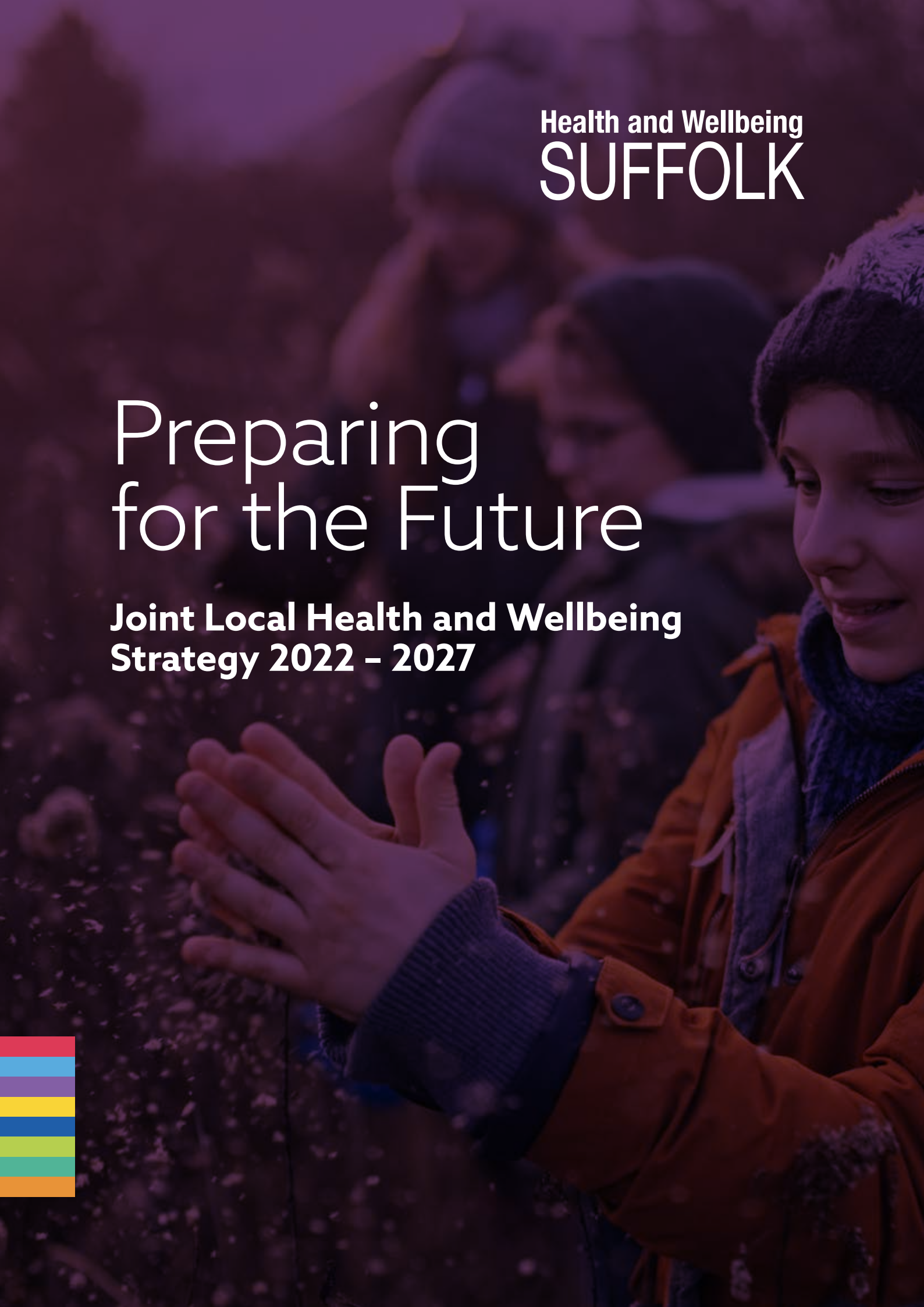

Health and Wellbeing
SUFFOLK

# Preparing for the Future

## Joint Local Health and Wellbeing Strategy 2022 – 2027

# Foreword

## Welcome to the Suffolk Health and Wellbeing Board's Joint Local Health and Wellbeing Strategy – 'Preparing for the Future' (2022-2027).

> "Health inequalities are not inevitable and can be significantly reduced... avoidable health inequalities are unfair and putting them right is a matter of social justice. There will be those who say that our recommendations cannot be afforded, particularly in the current economic climate. We say that it is inaction that cannot be afforded, for the human and economic costs are too high."
>
> **Michael Marmot**
> Health Equity in England:
> Marmot Review 10 years on

During the pandemic, we saw the strength of our people and communities. Community groups stepped forward to make sure that the most vulnerable received the support they needed. Our incredible health and care workforce worked tirelessly to make sure people had access to care and treatment. Teams such as public health, environmental health, customer services and community protection helped ensure everyone was able to make safe decisions based on the best information.

But as we step forward following COVID-19, we know some big challenges await us.

Firstly, we have a population in Suffolk enormously affected by the legacy of COVID-19. Some people struggled to keep active or eat a healthy diet. Health inequalities widened. Loneliness and anxiety increased as a consequence of the measures taken to keep people safe, and people were left grieving for those who died. Thinking of our young people, I am acutely aware that it may be some time before we fully understand the impact on young people's education and mental health.

Secondly, we are now facing a cost-of-living crisis. As a Councillor speaking daily to residents, I hear the worries expressed; worries for their future, worries about work, and worries about how they will feed their families or heat their homes. As Chair of the Health and Wellbeing Board (HWB), I understand only too well how this affects their ability to make healthy choices.

Thirdly, we have too many people living in poor health for too much of their lives, and we know there is a profound gap in healthy life expectancy between the poorest and richest in Suffolk. This means those living in the most deprived areas spend many more years living in poor health and die earlier than those living in the least deprived areas. This is unacceptable.

In light of this, the HWB has developed a strategy to help Suffolk to come together, prepare for the future and help people move forward – physically and mentally – from these difficult times we face.

To address this, Board members recognised that to achieve the improvement we seek, there is a need for a more radical vision, a vision of health and wellbeing, that goes beyond healthcare. Consequently, our five-year strategy has at its core a call to refocus on the social determinants (or drivers) of health and wellbeing. These include the start we have in life, the places we live, our educational opportunities, access to good work and the local environment and we have set clear priorities to reflect that because all great performance requires clear goals.

Moreover, at the heart of our strategy is the necessity of working together if we are to attain better population health. This is because we recognised early as a Board that none of us is as smart as all of us and to change things for the better, we need to work together. People who know me understand the quiet sense of pride I have in how Suffolk partners have come together to create a collective sense of responsibility across organisations and communities to reduce inequalities and promote good health.

Currently, as I look out at the Suffolk landscape, seeing people and organisations become more entwined and the increasing alignment of organisations, services and plans, I sense a real collective ambition to confront the root causes of ill health and improve health outcomes. Lessons learnt from the pandemic will not be forgotten and we realise collaboration has to be the way to build back a fairer and healthier Suffolk.

We may still be only at the start of our journey, but we are prepared for it.

**Councillor Andrew Reid**

Chairman of Suffolk Health and Wellbeing Board

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# Purpose of the Suffolk Health and Wellbeing Board

The Suffolk Health and Wellbeing Board was established in 2013 and is responsible for improving and protecting the health and wellbeing of all people in Suffolk. It brings together system leaders from across the county who work together to ensure not only that health and care services meet the needs of our residents, but to also promote wellbeing and prevent ill health at the source.

The Board has a critical leadership role to ensure the achievement of its Joint Local Health and Wellbeing Strategy vision and outcomes. The Board members have an individual and collective responsibility to champion the changes required to achieve the Strategy's priorities.

This means the Strategy is jointly owned by members of the Board, and any references to 'we' in this document refers to the Suffolk Health and Wellbeing Board.


**The Suffolk Health and Wellbeing Board membership**

# What is the Joint Health and Wellbeing Strategy?

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

The strategy is intended to set 'a small number of key strategic priorities for action', where there is an opportunity for partners working through the Health and Wellbeing Board to 'have a real impact' through local initiatives and activities that lead to an improvement in health and wellbeing outcomes and a reduction in health inequalities.

## The purpose of this strategy is to:

- Provide a context, vision, and overall focus for improving the health and wellbeing of local people and reducing inequalities in the period 2022-2027...
- Identify agreed shared priorities and outcomes for improving local wellbeing and health inequalities.
- Support effective partnership working that delivers health improvements.
- Provide a framework to support innovative approaches required to enable necessary change, given the shifting needs of local communities in the wake of the pandemic and current economic climate.

# How have we developed the strategy?

Two stakeholder workshops were held in Autumn 2021, informed by Suffolk' Joint Strategic Needs Assessment, which were set up to explore the findings of a report brought to the Board in July 2021 which reviewed the purpose of the HWB in the context of wider system changes.

The review was informed by best practice in English Health and Wellbeing Boards and a number of 'purposeful' conversations with Board members and other stakeholders.

Changes were also implemented after a series of sense-checking, consensus-generating sessions held with HWB members and other stakeholders in March-April 2022.

The first workshop explored the role of the Health and Wellbeing Board, what it is trying to achieve and what its priorities should be. The second workshop continued our stakeholders' exploration of the future role and purpose of the Health and Wellbeing Board but also considered how best to deliver the role given the enormity of the task. It also explored effective system working and the relationship between the Integrated Care Systems (ICS) and the Suffolk Health and Wellbeing Board.

