

SWINDON'S DRAFT HEALTH AND WELLBEING STRATEGY 2013 - 2016

*Swindon's Health
and Wellbeing
Board*

Swindon's draft Health and Wellbeing Strategy

Introduction

Leaders from across the community have come together to form Swindon's Shadow Health and Wellbeing Board. The focus of the board is on improving health and wellbeing so that individuals and communities are able to live healthier lives, and to ensure that everyone in Swindon has a positive experience of the health and care system. Health and wellbeing is more than the absence of disease; it is the ability for everyone to fulfil their potential, make a contribution and to be resilient to life's challenges. With that in mind, we have adopted the approach that health and wellbeing is the ability to adapt and to self-manage in the face of social, physical, and emotional challenges and to function with fulfilment and a feeling of wellbeing.

The Health and Social Care Act 2012 places health and wellbeing boards at the centre of planning to transform health and social care and achieve better population health and wellbeing. Health and wellbeing boards have been given a number of core responsibilities. These include assessing the health and wellbeing needs of the local population through the Joint Strategic Needs Assessment (JSNA) and preparing a Health and Wellbeing Strategy.

The Shadow Health and Wellbeing Board commissioned a health and wellbeing strategy steering group with representation from the Swindon LINK, the Clinical Commissioning Group, Swindon Borough Council, NHS Swindon and Public Health to develop a draft strategy. This process has included a series of discussions and workshops, engaging with a wider stakeholder audience, to identify and agree our local priorities.

This is the first Health and Wellbeing Strategy for Swindon and sets out the vision and the long term improvements in local people's health and wellbeing that we want to achieve in Swindon. It also sets out our priorities for action and indicators that will help us measure progress. (See Appendix One for a summary table). The strategy will be monitored and reviewed by the Swindon Health and Wellbeing Board (currently in shadow form) every six months and revised annually informed by and reflecting the latest JSNA findings.

The Health and Wellbeing Board's vision is that everyone in Swindon lives a healthy, safe, fulfilling and independent life supported by thriving and connected communities. The aim is to improve health and wellbeing outcomes especially for those communities and groups who experience the poorest health. Health and wellbeing in Swindon is improving and we must make sure that it continues to improve. We believe by working together we can make significant differences to everyone's health and wellbeing.

This strategy comes at a time of huge challenges for Swindon from:

- An ageing population.
- A growing burden of lifestyle related ill-health, particularly due to physical inactivity, obesity and smoking.
- A growing need for savings across the public sector finances, including health and social care services.
- Significantly poorer health in our most disadvantaged communities.

This strategy sets the context for other health and wellbeing plans and for commissioning of integrated NHS, public health, social care and related children's services. The Board will work with all partners to help align policies, services, resources and activities with the Health and Wellbeing Strategy and to ensure joined up action to tackle issues that will benefit from multi agency working.

The Health and Wellbeing Board will expect that the commissioning plans of the Local Authority, the Clinical Commissioning Group and the local NHS are consistent with the Strategy, as required by the Health and Social Act 2012.

Swindon's Vision

Everyone in Swindon lives a healthy, safe, fulfilling and independent life and is supported by thriving and connected communities.

Purpose of the strategy

The Health and Wellbeing Strategy for Swindon is aligned with the Swindon Sustainable Community Strategy and the One Swindon framework to deliver our health and wellbeing vision. It focuses on the health and social care issues for everyone living in Swindon, but also recognises the wider factors that affect health and wellbeing including education, employment, housing and leisure, all of which are under pinned by other more detailed strategies and plans.

To achieve our vision we must work together across organisations and alongside our community, building on strengths of our communities, to improve the quality of life and wellbeing for all. Everyone in Swindon has to play their part if we are to succeed. The vision is about improving the experience of people throughout their lives in terms of health and wellbeing, enabling individuals to make positive choices to lead healthier lifestyles and about reducing inequalities.

The purpose of this strategy is to:

- Set out the vision of what we want to achieve for health and wellbeing in Swindon
- Identify the key priorities for improving health and wellbeing
- Drive and influence the delivery of health care
- Provide an integrated framework that aligns with other local strategies
- Improve health and wellbeing for everyone and reduce health inequalities
- Maximise the opportunities local assets afford us
- Engage with local partners and communities to ensure local needs are being met

Swindon's Priorities

The strategy builds on a number of collaborative pieces of work undertaken in Swindon with a wide range of stakeholders that focus on working together to improve people's health and wellbeing in Swindon (One Swindon, The Swindon Sustainable Communities Strategy – A Shared Vision for Swindon 2008 -2030). In developing this strategy we have agreed five high level outcomes for Swindon. The health and wellbeing priorities have been chosen based on a set of criteria outlined in Appendix two. Work done to agree these priorities drew upon evidence from the Swindon Joint Strategic Needs Assessment (JSNA) and following engagement with organisations and groups who work in the area of health and wellbeing.

