Liverpool Sustainable City
Health and Wellbeing
Strategy
2014-2019
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This document is written with most grateful thanks to all of those, too numerous to mention, that have contributed to the discussions so far on the Joint Health and Wellbeing Strategy for Liverpool.

The contributions that people have made to date have helped to shape the beginnings of a process to a new approach for health and wellbeing in the city. Indeed, it is important that those on-going contributions continue as the Strategy develops.

This document is therefore the first in a series of documents that will outline and support the delivery of the vision for a fairer, healthier and happier Liverpool.
Liverpool is without doubt a vibrant city where its greatest assets are its people, its culture and its heritage. There is a real sense of place and identity that historically has enabled the population to work together in challenging times. The city has a strong spirit for dealing with adversity and we seek to build on this through the Joint Health and Wellbeing Strategy (JHWS) to face the difficult times ahead.

Health in Liverpool has improved considerably over the last few decades. However despite this, the city continues to be blighted by social and health inequalities. We need to take a new approach to reducing these inequalities with more focus on addressing the determinants of health as a means to improving the health and wellbeing of the city’s population. Liverpool is a rapidly developing city and we know that the success to improving health and building a new sense of civic pride depends on those things we can do together to be a fairer, healthier and happier place to live.

Good health amongst the citizens of Liverpool is an essential prerequisite for attracting investment and supporting job creation in the city too. Not only is this important for those who are able to work, but also for children and young people as the future adult working population. Good health and wellbeing is therefore in everyone’s interest and indeed, is everyone’s responsibility and requires everyone to play their part.

The ageing population, economic downturn and resultant austerity measures has placed an even greater burden on the health challenges for our city. The effect of this highlights both the considerable demands not only on services but also on individuals, families and communities. However, it also presents opportunities for adopting more innovative approaches with the population playing an integral part in reshaping the health and wellbeing system. Together, we have a job to do to improve the health and wellbeing of our population. The overarching aim is to ensure that those areas of the city with the most challenging health outcomes should compare more favourably with the national average.

Given the tough reductions in funding that Liverpool has and continues to endure, we must find new ways of collectively addressing the city’s changing and growing health needs and increasing pressures on services across the city. This requires significant transformation in how we work together to manage and deliver these services. This strategy aims to meet this challenge, through collective objectives and ambition by all, for all. Through the beginnings of a process of engagement, the strategy sets out the key, overarching features of what needs to happen. It is a clear statement of intent for the coming years. It is a working document that is open to on-going comment and feedback that enables it to respond and be re-shaped over time.

Our goals can only be achieved by working together and maintaining our positive and dynamic spirit for the health and wellbeing of the people of Liverpool.

Joe Anderson
Mayor of Liverpool
This strategy has been developed by Liverpool’s Health and Wellbeing Board (HWB) in response to the Joint Strategic Needs Assessment (JSNA). It is our overarching approach to improving the health and wellbeing of children and adults in Liverpool. It seeks to reduce health inequalities across Liverpool and relative to the rest of the country. It also recognises the needs of those people with protected characteristics who face additional challenges in society for improving their health and wellbeing, over and above their physical and emotional needs.

The vision of this Joint Health and Wellbeing Strategy is:

“A FAIRER, HEALTHIER HAPPIER LIVERPOOL”

We will reduce health inequalities through working with partners, communities and residents to improve opportunities for adults and children to enjoy a healthy, safe and fulfilling life. The focus is predominantly on those factors that influence health and wellbeing and the important underlying ‘wider determinants’ of health. However, this JHWS does not exist as a document alone; it is an on-going approach and a process that will require joined up working and commitment by all to deliver its key outcomes and achieve its vision. Therefore, whilst stakeholders have been consulted on the development of this document it remains open to on-going consultation and refinement into the future. It has been informed by our JSNA priorities (see Figure 1), together with written or face-to-face feedback received from individuals, community groups and organisations from across the city. Indeed, extensive consultation has taken place on the development of this JHWS since agreement was reached on the JSNA priorities in September 2013.
This has included:

- The very successful consultation event held on 3rd October at Blackburne House where over 100 stakeholder representatives met to consider the JSNA priorities and outlining some of the key issues facing development of the JHWS.
- Engaging with community organisations using a briefing questionnaire through the LCVS email distribution list in the same manner as undertaken with the JSNA.
- Face to face meetings between the senior officers in Liverpool City Council charged with developing the Strategy and Senior colleagues in partner organisations.
- Presentations to organisational governing bodies, professional groups and groups of community representatives.
- Written feedback received in response to a briefing questionnaire on the JHWS.

