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**North West
Employers**

SUPPORT. KNOWLEDGE. NETWORK.

Taking Stock: A Review of the new Joint Health and Wellbeing Strategies in the North West



May 2013



From time to time over the last two years the Transition Alliance has undertaken regional reviews of activity of Health and Wellbeing Boards and other aspects of joint work arising from the Health and Social Care Act 2012 (see for instance the North West Regional Review of Progress Made on JSNAs [December 2012] and the soon to be published 'Story So Far', a review of progress made by Health and Wellbeing Boards in the North West). As the transition to the new world approached in April 2013, it was agreed that a review of the emerging Joint Health and Wellbeing Strategies in the North West would be useful. The North West Transition Oversight Group (TOG) and the Transition Alliance ceased to exist on the 31 March 2013 and North West Employers were asked to manage some of the legacy projects and as part of the work the review of Joint Health and Wellbeing Strategies has been completed by North West Employers.

The purpose of this review is:

- to gain a picture of how the task of producing the Joint Health and Wellbeing Strategy (JHWS) was approached by each HWB Board,
- to identify how intelligence was turned into priorities,
- to identify what issues have been identified as priorities,
- to identify how those priorities have been linked to plans,
- to consider what HWB Boards might be able and share about their approach to the JHWS and how mutual learning could be supported.

This has been a desktop exercise, with each Joint Health and Wellbeing Strategy being sought on CCG and/or Local Authority web sites. This has presented some difficulties as many JHWSs were still being considered and validated during February and March 2013. A précis of each of the JHWSs priorities was produced and cleared with the relevant HWB Board representative.

Each JHWS précis is presented below in the appendix.

1. Differences and Similarities

As there is no standard template for the Joint Health and Wellbeing Strategies they are all different. The way the material is presented, the structure of the documents, the breadth of the priorities identified and the detail of consequent actions vary considerably across the 23 North West Health and Wellbeing Board partnership areas.

Simple, practical differences include:

- Audience. While most are directed at the public, some read like internal documents; with a flavour of being directed at officers or councillors.
- Length. One is 90 pages long, others are very brief, at two or three pages.
- Period. Some identify no period in which the strategy runs, one is for five years, some for three years, some for one.
- Focus. Some are very detailed while others identify broad priorities only.

But there are, of course, many common themes:

1. The slight frustration engendered by the variety in Joint Health and Wellbeing Strategies has very heartening aspects too, as it seems to us that the JHWSs are in the main the product of enthusiasm and determination to get the priorities right for that locality.
2. Equally clear is the amount of thought, planning and effort that has gone into the work.
3. The priorities in all the JHWSs seem to be based on local evidence available from the JSNA.

4. Another consistency is the widespread adherence to a life stage model of categorising priorities. This is clear to read and in most JHWSs follows logically through the document.
5. Another almost ubiquitous feature is that the draft or early version of the priorities or the overriding vision has been subject to careful public consultation. (Some consultations have in fact been narrow, using standard feedback mechanisms and the 'usual' voluntary groups but, nevertheless, considerable effort has gone into this. Some areas like Sefton used a number of consultation methodologies. Some areas like Trafford and Knowsley went out to consultation a number of times as the thinking about which issues would be identified as priorities focused down).
6. Most outcomes identified are 'population outcomes' (i.e. activities are planned to improve the health and wellbeing of particular population groups). A minority of priorities focus on service processes (e.g. 'treating more people in the community').
7. Although many of the JHWS documents, are clearly aimed at the public using direct language, addressing the citizens as 'you' and including colourful photographs, such as Blackburn's, some suffer from the faults that many public service documents do. Few of them have a named contact for members of the public to get in touch with or information about authorship.
8. There are different approaches to publication and the presence on the various partner websites is not predictable. More appear on Council websites than CCG websites, but some are difficult to find even if they are posted. This is possibly a consequence of their newness, but begs the question of how important the HWB constituent partners view the JHWS. On a broader level it may indicate that web presence of the JSNA and JHWS is a low priority for some HWB Boards.
9. There is something of a pattern in that the majority JHWSs include:
 - a. an introduction about place (population, deprivation etc),
 - b. some detailed commentary about the findings from the JSNA,
 - c. priority challenges,
 - d. priorities for action,
 - e. results of consultations,
 - f. proposed activities in variable detail. (There is no expectation that detailed action plans should be included but without plans of action some of the priorities look very bare. Some JHWSs signpost the reader with web links to detailed activities. It is also recognised that detailed plans may still be in development).
 - g. outcomes sought.

Some make mention of success measures which are to be monitored, usually a selection of national Outcome Framework measures (Manchester's on the other hand has a more sophisticated approach to capturing progress and measuring success).

10. What is notable for being, generally, absent from NW JHWSs is mention of:
 - a. The mechanisms and structures whereby the strategy is to be implemented, or what the working relationship between the HWB Board and the partners' commissioning arms are. While a 'Lead Partner' is often mentioned as taking responsibility for a particular priority, how the lead partner will lead and involve other partners is usually not. Liverpool's however, with a section on governance and leadership and the connections between various aspects of the strategy, demonstrates a more pragmatic approach.
 - b. Where a period that the strategy covers is mentioned, there is often only limited explanation for why this is the case. There is also limited mention of linked or crossover strategies, such as with the Community Strategy, although some JHWSs do include details of crossover working between different strategic partnerships, but overall there is in many JHWSs little sense of a cycle of planning and commissioning across the partnership landscape within which the JHWS has been integrated.

