

Flourishing Shropshire, Flourishing Lives

Shropshire's Health & Wellbeing Strategy



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Contact details	Carolyn Healy Shropshire Partnership Shropshire Council Shirehall Abbey Foregate Shrewsbury SY2 6ND 01743 252248 carolyn.healy@shropshire.gov.uk

CONTENTS

	Page
Foreword	4
Our strategy on a page	5
Vision, Principles and Outcomes.....	6
Outcome 1 – Health inequalities are reduced.....	10
Outcome 2 – People are empowered to make better lifestyle and health choices for their own, and their family’s health and wellbeing	13
Outcome 3 – Better emotional and mental health and wellbeing for all	15
Outcome 4 – People with long term conditions and older people will remain independent for longer.....	18
Outcome 5 – Health, social care and wellbeing services are accessible, good quality and ‘seamless’	21
Wider determinants of health	23
How we will deliver the strategy	24
How we will measure progress	25
How we have developed our strategy	27
Appendix 1 – Strategic links	28

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 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

Dr Caron Morton
Accountable Officer Designate, Shropshire Clinical Commissioning Group

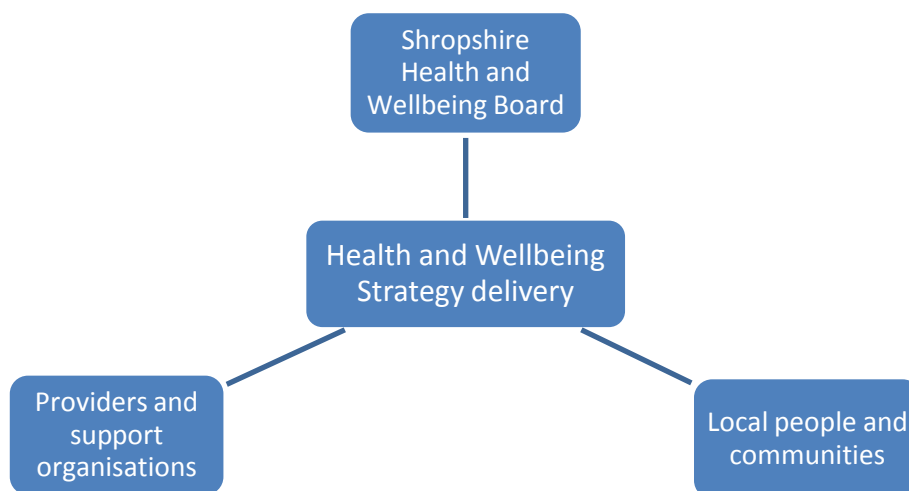
Our strategy in summary

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.					Cross cutting principles
Outcome 1 - Health inequalities are reduced	Outcome 2 - People are empowered to make better lifestyle and health choices for their own and their family's health and wellbeing	Outcome 3 - Better emotional and mental health and wellbeing for all	Outcome 4 - Older people and those with long term conditions will remain independent for longer	Outcome 5 - Health, social care and wellbeing services are accessible, good quality and 'seamless'	<p>Keeping people well</p> <p>Recognising the wider determinants of health</p> <p>Trust and responsibility</p> <p>Evidence based decisions</p> <p>Innovation</p> <p>Choice and control</p> <p>Using resources wisely</p> <p>Quality</p>
Priority – Work with partners to address the root causes of inequalities such as education, income, housing, access to services.	Priority – Support more people to have a healthy weight.	<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>	<p>Priority - Increase the availability and use of aids and adaptations, including remote support over the telephone or internet.</p> <p>Priority - Prevent isolation and loneliness amongst older people, those with long term conditions, and their carers.</p>	<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>	
Key supporting plans and strategies					
Shropshire Community Strategy		Children and Young People's Plan	Community Safety Plan	Shropshire Economic Growth Strategy	
Shropshire Core Strategy		Shropshire and Herefordshire Housing Strategy		CCG Operational Plan and QIPP Plan	

Our vision

Shropshire's county motto is 'Floreat Salopia' which roughly translates as 'may Shropshire flourish'. We want everyone living in Shropshire to be able to flourish and enjoy a sense of wellbeing; reach their potential; and be part of a supportive community.

