



Ipswich and East Suffolk  
Clinical Commissioning Group

## Joint Health & Wellbeing Strategy (JHWS)

Evidence for authorisation	Domain reference	Criteria Button Number	Signpost (eg, paragraph 3, section 6 on page 10 of document A)
CCG integrated plan aligns with JHWS and enables integrated commissioning depending on local time frames	2.1.2 C	23	Draft JHWS page 11 to page 14 - 7.1 to 7.4. Priorities; 1. Children and Young People 2. Older People 3. Mental health and wellbeing align to CCG priorities 1, 3, 4, 8 on page 5 of Integrated plan
Through involvement in JSNA and in the development of the JHWS, the CCG has identified opportunities to reduce inequalities	4.2.3 B	74	Draft JHWS page 7. Section 2; Vision includes narrowing differences in healthy life expectancy. Page 3 - Governing Body report IESCCG-59 paragraph 5
CCG has collaborated in the refresh of JSNAs and in the development of the JHWS, depending on local time frame	5.2 B	92	Draft JHWS, page 2 - Governing Body report IESCCG-59 paragraph 2
Where the need for integrated commissioning has been identified by the health and wellbeing board and in the JHWS, CCGs are collaborating with the local authority to develop shared plans	5.3 A	94	Draft JHWS - page 15, section 8
CCG plan supports delivery of JHWS and integrated commissioning, depending on local time frame	3.1.1 E	37	Draft JHWS, page 2 - Governing Body paper IESCC-59 Section 2 and para 3c onwards

**Agenda Item No. 9**

**Reference No. IESCCG-59**

**From: Tessa Lindfield, Director of Public Health**

Part 1

Part 2

**GOVERNING BODY REPORT:**

**1. Purpose**

To update the Governing body on the development of the Suffolk Joint Health and Wellbeing Strategy (JHWS) and the time line for the final strategy to be agreed.

**2. Key Points**

- The Health and Wellbeing Board agreed the first draft of the JHWS and four priority themes in their June meeting.
- The strategy was initially developed by the Programme Office to the Board and after June further development was through the Task and Finish group set up by the Board. Both groups have representation from the three CCGs that relate to Suffolk.
- The most recent draft of the strategy is attached. This draft takes account of the initial output from the stakeholder event of 28<sup>th</sup> September. Consultation is continuing and the final draft strategy will go to the December Board so that it can be taken through the member organisations internal processes and be finally agreed in March.

**3. Background**

The Health and Social Care Act 2012 specifies that the County Council and the Clinical Commissioning Groups (CCGs) are responsible for preparing a Joint Health and Wellbeing Strategy with the responsibility for implementation sitting with the Health and Wellbeing Board.

At their June meeting the Health and Wellbeing Board agreed:

- a) The four priority themes for the strategy:
- Every child in Suffolk has the best start in life
  - Suffolk residents have access to a healthy environment and take responsibility for their own health and wellbeing
  - Older People in Suffolk have a good quality of life
  - People in Suffolk have opportunities to improve their mental health and wellbeing
- b) The first draft of the JHWS could be used in the CCG authorisation process together with further drafts as they become available.
- c) The process for the development of the strategy as set out below. The Health and Wellbeing Board will agree the final version at the Board meeting on 15 March 2013 and formally adopt the strategy at its first statutory meeting in June 2013.

## Overview of Joint Health and Wellbeing Strategy for 2012-13



The Health and Wellbeing Board has agreed that the strategy should focus on priorities where multi-agency input is needed and identify how the collective resources available to the Board could be used more effectively and efficiently to influence commissioning plans.

The initial strategy was developed by the Programme Office to the Board. A Task and Finish Group was given delegated authority to develop the strategy after the June 2012 meeting and this group agreed that the strategy should be a 10 year strategy with the overarching aims of increasing healthy life expectancy and reducing the differences in life expectancy and healthy life expectancy between communities. It was agreed that the initial four priorities would be reviewed in 2015.

#### 4. Consultation and Engagement

A stakeholder meeting on the 28<sup>th</sup> September was held to share the emerging strategy, agree the areas of focus for the priorities identified and agree how to communicate and engage stakeholders and the public more widely. The information from the event is being collated and early findings are included in the updated strategy attached. There will be further changes to the strategy to reflect the comments for stakeholders and the public which are continuing to be sought through the smart speed web link and other methods.

#### 5. Equality and Diversity

One of the aims of this strategy is to reduce health inequalities. This requires recognition of equality and diversity issues which are factors that influence health and need to be addressed by commissioners and providers of services to achieve the aims of the strategy.

#### 6. Recommendations

The Governing body notes the current draft and the time line for formal adoption by the Health and Wellbeing Board.

