

# Health and Wellbeing Strategy

Report by Councillor Peter Martin, Leader and Chairman Essex Shadow Health and Wellbeing Board

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## **Purpose of report**

Cabinet will be considering this matter on Friday, 7 December when it has before it a recommendation to approve the Joint Health and Wellbeing Strategy for adoption by Council.

The Health and Social Care Act requires the establishment of a Health and Wellbeing Board as a committee of the council in April 2013 (proposals concerning this will be submitted to the February 2013 Council). The Act requires each Health and Wellbeing Board to develop a Joint Health and Wellbeing Strategy.

The Essex Shadow Health and Wellbeing Board has developed and approved this strategy for Essex and is now seeking the formal support of partner organisations that are part of the shadow Board.

The outcome of Cabinet's consideration of this matter will be reported in the Report of Cabinet Issues on 7 December 2012 (to follow).

## **Background and proposal**

### **Government Requirements and Guidance**

The changes brought about by the Health and Social Care Act which come into force on 1 April 2013, and which directly affect the Council include:

- the establishment of a new council committee, the Health and Wellbeing Board (HWB); (Secondary legislation is still awaited concerning this and is expected to be laid before Parliament at the start of 2013, the formal decision to establish the Health and Wellbeing Board will follow this.)
- the HWB will produce and implement a Joint Health and Wellbeing Strategy (JHWBS).

Initial guidance from the Department of Health concerning the JHWBS is that it:

- is based on the assessment of need outlined in the Joint Strategic Needs Assessment (JSNA);
- provides an overarching framework within which more detailed and specific commissioning plans for the NHS, social care, public health and other services, are developed;
- is a concise and high level strategy setting out how the HWB will address the health and wellbeing needs of a community rather than a large technical document duplicating other plans;
- has an overall aim to improve the overall health and wellbeing of the community and to reduce the health inequalities within the population.

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### **Development of the Essex JHWBS**

An Essex Shadow Health and Wellbeing Board has been meeting since October 2011 with a remit to prepare for the establishment of the full Board in 2013. Cabinet member representation includes the Leader as Chairman of the Board.

With the support of a Task and Finish Group from the Board, a considerable amount of work has been undertaken by County Council officers and colleagues from partner organisations, in the production of the JHWBS. This has included:

- an update of the JSNA;
- an extensive consultation and engagement programme on priorities;
- consultation on draft versions of the Strategy;
- analysis of all feedback received; and
- production of a revised strategy document.

This work is described in detail in a separate Consultation and Engagement Report which is also publicly available.

### **Outline of the Consultation Activity**

The consultation that took place during the summer of 2012 included:

- Online survey generating over 700 responses from members and the public;
- 22 workshops and 17 additional presentations/discussions;
- 4 events with secondary schools involving over 260 pupils;
- 18 formal written responses to the draft strategy.

This activity yielded feedback from all 5 Clinical Commissioning Groups, district and borough councils and their local partners, the voluntary and community sector and provider organisations.

The Health Overview and Scrutiny Committee opened up its June meeting to all members and hosted a workshop considering the strategy and its priorities.

### **The Essex Joint Health and Wellbeing Strategy**

The Shadow Board approved the JHWBS in September. In summary the vision and priorities are as follows:

#### **Vision**

By 2018 residents and local communities in Essex will have greater choice, control, and responsibility for health and wellbeing services. Life expectancy overall will have increased and the inequalities within and between our communities will have reduced. Every child and adult will be given more opportunities to enjoy better health and wellbeing

#### **Priorities**

1. **Starting and developing well:** ensuring every child in Essex has the best start in life.
2. **Living and working well:** ensuring that residents make better lifestyle choices and have the opportunities needed to enjoy a healthy life.
3. **Ageing well:** ensuring that older people remain as independent for as long as possible.

#### **Cross Cutting Themes**

- a. Tackling health inequalities and the wider determinants of health.
- b. Transforming services: developing the health and social care system.
- c. Empowering local communities and community assets.
- d. Prevention and effective interventions.
- e. Safeguarding.

The full strategy explicitly recognises that improving levels of health and wellbeing has far reaching implications that go beyond a narrow definition of physical and mental health. It is a cross cutting issue that is also affected by and has an impact on economic development, educational attainment, social cohesion, community safety, enhancing the natural environment, equality and diversity considerations.

The proposals in the Health and Wellbeing theme of the Community Budget programme have been worked up in alignment with the strategy and represent the Board's approach to integrated commissioning.

### **Timescales and Next Steps**

The HWB is now embarking on the final stage of development of the strategy which is to produce an outcomes delivery framework by 31 March 2013. This will include:

- SMART targets;
- the identification of key interventions;
- a performance management system that:
  - is successful in helping the HWB to track progress on a "by exception" basis and to maintain its focus on the "whole system";
  - is complimentary to the performance management systems of partner organisations.

