### Summary:

The purpose of this report is to provide an update on the development of a new Joint Health and Wellbeing Strategy for Sefton 2020-2025.

This paper highlights key points on process, progress, structure and content from the most recent update report as presented to Sefton Health and Wellbeing Board.

### Recommendation(s):

Committee members are recommended to:

1. note the contents of the update report
2. offer questions, comment and feedback,
3. Support and promote the continuing development of the new Health and Wellbeing Strategy

### Reasons for the Recommendation

This is for the committee’s information and update.

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

Not applicable.

**What will it cost and how will it be financed?**
(A) Revenue Costs
No financial implications

(B) Capital Costs
None

Implications of the Proposals:

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

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<th>Protect the most vulnerable:</th>
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<td>The strategy will seek to focus improvement on outcomes for the most vulnerable residents.</td>
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<th>Facilitate confident and resilient communities:</th>
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<td>The Strategy will seek to improve the Health and Wellbeing of all our communities.</td>
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<th>Commission, broker and provide core services:</th>
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<td>The Strategy will set strategic direction and vision for how we commission, broker and provide core services.</td>
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<th>Place – leadership and influencer:</th>
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<td>The Strategy will set strategic direction and vision to improve Health and Wellbeing.</td>
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<th>Drivers of change and reform:</th>
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<td>The Strategy will set strategic direction and vision to improve Health and Wellbeing.</td>
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<th>Facilitate sustainable economic prosperity:</th>
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<td>The Strategy will set strategic direction and vision to improve Health and Wellbeing.</td>
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<th>Greater income for social investment:</th>
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<td>Not Applicable</td>
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<th>Cleaner Greener:</th>
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<td>The Strategy will set strategic direction and vision to improve Health and Wellbeing.</td>
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What consultations have taken place on the proposals and when?

(A) Internal Consultations
The Head of Corporate Resources (FD5808/19) and the Chief Legal and Democratic Officer (LD4032/19) have been consulted and any comments have been incorporated into the report.

(B) External Consultations
The development of the strategy has been subject to a public consultation which ran from August to September.

**Implementation Date for the Decision**

With immediate effect. The Chair of the Overview and Scrutiny Committee has given approval under Rule 46 of the Overview and Scrutiny Procedure Rules for the ‘call-in’ period to be waived in respect of the executive decision.

<table>
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<tr>
<th>Contact Officer:</th>
<th>Helen Armitage</th>
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<td>07816066317</td>
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<td>Email Address:</td>
<td><a href="mailto:Helen.Armitage@sefton.gov.uk">Helen.Armitage@sefton.gov.uk</a></td>
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**Appendices:**

There are no appendices to this report

**Background Papers:**

There are no background papers available for inspection.

1. **Background**

A new Sefton Health and Wellbeing Strategy for 2020-2025 is being developed. Development of a Joint Health and Wellbeing Strategy is a legal duty under the Health and Social Care Act (2012), which is shared by the Local Authority and Clinical Commissioning groups and is overseen by the Health and Wellbeing Board.

The Health and Wellbeing Strategy is the overarching strategic plan to improve population health and wellbeing and to reduce health inequalities. It is based on needs and assets identified in the Joint Strategic Needs Assessment and through public and stakeholder engagement, and takes account of the latest policy, guidance and evidence.

The high-level aims, which are agreed and set out in the strategy are important, as they serve to:

- Align commissioning intentions for health, care and wellbeing services,
- Promote more collaborative, person and place-centred ways of working,
- Connect and strengthen activity taking place elsewhere in the Community, Voluntary and Faith sector, within health and care providers, and in organisations and partners whose work focuses on the wider determinants of health. This asset base is where a large share of Sefton’s potential to improve health and wellbeing and reduce inequalities resides
2. Process and progress

2.1 Process

The development of the new strategy is being undertaken by a small steering group led by Public Health. The work of developing the strategy has ‘behind the scenes’ and public-facing elements. The former includes,
- Distilling key messages from the health and population statistics and priorities in the Sefton Joint Strategic Needs Assessment (JSNA),
- Understanding the relevant local and wider policy landscape,
- Applying best practice and guidance and recognising strengths and areas for improvement in the current strategy and how it has performed
- Capturing strategic priorities and an approach to achieving change in a meaningful and accessible format

