

<b>Report to:</b>	Health and Wellbeing Board	<b>Date of Meeting:</b>	Wednesday 11 September 2019
<b>Subject:</b>	Refresh of the Health and Wellbeing Strategy Progress Update		
<b>Report of:</b>	Director of Public Health	<b>Wards Affected:</b>	(All Wards);
<b>Portfolio:</b>	Health and Wellbeing		
<b>Is this a Key Decision:</b>	N	<b>Included in Forward Plan:</b>	Yes
<b>Exempt / Confidential Report:</b>			

### Summary:

The purpose of this report is to inform the Health and Wellbeing Board about development of a new Sefton Health and Wellbeing Strategy for 2020-2025, and aims to,

- a) Describe the relevant policy context and implications for strategy development
- b) Provide a progress update on engagement to date on the JSNA priorities, and plans for the second phase of engagement
- c) Present an outline and rationale for the proposed structure and content of the Health and Wellbeing Strategy and implementation plan; highlighting underlying assumptions and principles
- d) Support discussion amongst Health and Wellbeing Board Members to begin formulating the central ambitions for better and more equal health and wellbeing in Sefton
- e) Set out governance and oversight arrangements leading to publication of the completed strategy

### Recommendation(s):

- (1) To inform the board of progress and proposed structure.

### Reasons for the Recommendation(s):

A further presentation of the draft will be submitted to the board in December

### Alternative Options Considered and Rejected: (including any Risk Implications)

**What will it cost and how will it be financed?**

**(A) Revenue Costs**

Not applicable at this stage.

**(B) Capital Costs**

Not applicable at this stage.

**Implications of the Proposals:**

<p><b>Resource Implications (Financial, IT, Staffing and Assets):</b></p> <p>This is a document intended to set strategic direction and therefore no direct resource implications can be identified at this time.</p>
<p><b>Legal Implications:</b></p> <p>No identified legal implications at this time. It is a statutory duty to produce this strategy.</p>
<p><b>Equality Implications:</b></p> <p>There are no equality implications. The strategy should seek to improve the Health and Wellbeing of all residents.</p>

**Contribution to the Council's Core Purpose:**

<p>Protect the most vulnerable: The strategy will seek to focus improvement on outcomes for the most vulnerable residents.</p>
<p>Facilitate confident and resilient communities: The Strategy will seek to improve the Health and Wellbeing of all our communities.</p>
<p>Commission, broker and provide core services: The Strategy will set strategic direction and vision for how we commission, broker and provide core services.</p>
<p>Place – leadership and influencer: The Strategy will set strategic direction and vision to improve Health and Wellbeing.</p>
<p>Drivers of change and reform: The Strategy will set strategic direction and vision to improve Health and Wellbeing.</p>
<p>Facilitate sustainable economic prosperity: The Strategy will set strategic direction and vision to improve Health and Wellbeing. Part of this will be improved economic prosperity for our residents.</p>
<p>Greater income for social investment: Not applicable.</p>
<p>Cleaner Greener: The Strategy will set strategic direction and vision to improve Health</p>

and Wellbeing.

## **What consultations have taken place on the proposals and when?**

### **(A) Internal Consultations**

The Head of Corporate Resources (FD5774/19) and the Chief Legal and Democratic Officer (LD4898/19) have been consulted and any comments have been incorporated into the report.

### **(B) External Consultations**

There are 2 phases of public consultation for the development of the strategy as presented to the Communication and Engagement panel. Phase one is a 10 week public consultation, which is currently live. This is using an online questionnaire (paper copies and appropriate support to complete are being made available on request) to test out the headline themes and priorities. Following the closure and analysis of this as second more detailed phase to include directed conversations and focus groups will commence.

### **Implementation Date for the Decision**

Following the expiry of the “call-in” period for the Minutes of the Cabinet Meeting

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### **Appendices:**

There are no appendices to this report

### **Background Papers:**

There are no background papers available for inspection.

## **1. Introduction/Background**

### **1.1. Status and function of the Health and Wellbeing Strategy in statute**

The development of a new HWS for Sefton continues to take account of its purpose and function as set out in statute. A recent review of Health and Wellbeing Boards by the Local Government Association clearly affirms the continuing relevance and status of HWBs, JSNA and HWS as essential and powerful drivers of population health improvement.

