



# **JOINT HEALTH & WELLBEING STRATEGY FOR SHROPSHIRE**

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## Our Vision

Everyone living in Shropshire is able to flourish by leading healthy lives, reaching their full potential and making a positive contribution to their communities.

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 need to ensure that we maintain good health for longer – adding life to years as well as years to life.

Most people in Shropshire can expect to live a long life, have a good education, earn a decent wage and live in good accommodation. There are exceptions, though, and health inequalities do exist meaning that some people do not have the same life chances due to where they live or other factors such as having a physical or learning disability or being brought up in care. Other factors that can affect people's health and wellbeing are the lifestyle choices we make such as smoking, drinking alcohol and not taking regular exercise.

Shropshire's first draft Health and Wellbeing Strategy sets out our commitment to improving the health and wellbeing of local people, both now and in the future. We have taken into account the health and wellbeing challenges facing our county, as evidenced in the Joint Strategic Needs Assessment, and the areas where we can make the biggest difference.

The strategy belongs to all of us, and we all have our part to play. Shropshire's Health and Wellbeing Board is responsible for the strategy and driving forward action.

## Our ambitions for health and wellbeing in Shropshire

- People are empowered to make better lifestyle and health choices for their own, and their family's health and wellbeing
- People of all ages have the ability to have better mental health
- Older people and those with long term conditions are able to remain independent for longer
- Health and social care services are accessible, good quality and 'knitted together'.

There are a wide range of factors that influence these ambitions, and we have identified specific priorities for action by using the following criteria -

- Those issues that affect large numbers of people and / or are major causes of illness and death.
- Issues that are major areas of health and social care spend in order to redirect resources to keeping people well.
- Actions that have significant potential to improve outcomes for individuals.

## How will we deliver the strategy?

The strategy sets out the priorities for action for each health and wellbeing ambition. However, we need to recognise that there are other areas of need that are not referenced here and a lot of good work already happening. The following **cross cutting principles** will underpin our commissioning of services and interventions to ensure all activity contributes to our ambitions:

- Focussing on keeping people well rather than simply treating them when they are ill.
- Recognising the impact of the wider determinants of ill health.
- Reducing health inequalities by targeting services and interventions to the areas of greatest need.
- Placing greater trust and responsibility to skilled professionals at the frontline to better support the people they serve.
- Basing decisions about interventions on robust evidence
- Supporting innovation in order to increase our understanding of what works.

## Our priorities for action

Ambition	Priorities for action
People are empowered to make better lifestyle and health choices for their own, and their family's health and wellbeing	The management and prevention of obesity in children and adults.
People of all ages will have better mental health and wellbeing.	Improving the emotional wellbeing and mental health of children and young people.  Earlier diagnosis and improved

<b>Ambition</b>	<b>Priorities for action</b>
	outlook for those diagnosed with dementia.
Older people and those with long term conditions are able to remain independent for longer.	Maximising independence through a focus on re-ablement and increasing the usage of assistive technology, telecare and telemedicine.
Health and social care services are accessible, good quality and 'knitted together'.	<p>Develop collaborative commissioning between the local authority and the Clinical Commissioning Group.</p> <p>Develop a single access and referral point.</p>

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## **Ambition - People are empowered to make better lifestyle and health choices for their own, and their family's health and wellbeing**

The choices we make about what we eat, how much exercise we take, whether we smoke, and how much alcohol we drink, all affect our health. Healthy choices give us a much better chance of having a healthy, illness free life.

In Shropshire, the two most common causes of death are cardio-vascular disease and cancer. Most instances of cardio-vascular disease and around 30% of cancers are caused by lifestyle risk factors such as smoking and poor diet and so are preventable. More of these preventable deaths occur in the most deprived fifth of the county, contributing to the health inequalities that exist in Shropshire.

One of the most significant lifestyle risk factors is obesity. As well as increasing the likelihood of certain cancers and cardio-vascular disease, obesity is linked to other health problems such as liver disease, diabetes, asthma, joint problems and reduced fertility. Obesity, particularly in children, can also lead to poor self-esteem and mental health problems.

