

Draft Joint Health and Wellbeing Strategy 2015 - 18

Author: Muriel Scott, Director of Public Health (01908) 254229

Purpose of Report:

To present the draft Joint Health and Wellbeing Strategy for 2015 - 2018 for endorsement.

To propose approaches to delivery of the strategy for approval.

1. Background

The draft Health and Wellbeing Strategy 2015 - 2018 was considered at the last meeting as an early draft. This report outlines work undertaken in line with decisions at that meeting and proposes approaches to delivery for consideration and approval.

2. Recommendations

- a) That the Health and Wellbeing Board adopt the draft strategy as the overarching document that will influence commissioning decisions and actions to improve health and wellbeing over the next three years
- b) That the Health and Wellbeing Board agree to adopt the proposed approach to the delivery of the Strategy including:
 - Identifying three key areas of focus each year and in 15/16 that these will be domestic violence, adult obesity and social isolation in older people.
 - Identifying a Board sponsor for each of the key areas of focus.
 - Supporting the intention to develop local, community based health and wellbeing plans
 - Agreeing that the Strategic Implementation Group will ensure that key outcome measures for year one and year three are developed and monitored.
 - Aligning a Board sponsor to each of the three high level priority areas (Starting Well, Living Well and Ageing Well)
 - Agreeing that the Strategy is refreshed annually to help ensure a continued focus on key and current areas.
 - Agreeing the approach to be taken to the items listed in Annex C

3. Key Issues from Health and Wellbeing Board 26 March 2015

3.1 That the framework for the new Strategy be agreed and that the current draft Strategy be endorsed as a basis for further consultation and development.

- Further consultation on the strategy has included a workshop to look at the 'Place' section and a presentation and discussion at the CCG Board. Key outcomes of these were that 'Place' should be incorporated throughout the strategy, in the same way as mental health and that the Health and Wellbeing Board could consider key areas to champion each year.
- The revised strategy for consideration today incorporates 'Place' throughout each section.

3.2 That in developing the draft Strategy consideration be given to adopting a more focused approach or retaining a broad range of activity and incorporating geographical localities, priority neighbourhood planning and issues relating to vulnerable groups into the Strategy.

- A more focused approach could be achieved by identifying three key areas each year where action across the system would be specified in more detail and progress and impact of activity closely monitored.
- Key areas for focus in 2015/16 are proposed:

Starting Well:

Domestic violence

- There are a wide range of ill-effects that exposure to domestic violence and abuse can have on children and young people, including the effect on their social, emotional, psychological and educational wellbeing and development. It is also recognised that providing effective interventions and support may reduce the likelihood of them being affected by, or perpetrating, domestic violence and abuse in adulthood.
- The public service burden of domestic abuse is considerable. A high proportion of women attending accident and emergency departments, primary care, family planning, reproductive and sexual health settings are likely to have experienced domestic violence and abuse at some point.

Living Well:

Adult obesity

- Excess weight and obesity in children, young people and adults presents a major challenge to the current and future health of the local population. Tackling obesity (and excess weight) continues to be a national government priority; several documents have been published over the last few years, the most recent being Healthy Lives, Healthy People; A Call to Action on Obesity (2011).

- Physical inactivity is one of the leading causes of early death in developed countries, responsible for an estimated 22-23% of coronary heart disease, 16-17% of colon cancer, 15% of diabetes, 12-13% of strokes and 11% of breast cancer¹. Physical activity also plays an important role in the prevention of dementia and is therefore key to the health and wellbeing of all age groups. England ranks as one of the most obese nations in Europe and the level of excess weight in adults in Milton Keynes is significantly greater than the England average² The 2014 Health Profile for Milton Keynes reports that an estimated 23.4% of adults are obese compared with the England average of 23.0% The overall cost of inactivity in Milton Keynes has been estimated to be £19 million per year with an estimated 311 premature deaths (under 75 years) every year³.

Ageing Well:

Social Isolation in older people

- Social isolation and loneliness have been linked to the development of a number of serious chronic health conditions, including depression and high blood pressure. Feelings of loneliness are predictive of developing dementia (Holwerda *et al.*,2012). People who experience loneliness are more likely to smoke and drink too much and have sleep disorders, and are less likely to exercise and adhere to a medication regime. Loneliness is therefore correlated with poor quality of life, low self-esteem and causes some of the behaviours that can harm mental health and physical health.
- The approach to working on a geographical locality basis and incorporating priority neighbourhood planning will build on ways of working that are beginning to emerge across partner organisations. The CCG has four defined neighbourhoods (map attached at Annex A) and we piloted a local community approach to health and wellbeing plans recently that can be strengthened and taken forwards. The strategy also states a clear intention to develop multi agency community based health and wellbeing plans. These will be robustly monitored in terms of where and how many are developed and what impact is being made on key issues in local areas. Examples of maps to illustrate the geography of local health issues are attached at Annex B.

3.3 That the Director of Public Health be requested to investigate ways of engaging and broadening links with the local business community and partner organisations in Milton Keynes.

- Initial discussions have been held to consider the best ways of doing this, whether through key umbrella groups or with individual businesses. Key principles will be about how local businesses can support implementation of

¹ World Health Organisation (2002) *The World Health Report 2002 – Reducing Risks, Promoting Healthy Life*

² http://www.apho.org.uk/default.aspx?QN=HP_METADATA&AreaID=50374

³ http://ukactive.com/downloads/managed/Turning_the_tide_of_inactivity.pdf

the strategy and also how the partner organisations can support local businesses to improve health and wellbeing in their workforces.

3.4 That the Director of Public Health, in consultation with the Strategic Director Adult Social Care, be requested to review the Care Act 2014 and ensure that relevant sections were incorporated within the Strategy.

- The strategy now makes a direct reference to the Care Act and its emphasis on the promotion of wellbeing and the risks to this. The focus on preventing and delaying needs and focussing on enabling people to meet their outcomes that is fundamental to the Care Act is captured within the Ageing Well section.

4. Additional Information

Focus on Outcomes

In order to be able to measure the impact of delivery of key areas in the strategy it is proposed that a small set of outcome measures will be developed to be measured in year one and year three. This will support us in being able to measure the overall impact of the strategy. Successful Health and Wellbeing Boards have focussed on a small range of outcomes rather than a broad spectrum approach. We are still receiving feedback and comments in relation to the inclusion of further detail and topics into the strategy. Rather than include these in the draft strategy at this stage we have listed them at Annex C for consideration.

Leadership and support

To ensure accountability and support to the delivery of the strategy it is proposed that each of the three priority areas (Starting Well, Living Well and Ageing Well) has an aligned Board sponsor, organisation and officer.

Background Papers: Draft Joint Health and Wellbeing Strategy 2015 - 2018
 Annex A: MKCCG Neighbourhoods map
 Annex B: Examples of locality maps to illustrate key issues geographically
 Annex C: Later feedback and comments received