This vision recognises that some health conditions cannot be prevented and that wellbeing does not necessarily mean being free of illness or disability. Every person's overall potential will be different, but in order to support wellbeing we need to do all we can to support people to achieve and do well. We also acknowledge that the Health and Wellbeing Board cannot achieve this vision by working alone. The Board will need work with the whole health economy including health and social care service providers and support organisations. Local communities will also need to play an important role in supporting better health and wellbeing for all, and as individuals most of us can do things to improve our own health and wellbeing.



Our principles

The following principles will guide the work of Shropshire's Health and Wellbeing Board, including commissioning and delivering services not covered in this strategy.

- **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 these issues and the impact they have on our health and wellbeing.
- **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 mean 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.
- **Choice and control for patients and service users.** We need to continue to develop our services so that the people who use them, their carers and families, have more influence and choice and are better able to shape services to meet their needs. This will mean providing information and support to inform those choices and continuing to develop personal budgets.
- **Managing our resources wisely.** The principles above will help to make sure we make the most effective use of resources, but we need to go further by making the most of the county's assets including buildings, people, knowledge and skills. We will also need to make some difficult decisions about the services that are currently available. This will involve deciding where extra effort and extra resources need to be directed, where current activity should be maintained, and where work needs to be scaled back or de-commissioned.

- **Maintaining quality.** The strategy is not just concerned with what we do, but also how we do it. Quality of care, support and advice must be maintained, and in some areas improved. Often this does not require new systems and processes – just doing the ordinary extraordinarily well. By listening to and working with local people we will be able to protect quality of service.

What does success look like? Our long term outcomes.

Our vision is deliberately very aspirational as we want to aim high in order to drive forward real improvements. Using information from the Joint Strategic Needs Assessment and through consultation with residents, service users and partner organisations, we have identified the following long term outcomes and associated priorities. Milestone measures will be developed to ensure we are progressing towards these outcomes.

Outcomes	Priority
1. Health inequalities are reduced	i. Work with partners to address the root causes of inequalities such as education, income, housing, access to services.
2. People are empowered to make better lifestyle and health choices for their own, and their family's health and wellbeing	ii. Support more people to have a healthy weight.
3. Better emotional and mental health and wellbeing for all	iii. Improve the emotional wellbeing and mental health of children and young people. iv. Make Shropshire a 'dementia friendly county' to support earlier diagnosis and improved outlook for people with dementia.
4. Older people and those with long term conditions remain independent for longer	v. Increase the availability and use of aids and adaptations, including remote support over the telephone or internet. vi. Prevent isolation and loneliness amongst older people, those with long term conditions, and their carers.
5. Health, social care and wellbeing services are accessible, good quality and 'seamless'.	vii. Develop collaborative commissioning between the local authority and the Clinical Commissioning group. viii. Make it easier for the public and professionals to access information, advice and support.

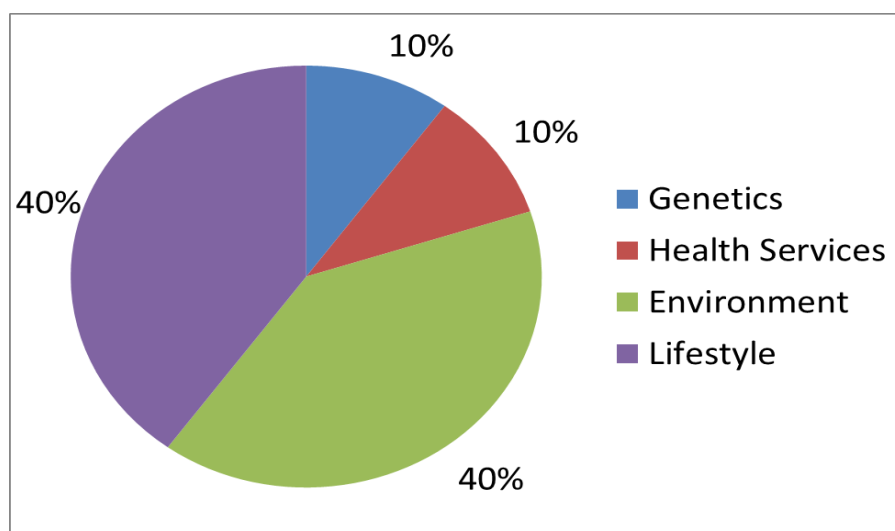
These priorities areas we think we need to focus on now to contribute to achieving our outcomes and improving the health and wellbeing of people in Shropshire. This does not mean that work to address other health and wellbeing issues will not happen. There is already a lot of good work going on in the county that will contribute to our vision.