Author: Dr Amanda Jones

# **Draft for consultation**

**Draft for submission to the Task and  
Finish Group on 23<sup>rd</sup> Oct 2012**

## **A Joint Health and Wellbeing Strategy for Suffolk**

***A Ten Year strategy 2012-2022:***

***Early priorities for review 2015***

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## 1 Introduction

The 2012 Health and Social Care Act requires Suffolk to establish a Health and Wellbeing Board by April 2013. The role of the Board is to improve the health and wellbeing of local people, reduce inequalities and make sure the NHS, local authorities and other organisations work together to achieve these aims. The shadow Board in Suffolk nominated a Task and Finish group, which includes local authority officers and politicians and the three NHS Clinical Commissioning Groups, to draft a Health and Wellbeing strategy for consultation.

This strategy sets out shared priorities for improving health and wellbeing in Suffolk. The priorities will be used to provide focus for plans across health, local authorities and other organisations to make sure we work together as efficiently and effectively as possible, spending public money in a better way.

Our vision is that people in Suffolk live healthier, happier lives. We also want to narrow the differences in healthy life expectancy between those living in our most deprived communities and those who are more affluent through greater improvements in more disadvantaged communities.

The Board has agreed four priority areas for the first 3 years of this 10 year strategy. These have been chosen using information from the Joint Strategic Needs Assessment (JSNA) and are areas where evidence shows we can take action that will help us achieve our longer term aims. The consultation will help the Board decide on specific areas for action, where it can add most value and not duplicate the work already taking place in Suffolk.

This second draft takes account of the discussions held at the stakeholder event held on 28<sup>th</sup> September 2012 and builds on the first discussion draft agreed by the Board in June 2012. After further consultation the final draft will be considered by the Board in December. The final strategy will be agreed by the shadow Board in it's March 2013 meeting before being endorsed by the first meeting of the statutory Board in June 2013.

If you want to comment on this strategy then please either use the comments board on <http://eoe.meetingsphere.com/suffolkhwb> or write to The Executive Assistant to the Director of Public Health, Suffolk County Council, Endeavour House, 8 Russell Road, Ipswich, Suffolk IP1 2BX.

## **2. Vision**

Our vision is that people in Suffolk live healthier, happier lives. We also want to narrow the differences in healthy life expectancy between those living in our most deprived communities and those who are more affluent through greater improvements in more disadvantaged communities.

## **3. What is health and wellbeing?**

Health and wellbeing encompasses a person's life experience and includes a sense of physical, mental and social wellbeing. Through working jointly across health, local government and wider communities we can make a real difference in improving the health and wellbeing opportunities for all those in Suffolk.

## **4. Making a difference**

The Health and Social Care Act 2012 requires Suffolk to establish a Health and Wellbeing Board by 2013. The Suffolk Health and Wellbeing Board aims to work differently to enable it to improve the health and wellbeing of those living in Suffolk. It will do this by promoting joint commissioning and influencing the commissioning plans of the broader public services family. By working together and spending public money in a better way the Board will improve health and wellbeing.

This strategy aims to provide a focus for everyone whose work contributes to health and wellbeing, and to use existing countywide and local groups to deliver the outcomes wherever possible.

## **5. Health and Wellbeing in Suffolk**

Suffolk is predominantly rural, with a population of 728,163 (2011 census) living across an area of 1467 square miles. The county has an aging population with almost 1 in 5 people (19.9%) aged over 65 years, which is higher than the England average (16.3%). The Suffolk population is expected to increase by 15% over the next 20 years, with the proportion of over 65s increasing by 56%. Ninety percent of the Suffolk population consider themselves to be white British which is higher than the national average of 83%.

The Suffolk population experiences some of the highest life expectancy in England, with a girl born today expected to live 84 years and a boy 80 years. Over the past 10 years life expectancy in Suffolk has increased year on year for both males and females. Whilst this is good news we also need to focus on quality of life and minimise the impact of long term illnesses and disability.

In Suffolk 77% of people report their overall health as good and the county is regarded as a good place to live with a high quality of life. The Halifax Quality of Life Survey in 2009 found residents of Mid Suffolk to have the best quality of life of any rural area in Great Britain. However, there are areas of deprivation in all the districts of Suffolk which can be very local and hidden within more affluent communities. The life expectancy at birth in Rougham Ward, Bury St Edmunds is 87.9 years, 12 years longer than the 75.9 years for those in the deprived ward of Kirkley, Lowestoft.