The Health and Social Care Act (2012) established the requirement for local authorities to set up Health and Wellbeing Boards (HWB) as a council committee, with executive membership made up of at least one Elected Member, Directors of Public Health, Adult and Children’s Social Care, plus representatives of local Clinical Commissioning Groups,

Local Health Watch, and NHS England, with other executive members included at the Board's discretion.

One of the minimum statutory functions of the Health and Wellbeing Board is preparation of Joint Strategic Needs Assessments (JSNAs) and Joint Health and Wellbeing Strategies (HWS). These are specific duties of local authorities and CCGs.

The HWS is the overarching population health plan and a statement of collective intent. It sets out high impact priorities, which are identified in the JSNA and through community engagement. The HWB can use its powers and duties to facilitate cooperative commissioning and decision-making, which align with patterns of local health and health-related needs.

Important, related functions of the HWB can be summarised as:

- A duty to encourage joined up working between health and social care commissioners, including providing support to encourage arrangements under section 75 of the National Health Service Act 2006 (lead commissioning, pooled budgets and/or integrated provision) in connection with the provision of health and social care services
- A power to encourage close working between commissioners of health-related services and the board
- A power to encourage close working between commissioners of health-related services (such as housing and many other local government services) and commissioners of health and social care services.

The Health and Social Care Act (2012) affords HWBs considerable latitude to determine the extent of their scope and the balance of strategic and operational working in their function and governance:

- Any other functions that may be delegated by the council under section 196(2) of the Health and Social Care Act 2012. For example, this could include certain functions relating to the joint commissioning of services, the operation of budget-pooling arrangements. Delegated functions are not restricted to health and social care, and could include other assets and functions, recognised as determinants of health and health inequality, e.g. housing, planning, welfare, leisure, cultural services and voluntary sector services.

The overall purpose of the HWS is to drive improvements in population health and wellbeing and to promote ways of working that can also narrow health inequalities.

## **1.2. Wider policy perspective**

Sefton's new HWS is a response to the picture of needs and assets presented in the Sefton JSNA 2018. JSNAs must have chapters on physical and mental health data, behavioural ('lifestyle') risk factors, demographics, and other determinants of health (housing, education, employment, income, built and natural environment, transport, social supports). This is a reminder that patterns of health and disease are most influenced by the opportunities and experiences we encounter as we are born, grow, work and age ('a social determinants model of population health').

Recent national policy developments emphasise the need to prevent health problems as an essential aspect of achieving health and care services that are sustainable as well as improving quality of life and productivity.

The National Industrial Strategy includes a grand challenge to ensure that people can enjoy at least 5 extra healthy, independent years of life by 2035, while narrowing the gap between the experience of the richest and poorest. Technological innovation is presented as a key means of achieving this mission. This approach is also emphasised

in *Advancing Our Health: Prevention in the 2020s*, the government's current green paper. The two-way relationship between good work and good health is also a central theme in the Liverpool City Region Local Industrial Strategy, which is currently in development.

The NHS Long Term Plan gives much more emphasis to population health perspectives, including:

- New NHS funded prevention interventions and services, e.g. stop smoking support in clinical settings, increased weight management support as part of the diabetes prevention programmes, mental health support in schools, investment in alcohol care teams, and social prescribing
- A requirement to increasingly demonstrate and measure action on health inequalities and to design care around specific local needs. This is reinforced by significant and impactful new guidance from Public Health England.
- Commitment to lever health gains and social value through the health sector's investment in procurement, transport, employment and capital projects ('anchor institutions')
- A new NHS model that emphasises greater collaboration - with civic partners, including local authorities, the community and voluntary sector at different scales of population, and between commissioners and providers.

1.3. Our ability to realise the full potential of place-based population health approaches is influenced by a number of factors, and national policy decisions are highly significant, for example welfare reform, local government funding provision and mechanisms (notably to social care and public health in this context), and also the extent of legal and regulatory control where population health is a consideration. Current policy in this area, including reductions to public sector budgets shapes Sefton's health need, service demand, and our strategic response.

1.4. Taken together, these developments offer challenges and opportunities, but underline the necessity of having a coherent, connected intelligence-led and evidence-based health and wellbeing strategy for Sefton; which can help us to unlock more of the health and prevention potential from our major assets - our services, our vibrant voluntary sector, communities of place and people, economy and our diverse outdoor spaces.

