

21st January 2013

Report of the Executive Director of Health Housing and Adult Services and Head of Strategy, Policy and Performance

Health and Wellbeing Strategy

1. Purpose of the Report

To update the Area Committees on the development of the Health and Wellbeing Strategy.

2. Background

2.1 The Health and Social Care Act gives the local authority responsibility for 5 key areas of development –

- To establish a Health and Wellbeing Board
- To complete a Joint Strategic Needs Assessment
- To produce a Joint Health and Wellbeing Strategy
- To set up a local Health Watch
- To transition public health responsibilities.

2.2 The Health and Wellbeing Strategy must be completed by March 2013 and be produced jointly with the local Clinical Commissioning Group. It is a high-level strategy that spans the NHS, social care, and public health areas and takes into consideration the wider health determinants of health such as housing and child and community poverty.

2.3 Similarly mandated by the Health and Social Care Act as part of their authorisation process, the Clinical Commissioning Group have produced their Clear and Credible Plan. Where appropriate both the strategy and plan are aligned to ensure clarity of vision across the system, recognising that the two plans have their distinct place and role to fulfil.

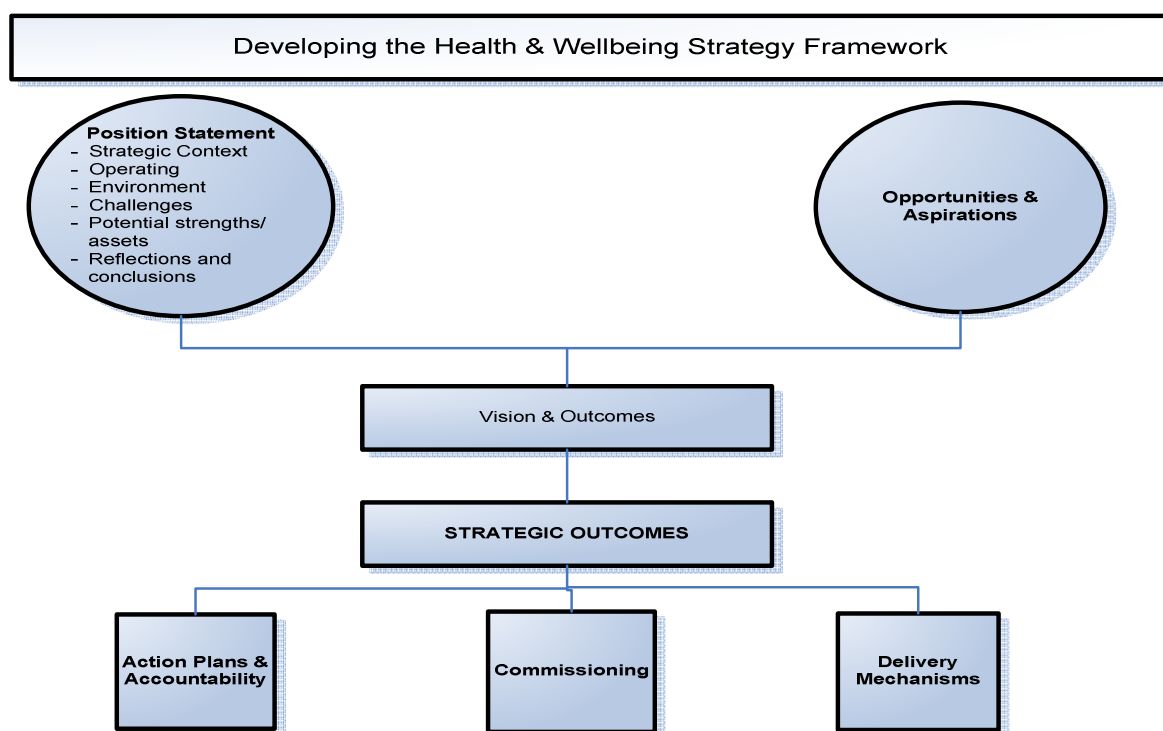
2.4 Faced with reducing public resources and increasing demand and expectations many current delivery methods are recognised as no longer appropriate. The development of the Health and Wellbeing Strategy also comes in the context of large scale change to the way public services are being delivered and in an environment of reducing resources. Although a challenge, the changing environment also offers an opportunity to fundamentally review and improve the way agencies work with residents and communities in the future. At the same time, there is also growing recognition of existing but often untapped assets and potential within communities that can enhance and complement the public sector's offering.