What this strategy represents are the key messages arising from this initial period of engagement with our Liverpool stakeholders.

**Figure 1: JSNA priorities**

**Priority Wider Determinants of health**
- Economic Wellbeing
- Housing and Homeless
- Education

**Priority Risk Factors**
- Smoking
- Alcohol
- Healthy weight, nutrition & physical activity
- Substance misuse

**Children and Young People**
- Emotional health & wellbeing

**Adults and Older People**
- Cancer
- Long term conditions
  - Multiple conditions
  - Dementia
  - Cardiovascular disease
  - Respiratory disease
- Mental health
- Falls and fragility fractures

www.liverpool.gov.uk/jsna
The protected characteristics under the Equality Act 2010 are: Age, Disability, Gender reassignment, Marriage and civil partnership, Pregnancy and maternity, Race, Religion and belief, Gender, Sexual orientation
While the Health and Social Care Act (2012) places a duty on upper tier local authorities to work to improve the health of their populations, Liverpool’s Health and Wellbeing Board is well placed to work in a genuinely collaborative way, to oversee the impact of local actions across the agreed health and wellbeing outcomes and progress to reduce inequalities. This includes fulfilling its duties to monitor the extent to which the Clinical Commissioning Group, Liverpool City Council and others organisation’s plans for commissioning services are informed by the Liverpool JSNA and this JHWS.

It is important to recognise that the JHWS does not sit in a vacuum; there is already a considerable amount of important work underway across the city that will continue to have a positive impact on the health and wellbeing of our population. Below are some examples of the city’s current overarching strategic plans and reports, together with some important national legislation that have informed the development of this JHWS, although this is not an exhaustive list:

- The Annual Report of the Director of Public Health
- Joint Strategic Needs Assessment
- Liverpool Clinical Commissioning Group’s Healthy Liverpool Programme
- Liverpool City Council’s Children and Young People’s Plan
- Local Safeguarding Board priorities
- Mayoral Commission Reports
- The Liverpool Compact
- Health & Social Care Act 2012
- Equality Act 2010
- Care Bill
- Children and Families Bill Liverpool City Council’s Early Help Strategy
- Liverpool City Council’s Housing Strategy
- Liverpool City Council’s Sustainable Development Plan
- Citysafe Annual Plan
- Come2gether - The Report of the Liverpool Fairness Commission
- Merseytravel’s Local Transport Plan
- Merseyside Fire & Rescue Service Plan
A mandate for change
The impact of economic events and demographic change has had a significant impact not only on Liverpool, but also many other parts of the world too. One of the key messages is that health, care and wellbeing must be supported in new ways that can be maintained into the future.

Europe (Health 2020)
The new World Health Organisation European Region policy framework sets out the need for good health as an overarching goal shared by everyone and also some of the ways in which health and wellbeing can be addressed differently in the current economic and societal circumstances. Health 2020 is not a directive for achieving good health by the year 2020, but offers a framework for putting in place the significant changes to how we govern and support an approach to improving health and wellbeing now and into the future. The aim is to continue to improve population health and reduce inequity by 2020 and beyond. Failing to address our changing health needs in new ways may mean:

- The loss of how we can respond to population health needs that are increasingly, far greater than we are able to provide for
- Increased variation of health inequity within and between countries.

The fifty-three member states of the European Region have committed not only to work towards the application of the principles of the Health 2020 approach in their own countries, but also to sharing learning and networking to maximise the benefits of working within the Health 2020 policy framework. Their shared goals are to:

- “significantly improve the health and wellbeing of populations, reduce health inequalities, strengthen public health and ensure people-centred health systems that are universal, equitable, sustainable and of high quality”.

Health 2020 highlights that health is a fundamental right of every human being, to be enjoyed at the highest attainable standard. Health is recognised as a major resource and asset for society and therefore as a basis for social and economic development.

National
The Marmot Review
Sir Michael Marmot was asked to review possible action on social determinants of health in England. The Coalition government’s Public Health white paper endorsed the findings of the Review, highlighting that action would have to be taken to improve healthy life expectancy and reduce inequity within and between areas. The challenge here is to address the root causes of poor health such as low income levels, housing, education and employment.

