

Southend Health & Wellbeing Board

Agenda
Item No.

(Joint) Report of

Simon Leftley, Deputy Chief Executive (People),
Southend-on-Sea Borough Council.

Ian Stidston, Interim Accountable Officer, NHS Southend
Clinical Commissioning Group (CCG).

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to

Health & Wellbeing Board

on

21st June 2017

Report prepared by:

Rob Walters, Partnership Advisor Health and Wellbeing

For information only		For discussion	x	Approval required	x
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A greater focus - Refreshing Southend's Health and Wellbeing Strategy

Part 1 (Public Agenda Item)

1. Purpose of Report

- 1.1. To present the proposals for developing the refresh of Southend's Health and Wellbeing Strategy.

2. Recommendations

- 2.1. That, subject to any amendments, the key proposals (shown in 3.7 and 3.10) be supported for development and progress be reviewed at the next Health and Wellbeing Board (HWB) meeting in September 2017.

3. Background & Context

HWB Strategy ambitions and Broad Impact Goals

- 3.1. Southend's first Health and Wellbeing Strategy launched in 2013 and included nine ambitions for the improved wellbeing of Southend's population.
- 3.2. In 2015, it was clear that the original ambitions were broadly being addressed through a range of strategic plans and initiatives across the partnership and the Board wanted a way to add value to the core activity that was already being delivered.
- 3.3. With this in mind, three new cross cutting "Broad Impact Goals" were introduced in 2015's HWB Strategy refresh (see Appendix 1 and 1.1) to support the original

ambitions. These focussed on the prevention of ill health; addressing inequality and developing sustainability through increased personal responsibility and participation.

A range of indicators helped to support the progress of these goals and;

- Raise the profile of strategic HWB priorities and stimulate a more central focus for operational teams
- Increase incentive and accountability for strong performance
- Promote partnership working, providing opportunities to collaborate
- Bring a greater awareness of the diverse operational activity across the partnership
- Provide a baseline for consideration of future priority areas and effective use of resources

3.4 Building the picture

As we look forward to developing a refreshed Health and Wellbeing Strategy, there have been a number of key messages to consider since the inception of the original strategy in 2013 (see below, plus short summary on [Appendix 2](#))

Key messages to consider:

A. Peer challenge recommendations 2014-2015

A “Peer Challenge” review of the HWB was performed in January 2014 by the Local Government Association (LGA), with a subsequent follow up review taking place in July 2015.

Lasting themes within the recommendations were;

A1) Less is more: Reduce the number of issues that the Board is focusing on so that it can attend more proactively to the main issues facing the Borough.
-This is in line with a wider national trend towards concentrating on delivering significant improvements in fewer key areas, vs. lots of activity to produce smaller outcomes.

A2) Address inequality: Develop a common understanding of health inequalities and where health outcomes are poor, agree what needs to be addressed and ensure partners are addressing them collectively.

A3) Strengthen community engagement and resilience

Other important messages to inform our thinking:

B. Public and stakeholder engagement event, May 2015:

120+ service users and stakeholders were asked what matters to them:

B1) Mental health: Holistic view of health as both physical and mental

B2) Healthy food: Importance of good nutrition and accessibility of healthy, affordable food

B3) Importance of social connection to address isolation/loneliness

- B4) Housing: Appropriate, affordable housing
- B5) Value of prevention and early intervention
- B6) Empower people to make positive choices
- B7) Listen to and involve service users in decision making
- B8) Be open and realistic with people about what can be delivered
- B9) Centralise services: Promote easy/comprehensive access to information
- B10) Recognise and support carers

C. Strategy development session May16 (HWB Board & colleagues)

Main points from discussions:

- C1. Outcomes: Focus on outcomes rather than services
- C2. Language and branding: think about our wording and make things more real for people i.e. ‘be more active!’ instead of ‘increased physical activity’
- C3. Data & intelligence: availability and accessibility of quality data across the system and using data intelligently to make a real difference i.e. deep dives/ analyses/ longitudinal studies.
- C4. Be open with people about what is possible
- C5. Consistency of message across the partnership: How does the HWB Strategy and vision influence the visions and plans of system partners?
- C6. Workforce challenges – how do we address ongoing workforce needs?

