

# Flourishing Shropshire, Flourishing Lives

Shropshire's Health & Wellbeing Strategy



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## Foreword

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.

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 of us do not have the same life chances due to where we live or other factors such as having a physical or learning disability. Other factors that can affect our health and wellbeing are the lifestyle choices we make such as smoking, drinking alcohol and not being physically active.

These are challenging times with increased pressure on the public sector budgets, and the income of individuals and families. We need to be innovative in our approach to improving health and wellbeing and do things differently to achieve better outcomes for us all.

This document is Shropshire's first draft Health and Wellbeing Strategy and sets out our commitment to improving the health and wellbeing of all local people, both now and in the future. Shropshire's Health and Wellbeing Board is responsible for the Strategy and driving forward action. We have taken into account the health and wellbeing challenges facing our County, as evidenced in the Joint Strategic Needs Assessment (JSNA), and the areas where we can make the biggest difference. Some of our challenges will take many years of consistent effort to make an impact, but we will show that commitment over the long term.

This strategy addresses the key challenges that affect the health and wellbeing of the whole population, however, Shropshire is a large county with very distinctive communities, each of which will have different priorities. The JSNA will continue to be developed so that it reflects the specific health and wellbeing needs and opportunities of our local communities, and this will inform how the strategy is delivered.

The Health and Wellbeing Board cannot deliver this agenda alone. We all need to work together, as individuals, in our families and as part of our communities to look after own health and wellbeing and support those around us. This Strategy belongs to all of us, and we all have our part to play.

Councillor Keith Barrow  
Chair, Shadow Health and Wellbeing Board; Leader, Shropshire Council

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## Our strategy in summary

**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.**

<b>Outcome 1 - People are empowered to make better lifestyle and health choices for their own and their family's health and wellbeing</b>	<b>Outcome 2 - Better emotional and mental health and wellbeing for all</b>	<b>Outcome 3 - Older people and those with long term conditions will remain independent for longer.</b>	<b>Outcome 4 - Health inequalities are reduced</b>	<b>Outcome 5 - Health, social care and wellbeing services are accessible, good quality and 'seamless'.</b>
Priority - Reversing the rising trend in obesity levels	<p>Priority - Improve the emotional wellbeing and mental health of children and young people, by focussing on prevention and early support.</p> <p>Priority - Making Shropshire a dementia friendly county to enable earlier diagnosis and improved outlook for people with dementia.</p>	Priority - Maximising independence through a focus on re-ablement and increasing the usage of assistive technology, telecare and telemedicine.	Priority - Reducing smoking during pregnancy in the most deprived areas	<p>Priority - Developing collaborative commissioning between the local authority and the Clinical Commissioning Group.</p> <p>Priority - Making it easier for the public and professionals to access information, advice and support.</p>

### Cross cutting principles

- Focussing on **keeping people well** rather than simply treating them when they are ill.
- Recognising the impact of the **wider determinants** of ill health.
- 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 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.

## What will this look like?

- People are empowered to make better lifestyle and health choices for their own, and their family's health and wellbeing
- Better emotional and mental health and wellbeing for all
- Older people and those with long term conditions remain independent for longer
- Health inequalities are reduced
- Health, social care and wellbeing services are accessible, good quality and 'seamless'.

These are our outcomes and under each one we have identified key areas of focus – our priorities. These are the areas we think we need to focus on now in order to improve the health and wellbeing of people in Shropshire. This does not mean that work to address other health and wellbeing issues will not happen. There is already a lot of good work going on in the county that will contribute to our vision and outcomes.

Each year, the priorities will be reviewed so that as the positive impacts of work against each priority begin to be felt, other issues can be focussed on in a rolling programme of health and wellbeing improvement. A long list of future priorities is set out at the end of this document.

## Outcome 1 - 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 areas 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.

For 2013/14, the Health and Wellbeing Board's priority under this outcome is:

**Reverse the rising trend in obesity levels in children and adults**

### Why is this important in Shropshire?

- In Shropshire, two thirds of the adult population is overweight (160,860 people). Nearly 60,000 are obese (24.9% of the adult population).
- This is similar to the national average but much higher than thirty years ago, when only 7% of the adult population was obese.
- One third of children in Shropshire are also overweight.
- 9.1% of children in reception year and 17.3% of children in Year 6 are classed as obese.
- If you are overweight or obese as a child, you are much more likely to be obese as an adult.
- Obesity is not spread equally across the population. Those living in the most deprived areas of the county are more likely to be obese than the average.
- Treating obesity related disease in Shropshire is estimated to cost the NHS around £72.4 million per year and if current trends are allowed to continue, the 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. (44.9% of women breastfeed at 6-8 weeks in Shropshire).

