HEALTH AND WELL BEING STRATEGY

2011 – 2013

(A Framework for Design to Delivery)

FORWARD

Chair of Health and Well Being Board

A strategy that will enable communities to reduce inequalities and experience good health and wellbeing throughout life needs to take account of the wider determinants and mirror the cross government framework.

To include statement / diagram outline linkages with other strategies
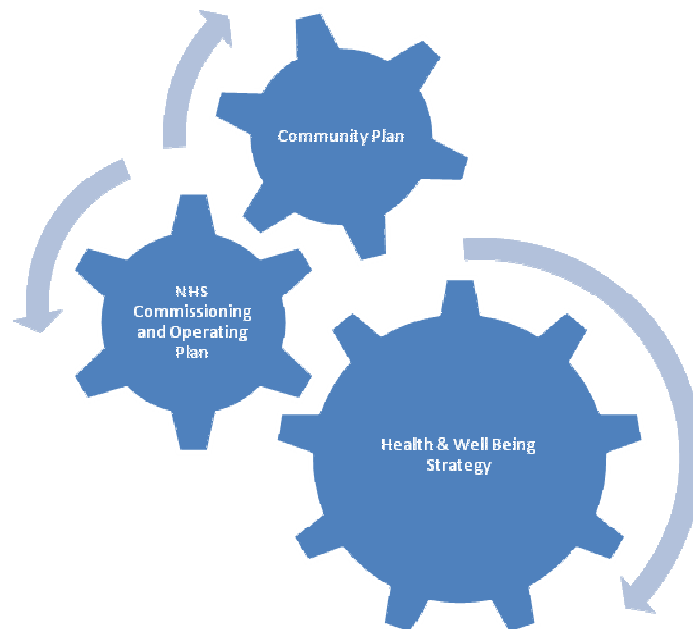
1.0   POLICY CONTEXT

The Coalition Government has set out major reform within the Local Government and National Health Service. A vast number of literature has been published; equity and excellence: liberating the NHS[1], healthy live healthy people[2], no health without mental health[3] and the health and social care bill 2011.[4] These papers set the backdrop for change, including a new Public health System which will focus on improving the health of the poorest fastest and transformational change to the way that services are commissioned and increasing local democratic legitimacy.

The health and social care bill makes proposals to strengthen the partnership working across health and local authorities, underpinned by local democracy. This will see the establishment of Health and Well Being Boards providing the opportunity for a more integrated approach at a local level to deliver better health and wellbeing outcomes, better quality of care and better value.

2.0   HEALTH AND WELL BEING BOARDS

Previous papers discussing the development a Torbay of Health and Wellbeing Board has already been discussed and presented with options locally, 'Report Number TSP/3/11'. In summary the Government proposals have set out the proposed role and function of the Health and Well Being Board:

- To assess the needs of the local population and lead the statutory joint strategic needs assessment.
    - Including the undertaking of the Pharmaceutical Needs Assessment.
- To promote integration and partnership working between the health, social care, public health and other local services.
- Promote collaboration on local commissioning plans, including supporting joint commissioning and pooled budget arrangements where each party so wishes.
- To undertake a scrutiny role in relation to major service changes and priorities.

Membership of the health and wellbeing board, outside a core membership list, will be discretionary at a local level. The core membership, as proposed in liberating the NHS: legislative framework and next steps[6], include GP consortia, the director of adult social services, the director of children's services, the director of public health, an elected member and a local health watch.   The local preference is to continue with an extended membership as follows:

3.0   INFLUENCING POLICY AND DESIGN

3.1   The White paper 'Healthy Lives, Healthy People: Our Strategy for Public Health in England' sets out the future for public health.   It adopts a life course framework for tackling the wider social determinants of health. In addition to the establishment of a new body, Public Health England, as part of the Department of Health it clearly places public health responsibilities back to local government with a stated ring fenced budget to ensure that local government and local communities are central to improve health and wellbeing of their populations and tackling inequalities. This new approach to Public Health set out in the White Paper is illustrated below:
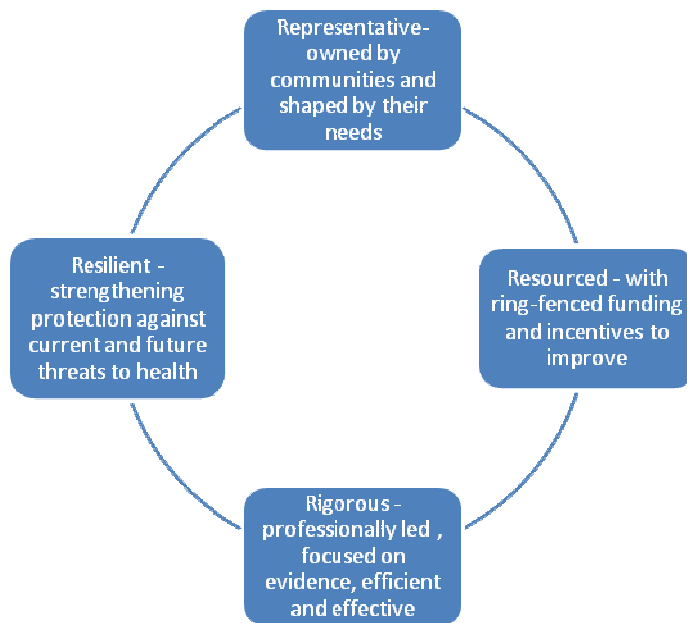
Source: Healthy Lives, healthy People
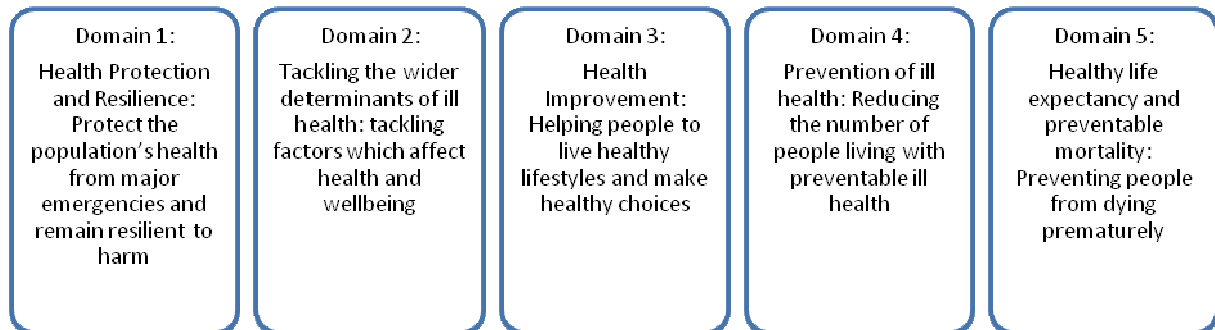
A new Outcomes Framework for public health at national and local levels is proposed. It will be evidence driven, taking account of the different needs of different communities and supportive of delivering health and well being strategies. Figure 2 illustrates the proposed Public Health Outcomes Framework which is set out across five domains

Figure 2: Public Health Outcomes Framework

> **VISION: To improve and protect the nation's health and wellbeing and to improve the health of the poorest, fastest.**

Domain 1:	Domain 2:	Domain 3:	Domain 4:	Domain 5:
Health Protection and Resilience: Protect the population's health from major emergencies and remain resilient to harm	Tackling the wider determinants of ill health: tackling factors which affect health and wellbeing	Health Improvement: Helping people to live healthy lifestyles and make healthy choices	Prevention of ill health: Reducing the number of people living with preventable ill health	Healthy life expectancy and preventable mortality: Preventing people from dying prematurely

3.2   The Health and Social Care Outcomes and Accountability Framework plays a significant role in shaping the priorities for the local population together with evidence from the joint strategic needs assessment.

**Figure 3. Health & Social Care Outcomes and Accountability Framework**

To deliver better health and well being, better care, and better value for all		
Better health and well-being for all: helping you stay healthy and well, empowering you to live independently and tackling health inequalities	**Better care for all:** the best possible health and social care, offering safe and effective services, when and where you need help and empowering you in your choices	**Better value for all:** delivering affordable, efficient and sustainable services, contributing to the wider economy and nation

3.3   The level of spend already within the Bay is considered a shrinking purse. The current £? NHS combined with LA £? provides a basis on which to plan and commission less not more. The challenge will be to manage the increasing expectation and levels of need from our residents balanced against the .....

