Essex County Council

Essex Joint Health and Wellbeing Strategy

2022 - 2026

Produced in collaboration
with partners across Essex

Contents

Partners across Essex

- Essex County Council
- Essex Acute Hospitals and Mental Health & Non Acute Providers
- Essex District, Borough and City Councils
- Essex Association of Local Councils
- Hertfordshire and West Essex ICS
- Healthwatch
- Hertfordshire and West Essex ICS
- Mid and Southend Essex ICS
- OPCC
- Suffolk and North East Essex ICS
- VCS reps

Introduction

What is the Joint Health and Wellbeing Strategy?

Every local area must have a Joint Health and Wellbeing Strategy (JHWS) setting out the priorities identified through the Joint Strategic Needs Assessment (JSNA) that local government, the NHS and other partners will deliver together through the Health and Wellbeing Board (HWB).

The JHWS is intended to set a small number of key strategic priorities for action, where there is an opportunity for partners to have a real impact through local initiatives and action. The overall aim of the JHWS is that we see an improvement in health and wellbeing outcomes for people of all ages, and a reduction in health inequalities, by having a focus on supporting poor health prevention and promoting health improvement.

This all-aged strategy articulates a shared vision for health and wellbeing in Essex. It sets out the critical issues as identified in our joint strategic needs assessment, the priorities of member organisations and wider system partners, our key countywide strategic priorities, our agreed outcomes and how we will measure and assess our progress. This strategy has been designed to be read in conjunction with the JSNA which provides the latest insight and evidence base. The JHWS is owned by system partners including the NHS, the District, Borough and City Councils' Health and Wellbeing Partnership Boards, the Police, Fire and Crime Commissioner, Safeguarding Boards, education, and the voluntary and community sector.

The overall ambition of the HWB is to reduce the gap in life expectancy, increase years of healthy life expectancy and reduce the differences between health outcomes in our population. To reach these long-term ambitions, and as part of the development of this strategy, we have identified five key overarching priority areas:

1. **Improving mental health and wellbeing**
2. **Physical activity and healthy weight**
3. **Supporting long term independence**
4. **Alcohol and substance misuse**
5. **Health inequalities & the wider determinants of Health**

This strategy sets out how we want to work collectively as a partnership to deliver against these priorities, the importance of working with our communities, and how the JHWS links with other strategies and policies locally which are 'owned' by other partnerships. The HWB acknowledges there is much cross-over to these, and that delivery may be through other existing partnerships. We have started to do this by providing details of the other strategies we have considered but recognise that delivery will need to be reviewed and refreshed at intervals throughout the lifetime of this strategy to reflect changes to influencing strategies.

Strategic Context

The development of this strategy is set against a time of unprecedented challenge and change within our collective systems. As part of the recovery from the Covid-19 pandemic, a need to focus on preventing poor health and improving the health of our population has never been more central to our approach as without it we will not achieve our ultimate ambitions and in order to do this, we must focus on and address the wider influencing factors that impact on health outcomes and health inequalities.

Preventative health issues in Essex remain a key challenge with almost two thirds of adults remaining overweight and obese, with this number increasing and rates of excess weight in children remaining similar to national rates although variation exists at a district level. Physical activity, which we know can contribute to preventing poor health and improves health outcomes is low, with almost a third of adults being inactive and in some areas such as Basildon the rates are increasing. Similarly, most recent data suggests less than half of Essex young people do enough physical activity to benefit their health, and this has worsened since the covid pandemic.

Mental health and emotional wellbeing are a significant issue, and these have been greatly impacted by the covid-19 pandemic. Loneliness remains an increasing challenge, based on the Essex Resident survey around a third of the population feel they lack companionship (34%) and feel isolated from others (33%) some of the time or often. 36% feel left out some of the time or often. Additionally, many areas in Essex have very high suicide rates predating the pandemic with 4 areas in Essex being within the top twenty areas in England with the highest rates.

Deprivation and the impacts this has on health and health inequalities is well recognised. Although much of Essex is prosperous with some areas becoming more-so in recent years, other areas are suffering from increasing socioeconomic challenges, increased deprivation and a widening of health inequalities that is driven by these wider influencing factors. Socio-economic factors and deprivation have the greatest impact on health outcomes and in Essex we have some of the greatest levels of deprivation nationally. The deprivation in areas such as Clacton and Harwich have been noted in the Chief Medical Officer's report with these areas seeing some of the highest levels of poor mental health and childhood poverty nationally. Increasing life expectancy has stalled and even reversed in some areas. In addition, the English Indices of Multiple Deprivation (IMD) 2019 up-date highlighted additional areas within the County that are now facing impacts arising from deprivation so partnership work to address these including how the HWB addresses these through its wider partnership will be part of the work that we do with an all-aged approach being central to this.

