





### **What is a health and wellbeing strategy?**

The Health and Social Care Act 2012 requires each council area to have a Health and Wellbeing Board (HWBB). This Board is in place to bring together key leaders from local health and care organisations to work together to improve the health and wellbeing of Shropshire people and to reduce inequalities that are the cause of ill health. HWBB members work together to understand their local community's needs, agree priorities, and make decisions to improve the health and wellbeing of local people in Shropshire.

The HWBB must produce a strategy that describes the key local health and care issues and explains what the Board is going to do to make improvements to these issues.

### **How does the HWBB work?**

The Board carries out its responsibilities in a number of ways, it can both influence decision making and make decisions to better the health and wellbeing of Shropshire people. For example it can influence decision makers by working with planning services to influence planning decisions on things like 'fast food takeaways', and decisions with regard to ensuring there are green spaces located in local housing developments. It can also make decisions such as ensuring the development of integrated working that supports people as they are discharged from hospital with the right care and support from an integrated team; this is called Integrated Community Services (ICS).

### **Are people in Shropshire Healthy?**

Overall the health and wellbeing of people in Shropshire is good and life expectancy is higher than the national average. However, as more of us live longer, we want to ensure that we are able to maintain good health, and the quality of our lives, for longer: adding life to years as well as years to life. Currently in Shropshire the difference between healthy life expectancy and life expectancy is 15 years for men and 18 years for women. This means that on average men will spend the last 15 years of their life in ill-health. Ideally we want to reduce the gap between healthy life expectancy and life expectancy.

Many people in Shropshire can expect to live a long life, have a good education, earn a decent wage and live in appropriate accommodation. However this is not the case for everyone, health inequalities do exist meaning that some of us do not have the same life chances due to where we live, the jobs and education we have, or other factors such as having a physical or learning disability. Other influences that can affect our health and wellbeing are the lifestyle choices we make such as smoking, drinking alcohol and levels of physical activity.

Each HWBB must produce a Joint Strategic Needs Assessment (JSNA) which details the state of Shropshire's health and the factors that influence health. In Shropshire we are working on developing our JSNA to understand key issues affecting our health and wellbeing at a local level. Please click [here](#) to read the Shropshire JSNA.

Our JSNA tells us that our key health issues in Shropshire include:

- **Mental health, including dementia**
- **Rising obesity**
- **Child Poverty**
- **Ageing population**

In addition, the rural nature of our county requires us to think carefully about how we organise services, influence policy, and support communities to make certain that Shropshire people are able to access the right support at the right time.

### **How did we develop this strategy?**

For a number of years we have been talking to Shropshire people about their health and wellbeing priorities. For example, through the NHS Future Fit Programme, Locality Commissioning, the HWBB priority focus groups, Making it Real, the Stakeholder Alliance and so on. Building on these conversations the Board developed its vision for improving the health and wellbeing of local people. People have told us that some of their key concerns are about:

- **Access to services and information** – including clear diagnosis pathways, mental health support, support for carers supporting community activity and provision, transportation, communication and information provision, and person-centred planning with joint decision making.

People have also told us that:

- **They want to be empowered** so they can remain autonomous and independent, even when they are ill. People want trustworthy information to be readily available and to have easy access to help from sources they understand. People want to self-manage their long term conditions and work as partners with carers and professionals.

The Board has considered the context in which we are working, what people have said about their health and care in Shropshire and have agreed that the HWBB needs to:

- Demonstrate strong systems leadership to promote the health, wellbeing and social

change needed to improve health in Shropshire;

- Work with communities and community assets to create and support health and wellbeing;
- Support people to make good decisions for their health and fulfillment.

### **What do we mean by systems leadership?**

The HWBB will put Shropshire people at the heart of decision making. The Board will use evidence that is gathered through data and through talking to Shropshire people and it will develop a common purpose and agreed outcomes for people and with people. On behalf of Shropshire people the Board will make decisions and influence decisions across the whole system, not just care and wellbeing, but other services and decision making that have an impact on all factors of our wellbeing, including economy and jobs, education, housing and the environment. Through this, the Board will enable social change that improves the health and wellbeing of local people and reduces inequalities.

***System leadership involves decision making that empowers individuals, empowers communities, and leads and influences services & policy***

### **What do we mean by health and wellbeing/ fulfillment?**

‘Health’ covers physical and mental health; both the absence of disease or illness and the degree to which a person is well and able to go about their daily life. ‘Wellbeing’ encompasses some of the more social elements of health and considers how social relationships alongside ‘health’ can be affected by a range of social, economic and environmental factors such as employment, education and housing (see wider determinants of health). The HWBB has described wellbeing in terms of personal contentment, fulfilment and

ability to remain resilient in difficult times, in addition to having good health.

### **What do we mean by community assets?**

When we talk about assets, we don't just mean buildings and equipment, we consider an asset to be any factor (including people and their skills and abilities) or resource which increases the ability of individuals and communities to improve and maintain their health and wellbeing. By taking this approach, we can consider how well our communities support each other; what is available for people to support and develop their own health and wellbeing; and how services can help to support the development of our assets.