D. Joint Strategic Needs Assessment (JSNA) headlines (Appendix 3) (Key issues which affect our population’s health and wellbeing)

- Lifestyle related health challenges: excess weight; nutrition; smoking; long term conditions (LTCs)
- Life expectancy related to cancers, circulatory, respiratory and chronic diseases.
- Mental health: anxiety & depression; dementia.
- Deprivation: comparatively higher levels of deprivation and child poverty; levels of employment and skills

3.5 Wider context

Locally, the refresh of the strategy comes at a time of transition and opportunity, with increasing collaborative integration between health and social care, NHS proposals for hospital reconfiguration and a move towards four Integrated Health and Social Care “Localities” across the borough.

The vision for the Locality approach is that a Locality is the central place where integrated health and social care interventions are delivered and co-ordinated. This is represented by a shift away from hospital centric care into community

based delivery through all system partners working in a collaborative and integrated way. Following the showcase of the East Central locality in the Sustainability and Transformation Plan (STP) pre-consultation business case, the natural next step was to pilot Locality working within East Central and develop a multi-disciplinary integrated team approach, which would undergo a period of ‘testing and learning’. This was supported by the STP and East Central has been identified as a pilot area for the programme. Achievements include:

- Moderate needs Multi-Disciplinary Team (MDT) created to identify and work with people who have moderate health and care needs, i.e. those who sit between the ‘adaptive’ and ‘dependant’ elements of the transitional pathway.
- Through the Electronic Frailty Index (EFI) – a risk stratification tool – patients who would benefit from an integrated MDT approach will be identified.

Engaging Primary Care: Locality working is designed to build relationships and trust amongst professionals in order to share both the burden and joy of care and to ensure the best outcomes for the population. The integrated team is planning to provide a variety of support for Primary Care, including GPs.

It is recognised that the Localities approach can play a key part in increasing levels of physical activity, addressing inequality and developing meaningful engagement and community resilience.

Aligned to the development of the Locality approach is the integration of children’s services. This work complements and supports a ‘family’ approach to integration. The integration of children’s service journey has begun with Success for All consulting and agreeing an integration strategy for children’s services. The challenge is to now develop a mobilisation plan for the strategy and align the governance structures to ensure integration opportunities are identified and realised.

3.6 The high cost of physical inactivity

“The potential benefits of physical activity to health are huge. If a medication existed which had a similar effect, it would be regarded as a ‘wonder drug’ or ‘miracle cure’.” – Sir Liam Donaldson

The case for the health and wellbeing benefits of physical activity is compelling, not only for long term improvements to physical health but also for a person’s improved mental health and wellbeing (see [Appendix 7](#) “23½ Hours” video clip: <http://bit.ly/1fSDL5E>)

Cost to Health Economy:

The estimated impact of physical inactivity to Southend’s health economy is £21,472,753 per 100,000 population per year. (Reference; UK Active, Turning the Tide of Physical Inactivity)

Human Cost:

Modelling suggests that if 75% of the Southend adult population met the Chief Medical Officer's physical activity guidelines, 6 premature deaths per month would be prevented (40-79 years old). If 100% met the guidelines, 2 premature deaths per week could be prevented.

OR

Every 5 days someone under the age of 79 from the Southend population dies a death that could have been prevented if the whole population met the Chief Medical Officer's physical activity guidelines.

Appendix 6 demonstrates the associated social, economic, environmental and wellbeing impacts of investing in measures that support physical activity.

These challenges cannot be addressed by health and care alone. This requires a much broader partnership with colleagues from culture and planning as well as local businesses, voluntary sector partners and communities in order to shape Southend as a place which develops being physically active as a normal way of life.

In addition to a holistic organisational approach, the priority of fostering a culture of self-care and personal responsibility is of central importance, in order to see a positive shift in quality of life and sustained improvements in health and wellbeing.

It has been notable from the developing localities work how the lack of social capital such as friends and family was often a reason why people could become stuck in damaging behavioural patterns and become dependent on professionals. To avoid this, professionals need to be looking for opportunities to build people's capacity.

