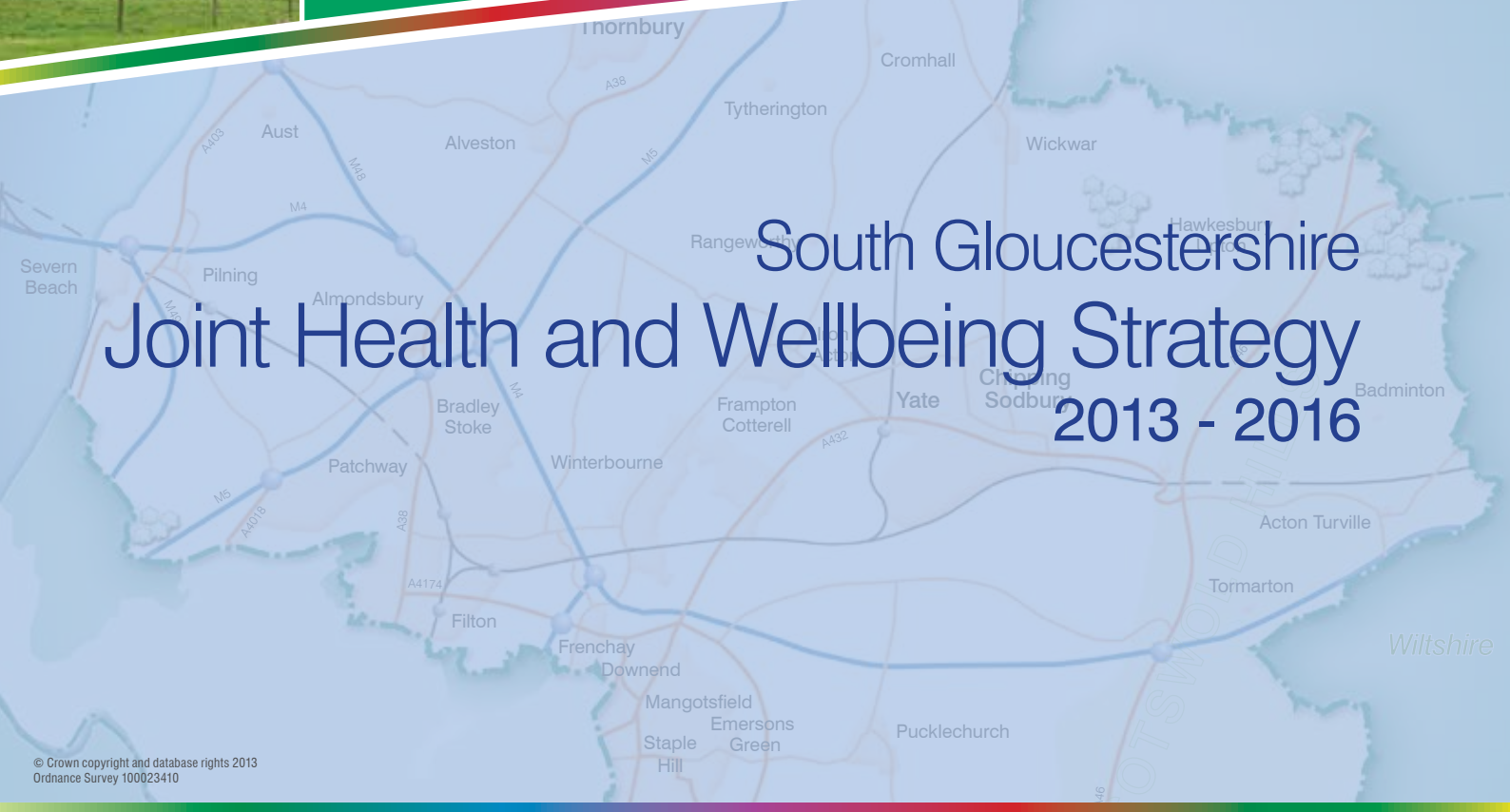




South Gloucestershire Joint Health and Wellbeing Strategy 2013 - 2016



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Ordnance Survey 100023410



Joint Health and Wellbeing Strategy

Produced on behalf of South Gloucestershire's Health & Wellbeing Board

Prepared jointly by:

South Gloucestershire Public Health Directorate

South Gloucestershire Clinical Commissioning Group

South Gloucestershire Council Department for Children, Adults & Health

To find out more, download a copy or to comment please go to:

www.ourareaourfuture.org.uk/JHWS

or email: cengagement@southglos.gov.uk

or telephone: **01454 862356**

Or write to: FREEPOST Plus RRZE-CTRG-TJLJ
South Gloucestershire Council
Children, Adults and Health Department
FAO Planning and Partnerships Team
Thornbury
Bristol BS35 1HF

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Chair's welcome

As Chair of the Health & Wellbeing Board, I welcome you to the first Joint Health and Wellbeing Strategy (JHWS) for South Gloucestershire. It has been produced on behalf of the Health & Wellbeing Board by the Council (Department for Children, Adults and Health) and Clinical Commissioning Group with involvement from the community and voluntary sector. The JHWS supports South Gloucestershire's Sustainable Community Strategy 'A great place to live and work'.

Overall, the health of people in South Gloucestershire is good and there have been improvements in recent years including reduced deaths from heart disease, stroke and cancers.

Everyone in South Gloucestershire should have the right to enjoy good health and wellbeing in order to lead fulfilled and active lives in our communities. However, some groups and communities experience poorer health than others. Whilst this strategy aims to improve the health and wellbeing of everyone in the area, it will focus particular attention on making faster improvements for those who are most vulnerable and experience a poorer quality of life.

The purpose of the strategy is not to cover everything that impacts on health and wellbeing; it focuses on collective priorities which need a shared vision and joined-up action to address them. Not only is this integrated working effective, but it brings about the greatest benefit for a given level of overall resource - which is vital at this time. As Chair of the Health & Wellbeing Board, I have witnessed the enthusiasm and commitment of all partners in the production of the JHWS and I am sure that this will continue in the collaboration to carry it forward.

At the heart of the strategy are the needs and views of the local population, which have been widely consulted on during the development of the strategy.

I am pleased to present this strategy and the priority themes it identifies. I look forward to us working together to make South Gloucestershire a healthier place to live.



Councillor Heather Goddard
Chair of the Health & Wellbeing Board

Introduction

This first Joint Health and Wellbeing Strategy (JHWS) for South Gloucestershire sets out the priorities and actions which the Health & Wellbeing Board plan to carry out from 2013 to 2016 to improve the health and wellbeing of people living and working in the area and to decrease health inequalities.

This strategy is all about partnership and working together. The JHWS has been produced as a partnership between the Health & Wellbeing Board member organisations - the Council, the Clinical Commissioning Group and the community/voluntary sector - with public input through a three month consultation process. The successful implementation of the strategy will involve still wider partnership and greater joined-up working, not only amongst the Health & Wellbeing Board member organisations, but increasingly with voluntary groups, communities and the people of South Gloucestershire. The strategy will also support the process of increasing integration between health and social care.

