



Date: Friday, 31 July 2015

Time: 9.00 am

Venue: Shrewsbury Room, Shirehall, Abbey Foregate, Shrewsbury, Shropshire,  
SY2 6ND

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## HEALTH AND WELLBEING BOARD

### TO FOLLOW REPORT (S)

#### 8 Health and Wellbeing Board Strategy Framework (Pages 1 - 22)

A report will follow.

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## Health and Wellbeing Board 31<sup>st</sup> July 2015

### HEALTH AND WELLBEING STRATEGY PROGRESS REPORT

#### Responsible Officer

Email: Penny.bason@shropshire.gov.uk Tel: 01743253978

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#### 1. Summary

- 1.1 Following the HWB Peer Challenge in January, the HWBB has commenced a series of workshops with the board and provider partners including the voluntary and community sector to address a number of the recommendations from the Peer Challenge, including the development of a new HWB Strategy.
- 1.2 The Peer Challenge made a number of recommendations which included:
  1. Redefine the role and purpose and meeting structure of the HWB with partners so that you can focus on system leadership
  2. Continue to work on your relationships and understand and appreciate each other's culture
  3. Ensure that strategic providers are engaged in discussions at the HWB and in its wider delivery structure
  4. Review role, purpose and membership of the Delivery Group
  5. Ensure that through a comprehensive review the JHWS becomes the overarching and long-term strategy for the health, wellbeing and care system in Shropshire
  6. Ensure there is a robust performance management framework for the JHWS
  7. The whole HWB needs to own the Future Fit strategy
  8. Align Future Fit and BCF plans and the prevention agenda
  9. Create opportunities to integrate approaches to the commissioning of the Third Sector
  10. Establish a strategic forum for mental health
- 1.3 The Board has convened a task and finish group, with senior officers, to further develop the thoughts from the workshops into a HWB Strategy and action plan.
- 1.4 The attached document is the draft strategy narrative. This strategy is to be considered a draft document for feedback from the board, as the task and finish group would like to sense check with the full board progress to date. It includes the vision and priority areas for consideration and agreement. It also includes a draft template for how we might take a whole system approach to considering key action areas that are agreed for taking forward.

At this stage, the document does not include details about the key delivery programmes or governance arrangements, as more detailed work needs to take place to understand how we draw our programmes together and hold each other to account.

- 1.5 The strategy is focussed on taking a whole system approach to developing health and wellbeing. It asks all partners to contribute, including Shropshire people and communities, economic and business partners, education and training, voluntary and community sector, health and care commissioners and providers, and the local authority.
- 1.6 The intended audience for the strategy is everyone, however it is likely that those with an interest in health and wellbeing are most likely to read the strategy. With this in mind a reader group convened to consider the language in the report and provide ideas for making it understandable. The intention for this document is to make it a fully electronic document that allows the reader to click and reveal, so that the key information can be displayed and highlighted while the detail can be revealed for those who would like to know more.
- 1.7 During the development sessions the board discussed the possibility of using exemplar projects to make real and tangible progress on key issues for Shropshire. It was suggested that the board might agree 3 projects to take forward, that would use a whole system approach to development and delivery. A further suggestion is that we ask stakeholders through our consultation process to choose 2 of these exemplars. Background research would be completed on 4 possible projects and the public and other stakeholders would have the opportunity to vote for the project they felt is most needed.
- 1.8 Ideally, the final draft version of the strategy will come to the HWBB in September. The final draft will include the delivery mechanisms and exemplar projects. Once the final draft strategy is agreed by the board, we will engage in a programme of consultation. Please see proposed timetable in section 6 below.

## **2. Recommendations**

1. Discuss and agree/ amend the vision for the HWB Strategy.
2. Discuss and agree/ amend the priorities.
3. Discuss the whole system approach and template for taking action items forward.
4. Discuss the consideration of exemplar projects and discuss the resource implication of doing such projects.
5. Discuss/ comment on the proposed timetable of consultation and proposal to ask stakeholders to choose the top two projects for delivery by the HWBB.

