

# **Worcestershire Health and Well-being Board**

## **Joint Health & Well-being Strategy**

**2012-15**

**DRAFT FOR CONSULTATION**



Wyre Forest  
Clinical Commissioning Group



South Worcestershire  
Clinical Commissioning Group



Redditch and Bromsgrove  
Clinical Commissioning Group

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## Executive summary

### From the Cabinet Member for Health and Well-being

It is my great pleasure to present Worcestershire's first Joint Health and Well-being Strategy. The Strategy is a statement of the Health and Well-being Board Board's vision, priorities and goals for 2012-15, based on the findings of the Joint Strategic Needs Assessment.

Our vision 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. We will seek to create a health and well-being system fit for the 21<sup>st</sup> century - which:

- Is based on shared responsibility.
- Reduces dependence on health and social care services.
- Offers health and social care services that are high quality and value for money.
- Protects the public.
- Is transparent and accountable.

Health and well-being in Worcestershire has been improving and is better than the national average. However this strategy comes at a time of huge challenges from:

- An ageing population.
- A growing burden of lifestyle related ill-health, particularly due to obesity.
- A growing need for savings across the public sector finances, including health and social care services.
- Relatively poor health in our most disadvantaged communities.

In this context we have chosen five priorities. Some of them will require long term action to improve education, employment, housing, transport and the environment. Others need be addressed in the short term, with action to improve and integrate health and social care services. The priorities are:

- Older people and management of long term conditions.
- Mental health.
- Obesity.
- Alcohol.
- Acute hospital services.

The Board will work with all partners to help align policies, services, resources and activities with the Strategy. This will enable joined up action to tackle issues that will benefit from multi-agency working. In particular we will work to ensure that the commissioning plans of the County Council and the local NHS are consistent with the Strategy, and that NHS, public health, social care and related children's services are integrated wherever possible.

The Strategy is being released for consultation in the first instance. We want to hear what you think and very much welcome comments to help us develop a final version.

# Introduction

## What is the Health and Well-being Board?

1. Worcestershire Health and Well-being Board (the Board) is the new forum where local leaders come together to improve the health and wellbeing of our population.
2. The Board is being established by the County Council and the local Clinical Commissioning Groups under the Health and Social Care Act 2012. The Board will operate in 'shadow' form in 2012/13 and will formally assume its new statutory responsibilities in April 2013.

## What does it do?

3. The purpose of the Board is to:
  - Lead and build partnerships for health and well-being across local organisations and the wider community.
  - Establish a shared understanding of health and wellbeing needs and how these can be met.
  - Secure better health outcomes, quality of care and value for money.
  - Support joint working and integration of services across the County Council, NHS and other partners – including the further development of joint commissioning and pooled budgets.
  - Lead strategic planning and drive commissioning of NHS, public health, social care and related children's services.
  - Strengthen democratic legitimacy by allowing elected Members and the public to influence the strategic planning and commissioning of services.
  - Become a forum for public discussion and accountability of policies, services and activities which influence the health and well-being of the community.
  - Develop a consensus around major service change.
4. To do this the Board will:
  - Oversee the production of a Joint Strategic Needs Assessment to provide a clear statement of the health and well-being needs of the population.
  - Develop a Joint Health and Well-being Strategy based on this assessment, to provide a framework for how these needs are to be addressed.
  - Consider whether the commissioning plans of the County Council and the local NHS are consistent with the Joint Health and Well-being Strategy.
  - Influence how the County Council, local NHS and other partners organise and provide services.

## Who sits on the Board?

5. The Board includes those members listed below. The Health and Social Care Act mandates at least one elected Member and those members indicated by an asterisk. The Board wants to hear from all parts of the community to help it understand local people's needs and views.
  - Leader of the County Council.
  - Cabinet Member for Health and Well-being.
  - Members from each of the three Clinical Commissioning Groups: Redditch and Bromsgrove, South Worcestershire and Wyre Forest.\*
  - One member from the District Councils in each of the Clinical Commissioning Group areas.
  - Director of Public Health.\*
  - Director of Adult Social Services.\*
  - Director of Children's Services.\*
  - Chair of Worcestershire Healthwatch.\*
  - Member from the Voluntary and Community Sector.
  - Member from the West Mercia PCT Cluster.

