

Information/Discussion Paper

Update on the development of the Gloucestershire Joint Health and Wellbeing Strategy

Overview and Scrutiny

1 July 2019

1. Background

- 1.1** Under the Health and Social Care Act 2012, Health and Wellbeing Boards have a statutory duty to develop a Joint Health and Wellbeing Strategy. It requires the Local Authority (GCC) and Clinical Commissioning Group (CCG) to work together to understand the health and wellbeing needs of their local community, and agree joint priorities for addressing these needs to improve health and wellbeing outcomes and reduce inequalities through commissioning.
- 1.2** The current Gloucestershire Joint Health and Wellbeing Strategy for 2012 - 2032, Fit for the Future, has focused attention on five priorities with an accompanying plan for each in the form of action cards:
- Reducing Obesity
 - Reducing the harm caused by alcohol
 - Improving mental health
 - Improving health and wellbeing into older age
 - Tackling Health inequalities
- 1.3** GCC commissioned a LGA Prevention System Peer Challenge that took place in Feb 2018. This stated that *“Whilst it is apparent that there is a lot of strategic, tactical and operational activity taking place in relation to prevention there is a need to co-ordinate this better. This will be helped by the refresh of the Joint Health and Wellbeing Strategy (JHWS) based on a needs assessment with a greater ‘place’ and community focus”*.
- 1.4** And *“The Gloucestershire Health and Wellbeing Board (HWB) needs to fulfil its ‘place shaping’ role to drive forward whole system approaches – including the wider determinants of health – and be bold in holding the whole system to account for the ambitions laid out in the refreshed JHWS”*
- 1.5** In response the Health and Wellbeing Board agreed to undertake a process to refresh the Joint Health and Wellbeing Strategy.

2. The process

2.1 The [draft strategy](#) (see agendas item 18) has been developed through engaging with Health and Wellbeing Board members and wider stakeholders including local communities.

2.2 Engaging communities

2.3 Engaging with the public and listening to their views about health and wellbeing has been an essential part of developing the draft strategy. There were four main stages to this.

Stage 1: Understanding the landscape

2.4 There had been a wealth of previous engagement and consultation about health and wellbeing with various populations within Gloucestershire. Findings from a wide range of these were assessed to help build an understanding about what people find most important. Mental health, loneliness, social and community connections were key themes.

Stage 2: Informing the priority setting

2.5 Through workshops and structured interviews, residents were encouraged to consider their top three priorities in maintaining positive health and wellbeing. This helped to inform the priority setting process.

Stage 3: Developing a better understanding of the priorities

2.6 This was an opportunity to feed back to communities the priorities that had been chosen and to start to understand some more detail about how they viewed these priorities. This gave better insights into what people view as the strengths and opportunities around the priorities and some examples of positive practice.

Stage 4: Is it right?

2.7 This final stage will involve the more traditional consultation stage for the strategy. It provide an opportunity to check that the draft strategy reflects what has been heard throughout the engagement.

2.8 Priority setting process

2.9 The community and wider stakeholder engagement helped to form a list of eleven potential themes for the Health and Wellbeing Board to then prioritise. In addition to these, 'Adverse Childhood Experiences (ACEs)' and 'early years' were added to the list since ACEs is an area in which the Board had recently taken a leadership role in and early years was a cross cutting theme running through many of the community engagement workshops.

2.10 The Health and Wellbeing Board went through a process of prioritisation taking into account need, impact, effectiveness, inequalities and acceptability. As part of the 'acceptability' criteria, the community and other stakeholder feedback was taken into account as well as a consideration of where the Health and Wellbeing Board could add value.

3. Progress to date

3.1 The draft strategy is still under development and was considered by the board at its meeting in May – [see link](#). See agenda item 18). Below are the key components of the strategy.

3.2 The Joint Health and Wellbeing Strategy vision

‘Gloucestershire is a place where everyone can live well, be healthy and thrive’.

3.3 The Joint Health and Wellbeing Strategy priorities

3.4 There are seven proposed Health and Wellbeing Board priorities.

- Physical activity
- Adverse Childhood Experiences (ACEs)
- Mental wellbeing
- Social isolation and loneliness
- Healthy lifestyles
- Early years and best Start in Life
- Housing

3.5 Tackling social isolation and loneliness is a shared priority between the Health and Wellbeing Board and Safer Gloucestershire.

3.6 The Health and Wellbeing Board will develop a position statement on economic development and transport to recognise the importance of these to health and wellbeing.

3.7 Furthermore, the Health and Wellbeing Board will maintain a watching brief over a wider health and wellbeing agenda.

3.8 Each of the seven priorities are at different stages of development. The Board has recognised that it is important that the emphasis is maintained on where they can truly add value and what can only be tackled in partnership.

3.9 It is important to recognise the need for local areas to be able to adopt bespoke approaches to how they approach the seven priorities.

3.10 The Joint Health and Wellbeing Strategy principles for ways of working

- **A systems leader:** The Health and Wellbeing Board to take a position as a systems leader to enable and facilitate change to improve population health and wellbeing.
- **Prevention focused:** Developing a system wide shared understanding and commitment to prevention and early intervention.
- **Collaborative and community centred:** Taking a strengths based, community centred approach. Ensuring a collaborative approach engaging communities in on-going conversations about the health and wellbeing priorities, assets and how we measure success.

- **Holistic:** Taking a whole person, whole life and whole population approach to prevention.
- **Parity of esteem:** Ensuring equality in how we think about mental health and physical health and how they are valued.
- **Achieving equity in health and wellbeing:** Developing shared understanding and commitment to addressing the differences in health status that exist between people due to social, geographical, biological or other factors.
- **Addressing the wider determinants of health and wellbeing:** Recognising that many poor outcomes in health and wellbeing result from a complex interaction and accumulation of factors and poor life chances over time.
- **Recognising where we add value:** Focusing on actions where by working together we can make the biggest difference to those in the greatest need.

3.11 Delivering the priorities

3.12 Whilst all of the priorities will need a whole systems approach, it remains important to have an identified lead for each priority. There will be an identified partnership and a named Health and Wellbeing Board member responsible for the strategic oversight of each priority.

Proposed strategic leadership for each priority

Priority	Partnership Board leading	Health and Wellbeing Board member lead
Physical activity	Gloucestershire Moves	tbc
Adverse Childhood Experiences (ACEs)	ACEs Panel	Julian Moss
Mental wellbeing	Mental Health Partnership	tbc
Social isolation and loneliness	Enabling Active Communities	Mary Hutton
Healthy lifestyles	Healthy Weight Programme Board	Sarah Scott
Early years / Best Start in Life	tbc	Andy Dempsey
Housing	tbc	Pat Pratley

4. Next steps

- 4.1** The updated draft Joint Health and Wellbeing Strategy will go to the Health and Wellbeing Board on 23 July for approval. There will then follow a consultation phase before the strategy is brought back to the November board meeting for final approval.
- 4.2** Overview and Scrutiny Committee may wish to consider the consultation draft strategy at a suitable meeting.

Background Papers	http://glostext.gloucestershire.gov.uk/documents/s52312/Draft%20JHWS%20May%20HWB.pdf
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