## **REPORT**

### **3. Risk Assessment and Opportunities Appraisal**

(NB This will include the following: Risk Management, Human Rights, Equalities, Community, Environmental consequences and other Consultation)

The Health and Wellbeing Board is charged with reducing health inequalities, as such, considerations for reducing inequalities is part of everything that we do.

### **4. Financial Implications**

There are no direct financial considerations associated with this report, however there will be resource implications for engaging and consulting on the strategy and for developing exemplar projects.

## 5. Background

Click [here](#) for the final report of Peer Challenge

## 6. Additional Information Strategy Proposed Consultation and Engagement Timetable



### Health & Wellbeing Strategy – Timetable on engagement

- 10 weeks of consultation – 11<sup>th</sup> September to 20<sup>th</sup> November 2015

### Communication & Engagement

- The Health & Wellbeing Communication & Engagement Operational Group will lead on all consultation and engagement for the strategy

### Consultation

- 8 week consultation survey
- Consultation via existing board meetings (CCG, Council, Community Trust, SaTH, VCS Forums of Interest, Patient Groups)
- Consultation via existing meetings
- Focus groups with others, including Young Health Champions MYPs
- Work with other community initiatives to timetable discussions in communities

## 7. Conclusions

n/a

**List of Background Papers (This MUST be completed for all reports, but does not include items containing exempt or confidential information)**

**Cabinet Member (Portfolio Holder)**

Cllr Karen Calder

**Local Member**

**Appendices**

Shropshire's Draft Health and Wellbeing Board Strategy

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

The Health and Social Care Act 2012 requires each local 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 local 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.

The board can carry out its responsibility in a number of ways, it can influence decision makers; for example it can work 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 to implement transformation projects to address health and wellbeing issues, for example, ensuring that those who are well enough can be discharged from hospital with the right care and support from an integrated team providing social care and medical care as needed. In Shropshire 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 for men in Shropshire the difference between healthy life expectancy and life expectancy is 15 years and 18 years for women.

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.

Our Joint Strategic Needs Assessment (JSNA) tells us that our key health issues in Shropshire include;

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

As well, 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.

Each HWBB must produce a JSNA which details the state of our health and the important factors that influence our 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.



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

Across our organisations we have been talking to Shropshire people about their health and wellbeing priorities for a number of years and in a number of different ways; for example, 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 their key concerns are:

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

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:

- Develop a unified strategy that is able to align different organisations and their planning;
- 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;
- Enable social change delivered at local level through local solutions

### **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.

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

The HWBB has agreed that as the systems leader, the board will put Shropshire people at the heart of decision making; the board will make decisions and influence decisions across the whole system (not just care and wellbeing parts of the system, but services and decision making that impact on all our wellbeing, including economy and jobs, education, housing and the environment); the board will make decisions based on evidence that is gathered through data and through talking to Shropshire people; the board will develop a common purpose and agreed outcomes for people and with people; the board will enable social change that improves the health and wellbeing of local people and reduces inequalities in health and wellbeing.

### **System leader – decision making that empowers individuals, empowers communities, and leads and influences services & policy**

The board is clear that systems leadership is not a replacement for organisational or community leadership; it has the potential to join up services around the needs of local people, as well as to harness the potential within communities to respond to their own needs and aspirations so that they can become more resilient.

### **What do we mean by a unified strategy?**

The board would like to work collectively with all our partners, including those who deliver services and people living in Shropshire and using services

in our area, to develop an approach to improve health and wellbeing that is both unified and aspirational. We want to make sure that organisations and services work together to make best use of resources across Shropshire.

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

A vibrant economy is 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 more fully in society. Further, 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 and 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. Education will also bring better understanding of people's own wellbeing and how to develop and maintain good health. We have 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.

### **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 unify and align services and decision making across sectors and it aims to unify and support decision making at a local level, within the communities of Shropshire.

