

Delivering Health and Wellbeing Priorities Devon Cornwall & Somerset PHE Centre

Introduction

- This document describes the work of the DCS PHE Centre's Health and Wellbeing Team (HWBT) and its priorities in support of the Centre's Delivery Plan for 2014 onwards. It draws down national priorities into objectives that make sense for Devon Cornwall, Somerset and the Isles of Scilly and identifies key deliverables that we will commit to. The HWBT Delivery Plan reflects an evolving PHE Centre and the interdependence of key partners across the system including national colleagues, NHS England and local government.
- PHE has seven national priorities for 2013/14 and these are set against key strategic objectives and deliverables for the HWBT. Each priority is overseen by a member of the HWBT who is also responsible for developing action plans for their area of responsibility.

PHE priorities for 2014-15 include

- Tobacco
- Alcohol
- TB
- Dementia
- Physical activity



The Role of the Health and Wellbeing Team (HWBT)

- The HWBT's aim, in DCS PHEC, is to support the locally led public health system in Local Government across Devon, Cornwall, Isles of Scilly and Somerset.
- We will do this by providing evidence of effective health improvement interventions and the tools to support their implementation at a local level.
- The HWBT will draw on additional public health expertise from across PHE to support the locally led public health system deliver its respective goals.
- The HWBT recognises that each local authority has its own local health and wellbeing priorities based on their respective Joint Health Needs Assessments and Joint Health and Wellbeing Strategies.
- We will seek to think and act systemically viewing the public health system as a whole rather than compartmentalising.
- We will aim to support the system and the sense of transformation in the health expectations and outcomes of all people in Devon, Cornwall, Somerset and Isles of Scilly
- We will be people and relationship centred motivated by excellence in Health Improvement outcomes.

What you can expect from us:

- Think systematically and act long term, recognising the interconnected nature of the local Public Health system
- Galvanise others behind the vision of health improvement enabling a strong sense of purpose across the Centre area
- Spend time talking to people understanding local motivations and challenges building trust and positive relationships
- Facilitate shared decision making and collaborative working
- Deliver on promises and act with consistency

The DCS HWBT understanding of health improvement, wellbeing and social determinants

The DCS HWBT understanding of health improvement is based on the definition in the WHO ‘Ottawa Charter’ (1986) for Health Promotion¹ and subsequent WHO charters and the Marmot Review (2010) ‘Fair Society – Healthy Lives’². The Ottawa Charter was the first international charter to define health promotion, which is more commonly referred to in England as ‘health improvement’. The HWBT recognise that the definition can be contested in relation to ‘completeness of health’ however the definition has stood the test of time and remains a basis for international programmes for health promotion/improvement.

Health promotion is the process of enabling people to increase control over, and to improve, their health. To reach a state of complete physical, mental and social well-being, an individual or group must be able to identify and to realise aspirations, to satisfy needs, and to change or cope with the environment. Health is therefore, seen as a resource for everyday life, not the objective of living. Health is a positive concept emphasising social and personal resources, as well as physical capacities. Therefore, health promotion (health improvement) is not just the responsibility of the health sector, but goes beyond healthy life-styles to well-being.

Prerequisites for health

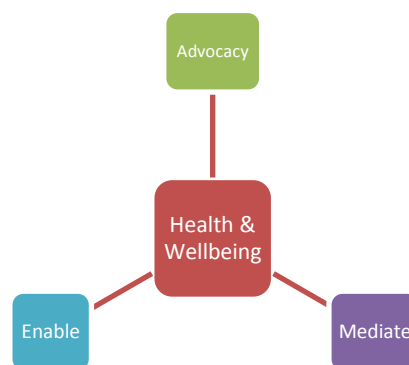
The fundamental conditions and resources for health are peace, shelter, education, food, income, a stable eco-system, sustainable resources, social justice and equity. Improvement in health requires a secure foundation in these basic prerequisites.

Advocate

Good health is a major resource for social, economic and personal development and important dimension of quality of life. Political, economic, social cultural, environmental, behavioural and biological factors can all favour health or be harmful to it. Health promotion action aims at making these conditions favourable through **advocacy** for health.