The workshops reached a consensus on the (1) purpose, priorities, and principles of the Health and Wellbeing Board, (2) the leadership of the Board regarding the wider determinants of health, and (3) the need for the Board to work with partners and communities to improve health and

wellbeing. The workshops also suggested cross-cutting themes which they felt should be addressed in the working or partnership groups established around the agreed priorities. Stakeholders thought the Health and Wellbeing Board had a distinctive role in the emerging system citing its ability to consider 'the causes of the causes of ill health' and the presence of democratically elected members working alongside clinical, professional and community leaders.

Stakeholders also felt the Board was well placed to influence partners' strategies and gain assurance that partners' plans were closely aligned with the needs of the communities in Suffolk.

## Stakeholders believed the value of the Board was in:

- The ability to consider health and wellbeing 'in the round' and being able to go beyond the healthcare-led lens to consider the impact of the wider determinants of health. An understanding of the 'causes of the causes' of ill-health and how they impacted health was felt to be business for the Board. In this context, social isolation and loneliness were commonly referenced, as were the issues of rurality, access to transport and place-based inequalities.
- Using its influence to help to alleviate poverty and inequalities, highlighting the challenges of unemployment, financial security, low wages, and productivity; including linking with partners to increase opportunities for lifelong learning and greater educational attainment.
- Helping the system better understand the needs of Suffolk's communities via the development of the Joint Strategic Needs Assessment and reflect those insights in the strategy, whilst acknowledging the strategy's role and limitations, about where it can and cannot help.
- Encouraging action by the entire system as one commentator said, 'the Board does not need to do everything itself.'
- Focusing on a limited number of priorities that require partners to work together to solve. The merit of establishing working groups to take forward priorities which bring in a wider range of people and perspectives was viewed as important in sustaining day-to-day action.
- The importance of engagement and hearing the voices from our communities, especially the disadvantaged and seldom heard in society was strongly endorsed. Listening to people's stories and lived experience would enable better decisions to be made. Stakeholders felt that any engagement should not be tokenistic and should be about 'doing with and not to' local people.
- Mitigating the post-pandemic crisis in mental health which had impacted people of all ages.
- Looking to the future and working with partners to improve the wellbeing of children and young people.
- Developing a greater understanding of integrated care systems and how we can work better together to lessen duplication of effort.
- Growing system leaders rather than organisationally focused leaders, who seek collaboration and can lead across boundaries.
- Being iterative and practical. The development of place-based working and community-led approaches will take time and we're all on a learning curve.

# Our challenges

Suffolk as a county has generally enjoyed good health outcomes and higher than average overall life expectancy. The proportion of life spent in good health was also high and significantly higher than the England average.

However, recently, growth in life expectancy has stalled, reflecting the corresponding trend in England since 2010. Moreover, women's healthy life expectancy (HLE) has declined since 2009, whilst that of men has stayed static. Healthy life expectancy for Suffolk women is now comparable to the England average, despite Suffolk's relatively low levels of deprivation.

There are also several challenges facing us in the wake of the pandemic:

- Children and young people who do not have the best start in life may have to live with a lasting impact on their health, wellbeing, and life chances.
- Growing numbers of older people living in poor health.
- The wider determinants of health such as poverty, poor housing and employment made worse during the pandemic, now being exacerbated by the current cost of living crisis leading to greater fuel poverty and food insecurity.
- Residents living with health conditions that could be prevented or delayed, or in social circumstances that limit their ability to look after themselves and those around them.
- Key indicators of poor mental health and distress among UK adults – including loneliness, suicidality and not coping well with stress – deteriorating during the pandemic.
- The problem of unhealthy behaviours such as smoking and obesity, which are continuing to contribute to the burden of disease, and years lived with disability.
- A healthcare system designed largely to diagnose and treat people, with relatively small resources dedicated to tackling the causes of ill-health.

# Our approach

> "Nothing has given me more hope than to observe how simple conversations give birth to actions that can change lives and restore our faith in the future. There is no more powerful way to initiate significant social change than to start a conversation. When a group of people discover that they share a common concern, that's when the process of change begins."
>
> **Margaret J. Wheatley**
> Writer and management consultant specialising in organisational development

## The wider determinants of health:

The Board recognises that for too long we have been focused on addressing issues when they have already become a problem, even though to improve physical and mental health in our population, we need to do more than just treat illness as it occurs.

Fostering good health requires a broader and more radical vision: one that involves us in looking beyond healthcare solutions to examine the impact of all the influences that determine our health and wellbeing. These include the start we have in life, the places we live, our income, education, social connections, and relationships, as well as our health behaviours; factors often referred to as 'the causes of the causes' of ill-health, or the wider determinants of health.'

This strategy has at its core a call to refocus on addressing these wider determinants of health: the diverse range of social, economic and environmental factors which impact people's health, and acknowledges that significant levels of poor health outcomes – up to 50% – lie in the 'conditions in which people are born, grow, live, work, and age' (Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute). Healthy places enable people to live healthier lives and factors such as fair employment, addressing income shortfalls and delivering decent working conditions contribute far more to health and wellbeing than health services.

This renewed emphasis on the wider determinants of health and their influence on health outcomes will also assist the Suffolk system in stabilising need as well as demand.

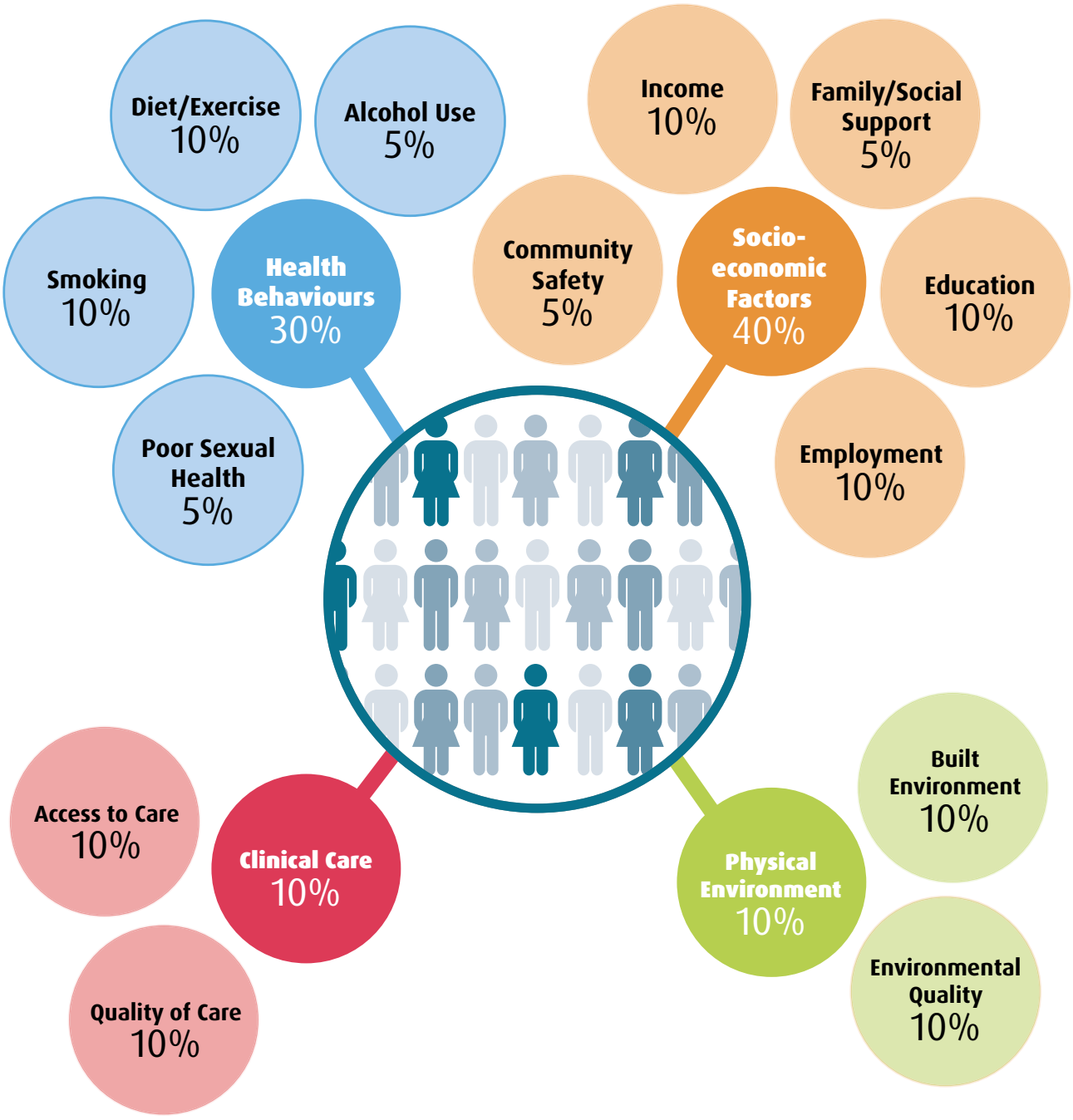



**Figure 2: The relative contribution of the major determinants of health. Source: Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute**

## Asset-based approaches

Another strand of our approach is the need to move away from looking at health and wellbeing from a narrow 'deficit' or 'treatment' lens towards an asset-based one. In the past, we have largely concentrated on problems, needs and deficiencies as the starting point for improving health; indeed, healthcare services have been largely propagated on identifying actual or potential health problems and then providing interventions to solve, alleviate, or prevent them.

Asset-based approaches are valuable in helping redress the balance between meeting needs and nurturing the strengths and resources inherent in communities and their lived experience. Such approaches assist in understanding the protective factors that support health and wellbeing and refocus action on these key ('salutogenic') factors that can promote health rather than just prevent disease (Antonovsky, 1996).

