

# South Gloucestershire Joint Health and Wellbeing Strategy, 2017-2021

FINAL DRAFT – APPROVED NOVEMBER 2017

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## Introduction

South Gloucestershire's Joint Health and Wellbeing Strategy (JHWBS) 2017-21 sets out key areas of focus and actions, which members of the Health and Wellbeing Board will work together on to reduce health inequalities and improve the health and wellbeing of people living and working in the area.

The strategy has been produced by the Health and Wellbeing Board in collaboration with the voluntary sector and local community groups. Our approach acknowledges that health and inequalities are largely determined by where we live, our lifestyle choices, and wider social, economic and environmental factors. We understand that action across organisations and policy areas on these wider determinants of health is necessary to improve population health.

## Vision

Our vision is that:

**“All people in South Gloucestershire have the best start in life, live healthy and happy lives and age well in health-promoting communities. They feel encouraged and enabled to take responsibility for their own health and wellbeing and to care for themselves, and have access to health and care services that reflect their needs when required.”**

## Areas for collective action

In order to deliver this vision the strategy targets four key health and wellbeing issues where we feel we can make most impact through *collective action*.

These are:

1. Improve educational attainment of children and young people, and promote their wellbeing and aspirations.
2. Promote and enable positive mental health and wellbeing for all.
3. Promote and enable good nutrition, physical activity and a healthy weight for all.
4. Maximise the potential of our built and natural environment to enable healthy lifestyles and prevent disease.



The aim of identifying a limited number of focus areas for this strategy is to enable the Health and Wellbeing Board to concentrate and prioritise its efforts. It is envisaged that with each refresh of the Joint Health and Wellbeing Strategy (around every three years), the areas of focus will be reviewed. This will ensure that action is taken to prevent and tackle the *breadth* of health and wellbeing issues and achieve our vision over time.

## How we identified the areas for collective action

The strategy has been informed by the findings and recommendations of the [Joint Strategic Needs Assessment](#) (JSNA) which provides information about the local population and its current and future health and care needs, and evidence-based recommendations to meet these needs, together with work undertaken for the [Director of Public Health Annual Report for South Gloucestershire 2016](#) which sets out an approach to agreeing local priorities for public health and wellbeing using methods of multi-criteria decision analysis.

Although health needs, inequalities and risks identified from population data are the foundation of agreeing the priorities for public health and wellbeing, there are a range of other factors which influence decision making processes including national government priorities and those of local people including the public, patients, service users, elected representatives, and health and care professionals. Multi-criteria decision analysis, as described in the [Director of Public Health Annual Report for South Gloucestershire 2016](#), was used by members of the Health and Wellbeing Board to identify priority areas for action for this strategy in a way which enabled these other factors to be considered. Sections of the [JSNA](#) were scored against a set of locally agreed values and principles agreed by the Health and Wellbeing Board (Appendix A).

Those that scored highest were:

- Education and promotion of health and wellbeing in schools and colleges.
- Mental health and wellbeing of children, young people and adults.
- Nutrition, physical activity and weight in children, young people and adults.
- Impact of the built and natural environment on health.

The recommendations from each of the relevant [JSNA](#) sections were reviewed by a working group of partners with related experience and expertise. These groups were asked to identify actions where there is evidence that the Health and Wellbeing Board can make most impact through collective action.

Stakeholder engagement events and formal consultation with local people, the voluntary sector and front-line health and care workers and managers and briefings for key partnerships were undertaken throughout the development of the strategy. Feedback has been incorporated into the final strategy. A full report on consultation on the draft strategy is available [here](#).

## South Gloucestershire Health and Wellbeing Board

The purpose of South Gloucestershire's [Health and Wellbeing Board](#) is to provide leadership to achieve improvement to the health and wellbeing of the local population. Although a statutory committee of the Council the Board functions as a partnership board which brings together elected members and local leaders from the health and care system.

Current member organisations are:

- South Gloucestershire Council
- South Gloucestershire Clinical Commissioning Group
- Healthwatch South Gloucestershire
- The Care Forum
- Avon and Somerset's Police and Crime Commissioner
- Avon and Wiltshire Mental Health Partnership
- North Bristol NHS Trust
- Sirona care and health CIC (define acronym)

### Delivering the strategy

Although the strategy includes a limited number of areas to focus on, its scope is wide and delivery will require a "health in all policies" approach, advocating for health considerations to be incorporated into decision making across sectors, policy and service areas.

The areas for collective action cover responsibilities of a number of organisations and partnerships and some are already included in existing strategies and commissioning and action plans. Implementation of these will be key to delivery of the vision and outcomes of this strategy. Careful consideration has been given to where and how the Health and Wellbeing Board can add value to existing work to achieve better outcomes through the strategy.

The Health & Wellbeing Board will oversee and drive the implementation of the strategy through its member organisations and partnerships, which in turn will be accountable to the Board for progress. Health and Wellbeing Board members will act as champions for the areas for collective action across South Gloucestershire.

As plans are refreshed and new plans are developed, the Health and Wellbeing Board will ensure they are aligned to priorities set out within the strategy and the Joint Strategic Needs Assessment. This will allow the strategic actions to be kept live and relevant to the needs of our local population.

Health and Wellbeing Board lead partnerships for delivery of our collective actions:

Action Area	Lead Partnership(s) for delivery	Related strategy(s)
1. Improve educational attainment of children and young people, and promote their wellbeing and aspirations.	Children, Young People and Families Partnership  South Gloucestershire Education Partnership Board	Children and Young People's Plan (2016-2020)  School Improvement Policy  Early Help Strategy
2. Promote and enable positive mental health and wellbeing for all.	Children, Young People and Families Partnership  Children, Young People Mental Health Whole System Group  Mental Health Partnership	Children and Young People's Mental Health and Emotional Well-being Strategy 2017-21  Adult Mental Health and Emotional Well-being Strategy 2017-21  Suicide Prevention Action Plan  Ageing Better Plan 2017-22
3. Promote and enable good nutrition, physical activity and a healthy weight for all.	South Gloucestershire's Healthy Weight Group  Physical Activity Strategic Partnership  Food Plan Steering Group	Healthy Weight Strategy 2014-2020  Physical Activity Strategy 2015-2020  Food Plan 2018-21  Infant Feeding Strategy 2018-22  Falls Prevention and Bone Health Strategy 2017-21
4. Maximise the potential of our built and natural environment to enable healthy lifestyles and prevent disease.	Local Strategic Partnership  Strategic Housing Partnership  West of England Combined Authority  West of England Public Health Partnership  West of England Nature Partnership	South Gloucestershire Local Plan  South Gloucestershire Housing Strategy  Emerging West of England Joint Spatial Plan and Joint Local Transport Plan  Prospectus: An investment Strategy for the natural environment, stronger communities and a healthy economy  Climate Change Strategy  Sustainable Communities Strategy

See Appendix B for the South Gloucestershire Council Children and Adult Health Committee Structure.