The Health and Wellbeing Board's priority under this ambition is:

### **The management and prevention of obesity in children and adults**

#### **Did you know?**

- In Shropshire, the percentage of children classed as obese is similar to the national average, but this still accounts for very large numbers of children in the local population. What's more, obesity in childhood often leads to obesity in adulthood.
- 10.3% of children in reception year and 17.6% of children in Year 6 are classed as obese.
- A third of all children are overweight or obese.
- You are more likely to be obese as an adult if you are obese or overweight as a child.
- 41,500 adults are obese and 70,000 are overweight.
- Thirty years ago, only 7% of adults were obese.
- Obesity is not spread between the population equally. Those living in the most deprived areas of the county are more likely to be obese than the average.
- Treating obesity related disease currently costs around £72.4 million per year and if current trends are allowed to continue, that cost is expected to rise to £80.3 million by 2015.

- On average, your life expectancy is reduced by between 3 and 13 years if you are obese

### **What are the factors that can contribute to obesity?**

- Once established, obesity is very difficult to treat so a more effective approach is to prevent obesity by fostering healthy eating and physical activity habits early on in a child's life.
- Breastfeeding can protect against obesity in childhood, as well as a range of other illnesses including gastroenteritis, respiratory infections, diabetes and allergies.
- Even if we have developed poor eating habits, it is never too late to change. Making sure we eat a healthy diet with plenty of fruits and vegetables, and reduce our sugar, fat and salt content will reduce our risk of becoming obese and acquiring serious health issues as a result.
- Physical activity is important in preventing children and adults from becoming obese. Adults should be moderately physically active for 30 minutes on five days a week, and children 60 minutes on seven days a week.
- 84.4% of adults do not get enough physical activity.

### **This is what we are already doing to prevent and treat obesity**

- There are a range of programmes to help mums to breastfeed and provide healthy nutrition for their babies and toddlers.
- Low income families can get free vouchers for vitamins, milk, fruit and vegetables.
- Children's Centres and charities provide cookery and nutrition training.
- Health visitors provide advice and support to families.
- GPs can refer patients for exercise on prescription and there are many Walking the Way to Health groups that help people to take up physical activity.
- There is a variety of support for to help people lose weight.

### **What more do we need to know?**

- Obesity is a complex and emotionally charged issue. We need to better understand the causes of obesity for each individual, recognising that sometimes this is more than simply developed 'bad habits'.
- We need to better understand the attitudes of parents to childhood obesity. Often parents have an inaccurate picture of their child's weight, underestimate how much unhealthy food their child eats and overestimate how much physical activity their child undertakes. Parents often associate obesity with neglect and abuse and so do not recognise it in their family.
- We need to understand how effective current healthy eating programmes and voucher schemes are. Are there other barriers to healthy eating such as poor cooking skills or poor kitchen facilities?

- We need to address the barriers to children and adults being physically active. Does the nature of housing and neighbourhoods, or access to facilities make it harder for people to engage in physical activity?
- We need to understand the wider social and economic factors that lead to obesity being more common in more deprived areas.

**The Health and Wellbeing Board will:**

- Drive action to reverse the trend in rising obesity levels. This is an extremely difficult task that will require significant commitment and may take many years to accomplish. The Board recognises, however, that if we do not start to address this issue now, rising obesity levels will result in an epidemic of chronic disease.

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## **Ambition - People of all ages will have better mental health and wellbeing**

Having good emotional and mental health is just as important as having good physical health as both contribute to our overall wellbeing. Sadly, one on four of us will have a mental health problem at some point in our lives and this in turn can affect our physical health as well as impacting on our families, our friends, and our ability to achieve at school and in work.

Mental health conditions are very varied and include a range of diagnosable illnesses and disorders, some of which may occur for relatively short periods of time, or be present throughout most of a person's life. The severity of mental health conditions is also varied and the impact on individuals can also vary depending upon their own resilience and support networks.