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 list of potential areas for action in the future is set out at the end of this document.

The outcomes and priorities provide a framework to improving the health and wellbeing of the population but they do not stand in isolation. There are many connections across the themes and we need to maximise the benefits that work in one area can have on another. For example, reducing health inequalities can reduce the prevalence of some long term conditions; and helping people to retain their independence can improve their mental wellbeing.

Outcome 1 - 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 social, economic and 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.



*Factors influencing health
(Dr Dymna Edwards, Liverpool PCT)*

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 adults with learning disabilities, those who have been released from prison, people from gypsy and 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.

All of the priorities in this Strategy impact on health inequalities, but to really address this issue, the Health and Wellbeing Board will need to work with other partners to reduce inequalities in income, education, employment, housing and environment.

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

Work with partners to address the root causes of inequalities such as education, income, housing, and access to services.

Why is this important in Shropshire?

- The gap in life expectancy between our poorest neighbourhoods and most affluent communities is around six years, and national evidence indicates that the gap in disability free life is around 17 years. This means that people from poorer backgrounds are not only dying earlier, they spend more of their life with a disability.
- People living in the most deprived areas of Shropshire are significantly more likely to die prematurely from cardio vascular disease and cancer than those living in the least deprived areas.
- A key factor affecting life expectancy is lifestyle. More people in our more deprived areas smoke, are overweight, don't eat healthily and are less physically active placing them at more risk of illness, disability and early death. The fact that these lifestyle risk factors are clustered in this way indicates that social and environmental influences shape our own behaviours.
- Children are particularly impacted by health inequalities as women living in more deprived areas of Shropshire are significantly more likely to smoke in pregnancy and much less likely to breastfeed.
- Children eligible for free school meals, and therefore from poorer households, are less likely to achieve 5 GCSE's at A*-C grade. This is also true for children with Special Educational Needs, especially autistic spectrum disorders; and Looked After Children. As a result these children are more likely to leave school without entering employment, further education or training.
- People with learning disabilities often have poorer health than their non-disabled peers. National studies indicate that this is linked to the barriers people with learning difficulties have in communicating about their health needs and accessing the right care at the right time. There is often also an increased exposure to the social determinants of ill health such as low income, poorer quality housing, and discrimination, and more risk of unhealthy behaviours such as poor diet, lack of exercise, and smoking.
- Older people are more likely to have a disability or other long term condition, and often these are preventable conditions linked to unhealthy behaviours earlier in life.
- Fuel poverty is a significant problem in Shropshire with over 30% of households affected. Most of these are in the rural parts of central and south Shropshire. There are estimated to be approximately 114 excess winter deaths each year in Shropshire.
- Approximately 30% of privately rented households, and 17% of Council houses do not meet the standards of decency, mainly because they are not warm enough or are in poor repair. This is more common in older properties lived in by young people under 24 or older people over 65.

- 309 households were accepted as homeless last year and based on the 2001 census it is estimated that around 4000 families live in overcrowded conditions. Changes to welfare payments in particular Housing Benefit, could result in more overcrowding and potentially more risk of homelessness as landlords are more reluctant to house those on benefits and the availability of properties of the right size does not meet demand.

What more do we need to do?

- Work with Shropshire Business Board to support local economic growth and local employment as a way of lifting people out of poverty and improving life chances.
- Through the Children's Trust Executive, reduce the gap in educational attainment for children with Special Educational Needs, Looked After Children and those from poorer backgrounds.
- Through the network of Children's Centres, continue to provide support to families who are expecting or already have young children to eat healthily and have enough exercise.
- Support the local housing partnerships to work with landlords to improve the quality of accommodation for vulnerable groups such as the elderly and young people.
- Support landlords and owner occupiers to make adaptations to homes to enable people with disabilities and the elderly to remain in their own home; and work with developers to build a range of accommodation for different needs.
- Continue to provide advice and support to vulnerable groups about how to keep warm in winter.
- Support people to make healthy lifestyle choices by providing information, advice and mentoring, and removing barriers to those choices.

Outcome 2 - 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:

Support more people to have a healthy weight.