- c. While most JHWSs are clear about the financial challenges, the depth of deprivation or gap in Health Inequalities in their area, there is little comment about the differential financial pressure on various HWB Board partners, which might influence attitudes to priorities and implementation. For instance while Local Authorities face precise and significant reductions in their budgets and CCGs are being financially squeezed, financial pressure on them is less than that which Local Authority colleagues face, and what pressures CCGs face from NHS England are as yet unknown. Healthwatch funding is limited considering the extension of responsibilities they are to take on compared to the LINKs, and some people have expressed concerns about the effectiveness of the ring fence around Public Health funding. An additional comment, also, for example, might be made about the use made of Invest to Save, or consideration of which partners are likely to be the financial beneficiaries of action taken as a result of the strategy or which partners are likely to be the chief investors. This might not matter, of course, if the HWB Board is as one on the JHWS, but the availability of finance is a key factor if priority goals are to be achieved.
- d. Finally of course there may well be an impact of Welfare Reform on Health Inequalities. Little specific mention of this appears in many JHWSs which is unusual given the number which have mental health and wellbeing as priorities and the known relationship between aspects of poverty and aspects of wellbeing.

2. Content

If you read through the priorities for each JHWS below you'll notice four broad categories of approach to priorities.

The JHWSs either have:

- a great number of priorities, covering a considerable amount of ground,
- broad priorities identified with limited detail about specific actions related to those priorities,
- a range of broad priorities with a great deal of detailed plans and activities associated with the priorities,
- a small number of specified priorities with, in some cases, detailed activity associated.

The latter approach is potentially the more effective; small numbers of priorities being easier to remember, plan for and resource. It is also easier to engage partner agencies, both leaders and led, in focussing on a small number of priorities. The temptation to include and amalgamate all the priorities owned by each HWB Board member is strong; no one wishes to see their own priority ignored or down played, and this temptation seems to have been acceded to in a number of examples of North West JHWSs, despite the fact that even if some constituent members' own priorities are not included in the JHWS these will remain priorities for the constituent members anyway. The point of the HWB Board is to exercise strategic leadership, and in the initial phase at least demonstrate that a difference can be made by acting in concert. Making a difference together, especially in a difficult financial and economic climate, must be easier if there is a precise focus for activity.

Other features of content include:

- Where detailed plans are not mentioned some JHWSs do not signpost the reader to where those plans might be found.
- Few JHWSs have executive summaries, where they are only a few pages long they obviously don't need them, but it could be a useful addition for others.

- While all explained how they reached the priorities – some used more transparent methodologies than others. (Halton, St Helens and Liverpool used a fairly detailed prioritisation tool). Others sieved and sieved from a broad range of priorities eventually coming up with a relatively small number. Some used consultation processes to help with this process. Knowsley for instance started with 34 key issues and in the end identified four priorities.
- Most identified principles used to underpin the priority setting process and most link the priorities to the intelligence which informs them. In many cases the complete journey from intelligence to priority to action could be easily followed.
- Reference to legacy priorities or existing constituent member commissioning plans is limited. Legacy priorities and current activities are as much of a reality as deprivation levels, mortality rates or local peoples' views. Cheshire West and Chester, unusually, have incorporated their JHWS in the refresh of their Sustainable Community Strategy.

Read through each JHWS and a number of themes and priorities appear regularly, e.g. mental wellbeing, independence in old age, lifestyle choices and so on. This is bound to be the case where a life course model is used.

However a very striking feature in the North West is the frequency with which reducing the harm done by alcohol appears in the JHWSs. This priority appears in every NW JHWS (Although a couple of JHWSs are vague, mentioning lifestyles which might court ill health rather than alcohol specifically). Another frequently mentioned priority is improving the health and life chances of infants. It may be that regional work focussing on these matters might be strengthened as a result of such ubiquitous public prioritisation.

3. Observations and suggestions

There is a huge cache of experience and potential learning locked up in the North West Joint Health and Wellbeing Strategies and it might pay each HWB Board to have a look at their neighbours' approach.

There is marked potential for:

- Learning from each other – there are already examples of sharing of consultation methodologies. Action planning formats, among other things and multi agency commissioning frameworks could easily be shared. Hertfordshire's use of Youtube to advertise their JHWS to their public shows one potential way of sharing practices. There are also a number of different ways JHWSs can be distributed and shared; being directed with only minor changes in text and format at a number of different audiences.
- Debating and developing ideas about what might constitute good practice in Joint Strategic Planning,
- Working across boundaries (on a regional, sub regional or geographic partnership basis) on:
 - Analysing data and need.
 - Consultation methodology and practice.
 - Common priorities. Reducing the harm from Alcohol is a universal concern. There are obviously different slants taken by different HWB Boards, but the opportunity for joint work on this issue seems to be undeniable, potentially more effective and potentially more cost effective than merely working within HWB Board boundaries.

Extending partnership approaches across boundaries may well be a way of achieving economies, developing and using well regarded methodologies, working to broadly accepted standards and achieving better outcomes for a larger number of citizens. Such co-operative approaches, have considerable potential and are well worth exploring. North West Employers will be working with supporting the Health and Wellbeing Boards Chairs Network to consider the opportunities for future collaboration.