Enable

Health promotion focuses on achieving equity in health. Health promotion action aims at reducing differences in current health status and ensuring equal opportunities and resources to **enable** all people to achieve their fullest health potential. This includes a secure foundation in a supportive environment, access to information, life skills and opportunities for making healthy choices. People cannot achieve their



¹ <http://www.who.int/healthpromotion/conferences/previous/ottawa/en/> Accessed 07/03/14

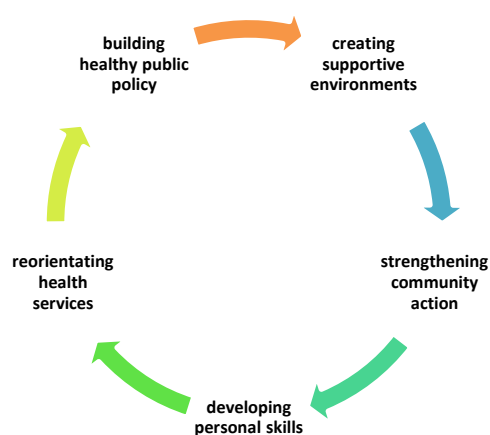
² <http://www.instituteofhealthequity.org/projects/fair-society-healthy-lives-the-marmot-review> Accessed 07/03/14

fullest health potential unless they are able to take control of those things which determine their health. This must apply equally to women and men.

Mediate

The prerequisites and prospects for health cannot be ensured by the health sector alone. More importantly, health promotion demands coordinated action by all concerned: by governments, by health and other social and economic sectors, by non-governmental and voluntary organizations, by local authorities, by industry and by the media. People in all walks of life are involved as individuals, families and communities. Professional and social groups and health personnel have a major responsibility to mediate between differing interests in society for the pursuit of health. Health promotion strategies and programmes should be adapted to the local needs and possibilities of individual countries and regions to take into account differing social, cultural and economic systems.

Action for Health Improvement means:



Building Health Public Policy: Health on the agenda of policy makers in all sectors and at all levels, directing them to be aware of the health consequences of their decisions and to accept their responsibilities for health.

Creating Supportive Environments: Our societies are complex and interrelated. Health cannot be separated from other goals. The inextricable links between people and their environment constitutes the basis for a socioecological approach to health. The need to take care of each other, our communities and our natural environment.

Strengthening Community Action: through effective community action in setting priorities, making decisions, planning strategies and implementing them to achieve better health. At the heart of this process is the empowerment of communities, their ownership and control of their own endeavours and destinies.

Developing Personal Skills: Supporting personal and social development through providing information, education for health and enhancing life skills. Increasing the options available to people to exercise more control over their own health and over their environments, and to make choices conducive to health.

Reorienting Health Services: The role of the health sector must move more to a health improvement direction, beyond its responsibility for providing clinical and curative services. Reorienting health services requires attention to health research as well as changes in professional education and training.

Our understanding of Wellbeing

The New Economic Foundation³ (NEF) describe wellbeing in terms of how people feel and how they function, both on a personal and a social level, and how they evaluate their lives as a whole.

NEF further break the definition down to:

- How people feel refers to emotions such as *happiness* or *anxiety*.
- How people function refers to things such as their *sense of competence* or their *sense of being connected to those around them*.
- How people evaluate their life as a whole is captured in their satisfaction with their lives, or how they rate their lives in comparison with the best possible life.

“You can think of someone as having high well-being if they function well, have positive feelings day-to-day and overall and think their lives are going well; we call this ‘flourishing’. Similarly, you can think of someone as having low well-being if they do not function well and have negative feelings day-to-day and overall” (NEF 2012).

In 2008 the NEF model of wellbeing (below) described how an individual’s external conditions such as their income, employment status and social networks act together with their personal resources such as their health, resilience and optimism to allow them to function well in their interactions with the world and therefore experience positive emotions. NEF determined that when people function well and experience positive emotions day-to-day and overall, we can think of them as ‘flourishing’.