- 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 at least 150 minutes per week (e.g. 30 minutes on five days a week), and children for at least 60 minutes every day.
- 84.4% of adults do not get enough physical activity.

### What is already happening 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.
- Childcare providers are encouraged to provide healthy meals.
- Families on a low income can get free vouchers for vitamins, milk, fruit and vegetables.
- Children's Centres and charities provide cookery and nutrition training.
- Health visitors and school nurses provide advice and support to families.
- There is a physical activity care pathway for patients in general practice, and GPs can refer patients for exercise on referral.
- There is an Active4Health website that promotes a wide range of opportunities for individuals and families to undertake physical activity.
- Walking for Health schemes are active in the county.
- There is support available in primary care to help people lose weight.

### What more do we need to do?

- 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.
- We need to map the action currently being taken to address obesity in Shropshire and audit this activity against the research evidence base (Healthy Lives, Healthy People Call to Action on Obesity and guidance from the National Institute of Clinical Excellence).
- We need to develop a local strategy for tackling obesity, and a 5-year implementation plan, addressing the wide range of environmental, social and behavioural factors implicated in the development of obesity, including specific targets for increasing the proportion of children and adults in Shropshire who are of a healthy weight.
- We need to ensure that obesity services are targeted to all populations at risk and tailored to adequately meet their particular needs, so as to reduce inequalities in health.
- We need to remain committed over the long term. If we do not start to address this issue now, rising obesity levels will result in an epidemic of chronic disease.



## Outcome 2 – Better emotional and mental health and wellbeing for all

Good emotional and mental health is just as important as good physical health for our overall wellbeing. One in four of us will have a mental health condition at some point in our lives, possibly affecting our physical health, family and 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 be present throughout most of a person's life, whilst other symptoms or problems may occur for relatively short periods of time. The severity of mental health conditions can be significantly different depending upon our own resilience and support networks.

Promoting good emotional health in childhood can prevent mental health conditions in adulthood. Recognising problems and intervening early can help people to recover or cope better with mental illness. Risk factors such as unemployment, debt, homelessness and fear of crime may sometimes result in mental health problems. Similarly, 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 secure about our home and employment, and having access to good quality green spaces can all improve our mental health.

In Shropshire, it is estimated that between 26% and 32% of the population have a 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. Dementia is a progressive disease that includes symptoms such as memory loss, mood changes and difficulties in communicating and reasoning. Carers of dementia sufferers provide invaluable support to their loved ones and their emotional health and wellbeing also needs to be catered for.

For 2013/14, the Health and Wellbeing Board's priorities under this ambition are:

**Improving the emotional wellbeing and mental health of children and young people by focussing on prevention and early support.**

### Why is this important in Shropshire?

- In an typically sized class, 3 children have an emotional or mental health need.
- It is estimated that there are over 4000 children and young people in Shropshire with diagnosable mental health problems.
- 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 residential care, those with a learning difficulty and those in contact with the youth justice system have an increased risk of developing a mental health condition.
- Children with a serious physical disability are twice as likely to suffer from mental ill health, and the number of children with disabilities is rising.
- 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 emotional and mental health and wellbeing 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 household. It is estimated that over 7000 children in Shropshire live in poverty.
- Children who have significant caring responsibilities for other family members are more likely to develop mental health problems often linked to stress, feeling isolated and overwhelmed. Based on national statistics, it is estimated that 900 children and young people in Shropshire act as young carers.
- A variety of interventions and support can build resilience in children even if they have not had positive attachments in their early life.
- The four key psychological factors in maintaining positive emotional and mental health and improving resilience are that children feel safe, valued, in control and that they belong.

### What is already happening?

- Targeted Mental Health in Schools (TaMHS) is a whole school and targeted approach to raise awareness in staff, pupils and parents about the importance of supporting our emotional and mental health.
- 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 two reviews and work is on-going to implement the recommendations.
- 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.
- As part of the Suicide Prevention Pathway, Shropshire Safeguarding Children Board is facilitating STORM suicide prevention training for professionals who work with young people who are likely to suffer emotional distress and have compromised coping skills.