This strategy focusses on leadership and 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 Vision:**

**To help as many people as possible live long, happy and productive lives by promoting health and wellbeing at all stages of life.**

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 making good choices for their bumps and babes; early years and schools supporting 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;

**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 Board

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

**Individuals:** Service Users and patients have told us that they want to be empowered so they can remain autonomous and independent, even when they are ill. People have said that they 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. However, 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.

**Communities:** The HWBB believes that we need to take a community-based approach to shaping the factors in the local environment that impact upon health in order to prevent ill health. People living in communities want to help themselves and each other. 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 supports preventing ill health. New models of services and care, workforce and commissioning must reflect 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. This may be about recognising behaviours that cause ill health such as smoking, excessive drinking, weight issues and developing policies and procedures for providing information and signposting; or it might be about working directly to address the factors that affect our health including wages, education, housing and the environment in which we live and work.

**Outcomes:**

The Shropshire Health and Wellbeing Board asks all partners to 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 impact on improvements to health and wellbeing.

- 1) Reduce Health Inequalities:** Reducing inequalities across health and care 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. What we need to do to improve the quality of life as we age is 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.

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.

**Our Principles:**

**Empowerment:** In order to make progress in all of the work we do, all Shropshire people must feel empowered to make good choices for their own health and the health of others. Health and Care professionals must be able to feel that they can 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 all sectors 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. The JSNA is regularly updated with new information to keep it as up-to-date as possible. 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 and enable 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 understand 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. There will be processes in place that 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.

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

The HWBB will work in a number of ways; as system leader it will work to influence our partners (local, regional, and national) to include health and wellbeing priority areas in all the work that we do, igniting social change needed to improve the health and wellbeing of Shropshire people; the board will drive forward transformation programmes that will demonstrate real differences to the delivery of health and care in Shropshire; these include but not limited to:

- 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. Attached as Appendix A provides a guide for each part of our system, not only including health and care, but also our business partners, education and learning, the voluntary and community sector, and people and communities.





### Priority Areas:

#### 1. Health promotion and resilience

**The HWBB will focus on prevention and wellbeing. 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.**

**Conversations about wellbeing with local people lead us to believe that it means different things to different people. The board has described wellbeing in terms of personal contentment and ability to remain resilient in difficult times, in addition to having good health.**

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. The 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);
- support people to make positive behaviour changes such as taking more physical activity and stopping smoking through community development;
- work closely with our GPs, other primary care services such as pharmacies, and our

hospitals to improving 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 develop services to work in a way that prevents ill health we need to take action at an earlier stage.

#### 2. 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.**

**Currently, health and social care remains focused around hospitals, residential homes and other specialist locations for care. 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 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 individuals.

### 3. Promoting easy to access and joined up care

**The HWBB will support the development of better joined up services and better access to information. The board has adopted the understanding of 'Integration' from the NHS Future Fit programme. The board believes that the best way to describe integration is that it is the means by which continuity of care is delivered across time and care settings; focussing on delivering services designed around individual needs. The board believes that 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.**

Service users have told us over the last number of years 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, what services 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:**

#### Workforce

The HWBB will support the development of our workforces; to consider different ways of working that will be required for the future of health and care. 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 who have knowledge of health. The long term outcome of developing our workforce will include Shropshire people feeling supported when they need it, communities that are able to galvanise and mobilise to support each other, and services of good quality that are accessible and work well together.

#### 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 HWBB will support the development of appropriate IT solutions. The right IT improves communication and information sharing across all health and care organisations. Similarly, IT solutions such as 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. Individuals and patients often experience services and care in a way that does not feel joined-up. Equally, professionals often 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 HWB priorities.