We recognise that public services are in a period of significant change. Across the UK, local authority budgets are falling and NHS budgets will remain flat for several years. At the same time, our population is growing, with a significant proportion of the population getting older, requiring more care. The only way we can achieve our vision is by improving the efficiency and effectiveness of our services, diverting more resources to improving prevention and by working with partners in a coordinated and integrated manner.

A Joint Strategic Needs Assessment (JSNA) was carried out for South Gloucestershire in 2012/13 to provide a picture of current and future needs to inform the JHWS and our plans for health and social care.

To view or download South Gloucestershire's JSNA go to:
www.ourareaourfuture.org.uk/JSNA.

For a paper copy of the JSNA email cengagement@southglos.gov.uk or telephone **01454 862356**



Principles

The JHWS sets out priority themes for commissioning health and wellbeing services in South Gloucestershire over the next three years (2013-16). The strategic actions under each priority theme have been selected based on the JSNA and the following key principles.

Prevention Our actions should facilitate healthy lifestyles to keep people in good health and prevent illness.

Early intervention Appropriate treatment or other support should be initiated as soon as possible through early diagnosis and assessment of people's circumstances. This minimises the risk and severity of illness and maximises the effectiveness and efficiency of treatment.

Equity Provision of services should be proportional to need and specific services targeted to the areas, groups and individuals that need them most.

Accessibility Services should be accessible to all in terms of opening hours, location, transport links and physical access.

Integration The integration of services should be considered where it would improve ease of use and outcomes for people. All relevant organisations should work together to maximise benefits and efficiency.

Effectiveness Activities and services should be evidence based and provide value for money.

Safety and safeguarding Services should be delivered safely and patients treated with dignity. Processes should protect children and adults from abuse and neglect.



Priority themes

The Health & Wellbeing Board has considered health and wellbeing from before birth to older age, taking into account the wider factors that can affect people's health and wellbeing. Our strategy reflects the framework presented in the Marmot Review, 'Fair Society, Healthy Lives, a Strategic Review of Health Inequalities in England'.

South Gloucestershire JHWS priority themes

1. Making the healthy choice, the easy choice

Creating the right conditions so that everyone is able to lead a healthy lifestyle throughout their life course.

2. Tackling health inequalities

Reducing the disparity in health outcomes faced by the most disadvantaged and vulnerable.

3. Making the best start in life

Enabling every child and young person to thrive and develop skills to lead a healthy life and achieve their full potential.

4. Fulfilling lives for all

Enabling people with long-term conditions, physical disabilities and mental health problems to lead independent, fulfilling and dignified lives.

5. Ageing well

Enabling older people to maintain independence and live longer, healthier lives while also supporting people with dementia and at the end of life.

6. Accessing the right services in the right place, at the right time

Enabling people to get the care they need in the best place for them when they need it.

Under each of the six priority themes a set of strategic actions has been identified. For each a 'we will' statement has been made. **To achieve these priorities, agencies will need to work together along with communities and individuals.** We all have a role to play in maintaining and improving our own health and wellbeing and that of our families. Through this strategy, we seek to inspire and motivate individuals, families and communities to take responsibility for their own health and wellbeing and for supporting those who may need help to do so.



Population growth

- 273,100 in 2013
- Up by 4% in 2018
- Up by 15% in 2035
- Up by 25% in 2027 if new houses in Core Strategy are built

Ageing population

- Residents 85+ up by 27% in 2018 and 153% in 2035
- Changing disease profile with more dementia, diabetes and other long term conditions
- Changing care profile with increasing dependency, social isolation and pressure on family carers

Rising health risk

- Obesity in teenage and adulthood – more diabetes, vascular disease, stroke and cancer
- Binge drinking at all ages – more liver and vascular disease, behaviour and social problems

Demand on services

- Acute hospital admissions – up by 8% and A&E by 5.5% by 2018 (if current trends continue)
- Demand for home care rising sharply and residential admissions up by 33% by 2020 (if current trends continue)
- Number of children subject to Child Protection Plans and with complex needs rising

Public Sector Reform

- New NHS commissioning arrangements
- Public health services transferred from NHS to Local Authority
- Transfer of responsibilities from Local Authority to schools
- Emergence of new providers in health, social care and education services
- Greater emphasis on personalisation and choice

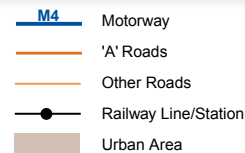
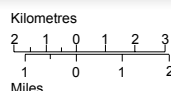
Identified areas for improvement

- Poorer health outcomes are experienced in South Gloucestershire's six Priority Neighbourhoods
- Some people in rural areas have difficulty accessing services
- Continuing need to support for carers
- Encourage volunteering and participation
- Better care for elderly in hospital
- Access to services for people with learning difficulties
- Better educational and training outcomes at 16-18 yrs



Pressure on finances

- Council income reduced, NHS income little or no growth
- Pressure on family and household finances due to reduced income in real terms (pay and benefits)
- No-growth economy in UK until 2017 (South Gloucestershire may fare better)



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Priority theme one

Making the healthy choice, the easy choice

Creating the right conditions so that everyone is able to lead a healthy lifestyle throughout the life course.

Significant improvements in health could be made by people making relatively small changes to their lifestyles. For example, half of the current heart disease deaths and half of all cancers could be prevented by adopting a healthier lifestyle, particularly by reducing smoking, reducing obesity, increasing physical activity and eating more healthily.

