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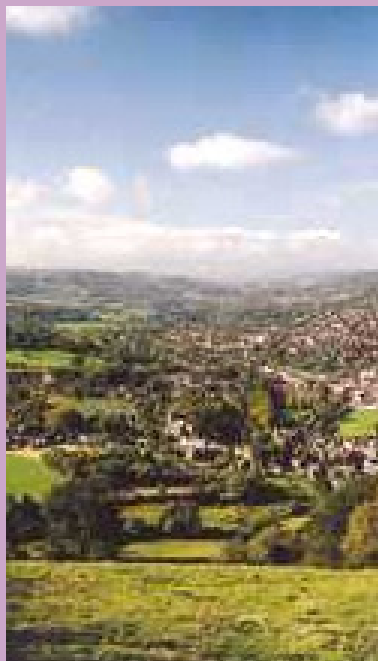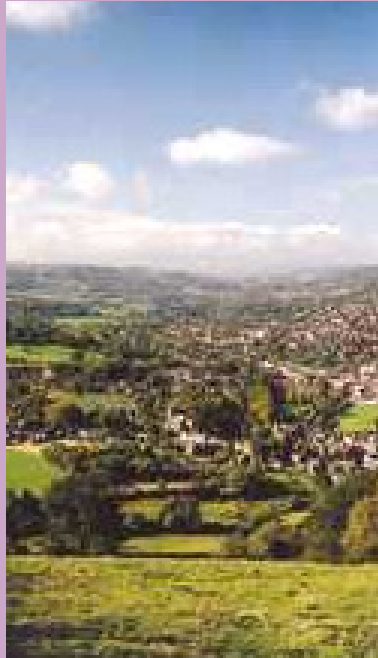
Health and Wellbeing Stakeholder Engagement Forum
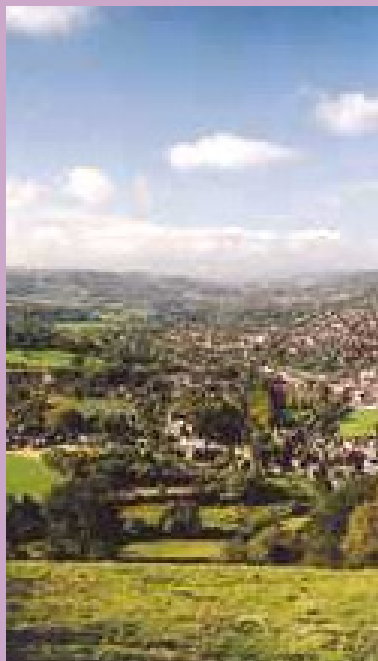
30 March 2012

National progress

- Health and Social Care Bill – Royal Assent expected April 2012
- Shadow NHS Commissioning Board operational
- Healthwatch England outlined
- NHS Operating Framework 2012/13
- Public Health England
- Public Health Transition planning
- Outcomes Frameworks

Progress in Derbyshire (1)

## Derbyshire Health and Wellbeing Board

- Early implementer

- Bi-monthly meetings

- Roles and responsibilities established

- Developing relationships

- Key areas of responsibility

  - Joint Strategic Needs Assessment

  - Joint Health and Wellbeing Strategy

  - Healthwatch

  - Joining up/integration of services

  - Duty to Involve

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Progress in Derbyshire (2)

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- Joint Health and Wellbeing Strategy development
  - 5 draft priorities
  - Consultation begun

- JSNA development

- Public Health Transition planning

- Clinical Commissioning Groups (CCG) intentions

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Progress in Derbyshire (3)

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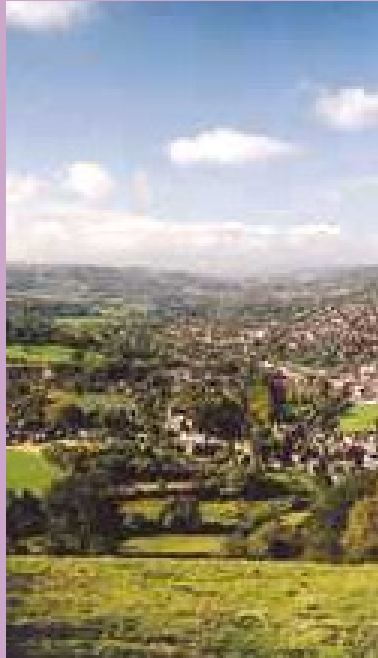
- Service specific developments
  - Screening and Immunisation programmes
  - Family home reading strategy
  - Sexual Health services
  - Obesity services
  - Smoking cessation
- Engagement and Inclusion
  - Healthwatch transition
  - Engagement Forum twice per year
  - Build upon existing arrangements
    - Diverse stakeholders
    - How to capture feedback effectively?