2.5 Consideration will need to be given to our relationship with communities and how services can be delivered in the future to make best use of all resources in order to achieve better outcomes. Ultimately we want to enable and support individuals, families and communities in Sunderland to make the transition to greater strength and independence, with less reliance on the public sector in the longer term. This involves being responsive not only to local needs but also to community strengths and exploring how these can be better harnessed to help address local needs. By building on and utilising the resources and energy of our communities, we can support people to take greater control of their lives and enable outcomes that matter to them, their families and communities.

3. Current Situation

- 3.1 In order to meet the challenges outlined above, the Health and Wellbeing Strategy has been developed to take a whole systems and an assets based approach to the improvement of health and wellbeing in Sunderland. The Strategic Objectives that have been set in the strategy are ambitious and challenging and to achieve them will require a considerable change in the way that services are developed, delivered and specifically how we engage with our communities to empower them to take control over the decisions affecting their health and wellbeing.
- 3.2 This strategy sits alongside other strategic approaches within the City including the Community Leadership programme, the Community Resilience Plan and the strengthening families approach.
- 3.3 The broad process for developing the strategy is highlighted in Figure 1 below:

Figure 1



- 3.4 A working group has been established to oversee the drafting and editing of the strategy. Membership is open to interested parties and currently includes representatives from the local authority, PCT, Clinical Commissioning Group, acute and foundations trusts and Sunderland University. It is chaired by the local authority's Executive Director for Health Housing and Adult Services.
- 3.5 The Health and Wellbeing Board is committed to broadly engaging a wide range of partners in the development of the Health and Wellbeing Strategy and as such has developed a full engagement and consultation programme. Each element of the process was the focus of an open engagement event held bi-monthly throughout 2012. Attendance at each event ranged from 45 – 95 participants from residents, local support groups, elected members, health practitioners, GPs and public and health sector staff.

- 3.6 The Strategy (attached as Appendix 1) aims to describe the three main components of an assets based approach to health and wellbeing namely:
- **Design Principles** – those ways of working which must underpin all commissioning decisions and ultimately ways of working for which the Board holds responsibility – including consideration of the Clinical Commissioning Group's commissioning plans
 - **Assets** – the core assets which can be built upon in Sunderland to impact on the health and wellbeing of residents
 - **Strategic Objectives** – the ultimate goals of the strategy which will focus the development of high level actions and commissioning plans that will follow.

4. **Partner Approval**

- 4.1 To develop the broad acceptance of the strategy further into formal approval, the headline strategy (Appendix 1) is being taken to the Boards and management organisations of partners throughout the whole health and social care system including the members of the Children's Trust, Adults Partnership Board and Sunderland Partnership. This is to ensure that there is high level support and understanding for the strategy throughout the system; this will encourage the transition from strategic planning into delivery and performance management.

5. **Forward Plan**

To take forward the initial strategy, there are four further stages that need to be completed:

- 5.1. Developing the Strategic Objectives into Actions
Taken from the membership of the Health and Wellbeing Strategy sub group, lead officers have been allocated to each of the Strategic Objectives. With support from the Council's Strategy, Policy & Performance Management service, they have been responsible for bringing together partners to shape activity which will achieve the Strategic Objectives and highlight how we will know that these objectives have been achieved.
- 5.2. Consulting on the strategy and actions
As the strategy has been developed through a year long process of open engagement events including representatives from the voluntary and community sectors, providers and public sector officers and members, it is evident that there is a broad understanding and acceptance of the content of the strategy. As such it is not proposed that the final draft strategy be open for the 3 month consultation window that is recommended through the Sunderland Compact.

It is, however, important that a more inclusive range of partners are given the opportunity to comment on the strategy. Therefore a further engagement event and a programme of engagement sessions with different groups was held in December – including, but not limited to, the Sunderland Partnership equality forums, the Children's Trust Young People Advisory Network, and GP patient participation groups.