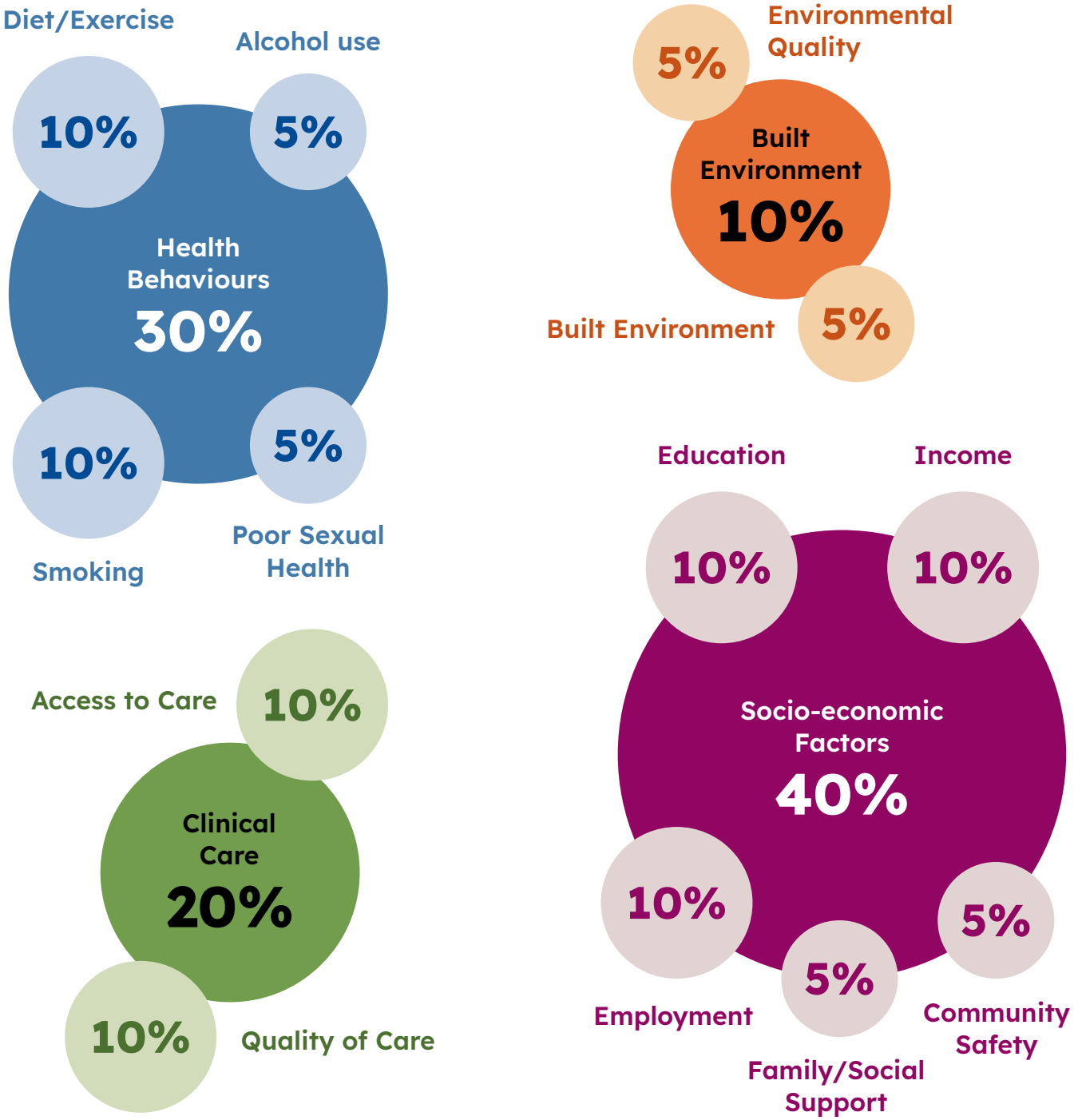
The increased widening of health inequalities nationally had been noted through the Marmot Review published just prior to the Covid-19 pandemic in 2020. The pandemic has further highlighted the differences we see between health and wellbeing outcomes of specific populations and communities. The report on the impacts of Covid-19 on health inequalities published through Essex Open data demonstrated the impacts on people negatively impacted by health inequalities including people with protected characteristics, people who are impacted by geographic differences, people who are

impacted through socio-economic factors and socially excluded groups.

Health gains in the future will require system working to maximise the protective prevention factors arising from the wider determinants, supporting positive lifestyle choices, addressing and managing clinical issues and utilising opportunities that the environment has whilst minimising and mitigating against any unintended consequences arising from these. Covid has impacted on health care services with long waits for hospital treatment with a focus on how the NHS will address this recently being published and as part of this, there is recognition of the need of the NHS as well as councils' roles in tackling the wider determinants of health that drive poor health outcomes. To really support the NHS, the HWB will focus on supporting poor health prevention and improving health; as examples, reductions in heart disease will require economic growth and better jobs and better lifestyle choices around exercise, diet and smoking as well as clinical risk identification and action and diabetes management will require good lifestyle choices and access to weight management support for all who are overweight as well as more intensive clinical interventions targeted at those at most risk.

