
“Co-operating in Rochdale for Better Health & Wellbeing”
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1. Foreword

We are pleased to launch our first Health and Wellbeing Strategy for Rochdale Borough. This is the first step towards achieving our vision for better health and wellbeing for our local population.

From our JSNA, we know that we face some major health and wellbeing challenges in Rochdale Borough. However, we believe that the reforms set out in the Health and Social Care Act 2012 give us some clear opportunities to address some of these challenges. As a local authority we will have new responsibilities for leading public health, and through our newly established Health and Wellbeing Board, we will work with our local GPs, the NHS and the voluntary sector to promote integration and drive improved services.

This Strategy is a response to the issues identified in our JSNA and by our local stakeholders. It clearly sets out our priorities and strategic intentions as a Health and Wellbeing Board for improving health and wellbeing outcomes in our communities.

We believe that Health is everyone’s business and that we all need to work together, with our local communities to tackle the big issues that will make the biggest difference. The priorities and strategic intentions set out in the Strategy are areas which we as a Board want to focus on collectively to make a real and measurable difference. However, the document is intended to provide the strategic framework for all our partners to contribute to this agenda.

This Strategy isn’t the end of the process. It is important that we measure progress and monitor performance to ensure we are making a real and measurable difference. Our understanding of the health and wellbeing needs of the Borough will be continuously updated through our JSNA process, therefore as a Board we will also need to ensure that we respond to any changes and refresh our priorities to meet these changes.

We look forward to the challenges ahead and to working together to make a real difference.

Councillor Colin Lambert
Leader of the Council / Chair of the Health & Wellbeing Board
2. Executive Summary

The Health and Social Care Act 2012 established Health and Wellbeing Boards as a key mechanism for improving joint working between the NHS and local authorities, bringing together key commissioners to encourage integrated working and provide local leadership to improve health and wellbeing outcomes for local communities.

Rochdale’s Shadow Health and Wellbeing Board (HWBB – see Appendix 6 for full membership) was established in April 2011, bringing together key representatives from the local authority, locally elected members and local GPs with the shared aim of delivering improvements to health and wellbeing and tackling the health inequalities in Rochdale Borough.

Under the 2012 Act, Health and Wellbeing Boards are required to undertake a local assessment of the current and future health and wellbeing needs of the Borough through a Joint Strategic Needs Assessment (JSNA) process, and produce a Joint Health and Wellbeing Strategy setting out how it intends to meet the key needs identified through the JSNA.

This is Rochdale Health and Wellbeing Board’s first Joint Health and Wellbeing Strategy, providing an overarching plan for improving the health and wellbeing of our Borough. Informed by our JSNA, and in consultation with stakeholders, we have identified 5 key priorities and a series of strategic intentions which will provide the framework for commissioning health and wellbeing services in the Borough.

The top 5 priorities are:

1. Children & Young People
   - Giving Every Child the Best Start in Life
2. Prevention and Early Intervention
3. Tackling Health Inequalities
4. Wellbeing
5. Healthier Lifestyles

The HWBB will want to ensure that we are making real and measurable improvements in delivering our priorities and Strategic Intentions, contributing towards our vision for better health and wellbeing for Rochdale Borough. Detailed action plans will be produced for each of our Strategic Intentions and the HWBB will regularly review progress against these as well as monitoring performance against key outcome measures.
3. Vision and Ways of Working

Mission Statement
“Co-operating in Rochdale for Better Health & Wellbeing”

Vision Statement
• By 2021, we aim to achieve greater health and wellbeing equality between our most and least deprived communities, with a focus on tackling our priority health and wellbeing outcomes.
• We will work in partnership to maximise the assets and resources that we have in the Borough to achieve the best possible outcomes for our population.
• People and communities will have high aspirations for their own health and wellbeing outcomes and will feel in control of and able to manage their own conditions.