Figure 4. Resource Matrix

4.0   DELIVERING THE JSNA

Joint Strategic Needs Assessment (JSNA) provides the principle evidence base for the Health and Wellbeing Strategy as well as central to other needs assessments, strategies and equity audits.
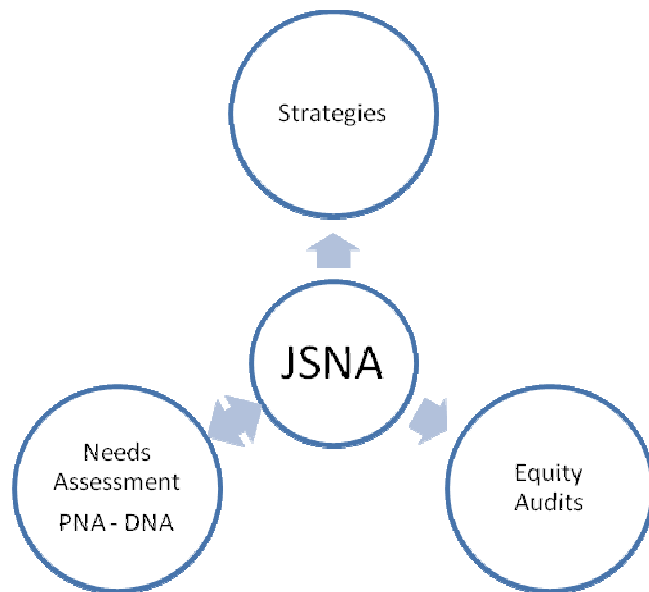
The Torbay approach to JSNA recognises the importance that all organisations (statutory, voluntary and community) have in improving the health and wellbeing of Torbay's population and defines this within a local context, setting realistic expectations and flexibility in aligning the PNA (Pharmaceutical Needs Assessments) and DNA (Dental Needs Assessments) with the model.
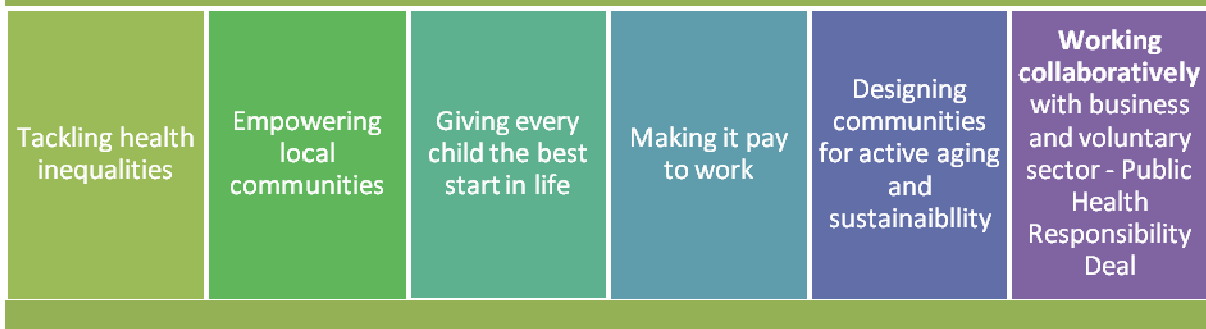
JSNA is led by Public Health within the Local Authority as part of the local intelligence network, iBAY which was established in 2008 with membership from a number of partner agencies. The potential for wider participation within the intelligence network continues to be explored in particular ....

5.0 DEVELOPING A SUSTAINABLE HEALTH AND WELLBEING STRATEGY

This Health and Wellbeing Strategy is based around an integrated approach which reflects the collective responsibility of communities, the local authority and partners in improving and protecting health. Along with objective needs identified from within the JSNA; priorities identified from people in the community ('what matters the most') under the direction of the Health and Wellbeing Board we can jointly create opportunities by maximising resources and minimising duplication.

Physical and psychological health and wellbeing is an essential foundation for a prosperous and flourishing society. [13] It enables individual and families to contribute fully to their communities, and underpins higher levels of motivation, aspiration and achievement. It improves the efficiency and productivity of the labour force – critical to ensuring economic recovery. Poor health and wellbeing also costs a great deal through medical and social care costs, reduced productivity in the workplace, increased incapacity benefits, and many other calls on public services and community support. Our most deprived communities experience the poorest health and wellbeing, so systematically targeted approaches on the geographical areas and population groups at greatest need is crucial in reducing inequalities. The strategy is structured around the following cross sector framework

Health and Wellbeing Strategy

Tackling health inequalities	Empowering local communities	Giving every child the best start in life	Making it pay to work	Designing communities for active aging and sustainaibllity	Working collaboratively with business and voluntary sector - Public Health Responsibility Deal

5.1 TACKLING HEALTH INEQUALITIES

A 'First and Most' approach to address tobacco use; physical inactivity, excess alcohol consumption, poor diet and mental health within our communities.

Four behavioural risk factors – tobacco use, physical inactivity, excess alcohol consumption and poor diet – are the biggest behavioural contributors to preventable disease. These 'top four' are responsible for 42% of deaths from leading causes and approximately 31% of all disability adjusted life years *World Health Organization, The European Health Report, 2005). Tackling behavioural risk factors through health promotion is often seen as an issue among younger, predominantly healthier people, however, behavioural factors are also major risk factors in the onset and relapse of, and premature mortality from, long-term conditions such as diabetes, cardiac disease and respiratory disease, and for increase disability from musculoskeletal conditions and mental ill health. There is also strong evidence that reducing behavioural risk factors in older people significantly increase both quality and length of life, irrespective of any pre-existing long term condition. 'No Health without Mental Health ' (DH, 2011) Government strategy provides focus and evidence that improving mental health and wellbeing significantly reduces physical (as well as psychological) ill health. Mental health is a gap in the current JSNA.