## **2. Progress update on engagement activity**

Engagement with community groups, individuals, public sector partners, and the range of commercial and other organisations is an essential aspect of HWS development. As set out in our initial proposals and update to Sefton Consultation and Engagement panel, our engagement plans follow the model that was developed to inform Sefton's first Health and Wellbeing Strategy, which delivered an active engagement phase totalling six months. In revisiting our HWS, we aim to achieve breadth of engagement, particularly amongst potentially more vulnerable groups, including those at risk of exclusion and facing more barriers to participation, however, the intensity of length of engagement is shorter.

Phase one focuses on significant health needs identified in the JSNA. This phase ran from 5 August to September 9 as an online questionnaire, with easy read text used across standard and accessible versions to maximise uptake and engagement. This has benefited from a high degree of involvement from the Improving Information Group. The

questionnaire is structured in four sections: on a lifespan and social determinants of health model.

- Start Well, Grow Well
- Live Well, Work Well
- Age Well
- Things That Affect Everybody

Participants are asked to select their top three most important things that contribute to being able live well as they age, and each section has a free-text entry inviting people to tell us about other things they are feel are important. The questionnaire and questions are formulated to draw out key themes, for example happiness and wellbeing as well as health; good quality services alongside developing healthier place and opportunities; health conditions, as well as risk factors and social determinants of health; prevention as well as treatment.

Phase two will use the successful Talking Health and Wellbeing focus group methodology developed in 2014 to share the results of the phase engagement on needs and priorities and explore stakeholder's views on the draft strategy in outline, the key ambitions that it should fix upon to drive the right improvements in the right way, and the kinds of measures that would be meaningful to share progress.

### **3. Outline and rationale for the proposed structure and content of the Health and Wellbeing Strategy**

#### **3.1 Content and presentation**

##### **Living Well in Sefton 2014-20 – our current Health and Wellbeing Strategy**

The current HWS, Living Well in Sefton 2014-20 is a 21-page document, accessible in an online format on the Sefton Council Health and Wellbeing Board<sup>1</sup> and Business Intelligence webpages. Visibility and accessibility are important considerations for the new HWS, since HWBs are expected to demonstrate the principles of openness, transparency, and accountability in their communication and engagement with local communities.

Sefton's current HWS is structured to include a foreword and introduction emphasising the make-up, governance, intentions and scope of the HWB, followed by a statement of Our Aspiration for Sefton by 2020, which emphasises several priorities, approaches and outcomes:

'By working together and aligning our resources, we aim by 2020 to improve the care, health and wellbeing of all Sefton residents and narrow the gap between those communities with the best and worst health and wellbeing outcomes. We will promote independence and help build personal and community resilience. We will work with parents and carers so that all children and young people have opportunities to become healthy and fulfilled adults and create a place where older people can live, work and enjoy life as valued members of the community. We will seek to improve opportunities and support residents to make choices so that people are able to live, work and spend their time in a safe and healthy environment and provide early support so that people can remain independent for longer.'

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<sup>1</sup> <https://www.sefton.gov.uk/public-health/health-and-wellbeing-board.aspx>

### **Ensure all children have a positive start in life**

- Children and young people will have good physical and emotional health and wellbeing and will lead healthy lifestyles
- Children and young people will be safe
- Children and young people will be aspirational and achieving through the enjoyment of going to school and college
- Parents will have the skills, support and infrastructure to enjoy being parents
- Children and young people will have a voice, will be listened to and their views will influence service design, delivery and review

### **Support people early to prevent and treat avoidable illnesses and reduce inequalities in health**

- There will be effective prevention and early intervention with people being empowered to determine their own outcomes through the experience of quality services
- There will be improved health and wellbeing against the wider factors that lead to poor health and wellbeing
- There is education, skills and support for people to change their lifestyles and to do things for themselves
- The population is protected from incidents and other threats, including infectious diseases, accidents, excess winter deaths whilst reducing health inequalities

### **Support older people and those with long term conditions and disabilities to remain independent and in their own homes**

- There will be system wide improvements across social care and care pathways, supported with access to information about early diagnosis and prevention
- There will be effective management of long term conditions for all adults, including mental health and dementia
- There will be outstanding end of life services
- There will be access to information about early diagnosis and prevention services
- There will be increased physical, emotional and economic wellbeing. There will be access to appropriate, high quality housing across Sefton

### **Promote positive mental health and wellbeing**

- We will have stronger communities involved in their own wellbeing and wider community's mental health services
- There will be an increase in physical and emotional health and wellbeing
- The mental health services that are commissioned will be fit for purpose
- We will have stronger communities involved in their own wellbeing and wider community's mental health services
- There will be an increase in physical and emotional health and wellbeing

