

ECC Wellbeing and Public Health

Public Health 4 year ambition and approach



Essex County Council

ECC Organisational Strategy

Health Wellbeing and Independence for all ages

- **Public health** – we will strengthen public health and community resilience post the pandemic by encouraging strong vaccine take up across the population, addressing added demands for mental health support, reducing social isolation, and by helping communities to develop initiatives to support each other.
- **Reducing health inequalities** – we will support the drive to level up our communities to improve health outcomes by bringing together partners and communities in our most deprived areas to address the wider drivers of poor health, and promote healthy and active lifestyles.
- **Promoting independence** – we will improve the independence of adults with additional needs and long term conditions by helping them exercise more choice and control over their care, access social and employment opportunities and suitable accommodation that meets their needs and is a place that they can call home.
- **Integrated Care System** – we will support the development of a new Integrated Care System by working with the NHS and other partners to improve system working and collaboration, and make better use of our shared resources to improve health outcomes for our residents.
- **Care Market and Carers** – we will continue to improve and innovate the way we deliver social care by strengthening the stability, resilience and viability of the care market so it is fit for the future, and supporting unpaid carers to maintain their own wellbeing and have access to opportunities in other areas of their lives.

Overarching Principles

- Focus in line with Robert Wood Johnson determinants of health
- Tackling Inequalities
- Place based working
- Delivered in Partnerships to achieve a System Wide Approach
 - DC/BC/CC
 - NHS
 - OPFCC
 - Business – as employers and wealth creators
 - Education – Early Years, Higher Education/Further Education and ACL
 - Voluntary and Community Sector
- Community led approach
- Digital solutions (considering digital inclusion)
- Exploring New Commissioning models
- Proportionate Universalism (resourcing and delivering universal services at a scale proportionate with need)
- Innovation and challenge to the status quo
- Adoption and Adaption ensuring we get the basics right!
- Delivery at scale and longer term outcomes

Why?

- Increasing Health Inequalities
- The need to focus on important wider determinants
 - Economic Growth/Jobs
 - Education/Lifelong Learning/Training
 - Housing/Accommodation
 - Crime and Community Safety
- Increasing obesity
- Poor Mental Health and high rates of suicide
- Deconditioned population due to Covid and resulting high inactivity levels
- High levels of alcohol misuse and increasing prevalence of drug users
- Increases in preventable physical conditions
 - Cardiovascular disease
 - Diabetes
- Smoking prevalence
- Poor sexual health behaviours, teenage pregnancy and abortion rates

Why?

The Determinants of Health



What do we want to achieve – Beyond 4 years

- Increased Healthy Life Expectancy
- Increased Wellbeing
- Reduced Health Inequalities
- Reduced demand on “crisis” provision (Social Care/NHS/Criminal Justice System etc.)
- Protecting the health of the population

How

- CHANGING THE WAY THE PUBLIC SECTOR VIEWS ITS ROLE AND RESPONSIBILITIES
- Very senior/empowered Public Health involvement/influence located across Public Sector (how do we develop the model to achieve this?)
- Supporting communities to take control and Building community resilience
- Building strong relationships and partnerships (strategic and deliver) across public, private and voluntary sector to achieve shared accountability
- Direct commissioning (place shaping, understanding need, meeting need) moving from transactional to transformational/collaborative
- Rebalancing crisis focus to upstream prevention and early intervention
- Evidence – data and intelligence, provision and impact
- Promoting an agreed PH approach (4 step model – Define the problem, determine the cause/risk factors, determine how to prevent/ameliorate, implement effective strategies and evaluate impact)

With who - internal

- Economic Growth and Skills
- Children's services – CSC, Early years etc
- Education – schools (all settings), FE/HE, lifelong learning/training
- Adult services – ASC etc
- Environment and Planning
- Transport and Infrastructure
- Strategy and Policy
- Organisational Development and People

With who – external

- COMMUNITIES – people
- District, Borough and City Councils
- NHS (As a commissioner, Primary, Secondary and Acute) utilising ECC Consultant capacity as per PH mandated requirement
- OPFCC
- Wider Criminal Justice System incl. Probation, Prison, CSPs
- Universities, Schools etc
- CVS/Community Interest
- Business/Private sector
- Other National partners
- Central Government

Priorities

Public Health Lead

- Physical Activity (3)
- Weight Management (3)
- Alcohol (4)
- Loneliness/Isolation (2)

Beyond simply PH but ECC

- Employment
- Economic growth
- Education and school readiness (1)
- Lifelong learning/Training
- Infrastructure

Priorities

Beyond just ECC

- Housing and Planning
- Mental Health – system thread
- Safer Communities
- Vulnerability and Underserved groups
- Access to services
- Community empowerment and involvement
- Digital