Worcestershire Health and Well-being Board

Joint Health & Well-being Strategy

2013-16

Find out more online: www.worcestershire.gov.uk/healthandwellbeingboard
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From the Cabinet Member for Health and Well-being

It is my great pleasure to present Worcestershire’s first Joint Health and Well-being Strategy. The Strategy is a statement of the Health and Well-being Board Board’s vision, priorities and goals for 2013-16, based on the findings of the Joint Strategic Needs Assessment and an extensive public consultation.

Our vision is that Worcestershire residents are healthier, live longer and have a better quality of life, especially those communities and groups whose health is currently poorest. Health and well-being is influenced by a range of factors over the course of people’s lives. To realise our vision we will place a greater emphasis on prevention, early intervention and early help to avoid future ill health, disability and social problems. We will also continue to integrate and improve the quality and value for money of health and social care services.

Health and well-being in Worcestershire has been improving and is better than the national average. However this strategy comes at a time of huge challenges from:

- An ageing population, with a rising demand for health and social care services.
- A growing burden of lifestyle related ill-health, particularly due to obesity.
- A growing need for savings across the public sector, including health and social care services.
- Relatively poor health in our most disadvantaged communities.

We will focus on four priorities:

- Older people and management of long term conditions.
- Mental health and well-being.
- Obesity.
- Alcohol.

The Strategy requires action by a range of different organisations. We will work with all partners to help align policies, services, resources and activities with the Strategy. This will enable joined up action to tackle issues that will benefit from multi-agency working. In particular we ensure that the commissioning plans of the County Council and the local NHS are consistent with the Strategy, and that NHS, public health, social care and related children’s services are integrated wherever possible.

We are determined to make a difference. We want to work with all parts of the community to implement the Strategy and we will be monitoring progress carefully and in public so that people can hold us to account.

Marcus J Hart
Cabinet Member with Responsibility for Health and Well-being
Chairman of Worcestershire Health and Well-being Board (HWB)
Introduction

What is the Health and Well-being Board?

1. Worcestershire Health and Well-being Board (the Board) is the new forum where local leaders come together to improve the health and wellbeing of our population.

2. The Board is being established by the County Council and the local Clinical Commissioning Groups under the Health and Social Care Act 2012. The Board will operate in ‘shadow’ form in 2012/13 and will formally assume its new statutory responsibilities in April 2013.

What does it do?

3. The purpose of the Board is to:
   • Lead and build partnerships for health and well-being across local organisations and the wider community.
   • Establish a shared understanding of health and wellbeing needs and how these can be met.
   • Secure better health outcomes, quality of care and value for money.
   • Support joint working and integration of services across the County Council, NHS and other partners – including the further development of joint commissioning and pooled budgets.
   • Lead strategic planning and drive commissioning of NHS, public health, social care and related children’s services.
   • Strengthen democratic legitimacy by enabling elected Members and the public to influence the strategic planning and commissioning of services.
   • Become a forum for public discussion and accountability of policies, services and activities which influence the health and well-being of the community.
   • Develop a consensus around major service change.

Who sits on the Board?

The Board includes those members listed below. The Health and Social Care Act mandates at least one elected Member and those members indicated by an asterisk.

• Leader of the County Council.
• Cabinet Member for Health and Well-being.
• Members from each of the three Clinical Commissioning Groups: Redditch and Bromsgrove, South Worcestershire and Wyre Forest.*
• One member from the District Councils in each of the Clinical Commissioning Group areas.
• Director of Public Health.*
• Director of Adult Social Services.*
• Director of Children’s Services.*
• Chair of Worcestershire Healthwatch.*
• Member from the Voluntary and Community Sector.
• Member from the West Mercia PCT Cluster initially and then the NHS Commissioning Board.
4. To do this we will:

- Oversee the production of a Joint Strategic Needs Assessment to provide a clear statement of the health and well-being needs of the population.
- Develop a Joint Health and Well-being Strategy based on this assessment, to provide a framework for how these needs are to be addressed.
- Determine whether the commissioning and service development plans of the County Council, local NHS and other partners are consistent with the Joint Health and Well-being Strategy.
- By so-doing influence how the County Council, local NHS and other partners organise and provide services.