This outcomes delivery framework will enable the Council to identify what services and interventions that are already being planned for delivery in 2013/14 can also be recognised as supporting the implementation of the Strategy.

### **Policy Context**

The Strategy is fully aligned with the ECC Corporate Plan 2012/17. Direct parallels can be drawn between the priorities and cross cutting themes of the JHWBS and the priorities and outcomes of the ECC corporate plan.

Specifically, the JHWBS will give direct support to the attainment of two ECC Corporate Plan priorities:

- Improving health and wellbeing;
- Protecting and safeguarding vulnerable people.

The strategy seeks to address the social determinants of health and wellbeing and through this will also indirectly support the achievement of the following Corporate Plan priorities:

- Enabling every individual to achieve their ambitions by supporting a world class education and skills offer in the county;
- Giving people a greater say and a greater role in building safer and stronger communities.

The outcomes within each of these priorities that the strategy will contribute to are listed below:

Improving health and wellbeing	<ul style="list-style-type: none"><li>• Helping Essex residents to live full and independent lives</li><li>• Encouraging healthy and active lifestyles and</li></ul>
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	tackling the wider causes of ill health <ul style="list-style-type: none"> <li>• Protecting and enhancing the environment in Essex</li> </ul>
Protecting and safeguarding vulnerable people	<ul style="list-style-type: none"> <li>• Enabling vulnerable people to enjoy a better quality of life</li> <li>• Protecting Essex residents from harm and injury</li> <li>• Supporting parents, carers and families to create safe and stable homes</li> </ul>
Enabling every individual to achieve their ambitions by supporting a world class education and skills offer in the county	<ul style="list-style-type: none"> <li>• Helping Essex residents to achieve their full potential through learning</li> <li>• Promoting a culture of aspiration for all</li> </ul>
Giving people a greater say and a greater role in building safer and stronger communities	<ul style="list-style-type: none"> <li>• Making Essex a safer county in which to live and work</li> <li>• Encouraging Essex residents to influence decisions and shape their communities</li> <li>• Helping communities play a greater role in shaping, challenging and developing local services</li> </ul>

## Financial Implications

This strategy does not require the allocation of additional resources. The intention of the outcomes delivery framework is to identify all resources that are allocated and that assist in the implementation of the strategy in order to maximise their use.

## Legal Implications

The production of a Joint Health and Wellbeing Strategy will be a statutory requirement from 1 April 2013 and as such, the Council will be expected to endorse and support its delivery.

## Equality and Diversity implications

An EIA Part 1 form has been completed and revealed that there is a need to collect further data and to carry out additional consultation as shown in the tables below for areas where there is a medium/high impact:

<b>Data Plan</b>	
<b>What data do you want?</b>	Analysis of health and wellbeing data to determine correlations with: <ul style="list-style-type: none"> <li>○ lesbian, gay and bisexual people</li> <li>○ BME communities</li> </ul>

	<ul style="list-style-type: none"> <li>○ Marital status</li> <li>○ people undergoing gender reassignment</li> <li>○ Religious belief</li> </ul>
<b>Where are you going to look or who are you going to ask?</b>	ECC and NHS officers responsible for JSNA and community engagement
<b>What will you do with the data/answer?</b>	<ul style="list-style-type: none"> <li>○ Make reports publicly available</li> <li>○ Utilise to support production of strategy delivery plans</li> </ul>
<b>Name of planned source (if known)</b>	JSNA datasets and other resources
<b>Consultation Plan</b>	
<b>What do you want to know?</b>	<p>Consensus from people in the following groups re the health and wellbeing issues that affect their community and the best interventions to address them:</p> <ul style="list-style-type: none"> <li>○ lesbian, gay and bisexual people</li> <li>○ BME communities</li> <li>○ people undergoing gender reassignment</li> <li>○ faith and religious groups and communities</li> </ul>
<b>Who are you going to ask?</b>	Consultation with individuals and organisations representing these groups
<b>What question will you ask?</b>	Given the JHWBS priorities (which aim to reduce the health inequalities faced by these groups), what are the most important aspects of health and wellbeing and which interventions will address the health inequalities that are faced by these groups?
<b>What will you do with the answer?</b>	<ul style="list-style-type: none"> <li>○ Use it to identify the key health and wellbeing issues and the best interventions to address these issues in these communities</li> <li>○ Use it to support the production of strategy delivery plans</li> </ul>
<b>Name of planned source (if known)</b>	<ul style="list-style-type: none"> <li>○ ECC Engagement Team</li> <li>○ HealthWatch</li> </ul>

The strategy also recognises the need for positive action to decrease health inequalities and the exact nature of these interventions will be identified as partners develop their own commissioning plans, which is the focus of the final stage of strategy production.