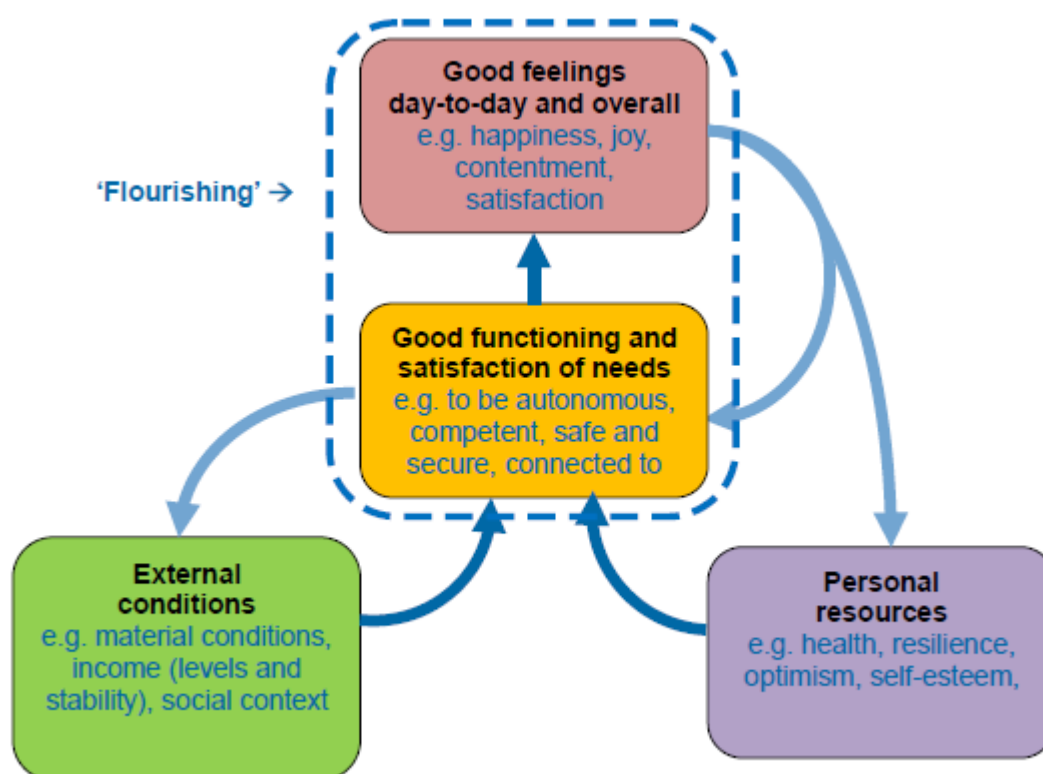


Figure 1: NEF Model of Wellbeing (2008)

³ www.neweconomics.org/publications/entry/measuring-well-being Accessed 07/03/14

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The Marmot Review (2010) 'Fair Society – Healthy Lives' six policy objectives to tackle the Social Determinants of Health are below. The HWBT understanding of the determinants of health are informed by these six policy objectives.

- A. Give every child the best start in life
- B. Enable all children, young people and adults to maximise their capabilities and have control over their lives
- C. Create fair employment and good work for all
- D. Ensure healthy standard of living for all
- E. Create and develop healthy and sustainable places and communities
- F. Strengthen the role and impact of ill health prevention

Partnership, planning and health in all policies
supporting evidence-based and practical action...








TheKingsFund

Issues of common concern health and wellbeing across the DCS PHEC include:

- safeguarding and promoting the wellbeing of children, young people and older adults
- supporting population wellbeing and helping people age well and in good health
- creating healthy, sustainable and safe places to live, to work, to play in
- promoting economic growth, jobs and prosperity
- developing skilled and healthy workforce across all sectors
- delivering efficient and effective services

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The DCS PHEC Health and Wellbeing Team

| | | | | |
|---|---|--|--|---|
|  <p>Kevin Elliston Public Health Consultant in Health Improvement</p> |  <p>Russ Moody Health Improvement Manager</p> |  <p>Julia Rogers Public Health Support Officer</p> |  <p>Lou Walsh Executive Support Officer</p> |  <p>Lesley-Anne Williams Advanced Health Improvement Practitioner (on attachment)</p> |
|---|---|--|--|---|

