

# Herefordshire Health and Wellbeing Board

## Health and Wellbeing Strategy 2012/13

### Vision and guiding principles

**Vision:** Herefordshire residents are resilient; lead fulfilling lives; are emotionally and physically healthy and feel safe and secure.

**Overall outcome:** To increase healthy life expectancy, and reduce differences in life expectancy and healthy life expectancy between communities.

#### Principle 1

People should be responsible for their own health and wellbeing, and should try to stay fit, well and independent for as long as possible. Herefordshire Health and Wellbeing Board and its partners recognise, actively promote and support the contribution made by family, friends, the community and other services in helping people to achieve good health and wellbeing, with support from professional services when required.

#### Principle 2

People can do many things to help themselves and their families to stay healthy, but there will be times when extra support is required. Information and advice will be available from a wide range of sources, easily and quickly, when and where people need it, so that they can make informed decisions about what they need to do to remain healthy.

#### Principle 3

Herefordshire Health and Wellbeing Board and its partners will work together to provide a unified service for everyone, through consistently good quality shared care and managed networks. Services will be financially viable, safe and sustainable and affordable for everyone, making use of both public funds when required, and people's own funds if they are able to pay.

#### Principle 4

Publicly funded services will be delivered in conjunction with the resources of family, friends and their community to ensure the right service, at the right place at the right time. The Health and Wellbeing Board will facilitate the provision of care as close to home as possible and ensure easy access to acute hospital services when needed. Services will protect people's safety, independence and dignity. Appropriate support will be provided for people when in hospital or a residential home to encourage a return to independence wherever possible. When required, long term and end of life care will be dignified and caring.

**Principle 5**

There are differences in people's health and wellbeing that start in the womb and accumulate throughout life. Health outcomes are worse for people from more deprived areas and it is important to work with people throughout their lives to improve their healthy life expectancy. A vital part of this is sustaining a healthy workforce for the county. There are wide influences on health and wellbeing and these must be acknowledged and built into all decision making by Herefordshire Health and Wellbeing Board and its partners.

**Principle 6**

The ladder of intervention framework provides a means of integrating lifestyle and enforcement action into a single strategy for improving health and wellbeing for the people of Herefordshire. This framework will be used by Herefordshire Health and Wellbeing Board and its partners to address health and wellbeing issues across all sectors.

**Principle 7**

The Five Ways to Wellbeing (Connect, Be Active, Take Notice, Keep Learning, Give) will be used by Herefordshire Health and Wellbeing Board and its partners to support wellbeing in the county by enriching people's lives through cultural opportunities, altruism and volunteering.

## **My health and wellbeing: children under five years old**





### **What are we aiming to achieve by 2015?**

For every child in Herefordshire to have an equal chance of a healthy childhood and developing a healthy lifestyle for adulthood.

### **Strategic documents**

Yes We Can Plan;  
Child Poverty Strategy 2012-15;  
Herefordshire Safeguarding Children Board Business Plan;  
Herefordshire Health Improvement Plan;  
Children with Disabilities Review;  
West Mercia PCT Cluster Integrated System Plan;  
CCG Operational delivery plan;  
Public Health Transition Plan

### **Why is this important?**

-  It is important to give every child the best start in life because early child development lays the foundation for the rest of children's lives, with the social gradient in health and wellbeing starting in the womb and accumulating through life. Action to reduce child poverty has close synergy with action to improve population health.
-  In Herefordshire we are not achieving the levels expected for children in early years settings. The average readiness for school of five year olds in Herefordshire in 2010/11 was significantly worse than average for England. The figures are now improving but we need to become excellent in our children's readiness for school.
-  Parenting is the biggest determinant of a child's readiness for school at age five, with the social gradient being strongly evident by age three.
-  A significant proportion of children with Child Protection Plans in Herefordshire are under 5.