Seek to address the wider social, environmental and economic issues that contribute to poor health and wellbeing

- The appropriate infrastructure is in place to improve opportunity, maintain health and wellbeing and the quality of life for all
- There will be improved access to services and information for all, including leisure facilities, parks and open spaces
- There will be opportunities to access new skills, training enterprise, employment and progression
- There is infrastructure and investment is in place to improve opportunity, maintain health and wellbeing and quality of life for all
- There will be access to high quality housing across Sefton

Build capacity and resilience to empower and strengthen communities

- There will be stronger communities involved in and responsible for their own wellbeing and of the wider community with reduced dependency on services
- There will be Improved access to services and information for all, including leisure facilities, parks and open spaces
- The value of clean, safe, healthy environments in promoting health and wellbeing will be recognised
- The health benefits of borough wide activities through parks, the coast and countryside will be valued, encouraged and promoted
- Increase the physical and emotional health and wellbeing of all residents
- There are clean safe environments and quality of place

There follows a definition of wellbeing, a statement of Vision and a 20-point Promise for commissioners and providers, leaders and the people of Sefton. An overview of needs is presented in the Living in Sefton section and emphasises the challenges presented by contemporary policy changes, recession, budget reduction, demographic changes and meeting housing needs for example. The current strategy sets 6 strategic objectives and 30 associated outcomes to achieve by 2020 (above). 'Living Well in Sefton' also includes a one year delivery plan, which makes links to other place and needs based strategy, e.g. the Local Plan, the CCGs' five-year plan, and also includes plans to further develop the HWB dashboard and to progress collaborative commissioning. The final section provides further detail about implementation relating to governance and monitoring

### **3.2 Consideration and proposed outline for Sefton's new Health and Wellbeing Strategy**

Our existing Health and Wellbeing Strategy was the product of a lengthy period of intensive work, engagement, system leadership, and positive peer review.

Key strengths from Sefton's HWB 2014-20, which should be carried forward include: short format, recognition of policy context and strategic purpose, emphasis on social and wider determinants of health and aligned commissioning, governance and community accountability, monitoring dashboard and enabling implementation plan.

Areas that warrant development are:

- Greater emphasis on the scale and make-up of the health conditions that affect people's health in Sefton from birth through to older age
- More prominence towards addressing reduce health inequality as a cross-cutting priority, which recognises that this is a main driver of demand in services

- A strong, but simple narrative that links health and wellbeing outcomes, to health behaviour, arising out of underlying differences in experiences and opportunities across the lifespan
- More transparent explanation about assumptions, principles and the essential strategic approach to improving health and wellbeing and inequality
- Information about supporting action, policy and governance that will enable the HWS to deliver on its ambitions

### 3.3 Underlying assumptions and principles

The following assumptions and principles underpin strategy development to date. These reflect public health evidence, guidance, best practice from elsewhere and feedback from discussions and partner engagement to date.

- i. Our health and life chances are founded on the influence of four main pillars: social and wider determinants of health and wellbeing, community networks and support, health behaviour, and health, care and wellbeing services
- ii. Influence over these comes from three main areas: the broad range of civic responsibilities carried out by Sefton Council, commissioners and providers of health, care and wellbeing services, and Sefton's wider community, including our voluntary sector, other organisations, businesses groups and networks. The HWS will point towards changes within and between these three main areas
- iii. Shaping our 5-year response to each of these will require input from leaders, partners, and other stakeholders. This will draw together existing and future strategy, looking at connections across the four pillars of health, changes to ways of working and possibly changes to the support on offer based on our understanding of local need, resourcing and evidence of what works
- iv. Recognising health and health-related priorities for a whole population is based on the information in our JSNA and focuses on issues that affect large numbers of people, not just the health problems that people die from, but also problems that can limit our ability to participate and have good quality of life<sup>2</sup>
- v. The ambitions or priorities we agree upon in the strategy should be high level, informed by evidence and guidance where possible, alongside an understanding of needs and assets that balances statistical information with real-world experiences. Lessons from landmark reports such as Due North and Fair Society Healthy Lives have not lost any relevance
- vi. We should aim to improve health and wellbeing for everyone, with the biggest improvements taking place in groups that have the most ground to make up, intensity of support and approaches to improving health should vary in line with need

