APPENDIX V2

Dudley Shadow Health and Well Being Board

Draft Joint Health and Well Being Strategy

Wellbeing for Life - Our Plan for a Healthier Borough

Date? 2012 to ? 10 yr vision- strategy a living document

Representative Pictures of People from diverse backgrounds as with WM H&WB strategy

Dudley Metropolitan Borough Council

NHS

Dudley Clinical Commissioning Group

Glossary:
CCG: Clinical Commissioning Group: sentence to explain....

Contents

Forward: by chair and vice chair of Board

Introduction

Health and Wellbeing boards are at the heart of the Government's plans to transform the health, and wellbeing of local people.

Two core responsibilities of the Boards are:

- Developing a Joint Strategic Needs Assessment (JSNA)- this is the primary process for identifying needs and building a robust evidence base on which to base local commissioning plans. It provides the bedrock for decision making.
- Producing a Joint Health and Wellbeing Strategy (JHWS)- this is a concise summary of how we will address the health and wellbeing needs of the Dudley community and help reduce health inequalities.

Background

Dudley Borough has benefited from and is building upon a strong history of joint working between the public, private and voluntary sectors. This has been managed in the past under the auspices of the Dudley Community Partnership – the Local Strategic Partnership for Dudley.

Dudley Borough was one of the first health and social care economies in the country to produce its Joint Strategic Needs Assessment in 2007. This informed Dudley's Health and Social Care Commissioning Framework 2008/13, "Seeing the Bigger Picture".

A number of partnership bodies operate locally, developing, owning and implementing a series of joint strategies. Details of these joint strategies are set out in Appendix 1.

Dudley Borough Council, the Clinical Commissioning Group (CCG) and partners have now come together to form the Health and Wellbeing board.

The aim of the Health and Wellbeing Strategy is to improve the health and wellbeing of the population and reduce inequalities.

This first Joint Health and Wellbeing Strategy builds on the work which has already taken place across the Borough in recent times. It has been drawn up in the light of discussions which have taken place within the Health and Wellbeing Board, from an analysis of local information about our population in the JSNA and from public consultation events.

The strategy outlines a broad context/ framework and sets the direction for delivering services and programmes across the borough that impact on health and wellbeing. It sets out the health and

wellbeing priorities that have been identified in order to tackle the needs identified in the JSNA. This is not about taking action on everything at once, but about setting priorities for joint action and making a real impact on people's lives. **We will expect all underpinning strategies and policies within the Borough to take account of this framework and priorities within delivery plans.** (see Appendix 1).

Wellbeing – What is it?

As a first step in developing this strategy, we have discussed the notion of wellbeing and what it means. Wellbeing means different things to different people with physical, mental, social, emotional, spiritual and societal aspects to it.

The World Health Organisation describes a person's positive wellbeing as being 'able to realize their own potential, cope with the normal stresses of life, work productively and fruitfully, and is able to make a contribution their community.'

The New Economics Foundation identified five evidence based actions that lead to wellbeing as follows:

- Connect (with the people around you)
- Be active (discover a physical activity you enjoy and suits your mobility and fitness)
- Take notice (reflecting on your experiences will help you appreciate what matters to you)
- Keep learning (learning new things makes you more confident as well as being fun)
- Give (do something nice for a friend or stranger, thank someone, smile, volunteer your time)

Poor physical health is a significant risk factor for poor mental health. Conversely, mental wellbeing protects physical health and improves health outcomes and recovery rates, particularly for coronary heart disease and stroke. Evidence shows that poor mental health results in poorer-management of chronic illness and is also linked to a range of health damaging behaviours, such as smoking, drug and alcohol abuse, poor diet and unwanted pregnancy.