Public and stakeholder engagement is also essential to ensure that the strategy is inclusive and speaks to needs that people feel and experience. Engagement activity has two phases:

- **Phase one** used an online questionnaire to act as a sense-check on priorities from the JSNA across the lifespan and to elicit other priorities

- **Phase two** turns to a focus group format to reflect back these themes; gather feedback on the structure and content of the strategy in outline; shape development of the guiding ambitions, which the final strategy will centre on; and to find out how people would recognise change for the better as part of developing a monitoring dashboard for the new strategy

The capacity to resource this work is less than for the first Sefton Health and ‘Wellbeing Strategy. Using an evidence-based approach, which draws on the latest guidance on population health has been essential to ensure that the new strategy will be sound and effective.

2.2 Progress summary

A detailed update was shared with the Health and Wellbeing Board on 11th September\(^1\). The aims of this report were 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

\(^{1}\) [https://modgov.sefton.gov.uk/documents/g9625/Public\%20reports\%20pack\%2011th-Sep-2019\%202014.00\%20Health\%20and\%20Wellbeing\%20Board.pdf?T=10 pp115-129](https://modgov.sefton.gov.uk/documents/g9625/Public%20reports%20pack%2011th-Sep-2019%202014.00%20Health%20and%20Wellbeing%20Board.pdf?T=10 pp115-129)
e) Set out governance and oversight arrangements leading to publication of the completed strategy

The main points are summarised below with some additional comments on themes from phase one engagement.

2.2.1 Policy context

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.²

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.³

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, allowing for ‘other functions that may be delegated by the council under section 196(2) of the Health and Social Care Act 2012.’

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.

Wider policy perspective

Sefton’s new HWS will be a response to the big 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.

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.

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Current policy in this area, including reductions to public sector budgets shapes Sefton’s health need, service demand, and our strategic response. 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, local economy and our diverse outdoor spaces.

2.2.2 Engagement

Public engagement is an essential element of developing a sound and effective health and wellbeing strategy. As outlined above, phase one focuses on significant health needs identified in the JSNA using an online questionnaire⁹, with easy read text used in both standard and accessible versions to maximise uptake and engagement. This survey benefited from a high degree of involvement from the Improving Information Group.

The questionnaire was structured into four sections reflecting our intention to use a lifespan and social determinants of health model to help structure the strategy: **Start Well, Live Well, Grow Well and Things that Affect Everybody**. Respondents were asked to select their top three most important things that contribute to being able live well as they move through life, and each section included a free-text entry inviting people to share other things they feel are important. The questions draw out key themes, for example happiness and wellbeing as well as physical 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.

Emergent themes echoed those identified in recent engagement to inform other strategies e.g. the Children and young People’s Plan.

- **Mental health and wellbeing** appeared as cross-cutting concern;
- Different aspects of ‘safety’ were a key issue highlighted for children and young people;
- **Information and support that enable people to stay well** and look after their own health, including taking part in community and social activities were prominent in the work and age well sections, as was the theme of
- ‘One community’ – a desire for opportunities that enable people of all ages to share a common sense of place, purpose and belonging;
- Feedback in the wider determinants section prioritised the health benefits of **high quality, sustainable local places and natural spaces, which are well connected** (refers both to accessibility, transport links and being easily discoverable from online information).

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As outlined in 2.1 above phase two will take place in October Phase two using a Talking Health and Wellbeing focus group methodology. Findings from both phases will be published alongside the final report and will also be presented back to the Sefton Consultation and Engagement Panel.

3. Proposed structure and content of the Health and Wellbeing Strategy

The current HWS, Living Well in Sefton 2014-20 is a 21-page document\(^\text{10}\) and includes 6 strategic objectives (see footnote)\(^\text{11}\) and 30 associated outcomes to achieve by 2020. Health and Wellbeing Boards are expected to demonstrate the principles of openness, transparency, and accountability in their communication and engagement with local communities. Key strengths from Sefton’s HWB 2014-20, which should be carried forward include: its 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.

