



Health and Wellbeing Strategy 2014 – 2017

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Foreword

We believe that everyone has the right to enjoy good health and wellbeing. We will promote the health and wellbeing of Brentwood's communities to enable this to happen.

Despite the vast majority of our communities being healthy, there are health inequalities across the Borough. Therefore the focus of this strategy will be on addressing these inequalities and securing the best possible health outcomes for all residents.

We understand that to reduce these health inequalities there must be focus not only on health but on the wider determinations which affect health and well being in order to make a difference.

We believe that, especially in challenging economic times, partnership working to produce joined up solutions maximises resources and ensures the best outcomes. We are therefore committed to working in partnership with Essex County Council, the Basildon and Brentwood Clinical Commission Group, Healthwatch Essex, other public, private and voluntary sector organisations.

Councillor Louise McKinlay
Leader of the Council

Councillor William Russell
Chair Community Services Committee

Councillor Olivia Sanders
Chair of Health and Wellbeing Board

Phil Ruck
Head of Paid Service

Introduction

This is the first Joint Health and Wellbeing Strategy for Brentwood Borough. It has been produced by the recently formed Brentwood Health and Wellbeing Board which brings together health, the voluntary and community sector and a wide range of both County and Borough council services.

This strategy sets out the key priorities which the Board will pursue over the next three years. It is based on a detailed analysis of the health needs in Brentwood (the Joint Strategic Needs Analysis – JSNA).

This strategy also incorporates the priorities for the Mental Health Challenge, whilst this is separate from the Health and Wellbeing priorities outlined in the JSNA, there are some overlaps in their functions and therefore have also been included in this strategy.

We expect to develop the strategy over the coming years as goals are achieved and circumstances change, this will help focus the Board to ensure that we make progressive changes in improving health and wellbeing in Brentwood.

Context

National Context

The Marmot Review in 2010 ‘Fair Society, Healthy Lives’ proposed evidence-based strategies for reducing health inequalities including addressing the social determinants of health. It concluded that a good start in life, a decent home, good nutrition, a quality education, sufficient income, healthy habits, a safe neighbourhood, a sense of community and citizenship are the fundamentals for improving quality of life and reducing health inequalities.

The Government’s response was the White Paper ‘Healthy Lives, Healthy People – A Strategy for Public Health in England’ (2010). As well as taking the Marmot proposals forward, this identified the need for local communities to be at the heart of public health by focusing on the needs of local populations.

This approach was established in the Health and Social Care Act 2012, it was a fundamental change in the way in which public health, health services and social care are delivered. Some of the major changes included:

- Shifting many of the responsibilities historically located in the Department of Health to a new, politically independent, NHS Commissioning Board

- Giving groups of GP practices and other professionals (Clinical Commissioning Groups – CCGs) responsibility for the majority of NHS commissioning
- Transferring responsibility for public health from the NHS to local authorities
- Giving upper-tier local authorities a new role in encouraging joined-up commissioning across NHS, social care, public health and other partners

Concurrently the Department of Health published in 2012 published ‘The Public Health Outcomes Framework for England, 2013 – 2016’, this set out what the Government would want to achieve in a new and reformed public health system. The Framework consists of two overarching outcomes that set a vision for the whole public health system of what the Government wants to achieve for the public’s health:

- Increased healthy life expectancy which takes account of the health quality as well as the length of life
- Reduced differences in life expectancy and healthy life expectancy between communities (through greater improvements in more disadvantaged communities).

County-wide Context

As the Upper-tier local authority the statutory duty with regard to health and wellbeing rests with Essex County Council. The Essex Health and Wellbeing Board published a five year strategy in 2012 covering the period 2013 – 2018.

This strategy was based upon the World Health Organisation definition of health “a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity”, it has as its vision: -

‘By 2018 residents and local communities in Essex will have greater choice, control and responsibility for health and wellbeing services. Life expectancy overall will have increased and the inequalities within and between our communities will have reduced. Every child and adult will be given more opportunities to enjoy better health and wellbeing’.

This vision is supported by a range of priorities developed by looking at a range of data and information on health and wellbeing in Essex as well as an extensive programme of consultation and stakeholder engagement.

The main source of evidence and related information on health and wellbeing is the Joint Strategic Needs Assessment (JSNA).