## What is the Joint Health and Well-being Strategy?

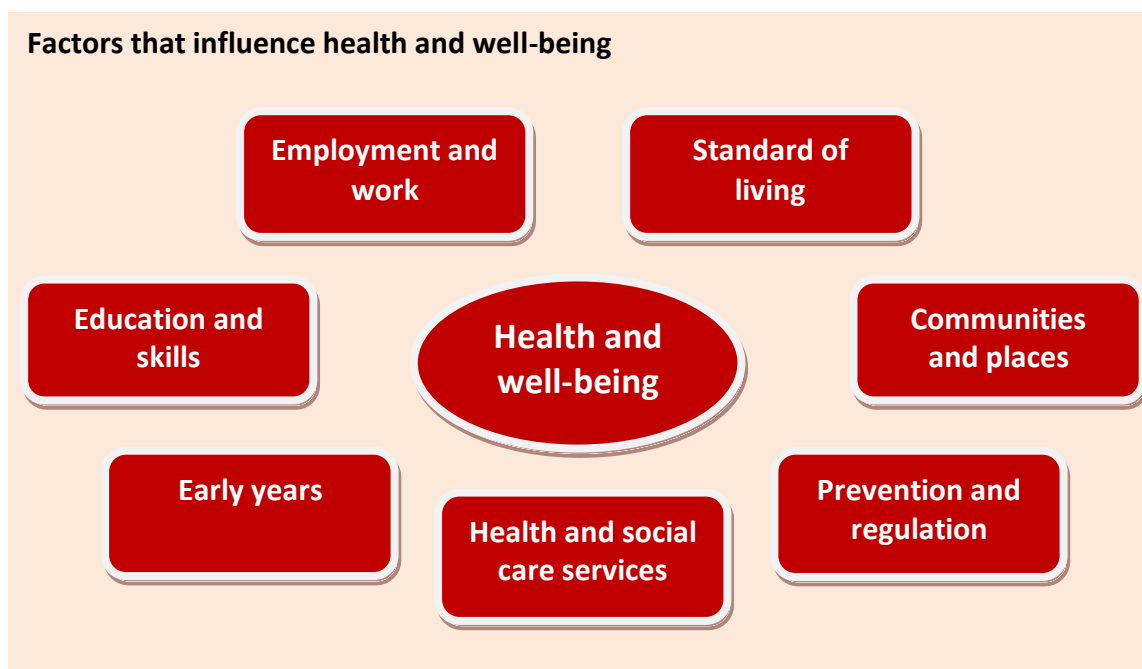
6. Worcestershire's Joint Health and Well-being Strategy (the Strategy) is a statement of the Board's vision, priorities and goals for 2012-15, based on the findings of the Joint Strategic Needs Assessment. Preparation of the Strategy is a statutory duty for the County Council and the Clinical Commissioning Groups under the Health and Social Care Act 2012. The Strategy will provide a basis for the public to hold local organisations to account for achieving the stated outcomes.
7. The Strategy sets the context for other health and well-being Plans and for commissioning of NHS, public health, social care and related children's services. The Board will work with all partners to help align policies, services, resources and activities with the Strategy. This will enable joined-up action to tackle issues that will benefit from multi-agency working.
8. The Board will expect that the commissioning plans of the County Council and the local NHS are consistent with the Strategy, as required by the Health and Social Act 2012. The Strategy will provide a basis for commissioners of NHS, public health, social care and related services to integrate commissioning plans and pool budgets wherever possible, using the powers under Section 75 of the NHS Act 2006 where appropriate.

## Vision

9. The aim of the Board 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.***
  10. To realise this, the Board will seek to create a health and well-being system fit for the 21<sup>st</sup> century. This means a system which:
    - **Is based on shared responsibility:**
      - ✓ Enables organisations to work in partnership across the public, voluntary and private sector;
      - ✓ Maximises everyone's contribution to build communities and environments conducive to good health and well-being;
      - ✓ Encourages individuals, families and communities to take responsibility and take action to improve their health and well-being;
      - ✓ Recognises local assets and strengthens the ability of local communities to develop local solutions to local issues; and
      - ✓ Provides targeted support where necessary to increase individual, family and community resilience and self-reliance.
    - **Reduces dependence on health and social care services:**
      - ✓ Encourages and enables healthy lifestyles;
      - ✓ Invests in prevention, early intervention and early help;
      - ✓ Promotes recovery, independence and self-care;
      - ✓ Uses evidence of what works and innovates where appropriate; and
      - ✓ Adopts a family centred approach.
    - **Offers health and social care services that are high quality and value for money:**
      - ✓ Integrates health and social care services and ensures that the whole system works as effectively as possible;
      - ✓ Offers 24 hour community services and care as close to home as possible;
      - ✓ Offers choice and personalisation of services;
      - ✓ Improves the experience of patients and service users; and
      - ✓ Reduces the need for acute hospital services and care home placements, and concentrates these where necessary to maintain and improve safety.
    - **Protects the public:**
      - ✓ Ensures that the public is protected against infectious diseases and other threats to health; and
      - ✓ Safeguards children and vulnerable adults.
    - **Is transparent and accountable:**
      - ✓ Gives public, patients, service users and carers an opportunity to shape how services are organised and provided; and
      - ✓ Allows people in Worcestershire to be confident in the Board and its decisions.
-

## Priorities

11. The Board has chosen five priorities for 2012-15. These have been selected based on the findings of the Joint Strategic Needs Assessment. Some of them will require long term action to improve education, employment, housing, transport, the environment, and all of the other factors that influence health and well-being. Others need be addressed in the short term, with action to improve and integrate health and social care services.



