

Joint Health and Wellbeing Strategy 2016-2019

Report of the Director of Public Health

Recommendation: It is recommended that the Devon Health and Wellbeing Board consider and approve the Joint Health and Wellbeing Strategy.

1. Context

There is a statutory requirement to have a Joint Health and Wellbeing Strategy for the Local Authority area based on the need identified in the Joint Strategic Needs Assessment. This paper introduces the Joint Health and Wellbeing Strategy for Devon 2016-2019. The first Strategy was widely consulted upon in 2012/13 and two updates were produced in September 2013 and June 2015. The strategy needed updating as it has expired and it also needed to be consolidated into one document and reflect current health and wellbeing issues.

2. The Joint Health and Wellbeing Strategy 2013-16

2.1 The four original themes of the 2013 Strategy remain valid and have stood the test of time, they reflect priorities identified in the Joint Strategic Needs Assessment (JSNA) and provide a focus on health inequalities across the life-course in line with Marmot principles. The priority areas were:

- A focus on children and families
- Healthy Lifestyle Choices
- Good Health and Wellbeing in Older Age
- Strong and Supportive Communities

The themes and their underlying priorities provide a balance between the health need and assets available to improve health and wellbeing and reduce health inequalities.

2.2 For the last three years Health and Wellbeing Board meetings have been based on consideration of the agreed Health and Wellbeing Outcomes to assess progress in improving health and wellbeing and addressing health inequalities and meetings have been themed to allow a focussed discussion. Within those themed meetings there have been topic papers in areas such as frailty, alcohol and housing.

3. The Joint Health and Wellbeing Strategy 2016-19

3.1 The Board continually reflects on its priorities and a number of Board Development sessions have considered the Strategy and next steps. On the 11th February 2016 a stakeholder session was held with a wide range of groups, organisations and individuals with different perspectives. The session considered progress to date and priorities moving forward based on the latest JSNA. This was considered by the Board in subsequent development sessions reflecting the updated JSNA which is presented in a separate paper.

3.2 Feedback from stakeholders was that the Strategy needed to be simple, accessible, strengths based and with good stories. Future priorities were overwhelming agreed with a need to focus on early intervention, mental health, housing and connectedness and enabling communities with an underpinning focus on health inequalities. The life-course approach was still welcomed.

3.3 The new strategy is high level and simple and seeks to reflect progress that the wider system has made as separate organisations and collectively over the last three years. It is not the role of the Board to undertake the necessary actions but to provide strategic oversight that health needs and health inequalities are being addressed to support its vision to 'Improve Health and Promote Health Equality.' The Joint Health and Wellbeing Strategy does not seek to repeat intelligence in the JSNA and the documents should be considered together.

3.4 To reflect the importance of mental health and the Five Year Forward View for Mental Health 'Life-long Mental Health' has been added as a new priority area as it was previously within 'Strong and Supportive Communities.' This will provide allow a focus on mental health from maternity to later life which is important as mental health indicators have been the most resistant to improvements that have been seen in other areas. The separate outcomes report provides a summary.

3.5 A Focus on Children, Young People and Families remains importance to ensure the best start in life but also ensure a focus on prevention and early help when a need is identified.

3.6 Healthy Lifestyle Choices has been renamed 'Living Well' to reflect the importance of looking after oneself in mid and later life to promote independence and reduce the risk of disability and frailty in later life. Prevention and management of long-term conditions and reducing multi-morbidity is critical and simple lifestyle changes and living well can support this. It is also allows a strengths based approach.

3.7 Stronger and Supportive Communities provides a focus on strengthening community resilience, addressing social isolation and providing an emphasis on the importance of place and place based health. This area includes housing which is a priority area recognising the importance of housing for health. Fuel poverty is high in Devon due to high fuel costs, low income and the quality of some of the housing stock. The theme will re-emphasise the importance of feeling safe and violence prevention and for this reason Domestic and sexual violence and abuse has been moved to this theme.

3.8 To summarise the new strategy has a set of interconnecting themes supporting health and wellbeing through the life course underpinned by strong and supportive communities and living with life long mental health:

- A focus on children young people and families
- Living well
- Good Health and Wellbeing in Older Age
- Strong and supportive Communities
- Life long mental Health

4. Recommendations

4.1 The Joint Health and Wellbeing Strategy is considered and approved by the Board and consideration given towards updating the Health and Wellbeing Outcomes report to reflect the new strategy.

5. Legal Considerations

There are no specific legal considerations identified at this stage.

6. Risk Management Considerations

Not applicable.

7. Options/Alternatives

Not applicable.

8. Public Health Impact

The Joint Health and Wellbeing Strategy is an important element of the work of the board, drawing together priorities from the Joint Strategic Needs Assessment. This report and the related documents have a strong emphasis on public health and other relevant health, social care and wellbeing outcomes. A number of the outcomes indicators are also drawn from the Public Health Outcomes Framework. The report also includes a specific focus on health inequalities.

Dr Virginia Pearson
DIRECTOR OF PUBLIC HEALTH
DEVON COUNTY COUNCIL

Electoral Divisions: All

Cabinet Member for Improving Health and Wellbeing: Councillor Andrea Davis

Contact for enquiries: Tina Henry
Room No 148, County Hall, Topsham Road, Exeter. EX2 4QD
Tel No: (01392) 386383

Background Papers
Nil