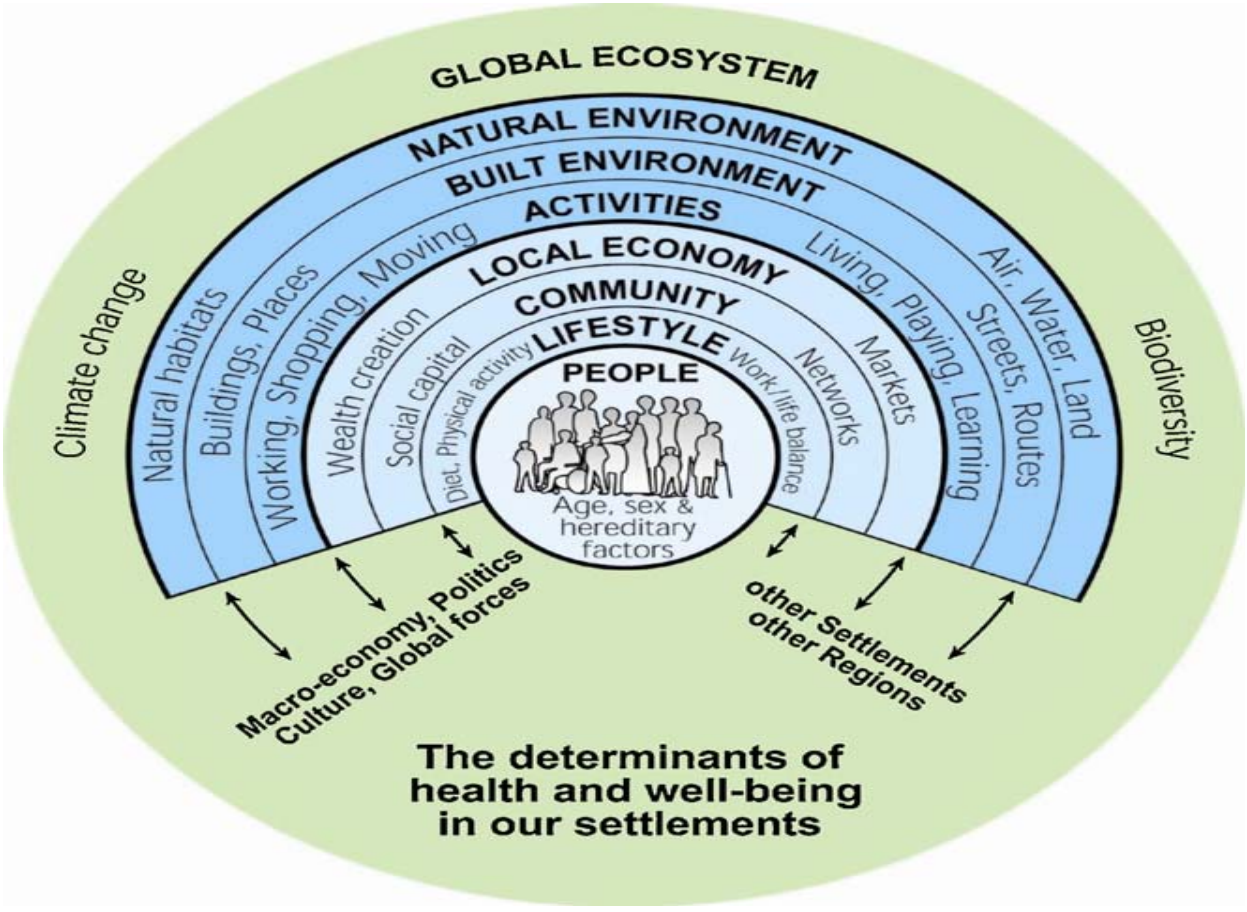
People with poor well-being are more likely to:	People with high well-being are more likely to:
• Be ill • Recover from illness slower • Be sedentary, exercising less, smoking more • Have poorer mobility, self-care and self-management • Use public services more	• Be in good general health • Make healthier choices • Recover sooner when ill and manage illness better • Access and use services better • Have supportive relationships, assets for health and healthier living conditions

NEF Action for Children have undertaken research which shows that the UK currently spends billions attempting to deal with the social problems produced by unhappy and deprived childhoods, such as drug abuse, family breakdown, obesity, mental ill health and crime. NEF has argued that resources can be saved and well being improved by changing to a more preventative system of care services for children and young people.