How we will achieve the Vision
• Working together as board members and leaders to achieve shared goals and outcomes.
• Taking a whole system approach and helping all partners to understand their role in improving health and wellbeing and supporting a system that holds partners to account.
• Prioritising action on our key health needs and priorities.
• Committing to a long term strategy of prevention and early intervention.
• Evaluating what we do and learning from good practice.
• Communicating effectively about the services that are available to people and managing people’s expectations of the offer.
• Working with individuals, families and communities to raise aspirations and improving confidence and self-esteem to achieve good health and wellbeing.
• Learning from what people tell us and delivering targeted and personalised health messages to support changes to lifestyles and behaviours.
• Leading by example and influencing external agencies and local businesses to recognise and contribute to our ambition for Rochdale.

Ways of Working
The following cross cutting principles will inform the way we deliver our key priorities and strategic intentions:
• Working Together... to help address the big challenges within the Borough and drive improved and sustainable services in light of decreasing resources.
• Evidence Based Practice... to ensure that where evidence of good practice exists, this should inform the way we commission services to deliver our priorities.
• Communication... to ensure we have clear and effective engagement and communication channels in place so that everything we do is visible and transparent.
• Equality and Diversity... promoting equality for all and valuing diversity within our communities.
• Community Assets... using our community assets wisely to help improve the health and wellbeing outcomes of all our communities.
4. Developing our Joint Health and Wellbeing Strategy

4.1 Summary of the Process

Fig. 1: Developing the Joint Health & Wellbeing Strategy

From Data to Priorities

- **JSNA**: Assessment of the Health and Wellbeing needs of the Borough
- **Stakeholder Engagement**: Identifying key issues and priority themes
- **Prioritisation Process**: Identifying the HWBB’s Top 5 Priorities

From Priorities to Strategic Intentions

- **Stakeholder Assembly and Evidence Review**: Focused areas of collective action led by the HWBB
- **Strategic Intentions**: Focused areas of collective action led by the HWBB

The Health and Wellbeing Board (HWBB) has a statutory duty to prepare a Joint Strategic Needs Assessment (JSNA) and develop a Joint Health and Wellbeing Strategy (JHWS). JSNA is a process to identify the health and wellbeing needs of a local area, including the current and future health and social care needs of the entire population across the whole life course, from pre-birth to old age. The findings of our JSNA process are the foundation upon which this Strategy is based.

Fig. 1 shows the process we have followed to develop our Strategy. The HWBB’s top 5 priorities have been developed following analysis of the data from the JSNA process together with stakeholder engagement to identify the big health and wellbeing challenges facing the Borough.

Stakeholder discussions at the HWBB’s first Stakeholder Assembly, as well as a review of evidence of what works and a summary of current activity, have helped the HWBB to narrow the priorities down to a set of ‘Strategic Intentions’ where they can make a collective difference and clearly identify change.
4.2 From Data to Priorities

Fig. 2: Developing the Joint Health & Wellbeing Strategy – Data to Priorities

From Data to Priorities

JSNA Key Data and Stakeholder Views

The JSNA process involved a programme of consultation across key stakeholders including the HWBB, the Local Public Sector Board, Rochdale MBC and Link4Life Senior Managers, the Health Overview and Scrutiny Committee and GP Forums. In total, approximately 125 people were involved in developing and interpreting the JSNA and helping to shape the Borough’s priorities.