We know that Essex is a large, geographically variable place so our approach to delivery of this strategy will be through a place-based approach working with our partners at the appropriate level of place in order to achieve our ambitions. We also know that we cannot address many issues that impact on health and wellbeing by working in silo so this approach will allow us to respond to the priorities identified within this strategy considering local population need, local community assets and local partnerships to support action. This will be reflected through the delivery action plan and our approach will evolve as evidence from the JSNA emerges, partners develop their own local strategies and new partnerships emerge and mature. The wider system is changing with new opportunities for partnership working offered through integrated care partnerships and place-based Alliances which take into account this approach which is a positive and which will be explored as our work evolves.

Since the 2018-2021 strategy was developed, the Health and Wellbeing Board, as well as wider system partners thinking is now firmly focused on the wider determinants of health. The below Robert Wood Johnson model provides a framework that recognises the wide range of impacts on health and the demonstrates need for us to tackle all these elements with a focus on those that both have the biggest impact on health and are amenable to system action. It is recognised that these influences are often interdependent with many priorities being linked to others and this will be reflected in our approach.



Source: Robert Wood Johnson Foundation and University of Wisconsin Population Health Institute in US to rank countries by health status.

Review, Links and Continuity with JHWS 2018/19 to 2021/22

The starting point for this strategy correctly is the end of the current and outgoing strategy which was developed using a similar process and had four key priorities:

1. Improving mental health and wellbeing
2. Addressing obesity, improving diet and increasing physical activity
3. Influencing conditions and behaviours linked to health inequalities
4. Enabling and supporting people with long-term conditions and disabilities.

Progress measures including high level targets where agreed. However, progress towards these targets has been disappointing.

While the first proposed a reduction in suicide of 10%, in some areas of Essex we have seen an increase. While a reduction in inactive adults was proposed, levels of inactivity have risen in this group- however these rates are significantly better now in Essex relative to the national picture but this is because the national level has worsened. There are some hints of progress towards the proposal to halt the increasing difference in life expectancy at birth especially in males. There has been progress in reducing the gap in employment in people with mental health issues compared to the overall employment rate in line with the proposed target but in people with learning disabilities there has been an increasing gap.

So, reflecting back, there are a number of possible lessons we need to consider for this next strategy.

First, the target measures currently available remain based on very historic data. While there is no evidence around gains in some of these areas, we are still seeing historic data that was not likely to be influenced by the strategy. This is especially true of the life expectancy data, the suicide data and to an extent the physical activity and employment data. To address this, we will have a more up-to date JSNA that, when possible, will provide more up-to date data, insight and intelligence through the Essex Open data platform.

Second, the level to which partners embraced the strategy and its challenges varied. We may wish to consider more focus on the new JHWS by having agreed system champions, understanding how the health and wellbeing board can lever it's influence on other elements of the system and its relationships with other partnerships and Board structures. This approach may include understanding how the HWB can influence other actions 'owned and under responsibility' of the wider system especially around the wider determinants of health and on health inequalities.

Third, there is now more recognition of the importance of tackling the wider determinants and this understanding will drive the future strategy. We have an established 'making every contact count approach' which is supported but making and driving forwards a 'health in all policies' and a 'child and young people health in all policies' approach would strengthen the work and influence we have as health, wellbeing and equity across the life-course would then be embedded within every policy.

While we have broadly continued with the previous priority areas, partners are keen to see misuse of alcohol and drugs added as a priority and this aligns to the national strategy, the Essex Drugs and Alcohol strategy and the work of the Essex Recovery Foundation.

Our Vision

Our vision for this Joint Health and Wellbeing Strategy is:

To improve the health and wellbeing of all people in Essex by creating a culture and environment that reduces inequalities and enables residents of all ages to live healthier lives.

This aligns with the wider Essex Vision agreed in 2017, which identifies 7 ambitions that partners and communities want to achieve by 2035 including the following which have specific relevance to this strategy:

- **Provide an equal foundation for every child**
- **Enjoy life long into old age**
- **Strengthen communities through participation**
- **Share prosperity with everyone**

Our Strategic Priorities

Our priorities for the Joint Health and Wellbeing Strategy have developed with input from stakeholders across the system to identify local level priorities, issues and opportunities alongside data and insight from the new emerging JSNA which will be published alongside this strategy.

1: Improving Mental Health and Wellbeing

Mental health and emotional wellbeing remain high on the agenda of all partners in Essex, perhaps more-so now due to the COVID-19 pandemic.