Health and Wellbeing Team Members: Lead Responsibilities

| Kevin Elliston | Russ Moody | Julia Rogers | Lou Walsh | Lesley-Anne Williams |
|---|--|--|--|---|
| <ul style="list-style-type: none"> • Health Inequalities • Place based public health • Mental Health • Suicide Prevention • Children and Young People • Training offer for Deanery • LETB's • Public Health and Nursing • Local Professional Network for Pharmacy • Healthy Living Pharmacies • Academic Health Sciences Network • Academic Public Health • Peninsula Public Health Network • Plymouth HWBB • Cornwall HWBB • Isle of Scilly HWBB | <ul style="list-style-type: none"> • Support for national campaigns • Physical Activity Framework • Healthy Weight - Children and Adults • Social Marketing • Tobacco Control • Vountary Sector Engagement • Devon HWBB | <ul style="list-style-type: none"> • NHS Health Checks • SW Directors of Public Health Network • Somerset HWBB • Programme Support | <ul style="list-style-type: none"> • Buisness Support for health improvement programmes • Governance • Risk Management • Somerset HWBB | <ul style="list-style-type: none"> • Healthy Workplaces Charter • Veterans Health • Torbay HWBB • Programme Support |

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HWB Lead Areas

HWBT members have a designated lead topic/issue for public health and will work as a matrix team using the ARSCI project management criteria.

A: Accountable for results, outcomes

R: Responsible for making sure the work gets done

S: Supports with resources

C: Must be consulted

I: Must be informed

Health and Wellbeing Programmes

- Working with our partners and PHE colleagues , in particular sexual health, health and justice, dental public health, alcohol and drugs, we will support delivery of locally led and nationally informed health and wellbeing programmes of work

Longer, healthier lives (preventable mortality)

- supporting the implementation of the NHS Healthchecks programme by local authorities
- efforts to promote tobacco control and reduce the prevalence of smoking

Reducing the burden of disease

- work with our colleagues in the DCS Alcohol and Drugs Team to improve recovery rates from drug dependency
- promotion of mental wellbeing, prevention of mental health problems and the prevention of suicide,
- along with improving the wellbeing of those living with and recovering from mental illness

Children and young people

- promoting healthy weight and tackling childhood obesity
- improvements in child health outcomes through a focus on under-5s

Health and work

- supporting local led initiative which enable employers to establish a healthy workforce

Place-based public health

- providing evidence for a place-based approach for the delivery of an efficient and effective public health system

Building multidisciplinary public health capability

- supporting the Peninsula Public Health Network continuing professional development programme for the multi-disciplinary public health workforce in Devon, Cornwall, Isle of Scilly and Somerset
- explore opportunities for supporting Public Health Practitioner Registration via UKPHR for the multi-disciplinary public health workforce in Devon, Cornwall, Isle of Scilly and Somerset