Fig. 3 overleaf summarises the key data from the JSNA and the issues which were important to stakeholders, mapped to our JSNA thematic structure. A summary of the 2011-12 JSNA process is attached at Appendix 1 of this report. The full JSNA Report for 2011-12 and the datasets used to inform it are available on the Rochdale JSNA Hub at http://www.statsandmaps.org.uk/jsna.
### JSNA Section

#### What the data says...

- Smoking rates are high - 1 in 4 adults locally
- 1 in 5 pregnant women smoke
- 1 in 4 adults binge drink
- High rate of Alcohol-related hospital admissions - 2,832 per 100,000 population compared to 1,743 per 100,000 in England
- Almost 1 in 4 adults have a poor diet
- Only 12% of adults take part in regular physical activity
- Levels of wellbeing are generally ok

#### Stakeholder Views

- Increase healthy eating
- Tackle alcohol misuse
- Promote opportunities for exercise and activity
- Tackle smoking prevalence
- Tackle drug use
- Provide holistic healthy lifestyle services that meet all communities’ needs
- Break down the barriers and improve access to health and wellbeing activities
- Links between wellbeing and physical health
- Promote 5 ways to wellbeing
- Improve the wellbeing of vulnerable groups.

#### Burden of Ill Health

- Increases in life expectancy but people in Rochdale Borough still live 2 years less than nationally
- Key risk factors for ill health:
  - 11.5% of children in reception year and 21.1% of children in year 6 are obese
  - Almost 1 in 4 adults are obese
  - Blood pressure – 13.1% of the population are on hypertension risk registers
  - Our biggest killers - Circulatory, Lung and Liver Disease
  - Long term conditions – Coronary Heart Disease (CHD), Diabetes, Chronic Obstructive Pulmonary Disease (COPD), Asthma and Obesity

#### Services

- High levels of local emergency admissions to hospital – third highest when compared to similar areas
- 1 in 20 admissions for preventable medication issues
- Second highest rate of antibiotic prescribing in England
- ‘Critical services’ accounted for just under half of the council net budget i.e. social care for adults and children (2011/12 - 93m).
  Effective prevention and integration is needed to reduce this growth
- Almost half NHS HMR Budget was spent on General Acute Care (£168m in 2011/12)