In addition to delivering this strategy the Health and Wellbeing Board has a wider role to ensure that high quality, person-centred integrated care and support is a reality for the population of South Gloucestershire. For the duration of this strategy the Board will therefore continue to provide leadership for and monitor the allocation of health and social care resources, and the commissioning and delivery of services to meet

needs and priorities across South Gloucestershire, as identified in the [Joint Strategic Needs Assessment \(JSNA\)](#).

## The health and care system in South Gloucestershire

This strategy has been written at a time of significant challenge and change in the health and care system in South Gloucestershire and across the country. There is a substantial funding gap for local health and care services. In order to improve population health and wellbeing and ensure the long-term sustainability of our health and care services, we need to do things differently.

In South Gloucestershire there are plans in place to design a health and care service which can deliver care for local people that is affordable and can be sustained for years to come. This includes working with partners in Bristol, North Somerset and South Gloucestershire (BNSSG) to develop and deliver a [Sustainability and Transformation Plan \(STP\)](#) through the BNSSG Sustainability and Transformation Partnership. The plan is based on five core principles:

1. We will standardise and operate at scale
2. We will develop system-wide pathways of care
3. We will develop a new relationship with the population
4. We will develop new relationships between organisations and staff
5. We will build on our existing digital work as a driver and enabler of cultural change

Care will start with people in families and communities, with individuals encouraged and enabled to care for themselves. Services will be delivered locally by integrated teams focused on the needs of the individual; and access points to acute care and specialised services will be simplified. As health and care partners move towards closer working across Bristol, North Somerset and South Gloucestershire, the role of the West of England Combined Authority (Bath & North East Somerset, Bristol and South Gloucestershire) is developing to deliver economic growth and plans to improve housing, transport, employment and skills across our region. South Gloucestershire is working with neighbouring local authorities to develop a Joint Spatial Plan and Joint Local Transport Plan that sets out a prospectus for sustainable growth, helping the area meet its housing and transport needs for the next 20 years and benefitting all sections of our communities.

We will therefore be working more with partners across, Bristol, North Somerset, Bath & North East Somerset, and South Gloucestershire to improve population health and wellbeing as well as the delivery of health and care services. South Gloucestershire's Health and Wellbeing Board will continue to advocate for our local population's health in this context, highlighting local priorities in this strategy and the Joint Strategic Needs Assessment.



## Health and wellbeing in South Gloucestershire

The overarching aim of this strategy is to improve our population's health and wellbeing and enable everyone to stay healthy for longer.

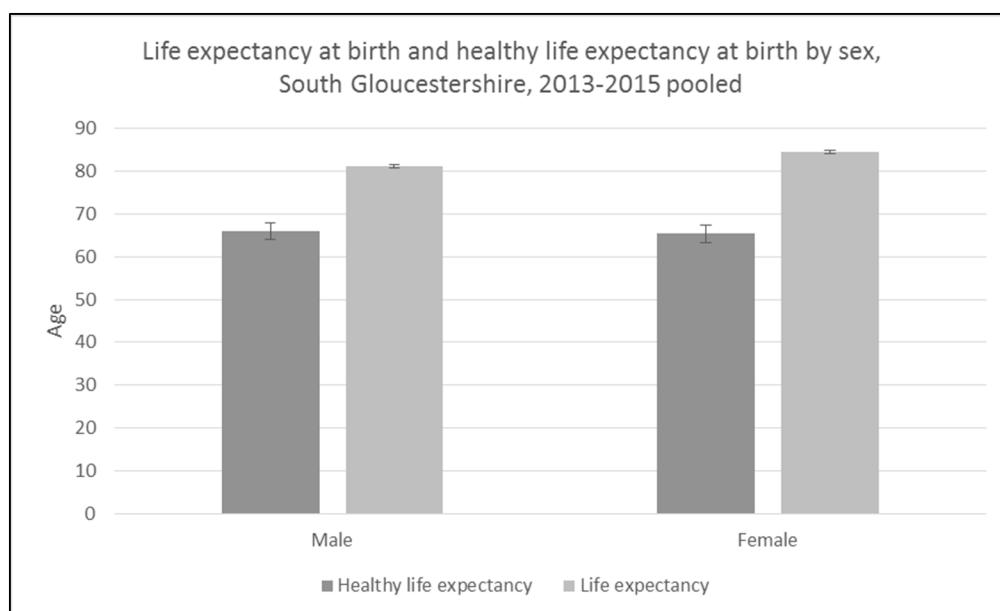
Our [Joint Strategic Needs Assessment](#) (JSNA) tells us that overall health in South Gloucestershire is good and we are living longer, but not all of us are living in good health and there are significant inequalities in terms of educational achievement, isolation from transport, access to housing, income, crime and health in some communities.

Life expectancy in South Gloucestershire is higher than the national average and has been rising. Life expectancy at birth for a male born in South Gloucestershire in 2013-15 was 81.2 years, higher than the England average of 79.5 years. For females this was 84.7 years, 1.6 years higher than the England average.

Our population has grown by 10% over the past decade and is projected to rise by a further 20% by 2039. The biggest increases will be in the older age groups. This means that our population is growing, with a significant proportion of the population getting older and requiring more care. These predictions do not take into account the significant housing developments taking place, which will contribute to further population growth; at least 30,000 new homes are planned to be built in South Gloucestershire by 2036.

Mortality rates for most diseases, including cancer and heart disease, are below the national average and have fallen over the last decade. Cancer is the top cause of premature mortality in men and women. The condition that contributes most to inequalities in life expectancy is cancer in men and respiratory disease in women.

We know that as people live longer they are more likely to develop one or more long-term condition. Our data tell us our residents are likely to live for 15 years or more in less than good health and rates of morbidity increase with age. The leading causes of poor health in South Gloucestershire and nationally are low back and neck pain, skin diseases and mental ill health. Dementia is an increasingly important factor as we age.