### What more do we need to do?

- Most of the facts and figures relating to emotional and mental health and wellbeing of children and young people are based on national statistics. We need to collect more up to date information about 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. Parents have told us that they need informal support to help them promote emotional wellbeing and prevent mental ill health. This is starting to be addressed through the TaMHS project and parenting programmes.
- We need to have a more integrated approach to supporting mental health and wellbeing outside of schools and health settings, such as youth clubs and children's centres.
- We need to do more to provide accessible support and advice to children and young people, parents, carers and organisations that work with children, including schools.
- We need to implement the Comprehensive 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.

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

**Make Shropshire a 'Dementia Friendly' county to enable earlier diagnosis and improved outlook for people with dementia.**

#### Why is this important in Shropshire?

- Most people affected by dementia are aged 65 years and over and the likelihood of having dementia increases with age.
- 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.
- Engagement undertaken with GP practices in all localities in Shropshire has identified dementia as a significant current health problem.

#### 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.

### What is already happening?

- 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.
- 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.
- A multi-agency strategic steering group is working to implement the National Dementia Strategy at a local level.

### What more do we need to do?

- We need more information to really understand how many people have dementia and what their support needs are. The disease is often not recorded in hospital, particularly when it is not the ‘primary’ reason for admission. This is changing and hospitals are now required to identify patients with dementia and other causes of cognitive impairment, to ensure prompt appropriate referral and follow up after they leave hospital.
- Shropshire and Telford Hospitals (SaTH) is also undertaking an audit of in-patients with cognitive impairment (including dementia, delirium and depression). We need to use this information to understand and respond to 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.
- We need to raise public awareness of dementia and the importance of receiving an early diagnosis.
- We need to make Shropshire a ‘Dementia Friendly County’ by encouraging partnerships between the public sector, local businesses and local communities, so that people with dementia can continue to engage with their communities and remain independent for longer. This might include raising awareness of the needs of people living in communities with dementia; signs in shop windows to show people with dementia that they will be helped; and making signage in buildings and on streets easier for people with dementia to understand.

## Outcome 3 – People with long term conditions and older people will remain independent for longer

In Shropshire, like the rest of the country, people are living longer. In addition, Shropshire is an attractive county for people to retire to. Currently just over 20% of our population is over 65 years old and that is expected to rise to 28% by 2020. As well as adding years to life, it is important to add life to years by keeping people well and independent for as long as possible. Sadly, older people are more likely to suffer ill health, including long term conditions and multiple minor ailments that affect quality of life.

Not all long term conditions are age related. A long term condition is one that cannot be cured and that requires on-going management over years or even decades. All disabilities can be considered long term conditions, as can conditions such as asthma and diabetes.

Whether elderly or a younger person living with a long term condition, the ability to have good quality of life is important and key factors for this are independence and control to overcome the need for people to move prematurely into a nursing home environment.

For 2013/14, the Health and Wellbeing Board's priority under this ambition is:

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

### Why is this important in Shropshire?

- 1 in 20 adults receive some form of care.
- The number of children with long term conditions, including disabilities, is increasing.
- 18% of people have a long term limiting condition.
- Hospital, residential and nursing home care admissions are all increasing.
- The chances of having a long term condition or multiple health issues increases with age, so as more people live longer, more support will be needed.
- Injury from falls is one of main causes of death in the over 75s.
- The increasing costs of residential and nursing care cannot be sustained in the long term.

### What are the factors that can contribute to maximising independence?

- Many long term conditions can be prevented by making healthier lifestyle choices.
- Residential and nursing care and hospital re-admissions can often be prevented with effective re-ablement.
- Traditional forms of assistive technology such as walking sticks, spectacles, tap turners, stairlifts, ramps and level-access showers can all make living at home easier.
- Some people, especially those that are younger, may resist some forms of assistive technology as they feel it makes the disability more obvious.
- Several new items of assistive technology include electronic, computing and telecommunication innovations such as environmental controllers, motorised door and window openers and face to face contact with clinicians over the internet.

- Assistive technologies can ensure that people remain independent but in a safe environment where help can be called for quickly if needed. For example, movement sensors and other monitoring systems can raise the alarm if a person has a fall.
- Additional support following illness or a hospital stay can lead to long term dependence as a result of lost confidence. Providing support in a way that builds confidence can mean that on-going support is not needed.
- Feeling connected to friends and family and the wider community can help people to have the confidence to remain independent for longer.