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<sup>2</sup> Innovations in data visualisation help us to do this <https://vizhub.healthdata.org/gbd-compare/>

- vii. Prevention is about enabling people to maintain the best health for them all the way through life. Our health and wellbeing is essentially our fuel for life, so prevention is a cross-cutting theme
- viii. Wellbeing is related to health but distinct. It is connected to our sense of place in the world, our value and purpose. Wellbeing is a cross-cutting theme
- ix. Differences in life expectancy, disease and disability that we measure today are the result of a lifetime of diverse influences, of which the greatest is socio-economic disadvantage or poverty. Achieving measurable differences in these outcomes takes place over generational timescales, however measuring improvements in outcomes at the start of life is possible within the lifetime of this strategy. It is useful to use a life-course framework and consider short, medium and long-term measures of success. Some ambitions may carry over from one HWS to the next
- x. The NHS Sefton Place Plan makes a major contribution towards achieving our vision for better and more equal health, happiness and opportunity in Sefton through its focus on improving quality and equity, developing stronger connections with specific community needs, civic and services assets in how it delivers care, and in its position as an anchor institution

### 3.4 Proposed outline

#### *Foreword and introduction*

- Purpose of the strategy, function of the board, role of Health Watch, community accountability
- What did our previous HWS achieve and what have we learned?
- How was this plan developed (how did we agree on the main things to work on between now and 2025)?
- How will we get from words on a page to the differences you told us you wanted to see?
- How to keep in touch and help us achieve our ambitions

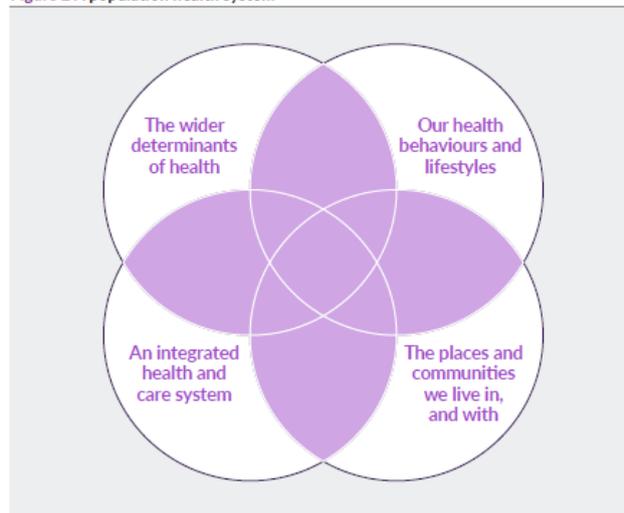
#### *Statement of HWB values/promise What is health and wellbeing like in Sefton?*

- What is health? What is wellbeing?
- Where does health come from?<sup>3</sup> (see below for the King's fund four pillars model) Sefton has a lot to work with

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<sup>3</sup> <https://www.kingsfund.org.uk/sites/default/files/2018-11/A%20vision%20for%20pop%20health%20summary%20online%20version.pdf>

Figure 2 A population health system



Together, the four pillars form the basis for a population health system. As a concept, this is not new. However, current efforts in relation to the pillars are not in balance and there is not enough focus on the pillars as interconnecting parts of the same system. A more balanced approach is required that distributes effort across all four pillars and, crucially, makes the connections between them.

- General discussion on the main causes of illness, disability and death in Sefton (cancer, circulatory and respiratory disease, mental health), health behaviours: smoking, diet and obesity, physical activity, alcohol, drug use, plus harm from air pollution, infectious disease especially unvaccinated children, and abusive relationships
- There are big differences in health and wellbeing in Sefton

What explains these differences? The conditions in which we grow up, live, work and age are the biggest influence on our life chances, health and wellbeing. These conditions include, income, emotional investment and care from parents, carers, family and friends, risks and health benefits in our homes and neighbourhoods, access to essential services like transport and healthcare, and our experiences in pre-school, school and training that influence are path through life as adults

This strategy has a bigger focus in reducing these inequalities in health – why?