### **How will this strategy make a difference?**

These are challenging times with increased pressure on public sector budgets, and the income of individuals and families. This strategy will make a difference because it aims to bring together and align services and decision making across sectors to unify and support decision making at a local level, within the communities of Shropshire.

This strategy focusses on whole system leadership. We know that it takes time and stability to evolve leadership, achieve social change, develop resilience and improve systems. With this in mind, we will aim for this strategy to be a 5 year strategy, with an action plan that is

reviewed and updated annually. The Health and Wellbeing Board cannot deliver this agenda alone.



### **Our Aim:**

*To improve the population's health and wellbeing; to reduce health inequalities that can cause unfair and avoidable differences in people's health; to help as many people as possible live long, happy and productive lives by promoting health and wellbeing at all stages of life.*

### **Our Vision:**

***For Shropshire people to be the healthiest and most fulfilled in England***

The HWBB believes we need a new approach to health and care that nurtures wellness and encourages positive health behaviour at all stages of people's lives and across all communities.

**Start Well** – parents make good choices for their bumps and babes; early years and schools support good mental and physical health and wellbeing; services are available when and if they are needed;

**Live Well** – we make good choices for ourselves as we become adults to keep well and healthy, both physically and mentally; accessing support from services when and if they are needed;

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**Age Well** – making good choices as an adult means that as Shropshire people age they are as fit and well as can be; people continuing to make good lifestyle choices throughout their lives can prevent many long term conditions such as dementia and heart disease.

In order to support the people of Shropshire to start well, live well, and age well, the HWBB believes that we must work with people, communities, and with services (developed and delivered by a wide range of partners) to support the people who live and access services in Shropshire.

**Working with people:** to make sure that services put people at the heart of decision making. As well, people also need to make good choices for their own and their family's health to prolong or prevent ill health and extend the number of healthy years lived.

**Working with communities:** taking a community-based approach to shaping the factors in the local environment that have an impact upon health in order to prevent ill health. Neighbourliness, volunteering, philanthropy and community spirit are still present in abundance, but require support and enabling in order to flourish. Social change must grow from communities.

**Services and policy making:** Health and care services need to make changes that better support preventing ill health. New models of services and care, workforce and commissioning must consider the whole journey of service users and patients. Services and providers will need to adapt, integrate and collaborate so that service users and patients experience seamless services and care. Equally, our other public service partners, businesses, voluntary and community sector and all organisations who work with people need to consider how they encourage wellbeing

and health through the services and support they offer.

The work we do must include and permeate through all sectors and all Shropshire communities.

### **Why is the economy important for health and wellbeing?**

Employment and socio-economic status are fundamentally linked to health. For individuals, long-term worklessness is harmful to both mental and physical health. For communities a vibrant economy also helps to deliver essential health, care and wellbeing services that enables participation by everyone.

Furthermore, organisations have a responsibility to invest in staff health and wellbeing. This will result in better outcomes from a workforce, and for people and communities.

### **Why is education important for health and wellbeing?**

Education and the ability for the people of Shropshire to improve knowledge and skills is vital for improving health and wellbeing. We want Shropshire people to have the best opportunities to access education. Poverty, deprivation and socio-economic status can affect an individual's opportunities to access education and their level of attainment, the Board would like to support people to break through these barriers, especially children and families. Education will also bring better understanding of people's own wellbeing and how to develop and maintain good health. We are increasing access to higher education in Shropshire and the Board is keen to promote continuous learning for those who live and work in Shropshire.

### **Why is housing important?**

Housing is important to health and wellbeing. Issues such as cold, damp or poor quality housing can have a negative effect on an individual's mental and physical health. Living in poor housing can lead to increased risk of cardiovascular and respiratory disease as well as anxiety and depression. Those living in poor housing are also likely to be more deprived and have less access to resources to improve their health and wellbeing.

### **Why are environment and planning important for health and wellbeing?**

A healthy environment contributes to a healthy population. For example, clean air from reduced vehicle and other emissions helps to reduce respiratory ill health. Encouraging active travel through activities such as walking or cycling increases levels of physical activity. Rich biodiversity both encourages individuals to engage with their environment and is linked to positive mental wellbeing. When planning housing or other developments, considering how the environment can be best shaped to encourage active play and physical activity, reduce social isolation and encourage community resilience is important to improve health and wellbeing.



