

**DERBYSHIRE COUNTY COUNCIL**

**CABINET**

**13 March 2012**

**Report of the Strategic Director – Policy and Community**

**DERBYSHIRE HEALTH AND WELLBEING STRATEGY DEVELOPMENT:  
PROPOSED HIGH-LEVEL PRIORITIES  
(Leadership and Culture)**

**1. Purpose of the report**

To update Cabinet on the development of the Derbyshire Health and Wellbeing Strategy and to outline the consultation process on the proposed high-level priorities.

**2. Information and Analysis**

Previous reports to Cabinet have updated Members on developments in relation to the Health and Social Care Bill, including the statutory requirement for the Health and Wellbeing Board to identify local need and develop a joint Health and Wellbeing Strategy to meet those needs. The Bill also proposes a duty to involve the people living or working in the local area, local HealthWatch and District Councils in the preparation of the strategy.

Derbyshire's Shadow Health Wellbeing Board has made initial progress on the development of the Health and Wellbeing Strategy for Derbyshire. The main focus of the work so far has been to agree a small number of high level priorities around which the full Strategy can be developed. The priorities identified need to be those that have clear benefits from joint action by the different agencies represented on the Board and must be linked with clear outcome indicators in order to ensure progress can be monitored. The recently published Public Health Outcomes Framework for England is being incorporated into the development of the Strategy, alongside the Adult Social Care and NHS Outcomes Frameworks.

The statutory Joint Strategic Needs Assessment (JSNA) provides the key evidence that will drive the priorities for the Health and Wellbeing Strategy. Other plans, strategies and priorities that identify local health needs have also been reviewed to identify the appropriate priorities including the Local Strategic Partnerships (LSP) strategies and plans, Adult Care, Children's Trust, and the NHS Operating Framework 2012/13.

Based on the information obtained from these sources, a proposed list of high-level priorities have been drafted and presented to the Shadow Health and Wellbeing Board in January. Comments from the Board have now also been incorporated into the updated list of draft priorities that are attached at Appendix A.

### **Consultation on the priorities**

The high-level priorities will now be consulted on more widely with a range of stakeholders, including local people, district councils, LINKs (as the Local HealthWatch will only be established in April 2013), Clinical Commissioning Groups (CCGs) and other partners. The consultation period also provides a further opportunity for the County Council to comment on the proposed priorities, which will also be presented to the authority's Information and Scrutiny People Committee meeting in March for consideration.

### **Next steps**

Following the consultation process, the high-level priorities will form the framework around which the full Health and Wellbeing Strategy will be developed. Feedback will be sought throughout the process in line with existing consultation routes and the Shadow Health and Wellbeing Board's emerging Stakeholder Engagement Plan. This work will be closely linked with the on-going development/refresh of the Derbyshire Joint Strategic Needs Assessment (JSNA) and with emerging commissioning plans of partner organisations in the 2012/13 financial year. The publication of the final strategy in June 2012 will ensure it can be a core part of planning cycles for the 2013/14 year and onwards.

### **3. Considerations (to be specified individually where appropriate)**

In preparing this report the relevance of the following factors has been considered: financial, legal, prevention of crime and disorder, equality and diversity, human resources, environmental, health, property and transport considerations.

#### **4. Key Decision**

No

#### **5. Call-in**

Is it required that call-in be waived in respect of the decisions proposed in the report? No

#### **6. Background Papers**

Health and Social Care Bill – Cabinet Report (12 July 2011)

Health and Social Care Bill (currently within Parliamentary process)

The Public Health Outcomes Framework for England 2013-2016 – Cabinet Report (21 February 2012)

**Officer's Recommendations**

It is recommended that Cabinet:

1. Endorse the overall high-level priorities for the Health and Wellbeing Strategy
2. Receive further reports on the development of the Health and Wellbeing Strategy in due course.