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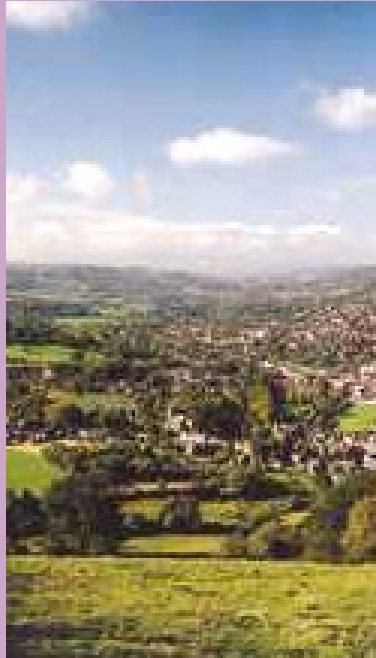
Derbyshire Health and Wellbeing Board – the future

- Shadow Board officially from 1 April 2012
- Developing the work of the Board
  - Task and finish groups
  - Development sessions
- Accessing support available to Boards
  - National learning sets and Regional Forums
  - Leadership Development Programme – coming soon
  - NHS Confederation – "what good looks like"
- CCG authorisation
- Indicative budgets

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Derbyshire Health and Wellbeing Board – the future

Derbyshire County Council
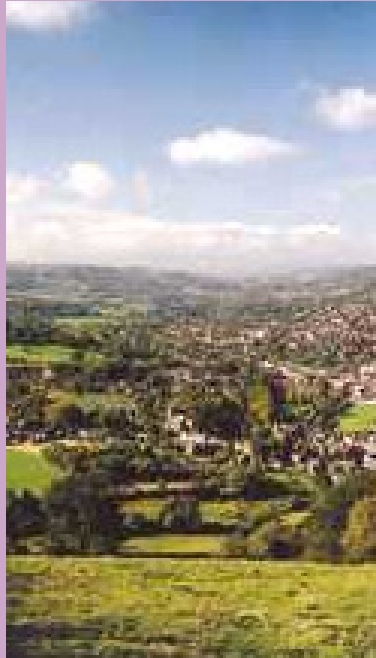
- Planning for 2013/14

- Public Health Transition

- Joint Health and Wellbeing Strategy
  - Further development
  - Publication
  - Implementation

- Performance management
  - National self-assessment tool focusing on
    - Set-up and governance
    - Organisational development
    - Outcomes

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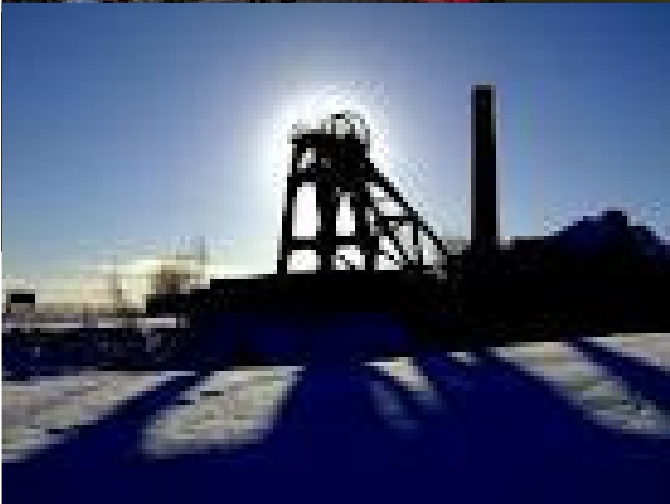# Health and Wellbeing Strategy Priorities for Derbyshire

Bruce Laurence

Alison Pritchard

What is health

- Health derives from Anglo Saxon and Old High German word hale or hal. The terms health, heal, whole, hale and holy all derive from this.

- Health is a state of complete physical, mental, and social **well-being** and not merely the absence of disease or infirmity.

- Public Health is the science and art of preventing disease, prolonging life and promoting health through the organized efforts and informed choices of society, organizations, public and private, communities and individuals. Charles Winslow 1920

What Winslow actually wrote…

- Public health is the science and the art of preventing disease, prolonging life, and promoting physical health and efficiency through organized community efforts for the sanitation of the environment, the control of community infections, the education of the individual in principles of personal hygiene, the organization of medical and nursing service for the early diagnosis and preventive treatment of disease, and the development of the social machinery which will ensure to every individual in the community a standard of living adequate for the maintenance of health

Derbyshire Health and Well Being Strategy development

Why do we need a strategy?

