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| <b>Report title:</b> Joint Health and Wellbeing Strategy – Approval of Strategy and Discussion of Approach to Implementation and Monitoring |                       |
| <b>Report to:</b> Health and Wellbeing Board  |                       |
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| <b>Date:</b> 18 <sup>th</sup> May 2022  | <b>For:</b> Agreement |
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| <b>County Divisions affected:</b> All Essex   |                       |

## **1 Purpose of Report**

- 1.1.1 To approve the Joint Health and Wellbeing Strategy (JHWS), subject to 1.2.
- 1.1.2 To set out proposals for implementing and measuring progress against the 5 priority areas of the new Joint Health and Wellbeing Strategy.

## **2 Recommendations**

- 2.1 To agree the Joint Health and Wellbeing Strategy as set on in appendix 2,
- 2.2 To agree the approach to implementation and monitoring delivery and performance against the strategic priorities, underpinned by regular thematic deep dives which offer reassurance to the HWB of progress in each priority area which will form part of the Board’s forward plan of activities each year.

## **3 Background**

- 3.1 Local authorities and clinical commissioning groups (CCGs) have equal and joint duties to prepare Joint Health and Wellbeing Strategy (JHWS), setting out the priorities that local government, the NHS and other partners will deliver together through the Health and Wellbeing Board. The JHWS is intended to set a small number of key strategic priorities for action, where there is an opportunity for partners working through the Health and Wellbeing Board to ‘have a real impact’ through local initiatives and action and leading to an improvement in health and wellbeing outcomes and a reduction in health inequalities.
- 3.2 Over the last few months, the Public Health Team has working with stakeholders from across the Health and Wellbeing Board and wider Essex Partnership to identify the key priorities for the new JHWS. The draft JHWS was presented to the Health and Wellbeing Board on the 16<sup>th</sup> of March.
- 3.3 The JHWS sets out how we want to work collectively as a partnership to deliver against these priorities, the importance of working with our

communities, and how the JHWS links with other strategies and policies locally which are 'owned' by other partnerships. It sets out our key countywide strategic priorities, which address five areas of focus:

- Improving mental health and wellbeing
- Physical activity and healthy weight
- Supporting long term independence
- Alcohol and substance misuse
- Health inequalities & the wider determinants of Health

3.4 On the 17th of February a 5-week consultation was undertaken for the public and stakeholders to comment on the draft priorities and approach. This consultation concluded on the 25th of March. 64 (53 individuals and 11 organisations) responses were received. These responses are set out in detail in appendix 1 to this report. Overall, there was general agreement with the proposed priority areas and high-level outcomes. Other feedback was either more operational than appropriate for a strategy, or a matter of greater emphasis on aspects of the policy such as 'all age approach', climate change agenda or inclusivity. Based on the responses, revisions were made to the draft JHWS to address the comments raised. The final JHWS is presented in appendix 2 to this report.

3.5 The next step in the process will be to finalise the approach to implementation and monitoring delivery and impact of the JHWS. At the March HWB, the Essex Strategic Coordinating Group were tasked to review and make recommendations as to the approach to monitoring the JHWS.

#### **4 Issues for consideration: developing the approach to implementation and monitoring**

4.1 In developing our approach to how we implement the strategy, we need to consider:

4.1.1 The multi-factorial root causes and intersectionality of the wider determinants of health. This means that there will be crossover and overlap of some implementation between the different priorities within the JHWS.

4.1.2 That the JHWS reflects a range of other targeted and thematic strategies which will have their own governance arrangements, strategies and agreed implementation plans.