The key issues for Suffolk, highlighted in the Joint Strategic Needs Assessment, are that:

- 1 in 6 children live in poverty
- Educational attainment is below national rates
- Suffolk has a low wage economy although employment rates are higher than average
- General affluence masks pockets of deprivation and inequality gaps
- The comparative risk of dying prematurely has increased if you are from deprived areas of Suffolk
- Suffolk has an ageing population

Our children have different life experiences depending on where they live. In Harbour Ward (Lowestoft), 39% of children live in poverty, compared to 5% in Kesgrave East. In Whitton Ward (Ipswich) 27% of children achieved 5 A\* to C grades at GCSE compared to 72% in Moreton Hall, (Bury St Edmunds). As well as differences within Suffolk our educational attainment is not as good as other areas of England. Less children come to school ready to learn (52% compared to the national average of 59%) and this difference continues to key stage 4 where 52% reach the expected level compared to the national average of 55%. High levels of educational attainment lead to more opportunities and improved health and wellbeing and we know that inequalities grow through the life course of a population.

Our health is affected by a large number of factors, from socio-economic, cultural and environmental circumstances to a person's genetic makeup. Economic disadvantage affects health and wellbeing throughout our lives. There is a higher level of early death under the age of 75 in deprived areas of Suffolk and the two main causes are cancers (44%) and cardiovascular disease (26%). People from certain ethnic groups are more likely to have ill health for example those from the Asian sub continent have a higher risk of cardiovascular disease. We also know that people in prisons have some of the highest health needs. Highpoint Prison is one of the largest in Europe and the three other prisons include one for young people aged 14 to 18. We must ensure their health needs are met.

More people are being diagnosed with cancer each year, although early death from cancer fell by 34% between 1993 and 2010 due to early detection and improvements in treatment. However early death is 35% higher in the most deprived areas of Suffolk. Many cancers are preventable and 60% of cancers are thought to be due to unhealthy lifestyles such as smoking, alcohol abuse, poor diet, physical inactivity and obesity.

Heart disease (CHD) is the most important contributor to the inequality in life expectancy. The increased risk of dying before the age of 75, if you come from a deprived area of Suffolk, is 40% for men and 70% for women. Early deaths from heart disease have almost halved in the last decade and studies suggest that over half of this is due to favourable changes in lifestyle risk factors, with the decreasing levels of smoking estimated to account for 25% of the fall. Medical and surgical interventions are estimated to account for 40-50% of the fall.

It is not just physical health that affects our health and wellbeing. Improving mental health is essential; one in four people will suffer from a form of mental illness at some point in their lives, and one in six of the population is suffering from a common mental health problem at any one time. In Suffolk around 9,000 people are seen by secondary mental health services each year. There are strong links between social deprivation and mental ill health.

The number and proportion of older people in the Suffolk population will increase over the next 20 years and the oldest age groups are expected to increase most. It is anticipated that the proportion of 80 to 84 years olds will increase by 71%, 85 to 90 year olds will more than double and the proportion of those aged over 90 will increase by 151%. The increases in the older population will mean that many more people will be affected by health problems, particularly dementia and long term conditions such as diabetes, heart failure and chronic lung disease. For example it is estimated that in Suffolk there will be an additional 11,000 people with diabetes and almost 10,000 additional people with dementia by 2031. This will impact on health and social care services, but also on communities as more carers will be needed in addition to extra care housing and adaptations so people can still remain at home if necessary. .

Carers play a vital role in our community. Suffolk had 66,109 individuals who identified themselves as family carers in the 2001 census of which 3,414 were young carers in the 5-24 age range. The economic and social benefits this group provide are significant and ensuring that family carers maximise their own health and wellbeing is essential.

Appropriate housing is a basic requirement essential to the wellbeing of individuals and families. There are still housing needs within Suffolk with the highest need for very sheltered and specialist accommodation for the frail elderly and older people with mental health problems including dementia. There are also shortages for people with disabilities and marginalised young people aged 16-25.

Poverty also affects housing and in 2009-10 almost 1 in 5 households (18%) experienced fuel poverty which is associated with an increased risk of ill health in people of all ages and a higher risk of death in older people. At the extreme homelessness is associated with severe poverty and associated with poor health and social outcomes. In 2009-10 the rate of statutory homelessness was 1 per 1,000 households in Suffolk but 1.9 per 1,000 in the Borough of Ipswich.

Further information on the health and wellbeing of those in Suffolk is available from the Joint Strategic Needs Assessment at <http://www.suffolkobservatory.info/JSNA.aspx>

There are many opportunities for improving health and wellbeing within Suffolk including:

- Action in the early years of life – where the prospects for shaping lifelong health and prosperity are critical
- Building on the improvement in attainment and skills through learning about what has been effective, so that there is a positive impact on long-term health as well as employment and economic benefits

- Recognising and supporting the valuable contribution that older people are making through their volunteering and caring roles
- Improving access to suitable housing, including addressing fuel poverty
- Raising awareness that some of the most common problems affecting older people, such as falls, are not an inevitable consequence of old age and the risks can be reduced with some simple changes to lifestyle and adaptations to their homes
- Building on the creativity of local communities and the range of social and community networks in the county to identify solutions to local problems.