### **Our Outcomes:**

All Shropshire Health and Wellbeing partners will work to the following outcomes and principles. The outcomes are based on the Public Health Outcomes Framework. They are high level outcomes that will allow partners to consider how

they can have an impact upon improvements to health and wellbeing:

- 1) Reduce health inequalities:** must be at the core of everything that we do. This is not only about ensuring equal access to health and care services, it is about raising the standards of health and wellbeing particularly for the most disadvantaged. To do this we need to work with all our partners to address factors such as education, employment and wages, housing and environmental considerations which all have an impact on our health and wellbeing.
- 2) Increase healthy life expectancy:** Life expectancy is currently measured in a number of ways; including Life Expectancy and Healthy Life Expectancy. Measuring **healthy life expectancy** adds a quality of life understanding. According to the Office of National Statistics, Healthy Life Expectancy estimates lifetime spent in “Very good” or “Good” health based on how individuals perceive their general health. And while our overall life expectancy has risen significantly over recent decades, the difference between living in good health and living in less good health is broadening. In Shropshire the difference between healthy life expectancy and life expectancy for men is 15 years and for women it is 18 years. To improve quality of life as we age we need to ensure that we live well at all stages of life – **start well, live well, age well**. We request that all partners consider how we support our population to achieve and maintain good health and wellbeing through healthy lifestyles, maintaining good mental health and wellbeing, and accessing appropriate services when needed at all stages.

## Our Principles:

In the development of the Health and Wellbeing Strategy we recognise that some matters need to be embedded in every part of the strategy, we call these our principles.

**Empowerment:** all Shropshire people must feel empowered to make good choices for their own health and the health of others. Health and Care professionals must feel able to develop, offer and deliver good services; and be proud of the work that they do.

**Respect:** The HWBB and all of its partners, stakeholders and the public must recognise our differences, both personally and within organisations, and promote each other to best effect and for best results for the people of Shropshire.

**Communication and engagement:** Good communication with the public and across partners is vital to ensuring that everyone has the information that they need to support their health, the health of their community and to make sure that services are used in the right way. The HWBB is committed to working with the people of Shropshire to develop and design services, support community development and create a common language and understanding of health and wellbeing.

**Evidence:** The HWBB is clear that part of being a system leader includes using evidence gathered through data and through service user and patient experience. The Joint Strategic Needs Assessment (JSNA) is where this information is gathered. Going forward the JSNA will consider the health of individuals, communities and the population and will take a community and asset based approach.

**Compassion:** The HWBB would like to cultivate an environment enabling all people who live and

work in Shropshire to act with compassion in everything that we do. Compassion involves our ability to take the perspective of, and to empathise with the emotions of, another person and turn those thoughts into a desire and willingness to help.

**Flexible infrastructure:** In recognition that both individual needs and technological advances change at varying paces, the HWBB is keen to make sure that any infrastructure and service developments (including facilities and the way people receive help) are flexible to change and grow as needed. This will be particularly important when considering investment in information technology (IT) and capital infrastructure (such as buildings or equipment).

**Governance and accountability:** The members of the HWBB will hold each other to account for making improvements to health and wellbeing in Shropshire. Processes will be in place to allow the Board to challenge its members and other organisations to ensure that they are acting in line with the HWBB priorities and principles and that they deliver the outcomes that they say they will. These processes will not be over-complicated, nor will they get in the way of allowing organisations to make progress in improving Shropshire's health and wellbeing.

**Social Value and Social Action:** Shropshire HWBB aims to utilise opportunities around social value and social action to tackle health inequalities and improve health outcomes for all. Locally the following definition of Social Value has been adopted "A process whereby organisations meet their needs for goods, services, works and utilities in a way that achieves value for money on a whole life basis in terms of generating benefits to society and the economy, whilst minimising damage to the environments"

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The Social Value Charter for Shropshire will set out how public sector commissioners, service providers, voluntary, community & social enterprise organisations and businesses aim to improve the social, economic and environmental wellbeing of Shropshire.

Social Action highlights the asset based approach to community development and the importance of locally based solutions that can reduce demand on public services. More recently our public and VCSE partner organisations have been following the work of the Cabinet Office and New Economics Foundation under the Enabling Social Action Programme designed to enable the commissioning and implementation of social action across local public services.

Shropshire has a strong culture of social action, cross sector working, collaboration and coproduction but recognises that there are opportunities to use the commissioning process to enable greater social action. We recognise the influence that public sector partners can have, including:

- Devolving power and resources so people are able to take action and design their own solutions
- Accelerating the development of projects through support and local influence
- Co-designing services with social action a core consideration
- Supporting the infrastructure behind social action (such as volunteer recruitment, management, training and skills).
- Encouraging and enabling more people to volunteer and take part in social action

**Personal Health Budgets:** Shropshire Council already offer personal budgets to many individuals in Shropshire who wish to play a greater role in the day to day management of their support arrangements. In October 2014 Shropshire CCG began offering Personal Health

Budgets to cohorts of patients to allow them greater choice in the management of their health care.