12. The priorities are:
- Older people and management of long term conditions.
  - Mental health.
  - Obesity.
  - Alcohol.
  - Acute hospital services.
13. These priorities have been chosen because individually and collectively they:
- Are relevant to a range of age groups.
  - Affect large numbers of people.
  - Relate to major causes of illness and death.
  - Require substantial health and social care spend.
  - Are of high importance to the local public.
  - Have significant potential to improve outcomes.
  - Require major transformational change in the way that services are provided in order to improve outcomes.
  - Require strong leadership, political consensus and co-ordinated action across organisations and wider society to achieve change.

14. The Board will work to ensure that the priorities are addressed for the whole population, and especially for the following groups:
  - Children and young people.
  - Older people.
  - Communities and groups with poor health outcomes.
15. The priorities reflect priorities for “Health and Well-being” in the County Council’s Corporate Plan“; Improving Health and Well-being” in the Worcestershire Sustainable Community Strategy; and “Growing Up Healthy” in the Children and Young People’s Plan. They also link to other health and well-being and health and social care Plans.
16. For each of the priorities, the Board will set a series of outcomes, with associated indicators to allow progress to be measured. It will then either review and refresh existing Plans, or ensure the development of new Plans which set out how the priorities are to be addressed and the outcomes achieved.
17. The Board will influence and support achievement of these outcomes by:
  - Providing leadership and advocacy.
  - Facilitating participation and debate.
  - Building relationships and enabling partners to align policies, services, resources and activities to increase their collective impact on health and well-being.
  - Progressively integrating commissioning and provision of NHS, public health and social care services.
18. Those issue and services not chosen as priorities are still important. The Board will seek assurance at least annually that the full range of health and well-being issues are being addressed, and that all NHS, public health, social care and related children’s services are performing to a high standard – including those listed below. In addition the Board will consider and respond to other important issues as they emerge.
  - Children and young people’s services.
  - Learning disability, physical disability and sensory impairment services.
  - Screening and immunisation services.
  - Sexual health services.
  - Healthy lifestyle services.
  - Substance misuse services.
  - Arrangements for emergency preparedness, resilience and response.



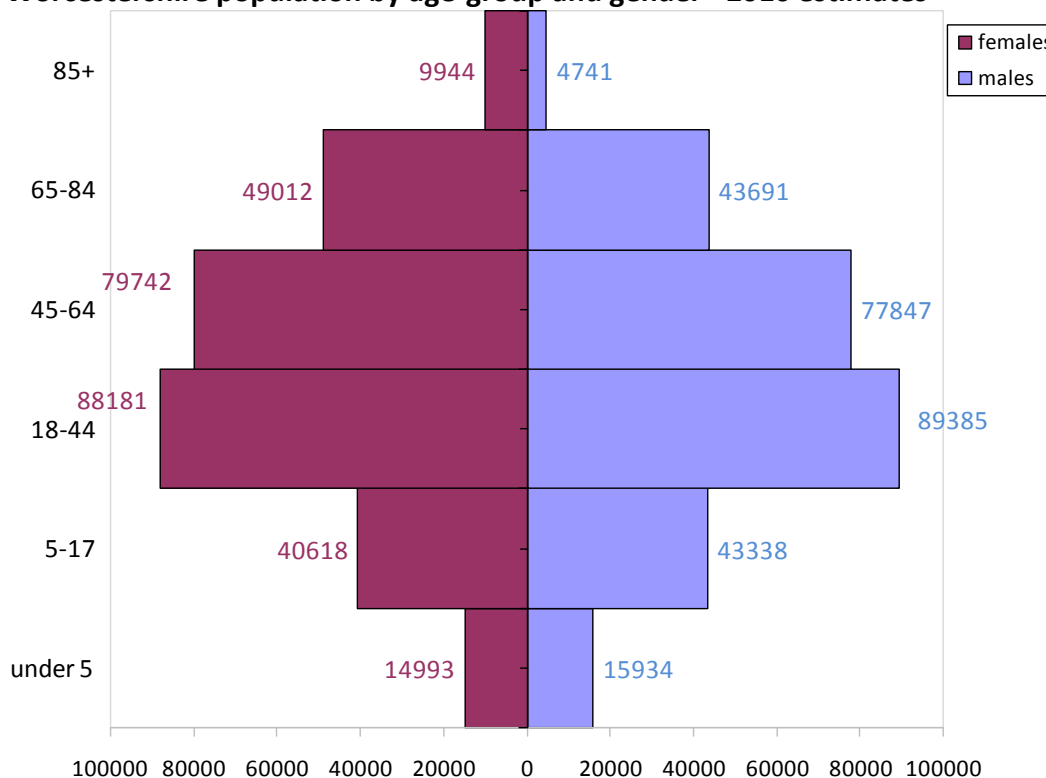
## Context

19. Headlines from the Joint Strategic Needs Assessment are set out below.

### Health and well-being in Worcestershire

20. There are 557,000 people in Worcestershire. Nearly one in five are aged 65 or over and one in forty are aged 85 or over.