The Health and Social Care Act 2012
This Act highlights the importance of strong leadership for health and wellbeing at a local level and sets out the duty of local authorities to develop Health and Wellbeing Boards and local health and care representation bodies called HealthWatch.

The local public health function moved into local authorities to support the new population health requirements under the leadership of the Director of Public Health as the principal adviser on health and wellbeing to the local authority.

Regional
The importance of health as a factor of the local economy has been recognised through Commissions set up to explore some of the larger issues on a City Region or wider footprint. The first of these was the Liverpool City Region Health is Wealth Commission⁶, and others for example have had a remit for Child Poverty, Fairness and Mental Health. Each of these Commission Reports reflect the importance of addressing the health and wellbeing needs of the city’s residents as part of supporting the growth and development of the city.

Local
Liverpool has been a leader in the development of health and wellbeing partnerships that have worked together to address the city’s health and wellbeing concerns thematically and across sectors. Evidence from the Mayoral Commission Reports on Education and Fairness demonstrate the importance of strong partnerships and joint working for the future of the city. Public health and health and social care services in the city have been aligned to work more closely, particularly through joint commissioning agreements designed to enhance partnerships and joined up approaches to delivery of services.

The HWB developed an initial JHWS for the City during the recent transition period of health reforms. This focused on four strategic action plans for issues that the Board had agreed were priority concerns. However, greater clarity is now needed on the overall strategic direction for addressing high level health and wellbeing objectives through joint action rather than in defined areas.

⁵The Health and Social Care Act 2012 http://www.legislation.gov.uk/ukpga/2012/7/contents/enacted
Liverpool has some of the most deprived areas in England and the local authority is the most deprived in the country. The index of multiple deprivation (IMD) uses data on income, employment, health, education, housing and crime to rank areas so they can be compared and to show where there are inequalities within and between areas. The map overleaf shows the level of deprivation and inequality for the whole of Liverpool and also across the city.

Map 1: Levels of deprivation across Liverpool

The inequalities between Liverpool and areas in the rest of the country are often large, and there are similar gaps between areas within the city.

- The gap in average life expectancy for Liverpool compared with the England average is 3 years. The gap between different areas of the city is around 11 years.
- 11 of Liverpool’s 30 electoral wards have jobseeker’s allowance rates that are more than twice the national average.
- One in five children are classed as living in poverty in England, and 1 in 3 in Liverpool. In 4 electoral wards more than half the children live below the poverty line.
- GCSE results for 2012 show that the number of children achieving 5+ A*-C has been above national levels for the past five years. Over half of Liverpool schools performed better than the national average. However, within Liverpool there are stark differences with results by school in the city ranging from 22% to 97.5%.
Redesigning the approach

The following are key change objectives that will need to be realised for Liverpool to develop a sustainable approach to health and wellbeing now and into the future:

Everyone committing to change at a whole systems level and to working together to achieve a sustainable and resilient city, with citizens involved at every level of governance for health and wellbeing

- Determining the right proportion of resource that is committed to delivering prevention, treatment and care for health and wellbeing
- As a first priority we will be addressing the integration of health and care systems. It includes harnessing the available information and intelligence into a more complete picture. This will strengthen the relationships between the organisations involved, to develop more seamless and co-ordinated responses to health and wellbeing needs. It will also ensure that commissioners get the best value and outcomes possible from the local health care economy.
- A commitment to addressing improvements to the determinants of health within the city such as housing, education, employment and transport
- Growing a city population that is equipped with the right skills to inform about health, care and wellbeing and also be able to access and navigate systems to appropriate self-care or services for themselves and others.
Local authorities have four main areas of responsibility that fall within the remit of the HWB:

- Leading the development of JSNAs and local JHWS so that there is an overall strategic framework for commissioning.
- Promoting joined-up commissioning of local NHS services, social care and health improvement.
- Listening to local views, including commissioning the local HealthWatch and promoting patient choice.
- Leading on local health improvement and preventing poor health.

These processes together with the production of the Annual Public Health Report of the Director of Public Health form the strategic approach and functions for the Board. The Public Health Directorate of Liverpool City Council undertakes work to support this process on behalf of the HWB in conjunction with partners and wider stakeholders.