4.1.3 It is not the intention of the EHWPB to duplicate or overlap existing governance.

4.2 In developing our approach to how we monitor the impact of the strategy, we need to consider:

- 4.2.1 The multi-factorial root causes and intersectionality of the wider determinants of health. This means that there will be crossover and overlap of some measures between the different priorities within the JHWS.
- 4.2.2 The need to capture data at a range of geographic levels to help identify variation within and across Essex, not just countywide data.
- 4.2.3 Using measures that reflect the long-term nature of the outcomes we are trying to change. This could sit alongside short and medium term project based milestones and service demand data.
- 4.2.4 Bringing in qualitative insights alongside quantitative data to provide additional depth to our understanding of key issues.
- 4.2.5 Making our approach is flexible enough to allow the board to respond to new and emerging issues that might arise during the lifetime of the strategy.
- 4.2.6 That the JHWS reflects a range of other targeted and thematic strategies which will have their own agreed measures and targets agreed and being monitored.
- 4.3 Based on the above, it is proposed that its is the Board's role is to seek assurance, and to bring together a pan Essex focus on the strategic priorities. The table in Appendix 3 sets out what is currently known about governance and strategy for each priority and high-level outcome.
- 4.4 Where there is no current governance, strategy or plan in place for a specific priority or outcome, the Board will sponsor the mobilisation of a new group that could embrace that function.
- 4.5 Assurance of implementation and performance will be underpinned by regular thematic deep dives which offer reassurance to the HWB of progress in each priority area which will form part of the boards forward plan of activities each year.
- 4.6 Alongside these underpinning strategies with their individual long-term outcome measures, the Board will consider measures of partnership effectiveness with a focus on the way we work not just what we work on.

## **5 Issues for consideration**

### **5.1 Financial implications**

- 5.1.1 Financial implications of individual plans will be the responsibility of the listed organisation and governance arrangements for each priority and outcome as per Appendix 3.

### **5.2 Legal implications**

- 5.2.1 There is a statutory duty under the Health Act 2007 for the Health and Wellbeing Board to prepare and agree a JHWS
- 5.2.2 A consultation exercise was carried out on the JHWS and amendments made following the consultation to reflect responses.

## **6 Equality and Diversity implications**

6.1 The Public Sector Equality Duty applies to the Council when it makes decisions. The duty requires us to have regard to the need to:

- (a) Eliminate unlawful discrimination, harassment and victimisation and other behaviour prohibited by the Act. In summary, the Act makes discrimination etc. on the grounds of a protected characteristic unlawful
- (b) Advance equality of opportunity between people who share a protected characteristic and those who do not.
- (c) Foster good relations between people who share a protected characteristic and those who do not including tackling prejudice and promoting understanding.

6.2 The protected characteristics are age, disability, gender reassignment, pregnancy and maternity, marriage and civil partnership, race, religion or belief, gender, and sexual orientation. The Act states that 'marriage and civil partnership' is not a relevant protected characteristic for (b) or (c) although it is relevant for (a).

6.3 The Equality Comprehensive Impact Assessment indicates that the proposals in this report will not have a disproportionately adverse impact on any people with a particular characteristic.

6.3.1 Tackling inequalities is a core principle of the JHWS.

6.3.2 Equality impact assessments will be undertaken – as needed – within the governance arrangements for each forum and action plan for the noted priority areas and outcomes.

## **7 List of appendices**

1. Joint Health and Wellbeing Consultation Report
2. Joint Health and Wellbeing Strategy
3. Proposed Governance for Implementation and Measures

## Appendix 1: Joint Health and Wellbeing Strategy Consultation Report

## Appendix 2: Joint Health and Wellbeing Strategy

## Appendix 3: Proposed Governance for Implementation and Measures

| Priority                            | Outcome   | Forum  | Strategy   |
|-------------------------------------|---|--|--|
| Improving Mental Health & Wellbeing | Supported the mental health and emotional wellbeing of children and families with a focus on vulnerable groups who have been hit the hardest by the pandemic as evidence on this emerges. | Children's Commissioning Collaborative<br>Childrens emotional wellbeing board,<br>(subgroup of Essex Childrens Partnership Board |  |
|                                     | Improved outcomes across multiple dimensions of life for adults with long term mental health conditions.  | Mental Health Transformation Board   | Append strategy and plan   |
|                                     | Reduced loneliness and social isolation.  | Strengthening Communities work<br><br>Carer's strategy   |  |
|                                     | Reduced suicide through a focus on system support of suicide prevention and having addressed the 7 national priorities.   | Southend, Essex and Thurrock Suicide Prevention Steering Board   | Insert completion date and append strategy & plan once completed |
|                                     | Developed collective actions to tackle health inequalities arising from the wider determinants of health that adversely interact with poor mental health including employment,            | Inequalities working groups eg ICS footprints  |  |