**Worcestershire population by age-group and gender - 2010 estimates**



21. People are mainly of White British origin, with 2.8% White Other, 2.9% Asian, 1.1% Black, 1.3% Mixed, and 0.8% Chinese or other. The proportion of people with a Black and Ethnic Minority origin is higher in younger age groups, and higher in some urban areas of Redditch, Worcester and Kidderminster. On the whole the population is more affluent than the England average. However there are pockets of disadvantage, with 13 areas in the most deprived 10% of areas nationally. These are in:

- **Malvern Hills:** Sherrard's Green.
- **Redditch:** Winyates estate (area around Ipsley C.E. Middle School), St. Thomas More First School Area, Church Hill (YMCA Surrounding Area), Batchley.
- **Worcester City:** Old Warndon East of Cranham Drive, Tolladine, Brickfields, South-West Gorse Hill, Cranham Primary School Area.
- **Wyre Forest:** Rifle Range Area (Jubilee Drive, Avon Road, Shrawley Avenue), Horsefair Area.

22. The population is projected to increase to over 600,000 in the next 20 years. This increase will be mainly in the older age groups. The number of people aged 65 and over will increase by 30,000, and the number aged 85 and over by 6,000 by 2020. The number in young age groups is expected to decrease, with the number of births falling from around 6,250 now to around 6,100 by 2020, and the number of children and young people falling accordingly.
23. Overall health in Worcestershire is better than the England average. Life expectancy at birth is 82.7 years for women and 78.8 years for men compared to 82.3 and 78.3 nationally, and has risen by about 3 years over the last decade. Death rates from the major killers - heart disease, stroke and cancer - are below national rates and have been declining. This overall picture conceals some marked variations: life expectancy in the most deprived 20% of the county is 5.7 years less than in the most affluent; the death rate from heart disease and stroke in the most deprived 10% of the county is almost double the Worcestershire average.
24. If we are going to continue to improve health and well-being we are going to have to address some serious challenges. These are:
  - An ageing population;
  - A growing burden of lifestyle related ill-health, particularly due to obesity;
  - The state of public sector finances and the growing need for efficiency savings across all services; and
  - Poor health in our most disadvantaged communities, which means that relatively small numbers of people suffer disproportionately from ill health and require a correspondingly high level of health and social care resources.

## Health and social care services

25. The local NHS budget for 2012/13 is almost £900 million. The County Council's budget for social care and related services is £120 million for adults and £40 million for children. The local NHS needs to make efficiency savings of around £200 million over the next four years to address the emerging gap between the demand for healthcare and the funding available. The County Council needs to make savings of around £90 million from its total budget of £309 million over the next five years as a result of the growing demand and cost of social care and other services, and reduced funding from national government.
26. This is clearly a huge challenge. To meet it, we will need to transform local health and social care services from a reactive to a proactive model of care with a much greater emphasis on personal responsibility, prevention, early intervention and early help. We will need integrated services working together to preserve people's health and independence and avoiding expensive hospital admissions and care home placements wherever possible.

## Older people and management of long term conditions

27. Older people require the bulk of health and social care services. Typically they account for half of all GP appointments, three-quarters of hospital in-patient bed days, three quarters of residential care placements and 90% of nursing care placements.
28. As the population ages we will tend to see a rise in the number of people with long term conditions and requiring care. There are currently 41,000 people living with diabetes; 25,000 with heart disease; 15,000 with chronic lung disease; 7,500 with dementia and 9,000 living with cancer. 3,000 new cases of cancer are diagnosed each year, more than half in the 50-74 age group. There are 4,700 older users of social care, costing around £63 million each year.

## Mental health

29. There are 56,000 adults and 9,500 children with mental health problems in Worcestershire. There are 8,000 patients on the mental health service caseload, and over 1,000 hospital admissions for mental health problems each year, with the admission rate three times higher in the most deprived 20% of the county than in the most affluent. There are 840 mental health users of social care, with use of social care in the most deprived 10% of the county almost double the Worcestershire average.
30. The local NHS spends over £50 million for adults' and £5 million for children's local mental health services each year, with additional spend of over £20 million on medicines and specialist services. The County Council spends £9.5 million on adults' and £0.5 million on children's social care for mental health users.