## 6. Cross-cutting principles

The following principles have been agreed to ensure the best use of resources and that health inequalities are addressed.

### • Equity

Provision of services should be proportional to need to avoid increasing health inequalities, and targeted to areas which need them the most.

### • Accessibility

Services should be accessible to all, with factors including geography, opening hours and access for people with disabilities or those that find it harder to access services considered.

### • Integration

Service provision and care pathways should be integrated, with all relevant providers working together. This will maximise the benefits of delivery through the Health and Wellbeing Board and avoid duplication.

### • Effectiveness

Services should be evidence-based and provide value for money.

### • Sustainability

Services should be developed and delivered with consideration of environmental sustainability.

## 7. Health and Wellbeing priorities for Suffolk

The aim of Suffolk Health and Wellbeing Board is to improve health and wellbeing and decrease inequalities. Through this strategy the Board wants to ensure that those in Suffolk live long, fulfilling and healthy lives and to see a narrowing of the health inequalities between our affluent and poorer areas. We will know that we have been successful over the next decade by seeing increased healthy life expectancy and a reduction in the differences in life expectancy and healthy life expectancy between communities in Suffolk.

In its shadow form the Board has agreed four priority areas. These priorities were chosen using information from the Joint Strategic Needs Assessment (JSNA) and evidence that shows action in these areas will help us attain our long term aims. The priorities will be shaped further at the stakeholder event arranged by the Board in September 2012. The final priorities will be agreed and the strategy in place for the statutorily operational Board in April 2013.

The four priority areas are:

- Priority one: Every child in Suffolk has the best start in life
- Priority two: Suffolk residents have access to a healthy environment and take responsibility for their own health and wellbeing
- Priority three: Older people in Suffolk have a good quality of life
- Priority four: People in Suffolk have the opportunity to improve their mental health and wellbeing

There is already a great deal of good work occurring throughout Suffolk that will help achieve these priorities. Some of this work is outlined in the case studies in Appendix 1. The Board wants to focus on areas where they can add most by working together to achieve these priorities.

## **7.1 Priority one: Every child in Suffolk has the best start in life**

### **Why has the Board chosen this as a priority?**

Giving every child the best start in life is crucial in establishing a good foundation for future development. Early intervention not only improves the life chances for our children, but also reduces future costs as intervening early, before behaviours become entrenched, is likely to be more effective.

Giving the best start means ensuring the child has the best environment before they are born. Smoking in pregnancy and being very overweight can have negative effects on a child's health. Breast feeding babies gives them an advantage and evidence shows that children who suffer neglect and extreme lack of stimulation in infancy have decreased brain function which can inhibit their capacity to learn and thrive. Evidence suggests that interventions in early infancy produce better outcomes and can improve educational attainment, economic status and health, including mental health.

There is a strong link between poverty and poor health, educational and social outcomes. For the 1 in 6 Suffolk children who live in poverty this is evident in that compared to their more affluent peers, children from the most deprived areas in Suffolk are:

- 4.5 times more likely to be absent from their lessons
- More likely to be in the lowest 20% achievers at the end of the Early Years Foundation Stage (EYFS) (age 5)
- Performing 63% lower at GCSE level (age 16)
- 34% more likely to be obese
- Three times more likely to be a teenage parent
- Have higher prevalence of mental health ill health especially conduct (behavioural) and emotional disorders. This is particularly evident in vulnerable groups like looked after children, children with learning disabilities and difficulties and young offenders

We know that in Suffolk children achieve less than the national average in educational attainment, and although the underperformance is seen in all ability groups for both boys and girls across Suffolk, those in more deprived areas have worse outcomes than those in affluent areas.

There are also 1150 families identified in Suffolk that fall into the Government's definition of a troubled family. These families are usually well known to many different services and also prominent in their neighbourhoods where they are more likely to be involved in crime and antisocial behaviour.

**Emerging priority areas:**

- Early intervention and prevention
- Promoting a family focus across the work of all agencies
- Supporting "Troubled Families"
- Supporting parents to improve their own circumstances
- Ensuring services for adults are family focused and take into account the needs of the child

**7.2 Priority two: Suffolk residents have access to a healthy environment and take responsibility for their own health and wellbeing**

**Why has the Board chosen this as a priority?**

We know that a healthy lifestyle will improve the health and wellbeing of the population and that the environment we live in can facilitate this. If green spaces are available and people feel safe they are more likely to take exercise, which will improve their health and wellbeing. Appropriate housing is also essential to a person's health and wellbeing.