It is common across society, impacting on people throughout their lives and causes huge morbidity as people who have mental health issues often die early due to physical health issues arising from health inequalities driven by a combination of socioeconomic disadvantages and poor lifestyle choices rather than the mental health issue itself. We know that specific cohorts are disproportionately impacted so being focused upon health inequalities related to mental health and emotional wellbeing will be drawn out in the delivery action plan.

We also know that this a priority not just for adults; it links to the work of the Essex Children and Young People Partnership Priority, and partners across Essex must give focus to the mental health and wellbeing of children and young people.

Suicide is of specific concern within this broader issue, with four Essex districts amongst the top twenty in the country for high suicide rates - Tendring, Colchester, Harlow and Brentwood. We know that there are multiple protective factors that support good mental health and we will work with partners to maximise these whilst addressing risk factors.

Outcomes

Based on the data from the JSNA and engagement with partners, we will have focused on prevention, enhancing protective factors, and addressing risk factors across the life-course and at the end of this strategy will have:

A. Supported the mental health and emotional wellbeing of children and families with a focus on vulnerable groups who have been hit the hardest by the pandemic as evidence on this emerges.

B. Improved outcomes across multiple dimensions of life for adults with long term mental health conditions.

C. Reduced loneliness and social isolation.

D. Reduced suicide through a focus on system support of suicide prevention and having addressed the 7 national priorities.

E. Developed collective actions to tackle health inequalities arising from the wider determinants of health that adversely interact with poor mental health including employment, loneliness, social isolation, debt and housing.

2. Physical Activity and Healthy Weight

Obesity is linked to a wide range of diseases including type 2 diabetes, heart disease and stroke, musculoskeletal conditions, cancer, liver disease, and mental health conditions. The estimated cost to the NHS is over £5 billion annually, with tens of billions of additional costs to society.

In Essex, we have 63.8% of our adult population being overweight or obese, 22.3% of children aged 4-5 years old being overweight or obese and 33.1% of our 10–11-year-olds being overweight or obese. This alters across our districts with reception children in Tendring having the highest levels of excess weight in their 4–5-year-olds (30%) Harlow having the highest levels of 10-11 years olds being overweight (40.7%) and Castlepoint having 73.7% of their adult population now being overweight or obese. It is important that we continue to support people of all ages on nutrition, healthy eating and the benefits of physical activity.

There is a strong link between inequality, physical inactivity, poor diet and socio-economic deprivation, so addressing diet and physical activity in more deprived groups has a role in reducing health inequalities in Essex.

Again, this is another complex issue that has been potentially heightened during the pandemic with reduced opportunities and access to exercise and increases in poor dietary habits, sitting alongside issues such as increased cost of living, rising food poverty and instability.

Preventing excess weight, maintaining a healthy weight and ensuring people can get enough physical activity requires a whole system place-based approach that addresses environments that support or promote obesity or do not support being physically active and ensuring that these encourage and support positive behaviour change. To do this we will build upon the work of the Sport England Local Delivery Pilot and work of Active Essex to support increasing physical activity, work that has already started with our districts to address the food environment, and activity to support access to green spaces and the promotion of active travel. We recognise that being overweight or obese and physical activity are separate but related issues. They require different approaches in how we address the underlying ‘causes of the causes’ and that an integrated approach to developing interventions by partners is needed.

Outcomes:

To increase physical activity, reduce physical inactivity and increase those who have a healthy weight, by the end of the strategy we will have:

A. Enabled children, young people and their families to be more physically active and that they understand the importance of an active lifestyle, healthier diets and healthy weight.

B. Improved levels of physical activity amongst adults by helping them find ways to integrate physical activity into their daily lives.

C. Improved nutritional awareness, healthy eating, and helped low-income households to access affordable healthy food options.

D. Support weight loss in communities through the development of healthier designed places by addressing environments that support or promote obesity.

E. Helped residents with long term conditions and disabilities get the same access to physical activity as other residents.

3. Supporting long-term independence

Residents of all ages experience a variety of different long-term conditions that without timely and appropriate support can have a detrimental impact on their quality of life and lead to the development of additional health and care needs in the longer term and the needs of residents and their carers is considered through this priority.

Essex, like most areas, has an ageing population with the number of over 65-year-olds set to grow by 28% in the next decade whilst the number of over 85s is set to grow even further by 55%. Long term conditions are associated with an ageing population and include avoidable morbidity through stroke and other vascular conditions, including vascular dementia. Identified and well-managed diabetes, blood pressure, cholesterol and atrial fibrillation are important in this area. People with mental health issues and those with disabilities are less likely to be in work and may face financial challenges and be more likely to be socially isolated. Only around 1 in 13 adults with learning disabilities are in employment in Essex. We recognise that children and young people who have special educational needs and disability and children and young people with autism may still not get the support that they need to thrive so an inclusive, integrated approach linking with system partners will be needed to address this. Providing accessible information is fundamental to helping people access support when they need it and live as independently as possible. Access to good quality, information advice and guidance is a priority for all partners.