5.3. Formal approval

Following the consultation process detailed above, the Strategy needs to be formally approved by the end of March 2013. As the Health and Wellbeing Board at this stage will not be a formal committee of the Council, the Board will need to ratify the Strategy and Action Plan before it is taken to Council Cabinet for formal approval. It is proposed that the Health and Wellbeing Board on the 25th January 2013 receives the final draft strategy and action plan and subject to approval this is taken to Cabinet on the 13th February 2013. This will bring the

Strategy to the 17th January Scrutiny Committee for discussion. It is also anticipated that the Strategy will be taken to the Board of the Clinical Commissioning Group for approval.

5.4. Ongoing Ownership

Each of the strategies Strategic Objectives have also been allocated 2 sponsors – these are senior representatives, one of whom is a Health and Wellbeing Board member and including Cabinet level elected members. Their role, with the support of the lead officer is to lead the delivery of the objective through appropriate partnership working. It is also the role of the sponsor to report to the Health and Wellbeing Board for the achievement of progress against their Strategic Objective.

6. **Recommendations**

The Committee is recommended to:

- Provide comments on the strategy for the purposes of consultation.
- Note the approval process and timescales.

Annex 1

SUNDERLAND'S JOINT HEALTH AND WELLBEING STRATEGY

VISION

The vision for is to have the:

Best Possible Health and Wellbeing for Sunderland

....by which we mean a City where everyone is as healthy as they can be, people live longer, enjoy a good standard of wellbeing and we see a reduction in health inequalities.

Faced with reducing public resources and increasing demand and expectations many current ways of delivering services are recognised as no longer appropriate. Large scale changes to the way public services are being delivered are well under way. Although challenging, the changing environment offers an opportunity to fundamentally review and improve the way agencies will work with residents and communities in the future. There is also growing recognition of existing but often untapped assets and potential within communities that can enhance and complement the public sector's offering.

Consideration will need to be given to relationships between agencies and the communities they serve and how services can be delivered in the future to make best use of all resources in order to achieve better health and wellbeing outcomes. Ultimately we want to enable and support individuals, families and communities in Sunderland to enjoy much better health and wellbeing, with less reliance on the public sector in the longer term. This involves being responsive not only to local needs but also to community strengths and exploring how these can be better harnessed to help address local needs. By building on and utilising the resources and energy of our communities, we can support people to take greater control of their lives to bring about better health and wellbeing outcomes that matter to them, their families and communities.

The Health and Wellbeing Strategy, Community Resilience Plan and the Strengthening Families approach are together aiming to achieve the transition to a new way of working and at the same time achieve improved outcomes for the people of Sunderland.

DESIGN PRINCIPLES

We have established a set of design principles that will underpin our new approach to health and wellbeing and upon which action planning and ultimately commissioning throughout the health and social care system will be built. These design principles are:

- **Strengthening community assets**

Empowering individuals, families and communities, increasing their capacity and involving them in co-producing services. This will enable residents to mobilise and build on existing community strengths and potential to help them address their own, their family's and their community's needs. This asset-based approach does not ignore needs – instead, it distinguishes between those needs that can best be met by families and friends, those best met by communities working in partnership with public services, and those that can only be met by public sector providers.

- **Prevention**

Using local intelligence and experience to identify risks to health and wellbeing effectively and to work within communities to prevent people developing problems

- **Early intervention – actively seeking to identify and tackle issues before they get worse**

We know that early intervention with children, young people and adults can reduce more complex health issues in the longer term. Identifying and tackling issues at an early stage can prevent them escalating into more problematic and complex needs.

- **Equity – providing access to excellent services dependent on need and preferences, that are also based on evaluated models and quality standards**

The conditions in which people are born, grow, live, work and age are responsible for the (avoidable) differences in peoples health. Equity in health means everyone being able to achieve their full health potential regardless of their personal circumstances. To achieve this there needs to be fair distribution of resources and opportunities for health as well as fairness in the support offered to people when they are ill.

Health inequalities exist within Sunderland itself, and between Sunderland and England. These health inequalities are often related to obesity, alcohol related diseases and smoking rates. We know that we have particular communities where these health inequalities are most evident and we need to address this.

- **Promoting independence and self care – enabling individuals to make effective choices for themselves and their families**

The increasing emphasis on personalisation of services and of individual health and care budgets means that we must focus on creating alternative types of services that can be sustained within the community. We will continue to support our most vulnerable individuals, families and communities. Wherever possible and appropriate, our interventions will enable and re-able people to function effectively without the need for recurring agency support.