When discussed with members of the Health and Wellbeing Board and local communities, some common ideas about health and wellbeing emerged:

- Health and Wellbeing are not separate concepts – Health is a very important part of wellbeing
- The importance of "family", friends and relationships
- The importance of including the experiences and views of our communities
- The need for good quality information and access to high quality services and facilities
- Aspects of feeling valued, being able to make a contribution to society and feeling good about oneself
- Having a decent work/life balance
- Being in control of your life, being independent
- Having the freedom to make choices
- Feeling happy or content
- Being empowered and able to take a personal responsibility for your health
- Being resilient and able to cope with life's up and downs

What are Health Inequalities?



Barton and Grant 2006 Health Settlement Map

There are lots of things which affect our health and wellbeing besides the individual choices we make about what we eat and drink, how much exercise we take and whether we smoke. Some things are in our control more than others. These 'social determinants of health' are often

described as 'the causes of the causes' – the social, economic and environmental conditions that influence the health of individuals and communities. There is a clear link between the social determinants of health and health inequalities. The poorer your circumstances the more likely you are to have poor wellbeing, spend more of your life with life-limiting illness, and die prematurely.

As a result, a social gradient in health exists in that a better social and economic position results in better health. Over the last 70 years health has improved for all sections of society. However the rate of progress has not been the same for all sections of society. Health improvement amongst the more affluent sections of society has been more rapid than that of the poorest. A simple but graphic demonstration of this at the local level is seen in relation to life expectancy. A man born in the most affluent part of the borough can expect to live 9 years longer than a man born in the most deprived part. A woman can expect to live 6 years longer.

The impact of these wider determinants on health and health inequalities means that virtually all the work of the council and its partners can make a difference. This H&WB strategy will tackle a wide agenda.

The World Health Organisation defines 'health inequalities' – as the unfair and avoidable health differences in health status seen between and within countries.

Professor Sir Michael Marmot conducted a review of health inequalities in England and published a report "Fair Society, Healthy Lives", in February 2010. This report showed the link between economic status, health and wellbeing. The report identified that efforts should be made to tackle the social gradient in health, but that focusing solely on the disadvantaged would not reduce the gradient sufficiently. Marmot introduces the concept of **'proportionate universalism' where actions must be universal but with a scale and intensity, that is proportionate to the level of deprivation.**

He identifies 6 policy objectives that will have the greatest impact on reducing health Inequalities, the first having the highest priority:

- **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**

Marmot identified that a child's physical, social and cognitive development during the early years strongly influences their school readiness and educational attainment and their economic participation and health in later life. This starts from maternal health influences on foetal and early brain development, through the first year of life when a child's cognitive capacities develop and continues through the early years which are when a child's non-cognitive skills develop such as application, self-regulation and empathy. By age 10 a child from a poorer background has lost any advantage of intelligence indicated at 22 months, compared to a child from an affluent family, purely because of his/her advantaged background. **The report highlights that a levelling up of cognitive and non-cognitive functions across the social gradient will lead to narrower social inequalities in health.**