Finally, however, it must be said that overall there is a conservative feel to the North West JHWSs. HWB Boards seem to have, quite understandably, taken a 'Steady As You Go' approach to their first JHWS. The focus of priorities is overwhelmingly on conditions where mortality might be lowered or morbidity is costly, and while no one can disagree with the focus on meeting pressing health needs and reducing health inequalities, strategic leadership of the health and social care system also requires attention on:

- tackling the knotty problems of service reconfiguration,
- preparing for an integrated financial future and completely integrated commissioning,
- strengthening the relationship between the HWB Board partners and the broader business community,
- focusing on improving workforce skills,
- identifying research and innovation programmes

...all of which are notable for the very low profile in current JHWSs.

There are some JHWSs where priorities include improvements to service effectiveness, sustainability or partnership potential, but they are in limited numbers. In that sense the full 'Strategic Leadership' potential of most HWB Boards is still developing but and the JHWS give a flavour of the aspirations and reach of the new Health and Wellbeing boards.

If you would like any further information or have any comments or suggestions please contact:

Dave Burnham (davidb@nwemployers.org.uk)
Lead for Strategic Workforce and Planning
North West Employers Organisation

Appendix

The text below is a shortened version of what appears in the Joint Health and Wellbeing Strategy of each North West health and Wellbeing Board. Where possible a web link is available so the full report can be accessed.

Area	Priority themes	Comment/ Underlying Principles/ Decision making process
<p>Blackburn</p> <p>Blackburn strategy dominic.harrison@blackburn.gov.uk</p>	<p><i>There are FIVE PROGRAMME AREAS.</i></p> <p><i>Best Start for Children, including...reduced infant and child mortality, Child poverty, Child injuries, Child obesity and 16-18 years olds not in education, employment or training.</i></p> <p><i>Health and Work, including...Increased employment for those with Long-Term Conditions, Reduced work sickness absence, Increased quality of life of people with Long-Term Conditions emotional and psychological wellbeing of children</i> <i>Safe and young people.</i></p> <p><i>Safe and healthy Homes and Neighbourhoods, including...reduced excess winter deaths, fuel poverty, and road traffic accidents and increased use of green spaces and wellbeing</i></p> <p><i>Promoting health and providing support when they are unwell including ...reduced excess weight, smoking prevalence, alcohol related admissions, admissions be people with long term conditions, years of life lost to causes amenable to health care and increased physical activity and successful completion of drug treatment.</i></p> <p><i>Promoting peoples' independence and social inclusion including... Improved access to transport, increased engagement in Good Neighbour schemes, improved Safeguarding of Vulnerable People and reduced admissions to residential and nursing care homes and reduced income deprivation affecting older people. children and young people safe</i> - Improve the quantity and quality of physical activity - Tackle youth unemployment</p> <p><i>There are three sections to the priorities</i></p> <p><i>Healthy Lifestyles – Tobacco control, substance misuse, alcohol, obesity and healthy weight, physical activity, sexual health</i></p>	<p>Blackburn's JHWS is part of a comprehensive document which includes a summary of the Integrated Strategic Needs Assessment and detail of the results of the consultation about the JHWS. It also includes detailed plans for implementation.</p> <p>Principles used.</p> <p>-There is no health without mental health and wellbeing:</p> <p>-Focusing on prevention and early help:</p> <p>-Working together:</p> <p>-Assets:</p> <p>-Good governance for health and wellbeing:</p> <p>-Integration:</p>
<p>Blackpool</p> <p>traci.loyd-moore@blackpool.gov.uk</p>		<p>Principles expressed in a set of questions:</p> <ul style="list-style-type: none"> • What are the most pressing needs locally? • What are the most notable inequalities in health and wellbeing?

	<p><i>Health and social care</i> – early years and family support, dementia, frail elderly, carers and young carers, disease prevention and early detection, safeguarding and domestic abuse</p> <p><i>Wider determinants of health and wellbeing</i> - economy, employment and workforce, education and aspirations, housing and transience, environment, transport, crime and anti social behaviour</p>	<ul style="list-style-type: none"> • Where are the greatest gaps in services? • What patterns of future needs are anticipated? • What issues require the greatest attention and what will make the biggest difference?
<p>Bolton <u>Bolton Strategy</u> <u>Lesley.Jones1@bolton.gov.uk</u></p>	<p>The priorities within the Bolton health & Wellbeing Strategy are</p> <ul style="list-style-type: none"> • Continue to narrow the gap in life expectancy between Bolton and the England average • Stop the increase in the internal gap • Increase attainment at Early Years Foundation • Increase the proportion of adults experiencing high levels of wellbeing by raising the average wellbeing score • Increase the proportion of the adult population experiencing good to excellent general health from 73% in 2010 to 79% by 2016. <p>Bolton's Health & Wellbeing strategy takes a life-course approach focusing on:</p> <ul style="list-style-type: none"> • Starting Well • Developing Well • Living Well • Working Well • Ageing Well • End of Life <p>For each stage of the life-course priority actions have been identified under the following themes:</p> <ul style="list-style-type: none"> • helping people to stay well • Identifying and dealing with problems early • Ensuring the best quality care and experience for those with health and/or social care needs • Making sure we better address the needs of the most vulnerable 	<p>Bolton used a six stage life course model to base their priorities around.</p> <p>Bolton have a set of principles:</p> <ul style="list-style-type: none"> • Keep a firm focus on achieving positive health outcomes for all across the life-course • Address inequalities across the social gradient and amongst those at risk of social exclusion • Focus on prevention and shifting resources upstream • Develop, redesign and integrate services around the needs of people • Ensure we use the resources available efficiently to secure better outcomes • Promote the corporate citizen role of the health and social care system <p>A key feature is a commitment at each level of complexity of intervention is to 'reduce demand and re-invest upstream'</p>

