

Gloucestershire Joint Health and Wellbeing Strategy

Summary Version

2019 - 2030



The Gloucestershire Way

We know that connected and empowered communities are healthy communities. The assets within communities, such as the skills and knowledge, social networks and community organisations, are building blocks for good health.

As part of our commitment to improving health and wellbeing, we seek to develop our relationships and connections with communities and recognise local strengths. Often referred to as a 'strengths-based' or 'asset-based' approach, this requires a different way of thinking and different conversations. We have some excellent examples of where this already happens but we want to build on this.

The Gloucestershire Way will be to build a shared understanding and commitment to working in a strengths-based approach. This will be underpinned with a clear set of guiding values.

Through this shift in ways of working, we will build community strength and resilience with associated improvements in health and wellbeing.



Foreword

Under the *Health and Social Care Act 2012*, Health and Wellbeing Boards have a statutory duty to develop a Joint Health and Wellbeing Strategy. It requires the Local Authority and Clinical Commissioning Group (CCG) to work together to understand the health and wellbeing needs of their local community, and agree joint priorities for addressing these needs to improve health and wellbeing outcomes and reduce inequalities.

Gloucestershire is generally a healthy county, but that does not mean we should be complacent and there is a great deal of variation across the county. We know that not everyone experiences good health and wellbeing, and this is influenced by a wide range of factors. Evidence suggest that as little as 10% of someone's health and wellbeing is linked to health care – it's our environment, jobs, food, transport, houses, education, and our friends, families and local communities that affect our health and wellbeing most.

This Joint Health and Wellbeing Strategy provides an excellent opportunity to focus on those areas where a collective, system wide approach can help to improve the health and wellbeing of the population of Gloucestershire.

We recognise the significant work that is going on across our districts and networks, and across the range of organisations that operate within them, to maintain and improve the health and wellbeing of our populations. We also acknowledge the considerable work that is being carried out in partnership across the county of Gloucestershire, with many strategies and programmes driving this work forward. We look to build on that work through the systems leadership of the Health and Wellbeing Board.

The strategy is not about taking action on everything at once, but about setting priorities for joint action and making a real impact on people's lives. It provides a focus and vision from which to plan ahead for the next ten years.

Cllr Roger Wilson

Chair of Gloucestershire Health and Wellbeing Board
Cabinet Member for Adult Social Care Commissioning



1 Introduction

Our population in Gloucestershire was estimated to be 628,139 in 2017, representing a rise of approximately 5,045 people since 2016. The health of people in the county is generally better than the England average. Gloucestershire is one of the 20% least deprived local authorities areas in England. However, there are notable variations across the county. Life expectancy for both men and women is higher than the England average.

Health is generally better than the England average

Notably, good health and wellbeing is not evenly distributed across the county and pockets of deprivation do exist particularly in the main urban areas and in some of the market towns. Life expectancy is 8.1 years lower for men and 5.3 years lower for women in the most deprived areas of Gloucestershire than in the least deprived areas.

The Local Government Association Prevention System Peer Challenge in February 2018 made nine key recommendations. Alongside the need to refresh the Joint Health and Wellbeing Strategy with greater community input, the recommendations also included the need to set out a fuller vision for health and wellbeing, define 'prevention' clearly, include the wider determinants of health, and make greater use of the voluntary and community sector to provide community insight.

This strategy articulates the Health and Wellbeing Board's response to the Prevention System Peer Challenge and sets out a clear vision and priorities.

The proportion of 0-19 year olds is highest in Gloucester

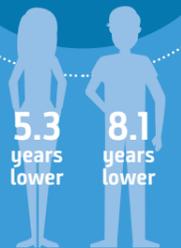
This strategy has clear links with the approach of the Safer Gloucestershire strategy. Safer Gloucestershire aims to ensure a coherent, strategic approach to the delivery of community safety activity in Gloucestershire. Together with this Joint Health and Wellbeing Strategy this provides a county wide framework for achieving the Vision 2050 ambition of a 'happy, healthy and safe' Gloucestershire.

A happy, healthy and safe Gloucestershire

1 in 8 Gloucestershire children are living in poverty

Population growth is fastest in the 65 and over age category

Life expectancy is lower in the most deprived areas



The level of child poverty is better than the England average

Vision

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

Where do we want to be?

Priorities



Physical activity

We want to make being physically active the social norm, and get 30,000 inactive people in Gloucestershire active.



