

MUNICIPAL YEAR 2019/2020 REPORT NO. 128

MEETING TITLE AND DATE:

Cabinet 13th November 2019

REPORT OF:

Director of Public Health

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Agenda - Part: 1	Item: 6
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Subject: Successor Joint Health and Wellbeing Strategy	
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Wards: All	
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Cabinet Member consulted: Cllr Alev Cazimoglu	
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1. EXECUTIVE SUMMARY

The new joint Health and Wellbeing Strategy will tackle health inequality through a preventative approach which is clear, simple and evidence-based. The new strategy is centred on behaviour change, with a focus on tackling inequality in the opportunities people in Enfield have to make choices which have a positive impact on their health.

2. RECOMMENDATIONS

- 2.1 That the Cabinet approve and authorise the Successor Joint Health and Wellbeing Strategy.

3. BACKGROUND

Local authorities and clinical commissioning groups (CCGs) have equal and joint duties under the Health and Social Care Act 2012 to prepare a Health and Wellbeing Strategy, through their Health and Wellbeing Board. The purpose is to set out how the local system will work together to improve the health and wellbeing of the local community and reduce health inequalities for all ages. All organisations represented on the Board are responsible for the development, finalisation and delivery of the strategy.

4. ALTERNATIVE OPTIONS CONSIDERED

An alternative option would be to continue with the approach set out in the 2014-2019 strategy. This strategy had the following five priorities:

- Ensuring the best start in life

- Enabling people to be safe, independent and well and delivering high quality health and care services
- Creating stronger, healthier communities
- Reducing health inequalities – narrowing the gap in life expectancy
- Promoting healthy lifestyles and making healthy choices

However, the Health and Wellbeing Board want to have a stronger, simpler narrative, which allows them to ensure a preventative approach is achieved through an ambitious strategy which facilitates collective action. The priorities set out in the previous strategy are all outcomes the new strategy aims to achieve, but by focusing our priority actions on behaviours which the evidence shows make the biggest impact on health outcomes.

5. REASONS FOR RECOMMENDATIONS

There is international, national and Enfield-specific data which shows that the three behaviours of physical inactivity, unhealthy eating and smoking can lead to four chronic conditions of cancer, diabetes, heart disease and lung disease, and that these diseases are responsible for over 50 percent of deaths. In Enfield, cancer, heart disease and lung disease account for 73% of all deaths and 66.3% of deaths under 65 years of age.¹ A large proportion of these diseases are preventable.

This is known as the 4-5-50 framework. Using this as a basis for our joint strategy gives us the opportunity to bring about large-scale behaviour change at a population level in order to tackle health inequality.

There is also extensive national research linking social isolation with mental ill-health and long-term conditions. Through the online consultation, we asked respondents whether they agreed that helping people to eat well, be physically active and be smoke free were important for helping people to be healthy and well. The majority agreed that these were all important. Respondents were also asked what else was important, and from these free text answers, the themes of mental health and socialising also emerged, which led to our inclusion of the priority of helping people to be socially connected.

To improve health outcomes in Enfield, we need to make healthy behaviours easier than unhealthy behaviours. To do this, we need to be ambitious about making policy change collectively, as a partnership – making physical and emotional health and wellbeing everyone's business. Importantly, we need to think about the opportunities to do this with our most deprived communities, including groups who currently experience far worse health outcomes than others.

The new strategy will help the council deliver its corporate plan, and health commissioners and providers to deliver on their priorities, while facilitating all members of the Board to work collectively to tackle the borough's health and wellbeing challenges.

¹ Data from 2016, JSNA

6. COMMENTS FROM OTHER DEPARTMENTS

6.1 Financial Implications

There are no significant negative financial implications as a direct result of this report. Activities set out in the Joint Health and Wellbeing Strategy action plans may incur some limited expenditure. These would be costed on an individual service basis.

6.2 Legal Implications

Section 2B of the National Health Service Act 2006 (inserted by the Health and Social Care Act 2012) imposes duties on local authorities relating to public health.

Section 2B(1) states: 'Each local authority must take such steps as it considers appropriate for improving the health of the people in its area.'