What is the Joint Health and Well-being Strategy?

5. Worcestershire's Joint Health and Well-being Strategy (the Strategy) is a statement of the Board’s vision, priorities and goals for 2013-16, based on the findings of the Joint Strategic Needs Assessment. Preparation of the Strategy is a statutory duty for the County Council and the Clinical Commissioning Groups under the Health and Social Care Act 2012. The Strategy will provide a basis for the public to hold local organisations to account for achieving the stated outcomes.

6. The Strategy sets the context for other health and well-being Plans and for commissioning of NHS, public health, social care and related children’s services. We will work with all partners to help align policies, services, resources and activities with the Strategy. This will enable joined-up action to tackle issues that will benefit from multi-agency working.

7. The Board will expect that the commissioning plans of the County Council and the local NHS are consistent with the Strategy, as required by the Health and Social Act 2012. The Strategy will provide a basis for commissioners of NHS, public health, social care and related services to integrate commissioning plans and pool budgets wherever possible, using the powers under Section 75 of the NHS Act 2006 where appropriate.

Working with our communities

8. The Board has consulted extensively on the initial development of this Strategy and has taken a wide range of views into account when producing the final version. We hope that this is just the start of stakeholder and public involvement in our work. We want to work with all parts of the community as we implement the Strategy to understand local people’s needs and what we can do together to improve health and well-being.
Context

Health and well-being in Worcestershire

9. There are 557,000 people in Worcestershire. Nearly one in five are aged 65 or over and one in forty are aged 85 or over. The population is projected to increase to over 600,000 in the next 20 years. This increase will be mainly in the older age groups. The number of people aged 65 and over will increase by 30,000, and the number aged 85 and over by 6,000 by 2020.

10. Overall health in Worcestershire is better than the England average. Life expectancy at birth is 82.7 years for women and 78.8 years for men compared to 82.3 and 78.3 nationally, and has risen by about 3 years over the last decade. Death rates from the major killers - heart disease, stroke and cancer - are below national rates and have been declining. This overall picture conceals some marked variations: life expectancy in the most disadvantaged 20% of communities is 5.7 years less than in the most affluent 20%; the death rate from heart disease and stroke in the most deprived 10% of communities is almost double the Worcestershire average.

11. If we are going to continue to improve health and well-being we are going to have to face some serious challenges. These are:
   
   - An aging population;
   - A growing burden of lifestyle related ill-health, particularly due to obesity;
   - An increasing cost of providing health care due to the introduction of expensive new drugs and technologies;
   - The state of public sector finances and the growing need for efficiency savings across all services; and
   - Poor health in our most disadvantaged communities, which means that relatively small numbers of people suffer disproportionately from ill health and require a correspondingly high level of health and social care resources.

12. To meet this challenge we will need a much greater emphasis on prevention, early intervention and early help to preserve people's health and independence and avoid the need for expensive medical treatments and specialist services. This will mean action in the long term to address the wider influences on health and well-being, as well as more immediate action to continue to improve the quality and value for money of health and social care.
Influences on health and well-being

13. Health and well-being is influenced by a range of factors over the course of people's lives. These factors are related to people's surroundings and communities as well as their own behaviours. Collectively they have a much greater impact on health and well-being than health and social care services. If we are to improve the health and well-being of people in Worcestershire it is these factors that we will need to change. This will mean action in partnership by the County and District Councils, the voluntary sector, businesses, employers, schools, the local NHS as well as communities and individuals themselves.

Health and social care

14. Whilst working to prevent ill health in the longer term we also need to address the rising demand for health and social care more immediately. This will require a new model of care based on prevention, prediction and early identification of problems, and early intervention to avoid the need for crisis management. This will mean the NHS and social care working together with patients, service users and carers, the voluntary sector and housing providers to support people to remain at home and bring care into the community wherever possible.
Vision

15. The vision of the Board is that Worcestershire residents are healthier, live longer and have a better quality of life, especially those communities and groups with the poorest health outcomes.

16. To realise this vision, we will lead transformation of the health and well-being system. This will mean:

• A greater emphasis on prevention, early intervention and early help to avoid future ill health, disability and social problems.

