Derby City and Neighbourhood Partnerships

Health and wellbeing – everyone's business

2014-19

Derby's Health and Wellbeing Strategy

CONTENTS

1 FOREWORD

Welcome to Derby's second Health and Wellbeing Strategy and my first as Chair of the Health and Wellbeing Board. Our own health and wellbeing and that of our family and friends are of high importance to us all. As a Health and Wellbeing Board we are equally committed to supporting local people to enjoy good health and positive wellbeing.

Our vision over the medium to long-term, is to improve the health and wellbeing of our local population and to reduce health inequalities. It is unfair and unjust that some people have poorer health and shorter lives due to the circumstances in which they live. As a Board we intend to push and drive changes to reduce these inequalities and improve wellbeing.

We are facing, and will continue to face, tough challenges in how we manage and deliver health and social care locally. We want to change how we think about health and wellbeing as well as how we shape our services. This strategy sets out our vision and objectives for the next five years. We believe we will need to be radical and transformational, both in how we think and how we do things. We need to be focussed on people and what they need. We need to recognise and value the role of everyone, not just health and social care professionals, but of the Police, of Fire and Rescue, of housing officers, of friends, neighbours, communities and volunteers, everyone, and we need to work in an integrated and joined up way.

I believe there is a lot we can do when we work together and all take responsibility as individuals, as communities and as organisations. I passionately believe we can make a difference. Take obesity for example, a third of 10-11 year olds in Derby and almost two-thirds of adults are overweight or obese. We can tackle this together. We can support parents and children in developing healthy diets, we can create more opportunities for positive activity, for example in our parks, and we can regulate and plan effectively, for example in relation to fast food outlets. These are just some examples. Tackling obesity in the city is one of my personal ambitions, and one that I know the approaches and actions we are proposing in this strategy can help achieve.

This is just a step on a long and challenging journey. It is an important journey and one that we need to take together. This strategy sets out where we want to get to and the direction of travel.

Councillor Ranjit Banwait

Chair, Health and Wellbeing Board and Leader of the Council

2 INTRODUCTION

The national and local NHS and social care systems have changed a lot over the last year or so, with the introduction of the Health and Social Care Act (2012) and is likely to continue to change with, for example, the implementation of the Care Act 2014 and potential policy changes as a result of the general election planned for 2015.

The public sector, particularly health and social care are under a lot of pressure. The population continues to grow, people are living longer – which is one of our main aims – but it means more people are living longer often in poor health, and with conditions that mean that many need treatment and care. In addition, big advances are being made in technologies and new treatments and drugs. Again, this is really positive, but they are expensive. In essence then, the health and care needs of the population are increasing at a time when the budgets to meet these needs are reducing. This is the current reality and challenge in Derby.

The role of the Health and Wellbeing Board is to take the lead in meeting the health and care needs of Derby's population within these challenging circumstances. This includes working out how to best shape the local health and care system to best meet the needs of our local people and enabling them to take control of their care and have their care designed around them by people working together in an integrated, not fragmented, health and social care system.

The Board is there to direct and lead innovation and change to make sure that health and social care in Derby is joined up, person-centred and achieving the best outcomes possible for local people.

3 OUR VISION

Our vision is to improve the health and wellbeing of the people of the city and to reduce health inequalities

For us, improving our local population's health and wellbeing and reducing inequalities should be at the heart of the Health and Wellbeing Strategy. We recognise, however, that this is a long-term aim.

Our vision is to have a person-centred approach, with a focus on individuals, their families and communities and to help them to take control of their own health and wellbeing and any support that they receive.

4 LOCAL CHALLENGES

4.1 Deaths from preventable disease and premature death

Significant strides have been made over recent years, nationally and locally, to reduce the harm caused by diseases such heart disease and stroke. For example, early deaths

from circulatory disease (including heart disease and stroke) has almost halved[1] over the last decade. These still, however, remain biggest killers of local people, with 484 people dying prematurely of circulatory disease and a further 782 dying prematurely of cancer in the city during the period 2010-2012[2].

Further, we know that in Derby significantly more people than the national average die from diseases that are preventable[3] and that more people die prematurely from cardiovascular disease (including heart disease and stroke)[4].

In addition, we know that some groups, such as the homeless, those with a serious mental illness are much more likely to suffer from a range of diseases and early death.