From April 2016 Shropshire CCG will be developing its delivery of Personal Health Budgets, in particular looking at additional groups of patients who may benefit from using this approach. Further to this we will be working with Shropshire Council to explore the alignment between personal Budgets and Personal Health Budgets where a resident of Shropshire could potentially be in receipt of both

#### **How will the HWBB work to deliver the vision?**

In order to keep people well at all stages of their lives the Board needs to focus on prevention and providing sustainable services. As system leader, the HWBB will work to influence our partners (local, regional, and national) to include health and wellbeing priority areas in all the work that they do, igniting social change needed to improve the health and wellbeing of Shropshire people. The Board will drive change across organisations to make improvements to the delivery of health and care in Shropshire; these include programmes such as:

- The Better Care Fund
- NHS Future Fit
- The Care Act
- The Special Educational Needs & Disability Reforms (SEND)

The Board will work with all of our partners to use a whole system approach to addressing our priority areas. This includes every part of our wellbeing system, not only health and care, but also including our business partners, education and learning, the voluntary and community sector, and people and communities. Everyone has a part to play.





In order to deliver our vision, the Board believes that it, along with our partners, need to focus on prevention and developing sustainable services that are fit for purpose and able to provide and sustain health and care well into the future.

### **Our Priorities: Prevention & Sustainability**

#### **PREVENTION**

##### **A. Health promotion and resilience**

**The HWBB and partners will focus on prevention and wellbeing. Health promotion and resilience are about encouraging people to make good choices at every stage of life. It is also about making sure that the right support is available when it is needed and that services are there not only to help us to feel better, but to help stop illness of physical difficulty from happening again.**

**Prevention is about making good choices for our lives at every stage and when we need support, as everyone will from time to time, services are there not only to help us feel better, but to help to stop illness or physical difficulty from happening again.**

A lot of chronic illness is preventable. Yet, most healthcare services are focused on treating illness rather than on promoting good health; this is a missed opportunity. Evidence suggests that we would enjoy much better health and avoid significant healthcare costs, if we were to invest more in prevention. So how can we achieve this?

- strengthen the community resources (buildings, people, groups) that underpin health;
- invest in services and programmes that reduce the risk of disease (e.g. walking for health or healthy eating classes);
- supporting people through community development to make positive behaviour changes such as being more physically active and stopping smoking;
- work closely with our GPs, other primary care services such as pharmacies, and our hospitals to improve the health and wellbeing of Shropshire people.

Support from health and care services doesn't just help individuals to overcome a problem, but helps to stop it from happening again. This might mean supporting people who have had a fall to increase their physical activity and strengthen their balance so that they are less likely to fall in the future. In order to prevent ill health we need to take action at an earlier stage.

#### **SUSTAINABILITY**

##### **B. Promoting independence at home**

**The HWBB sees home and the community as the first place to look for enabling care and support. A key role of a community is to support itself and its members.**

**Shropshire services and people already work hard to keep people independent in their own homes. We understand from speaking with local people that individuals want to stay at home wherever this is possible and we want to facilitate this. This means planning for services that can be delivered around the person, in a space that is familiar to them, as well as the assistance of a supportive community. When it isn't possible to keep people in their own homes, we would like the homes that people make in**

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**residential settings to be the best they can be for those people.**

Some people have lifelong conditions which mean that they need ongoing extra support; this often comes from family carers or carers in the community as well as services. The HWBB recognises the very important role of carers. Every individual is different; care needs to reflect this and be flexible in the way that people are supported. Shaping care and support around the individual, their carer(s), and their community will ensure the help that people need and receive is continuous, seamless and will produce the best outcomes for that person.

For example, we want the support offered by family and neighbours, by the community, and by services to be able to allow a person with dementia to stay at home and in familiar surroundings for longer, rather than be admitted to a residential or care home. Whilst domiciliary care can help with care-based tasks, family and neighbours can help to support the individual with everyday tasks. Assistive technology such as GPS tracking devices can be used by family to keep an eye on the person whilst enabling them to stay an active part of their community for as long as possible. Dementia Friendly communities that offer schemes such as Safe Places can offer support to an individual with dementia who feels vulnerable and needs help.

Just as individuals have a responsibility for their health, communities have a responsibility to support their members. Supporting each other should be at the heart of every community. For some communities, this sense of responsibility and cohesion is already strong, whereas others will need to build their resilience and find their own solutions to be able to best support their individuals.

**C. Promoting easy to access and joined up care**

**The HWBB commits to developing better joined up services and better access to services and information through integration. The Board views integration is the means by which continuity of care is delivered across time and care settings; focussing on delivering services designed around individual needs. Joining up services (or integration of services) won't look the same for each service area, but will have flexibility to develop as needed and with the input from service users, professionals and carers.**

**The Board will have oversight of key programmes of infrastructure development (buildings and services) in Shropshire. This will ensure that all developments take into account the full picture of services and ongoing service development across the county.**

Service users have told us that access to services is a key priority. Barriers to accessing services have included lack of information about services and where to access them, waiting times, and services not working in a joined up way (meaning that service users are passed from one service to another).

The HWBB will support new models of working where services and information about services can be accessed from a variety of sources that are clear and well communicated to people; and from places where it would make sense to access services. For example, are there services that could be accessed from a GPs surgery, but not necessarily delivered by a GP? What role can Community Pharmacies play in providing important services to people and their communities? What about community centres and indeed, what role do and can housing associations play?