The Essex priorities are:

- Starting and developing well: ensuring every child in Essex has the best start in life.
- Living and working well: ensuring that residents make better lifestyle choices and residents have the opportunities needed to enjoy a healthy life.
- Aging well: ensuring that older people remain as independent for as long as possible

These priorities are underpinned by two key themes: -

- Tackling health inequalities and the wider determinants of health and wellbeing
- Transforming services: developing the health and social care system.

Links to Corporate Plan 2013 – 2016 and Service Delivery

As a Council, our normal service delivery contributes to developing the Health and wellbeing of our residents. The wider determinants of health are also known as the social determinants of health and have been described as 'the causes of the causes'. They are the social, economic and environmental conditions that influence the health of individuals and populations. Income, employment, education, housing quality, overcrowding and crime are powerfully associated with both physical and mental health. Poor lifestyle choices such as smoking, lack of exercise, excessive alcohol consumption and unhealthy eating habits and for many, the socio-economic characteristics of certain areas are major factors explaining poorer health in the Borough.

The Priorities identified in our Health and Wellbeing Agenda are linked to five of the objectives our Corporate Plan, which work towards alleviating the inequalities of health.

Examples of the work we do include:-

Street Scene and Environment Grounds maintenance of play areas, football pitches, skate park can contribute to an increase in physical activity, because attractive and well maintained leisure amenities encourage people to use these facilities. As well as safeguarding residents and visitors to the Borough.

Housing Health and Wellbeing - Regulation can contribute to a more prosperous economy through greater consumer confidence. For example licensing premises and taxis give customers greater confidence in their safety and more likely to use the local facilities/businesses. Also the Council provide good quality homes for those most in need and assist in accessing grants for vulnerable home owners. Enforcement action

against rogue landlords who provide substandard accommodation is also a role of the Council.

Localism – Increasing social inclusion and social capital to improve the strength of the community. We have provided resources for a Shared fund for community groups. The formation of the Renaissance Group which works with the community and local businesses to enhance the quality of the environment, particularly the quality of public space, shop fronts, addressing vacancy unit issues, signage, lighting, safety and the night time economy.

Safe Borough - reducing anti social behaviour and taking enforcement action against Noises as a Statutory Nuisance to increase the Community's confidence in a safe borough.

Prosperous Borough- local development plan aims to increase the number of new homes that are built to a high energy efficient standard and therefore over time reducing the number of people who experience fuel poverty due to poor insulation.

Health and Wellbeing for Brentwood

Brentwood Borough Council covers an area of 59 square miles (153 Square kilometres) with a population of approximately 73,000 which is expected to rise to over 90,000 by 2035. During the same period the number of residents 65 and over is expected to increase from 13,800 to 21,400.

The health of people in Brentwood is generally better than the England average. However, whilst life expectancy for both men and women is higher than the England average, patterns of deprivation show that life expectancy is 9.4 years lower for men and 6.4 years lower for women in the most deprived areas of Brentwood than in the least deprived areas.

At its meeting on 26th June 2012 The Health and Housing Panel (now the Community Services Committee) agreed that: -

- The Council take the lead role in facilitating engagement of the Borough's community and other stakeholders to enable representative views to be passed to the new (Essex) Health and Wellbeing Board.
- Officers scope out the best forum (i.e. creation of a local Health and Wellbeing Board) for sharing views and making decisions to represent the collective views.
- If created; assist the new local board in deciding the broad determinants of health for people in the Borough and how to influence the prioritisation of resources

within the County to address health inequalities and to achieve the greatest impact on health and wellbeing with the resource available.

These issues were taken forward at the Panel's meeting on 20th November 2012 and Terms of Reference for a Brentwood Health and Wellbeing Board were agreed, these are attached at Appendix A. These Terms of Reference widened the purpose of the Board to include 'actively promoting public health within the Borough and work in partnership with the Clinical Commissioning Group and other local organisations to encourage the joining up of resources and support integrated health and social care service delivery to the people of Brentwood'.

At its meeting of 21st May 2013 the Brentwood Health and Wellbeing Board agreed a strategy of focusing on areas where the biggest influence could be exerted whilst making a tangible difference with measurable outcomes.