### **What will we do between 2012 and 2015?**

- We will implement the Children with Disabilities Review recommendations
- We will implement the Herefordshire Safeguarding Children Board business plan
- We will implement the Herefordshire Child Poverty Strategy, and in particular we will:
  - Increase support to all parents of children in the foundation years, with proportionately more support offered to parents of children with poor language development and/or behaviour problems and/or poor parent-child interaction.
  - Achieve full implementation of the Healthy Child Programme, with an emphasis on reducing the social gradient in health through county-wide implementation of the progression from 'universal' services to 'universal plus' and 'universal partnership plus'.
  - Continue with the expansion of the Health Visiting workforce which provides an opportunity to identify children with below average language development and/or poor behaviour and to provide or organise additional support to the child and parents to improve the child's readiness for school.

- Provide the offer of 15 hours per week free early education to 2 year olds from disadvantaged backgrounds giving an opportunity to reduce the social gradient in readiness for school.
- Commission a Family Nurse Partnership Programme in Herefordshire once the results of the current trial are reported in 2013.
- At school entry age, assess all children for their readiness for school and if necessary provide additional support to bring them up to the average for England, with intensive support provided for those children significantly below the English average.
- We will implement a failsafe system to improve childhood immunisation population coverage and achieve herd immunisation levels
- Review and change our family support arrangements to ensure they help parents improve outcomes for children at risk of falling behind.

**Main partners for delivery:**

*Herefordshire Public Services – People’s Services Directorate; Economic, Environment and Cultural Services*

*Wye Valley NHS Trust*

*2Gether Foundation NHS Trust*

*Herefordshire Health Care Clinical Commissioning Group*

*West Mercia PCT Cluster and successor organisations*

*West Mercia Police*

*Parish Councils*

*Early Years settings, schools and colleges*

*Independent Third Sector partners*


*Community and voluntary organisations including carer organisations*




**How will we deliver?**

*Children and Young People’s Partnership Forum*

*Herefordshire Children’s Safeguarding Board*

**We will do the following in 2012-13**

<i>Activity</i>	<i>Timescale</i>	<i>Lead</i>
 Implement the Child Poverty Strategy actions relating to children 0-5;	March 2013	Children and Young People’s Partnership Forum

 Implement children with disabilities review recommendations relating to children 0-5	March 2013	Children & Young People's Partnership Forum
 Implement the Herefordshire Safeguarding Children Board Business Plan actions relating to children 0-5	March 2013	Herefordshire Safeguarding Children Board
 Undertake a review of Children's Centre and implement the findings	March 2013	
<b>Public Health Outcomes framework</b>	<b>NHS outcomes framework</b>	<b>Education and social care outcomes framework</b>
<ul style="list-style-type: none"> <li>• <i>School readiness (Placeholder)</i></li> <li>• Low birth weight of term babies</li> <li>• Breastfeeding</li> <li>• Smoking status at time of delivery</li> <li>• Under 18 conceptions</li> <li>• <i>Child development at 2-2.5 years (Placeholder)</i></li> <li>• Excess weight in 4-5 and 10-11 year olds</li> <li>• Population vaccination coverage</li> <li>• Infant mortality</li> <li>• Toothy decay in children aged five</li> </ul>	<p><b>Reducing deaths in babies and young children</b></p> <p>1.1 .i Infant mortality*</p> <p>1.2 ii Neonatal mortality and stillbirths</p> <p><b>Preventing lower respiratory tract infections (LRTI) in children from becoming serious</b></p> <p>3.2 Emergency admissions for children with LTRI</p> <p><b>Improving the safety of maternity services</b></p> <p>5.5 Admission of full-term babies to neonatal care</p> <p><b>Delivering safe care to children in acute settings</b></p> <p>5.6 Incidence of harm to children due to 'failure to monitor'</p>	<p>NI72 % of children attaining a good level of development by the end of the Early Years Foundation Stage</p> <p>NI92 The gap between the lowest achieving 70% of children in the Early Years Foundation Stage profile and the rest.</p> <p>2% of eligible 2 year olds supported by early years provision</p>
<b>Local outcomes</b>	<b>Local outcomes</b>	<b>Local outcomes</b>
		<p>% of children under 5 with Child Protection Plans</p> <p>Number of children with personal budgets</p>

**How the HWBB will influence the system:**

**Review and agree strategies**

- Are they ambitious enough?
- Are they consistent with the Strategic Integrated Needs Assessment?
- Do they fit with HWBB priorities?
- How effective/integrated is the system/pathway?
- Where are the key challenges/risks?