	<p>Alongside the set of priority actions are a selection of indicators mostly from one of the three national outcome frameworks. Performance management of the strategy will focus both on delivery against priorities and improvements in the selected outcome indicators.</p>	
<p>Bury Joint Health and Wellbeing Strategy to be signed off 10/6/2013</p> <p>Cheshire East <u>Cheshire East Reports</u> guy.kilminster@cheshireeast.gov.uk</p>	<p><i>Starting and developing well...Children and young people have the best start in life; they and their families or carers are supported to feel healthy and safe, reach their full potential and are able to feel part of where they live and involved in the services they receive.</i></p> <ul style="list-style-type: none"> • Improve the emotional and mental health and wellbeing of our children and young people: <ul style="list-style-type: none"> - Reduce the levels of alcohol use / misuse by Children and Young People - Reduce the numbers of children and young people self-harming • Increase the number of babies breastfed for six to eight weeks <p><i>Working and living well...Driving out the causes of poor health and wellbeing ensuring that all have the same opportunities to work and live well and reducing the gap in life expectancy that exists between different parts of the Borough</i></p> <ul style="list-style-type: none"> • Reduce the incidence of alcohol related harm. • Reduce the incidence of cancer. • Reduce the incidence of cardiovascular disease. • Ensure the health and wellbeing of carers to enable them to carry out their caring role • To better meet the needs of those with mental health issues. <p><i>Ageing well...Enabling older people to live healthier and more active lives for longer:</i></p> <ul style="list-style-type: none"> • Improve the co-ordination of care around older people, in particular those with dementia, and support independent living (including falls prevention). 	<p>In East Cheshire considerable effort has gone into seeking the views of community groups, voluntary sector and service user organisations about the vision and emerging priorities.</p>

<p>Cheshire West and Chester Cheshire West and Chester Strategy caryn.cox@cheshirewestandchester.gov.uk</p>	<ul style="list-style-type: none"> • Provide good palliative care. • Support older people, their families and carers to prepare for the rest of their lives. 	<p>Cheshire West and Cheshire have identified 24 key challenges from their JSNA and have used a version of Marmot categorisation of life stages in which to set them.</p> <p>An interim partnership plan was developed and during 2013 this will be refreshed to produce an integrated Health and Wellbeing Strategy which will also reflect the Altogether Better programme in Cheshire West and Chester”.</p>
<p>- Give every child the best start in life; - Enable all to feel safe and secure and maximise their capabilities and have control over their lives - Have a thriving and strong economy and create quality work and learning opportunities for all; - Support all to have a healthy standard of living and strengthen ill health prevention; - Create sustainable places and communities; - Enable older people to lead healthier and fulfilling lives; - Create a strong sense of community pride in our area; and - Have sustainable health and social care services that are delivered at the right place and the right time.</p> <p>Each of these is associated with a set of key challenges calling for action. The key challenges for ‘Give Every Child the best start in life’ includes:</p> <ul style="list-style-type: none"> - Reduce the number of children living in poverty; <i>Identified through the JSNA</i> - Reduce the gap in health and educational outcomes for children and young people; <i>Identified through the JSNA</i> - Invest in early years; <i>Identified through the Children’s Trust & Marmot Review of Health Inequalities</i> - Support the most vulnerable children and young people particularly children in care, subject to child protection and children with disabilities in the borough; <i>Identified through the Children’s Trust</i> 	<p>- Give every child the best start in life; - Enable all to feel safe and secure and maximise their capabilities and have control over their lives - Have a thriving and strong economy and create quality work and learning opportunities for all; - Support all to have a healthy standard of living and strengthen ill health prevention; - Create sustainable places and communities; - Enable older people to lead healthier and fulfilling lives; - Create a strong sense of community pride in our area; and - Have sustainable health and social care services that are delivered at the right place and the right time.</p> <p>Each of these is associated with a set of key challenges calling for action. The key challenges for ‘Give Every Child the best start in life’ includes:</p> <ul style="list-style-type: none"> - Reduce the number of children living in poverty; <i>Identified through the JSNA</i> - Reduce the gap in health and educational outcomes for children and young people; <i>Identified through the JSNA</i> - Invest in early years; <i>Identified through the Children’s Trust & Marmot Review of Health Inequalities</i> - Support the most vulnerable children and young people particularly children in care, subject to child protection and children with disabilities in the borough; <i>Identified through the Children’s Trust</i> 	<p>Cheshire West and Cheshire have identified 24 key challenges from their JSNA and have used a version of Marmot categorisation of life stages in which to set them.</p> <p>An interim partnership plan was developed and during 2013 this will be refreshed to produce an integrated Health and Wellbeing Strategy which will also reflect the Altogether Better programme in Cheshire West and Chester”.</p>