We know that promoting good mental health in childhood can prevent mental health conditions and recognising problems and intervening early can help people to recover or cope better with mental illness. People affected by a number of other factors such as unemployment, debt, homelessness and fear of crime are often more likely to have a mental health problem, and in turn, having a mental health illness can make it more difficult to gain and retain employment or cope with debt and retain a secure home. Feeling safe and having a sense of security about our home and employment, and having access to good quality green spaces can improve our mental health.

In Shropshire, it is estimated that between 26% and 32% of the population have some sort of mental health condition with the main illnesses being depression and anxiety, alcohol related mental health problems, and personality disorders. In addition to this, over 4000 people in Shropshire suffer from dementia. Whilst this is only just over 1% of the population, the ageing nature of our population means that this number is increasing.

The Health and Wellbeing Board's priorities under this ambition are:

**Improving the emotional wellbeing and mental health of children and young people.**

Promoting emotional wellbeing and mental health during childhood can minimise the effects and even prevent many mental health problems in adulthood. Building strong emotional bonds between very young children and their main carer lays the foundations for better emotional resilience in later years.

## Did you know?

- There are approximately 4000 children and young people in Shropshire with a diagnosed mental health condition.
- Nationally, more children and young people are suffering from mental health conditions with teen depression rates rising by a factor of 10 in recent decades.
- The most common presenting issues are related to drugs and alcohol misuse, self-harm, depression, domestic violence within the home and post abuse distress.
- Children in care, those with a learning difficulty and those in contact with the youth justice system are more likely to have a mental health condition. Children with a serious physical disability are twice as likely to suffer from mental ill health.
- Teenage mothers are three times more likely to suffer post natal depression in the first three months of their child's life.
- It is estimated that approximately a quarter to half of all adult mental health conditions could be prevented with the right interventions in childhood.

## What are the factors that can affect the mental health of children and young people?

- Building positive attachment and bonding between a baby and their main carer is critical to brain development and having good mental health as an adult.
- Maternal ill health, domestic violence and substance misuse in the home can all harm the mental health of children and young people.
- Children living in deprived households are three times more likely to have mental health problems than children living in more affluent households. It is estimated that over 7000 children in Shropshire live in poverty.
- **Impact of being a carer?**

## This is what we are already doing to improve the mental health of children and young people?

- **TaMHS info here**
- **Children's Centres info**
- Shropshire Council and Shropshire County PCT jointly commission a specialist Child and Adolescent Mental Health Service (CAMHS) from Shropshire Community Health Trust. The service has recently been the subject of a review but this has not yet been implemented.
- **Specific YOS activity?**
- The Troubled Families Programme is targeting the families in Shropshire with the most complex needs so that they can be better supported. This in turn will

mean that children in those families will be at a lower risk of mental health problems.

### **What more do we need to know?**

- Most of the facts and figures relating to mental health conditions in children and young people are based on national statistics. We need to collect more up to date information about the emotional and mental wellbeing of children and young people in Shropshire so that the right interventions can be commissioned.
- We need to better understand how we can support parents and carers to provide for their child's emotional wellbeing.

### **The Health and Wellbeing Board will:**

- Improve outcomes for children and young people in Shropshire by implementing the CAMHS review with a particular emphasis on developing prevention and early intervention to support children's emotional wellbeing and reduce the escalation and medicalisation of conditions.

## **Earlier diagnosis and improved outlook for those diagnosed with dementia.**

Dementia is a progressive disease which includes symptoms such as memory loss, mood changes and difficulties in communicating and reasoning. Most people affected by dementia are aged 65 years and over and the likelihood of having dementia increases with age. This is important locally due to the fact Shropshire has a higher proportion of older people than the national average and the population aged 65 years and over is expected to continue increasing.

About 750,000 people in the UK have dementia – and this number is expected to double in the next thirty years. There is no cure for dementia, the commonest cause for which is Alzheimer's disease, although current treatments can provide relief of symptoms. Antipsychotic drugs are prescribed to control agitation and aggression. An estimated 180,000 people in the UK with dementia are given these medications, resulting in 1800 excess deaths and 1600 excess strokes, per year.