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 and 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 and once established, obesity is very difficult to treat. A more effective approach is to prevent obesity by fostering healthy eating and physical activity habits early on in a child's life.
- In Shropshire, 84.4% of adults do not get enough physical activity.
- 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 more do we need to do?

- Weight and body image are complex and emotionally charged issues. We need to better understand the causes of an unhealthy weight for each individual, recognising that sometimes this is more than simply developed 'bad habits'.

- 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.
- 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).
- Work with partners to address the wide range of environmental, social and behavioural factors implicated in the development of an unhealthy weight.
- Ensure that weight management services are targeted to all populations at risk and tailored to adequately meet their particular needs, so as to reduce inequalities in health.
- 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 3 – 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 some mental health conditions can be significantly different depending upon our own resilience and support networks.

Promoting good emotional health in childhood can prevent some 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, inadequate housing, 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.

Some mental health illnesses are not preventable or may be linked to other conditions such as brain injury or autism. Whilst such conditions cannot be prevented, the right support at the right time can keep more people out of crisis for longer.

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 are known to suffer from dementia. The ageing nature of our population means that this number is increasing, and problems with diagnosis mean that this figure is already likely to be much higher. 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:

Improve 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 a typically sized class of 30 children, it is estimated that 3 will 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. Whilst overall teenage pregnancy rates in Shropshire are low, in some deprived areas the rate is significantly higher than the England average.
- It is estimated that approximately a quarter to half of all adult mental health conditions could be prevented with the right interventions in childhood. These include promoting positive attachment and bonding between a baby and their main carer to promote healthy brain development and 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.

What more do we need to do?

- Provide informal support to parents and carers to help them promote emotional wellbeing and prevent mental ill health. This is starting to be addressed through the TaMHS project and parenting programmes.
- Develop a more integrated approach to supporting mental health and wellbeing outside of schools and health settings, such as youth clubs and children's centres.
- Provide accessible support and advice to children and young people, parents, carers and organisations that work with children, including schools.
- 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.
- Support the most complex families to turn their lives around through key worker support as part of the Family Solutions programme (part of the national Troubled Families initiative).
- Through the Shropshire Safeguarding Children Board, facilitate STORM suicide prevention training for professionals working with young people.

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 more do we need to do?

- Better 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. Shropshire and Telford Hospitals (SaTH) is undertaking an audit of in-patients with cognitive impairment (including dementia, delirium and depression), since 2010 there has been a GP register to record patients with dementia in order to provide more accurate numbers.
- Raise public awareness of dementia and the importance of receiving an early diagnosis, and understand what can be done to identify people with early symptoms of dementia.
- Provide improved information and advice at early stages of diagnosis so that future wishes about care and support can be understood.
- Support the multi-agency strategic steering group to implement the National Dementia Strategy at a local level.
- Make Shropshire a 'Dementia Friendly County'. This concept is about 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; making signage in buildings and on streets easier for people with dementia to understand; and extending the 'Who I am' passport initiative.

Outcome 4 – 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. Older people are a huge asset to the county and many older people contribute their skills and expertise through volunteering and playing an active role in their communities. However, older people are more likely to suffer ill health, including long term conditions and multiple minor ailments that affect quality of life, and are more likely to have accidents including falls. As the population of Shropshire ages it is important to add life to years by keeping people well and independent for as long as possible, as well as adding years to 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 a 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 or other care environment. As well as practical support to remain independent, being part of a supportive community with good social connections is also important.

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

Increase the availability and use of aids and adaptations, including remote support over the telephone or internet.

Why is this important in Shropshire?

- 1 in 20 adults receive some form of care and hospital, residential and nursing home care admissions are all increasing putting significant pressure on public services. The increasing costs of residential and nursing care cannot be sustained in the long term.
- The number of children with long term conditions, including disabilities, is increasing. As more children with long term conditions live longer, they will need ongoing, sustainable support into adulthood.
- 18% of people have a long term limiting condition and 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. In Shropshire, the number of people expected to fall is projected to increase from 17,165 in 2011 to 28,767 in 2030. Of these, currently, 1,340 are admitted into hospital, and by 2030, this is expected to increase to 2,391
- Aids and adaptations such as walking sticks, spectacles, tap turners, stairlifts, ramps and level-access showers can all make living at home easier.
- Several new items of assistive technology including electronic, computing and telecommunication innovations such as environmental controllers, motorised door and window openers, and face to face contact with clinicians over the internet are increasingly available and can help people stay independent.