### What is already happening?

- The Short Term Assessment and Re-ablement Team (START) provides support for people leaving hospital to regain their independence.
- A range of assistive technologies is available throughout the county.
- GUSTO is an online social network that helps to keep older people connected and enables them to share their skills and support each other.
- A number of community projects, such as the Compassionate Communities project use volunteers to provide a local approach to re-ablement and enabling independent living.
- Telehealth has been piloted with 37 patients and the patient feedback indicated that this enabled them to understand their condition and manage this better.
- The Short Breaks programme provides activities for young people with disabilities to develop their social and independence skills as part of the transition to adult life.

### What more do we need to do?

- We need to promote a pan-Shropshire approach to re-ablement and assistive technology which would support children, young people and adults equally.
- We need to support prevention initiatives to improve healthy lifestyle choices and reduce long-term health conditions, particularly in older people.
- We need to facilitate and promote an awareness raising campaign to provide information on assistive technology to everyone who needs it as well as the wider Shropshire public, as part of the prevention agenda.
- We need to contribute to the campaign to bring better broadband to Shropshire so that more people have better access to support provided in this way.
- We need to explore the potential of building whole life design into new housing developments so that they are more adaptable as residents' needs change.
- We need to enable more voluntary and community led support for those people that need it.

## Outcome 4 – Health inequalities are reduced

The World Health Organisation defines health inequalities as ‘differences in health status or in the distribution of health determinants between different population groups’. Some health inequalities are linked to environmental or biological conditions outside the control of the individual, for example older people are more likely to have a disability than younger people. Many health inequalities, however, are the result of environmental conditions that are avoidable. In Shropshire, one of the most significant health inequalities is the difference in life expectancy between our most and least deprived populations. Deprivation is linked to unemployment and worklessness, having a low income, having few qualifications and skills, living in poor quality or overcrowded housing, and being more at risk of crime. These factors can have a direct impact on our health, and contribute to lifestyle behaviours that can damage our health such as smoking, substance misuse and eating a poor diet.

In a rural county such as Shropshire, isolation and lack of access to services and support can also lead to health inequalities. We need to work together with communities to make sure the most vulnerable are more able to enjoy good health.

Other vulnerable population groups include those who have been released from prison, those from gypsy travelling communities, migrant workers and sex workers. We need more robust data on these groups to ensure that all those who experience health inequalities have their needs identified. Addressing the priorities in this Strategy will contribute to reducing health inequalities and we can take other specific actions to enable everyone in Shropshire to have the same chances of a healthy life.

Often, disadvantage begins in childhood and even before birth. Protecting children’s health when they are in the womb and in the early years will help us reduce health inequalities. Smoking in pregnancy can have significant long term implications for the unborn child, as well as the mother. Health inequalities are passed onto the next generation, as children are more likely to be exposed to harm from second-hand smoke and become smokers themselves when they grow up.

For 2013/14, the Health and Wellbeing Board’s priority under this outcome is:

### Reducing the number of women smoking before and during pregnancy

#### Why is this important in Shropshire?

- Smoking in pregnancy increases the likelihood of miscarriage and still birth and increases the risk of premature birth and low birth weight.
- Smoking in pregnancy can also have long-term effects on the health of children, such as increased risk of infections, developing asthma and becoming a smoker when older.
- Despite the numbers of people smoking in Shropshire being significantly lower than the national average, 16% of women smoke during pregnancy, compared to the national average of 13.5%.

- Significantly more Shropshire women aged under 25 years smoke during pregnancy compared older age groups.
- There are significantly more women smoking in pregnancy in the most deprived fifth of areas in Shropshire compared to the county average.

#### **What is already happening to reduce health inequalities due to smoking in pregnancy?**

- In Shropshire a wide range of NHS stop-smoking services are available, commissioned on a 'payment by results' model.
- The tariff payment offered to providers of smoking in pregnancy services is enhanced to recognise the importance of prioritising this group of smokers.
- As a result specialised support should be available to all smokers who are pregnant or planning a family. This includes the development of services within local Children's Centres.

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

- We need to understand why young women particularly are starting smoking at a faster rate than other parts of the population, so that we can design interventions to prevent this.
- We need to support professionals, across health and social care sectors, who work with pregnant women to identify those who smoke.
- We need to make sure that all pregnant women who smoke are referred to stop smoking services.
- We need to provide help to give up smoking to partners and wider family members who smoke.
- We need to further develop evidence-based behavioural support strategies to help people give up smoking.
- We need to tailor services to meet the particular needs of smokers living in our most deprived areas.