3.1 Areas that can benefit from further development may include:

- 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 reducing health inequalities as a cross-cutting priority, which recognises this as a main driver of demand on services
- A strong, but simple narrative that links health and wellbeing outcomes, to health behaviour, which are influenced by underlying differences in experiences, opportunities and assets across the lifespan. These may be protective or risky for long-term health prospects. The effects of poverty recur as the major risk for less good health and wellbeing across the population
- More transparent explanation on assumptions, principles and the essential strategic approach to improving health and wellbeing and inequality
- Specific information about supporting action, policy and governance that will enable the HWS to deliver on its ambitions

3.2 Underlying assumptions and principles

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

i. 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


\(^{11}\) 1) Ensure all children have a positive start in life, 2) Support people early to prevent and treat avoidable illnesses and reduce inequalities in health, 3) Support older people and those with long term conditions and disabilities to remain independent and in their own homes, 4) Promote positive mental health and wellbeing, 5) Seek to address the wider social, environmental and economic issues that contribute to poor health and wellbeing, 6) Build capacity and resilience to empower and strengthen communities
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

ii. Our health and life chances are significantly shaped by the influence of four main health determinants or pillars of health: social and wider determinants of health and wellbeing, community networks and support, health behaviour, and health, care and wellbeing services

iii. Influence over these comes from three main areas: the broad range of Civic responsibilities carried out by Sefton Council, the work of commissioners and providers of health, care and wellbeing Services, and health promoting activity taking place in 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

iv. 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

v. 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 (principle of proportionate universalism)

vi. 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

vii. 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

viii. 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

ix. 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

12 Innovations in data visualisation help us to do this https://vizhub.healthdata.org/gbd-compare/
3.3 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 real 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?\(^{13}\) (see below for the King’s fund four pillars model)
- Risks, and need, but also assets, opportunity and potential. Sefton has a lot to work with

- General discussion on the main causes of illness, disability and death in Sefton, i.e. What do people die from? And what health problems do people live with? (broadly cancer, circulatory and respiratory disease, mental health). What part do health behaviours play - smoking, diet and obesity, physical activity, alcohol, drug use. What about harm from other sources e.g. air pollution, infectious disease harmful social relationships

- There are big differences in health and wellbeing in Sefton – why?

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; taking steps to reduce unequal health is a legal duty on councils and the NHS; and premature, chronic health problems is a major driver of cost and demand on services.

What do we want to achieve?

Vision

For example, 'A confident and connected borough that has everything we need to start, learn, work and age well, and ensures a fair stake for everyone

Aim

For example, ‘Our Greatest Ambition is that together we close the gaps in health, wellbeing and opportunity and increase healthy lifespan for all'

What are our Big Ambitions in Sefton?

The strategy’s central goals will be framed as Ambitions to reflect the scale and complexity of the changes we want to see, the timescales involved (which can be considered inter-generational in many cases) and the value of progress as a positive in its own right.

So as not to dilute the focus and impact the intention is to develop two or three at most for each life-stage, including cross-cutting themes on prevention, inequality and wellbeing separately if appropriate.
Some Ambitions may carry over from the existing strategy objectives, whilst others may resonate in the main messages from leading authorities on health inequality, e.g. Michael Marmot and the authors of the Due North 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

Sefton’s Start, Live and Age Well Ambitions have not been finalised and this is the focus of phase two engagement. The intention is to present these alongside a supporting narrative that brings together what we know about the patterns of need, experience, opportunities and assets that exist for people who live in Sefton, as babies and children, adults and older adults. Below are some examples.

**Start Well**

Children’s life chances and health risks diverge rapidly, even from before 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 many ‘forks in the road’ where the right support and opportunities make a big difference. The issues in Sefton include:

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

- Avoiding preventable health problems: breastfeeding, vaccination, childhood accident, dental health; healthy housing, reducing exposure to air pollution and passive smoking as lungs are developing, , successful weaning, and good nutrition, the negative impact of food poverty and our wider food environment – obesity will be the biggest cause of long-term physical health problems as today’s children grow and age

- Emotional wellbeing – good emotional wellbeing for children, parents and carers starts with feeling safe, secure and confident. When these fundamentals of wellbeing are shaky or missing altogether making progress towards being ready for school at age 4 or 5 becomes a bigger challenge. This might be due to the impact of peri-natal mental health problems, current or historic abuse or traumatic childhood experiences, or threats to safety and security because of problems with money or housing.
Universal advice and support for all parents, carers and children is essential and helps parents, carers and children alike to grown in confidence during the crucial, pre-school years when little brains are developing very rapidly. Early years services that can readily modulate between universal assessment and support, early intervention and intensive support, are best placed to ensure that any additional needs or vulnerabilities are spotted early.

