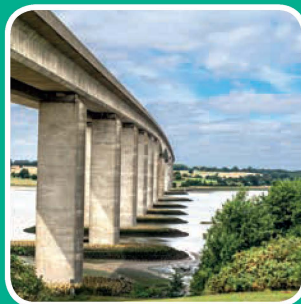
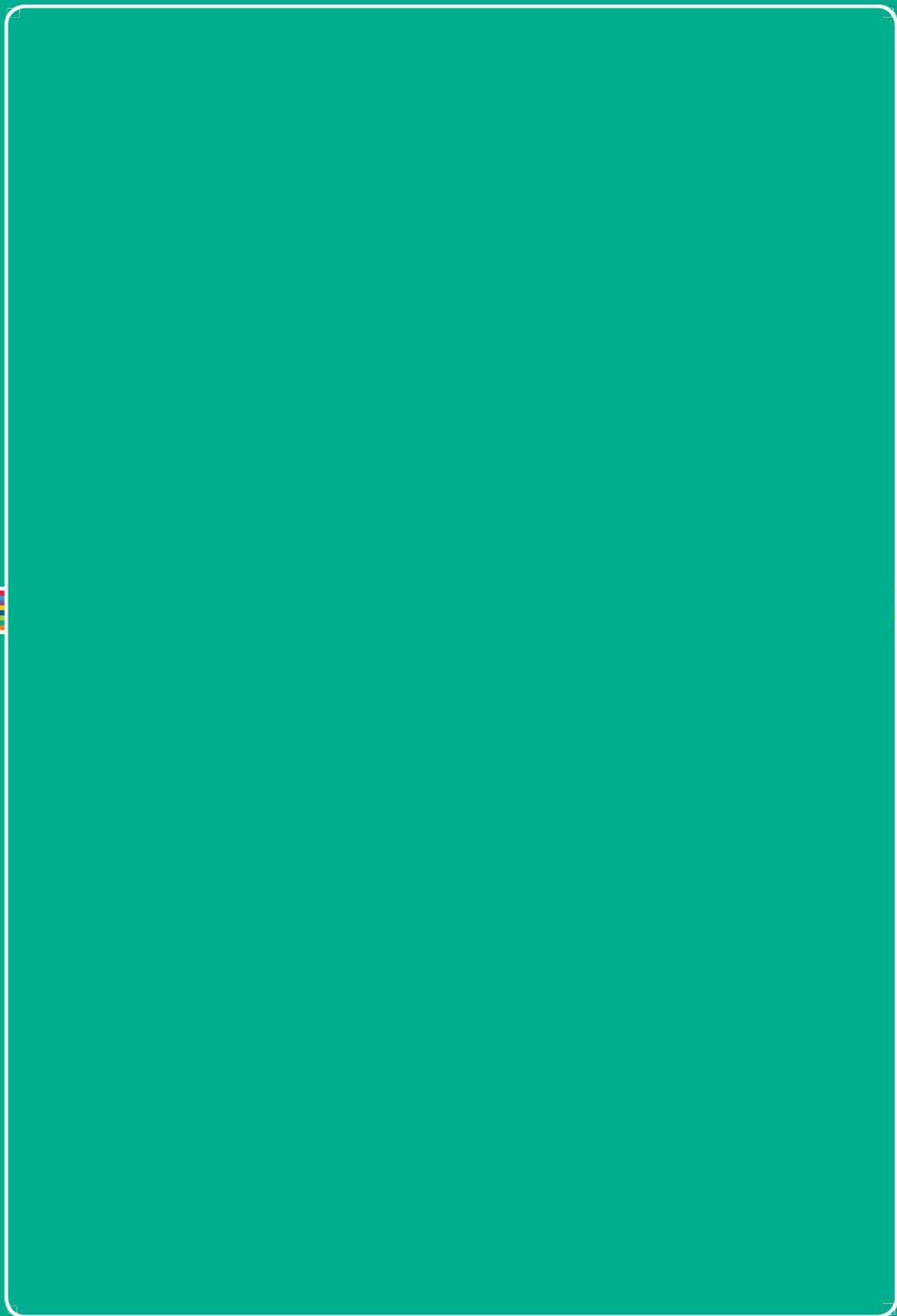


Health and Wellbeing SUFFOLK



Joint Health and Wellbeing Board
STRATEGY REFRESH
2019-2022



Introduction

Health and wellbeing are fundamental to both individuals and families throughout their lives; and are the building blocks of prosperous societies. The World Health Organisation defines them as follows:

Health: a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity¹.

Wellbeing: a state in which every individual realises his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community².

Making progress towards these outcomes requires action by both individuals and the statutory and voluntary sectors, and effective collaboration and partnership working across these sectors. Suffolk's Health and Wellbeing Board is a crucial part of this partnership working in Suffolk.