<p>Cumbria <u>Cumbria reports</u> nick.waterfield@cumbria.gov.uk</p>	<p><i>Health Inequalities Priorities:</i></p> <ul style="list-style-type: none"> - Increase the number of smoking quitters - Reduce the number of women who smoke during Pregnancy - Reduce the number of premature cancer deaths - Reduce the number of deaths from cardiovascular disease - Decrease the number of low birth weight babies born in Cumbria <p><i>Success Measures are:</i></p> <ul style="list-style-type: none"> - Reduce Smoking levels and tobacco consumption in Cumbria. - Increase the number of smoke free playgrounds <p><i>Children and Young people:</i></p> <ul style="list-style-type: none"> - Reduce childhood obesity in Year 6 - Increase the number of Children participating in sport each week - Increase the number of women breastfeeding at 6 weeks - Reduce the number of children living in poverty <p><i>Success Measures are:</i></p> <ul style="list-style-type: none"> - reduction in obesity in children - Reduce the number of alcohol-related teenage hospital admissions <p><i>Improve the Mental Health and Wellbeing of People in Cumbria</i></p> <p><i>Success Measures are:</i></p> <ul style="list-style-type: none"> - Increase case finding for depression in people with diabetes and/or heart disease (QOF indicator) - Reduce suicide rates - Reduce excess under 75 mortality for people with serious mental illness - Reduce the number of adults drinking alcohol to hazardous level - Increase numbers of people supported by mental health preventative schemes - Increase the percentage of people with anxiety disorders and depression, who have 2 or more contacts with First Step, and recover completely - Reduce hospital admissions for self-harm Improve mental health and 	<p>Cumbria has identified key challenges which were the main priority themes. These were:</p> <ul style="list-style-type: none"> - Health Inequalities; - Children and Young People; - Mental Health and Wellbeing; and - Ageing Population. <p>Cumbria's plans included activity on 'Capacity Building' as well as direct plans to improve people's health and wellbeing. Specific success measures are allocated to each activity.</p>
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	<p>wellbeing in Cumbria</p> <ul style="list-style-type: none"> - Increase the number of people who feel they belong to the area <p><i>Ageing Population</i></p> <ul style="list-style-type: none"> - Implement the dementia strategy and ensure all organisations are working towards a dementia friendly approach <p><i>Success Measures are:</i></p> <ul style="list-style-type: none"> - Reduce the number of dementia patients who need to be prescribed antipsychotics - Increase the number of people with diagnosis of dementia - Increase the number of Carers' assessments - Increase the number of NHS Health checks completed - Improve dementia care environments in residential care homes - Increase use of Telecare and Assistive Technology - Increase number of Extra Care Housing places 	
<p>Halton</p> <p>HaltonStrategy</p> <p>Sharon.mcateer@halton.gov.uk</p>	<ul style="list-style-type: none"> • Prevention and early detection of cancer • Improved child development • Reduction in the number of falls in adults • Reduction in the harm from alcohol • Prevention and early detection of mental health conditions 	<p>These priorities were identified through an examination of the JSNA and following wide public consultation. They reflect the priorities that all the members of the HWB boards can contribute to.</p>
<p>Knowsley</p> <p>Richard.Holford@knowsley.nhs.uk</p>	<p>Overarching outcome - People living longer, healthier lives in Knowsley.</p> <ol style="list-style-type: none"> 1. <i>Mental Health</i> <ul style="list-style-type: none"> • Single Point of Access • Access to quality Child, Adolescent Mental Health Services (CAMHS) provision for children and young people • Reducing ill health as a barrier to people who are workless • Dementia pathway (support for carers) 2. <i>Alcohol</i> <ul style="list-style-type: none"> • Reducing Hospital admissions (or re-admissions) <ul style="list-style-type: none"> ○ Alcohol liaison service ○ Brief interventions in all front line services 	<p>Vision is 'Working together for a healthier, happier Knowsley'</p> <p>A clear set of principles and values underpinned the priorities work.</p> <p>It uses a life course approach, identifying eight life course outcomes. he JHWS draws upon the JSNA which identified 34 high level needs, which through a prioritisation process local people and partners refined to a top ten. The Board further refined these to focus on four initial priority areas.</p>

	<ul style="list-style-type: none"> • Increased recovery in treatment services • Reduced access to pocket money price alcohol <p><i>Respiratory Disease/Smoking</i></p> <ul style="list-style-type: none"> • Increase the proportion of 4 week quitters staying smoke free for 12 months • Reduce Smoking in pregnancy • Reduce respiratory hospital admissions, including childhood asthma <p><i>Appropriate, Effective Use of Services</i></p> <ul style="list-style-type: none"> • Behaviour change <ul style="list-style-type: none"> ○ Influencing public choices on when and where to access specific specialist services ○ Review Out of Hours and unplanned care services • Troubled families – developing pathways for early intervention and support (and intelligence sharing) • Preventing re-admissions – Improved discharge and intermediate care pathways into the community 	<p>Extensive public consultation helped identify the eventual priorities.</p>
<p>Lancashire Lancashire Strategy habib.patel@lancashire.gov.uk</p>	<p>There are four overriding priorities</p> <ul style="list-style-type: none"> • New and expectant families • Mental health and wellbeing • Long term conditions • Health and Independence of old people <p>And ten specific priority interventions</p> <ul style="list-style-type: none"> • Smoking in pregnancy • Loneliness in older people • Affordable warmth • Early response to domestic violence • Support for carers • Alcohol liaison nurses • Identify those who are at risk of admission into hospital and provide appropriate intervention • Self-care – encourage people to take control of their own health & 	<p>The strategy sets out three groups of priorities to achieve our ambition to work together and get results for health and wellbeing in Lancashire:</p> <ol style="list-style-type: none"> 1. Changes to the way we work – the key shifts that will make a difference 2. Outcomes for health and wellbeing in Lancashire that we want to see delivered between 2013 and 2020 3. Interventions that we can deliver by April 2015 to allow us to test out the new ways of working and that will contribute to our priority outcomes