- Increase opportunities for services to work together differently to influence the wider determinants of health
- Explore joint commissioning
- Work differently / innovatively to meet big challenges
- Make every contact count - use every opportunity to provide information to people
- Reduce variation in quality of GP Practices.
<table>
<thead>
<tr>
<th>JSNA Section</th>
<th>What the data says...</th>
<th>Stakeholder Views</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wider determinants of Health</td>
<td>• Employment is low with only 65% of adults employed</td>
<td>• Improve housing and ensure we have the right housing stock for our population</td>
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<td></td>
<td>• Rising benefit claimants - nearly 2% more claiming out of work benefits between 2008-10</td>
<td>• Maximise job opportunities in the Borough</td>
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<td></td>
<td>• Youth unemployment is at an all time high</td>
<td>• Tackle youth unemployment</td>
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<td></td>
<td>• General fall in crime and Anti-social Behaviour - the crime rate declined from 125</td>
<td>• Improve skills for those with lower skill levels/education</td>
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<td>per 1,000 population in 2007/08 to 95.18 per 1,000 population in 2010/11</td>
<td>• Improve transport to enable better access to health services</td>
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<td></td>
<td>• 8 of the Borough’s parks awarded Green Flag status</td>
<td>• Raise aspirations and self worth</td>
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<td></td>
<td>• The number of decent homes in the Borough continues to rise year-on-year</td>
<td>• Improve and protect the environment and make the most of what we have</td>
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<td></td>
<td>• The total number of vacant dwellings in Rochdale Borough increased by 15% in 2010-11</td>
<td>• Tackle community safety and anti-social behaviour</td>
</tr>
<tr>
<td>Life course – Children &amp; Young People</td>
<td>• 53% of eligible children in the Borough attained a ‘good level of development’ at Early Years Foundation Stage (2010), an increase on previous year’s results</td>
<td>• Children should be a key priority</td>
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<td></td>
<td>• Educational outcomes at both Key Stage 2 and GCSE are improving, reducing the</td>
<td>• Tackle child poverty</td>
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<td></td>
<td>attainment gap between Rochdale Borough and England</td>
<td>• Co-ordinated, multiagency family approach to early intervention and prevention</td>
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<td></td>
<td>• Rise in the number of children entering care by 37% between 2006/07 and 2009/10</td>
<td>• Improve education, training and employment</td>
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<td></td>
<td>• High rates of Hospital admissions due to alcohol specific conditions – 107 per 100,000 under 18 year olds compared to an England average of 61.8 per 100,000 (2007-10)</td>
<td>• Promote healthy lifestyles in schools and Surestart Centres.</td>
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<td>• Low rates of breastfeeding initiation – 61.2% of mothers compared to an England average of 74.5% (2010/11)</td>
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<td></td>
<td>• High rates of children in poverty – 28.8% compared to an England average of 21.9% (2009)</td>
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<tr>
<td>Life course – Older People</td>
<td>• People are living longer and there is an increasingly elderly population – the</td>
<td>• Provide support for carers</td>
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<td></td>
<td>population aged 65+ in Rochdale Borough is expected to increase by 34.6% between 2008</td>
<td>• Falls prevention</td>
</tr>
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<td></td>
<td>and 2025</td>
<td>• Support independent living</td>
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<td></td>
<td>• Hospital Admissions for those aged 65+ rose by 20% from 2007-10</td>
<td>• Look at the role of the community in providing support for older people.</td>
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<td></td>
<td>• More people are living with a limiting long term illness (LLTI) - the proportion of the population aged 65+ with an LLTI is projected to increase from 58% to 63% between 2004 and 2021</td>
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<td></td>
<td>• High numbers of hospital admissions for falls - 10% of A&amp;E ‘injury attendances’.</td>
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<tr>
<td>JSNA Section</td>
<td>What the data says...</td>
<td>Stakeholder Views</td>
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<tr>
<td>Inequalities</td>
<td>• 40% of the population falls into our two most deprived groups</td>
<td>• Stop 'importing' vulnerability and grow and nurture our own talent</td>
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<td></td>
<td>• Our most deprived group contains many younger people &amp; BME groups:</td>
<td>• Better understand the needs of our communities and vulnerable groups</td>
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<td></td>
<td>- 28% of Asian origin</td>
<td>• Joined up approach to identifying, supporting and providing services for vulnerable people</td>
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<td></td>
<td>- 26% aged 0-15</td>
<td>• Tackle inequalities</td>
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<td></td>
<td>• Gap in life expectancy of almost 10 years for males and females between our most deprived and most affluent groups</td>
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<td></td>
<td>• Rates of Coronary Heart Disease are higher for our most deprived groups. CHD mortality rates for males in our most deprived group are 97% higher than the rate for our most affluent group.</td>
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<td></td>
<td>• Our more deprived groups are more likely to die from cancer – rates for our most deprived group are 86% higher for males and 31% higher for females compared to our most affluent group.</td>
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<td></td>
<td>• Levels of fuel poverty are much higher for those in our most deprived groups – a gap of 13% between our wealthiest and most deprived groups.</td>
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<td>Community Assets</td>
<td>• Raise awareness about and make the most of our community assets</td>
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<td></td>
<td>• Community responsibility</td>
<td></td>
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<td></td>
<td>• Neighbourhood and community led health development.</td>
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</table>
Prioritisation

A number of priority themes emerged through the stakeholder engagement process (Fig. 4). These ‘priority themes’ were considered by the Health and Wellbeing Board to take forward as priorities in the first Joint Health and Wellbeing Strategy. To support this process, a priority setting framework was developed (see Appendix 2), scoring each priority theme against a series of criteria.

**Fig. 4: Priority Themes**

The priority themes arising from the 2012 JSNA Process:
- Children & Young People
- Giving Every Child the Best Start in Life
- Environment
- Lifestyles
- Communications
- Prevention and Early Intervention
- Evidence Based Practice
- Older People
- Community Safety
- Wellbeing
- Positive Image
- Tackling Inequalities
- Aspirations
- Working Together
- Housing
- Employment
- Quality of Services
- Community Assets
- Access

### Top 5 Priorities

Our Top 5 Priorities agreed by the HWBB for 2012 are described in Fig. 5, including key issues from the JSNA and stakeholder views.