Although there are some things that only the government can change, the extent of health inequality is not fixed or inevitable. Health inequality is a barrier to social mobility and prosperity, a legal duty on councils and the NHS, and a major driver of cost and demand on services

*What do we want to achieve? Vision, Aim, What are our ambitions for Sefton*

### *Start Well*

Children's life chances and health risks diverge rapidly from birth. Social mobility linked to educational attainment, health and wellbeing is a concern in Sefton. There is lots of evidence to show that giving support to offer children and families

a more level playing field from birth to starting school and beyond is probably the single best way of improving population health and narrowing health inequalities. There are several points to intervene, and issues for Sefton include:

Healthy, positive, pregnancy: substance use, smoking, obesity, nutrition, mental health, indoor and outdoor air pollution, and reproductive choice

Avoidance of preventable illness: breastfeeding, vaccination, childhood accident, dental health, healthy housing, passive smoking, reducing exposure to air pollution as lungs are developing, development confident, successful weaning and good nutrition, food poverty, and food environments linked to obesity rates that are now the major behavioural risk as our children age

Services that can readily modulate between universal assessment support, early intervention and intensive support, and are networked with wider support opportunities to meet individual and family needs

Emotional wellbeing – support for vulnerable parents, and children, peri-natal mental health, exposure to adverse childhood experiences. In older children poor mental wellbeing, bullying, loneliness, self-harm, time out of education, vulnerability and exposure to crime and access to mental health services are concerns

Making confident transitions into primary, secondary school and into further education and training. Wider gap in educational attainment in secondary school

Inequalities exist along lines of income and social deprivation; less good physical and mental health is also a known risk for children with learning or other disabilities, children from groups that may be at higher risk of exclusion, and children who identify as LGBT

### *Live Well*

In our middle years health behaviours start to become more prominent concerns for health. People living within the constraints of a low income, and other socio-economic disadvantage are more likely to develop pre-cursors to chronic conditions such as obesity, raised blood sugar, high blood pressure, or high cholesterol. This group is more likely to develop serious long-term, conditions like diabetes, osteoporosis, cancer, heart disease, stroke or lung disease earlier in life (pre-retirement age) and develop more than one.

Additional challenges from poor quality or uncertain employment, debt, caring for children and/or older relatives and physical health problems add up to increasing risk of poor mental wellbeing and mental health conditions. The amount of ill-health reduced quality of life due to issues like headache, backache, and stress are all part of this picture, and middle-aged men continue to have the highest rate of suicide in Sefton.

The cross over between reduced mental wellbeing, physical health, and unhealthy behaviours such as alcohol and substance use and smoking can pose problems for anyone, and can often have health and wellbeing impacts for family and wider social networks. However, the risk and the severity of the consequences, e.g. homelessness, are more serious, for people living in poverty. This is reflected in the much higher rates of chronic disease, emergency healthcare use, health-related benefits claims and lower screening uptake we see in parts of South Sefton and Southport.

Public Health England's short-hand summary of health determinants as 'a job, a friend, and somewhere to live' is relevant. Housing, inclusive growth, healthy high streets and workplaces and holistic, person-centred support for carers and others are key considerations for this age group.

Inequalities in adulthood are along similar lines to those described above, but are also more significant for people living with long-term mental health conditions.

### *Age Well*

We age from the moment we are born, and our genes plus a lifetime of experiences shape our mental and physical health in later life. The proportion of older people in Sefton's population is growing and invites us to think about what active and productive ageing would mean for Sefton. Older people can play a major part in volunteering, community and asset-based development. Health concerns for some older people in Sefton include our high rate of falls and the loss of independence that can result, neurological conditions, including stroke and dementia, mental health problems such as depression, risk from infections including influenza and pneumonia, and sensory impairment. Negotiating a complex array of health and care arrangements, time in hospital, challenges within the home environment, access to suitable transport options, low income, and possibly a caring role are demanding and pose a major risk to health and wellbeing.

Considerations for this age group include how care, health and community services and support work together, the ongoing value of preventative care for example to minimise the risk of a serious fall, infection or complication from a long-term condition.

In terms of health inequality, it is important for services beyond health and social care, including wellbeing services to understand how they can help meet the needs of this group, and older people who may identify as belonging to another group and feel excluded. The social, and built environment are also a key consideration. Indoor and outdoor spaces that are designed co-productively and with the needs of older people in mind work well for everyone and can help strengthen communities by fostering inter-generational inclusion.

*How will this plan lead to better health and smaller differences in health?  
Who is responsible for making changes?*

There is a key role for commissioners and provider of services in how they address our collective ambitions for Sefton, but a lot of the things that help to create health, happiness and good opportunities to sit outside of services in other parts of the council, and in the community.