**Appendix A**

**Template to develop a worked example:**

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

**A. Individuals – Options for action**

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<p><b>Education and Training</b></p>	<p>Are individuals supported to access training and education that allows them to reach their potential?</p> <p>Are courses provided for free or are costs appropriate and manageable?</p>	<p>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?</p>	<p>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?</p>	<p>Are schools and colleges promoting the benefits of health lifestyles across their curriculum?</p>
<p><b>Business and Employers</b></p>	<p>Do employers give due priority to the health and wellbeing of their employees?</p> <p>Are businesses and employers engaged and actively involved with the work of the Health and Wellbeing Board and its partners?</p>	<p>Do employers support their employees to engage in positive lifestyle behaviours; are they working to reduce sedentary behaviour and promote physical activity?</p>		
<p><b>Voluntary and Community Sector</b></p>	<p>Are voluntary and community organisations able to engage and</p>	<p>Are VCS organisations able to access up-to-date information around health</p>	<p>How are housing associations and registered social landlords</p>	

	<p>participate in decisions around health and wellbeing?</p> <p>Does the VCS support and provide advocacy for vulnerable people?</p>	<p>and wellbeing and health advice?</p> <p>Are VCS organisations able to promote themselves to those who would benefit from their support?</p>	<p>supporting people to improve their health and wellbeing</p>	
<b>Local Government</b>	<p>Consider existing pathways and any assessments. Do they take full account of carers and their unique circumstances?</p> <p>Do any reviews take place regularly and are systems in place for more frequent assessments than usual or as a result of changing circumstances?</p>	<p>Are individuals supported to understand pathways/processes? Are they supported and made aware how to challenge decisions?</p> <p>Are methods in place to ensure that information held about individuals is as accurate and up-to-date as possible?</p>	<p>Are organisations working in partnership to ensure the best outcome for the individual?</p> <p>Is best use of technology made to enhance experiences or promote engagement and involvement?</p> <p>Where possible and appropriate, are services co-commissioned with health partners?</p>	<p>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.</p> <p>Is all public-facing information (including websites and posters/other materials) accurate and up-to-date?</p>
<b>NHS Commissioners</b>	<p>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)?</p> <p>Are the wider</p>	<p>Has all relevant national guidance including NHS England documents or NICE guidance been considered? Are providers held to account to demonstrate how they meet this guidance and deliver outcomes?</p>	<p>Do service specifications take account of Making Every Contact Count (MECC)</p> <p>Is best use of technology made to attain best health outcomes, enhance experiences or promote engagement and</p>	<p>Do pathways consider the significance and differences involved in commissioning services and provision for vulnerable groups or communities?</p> <p>Where possible and appropriate, are services</p>

	determinants of health and wellbeing considered in the specifications and commissioning processes?	Is there good joint working with other key partners to ensure continuity of care?	involvement?	co-commissioned with LA or other partners?
<b>NHS 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?	Are staff provided with appropriate training and have expertise to deliver models of care that maximise outcomes for patients?  Do providers ensure that MECC is integrated in their care pathways?	Do providers share patient information (appropriately and responsibly) where this is required or is of benefit to the patient?  Are individuals supported to stay in their home for as long as possible or appropriate?	Do patients understand care pathways – timescales/duration, the care that they will receive. Are expectations managed and is 'good care' communicated clearly?

## B. Communities – Options for action

<b>Education and Training</b>	Working with communities to understand skills and knowledge that can be shared.	Integrate MECC into training for all staff.	Support and encourage children and young people to model healthy lifestyle behaviours	
<b>Business and Employers</b>	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?		
<b>Voluntary and Community Sector</b>	Working with communities to	Supporting the development of grassroots	Are those who give their time to volunteer duly	Can the VCS play a role in delivering health and