Section 2B(3) defines the steps which may be taken under subsection (1). These include and are not limited to, providing information and advice, providing services or facilities designed to promote healthy living and providing services or facilities for the prevention, diagnosis or treatment of illness.

Section 194 of The Health and Social Care Act 2012 requires the establishment of a Health and Wellbeing Board and a Joint Health and Wellbeing Strategy is a required output of such a board.

6.3 Property Implications

None

7. KEY RISKS

A key risk is that maintaining the central themes and practices of the current Joint Health and Wellbeing Strategy could result in the continuance of the currently iniquitous health outcomes across the borough, particularly in the areas of child obesity and inactivity, which are a particular area of concern.

A consequent risk would be the potentially increased burden upon health and social care resources within the borough if effective preventative measures and behaviours are not established within the population of the borough.

A further risk is presented by the rapidly transforming health care landscape in the Borough, North Central London [NCL] and London as a whole. The establishment of an NCL-level Integrated Care Systems [ICS's], as a partial successor to the borough-level CCG, the introduction of a borough-level Provider Network and the arrival of Primary Care Networks [PCN's] introduces both potential opportunity and challenge that the previous JHWBS was not configured to address.

8. IMPACT ON COUNCIL PRIORITIES - CREATING A LIFETIME OF OPPORTUNITIES IN ENFIELD

8.1 Good Homes in Well-Connected Neighbourhoods

The vision to make the healthy choice the easy choice for everyone in Enfield supports our ambition for good homes in well-connected neighbourhoods. In homes, estates, high streets and neighbourhoods, we need to make the healthy choice the first choice for everyone. This means building new homes and creating neighbourhoods where people can be active, eat healthily, be smoke-free and be socially connected. This needs to apply equally to all members of our communities

8.2 Sustain Strong and Healthy Communities

The proposed new strategy is a key driver for how we sustain strong and healthy communities. This is a joint strategy, committing both the Council and its partners to take a whole systems approach to facilitating healthy behaviours, so that as many people as possible are able to live full and independent lives. The strategy, if successful, will support a Health in All policies approach across the partnership, helping to improve public health and people's wellbeing.

8.3 Build our Local Economy to Create a Thriving Place

The commitment to making neighbourhoods and town centres healthy places which facilitate people to be active, eat healthily and be smoke free can help create vibrant town centres that benefit everyone. The focus on large scale behaviour change can help us support residents to take more responsibility in developing active communities.

9. EQUALITIES IMPACT IMPLICATIONS

Our vision is to make the healthy choice the first choice **for everyone in Enfield**. Currently, healthy choices are arguably easier for some groups than others. This is manifest in the wide variation in life expectancy within the borough. There is an 8.5 years difference between the female life expectancy in the highest (Highland, 87.2 years) and lowest (Upper Edmonton, 78.7 years) wards. There is also variation in the number of years lived in 'good health.' On average, over 15 years are currently lived in 'poor health' in Enfield. In Edmonton Green, the average number of years that a female is expected to live in poor health is 28 years.

Currently, income, ethnicity, gender, having a disability or where someone lives are hugely significant in determining health outcomes. The proposed new strategy commits us and our partners to improving healthy life expectancy through supporting positive health behaviours, particularly focusing on people with the poorest health outcomes.

An Equality Impact Assessment has been undertaken on the Strategy to ensure that the council meets the Public Sector Duty of the Equality Act 2010.

10. PERFORMANCE AND DATA IMPLICATIONS

Our success in implementing the strategy will be measured by existing public health outcome measures detailed in the accompanying report.

11. PUBLIC HEALTH IMPLICATIONS

The proposed strategy is centred on behaviour change, and the impact the local environment and economy has on facilitating or inhibiting healthy behaviours. It focuses on a small number of behaviours which we know have the biggest impact on health outcomes, and the role we have as public authorities on impacting those behaviours. It will help us to tackle inequality in the opportunities people in Enfield have to make choices which have a positive impact on their health.

Background Papers

- Joint Health and Wellbeing Strategy, including year one action plan.