**System Enablers:**

Along with our priority areas, the Board needs to make certain that the foundations of our organisations are properly developed in order to support transformational change. These include workforce, finance, information technology (IT) and partnerships.

Workforce

The HWBB will support the development of our workforces to meet future health and care needs. This may mean taking a combined workforce approach, enabling those in health and care roles to use a greater breadth and range of skills that cut across the various needs of Shropshire’s people. For example, developing health workers to have better knowledge of social work and social workers to have better knowledge of health. Developing our workforce will mean that Shropshire people feel supported when they need it, communities are able to come together and mobilise to support each other, and services of good quality are accessible and work well in partnership.

Finance

The HWBB will work to use available finance to the best effect. It has been recognised both locally and nationally that we will not be able to continue ‘doing what we do’ currently and make the savings that we need to make; we simply do not have the resources. Despite this, we need to support the health and wellbeing of Shropshire

people and therefore we need to consider all options and innovations available. Our community and economy needs the collective ‘courage to change’. We need to develop an understanding across all sectors not that we are doing things differently, but that we are going to do different things. This will involve a more entrepreneurial approach, working in close partnership with the public, voluntary & community groups and working with business. The approach will require a different way of thinking about how we develop our workforces, how we work with our communities, how we make decisions, and how we deliver services.

IT solutions

The right IT improves communication and information sharing across all health and care organisations. Assistive technology tools can empower individuals to remain independent and receive care and support when they need it, where they need it. Integrated care records, remote consultations, along with other web based tools are solutions that have the potential to underpin and provide much better access to services for Shropshire people.

Partnerships

The HWBB will support working in partnership, especially in partnership with Shropshire people. People want to be involved in all decisions about themselves and their lives. This requires a move away from the ‘professional knows best’ towards a high trust and equal partnership. Professionals can experience limited joint-working with other organisations and do not get to see detail about a service user’s journey. Direct communication and active partnership between organisations and people working at all levels within organisations will be vital to achieving the HWBB priorities.



### **How will we deliver our vision and strategy? What does our governance look like?**

The Board will deliver our vision and strategy in a number of ways, it plans to influence all our partner organisations to include the HWBB priorities in their organisational strategies and work plans. The Board intends to embed the whole system approach in all our transformation work programmes which include:

**NHS Sustainability and Transformation Plan (STP), Future Fit (FF) and Community Fit** are key programmes being delivered by our local NHS partners; according to NHS England every health and care system are required, for the first time, to work together to produce a Sustainability and Transformation Plan, a separate but connected strategic plan covering the period October 2016 to March 2021. See [here](#) for more information.

Future Fit and Community Fit will form part of the STP and aim to improve acute and community health services in Shropshire. Clinicians and patients are working together to determine how best to provide healthcare for local people; this includes urgent and emergency care, planned care and community care. Redesigning hospital and community services will be vital for ensuring sustainable services for Shropshire. Please see [here](#) for more information.

**Better Care Fund (BCF)** – The [Better Care Fund](#) is a government initiative, bringing resources from the NHS and local authorities into a single pooled budget, overseen by the HWBB. Each area has developed a plan to demonstrate how this will be done locally. In Shropshire the priorities of the BCF are as follows:

- Prevention
- Early Intervention
- Supporting People in Crisis
- Supporting people to live independently for longer

Please see [here](#) for the Shropshire Better Care Fund Plan.

### **HWBB Exemplars**

In addition, the Board intends to establish exemplar or development projects in 3 areas focusing on reworking the whole system along the principles/ objectives set out in the strategy. These exemplars will form the HWBB Action Plan. These are:

- **Healthy weight and diabetes prevention**
- **Carers**
- **Mental health**

To deliver these actions and make a real difference to these areas, we need to make sure that everyone plays a part in working together to improve health and wellbeing. We need everyone to understand what an important role we all have in making a difference to Shropshire's health and wellbeing; working together will achieve best results.

Appendices B give a starting point for individuals and organisations to think about how they must help in improving Shropshire's health and wellbeing.

**The SEND reforms and Children's Trust**

The Special Educational Needs Reforms (SEND) were brought into effect in 2014. These changes are designed to simplify arrangements for identifying and supporting children with SEND by ensuring greater participation of children, young people and families in decision making, focus on better outcomes for children and focus on better joint working. Please click [here](#) for more information.