The Board considered the JSNA with further detailed analysis ('Deep Dive') of the 'Prevention and Lifestyle' elements and with reference to the Essex HWB's priorities decided on the following local priorities:

1. **Improving older people's health** (Fuel Poverty/Independent Living/Falls Prevention/Physical Activity)
2. **Increasing uptake of vaccination** (Measles, Mumps and Rubella (MMR))
3. **Reducing cardiovascular disease through reduction in obesity** (Exercise/Improved Diet)

In order to facilitate achieving these priorities a number of objectives have been identified:

1. Improving older people's health

Areas for focus: -

- *Reducing fuel poverty*
- *Enabling independent living*
- *Encouraging physical activity*
- *Falls prevention*

Objectives: -

- *Understand the current service provision available*
- *Ensure that we are maximising the effects/efforts from all parties/agencies involved in the process at local level*

- *Understand financial assistance streams that may be available*

Outcome Measures: -

- *Number of households classified as fuel poor (i.e. spending more than 10% of its income on energy to maintain an adequate level of warmth).*
- *Age-sex standardised rate of emergency admissions for fractured neck of femur in persons aged 65 and over.*
- *Increase in referrals for physical measures such as grab rails to facilitate independent living.*

2. Increasing uptake of vaccinations

Areas for focus:

- *Measles, Mumps, Rubella*
- *Influenza virus*

Objectives:

- *Understand the current extent of the issue and service provision*
- *Identify barriers to parents in Brentwood choosing MMR triple vaccine*
- *Identify why uptake of influenza vaccine is below the 80% uptake target*

Outcome Measures:

- *Increased uptake of seasonal influenza vaccine*
- *Increased uptake up of MMR vaccine*

3. Reducing cardiovascular disease through reduction in obesity

Areas for focus: -

- *Exercise*
- *Improved diet*

Objectives:

- *Understand the current trends for Brentwood in relation to reasons for poor diet and lack of exercise*
- *Identify current provisions in place*
- *Identify barriers to physical activity*

Outcome Measures:

- *Decrease in the proportion of adults classified as overweight or obese*
- *Increase in the proportion of adults achieving at least One hundred and fifty minutes of physical activity per week (in accordance with the UK Chief Medical Officer recommended guidelines)*
- *Decrease in the proportion of adults classified as inactive*

In addition to the Health and Wellbeing Priorities already agreed, work around the Mental Health Challenge is now also incorporated in to those priorities. There are a number of overlapping priorities within these work priorities and it is logical to link them via this work plan.

4. Mental Health Challenge

In April 2014 Brentwood Borough Council Members unanimously voted to become Mental Health Champions and adopt Seven of the Ten challenges outlined in the 'No Health without Mental Health; Implementation Framework'. The Mental Health Challenge was set up by various Mental Health charities and is funded by the Department of Health through the Mental Health Strategic Partnership. The Mental Health Challenge considers that Local Authorities are uniquely positioned to assist with this work.

The Seven Adopted challenges include, to: -

1. Appoint an Elected Member as 'mental health champion' across the Council
2. Identify a 'lead officer' for mental health to link in with colleagues across the Council
3. Follow the implementation framework for the national mental health strategy where it is relevant to the Council's work and local needs
4. Work to reduce inequalities in mental health in our community
5. Work with local partners to contribute to better support for people with mental health needs
6. Promote wellbeing and initiate and support action to promote good mental health
7. Tackle discrimination on the grounds of mental health in our community.

Health and Wellbeing Work Plan

These priorities and objectives and the actions are addressed in the document 'Health and Wellbeing Workplan 2014-2017. See Appendix 2. The Work plan forms the basis of work in progress and will be addressed in full at each Brentwood Health and Wellbeing Meeting.

Appendix 1

BUILDING THE BRENTWOOD HEALTH AND WELLBEING BOARD

TERMS OF REFERENCE

Vision for the Board's Activities

It is proposed that the vision for the board comprises the following:-

The Brentwood Health and Wellbeing Board (Brentwood HWB) will work to promote the health and wellbeing of Brentwood's communities. Its focus will be addressing health inequalities and securing the best possible health outcomes for all residents and those visiting the Borough for work and leisure.

Purpose of the Board

The Board's purpose will be to ensure that the needs of the Brentwood Community are communicated to the Essex Health and Wellbeing Board so that local needs can be considered within the overarching Essex Joint Health & Wellbeing Strategy. The Board will actively promote public health within the Borough and work in partnership with the Clinical Commissioning Group and other local partnership organizations to encourage the joining up of resources and support integrated health and social care service delivery to the people of Brentwood. This in turn will help to promote social cohesion and localism.