The vision of the Suffolk Health and Wellbeing Board is that:

People in Suffolk live healthier, happier lives. We also want to narrow the differences in healthy life expectancy between those living in our most deprived communities and those who are more affluent through greater improvements in more disadvantaged communities.

Established in 2013, Suffolk's Health and Wellbeing Board has a duty to encourage integrated working between the NHS, local authorities, the police, and other public and voluntary sector organisations to improve the lives of the people of Suffolk. It encourages joined-up working to improve both the quality and accessibility of services for the people of Suffolk, but also to take action to improve the 'wider determinants of health' such as deprivation, housing, crime and safety and education. It is responsible for the delivery of the Joint Strategic Needs Assessment and for Suffolk's Joint Health and Wellbeing Strategy.

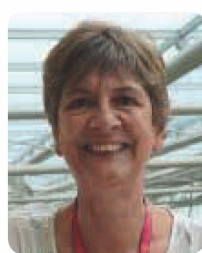
Suffolk's Joint Health and Wellbeing Strategy 2012-2022 sets the long-term strategic framework for achieving this vision, and for improving health and wellbeing in Suffolk.

This update provides a refresh of the Strategy for 2019-2022 and should help to guide the work of the enormous range of statutory, voluntary, community and private sector agencies committed to improving health and wellbeing in Suffolk.



Councillor Tony Goldson

Chair of the Suffolk Health and Wellbeing Board



Dr Amanda Jones

Director of Public Health

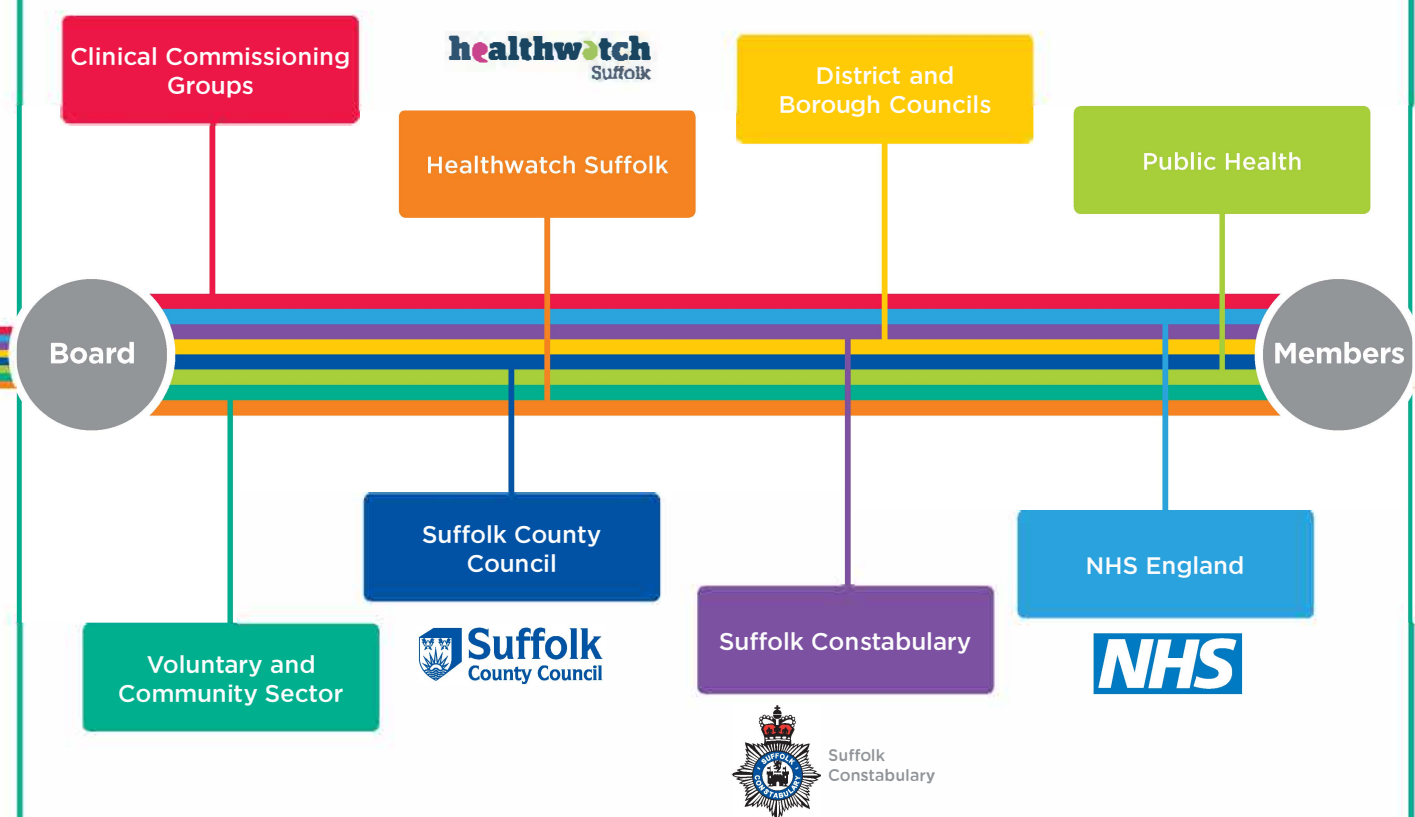
1. Preamble to the Constitution of WHO as adopted by the International Health Conference, New York, 19 June - 22 July 1946; signed on 22 July 1946 by the representatives of 61 States (Official Records of WHO, no. 2, p.100) and entered into force on 7 April 1948

2. www.who.int/features/factfiles/mental_health/en/

Why have a Joint Health and Wellbeing Strategy?