**The Shropshire Children's Trust**

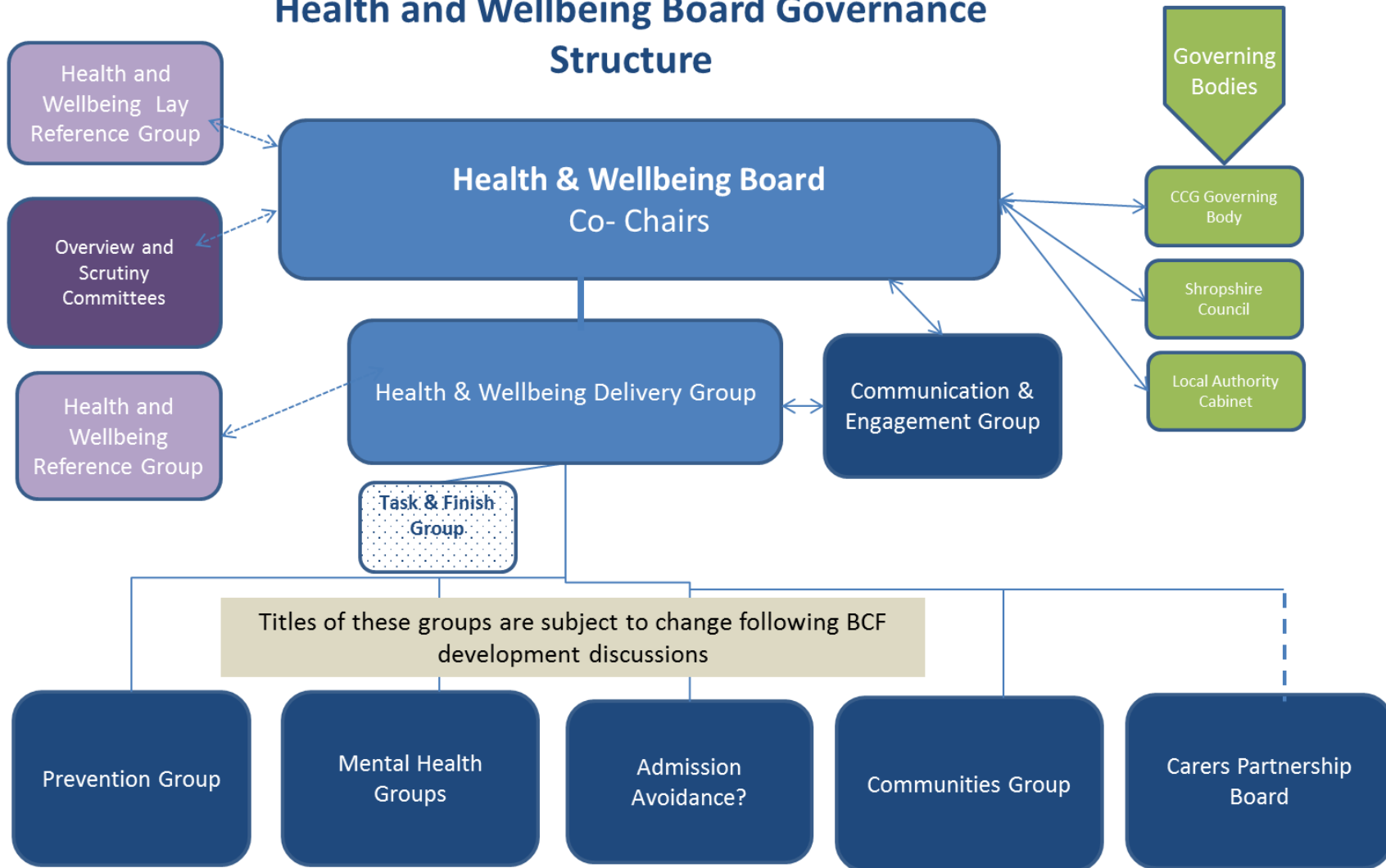
The Children's Trust wants all children and young people to be happy, healthy, and safe and reach their full potential, supported by their families, friends and the wider community. The Children's Trust works closely with the HWBB to draw together services to support children and their families. Please click [here](#) for more information.

**The Care Act** - is the biggest change to English adult social care law in over 60 years, reforming the law relating to care and support for adults and their carers. Local authorities now have a general responsibility to promote people's wellbeing, focusing on prevention and providing information and advice. Other changes include (but are not limited to):

- the introduction of a consistent, national eligibility criteria.
  - new rights to support for carers, so they have the same rights as the people for whom they care
  - legal right to a personal budget and direct payment, for those who are eligible, to support their wellbeing and help them to remain independent for longer
- Please click [here](#) for more information



# Health and Wellbeing Board Governance Structure



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## **Appendix A: Glossary**

**Access to services** – this can include a range of factors including; the location of services, the times they are open, the ability of individuals to travel to services, individuals’ understanding of what services are available and how they would access them.

**Assets / Community resources** – assets are the positive resources that individuals or communities hold. They are strengths that can be used to make things better. These strengths might be people themselves or their skills and relationships, physical resources such as buildings or tools, or services that are of value in a community such as schools and clubs.

**Asset-based approach** - encourages communities to come together and use people, their skills and their resources (see assets) to bring about positive change and improve the lives of the people in their community. It involves focusing on the positive features of a community and maximising the use of these resources.

**Assistive technology** – a range of tools, products and services that allow individuals with disabilities or difficulties to function and lead lives as independently as possible. It includes things like medication dispensers, memo reminders and electronic location devices.