Outcomes

To support our residents to be independent throughout their life-course, by the end of the strategy we will have:

A. Improved access to advice and guidance including financial support advice across the system so that residents with long-term conditions and their carers can better manage their conditions.

B. Reduced digital exclusion to improve access to advice and support online, and connect with their friends, family, and communities in the digital space.

C. Helped all residents to have better access to opportunities in education, work, skills, housing, and their social lives.

D. Ensured that our advice and guidance we provide to residents is up-to date, is accessible and provided in a uniform way across our partners so that people can more easily navigate the information, advice, and guidance we provide.

4. Alcohol and Substance Misuse

Alcohol misuse is prevalent across society, but it is often the most vulnerable individuals and groups who are impacted most severely with the estimate impacts of alcohol related harm costing the health service alone over £3.5 billion annually.

In order to halt and reverse the trend of increased alcohol-related harm, we need to intervene early to identify those at future risk, and support and empower them to change their behaviour. Alongside this challenge is the issue of illegal substance misuse including the impact of "county lines" and a national increase in drug related deaths and new psychoactive substances.

Under the last strategy partners began exploring opportunities to improve outcomes in Essex by developing new services and approaches working with the community, and it will be essential that this work continues as part of this JHWS. We need to support people in understanding the risks associated with alcohol and substance misuse and we must recognise the need to address factors such as education, employment, accommodation, and mental health as confounding and contributory issues. To achieve this, it is essential that partners across the system share learning on effective interventions and collaborate to ensure effective service provision across the county.

Outcomes

By the end of this strategy, we will have:

A. Improved access to advice, support and treatment for residents experiencing alcohol or substance use issues and co-existing conditions within the community.

B. Worked across the system to help address the challenges of county lines and drugs related criminality and exploitation of vulnerable people.

C. Educated children, young people, adults, and families on the risks associated with alcohol and substance misuse.

5. Health Inequalities & The Wider Determinants of Health

Nearly a decade ago the Marmot Review Fair Society, Healthy Lives highlighted the link between health and other inequalities – noting that people in the poorest areas die sooner and spend more years living with poor health and disability and this was further highlighted through the Marmot 10 years on report published in 2020.

In Essex, life expectancy (at birth) is 80.1 years for males and 83.1 years for females and this has decreased with the gap in life expectancy between the most and least deprived areas of Essex widening with life expectancy of men in Tendring being 78.2 years compared to Uttlesford at 82.6 years and for women in Tendring life expectancy at birth is 82.0 years and women in Uttlesford it is 85.4 years.

By addressing the wider determinants of health, using the Robert Wood Johnson framework, the contributing influences of health of socio-economic factors, access to health care, lifestyles and the environment are recognised.

The model highlights that "Although medical care is critically important, things like the quality of our schools, affordability and stability our housing, access to good jobs with fair pay, and the safety of our neighbourhoods can keep us healthy in the first place."

We know that health and wellbeing outcomes are significantly worse for specific groups impacted by inequality, and these are driven by the wider determinants of health. We know that health inequalities are usually not seen in isolation with many population cohorts facing multiple inequalities arising from many factors– for example, children living in areas of deprivation or from low-income families, children and young people who are in or who have been in care, and outcomes for vulnerable children continue to be significantly worse than for their peers.

Another example is people with a learning disability where the average age at death for people with a learning disability is 23 years younger for men and 27 years younger for women than the wider population. Of these 41% of adult deaths were from treatable medical causes and 24% were from preventable medical causes. (leder.nhs.uk/resources/annual-reports) In addition, we know that some elements of the wider determinants of health could impact on cohorts to a greater extent, or there may be additional barriers to overcome to tackle inequalities. For example, NICE report that gaps in the understanding of the needs of people with a learning disability, as well as barriers in communication, can mean people with a learning disability have more difficulty getting treatment for health conditions.

However, inequality is not limited to these groups and partners across Essex are committed to tackling health inequalities for any cohort who may experience them from young carers to single person households, to those at risk of or experiencing homelessness. The priorities below will need engagement and support of the wider system. An example of this is clinical care access- the role of the integrated care boards within the Integrated Care Systems will be the main delivery boards for the commissioning and provision of clinical NHS services however, equity of access and ensuring inequalities associated with this also falls to the health and wellbeing board so work on access will be a shared outcome. Another example is spatial planning- the support and engagement with planning and spatial growth teams in our local planning authorities will be important so that we can maximise the opportunities that housing growth and regeneration in Essex provides so that we have good quality homes and environments that promote physical activity, minimise obesity and support communities through green space access and appropriate social infrastructure.