• Continuing to integrate and improve the quality and value for money of health and social care.

Principles

17. The Board will work to six key principles:

i. Partnership. We will facilitate partnership and ensure that organisations work together across the public, voluntary and private sectors to maximise their contribution to health and well-being.

ii. Empowerment. We will encourage and enable individuals and families to take responsibility and improve their own health and well-being. We will also ensure that targeted support is available where necessary to increase individual, family and community resilience and self-reliance.

iii. Local action. We will recognise local assets and strengthen the ability of communities to develop local solutions to local issues.

iv. Rigour. We will draw on the evidence of what works when developing strategies and plans for action.

v. Involvement: We will respect the views of the public, patients, service users and carers and ensure that they have an opportunity to shape how services are organised and provided.

vi. Transparency and accountability. We will be clear about the impact we expect from investment and action to improve health and well-being, and open about the progress we are making.
Priorities

18. The Board will focus on **four priorities**. This will not be to the exclusion of all other health and well-being issues, but they will allow the Board to concentrate its discussions and efforts. The priorities are:

- Older people and management of long term conditions.
- Mental health.
- Obesity.
- Alcohol.

19. These priorities have been chosen because individually and collectively they:

- Are relevant to a range of age groups.
- Affect large numbers of people.
- Relate to major causes of illness and death.
- Require substantial health and social care spend.
- Are of high importance to the local public.
- Have significant potential to improve outcomes.
- Require major transformational change in the way that services are provided in order to improve outcomes.
- Require strong leadership, political consensus and co-ordinated action across organisations and wider society to achieve change.

20. The Board will work to ensure that where relevant the priorities are addressed for the whole population, and especially for the following groups:

- Children and young people.
- Communities and groups with poor health outcomes.
- People with learning disabilities.

21. In addition the Board will take an interest in two further issues:

- **Acute Hospital Services**. This is in the context of the Joint Services Review, which is considering the future of acute hospital services in Worcestershire. The Board will seek assurance that the process through which any proposals are made is reasonable and that the proposals themselves offer the best overall care for patients within the resources available.

- **Protection and Safeguarding**. The Board will seek assurance that adequate arrangements are in place to protect the public from infectious diseases and other threats to health and for Safeguarding children and vulnerable adults.

22. The Board will lead and support action to improve health and well-being against **two key themes**:

- Building healthy communities.
- Improving health and social care.
Building healthy communities

23. Our environment and communities have a huge impact on our health and well-being. Access to green spaces, the quality, cleanliness and safety of our streets and buildings, availability of communal leisure and cultural facilities, and a choice of how to get to them all have a powerful effect on well-being. In places that are well maintained, have low levels of crime and encourage civic participation, people tend to take greater responsibility and contribute more to their communities. The economy is also vitally important. There is a virtuous relationship between learning and achievement, employment and income and good health: each reinforces the other.

24. Worcestershire has fantastic natural resources to draw upon and quality of life compares favourably to the national average and similar areas. However there are communities who live in a relatively poor quality environment, with relatively high levels of levels of unemployment, low educational achievement and high crime – and these tend to be the communities with poor health outcomes. These issues start in infancy and childhood: their start to life determines people’s health over the course of their lifetimes. And they are often intergenerational, with problems in troubled families passed down to children and grandchildren.

25. None of these issues has an easy or quick solution, and a range of agencies and partnerships are already working on them. The role of the Board will be to understand the impact on health and well-being, provide leadership, offer challenge and support, and continue to align policies, services, resources and activities to increase their collective impact. This will include work at County, District and neighbourhood level.

26. A key threat to our health and well-being is the growing burden of lifestyle related ill-health, particularly obesity and excess alcohol consumption, which is placing growing pressure on health and social care services. Two thirds of adults in Worcestershire and one third of children at eleven years old are overweight. One in five adults drink alcohol at a level which poses a risk to their health and nearly half of 11-15 year olds have drunk alcohol. Smoking is on the decline but a fifth of adults continue to smoke.