## Obesity

31. Over a quarter of adults are obese, with another 40% overweight. 10% of five year olds and 18% of eleven year olds are obese. Almost twice as many children are obese in the most deprived 20% of the county than in the most affluent. If the current trend continues, almost two thirds of adults will be obese by the middle of this century.
32. Obesity leads to a range of health problems including diabetes, high blood pressure, heart attack, stroke and cancers. There are 400 deaths due to obesity related ill-health each year. Obese women are 20% and men 12% more likely to have a hospital admission than normal weight individuals and lengths of stay are longer. There are over 6,000 hospital admissions due to obesity related ill-health each year.
33. The local NHS spends over £80 million treating obesity related ill-health and another £60 million treating the consequences of excess weight. The costs of obesity and excess weight to wider society are even higher, in the order of a third of a billion pounds in sickness absence, benefits and lost earnings each year.

## Alcohol

34. More than one in five adults in Worcestershire drink at a level which increases the risk to their health, and one in twenty drink at a level which poses a high risk. Nearly half of 11-15 year olds have drunk alcohol, and those young people who do drink are drinking more frequently and more than the national average.
35. Excess alcohol consumption leads to a range of health problems high blood pressure, stroke, cancers and depression. There are 50-60 deaths due to alcohol related ill-health each year, and 9,000 hospital admissions either wholly or in part due to alcohol, with the admission rate three times higher in the most deprived 20% of the county than in the most affluent.
36. It also leads to social problems including crime, antisocial behaviour, domestic violence and family breakdown. There are nearly 6,000 alcohol related offences each year, including 16% of all offences, over half of public order offences and nearly half of violent offences. Two thirds of alcohol-related offences occur at night time and a fifth are concentrated in town centres.
37. The local NHS spends over £25 million treating alcohol related ill-health. The costs of alcohol to wider society are even higher, approaching a quarter of a billion pounds due to social problems, crime and in sickness absence, benefits and lost earnings each year.

## Acute hospital services

38. There are around 750,000 outpatient attendances, 85,000 planned admissions, 135,000 A&E attendances and 45,000 emergency admissions to acute hospitals each year, most of them to the Worcestershire Acute Hospitals Trust.
39. In order to respond to the financial challenge facing health and social care services we will need to contain and where possible reduce acute hospital activity and costs. With this in mind we will need to think about whether and how acute hospital services might need to be reconfigured to maintain and improve safety. We will also need to think about what alternatives need to be developed in the community.

# Outcomes and indicators

40. The outcomes that the Board is aiming to achieve are set out below, along with the high-level indicators it will use to measure progress. These indicators have been drawn largely from the national NHS, Public Health and Social Care Outcomes Frameworks. They will be included on a Worcestershire Health and Well-being dashboard which will reflect the starting position, the aspirations of the Board in terms of targets, and the improvements that we are making collectively over time.

| Overall health and well-being   |  |
|---|--|
| Outcomes  | Indicators   |
| Give every child the best start in life   | <ul style="list-style-type: none"> <li>▪ Infant deaths</li> <li>▪ Low birth weight babies</li> <li>▪ Mothers smoking at delivery</li> </ul>  |
| Enable children, young people and adults to maximise their capabilities and have control over their lives | <ul style="list-style-type: none"> <li>▪ Proportion of children in poverty</li> <li>▪ GCSE achieved (5A*-C inc. Eng and Maths)</li> <li>▪ Young people not in education, employment or training</li> </ul>   |
| Create fair employment and good work  | <ul style="list-style-type: none"> <li>▪ Long term unemployment</li> </ul>   |
| Strengthen the role and impact of ill-health prevention.  | <ul style="list-style-type: none"> <li>▪ Life expectancy and healthy life expectancy</li> <li>▪ Differences in life expectancy and healthy life expectancy between communities</li> <li>▪ Premature death from heart disease and stroke and cancers</li> </ul> |

| Priority: Older people and management of long term conditions       |  |
|---|--|
| Outcomes  | Indicators   |
| Promote independence and quality of life                            | <ul style="list-style-type: none"> <li>▪ Older service users who feel they have control over their daily life</li> <li>▪ Proportion of people feeling supported to manage their condition</li> <li>▪ Health-related quality of life for people with long-term conditions</li> </ul>                              |
| Give people control over their care                                 | <ul style="list-style-type: none"> <li>▪ Older service users who receive self-directed support, and those receiving direct payments</li> </ul>   |
| Reduce or delay the need for hospital care and care home placements | <ul style="list-style-type: none"> <li>▪ Management of long term conditions in primary care</li> <li>▪ Permanent admissions to residential and nursing homes</li> <li>▪ Unplanned hospital admissions for patients with conditions which should be managed in the community</li> <li>▪ Deaths at home</li> </ul> |
| Strengthen the role and impact of ill-health prevention             | <ul style="list-style-type: none"> <li>▪ Hip fractures in older people</li> <li>▪ Excess winter deaths</li> </ul>  |
| Enhance recovery and rehabilitation                                 | <ul style="list-style-type: none"> <li>▪ Delayed transfers of care from hospital, and those which are attributable to adult social care</li> <li>▪ Older people still at home 91 days after discharge from hospital into reablement and rehabilitation services</li> </ul>                                       |

