which recognises that key life events including educational transitions, adverse childhood experiences, bereavement and loss, relationships changes, ill-health, employment change and retirement, can all impact on individuals' capacity to be physically active and on mental wellbeing.

Our approach will focus on those people who currently do little or no physical activity and have poor mental wellbeing to try to understand the barriers and motivations which drive their current ways of being.

We aim to:

- » increase awareness of the benefits of physical activity, normalise an active lifestyle
- » understand and reflect on how life events impact on mental wellbeing and physical activity
- » change how partners work together in sharing ideas and resources
- » ensure the public have a greater voice with regards to what they need from the public sector and wider partners
- » create a 'Pennine Movement' for more physical activity in more places
- » improve workforce wellbeing
- » reduce the volume of prescribed drugs and Employment Support Allowance claims for reasons of poor mental wellbeing
- » improve educational attainment and employment opportunities
- » develop a system that is willing to adapt working practices to remove barriers
- » learn from engagement and create blueprints for future developments
- » build in sustainable innovation
- » make sure that citizens have fun and are happy they were involved.

We will develop practical ways of working in partnership to reduce physical inactivity in vulnerable populations and work with Sport England to develop consistent effective and scalable approaches to creative engagement to drive system change, supported by innovative data analytics.

4. Case Studies (continued)

Healthy Settings

East Lancashire Hospitals NHS Trust - Making Healthier Choices Easier

In recent years the East Lancashire Hospitals NHS Trust has recognised the need to take action to help address rising levels of obesity. To make healthy food choices easier, the Trust and its partners have pursued a variety of actions including satisfying NHS England's CQUIN indicator Healthy food for NHS staff, visitors and patients, achievement of the Soil Association's Food for Life Served Here Bronze award at Royal Blackburn Teaching Hospital and the formalisation of its own Declaration on Healthy Weight.

The Declaration, an adaptation of Food Active's Local Authority Declaration on Healthy Weight establishes a multi-level approach to prevention and supports actions such as banning the marketing and advertising of sugary drinks and foods high in fat, sugar and salt and removing their availability from checkouts.

The Trust has also supported Blackburn with Darwen Borough Council's Eat Well actions playing an integral role towards becoming a breastfeeding friendly borough, driving actions relevant to '**sugar smart town**' status and has been heavily involved in the development of the borough's Primary School Food Policy and Early Years Food and Physical Activity guidance for service providers.

4. Case Studies (continued)

Volunteering and Community Capacity Building Recovery from Substance Misuse

There is strong evidence that recovery from drugs and substance misuse is best supported by peers, allies and community action and in Blackburn with Darwen we have actively encouraged this approach in relation to substance misuse services. Known as a Recovery Orientated Integrated System (ROIS) model, those with lived experience are involved in raising awareness, reducing stigma and promoting prevention. Key to this is coproduction and the development of community-based assets, including: working collaboratively with local people and wider stakeholders to ensure that services truly meet the needs of people and their families; building on individual strengths; assisting people to achieve their life goals; and promoting overall improved wellbeing for all.

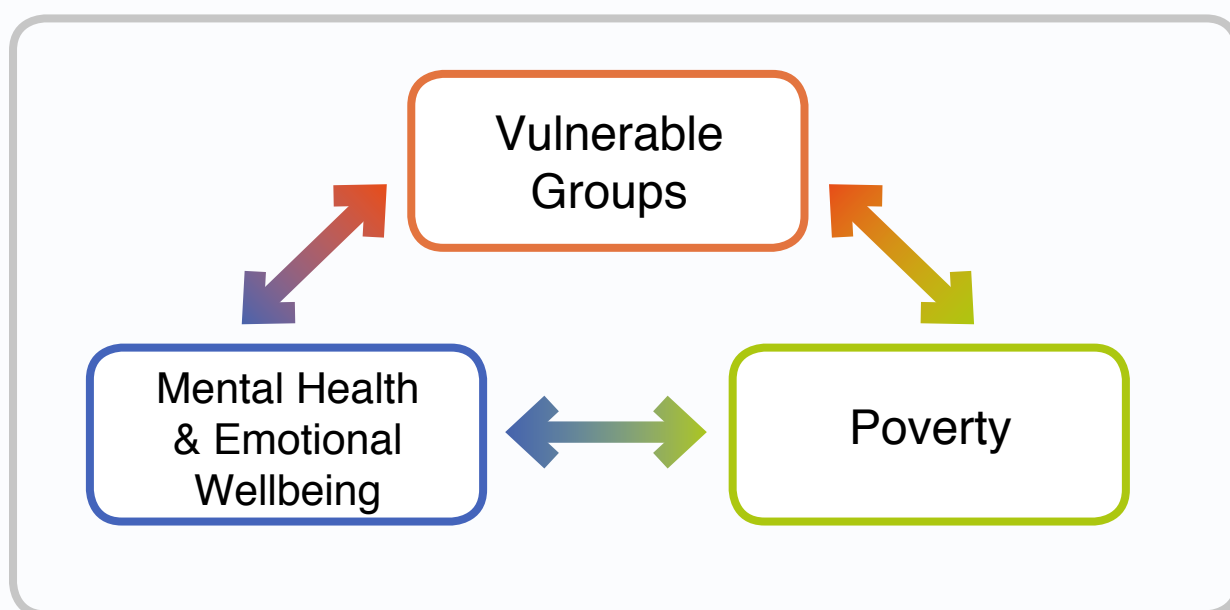
A voluntary sector organisation has provided substance misuse services in the Borough since 2015, including education and prevention, training, treatment and recovery support through easy access support to both young people and adults. The effectiveness of the system has been enhanced by new and improved relationships between professionals, citizens and volunteers with each other and with schools and colleges, local businesses and employers, and other voluntary, community and faith sector organisations.