Outcomes:

By addressing the core drivers and influencers of health inequalities and the wider determinants, by the end of the strategy we will have:

A. Worked to ensure that all children have access to quality parenting, early years provision and education that provide the foundations for later in life.

B. Helped to address food poverty and ensure that all children can access healthy food.

C. Improved access to employment, education and training for adults and young people in our most deprived and disadvantaged communities.

D. Embedded the use of health impact assessments in planning practice to ensure new planning proposals do not negatively impact on health, health services or widen health inequalities.

E. Supported residents who are digitally excluded, either by lack of equipment, connectivity, skills, cost, or confidence to be able to access services and information to benefit their education, career development, access to clinical services and personal wellbeing.

F. Reduced barriers to accessing health and care services for families with low-incomes, children and young people who are in or who have been in care, people with learning disabilities, and other cohorts at greatest risk of poor health outcomes.

Measuring Impact

In developing our approach to how we monitor the impact of the strategy, we need to consider:

- The multi-factorial root causes and intersectionality of the wider determinants of health. This means that there will be crossover and overlap of some measures between the different priorities within the JHWS.
- The need to capture data at a range of geographic levels to help identity variation within and across Essex, not just countywide data.
- Using measures that reflect the long-term nature of the outcomes we are trying to change. This could sit alongside short- and medium-term project based milestones and service demand data.
- Bringing in qualitative insights alongside quantitative data to provide additional depth to our understanding of key issues.
- Making our approach is flexible enough to allow the board to respond to new and emerging issues that might arise during the lifetime of the strategy.
- That the JHWS reflects a range of other targeted and thematic strategies which will have their own agreed measures and targets agreed and being monitored.

Foundations for collective success

To support the development of this JHWS in Autumn 2021 we brought together partners for a series of workshops to explore what their individual local priorities are, what challenges are being experienced across the system and explore how we need to work collectively to deliver on the ambitions of our new strategy.

From these activities we identified number of principles for how we can work together better which we are calling our "Foundations for Collective Success":

- Focusing on prevention and early intervention as a cornerstone to long-term sustainability.
- Working collectively to address the wider determinants of health that drive poorer outcomes and long-term health inequalities.
- Making use of good data and analytics but also understanding and valuing the lived experience of our residents and service users.
- Understanding residents' journeys through the system to improve access to advice and support.
- Working with local communities using an Asset Based Community Development (ABCD) approach to support ground up community action on local issues wherever possible – not just "doing to" our communities from the top down.
- Adopting the principle of "universal proportionalism" in how we plan and allocate resources. We will be clear on what is our universal offer to all residents and which specific groups, cohorts, communities, or places might need extra support.as we develop action plans with partners.
- Setting clear expectations for residents on health and care support from the system – what we can do and what we can't.
- Recognising the impact of multiple conditions, behaviours and inequalities on the health and wellbeing of our residents.
- Thinking about how we use our collective assets more effectively and efficiently to deliver our shared ambitions and improve outcomes for our residents.
- Adopt policies and behaviours that are aligned to our wider commitments around climate change.
- Strengthening the local health and care system by encouraging more people to work in the sector and developing the role of the voluntary and community sector and communities in health and care.
- Build on best practice and evidence-based solutions and to innovate, test, and learn from new initiatives that help address emerging issues and trends and increase efficiency.
- Work together to make the best use of the opportunities new technology and emerging practice presents us.

How we will work together

Essex has a long-established history of different organisations working in partnership to address collective issues, share our expertise and resources, and deliver high quality and joined services to improve the quality of life for individuals, families, and communities.

This will be crucial to how we achieve our ambitions in this new JHWS, particularly given the additional challenges that our residents and communities are facing are a result of the COVID-19 pandemic. Tackling these issues will require partners to work more closely and collaboratively than ever before, however our recent experience from pandemic has taught us a lot about how we can work together as a partnership more effectively. It will be important to maintain the links we have made and build upon the lessons learnt from this experience in order to deliver the pace and scale of change that is needed in the future.

Many partners in Essex use the Livewell model which was developed a number of years ago by Braintree District Council and is now used across the Essex system. This model, which follows a life-course approach, provides a holistic framework for both physical health and mental well-being and this strategy and associated action plan recognise this and will explore this framework as actions are developed.

Along with system partners, communities will be key to achieving the ambitions set out in this strategy, tackling the impacts of the pandemic, and helping to change the course of the longer-term health inequalities that exist across Essex. Good community assets including individuals, organisations, and physical assets are essential to help people maintain active and healthy lifestyles, access services, and are vital for positive mental health, reducing social isolation and mutual support in times of crisis.