Background

Essex County Council (ECC) has the statutory responsibility to establish a health and wellbeing board as a local authority committee, to serve Essex. From April 2013, Public Health England will allocate ring-fenced budgets, weighted for inequalities, to upper-tier and unitary authorities to fund reducing health inequalities. These Authorities will also receive an incentive payment, or 'health premium', aligned to the progress made in improving the health of the local population, based on elements of the Public Health Outcomes Framework. Although specific funding won't be allocated to lower District and Boroughs to accommodate the new changes, it is envisaged that close links will be formed with local Clinical Commissioning Groups and funding will be available to implement projects locally to meet local needs.

Members of Brentwood Borough Council have resolved to set up a local Health and Wellbeing Board to ensure that the needs of the Brentwood population are represented within the Essex Health and Wellbeing Board and that health inequalities that exist

within Brentwood are addressed. The Board which is facilitated by Brentwood Borough Council, will formally exist from the 1st April 2013. It will be driven by local needs and the day to day admin costs will be met by existing funds.

ECC currently has established a Shadow Health and Wellbeing Board which recognises the benefits of co-production of a Health and Wellbeing Strategy with health commissioners and providers, District and Borough Council partners, service users, patients and communities, based on an effective and enhanced Joint Strategic Needs Assessment (JSNA). A whole system approach is preferred. The JSNA of health needs has provided the evidence base for the shadow board to produce a Joint Health and Wellbeing Strategy (JHWS) for Essex and from April 2013, the Board will implement the strategy.

It is important that the Brentwood Health and Wellbeing Board draws on the JSNA the JHWBS and other relevant datasets, including feedback from consultation exercises and historical information held on BBC databases to feed into the process for the development and implementation of the strategy at a local level. These sources of information would provide tools to address local health needs via the Clinical Commissioning Groups (CCGs) and other interested parties to address health needs via commissioning plans.

Organisation and operating principles

1. The principles for the organisation and operation of the Brentwood HWB are proposed as follows:
 - a. The initial key role of the Board will be to assist in supporting the ongoing development of the Joint Strategic Needs Assessment and Health and Wellbeing Strategy ;
 - b. The Board will give local knowledge and input to the JSNA to assist the Essex Board to ensure that the overall strategy reflects the countywide issues and local diversity of Essex.
 - c. The Board will be effective by establishing strong political and public leadership for health and wellbeing locally;
 - d. It will focus on delivering improved outcomes and reducing health inequalities;
 - e. The board will identify key priorities for health and local government commissioning and develop clear plans for using combined resources, by working with the CCG, whilst influencing commissioners.
 - f. The Board will undertake its work in public and will act to ensure transparency and fairness in its decision making;

- g. The Board will report directly to the Community Committee regarding key decisions such as nominations, projects and funding issues.
 - h. The Board will secure as wide a possible membership as is compatible with effective and efficient working and will facilitate the setting-up of a local Stakeholder Network for Brentwood to make delivery links on a wider basis ;
 - i. The Board believes that good health and public health is created through resilient communities, families and individuals who are able to control and influence their environment and have a strong voice in community matters. Social cohesion should be an outcome of commissioning;
 - j. The Board believes that integrated health and wellbeing services are important in providing seamless care, improved outcomes and cost effective services for the people of Essex;
 - k. The Board believes that the route to integrated services is best served by joint commissioning between health, and wellbeing and the use of lead commissioning, aligned and pooled budgets, where all parties agree these makes sense;
 - l. The Board will be supported by an appointed Public Health lead from the County Council ;
 - m. The Board will draw on and amplify the agreements on commissioning and joint commissioning created by any District or Borough based arrangements or joint commissioning arrangements;
 - n. The Board will look to promote a two-way flow of information with the Essex Health & Wellbeing Board;
2. The membership of the Brentwood Health and Wellbeing Board will be represented by the following organisations:-
- i. Brentwood Borough Council (two members and a Lead Officer);
 - ii. Essex County Council Adult Social Care
 - iii. Essex County Council Children's Services
 - iv. Health Watch
 - v. The Joint Clinical Commissioning Group (two Members)
 - vi. The appointed Essex County Council Public Health Directorate Link for Brentwood
 - vii. CVS- Community Voluntary Sector - (with specific groups being invited in when specific needs have been identified)

(Other groups would be invited to meetings when specific needs have been identified)

The maximum number has been suggested as eight to ten members with meetings to be held on a quarterly basis initially, with meeting frequency subsequently determined by need.