4.2 Health inequalities

"Health inequalities are differences between people or groups due to social, geographical, biological or other factors. These differences have a huge impact, because they result in people who are worst off experiencing poorer health and shorter lives. Some differences, such as ethnicity, may be fixed. Others are caused by social or geographical factors (also known as 'health inequities') and can be avoided or mitigated"[1].

Health inequalities remain an intractable issue in the city. For example, men living in the least deprived areas of the city live on average 12.2 years longer than those living in the most deprived areas. Similarly, women from the least deprived areas live, on average, nine years longer than those living in deprived areas[2].

4.3 Lifestyle issues

Other improvements have been made, for example, smoking prevalence in the city has reduced from 23.1% of people aged 18 and over in 2010 down to 19.8% in 2012[3]. Despite this improvement, however, this still leaves one-fifth (up to one-third in some areas) of our adult population continuing to smoke.

Currently, a third of children in the city are overweight or obese and nearly two-thirds (64%) of adults[2]. Just over half (56%) of adults in the city can be classed as 'physically active' and we have a higher than average rate of hospital admissions relating to alcohol[5].

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[1] 904 (people aged less than 75 years) died from all cardiovascular disease (including heart disease and stroke) in the period 1999-2001 compared to 484 people in the period 2010-2012. Public Health Outcomes Framework, 2014.

[2] Latest reported data. Public Health Outcomes Framework 2014.

[3] 207.4 per 100,000 population in Derby compared to 187.8 nationally (Age-standardised rate of mortality from causes considered preventable per 100,000 population), Public Health Outcomes Framework Tool http://www.phoutcomes.info/public-health-outcomes-framework#gid/1000044/par/E12000004 accessed 28/10/14.

[4] 63.0 per 100,000 population in Derby compared to 53.5 nationally (Age-standardised rate of mortality considered preventable from all cardiovascular diseases (incl. heart disease and stroke) in those aged <75 per 100,000 population), Public Health Outcomes Framework Tool http://www.phoutcomes.info/public-health-outcomes-framework#gid/1000044/par/E12000004 accessed 28/10/14

[5] 742 per 100,000 population in Derby compared to 637 nationally (The number of admissions involving an alcohol-related primary diagnosis or an alcohol-related external cause per 100,000 population (age standardised). Public Health Outcomes Framework Tool http://www.phoutcomes.info/public-health-outcomes-framework#gid/1000042/pat/6/ati/102/page/0/par/E12000004/are/E06000015 accessed 28/10/14)

Factors such as smoking, lack of physical activity, obesity and high alcohol intake are known to be linked to a range of diseases such as heart disease, cancer and stroke and to early death.

4.4 Wider determinants and drivers of wellbeing

Health and wellbeing is driven by a range of factors. Living in poverty or in poor quality housing, being unemployed or having low educational achievement increase our risk of living in poor health or dying prematurely. For example, 'People with university degrees have better health and longer lives than those without. For people aged 30 and above, if everyone without a degree had their death rate reduced to that of people with degrees, there would be 202,000 fewer premature deaths each year[4].

There are many definitions of wellbeing. Put simply, however, '...stable wellbeing is when individuals have the psychological, social and physical resources they need to meet a particular psychological, social and/or physical challenge. When individuals have more challenges than resources, the see-saw dips, along with their wellbeing, and vice-versa'[5]. In addition to the availability of financial resource, employment and housing etc., other dimensions of wellbeing such as social (for example close relationships) and community are also considered important drivers of health and wellbeing.

We recognise the importance in driving improvements in these wider determinants and supporting the development and promotion of drivers of wellbeing such as social capital and community networks in supporting the achievement of our vision.

5 OBJECTIVES

Whilst the long-term vision of this Health and Wellbeing Strategy is to improve the health and wellbeing of the local population and to reduce health inequalities we have two immediate objectives:

1. To transform the local health and social care system
2. To shift care closer to the individual.

5.1 System transformation

As mentioned at the beginning of this Strategy, the health and social care system has undergone significant change over the last few years and further change is likely in the coming years. How, as local people, we access and use services, and what and how we deliver services in the city has to change. The system, in its current form, will not be able to provide effective care for local people and will not be affordable before the end of this Strategy's life. We need to have a fundamental transformation of how we think about, provide and access services locally. This transformation needs to happen in a number of ways:

5.1.1 Common purpose

It is essential that the health and social care community, whether commissioners or providers (including the public sector, private sector and voluntary sector) of services or wider partners, must have a shared vision and common purpose. This is about recognising and valuing everyone's role in the health and wellbeing of the local population. Achieving health and wellbeing and reducing health inequalities is not the

sole business of traditional health and social care organisations. The Police, Probation Services, Fire and Rescue and many others, do, and should continue to have a key role to play. The drivers of health, wellbeing and inequalities are multiple and complex, the solutions also need to be multiple and complex. This Strategy is the start of this common purpose and sets it out in black and white.