**Receive regular reports on the implementation of strategies linked to the HWB strategy:**

- Twice yearly report
  - Successes and disappointments
- Short and long term issues

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## **My health and wellbeing: alcohol harm reduction**

### **What are we aiming to achieve by 2015?**

A reduction in alcohol related harm in Herefordshire

### **Strategic documents**

Alcohol Harm Reduction Integrated Needs Assessment;

Alcohol Harm Reduction Strategy;

Herefordshire Health Improvement Plan;

West Mercia PCT Cluster Integrated System Plan;

CCG Operational delivery plan;

Public Health Transition Plan

### **Why is this important?**

- ✚ Drinking alcohol when pregnant can permanently damage the baby's development (Foetal Alcohol Syndrome) and more young women are drinking harmful amounts of alcohol;
- ✚ In Herefordshire, there has been a 10% increase in alcohol-related hospital admissions every year since 2007-08 with a significant increase in people aged 20-24 years;
- ✚ It is estimated that the annual cost of alcohol related hospital admissions for Herefordshire residents is in the order of £5.5 million;
- ✚ A young person living in the most deprived quartile in Herefordshire is twelve times more likely to be admitted with an alcohol-specific condition than one living in the least deprived quartile;
- ✚ The increasing number of people who binge drink alcohol is causing harm to others as well as themselves through accidents, fights, antisocial behaviour and the knock on effect on the night time economy.

### **What will we do between 2012 and 2015?**

**We will implement the Herefordshire Integrated Alcohol Harm Reduction Strategy, in particular we will:**

#### **Monitor the current situation**

- Coordinate data collection and monitoring of alcohol related risk and harm in Herefordshire across the lifecourse

#### **Provide information**

- Run social marketing campaigns as part of an overall multi-component strategic approach
- Through NHS frontline staff provide Opportunistic Brief Advice about sensible alcohol consumption
- Reduce the supply of alcohol to young/vulnerable persons through engaging and educating parents/carers and the young people themselves

- Develop a media package to be used in the delivery of community resolution for alcohol related offences and incidents

#### **Enable choice and support people to change their behaviour**

- Provide services to support people to reduce their alcohol consumption and ensure an integrated service pathway is available from tier 1 to tier 4.

#### **Guide choice through changing the default choice**

- Provide free fresh drinking water in pubs and clubs as an alternative to alcohol.

#### **Guide choice through incentives**

- Work with Hereford against Night-time Disorder (HAND) and Ledbury Against Night-time Disorder (LAND) to encourage the development of incentives for licensed premises

#### **Guide choice through disincentives**

- Strengthen joint planning activity/planning notices
- Continue to use Expedited Licence Reviews for licensed premises in breach of Licensing Objectives

#### **Restrict choice**

- Explore working with local/national retailers to encourage sensible in-store placement of alcohol to discourage hazardous, harmful and binge drinking
- Undertake intelligence-led local enforcement, including spot checks, for under age sales at off-licence and on-licence premises, moving towards regular, frequent and comprehensive inspections
- Undertake surveillance of licensed premises in relation to sales to intoxicated customers and where appropriate request that the Police undertake a licensing review
- Promote a sensible drinking culture in Herefordshire through the use of Cumulative Impact Zone powers including a review of existing requirements regarding density of outlets and proximity of outlets to key settings.

#### **Eliminate choice**

- Explore opportunities to restrict opening times by bringing the terminal hour (closing time) forward to 2am through the anticipated changes to the Licensing Act 2003.