The Government is committed to improving the care and experience of people with dementia and their carers by transforming dementia services to achieve better awareness, early diagnosis and high quality treatment at every stage and in every setting, with a greater focus on local delivery of quality outcomes and local accountability for achieving them.

In April 2012, the Government launched three workstreams to drive improvements 'further and faster' in the care for people with dementia:

- Driving improvements in Health and Care – led by Sir Ian Carruthers, Chief Executive of South West Strategic Health Authority, and Sarah Pickup, Director of Health and Community Services at Hertfordshire County Council;
- Creating 'dementia friendly communities' – led by Jeremy Hughes, Chief Executive of the Alzheimer's Society, and Angela Rippon, broadcaster, journalist and presenter;
- Better research – led by Sir Mark Walport, Director of the Wellcome Trust, and Professor Dame Sally Davies, Chief Medical Officer.

Dementia is often not recorded in hospital, particularly when it is not considered to be the 'primary' reason for admission. As a result, the numbers of people in hospital with dementia is significantly underestimated. A new national CQUIN goal has been introduced for 2012/13 which requires the identification of patients with dementia and other causes of cognitive impairment, alongside their other medical conditions and to ensure prompt appropriate referral and follow up after they leave hospital.

## **Did you know?**

- In Shropshire, it is estimated that just over 7% of people aged 65 years and over have dementia; the figures are higher for women (8.5%) than men (5.5%).
- This overall percentage is expected to increase to 7.5% for all people aged 65 and over by 2021. The expected increase in Shropshire is likely to be at a faster pace than for the expected increase in England overall.
- An estimated 25% of acute beds are occupied by people with dementia. Their length of stay is longer than other people and they are often subject to delays on leaving hospital.
- Dementia is included with the Mental Health Strategy but there is also a specific action plan for dementia – The National Dementia Strategy Steering Group Action Plan 2011-13.
- Engagement undertaken with GP practices in all localities in Shropshire has identified dementia as a significant current health problem.
- GPs in the south of the County particularly identified Community Mental Health Teams for the elderly as demonstrating good practice locally, however they also mentioned that dementia care services needed improving.

## **What are the factors that can contribute to dementia?**

- In most cases, dementia is not caused by a person's behaviours or actions. Instead, most dementia develops as a result of either a biological cause or a physical event in the body.
- The most common biological cause of dementia is neurodegeneration. This is the process where brain cells (neurons) break down and die. These dying brain cells cause a permanent and progressive decrease in mental and physical function over time. Types of dementia that result from neurodegeneration include: Alzheimer's disease, Parkinson's disease, Huntington's disease.
- Damage to blood vessels in the brain, or cerebrovascular damage, is a common biological cause of dementia. It includes strokes and/or narrowing of the blood vessels supplying the brain. Many of the same factors that cause heart disease also cause cerebrovascular disease.
- Dementia can also result from a chemical imbalance in the body caused by either a toxin (eg. drugs), malnutrition, or other biological conditions, such as metabolic disorders.
- Serious injuries and concussions to the head and brain can also cause dementia.

## **This is what we are already doing to prevent and treat dementia**

- A GP register to record patients with dementia has been in place since 2010 in order to provide more accurate numbers of people with dementia in Shropshire. *To check.*
- There are a number of initiatives to support people with dementia, such as the “Who am I?” project. This involves creating a ‘Passport’ for use either by the person with dementia or their family carer when that person with dementia goes into hospital.
- There is also a ‘Home from Hospital’ scheme which is run in partnership with the Red Cross. This scheme focuses on people with dementia and includes therapeutic massage.
- *Other initiatives to be identified/included.*

## **What more do we need to know?**

- CQUINs on dementia are being developed through both the acute and community trust and we need to be updated on these in order to get an overview of the extent of patients identified with dementia.
- Shropshire and Telford Hospitals (SaTH) is also undertaking an audit on in-patients with cognitive impairment (including dementia delirium and depression) and this information will provide insight into the differing needs and experiences of people with dementia.
- We need to understand what can be done to identify people with early symptoms of dementia.