How we work with communities will be essential. We must ensure that we recognise and work with communities as active partners in the system, not as passive recipients of services. They are best placed to understand their own needs and challenges, but also how to design and deliver services that will work for their specific area or group. In the context of ever tightening resources for many partners, this collaborative and bottom- up approach will also be essential helping us to deliver at scale, sustainably and make the best use of our collective resources.

In addition, the Health and Care Bill which was published in 2021 proposes significant reform on how health services will be delivered with it due to being passed in 2022. This Bill and proposals within it, will impact on partners working across and within the health economy including those in the NHS, local government and community voluntary sector and focuses on how partners will work together through integration to support health and address health inequalities. In Essex, our 3 integrated care systems are collaborating within their partners at system level to look at the infrastructure needed to support this reform. This has led to the development of Alliances and health care partnerships which will focus on place-based delivery, working with partners to address health and health inequalities at a local level. The action plan as part of this strategy will adapt as these local systems develop as the Bill progresses and passes into statute later this year

Discussions on the right level of 'place' and how we will work together to establish this so we can address each issue will continue as the action plan develops and throughout the up- date of those plans over the life of this strategy. This will enable us to understand where delivery is best placed which may be at a neighbourhood level, district, countywide, ICS, or regional.

How we will deliver this strategy

Delivery of this strategy will be underpinned by action plans that will set out activities and initiatives under each of the agreed priority areas.

We will build upon existing work programmes to maximise the benefits they bring in supporting our priorities, work with partners who influence the priorities more closely such as planning and housing teams and look to enhance the work of all Boards, Partnerships and Forums so to avoid duplication and allow us as a system to deliver against our ambitions at pace.

The action plans will be developed collaboratively across the partnership, and importantly should be based around the principles of co-design and co-production where new initiatives are being developed. This includes working with other partners, community and voluntary sector organisations, representative groups such as Healthwatch, and communities and service users themselves in the design, delivery and evaluation wherever possible.

We will look to deliver actions at the appropriate 'place-level', ensuring we consider what is best acted upon at a system/county level, Alliance or district level or at a neighbourhood level. Where we are not taking universal action, this approach will ensure our actions can target the populations, communities and places that will most benefit from support. It will also allow us to work more closely with our district, borough and city partners and our Alliances and support them in delivery of their own priorities as identified with their local strategies.

These action plans will include key success measures for individual activities, details of which priorities and overarching measures in this strategy they will link to. Action plans will identify the any specific groups/ cohorts or communities that are requiring additional support or which activities might be specifically targeted at. Where activities within these plans are delivered on a whole population basis, plans should set out what reasonable adjustments need to be made to enable residents with additional needs to access them.

Actions plans will be live documents that can be reviewed and updated throughout the lifetime of this strategy to enable system partners to add to and refocus priorities depending on changing circumstances or new learning that might want to be applied.

Other Strategies that will influence local delivery

This JHWS provides a focus on five strategic priorities for health and wellbeing at a countywide level by providing a framework and direction for action across the system and at a more local level and linking the work we do now to the longer-term Essex Vision. It is also an important tool and resource for partners and the public that informs the development and delivery of priorities and outcomes other local strategies.

A wide range of strategies have been agreed by Essex partners with other boards and individual member organisations all having their own thematic and organisation strategies and plans. Here are just some of the key strategies that sit alongside and underpin this JHWS.

Integrated Care Systems

The health and social care geography of Essex has additional complexity with the creation of NHS Integrated Care Systems (ICSs), with three ICS footprints which extend into neighbouring local authorities. In developing the developing the previous JHWS, we recognised the commitment from Suffolk and North East Essex Sustainability Transformation Partnerships (STP's), Mid and South Essex STP and Hertfordshire and West Essex STP to working together to ensure consistency for the people of Essex in the health and care systems that they access and we recognise the ambitions and areas of focus within the NHS Long Term Plan.

Organisation Strategies

All partner organisations will have their own organisation strategies that set out their aim's objectives and aspirations, such as Essex County Council's new strategy "Everyone's Essex" and are important for identifying priorities and issues at a more local level or around specific services which different partners are responsible for.

Active Essex Fit for the Future

Active Essex launched a new ten-year Physical Activity and Sport strategy for Essex, Southend and Thurrock, called 'Fit for the Future' to support those who are already active, and tackle head on the inequalities that currently prevent others from accessing from the life changing impact of an active lifestyle.

District Health and Wellbeing Strategies

District health and wellbeing partnership boards across Essex and their own place - based strategies to address the specific local needs of their needs in their communities. Whilst these local strategies are broadly aligned with the countywide health and wellbeing strategy, they also contain specific local priorities as well.

District Local Development Plans

Each district in Essex produces a local plan which is a strategic document that sets out plans for growth and development within the district and includes the policies that are required to be met. There is a requirement in the national planning policy framework to achieve healthy and inclusive communities. Many local plans in Essex have health policies or require health impact assessments.