The latest guidance from Public Health England<sup>4</sup> describes two main ways to improve health and reduce inequalities. And these can be applied to progress our vision, aim and ambitions, with oversight and support coming through the implementation plan and supporting policy development

Firstly, there are changes to improve the overall quality of services and to ensure that the most intensive support is where it's most needed and provided in ways that work for people. This is a key point for Sefton's health services, as outlined in the NHS Long Term Plan; voluntary sector organisations already have valuable experience and learning to share.

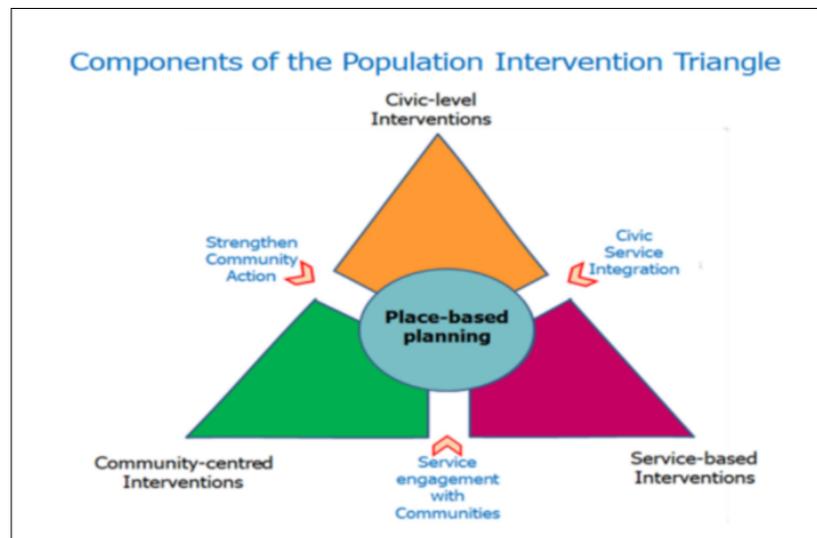
The idea of a quality offer for health can also be applied to how we continue to enhance our built and natural environment, pursue inclusive growth, spend our

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<sup>4</sup> <https://www.gov.uk/government/publications/health-inequalities-place-based-approaches-to-reduce-inequalities>

Sefton pound to increase social value, and support the health and wellbeing of employees, students and people moving towards employment

Secondly, it is important to for all these different parts of the system to strengthen their health impact by connecting together. This multiplies the prevention potential that any one part of the system can create on its own. Sefton already has some great examples of this, but the HWB and HWS can facilitate this approach.



Public Health England Population Intervention Triangle<sup>5</sup>

*How will we know it is working or not working?*

The HWB will use facts and figures from the JSNA and national outcomes frameworks to measure to look at whether things are moving in the right direction. We will also include community suggestions for the things that matter to you so we can report back on these too. Some of the big changes we will take longer to show up in official statistics, so the HWB dashboard could also select measurements from services that would suggest the right changes are happening. Tracking progress on milestones is another way to do this, for example other strategies, policies, processes that are needed to enable change.

### 3.5 Implementation and supporting documents

With reference to the considerations above supporting policy could include the following, some of these could be developed within the year one implementation plan as previously

- Illustration of governance and delivery structures, reflecting relationships between organisations, strategies and other committees
- Completed dashboard
- A common commissioning for outcomes framework to support co-operative commissioning aligned on core priorities, approach, monitoring
- A shared quality framework, emphasising equity and co-production alongside the other main domains
- A Health in All Policies Plan

<sup>5</sup> <https://www.slideshare.net/PublicHealthEngland/placebased-approaches-for-reducing-health-inequalities>

- A communications and engagement strategy

#### **4 Formulating ambitions**

The summary narrative around Sefton's health and health-related needs across the life-span can be used to stimulate ideas around the particular ambitions the strategy could present to galvanise high impact change. Some of these may already be reflected in the objectives set in the existing strategy, whilst others may suggest themselves from the main messages from Michael Marmot and the authors of the *Our Common Future* Report. For example,

- Promote healthy development in early childhood
- Enable everyone to maximise their capabilities and control over their lives
- Create fair employment and good work for all
- Ensure a healthy standard of living: homes, streets, schools workplaces and leisure time
- Co-create healthy and sustainable places and communities – active travel, clean air, high quality green and urban spaces that work for everyone
- Strengthen the role of the health sector in prevention and health equity

Co-creating these to reflect the specific needs in Sefton and taking on board the views of community members will be the focus of the next phase of public and stakeholder engagement.