**Main partners for delivery:**

*Herefordshire Public Services - Health and Wellbeing; Customer Services and Communications; Children and Young People's Services*

*Wye Valley NHS Trust*

*2Gether Foundation NHS Trust*

*Herefordshire Health Care Clinical Commissioning Group*

*West Mercia PCT Cluster and successor organisations*

*West Mercia Police*

*Parish Councils*

*Early Years settings, schools and colleges*

*Independent Third Sector partners*

*Community and voluntary organisations including carer organisations*

**How will we deliver?**

*Alcohol Harm Reduction Group*

*Community Safety Partnership (Herefordshire Partnership Executive Group)*

**We will do the following in 2012-13:**

<i>Activity</i>	<i>Timescale</i>	<i>Lead</i>
<ul style="list-style-type: none"> <li>Implement the Integrated Alcohol Harm Reduction Strategy</li> </ul>	April 2013	Alcohol harm reduction group

<b>Public Health Outcomes framework</b>	<b>NHS outcomes framework</b>	<b>Social care outcomes framework</b>
<ul style="list-style-type: none"> <li><i>Domestic abuse (Placeholder)</i></li> <li><i>Violent crime (including sexual violence) (Placeholder)</i></li> <li>Alcohol-related admissions to hospital</li> <li>Mortality from liver disease</li> </ul>	1.3 Under 75 mortality rate from liver disease*	Safeguarding: children with parents with an alcohol problem (hidden harm). See adult services plan for relevant outcomes for adults

<b>Local Outcomes</b>	<b>Local outcomes</b>	<b>Local outcomes</b>

**How the HWBB will influence the system:**

Review and agree strategies:

- Are they ambitious enough?
- Are they consistent with the Strategic Integrated Needs Assessment?
- Do they fit with HWBB priorities?
- How effective/integrated is the system/pathway?
- Where are the key challenges/risks?

Receive regular reports on the implementation of strategies linked to the HWB strategy:

- Twice yearly report
- Successes and disappointments
- Short and long term issues

## **My health and wellbeing: older people**

### **What are we aiming to achieve by 2015?**

Working with people in Herefordshire to live independently and to be safe and well. We will do this by encouraging people and their communities to help themselves and, where necessary, ensuring access to advice, care and support which is financially sustainable, of high quality, timely, accessible and innovative.

### **Strategic documents**

Public Health Transition Plan;

West Mercia PCT Cluster Integrated System Plan;

CCG Operational delivery plan;

Strategic Delivery Plan for Transforming Adult Services;

Strategic Delivery Plan for Adults;

Herefordshire Health Improvement Plan

### **Why is this important?**

- The population of Herefordshire is 177,800 of which 24% of the population is over retirement age (compared to 19% nationally)
- It is predicted that the number of older people with dementia in Herefordshire will rise from 2,821 to 5,572 in 2030 an increase of 92%.
- Life expectancy for men is 77.6 years (compared with 76.9 for England) and for women is 82.4 years (compared with 81.1 for England)
- In Herefordshire the number of people over 65 is expected to rise by 18% in the next five years, whilst the number of people under 65 is expected to fall
- The number of people aged 85+, who have by far the greatest needs for health and social care, is expected almost to double in Herefordshire, from 5,200 in 2008 to 10,200 in 2026
- The rate of physical disability and mental health ill health among the adult population under 65 is predicted to remain virtually the same. (stable prevalence, no population growth until 2030). However, there is an increasing complexity of need.
- The rate of learning disability will increase slightly in numbers until 2030. However, within this the population of clients, their carers will age significantly and younger clients joining the cohort have more intense needs. In addition their carers have more expectations for independent living.
- Across the health and social care system there is an increase in expectations, and need. Current service and budget arrangements mean that the present pattern of spending and service delivery is unsustainable.