	<p>wellbeing</p> <ul style="list-style-type: none"> • Healthy Weight – environmental measures • Joined up support for vulnerable families (first pregnancy) 	
<p>Liverpool</p> <p><u>Liverpool Strategy</u></p> <p><u>Alison.Petrie-Brown@liverpool.gov.uk</u></p> <p><u>chris.williamson@liverpool.gov.uk</u></p>	<ul style="list-style-type: none"> - reducing child poverty and its consequences - reducing levels of cancer - more people achieving and maintaining good mental health - reducing maternal alcohol consumption - support for children and families will be a cross-cutting theme 	<p>Priorities must be</p> <ul style="list-style-type: none"> - difficult issues that challenge and impact on multiple agencies - be issues that clearly lend themselves to coordinated input from partners - be consistent with the ‘Marmot principles’ for reducing inequalities - have identifiable actions that reinforce positive outcomes, dealing with deficits and building on strengths - have an evidence base to support specific action or research can be built in to generate such evidence - be measurable and it must be possible to monitor progress <p><i>Detailed sets of activities, outcomes sought and leadership for activity are included in the Plan.</i></p> <p><i>A prioritisation event was held to which a broad range of interests were invited.</i></p>
<p>Manchester</p> <p><u>Manchester Strategy</u></p> <p>Contact: David Regan, Director of Public Health; 0161 234 3981</p> <p>E-mail: <u>d.regan@manchester.gov.uk</u></p>	<ol style="list-style-type: none"> 1. Getting the youngest people in our communities off to the best start 2. Educating, informing and involving the community in improving their own health and wellbeing 3. Moving more health provision into the community 4. Providing the best treatment we can to people in the right place and at the right time 5. Turning round the lives of troubled families 6. Improving people’s mental health and wellbeing 	<p><i>‘The vision for health, wellbeing and life chances in Manchester is a radical one. We want to see a major shift in the focus of services towards prevention of problems and intervening early to prevent existing problems getting worse. And we want to see a shift towards services provided closer to home’.</i></p>

	<p>7. Bringing people into employment and leading productive lives 8. Enabling older people to keep well and live independently in their community Detailed plans are included in the JHWS relating to the eight priorities</p>	
<p>Oldham <u>Oldham Strategy</u> ahiggins@nhs.net</p>	<p>Giving children the best start in life Living, learning and working well Ageing well and later life care More focussed ambitions are associated with each of these themes but specific plans are not included.</p>	<p>Overall ambition is: A reduction in the gap between the life expectancy in the best and worst parts of Oldham and between Oldham and the country • A reduction in the prevalence of smoking in Oldham and in the level of alcohol consumption • More people more active more often • More people eating fruit and vegetables • Better and more efficient health and social care services • Earlier detection of and treatment of chronic conditions such as cancers, dementia, heart disease and stroke and respiratory illness</p>
<p>Rochdale <u>Rochdale Strategy</u> michelle.loughlin@rochdale.gov.uk</p>	<p>The HWB Board priorities for 2012 – 2015 are: - Healthier lifestyles - Wellbeing - Best start for children and young people - Prevention and early intervention - Reducing health inequalities. The strategic intentions recorded are: - Joint commissioning and integrated working - Prevention, early intervention...and increasing demand for preventative services - Supporting healthier lifestyles and wellbeing... - Strengthening our focus on health inequalities... - Improving outcomes for our children and young people.</p>	