This is not to say that asset-based approaches are a replacement for adequate investment in services or an excuse not to tackle the structural causes of health inequalities, but they serve to broaden our perspectives and allow a more holistic approach to improving lives.

## Working with and through others

The last strand of our approach is working in partnership. Many of the priorities set out in this strategy can only be successful if we work together - both with local people and our communities as co-producers of health and our system partners - to deliver improved population health. Part of this journey with our system partners will involve us in influencing the thinking and adding value to their plans and strategies which are crucial to improving health and wellbeing outcomes and delivering the priorities of this strategy. This 'Health (and health equity) in all policies' approach seeks to improve health by incorporating health considerations into decision-making across all sectors, policy and service areas looking for synergies between health and the work of our partners, targeting the key social determinants of health and reducing inequity.

These three elements contained in our approach will support the Board to impact many facets of people's lives and take action on the myriad of factors that contribute to health and wellbeing. This approach of seeing people's lives 'in the round' and acting upstream will help to tackle ill-health where it starts - in our homes, schools and jobs - and help us 'keep people healthy'.

# Our vision

The vision of this strategy is simple:

**"To work with our communities and partners to make Suffolk a place where everyone can lead a longer, healthier and happier life".**

This strategy represents the start of a journey to improve the lives of people now, and in the future. We are seeking not just to build healthy people but also healthy places because of the influence of places on people's lives. Health and wellbeing are intrinsically linked to places; how they make us feel and the opportunities they provide. The inter-relationship between people and place is vital to the creation of health and wellbeing.

## We will do this by:

- Fostering the recovery of people and places by bringing communities and agencies together to co-produce better health and wellbeing outcomes.
- Narrowing the gap in healthy life expectancy between our most deprived and affluent communities
- Coordinating action across the system to reduce existing and new inequalities

Delivery of this vision will require action across the whole system and the four interconnecting pillars of the population health system. Discussion during our recent stakeholder workshops indicated that there is a lack of equitable focus on the pillars and that a more balanced approach is necessary. Improving population health requires action on all four of the pillars and, importantly, the interfaces and overlaps between them.

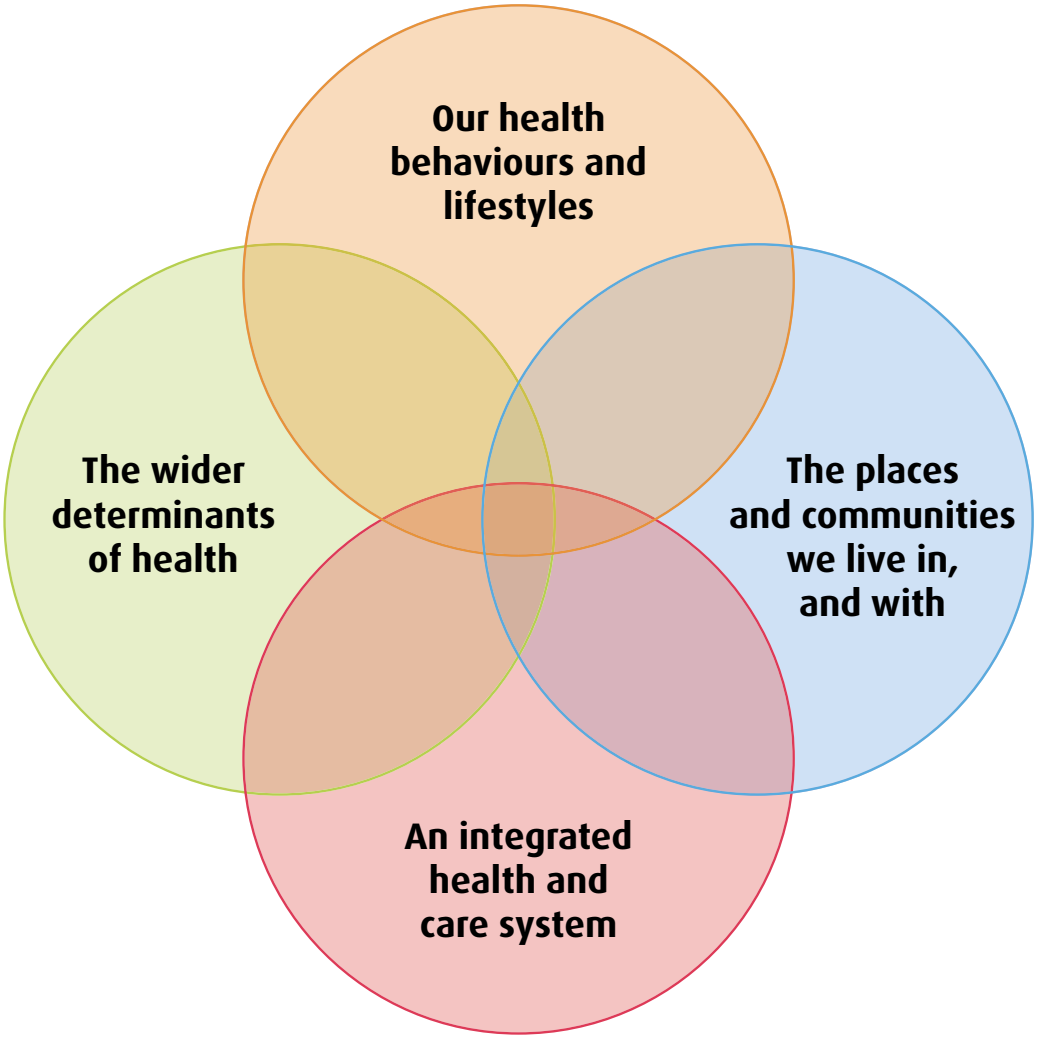



**Figure 3: The four pillars of population health (source: The King's Fund)**

# Our current priorities

**To help shape the Board's future priorities, structure workshops were held to gather and establish the views of our system leaders, stakeholders and partners about the future role, purpose and priorities of the Board.**

Although these workshops recognised that while there are many areas of work that affect health and wellbeing, it was felt the Board should focus on a limited number of priorities requiring collaborative action.

It was agreed each of these workstreams would be supported by working groups. The following are the four key priority areas agreed. These may change in consequent years due to the rolling programme approach adopted by the HWB (see Appendix 2).

Public mental health

Good work and health

Listening and engaging with local voices

Wellbeing of children and young people

Priority

# Public mental health

> " Public mental health is the art and science of improving mental health and wellbeing and preventing mental illness through the organised efforts and informed choices of society, organisations, public and private, communities and individuals"
>
> Faculty of Public Health, 2022

Good mental health is an asset and is linked to good physical health. Poor mental health is associated with an increased risk of mortality and morbidity due to a combination of socioeconomic disadvantages and poor lifestyles rather than the mental health issue itself. Mental health disorders account for almost a quarter of the total burden of ill health in the UK, and suicide is of particular concern. Suicide is of specific concern. These issues have been further exacerbated by the COVID-19 pandemic, with data showing that mental wellbeing has declined globally, nationally, and within Suffolk (Office for National Statistics, 2021). The 2021 Suffolk Annual Public Health report made a key recommendation that the Suffolk Health and Wellbeing Board should prioritise strategic leadership for public mental health on behalf of the wider system. Some of the key findings from the Joint Strategic Needs Assessment (Suffolk County Council, 2022), and the 2021 Suffolk Annual Public Health report (Suffolk County Council, 2021), can be found in Appendix 1.

This suggests positioning public mental health at the heart of public health policy is essential for the health and wellbeing of the nation, must be high on the agenda for all partners in Suffolk. Tackling this will lead to improvements in health behaviours and reduce health-risk behaviours, thereby both preventing physical illness and reducing the burden of mental illness.

Our call to action

## More people in Suffolk will have good mental wellbeing

We will do this by working to strengthen the protective factors and lessen the impact of social and contextual factors that adversely impact mental wellbeing, such as unemployment, loneliness, social isolation, crime, migration, lack of safety, and poor housing.

### To do this we will work with partners to support:

- Workplaces that promote good mental wellbeing amongst employees.
- Tackling loneliness and isolation
- Active participation in daily life, by ensuring safer environments and living streets.
- Improved mental and emotional wellbeing for our children and young people, especially the most vulnerable young people hit hardest by the pandemic.
- Increased opportunities for volunteering as the evidence demonstrates the impact of this on everyone's mental health.

Priority

# Good work and health

> "An adequate and fair healthy standard of living is critical to reducing health inequalities. Insufficient income is associated with worse outcomes across virtually all domains, including long-term health and life expectancy."
>
> Marmot, 2010

Work is a key influence on health. Work matters for health directly, as well as underpinning other factors that influence health such as income or social networks. Employment is a primary determinant of health, impacting directly and indirectly on the individual, their families, and communities, and contributing to health inequalities. Unemployment, low quality work, and income deprivation are associated with an increased risk of mortality and morbidity, including limiting illness, cardiovascular disease, poor mental health, and suicide. It is also associated with health-damaging behaviours such as alcohol misuse and smoking. Individuals in more disadvantaged socioeconomic groups are more likely to be unemployed or have poorer working conditions, which, in turn, leads to poorer health (The King's Fund, 2020).

Health and wealth also have intergenerational impacts. Children growing up in wealthy households are more likely to have access to support, which in turn generates good educational outcomes. In turn, those positive outcomes lead to employment opportunities in adulthood, and an adequate income to live well to support families of their own (Karagiannaki, 2017).