Of particular concern for South Gloucestershire is that although life expectancy is increasing, healthy life expectancy (years spent in good health) appears to be falling. Healthy life expectancy (years spent in good health) at birth for males fell from 67.6 in 2009-11 to 66.0 in 2013-15, a drop of 1.6 years. This contrasts to an increase of 0.4 years in the whole of England. An even greater reduction was seen for South Gloucestershire women; between 2009-11 and 2013-15 healthy life expectancy for women fell by 4.1 years

to 65.5 years. The England average for both time periods is the same. Data on the gap between our poorest and most affluent areas is limited but south west trends suggest the gap is similar to that for life expectancy.

The main causes of poor health and early death are often preventable. Lifestyle factors including smoking, excessive alcohol consumption, physical inactivity and poor diet are linked to a growing number of diseases and conditions and are therefore a key focus for action.

There is strong evidence that the places, communities and homes within which we live shape our health and emotional wellbeing. The planned development of at least 30,000 new homes and associated infrastructure in South Gloucestershire therefore presents opportunities and challenges to ensure a design of environments that improve health and reduce inequalities, provide affordable housing, and meet the needs of local people.

## Health inequalities in South Gloucestershire

South Gloucestershire is generally seen as a healthy place to live and work, with low levels of deprivation and good health and wellbeing outcomes for the local population. This is, however, not the full picture and data in the Joint Strategic Needs Assessment describe unmet need in some of our communities, and identifies groups of the population with much poorer health and emotional wellbeing than the majority within South Gloucestershire.

A robust and growing body of evidence suggests that tackling inequalities helps those with the poorest health, but also improves the health status of *all* communities, including the seemingly affluent. Reducing inequalities is not only the right thing to do, but will have social and economic benefits for all. Reducing inequalities is therefore a key focus of all actions proposed in this strategy.

### **What are inequalities in health?**

Health inequalities are the differences in health status or the distribution of health determinants between people or groups due to social, geographical, biological or other factors. These differences are preventable and unjust differences in health status have a huge impact because they result in some people experiencing poorer physical and mental health and wellbeing, increased disability and shorter lives.

National and local data tell us about groups who are more likely to experience health and social inequality. There are a range of factors that can increase or contribute to the risk of being vulnerable to inequality. They include, but are not limited to, who you are (inequalities are often aligned to the protected characteristic groups identified in the Equality Act 2010 i.e. age, gender, disability, religion and belief, race, sexual orientation, gender re-assignment, pregnancy and maternity and marriage and civil partnership) and where you live (geography can impact on opportunities to access services, good housing, education and employment, and to adopt healthy lifestyle choices).

Some inequalities are geographical. These are defined using the English Indices of Deprivation which identifies areas where higher numbers of people don't achieve their full potential, have poorer health outcomes, are employed in less well paid jobs or are unemployed and there are higher levels of crime. The most deprived areas of South Gloucestershire are clustered within the urban wards of Staple Hill, Kings Chase, Patchway, Parkwall and Woodstock, though other areas exist. A man living in one of the most deprived areas of South Gloucestershire has a life expectancy at birth 9.1 years shorter than a man living in one of the least deprived areas. Similarly a woman living one of the most deprived areas has a life expectancy 7.2 years shorter than a woman in one of the least deprived areas.

There are inequalities across South Gloucestershire. More than 6,000 children live in poverty in South Gloucestershire, two thirds of whom live outside the priority neighbourhoods. Child poverty is a major source of inequalities which can persist throughout life. A child growing up in poverty has a greater likelihood of experiencing health problems from birth and of accumulating physical and mental health problems throughout life. Children with free school meal status (an indicator of poverty) are more likely to be lower educational achievers. South Gloucestershire children receiving free school meals are likely to do less well compared to areas of the country with higher levels of child poverty and children on free school meals. Children who grow up in poverty are four times as likely to be poor adults, becoming the parents of the next generation of children living in poverty.

Other groups particularly vulnerable to inequalities in health outcomes in South Gloucestershire include:

- Carers
- Children, young people and adults with a physical or learning disability
- Looked after children and care leavers
- Children, young people and adults who have or are experiencing violence or abuse
- Children, young people and adults living in poor housing or those who are homeless
- Children, young people and adults with mental health problems
- People in the criminal justice system
- Some ethnic groups

Health inequalities result from social, economic and environmental inequalities. Action on health inequalities requires action across all the social determinants of health and an effective local delivery system with a focus on health equity in all policies and engagement from organisations across the health and care, the voluntary and private sector and community groups.

Local action within and beyond this strategy will be informed by the six objectives in the national [Marmot Review: Fair Society Healthy Lives](#), which proposes an evidence-based strategy to address key factors leading to health inequalities. They are:

1. Give every child the best start in life
2. Enable all children, young people and adults to maximise their capabilities and have control over their lives
3. Create fair employment and good work for all
4. Ensure healthy standard of living for all
5. Create and develop healthy and sustainable places and communities
6. Strengthen the role and impact of ill-health prevention.

## Improving health and wellbeing – principles and approach

Although our [Joint Strategic Needs Assessment](#) (JSNA) tells us that overall health in South Gloucestershire is good and we are living longer, significant health challenges remain in terms of improving healthy life expectancy and mental health and wellbeing, and reducing preventable disease and inequalities in health.