**David Lowe**  
**Strategic Director – Policy and Community Safety**

## **APPENDIX A**

### **DERBYSHIRE SHADOW HEALTH AND WELLBEING BOARD Derbyshire Health and Well Being Strategy development: proposed high-level priorities**

Key strategic aims across all priority areas will be to improve health and wellbeing by **reducing health inequalities**, to **strengthen investment in evidence-based prevention and early intervention** and for all partners to deliver **high quality care that promotes privacy and dignity along with robust safeguarding processes**:

- Improve health and wellbeing in early years. Every child fit to learn and attain the highest levels of literacy. **Focus on early intervention and identification of vulnerable children and families (including children with disabilities)**
- Promote healthy lifestyles by developing services to prevent and reduce harmful alcohol consumption, substance misuse, obesity, physical inactivity, smoking and sexual ill-health. **Focus on preventing and reducing alcohol misuse, obesity and physical inactivity**
- Promote the independence of all people living with long term conditions and their carers. **Focus on community based support, self-care and care close to home, including increased use of evidence-based telehealth and telecare**
- Improve emotional and mental ill-health and provide increased access to mental health services. **Focus on improving access to the full range of evidence-based psychological therapies (services that offer treatments for depression and anxiety disorders and other complex mental health problems)**
- Improve health and wellbeing of older people and promote independence into old age. **Focus on strengthening integrated working (pathways/referral mechanisms etc) between health and social care providers and housing-related support services (LAs/registered social landlords/voluntary sector)**

High level priority	Focus on	NHS outcomes/indicators	Social Care outcomes/indicators	Public Health outcomes/indicators
<p>START WELL DEVELOP WELL Improve health and wellbeing in early years. Every child fit to learn and attain the highest levels of literacy.</p>	<p><b>Focus on early intervention and identification of vulnerable children and families (including children with disabilities)</b></p> <p>Rationale:</p> <ul style="list-style-type: none"> <li>• JSNA priority</li> <li>• Stakeholder priority</li> <li>• Breastfeeding initiation and smoking in pregnancy outliers in Derbyshire Health profile</li> <li>• Graham Allen report 'Early Intervention: Smart Investment, Massive Savings'; focus on evidence-based policy and cost-effective programmes for first three years of children's lives, as well as older children, to promote social and emotional development, significantly improve mental and physical health, educational attainment and employment opportunities, prevent criminal behaviour, drug and alcohol misuse and teenage pregnancy, reduced child abuse incidences, reduced first-time offending rates and increased numbers of parents participating in training or employment</li> <li>• The benefits of literacy start at very young age and it is at this early stage that cognitive and social skills are developing.</li> <li>• Low literacy is associated with poorer health outcomes. Children with poor literacy are more likely, when adults, to live on benefits in a non-working overcrowded household. Poor literacy is associated with higher rates of smoking and alcohol.</li> </ul>	<ul style="list-style-type: none"> <li>• Reducing deaths in babies and young children</li> </ul>	<p>The government is developing an outcomes framework for children to improve the health of children and young people; once this is published the relevant outcomes will be included here.</p>	<ul style="list-style-type: none"> <li>• Children in poverty</li> <li>• School readiness</li> <li>• Rates of adolescents not in education, employment/training</li> <li>• Percentage of healthy weight 4-5 /10-11 yrs</li> <li>• Breastfeeding initiation/ prevalence 6-8 weeks</li> <li>• Incidence of low-birth weight of term babies</li> <li>• Hospital admissions from unintentional and deliberate injuries (1-5 years)</li> <li>• Infant mortality</li> <li>• Child development at 2-2.5 years</li> <li>• Reduced rates of teenage pregnancy</li> <li>• Pupil absence</li> <li>• First time entrants to youth justice system</li> <li>• Smoking status at time of delivery</li> <li>• Emotional well-being of looked after children</li> <li>• Tooth decay in children aged 5</li> </ul>