In Suffolk, income and employment deprivation has increased. Of those claiming benefits, the number of those in work has also increased, demonstrating that in-work poverty has increased in Suffolk. See Appendix 1 for more detail.

Post-pandemic, the task of refocusing and restarting our economy has never been more urgent, especially in light of the cost of living crisis. We need to come together to understand what 'better' really means for us and our communities. But it must include access to healthy work, sustainability, and growing an economy where people and places matter. We need to foster a wellbeing economy.

However, not only is good work important for health, but a healthy population is also an essential component of a prosperous economy; the UK requires a fit, healthy, well-educated, and trained population to be successful. The relationship between economic prosperity and health is complex, but evidence suggests that poor employee health reduces productivity and hampers economic growth, while good employee health contributes to high productivity and successful enterprises (Marmot, 2010). The 2021 Suffolk Annual Public Health Report found that addressing wellbeing at work increases productivity by up to 12%. It also found that for every £1 spent by employers on mental health interventions, they get £5 back in reduced absence, presenteeism and staff turnover.

Our call to action

## More people in Suffolk will have access to good quality jobs and fair work

We will do this by working to promote healthy workplaces and strengthen the protective factors in these settings. In addition, we will work together to improve the quality– not just the quantity – of employment.

### To do this we will work with our economic and other partners to:

- Encourage the growth of healthy, safe, diverse workforces and workplaces.
- Support children and young people to have the best possible start in life and so are enabled to fulfil their potential and become productive members of society.
- Encourage lifelong learning and skills that aid employability, career progression and life chances.
- Support employers to improve workplaces and support systems to help people to manage their health conditions and continue to work.
- Promote a wellbeing culture in workplaces and the positive role of line managers can have in supporting healthy and productive workplaces (NICE guideline [NG13] Workplace health: management practices).
- Encourage 'green jobs' that tackle unemployment and the climate crisis.
- Use social value policies and anchor organisations to promote health, wellbeing, and fairness across Suffolk. Look at the potential of business and community anchors to improve the County's economic and communal life.

Priority

# Wellbeing of children and young people

> Our vision is for children and young people in Suffolk to have the best start in life, enjoy good mental health, be resilient and productive, enjoy school, make friends, achieve their full potential and have positive and happy relationships.
>
> Suffolk Children and Young People's Emotional Wellbeing Plan

Improving the wellbeing of children and young people is seen as an important priority for stakeholders across Suffolk. We are aware that the experiences children have early in their life play a key part in their health as adults, for good or ill. Moreover, giving every child the best start in life was the highest priority recommendation in the Marmot Review (2020). This is because advantage starts before birth and a positive childhood experience is vital to ensure children are ready to learn, which leads to better health and wellbeing throughout life and greater life chances.

There has been a continued decrease in average happiness with life among 10-15-year-olds in the UK, according to data from the Children's Society's Good Childhood Report (2021) which reported 7% of 10 to 15-year-olds (an estimated 306,000 children) in the UK are not happy with their lives. This trend was reflected in the 2020 ONS State of the Nation Report on children and young people's wellbeing.

COVID-19 has had a profound impact on the lives of our young people. Overall, children have coped, but an estimated quarter of a million have struggled (Children's Society's Good Childhood Report (2021). As a result of the pandemic, they have experienced bereavement and other traumatic experiences causing worry, anxiety, and fear for the future. Some suffered from not seeing friends or family. Evidence suggests that the most vulnerable children such as those suffering socio-economic inequality as well as young people with challenging home environments are more likely to have had more experiences associated with a risk to mental and emotional health. Family relationships are especially important to the wellbeing of children and young people and some family relationships have been negatively affected by the economic impact of the pandemic: redundancies; financial stress; and parents juggling working from home with childcare. Moreover, vulnerable children, living with domestic violence or existing mental health issues could find the lockdowns during the pandemic especially difficult, as usual support was harder to access. Indeed, Suffolk MIND found a third of young people in Suffolk reported worse mental health as a consequence of COVID-19.

Our call to action

## All our children and young people should be able to live happy, healthy, and fulfilled lives in communities where they feel safe

We will do this by working to strengthen the protective factors and lessen the impact of contextual social factors, poverty, and psychological distress on children and young people's wellbeing.

### To do this we will work with partners in schools, VCSE, education sectors, criminal justice, the CYP Board and integrated care systems to:

- Give all children the best start in life.
- Ensure they can be seen and heard.
- Ensure their interests are recognised in all decisions that affect their future.
- Collaborate with system partners to prevent and mitigate adverse childhood experiences.
- Address the disruption of the pandemic on their families, routines, education, and enjoyment of normal life.
- Strengthen their mental and emotional wellbeing.
- Ensure equitable access to education and opportunities thus allowing them to develop skills for life and have future economic stability.
- Implement the Suffolk poverty strategy to tackle the many effects of poverty on families and their children.

Priority

# Listening and engaging with local voices

> "We need to value difference and the local voice. Understanding local difference enables the delivery of services which genuinely level up communities."
>
> Local Government Association, 2021

The role of communities in improving health and wellbeing is receiving more attention in health policy and practice, reinforced by the experience of people during the COVID-19 pandemic. This is to be welcomed as the places people live, their social connections and having a voice that is heard in local decisions, are factors that contribute to health and wellbeing. As part of this recognition, more emphasis is being placed on the value of place-centred partnerships and asset-based approaches to involve and support local people to live healthier and more fulfilled lives.

## The reasons for this include that:

- The communities where people are born, live, work and socialise have a substantial influence on health. Although estimates vary about how much influence, these factors have a much greater influence on health and wellbeing than health services.
- There are many strengths and 'assets' within communities that can be mobilised to promote health and wellbeing. This approach centres on a focus of 'look what we've got' rather than a deficit approach concentrating on 'what's missing?'.
- Health inequalities are continuing to widen, and evidence suggests focusing on building healthy, resilient, connected, and empowered communities is an important way of improving the health of those with the poorest health faster.
- Evidence such as that from the National Institute for Health and Care Excellence (NICE) states the importance of community engagement as a strategy for health improvement. Communities have great knowledge and insight regarding what they need from health services, and what works – for them - so involvement can lead to more effective services that better meet the community members' needs.
- Empowering people to use their strengths and capabilities can have wider benefits such as people remaining independent for longer, reducing the impact of social isolation and loneliness, and delaying the need for more complex services and care.

However, this will be challenging for many of us. It will require all system partners to be brave enough to have 'learning conversations' with residents. It will require a movement away from doing things 'to and for' people, towards a shared approach which accentuates 'listening' and where things are done 'with' and 'by' people and communities. This is

a paradigm shift in how we think and work.

Fortunately, there is a long history and expertise in local government and the voluntary sector regarding working with communities which can be drawn on. Considering this, the Board have asked our Collaborative Communities Board – a board with members closest to our communities – to take this forward. We have asked them to work together and across our integrated care systems to explore good practice and find inventive ways to gain insights into people's lives and lived experiences to improve health and wellbeing. We are also tasking those working in our other three priority areas – work and health, public mental health, children, and young people – to find ways to listen to the voices coming from business, have conversations that support mental wellbeing, and hear the priorities of our young people.

As already indicated, this transitional strategy is primarily about preparing us for the future, a future where shared working with our communities and partners becomes the norm. We acknowledge that there are challenges in getting voice and engagement right and ensuring it is inclusive and meaningful as it is only too easy to perpetuate the unequal experience of specific groups, especially those with protected characteristics such as ethnicity, sex and disability. This is why we recommend that this strategy seeks to put down the foundations and take the initial steps toward this change in thinking and behaviour about how we work together, provide services, talk about health and wellbeing, and measure success.

So this year we ask that the Collaborative Communities Board and our working groups start to develop their approach and consider how to tackle the substantial amount of groundwork necessary to develop meaningful engagement and partnerships with local people and communities. This will include identifying key community members/influencers and building capacity within the community as well as considering how we can work towards meaningful engagement, i.e., seeing the community as a co-partner and a co-leader.

There were also several cross-cutting themes identified during the workshops.

Our call to action

## Residents and communities will become more involved in decisions that affect their lives, health and wellbeing

### To do this by encouraging:

- Development of examples of community-engaged approaches where members of communities can work with professionals to identify problems and co-develop solutions.
- Development of healthy and sustainable places and communities that can support people living their best lives.
- A greater voice for residents in the work of the Suffolk Health and Wellbeing Board.

# Cross-cutting themes

## 1 Prevention: stabilising need and demand

Prevention is about working upstream to stop problems from arising in the first place; focusing on keeping people healthy and not just treating them when they become ill. And if they do, it means supporting them to manage their health earlier and more effectively. This approach will reduce the risks of long-term poor health for our residents and communities and help to stabilise both need and demand within the Suffolk system.

## 2 Reducing inequalities

Health inequalities are unjust and avoidable differences in people's health across the population and between population groups. These are not random; they disadvantage people and limit their opportunities to live a longer, healthier life. Many inequalities are rooted in poverty and deprivation. Moreover, social mobility is low in places in Suffolk such as Waveney, making it harder for people to overcome a disadvantaged start in life. The COVID-19 pandemic has further aggravated existing inequalities. Indeed, it is likely that measures to contain the virus may have widened inequalities further because of the differential economic and social consequences on groups.

## 3 Greater collaboration and system working

Stakeholders during our autumn workshops suggested that improving population health required more focus on collaboration and new ways of working. This included more aligned planning, less duplication of effort and more work at local levels to respond more effectively to local needs and issues. A greater system focus – rather than an organisational one - was seen as beneficial to tackle the complex and often 'wicked' societal issues which determine our health and wellbeing and help make better use of our collective resources (the 'Suffolk' pound).