In essence we all agree to:

- Be person-centred, considerate of individuals and communities and their needs
- Work in a joined-up integrated way
- Recognise individual, community and organisational strengths
- Work in an open and honest manner
- Think innovatively and take well-informed risks.

5.1.2 Leadership

There will be a lot of challenges and difficult decisions to be made along the road to transformation. It is important that strong and consistent leadership is shown. It is the role of the Health and Wellbeing Board to take the lead but to ensure that leadership filters through its partner members and organisations and out to communities and individuals.

5.1.3 Accountability

Whilst the Health and Wellbeing Board plays the lead role in the transformation of the local system, it is not only the Board that is accountable. The local organisations that make up the health and social care systems, wider partners, voluntary sector and community groups must take ownership and accountability for the health and wellbeing of the local population.

Further, we as individuals, living, visiting or working in the city are responsible for our own health and wellbeing. Whilst aspects are outside of our control, for example, our genetic make up, services that are available etc. there is a lot that we can take ownership and responsibility for, for example, the lifestyles that we lead. We all also have a responsibility for shouting out and saying what services we need and don't need and how they are delivered.

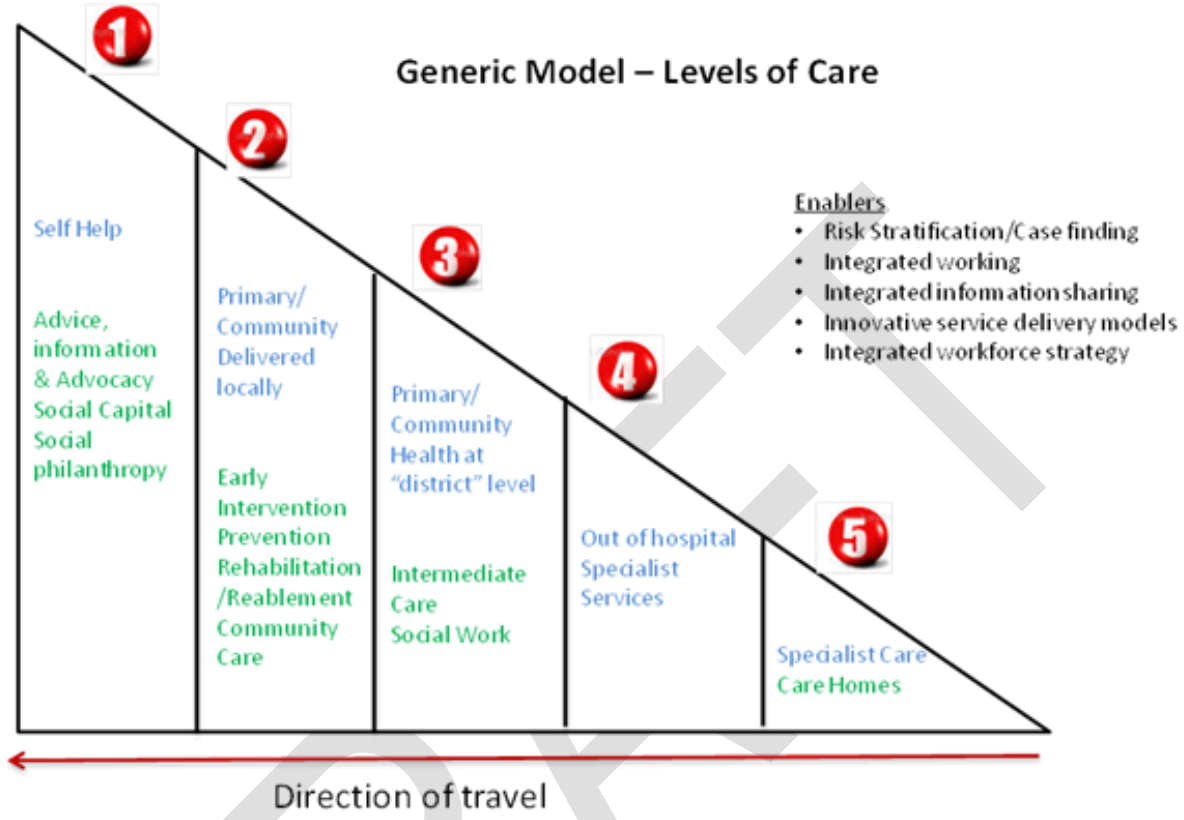
5.2 Moving care closer to the individual