**Community** – communities can be formed in a number of ways but are based around a group of people that share a common interest or a common factor. This may be living in the same area, enjoying the same recreational activities or sharing an interest or experience. Communities also exist online.

**Compassion** - involves our ability to take the perspective of, and to understand the emotions of, another person and turn those thoughts into a desire and willingness to help.

**Enable/ Enabling** – to make possible. In terms of community development or improving health this might be helping groups to be able to take responsibility and take action to improve their own health and wellbeing. To do this people may require support or new skills before they are able to do it on their own.

**Governance** –is the system of practices and procedures used to hold each other to account and to ensure that people are acting in the way that they should. This can include holding to account over behaviour, decision-making and reaching targets.

**Health and wellbeing** – ‘health’ covers physical and mental health; both the absence of disease or illness and the degree to which a person is well and able to go about their daily life. ‘Wellbeing’ encompasses some of the more social elements of health and considers how physical and mental can be affected by a range of social, economic and environmental factors such as employment, education and housing (see wider determinants of health). The HWBB has described wellbeing in terms of personal contentment and ability to remain resilient in difficult times, in addition to having good health.

**Health Inequalities / Inequalities in health** – this refers to the uneven distribution of health across different groups of people. For example, people with physical disabilities may experience greater inequalities in health compared to people without physical disabilities as their disability might mean that they need more support to carry out day-to-day tasks or they may find it more difficult to participate in activities.



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**Integrated care / Integrated care records** – Integrated care means that the individual is put at the heart of their care and that they experience services and support in a way that is joined up. **Integrated care records** will combine all of your records across health and care organisations so that professionals can access the right information in order to make sure that your care is appropriate, timely and feels joined-up.

**Joint Strategic Needs Assessment** – The Joint Strategic Needs Assessment (JSNA) uses evidence to identify the population’s health needs. This information is used in the planning and commissioning of services to ensure that we tackle the most important areas of health and wellbeing. The JSNA is regularly updated with new information.

**Making it Real** – Shropshire’s Adult Services team committed to the Making it Real programme by working with people who use adult services and their carers to ensure that support services are personalised around individuals. They enable people to have choice and control in order to live their lives as independently as possible.

**Resilient communities / resilience** – Resilience refers to the extent to which an individual or community is able to withstand negative situations and be able to continue to function, or to create positive experiences for themselves. It is the ability of the community to use its resources and come together with a sense of cohesion in times of need.

**Stakeholders** – People who have an interest or concern about a subject. Everyone in Shropshire is a stakeholder in topics around health and wellbeing as we will all experience good or poor health and require access to services, care and support within our lifetime.

**Stakeholder Alliance** – The Stakeholder Alliance was used between 2012 and 2014 as a method of engaging people across Shropshire with an interest in health and wellbeing. Users’ comments and feedback were reported to the HWBB.

**Sustain / sustainability** – In terms of health & wellbeing we mean the ability for services, care and support to be resilient, to be able to continue and to be reliable for Shropshire people. This includes service design, funding and ensuring the health and care workforce can meet the needs of the population. It requires people to take care of their own health and make good decisions to keep well for the future.

**Systems leadership / Systems leader** – The HWBB provides direction and alignment of services across Shropshire. It encourages development and positive change for Shropshire people; this involves putting the person at the centre of decision making about their care; using evidence to make good decisions; encouraging people to take responsibility for their own health as well as the health of others.

**Wider determinants of health** – this refers to all the factors that can have an influence upon an individual’s or population’s health and wellbeing, this can include social, economic and environmental conditions such as access to jobs, level of education or strength of social ties with family, friends and communities.



**Appendix B**

**Template for a worked example:**

**Working across the health and wellbeing system –things to consider**

<b>Organisations and groups</b>	<b>Some questions to ask ourselves and others</b>			
<b>Business and employers</b>	Do employers give due priority to the health and wellbeing of their employees?	Are businesses and employers engaged and actively involved with the work of the Health and Wellbeing Board and its partners?	Do employers support their employees to engage in positive lifestyle behaviours; are they working to reduce sedentary behaviour and promote physical activity?	Do businesses and employers recognise the needs of a community and aim to support and facilitate positive health and wellbeing?
	Are local businesses working with other local services (including schools) to promote healthy lifestyle behaviours?	Are organisations within the Local Economic Partnership, working together to share best practice in maximising the health and wellbeing of employee?	Businesses are encouraged to sign up to the Public Health Responsibility Deal and other more localised schemes such as 'Shropshire Welcomes Breastfeeding'	
<b>Voluntary and community sector</b>	Are voluntary and community organisations able to engage and participate in decisions around health and wellbeing and service design and policy?	Does the VCS support and provide advocacy for vulnerable people?	What can be done to encourage more people to volunteer in areas of low participation?	Are VCS organisations able to promote themselves to those who would benefit from their support?
	Can the VCS play a role in delivering health and wellbeing messages into communities and amongst groups that may be considered 'hard to reach'?	How can we ensure that volunteers feel appreciated and want to continue their roles?	Are VCS organisations able to access up-to-date information around health and wellbeing and health advice?	Are we facilitating community groups to grow in new ways – online or through other technology?