What is the issue	Why is this an issue in South Gloucestershire?	How will we address this issue?
<p>1.1 Overweight and obesity Overweight and obesity increase the risks of heart disease, diabetes and cancer.</p>	<p>Overweight and obesity affect almost two thirds of adults and a third of children in South Gloucestershire.</p>	<p>We will take action to support people to be more active and eat well. We will improve the weight management support available to people who are overweight or obese. This is being taken forward through South Gloucestershire's Healthy Weight Strategy.</p>
<p>1.2 Physical inactivity Physical inactivity is a significant, independent risk factor for a range of long-term health conditions. Low levels of physical activity increase the risk of heart disease, cancer, diabetes and stroke, and can lead to a decline in mental wellbeing.</p>	<p>Approximately 78% of adults in South Gloucestershire do not achieve the recommended levels of physical activity (i.e. at least 150 minutes of moderate intensity activity per week).</p> <p>Forty-five per cent of children of secondary school age take part in two hours of high quality PE and sport per week (2010). This is significantly lower than the England average (55%).</p>	<p>We will support people to build everyday activity into their lives through walking, cycling and the continued provision of active leisure opportunities. This will be taken forward through a new Physical Activity Strategy for South Gloucestershire.</p>
<p>1.3 Healthy eating A poor diet is one of the main causes of ill health and premature death. Most people eat too much fat, salt and sugar and not enough fruit and vegetables.</p>	<p>Estimates suggest that 71.1% of adults in South Gloucestershire do not eat the recommended five portions of fruit and vegetables per day.</p> <p>Unhealthy eating is a major contributor to overweight and obesity.</p> <p>Action on diet will help to tackle heart disease, cancer, diabetes, stroke, high blood pressure, high cholesterol and many factors critical to health.</p>	<p>We will support people across the life course to eat well by improving access to healthy food.</p> <p>We will support schools to adopt a whole-school approach to healthy eating and implement initiatives within early years' settings.</p> <p>We will continue to encourage and support breastfeeding for mothers with infants. This will be addressed by achieving the Breastfeeding Baby Friendly UNICEF Initiative.</p>
<p>1.4 Mental health and wellbeing Mental health has a major impact on quality of life and life expectancy. Mental ill health is very common with one in four people experiencing mental health problems at some point in their life.</p>	<p>Based on demographic comparisons, the level of mental ill health in South Gloucestershire is expected to be similar to, or slightly lower than, the national average.</p> <p>Mental wellbeing is crucial to achieving good physical health and making healthy choices.</p> <p>Good mental health is associated with higher educational attainment, greater productivity at work, social connectedness and resilience.</p>	<p>We will support the prevention of mental ill health through our work building integrated communities, supporting social networks and reducing stigma and discrimination. This will be taken forward through a new Mental Health & Wellbeing Strategy.</p> <p>Note: Treatment for mental ill health is covered in Priority theme six: Accessing the right services in the right place, at the right time.</p>

What is the issue	Why is this an issue in South Gloucestershire?	How will we address this issue?
<p>1.5 Sexual health Sexual health includes unwanted pregnancy, access to and use of contraception, sexually transmitted infection and sexual abuse and violence.</p> <p>If left undetected and untreated infections can result in serious health consequences, including infertility.</p>	<p>Over the last decade there has been a gradual rise in the overall diagnosis of sexually transmitted infections in South Gloucestershire.</p> <p>Local rates of chlamydia and gonorrhoea are similar to the national average.</p> <p>Teenage pregnancy rates in South Gloucestershire are below the national average and have been decreasing over the last five years. Nevertheless, social economic disadvantage can be both a cause and consequence of teenage parenthood.</p>	<p>We will further improve sexual health education, information and access to services through the implementation of South Gloucestershire's Sexual Health Strategy.</p>
<p>1.6 Alcohol misuse Alcohol misuse contributes to increased early mortality, hospital admissions, crime and disorder and domestic abuse.</p> <p>The incidence of liver cirrhosis has almost tripled in the last ten years and deaths from chronic liver disease are rising.</p>	<p>Estimates indicate that in 2008 over 71,000 people were problem drinkers (from dependent to hazardous, or harmful, or binge drinkers). If current drinking patterns continue this could rise to over 76,000 by 2018.</p>	<p>We will focus on prevention of alcohol misuse through the implementation of South Gloucestershire's Alcohol Strategy.</p>
<p>1.7 Smoking Smoking is the single biggest cause of preventable ill health and premature death in the UK and is the biggest cause of inequalities in death.</p>	<p>The smoking prevalence rate in South Gloucestershire is 20% compared with 21% nationally. Smoking is still responsible for around 320 deaths a year in South Gloucestershire (over 10% of the overall mortality rate) and 25% of children aged 11-15 years have smoked.</p>	<p>We will increase the number of people receiving support to quit, particularly in Priority Neighbourhood areas. We will help prevent children and young people starting smoking.</p> <p>This will be taken forward through a new Tobacco Control Strategy for South Gloucestershire.</p>
<p>1.8 Reducing injuries Unintentional injury takes a heavy toll on society, particularly children, young people and older people.</p>	<p>In South Gloucestershire, the number of people aged 80 and over who incur an injury due to falling is higher than the England average.</p> <p>Unintentional injuries to children and young people are the leading cause of death for children and young people from birth to age 19 years in England.</p>	<p>We will continue to implement our Injury Prevention Action Plan.</p> <p>We will review our falls prevention initiatives to ensure all opportunities are taken to minimise risks of falling.</p> <p>This is being taken forward through the Avonsafe Strategy and South Gloucestershire's Injury Prevention Action Plan.</p>

Priority theme two:

Tackling health inequalities

Reducing the disparity in health outcomes faced by the most disadvantaged and vulnerable.

Many factors that influence people's health and wellbeing are unevenly distributed between communities. There is a significant difference in healthy life expectancy between the most and least disadvantaged groups.

What is the issue	Why is this an issue in South Gloucestershire?	How will we address this issue?
<p>2.1 The wider determinants of health</p> <p>The most fundamental and sustainable improvements in health and health inequalities come from policies which address the wider determinants of health. These determinants include education, income, employment, transport, the built and natural environment and housing.</p>	<p>On average, South Gloucestershire has lower levels of unemployment, better quality housing and higher levels of income compared to the national average. However, in the more deprived parts of South Gloucestershire, these indicators are worse than the national average.</p> <p>The health challenge faced by the most disadvantaged communities and vulnerable groups is compounded as they tend to fare worse on multiple determinants of health.</p> <p>Tackling the wider determinants of health in specific demographic groups and priority areas within South Gloucestershire is an effective way of improving health and reducing health inequalities.</p>	<p>We will develop ways to support families affected by welfare reform towards financial independence.</p> <p>We will work to improve pre-school and educational attainment amongst vulnerable and disadvantaged groups and support individuals to realise their potential. We will improve post-16 educational attainment (see Priority theme three: Making the best start in life).</p> <p>We will address fuel poverty and housing quality by ensuring that the most vulnerable are supported to live in homes which are well heated, insulated and free from damp. This is being taken forward through South Gloucestershire's Housing Strategy.</p> <p>We will create a high quality built and green/ sustainable environment and manage the health impacts of climate change embedding public health principles in the work we do. This is being taken forward through South Gloucestershire's Core Strategy and Climate Change Strategy.</p>
<p>2.2 Priority Neighbourhoods</p> <p>Six areas in South Gloucestershire have been defined as Priority Neighbourhoods because they tend to rank lowest on many of the wider determinants of health. They face the greatest health inequalities and have the greatest health need.</p>	<p>The premature mortality rates for the Priority Neighbourhoods are significantly higher than the South Gloucestershire average and some are higher than the national average.</p>	<p>This is being taken forward through further development of the Health Action Plans for individual Priority Neighbourhoods to ensure services are designed and delivered appropriately to meet needs.</p> <p>We will build on the community assets in our Priority Neighbourhoods to enhance social cohesion and support for vulnerable groups and individuals.</p>

