


# the **Healthy Debate**

## **Dudley Shadow Health and Well Being Board**

### **Draft Joint Health and Well Being Strategy**



**Dudley Clinical  
Commissioning Group**

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on the local HealthWatch and Dudley's first health & wellbeing strategy

# Dudley Shadow Health and Well Being Board

## Draft Joint Health and Well Being Strategy

### Introduction

Health and wellbeing boards are at the heart of the Government's plans to transform health and care and achieve better health and wellbeing for local people.

Two core responsibilities of the Boards are:

- Developing a Joint Strategic Needs Assessments
- A joint Health and Wellbeing Strategy.

Today's consultation centres on the joint Health and Wellbeing strategy.

### Question 1 . What should the strategy be called?

The contents of the strategy will always be of the greatest relevance but its title is also of importance in terms of identification with its purpose. We would therefore appreciate your thoughts as to what the strategy should be called.

What should the strategy be called?

### Background

Dudley has benefited from and is building upon a strong history of joint working between the public, private and third sectors. This has been managed in the past under the auspices of the Dudley Community Partnership – the Local Strategic Partnership for Dudley.

Dudley was one of the first health and social care economies in the country to produce its Joint Strategic Needs Assessment in 2007. This informed Dudley's Health and Social Care Commissioning Framework 2008/13, "Seeing The Bigger Picture".

A number of partnership bodies operate locally, developing, owning and implementing a series of joint strategies. Details of these joint strategies are set out in Appendix 1.

Terms of Reference for a Dudley Health and Wellbeing Board were first discussed in November 2010 and the Health and Wellbeing Board was established in shadow format as a committee of

Dudley MBC in April 2011. Since that time the Shadow Health and Wellbeing Board has met on 4 occasions and has also held separate development sessions on, inter alia, the Joint Strategic Needs Assessment (JSNA) and the Joint Health and Wellbeing Strategy (JHWS). Dudley CCG has participated in this process throughout and has been represented on the shadow H&WB from the outset.

This Joint Health and Wellbeing Strategy builds on the work which has already taken place in Dudley in recent times. It has been drawn up in the light of discussions which have taken place within the Health and Wellbeing Board.

## What do you think ?

A stakeholder engagement event will take place on Thursday 5 July 2012 where we will begin the process of sharing the rationale behind this strategy with patients, carers, members of the public and other key stakeholders.

We want to know what you think and a number of questions feature in this document.

Please let us have your comments either to [nick.perks@dudley.gov.uk](mailto:nick.perks@dudley.gov.uk) or by freepost to:

Draft Health & Wellbeing Strategy  
Communications  
Dudley Council  
FREEPOST MID223Q8  
DY1 1BR

or hand in at the event on July 5th.

We will arrange another event in September 2012 to obtain further feedback on our priority actions, the strategy will

then be approved by the Shadow Health and Wellbeing Board in October 2012.



## Joint Health and Wellbeing Strategies (JHWS) – The National Requirements

JHWSs are intended to be high level and strategic:

**“..... we would encourage organisations to develop a JHWS that provides a concise summary of how they will address the health and wellbeing needs of a community and help reduce inequalities in health – rather than a large, technical document. The strategy should provide the overarching framework within which commissioning plans for the NHS, social care, public health and other services... are developed”.**

**(Liberating the NHS: Legislative framework and next stages; 2011, p.96)**

We want our Joint Health and Wellbeing Strategy to be short and snappy and as easy to read as possible. Because the Strategy will highlight in an overarching way how we will reduce inequalities in health, much of the detail will be contained in other documents (see Appendix 1).

The priorities set out below will form the main focus for the work of the Health and Well Being Board starting from the development of policy through to implementation and managing performance.

### Wellbeing – What is it?

As a first step in developing this strategy, we have discussed the notion of wellbeing and what it means. In 2008, an organisation called the New Economics Foundation (NEF) was commissioned by the Government to understand measure and influence wellbeing.

It was found that despite the exceptional economic prosperity of the last 35 years, individuals and communities did not necessarily feel better. After a certain level of income and material stability, having more money does not have an improved impact on the quality of our lives.

NEF identified five evidence based actions that lead to wellbeing as follows:

- Connect
- Be active
- Take notice
- Keep learning
- Give

NEF Action for Children have undertaken research which shows that the UK currently spends billions attempting to deal with the social problems produced by unhappy and deprived childhoods, such as drug abuse, family breakdown, obesity, mental ill health and crime. NEF has argued that resources can be saved and well being improved by changing to a more preventative system of care services for children and young people.