27. Most people want to be healthier - but sometimes require a little encouragement and support. Change requires commitment from individuals and families themselves as well as a contribution from the public, voluntary and private sectors. People have asked for more information and advice about how to stay healthy and across the public sector there are hundreds of staff who meet people every day. This offers a golden opportunity to “make every contact count” and encourage people to maintain a healthy weight, drink safely and stop smoking.

28. In addition, businesses can promote healthy lifestyles for their workforce – and reap the benefits in increased productivity and reduced sickness absence. Similarly schools, further education colleges and Early Years settings can promote healthy lifestyles for their pupils – at the same time helping them to learn and achieve.
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<tr>
<th><strong>What this will mean</strong></th>
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<tr>
<td>We will consider whether and how we could introduce health impact assessment for policy decisions - for example on planning and transport.</td>
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<td>We will ensure that people have access to green spaces, leisure and cultural services and that there is the right balance between public, charitable and private funding.</td>
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<td>We will consider and debate how to build mental resilience and self-reliance for individuals, families and communities.</td>
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<td>We will work with the Local Enterprise Partnership to stimulate the economy and create jobs, as well as to create employment and training opportunities for young people, in line with the Children and Young People’s Plan.</td>
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<td>We will work through the Children’s Trust to ensure that educational outcomes are outstanding.</td>
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<td>We will work with the Police and Crime Commissioner and our Community Safety Partnerships to reduce the harm caused by alcohol and illegal substance misuse, domestic abuse and sexual violence.</td>
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<td>We will work through the Children’s Trust to provide Early Help for children and families and targeted support to troubled families.</td>
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<td>We will work through the Children’s Trust to reduce bullying in line with the Children and Young People’s Plan.</td>
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<td>We will support Elected Members, the voluntary sector and other community leaders to improve health in their communities.</td>
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<td>We will ensure that the particular needs of communities with poor health outcomes and people with learning disabilities and recognised and taken into account – for example we will ensure that people with learning disabilities have fair access to Health Checks.</td>
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<td>We will actively debate the balance of responsibilities for healthy lifestyles, and the contribution that the public sector, voluntary organisations, businesses as well as individuals and families could and should be making.</td>
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<td>We will ensure that people have access to clear and concise information, in a format they can understand, about the benefits and how they can live healthily – including a healthy diet, exercise, safe alcohol consumption and avoidance of smoking and illegal drugs.</td>
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<td>We will ensure that people are offered a Health Check in line with national policy, and that they are referred on where appropriate to opportunities for physical activity, dietary advice, and specialist support from alcohol, smoking cessation and drug treatment services.</td>
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<td>We will ensure that frontline health and social care professionals can identify and offer healthy lifestyle brief interventions to people who can benefit.</td>
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<td>We will ensure that businesses, schools, further education colleges and Early Years settings are supported to create a culture and environment which promotes healthy lifestyles, and promote the use of the Public Health Responsibility Deal.</td>
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<td>We will consider the use of regulation and planning laws where appropriate to control access to alcohol, tobacco and fast food.</td>
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Improving health and social care

29. With an aging population we are likely to see a rise in the number of people with long term conditions. As a consequence of age and infirmity we will have a growing number of vulnerable people requiring care and support. The NHS will provide for their healthcare, some will be eligible for publically funded social care, others will be funding their own care and support, and many will be reliant to some extent on carers.

30. The model of health and social care has changed radically over the last 20 years. The aim is to allow people to live independently for as long as possible to maximise their quality of life, and avoid the need for hospital admissions and residential or nursing care placements. This can be done by preventing problems arising, identifying them early, and intervening to stop them getting worse.

31. Nationally and internationally, the best performing health and social care systems focus on ensuring that:
   - Care is integrated across organisations with management by multidisciplinary teams, working together to evidence based care pathways.
   - People’s needs are identified at an early stage, with individual care plans put in place and regularly monitored and reviewed. When problems do arise an urgent response is available in the community 24 hours every day.
   - Where people do need to be admitted to hospital, organisations work together to enable them to be discharged as soon as they are medically fit, with support if necessary to promote recovery, rehabilitation and re-ablement and allow them to regain their previous level of independence.