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|                                      | loneliness, social isolation, debt and housing.  |  |  |
| Physical Activity and Healthy Weight | Enabled children, young people and their families to be more physically active and that they understand the importance of an active lifestyle, healthier diets and healthy weight.           | Active Essex   |  |
|                                      | Improved levels of physical activity amongst adults by helping them find ways to integrate physical activity into their daily lives.   | Active Essex   |  |
|                                      | Improved nutritional awareness, healthy eating, and helped low-income households to access affordable healthy food options   | HWB to sponsor a new healthy weight implementation subgroup                            |  |
|                                      | Support weight loss in communities through the development of healthier designed places by addressing obesogenic environments  | HWB to sponsor a new healthy weight implementation subgroup<br><br>Anchors programme?  |  |
|                                      | Helped residents with long term conditions and disabilities get the same access to physical activity as other residents.   | Active Essex   |  |
| Supporting Long Term independence    | Improved access to advice and guidance including financial support advice across the system so that residents with long-term conditions and their carers can better manage their conditions. | ICS including neighbourhood teams<br>ECC<br><br>For Carers – Essex Carer’s Partnership | ICS plans<br>Corporate work on IAG<br><br>Commitments published in |

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|                              |   |   | February; new carers strategy being finalised  |
|                              | Reduced digital exclusion to improve access to advice and support online, and connect with their friends, family, and communities in the digital space.   | Various digital working groups eg ICS, ECC digital inclusion working group, Essex Countywide Care Technology Service  | ICS digital plans  |
|                              | Helped all residents to have better access to opportunities in education, work, skills, housing, and their social lives.  | ECC<br>Success Essex Board – employment and business<br>Essex Housing tbc (Gwyn Owen)<br>Garden Communities work programme  | Essex Levelling up White Paper   |
|                              | Ensured that our advice and guidance we provide to residents is up-to date, is accessible and provided in a uniform way across our partners so that people can more easily navigate the information, advice, and guidance we provide. | Various digital working groups eg ICS, ECC digital inclusion working group,<br><br>Shared Care Record – NHS and LA  | ICS digital plans  |
| Alcohol and Substance Misuse | Improved access to advice, support and treatment for residents experiencing alcohol or substance use issues and co-existing conditions within the community.  | Substance Misuse Joint Commissioning Group which is currently chaired by ECC Public Health and The Essex Recovery Foundation (ERF). Membership includes: ECC PH Leads, ERF CEO, ECC Adult Services Commissioners and Children and YP Leads, CCGs, OPFCC, Police, Probation, ECC Housing Growth Lead and Community Safety/DC/BC/CC Representation. | They are currently reviewing the Essex Drug and Alcohol Strategy in light of the newly published national 10 year strategy, From Harm to Hope. |
|                              | Worked across the system to help address the challenges of county lines and drugs related criminality and exploitation of vulnerable people.  |   |  |

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|  | Educated children, young people, adults, and families on the risks associated with alcohol and substance misuse.   |   |                                  |
| Health Inequalities and the Wider Determinants of Health | Worked to ensure that all children have access to quality parenting, early years provision and education that provide the foundations for later in life. | Childrens Commissioning Collaboratove<br>Essex Leveling Up<br>ICS Health Inequalities PAn | Children and Young Person's Plan |
|  | Helped to address food poverty and ensure that all children can access healthy food  | HWB to sponsor a new healthy weight implementation subgroup                               |                                  |
|  | Improved access to employment, education and training for adults and young people in our most deprived and disadvantaged communities.                    | Inequalities working groups eg ICS footprints   |                                  |