Members of the Shadow Health and Wellbeing Board have developed their own view of what wellbeing is made of.

Below is a “word cloud” based upon comments made by Board Members.



There are three important considerations that arise from this work:

1. Health and Wellbeing are not separate concepts –. Health is a very important part of wellbeing;
2. The importance of “family” – which draws attention to the “life course” approach (see below) to both the Joint Strategic Needs Assessment and the JHWS;
3. The importance of capturing subjective and practical information from a range of communities and individuals to balance, test and provide insight into the issues arising from the analysis of “objective” hard data.





## Question 2. What does Well Being mean to you ?

### The Life Course approach

Professor Sir Michael Marmot conducted a review of health inequalities in England and published a report “Fair Society, Healthy Lives”, in February 2010.

This report showed the link between economic status, health and wellbeing. Socio-economic status is an important determinant for health outcomes. Marmot has previously argued that being in control of one’s life is related to your socio-economic position and that society can be made more participatory and inclusive in order to increase overall public health.

In this sense, examining issues across the “life course” or different life stages is important. The role of public policy should be to intervene at appropriate points in order to create the type of individual autonomy required to deliver a better outcome.

The Dudley approach to life course is illustrated in the diagram below

## Life Course Approach



Source: Department of Health, Census 2001, ONS mid-year population estimates 2008, Annual Population Survey 2008

This strategy will take a “life course” approach to health and wellbeing. In this context, early intervention will be an important principle in tackling inequalities across the generations.

## Joint Strategic Needs Assessment

The Dudley JSNA is a live web based compendium of data and documentation which can be accessed at [www.dudleylsp.org/jsna/](http://www.dudleylsp.org/jsna/)

It reports on the needs of local people.

The Shadow Health and Wellbeing Board has considered this and identified ‘10 key facts’.

In addition, it has identified other areas (in italics below) it believes to be worthy of further attention and space is provided for your comments about these areas:-

## Health Inequality Issues

### Inequality of Outcome

1. Though life expectancy has increased in Dudley, men from the most deprived areas still live 9 years less than those from the most affluent fifth.

### Lifestyles

2. Excessive consumption of alcohol. 65,000 adult heavy drinkers with 1 in 20 14 to 15 year olds drinking 15 units last week.
3. Obesity- 55,000 obese adults and 763 year 6 children are obese.
4. Smoking: 45,000 adults in Dudley smoke and 1 in 7 fifteen year olds smoke

### Detection of ill Health

5. Blood pressure. Currently 1/3 of people with high blood pressure remain undetected.

## Mental Health and Emotional Wellbeing

6. 1 in 4 people will experience a mental health problem at some point in their life; 1 in 6 adults have a mental health problem at any one time; and 1 in 10 children between 5-16 years of age have a mental health problem which will most probably continue into adulthood.
7. Suicide rates reflect the mental health of the of the community a whole.

## Trends in Premature Deaths

8. Cardiovascular disease (CVD) and cancer remains the biggest killer.
9. Whilst premature mortality is decreasing for CVD and cancer, it is increasing for accidents and respiratory diseases probably continue into adulthood.

## Social Determinants

10. Unemployment: This has impacted on all age groups but has hit 16 –24 year olds the hardest

Question 3. These are the needs we think are important.

Do you agree?

Have we missed any?

## Priorities for action

On the basis of these key facts, the Shadow Health and Wellbeing Board will identify priority areas for action.

The CCG is committed to ensuring that these priorities are reflected in its Commissioning Plan and Intentions.





## Question 4. What do you think should be our 'priorities for action'?

## Integration

The local health and social care economy already makes use of mechanisms to promote integration across health and social care. In particular, Agreements under Section 75 of the Health Act 2006 exist for:-

- lead commissioning arrangements for learning disability services
- pooled budget for Falls Service
- pooled budget for Acquired Brain Injury Service
- pooled budget for Community Equipment Service
- pooled budget for the placement of children under 17 with disabilities outside Dudley

Our approach to integration will be outcome driven as follows:-

- we will identify those pathways where we believe a more integrated approach can deliver a better outcome;
- we will agree a revised pathway;
- we will identify the resources from commissioners supporting the pathways
- we will examine how resources may be better utilised – through pooled budgets, joint teams, joint posts.

## Final thoughts

If you have any further thoughts about the strategy which you have not been able to record in the boxes above, please add them here: -