<p>LIVE WELL WORK WELL Promote healthy lifestyles by preventing and reducing harmful alcohol consumption, substance misuse, obesity, physical inactivity, smoking and sexual ill-health.</p>	<p><b>Reducing alcohol misuse; Reducing obesity and physical inactivity</b></p> <p>Rationale:</p> <ul style="list-style-type: none"> <li>Alcohol harm and adult obesity are outliers in Derbyshire Health profile</li> <li>JSNA priority</li> <li>Stakeholder priority</li> <li>New national alcohol strategy expected in early 2012</li> <li>Alcohol, obesity and physical inactivity are risk factors for cancer, hypertension, diabetes, dementia, CHD, stroke and other long term conditions; alcohol also linked with mental health problems</li> <li>Good evidence for effectiveness and cost-effectiveness e.g. screening and brief intervention for alcohol misuse in primary care</li> </ul>	<ul style="list-style-type: none"> <li>Life expectancy at 75</li> <li>Under 75 mortality rates from liver disease, cardiovascular disease and cancer</li> </ul>	<ul style="list-style-type: none"> <li>Effectiveness of prevention/ preventive services - everyone has the opportunity to have the best health and wellbeing throughout their life, and can access support and information to help them manage their care needs.</li> <li>Outcomes for children and young people will be added once the national children's outcomes framework is published</li> </ul>	<ul style="list-style-type: none"> <li>Prevalence of healthy weight in adults</li> <li>Rate of hospital admissions per 100,000 for alcohol-related harm</li> <li>% of adults meeting recommended guidelines on physical activity 5X30mins/wk</li> <li>Under 75 mortality rates from liver disease, cardiovascular disease and cancer</li> <li>Differences in life expectancy and health life expectancy between communities</li> </ul>
<p>LIVE WELL WORK WELL Promote the independence of all people living with long term conditions and their carers.</p>	<p><b>Focus on community based support, self-care and care close to home, including increased use of evidence-based telehealth and telecare</b></p> <p>Rationale:</p> <ul style="list-style-type: none"> <li>JSNA priority</li> <li>Stakeholder priority</li> <li>Derbyshire Health profile outlier (diabetes)</li> <li>NHS Operating Framework priorities: the enhancement of quality of life in long term conditions and support for carers. Specific focus on development of telecare/telehealth services to benefit people with social care needs and/or with LTCs such as diabetes, heart failure and COPD.</li> <li>Emerging and promising evidence from DH report Whole Systems Demonstrator</li> </ul>	<ul style="list-style-type: none"> <li>Health related quality of life for people with LTC</li> <li>Reducing time spent in hospital by people with LTC</li> <li>Enhancing quality of life for carers</li> <li>Enhancing quality of life for people with dementia</li> <li>Emergency readmissions within 30 days of discharge</li> </ul>	<ul style="list-style-type: none"> <li>Proportion of people with LTC feeling supported to be independent and manage their condition</li> <li>Carer reported quality of life</li> <li>The proportion of carers who report they have been included or consulted in discussions about the person they care</li> </ul>	<ul style="list-style-type: none"> <li>Employment of people with LTC</li> <li>Prevalence of recorded diabetes</li> <li>Work sickness absence rate</li> <li>Emergency readmissions within 30 days of discharge</li> </ul>