## Outcome 5 – Health, social care and wellbeing services are accessible, good quality and ‘seamless’

Consultation with service users and their carers has shown that one of the biggest frustrations is the lack of effective joining up between the different agencies that provide services for them. This can lead to duplication of contact and sometimes difficulties at points of transition such as hospital discharge. This disconnect can be between primary and acute care; health services and social care; children’s and adults’ services; and with other services that support wellbeing such as housing, education and transport.

People who have multiple conditions can find that the treatment of their illnesses is not coordinated meaning they have many appointments on different days, in different locations, and with different staff. All of which affects their and their carers’ ability to get on with normal life.

Service users and their carers often do not know who to go to for different types of support and advice adding extra stress when trying to cope with an illness or long term condition. Professionals in health, social care and wellbeing services sometimes do not know about all of the support options and referral routes available and so are not always able to help patients and service users in the way they would like to.

For 2013/14, the Health and Wellbeing Board’s priorities are:

### Developing collaborative commissioning between Shropshire Council and the Shropshire Clinical Commissioning Group

#### Why is this important in Shropshire?

- The Council and Shropshire Clinical Commissioning Group (SCCG) have a combined total budget of just over £1billion, but budgets are decreasing at the same time that demand is rising, so there is a need to work together to design and buy services so that we get the best use from our combined resources. We call this ‘collaborative commissioning’.
- The communities in Shropshire vary from place to place and have very different needs. Collaborative commissioning can help to make sure the right services and interventions are provided for communities at the local level.
- It sometimes makes more sense for residents in Shropshire to access support from neighbouring areas, and conversely, residents in neighbouring areas use services delivered here. Collaboration across county boundaries and into Wales is also important to improve service user experience and maximise our resources.
- In the future, the Council will have less responsibility for directly delivering services and interventions. Instead, it will work with partners to commission a mixture of publicly owned companies, voluntary and community sector organisations, and the private sector to deliver services that impact on health and wellbeing.
- When commissioned separately, care packages can become fragmented and this puts service users and their carers under increased pressure.

### What is already happening?

- The Council and SCCG already collaborate across many areas of interest, for instance in managing the safe and effective discharge of patients from hospital, commissioning services from care homes and commissioning mental health and learning disabilities services.

### What more do we need to do?

- We need to scope all current commissioning arrangements and identify areas for collaborative commissioning, and then put the arrangements in place to support these.
- We need to consider where it would be beneficial to pool budgets to address particular issues.
- We need to identify new markets providers and support them to ensure that Quality Assurance processes are in place for commissioning.

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

**Making it easier for the public and professionals to access information, advice and support.**

### Why is this important in Shropshire?

- Service users and carers often find it hard to access the advice and support they need.
- The current system places the onus on them to understand and navigate the system.
- Clinicians and other professionals sometimes do not know what support for service users is available and where to go for it.
- Increasing personalisation and patient choice means that people need to have access to information about the full range of options available.

### What is already happening?

- The *Winter9* project was a 9 week trial project operating over the mid-winter in 2011/12 and aimed at facilitating communication between providers to create improvements in the experience of care for patients and staff by supporting people to think differently. It identified a number of areas for improved collaboration covering accountability issues, capacity planning, escalation management and funding across a range of sectors and services.
- We are using the learning from the Winter 9 project to develop training for staff across a range of sectors developing a Single Point of Access that will become the main way that most healthcare professional, service users and members of the public will contact services

### What more do we need to do?

- We need to provide information and advice so that more people can manage and be part of the decision making process for their own care.
- We need to improve communication and training so that staff in different organisations are better able to give the right information at first contact.

## The Wider Determinants of Health

At every stage of our lives a wide range of factors will influence whether or not we have good health and wellbeing. These factors are sometimes called the wider determinants of health and include things like educational attainment, employment, housing, and the local environment. The report 'Fair Society - Healthy Lives' (2010) outlines the cumulative effect of these wider determinants throughout the life course. Put simply, people who have a higher social and economic position have better health and live longer than those who have poorer social and economic positions in society, and that inequality begins even before birth. In Shropshire, we know that in our poorest neighbourhoods the average life expectancy is 6 years less than the most affluent neighbourhoods.