## 4 Connected, resilient and thriving communities

In the wake of COVID-19, it has become evident that communities – both place-based and those sharing a common identity or affinity – can make a vital contribution to wellbeing. We also know healthy places enable people to live healthy lives. Because of this, our approach has the interplay of people and places firmly at its heart. Moreover, evidence and experience have demonstrated the important role voluntary and community organisations play in building community resilience and supporting the most vulnerable and marginalised. This is why we want greater involvement of our communities and the VCSE sector in building wellbeing and building effective services. This cross-cutting theme strengthens our priority of 'listening and engaging with local voices'.



# The Suffolk Way: working together to improve lives

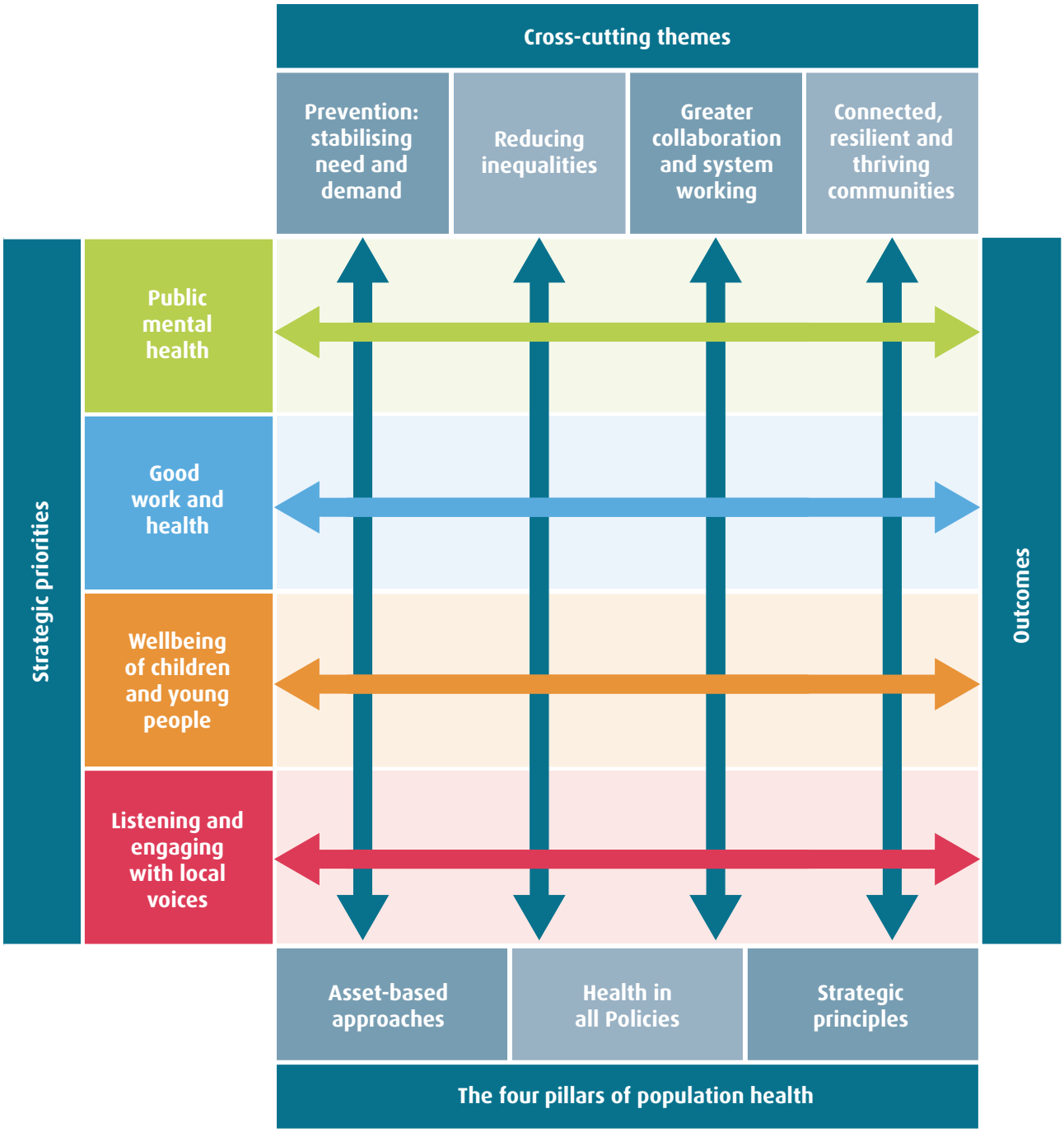



**Figure 4: A visual representation of the key elements of this Strategy**

The Board recognises that a wide range of partners across the statutory, voluntary and community and the private sectors significantly influence the health and wellbeing of those who live and work in the county and that there is a long-established history of encouraging organisations and sectors to come together to address collective issues, share expertise, and deliver services to improve the lives of the people of Suffolk. This approach will be crucial to how we achieve the ambitions within this strategy, particularly given the additional challenges faced as a result of the pandemic. However, dealing with COVID-19 has taught us about the value of coming together to work effectively as a system and this will be vital if we are to build upon the lessons learnt to deliver change at the pace and scale necessary.

Moreover, along with our system partners, it is our communities who are key to achieving the ambitions set out in this strategy. The 'Engaged communities' initiative, which commenced during the pandemic has taught us much about the assets and strengths in communities and the VCSE sector and how working together and supporting each other can benefit all.

How we work with communities will be essential as we move into recovery. Working with communities as active partners will be key in improving population health. Evidence and experience show us that people are not only best placed in understanding their own needs and challenges, but also in how we might change things for the better, be it about co-designing effective services or working with seldom heard groups. Furthermore, in the context of ever-tightening resources, this collaborative and bottom-up approach will also be essential helping us to deliver both at scale and sustainably to make the best use of our collective resources.

In this endeavour the Board will act as an 'enabler' and 'connector', acting with, through, and in collaboration with our members, partners and communities to drive this vision.

## We have developed several guiding principles to support us:

| Collaborative leadership: | Adding value to the system: | System prevention: |
|---|---|---|
| by leading through influence, empowerment and fostering a partnership of equals within the Board and across the system. We will encourage members to cede power and resources to make a difference. | by increasing focus and action on the social and economic determinants of health. | by focusing on prevention and early intervention to achieve long term sustainability, working with our partners to stabilise need and demand. |
| **Empowering people and places:** | **Seeking out innovation everywhere:** | **Doing the right things, the right way:** |
| by incorporating 'voice' of the people of Suffolk in everything we do – both geographic and communities of interest – and heed 'experts by experience' in all decision making. | by bringing in new ideas and talent from within the Board space and in the wider system, learning from staff and communities in re-thinking services, and embracing co-production. | by listening to evidence and data, setting the right priorities based on population needs, working to improve poor outcomes, and focusing on what makes us well rather than just repairing damage to people. |
| **Reciprocity in action:** | **Connectivity, coordination and challenge:** | |
| by making a commitment to build upon, not duplicate, the work of existing groups and work. However, the Board will address gaps in the current approach and suggest what additional action might address needs. | working with other System Leaders to:<br>• Align planning and develop shared priorities and outcomes.<br>• Encourage Health in All policy approaches (HiAP).<br>• Ensure that partners' decisions are focused on improving population health.<br>• Be courageous enough to tackle wicked problems.<br>• Be ready to have difficult, but respectful, conversations in pursuit of health and wellbeing. | |

**Figure 5: the guiding principles of this strategy**

# Measuring success: what will the future look like if the strategy succeeds?

## Over time, we hope to see:

- More "joined-up" thinking and planning across all partner organisations, with a greater understanding of the "contribution" that each organisation can make to producing health and wellbeing.
- All strategies in Suffolk will have addressing need and the reduction of inequalities as a priority.
- All plans and policies will take account of community views and preferences.
- A broader vision of health and well-being that understands the necessity of addressing the 'causes of the causes of ill-health'.
- Communities and VCSE organisations strengthened and more involved in decision making.
- Access to services will be improved for all groups and there will be greater targeting of those in greatest need.
- Greater investment in programmes to promote health, prevent disease and encourage independence with the dual aim of stabilising need and lowering demand.

## To help us measure this impact, we will:

- Encourage our workstreams – work and health, public mental health, the wellbeing of children and young people and developing local voices – to identify and develop specific metrics to help evaluate their work plans. The metrics within the Suffolk cost of living dashboard will be of particular benefit to the best work and health priority group.
- Assess the impact of the strategy on key system plans and groups via the Board review process set out in the review. To assist our strategic thinking and joining up of actions we are encouraging the adoption of an outcomes-based accountability approach. (Appendix 4).
- Receive regular briefings about progress against priorities from our key workstreams.
- Seek information and updates to the Board on key pieces of work that support the goals of the strategy.

# Useful resources:

Furthermore, there is a wealth of existing guidance and evidence that partners can utilise. These include:

## Health Equity Assessment Tool (HEAT)

A template which poses a series of questions and prompts, designed to help the user systematically assess health inequalities related to their work programme and identify what they can do to help reduce inequalities.

## Suffolk Joint Strategic Needs Assessment

Public Health led resource of high-quality needs assessments and deep dives. This also includes the following publications:

- Annual Public Health Report
- State of Suffolk Report

## Fingertips Public Health Data

An online resource providing an overview of public health data for each local authority in England. Useful for local government and health services to make plans to improve the health of their local population and reduce health inequalities. There are several health profiles available, including wider determinants of health.