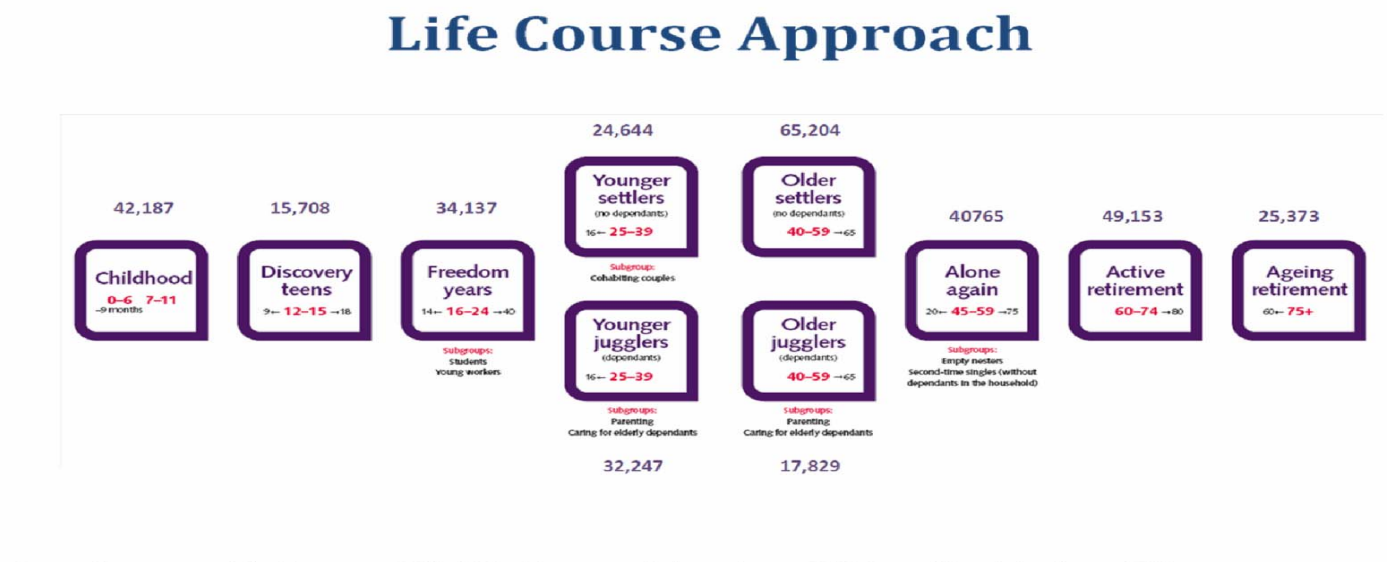
There are also some groups and communities who experience limited or no access to a wide range of support, for example, older people, children and young people, homeless people, people from minority ethnic communities, asylum seekers/refugees, economic migrants, prisoners, single parents, carers, looked after children, mental health service users, people with physical/learning disabilities, gay, lesbian, bisexual and transgender people and many others who are vulnerable and at risk. This is not a definitive list by any means and may vary depending on the particular strategy, policy or service, but it gives an idea of which communities may need to be targeted to make a real difference to health inequalities.

The Life Course approach

Key to Marmot's approach to addressing health inequalities is to create the conditions for people to take control of their own lives. This requires action across the social determinants of health.

In this sense, examining issues across the "life course" or different life stages is important. The role of public policy should be to intervene at appropriate points in order to create the type of individual autonomy required to deliver a better outcome.

The Dudley Borough approach to life course is illustrated in the diagram below: for discussion



Source: Department of Health, Census 2001, ONS mid-year population estimates 2008, Annual Population Survey 2008

Pre-natal	Pre-school	School and Training	Work and Employment	Retirement

A person travels through different life-stages where there are numerous events and opportunities associated with that life-stage which can encourage healthy or unhealthy behaviours. Dudley Borough's approach identifies ten life stages:

Childhood	• Aged 0 to 11 years • Includes pre-natal, pre-school and primary school children

Young jugglers	• Age 16- 44 • Have children in household or have caring responsibilities

Discovery teens	• Aged 12-15 years • Secondary school age children
Freedom years	• Have no partner in household and have never had a partner • Have no children in the household and no children outside of the household • Have no caring responsibilities • Not retired
Young settlers	• Age 16 to 39 years • With partner • Have no children in the household • Have no caring responsibilities • Not retired
Older settlers	• Age 45-64 • With partner • Have no children in the household • Have no caring responsibilities • Not retired

	• Not retired
Older jugglers	• Age 45-64 • Have children in household or have caring responsibilities • Not retired
Alone again	• Age 18+ • Have no partner in household • Have no children in household • Have no caring responsibilities • Not retired • Have had a partner in the past or have children outside of the household
Active retirement	• Retired • With or without partner • Independent
Aging Retirement	• Retired • With or without partner

Mini-case-studies?