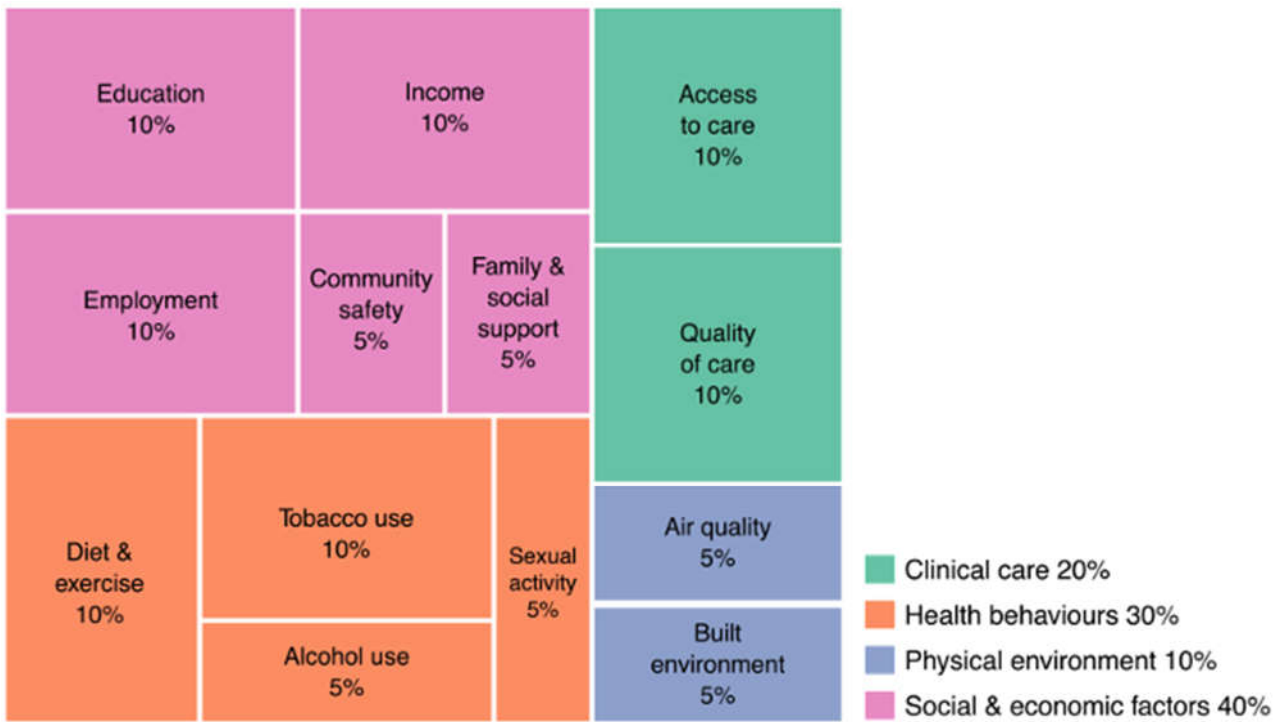
Our health is influenced by many factors including our age, sex and genetics, our lifestyle choices, and our social circumstances and environment as well as the health and care services we have access to. These challenges have interlinking causes and solutions are complex.



The Determinants of Health (1992) Dahlgren and Whitehead

Understanding the impact of these wider determinants of health is important because it helps us to view health and wellbeing more holistically and identify opportunities for prioritising our resources, policies and actions as we look to prevent, rather than treat or manage, health needs.

The figure below shows a model of estimates of the relative contributions of the determinants of health from a recent influential piece of research from the US. Although differences between the US and England mean that this model cannot be directly applied to South Gloucestershire, it is a useful model for understanding the relative contribution of these different groups of determinants.



Source: Analysis of US County Health Rankings data

The approach to improving health and wellbeing set out in this strategy acknowledges these wider determinants of health. We know that prevention and early intervention, compared with treatment, is cost-effective and that action across organisations and policy areas is required to improve population health as well as individual behaviour change.

In the current climate of increased demand and fewer resources, it is also important to encourage and empower individuals and communities to be actively engaged in their health and wellbeing. This requires a shift in thinking about our relationship with communities; from seeing ourselves as needing to “provide to” communities to empowering communities to be part of the solution, encouraging the development of community networks, listening and working together.

Working together we can succeed in making South Gloucestershire an even better place to live and work. This strategy cannot be delivered without the commitment of everyone. The strategy sets out how we will work collaboratively to improve everyone’s health and wellbeing.

## Principles

All our actions are based on and will be delivered following these key principles:

### Principles

- **Prevention:** our actions should facilitate healthy lifestyles to keep people in good health and prevent poor health and wellbeing.
- **Early intervention:** the right conversations in the right place at the right time to minimise risk and maximise the effectiveness and efficiency of services and support.
- **Making Every Contact Count:** recognising and using day-to-day interactions that organisations and individuals have with other people to support them in making positive changes to their physical and mental health and wellbeing.
- **Promotion of independence and self-care:** all individuals, families and communities should feel able to take responsibility for their own health and wellbeing and live their lives as healthily and independently as they can.
- **Life-course approach:** actions, and the way in which services are commissioned, should recognise that many poor outcomes result from an accumulation of factors and poor life chances over time.
- **Equity:** provision of services should be proportionate to need and targeted to the areas, groups and individuals that need them most.
- **Evidence:** actions should be informed by the best available national and local data, research, evidence and the experiences of residents, as captured in the Joint Strategic Needs Assessment (JSNA).
- **Innovation:** we will be creative in our actions, introducing, testing and evaluating new methods and ideas to add to the evidence base.
- **Safety and safeguarding:** ensure the most vulnerable are safe and protected from abuse and neglect.

## Areas for collective action

The role of the Health and Wellbeing Board is systems leadership. This section sets out what we want to achieve in relation to each of the four priority areas prioritised for collective action that this strategy will focus on, and how we will do it.

1. Improve educational attainment of children and young people, and promote their wellbeing and aspirations.
2. Promote and enable positive mental health and wellbeing for all.
3. Promote and enable good nutrition, physical activity and a healthy weight for all.
4. Maximise the potential of our built and natural environment to enable healthy lifestyles and prevent disease.

## **1. Improve educational attainment of children and young people, and promote their wellbeing and aspirations.**

### **Why is this important?**

Educational attainment is the most influential factor that increases the risk of a poor child becoming a poor adult. Although South Gloucestershire children do well in their early years, performance drops significantly as they get older. At GCSE level, educational attainment in South Gloucestershire is poor compared to similar Local Authorities and the England average. The gap in educational attainment between children with special education needs and those receiving free school meals (an indicator of poverty) and other pupils is wider within South Gloucestershire than other areas, and this gap widens as children get older.

Research evidence shows that education and health are closely linked. Therefore promoting the health and wellbeing of students within schools and colleges, and ensuring early intervention and support services are easily accessible has the potential to improve education outcomes as well as health and wellbeing outcomes.