<b>Education, learning and training</b>	Are individuals supported to access training and education that allows them to reach their potential?	Do trainers consider the needs and requirements of their students (course topics and content). Are courses flexible to allow for those who have additional requirements to facilitate their participation?	Are individuals supported to continue education or training (including any additional support)? Do providers of education or training work with employers to encourage further study?	Are courses provided for free or are costs appropriate and manageable?
	Are there any new opportunities for different organisations to join forces and share training experiences to improve the knowledge and skills of the Shropshire workforce?	Working with communities to understand skills and knowledge that can be shared?	Are schools and colleges embedding health promotions and promoting positive lifestyle behaviours into the curriculum (Personal, Health and Social Education, physical activity, healthy eating etc.)?	The University of Shrewsbury will enable individuals living in Shropshire, who may not have previously had access, to complete higher education courses. Improving their employability and raising quality of life and health and wellbeing
<b>Housing and registered social landlords</b>	How are housing associations and registered social landlords supporting people to improve their health and wellbeing?	Does housing and services take account of the need to embed physical activity and other positive lifestyle behaviours?	Are positive lifestyle behaviours encouraged through policy?	Are the health and wellbeing needs of vulnerable groups considered?
<b>Environment and planning</b>	Have the wider determinants of health and wellbeing been considered? Including; access (e.g. transport, information and understanding), finance (e.g. benefit provision), housing, education, leisure activities.	Is 'best practice' for encouraging healthy communities shared between organisations?	Do community plans take into account a full range of abilities and the requirements of the population?	Are communities supported to find their own local answers to improving health and wellbeing, and develop resilience, including the development of hubs?

	Is provision made to ensure that services are available in suitable locations (accessibility)?	Are health and wellbeing requirements (of an individual or population) embedded across LA departments (e.g. in Housing, in Planning, in Leisure etc.)?		Are community assets (as well as deficits) recognised and maximised to best effect?, e.g. variety of services are available and accessible in suitable locations?
<b>Local government and NHS</b>	Is information shared in a way that is useful and beneficial to the individual (not having to repeat their story, other partners having access to important information for healthcare)?	Are the wider determinants of health and wellbeing considered in the policy making, specifications and commissioning processes?	Are individuals supported to understand pathways/processes? Are they supported and made aware how to challenge decisions?	Is there good joint working with other key partners to ensure continuity of care and positive outcomes for individuals and communities?
	Do organisations work together to develop community-based approaches, considering the needs of vulnerable groups?	Is best use of technology made to attain best health outcomes, enhance experiences or promote engagement and involvement?	Is 'best practice' for encouraging healthy communities shared and promoted between organisations?	Consider existing pathways and any assessments. Do they take full account of carers and their unique circumstances?
	Is focus given to the needs and requirements of a population, rather than making use of existing provisions	Are LAs demonstrating local leadership to encourage positive lifestyle behaviours from employees and the public to maximise their health and wellbeing?	Is knowledge shared with other health and wellbeing partners to best effect?	Do services and pathways take account of the need to embed physical activity and other positive lifestyle behaviours?
	Are health and wellbeing requirements (of an individual or population) embedded	Are local communities involved in decision making and is the	Do measurements for success take into account an holistic view of the	Are communities supported to find their own local answers to

	across LA departments (e.g. Housing, Planning, Leisure etc.)?	evidence and information from 'experts by experience' (be that due to having a certain condition, or living in a certain area etc.) given due consideration?	individual or community, i.e. more qualitative indicators.	improving health and wellbeing, and develop resilience? Including the development of hubs?
<b>Health and care providers</b>	Do providers work in partnership with other health and care providers to ensure best outcomes for patients?	Are the needs of individuals considered and mechanisms put in place to provide more flexible care for the individual to remain in their own home?	Do patients understand care pathways – timescales/duration, the care that they will receive. Are expectations managed and is 'good care' communicated clearly?	Are services well promoted to relevant communities?
	Are methods in place to ensure that information held about individuals is as accurate and up-to-date as possible and shared by different organisations appropriately/responsibly?	Are staff provided with appropriate training and have expertise to deliver models of care that maximise outcomes for patients?	Are communities supported to access provisions?	Are staff trained to understand and manage a wide variety of needs and individuals with more complex requirements?
<b>Me and my community</b>	Where do you naturally turn to for support and why?	Do you have any ideas as to how support can be provided differently in your community?	How does your community support one another now? Would you be willing to give up some time to help others in your community?	If there was a need for a specific group or activity in your area what would you need to do to make this happen?
	In an ideal world what would you like to do differently for your own health & wellbeing and how do you think it could be achieved?	Does your place of work promote healthy lifestyles and are they supportive during times of ill health?	When you are trying to find out information relating to your own health and/or wellbeing where do you naturally look for this?	How do you envisage your community playing a role in your health and wellbeing in the future?