This strategy will take a "life course" approach to health and wellbeing. In this context, early intervention and prevention will be an important principle in tackling inequalities across the generations **with a necessary focus on the early years of life and childhood** in order to maximise the impact across the life-course.

Link into diagram in appendix 4

Joint Strategic Needs Assessment

The Dudley JSNA is a live web based compendium of data and documentation which can be accessed at www.dudleylsp.org/jsna/

It reports on the needs of local people.

The Shadow Health and Wellbeing Board has considered this and identified a number of key facts.

Demographic Changes

1. There has been **a short term rise in the number of births** (200 – 300 more births per year now than in 2000). This will continue for 2 to 3 years and then reduce.
2. There has been an **increase in the numbers of the ageing retirement group**. This is set to rise by 7,500 in the next 10 years.
3. Ageing Carers: All carers are ageing and **the number of people with learning disabilities living with older carers is increasing.**
4. Children, young people and their family unit **account for the 41% of the life stage segments - 142,108 people in Dudley borough.**

Inequality of Outcome

5. Though life expectancy has increased in Dudley, **men from the most deprived areas still live 9 years less than those from the fifth least deprived**. **Women live 6 years less.**
6. Poverty: Key data fact from Ian on the level of child poverty/children on benefits- in Dudley- was twice the national average in 2005.

Lifestyles

7. Excessive consumption of alcohol. 65,000 adult heavy drinkers **with 1 in 20, 14 to15 year olds drinking more than healthy levels last week** (15 units is where 1 unit is half a pint of ordinary strength beer)**.** Drugs- need a key fact to see if it is a big issue for Dudley

8. Obesity- 55,000 obese adults **and 1 in 5 children in school year 6 are obese**

9. Smoking: 45,000 adults in Dudley smoke **and 1 in 7 fifteen year olds smoke**

10. Sexual health: need a key fact

Awareness, Detection and Management of Ill health

11. Blood pressure. **Currently 1/3 of people with high blood pressure remain undetected**.

12. Dementia: Currently 3743 people in Dudley aged 65+ will have late on-set dementia rising to 4657 by 2020. **60% remain undetected**.

13. Diabetes: The numbers of people with diabetes is increasing. Currently 14,961 are known to have diabetes in the borough, **but 1 in 4 people with diabetes remain undetected**.

Emotional Wellbeing and Mental Health

14. 1 in 4 people will experience a mental health problem at some point in their life; 1 in 6 adults have a mental health problem at any one time; **and 1 in 10 children between 5-16 years of age have a mental health problem e.g. anxiety, depression which will most probably continue into adulthood**. Suicide rates reflect the mental health of the community a whole. 1 in 5 people in Dudley have self-reported poor mental health.

Trends in Premature Deaths

15. **Cardiovascular disease (CVD) and cancer remains the biggest killers**.

16. Whilst premature mortality is decreasing for CVD and cancer, **it is increasing for accidents and respiratory diseases**.

Social Determinants

17. Unemployment: This has impacted on all age groups **but has hit 16–24 year olds the hardest**.

18. For us to live healthy lifestyles, the environment in which we live, work and play needs to support us- **it needs to be easier to make healthier choices than unhealthy ones**! We need access to clean air, active travel, green open spaces and healthy food choices, services and information; strong social and neighbourhood networks.