<p>St Helens</p> <p><u>St Helens Health</u></p> <p><u>susanforster@sthelens.gov.uk</u></p>	<ul style="list-style-type: none"> • Give Every Child the Best Start in Life • Support for Young People • Tackling Alcohol Misuse • Obesity and excess weight • Promote Good Mental Health and Wellbeing • Early Detection and Effective Management of Long Term Conditions • Reduce Unnecessary Hospital Admissions • Support for People with Dementia 	<p>The principles of the JHWS are</p> <ul style="list-style-type: none"> • Prevention • Tackling Inequality • Good Patient Experience and Access to Services • Integration and Joint Working- • Effectiveness • Sustainability • Promote Independence • Safeguarding Children and Adults • Carers • Community Resilience
<p>Salford</p> <p><u>david.herne@salford.gov.uk</u></p> <p><u>Anne.Lythgoe@salford.gov.uk</u></p>	<p>Our Priorities</p> <p>We have agreed:</p> <p>Three cross-cutting themes: employment, poverty and the environment;</p> <p>Three key priorities:</p> <ul style="list-style-type: none"> • Ensure all children have the best start in life and continue to develop well during their early years <p><i>Outcome 1a:</i> Promoting healthy weight at primary school age, in targeted schools.</p> <p><i>Outcome 1b:</i> Increasing breastfeeding initiation, with additional focus in wards currently less likely to breastfeed.</p> <p><i>Outcome 1c:</i> Reducing teenage conceptions with a particular focus on hotspot wards.</p> <ul style="list-style-type: none"> • Local residents achieve and maintain a sense of wellbeing by leading a healthy lifestyle supported by resilient communities <p><i>Outcome 2a:</i> Provide more effective joined up systems and services to support the wellbeing of people who are vulnerable</p> <p><i>Outcome 2b:</i> Positively influence individual and neighbourhood health and wellbeing</p> <p><i>Outcome 2c:</i> Communities have the resilience to respond to</p>	<p>The Vision</p> <ul style="list-style-type: none"> • We aim to improve health and wellbeing across the city and remove health inequalities. We will create an integrated system that responds to local needs and gains public confidence. • We believe that prevention is better than cure and that by empowering people we can improve quality of life, improve the long-term health of communities in the city and promote individual responsibility and behavioural change. <p>The scale of our ambition</p> <ul style="list-style-type: none"> • To improve life expectancy in Salford so that the gap between Salford and the UK average is reduced • To improve health and wellbeing at every stage of life

	<p>and manage local community issues for wellbeing</p> <ul style="list-style-type: none"> All local residents can access quality health and social care and use it appropriately <p><i>Outcome 3a:</i> Timeliness of access to services <i>Outcome 3b:</i> Ensuring people feel supported to manage their condition</p> <p><i>Outcome 3c:</i> Enhanced quality of life for carers</p> <p>Three overarching outcomes:</p> <ul style="list-style-type: none"> increased healthy life expectancy, reduced differences in life expectancy and healthy life expectancy between communities, infant mortality. 	<p>How we will achieve our ambition</p> <ul style="list-style-type: none"> Valuing the assets the people of Salford bring Supporting strong and vibrant neighbourhoods that promote health and wellbeing Social Justice and tackling inequality Health and wellbeing will be everyone's responsibility Partnership and integration of provision Prevention and early intervention throughout life Quality, Innovation and Evidence-based
<p>Sefton</p> <p><u>Sefton Strategy</u></p> <p><u>Janet.Atherton@sefton.nhs.uk</u></p> <p><u>samantha.tunney@sefton.gov.uk</u></p>	<p>The strategic objectives for Health and Wellbeing in Sefton are:</p> <ul style="list-style-type: none"> ensure all children have a positive start in life support people early to prevent and treat avoidable illnesses and reduce inequalities in health support older people and those with long term conditions and disabilities to remain independent and in their own homes promote positive mental health and wellbeing seek to address the wider social, environmental and economic issues that contribute to poor health and wellbeing build capacity and resilience to empower and strengthen communities 	<p>Sefton has developed a five year strategy based upon a set of principles:</p> <ul style="list-style-type: none"> build on existing assets and resources, including Social Value enable early intervention and prevention, following identification and prediction of needs address health inequalities and equity of access to narrow the gap secure value for money and consistency in the quality of care tackle the wider determinants that contribute to ill health and demonstrate integrated health and social care service solutions deliver discernible improvements to the agreed defined outcomes in

	<p>Strategy</p> <ul style="list-style-type: none"> • make good use of existing strategic partnerships • use the authority of the Health and Wellbeing Board to enable and encourage partners to work together ...a vision: <p>Together we are Sefton – a great place to be!</p> <p>We will work as one Sefton for the benefit of local people, businesses and visitors</p> <p>...a promise:</p> <p>‘ To put people at the heart of what we do - listen, value and respect each other’s views; develop a culture of challenge, ownership, innovation and improvement; be ambassadors for Sefton; be responsive and efficient; be clear about what we can and cannot do’</p> <p>and a pledge...</p> <p>‘As leaders we will give direction; be honest; show confidence; be bold; be visible; communicate; inspire; be accountable and value People while working in partnership with public, partners, providers, businesses and visitors on the services that are delivered in the places in which we live and work’</p>
Stockport	<p>Priorities include:</p> <p>Prioritising principles include</p>