What is the issue	Why is this an issue in South Gloucestershire?	How will we address this issue?
<p>2.3 Vulnerable groups Several vulnerable groups in South Gloucestershire experience poorer health and life chances. Such groups include people with learning difficulties, carers, lone parents, the prison population and Black and minority ethnic communities including Travellers.</p>	<p>South Gloucestershire has relatively large numbers of Travellers who have particular health needs and may experience difficulties accessing local services.</p> <p>Twenty-two per cent of lone parent families in South Gloucestershire are at risk of poverty (2010 figure).</p> <p>There are estimated to be around 3,600 people aged 18 to 64 years with learning difficulties in South Gloucestershire. People with learning difficulties in South Gloucestershire live on average to 59 years (55 years in England).</p> <p>There are three prisons within South Gloucestershire. Prisoners tend to have greater health needs than the equivalent aged population with lifestyle factors, such as smoking, being more than three times that estimated for South Gloucestershire as a whole.</p>	<p>We will build on existing plans using the information in the Joint Strategic Needs Assessment so focused action is taken to reduce health inequalities amongst vulnerable groups.</p> <p>We will address this issue by:</p> <ul style="list-style-type: none"> • implementing South Gloucestershire's Carers Strategy • continuing to implement the government's strategy 'Valuing People Now' for people with learning difficulties in South Gloucestershire • implementing South Gloucestershire's Partnership Strategy for Children & Young People (2012-2016) • developing a new Health Action Plan for the Traveller community • continuing to implement the Offender Health Action Plan.
<p>2.4 Delivery of services It is important to ensure services are delivered according to need in order to narrow, rather than widen, inequalities.</p>	<p>We want to check that the services we provide in South Gloucestershire are resourced and distributed in relation to the health needs of different groups. (This may include resources such as services and facilities and the determinants of health such as employment and education).</p>	<p>We will continue to assess and design our services to ensure that they are reducing, not widening, health inequalities and that they meet the needs of disadvantaged and vulnerable groups. We will undertake Health Equity Audits and/or Equality Impact Assessments as a way of ensuring this.</p>
<p>2.5 Reducing childhood poverty A child growing up in poverty has a greater likelihood of experiencing health problems from birth and of accumulating physical and mental health problems throughout life.</p>	<p>Between 2006 and 2010 the percentage of dependent children living in poverty in South Gloucestershire rose from 10.5% to 11.5% which represents 6,685 dependent children living in poverty.</p>	<p>This will be taken forward through South Gloucestershire's Partnership Strategy for Children & Young People (2012-2016) which includes the Child Poverty Strategy.</p>
<p>2.6 Reducing domestic abuse Domestic abuse has the highest repeat victimisation rate of any crime and can have a major impact on the physical and emotional health of adults and children.</p> <p>It is difficult to assess the full extent of domestic abuse as it is known that there is significant under-reporting and consequently unmet need.</p>	<p>It is estimated that there are 13,300 incidents of domestic abuse in South Gloucestershire each year.</p>	<p>We will address this issue through the implementation of the Domestic Abuse Action Plan.</p> <p>This will:</p> <ul style="list-style-type: none"> • aim to reduce domestic abuse and ensure continuing support is in place for victims • develop the 'Identification & Referral to Improve Safety' project (IRIS) to improve the safety of people experiencing domestic abuse • develop programmes to engage perpetrators to challenge and address their abusive behaviour.

Priority theme three:

Making the best start in life

Enabling every child and young person to thrive, develop skills to lead a healthy lifestyle and achieve their full potential.

Children and young people should have a good start in life, be safe and do as well as they can, while being able to access support when necessary.

What is the issue	Why is this an issue in South Gloucestershire?	How will we address this issue?
<p>3.1 Early years</p> <p>There is predicted to be an increase in demand for ante/post-natal services, early years' support and nursery provision with increasing birth rates and the growth in the population.</p> <p>Children who thrive in the early years are more likely to develop positive relationships and better emotional and physical health throughout their lives.</p>	<p>The South Gloucestershire population has been increasing and is predicted to continue increasing for the foreseeable future. This is due to net migration into the area and the birth rate being higher than the death rate.</p> <p>The birth rate has increased significantly over the last ten years (to 2011) and is projected to continue growing at a lower rate of increase for the next ten years.</p> <p>These demographic factors will combine to place a substantially greater demand on all early years' services in the area.</p>	<p>In line with the overall strategy for meeting the future demand on services summarised in Section 6.1, we will work together to develop integrated and well coordinated systems for early years' services which draw on the strengths of midwifery, health visiting, Children's Centres, school nursing and the voluntary sector.</p> <p>Our planning for early years' services will be based on well considered projections of South Gloucestershire's future population growth and changes in birth rate which take into account proposed housing developments, as well as natural growth.</p> <p>We will ensure sufficient free early years and nursery education places are provided for disadvantaged and vulnerable children through the South Gloucestershire Strategy for the Expansion of Places for Two Year Olds.</p>
<p>3.2 School years</p> <p>Research indicates that good health in children contributes to positive educational outcomes which in turn result in better health throughout adult life.</p>	<p>South Gloucestershire schools educate more than 40,000 children and young people each year. Educational outcomes are good for early key stages but not so good for later key stages compared to national levels. Outcomes are worse among pupils living in deprived circumstances.</p> <p>In 2011, 12% of Gypsy, Roma and Traveller pupils attending South Gloucestershire schools achieved five or more GCSEs grade A*-C (including English and Maths) compared to 58.2% of all pupils.</p>	<p>We will work to reduce the gap in educational attainment at age 16, between vulnerable children and others through South Gloucestershire's Partnership Strategy for Children and Young People 2012-16.</p> <p>We will support enhancing aspirations for South Gloucestershire children and young people and support vulnerable children and young people at times of transition and change through the Special Educational Needs and Disability (SEND) Strategy 2012-16 and Annual Implementation Plan 2013/14.</p>

What is the issue	Why is this an issue in South Gloucestershire?	How will we address this issue?
<p>3.3 Emotional wellbeing and resilience</p> <p>Emotional wellbeing lays the foundation for adulthood and ensures young people are able to participate fully as adults. Fifty per cent of lifetime mental illness (excluding dementia) starts before the age of 14 years.</p> <p>Promoting the emotional wellbeing of all young people and providing effective support for those with behavioural or emotional difficulties will improve academic attainment and help young people gain the skills to develop good relationships and cope with the ups and downs of life.</p>	<p>This is an issue that has been raised through the JHWS consultation by partners and families in South Gloucestershire. Further analysis of need is required.</p> <p>Children with persistent conduct or emotional disorders are more likely to leave school without qualifications and be excluded from school.</p> <p>One in ten young people in every class have a behavioural or emotional difficulty.</p>	<p>We will support young people having access to emotional support. This will be taken forward through a new Mental Health & Wellbeing Strategy (see Priority theme one: Making the healthy choice the easy choice).</p> <p>As part of the strategy development the following initiatives will be considered:</p> <ul style="list-style-type: none"> • supporting early years' settings to promote emotional wellbeing • Healthy Schools Programme including personal, social and health education (PSHE) sessions in schools • further developing anti-bullying policies in schools • supporting head teachers to collaborate to jointly commission mental health support
<p>3.4 School leavers</p> <p>All young people should thrive when leaving school by accessing opportunities for education, employment or training.</p> <p>Research has shown that the psychological scars of long-term youth unemployment often remain with a person for the rest of their working life, affecting their employability, confidence and pay.</p>	<p>In South Gloucestershire, 1 in 20 school leavers are not in education, employment or training. This figure is higher in Priority Neighbourhood areas.</p> <p>Around 4 in 10 school leavers are considered 'more vulnerable' and require intensive support to re-engage.</p>	<p>We will support young people, particularly in Priority Neighbourhoods, to remain in education, training or secure employment.</p> <p>This will be addressed through the Economic Development Strategy 2012-16.</p>
<p>3.5 Additional needs</p> <p>Access to support services - enabling children and young people to remain at home with their families.</p>	<p>A number of children and young people in South Gloucestershire have complex needs and disabilities that require additional support. A consistent theme from families and carers has been the need for better coordination and better information about how to access support.</p> <p>Children with complex needs and disabilities have, on occasion, required residential care due to lack of appropriate community-based support.</p>	<p>We will improve information about how to access support and services through the continual enhancement of the First Point Team.</p> <p>This will be addressed through the Special Educational Needs and Disability (SEND) Strategy 2012-16 and Annual Implementation Plan 2013/14.</p>