### **What are the challenges?**

- The proportion of children achieving a Good Level of Development at Early Years Foundation Stage (school readiness) in South Gloucestershire in 2016 was 76% - well above the national average (69%). However, there was a large gap between children entitled to Free School Meals (FSM) (54%) and children who are not (78%).
- The percentage of pupils reaching the expected Key Stage 1 standards in reading, writing and maths was above both our statistical neighbours and above pupils in England. At Key Stage 2 results outcomes were equal to national and our statistical neighbours. Again there were significant gaps between children entitled to Free School Meals (FSM) and those who were not.
- Performance deteriorates significantly at Key Stage 4. In 2016, 54% of South Gloucestershire children achieved 5 or more GCSE grades A\*-C (including English and Maths) compared to 57% for England average and 56% for statistical neighbours. This places South Gloucestershire in the bottom quartile nationally. Students who are eligible for Free School Meals (FSM) and those accessing special education needs support performed least well. At key stage 4 only 22% of South Gloucestershire pupils on free school meals achieved 5 or more GCSEs grades A\*-C (including English and Maths) in 2014 compared to 57% of other pupils, a gap of 35 percentage points.
- Attainment of both level 2 and 3 qualifications by age 19 for all students and for students with special education needs and those eligible for free school meals is in the bottom quartile nationally.
- There are more than 6,000 children living in poverty in South Gloucestershire, two thirds of whom live outside the priority neighbourhoods.

### **What do we want to achieve?**

We want to improve educational attainment for all children and young people in South Gloucestershire and to reduce inequalities in attainment. We want all children and young people to have high aspirations for their education and future careers, and support to achieve them.

There is good evidence that promoting the health and wellbeing and resilience of children and young people, while also ensuring early intervention and support services are easily accessible, has the potential to improve education outcomes as well as health and wellbeing outcomes. Collective action by the Health



and Wellbeing Board will therefore focus on this area to support education strategy and school improvement.

### **How will the Health and Wellbeing Board take action?**

Delivery of this area for collective action will be through:

- The Health and Wellbeing Board acting as a systems leader and advocating for improved educational attainment and raised aspirations.
- Holding the Children, Young People and Families Partnership to account to deliver South Gloucestershire's Children and Young People's Plan (2016-2020).
- Collaborative working with the South Gloucestershire School Improvement Board.

#### **The Health and Wellbeing Board will:**

1. Recognise the impact of poverty on educational attainment and commit to plans and strategies that support families to move out of poverty and sustain wealth
2. Commit to continued investment in evidence-based programmes and support services that build family skills in relation to improving health and wellbeing, strengthen resilience of children and young people and promote aspiration, school attendance and attainment.
3. Promote and advocate for a consistent and comprehensive approach to championing health and wellbeing in schools and colleges across South Gloucestershire, informed by local intelligence about the health and wellbeing of our children and young people, and evidence-based recommendations on how best to improve educational attainment and close the attainment gap.
4. Commit to continued investment in evidence-based programmes that promote the physical and mental health and wellbeing of children and young people, and minimise the use of drugs, alcohol and tobacco.

Action taken on the other areas of focus will also support improved health and wellbeing of children and young people and consequently their educational attainment. This includes taking action to improve mental health and wellbeing and build resilience in children and young people, and encouraging them to be more active and eat well.

### **How will we measure our success?**

- Children in low income families (under 16s)
- School readiness
- Educational outcomes for students at Key Stage 1-5
- Educational outcomes for students at Key Stage 1-5 eligible for free school meals and gap in attainment
- Aspiration
- Number of good and outstanding schools and colleges
- Attendance in primary and secondary schools and colleges
- Free school meal uptake

## 2. Promote and enable positive mental health and wellbeing for all.

### Why is this important?

Mental health and wellbeing have a great impact on our ability to live happy and fulfilling lives. Having good emotional health and resilience helps children and young people to cope positively with stress and adversity, and supports them in doing well at school. Good mental health is also important in enabling people to sustain relationships, participate in work, and make positive lifestyle choices. Having good friends, neighbours and/or community links for example, can act as a buffer against social isolation and loneliness, helping people to stay well.

Mental and physical wellbeing are closely linked; people with poor physical health are at higher risk of experiencing mental health problems and people with poor mental health are more likely to have poor physical health. People with mental health problems are more likely to smoke, be overweight, use drugs and drink alcohol to excess, have a disrupted education, be unemployed, take time off work, fall into poverty, and be over-represented in the criminal justice system. It is therefore crucial that mental health is given equal priority to physical health in order to improve health and reduce inequalities in the population.

Nationally there is wide acknowledgement that mental health services have been underfunded for decades, and too many people have received no help at all. Locally there is increasing demand for inpatient and community mental health services, including the Improving Access to Psychological Therapies (IAPT) programme. There are gaps in services and there is a need to invest more. At the same time a local needs assessment has identified the need for more community-based support. Stakeholders also think that opportunities exist to do more work in schools and colleges, to involve children and young people, and to promote mental health wellbeing more widely.

### What are the challenges?

- At least one in four people will experience a mental health problem at some point in their life and one in six adults has a mental health problem at any one time. In South Gloucestershire this means around 36,000 people are currently living with a mental health problem.
- National estimates suggest that in South Gloucestershire 4,800 children and young people aged 5-19 years have a mental health disorder. An estimated 1,240 school aged children and young people (5-16 years) have an emotional disorder (e.g. anxiety and depression) and 1,895 have a conduct disorder (characterised by awkward, troublesome, aggressive and anti-social behaviours).
- Self-harm and suicide rates have been rising over the last decade and are similar to the national average. Between 2013 and 2015 there were 65 deaths from suicide in South Gloucestershire. Males have a twofold to threefold increased risk of suicide compared with women.
- It is estimated in those aged over 65, between 5 and 16% are lonely and 12% feel isolated.
- People with mental health problems experience significant inequalities; the excess premature mortality rate for adults with a serious mental health illness in South Gloucestershire is 320.7 - similar to the England average.

### What do we want to achieve?

We want all children, young people and adults living in South Gloucestershire to be able to enjoy good mental health and emotional wellbeing and for individuals, families and communities to feel empowered to promote and sustain their own mental health. We want all those who experience mental health problems to be able to get the right help and support at the right time and in the right place for them.

### How will the Health and Wellbeing Board take action?

Delivery of this area for collective action will be through:

- The Health and Wellbeing Board acting as a systems leader and advocating for actions that promote and enable positive mental health and wellbeing for all.
- Holding the Children, Young People and Families Partnership and the Children, Young People Mental Health Whole System Group to account to deliver South Gloucestershire's Children and Young People's Mental Health and Emotional Well-being Strategy 2016-21.
- Holding the Mental Health Partnership to account to deliver the Adult Mental Health and Emotional Wellbeing Strategy 2017-21 and Suicide Prevention Plan.