## Addressing Health Inequalities in Suffolk: Local planning toolkit

A resource to support local planning and action around health inequalities in Suffolk.

## Suffolk Observatory

A resource to support local planning and action around health inequalities in Suffolk.

## NOMIS

A service provided by the Office for National Statistics, ONS, that provides free access to the most detailed and up-to-date UK labour market statistics.

## Other strategic influences on local delivery

This strategy provides a focus on the strategic priorities for the county's health and wellbeing by providing a framework and direction for action across the system and at a local level.

The strategy not only informs the development and delivery of other local strategies but the success of its delivery is also influenced by those partner strategies.

The documents listed below are just some of the key strategies that sit alongside and underpin the success of this strategy. Links to documents are provided where they are available.

**www.healthysuffolk.org.uk**

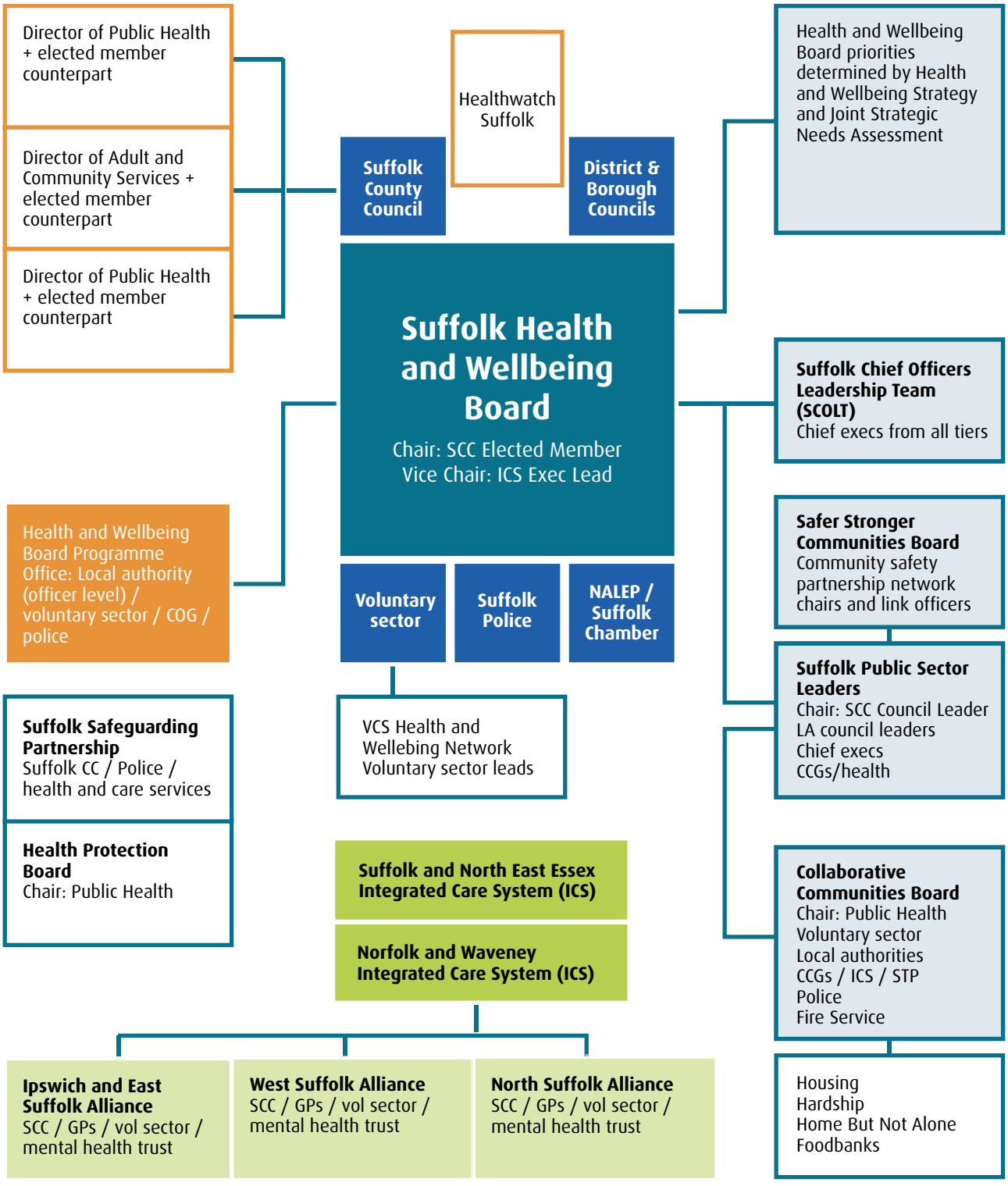
**Figure 6: the key strategies that sit alongside and underpin the success of this Joint Local Health and Wellbeing Strategy**

| Integrated Care Systems: | | | Poverty Reduction Strategy: |
|---|---|---|---|
| The health and social care geography of Suffolk has additional complexity with the creation of NHS Integrated Care Systems (ICSs), with two ICS footprints which extend into neighbouring local authorities. In developing the new focus for the Suffolk Health and Wellbeing Board, we recognised the commitment from our ICSs to work together and with us to ensure consistency for the people of Suffolk in the health and care systems that they access.<br>• Suffolk and North East Essex Integrated Care System (ICS) Strategic Plan 2019-2024<br>• Norfolk and Waveney Five Year Plan | | | Suffolk County Council is developing a poverty strategy with the aims of supporting people born into poverty, and those who fall into poverty, to be able to move out of poverty and maintain their position outside of poverty. |
| **Children and Young People's Emotional Wellbeing Plan:** | **Healthier People, Healthier Places, Healthier Futures:** | **Mental Health and Wellbeing Strategies:** | |
| This sets out how it will improve children and young people's (0-25) emotional wellbeing and mental health by transforming services, changing the landscape in which services operate and upskilling the workforce. | This strategy provides a framework for the Suffolk Public Health and Communities Team, setting out their activities, priorities, and use of resources for the coming 3-5 years. | These strategies are concerned with mental health and related services where they are commissioned by Local Authorities, ICSs, and other local partners (e.g., Police and Crime Commissioners). Individual Local Authorities will have their own plans that relate to wellbeing which can be sourced by contacting them directly.<br>• Babergh and Mid Suffolk Wellbeing Strategy 2021-2027<br>• East Suffolk Council<br>• Ipswich Borough Council Health & Wellbeing Strategy 2011-2016 (under review)<br>• West Suffolk Council | |
| **Local Industrial Strategy (New Anglia Local Enterprise (LEP)):** | **Norfolk and Suffolk Economic Strategy:** | **Suffolk Prevention Strategy:** | **Suffolk Family Strategy:** |
| This strategy sets out the actions that local partners are taking and how they are working with government to continue to make Norfolk and Suffolk one of the best places in the world to live, work, learn and succeed in business. | This strategy identifies the social and economic challenges, strengths and opportunities which are needed to support clean, inclusive and productive growth. | This strategy is a prevention strategy for Suffolk to reduce demand in the health and care sector by improving health. | This strategy is a partner strategy to improve the outcomes of all children, young people and families in Suffolk |

# Appendix 1:
## Supporting data

| | | | |
|---|---|---|---|
| Life expectancy has stalled since 2020, although it is higher than the England average (2018-2020 data) | Women's healthy life expectancy has declined by almost 4 years since 2009 | The least deprived 20% of men are living on average 7 years longer than the most deprived 20% of men (5 years for women) | Socioeconomic indicators for children and young people are poor, despite lower-than-average levels of deprivation |
| The number of households in temporary accommodation was 6% higher in June 2022 compared to June 2021. | Average house prices in Suffolk are more than eight times higher than the average income | 19.6% of Suffolk school children eligible were eligible for free school meals in 2021/22 | 1 in 5 reception age school children are overweight or obese |
| There are an estimated 135,000 people in relative low-income households across Suffolk | 106,000 residents experienced a common mental ill health condition in 2020 | 1.9% of Suffolk residents were unemployed in 2022, lower than England (3.7%) | Over half of children do not meet the recommended levels of physical activity |
| Hospital admissions for self-harm in young people are higher than the national average | Mental ill-health is more common in areas of higher deprivation | 76% of 18-24 year olds in Suffolk were in employment in September 2022, higher than England (62%) | 7.6% of mothers smoked at the time of birth in Suffolk lower than England (9.1%) |
| An increasing proportion of the Suffolk population are reporting depression (currently 13.2% of adults) | People living in more deprived areas are more likely to experience severe mental illness | Mean gross weekly pay for Suffolk residents and workers remains below the England average | Nearly 58,000 people were claiming Universal Credit as of December 2022 |
| Levels of life satisfaction, happiness and anxiety all improved in 2021/22 compared to the previous year | Around 7,400 people had a GP diagnosis of severe mental illness in 2021/22 | People will severe mental illness have a life expectancy 15-20 years shorter compared to the general population | Hospital admissions for intentional self-harm was significantly higher in Suffolk than England in 2019/20 |
| National data indicates that at the end of 2022, 93% of adults reported their cost of living had increased compared with a year ago. | Subjective wellbeing is associated with a 19% reduction in all-cause mortality and can add 4-10 years to lifespan | For every £1 spent on mental health interventions, employers get £5 back in reduced absence, presenteeism and turnover | Social and emotional learning (SEL) in children can help develop the skills for educational success and lifelong wellbeing. |

# Appendix 2:
## Wider system context



# Appendix 3:
## Rolling Programme

The HWB is committed to ensuring the JHWS stays 'live' throughout the 5 years of the current strategy. To that end, Board members have agreed to adopt a rolling programme approach in subsequent years.