| Priority: mental health   |   |
|---|---|
| Outcomes  | Indicators  |
| Promote recovery, independence and quality of life                                      | <ul style="list-style-type: none"> <li>▪ Adults in contact with specialist mental health services in paid employment</li> <li>▪ Adults in contact with specialist mental health services living independently, with or without support</li> <li>▪ Mental health service users who feel they have control over their daily life</li> </ul> |
| Give people control over their care   | <ul style="list-style-type: none"> <li>▪ Mental health service users who receive self-directed support, and those receiving direct payments</li> </ul>  |
| Enhance primary care mental health services and reduce the need for specialist services | <ul style="list-style-type: none"> <li>▪ Referrals to specialist mental health services</li> <li>▪ Length of time in treatment with specialist mental health services</li> </ul>  |
| Improve the experience of patients and service users                                    | <ul style="list-style-type: none"> <li>▪ Children and young people waiting for more than 18 weeks for mental health services</li> <li>▪ Young people transferring to adult mental health services with a high quality transition plan in place</li> </ul>   |
| Improve the physical health of people with mental health problems                       | <ul style="list-style-type: none"> <li>▪ Premature death in people with serious mental health problems</li> </ul>   |

| Priority: Obesity   |   |
|---|---|
| Outcomes  | Indicators  |
| Create and develop healthy and sustainable places and communities | <ul style="list-style-type: none"> <li>▪ Physically active adults</li> </ul>  |
| Strengthen the role and impact of ill-health prevention           | <ul style="list-style-type: none"> <li>▪ Childhood obesity in Reception and Year 6</li> <li>▪ People with diabetes</li> </ul> |

| Priority: Alcohol   |  |
|---|--|
| Outcomes  | Indicators   |
| Create and develop healthy and sustainable places and communities | <ul style="list-style-type: none"> <li>▪ Number of responsibly managed licensed premises</li> </ul>  |
| Strengthen the role and impact of ill-health prevention           | <ul style="list-style-type: none"> <li>▪ Alcohol related hospital admissions (all ages)</li> <li>▪ Alcohol related crime (all ages)</li> <li>▪ Domestic violence incidents where alcohol was a factor</li> </ul> |

| Priority: Acute hospital services                                     |   |
|---|---|
| Outcomes  | Indicators  |
| Ensure that services are safe   | <ul style="list-style-type: none"> <li>▪ Hospital-related blood clots</li> <li>▪ Healthcare associated infections with MRSA or <i>Clostridium difficile</i></li> <li>▪ Newly-acquired pressure ulcers</li> <li>▪ Patient safety incidents causing severe harm or death</li> </ul> |
| Ensure that services are being used effectively                       | <ul style="list-style-type: none"> <li>▪ First and follow up outpatient appointments</li> <li>▪ Number of A&amp;E attendances</li> </ul>  |
| Improve patient experience  | <ul style="list-style-type: none"> <li>▪ 18 week wait for outpatients</li> <li>▪ 4 hour wait in A&amp;E</li> <li>▪ Patient experience of hospital care: overall and outpatients, A&amp;E and maternity</li> <li>▪ Responsiveness to in-patients' personal needs</li> </ul>        |
| Ensure that services are high quality and affordable in the long term | <ul style="list-style-type: none"> <li>▪ Robust plan for maintaining the quality and financial viability of services, arising from the Joint Services Review</li> </ul>   |

## Implementation and governance

41. To ensure that the Strategy is driving the health and well-being system the Board will:
- Consult on a draft Strategy.
  - Raise awareness of the Strategy at every opportunity.
  - Discuss with partners the contribution they can make through their own health and well-being related policies, services and activities and how these can be aligned with the Strategy.
  - Monitor progress against the outcomes.
  - Receive and consider assurances from the County Council’s Integrated Joint Commissioning Executive, the Clinical Commissioning Groups and the NHS Commissioning Board that commissioning plans for health and social care services are integrated and consistent with the 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 is being addressed, and that all NHS, public health, social care and related children’s services are performing to a high standard.
42. The Board will work with and through a range of committees and related groups to develop, implement and/or monitor the impact of Plans for each priority – including:

|   |  |
|---|--|
| Integrated Joint Commissioning Executive                  | Plans for older people and long term conditions, mental health, obesity and alcohol as they relate NHS, public health, social care and related services. |
| Healthy Lives Action Group                                | Plans for obesity.   |
| Children’s Trust  | Plans for mental health, obesity and alcohol as they relate to children and young people.  |
| Adults’ and Children’s Safeguarding Boards                | Plans for older people and long term conditions, mental health and alcohol as they relate to Safeguarding.   |
| Drug and Alcohol Action Board                             | Plans for alcohol.   |
| NHS Quality, Innovation, Prevention and Partnership Board | Plans for older people and long term conditions, mental health and acute hospital services.  |