‘My life, my rights’ Essex local area SEND strategy 2021

This strategy is built upon the threads of equity, ambition and inclusivity for children, young people and their families following feedback from families and recent Ofsted/ CQC inspection findings that children, young people and their families do not experience equal access to services such as health or education, do not always feel part of their communities or have access to opportunities and do not have good enough outcomes. The strategy is based on the fundamental rights of all children and young people as defined in the United Nations Convention on the Rights of the Child (UNCRC). The strategy has a focus on 5 strands- ‘my voice, my choice, ‘my health and wellbeing’, my education and training’, my community’ and ‘my life, my opportunities’. It pledges to support all children and young people with SEND to achieve ambitious outcomes, without discrimination, whatever their age, stage, unique characteristics or circumstances.

Mental Health and Wellbeing Strategy

This strategy is concerned with mental health and related services where they are commissioned by Local Authorities, CCGs and other local partners (e.g., Police and Crime Commissioners). A new Mental Health Strategy for 2022 onwards is currently under development and will feed into the development of the delivery plans for the Joint Health and Wellbeing Strategy.

Suicide Prevention (Southend, Essex and Thurrock- SET) strategy

This strategy and associated action plan are currently being developed with the members of the SET partnership board. This work will address the 7 national priorities within the national suicide prevention strategy.

The Essex Drug and Alcohol Strategy

This is a strategy is in the final stages of development with the priorities of this being identified as prevention, beginning recovery, access to services and staying in recovery. This strategy has been co-produced with service users and contains clear target outcomes that will require input from across the system.

Essex Children and Young People’s Plan

This sets out ambitions and provides a strategic framework that affirms partners’ commitment to work together on three key priorities, being children and young people with SEND; Parenting; and Emotional Health and Wellbeing that deliver better outcomes for children, young people and their parents and carers.

Levelling Up and Anchors

As part of the government's Levelling Up agenda a white paper is expected later in the year that will set out the national approach to levelling up, and which could have positive impacts and influence on addressing key drivers of poor health such as employment. Locally partners are developing their own approaches and strategies around levelling up and setting out how they will work together to address inequalities and widen opportunities for left behind areas and disadvantaged communities across the county. For many partners a key component of how they will be levelling up economic outcomes in their local area is through an anchor approach harnessing the potential of large public sector organisations as procurers, employers and local land and asset owners. An Essex Anchor Network of which many HWB members are part has been established under Essex Partners is helping to share learning across the system by addressing some of the socio-economic influencing factors.

Emerging and developing strategies

At the time of drafting this strategy there are a number of strategies across in development across the system that will need to align to and complement this strategy for example the carers strategy. To make sure the intent in these emerging strategies and the actions proposed in them are aligned to the outcomes and priorities identified in the JHWS it is recommended that partners continue to utilise the Essex Strategic Coordination Group as a mechanism for review of new system wide strategies.

How The Health and Wellbeing Board Will Fit in the Wider System

The Why

The HWB should be focused on the **WHY** (understanding the extent of health inequalities, setting vision and population health ambitions, influencing the wider determinants of health and wider partnerships that address those determinants, and holding an annual review of progress) – it is the guardian of health outcomes for the Essex population. The board will focus on strategy creation, oversight, information sharing and coordination.

The What

ICS Health and Care Partnership Board should focus on the **WHAT** (a set of concrete actions and strategies to improve outcomes that can meet the ambitions of their relevant HWBs as well as national priorities/requirements). These Plans will need to recognise and set out how action plans will operate at different levels: for example, they could be at ICS system level; they could be at Place level (such as North East Essex Alliance); or they could be at pan-Essex or even regional level. Similarly, individual organisations – such as ECC – might need to set out what we are going to do in order to be able to contribute to the health and wellbeing outcomes that have been set by the HWB.

The How

The **HOW** is ultimately about how an action/actions will be commissioned and delivered. Sometimes the responsibility for carrying out an action might sit with an individual organisation (such as ECC or the NHS Integrated Care Board); sometimes it might sit with a variety of statutory organisations; and sometimes it might sit with individuals and communities themselves. The HOW might operate at different levels – for example, some services might be commissioned at Essex level while others might be commissioned at Place level. Sometimes services might be commissioned by a single organisation but sometimes they might be jointly commissioned. Operational delivery may also be approached differently in different places – for example, some places might progress integrated delivery teams and co-location in order to be able to implement the required actions, whereas others may determine that it is not necessary to integrate delivery teams.

Essex County Council

DS22_7592

This information is issued by:
Essex County Council
Public Health

Contact us:
public.health@essex.gov.uk

Public Health
Essex County Council
County Hall, Chelmsford
Essex, CM1 1QH

twitter.com/Essex_CC
facebook.com/essexcountycouncil

The information contained in this document can be translated, and/or made available in alternative formats, on request.

Published July 2022