'Fair Society, Healthy Lives' proposed 6 national policy objectives (also known as the Marmot objectives):-

- Give every child the best start in life
- Enable all children, young people and adults to maximise their capabilities and have control over their lives
- Create fair employment and good work for all
- Ensure a healthy standard of living for all
- Create and develop healthy and sustainable places and communities
- Strengthen the role and impact of ill-health prevention

Shropshire's Health & Wellbeing Board will ensure that the Marmot Policy Objectives are reflected in all aspects of its work in order to reduce health inequalities and will work with its partners to:

- Ensure that we 'give every child the best start in life' by supporting parents, in particular new and expectant mothers, to make healthy choices for themselves and their child.
- Ensure that 'all children, young people and adults are able to maximise their capabilities and have control over their lives' by supporting partner organisations to provide opportunities through the education system and into employment for the most vulnerable.
- Support the local economy and make Shropshire a place of full employment and 'create fair employment and good work for all'.
- Support activities for economic growth that address the low wage economy that exists in Shropshire to ensure a 'healthy standard of living for all'.
- Influence decisions and policy relating to housing, transport and planning to improve the physical and social characteristics of our communities in order to 'create and develop healthy and sustainable places and communities' and reduce the gap between the most deprived and least deprived areas.
- 'Strengthen the role and impact of ill-health prevention' by focussing our efforts on prevention and early intervention and tailoring interventions at those most at risk of unhealthy behaviours.

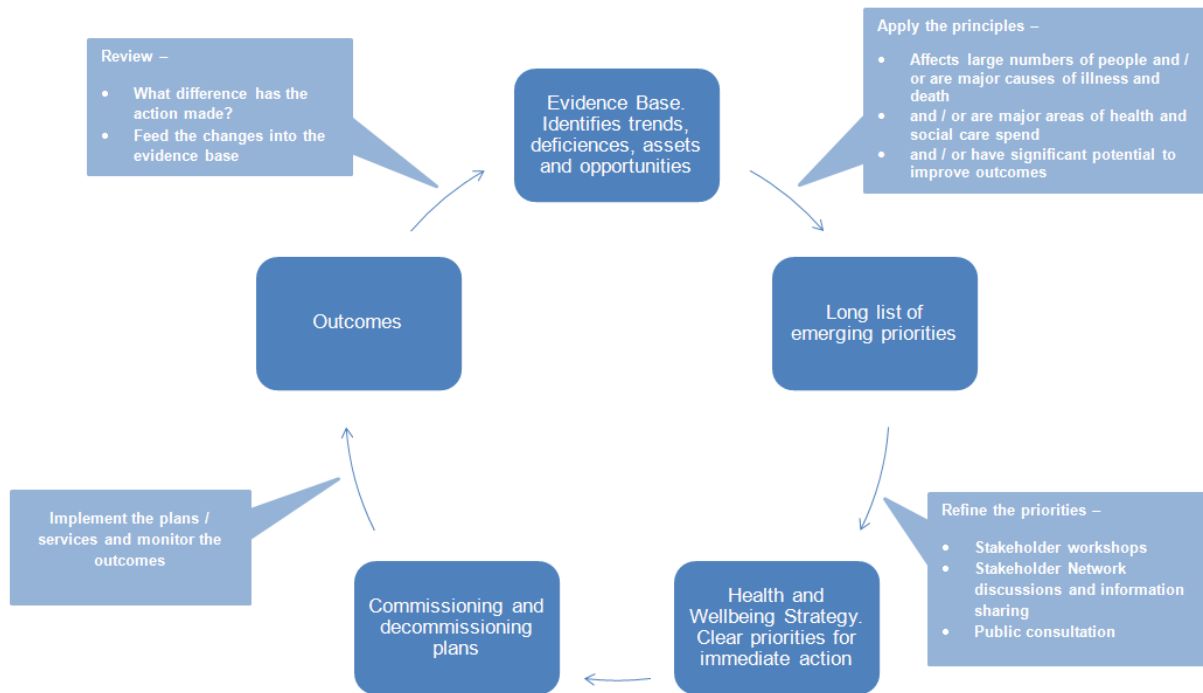
## How will we deliver the strategy?