43. The Board will also work closely with other groups where health and well-being issues are considered to ensure that the same information is presented and that discussions and conclusions are shared – including:
- County Council Cabinet and the District Councils.
  - CCG Boards, local NHS Trust Boards and the Clinical Senate.
  - Health Overview and Scrutiny Committee and the Adult Care and Well-being and Children and Young People’s Overview and Scrutiny Panels.
  - The Worcestershire Partnership and District Local Strategic Partnership.



## Involvement and consultation

44. 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 the Strategy will be subject to a consultation process as follows:

|                  |  |
|------------------|--|
| 30 May 2012      | Draft Strategy released for consultation   |
| 30 May-17 August | Briefings for partners, patients, service user and carer representatives and an opportunity to comment |
| 17 August        | Deadline for comments  |
| 26 September     | Strategy approved  |

45. 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.
46. Comments can be made via email to [hwb@worcestershire.gov.uk](mailto:hwb@worcestershire.gov.uk)
47. We would welcome comments on any and all aspects of the Strategy, and particularly on the following points:

|  |  |
|--|--|
| <b>Overall</b>   | <ul style="list-style-type: none"> <li>▪ Is the Strategy clear?</li> <li>▪ Is there anything that you don't understand?</li> </ul>   |
| <b>Vision:</b><br>Paragraph 8 and table                    | <ul style="list-style-type: none"> <li>▪ What do you think of the vision?</li> <li>▪ Is there anything obviously missing?</li> <li>▪ Is there anything you disagree with?</li> </ul>   |
| <b>Priorities:</b><br>Paragraphs 11-15                     | <ul style="list-style-type: none"> <li>▪ What do you think of these priorities?</li> <li>▪ Is there anything else you think should be included – what and why?</li> <li>▪ Are there any that you would take out -what and why?</li> <li>▪ What other NHS, social care and public health services should the Board be seeking assurance about?</li> </ul> |
| <b>Outcomes and indicators:</b><br>Paragraph 37 and tables | <ul style="list-style-type: none"> <li>▪ What do you think of these outcomes?</li> <li>▪ What else do you think should be included?</li> <li>▪ Are there any that you would take out?</li> <li>▪ Are there any other indicators you can suggest?</li> </ul>  |

## Taking action

48. For each of the priorities, the Board will expect Plans to include or refer to:
- A list of actions, including those elements set out in the framework below, and with an identified lead agency, associated resources and timescales.
  - Relevant performance measures.
  - Details of arrangements for partnership and governance.



49. Set out below are some of the actions which the Board might expect to see against each priority. These are for illustration only and are not intended to be exhaustive.

| <b>Actions: Older people and management of long term conditions</b> |   |
|---|---|
| <b>Leadership and advocacy</b>                                      | <ul style="list-style-type: none"> <li>▪ Raising awareness of the health and social issues facing older people and reducing stigma</li> </ul>   |
| <b>Building healthy communities and environments</b>                | <ul style="list-style-type: none"> <li>▪ Promoting social networks to ensure quality human contact</li> <li>▪ Ensuring that housing for older people is safe and warm</li> <li>▪ Ensuring adequate transport networks and access to services</li> </ul> |
| <b>Supporting personal and family responsibility and self care</b>  | <ul style="list-style-type: none"> <li>▪ Information and advice about common health and social issues</li> <li>▪ Support for self management and support for carers</li> <li>▪ Signposting to appropriate services</li> </ul>                           |
| <b>Early intervention and early help</b>                            | <ul style="list-style-type: none"> <li>▪ Early diagnosis and risk stratification</li> <li>▪ Telemedicine and assistive technologies</li> <li>▪ Strengthening community services and enabling volunteers</li> </ul>                                      |
| <b>Promoting recovery and independence</b>                          | <ul style="list-style-type: none"> <li>▪ Rehabilitation</li> <li>▪ Intermediate care</li> </ul>   |
| <b>Integrated treatment and care</b>                                | <ul style="list-style-type: none"> <li>▪ Care planning</li> <li>▪ Virtual wards / hospital at home</li> <li>▪ Rapid intervention and avoidance of hospital admission</li> <li>▪ High quality end of life care</li> </ul>                                |