P Our Vision and Principles

Our vision – some examples from other H&WB strategies below: (suggest we pick out key themes and approach we ant for vision and have as task for H&WB board to structure?

is to improve health and well-being outcomes, adding life to years as well as years to life, especially for those communities and groups with the poorest health. To realise this we will create a health and well-being system fit for the 21st century (worc)

is that in Dudley people will live longer, in better health and be supported to be independent for as long as possible. We will see the people of Warwickshire free from poverty, have a decent standard of living and no child will start their lives at a disadvantage or be left behind (Warwickshire)

is that in Dudley

- more children and young people will lead healthy, safe lives and will be given the opportunity to develop the skills, confidence and opportunities they need to achieve their full potential;
- more adults will have the support they need to live their lives as healthily, successfully, independently and safely as possible, with good timely access to health and social care services;
- everyone will be given the opportunity to voice their opinions and experiences to ensure that services meet their individual needs;
- the best possible services will be provided within the resources we have, giving excellent value for the public. (Oxfordshire)

Our Principles

These are the principles which provide a framework for addressing service provision and programmes to maximise impact on health and wellbeing across the borough.

- **We will develop a health enabling environment**
- **We will enable people to live healthy, active and independent lives**
- **We will ensure a focus on prevention, early intervention and help**
- **We will aim for excellent, integrated and more localised services**
- **We will take action across the life-course with a particular focus on the early years**
- **We will ensure equal and easy access to services and information**
- **We will involve people in how services are provided**

Priorities for action

The Shadow Health and Wellbeing Board will listen carefully to the views of our community and stakeholders, however it has to be acknowledged that:
a) we will want to take careful account of the evidence base provided by the Joint Strategic Needs Assessment and scientific research, and
b) given that there will never be enough resources to meet everyone's needs, it will be our duty to balance needs carefully and make difficult decisions about priorities.

The priorities in this strategy have been chosen through consensus by stakeholders reflecting on the JSNA, the evidence, their knowledge and experience.

The priorities and the key action identified within them have been chosen because they:

- focus on the early years of life and childhood
- are a major issue for the long-term health of our commmunity
- focus on prevention and early intervention
- will have a big impact on tackling health inequalities
- are a critical gap to which we need to give more attention
- are relevant to a range of age groups – ie across the lifecourse
- affect large numbers of people and will impact on even more people in future years
- are of high importance to the public from our stakeholder events
- Require strong leadership, political consensus and co-ordinated action across organisations and wider society to achieve change

In summary these priorities have been identified in order to focus attention and achieve the greatest health and wellbeing benefits for Dudley borough as a whole

Those needs not chosen as priorities are still important and will be addressed through key underpinning strategies as identified in Appendix 1. The Shadow Health and Wellbeing Board will seek assurance at least annually that the full range of health and well-being needs are being

addressed, and that all NHS, public health, social care and related children's services are performing to a high standard. In addition the Board will consider and respond to other important issues as they emerge

The action sheets in section XX give detail on what we will do and our expected outcomes. Not mutally exclusive – key actions will impact across all priorities

1. HEALTHY NEIGHBOURHOODS

Neighbourhoods have huge potential to make a real impact on health reaching both people and places in ways quite different to traditional health interventions and bringing organisations and local people to work together. This priority will tackle issues of lifestyles and healthy environments and can apply to all localities in Dudley, but also allow a focus on those areas with higher levels of health need.

2. EMOTIONAL WELLBEING AND MENTAL HEALTH

There is no health without mental health. Poor mental health is both a 'cause' and 'consequence' of health and social inequalities. Strategies that impact on the social determinants of health are all relevant to this agenda, so this priority will focus on a range of issues including unemployment and getting people into work, aging well and tackling dementia.

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3. GIVE EVERY CHILD THE BEST START IN LIFE

A child's physical, social and cognitive development during the early years strongly influences their school readiness and educational attainment and their economic participation and health in later life. This priority is key to tackling health inequalities and mental wellbeing and will focus on a range of actions that intervention that promote early child development and emotional and social skills and good parenting.

4. ACCESS TO SERVICES AND INFORMATION

A key issue identified from our public consultation and stakeholder events was the need to coordinate and streamline access to information on health and social care services. People find it difficult to know where to go, who to contact for what information and also get conflicting advice.

Integration

The Health and Wellbeing Board is also responsible for ensuring all partner agencies work together and integrate provision in order to improve quality and value for money in the health and social care system.