### **What will we do between 2012 and 2015?**

- Across the health and wellbeing partnership of organisations implement the Strategic Delivery Plan for Transforming Adult Services, in particular we will:
- Work positively to ensure adults in Herefordshire have access to high quality universal services which help them to help themselves. This means people will only accessing specialist health and social care services when needed
- Promote access to universal services for those who are vulnerable and in hard to reach groups so that they are enabled to live life as normally as possible
- Develop approaches to housing which encourages investment in Herefordshire and meets the aspirations of local people to live in their own homes in older age
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- Support adults and their communities to manage risks safely before they become an issue
- Improve care pathways for frail/older people so that emergency admissions are reduced and people are enabled to successfully either remain at home or return home
- Roll out assistive technology that will help more people in their own homes
- Improve the way dementia is diagnosed and then supported in communities

### **Main partners for delivery:**

*Herefordshire Public Services - People's Services Directorate (including Public Health), Place and Communities Directorate (including housing and leisure)*

*Wye Valley NHS Trust*

*2Gether Foundation NHS Trust*

*Herefordshire Health Care Clinical Commissioning Group*

*West Mercia PCT Cluster and successor organisations*

*West Mercia Police*

*Parish Councils*

*Early Years settings, schools and colleges*

*Independent Third Sector partners*

*Community and voluntary organisations including carer organisations*

*Private sector organisations*

### **How will we deliver?**

*Adult Services sub group of the Health and Wellbeing Board*

*Herefordshire Adults Safeguarding Board*

We will do the following in 2012-13		
Activity	Timescale	Lead
<ul style="list-style-type: none"> <li>Implement strategic delivery plan for transforming Adult Services</li> </ul>	March 2013	Adult Services Sub-Group of the HWBB
Public Health Outcomes framework	NHS outcomes framework	Social care outcomes framework
<ul style="list-style-type: none"> <li>Fuel poverty</li> <li><i>Social connectedness (Placeholder)</i></li> <li><i>Older people's perception of community safety (Placeholder)</i></li> <li>Falls and injuries in the over 65s</li> <li><i>Emergency readmissions within 30 days of discharge from hospital (Placeholder)</i></li> <li>Preventable sight loss</li> <li><i>Health-related quality of life for older people (Placeholder)</i></li> <li>Hip fractures in over 65s</li> <li>Excess winter deaths</li> <li><i>Dementia and its impacts (Placeholder)</i></li> </ul>	<p>1b Life expectancy at 75 i males ii females</p> <p><b>Enhancing quality of life for people with dementia</b> <i>An indicator needs to be developed</i></p> <p><b>Improving the experience of care for people at the end of their lives</b></p> <p>4.6 An indicator to be derived from the survey of bereaved carers</p> <p><b>Improving recovery from fragility fractures</b></p> <p>3.5 The proportion of patients recovering to their previous levels of mobility/walking ability at i 30 and ii 120 days</p> <p><b>Helping older people to recover their independence after illness or injury</b></p> <p>3.6 Proportion of older people (65 and over) who were i still at home 91 days after discharge into rehabilitation*** ii offered rehabilitation following discharge from acute or community hospital***</p> <p>5 Treating and caring for people in a safe environment and protecting them from avoidable harm</p>	<p>1A: Social care-related quality of life</p> <p>1B: The proportion of people who use services who have control over their daily life</p> <p>1C: Proportion of people using social care who receive self-directed support, and those receiving direct payments</p> <p>1D: Carer-reported quality of life</p> <p>2A: Permanent admissions to residential and nursing care homes, per 100,000 population</p> <p>2B: Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services</p> <p>2C: Delayed transfers of care from hospital, and those which are attributable to adult social care</p> <p>3A: Overall satisfaction of people who use services with their care and support</p> <p>3B: Overall satisfaction of carers with social services</p>

		3C: The proportion of carers who report that they have been included or consulted in discussion about the person they care for
		3D: The proportion of people who use services and carers who find it easy to find information about services
		4A: The proportion of people who use services who feel safe
		4B: The proportion of people who use services who say that those services have made them feel safe and secure

<b>Local Outcomes</b>	<b>Local outcomes</b>	<b>Local outcomes</b>
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