The HWB has a critical leadership role to ensure transparency in the planning, implementation and achievement of the JHWS vision and outcomes and to engage with partners, communities and local people to ensure delivery of action plans developed from the JHWS. The Director of Public Health is principal advisor on these matters and is responsible for ensuring that the board is fully supported to meet these requirements.

Indeed, all Board members have individual and collective responsibilities to champion the actions required for improving health and reducing health inequalities through for example, monitoring the health and wellbeing impact of welfare cuts. In terms of its duties, the HWB has the input and support of the Joint Commissioning Group to enable its requirement to promote and support the delivery of integrated care services. However, for the commissioning function to work at its best, there are other key aspects of delivery that are necessary. The development of the JHWS now highlights how the strategic function of the HWB will need to be developed further to meet the change objectives above and enable the Board to fulfil all of its statutory duties. It includes:

The delivery of the JHWS including the monitoring of its progress against outcomes.

- Providing opinion and recommendations on the Liverpool Clinical Commissioning Group, Liverpool City Council and others commissioning plans from the Police and Crime Commissioner; Merseytravel; Citysafe; Merseyside Fire & Rescue Service) and the extent to which they take account of the JHWS.
- The development and management of joined up intelligence to determine health needs and assets and utilising evidence based advice on options for strategic action and policy development. This includes the continued research and development necessary for determining the best approaches for improving health and wellbeing in the city.
- With the support of HealthWatch, developing a mechanism for wider engagement with the city’s communities and local people that enables feedback and comment on delivery of the JHWS and how to shape the public’s contribution to their own health and wellbeing and the direction of future services.
- Monitoring equality and paying due regard to protected characteristics when implementing change.
The Liverpool HWB is required to support changes in the way that services and the people of the city work together. Ten principles have been agreed locally that will help us to achieve the priorities identified in this strategy. They must underpin all health and wellbeing work in Liverpool to realise success for the JHWS. They provide a ‘test’ by which local commissioning plans can be developed, considered and commented on, in order to ensure that they align with the aims and vision of this strategy.

These principles are:

- A focus on prevention, early detection and early help where it is needed.
- Achieving maximum on-going and effective communication and engagement with stakeholders.
- A commitment to sustainability for the city.
- A recognition that there is no health without mental health and wellbeing.
- Promoting and supporting individual and community concern for health by utilising local assets to support self-care, ownership and responsibility for health.
- A whole household approach to service delivery that focuses on the people, the place where they live and the social and economic factors that influence their wellbeing.
- Addressing health inequalities to ensure that people receive the necessary support to respond to their degree of need including taking account of the protected characteristics outlined in the Equality Act 2010.
- Joined up services delivering co-ordinated care with service users receiving the right care or support at the right time in the right place by the right people.
- Safe and purposeful data and information sharing.
- Adequately trained and supported workforces.
The JHWS needs to be part of everyone’s core business related to health and wellbeing across the city. It is influenced through, and by, its on-going engagement processes therefore promoting ownership of the strategy and its achievements. This approach will enable a greater understanding of the JHWS and its purpose and also provide opportunities for key stakeholders to play an active role in its delivery. Ensuring full on-going engagement on the JHWS and JSNA priorities will support advocacy for health by providing opportunities for stakeholders to highlight their views on the JHWS and enable a call for change.

The JHWS will enable HWB members to hold organisations, individuals and each other to account for its delivery.

This approach will successfully build collective responsibility across the system for achieving the JHWS vision, because the engagement process that is supporting development of the strategy has already demonstrated the backing and support of local partners. Growing recognition of the simple message of the 5 ways to wellbeing is a promising sign of partner’s engagement.

Statutory guidance is clear about the importance of engagement with local people and their communities for the success of the JHWS. The HWB’s commitment to energetic and sustainable leadership will spread positive, clear and consistent messages about what it wishes to achieve but will also help the HWB to directly engage with seldom heard and vulnerable groups.

Five ways to wellbeing: Be connected, Be Active, Take Notice, Keep Learning and Give: http://www.neweconomics.org/projects/entry/five-ways-to-well-being
What do we mean by the term integration?

Integrated Care and Support: Our Shared Commitment provides a nationally agreed definition developed by National Voices, working in partnership with Think Local Act Personal, with patients, users and carers that encompass what integration means to individuals:

“I can plan my care with people who work together to understand me and my carer(s), allow me control, and bring together services to achieve the outcomes important to me.”