Outcomes:

1. Every child and young person in Swindon has a healthy start in life
2. Adults and older people in Swindon are living healthier and more independent lives
3. Improved health outcomes for disadvantaged and vulnerable communities (including adults with long term conditions, learning disabilities, physical disabilities or mental health problems)

4. Improved mental health, wellbeing and resilience for all
5. Creation of sustainable environments in which communities can flourish

OUTCOME 1

Every child and young person in Swindon has a healthy start in life

All children and young people in Swindon deserve the best start in life and we want them to enjoy life, to achieve, to stay safe from harm, to be healthy and to grow up to reach their full potential making a positive contribution to society. We know that health in later life is strongly influenced by childhood experiences and focusing now on ensuring that they have the best opportunities early in life will not only improve their individual health but also that of the whole family. Helping our young people to prepare, from an early age, to be self-sufficient and develop a network of support will enable them to live independent and healthy lives.

Focussing on the first few years of a child's life (especially those who are more disadvantaged and vulnerable) will ensure that every child is given the best possible start in life and benefit them for the rest of their lives. We will continue to review and build on our services using an evidence based approach to target early intervention and preventative programmes that will ensure our young people have the best start in life and prepare them for adulthood.

The local issues

- GCSE attainment is significantly worse than the average for England with just under 50% achieving 5+GCSE's or equivalent A* to C including English and Maths (England average is 55.2%)
- The number of young people who are not in education, employment or training is high
- 6,786 children aged 0-15 were known to be living in poverty 2010
- Swindon has a high rate of hospital admissions for alcohol specific conditions for under 18 years old compared with the England average (94.9 per 100,000 compared with 61.8 for England)
- Nearly 15% of pregnant women continue to smoke throughout their pregnancy
- Over 17% of 10 to 11 year olds in Swindon are obese
- Nearly 50% of mums stop breastfeeding at the 6 to 8week stage - Swindon has one of the highest drop off rates in the country for breastfeeding
- 17% of primary school children are from Black and Minority Ethnic groups (15% of secondary school children) with 11% of school children have English as their second language
- There are rising numbers of children in care in Swindon
- High rates of hospital admissions for self-harm amongst children under 18 years old.
- Younger children have high support needs indicated by the high numbers of children in need and the small increase seen in children coming into care due to neglect
- 370 families with complex needs live in Swindon
- Children in local authority care are more at risk of having poor emotional health and wellbeing

Our Priorities

- Improve the mental wellbeing of children and young people
- Reduce risky behaviours (e.g. smoking, drinking) amongst our children and young people
- Keep all children and young people safe
- Improve educational attainment of our children and young people
- Reduce the number of young people not in education, employment or training

OUTCOME 2

Adults and older people in Swindon are living healthier and more independent lives

The age structure of our local population means that Swindon will see a very big increase in the number of older people in the future. Many people will have long term health conditions such as diabetes or heart disease in middle age, but there is scope to prevent ill health and disability in people - early action would improve their quality of life and slow down the future growth in health and social care requirements for older people. Everyone has a role to improve their health and wellbeing and that of their families and to take responsibility for their own health and wellbeing. Lifestyle choices can have a direct impact on health and wellbeing and changing behaviours such as stopping smoking, eating and drinking more healthily and being more physically active can prevent the onset of some diseases and prevent premature death from diseases such as cancer and heart disease.

Older people make a valuable contribution to the communities across Swindon and it is important to support, expand and grow this asset ensuring that older people with energy, skills and time to give play a role and contribute to the local community.

We want to enable people to stay independent and safe and enjoying the best possible quality of life. The changing age structure in Swindon will also mean more people will be living with Dementia. This priority sets out our aim to improve the quality of life and not just extend life and also highlights the need to support carers and their role in the community.

Older people often need care and support from a number of different services following an illness or admission to hospital and we need to ensure an integrated service provision that works together and focuses on regaining and

promoting independence working with local communities and social networks to help people remain in their own home for as long as possible.