32. There are parallel changes nationally and internationally in acute hospital services. Firstly with more care provided in people’s homes and the community, hospitals will not need to continue to grow as they have done over the last ten years. Secondly where hospital care is required, the greater complexity of treatment is leading to increasing specialisation of services, with some services concentrated on a smaller number of sites to guarantee quality and improve patient outcomes.

33. Health and social care is not just about the services provided by the NHS and local authorities. People can now expect much greater choice and control over their care, including through personal budgets and direct payments that enable them to decide and purchase the support that they need. Indeed many people will need to fund elements of their own care and support and need to start planning for this at an early stage.

34. Carers are a huge resource. Some providing regular and substantial care and others providing more limited support. In order to help them look after vulnerable people, carers need to be able to work in partnership with health and social care services, and need themselves a degree of support, including information, advice and training, as well as some form of respite.

35. The quality of housing is crucial to maintaining people’s independence. A safe home environment that is warm and minimises trip hazards can avoid the ill health effects of cold and reduce the risk of falls. The right sort of adaptations and modifications make it easier for people to look after themselves. Peer networks and low-level support can prevent loneliness and isolation. All of these can help prevent hospital admissions and residential and nursing care placements.
## What this will mean

We will ensure that people with common long term conditions such as diabetes, high blood pressure, heart disease, chronic lung disease, dementia and cancer are identified and managed to a high standard in general practice.

We will ensure further integration of health and social care, and that the public, patients and service users can influence the development of services.

We will ensure fair access to health services for people with learning disabilities and communities with poor health outcomes.

We will encourage the expansion of community based services and initiatives to prevent hospital admission and allow early discharge.

We will strengthen rehabilitation and re-ablement services to enable people to regain their independence following an episode of ill-health.

We will ensure that people have access to clear and concise information about how to manage common physical and mental health problems and that they are signposted to appropriate services where they require further advice or support.

We will ensure the expansion of mental health support such as talking therapies to avoid the need for specialist mental health services.

We will encourage the development of self-care, peer support and new technologies such as Telemedicine and Telecare, which collectively provide support for people to manage in their own homes.

We will ensure that people have access to advice about how to make provision for their long term care and support and how to make the most effective use of their funding.

We will encourage the continued expansion of choice and control and ensure that people have access to information about services so that they can make an informed choice about where to go for treatment and care.

We will ensure that the contribution of carers is recognised, that they have an opportunity to influence health and social care services, and that they receive the right level of support.

We will support efforts to continue to improve the quality of the housing stock and encourage the development of supported housing schemes.

We will ensure that people reaching the end of life have the opportunity to discuss their needs and wishes, and that support is in place to enable them to die in a place of their choosing.

We will ensure that all providers of health and social care services routinely report data on quality and outcomes.

We will ensure that acute hospital services are continually improving the quality of care and outcomes for patients.
Outcomes and indicators

36. The outcomes that the Board is aiming to achieve are set out below, along with an initial list of indicators it will use to measure progress. These indicators have been drawn largely from the national NHS, Public Health and Social Care Outcomes Frameworks. The list may be amended depending on the emerging views of the Board.

37. For each of the indicators, baselines and targets will be established and they will be included on a Worcestershire Health and Well-being dashboard that will measure progress over time. Where relevant and possible the indicators will include figures for Worcestershire overall, for the three Clinical Commissioning Groups, six Districts, and groups of particular interest.

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<th>Building healthy communities</th>
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<td><strong>Outcome</strong></td>
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| Improve overall health | • Increase life expectancy and healthy life expectancy  
                         • Reduce premature death rates from heart disease and stroke and cancers  
                         • Reduce the infant mortality rate and the number of low birth weight babies |
| Improve health in communities with poor health | • Increase life expectancy and healthy life expectancy in communities with the poorest health up to the County average  
                                                 • Reduce premature death rates from heart disease and stroke and cancers in communities with the poorest health down to the County average |
| Better economic circumstances | • Reduce the proportion of children in poverty  
                                   • Reduce long term unemployment |
| Better educational achievement | • Increase the number of GCSE achieved (5A*-C including English and Maths)  
                                   • Reduce the number of young people not in education, employment or training |
| Safer communities | • Reduce alcohol related crime and anti-social behaviour  
                     • Reduce domestic abuse incidents where alcohol was a factor |
| Healthier lifestyles | • Increase breast feeding rates  
                        • Reduce childhood obesity in Reception and Year 6  
                        • Increase number of physically active adults  
                        • Reduce number of people developing diabetes  
                        • Reduce alcohol related hospital admissions |
## Improving health and social care