The HWB therefore recognises its commitment to integrated care on these terms and how engagement and partnership for improving health and wellbeing values the contribution of all stakeholders in the process. We will therefore establish a framework for communication and engagement on the JHWS with local people, including those with protected characteristics and our stakeholder partners.

The key principles above reflect the responsibilities for commissioning organisations to take account of the JHWS in achieving its aims. However, responsibilities and expectations for how we achieve success lies beyond commissioners alone. There needs to be an understanding across the system of how stakeholders come together appreciate the contributions that can be made by everyone for health improvement. The recently produced Liverpool Compact will aid this process. 

Ownership and delivery of the JHWS requires a full commitment from all across the city. A full commitment to improving health and reducing health inequalities will reflect a readiness for change in the way the city responds to addressing good health and wellbeing needs. It encompasses the extent to which the city’s services and organisations engage and communicate with the city’s people as agents themselves for improving health. Likewise it includes the readiness of people to actively engage and participate in influencing health improvement in the city. Commitment therefore highlights the expectations and responsibilities that partners have of each other in this process. This commitment by all can be represented as a Liverpool ‘Constitution for good health and wellbeing’.

The HWB and service partners recognise their commitment to this engagement process. It provides opportunities for partners, local agencies, the wider communities and local people to shape the development and delivery of services, strategies and policies that reflect local good health and wellbeing needs.

The HWB and partner agencies will therefore:

- Work in a way that recognises the value of all stakeholders’ input, especially that of local people and their communities.
- Be creative in engagement approaches, to ensure members of the community can be involved in shaping good health and social care services.
- Encourage participation in engagement activities through the active promotion of opportunities.
- Aim to identify any engagement activities that partners may have already conducted in order to avoid duplication.
- Identify appropriate partners and work together to develop engagement activities wherever possible.
- Work with relevant organisations to increase the opportunities for reaching seldom heard and vulnerable groups.
- Ensure that mechanisms for feedback regarding the outcomes of consultation and engagement are in place.
- Ensure that outcomes from engagement activities are
  > Taken account of and utilised in the process of gathering evidence of needs and assets.
  > Shared with stakeholders to inform the redesign of services

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10The Compact is an agreement between Public sector organisations and the Voluntary Community and Faith (VCF) Organisations in Liverpool.
• Provide a structure where engagement groups are treated equitably.
• Ensure that resources available are dedicated to supporting engagement activities.
• Ensure that all communication is jargon free and written clearly and concisely.
  ‘Crystal Clear’
• Promote cultural and social interaction between communities of different cultural and ethnic backgrounds resident in Liverpool for the benefit of improved wellbeing.
• Promote the exchange of information and advice on local services and any other good health and wellbeing issues that will help to promote a fairer, healthier, happier Liverpool.

Citizens can respond by:11
• Recognising that you can make a significant contribution to your own and your family’s good health and wellbeing and take personal responsibility for it.
• Taking the opportunity to:
  > Learn. This enhances self-esteem and self-worth, encourages social interaction and provides opportunities to improve life chances.
  > Connect. This helps in being able to live with and toward others, to recognise and show concern for other human beings and to engage in various forms of social interaction.
  > Be active. Being active reduces the risks for physical and mental ill health.
  > Contribute. Being able to give and receive, whether through paid or unpaid activity is known to enhance wellbeing, particularly when concerned with the wellbeing of others.

11(Adapted from NHS Constitution and New Economics Foundation’s Five Ways to Wellbeing)
> Take notice. This broadens your awareness of the environment around you and can help you in making positive choices about what is important to you for your life.

- Being involved, directly or through representatives, in the planning of good health and social care services. This includes the development and consideration of proposals for changes in the way those services are provided and also contributing to decisions that affect the operation of those services.

- Ensuring that you are registered with a GP practice and make full use of the services available to you, to meet your needs, keeping appointments or cancelling within a reasonable time.

- Providing accurate information about your health, condition and status.

- Following any course of treatment that you have agreed, and talk to your clinician if you find this difficult.

- Participating in important public health programmes such as vaccination and screening programmes

- Giving feedback – both positive and negative – about the experiences of care and treatment that you or others you represent have received, including any adverse reactions you may have had. You can often provide feedback anonymously and giving feedback will not affect your care or how you are treated.
The following outcomes reflect the key themes that are necessary for realising the success of this JHWS. Its actual measures of success will need to be negotiated and agreed in due course. However, it is clear that overall success will be demonstrated through:

- improved healthy life expectancy and
- a reduction in inequalities.