The local issues

- Average male and female life expectancy has increased over the years and is now 78.6 years for men and 83.1 years for women
- Population projections show an expected increase of 14% in people aged 65 years or more by 2015 rising to a 34% increase by 2022- that's an extra 4,000 people over 65 by 2015 and an extra 9,800 by 2022
- 21.8% of adults smoke in Swindon
- In 2010/11 172 people over 65 years old had a hip fracture
- 2,014 people over 65 years old are estimated to have dementia in Swindon and this is expected to increase by over 95% by 2030
- 3,617 people over 65 years old are estimated to have diabetes and this is expected to increase by over 73% by 2030
- Currently in Swindon the use of hospital services almost doubles from the 45 to 64 age group to those aged 65 to 74
- Nationally the number of people aged 65+ with some disability is projected to increase by 40% by 2022, in Swindon the projected increase is 74% (from 24,800 in 2001 to 43,177 in 2026)

Our Priorities

- Strengthen integrated working between health and social care
- Reduce the number of people suffering from long term conditions through the promotion of healthy lifestyle choices
- Promote independence and reduce the need for hospital services and long term care
- Ensure that carers needs are met

OUTCOME 3

Improved health outcomes for disadvantaged and vulnerable communities (including adults with long term conditions, learning disabilities, physical disabilities or mental health problems)

There is a strong link between poverty and health; the poorer you are the unhealthier you are likely to be. This is caused by many things, including

differences in housing conditions, diet, levels of smoking and drinking, access to sport and leisure, social and support networks as well as barriers to accessing healthcare (such as language and literacy barriers).

We experience significant differences in life expectancy in Swindon between people living in our more affluent areas compared to those living in our less affluent areas. We also know that some of our more vulnerable communities (including those with learning disabilities, mental health issues and from our black and minority ethnic communities) will experience poorer health outcomes and that they are less likely to access health services.

Focusing on prevention and early detection of the conditions most strongly related to health inequalities such as cardio vascular disease, cancer, respiratory disease and diabetes will help to reduce the gap in life expectancy that we have in Swindon. It is important to prevent people becoming ill and developing these long term conditions. We can do this by addressing some key lifestyle factors which we know are more prevalent in the less affluent areas of Swindon as well as addressing the wider determinants of health (housing, educational attainment, employment).

The local issues

- Life expectancy in our less affluent areas is significantly less than our most affluent areas with women living on average
- In 2009 a total of 14.3% of the borough's resident population belonged to black and ethnic minority (BME)
- 11% of Swindon school pupils have English as a second language (up from 7% in 2010), with a total of 104 languages being spoken
- 7,285 children were classed as living in poverty in 2009
- 16.3% of Swindon adults aged 60 and over (approx. 6,800) were identified as
- People living in the most deprived areas of Swindon were almost four times as likely to be admitted to hospital for alcohol-specific reasons than people living in the least deprived areas
- On average 21.8% of the adult population smoke but a recent survey conducted in Penhill showed that nearly 50% of people questioned were smokers

Our Priorities

- Ensure access to information and advice that supports choice and control
- Ensure people from disadvantaged groups receive good quality care for their physical health

- Local economic and social policies are developed to strive to narrow social inequalities rather than widen them
- Prevent early death and disease through healthier lifestyle choices, early detection and screening

OUTCOME 4

Improved mental health, wellbeing and resilience for all

We want everyone in Swindon to enjoy the best possible mental health and wellbeing and have a good quality of life. This would mean that everyone has a greater ability to manage their own lives, a sense of belonging within their communities, the skills they need for living and working and a greater sense of purpose. Good mental health is fundamental to physical health, relationships, education and training, employment and to fulfilling ones potential. Mental health problems such as depression are more common in people with physical illness and having both physical and mental health problems will impact upon recovery from both. We know that people with poor mental wellbeing are more likely to smoke, drink unhealthily, be obese, eat unhealthily and be less physically active - all of which contribute to their physical health and longer term health outcomes.

Effective collaboration between many agencies is vital to ensure that a wide range of community resources are available to promote recovery, dispel the stigma and discrimination around mental health and support and sign post people appropriately.

The local issues

- At least one in four people will experience a mental health problem at some point in their life
- An estimated 29,000 people in Swindon have a common mental health disorder
- There was an average of 317 hospital admissions a year for self-harm of Swindon people aged 15+ between 2001/02 to 2008/09
- The highest admission rates for self-harm in Swindon were amongst women in the 15-29 and 30-44 age groups
- An average of 16 Swindon residents a year died of suicide or undetermined causes from 2001 to 2009, with three quarters of these being men
- There are strong links with deprivation and social fragmentation for both suicide and self-harm
- There are estimated to be 532 injecting drug users in Swindon

Our Priorities

- Develop effective pathways for people with mental health problems
- Increase the opportunities for people with mental health problems to access support services and community facilities aimed at promoting recovery (eg education, debt management, housing, leisure services, health promotion)
- Promote positive mental health and recognise that mental health is everyone's business
- Reduce the stigma and discrimination associated with mental ill health

OUTCOME 5

Creation of sustainable environments in which communities can flourish

We will focus on developing communities that have a positive impact on the way people live and how they feel about their neighbourhood. We know that well connected and vibrant communities provide a resilient and supportive local environment.