What more do we need to do?

- Build on existing initiatives such as the the Telehealth pilot, to develop a pan-Shropshire approach to assistive technology and telehealth, to support children, young people and adults equally. This will need to include an awareness raising campaign to ensure that people know what is available and how to access it.
- Contribute to the campaign to bring better broadband to Shropshire so that more people have better access to support provided in this way.
- Provide appropriate support to reduce the risk of falls in the home.
- Support the local housing partnerships to work with developers to ensure a suitable supply of appropriate specialised housing to meet the needs of the elderly and people with additional needs.
- Explore the potential of building ‘lifetime homes’ as part of new housing developments so that they are more adaptable as residents’ needs change.

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

Prevent isolation and loneliness amongst older people, those with long term conditions, and their carers.

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Why is this important in Shropshire?

- Feeling connected to friends and family and the wider community can help people to have the confidence to remain independent for longer. In a sparsely populated county, some additional support may be needed to facilitate this.
- Carers in particular can become isolated and suffer from loneliness that impacts on their own health and wellbeing. There are around 30,000 adult carers and 900 young carers in Shropshire.
- Hospital admissions, particularly for the elderly can result in a loss of confidence to return home. In Shropshire, this means that more people are entering residential and nursing care than really need to, and this is financially unsustainable.
- Hate Crime against people with disabilities is increasing in Shropshire. Hate Crime is often under reported and can lead to an increased sense of isolation.

What more do we need to do?

- Share best practice for community led initiatives such as the Compassionate Communities project to make it easier for groups in other areas to establish such schemes.
- Make more use of social media to connect people with similar issues and interests. The GUSTO pilot in Shrewsbury is a good example of how this can work.

- Continue to provide extra help after leaving hospital through the Short Term Assessment and Reablement Team (START), to reduce the need for residential and nursing care and prevent hospital re-admissions.
- Continue to fund the Short Breaks programme for disabled children and their families during 2013 and seek to make the programme sustainable for the future.

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 disconnectedness 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:

Develop 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 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:

Make 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.
- 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.

What more do we need to do?

- Provide information and advice so that more people can manage and be part of the decision making process for their own care and support.
- Use 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.
- Improve communication and training so that staff in different organisations are better able to give the right information at first contact.
- Ensure that advice and support is available at the right time for the individual in order to avoid the individual reaching the point of crisis.

Health and Wellbeing through the Lifecourse

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:

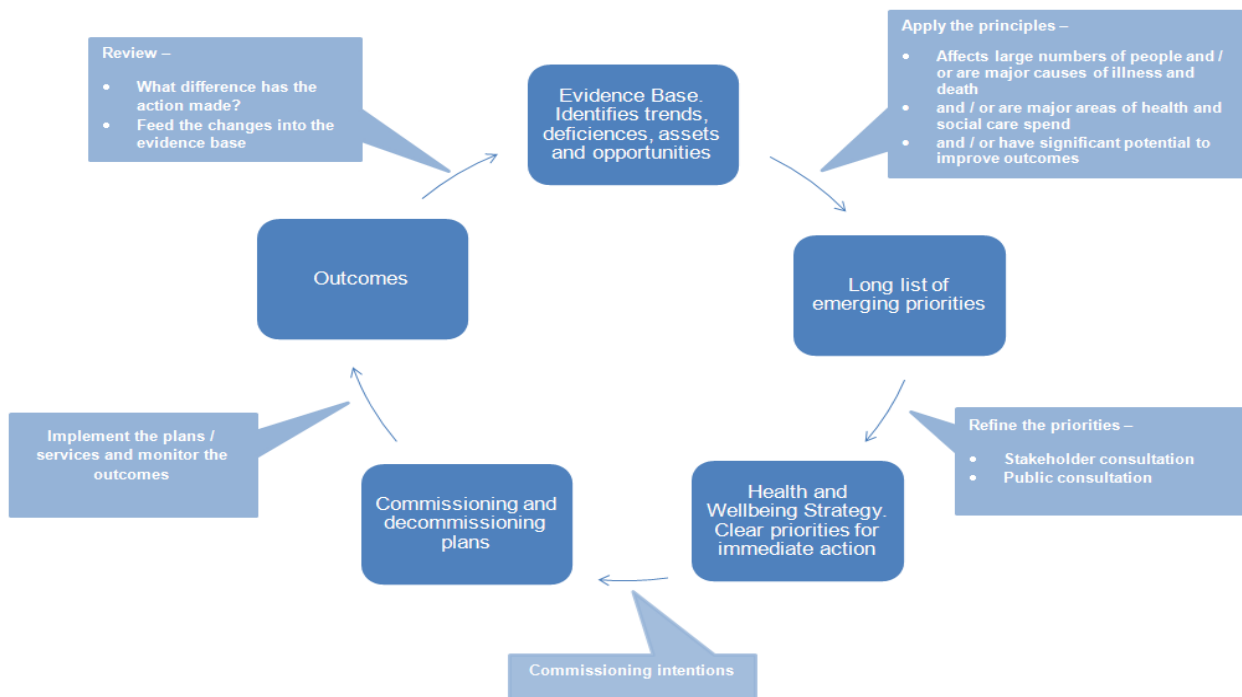
- Ensure that we 'give every child the best start in life' by supporting parents, in particular new and expectant mothers, to make healthy choices for themselves and their child.
- Ensure that 'all children, young people and adults are able to maximise their capabilities and have control over their lives' 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 and some areas of work for each health and wellbeing outcome. We will work with local people, partners and service providers to develop detailed action plans for each priority to be implemented from April 2013. As the outcomes are broad and aspirational, milestone measures will be developed to track progress. The Health and Wellbeing Board, supported by its Executive Group, will monitor progress towards the milestones.