There have been numerous positives from using this model. Many service users are engaged and connected through regular sports and social activities including football, boxing, fishing, walking, choirs and family craft sessions. There is now a regular community sports day, participation in the nationwide 'Recovery Walk' and health and nutrition classes that provide cooking and lifestyle skills. In addition, residents are given the opportunity to learn a skill or gain further qualifications and help is provided to get users into apprenticeships and employment. All of these activities help those affected by substance misuse be more confident and sociable, stay connected and understand that they are not alone with their situation.

A key part of the model's success has been enabling and empowering residents to take action for themselves, with many now regularly leading projects or getting involved in mentoring others. The Step Up buddy system utilises peer mentors to ensure a wealth of experience and support for those leaving treatment.

5. Cross-cutting Themes

Considering the priorities set by the Life Course Boards collectively, the Health & Wellbeing Board has identified 3 main cross-cutting themes:



The Health & Wellbeing Board will focus on these cross-cutting themes to improve the physical and mental health and wellbeing of Blackburn with Darwen's residents, using the approach and principles described earlier in this strategy.

6. Life Course Boards

Extensive work with Health & Wellbeing Board members, local communities, and the Life Course Boards has led to the development of key evidence-based priority areas for the duration of this strategy, appropriate to different life stages.

	Poverty	Mental Health & Emotional Wellbeing	Vulnerable Groups
Start Well	It is well documented that experiencing child poverty has a lasting impact on both physical and mental health. Additionally, people who experience poverty as children are more likely to experience poverty as adults. Work on this theme will seek to address the causes of poverty to break the inter-generational cycle, as well as ameliorate its effects.	There are rising levels of poor mental health and wellbeing in children and young people. Employing an “upstream” approach, the Start Well board will look at measures to improve emotional health and wellbeing for all children and young people.	Adverse Childhood Experiences (ACEs) such as domestic violence and abuse, have long-term effects on the physical and mental health of individuals. Blackburn with Darwen has been instrumental in developing national understanding of these interactions and getting ACEs into the public arena. This theme will continue this work and look at local interventions to both reduce ACEs and support those who have already experienced them.
Live Well	As a wider determinant, poverty is intrinsically linked to poorer health and health outcomes. The Live Well board will seek to identify factors affecting local poverty and develop action plans to reduce these.	As many as 43% of adults believe that they have experienced a mental health issue of some kind. Good mental health is as essential as physical health in terms of long term health outcomes. Reduction of factors that lead to poor mental health, as well as services to support people experiencing poor mental health, form the basis of this priority.	Vulnerable groups refers to any adult who has a situation that may require some additional support above and beyond the “standard” offer, to help them have the best possible health. This includes (but is not limited to) carers, drug and alcohol users, asylum seekers and refugees, and those experiencing abuse.
Age Well Underpinning the Age Well priorities is a commitment to active aging – encouraging local residents to remain active throughout the life course	Tackling the wider determinants of health is key to addressing inequalities, reducing poverty, and improving health in older people. Using a place-based approach, the Age Well Board will develop workstreams to reduce inequalities across the borough for our older residents.	Dementia encompasses a range of clinical conditions which can have significant detriment on an individual’s cognitive function and also on their physical health. People suffering with dementia often have complex and challenging needs. The Age Well Board will continue working with national partners to identify the causes of dementia to try to prevent the onset of these diseases, as well as ensuring that those in the borough who are already experiencing dementia receive the appropriate support.	Social isolation is a real problem for older people in the borough (and nationally) and leads to poor health outcomes – especially related to mental health & wellbeing. Looking at mechanisms by which social isolation can be reduced will ensure older adults live healthier, happier lives.

7. Delivering the Health & Wellbeing Strategy

Delivering this Health & Wellbeing strategy will form a core part of the business of the Health & Wellbeing Board. But the Board is not working alone. This section describes the different agencies and structures involved in delivery of this strategy as well as arrangements to ensure accountability and transparency.

Leadership & Governance

Blackburn with Darwen Health and Wellbeing Board

The Health & Wellbeing Board is ultimately responsible for delivery of the Health & Wellbeing strategy. This is a multi-agency board with representation from all key local statutory health and care providers – public health, social care, acute, community, primary care and mental health providers and commissioners, and NHS England. There are also representatives from the voluntary sector and elected members. Healthwatch hold a seat on the Board to add to public accountability of delivery of health locally.

The Health & Wellbeing Board meets regularly and meetings are open to the public. Residents are able to ask questions directly of the Board via submission of questions in advance.

Partnership working allows for a full range of local priorities to be considered, helps ensure that the views of local people are reflected in decision making and enhances the Board's accountability for delivery of this strategy.

Life Course Boards:

The Life Course Boards (Start Well, Live Well, Age Well) are responsible for coordinating delivery of the priorities outlined above. Membership of each Board includes a range of relevant stakeholders and organisations and each has a named Chair who is also a member of the Health and Wellbeing Board. Other Health & Wellbeing Board members participate directly in the Life Course Boards as appropriate.

Each Life Course Board will develop and implement an annual action plan that reflects the priorities in a way that is responsive to the changing local and national landscape and ensures the best possible health outcomes for residents. The action plans will have specific, measurable milestones that the boards wish to achieve alongside the medium to longer term indicators of progress outlined in national outcomes frameworks.

7. Delivering the Health & Wellbeing Strategy (continued)

Next Steps

The annual action plans are shared with the Health & Wellbeing Board and the respective Life Course Chairs will provide an annual update to the Board outlining progress, challenges and plans for the coming year.