## **The Health and Wellbeing Board will:**

- Support work to raise public awareness of dementia and the importance of receiving an early diagnosis.
- Seek to make Shropshire a ‘Dementia Friendly County’ by encouraging partnerships between the public sector and local businesses.

**Ambition** - Older people and those with long term conditions are able to remain independent for longer

*(to be completed)*

The Health and Wellbeing Board's priorities under this ambition are:

**Maximising independence through a focus on reablement and increasing the usage of assistive technology, telecare and telemedicine.**

**Did you know?**

- 

**What are the factors that can contribute to .....**

**This is what we are already doing to .....**

**What more do we need to know?**

**The Health and Wellbeing Board will:**

**Ambition** - Health and social care services are accessible, good quality and “knitted together”

*(to be completed)*

The Health and Wellbeing Board’s priorities under this ambition are:

**Develop collaborative commissioning between the local authority and the Clinical Commissioning Group.**

**Did you know?**

- **What are the factors that can contribute to .....**

**This is what we are already doing to .....**

**What more do we need to know?**

**The Health and Wellbeing Board will:**



**Develop a single access and referral point**

**Did you know?**

•  
**What are the factors that can contribute to .....**

**This is what we are already doing to .....**

**What more do we need to know?**

**The Health and Wellbeing Board will:**

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## **How we will measure progress**

(Matrix of outcome measures for the priorities showing links to national outcomes frameworks – to be inserted)

## **How we developed our strategy**

*(to be completed)*

- Context, process for developing strategy, Health & Wellbeing Board, consultation etc.
- Finance (issues/constraints, etc)
- Reference to cross border working

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## Strategic links

The Health and Wellbeing Strategy does not stand alone. Just as our health and wellbeing is influenced by many factors such as our work, where we live and our family history, the actions needed to improve people's wellbeing and keep them healthy extend far beyond the reach of this strategy. It is important, therefore, that the Health and Wellbeing Strategy is connected to other key strategic plans.

### **Shropshire's Community Strategy 2010-2020**

The Community Strategy is a high level strategic plan, developed through extensive consultation with local people, businesses and visitors to the county. It sets out a long term vision for Shropshire and the people that live here. That vision is for 'A Flourishing Shropshire' where innovation and creativity will make Shropshire an exciting place to be, and where everyone can flourish. Partner organisations from across the public, private, voluntary and community sectors are delivering the strategy through their organisational plans and other joint strategies such as the Health and Wellbeing Strategy.

### **Shropshire County Clinical Commissioning Group QIPP Programme**

The Quality, Innovation, Productivity and Prevention (QIPP) programme is a large scale transformational programme that aims to put the quality of care at the heart of the NHS and ensure that every pound spent is used to bring maximum benefit to patients. Shropshire County Clinical Commissioning Group has four key priorities for its QIPP programme.

*(insert QIPP programme on a page diagram)*

The QIPP programme is informed by the Health and Wellbeing Strategy and helps to deliver the ambitions and priorities.

### **Other key strategies and plans**

The Health and Wellbeing Strategy will influence and be influenced by other key strategies, in particular the Economic Growth Strategy for Shropshire, Community Safety Strategy and Housing Strategy in recognition of the impact that these issues have on people's health and wellbeing.

Other plans will directly deliver the ambitions and priorities and these include the following:

- Obesity strategy
  - Children and Young People's Plan
  - Shropshire Safeguarding Children's Board priorities
  - Alcohol Strategy
  - Autism Strategy
  - Dementia Strategy
  - Unscheduled Care Strategy
- and many more.

At a local level, the health and wellbeing needs of a community will be identified and, where possible, addressed through neighbourhood plans.

*(insert diagram to illustrate strategic links)*

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## **Wider Determinants of Health Through The Life Course**

*(to be completed)*

Marmot 6 policy objectives:-

- to enable inclusion of important issues such as health in the workplace, roads, parks, leisure, housing and environmental health.
- Long list of future priorities.

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## **What needs to happen now.**

*(to be completed)*

- Links to delivery plans and strategies
- Monitoring and review.

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