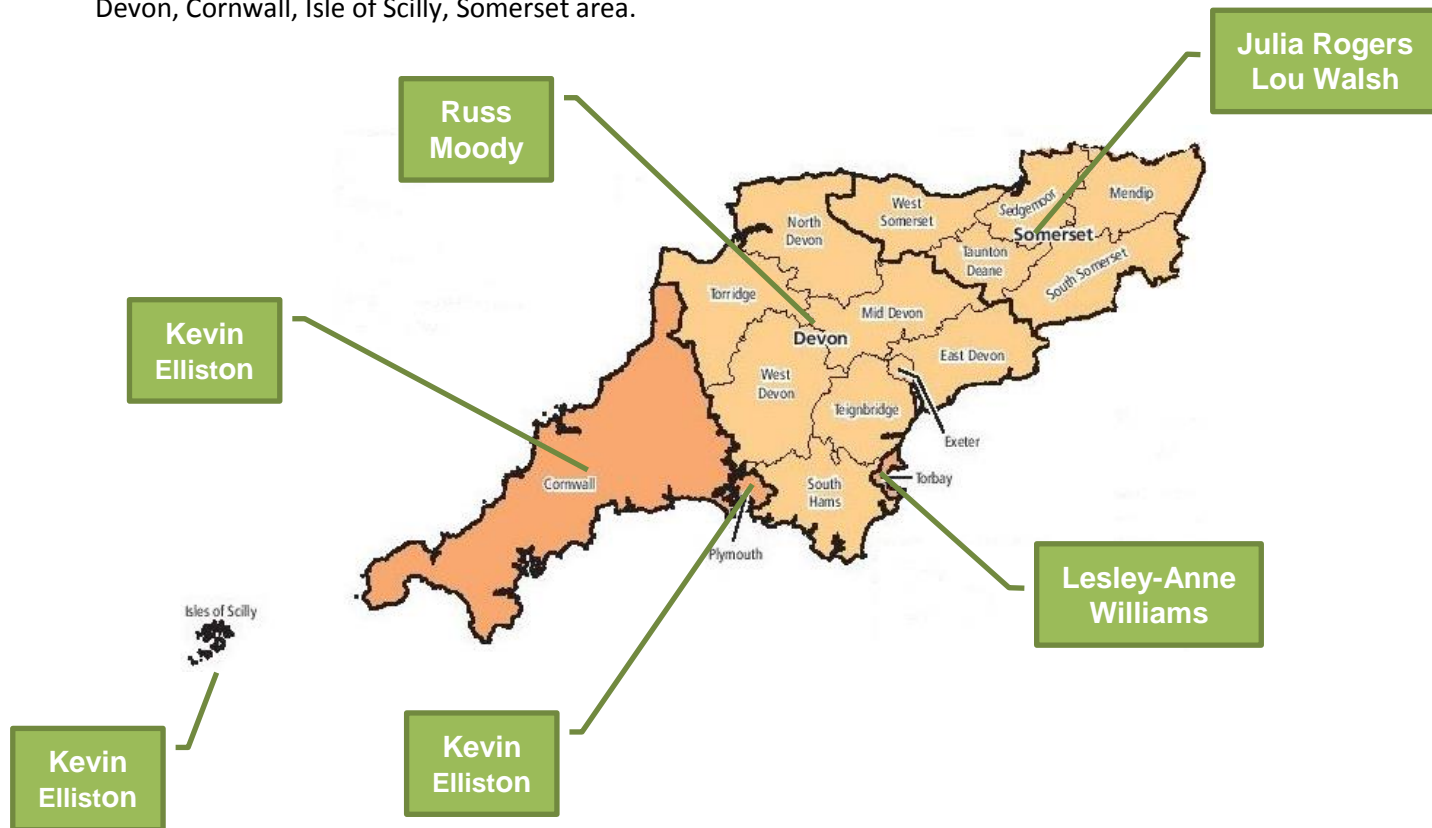
Health Impact Assessment






- we will assess the impact of relevant policies and strategies and use our findings to influence the development of health improvement

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Health and Wellbeing Team – PHE Links for DCS Local Authorities

The HWBT members will be a named PHE Link Person for each upper tier local authority across the Devon, Cornwall, Isle of Scilly, Somerset area.



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-  louise.walsh@phe.gov.uk 07825 523 586
-  lesley-anne.williams@phe.gov.uk 07979 530 571

Links with related PHEC Centre Health and Wellbeing Programmes

The DCS HWBT links with related PHE Centre health and wellbeing programmes. Details of the plans for the areas below can be found in the overarching DCS PHEC Delivery Plan

- Public Health Care: led by Debbie Stark, Public Health Consultant in Public Health Care
- Health and Justice: led by Rachel Campbell, Public Health Specialist DCS/AGW
- Sexual Health: led by Norah O’Brien, Sexual Health Facilitator, HIV & STI Department, Centre for Infectious Disease Surveillance and Control
- Alcohol and Drugs: led by Clive Lewis, Head of Alcohol and Drugs, DCS/AGW