Adverse childhood experiences (ACEs)

We want to build resilient communities and organisations that take action to prevent the potential lifelong impacts of adverse childhood experiences.



Mental wellbeing

We want every Gloucestershire resident to enjoy the best possible mental health and wellbeing throughout their life.



Social isolation and loneliness

We want to enable local people to build and nurture strong social networks and vibrant communities.



Healthy lifestyles



Early years and best start in life



Housing

We want to improve the quality, affordability, availability and suitability of housing.

We want to ensure that every child in Gloucestershire has the best start in life.

We will aim to halve the level of childhood obesity in Gloucestershire and reduce the gap in obesity rates between the most and least deprived parts of the county.

Key Partnerships

A wide range of partnerships will determine the success of this strategy. This includes, but is not limited to:

- Gloucestershire Moves (Physical activity)
- ACEs Panel (ACEs)
- Mental Health & Wellbeing Partnership Board (Mental wellbeing)
- Enabling Active Communities (Social isolation and loneliness)
- Healthy Weight Programme Board (Healthy lifestyles)

Ways of Working

- A systems leader
- Prevention focused
- Collaborative and community centred
- Holistic
- Equally valuing physical and mental health
- Tackling health inequalities
- Addressing the wider determinants of health and wellbeing
- Recognising where we add value

Tackling health inequalities

Health inequalities are the preventable, unfair and unjust differences in people's health. For each of the priorities we will focus on how we close this gap.

2 Developing the Joint Health and Wellbeing Strategy

This strategy has been developed through the Health and Wellbeing Board engaging with wider stakeholders, including our communities.

Engaging communities

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

Stage 1: Understanding the landscape

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

Stage 2: Informing the priority setting

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

Stage 3: Developing a better understanding of the priorities

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

Stage 4: Have we got it right?

This final stage involves more engagement to check that the strategy reflects what we have heard throughout the earlier stages.



Priority setting process

Priority setting process

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

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



3 Our approach to delivering the strategy

To deliver the priorities, we have considered some Health and Wellbeing Board principles for ways of working:

Principles for ways of working

- **A systems leader:** The Health and Wellbeing Board will take a position as a systems leader to enable and facilitate change to improve population health and wellbeing.
- **Prevention focused:** Developing a system wide shared understanding and commitment to prevention and early intervention.
- **Collaborative and community centred:** Taking a strengths based, community centred approach. Ensuring a collaborative approach engaging communities in ongoing conversations about the health and wellbeing priorities, assets and how we measure success.
- **Holistic:** Taking a whole person, whole life and whole population approach to prevention.
- **Equally valuing physical and mental health:** Ensuring equality in how we think about mental health and physical health and how they are valued.
- **Tackling health inequalities:** Developing shared understanding and commitment to addressing the unfair differences in health status that exist between people due to social, geographical, biological or other factors.
- **Addressing the wider determinants of health and wellbeing:** Recognising that many poor outcomes in health and wellbeing result from a complex interaction and accumulation of factors and poor life chances over time.
- **Recognising where we add value:** Focusing on actions where by working together we can make the biggest difference to those in the greatest need.



Developing a place based approach is a key way of putting into operation the overall vision for health and wellbeing. This strategy gives an overarching set of priorities but recognises the need for a flexible approach to delivery to reflect the differences at local, community levels.

Addressing health inequalities

Tackling poverty and inequality is a theme running across all of our health and wellbeing priorities. In line with the NHS Long-Term Plan, we are committed to a 'more concerted and systematic approach to reducing health inequalities'. We remain dedicated to improving outcomes for all, but for those in the worst position fastest.

We recognise that inequalities can be identified according to where people live, and that this is particularly true in some areas where there are high levels of deprivation and need; but there are also inequalities between genders, ethnicities, ages and abilities that we need to tackle. We will take an evidence based approach to reducing health inequalities through our work on each of the priorities.

4 Delivering the priorities

To progress each of the priorities, there needs to be a shared commitment from organisations, communities and individuals. Each priority will have a position statement providing greater detail of the objectives and performance management. There will be a nominated Health and Wellbeing Board member to lead on each of the priorities.

5 Measuring success

The overarching framework for measuring success for the Joint Health and Wellbeing Strategy is from the national outcomes framework. Table 2 shows the core indicators used and the current position. Further indicators will be identified.

Each priority will have a position statement providing greater detail on the objectives and performance management.

The Health and Wellbeing Board regularly monitors and reviews this strategy.