**Outcome 1:**
**Giving children and young people the best start in life**

The children and young people of Liverpool are at the centre of the city’s future sustainability. The evidence is strong that good health and future life chances arise in early childhood, during pregnancy and even before a baby is conceived. However, good health does not just depend upon the quality and availability of local health and care services or on inherited characteristics but on a much broader range of factors known as the “wider determinants of health”. These wider determinants include factors such as socio-economic status, housing, the environment, exposure to harm and educational attainment. All of these have an impact on how parents are able nurture their children.

The HWB is clear that these and other factors can disadvantage children from the very beginning of their lives and through their childhood. Understanding the importance of life chances for children, and key transition points in life, (where significant changes such as a change in school occur) is important to develop appropriate policies and interventions in order to improve health and wellbeing, and to reduce inequalities.

“To reduce the social gradient in health action should be on a scale and intensity that is proportionate to disadvantage and need”.  

12
Reducing health inequalities is a key responsibility for both Local Authorities and Clinical Commissioning Groups, but it also needs a wider involvement from a range of organisations across all sectors and also local communities. For example, engaging children and young people through an education programme for public health. Furthermore by taking a healthy child and family approach focuses on how families can be enabled in a positive way to achieve the best for their children. For those families that require additional support then early identification and help will be an integral response from stakeholder agencies from before a child is born, throughout their childhood and into readiness for adulthood.

The relative importance of different influences will change at different points and periods in the life course (see Figure 2). Giving every child the best start in life was stated as the highest priority recommendation in the Marmot Review. These and other factors can disadvantage children and young people from the very beginning of their lives and through their childhood. This JHWS aims to make sure our children and young people get the best start in life as an investment in their health and wellbeing and also to bring benefits our wider society.

Outcome 2: Health and independence for all

All people have a right to make choices equal to others and have control over their lives so they can live as independently as possible. But for those who are more vulnerable, at some stage or throughout their life, this can be challenging. For example:

- Older people with support needs value similar things to everyone else. However, many have had to adapt the way they meet their needs, or come to terms with unmet needs, as a result of illness or disability and other issues, such as money or information.\(^\text{13}\)

- As teens approach adulthood, living independently becomes a significant goal. While most young people progress well within families, some young people are more vulnerable e.g. those from black and minority ethnic groups; with disabilities; young carer roles and looked after children who may struggle to achieve their self-reliance by facing additional formidable obstacles. So, we have a responsibility to encourage and support people to have more control over their lives and have genuine and meaningful participation in the community.

Adopting a life course approach (see Figure 3) means being aware, and acting upon the changing influences on health at different life stages, from before birth through to the older years. Building on the accumulation of skills and experiences we have developed throughout our life.

is essential to helping us to manage our health and maintain our independence. Both negative and positive influences on health and wellbeing accumulate throughout the life course. Maintaining a healthy lifestyle to minimise risk factors for health includes not only being aware of the steps that can be taken such as not taking up smoking, drinking alcohol within recommended limits, being physically active and eating a healthy diet, but also developing the right skills and confidence for achieving these goals. To achieve the outcomes of this JHWS the HWB wishes to see support to people who wish to address their risk factors for health offered in ways that support person-centred approaches with greater levels of joined up working and co-ordination of health messages between and within services.

Throughout their lives, people of any age can require one or a combination of services to meet their health and social care needs. The challenge is to ensure that the person receives the right care, in the right place, at the right time and by the right people, unhampered by service or programme boundaries. This is a considerable challenge facing the city given the current economic and austerity circumstances. It requires strong leadership and courage to do things differently; developing creative approaches to joint working that are underpinned with commissioning arrangements that support innovation. This will help people who have continuing needs to live independently in their own homes, and remain so both before and following episodes of illness and reduce admissions and lengthy stays in hospitals.

The HWB is ready for this challenge and wishes to see a more integrated system of health and social care that delivers value for money services. The HWB is clear that by all of us working together in partnership, people stand a much better chance of better health and independent living, so we need a united response across the city.