Tobacco is still the greatest behavioural risk factor and accounts for up to half of the life expectancy gap between deprived communities and the rest of the population. Three people in Suffolk die each day from the effects of smoking. Increasing levels of obesity and excessive drinking of alcohol affect quality of life and are contributing to increasing rates of long term conditions and hospital admissions. Alcohol and drug abuse also detrimentally affect communities, increasing high risk behaviour which can lead to more sexually transmitted infections and unplanned pregnancies, and also increasing levels of antisocial behaviour and crime.

The level of engagement of the population in their own health affects NHS expenditure and a "fully engaged scenario" where individuals alter their behavioural risk factors and where organisations in the wider public and private sector work to improve health, is required for an affordable NHS and social care system in the future.

**Emerging priority areas:**

- Creating an environment where it is easy to make healthy choices
- Increasing the levels of physical activity in people living in Suffolk
  - Improving access to suitable housing

### **7.3 Priority three: Older people in Suffolk have a good quality of life**

#### **Why has the Board chosen this as a priority?**

As the population of older people in Suffolk increases we want to ensure they can enjoy a good quality of life. Creating an environment that enables older people to be active, engaged and independent in safe, supportive communities that value their experience and contribution, remains a challenge.

We know that people who enter old age healthily have a longer healthy life expectancy, free of disability. In Suffolk we know that on average people are likely to develop a long term illness or disability before they reach 65 and most of this is due to long term conditions such as coronary heart disease, diabetes and cancer and stroke. However, if individuals reach retirement without developing a disability they are estimated to live a further 8.5 years (males) and 9.7 years (females) in good health.

It is widely recognised that as the proportion of older people increases the current way health and social care services are provided is unlikely to be sustainable. Evidence suggests that improving health-related behaviour is likely to reduce demand on health and social care in the long term and evidence based treatment of conditions such as cancer, coronary heart disease, diabetes and stroke can contribute to healthier life expectancy.

Appropriate housing, access to transport and a safe environment can improve quality of life, independence and promote social inclusion. Community-based assessment and support can enable older people to live at home independently and reduce admissions to hospital and nursing homes. Falls are a leading cause of injury, subsequent illness and also death in older people. There is strong evidence that falls prevention services, such as exercise programmes focusing on improving strength and balance training, are effective and cost-effective and enable older people to remain independent longer. Where individuals do have a high level of need due to ill health evidence shows it is essential that there is coordinated care across the NHS and social care system, both in the community and when people are discharged from hospital

#### **Emerging priority areas**

- Ensuring that health and social care services are integrated at the point of delivery
- A focus on prevention including the promotion of healthy lifestyles and self care

### **7.4 Priority four: People in Suffolk have the opportunity to improve their mental health and wellbeing**

#### **Why has the Board chosen this as a priority?**

#### 7.4 Research evidence shows that:

- At least one in four people will experience a mental health problem at some point in their life and one in six adults have a mental health problem at any one time
- One in ten children aged between 5 and 16 years has a mental health problem, and many continue to have mental health problems into adulthood
- Half of those with lifetime mental health problems first experience symptoms by the age of 14, and three-quarters before their mid-20s
- Self-harming in young people is not uncommon (10–13% of 15–16-year-olds have self-harmed)
- Almost half of all adults will experience at least one episode of depression during their lifetime
- One in ten new mothers experiences postnatal depression
- About one in 100 people has a severe mental health problem
- For every £1 invested in early identification and treatment for mental health problems up to £7.89 pence is saved. The majority of these savings sit outside the NHS or social care.
- Some 60% of adults living in hostels have a personality disorder
- If someone has a mental illness and also has a physical illness the cost of looking after their physical illness increases
- 60% of older adults in acute hospitals for a physical problem also have a co-morbid mental health condition
- There are significantly greater degrees of mental health problems and substance misuse in prisoners. Suffolk has 4 prisons one of which is among the largest in Europe.

Mental health problems in later life can result in poor quality of life, isolation and exclusion. It is believed that 25% of people over the age of 65 living in the community have symptoms of depression serious enough to warrant intervention, but only a third of them discuss it with their GPs, and only half of those get treatment. National evaluation of Improving Access to Psychological Therapies services has shown that low numbers of older people access primary mental health services and the service should promote and monitor access for older people including those with dementia and their carers

Research has identified that many vulnerable adults experience complex health and social problems, including mental health issues, and there is evidence of poor mental health as both consequence and cause of inequalities and exclusion.

## Emerging priority areas

- Ensure that Mental Health is everyone's business not just health, social care and the voluntary sector but employers, education, and the criminal justice system
- Ensure that there is seamless mental health provision – across agencies but also for those with multiple problems such as drug and alcohol misuse and mental ill health.
- Bringing together all the elements of physical and mental wellbeing in recognition that mental and physical health are inter-dependent.