Local authorities and clinical commissioning groups (CCGs) have equal and joint duties to prepare Joint Strategic Needs Assessments for their areas, and to have a Joint Health and Wellbeing Strategy, through their Health and Wellbeing Board. In Suffolk there continues to be a very high level of interest in and engagement with the work of the Health and Wellbeing Board, which extends much more widely than just the statutory partners, who are listed below. Evidence of this can clearly be seen in the report of the Suffolk Health and Wellbeing Board for 2017 and 2018³.

Suffolk Health and Wellbeing Board Membership



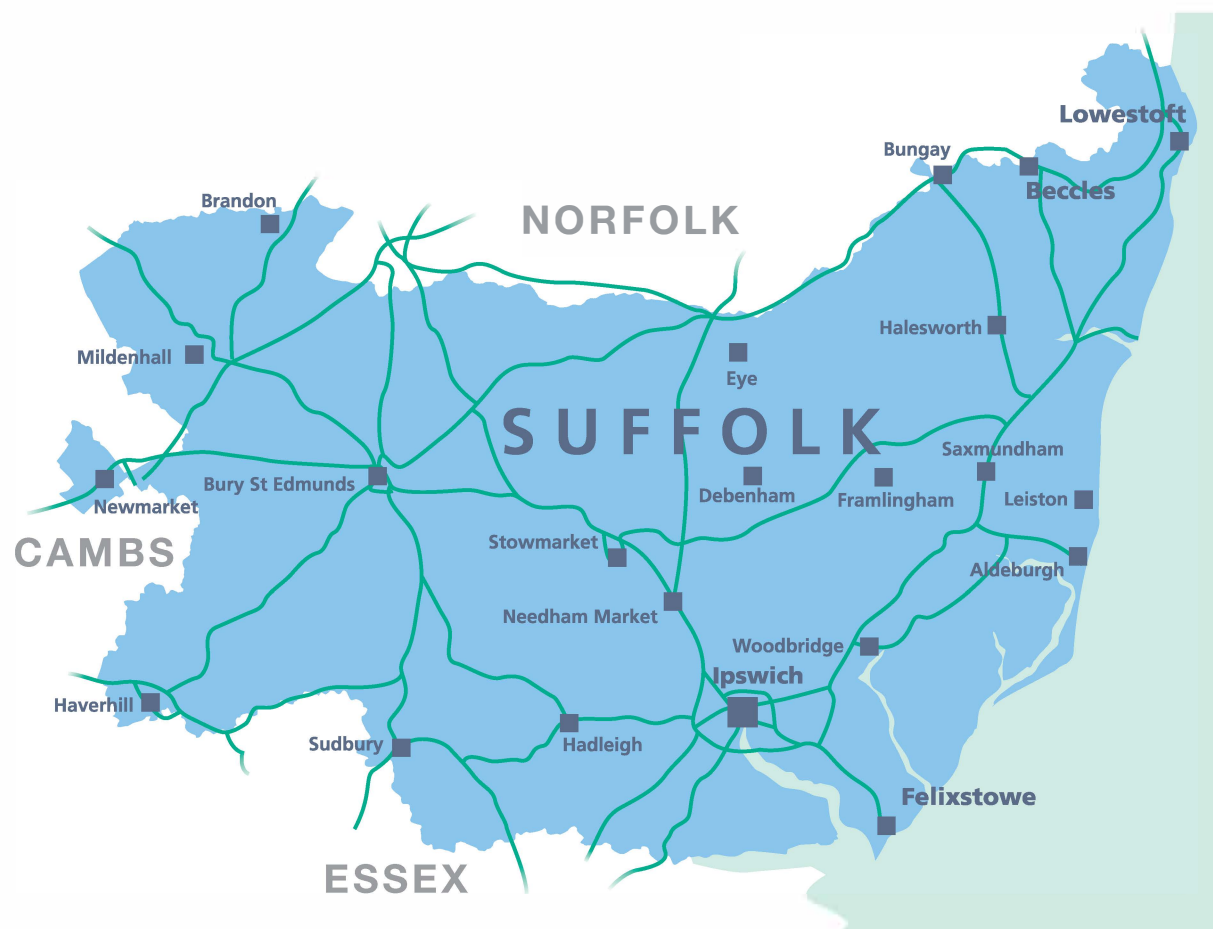
This strong foundation of effective partnership working by the Board will be needed more than ever over the coming years. We know that relative deprivation in Suffolk is increasing, and is now more widely spread across the county, including in our rural communities. Life expectancy in Suffolk has increased for both males and females over the last 10 years, but the latest data indicates that this increase has slowed, and potentially may have stalled. Additionally, the most recent data for healthy life expectancy (the number of years people spend in good health), indicates that healthy life expectancy is declining. Increasing the length of time we spend in good health in older age is vital to both the health and wellbeing of individuals, and to the long-term financial sustainability of our health and care system. Levels of educational attainment in the county, while improving for some ages, remain relatively low overall, and there are many more individuals and families on housing waiting lists than there are affordable homes built each year. Factors such as these, known as the 'wider determinants' of health, matter because they have a far greater impact on overall health and wellbeing than health and care services do.