What is the issue	Why is this an issue in South Gloucestershire?	How will we address this issue?
<p>Prevention of and support to children and young people at risk of harm Children and young people at risk of harm due to poor parenting often become looked after to ensure their safety and wellbeing. Effective early help may reduce the number of those children and young people at risk.</p> <p>Support to children and young people looked after by the Council Where it is not possible to reduce the risk of harm, the Council has a duty to ensure that their wellbeing is appropriately maintained.</p>	<p>South Gloucestershire Council has approximately 200 young people at risk and subject to child protection plans.</p> <p>There are approximately 170 children and young people who are looked after by South Gloucestershire Council.</p>	<p>We will ensure children with complex needs and at risk of harm have access to local services, enabling them to, wherever possible, remain at home with their families.</p> <p>We will ensure early intervention and the use of the common assessment processes to try to reduce the escalation of issues that result in children requiring protection or admission to care. This is being taken forward within the South Gloucestershire Safeguarding Children's Board Business Plan 2013/14.</p> <p>We will strengthen how we ensure the quality of care of our looked after children and how our corporate parenting duties are undertaken.</p> <p>We will support looked after children and young people to have opportunities to have a good start in life, to thrive and reach their full potential.</p> <p>All of the 'additional need' priorities will be incorporated within the Common Assessment Framework and Social Care Improvement Plans.</p>
<p>3.6 Parents and carers Parents and carers need support, particularly when they are living with specific poor wider determinants of health and have complex needs.</p>	<p>South Gloucestershire has 295 families that meet the government indicators of being 'troubled'. This includes those families where there is a parent in receipt of a workless benefit, children not attending school, a young person offending, or a family member involved in antisocial behaviour.</p>	<p>We will ensure support is available for disadvantaged, vulnerable and troubled families to ensure children have a healthy environment in which to develop. In South Gloucestershire, the Troubled Family Initiative (TFI) is known as the 'Families in Focus Programme'.</p> <p>We will strengthen support to parents including those with substance misuse or mental health issues. This is also being taken forward within the South Gloucestershire Safeguarding Children's Board Business Plan 2013/14.</p>

Priority theme four:

Fulfilling lives for all

Enabling people with long term conditions, physical disabilities and mental health problems to lead independent, fulfilling and dignified lives.

Many people experience difficulties and face barriers which affect their ability to lead independent, fulfilled and dignified lives. By working together we will make a significant difference to the lives of many people living in South Gloucestershire, enabling them to live fuller lives and to contribute to their communities.

What is the issue	Why is this an issue in South Gloucestershire?	How will we address this issue?
<p>4.1 Long term conditions (LTCs) On average, one in four people have at least one LTC.</p> <p>An LTC is a condition that cannot be cured but can be managed through medication and/or therapy.</p> <ul style="list-style-type: none"> LTCs can impact significantly on people's ability to work and live a full life. People with LTCs can have some of the most complex care needs. People often have more than one LTC. <p>Examples of LTCs include: asthma; mental health problems; chronic obstructive pulmonary disease (COPD); cancer; diabetes; dementia and epilepsy.</p> <p>Although many people with LTCs are able to lead active lives, others experience limitations to their lives as a result of poor physical or mental health and further limitations caused by wider factors within society, such as low income, poor housing or social isolation.</p>	<p>The 'day-to-day activities' of 40,914 South Gloucestershire residents (15.6% of the total population) are limited, to some extent, by long term health problems or disability. This is about 65,000 people - and the incidence is projected to rise by 20% by 2030. Most of those over 65 live with at least one LTC.</p> <p>LTCs account for 50% of all GP appointments, 64% of outpatient attendances and 77% of all hospital bed days.</p> <p>The main LTCs affecting the South Gloucestershire population are:</p> <ul style="list-style-type: none"> diabetes - prevalence (Type 1 and Type 2 combined) is estimated to be 5.0% amongst those aged over 17 years (over 10,000 people) chronic obstructive pulmonary disease (COPD) – prevalence is 1.4% amongst those over 17 years (over 3,498 people) stroke - prevalence is 1.8% (4,553 people) asthma – prevalence is 6.8% amongst those over 17 years (over 17,000 people) chronic kidney disease – prevalence is 4.8% amongst those over 17 years (9,769 people) cancer - prevalence is 2.1% amongst those over 17 years (5,332 people) hypertension – prevalence is estimated to be 14% amongst those over 17 years (over 35,730 people) mental health problems - the prevalence of depression is 13.4% amongst those over 17 years (27,089 people) dementia – prevalence is 0.5% (1,187 people) epilepsy – prevalence is 0.8% amongst those over 17 years (1,546 people) autistic spectrum conditions – prevalence is estimated 1,710 adults aged 18-64 years. 	<p>We will support people with LTCs to adopt a healthy lifestyle (for example by quitting smoking, eating a healthy diet, increasing physical activity) to help them manage their condition and minimise the risk of developing complications (see Priority theme one: Making the healthy choice the easy choice).</p> <p>We will continue to review our existing care pathways to ensure that they are integrated from early years into adulthood and old age.</p> <p>We will work to achieve best practice targets in the management of particular LTCs such as stroke, diabetes, cerebrovascular disease and long term neurological conditions.</p> <p>Recognising that better awareness of their LTCs helps people manage their own condition more effectively and improve their long term health and wellbeing, we will work together with people with experience of living with LTCs to develop approaches to better support people to manage their own care.</p> <p>These actions will be taken forward through the Long Term Conditions Strategy for South Gloucestershire.</p> <p>We will improve individual data collection within health, social care and housing IT systems and carry out an autism needs assessment.</p>