**The Health and Wellbeing Board will:**

1. Support initiatives that promote mental health and wellbeing, and build resilience in children and young people, including through developing healthy relationships.
2. Give equal value to mental and physical health so those experiencing mental health problems can access evidence-based services and support at the right time and in the right place for them.
3. Champion and support community and workplace action to protect and improve mental health and wellbeing, prevent suicide, reduce social isolation, and challenge stigma.
4. Adopt a 'mental health in all policies' approach by ensuring all policy recognises mental and physical health needs as equally important and addresses inequalities between mental and physical health.

Action taken on the other areas of focus will also support people's mental health and emotional wellbeing. There is a strong link between getting people more active and improved mental health and wellbeing for example.

**How will we measure our success?**

- Self-reported wellbeing
- Emergency Hospital Admissions for Intentional Self-Harm
- Depression recorded prevalence
- Suicide rate (persons)
- Adults in contact with secondary mental health services who live in stable and appropriate accommodation
- Gap in the employment rate for those in contact with secondary mental health services and the overall employment rate
- Excess under 75 mortality rate in adults with severe mental illness
- Social Isolation

### 3. Promote and enable good nutrition, physical activity and a healthy weight for all.

#### Why is this important?

Physical inactivity and excess weight are major threats to population health locally and nationally. Obese children and young people are more likely to be ill and therefore absent from school, more likely to have tooth decay, more likely to experience bullying and poor mental health problems such as low self-esteem, and are at higher risk of becoming an obese adult. Obesity-related disorders, and complications such as diabetes, increase the time people live in poor health and reduce their life expectancy. They also place a huge economic burden on health and social care services, and the wider economy; for instance diabetes alone accounts for 10% of the NHS annual spend.

Being physically active and a healthy weight have short-term benefits such as improved mental wellbeing and longer-term benefits by reducing the risk of developing diseases like type 2 diabetes, cancer and cardiovascular disease, and can improve overall quality of life.

There are other issues related to food and nutrition which are important for South Gloucestershire. In infancy good nutrition through breastfeeding reduces the risk of babies acquiring a range of conditions including gastro-intestinal and respiratory infections, as well as becoming obese in childhood and later life. Malnutrition and inadequate hydration are key areas of concern, particularly amongst the older population where malnutrition is often under-recognised and under-treated. Food banks in South Gloucestershire report usage is increasing and that common reasons for seeking help include low pay and debt.

Barriers to healthier eating include food literacy (shopping and cooking), information, access and availability. Lack of time, injury or illness and lack of motivation are barriers to physical activity.

#### What are the challenges?

- Only 14% of 15-year-olds in South Gloucestershire are physically active for at least one hour per day seven days a week and in a local school survey two thirds felt they didn't always do enough exercise to keep them healthy.
- Children and young people (key stage 2-4) report they are physically active for an average of 4 hours and 37 minutes per week. This is accepted as a significant cause for action.
- One in four of the adult population (25.5%) are classed as physically inactive, defined by failing to achieve 30 minutes of moderate intensity activity (such as a brisk walk) per week. Over recent years the proportion of inactive adults has increased, contrasting with a decline nationally.
- The prevalence of excess weight (overweight and very overweight) reception children is 17.2% and in year 6 is 28.7%. This means by the age of 11 over a quarter of children weigh more than is healthy for them. Prevalence is significantly higher in our priority neighbourhoods.
- Almost two thirds of adults (63.2%) in South Gloucestershire are either overweight or obese.
- Two in five (38%) residents indicate they feel a supportive built environment where physical activity is encouraged would make a big impact on getting people to become more active.
- In 2014, 55% of adults in South Gloucestershire ate the recommended '5 a day', lower than the South West average of 58.7% and higher than the England average of 53.5%.
- In 2014/15, the breastfeeding initiation rate in South Gloucestershire was 77.1%, higher than the England average of 74.3% but lower than the South West average of 79.0%. There has been little change in the initiation rate over time. At 6-8 weeks, the breastfeeding rate was 47.8%.

### **What do we want to achieve?**

We want more children, young people and adults to be active, eat well and to sustain a healthy weight. We want the healthier choice to be the easier choice in South Gloucestershire and for all of our partners and communities to be committed to working together to create a culture and environment that supports eating well and being physically active.

### **How will the Health and Wellbeing Board take action?**

Delivery of this area for collective action will be through:

- The Health and Wellbeing Board acting as a systems leader and advocating for actions that promote and enable good nutrition, physical activity and a healthy weight for all.
- Holding the Physical Activity Partnership to account to deliver the Physical Activity Strategy 2015-20.
- Holding South Gloucestershire's Healthy Weight Group to account to deliver the Healthy Weight & Obesity Strategy 2014-20.
- Holding the Food Plan Steering Group to account to deliver the Food Plan 2018-2021.

#### **The Health and Wellbeing Board will:**

1. Act as a champion for, and work to influence decision-making, to ensure availability of good food in public places and the use and development of environments that promote physical activity.
2. Hold a series of conversations with our local communities (including residents, early years settings, schools, colleges, health and care organisations, the voluntary and community sector, and local businesses) about how we can get more children, young people and adults active and eating better. Develop and implement actions based on this research.
3. Commit to continued investment in evidence-based programmes that promote breastfeeding and build skills in relation to families eating well and being more active.
4. Promote the use of evidence-based interventions for weight management in children, young people and adults, with a particular focus on priority groups including children under 11 years, women before and during pregnancy, and those with pre-diabetes or diabetes.

Action taken on the other areas of focus will also support getting more people active, eating well, and a healthy weight.

### **How will we measure our success?**

- Breastfeeding initiation and prevalence at 6-8 weeks
- Proportion of children in reception (aged 4-5 years) and Year 6 (10 to 11-year-olds) classified as overweight or very overweight in the National Child Measurement Programme
- Proportion of children and young people who are physically active
- Free school meal uptake
- Proportion of adults who are physically active
- Excess weight in adults
- Fruit and vegetable consumption

## 4. Maximise the potential of our built and natural environment to enable healthy lifestyles and prevent disease

### Why is this important?

There is strong evidence that the places, communities and homes within which we live shape our health and emotional wellbeing. Well-designed places can promote active lifestyles by encouraging walking, cycling, use of public transport and active recreation. Access to and use of quality green open space is also shown to reduce mental fatigue and stress. Warm, safe and secure accommodation is an important factor in enabling people to function well in other areas of life including school and work. We also know places with good public amenities and assets encouraging people to get more involved in their communities, help strengthen social networks and build community resilience.