Over the next five years our aspiration is that as many local people as possible are living healthy and happy lives and are independent and in control. When care and support is needed, however, we aim for it to be planned by people working together to understand the individual and their carer(s), putting the individual in control, and to co-ordinate and deliver services in a joined up way. Recovery, or getting people to be the best they can be within the constraints of their personal circumstances, is at the core of our health and social care system.

Figure 1 shows our ‘Levels of Care’ model. In essence, we want formal, specialist care such as care homes and hospital stays to become the exception rather than the rule. Obviously this type of care is, and will, sometimes be needed. For the most part, however, it is not the best place for us to be. Remaining close to home and our local

community, in places, and with people who are familiar to us, gives the best chance of maintaining and managing our own health and wellbeing. We can all live happy and fulfilling lives, we just need the right information and support to allow us to take control and the right care in the right places when we need it.

Figure 1 Showing our 'Levels of Care' Model



Whilst the 'levels' appear discrete in the diagram, the reality is not, and it is not expected to be rigid. At any one time an individual may have care at multiple levels. We understand and acknowledge this. For example, 'self-help' can happen at each of the levels, just because someone is in hospital or care home does not and should not stop them from being able to take control and to receive the support they need to self-help. The principle of movement away from formal care towards care closer to the individual is relevant for all people of all ages.

6 HOW ARE WE GOING TO DO IT?

Our overall vision and objectives are challenging. There are a number of approaches we are going take to achieve them:

6.1 Prevention, and early intervention

Many of the challenges that we face as individuals and a system are preventable, or could be reduced. At the heart of delivering what we want to achieve is a focus on prevention and early intervention. This begins right at the start of life and can continue throughout our lives. Whilst the outcomes may not be immediate, in the longer term they are significant both in healthy life gains and economically.

We will continue to focus on:

- Giving children the best start in life
- Promoting healthy lifestyle choices
- Population immunisation
- Screening and early diagnosis.

6.2 Promoting control, independence and responsibility

Fundamental to the success of this strategy is to support individuals and communities to be able to take control of their lives, be independent and take responsibility, within the context of their circumstances, for their health and wellbeing. This isn't about passing responsibility. It is about providing suitable and accessible information and appropriate support to enable this to happen – this is what we are going to focus on. We recognise that control, independence and self-worth are in themselves fundamental aspects of positive wellbeing.

6.3 Building strong and resilient individuals and communities

The importance of individual and community resilience, close relationships and strong community networks cannot be underestimated. Supporting the development of resilience and strong communities will be one of the primary activities that will achieve the vision and objectives set out in this strategy.

6.4 Making every contact count.

If we just take our public sector workforce, whether that is doctors, nurses, fire officers, police officers, social workers, and many others, we have thousands of contacts every day with individuals and families in our city who have health and wellbeing needs. If we broaden this to include the private sector, voluntary sector and most of all our local communities – the opportunity to make a difference to someone's health and wellbeing is there every second of every day. We intend to make the most of these contacts.

7 GUIDING PRINCIPLES

As you have been reading through this strategy, its guiding principles have hopefully shone through. It is, however, worth spelling them out. They are fundamental to securing the common purpose and approach we are striving for and to delivering the best that we can for our local population:

7.1 Person-centred

This is a fundamental shift. A person-centred holistic approach is central. We want to move away from a focus on disease or on the aspects of care and support that we deliver. Instead it is understanding the needs of an individual and their carer(s) and how these are best met.

7.2 Parity of esteem of physical and mental health

Too often we separate mental health from physical health and mental health ends up the runner up. It is frequently under-resourced and stigmatised. It is time this changed. Physical and mental health are inextricably linked. Both are important in positive wellbeing. This strategy sets us on a path were mental and physical health should be considered together and with the same importance.