This is an opportunity for everyone to get behind a single approach and evaluate and learn as a whole, rather than in fragments.

3.7 Key proposals:

Having considered a broad range of key messages and following on from 2015's Broad Impact Goals, it is proposed that we develop a more focussed Health and Wellbeing Strategy refresh which primarily:

A. Increases the number of people in Southend being active at the levels that will promote their health and wellbeing

And in doing so;

- B. Develops a model of meaningful engagement with local people.
- C. Addresses issues of inequality and increases community resilience.

It is recognised that, as with the original strategy and its broad ambitions, there are many other areas of local importance and interest. Rather than duplicate existing work, the refreshed HWB Strategy will comprehensively map and signpost to strategic activity across the system, which addresses key areas of

importance i.e. Mental Health Strategy. This will enable the HWB Board to monitor developments and progress across a broad range of important topics.

The current Southend Physical Activity Strategy 2016-2021 ([Appendix 4](#)) will be fundamental in supporting the refreshed HWB Strategy's primary aims of improving physical activity.

[Appendix 5](#) shows the vision of the Physical Activity Strategy.

3.8 Driving progress

The proposal is to work with the current Physical Activity Strategy Implementation Group and other relevant partnership governance and engagement routes, to develop effective system-wide commitment to drive improvements and monitor progress.

The refreshed Health and Wellbeing Strategy will align with the indicators and actions identified in the Physical Activity Strategy, (see [Appendix 4](#), page 19) as well as supporting the ongoing development of other relevant key performance indicators (KPIs). KPI progress will be reviewed annually.

Progress, challenges and opportunities in relation to the Action Plan ([Appendix 4](#), pages 20-23) will be reviewed with the HWB Board on a regular basis.

3.9 Consultation

Rather than being a departure from the previous priorities of the Health and Wellbeing Strategy, these refreshed proposals offer a renewed focus, to drive significant improvements by intensifying our focus on a key area, which is proved to produce significant positive outcomes in people's lives.

Engagement will continue through established and new channels, to help inform the ongoing effective development and implementation of priorities which make a difference to our local communities.

3.10 Duration

To maximise impact, it is proposed that the refreshed HWB Strategy works in line with the current Physical Activity Strategy 2016-2021, with a mid-term review of effectiveness and relevance in 2019.

4. Health & Wellbeing Board Priorities / Added Value

How does this item contribute to delivering the;

- [Nine HWB Strategy Ambitions \(see Appendix 1\)](#)
- [Three HWB "Broad Impact Goals" which add value:](#)
 - a) Increased physical activity (prevention of ill health)
 - b) Increased aspiration & opportunity (addressing inequality)
 - c) Increased personal responsibility/participation (developing sustainability)

- 4.1 This proposed approach inherently addresses core themes within the current HWB Strategy, while bringing greater focus to achieving significant health and wellbeing improvements for the population of Southend through increased levels of physical activity.

5. Reasons for Recommendations

- 5.1. To refine the focus of the current HWB Strategy in order to drive significant improvement in the health and wellbeing of local people.

6. Financial / Resource Implications

6.1 Cost to Health Economy:

The estimated impact of physical inactivity to Southend's health economy is £21,472,753 per 100,000 population per year. (Reference; UK Active, Turning the Tide of Physical Inactivity)

7. Legal Implications

- 7.1 None currently identified

8. Equality & Diversity

- 8.1. The proposals aim to address inequality as a key priority

9. Background Papers

- 9.1. None

10. Appendices

Appendix 1.0 Summary on a page of HWB Strategy Refresh 2015-2016

Appendix 1.1 HWB Strategy Refresh 2015-2016

Appendix 2.0 Key messages to inform our thinking

Appendix 3.0 Southend Joint Strategic Needs Assessment (JSNA) summary

Appendix 4.0 Southend Physical Activity Strategy 2016-2021

Appendix 5.0 Vision from Physical Activity Strategy 2016-21

Appendix 6.0 Info-graphic: Investing in Cycling: in numbers

Appendix 7.0 (video clip) "23½ hours": <http://bit.ly/1fSDL5E>