Our environment can also have detrimental effects on our health. Poor air quality exacerbates heart and lung conditions such as asthma and chronic obstructive pulmonary disease. The effect of air pollution can contribute to the premature death of people who already have serious illnesses. Housing quality is an important determinant of health. Poor housing conditions are associated with a wide range of health conditions, including respiratory infections, asthma, lead poisoning, injuries, and mental health. Cold homes are a major contributor to excess winter deaths.

### What are the challenges?

- The West of England area as a whole needs at least 105,000 new homes by 2036, as well as associated transport and other infrastructure. At least 30,000 of these new homes are likely to be built in South Gloucestershire.
- Access to affordable housing for South Gloucestershire residents is a particular challenge. House prices and rental rates are high making it difficult for some to access stable housing. The affordable housing need has been identified as 32,200 homes across the West of England, but the estimated delivery under current government policy is only 17,100. This represents a gap of 15,100 affordable homes.
- More than one in five private homes do not meet the 'Decent Homes Standard' – they contain significant hazards (most of which relate to excess cold or potential for residents to fall), are in a state of disrepair or do not have modern comforts.
- 4.7% of all deaths in South Gloucestershire can be attributed to particulate air pollution and the wider impact on health and healthcare services is poorly understood.
- 9.5% (10,797) of households in South Gloucestershire experience fuel poverty.
- Only 35.8 % of people use green space for exercise/health reasons.
- 169 people were killed or seriously injured on our roads between 2013 and 2015. Rates have changed very little over recent years.
- People aged 65 and over represent half of the predicted population growth over the next 20 years. There is a critical need to plan positively for this group and it is estimated that around 12,700 specialist homes will be needed.

### What do we want to achieve?

We want our neighbourhoods to be safe, sustainable and inclusive places which enable healthy choices, encourage active lifestyles and promote mental and emotional wellbeing and for our housing supply to meet the needs of all residents at every stage of life. We want the health impacts from poor air quality to be reduced through lower emissions and reduced exposure to pollutants.

### How will the Health and Wellbeing Board take action?

Delivery of this area for collective action will be through:

- The Health and Wellbeing Board acting as a systems leader and advocating for actions that maximise the potential of our built and natural environment to enable healthy lifestyles and to improve our physical and mental health.
- Advocating for the development of housing, spatial planning and transport policy which will protect and promote health, and prevent and reduce health inequalities within South Gloucestershire and across the West of England.
- Working with the South Gloucestershire Strategic Housing partnership to support delivery of the Housing Strategy and ensure the use of members' resources is maximised to provide affordable, warm and safe homes, rented or owned, which meet people's needs at every stage of life.

**Health and Wellbeing Board members will:**

1. Develop a shared understanding amongst Board members and partners of the importance of the built and natural environment in our health and wellbeing, and how the Board can influence strategy and policy. Provide strategic direction to enable organisations to work together on issues relating to our environment and its impact on health.
2. Develop local population intelligence and evidence about links between the built and natural environment (housing, transport, access to green space) and health to inform new development planned for South Gloucestershire and the West of England.
3. Review and comment on emerging strategic policy documents (e.g. South Gloucestershire Local Plan, West of England Joint Spatial Plan and Joint Local Transport Plan) and advocate for measures that will protect and improve health and wellbeing and ensure that infrastructure meets the health and care needs of our current and future population.
4. Raise awareness of the impacts of air pollution and poor air quality on health, and work with partners in South Gloucestershire and more widely to promote a consistent and unified approach to improve air quality and reduce health impacts associated with air pollution.

**How will we measure our success?**

- Proportion of households in fuel poverty
- Mean annual background concentration of PM 2.5 and PM 10 particulates
- Proportion of mortality attributable to particulate air pollution
- Proportion of people using green space for exercise/health reasons
- Killed and seriously injured (KSI) casualties on our roads
- Homelessness
- Proportion and total number of affordable new homes built

## Monitoring progress

Progress towards achieving our vision and delivering the actions set out in this strategy will be monitored and reviewed by the Health & Wellbeing Board in two ways.

Firstly through monitoring and review of related strategies and commissioning and action plans across member organisations and partnerships. This process will follow the well-established commissioning cycle for health and wellbeing shown below, including ongoing review of performance, objectives and constraints.

### The Commissioning Cycle for Health & Wellbeing

Based on Local Government Association and Department of Health Guidance 2012.



Secondly, through regular review of population outcomes. Under each area for collective action a set of outcomes from the [Public Health Outcomes Framework](#) (PHOF) is listed, along with selected locally derived indicators where appropriate (see Appendix C for complete list). The [Public Health Outcomes Framework](#) (PHOF) is a national framework that sets out outcomes and the indicators that help us understand how well public health is being improved and protected. The outcomes reflect a focus not only on how long people live, but on how well they live at all stages of life and inequalities data is provided where available. Performance will be measured against the relevant outcomes annually.

The Health and Wellbeing Board meets four times annually. Meetings will be planned to include an agenda item on each of the areas for collective action annually.