What is the issue	Why is this an issue in South Gloucestershire?	How will we address this issue?
<p>4.2 Support for carers</p> <p>There are carers supporting disabled or sick relatives, friends or neighbours in every community and of every age. Many do not recognise themselves as carers, are often 'hidden' within society and are frequently not recognised as the expert care partner by service providers.</p> <p>The physical and emotional health and wellbeing of carers declines more rapidly than that of people without caring responsibilities. We recognise that young carers and parent carers often face additional challenges.</p>	<p>Latest census figures show that the number of carers in South Gloucestershire has increased to 14.7% of the population. This is higher than the national average of ten per cent. There are now 27,639 carers in South Gloucestershire - an increase of 3,547.</p> <p>Of these carers, there are 5,384 in South Gloucestershire who provide care for more than 50 hours per week.</p>	<p>We will continue to implement the actions identified in the South Gloucestershire Joint Carers' Strategy, reviewing progress and refreshing priorities.</p> <p>We will ensure that the specific needs of young carers are understood and acted upon.</p>
<p>4.3 Employment and making a contribution</p> <p>Having a job and making a contribution to society is recognised as having huge benefits to people's mental and physical health and wellbeing. The majority of disabled people and those with LTCs do want to work but cannot because of a range of barriers.</p>	<p>Over one in five adults in Britain today is disabled, yet only half are likely to be in work compared to four-fifths of non-disabled adults.</p> <p>Three-fifths of non-disabled young people report that they got the education, training place or job they wanted after finishing compulsory education. However, only just over half of disabled young people said the same. Just 15% of people with autism have a full-time job although 79% of those with autism on incapacity benefit want to work.</p> <p>Eighty-six per cent of people with mental health conditions not currently in employment would like to be in work.</p>	<p>We will work together with the Economy and Skills Partnership to embed an integrated and coordinated approach throughout the life course, to develop a presumption of employment and opportunities to support all people, including disabled people, to work.</p>
<p>4.4 Increased choice, control and independence</p> <p>In order to ensure resources are used most effectively, we need to reform the relationship between the state, family and community, enabling people to use their creativity, resources and relationships to the full, without abandoning those members of our community who do not have the capacity to do so.</p> <p>Opportunities to exercise informed choice and control are central to the ability to lead independent, fulfilling and dignified lives. A 'networked' model of care, when formal services fit themselves around existing informal networks to develop people's strengths, is recognised as much more effective and well targeted.</p>	<p>Whilst demand for support increases year on year, the available resources are not increasing at the same level. Numbers of residents over 85 years are estimated to increase by 27% in 2018 and by 153% in 2035.</p>	<p>We will maximise the opportunities for people to have greater choice and control, we will improve access to information and advice, roll out personal health budgets, revise our self-directed support model within social care and review commissioning in line with these approaches.</p> <p>We will develop commissioning approaches which emphasise the importance of safeguarding, promote dignity and champion asset-based approaches with a focus on the quality of patient/user experience.</p> <p>We will monitor and reassess annually the effectiveness of those plans.</p>

What is the issue	Why is this an issue in South Gloucestershire?	How will we address this issue?
<p>4.5 Tackling Loneliness and isolation</p> <p>Loneliness is a significant and growing health issue within our communities with devastating and costly impacts. Research shows that loneliness has a similar impact on mortality as smoking 15 cigarettes a day.</p> <p>Key risk factors for loneliness include being in later old age (over 80 years), on a low income, or in poor physical or mental health, as well as living alone, or in isolated rural areas, or deprived urban communities.</p> <p>Men are more likely to be isolated, but marriage reduces the incidence of isolation among men. Poor transport, not speaking English and poor local services can also increase loneliness and isolation.</p>	<p>Based on national research, it is estimated that 12% of older people feel trapped in their own homes and 17% of older people are in contact with family, friends and neighbours less than once a week.</p> <p>In the 2012 Department of Health's Social Care Survey, 19% of South Gloucestershire respondents indicated that they have some social contact with people but not enough, or that they feel socially isolated.</p>	<p>We will work together with statutory and community sector partners to agree a local strategic approach to tackling loneliness and isolation. We will also support the development of approaches which take action at a neighbourhood and individual level, promoting an approach which recognises the natural strengths and assets that exist within communities.</p>
<p>4.6 Transport and improving access to services</p> <p>A good transport system and well located and designed development can positively influence health by:</p> <ul style="list-style-type: none"> • connecting people to services and jobs • reducing social isolation • encouraging physical activity and recreation by having access to green open spaces • promoting equality • improving walking and cycling routes which in turn improve health and mental wellbeing. 	<p>Accessibility relates to whether people, particularly those from disadvantaged groups and areas, are able to reach the jobs and key services they need (either by travelling to those services, or by having the services brought to them). This is particularly important in relation to healthcare, education and food shops. The rural nature of parts of South Gloucestershire raises concerns regarding access for some groups.</p> <p>With a fairly affluent local population, the majority of people living in the rural areas of South Gloucestershire have access to a car. However, statistics show that those who are least likely to have access to a car belong to single occupancy pensioner households, a sub-group of the population who have perhaps the greatest health need.</p>	<p>We will improve public transport and accessibility to services through the Joint Local Transport Plan (2011-26) and a new 'Action Plan to Improve Patient Transport'.</p>

Priority theme five:

Ageing well

Enabling older people to live healthy, active and independent lives for as long as possible, as well as supporting those with dementia and those at the end of life.

Older people should have choice and control over how they live their lives and should feel valued and respected in their communities.

What is the issue	Why is this an issue in South Gloucestershire?	How will we address this issue?
<p>5.1 An ageing population The average age in the UK is continuing to rise as life expectancy increases and people from the post-war 'baby boom' get older. The number needing support and the amount of support they need, increases with age.</p>	<p>The number of people aged over 65 in South Gloucestershire is predicted to increase from 48,200 in 2013 to an estimated 72,000 in 2035.</p> <p>The number of people aged 85 and over is predicted to nearly triple from 5,400 in 2010 to an estimated 15,300 in 2035. This will have a profound effect on the demand for services and how those services are designed.</p>	<p>We will help older people to remain active and socially engaged, sharing their skills, knowledge and energy with all age groups in their local community. Older people can be both providers and recipients of voluntary community support through a range of local voluntary and befriending activities.</p>
<p>5.2 Maintaining independence The majority of older people live independently in their own homes. As people become older, their support needs may increase in order for them to maintain independence.</p> <p>To maintain independence, older people need high quality and timely information on their housing and support options and access to services.</p>	<p>There is a risk that current support provision models will become unsustainable as increasing numbers of older people create increasing demands on services.</p>	<p>We will develop a structured set of support options with clear entry criteria with a focus on prevention and identifying people most at risk.</p> <p>We will commission services to support independence and improve access to information and advice to ensure older people are informed about their community-based support choices through their personal social care budget and direct payment.</p> <p>To support people to recover from illness and re-learn everyday living skills, we will:</p> <ul style="list-style-type: none"> • extend the Reablement Service by increasing the numbers of staff available • raise awareness of the impact of sensory impairments in later life in order to promote early diagnosis, rehabilitation and self-management through primary care and community health services. • develop additional extra care housing schemes and work with providers of existing supported housing, to enable older people to avoid hospital admission and receive the care they need in their own homes. <p>For those who need residential care, we will work with local care homes to provide high quality care by identifying and addressing capability and quality improvement needs, including through professional support and training.</p>