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<th>Outcome</th>
<th>Indicators</th>
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| Better and more integrated care and expansion of community services | • Increase identification and improve management of long term conditions in primary care  
• Reduce emergency hospital admissions  
• Reduce need for residential / nursing home placements  
• Reduce delayed transfers of care from hospital, and those which are attributable to adult social care  
• Reduce length of hospital stay  
• Increase number of older people still at home 91 days after discharge from hospital into rehabilitation and re-ablement services  
• Increase proportion of deaths at home  
• Reduced need for referrals to specialist mental health services  
• Reduced length of time in treatment with specialist mental health services |
| Greater choice and control over care | • Increase proportion of people feeling supported to manage their condition  
• Increase health-related quality of life for people with long-term conditions  
• Increase social care service users who feel they have control over their daily lives  
• Increase social care service users in receipt of personal budgets and direct payments |
| Greater health and independence for people with mental health problems | • Reduced premature death rate in people with serious mental health problems  
• Increase adults in contact with specialist mental health services in paid employment  
• Increase adults in contact with specialist mental health services living independently |
| A safe and supportive home environment | • Reduce excess winter deaths  
• Reduce falls and hip fractures in older people  
• Increase supported housing placements |
## Key assurances

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<th>Outcome</th>
<th>Indicators</th>
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| **High quality acute hospital services**    | • Reduce hospital-related blood clots  
• Reduce healthcare associated infections with MRSA or Clostridium difficile  
• Reduce newly-acquired pressure ulcers  
• Reduce patient safety incidents causing severe harm or death  
• Reduce hospital mortality rate  
• Increase patient experience of hospital care  
• Increase responsiveness to in-patients’ personal needs |
| **High quality specialist mental health services** | • Reduced number of children and young people waiting for more than 18 weeks for mental health services  
• All young people transferring to adult mental health services have a high quality transition plan in place |
| **Effective protection and Safeguarding**    | • Coverage of screening programmes  
• Immunisation coverage  
• Robust and tested plans in place for responding to health emergencies  
• Robust arrangements in place for Safeguarding Children and vulnerable Adults |
From strategy to action

38. The Strategy requires action by a range of different organisations. The Board will ask that the statutory partners respond by working together and with others to produce or update relevant strategies and action plans and describe how the Strategy will be implemented. We will also expect that the Strategy is reflected in annual commissioning and service development plans. For the Clinical Commissioning Groups this will be a requirement for their authorisation and approval of their commissioning plans. The Board or one of our Committees will review the relevant strategies and plans to ensure that the Strategy has been incorporated.

39. The Board itself will support implementation by:

   - Ensuring that the Strategy is widely available and raising awareness of it at every opportunity
   - Providing leadership and advocacy.
   - Encouraging participation and contributions from the voluntary sector, businesses, schools and others.
   - Facilitating debate on difficult issues.
   - Building relationships and enabling partner organisations to align policies, services, resources and activities to increase their collective impact on health and well-being.
   - Overseeing progress and offering challenge and support where necessary.

40. The Board will regularly update the Health and Well-being Dashboard to show progress against the outcomes and indicators. Progress against the actions required will be monitored by the Board or one of our committees. We will publish an annual progress report that provides an honest assessment of achievements and actions outstanding. Where necessary we will amend the Strategy in the light of emerging circumstances.
To find out more about the work of the Board including details of public meetings visit our homepage at: www.worcestershire.gov.uk/healthandwellbeingboard

The Board would very much like to hear from you, if you would like to ask a question or leave a comment please contact us at: hwb@worcestershire.gov.uk

Additionally, the Board will post topics of interest or key issues arising from public meetings on the County Council's dedicated Facebook page. The Board are keen to hear your views on such issues and will provide a response where necessary. To access this page visit: www.Facebook.com/yourworcestershire