As public funding pressures continue, and the needs of our ageing and relatively more deprived population increase, the need to work effectively, efficiently and collaboratively to improve health and wellbeing in Suffolk is clear. The role of the Health and Wellbeing Board in identifying opportunities for joint working, building on the many assets that communities and organisations in Suffolk have; ensuring that projects and services are rooted in the evidence of what is effective and on high quality data and intelligence; strengthening partnerships and leadership; reducing duplication between organisations; and enabling partners to take effective collective decisions has never been more important, for both current and future generations of people in Suffolk.

Health in all policies

The Board are committed to developing a Health in All Policies (HIAP) approach wherever possible. HIAP is a collaborative approach, that aims to improve everyone's health by incorporating health considerations into decision making across sectors, policy and service areas, as well as addressing the wider determinants of health⁴.

Working collaboratively across Suffolk in this way means that we can integrate and deliver on health improvement more effectively, and it should also benefit the services we deliver. The reduction of health inequalities, and the improvement of people's mental and physical wellbeing are not things that can be done in isolation by one person, team or organisation. HIAP can help to make tangible the benefits of effective joint working.



3. www.healthysuffolk.org.uk/board

4. www.gov.uk/government/publications/local-wellbeing-local-growth-adopting-health-in-all-policies

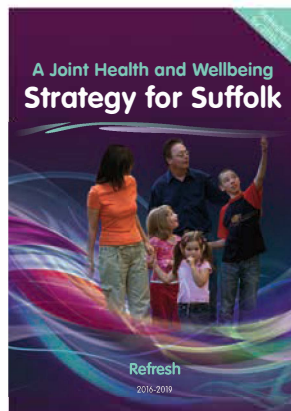
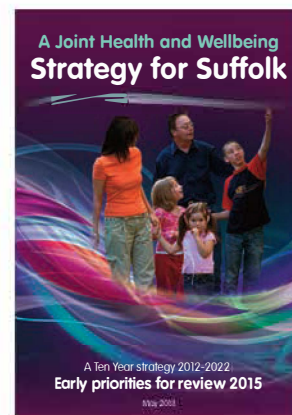
Suffolk's Joint Health and Wellbeing Strategy 2012 – 2019: The story so far...

The Health and Wellbeing Strategy is the means through which the Health and Wellbeing Board aims to achieve its vision. A lot has changed since 2012 when the first Joint Health and Wellbeing Strategy for Suffolk was produced, although the vision of Health and Wellbeing Board remains relevant and sound today. Key changes since 2012 include collaborative working within health and care, which now include place-based Alliances, Local Delivery Groups and the two Integrated Care Systems that cover the county; greater availability of data and information to report on elements of the strategy; and the structure and functions of partner organisations. These changes mean it is important to keep the Health and Wellbeing Strategy up to date and current.

2013:

The first Joint Health and Wellbeing Strategy was launched with four key outcomes:

Original Strategic Outcomes – years 1-3

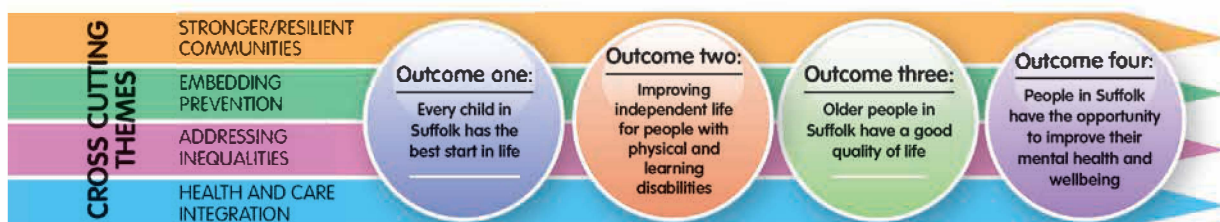


2016-2019:

Following consultation with the Health and Wellbeing Board and wider system partners, these outcomes were revised for the period 2016-2019.