This process will involve several discovery/ consensus-generation sessions held each year with key players to determine whether (a) the priorities agreed upon by the Health and Wellbeing Board in April/May 2022 are still current and (b) whether any further areas need consideration and work-up.

The Board remains committed, however, to the pursuit of a limited number of priorities so any additions would need to be decided within this context and the progress of current priorities.

The process commenced in November 2022 and a paper came to the HWB regarding potential areas that might be considered over the coming year. These were:

- Women's health and wellbeing
- Healthy ageing

The Public Health and Communities Team will look at developing the intelligence and evidence base around these potential priorities highlighted during this year's discovery sessions with the possibility of these being recommended for inclusion in due course.

# Appendix 4:
## Delivering the strategy – using an Outcomes-Based Accountability (OBA) framework

### What are we trying to achieve?

The strategy spans the work of the NHS, social care, Public Health, and the VCSE sector for children, young people, and adults, and considers wider issues such as housing, education, and employment. This means there are many areas the Board could focus on.

The vision for this year's strategy is for Suffolk to become a place where 'everyone can lead a longer, healthier, happier life'.

### But the question is where do we start?

To move us toward this population outcome, we have worked with our stakeholders to choose four outcomes or 'obsessions' to start this journey, which are:

- More people will have positive mental wellbeing.
- People will have greater access to good quality jobs and fair work.
- Residents and communities will become more involved in decisions that affect their lives, health, and wellbeing.
- Children and young people will live happy, healthy, and fulfilled lives in communities where they feel safe.

### What is Outcomes-Based Accountability?

To help in this, the Health and Wellbeing Board wants to encourage the use of an approach termed Outcomes Based Accountability (OBA) as a framework for planning, performance and accountability. This is a disciplined way of thinking and taking effective action that service planners and communities can use to design and monitor strategies to improve the lives of children, families, and communities and form the basis for commissioning and improving the performance of projects, programmes, and services.

OBA is an approach to planning services and assessing their performance that focuses on the results – or outcomes – that the services and interventions are intended to achieve and seeks to secure 'strategic and cultural change' within partnership work. Outcomes are particular conditions of wellbeing for these whole populations. These can only be achieved through effective partnership working. No organisation is responsible for achieving these outcomes on its own.

Uniquely, OBA makes a distinction between the accountability of partners and stakeholders for developing plans to improve outcomes for whole populations, and the accountability of service providers and commissioners for the impact of individual services and interventions on their client populations, effectively separating means from ends.

## How can this approach support wellbeing outcomes within the Suffolk system?

To ensure the implementation of this strategy and going forward, there is a need to consider our current ways of thinking, identify gaps in what we are doing, and ensure all system plans are aligned to meet the health needs of the people of Suffolk. However, it would be impossible for the Board to develop all plans that support health and wellbeing needs. Instead, it seeks to draw partners together to influence the direction of system plans and generate concerted actions across organisations that have a reasonable chance of improving health and wellbeing outcomes.

The approach that most fulfils this way of working is OBA as it is based on working backwards from the ends (or outcomes) we wish to achieve – currently, the four outcomes chosen by stakeholders – and then taking a step by step approach to understanding how we want those conditions to look and feel different; how to measure if that is happening and why; who needs to be involved in making the changes and what practical steps are going to be taken to achieve that change. This is often called 'turning the curve'.

This method also prevents agencies from being unfairly criticised for not delivering outcomes that require collaborative effort at a whole population level. For instance, if health indicators fail to improve health providers might be blamed when in many cases improving health and wellbeing requires the interplay of many different inputs to succeed, such as (1) tackling the issues of poor housing; community safety; good education or economic prosperity or having (2) a range of interdependent services/ programmes in place which requires linkages between different providers.

However, OBA does not prevent health or care organisations from being held accountable for the low quality and impact of services under their control, failure to provide the right services that are necessary to support the fulfilment of identified needs or indeed failing to ensure ensuring their service plans are aligned to other plans within the system.

Recognising this distinction, Outcome Based Accountability (OBA) identifies two distinct types of accountability:

- Population Accountability: is concerned with the wellbeing of whole populations, i.e., all people within a defined community whether they receive services or not. This could be all the people in Suffolk; all adults with a learning disability; or all older people in Ipswich.
- Performance Accountability: is concerned with the wellbeing of clients (service users) and the effectiveness of interventions or services and programmes. For programmes, agencies and organisations, the performance measures focus on whether customers are better off as a result of your services. These performance measures also look at the quality and efficiency of these services. This is how individual services contribute to the population level outcomes.

This distinction is important because it both explains and determines who is accountable for what. Managers are accountable for the performance of the programs, agencies, and service systems they manage. They are not accountable for the well-being of whole populations. Population accountability lies with the whole population partnerships.

## OBA in practice – our priority areas

With this in mind, the Board wants to encourage those in our four workstreams to plan their approach and select indicators using an OBA approach. We would encourage them to use the following questions to assist their thinking:

- What is the population outcome we want for the people in this community?
- How would this outcome be experienced?
- How can we measure these conditions? (choosing indicators to quantify the achievement of the outcome)
- What is the story behind the baseline? (this could be information, causes, case studies, or lived experience).
- Who are the partners that have a role to play?
- What could work? What are our best ideas?
- What do we propose to do that has a reasonable chance of making a difference?

**Figure 7: What is the difference between population wellbeing (population accountability) and client well-being (performance accountability) and why is it important?**

| **Whole populations**<br>**People in Suffolk, in districts and boroughs, in neighbourhoods** | **Client populations**<br>**People in receipt of services, interventions, programmes** |
|---|---|
| **Accountability lies with partners and stakeholders working together** | **Accountability lies with providers and / or commissioners** |
| **Role of the lead body:**<br>**leadership, facilitations, use of soft power, coordination, strategy** | **Role of the lead body:**<br>**manage performance (providers) or commission services and monitor performance (strategic commissioning)** |
| **Determining the ends – or where we want to be** | **Determining the needs – or how we get there** |
| **Example: Joint Local Health and Wellbeing Strategy** | **Commissioning plans, service plans** |

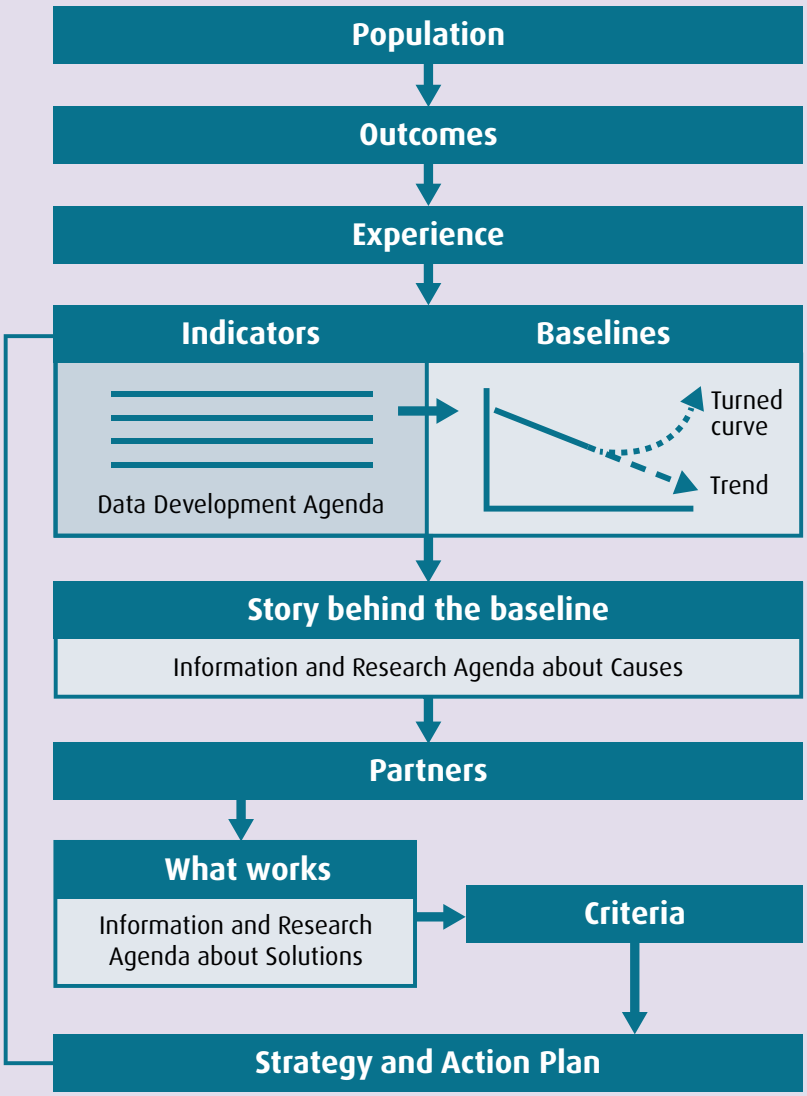
## Moving forward

The system in Suffolk is committed to delivering a more integrated approach to health and wellbeing outcomes across the system, something envisioned in our stakeholder workshops. The development of the Suffolk model to define the roles and responsibilities of the Board and ICS was a start at better aligning planning and preventing unnecessary duplication.

We believe OBA could be another useful approach to bring organisations together and help them understand the value of their contribution to wellbeing - so fostering collaborative action - and how the planning and monitoring of individual organisations might help in delivering outcomes.

We would like to undertake further work to consider how to improve planning between the (1) ICP and Board and (2) the wider system using OBA methods.