**Fig. 5: Top 5 Priorities**

1. **Children & Young People – Giving Every Child the Best Start in Life**
   - Tackling child poverty;
   - Developing a co-ordinated, multiagency family approach to early intervention and prevention;
   - Improving education, training and employment;
   - Using schools and Surestart Centres to promote healthy lifestyles.

2. **Prevention and Early Intervention**
   - Population-based interventions for the big disease/risk areas;
   - Shifting resources from reactive services to services aimed at prevention;
   - Prevention should be ‘everyone’s responsibility’;
   - Managing people with long term conditions well in the community to prevent hospital admissions.

3. **Tackling Health Inequalities**
   - Establish a better understanding of the needs of our communities and vulnerable groups;
   - Develop a more joined up approach to identifying, supporting and providing services for vulnerable people.

4. **Wellbeing**
   - Links between wellbeing and physical health;
   - Promotion of the Five Ways to Wellbeing;
   - Improve the wellbeing of vulnerable groups.

5. **Healthier Lifestyles**
   - Promoting healthy eating;
   - Tackling alcohol misuse;
   - Promoting opportunities for exercise and activity;
   - Tackling smoking prevalence;
   - Providing holistic health and wellbeing services that meet all communities’ needs;
   - Breaking down the barriers and improving access to health and wellbeing activities.
4.3 Priorities to Strategic Intentions – Stakeholder Engagement and Evidence Review

Fig. 6: Developing the Joint Health & Wellbeing Strategy – Priorities to Strategic Intentions

Health and Wellbeing Board Stakeholder Assembly

A Health and Wellbeing Board Stakeholder Assembly has been established to engage a broad range of partners from across the Borough to help us to achieve our vision for better health and wellbeing for Rochdale Borough. The Assembly will provide stakeholders with opportunities to influence the health and wellbeing agenda, contribute to the developing JSNA, share areas of good practice and celebrate success.

The first meeting of the HWBB with the Stakeholder Assembly was aimed at engaging wider stakeholders in influencing the development of this Strategy, considering what is already being done to address the Priorities and the collective action needed to deliver them (see Appendix 3 for Assembly Report).

Recommendations from the Evidence and Stakeholders

Fig. 7 sets out the recommendations considered by the HWBB to deliver their Top 5 priorities. These were developed from:

- The views of stakeholders from the Assembly (Appendix 3);
- A review of what the evidence tells us (Appendix 4);
- Summary of current activity (Appendix 5).

The HWBB agreed to lead on a few recommended areas where they can make a collective difference and clearly identify change (highlighted in red in Fig. 7). These will be the Board’s ‘Strategic Intentions’ for the first Strategic Framework and are set out in Section 5 of this report.

Fig. 7: Recommendations to deliver the Top 5 priorities

Children & Young People

- Provide local leadership to ensure the health and wellbeing needs of children and young people are being effectively met
- Ensure we have effective multi-agency, holistic parenting and family support interventions in place that meet the needs of all our communities
- Deliver a systematic approach to involving young people in service planning and evaluation
- Support organisations working with young people to increase their focus on health and wellbeing
- Strengthen the Borough wide Children’s Poverty Strategy
- Strengthen Education, Training and Employment opportunities for children & young people