Outcome 2 became 'Improving independent life for people with physical and learning disabilities.' In addition, four cross-cutting themes of resilient communities; embedding prevention; addressing inequalities and health and care integration were added to the Joint Health and Wellbeing Strategy:

Refreshed Strategic Outcomes years 4-6



What difference has the Health and Wellbeing Board already made in Suffolk?

As part of refreshing the Health and Wellbeing Strategy for 2019-2022, it is important to understand where the Health and Wellbeing Board has already made a difference. Some key examples of system-wide progress over the last three years in relation to the current Health and Wellbeing Strategy can be found below. More information is available in the report of the Suffolk Health and Wellbeing Board⁵.

Key Achievements	Relevant Joint Health and Wellbeing Strategic Outcomes	Relevant Joint Health and Wellbeing Strategic Cross-Cutting Themes
Integrated Better Care Fund	<ul style="list-style-type: none"> Older people have a good quality of life Improving independent life for those with disabilities 	Prevention Integration Resilience
'The Time is Now' Prevention Strategy for Suffolk	<ul style="list-style-type: none"> Every child has the best start in life Older people have a good quality of life People have the opportunity to improve their mental health and wellbeing 	Prevention Integration Inequalities Resilience
Buurtzorg integrated working pilot in West Suffolk	<ul style="list-style-type: none"> Older people have a good quality of life 	Prevention Integration Inequalities Resilience
Suffolk Suicide Prevention Strategy, 'Suffolk Minds Matter', focus on mental health	<ul style="list-style-type: none"> People have the opportunity to improve their mental health and wellbeing 	Prevention Integration Inequalities Resilience
Health and Housing focus, including 'Warm Homes, Healthy People'	<ul style="list-style-type: none"> Every child has the best start in life Older people have a good quality of life Improving independent life for those with disabilities People have the opportunity to improve their mental health and wellbeing 	Prevention Integration Inequalities Resilience
Multi-agency 'Working for Wellbeing' Action Plan including closer working with Suffolk's Growth Programme Board	<ul style="list-style-type: none"> Every child has the best start in life Older people have a good quality of life Improving independent life for those with disabilities People have the opportunity to improve their mental health and wellbeing 	Inequalities Integration Resilience
Refresh of Pharmaceutical Needs Assessment	<ul style="list-style-type: none"> Every child has the best start in life Improving independent life for those with disabilities People have the opportunity to improve their mental health and wellbeing Older people have a good quality of life 	Prevention Integration Inequalities Resilience
Building relationships with the Alliances and Suffolk & North East Essex, and Norfolk & Waveney Sustainability & Transformation Partnerships (STPs)	<ul style="list-style-type: none"> Every child has the best start in life Improving independent life for those with disabilities People have the opportunity to improve their mental health and wellbeing Older people have a good quality of life 	Prevention Integration Inequalities Resilience