The local health and social care economy already makes use of mechanisms to promote integration across health and social care. In particular, Agreements under Section 75 of the

Health Act 2006 exist for:-

- lead commissioning arrangements for learning disability services
- pooled budget for Falls Service
- pooled budget for Acquired Brain Injury Service
- pooled budget for Community Equipment Service
- pooled budget for the placement of children under 17 with disabilities outside Dudley

Our approach to integration will be outcome driven as follows:-

- we will identify those pathways where we believe a more integrated approach can deliver a better outcome
- we will agree a revised pathway
- we will identify the resources from commissioners supporting the pathways
- we will examine how resources may be better utilised – through pooled budgets, joint teams, joint posts.

We could now follow with Action Cards:Section on each area- what we will do - this will need to reflect proposed new developments/commissioning intensions and plans? I have made a few suggestions taken from new joint developments I am aware of within PH and from the CCG/council initiative recently announced using 250K on off funding. This section will need to be added to from all council directorates and partners. Alternative is to follow using lifecourse sections. I've currently mocked up using first approach but this is for discussion.

Action Card: Healthy Neigbourhoods

What we will do:

The principles/framework above could be used as a template to guide action- ie for each priority-action under environment, lifestyle/self-care, integration, early intervention, lifecourse, access/information, involvement? (worc used this approach in their strategy) or alternative is to use lifecourse sections

- Workplace health initiative
- MECC initiative
- Healthy living champion initiative
- ?Ask all partners to identify how they will contribute health & wellbeing
- Supplementary planning guidance for health
- Healthy hubs
- Healthy homes (CCG/council)
- Behaviours which challenge (CCG/council)

Action Card: Emotional Wellbeing and Mental Health

What we will do:

- Dementia: (CCG/council)
- Performing arts: (CCG/council)
- Aging well: need input
- Unemployment? & economic regeneration- need input
- Housing? & regeneration- need input
- mental health services?- need input

Action Card: Give every child the best start in life

What we will do:

- Parenting
- Roll out food dudes to all primary schools
- Early years health charter
- LAC?- need input

Action Card: Access to Services and Information

Also any specific actions regarding integration?

Outcomes

Indicators below taken from PH outcomes framework – cannot complete this section until action cards done. Also need to apply any local levels and targets we have

Indicator	Measurement	Benchmark
Increase in life expectancy & reduced differences in life expectancy between communities		
Self reported wellbeing		
Reduction in 16-18 yrs old not in education, training or employment		
Child development at 2/2.5 (placeholder		
% year on year reduction in work sickness absence rates (Domain1)	Labour Force Survey & proposed electronic fit note survey	LFS & fit-note survey
Utilisation by people of green space for exercise/health reasons: % of people reporting visit to green space for health/exercise over previous 7 days	MENE –monitor of engagement with natural	MENE

	environment survey (national)	
Dementia and its impacts (placeholder)		
Adult obesity prevalence and obesity prevalence gap between the least deprived and most deprived quintile (Domain 2). **Current suggested target: To maintain the 2009 level of obesity in the Dudley adult population up to 2016.** Or adult healthy weight prevalence/ prevalence gap between the least and most deprived	Dudley adult lifestyle survey repeated every 5 years	Health Survey for England (HSE) Yearly
Child obesity- prevalence of excess weight in 4 to5 and 10 to 11 year olds and gap between the most deprived and least deprived quintiles (Domain 2) **Current target: To reduce child obesity prevalence over the next 5 years by 2.5% points from 2008/9 baseline by 2015 and by 4.5% points by 2010.**	National Child Measurement Programme (NCMP)	NCMP
Smoking prevalence in adults to 18.5% and 15 yr olds to 12%		
Diet (placeholder)		
Proportion of physically active e/inactive adults		
Additions from the social care outcomes framework		
Additions from the NHS outcomes framework		

Implementation and governance

May be helpful to say something on governance arrangements?