5.2 EMPOWERING LOCAL COMMUNITIES

'Big Society' requires a strong 3rd sector and effective community organising infrastructure and a strategic approach to community engagement.

5.3 GIVING EVERY CHILD THE BEST START IN LIFE

CYPP - priorities

5.4 MAKING IT WORK TO PAY

5.5 DESIGNING COMMUNITIES FOR ACTIVE AGING AND SUSTAINABILITY

Increase health expectancy and an improved quality of life and reduction in disability for people with long-term conditions

With an ageing population, it is critical that we have a strong focus on improving health and wellbeing in older people. Torbay expects to have 50% of its population aged 50 or above by 2020. Our population structure is already older than the national average and this is predicted to become even more acute which is likely to place additional demands on public services. The Torbay active aging strategy sets out the 'call for action' over the next 3 years.

There has been much debate about the age at which people are classified as 'old' but most people would recognise that as people age, they are likely to require some support to keep active and well both physically and socially.

Prioritisation of investment in medical technology and treatments has been a contributing factor to increases in the overall life expectancy. Whilst some progress has been made with this we find that those people living longer are living with a disability. Therefore there needs to be a shift in intervention to increase both disability-free life expectancy and overall life expectancy with a clear focus on prevention and self management.


Improving health expectancy: policy options

Representation of current average life expectancy – a substantial portion of lives, particularly in disadvantaged groups, spend in ill health

Health	Disability

Birth   Onset of disability   Death
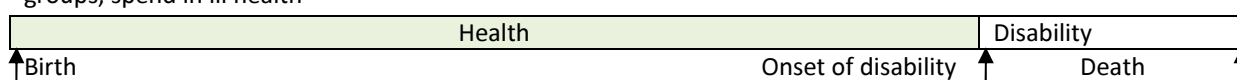
Impact of many current health interventions – increase overall life expectancy by increasing life lived with disability
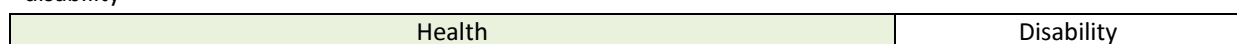
Health	Disability

'Ideal' health interventions – increase disability-free life expectancy and overall life expectancy
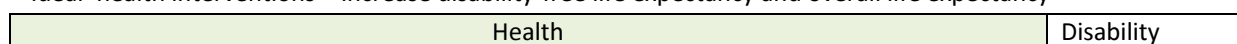
Health	Disability

Many important healthcare interventions increase life years lived with disability, and achieve the outcome represented by the second bar above. However, many interventions that cost less and are most cost-effective increase disability-free life expectancy, yet are not routinely implemented. For example, increasing physical activity improves mental health and wellbeing, reduces rates of heart
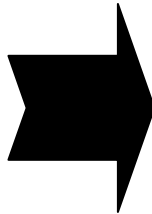
disease and cancer, reduced the likelihood of developing diabetes in those at risk, reduces deterioration and supports fulfilled lives in people with many established long-term conditions and disabilities, and improves mobility, quality of life and life expectancy in older people.

5.6 WORKING COLLABORATIVELY WITH BUSINESS AND VOLUNTARY SECTOR

6.0 IN SUMMARY

Given the scale of the challenge set before us in addressing the inequalities that exist across the Bay the support to communities to help build a sustainable health and well being system will require transformation and challenge to the way of thinking and expectations. For example.

From	Health and social care as institution led services	To	Health and social care as part of the community
From	Curative and fixing medical care	To	Early intervention and preventative care
From	Sickness	To	Health and well being
From	Sustainability as an add on	To	Integration in culture, practice and training
From	Nobody's business	To	Everyone's business
From	Single indicators and out of date measurements	To	Multiple score card information with Outcomes

Source: Route Map for Sustainable Health

Therefore, investment in prevention is considered paramount and all sectors work more closely together to provide appropriate care. This means housing, educations, support to early years and community networks provide a fully integrated health and well being system. For instance, vulnerable people receive integrated health funds to insulate their homes better. This minimises ill health during winter, reduces hospital emissions and enables savings and a better standard of living. (local example?)

References:

1. Department of Health. (2010) Equity and excellence: liberating the NHS
2. HM Government. (2010) Healthy live healthy people: Our strategy for public health in England
3. HM Government. (2011) No health without mental health. A cross-government mental health outcomes strategy for people of all ages
4. 2011 health and social care bill
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6. Department of Health. (2010) Liberating the NHS: legislative framework and next steps (5.11)
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8. Department of Health. (2007) Guidance on Joint Strategic Needs Assessment
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11. Department of health. (2011) Health and Social Care Bill 2011 Impact assessment (A57)
12. Department of health. (2011) Health and Social Care Bill 2011 Impact assessment (A110)
13. Enabling Effective Delivery of Health and Wellbeing an Independent Report (2010)
14.