Prevention & Early Intervention

- A programme of prevention, early intervention, managing conditions well at home or closer to home (focus on healthier lifestyles, long term conditions, frail older people, falls, people with dementia and support for carers)
- Build capacity of individuals and communities to take control of their own health
- Increase the capacity of all frontline workers to support individuals to improve their health – ‘Making Every Contact Count’
- Make health and social services more accessible by providing services together in the community in non-traditional settings e.g. community centres
- Deliver consistent and clear health messages;
- Provide effective support to carers as part of early intervention/prevention pathways
<table>
<thead>
<tr>
<th>Health Inequalities</th>
<th>Healthier Lifestyles</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Develop an integrated programme to reduce health inequalities with strong leadership, a clear vision and specific recommendations for change</td>
<td>• Work with communities to develop a clear understanding of the barriers faced in relation to making healthy lifestyle choices</td>
</tr>
<tr>
<td>• Make Inequalities Everyone’s Business – take a partnership approach and work together to tackle inequalities; embed reducing inequalities across all the services we work with and commission</td>
<td>• Upscale and broaden the Health Chats approach, providing a systematic and sustainable approach to offering lifestyle support to all those who could benefit</td>
</tr>
<tr>
<td>• Deliver the Health Inequalities National Support Team (HINST) top 10 lessons</td>
<td>• Work in partnership to address issues relating to access to affordable and nutritious food</td>
</tr>
<tr>
<td>• Focus on improving health for all with extra support for our most vulnerable and at risk groups</td>
<td>• Healthier Places – Work together to make sure all our services and the places where local people live, work, learn and socialise consistently offer every opportunity to support healthier lifestyles and promote wellbeing. Make every contact count for health</td>
</tr>
<tr>
<td>• Develop informal networks and build community capacity to support harder to reach and more vulnerable groups and individuals to access information and services</td>
<td>• Healthier People – Harness every opportunity to promote healthier lifestyles, wellbeing, overcome barriers and change attitudes and behaviours for health</td>
</tr>
<tr>
<td>• Upscale community development approaches to help increase communities’ access to services, support healthier lifestyle choices and promote community involvement in service planning and evaluation</td>
<td>• Healthier Policies- Develop consistent policies for health across our organisations, partner organisations and those services we commission</td>
</tr>
<tr>
<td>• Robust evaluation of local interventions in order to improve the evidence base in relation to what works in tackling health inequalities and inform future delivery of interventions</td>
<td></td>
</tr>
</tbody>
</table>

Wellbeing

- Upscale opportunities to promote the evidence-based Five ways to Wellbeing e.g. in Primary Care and frontline services
- Build Wellbeing outcome measures into service specifications
- Pilot approaches to measure wellbeing in children (e.g. Sterling tool)
- Utilise the Five Ways to Wellbeing to support the wellbeing of the workforce - embed 5 Ways to Wellbeing in management training programmes and build into personal development planning and review
- Upscale opportunities for volunteering and support workplace volunteering strategies

Cross Cutting Actions

- Asset Mapping: Undertake a comprehensive mapping exercise of our Borough’s services, groups and activity to avoid overlap and duplication, and coordinate local activity to maximise their use and impact for health e.g. develop offers from community centres to provide more health and wellbeing related activities
- Joint Commissioning & Integrated Working: Explore the feasibility of Joint Commissioning and pooled budgets in key areas to make best use of resources and enable more effective, joined-up services
- Make Every Contact Count for Health – use our collective influence to identify health improving opportunities e.g. in our communities, in our staff, in our services, in our partner organisations
- Evaluate what we do. Ensure programmes are properly evaluated to show what is working/not working. Do more of what works and stop doing what doesn’t work
- Stronger communication and engagement to ensure local voices are heard and information is accessible to all
5. Strategic Intentions

5.1 Joint Commissioning and Integrated Working
We will deliver a programme of Joint Commissioning in key areas to make best use of resources and enable more effective joined up services.