It is important to appreciate and mobilise individual and community talents, skills and assets and not just focus on problems and needs. This helps to empower communities to use their own resources and skills and helps combat the idea that people are passive recipients of services.

Community assets are more than just the physical assets such as parks, leisure facilities, open spaces but are also the skills of local residents, the power of local associations and the supportive functions of local institutions. Local assets can be considered to be the primary building blocks of sustainable community development and as such have a vital contribution to make to the health and wellbeing of the community. Drawing upon existing community strengths will ensure the building of stronger more sustainable communities for the future.

It is recognised that transport, green spaces and the built environment play a key role in determining our health and wellbeing. Sustainable communities are places in which people want and are able to live and work, now and in the future. They meet the diverse needs of existing and future residents, are sensitive to their environment and contribute to a high quality of life. They are safe and inclusive, well planned, built and run, offering equality of opportunity and good services for all.

Our Priorities

- Build on the strengths of local communities, including the local voluntary sector, to enhance social cohesion, and promote social inclusion of marginalised groups and individuals.
- Work with our local communities to develop creative solutions for local issues
- Ensure that housing and development strategies for new and existing communities identify the health and wellbeing impacts for residents in the short and long term
- Promote the use of green, open spaces and activities such as walking and cycling
- Maintain effective public transport and transport networks which ensure access to services and activities, encourage permeability within communities

Next steps

This is the first draft of the Swindon Health and Wellbeing Strategy and draws upon the JSNA evidence base highlighting the issues and needs of our local population.

The next steps in the development process are:

- Wider stakeholder engagement and feedback
- Ratification of the strategy by the Shadow Health and Wellbeing Board

References

Swindon community Strategy

http://www.talkswindon.org/politics/leaflet_archive/2008%2001%2001%20Rod%20Bluh%20-%20Vision%20For%20Swindon_2008-2030.pdf

JSNA 2012 Review

<http://www.swindon.gov.uk/sc/sc-healthmedicaladvice/Pages/sc-jsna.aspx>

One Swindon

http://www.swindonsp.org.uk/draft_del_plan_app_2_-_cab_report_-_27.5.pdf

Vision

Everyone in Swindon lives a healthy, safe, fulfilling and independent life and is supported by thriving and connected communities

Outcomes	<i>Every child and young person in Swindon has a healthy start in life</i>	Priorities	<ol style="list-style-type: none"> 1. Improve the mental wellbeing of children and young people 2. Reduce risky behaviours (e.g. Smoking, drinking) amongst our children and young people 3. Keep all children and young people safe 4. Improve educational attainment of children and young people 5. Reduce the number of young people not in education, employment or training
	<i>Adults and older people in Swindon are living healthier and more independent lives</i>		<ol style="list-style-type: none"> 6. Strengthen integrated working between health and social care 7. Reduce the number of people suffering from long term conditions through the promotion of healthy lifestyle choices 8. Promote independence and reduce the need for hospital services and long term care 9. Ensure that carers needs are met
	<i>Improved health outcomes for disadvantaged and vulnerable communities</i>		<ol style="list-style-type: none"> 10. Ensure access to information and advice that supports choice and control 11. Ensure people from disadvantaged groups receive good quality care for their physical health 12. Local economic and social policies are developed to strive to narrow social inequalities rather than widen them 13. Prevent early death and disease through healthier lifestyle choices, early detection and screening
	<i>Improved mental health, wellbeing and resilience for all</i>		<ol style="list-style-type: none"> 14. Develop effective pathways for people with mental health problems 15. Increase the opportunities for people with mental health problems to access support services and community facilities aimed at promoting recovery (e.g. education, debt management, housing, leisure services, health promotion) 16. Promote positive mental health and recognise that mental health is everyone's business 17. Reduce the stigma and discrimination associated with mental ill health
	<i>Creation of sustainable environments in which communities can flourish</i>		<ol style="list-style-type: none"> 18. Build on the strengths of local communities, including the local voluntary sector, to enhance social cohesion, and promote social inclusion of marginalised groups and individuals. 19. Ensure that housing and development strategies for new and existing communities identify the health and wellbeing impacts for residents in the short and long term 20. Promote the use of green, open spaces and activities such as walking and cycling 21. Maintain effective public transport and transport networks which ensure access to services and activities and encourage permeability within communities

Appendix two.

Criteria for prioritisation

The priorities outlined in this Health and Wellbeing Strategy have been chosen because they:

- deliver the most benefit to our population
- impact upon health inequalities
- have the potential to improve health and wellbeing
- affect a large number of people across all age ranges
- require strong leadership and coordinated action across organisations and our communities in order to secure change
- are informed and based on evidence identified by our JSNA and the views of stakeholders