	<p>understand their assets (and deficits)</p> <p>Are we ensuring that VCS groups and organisations have access to the most up-to-date guidance, advice and information</p>	<p>community approaches to health.</p> <p>Are we facilitating community groups to grow in new ways – online or through other technology?</p>	<p>recognised by their community for their input?</p> <p>How can we ensure that volunteers feel appreciated and want to continue their roles?</p>	<p>wellbeing messages into communities and amongst groups that may be considered 'hard to reach'</p>
<b>Local Government</b>	<p>Is 'best practice' for encouraging healthy communities shared between organisations?</p> <p>Does planning and policies support communities to maximise their health and wellbeing?</p> <p>Is knowledge shared with other health and wellbeing partners to best effect?</p>	<p>Are communities supported to find their own local answers to improving health and wellbeing, and develop resilience? Including the development of hubs?</p> <p>Do community plans take into account a full range of abilities and the requirements of the population?</p>	<p>Is provision made to ensure that services are available in suitable locations (accessibility)?</p> <p>Are community assets (as well as deficits) recognised and maximised to best effect?</p>	<p>Are local communities involved in decision making and is the 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?</p> <p>Are local services and resources promoted within localities?</p>
<b>NHS Commissioners</b>	<p>Is focus given to the needs and requirements of a population, rather than making use of existing provisions (Community Fit)</p>	<p>Is provision made to ensure that services are available in suitable locations (accessibility)?</p>	<p>Do organisations work together to develop community-based approaches?</p>	
<b>NHS Providers</b>	<p>Are services well promoted to relevant communities?</p>	<p>Are communities supported to access provisions?</p>		

## C. Services and policy – Options for action

Are local leaders in health and wellbeing in agreement around a shared health and wellbeing strategy and sharing a drive to work together to improve outcomes for the Shropshire population?

<b>Education and Training</b>	The new university in Shrewsbury and connections with existing universities (e.g. Staffordshire and Wolverhampton) allow the development of well-qualified health and care staff	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;	Have schools and colleges embedded health promotion and positive lifestyle behaviours into the curriculum (Personal, Health and Social Education, physical activity, healthy eating etc)?	Do courses encourage shared learning and the delivery of inter-agency training– both health and social care partners attending the same training session?
<b>Business and Employers</b>	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' and the 'Shropshire Healthy Eating Award'		
<b>Voluntary and Community Sector</b>	Are VCS organisations drawn into local conversations about service design and policy?	Are patient or service user representatives key members of organisational boards or working groups?		
<b>Local Government</b>	Are LAs demonstrating local leadership to encourage employees and the public to maximise	Are health and wellbeing requirements (of an individual or population) embedded across LA	Do organisations work in partnership to maximise health and wellbeing for the population?	Do services and policies consider the future/predicted health and wellbeing needs of

	<p>their health and wellbeing?</p> <p>Does policy consider the full breadth of the wider determinants of health?</p> <p>Do services and pathways take account of the need to embed physical activity and other positive lifestyle behaviours?</p>	<p>departments (e.g. in Housing, in Planning, in Leisure etc)?</p> <p>Are positive lifestyle behaviours encouraged through policy?</p> <p>Are the health and wellbeing needs of vulnerable groups considered?</p>	<p>Are appropriate health and wellbeing guidance and legislation embedded in LA policies and service delivery – e.g. the Care Act, Children &amp; Families Act etc?</p>	<p>the population whilst delivering current care/support?</p> <p>Are staff provided with training to ensure that they understand how their work links to the promotion of good health and wellbeing.</p>
<b>NHS Commissioners</b>	<p>Do commissioners consider the impact of the wider determinants of health and wellbeing when designing service specifications?</p> <p>Does service provision ensure joint-working between organisations to maximise positive outcomes for individuals and communities.</p>	<p>Are schemes such as MECC and Dementia Friendly Communities built into services and is training provided for all employees and new starting staff?</p> <p>Do measurements for success take into account an holistic view of the individual or community, i.e. more qualitative indicators.</p>	<p>Is national guidance considered when producing local policy and service provision? Are Commissioners aiming to achieve standards/principals of health, care and wellbeing?</p>	
<b>NHS Providers</b>	<p>Are staff trained to understand and manage a wide variety of needs and individuals with more complex requirements?</p>	<p>Are services provided flexibly so that an individual can be enabled to stay in their own home?</p>		

## **Appendix B: 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 go about accessing 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 their social relationships and 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).

**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.

**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 health needs within the Shropshire population. This information is then used in the planning and commissioning of services to ensure that we are tackling the most important areas of health and wellbeing.

**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 and 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.

Some stakeholders may take a more active role in engaging with healthcare developments and decisions.

**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. User's 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, considering 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 is also about encouraging 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 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.