**Figure 8:**




### The 7 Population Accountability Questions

1. What are the quality of life conditions we want for the children, adults and families who live in our community?
2. What would these conditions look like if we could see them?
3. How can we measure these conditions?
4. How are we doing on the most important of these measures?
5. Who are the partners that have a role to play in doing better?
6. What works to do better, including no-cost and low-cost ideas?
7. What do we propose to do?

# Appendix 5:

## How priorities link to Marmot objectives

| Priorities | Give every child the best start in life | Enable all children young people and adults to maximise their capabilities and have control over their lives | Create fair employment and good work for all | Ensure a healthy standard of living for all | Create & develop healthy & sustainable places & communities | Strengthen the role and impact of ill-health prevention |
|---|---|---|---|---|---|---|
| **Priority 1: Public Mental Health** Outcome: More people in Suffolk will have positive mental wellbeing. Accountability lies with partners and stakeholders working together | ✔ | ✔ | ✔ | | ✔ | ✔ |
| **Priority 2: Good Work and health** Outcome: More people in Suffolk will have access to good quality jobs and fair work | ✔ | ✔ | ✔ | ✔ | ✔ | ✔ |
| **Priority 3: The wellbeing of children and young people** Outcome: All our children should be able to live happy, healthy, and fulfilled lives in communities where they feel safe | ✔ | ✔ | | ✔ | ✔ | ✔ |
| **Priority 4: Listening and engaging with local voices** Outcome: Residents and communities will become more involved in decisions that affect their lives, health, and wellbeing | | ✔ | | | ✔ | ✔ |

# Glossary

## Anchor institutions

Organisations that are unlikely to relocate and have a significant stake in their local area. They have sizeable assets that can be used to support their local community's health and wellbeing and tackle health inequalities, for example, through procurement, training, employment, professional development, and buildings and land use. This definition is not limited to public sector organisations, as anchor institutions are defined more by their link to a place than their sector. Many private and voluntary sector organisations hold a significant interest in the long-term development and health of their local areas e.g., the Third sector and some SMEs (small and medium-sized enterprises).

## Asset-Based Community Development

Asset-Based Community Development (ABCD) and related approaches is a method of community and network building that starts by locating the assets, skills and capacities of citizens and local organisations, rather than focusing on their needs and deficits. The aim is to help people to improve their resilience, independence, and wellbeing by focusing on what can be done through communities working together. Together, these concepts give a vision of health that aims to promote positive health, care, support, and wellbeing rather than simply tackling poor health, illness and disability.

## Community

A term used as shorthand for the relationships, bonds, identities, and interests that join people together or give them a shared stake in a place, service, culture, or activity. Distinctions are often made between communities of place/geography and communities of interest or identity, as strategies for engaging these groups may differ. The NICE definition of community covers groups of people sharing a common characteristic or affinity, such as living in a neighbourhood, being in a specific population group, or sharing a common faith or set of experiences.

## Co-production

This explicitly recognises the value and benefits that derive when people who use services work together with those who provide services to pool their expertise to deliver effective and sustainable positive outcomes. At the base is the notion of equal partnership and recognises that citizens and service recipients are experts by experience.

## Flourishing

In a broad sense, this refers to 'living an optimal life, in which people are free enough to make their own choices, fill their time with meaningful and successful activities and relationships, and feel happy or satisfied with that' (Wolbert, 2018).

## Good work

The UK government defines 'Good work' as having a safe and secure job with good working hours and conditions, supportive management and opportunities for training and development.

There is clear evidence that good work

improves health and wellbeing across people's lives and protects against social exclusion. Conversely, unemployment is bad for health and wellbeing, as it is associated with an increased risk of mortality and morbidity.

For many individuals - in particular, those with long-term conditions such as mental health problems, musculoskeletal (MSK) conditions and disabilities- health issues can be a barrier to gaining and retaining employment.

https://www.gov.uk/government/publications/health-matters-health-and-work/health-matters-health-and-work

## Health and Wellbeing

The World Health Organisation (WHO) defines health as 'a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity (WHO, 1948). This is consistent with the biopsychosocial model of health, which considers physiological, psychological, and social factors in health and illness, and interactions between these factors. It differs from the traditional medical model, which defines health as the absence of illness or disease and emphasises the role of clinical diagnosis and intervention. A major criticism of this view of health is that it is unrealistic because it 'leaves most of us unhealthy most of the time'. Huber et al. (2011) proposed a new definition of health as 'the ability to adapt and to self-manage, which includes the ability of people to adapt to their situation as key, which acknowledges the subjective element of health. This is considered by many to be a limitation of broader definitions of health because wellbeing is neither objective nor measurable. Some see wellbeing and health as the opposite sides of a single coin. When a person is experiencing high levels of wellbeing, they feel good (emotional aspects), they think positively (thinking is optimistic and confident), they are functioning well in relationships, and they feel valued and valuable. This state has become known as 'flourishing'. Conversely, low wellbeing is the opposite of all of these aspects and is known as 'languishing'.

## Healthy Workplaces

A healthy workplace is one where workers and managers collaborate to continually improve the health, safety and wellbeing of all workers and by doing this, sustain the productivity of the business (World Health Organisation, 2009).

## Indicator

A summary measure that aims to describe, in a few numbers as much detail as possible about a system, to help understand, compare, predict, improve, and innovate.

## Left behind neighbourhoods

These are places that rank highly both on the indices of multiple deprivation and poor social infrastructure which is defined as the absence of places and spaces to meet, poor connectivity (physical and digital) and lack of community engagement. Research has identified 225 'left behind' neighbourhoods across England. Residents of these places have markedly worse socio-economic outcomes than the residents of other equally deprived areas.

## Population Health

An approach aimed at improving the health of an entire population. It is about improving the physical and mental health outcomes and wellbeing of people within and across a defined local, regional, or national population, while reducing health inequalities. It includes

action to reduce the occurrence of ill health, action to deliver appropriate health and care services and action on the wider determinants of health. It requires working with communities and partner agencies.

## Population Health Management

An approach that uses data to help health and care systems to plan and deliver care to improve population health and wellbeing. It often involves segmentation and stratification techniques to identify cohorts of patients or wider population groups at risk of ill-health and focus on interventions that can prevent that ill health or equip them to manage it. It's often used as a concept to improve population health and quality of care while reducing cost growth (the triple aim).

## Recovery

The notion of 'recovery' has much in common with co-production but has developed separately within mental health services. Recovery is not focused on recovering from illness but on recovering a life worth living, i.e., supporting and enabling people to lead flourishing and fulfilling lives as part of their communities. There are three components to recovery: agency, opportunity and hope. Like co-production recovery-focused practice requires recognising two sorts of expertise: professional and the expertise of lived experience. Public mental health – one of our priorities in this JHWS - can contribute to one of the key challenges for recovery: increasing opportunities for building a life beyond illness.

## Salutogenesis

Salutogenic theory relates to the concept of positive health and wellbeing. 'Salutogenesis' (from 'salus' (Latin = health) and 'genesis' (Greek = origin) – meaning the origin of health) refers to the study of the origins and causes of health and wellbeing, including the mental, social and other resources that people draw on and that influence their wellbeing. Salutogenesis contrasts with and complements the more familiar pathogenic model, which emphasises the study of the causes and treatment of illness and disease.

## Social mobility

The link between a person's occupation or income and that of their parents (gov.uk), and where an individual's circumstances at the time of their birth determine their life outcomes. High social mobility means being able to change your social status from that which your parents held at the time of your birth.

## Social/Wider determinants of health

The wider or social determinants of health have been defined as: "the socio-economic conditions that influence the health of individuals, communities and jurisdictions as a whole. These determinants also establish the extent to which a person possesses the physical, social and personal resources to identify and achieve personal aspirations, satisfy needs and cope with the environment."

## Wellbeing

A term used to refer to a range of things in everyday life, such as being happy, not being ill, feeling fulfilled and being financially secure. To quote the 'What Works Centre for Well-being' definition, which is based on the work of ONS: 'Wellbeing, put simply, is about "how we are doing" as individuals, communities and as a nation and how sustainable this is for the future.' In addition, there is continued debate about what

constitutes individuals' well-being in the research community, and, as a result, there are an array of different definitions. Broadly speaking, two different types of measures are employed: (1) 'Objective' measures use social indicators on people's lives, such as physical health and education. (2) 'Subjective' measures focus on people's own views about how their life is.

## Wellbeing economy

Starts from the notion that public interests should determine economics and not the other way around. Rather than pursuing economic growth through narrowly defined indicators such as GDP, a wellbeing economy monitors and values what truly matters: our health, environment, education, and communities.

## Wicked Problems

Wicked problems are those which are difficult to define, which straddle many organisations and professions, and for which there are no clear, simple or even known solutions. The problems are complex, multi-causal and multidimensional and require action at all levels by numerous bodies and agencies.

HEALTHY SUFFOLK

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**www.healthysuffolk.org.uk**

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Se precisar de ajuda para ler estas informações em outra língua, por favor telefone para o número abaixo. 03456 066 067 — Portuguese

Jeżeli potrzebujesz pomocy w zrozumieniu tych informacji w swoim języku zadzwoń na podany poniżej numer. 03456 066 067 — Polish

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Jeigu jums reikia sios informacijos kita kalba, paskambinkite 03456 066 067 — Lithuanian

Dacă aveți nevoie de ajutor pentru a înțelege această informație într-o altă limbă, vă rugăm să telefonați la numărul 03456 066 067 — Romanian

Если для того чтобы понять эту информацию Вам нужна помощь на другом языке, позвоните, пожалуйста, по телефону 03456 066 067 — Russian

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