To ensure that the Strategy is driving the health and well-being system the Board will:

- Consult on our Strategy on an on-going basis.
- Raise awareness of our Strategy at every opportunity.
- . Discuss with and enable partner agencies to identify how they can contribute to the health and well-being through their own policies, services and activities and how these can be aligned with our Strategy.
- Receive and consider assurances from the Clinical Commissioning Group and the NHS Commissioning Board that commissioning plans for health and social care services are integrated and consistent with our Strategy.
- Ensure that there are plans in place for each priority and review the progress of these periodically.
- Receive and consider assurances that the full range of health and well-being issues identified in the JSNA are being addressed through local underpinning strategies.

Is there a structure:

H&WB?- HWBIT, how do other partnership boards fit in- do we need to address this or not, are their specific groups we will be looking to/working through

Involvement and Consultation

We may/or may not want to add this into the strategy

The Board is under a statutory duty to involve the public, patients, service users and carers in the development of the Strategy. To this end there will be regular…….

Board communication strategy?

The Strategy will be published on the website and cascaded to local stakeholders for comment. It will be made available in a range of languages and briefings will target 'hard to reach' groups.

Comments can be made via email to >>>>>

Appendix

Appendix : would it be useful to have an appendix outlining what H7WB board is, its remit and who is on it.

Appendix 1: Partnership Strategies

Type	Strategy	Timescale	Owner
Overarching	Dudley Community Strategy	2005-2020	Dudley Community Partnership
	Dudley Health and Social Care Commissioning Framework and Strategy	2008-2013	Dudley Health and Well-being Board
Condition Specific	Mental Health	2010-2013	Mental Health Partnership Board
	Mental Health Promotion	2006-2008	Health and Well Being Board
	Mental Health Older People and Dementia	2010-2013	Mental Health Board and Older People's Board
	Child and Adolescent Mental Health Services	2008-2013	CAMHS Steering Group
	Learning Disabilities	2008-2011	LD Partnership Board
	People with Physical & Sensory Disabilities	2008-2012	Adults and Physical Sensory Disabilities Board
	Cancer	5 years – From Dec 2007 - 2012	Greater Midlands Cancer Network Operated by Local LIT
	Palliative Care/End of Life Care	Completed	Joint Partnership for Palliative and End of Life Care Steering Group
	Long Term Conditions	2010 -	Long Term Conditions Board
	Diabetes	2009-2010	Vascular LIT
	Respiratory	31.12.09 Re Paed Asthma. 4.11.09 for COPD pending business case. 2009/10 and 2010/11 Re Adult Asthma. 31.3.10 RAS Review	Respiratory LIT Feeds into LTC
	Stroke	1.4.09 for Early Supported Discharge Ongoing for all other aspects of National Stroke Strategy	Stroke Implementation Group (STIG)
	Neurology	2009-2014	Adults and Physical Sensory Disabilities Board
	Tackling Obesity	2005-2010	Health and Well Being Board
	Falls	2008 -	Older People's Board

Type	Strategy	Timescale	Owner
Condition Specific	Carers	2007-2012	Health and Well-Being Board
Client Group Specific	Older People	2006 -	Older People's Board
	Children and Young People	2008 - 2011	Children and Young People's Partnership
Risk Reduction	Tobacco Control	2008 - 2013	Health and Wellbeing Board
	Alcohol	2009 - 2012	Safe and Sound Board
	Teenage Pregnancy	2000 - 2010	Children and Young People's Partnership
	Accident Prevention Strategy	2009 - 2012	Joint Accident Prevention Partnership
Underpinning	Planned Care	2010 - 2014	Planned Care Programme Board
	Urgent Care	2010 - 2014	Urgent Care Programme Board
	Intermediate Care		
	Primary Care		Primary Care Commissioning Committee
	Health Inequalities	2005-2008	Health and Well-Being Board infant mortality – children's trust executive
	Workforce	2009-2015	Health and Well-Being Board

Joint Health and Wellbeing Strategy

Appendix 4