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.** It is of course important to make sure that the right support and treatment is there when we become ill, but many illnesses can be prevented. So the strategy puts more emphasis on that preventative work to keep us all well. This makes sense as it is better for us as individuals and because preventative support often costs much less than treatment services. This will not be easy, however, as it requires more than just new or different services. Keeping people well also means changing attitudes and behaviours so that we can all take more responsibility for our own health and wellbeing.
- **Recognising the impact of the wider determinants of ill health.** Our health and wellbeing is affected by many other factors such as where we live, how well we do at school, whether we work, and how connected we are to others in our community. The Health and Wellbeing Board will work with and influence partners outside of the health and social care sectors to address the wider determinants of health.
- **Placing greater trust and responsibility to skilled professionals at the frontline to better support the people they serve.** Sometimes bureaucracy can impact on the effectiveness of staff at the frontline. We need to minimise this as much as possible whilst ensuring appropriate safeguarding measures are in place. We also need to work with service providers in the public, private and voluntary sectors to share their expertise and understanding of patients and service users.
- **Basing decisions about interventions on robust evidence.** The priorities in this strategy are based on the Joint Strategic Needs Assessment and this sort of evidenced based approach will make sure that we can measure if the strategy is having an effect. Robust evidence will also help us to understand what works and what doesn't so that we do not make costly mistakes.
- **Supporting innovation in order to increase our understanding of what works.** Whilst we need to base decisions on evidence, we also need to be brave and try new ways to improve health and wellbeing. This is not just about new technologies or new medicines, but new ideas for doing things differently.

The vision and outcomes reflect the long term ambitions for the health and wellbeing of people in Shropshire. The priority areas that the Health and Wellbeing Board will focus on will be reviewed

each year to inform commissioning plans for the following year. This will involve deciding where extra effort and often extra resources will need to be directed, where current activity will need to be maintained at the same level, and where work may need to be scaled back or de-commissioned. Each stage of this process will be underpinned by evidence based intelligence and consultation with service users, carers, partners and the wider public.



## How we will measure progress

Outcomes	Milestone measures (those in bold relate to the current priorities)	National Outcomes Framework links
People are empowered to make better lifestyle and health choices for their own and their family's health and wellbeing	<b>Breastfeeding initiation</b>	Public Health
	<b>Reception age excess weight</b>	Public Health
	<b>Year 6 excess weight</b>	Public Health
	<b>Adult excess weight</b>	Public Health
	<b>Physical activity</b>	Public Health
	Smoking prevalence (15 year olds and over 18s)	Public Health
	Take up of NHS health check programme	Public Health
	Alcohol related admissions	Public Health
	Mortality from causes considered preventable	Public health
Better emotional and mental health and wellbeing for all	<b>Effectiveness of CAMHS</b>	Department for Education
	<b>Schools with staff trained in TAMHs</b>	Local measure
	<b>Hospital admissions as a result of self-harm</b>	Public Health
	<b>Emotional health of Looked After Children</b>	Department for Education
	Suicide	Public Health
	Employment of people with mental illness	NHS
	Adults in contact with secondary mental health services living independently	Adult Social Care
	Awareness of dementia	Local – to be developed
	Quality of life for people with dementia	NHS – to be developed
	Carer reported quality of life	Adult Social Care
Older people and those with long term conditions will remain independent for longer.	Adults with learning disabilities in paid employment	Adult Social Care
	Adults with learning disabilities who live in their own home or with their family	Adult Social Care
	<b>Older people still at home 91 days after discharge</b>	Adult Social Care / NHS
	<b>Delayed transfers of care from hospital</b>	Adult Social Care
	<b>Housing adaptations</b>	Local

	<b>Assistive technology usage</b>	Local
	<b>Quality of life for people with long term conditions</b>	NHS
	Employment of people with long term conditions	NHS
	Unplanned hospitalisation (children and adults with long term conditions)	NHS
	<b>Falls and fall injuries in the over 65s</b>	Public Health
	Excess winter deaths	Public Health
	Social connectedness	Public Health
Health inequalities are reduced	<b>Low birth weight</b>	<b>Public Health</b>
	<b>Smoking status at time of delivery</b>	<b>Public Health</b>
	Children in poverty	Public Health
	Pupil absence	Public Health
	NEETs	Public Health
	Fuel poverty	Public Health
	Statutory homelessness	Public Health
	Life expectancy	Public Health
	Gap in life expectancy	Public Health
Health, social care and wellbeing services are accessible, good quality and 'seamless'.	Satisfaction of service users	Adult Social Care
	Satisfaction of carers	Adult Social Care
	Patient experience of primary care	NHS
	Patient experience of hospital care	NHS

## How we have developed our strategy

This strategy has been developed by Shropshire's Shadow Health and Wellbeing Board. The Board membership consists of elected members from Shropshire Council, members of the Shropshire Clinical Commissioning Group, and service user representatives, and is supported by senior managers from Shropshire Clinical Commissioning Group, Shropshire Council and Public Health. The Leader of Shropshire Council chairs the Board.