| Actions: mental health   |  |
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| <b>Leadership and advocacy</b>                                     | <ul style="list-style-type: none"> <li>▪ Raising awareness of the health and social issues facing people with mental health problems and reducing stigma</li> </ul>  |
| <b>Building healthy communities and environments</b>               | <ul style="list-style-type: none"> <li>▪ Improving standards of education and economic opportunities - especially in communities and groups with the poorest health</li> <li>▪ Promoting social networks to reduce isolation</li> <li>▪ Improving the quality of housing and the built environment</li> <li>▪ Access to green spaces and leisure services</li> <li>▪ Tackling bullying in schools</li> </ul> |
| <b>Supporting personal and family responsibility and self care</b> | <ul style="list-style-type: none"> <li>▪ Information and advice about common mental health problems - for adults and children and their parents</li> <li>▪ Support for self management</li> <li>▪ Signposting to appropriate services for people concerned about their own or their children's mental health</li> </ul>  |
| <b>Early intervention and early help</b>                           | <ul style="list-style-type: none"> <li>▪ Strengthening community services and enabling volunteers</li> </ul>   |
| <b>Promoting recovery and independence</b>                         | <ul style="list-style-type: none"> <li>▪ Employment opportunities for people recovering from severe mental health problems</li> </ul>  |
| <b>Integrated treatment and care</b>                               | <ul style="list-style-type: none"> <li>▪ Care planning</li> <li>▪ Rapid intervention and crisis support</li> </ul>   |

| Actions: Obesity   |  |
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| <b>Leadership and advocacy</b>                                     | <ul style="list-style-type: none"> <li>▪ A 'Big Debate' about individual and family responsibility and the role of healthy communities and environments</li> <li>▪ Support for local Members and community leaders to promote healthy weight</li> <li>▪ Use of the Public Health Responsibility Deal</li> </ul>  |
| <b>Building healthy communities and environments</b>               | <ul style="list-style-type: none"> <li>▪ Improving standards of education and economic opportunities - especially in communities and groups with the poorest health</li> <li>▪ Active transport policies</li> <li>▪ Access to green spaces and leisure services</li> <li>▪ Use of planning and regulatory powers to control access to unhealthy food</li> <li>▪ Early Years settings, schools and workplaces which promote a healthy weight</li> </ul> |
| <b>Supporting personal and family responsibility and self care</b> | <ul style="list-style-type: none"> <li>▪ Information and advice about maintaining a healthy weight - for adults and children and their parents</li> <li>▪ Signposting to opportunities for exercise and a healthy diet</li> </ul>  |
| <b>Early intervention and early help</b>                           | <ul style="list-style-type: none"> <li>▪ Identification and targeted support for overweight adults and children and their parents</li> </ul>   |
| <b>Integrated treatment and care</b>                               | <ul style="list-style-type: none"> <li>▪ Weight management services - publically and privately funded</li> </ul>   |

| <b>Actions: Alcohol</b>  |   |
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| <b>Leadership and advocacy</b>                                     | <ul style="list-style-type: none"> <li>▪ A 'Big Debate' about individual and family responsibility and the role of healthy communities and environments</li> <li>▪ Support for local Members and community leaders to promote safe drinking</li> <li>▪ Use of the Public Health Responsibility Deal</li> </ul>  |
| <b>Building healthy communities and environments</b>               | <ul style="list-style-type: none"> <li>▪ Improving standards of education and economic opportunities - especially in communities and groups with the poorest health</li> <li>▪ Improving the quality of housing and the built environment</li> <li>▪ Access to green spaces and leisure services</li> <li>▪ Use of planning and regulatory powers to control access to alcohol</li> <li>▪ Management of the night time economy</li> </ul> |
| <b>Supporting personal and family responsibility and self care</b> | <ul style="list-style-type: none"> <li>▪ Information and advice about safe drinking - for adults and children and their parents</li> <li>▪ Signposting to support for people concerned that their own or their children's drinking habits are putting their health at risk</li> </ul>   |
| <b>Early intervention and early help</b>                           | <ul style="list-style-type: none"> <li>▪ Proactive identification of adults and children whose drinking habits are putting their health at risk</li> <li>▪ Brief interventions</li> <li>▪ Tackling alcohol related anti-social behaviour and crime</li> </ul>   |
| <b>Promoting recovery and independence</b>                         | <ul style="list-style-type: none"> <li>▪ Employment opportunities for people recovering from alcohol related health or criminal justice problems</li> </ul>   |
| <b>Integrated treatment and care</b>                               | <ul style="list-style-type: none"> <li>▪ High quality alcohol treatment services</li> </ul>   |