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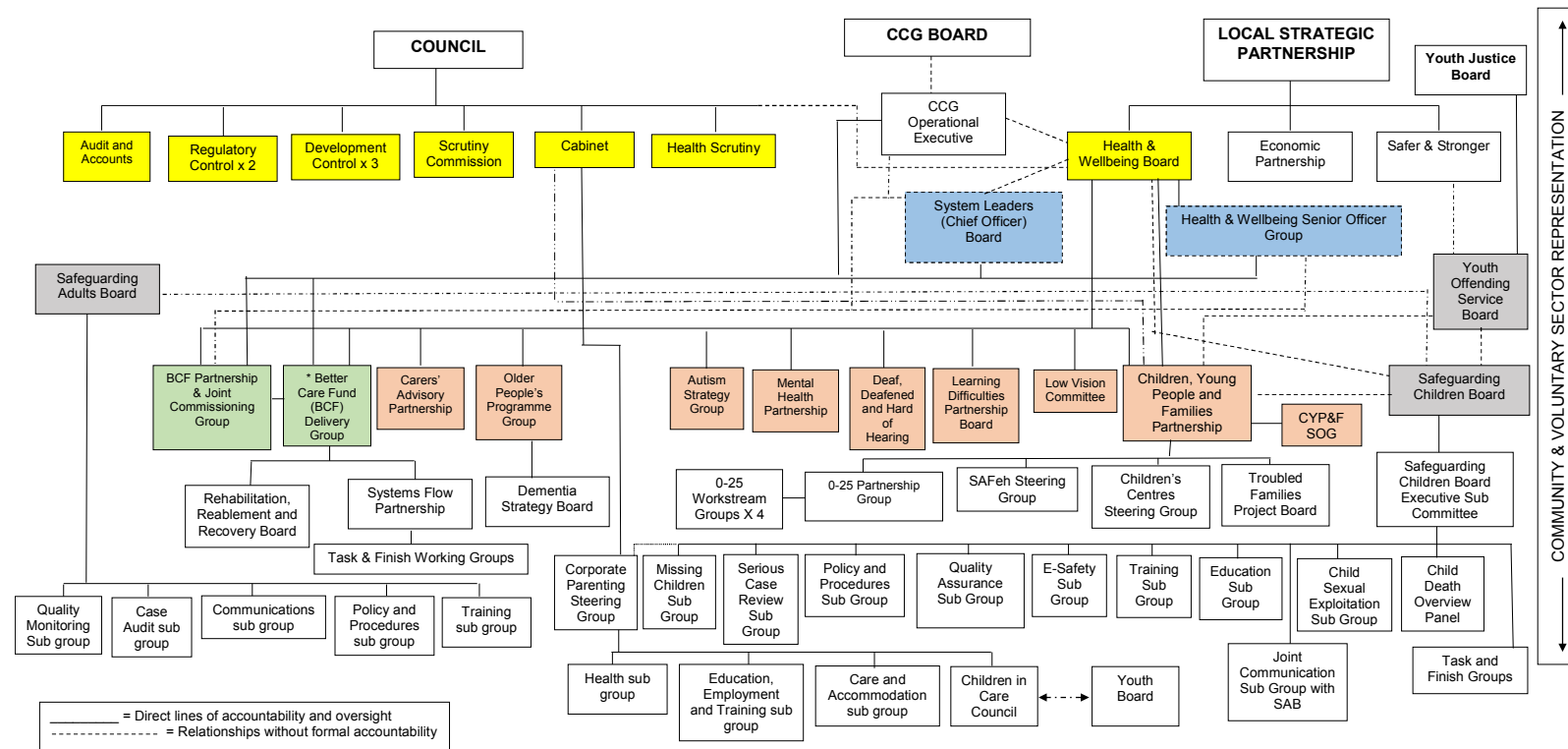
South Gloucestershire Joint Health and Wellbeing Strategy 2013 <http://hosted.southglos.gov.uk/oaof/documents/Health Wellbeing Strategy Final.pdf>

## Appendix A - Prioritisation Criteria

- Size of inequalities in outcomes between different groups
- Size and scale of the health need in South Gloucestershire
- Opportunity to move from treatment to prevention
- Severity of the issue for individuals, patient and carers
- Wider social and economic impacts associated with the identified need
- Effectiveness and cost-effectiveness of available interventions
- Trend over time - whether the level of need is increasing or decreasing
- Opportunity to improve service quality, efficiency and patient choice
- Estimated economic cost associated with tackling the topic
- Coherence with national policy objectives, public opinion, stakeholder concerns and local political policy

# Appendix B – South Gloucestershire Children and Adult Health Committee Structure

May 2017



Council Committees
Advisory Bodies
Planning and Delivery Groups monitored by HWBB but which act independently and are not constrained by any formal reporting requirement
BCF Groups accountable to the CCG Board, Council Service Committees and HWBB
Independent Partnership Boards

- The Children, Young People and Families Partnership and Better Care Fund Board, whilst not sub-committees of the Health and Wellbeing Board, are bodies formally accountable to the Health and Wellbeing Board. All other bodies that are monitored by the Health and Wellbeing Board but act independently and are not constrained by any formal requirement to report to the Health and Wellbeing Board

## Appendix C – Indicators

Area for collective action	Indicator	Source
Whole strategy	4.03 Mortality rate from causes considered preventable	PHOF
	0.1 Healthy life expectancy	PHOF
	0.2 Differences in life expectancy and healthy life expectancy between communities	PHOF
1. Improve educational attainment of children and young people, and promote their wellbeing and aspirations.	1.01ii - Children in low income families (under 16s)	PHOF
	1.01 - Children in low income families (all dependent children under 20)	PHOF
	1.02 - School Readiness	PHOF
	1.03 - Pupil absence	PHOF
	1.02i - School Readiness: the percentage of children achieving a good level of development at the end of reception (Persons)	PHOF
	Educational outcomes for students at Key Stage 1-5	Local
	Number of good and outstanding schools and colleges	Local
	Aspiration	Local
	Free school meal uptake	Local
2. Promote and enable positive mental health and wellbeing for all.	2.23 - Self-reported wellbeing	PHOF
	2.10 - Emergency Hospital Admissions for Intentional Self-Harm	PHOF
	1.18 Social isolation	PHOF
	4.09 Excess under 75 mortality rate in adults with serious mental illness	PHOF
	4.10 Suicide rate	PHOF
	Depression prevalence	PHE MH Profile
	1.06 Adults in contact with secondary mental health services who live in stable and appropriate accommodation	PHOF
	1.08 Employment for those who are in contact with secondary mental health services	PHOF
	1.18 Social isolation	PHOF
3. Promote and enable good nutrition, physical activity and a healthy weight for all.	2.02 Breastfeeding	PHOF
	2.06 Child excess weight in 4-5 and 10-11 year olds	PHOF
	2.11 Fruit and vegetable consumption	PHOF
	2.12 Excess weight in adults	PHOF
	2.13 Proportion of physically active and inactive adults.	PHOF
	Proportion of children and young people who are physically active	PHE PA Profile
	Free school meal uptake	Local
4. Maximise the potential of our built and natural environment to	1.17 - Fuel poverty	PHOF
	1.10 - Killed and seriously injured (KSI) casualties on England's roads	PHOF
	1.16 Utilisation of outdoor space for exercise / health reasons	PHOF

Area for collective action	Indicator	Source
enable healthy lifestyles and prevent disease.	3.01 Fraction of mortality attributable to particulate air pollution	PHOF
	Mean annual background concentration of PM 2.5 and PM 10 particulates	Local
	Accepted homelessness applications	Local
	Proportion and total number of affordable new homes built	Local