## 8 How will the Board Make a Difference and Deliver its Strategic Aims?

The Board will lead the Suffolk system to improve health and wellbeing and will need to work differently in order to achieve this in the current, challenging, financial climate. The Board wants to be visible and provide strategic leadership, giving a clear steer on priorities. Individual Board members bring significant resources to the table and will have influence and be role models. For example when Suffolk launched its ambition to become England's 'Most Active County' in February 2012 the leader of the County council (Chair of the Board) actively sponsored the initiative. He committed to improve his own fitness level and completed part of the East of England element of the round Britain cycle ride.

The Board has already agreed in its shadow meetings that a major focus will be prevention and early intervention in addition to taking a lifespan approach. As part of taking forward the priority for older people in Suffolk to have a good quality of life it agreed to put greater emphasis on prevention to ensure that people reach old age as healthy as possible. It also supported the implementation of a new integrated approach to health and social care in Suffolk including the development of a whole-system model for the proactive management of health and social care for older people which will include Neighbourhood Partnership Networks (NPNs).

The Board has recognised it needs to deliver a more integrated approach. Our consultation has identified that currently partners are still seen to be working in silos. The Joint Health and Wellbeing Strategy will set the framework to ensure the right things are happening in the right places. For the Waveney area of Suffolk the Great Yarmouth and Waveney System Leadership, Health and Wellbeing Partnership (SLP) is already established and taking responsibility in overseeing a whole system model for the proactive management of health and social care for older people. More robust Joint Commissioning arrangements between the Ipswich and East Suffolk CCG and West Suffolk CCG and Suffolk County Council have already been identified as a priority. In addition planning is advanced for a System Leadership Board to identify and agree on areas of beneficial joint working, agree plans to deliver joint strategic aims where cross organisational co-operation is required and to scrutinise progress of the joint delivery work streams and remove blockages to progress.

The work of the Board needs to permeate into communities. Communities contribute greatly to the health and wellbeing of the people of Suffolk and the support and activity within the community can be utilised, encouraged and expanded to meet needs that have been locally identified. This is called an "asset-based approach". It is a different relationship between the public

sector, voluntary organisations and communities that the Board wants to adopt.

## 9 How will we monitor the Success of this Strategy?

The outcomes measuring the success of this strategy will be reviewed by the Health and Wellbeing Board annually, although for many of the outcomes progress will not be seen immediately.

We are suggesting that we measure the following outcomes to show progress in the individual priority areas. Many of these measures are within the Public Health Outcome Framework and we will therefore not only be able to measure local progress but also how we compare to other areas of England. Some of the outcomes are not currently available but national work is addressing this.

*Priority one: Every child in Suffolk has the best start in life*

We would wish to see:

- Decreasing prevalence of smoking at the time of delivery
- Decreasing under 18 conceptions
- Increasing Breast Feeding rates
- Increasing take up of the free early learning entitlement for disadvantaged 2 year olds and the universal offer for 3 and 4 year olds
- Increasing take up of evidence based parenting programmes which give parents the skills and confidence to help their children thrive
- An increasing proportion assessed as having a “good level of attainment” at age 5
- The increasing level of attainment at Key Stages 3 and 4
- Improved outcomes for troubled families measured by improved school attendance, reduced crime or antisocial behaviour and more young people and adults in employment, education or training.
- Decreasing levels of 4-5 year olds and 10-11 year olds who are overweight and obese (defined as excess weight)
- Decreasing 16-18 year olds not in education, employment or training
- Decreasing the proportion of children in poverty

*Priority two: Suffolk residents have access to a healthy environment and take responsibility for their own health and wellbeing*

We would wish to see

- An increase in the proportion of physically active adults
- Greater utilisation of green space for exercise / health reasons
- Reducing excess weight in adults
- Decreasing smoking prevalence in adults over 18 years
- Reducing the increasing rate of alcohol related admissions to hospital
- 20% of those aged 40-74 offered an NHS health check each year
- Increased detection and treatment of Chlamydia infection in 15-24 year olds
- A decrease in the number of households in Suffolk in fuel poverty
- An increase in the proportion of affordable homes available in Suffolk

- Increasing the proportion of those with successful completion of drug treatment
- A decrease in violent crime (including sexual violence)
- A decrease in domestic abuse
- People entering prison with substance dependence issues who are previously not known to community treatment gaining access to support services
- Increasing self reported wellbeing
- Less Statutory homelessness
- More Social connectedness
- A reduction in re-offending