- Co-ordinate action across organisations in ways that best meet the Health and Wellbeing needs of Derbyshire's population
- The strategy will guide partnership actions to improve health and will be a mechanism for making decisions about where to focus most effort and resources
- The Health and Well Being Strategy will deliver actions across all the national outcomes frameworks – NHS, Adult Social Care, Public Health and Children and Young People
- Capturing stakeholder views is fundamental to the success of the Strategy (individuals, communities and organisations)

Process and consultation plan

- As a first step five high level priorities have been developed around which the rest of the strategy will be framed
- The priorities have been developed from reviewing the Joint Strategic Needs Assessment, local stakeholder views and from existing national and local plans and priorities
- Consultation on high-level priorities until 22nd April:
  - Questionnaire (electronic); paper also copies available in libraries and GP surgeries
  - Presentations/information to a range of community groups including community forums, LINk membership, Health and Social Care forums, learning disability, mental health and BME forums
  - Article in Derbyshire First (sent to all households in Derbyshire)
  - This stakeholder event
- Draft strategy by June; full three month consultation in the summer; final strategy by September

Over-arching priorities

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

1.Health and wellbeing in early years

- Improve health and wellbeing in early years. Every child fit to learn and attain the highest levels of literacy.
    - **In Derbyshire we will focus on early intervention and identification of vulnerable children and families (including children with disabilities)**

  Why:
    - In Derbyshire breastfeeding initiation rates and smoking in pregnancy rates are worse than the England average
    - Ensuring services are delivered as early as possible in a child's life will significantly improve their mental and physical health, educational attainment and employment opportunities, and help prevent criminal behaviour, drug and alcohol misuse and teenage pregnancy

2. Healthy Lifestyles

- Promote healthy lifestyles by developing services to prevent and reduce harmful alcohol consumption, substance misuse, obesity, physical inactivity, smoking and sexual ill-health.
  - **In Derbyshire we will focus on preventing and reducing alcohol misuse, obesity and physical inactivity**

  Why:
  - Derbyshire is significantly worse than England for alcohol-related hospital admissions and rates of adult obesity
  - Alcohol, obesity and physical inactivity are risk factors for cancer, hypertension, diabetes, dementia, CHD, stroke and other long term conditions

3. People living with long term conditions and their carers

- Promote the independence of all people living with long term conditions and their carers.
  - **In Derbyshire we will focus on community based support, self-care and care close to home, including increased use of evidence-based telehealth and telecare**

  Why:
  - An estimated 15.4 million people in England live with at least one long-term condition (such as diabetes, or coronary heart disease)
  - The number of people with LTCs is increasing and is highest in more deprived areas
  - It is estimated that there are more than 112,000 carers in Derbyshire

4. Emotional and mental health

- Improve emotional and mental health and provide increased access to mental health services.
  - **In Derbyshire we will focus on improving access to evidence-based psychological therapies (services that offer treatments for depression and anxiety disorders and other complex mental health problems)**

  Why:
  - Good mental health and wellbeing 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)
  - Evidence-based psychological therapies are an effective way of helping people with common mental health problems

5. Health and wellbeing of older people

- Improve health and wellbeing of older people and promote independence into old age.
  - **Focus on strengthening integrated working between health and social care providers and housing-related support services**

  Why:
  - Inadequate housing results in poorer health
  - Developing a more joined-up approach in health, social care and housing will result in more effective prevention services and reduced care costs
  - Evidence-based services to promote independence will help increase healthy life expectancy

To increase the healthy life expectancy and years of good health experienced by the people of Derbyshire

START WELL
To optimise children's health at the start to life and before school

- Healthy pregnancy
- breast /infant feeding
- Optimal health 2.5 years
- Vaccination uptake
- Avoidable Admissions
- Experience of quality maternity services
- Keeping safe from avoidable harm

DEVELOP WELL
Children attain potential and make successful transition to adulthood

- Vaccination uptake
- Risk health behaviours reduced
- Children in care
- Avoidable contact with criminal justice system
- Experience of care services
- Keeping safe from avoidable harm
- School readiness attainment
- Healthy School experience
- Educational attainment
- Children NEET 16-18
- Children in poverty
- Avoidable admissions for chronic illness
- Experience of care services

LIVE AND WORK WELL
People are enabled to live healthy independent productive lives of their choosing

- Stable domestic harmony
- Mental wellbeing
- Mental health &disabled people living independent
- Health literacy
- Risk behaviours modified
- Utilisation of green space
- Violent crime
- Employment
- Employment/ purposeful activity of disabled people
- Workforce sickness absence
- Effective management of disease
- Emergency response plans
- Protection from risk and hazards to health
- Early presentation and diagnosis of disease
- Preventing avoidable admissions
- Recovery and rehabilitation
- Carers support

AGE WELL
People are enabled to age in optimal health with dignity and independently in settings of their choice

- Control and direct influence over resources
- Avoidable re-admissions
- Access to support
- Effective reablement /rehabilitation system
- Experience of care services
- Social network/ connected
- Dignified end of life experience
- Secure income/ entitlement
- Safe and warm living environment
- Perceptions of safety
- Fuel poverty
- Keeping safe from avoidable harm

Next steps

Thank you for your help and input so far!

In today's workshops please let us have your views on the high-level priorities