	<p>Programme: early indications show if used correctly telehealth can deliver 15% reduction in A&amp;E visits, 20% reduction emergency admissions, 14% reduction elective admissions, 14% reduction in bed days, 8% reduction in tariff costs; 45% reduction in mortality rates.</p>		<p>for</p> <ul style="list-style-type: none"> <li>Improving recovery from fragility fractures</li> <li>Emergency readmissions within 28 days of discharge.</li> </ul>	
<p><b>LIVE WELL WORK WELL</b> Improve emotional and mental ill-health and provide increased access to mental health services</p>	<p><b>Improving access to the full range of evidence-based psychological therapies (services that offer treatments for depression and anxiety disorders and other complex mental health problems)</b></p> <p>Rationale:</p> <ul style="list-style-type: none"> <li>Derbyshire health profile outlier for admission due to self-harm</li> <li>Stakeholder priority</li> <li>NHS operating framework focus on mental health services including access to psychological therapies</li> <li>National Mental Health Outcomes Strategy; No Health Without Mental Health. Good mental health and wellbeing, and not simply the absence of mental illness, results in health, social and economic benefits for individuals, communities and populations e.g. better physical health, reductions in health-damaging behaviour, greater educational achievement, less crime, more participation in community life, reduced mortality.</li> <li>Good evidence base for effectiveness: National Institute for Health and Clinical Excellence (NICE) and DH 'Talking therapies: A four-year plan of action' (supporting document to 'No health without mental health')</li> </ul>	<ul style="list-style-type: none"> <li>Reducing premature death in people with serious mental illness</li> <li>Enhancing quality of life for people with mental illness</li> <li>Improving experience of healthcare for people with mental illness</li> </ul>	<ul style="list-style-type: none"> <li>Effectiveness of prevention/ preventive services - everyone has the opportunity to have the best health and wellbeing throughout their life, and can access support and information to help them manage their care needs.</li> <li>Effectiveness of early diagnosis, intervention and reablement: avoiding hospital admissions</li> </ul>	<ul style="list-style-type: none"> <li>Rate of hospital admission as a result of self-harm</li> <li>Self-reported well-being</li> <li>Suicide rate</li> <li>Mortality rate of people with mental illness</li> <li>People in prison with mental illness</li> </ul>

<p><b>AGE WELL</b> Improve health and wellbeing of older people and promote independence into old age.</p>	<p><b>Strengthening integrated working (pathways/referral mechanisms etc) between health and social care providers and housing-related support services (LAs/registered social landlords/voluntary sector)</b> Rationale:</p> <ul style="list-style-type: none"> <li>• Stakeholder priority; JSNA priority</li> <li>• NHS Operating Framework priorities include care of older people and dementia</li> <li>• Housing has a central role to play in enabling older people to remain involved and live their lives to the full. Key issues include insulation and energy saving; home security and safety, practical help around the home and garden; more independent living opportunities; less waiting times for adaptations; more flexibility of housing, care and support options, clearer information and advice on what is available.</li> <li>• WHO report; Environmental burden of disease associated with inadequate housing</li> <li>• The Real Cost of Poor Housing BRE 2010: Estimates cost to NHS of poor housing as being £600m a year and evidences the cost-effectiveness of simple home improvements</li> <li>• Living Well at Home All parliamentary enquiry 2011 and Chartered Institute of Housing report June 2011: advocate joined-up approach in health, social care and housing as means of effective prevention and reducing care costs.</li> <li>• Interim report on the fuel poverty review: quantifies health and social effects of living at low temperatures</li> </ul>	<ul style="list-style-type: none"> <li>• Helping older people to recover their independence after illness or injury (i. still at home 91 days after discharge; ii. offered rehab following discharge)</li> <li>• Improving recovery from stroke</li> <li>• Improving recovery from fragility fractures</li> </ul>	<ul style="list-style-type: none"> <li>• Earlier diagnosis, intervention and reablement - helping older people to recover their independence after illness/injury (i. still at home 91 days after discharge; ii. offered rehab following discharge)</li> <li>• Admissions to residential homes per 1,000 population</li> <li>• Delayed transfers of care from hospital, and those which are attributable to adult social care</li> <li>• Effectiveness of early diagnosis, intervention and reablement: avoiding hospital admissions</li> </ul>	<ul style="list-style-type: none"> <li>• Fuel poverty</li> <li>• Health related quality of life for older people</li> <li>• Healthy life expectancy</li> <li>• Excess seasonal mortality</li> <li>• Acute hospital admissions as a result of falls or falls injuries for over 65s</li> <li>• Hip fracture in over 65s</li> <li>• Dementia and its impacts</li> </ul>
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