*Priority three: Older people in Suffolk have a good quality of life*

We would wish to see

- Decreasing falls and injuries in the over 65s
- Decreasing hip fractures in over 65s
- Decreasing emergency readmissions within 30 days of discharge from hospital
- Decreasing excess winter deaths
- Decreased mortality from causes considered preventable
- Decreased mortality from all cardiovascular diseases (including heart disease and stroke)
- Decreased mortality from cancer
- Decreased mortality from respiratory diseases
- Decreased mortality from liver disease
- Older people's perception of community safety increasing
- Improved social connectedness
- Cancer screening coverage meeting the national standards
- The recording of local prevalence of diabetes and in the longer term a decrease in the current increasing prevalence
- A measure for Dementia and its impact

*Priority four: People in Suffolk have the opportunity to improve their mental health and wellbeing*

We would wish to see:

- An increase in self reported wellbeing
- Decreasing hospital admissions caused by unintentional and deliberate injuries in under 18s
- Increasing rates of employment for those with a long-term health condition including those with a learning difficulty/disability or mental illness
- An increase in the proportion of people with mental illness or disability in appropriate settled accommodation
- An increase in the proportion of people assessed for substance dependency issues when entering Suffolk prisons.
- A decrease in the excess under 75 mortality in adults with serious mental illness
- Decreasing rates of suicide

If this strategy is successful, over the next 10 years we will achieve:

- an increase in healthy life expectancy (which takes account of the quality of peoples health as well as the length of life)
- a reduction in the differences between communities in life expectancy and healthy life expectancy (through greater improvements in more disadvantaged communities).

The Board will set out a programme each year covering the 4 priorities. It will show progress on the actions taken and show whether outcomes have improved.

Discussion draft

**CASE STUDIES OF GOOD PRACTICE WITHIN THE PRIORITY AREAS**

**Priority one: Every child in Suffolk has the best start in life**

**Family focus to supporting health and wellbeing**

A Portuguese family living at Westvilla (a hostel in Ipswich) was referred to Marie, a Families Information Outreach Coordinator (FIOC) as they were interested in a funded childcare place for their 2 year old daughter.

When the FIOC contacted them, they had moved from the hostel and were living in central Ipswich. The family were socially isolated having only lived in England for a very short period of time.

The FIOC visited the family at home to arrange for the child to attend a pre-school. The FIOC accompanied the family to the pre-school, and as they walked along, she pointed out useful places to them such as the Post Office, primary school, local shops and chemist. The FIOC also showed them where the play bus stops so they had another option of where to take their daughter to play.

They arranged for the child to start the following week at the pre-school.

The FIOC also spent time talking to the parents about their local children's centre and gave them a timetable and map, and completed a referral form for the family.

The FIOC discussed the family home and explained about the Community Care Grant which could help them to live independently in their community. The FIOC also told them about a project providing cheap items of furniture for their home.

The mother spoke little English but the father was able to explain everything to her. The FIOC talked to them about how English lessons could be accessed for the mother. They both seemed to recognise that it would be really useful for the mother to aid her socialisation.

The FIOC Marie said, "I recently saw the father and he told me that his wife is taking English lessons. She is also volunteering at the pre-school their daughter attends, and they are both really enjoying going there. He thanked me for helping his family."

**Priority two: Suffolk residents have access to a healthy environment and take responsibility for their own health and wellbeing**

**Addressing the wider determinants of health – Case Study Ipswich Borough Council (IBC)**

Chantry Walled Garden is a new initiative developed by IBC, ActivLives (formally the Town & Bridge Project) and Suffolk New College which builds on the successful People's Community Garden project which has been running since 2007. The project has renovated a disused area of the park, namely the Walled Garden, as a horticultural learning centre for students with complex needs. It is also a community resource to support people living in areas of deprivation access 'alternative' learning to gain skills for work in a variety of settings, including the garden and in the park. The project is also developing life skills such as, healthy eating with students growing the produce, basic cookery, IT and 'keeping house'.

Chantry Walled Garden is developing a volunteer base at the site, providing opportunities for local residents to get involved in maintaining the site, learning new skills and building new social networks. This also involves working alongside IBC parks staff, outside of the project in the wider park setting. Conservation courses in partnership with the Green Light Trust have been run with students and the project is also enhancing IBC's environmental credentials by growing wildflower plugs to increase biodiversity across Ipswich's parks.

Activlives is also developing preventative and health initiatives in the park e.g. health walks, nordic walking, buggy walking etc to keep people active, raise awareness, improve people's health and well-being and maintain good health. Although a relatively new project, the impact on individuals, the environment and education is already evident. Very vulnerable young people are gaining social and life skills, their families gain valuable respite from their caring role, local communities are beginning to get involved, learning new skills, developing social networks, reducing social isolation and building social capital. The project is raising awareness about environmental issues and involving people in how they can help improve where they live. The plant nursery, which is currently being developed, will provide opportunities for people to learn business skills, gain valuable work experience and employment.