For older children transitions into primary, secondary school and into further education and training are key stepping stones. Confident transitions advance young people closer towards reaching their full potential. In Sefton, the gap in educational attainment between children from disadvantaged backgrounds gets wider. Amongst older children in Sefton, poor mental wellbeing, bullying, loneliness, self-harm, time out of education, exposure to crime and access to mental health services are concerns. Differences in physical, including obesity, and mental health exist along lines of income and social deprivation.

Within this general pattern some groups are also at greater risk of having less good health and wellbeing as children and young adults, for example individuals with learning or other disabilities, children from groups that may be at higher risk of exclusion, and children who identify as LGBT, or children who need to be cared for by others.

Live Well

In our middle years health behaviours start to become more prominent concerns for our long-term 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 and 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, as elsewhere in the UK.

The cross-over between reduced mental wellbeing, physical health, and unhealthy behaviours such as alcohol, 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 and with limited networks of support. 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. People with few barriers to making healthy choices and changes need high quality self-care information and services; people facing
many more barriers and challenges need more hands-on support to achieve and maintain the same changes.

- Looking after our emotional wellbeing needs to be more than an afterthought. We can do more to support our wellbeing as individuals, citizens, commissioners and providers of services or investors in employment and training, neighbourhoods, streets and communities.

- ‘A job, a friend, and somewhere to live’ is Public Health England’s short-hand summary of the things that really shape our health as we age. And these determinants of health as are as relevant in Sefton as anywhere. Housing, inclusive economic growth, work, adult learning and training opportunities, healthy high streets and workplaces and person-centred support for carers are key considerations for this age group.

- Inequalities in health and wellbeing in adulthood are along similar lines to those described above, but are even more significant for people living with long-term mental health conditions. This means that typically, more complex health problems develop earlier in life and life expectancy is shorter. This is a good example of where medical treatment is important, but so is ‘a job, a friend and somewhere to live’. New NHS investment in ‘social prescribing’ and closer working between medical, care and other services recognises this.

**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 frailty and 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 problems with sight and hearing.

  Negotiating a complex array of health and care arrangements, time in hospital, health risks in 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. Loss and loneliness can have a dramatic effect on health, wellbeing and independence.

- Considerations for this age group include how care, health and community services and support work together, and recognising 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 very varied group of people. 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 sit outside of services, in other parts of the council, and in the community.

  **The latest guidance from Public Health England**\(^{14}\) **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.

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

  2. Secondly, it is important 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.

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How will we know if the strategy is working or not working?

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

4. Implementation, Governance and Oversight

Supporting policy and resources

With reference to the outline and considerations above supporting policy could include the following, and some of these could be developed during year one of the implementation plan for the strategy

- Illustration of governance and delivery structures, reflecting relationships between organisations, strategies and other committees
- Completed monitoring dashboard
- A common commissioning for outcomes framework to support co-operative commissioning aligned on core ambitions, approach, outcomes and monitoring
- A shared quality framework, emphasising equity and co-production alongside the other main domains
- A Health in All Policies Plan
- A Communications and engagement strategy
- Enabling resources, e.g. learning and development plan

15 https://www.slideshare.net/PublicHealthEngland/placebased-approaches-for-reducing-health-inequalities
5. Next steps

A final draft of the new Health and Wellbeing Strategy will go to the Health and Wellbeing Board for sign off in early December and will be presented at Full Council in January 2020. Updates of the strategy in draft will be presented to CCG Governing Bodies in November and once again in completed format in February. An evaluation of engagement activities, outputs and influence on the strategy will be presented at Consultation and Engagement Panel.

The final strategy will be published together with the engagement report, equality impact assessment, and relevant supporting documents on the Council’s updated Health and Wellbeing Board webpage and Business Intelligence webpage.