The key delivery mechanism for the strategy will be the planning, designing, and purchasing of services. This process is known as commissioning and the strategy will guide the commissioning plans of the Shropshire Clinical Commissioning Group and Shropshire Council. The Health and Wellbeing Board will enable the joint planning of service commissioning to make sure that the collective resources of both organisations are used in the most effective way.

The vision and outcomes reflect the long term ambitions for the health and wellbeing of people in Shropshire. The priority areas and action plan will be reviewed each year to inform commissioning plans for the following year. This review will assess how much progress has been made towards key milestones and take into account new information arising from the Joint Strategic Needs Assessment.



How we will measure progress

Specific milestone measures will be developed for each priority as part of the action planning process. However, there are a number of national outcomes frameworks being developed that can help us to monitor if we are heading in the right direction to achieve our outcomes.

Outcomes	Milestone measures (those in bold relate to the current priorities)	National Outcomes Framework links
Health inequalities are reduced	Life expectancy	Public Health
	Gap in life expectancy	Public Health
	Excess winter deaths	Public Health
	Children in poverty	Public Health
	Pupil absence	Public Health
	Young people Not in Education, Employment or Training (NEETs)	Public Health
	Statutory homelessness	Public Health
People are empowered to make better lifestyle and health choices for their own and their family's health and wellbeing	Breastfeeding initiation	Public Health
	Reception age excess weight	Public Health
	Year 6 excess weight	Public Health
	Adult excess weight	Public Health
	Physical activity	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	Effectiveness of CAMHS	Department for Education
	Schools with staff trained in TAMHs	Local measure
	Hospital admissions as a result of self-harm	Public Health
	Emotional health of Looked After Children	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
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
	Older people still at home 91 days after discharge	Adult Social Care / NHS
	Delayed transfers of care from hospital	Adult Social Care
	Impact of housing adaptations	Local
	Impact of assistive technology usage	Local
	Quality of life for people with long term conditions	NHS
	Employment of people with long term conditions	NHS
	Unplanned hospitalisation (children and adults with long term conditions)	NHS
	Falls and fall injuries in the over 65s	Public Health
	Carer reported quality of life	Adult Social Care
Social connectedness	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 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 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 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.

We now need to work with partners, service providers and the public to develop a detailed action plan and implement it. The timetable for this is as follows –

December 2012 – Final strategy approved by the Shadow Health and Wellbeing Board

January 2012 – Shropshire Council Cabinet and Shropshire Clinical Commissioning Group Board asked to ratify the strategy.

January 2012 – action planning event with partners, service providers and service users.

February 2012 – performance framework agreed.

April 2013 onwards – implementation. Quarterly progress reported to the Health and Wellbeing Board (some measures will be reported less frequently due to the way data is collected).

Appendix 1

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.