- **Joint Working – shaping and managing cost effective interventions through integrated services**

Working together to make best use of our strengths and assets so that we can provide flexible and tailored services that respond to local conditions and focus on what matters to residents to achieve more for our communities.

- **Address the factors that have a wider impact on health – education, housing, employment, environment, and address these proportionately across the social gradient**

Differences in people's health result from differences in the opportunities that people are able to take advantage of during their lives. Action on the wider impacts of health requires action across all the social determinants of health. A government commissioned independent review of health inequalities identified a number of social determinants which increase inequalities in life expectancy across the life course. The review identifies six key objectives to reduce health inequalities caused by these determinants. These are:

- Give every child the best start in life

- Enable all children, young people and adults to maximize their capabilities and have control over their lives
- Create fair employment and good work for all
- Ensure healthy standard of living for all
- Ill health prevention
- Create and develop healthy and sustainable places and communities.

To see a sustainable improvement in life expectancy for all of the population, including a reduction in inequalities, the wider determinants of health need to be addressed – this includes a major focus on achieving the best start in life to break the cycle of health inequalities.

- **Lifecourse – ensuring appropriate action throughout an individual’s life with a focus on early years and families**

Intervention and support should be available throughout our lives, recognising that triggers for crisis can occur at different points in people’s lives (particularly at key transition points). It is important that we set in place the foundations in early years and encourage families to play a strong role in developing their own resilience.

ASSETS

There are community and individual assets that we share and that need to be developed, nurtured and supported including:

- the practical skills, capacity and knowledge of local residents
- the passions and interests of local residents that give them energy for change
- the networks and connections – known as ‘social capital’ – in a community, including friendships and neighbourliness
- the effectiveness of local community and voluntary associations
- the resources of public, private and third sector organisations that are available to support a community.

There are interdependencies between these and a number of strategic assets which come together to make Sunderland unique – these should be built on where they exist and be improved and developed where they are weaker or missing. These are:

- **Strong and stable family and community relationships**

Sunderland is characterised by low movement of people – families and communities are relatively stable and as such there is potential to use local informal support networks to promote healthier choices and healthy lifestyles

- **The coast and countryside and a passion for sport and activity**

Sunderland has an attractive coast and easy-to-reach countryside and urban green spaces that provide opportunities for promoting an active lifestyle. The city’s passion for sport and exercise should be nurtured and developed to ensure broader involvement with more wide reaching health impacts.

- **Potential for Sunderland’s employers to offer swift access to a large proportion of the workforce and understanding of different communities**

The economy in Sunderland is characterised by a small number of large employers employing the majority of the workforce. By developing relationships with these employers we can tap into their understanding of the communities in which they operate and the people they employ to promote healthy workplaces and healthy lifestyles.

- **A vast number of contacts with residents through daily provision of a wide range of services**

Sunderland's many organisations and support groups are in touch with residents across the whole range of service delivery. Hard-wiring health improvement into these day-to-day contacts will reinforce and bring support to those people who need it so that every contact is a health contact.

- **At the leading edge of putting new technology to work in the public interest**

Sunderland is at the leading edge of using new technologies and making sure that the whole city can make best use of this resource. There exists great potential to use new technologies to enable people to take more control over their own health and wellbeing through technological solutions and by improving information sharing.

- **A huge variety of local organisations, partnerships and networks with a strong track record of effective delivery**

We are starting from a strong position whereby there has been a long history of joint working to deliver real changes. We will build on this to ensure that the achievement of better health outcomes involves individuals, communities and providers..

The following Strategic Objectives describe how we will achieve our vision for health and wellbeing. Detailed action plans will be developed for each. Each strategic objective utilises one or more of the assets and applies all of the design principles.

STRATEGIC OBJECTIVES

1. Promoting understanding between communities and organisations

- **Communities being able to understand what they can expect of service providers and what other organisations can offer**
- **Making best use of local intelligence to identify emerging risks to health and wellbeing**
- **Harnessing individuals, communities and service providers views to inform and challenge provision**
- **Understanding the strengths and diversity of our communities and reflecting this in our commissioning**

If the health of local people is to improve then we must all pull together and play our part. Relationships between agencies and local people, including patients and service users, need to be much more dynamic and enable local people to have a much greater influence on which services are provided, as well as how and when they are provided. Equally, individuals and communities need to develop an understanding of the strengths that they have and can draw upon collectively, enabling them to take control of their own health.