What is the issue	Why is this an issue in South Gloucestershire?	How will we address this issue?
<p>5.3 Dementia Dementia presents a growing challenge for health, social care and other related services.</p>	<p>Almost one in five residents will have signs of dementia at 85 years and over. It is estimated that nearly 3,500 people aged over 65 years show signs of dementia in South Gloucestershire today. This is expected to rise to 4,000 in 2020 and 5,500 in 2030.</p>	<p>We will improve the quality of life for people with dementia and their carers by raising awareness and understanding. By improving early diagnosis and support we will work to ensure that people with dementia live the best lives possible.</p> <p>We will implement the Dementia Strategy Action Plan.</p>
<p>5.4 Carers Many older people are carers themselves, supporting partners, family members or friends. As the population ages, the number of people with age-related disabilities will grow and society will increasingly rely on older people as carers.</p>	<p>Between 2012 and 2020, the percentage of people aged 65 and over in South Gloucestershire who will be unable to manage at least one self-care activity is projected to increase by 23%.</p> <p>The number of older people who are carers is expected to increase in line with the projected increase in the number of people over 85 years. That means that the total number of carers could almost triple between 2010 and 2035.</p>	<p>We will identify 'hidden' carers and promote and improve the range of support on offer in line with our strategy Fulfilling Lives for All.</p> <p>We will implement the South Gloucestershire Carers' Strategy, an important element of which will be to implement a new carers' assessment process to direct carers to appropriate support and/or further assessment.</p>
<p>5.5 End of life care When people are at the end of their lives they, and their carers, should feel supported, with sensitive consideration of where they would like to die.</p>	<p>The Cicely Saunders Institute 2010 study found that 66% of study participants from the South West region would prefer to die at home and 27% in a hospice. Mortality data for this year revealed that 21% of people died at home and five per cent in a hospice. Similar trends were seen across all English regions.</p>	<p>We will ensure that people at the end of their lives receive good quality integrated care to allow them to die with dignity, preferably where they choose and as free from pain as possible.</p> <p>In care homes we will fund a project to enhance end of life processes.</p> <p>We will implement this through the Bristol, North Somerset and South Gloucestershire (BNSSG) Healthy Futures Board's End of Life Care Project and the Avon Strategy for Children and Young Peoples' Palliative Care.</p>



Priority theme six:

Accessing the right services in the right place, at the right time

Meeting the challenges that the health and social care system is facing by working together to ensure that people are supported, treated and cared for in the most appropriate setting, with the appropriate services and in a timely way.

What is the issue	Why is this an issue in South Gloucestershire?	How will we address this issue?
<p>6.1 Increasing demand for services The capacity of the health and social care system, including community and independent providers, will not be able to keep up with the increasing need for services due to the expected population growth and ageing.</p>	<p>Projections of South Gloucestershire's future population growth should take into account proposed housing developments as well as natural growth.</p> <p>The 'dependency ratio' of people aged 0-15 years and 65 years and over, as a percentage of people of working age 16-64 years, was 54% in 2010; in 2035 it is projected to be almost 68%. This means that the numbers of family members in the 16-64 years age group – traditionally those who provide much informal care for elderly relatives – will fall, at the same time as the number of people in very old age rises.</p> <p>The national outlook for public spending means that over the next few years both NHS and local authority commissioners must find significant efficiency savings.</p>	<p>Our planning for services and strategic developments will be based on well considered projections of South Gloucestershire's future population growth taking into account both projected changes in birth and death rates and proposed housing developments.</p> <p>We will work together to develop integrated systems to ensure that support, care, and treatment are streamlined and coordinated between health, social care, voluntary and independent providers.</p> <p>We will pursue quality and efficiency in all services to realign resources to deliver better outcomes for the services we deliver and to meet new models of care.</p>
<p>6.2 Appropriate use of services The number of people presenting to emergency departments and being admitted to hospital, who do not need to be, is increasing and when people are admitted they sometimes stay in hospital for longer than necessary.</p>	<p>In South Gloucestershire, a greater proportion of people go to emergency departments compared to the England average. Based on the current system, it is projected that the number of people presenting at local emergency departments will rise by 1.1% per year.</p> <p>Urgent and planned admissions to hospital will rise by 1.6% and 1.4% per year respectively.</p> <p>In South Gloucestershire, a greater proportion of people with ambulatory care sensitive conditions (conditions for which people can be treated on the same day and sent home with appropriate support) are admitted to hospital than the England average and patients spend, on average, one day longer in hospital when they are admitted.</p>	<p>We will work together to analyse the future level of community services required in South Gloucestershire to support hospital discharge and reduce people's stay in acute hospitals.</p> <p>We will work together and with our wider community to develop innovative solutions and build capacity and capability to reduce the need for hospital admissions and support people to return home from hospital as soon as possible.</p> <p>We will work together across the South Gloucestershire health and social care system to ensure that people with ambulatory care sensitive conditions, receive timely and appropriate support, care and treatment to manage their conditions at home, or as close to home as possible.</p> <p>We will review the causes of repeat attendances at emergency departments and associated repeat admissions to hospital for alcohol problems with a focus on the causes and the localities with the highest rates.</p> <p>These issues will be taken forward through the South Gloucestershire Partnership planning groups.</p>

What is the issue	Why is this an issue in South Gloucestershire?	How will we address this issue?
<p>6.3 Changing pattern of services</p> <p>The health and social care system will have to make radical changes to be able to provide the best possible support, care and treatment to people with long term conditions (LTCs).</p> <p>If we continue to provide services in the same way in the future we will not be able to support everyone who will need assistance.</p> <p>We will need to develop new ways of working with people, families and carers and between services.</p>	<p>LTCs account for 50% of all GP appointments, 64% of outpatient attendances and 77% of all hospital bed days (See Section 4.1).</p> <p>Nearly one third of GP consultations include a mental health component and when measured across all age groups is the leading cause of disability. At least one in six adults has a mental health problem at any one time.</p> <p>Around half of people with lifetime mental health problems experience their first symptoms before the age of 14; three quarters before their mid-twenties.</p> <p>Half of all adults will experience at least one episode of depression during their lifetime.</p> <p>People with severe mental illness die, on average, 20 years earlier than the general population. Suicide is the most common cause of death in men under 35, and is the main cause of premature death for people with a mental illness.</p>	<p>We will develop early identification and intervention to prevent the onset of many health problems.</p> <p>Together as a community we will implement self-management programmes for people.</p> <p>We will encourage best practice and innovation across all organisations in the management of conditions.</p> <p>This will be taken forward through the Long Term Conditions Strategy for South Gloucestershire.</p> <p>We will work in partnership to develop a South Gloucestershire action plan related to 'No Health Without Mental Health'.</p>