In developing the strategy and identifying the outcomes and priorities, the Board has drawn on the Joint Strategic Needs Assessment and previous stakeholder and service user consultation in order to understand the current and future health needs of the local population.

This work has identified a large number of potential areas for action. The Shadow Health and Wellbeing Board recognises that it cannot address every issue immediately and so specific priorities have been identified 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.

The resultant draft list of priorities has been discussed with a wide range of stakeholders including partner organisations, patient and service user groups, and service providers to seek feedback on the emerging priorities and identify other areas for consideration.

The Board also recognises that Shropshire is not an island and discussions have taken place and are on-going with neighbouring local authority and Clinical Commissioning Group areas so that we can continue to work across borders for the benefit of local people.

**The next step in this process is to consult more widely with the general public and to continue to work with partners, service providers and service user groups to determine the actions needed to achieve our outcomes.**



## Appendix 1

### Long list of priorities

Outcome	Priorities for action in 2013/14	Potential areas for future action
People are empowered to make better lifestyle and health choices for their own, and their family's health and wellbeing	Reversing the rising trend in obesity levels	<ul style="list-style-type: none"> <li>• Reducing alcohol related harm,</li> <li>• Preventing lifestyle related cancers,</li> <li>• Reducing cardio-vascular disease,</li> <li>• Smoking cessation,</li> <li>• Reducing the harm from substance misuse.</li> </ul>
Better emotional and mental health and wellbeing for all	<p>Focussing on prevention and early support to improve the emotional wellbeing and mental health of children and young people.</p> <p>Make Shropshire a dementia friendly county to enable earlier diagnosis and improved outlook for people with dementia.</p>	<ul style="list-style-type: none"> <li>• Mental health in adults,</li> <li>• Carers' mental health,</li> <li>• Parental mental health,</li> <li>• Supporting community wellbeing – Connect, Be Active, Take Notice, Learn, Give (MIND, 5 ways to Wellbeing).</li> </ul>
Those with long term conditions and older people will remain independent for longer.	Maximising independence through a focus on re-ablement and increasing the usage of assistive technology, telecare and telemedicine.	<ul style="list-style-type: none"> <li>• Earlier diagnosis and better support for those with long term conditions,</li> <li>• Increasing choice and control over end of life care,</li> <li>• Improving carers health</li> <li>• Falls prevention.</li> </ul>
Health inequalities are reduced	Reducing smoking during pregnancy in the most deprived areas.	<ul style="list-style-type: none"> <li>• Work with partners to address worklessness,</li> <li>• Work with partners to improve housing availability and condition,</li> <li>• Innovative approaches to improving rural health.</li> </ul>
Health, social care and wellbeing services are accessible, good quality and 'seamless'.	<p>Develop collaborative commissioning between the local authority and the Clinical Commissioning Group.</p> <p>Make it easier for the public and professionals to access information, advice and support.</p>	<ul style="list-style-type: none"> <li>• Extend collaborative commissioning to include other services that affect wellbeing,</li> <li>• Support collaborative delivery by providers,</li> <li>• Support reconfiguration of hospital and community health services,</li> <li>• Opportunities to Make Every Contact Count.</li> </ul>

## Appendix 2

### 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 that sets out a long term vision 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 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. The QIPP programme is informed by the Health and Wellbeing Strategy and helps to deliver the ambitions and priorities.

#### Shropshire Clinical Commissioning Group Operational Plan

The operational plan outlines what the CCG will do in order to meet local priorities (as expressed in the Health and Wellbeing Strategy) as well as responding to national and regional requirements.

#### Shropshire Council Plan and Service Plans

The Council Plan sets out the priorities and outcomes that Shropshire Council will focus on to meet local need including promoting better health and wellbeing. Council Services all produce Service Plans that set out specific actions to deliver the Council Plan.

#### Shropshire Core Strategy

The Core Strategy sets out a spatial vision for new development, such as for housing and employment. The design of places can help to improve health and wellbeing by providing spaces for physical activity; designing spaces with independence for a range of abilities in mind, and creating opportunities for communities to come together.

#### 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 including the Children and Young People's Plan, Shropshire Safeguarding Children's Board Plan, 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 community led plans.