If we do these things then we will all have a much better understanding of our own health needs and how best we can address these, either through our own endeavours or with the help of others if we need it. This will give us confidence in ourselves and in the services that we rely upon in times of need.

2. Ensuring that children and young people have the best start in life

- **Encouraging parents and carers of children to access early years opportunities**
- **Supporting children and families throughout the whole of a child's journey, including the transition into adulthood**

Many of us understand and acknowledge the influence (directly and indirectly) that families and schools have on the development and life chances of children and young people. These two important factors can have a huge impact upon the health, education and future employment opportunities of a child or young person.

To ensure a positive future for our children and young people there needs to be effective joint working across agencies to encourage individuals and families to achieve their full potential by addressing their physical and emotional health issues. Schools in particular are in a position where they are able to support the physical and emotional development of their pupils and their immediate family.

3. Supporting and motivating everyone to take responsibility for their health and that of others

- **Encouraging people to take the first steps towards healthy lifestyles**
- **Making healthy lifestyle choices easy**
- **Promoting and sustaining interest in healthy lifestyle options**
- **Raising self-esteem, confidence and emotional health and wellbeing**

The most powerful influences upon how we behave come from our family and friends. They shape our knowledge, perspectives, experiences and preferences and as a consequence can either encourage or discourage us to lead a healthy lifestyle. It is important that we realise this affect on ourselves as well as the effect we can have on those around us. However there are also a range of options open to agencies that can help to make a healthy lifestyle an easy option, for example this can be through health education, provision within schools, mentoring programmes, as well as providing easy access to the city's natural assets such as open and green spaces. Our agencies also need to consider how they can encourage and sustain people's interest in a healthy lifestyle through local and national events, cultural activities, and through Sunderland's major employers.

4. Supporting everyone to contribute

- **Work together to get people fit for work**
- **Understanding the health barriers to employment and training, and supporting people to overcome them**
- **Actively working with local businesses to ensure a healthy workforce**
- **Supporting those who don't work to contribute in other ways**

Those of us that find ourselves unemployed will realise already the detrimental affect this can have on our health, indeed it is known that poorer health can be found amongst those who are unemployed for longest. The effects of poor health can be divided into the short-term (resulting from the immediate impact of unemployment) and the long-term more complex health impacts that can develop. The potential health and wellbeing impacts of unemployment are:

- Distress, anxiety and depression that may also impact upon other family members
- Worsening health behaviours in the form of increased smoking, increased alcohol consumption and a decrease in exercise.

- Financial problems that can reduce living standards, increase the likelihood of social isolation and lower self-esteem.

So it is important that agencies work together to build confidence and motivation and provide pathways into training and employment. But we must also work with employers so that they understand how the policies they implement can have a significant effect on both the health of their employees and their employee's families. Good health in this environment can be promoted through healthier working conditions and more flexible employment.

For those of us not in work there will be the opportunity to contribute to those communities that can benefit from our skills and talents. This will enable us to improve the lives of those around us and enable us to build community pride through a variety of volunteer roles.

5. Supporting people with long-term conditions and their carers:

- **Supporting self-management of long-term conditions**
- **Providing excellent integrated services to support those with long-term conditions and their carers**
- **Support a good death for everyone**

We realise that those people with long term conditions can be experts in their own care because they understand better than anyone the problems they encounter on a daily basis. Our agencies need to reflect on how they can work together and redesign their service provision in order to incorporate the preferences of patients and service users, as well as self-management of their condition where this is possible. We will ensure that this approach incorporates a range of services that are reliable, consistent and maximise the quality of life for those people with long-term conditions as well as their families and carers.

6. Supporting individuals and their families to recover from ill-health and crisis:

- **Supporting individuals and families to have emotional resilience and control over their life**
- **Providing excellent integrated services to support people to recover from ill health and crisis**
- **Winning the trust of individuals and families who require support**

Any of us may find ourselves in need of support in a crisis situation. This may result from ill health or injury where we are suddenly unable to undertake everyday tasks, or where our main carer's own health and ability to carry on caring has suddenly broken down. Where this is the case our agencies will identify the best service pathways that will facilitate rehabilitation by working together through a mixture of appropriate integrated services.