Areas of Focus
- Support for carers
- Care closer to home for older people
- Continuing Health Care
- Children’s Services e.g. Respite care for children with disabilities
- Review of existing arrangements for Alcohol and Health Improvement Services

Outcomes - how will we know we have been successful?
- Joint working group established (or delivery via existing mechanisms)
- Terms of Reference & Governance arrangements agreed
- Annual programme plan produced
- Regular progress reports to HWBB
- Pooled budgets in place in defined areas
- Seamless, integrated services commissioned for defined areas
- Efficiencies and benefits (outcomes) clearly identified
- Improved outcomes for defined areas

Outcome Measures - how we will measure success?
- To be developed by the joint working group

5.2 Prevention, Early Intervention, Managing Well and Increasing Demand for Preventative Services

Areas of Focus
- Primary prevention of our ‘big killers’ (see Lifestyles)
- Prevention of premature deaths from the ‘big killers’ (see Health inequalities)
- Prevention, Early Diagnosis and Good Management of Long Term Conditions
- Older people’s programme including:
  - prevention of falls & fractures
  - early intervention and advice for dementia
  - good management and support of the frail elderly
- Reducing the rise in obesity, particularly in children
- Identifying and managing depression

Outcomes - how will we know we have been successful?
- An integrated programme in place
- Development and delivery mechanisms identified (existing groups, new groups)
- Clear objectives – based on a review of good practice – clear action plan
- Resources estimated and pooled, where required
- Reduced demand for critical services and increased demand for appropriate, preventative services

Outcome Measures – how we will measure success?
- Impact on premature mortality from the ‘big killers’
- Increased demand for appropriate, preventative services
- Reduced emergency admissions for Long Term Conditions and falls
- Improved outcomes for dementia
- Halt in the rise of childhood obesity
5.3 Supporting Healthier Lifestyles and Wellbeing – Making Healthier Choices Easier through Healthy Places, Healthy People and Healthy Policies

**Areas of Focus**

- **Healthier Places** - Joint working to ensure all our services, communities, workplaces health programme, learning establishments, leisure facilities maximise every opportunity to support healthier lifestyles and promote wellbeing (e.g. A Healthy Workplaces programme).
- Harassing every opportunity to support individuals, children & families, working people, older people and communities to overcome barriers and change attitudes and behaviours for health (e.g. Health Chats programme roll out for front line services, Five Ways to Wellbeing programme, adoption of Change4Life).
- **Healthier Policies** – developing consistent policies for healthier lifestyles and wellbeing across all our organisations, partners and those services we commission (e.g. healthy food policies, smoke free policies, action from trading standards and licensing on tobacco and alcohol, adoption of wellbeing as an outcome measure).

**Outcomes - how will we know we have been successful?**

- A refresh of the Borough Healthy Lifestyles Strategy to include a focus on Healthier Places, Healthier People and Healthier Policies
- Monitoring and reporting arrangements in place
- Clear demonstration of targeting to reduce Health Inequalities
- A review of Commissioning arrangements for Healthy Lifestyles

**Outcome Measures – how we will measure success?**

- Increase in smoking quits
- Increase in smoking quits in routine & manual groups
- Reduction in smoking prevalence
- Halt in the rise of obesity in children
- Reduction in alcohol related hospital admissions
- Rise in physically active adults and children
- Positive shift in population wellbeing

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**Links to Public Health Outcomes Framework**

**Overarching Outcome 1**

- Increased healthy life expectancy

**Domain 2: Health Improvement**

- Excess weight in 4-5 and 10-11 year olds
- Recorded diabetes
- Cancer diagnosed at stage 1 and 2
- Cancer screening coverage
- Take up of the NHS Health Check programme - by those eligible
- Self-reported wellbeing
- Falls and fall injuries in the over 65s

**Domain 3: Health Protection**

- Population vaccination coverage

**Domain 4: Healthcare public health and preventing premature mortality**

- Infant mortality
- Mortality from causes considered preventable
- Mortality from all cardiovascular diseases (including heart disease and stroke)
- Mortality from cancer
- Mortality from liver disease
- Mortality from respiratory diseases
- Emergency readmissions within 30 days of discharge from hospital
- Health-related quality of life for older people
- Hip fractures in over 65s
- Excess winter deaths
- Dementia and its impacts
5. Strategic Intentions