5. www.healthysuffolk.org.uk/board

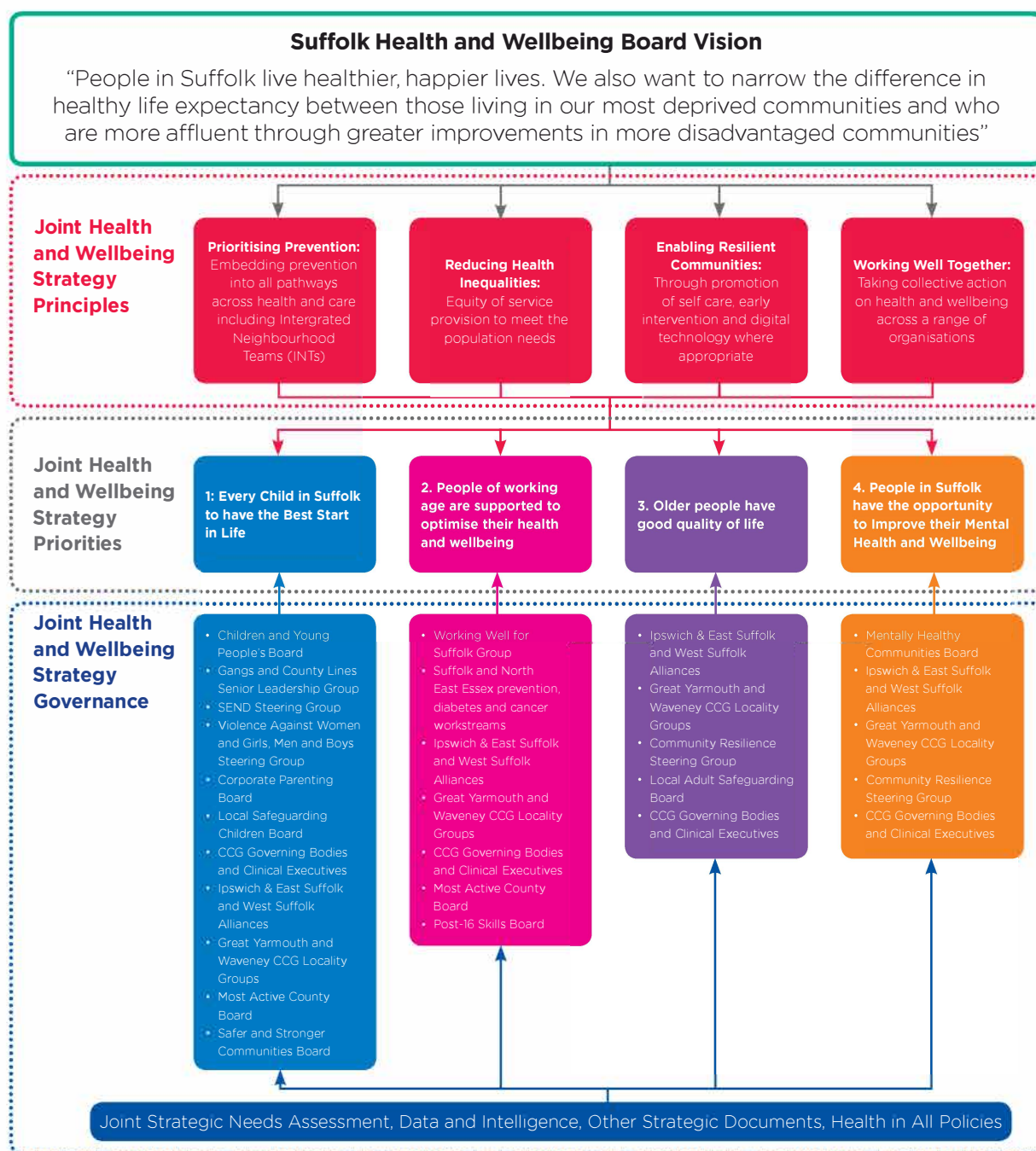
Looking ahead: 2019-2022

To inform the refresh of the Strategy for 2019 – 2022, we have gathered structured feedback from all Health and Wellbeing Board members in a variety of ways including workshops and a written survey.

The feedback was clear: we need to simplify the arrangement of outcomes and themes; provide more data and information; and generate momentum for the Strategy by providing clear and regular updates on action taken. An editorial group was then formed from Health and Wellbeing Board Member organisations to oversee the production of this strategy refresh.

The following model has been developed by the Editorial Group for the 2019-2022 Strategy refresh.

Four Principles. Four Priorities. For the health and wellbeing of the people of Suffolk.



Note: Adapted from Lincolnshire's model (2018)

The Four Principles

The new model includes the former cross-cutting themes as **four principles** which all Health and Wellbeing Board members should work to.

The four principles are defined as follows:

1 Prioritising Prevention

Prevention and early intervention are key to reducing the risks of long term poor health and wellbeing. There are three levels of prevention:

- Primary prevention: This is aimed at improving overall population health and preventing disease.
- Secondary prevention: This is aimed at detecting conditions early to limit their impact and prevent them from getting worse.
- Tertiary prevention: This is aimed at managing conditions effectively and reducing the impact it has on quality of life.

The Health and Wellbeing strategy is the overarching prevention strategy for Suffolk. We know from the 'Suffolk +20 years' evidence base that as our population ages, our communities will face new challenges. These include living with multiple long-term conditions, such as heart failure, diabetes or chronic obstructive pulmonary disease; and perhaps greater levels of mental ill-health, on the basis that the mental health of today's children and young people in Suffolk is declining, and 50% of lifelong mental illness starts before the age of 14.

We know that some of this ill-health, including both poor emotional wellbeing and physical ill-health, is **preventable**. Reducing levels of smoking, obesity, alcohol intake, and increasing levels of physical activity and healthy eating can all contribute significantly to preventing physical and mental ill-health.

2 Reducing Health Inequalities

Health inequalities are unfair, unacceptable and avoidable differences in health of people or groups of people. In Suffolk, a boy born in the least deprived areas will live, on average, 7.3 years longer than a boy born in the most deprived areas. For a girl this difference is 4.3 years.

Many inequalities are rooted in poverty and deprivation. Social mobility is also very low in Suffolk, meaning that it is much harder to overcome a disadvantaged start in life and fulfil your potential in Suffolk, than in other areas of the country. The continuing focus on improving education and skills in the county is crucial to aiding social mobility, as is a clear focus on those groups who find it most difficult to gain employment and who may face the starkest inequalities, such as those living with disabilities or long term mental or physical health conditions.

Giving children the best start in life can help improve social mobility, and prevention activities targeted at our more deprived communities have the potential to reduce **health inequalities**.

3 Promoting Resilient Communities

Resilient communities have the local resources, skills, expertise and ‘know-how’ to help individuals, families, and communities to flourish. Individuals and communities who are self-sufficient and able to use their own assets to meet their needs, and those of others, have better outcomes. Services will also support individuals to look after themselves so that they remain independent whenever possible, and will encourage individuals and communities to use the new opportunities offered by digital technology to keep well and to maintain their independence.