**Figure 3: Action across the life course (Marmot, 2010)**

![Diagram of life course stages](image-url)
Outcome 3
Liverpool’s citizens engaged in improving health and wellbeing

A united effort is required to bring about sustainable change in health and wellbeing, address the wider determinants of ill health and reduce health and social inequalities. No one organisation has the knowledge, skills, resources and influence needed to address these multiple elements that need to be put in place to improve health and wellbeing in Liverpool. The HWB seeks an inclusive and transparent approach to health and wellbeing decision making and policy development in our city.

A key element of sustaining and embedding the strategy is to communicate with stakeholders effectively and to engage them as early on as possible. A collaborative approach to raising awareness of the JHWS and how its key messages can be made accessible and meaningful to the people of the city will help to provide a more coherent approach to its successful delivery. This will be achieved alongside continued engagement with our service partners and providing a basis for the development of a framework and approach to on-going communication and engagement on the JHWS, which will respond flexibly to changing priorities and feedback on its success or otherwise.

This approach will be aided by the Liverpool Compact, which is an agreement between public sector organisations and the Voluntary Community and Faith (VCF) Organisations in Liverpool. The aim of the compact is to ensure that the public and VCF sectors work effectively together to achieve common goals and outcomes for the benefit of the communities and citizens of Liverpool and emphasises the inclusion of all protected characteristics.
Outcome 4
Building resilient and safe communities

Resilience is the capacity of people to confront and cope with life’s challenges; to maintain their wellbeing in the face of adversity at an individual, family and community level. For this JHWS this means harnessing resources, expertise and assets as an essential aspect of how communities are able to respond to health and wellbeing needs. This can include on-going health improvement work or planning for more acute events that might require an emergency response (e.g. in extreme weather conditions). The key is combining the necessary skills, information and tools for local people and services to work together to build safer, healthier communities.

It also requires mapping out and understanding how community assets can be utilised for health and wellbeing. This will support a more informed response than relying on health and wellbeing needs alone and the response of public services to these.

“Health is created and lived by people within the settings of their everyday life; where they learn, work, play and love”.14

The World Health Organisation’s Healthy settings approach reinforces the importance of creating supportive and safe environments in key locations such as homes, schools, workplaces, hospitals and cities. The aim is to enable people who spend time in them to have a positive impact on their own health, the health of others and that of the wider community. The JHWS recognises these different settings as opportunities in themselves for improving health and wellbeing. For example:

Safe affordable housing, and the incomes necessary for running a home adequately, plays an important role in helping people not only in terms of their own health but also how they connect with others in the community.

Health and care workers sharing consistent and clear messages about healthy living and how to reduce risk factors is known to have positive impacts on how people respond in changing health behaviours.

Good health overall cannot exist without good mental health and wellbeing. Poor mental health and wellbeing can result in behaviours that create risks for health and sometimes can lead to lives blighted by drug and alcohol misuse resulting in poor health outcomes overall. The JHWS recognises that combating those wider determinants that can lead to poor mental health and wellbeing such as poverty, low levels of stable employment, poor housing, anti-social behaviour and crime will need to continue to be an important focus for action in the city. The health map below (Figure 4) below reflects these wide-ranging determinants of health and wellbeing in our neighbourhoods, and provides a focus for collaboration amongst all partners and stakeholders.

Figure 4: The health map/ecological model of health (Barton and Grant, 2006)

Next steps

Our immediate priorities and focus for the delivery of this strategy over the next 12 months are:

• To publicise and raise awareness of the JHWS across the city from early 2014 and beyond.

• To hold the first stakeholder engagement event in early 2014 to begin the process of meaningful communication and engagement of stakeholders in the JHWS.

• To identify a mechanism that will enable the HWB to fulfil the breadth of its statutory duties by Spring 2014.

• To negotiate and agree specific measures of success for the plans associated with this JHWS in a timely manner.

• Produce a stakeholder communications and engagement plan for the HWB by Summer 2014.

• To define, develop and begin the implementation of a model for asset mapping across the city by Autumn 2014.

• For commissioners to ensure that the principles within the JHWS are embedded and demonstrated within strategic plans across the city over the next 12 months.

• For commissioning organisations to ensure that procurement processes align with the principles within the JHWS over the next 12 months.

We look forward to working together.
Please take the opportunity to contribute to this process by sending us your feedback and comments on this document to the contact details shown below:

Email: healthandwellbeing@liverpool.gov.uk
Or write to: Director of Public Health, Municipal Buildings, Dale St, Liverpool L2 2DH