7.3 Care which is integrated and seamless

We have worried too much in the past about how we deliver our services and what makes sense organisationally hasn't made it easy for the individual. We aim to make services much more joined up. Whilst much of this will be about integrating and making seamless the interaction between different NHS and social care services, it needs to be more than this. It is also understanding when and how services such as the Police fit, for example, many of those the Police come into contact with have complex health issues. We need to get much better at working constructively together across an individuals life.

7.4 Care which is safe and effective

It is our intention that children and vulnerable adults are kept safe. It is also out intention that any services delivered to promote health and wellbeing are not only safe but are effective.

7.5 Delivering quality

Whilst we want all services delivered in relation to our population's health and wellbeing to be of good quality, we want our vision of quality to extend beyond service provision. We want it to be embedded throughout our thinking and actions.

8 RESOURCES

To help us to achieve our vision and objectives will need to use our resources effectively. Money is obviously important to this. We recognise there is no new or specific money to support delivery of this strategy and in fact there may be less. We will, therefore, have to work out how to best use the money that we have to achieve what we want. Whilst money is obviously important we don't think it is the priority. There are two types of resource that we need to develop and support if we are going to meet our aims:

8.1 Workforce

Our people are the most important resource that we have. We need to have a responsive and knowledgeable workforce – both formal and voluntary. This goes right from initial training of roles through to development of the existing and established workforce. It is no good having a strategy if its vision and ideals are not embedded and believed by those at the coal face who aren't given the necessary skils.

8.2 Quality integrated information and intelligence

Good quality information and intelligence is absolutely central to provide us with the appropriate knowledge and insight to shape our activities and services to most effectively deliver for local people. How can we have a person-centred approach when we don't really know how people access and use our services or what their experience of them is? We have huge amounts of data but much more needs to be done to turn this into useful knowledge, in terms of how it is shared and integrated, analysed and reported. Integrating and effectively using our local information is a priority for us.

9 DELIVERING THE STRATEGY

This strategy, as are many strategies, is full of nice ideas and grand plans. The challenge is making them reality. To make them real and to make this strategy deliverable, it will be underpinned by a one/two year implementation plan outlining key actions and responsibilities. Progress against this plan will be routinely reported to the Health and Wellbeing Board.

We recognise that this strategy is the start of a long journey. Strides have already been made in the right direction but there is a long way to go. We don't intend for this strategy to be set in stone for the next five years, unless it is the right thing to do. Given this it will be fully reviewed and updated as appropriate on an annual basis to take into account progress made or changes in policy or priorities.

10 WHERE DOES THE HEALTH AND WELLBEING STRATEGY SIT?

The Health and Wellbeing Strategy does not exist in isolation, it is informed by and informs a range of strategies and plans, particularly those of the partners of the Health and Wellbeing Board. The Derby Plan is the overarching strategic plan of the city and the Health and Wellbeing Strategy remains focussed on delivering the priorities of the Derby Plan.

Figure 2 The relationship between plans and strategies in the city

11 DEVELOPMENT

We already had a Health and Wellbeing Strategy in the city. This Strategy is not about wholesale replacement of the previous strategy but instead is intended to be an evolution, a progressive step forward towards where we want to be.

There were four main components to the development of this Strategy:

11.1 Living Well for Longer event

This event showcased Derby's Response to Reducing Avoidable Premature Mortality. In addition to reviewing the work that was already taking place within the city, the event also included a range of workshops:

- **Workshop 1: *Prevention***
  Focusing on maintaining a healthy population and preventing ill health
- **Workshop 2: *Diagnosis***
  Focusing on how we improve early diagnosis
- **Workshop 3: *Treatment and care***
  Focusing on how we can reduce clinical variation and improve quality and access
- **Workshop 4: *Building a new health care system***
  Focusing on how we improve integration.

The key issues and themes emerging from the workshops have been fed into the development of this Strategy. Over 70 individuals attended the event representing 24 stakeholder groups and organisations including commissioners and providers of health and social care services, professional committees, academics and third sector representatives. A full list of groups/ organisations represented can be found in Appendix 1.