Suffolk needs to have compassionate, cohesive, caring and safe communities which enable people to live well and take responsibility for their own wellbeing.

Living in communities which support each other, and which have **resilience** may also reduce factors which can increase vulnerability, such as loneliness and social isolation.

4 Working Well Together

There is a vast amount of work, change, and development going on across Suffolk, in different organisations and by different teams of people. It is vital that this is all brought together to enable people and organisations to work together easily, and to develop and deliver work that has a positive impact for the entire population of Suffolk. These new ways of working include planning and providing services at a more local level, meaning that services are able to understand and respond to particular local needs and issues more effectively.

Working well together, including across statutory services and voluntary, charitable and social enterprises, is the only way the complex societal issues which determine our health and wellbeing can be tackled. Messages must be clear and consistent, and as resources become more limited, we must work to reduce duplication and inefficiency in the delivery of health and care.

It is therefore clear that all four principles are key, and also interdependent. Without all four, we will not be able to continue to achieve improvements in the health and wellbeing of the people of Suffolk.

The Four Priorities

The new model brings in the former outcomes as four priorities to guide the work of the Health and Wellbeing Board. The four priorities are based on the Joint Strategic Needs Assessment for Suffolk which tells us the following:

Key findings from the Suffolk Joint Strategic Needs Assessment

- Many people in Suffolk currently enjoy relatively good health and wellbeing

However:

- Suffolk's population is ageing, and this is likely to increase local health and care need, particularly in relation to frailty
- The number of years which people spend in good health in Suffolk is falling
- Inequalities in life expectancy within Suffolk are increasing
- Levels of relative deprivation in Suffolk have increased
- One third of 11 year olds in Suffolk are overweight or obese, and fewer than one fifth of 5-16 year olds do the recommended amount of daily physical activity
- Many children and young people in Suffolk will experience adverse events in their lives; while this does not predetermine their life chances, children experiencing 4 or more of these adverse events are likely to have increased risks of worse outcomes
- Social mobility in Suffolk is very low
- Mental health issues in Suffolk are increasing, reflected in rising rates of diagnosis and of self-harm
- The number of people living with dementia in Suffolk is expected to double in the next 15 years
- Many people with cancer in Suffolk are diagnosed very late in their disease, which often limits their chances of a good outcome from treatment
- In the future many more people will be living with multiple long term conditions, including cardiovascular disease, diabetes and dementia, some of which could be prevented if we make lifestyle changes in mid-life to lower our risks in later life

These issues are clearly challenging and are the result of a combination of the wider determinants of health, the specific communities and places within which we live, our health behaviours and lifestyles, and the health and care services that we receive. However, the Joint Health and Wellbeing Strategy offers Suffolk system partners a way to address at least some of those challenges, through collective endeavours in relation to key areas.

The four priorities for the Joint Health and Wellbeing Strategy 2019-2022 therefore are:

1

Every child in Suffolk to have the best start in life

2

People of working age in Suffolk are supported to optimise their health and wellbeing

3

Older people in Suffolk have a good quality of life

4

People in Suffolk have the opportunity to improve their mental health and wellbeing

This does not imply that other work on wider issues affecting health and wellbeing is not important; merely that the Board has chosen some particular areas, based on the key findings of the Joint Strategic Needs Assessment, to support over the next three years.

How are we going to turn this strategy into action?

Focus on specific areas to drive improvement

The priorities are necessarily broad, which reflects the scope and complexity of the work of the Health and Wellbeing Board. However, if the priorities are too broad it is very difficult to define whether we are making progress and ‘what good looks like’. Without areas of focus it can be difficult to direct resources in a way that makes a difference and improves outcomes. To help direct the work of the Health and Wellbeing Board, particular areas of focus within each priority have been agreed as follows:

Priority	Areas of Focus
1. Every Child in Suffolk to have the best start in life	Increase the numbers of children who are a healthy weight in Suffolk
	Enable early intervention to support children who are vulnerable in Suffolk, including those experiencing adverse childhood experiences such as parental drug and alcohol misuse and domestic violence
	Improve social mobility in Suffolk so that our children and young people realise their potential
2. People of working age are supported to optimise their health and wellbeing	Prevent cardiovascular disease in Suffolk, including supporting people to be healthy at work
	Effectively support those with chaotic lifestyles and high needs in Suffolk
	Diagnose cancer earlier in Suffolk so that outcomes improve
3. Older people have good quality of life	Reduce the impact of frailty on the lives of older people in Suffolk
	Provide a co-ordinated response to the challenges of dementia and depression in older people
	Support carers in Suffolk more effectively
	Ensure Suffolk residents are supported at end of life
4. People in Suffolk have the opportunity to improve their Mental Health and Wellbeing	Ensure Suffolk residents have access to good quality, effective and equitable mental health services when they need them
	Reduce the rate of suicide in Suffolk
	Improve the mental health and emotional wellbeing of children and young people in Suffolk

Building on existing action plans

We recognise that much good work is already taking place in Suffolk in these areas. Therefore, we will be embedding the priorities into existing working groups that align with each priority, building on their existing action plans as far as possible. This will reduce duplication of effort and silo working, while also making it easier to monitor and report on the progress and delivery of the actions supporting each priority. Any gaps in current work programmes will be identified and flagged to the Board for action.