<p><u>Stockport Strategy</u></p> <p>Sarah.Newsam@stockport.gov.uk Gill.walters@stockport.gov.uk</p>	<ul style="list-style-type: none"> - Early intervention with children and families - Physical activity & healthy weight - Mental wellbeing - Alcohol - Prevention and maximising independence - Healthy ageing and quality of life for older people (including complex needs and end of life care) 	<ul style="list-style-type: none"> - Promoting choice, independence, health and wellbeing for all - Achieving greater integration between health and social care - Improving quality and experience of health and social care services - Stimulating health improvement - Reducing inequalities - Shift to more prevention, community provision and self care - Based on JSNA and local mandate <p><i>Local people, professionals, independent sector & carers all involved in setting priorities</i></p>
<p>Trafford</p> <p><u>Trafford Strategy</u></p> <p>Helen Darlington Health Improvement Manager 0161 912 1220 helen.darlington@trafford.gov.uk</p>	<p>Outcome One: Every child has the best start in life</p> <p>Priority 1: Reduce childhood obesity</p> <p>Priority 2: Improve the emotional health and wellbeing of children and young people</p> <p>Outcome Two: A reduced gap in life expectancy</p> <p>Priority 3: Reduce alcohol and substance misuse and alcohol related harm</p> <p>Priority 4: Support people with long term health and disability needs to live healthier lives</p> <p>Priority 5: Increase physical activity</p> <p>Priority 6: Reduce the number of early deaths from cardiovascular disease (CVD) and cancer</p> <p>Outcome Three: Improved mental health and wellbeing</p> <p>Priority 7: Support people with enduring mental health needs, including dementia, to live healthier lives</p> <p>Priority 8: Reduce the occurrence of common mental health problems among adults.</p>	<p>Trafford has taken the views and opinions of citizens seriously enough to consult on the 'vision', then on a first draft strategy and then on the final draft. Specific planned activities are identified in the document associated with each of the 8 priorities.</p>

Warrington

[Warrington Strategy](#)

rita.roberson@warrington-pct.nhs.uk

Priorities include:

Closing the Gap (an underpinning principle)

- The inequalities gap between the most deprived and the rest of the borough will have reduced
- We will have an effective and well developed process for targeting and delivering integrated preventative services for individuals or families with the most complex needs
- Universal services will be provided on a sliding scale, with most resource targeted in neighbourhoods where there is most identified

Building Safe, Sustainable Communities

- Reduction in alcohol related harm, as measured by a range of indicators
- Reduced levels of offending and reduced fear of crime
- Increased good quality employment opportunities for people living in Warrington
- Increased numbers of people engaging in community activity/volunteering.

Ensuring the Best Start in Life and Transition to Adulthood

- Reduction in levels of child poverty
- Increased education and skills attainment for children and young people living in deprived areas or classed as living in child poverty
- Fuller understanding of the needs of children and young adults as regards emotional wellbeing
- Reduction in obesity and in the potential for alcohol related harm amongst young people
- Reduction in risk taking lifestyle choices amongst children and young adults.

Living and Working Well

- Increased numbers of people making healthy lifestyle choices, as measured by a number of indicators
- Increased numbers of people receiving NHS Health Checks, with a particularly high

There are in addition the following cross cutting priorities:

- An Ageing population
- Alcohol
- Mental health and well being – personal resilience
- Reduce demand on services by focusing on prevention

	<p>proportion being those developing heart disease</p> <ul style="list-style-type: none"> ○ People in the community actively involved in designing and delivering services ○ Reduction in the numbers of people aged 50+ claiming job seekers allowance ○ Reduction in the inequality gap in employment between our identified “Closing the Gap” areas and the rest of the borough ○ Increased understanding of need as regards mental health and wellbeing across the borough as a whole ○ Full integration of certain services in appropriate areas within social care and health ○ Targeted multi agency intervention programmes aimed at reducing current and future demand for services. <p>Promoting Wellbeing for Older People</p> <ul style="list-style-type: none"> ○ Full integration of health and social care commissioning in all areas where this is appropriate ○ Improved long term health and wellbeing of older people in the borough ○ Increased involvement of older people in the design and delivery of services in their community ○ Increased involvement of older people in their communities and reduced levels of social isolation amongst older people across the borough ○ Increased wellbeing and increased levels of disability free life expectancy for older people leading to reduced demand on front line services: initially on front line services providing unplanned emergency care and ultimately on both planned and unplanned care services. 	
<p>Wigan Kate.Ardern@alwpct.nhs.uk S.Cowley@wigan.gov.uk</p>	<p>Wigan’s Joint Health and Wellbeing Strategy focuses on improving outcomes across the life course – Start Well, Live Well and Age Well. Within each area there are two predominant themes.</p>	<p>Wigan has a complex set of underlying principles, including beliefs, values and outcomes and three key drivers, which are:</p>

<p><u>Wigan JSNA</u></p> <p>The strategy is in three parts.</p> <ol style="list-style-type: none"> 1. A strategy on a page outlining the main aims of the strategy and the programmes that contribute towards its delivery. 2. A performance dashboard that measure progress against key indicators and RAG rates the key delivery programmes. 3. An implementation plan that outlines the key principles for delivery. 	<ul style="list-style-type: none"> ▪ Transforming Health and Social Care systems – understanding we are dealing with an aging population, increasing demand and an unaffordable status quo – seeking to speed up the integration of services to delivery more efficient service that, in a managed way, transfers resources away from high cost services ▪ Transforming Population Health – considering how we keep people fit and healthy in the first place and encourage individual, family and community ownership of personal health and wellbeing – in line with the Council’s strategy for building self-reliance. 	<ol style="list-style-type: none"> 1. Preventing people in Wigan from dying early and helping people to stay healthy longer 2. Improving the life opportunities and independence of the people of Wigan 3. Making sure that people in Wigan feel safe and supported in their communities
<p>Wirral Joint Health and Wellbeing Strategy not yet published</p> <p>fiona.johnstone@wirral.nhs.uk</p>		

Contact details

If you would like any further information on this publication or our wider offer to support Health and Wellbeing Boards then please contact:

David Burnham
Lead for Strategic Workforce
and Planning
davidb@nwemployers.org.uk
0161 214 7117