5.4 Strengthening our focus on Health Inequalities – an integrated programme to reduce health inequalities

Areas of Focus
- Narrowing the gap
- Improving access for vulnerable groups
- Targeted interventions

Outcomes - how will we know we have been successful?
- Local Review of Health Inequalities and evidence (e.g. Marmot, National Support Team)
- Integrated Action Plan on reducing Health Inequalities – what we need to do to make a difference
- Equity Audit, with improvement plans as a requirement for all our services – who is and isn’t accessing services; How do we target better
- Clear action plans to improve access for vulnerable or ‘protected’ groups
- Targeted lifestyle/risk interventions clearly demonstrated e.g. Health Checks, Stop Smoking, Health Trainers

Outcome Measures – how we will measure success?
- Continued increase in population life expectancy
- Reduced differences in life expectancy and healthy life expectancy between communities
- Reduction in premature mortality for men and women (<75)
- Trend to close the inequalities gap for premature mortality (<75)

Links to Public Health Outcomes Framework

Overarching Outcome 1
- Increased healthy life expectancy
- Reduced differences in life expectancy and healthy life expectancy between communities

Domain 1: Improving the wider determinants of health
- Children in poverty
- Fuel poverty
- Take up of the NHS Health Check programme – by those eligible

Domain 2: Health Improvement
- Smoking status at time of delivery
- Excess weight in 4-5 and 10-11 year olds
- Smoking prevalence – 15 year olds
- Diet
- Excess weight in adults
- Proportion of physically active and inactive adults
- Smoking prevalence – adults (over 18s)
- Alcohol-related admissions to hospital
- Self-reported wellbeing

Domain 3: Health Protection
- Chlamydia diagnoses (15-24 year olds)
Domain 2: Health Improvement
• Low birth weight of term babies
• Under 18 conceptions
• Child development at 2-2.5 years

Domain 4: Healthcare public health and preventing premature mortality
• Infant mortality
• Mortality from all cardiovascular diseases (including heart disease and stroke)
• Mortality from cancer

5.5 Improving outcomes for our Children and Young People

Areas of Focus
• Strengthening the Borough wide Children’s Poverty Strategy
• Strengthening Education, Training and Employment Opportunities for Children & Young People

Outcomes - how will we know we have been successful?
• The recommendations from the Child and Family Poverty Strategy are adopted as a priority by all partners and embedded in partnership plans
• Reporting arrangements are in place to monitor progress against the Child and Family Poverty Action Plan
• Revised strategy for skills improvement
• Clear action plans and monitoring and reporting arrangements in place for skills improvement

Outcome Measures – how will we measure success?
• Improved levels of educational attainment
• Reduce Youth Unemployment
• Increase 16-18 participation/reduced NEET [not in Employment Education and/or Training]
• Increased knowledge of training opportunities available

Links to Public Health Outcomes Framework

Domain 1: Improving the wider determinants of health
• Children in Poverty
• School readiness
• Pupil absence
• 16-18 year olds not in education, employment or training
• Fuel Poverty

6. Next Steps

6.1 Towards Delivery and Measuring Success
We know from our JSNA that we face some major health and wellbeing challenges in the Borough. This Strategy sets out the areas which the HWBB has chosen to focus its collective efforts in order to make a real and measurable difference to tackling some of those challenges.

The next steps towards delivery will be to identify leads which will be responsible for setting out some clear action plans towards achieving the Strategic Intentions and agreeing the mechanisms needed to deliver them.

To enable us to make sure we are on track to achieving our priorities, the HWBB will want to see evidence of progress against action plans. We have also linked the Strategic Intentions to key outcomes from the Public Health Outcomes Framework. These outcomes, as well as any relevant local indicators, will provide a performance framework for the HWBB to measure success and see where we are making a difference.