11.2 Review of HWB member strategies and plans

In a perfect world, the development and publication of stakeholder plans and strategies would be synchronised and neatly follow the process: Joint Strategic Needs Assessment – Health and Wellbeing Strategy – Organisational Plan/ Strategy. Unfortunately, we don't live in a perfect world and our local plans and strategies are produced in different timeframes. We therefore recognised that the majority of the Health and Wellbeing Board stakeholders have existing plans in place for the next year or two. Given this, it seemed sensible to review these existing plans and identify shared priorities and objectives on which to base the Health and Wellbeing Strategy. The Plans and Strategies reviewed as part of this process are shown in Appendix 2. There were significant consistencies across the plans reviewed in relation to priorities and objectives all of which shared relevance to the Health and Wellbeing Strategy.

11.3 Review of existing Health and Wellbeing Strategy

In light of the event feedback, review of plans and strategies and direction of travel already set upon through its vision for the use of the Better Care Fund, the existing Health and Wellbeing Strategy was reviewed. Whilst some elements of the Strategy felt no longer relevant, much of it, however, was considered to still be consistent with our vision for health and wellbeing within the city along with our approach to achieving it.

11.4 Strategy development workshops

To support the collation of information and thinking from the activities outlined above, a couple of workshops were held to shape the structure and content of this Strategy. These workshops included representatives of the members of the Health and Wellbeing Board. The organisations and groups represented within these workshops are shown in Appendix 3.

12 ENGAGEMENT AND CONSULTATION

The priorities and objectives of this Strategy are developed and shared with a range of plans and strategies. These plans and strategies were developed through significant engagement activity with a wide range of groups and forums.

Engagement has been with providers, professionals, public, patients, service users and carers and has included Clinical Commissioning Group Urgent Care Executive; Integrated Care Board; Carer's Forum; Residential and Home Care Forum; 21st Century HealthCare Consultation; Call to Action and Health Panel Events.

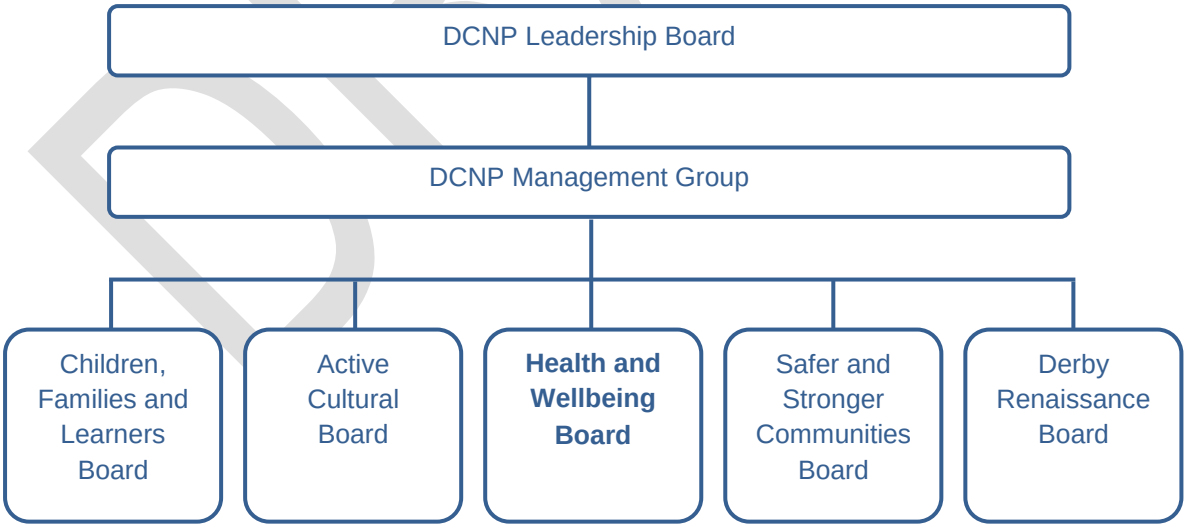
Once a final draft of the Strategy is approved by the Health and Wellbeing Board it will then be published for formal consultation including the Council's Diversity Forums. Amendments will be made in light of consultation responses prior to final publication.

13 GOVERNANCE

The accountability for the implementation and performance of the Health and Wellbeing Strategy sits with the Health and Wellbeing Board. The Health and Wellbeing Board has delegated responsibilities from the NHS Derbyshire and Derby City PCT Cluster Board and is a committee of Derby City Council.