Going forward

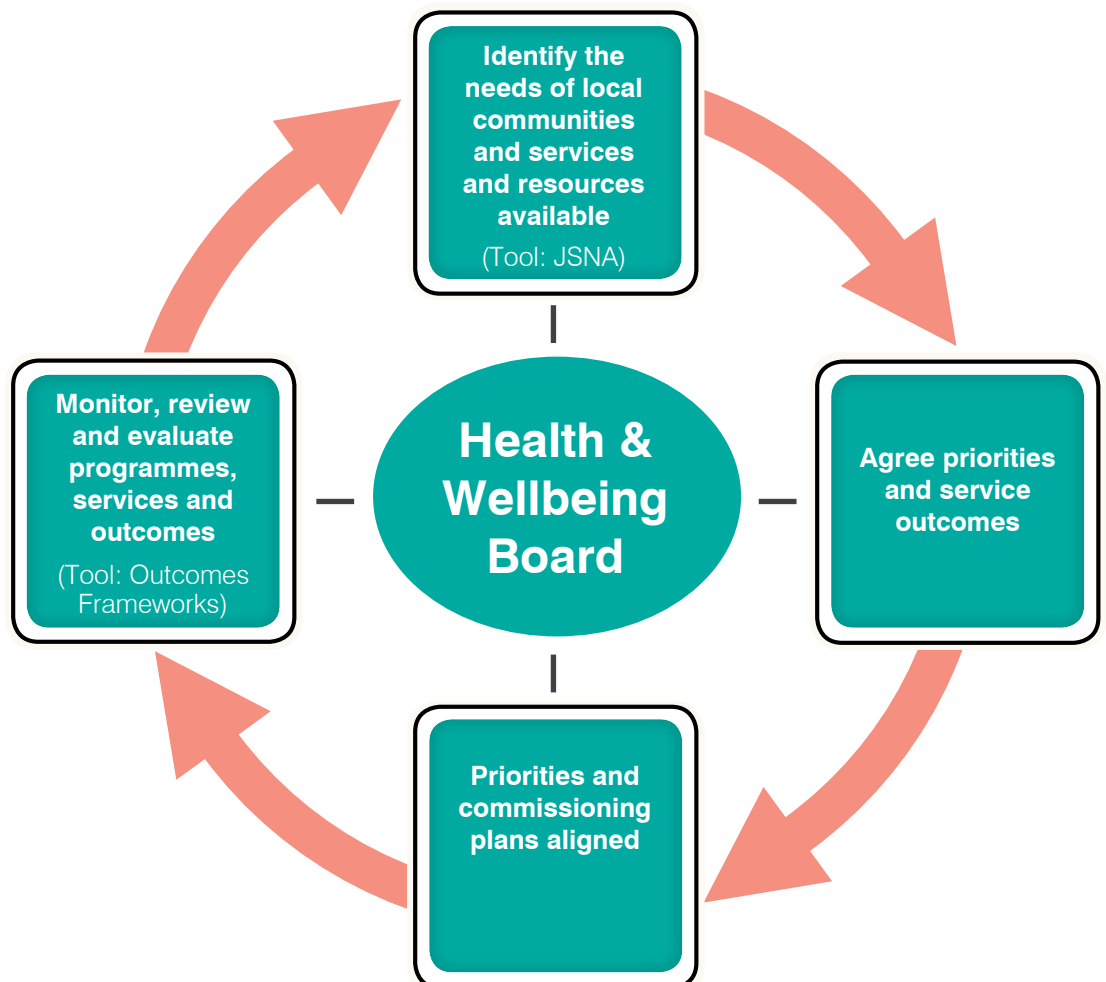
This JHWS has identified six priority themes for health and wellbeing in South Gloucestershire. For each theme we have assigned a set of strategic actions. The scope of the JHWS straddles a wide range of existing strategies across several partner organisations. The intent of the JHWS will be carried forward into existing work programmes and commissioning plans.

The Health & Wellbeing Board will oversee and drive the implementation of the strategy through its member organisations and partners who in turn will be accountable to the Board for progress. The first step is to map existing strategies and action plans against the JHWS strategic actions. Where existing strategies are found to have gaps or to be out-of-date, the Health & Wellbeing Board will ensure that partner organisations address these points by realigning and refreshing their strategies and associated commissioning plans.

The implementation process for the JHWS will follow the well established commissioning cycle for health and wellbeing as shown in the following diagram. This allows the strategic actions to be kept live and relevant through an ongoing review of performance, objectives and constraints and will enable Health & Wellbeing Board members to align priorities and commissioning plans.

The Commissioning Cycle for Health & Wellbeing

Based on Local Government Association and Department of Health Guidance 2012.



Reviewing progress

Progress on the JHWS implementation will be reviewed by the Health & Wellbeing Board in terms of the actions taken by member organisations and partners to adapt their existing strategies in line with the strategic actions as informed by the mapping process.

Performance will be measured against the relevant outcomes frameworks for the NHS, Adult Social Care and Public Health¹. In particular, the Health & Wellbeing Board will look at the effectiveness of mechanisms for enhancing integration and influencing in order to deliver the strategy intent in an affordable and sustainable manner.

Overview of outcomes frameworks for NHS, adult social care and public health

NHS outcomes 2013-14	Adult social care outcomes 2012-2013	Public health outcomes 2013-2016
<p>Preventing people from dying early</p> <p>Enhancing quality of life for people with long-term conditions</p> <p>Helping people to recover from episodes of ill health or following injury</p> <p>Ensuring people have a positive experience of care</p> <p>Treating and caring for people in a safe environment and protecting them from avoidable harm</p>	<p>Enhancing quality of life for people with care and support needs</p> <p>Delaying and reducing the need for care and support</p> <p>Ensuring people have a positive experience of care and support</p> <p>Safeguarding people whose circumstances make them vulnerable and protecting them from avoidable harm</p>	<p>Improving the wider determinants of health</p> <p>Health improvements</p> <p>Health protection</p> <p>Health care, public health and preventing premature mortality</p>

South Gloucestershire Health & Wellbeing Board

Chair, Children & Young People Committee, South Gloucestershire Council
 Chief Officer, South Gloucestershire Clinical Commissioning Group
 Clinical Chair, South Gloucestershire Clinical Commissioning Group
 Lead Member for Partnerships, South Gloucestershire Council
 Director of CAH, South Gloucestershire Council
 Director of Operations and Delivery, NHS England BNSSSG Local Area Team
 Director of Public Health, South Gloucestershire Council
 Chair, Adults & Housing Committee, South Gloucestershire Council
 Representative of the Voluntary Sector (Chief Executive, The Care Forum)
 Representative of Healthwatch

¹It is anticipated that outcome indicators for children and young people will be added as part of updates to the NHS and public health outcomes frameworks



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format or language, please contact:
01454 868009