### **Priority three: Older people in Suffolk have a good quality of life**

#### **Management of Health and Social Care for Older People.**

Consistent with the report to the Suffolk H&WB, the Great Yarmouth and Waveney System Leadership, Health and Wellbeing Partnership (SLP) is taking responsibility for establishing and overseeing a whole-system model for the proactive management of health and social care for older people.

Partner organisations have adopted a simple set of shared commissioning objectives:

- Helping people to stay as healthy as possible in their own homes.
- Encouraging people's independence through healthy ageing and self-care.
- Reducing the costs of health and social care by avoiding unnecessary admissions to either hospitals or care homes

Integral to the model is the development of multi-disciplinary operational networks for the delivery of a pro-active approach to maintaining and re-enabling independence for older people, with shared information, assessment and care planning processes, covering 5 major themes:

- Accessing and linking with communities and assets, emphasising primary prevention.
- Self-care and carer support.
- Case management.
- An integrated crisis response service, with pathways to intermediate care and urgent care systems.
- Discharge coordination, including a "pull" approach to hospital and care homes discharges, incorporating intermediate care.

Operational Health and Social Care delivery is coordinated through the Great Yarmouth and Waveney Integration Group – reporting to the SLP through the Clinical Transformation Board.

To ensure that short term steps towards increasing integration are consistent with an agreed destination for services - the Great Yarmouth and Waveney Integration Group has established a workstream responsible for identifying the characteristics of an "ideal" integrated delivery model and for appraising options for implementation of this in the Great Yarmouth and Waveney areas.

Short term gains are being developed as building blocks for the future and include:

- Identifying the services to be aligned and co-located in multidisciplinary neighbourhood teams
- Establishing how these generic teams link to specialist services (including falls services)
- Developing a beds model across health and care
- Quantifying service capacity requirements based on a thorough analysis of demand
- Enabling operational coherence through shared information systems
- Involving customers in the changes
- Developing metrics to show performance and financial progress

Clear components of integration which we aspire to achieve in partnership with providers of services are:

- Single point of access for information on all local health and social care services

- Single point of telephone advice and information on health and social care services using the 111 number
- Co-location of services to local communities where opportunities arise to achieve this with care closer to home where clinically possible and economically viable to do so.
- Single assessment processes
- Personalised, integrated health and social care plans for people with complex health and social care needs which allow people to make informed choices about their care.
- Empowerment of people to better manage, and take increasing responsibility for their own care and health.
- Flexible and high quality services which work together to provide integrated care packages which reduce duplication, and improve user experience.
- Better Outcomes for local people based on the outcomes they wish to see for themselves as individuals. These might be more independence, a job or leisure activity, or to remain in their own home.

Discussion draft

**Priority four: People in Suffolk have the opportunity to improve their mental health and wellbeing**

**The Suffolk Wellbeing Services for those with mental ill health**

This email was received by the wellbeing service. The names have been changed.

Dear Sally

I write to pass on my compliments about Trish, who has been my Cognitive Behavioural Therapist since January this year. I wanted to email you because Trish has assisted me massively in my battle against depression and anxiety over the last few months. I self-referred myself to the service in November 2011, after some serious problems at work over the way I was treated, made me extremely depressed and I was feeling suicidal because things had got so bad. Trish has taught me various techniques through CBT to assist me deal with my perfectionist traits and depression. She has been extremely supportive, very flexible with appointment time and dates and has encouraged me to do things that I enjoy. I cannot thank her enough for the excellent service she has provided me with. I am pleased to report that my mental health has improved dramatically in the last couple of months and I am really enjoying life again and managing at work which was always the biggest problem for me. The combination of the CBT techniques and anti-depressants has really turned my life around for the positive.

I wanted to email you personally to express my thanks and gratitude for Trish's assistance rather than just filling in an anonymous questionnaire.

Many thanks

Helen

Dear Helen

Thank you very much for this lovely compliment and taking the time to e-mail me personally, it is a real pleasure to see this and to hear firsthand from someone who has used our service the difference it has made to your life.

I am very proud of the clinicians within the service and the work that all of them do day to day to support our service users along the road to wellbeing. Trish is a credit to her profession and I will make sure she knows her efforts have been recognized. I wish you well for your future; it sounds like you have been through an extremely difficult time in your life and are now on your way to brighter things. Your willingness to engage with Trish in finding strategies and working to put into practice the things you learnt with her have no doubt been pivotal in this and you should also be congratulating yourself for finding the resilience to want to change and move on. This is the first and often the hardest step to make and you did it, well done!

My very best wishes

Sally

Hello Sally

Thank you for your email back and your very kind comments. The other thing I meant to say was, is that \*Trish has re-assured me that there should be no stigma attached to experiencing a mental health problem and over time I have gradually been able to tell people that I work with what I have been going through. I have found it surprising how many other people I work with have suffered from depression in the past as well.

Helen

Discussion draft