The Health and Wellbeing Board is one of five outcome Boards which have responsibility for the delivery of The Derby Plan. These Boards report into the Derby City and Neighbourhood Partnerships (DCNP) Management Group and overall oversight is through the DCNP Leadership Board. This structure is outlined in Figure 3 below:

Figure 3 The governance structure of the Health and Wellbeing Strategy



14 REFERENCES

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2. Public Health England (2014) Derby Unitary Authority: Health Profile 2014. Public Health England, produced 12 August 2014.

3. Public Health England (2014) Public Health Outcomes Framework. Public Health England. Online tool (http://www.phoutcomes.info/public-health-outcomes-framework#gid/1000042/pat/6/ati/102/page/4/par/E12000004/are/E06000015) accessed 28/10/14)

4. Marmot, M. (2010) Fair Society, Healthy Lives: The Marmot Review. The Marmot Review.

5. Dodge, R., Daly, A., Huyton, J., & Sanders, L. (2012). The challenge of defining wellbeing. International Journal of Wellbeing, 2(3), 222-235. (p.230).

15 APPENDIX 1 LIST OF GROUPS/ ORGANISATIONS ATTENDING LIVING WELL FOR LONGER EVENT

The list below shows the groups and organisations represented at the Living Well for Longer event held in March 2014. Over 70 individuals attended the event.

Derby City Council

Derbyshire Community Health Services NHS Trust

Derbyshire County Council

Derbyshire Fire & Rescue Service

Derbyshire Local Pharmaceutical Committee

Derbyshire Police

Healthwatch Derby

Local Medical Committee

Local Pharmaceutical Committee

NHS England Area Team – Derbyshire and Nottinghamshire

Public Health England East Midlands Centre

Royal Derby Hospital

Southern Derbyshire Clinical Commissioning Group

Southern Derbyshire Voluntary Sector Mental Health Forum (SDVSMHF)

University of Derby

Women's Work

16 APPENDIX 2 PARTNER PLANS REVIEWED

Southern Derbyshire/ Erewash CCGs - Draft Strategy Template

Derby City and Neighbourhoods Partnership - The Derby Plan 2013-2015

Children and Young People's Plan

Derby City Council - Council Plan 2014/15

Adults, Health and Housing Directorate, Derby City Council- Adults, Health and Housing Directorate Business Plan

Children and Young People's Directorate, Derby City Council - Children and Young People's Plan Directorate Business Plan

Derbyshire Healthcare NHS FT - Improving Lives, Strengthening Communities, Getting Better Together

Healthwatch Derby - Business Plan 2013-2016

Derby Hospitals NHS Foundation Trust - Annual Plan 2013/14

Neighbourhoods Directorate, Derby City Council - Neighbourhood Directorate's Business Plan

Southern Derbyshire CCG/ Derby City Council -Better Care Fund Planning Template

Derby City and Neighbourhoods Partnership - Health and Wellbeing Strategy 2012-14

Derbyshire Community Health Services NHS Trust - 2 Year Operational Plan

Derby City Council/ SD CCG - Better Care Fund Bid

17 APPENDIX 3 INDIVIDUALS ATTENDING STRATEGY DEVELOPMENT WORKSHOPS

Assistant Director of Public Health	Public Health, Derby City Council (DCC)
Director of Commissioning	CYP, DCC & Southern Derbyshire CCG
Chief Executive Officer	Healthwatch Derby
Policy and Research Manager	Police & Crime Commissioner's Office
Head of Transformation & Patient Involvement	Derbyshire Healthcare NHS Foundation Trust
Head of Integrated Commissioning	Adults, Health & Housing, DCC
Associate Director of Business Development	Derby Hospitals NHS Foundation Trust
Dean	College of Health and Social Care, University of Derby
Service Director: Home First and Direct Services	Adults, Health & Housing, DCC
Acting Medical Director	Derbyshire Community Health Services NHS Trust
Area Manager	Derbyshire Fire & Rescue Service
Chief Fire Officer	Derbyshire Fire & Rescue Service
Assistant Director (Clinical Strategy)	NHS England - Derbyshire and Nottinghamshire Area Team
Head of Planning – Deputy Director Planning and Primary Care Development	Southern Derbyshire CCG
Deputy Police and Crime Commissioner	Police & Crime Commissioner's Office
Head of Integrated Commissioning	Adults, Health & Housing, DCC
Councillor - Allestree Ward; Health & Wellbeing Board Member	Derby City Council
Councillor - Mackworth Ward; Chair of Adults & Public Health Overview & Scrutiny Committee	Derby City Council