Priority	Key Contributing Groups
<p>1. Every Child in Suffolk to have the best start in life</p>	<ul style="list-style-type: none"> • Children and Young People's Board • Gangs and County Lines Senior Leadership Group • SEND Steering Group • Violence Against Women and Girls, Men and Boys Steering Group • Corporate Parenting Board • Local Safeguarding Children Board • CCG Governing Bodies and Clinical Executives • Ipswich & East Suffolk and West Suffolk Alliances • Great Yarmouth and Waveney CCG Local Delivery Groups • Most Active County Board • Safer and Stronger Communities Board
<p>2. People of working age are supported to optimise their health and wellbeing</p>	<ul style="list-style-type: none"> • Working Well for Suffolk Group • Suffolk and North East Essex ICS prevention, diabetes and cancer workstreams • Ipswich & East Suffolk and West Suffolk Alliances • Great Yarmouth and Waveney CCG Local Delivery Groups • CCG Governing Bodies and Clinical Executives • Most Active County Board • Post-16 Skills Board
<p>3. Older people have good quality of life</p>	<ul style="list-style-type: none"> • Ipswich & East Suffolk and West Suffolk Alliances • Great Yarmouth and Waveney CCG Local Delivery Groups • Community Resilience Steering Group • Local Adult Safeguarding Board • CCG Governing Bodies and Clinical Executives • Community Resilience Steering Group
<p>4. People in Suffolk have the opportunity to improve their Mental Health and Wellbeing</p>	<ul style="list-style-type: none"> • Mentally Healthy Communities Board • Ipswich & East Suffolk and West Suffolk Alliances • Great Yarmouth and Waveney CCG Local Delivery Groups • Community Resilience Steering Group • CCG Governing Bodies and Clinical Executives

Other organisations and areas the Board links to:

- Suffolk Growth Programme Board
- Suffolk Housing Board
- Local groups including Lowestoft Rising, Felixstowe Forward, Leiston Together, One Haverhill etc
- Strategic Equality and Inclusion Board
- Libraries, Museums and Arts Board
- Suffolk Commissioners Group
- Norfolk and Suffolk Criminal Justice Board
- Dementia Alliance

This is not an exhaustive list, and we are always looking for more groups that we can work with over the coming years.

Agreeing the actions to be taken

Links will be made with the key groups already influencing/delivering against each focus area. Existing action plans and milestones will be collated and presented to the Board. The Board can then decide whether, in addition to supporting the existing work underway, there are gaps in the current approach and what additional action it would like to see over the coming year(s) in relation to those gaps, taking the available resources into account. Wherever possible we will look to build upon existing work, to take advantage of knowledge and expertise, and reduce the risk of duplication.

Measuring the results

In order to track progress, the action plans and 'Priority on a Page' format will be used.

The Priority on a Page templates include information on:

- The scale and nature of the issues in Suffolk
- Priority actions for the Health and Wellbeing Board over the next 3 years
- Key indicators relating from the perspective of the four Health and Wellbeing Strategy principles, allowing wider progress to be monitored

Wherever possible the indicators will be asset-based and will focus on factors which the evidence says are protective against risks. For example, evidence from Wales suggests that participation in sport and physical recreation can help to protect against the impact of adverse childhood experiences, so this is an asset-based measure we could be supporting and measuring within that area of focus. Some indicators are already available; some will need to be developed during the course of the Strategy, potentially by conducting local research; and some are genuinely difficult to measure and will require proxies to be used.

Each priority will be reviewed by the Board every six months to establish whether the actions are delivering improvement to drive the Strategy, or whether other approaches need to be considered.

Glossary for key terms

Health in All Policies:

A collaborative approach to improving everyone's health by incorporating health considerations into decision making across sectors, policy and service areas, as well as addressing the wider determinants of health.

Health inequalities:

Unfair, unacceptable and avoidable differences in health of people or groups of people.

Joint Strategic Needs Assessment:

Local assessments of current and future health and social care needs.

Relative Deprivation:

How deprived an area is relative to other areas. For example, the Indices of Deprivation can show that one area is more deprived than another but not by how much, (e.g. if an area has a rank of 1,000, it is not half as deprived as a place with a rank of 500).

Wider Determinants of Health:

Also known as social determinants, these are the diverse range of social, economic and environmental factors which impact on people's health.



For further information

www.healthysuffolk.org.uk

www.candohealthandcare.co.uk

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