Health and Wellbeing Board
Hertfordshire

Healthier People
Healthier Communities

Hertfordshire's Health and Wellbeing strategy
2013 - 2016

www.hertsdirect.org/hwb

Part 4 – Our priorities

We developed a way of evaluating potential priorities and asked you to identify which areas we should focus on first and then asked you to tell us whether we had got these right. The priorities outlined below are where we feel that through working together we can make the biggest

difference. These will not be your only priorities and they won't be the only priorities of the organisations involved in writing this strategy.

In total we have identified nine initial priorities which fall into three broad categories. These are all to be considered equally and the links between them recognised. Physical activity, for example can contribute towards improving mental health and reducing the likelihood of developing a long term condition. The categories are:

Healthy Living

These are issues where you are able to have the greatest impact on your own health and wellbeing. You should be supported to take control of your life to tackle these issues and improve your health and wellbeing through:

- Reducing the harm caused by alcohol
- Reducing the harm from tobacco
- Promoting healthy weight and increasing physical activity

Promoting Independence

The Marmot Review argued that poor health is linked to the stress you experience and the level of control you have over your life. Where you have more control and less stress, you are more likely to be healthier for longer. If you are affected by the issues we have prioritised below, you often need additional support to be independent and more control over your life. In this case, we will strive to ensure that you are able to live your life and that you feel safe and in control:

- Fulfilling lives for people with learning disabilities
- Living well with dementia
- Enhancing quality of life for people with long term conditions

For adults and Older People this work will be underpinned by a commitment to integrated working across health and social care, including the joint commissioning of services for Older People and people with physical disabilities. The Health and Well-being Board have agreed a vision for this kind of integrated care, which is that:

"… a system that delivers the right care and support at the right time and in the right place for individuals, their families and their carers. We will work together to help individuals and their families and carers support themselves wherever possible. We want all services to be coordinated around people's needs, helping to identify problems early or preventing them happening in the first place and helping people live as independently as possible, for as long as possible…"

Flourishing Communities

These are areas where you, your family and your community can make the biggest difference in improving the health and wellbeing of those around you and of the most vulnerable members of your community. Tackling these issues helps ensure that everyone is able to receive the support they need and contribute to resilient and sustainable communities.

- Supporting carers to care
- Helping all families to thrive
- Improving mental health and emotional wellbeing

Integrated Working – Jointly commissioned care services for older people

Hertfordshire County Council and the county's two Clinical Commissioning Groups (CCGs), East and North Hertfordshire CCG and Herts Valleys CCG, have agreed to increase the amount of health and social care they commission together. This joint investment, known as the Better Care Fund, aims to transform services for older and vulnerable residents by making them more effective, efficient and joined up.

Joining up health and social care services will help people to receive the right care, in the right place, at the right time. This means that where appropriate people will be cared for at home rather than in hospital but when they do need hospital care this will be of high quality, and they won't stay in hospital any longer than they need to.

More integrated, efficient and high-quality health and social care will result in better value, more cost-effective services as well as enabling a greater number of people and their carers and families to live happily, healthily and independently in their community.

Approach

All commissioning plans for improved health and social care services will be designed jointly – this means Hertfordshire County Council and the two Clinical Commissioning Groups working together with other partners such as district councils, care providers and voluntary and community groups.

The Better Care Fund Plan outlines a number of jointly commissioned projects and ambitions:

- Innovative forms of **homecare** and a new model for **community bed-based care** to support people when coming out of hospital or to prevent an admission
- **Integrated teams of community health and social care workers** that work closely with GP practices to help support people at home
- A new **Discharge to Assess model** to speed up provision of social care packages and support timely, safe and effective hospital discharges
- Enhanced **care navigator service** to give people swift access to community support services
- A fully integrated **Early Supported Discharge service** for people who have had a stroke and who require intensive rehabilitation
- Improved **end of life care**, allowing more people to choose where they want to die
- Improved care for people with **dementia**
- Helping residential and nursing homes to provide high-quality care for people with complex needs
- Levels of social care support will be protected

The Better Care Fund will also see improved ways of working, including:

- 7 day working in social care
- Joint assessments
- Improved data sharing between organisations

Roles and expectations

What is your role?

- Lead a healthy life and engage with your local community to keep fit, happy and well
- Seek help early and encourage family and carers to do so.
- Let your view be heard – tell your local community and services what matters to you.

What is the role of your community?

- Strengthen those links between individuals and local community and voluntary groups and encourage people to seek and receive support early

Your services should aim to:

- Work together to agree robust joint commissioning arrangements, pooled budgets and clear governance arrangements.
- Work with partners to deliver integrated services as outlined in the Better Care Fund Plan with a focus on increasing care in the community
- Work more effectively 7 days a week
- Listen to what is important to individuals and design services around the person, their carers and family.
- Provide preventative, holistic care services that focus on the person as an individual rather than a condition

What we want to achieve

1. Better overall experience of health and social care **(Better Care Fund Indicator)**
2. Fewer avoidable hospital admissions **(Better Care Fund Indicator)**
3. Less time in hospital when people do need to be admitted**(Better Care Fund Indicator)**
4. Better re-ablement so people can be independent more quickly, and reduce the need to return to hospital **(Better Care Fund Indicator)**
5. Fewer admissions to residential care and nursing homes **(Better Care Fund Indicator)**

Promoting Independence – Living well with dementia

You will probably know of someone in your family who has or has had dementia and the devastating consequences it has for the person themselves and those closest to them.

Dementia severely impacts on all aspects of a person's health and ability to carry out daily activities. It is a long term, progressive, terminal condition.

Most people with dementia live at home, often isolated and hidden from the wider community. There is an increasing reliance on family carers to meet personal and social care needs. Inevitably, carers can become stressed and unwell. Carers need information, support and regular breaks to help them carry on.

We estimate that in Hertfordshire there are over 13,000 people with dementia, but only 37 per cent have been diagnosed with the disease. The older people get, the more likely they are to have dementia, but some people develop the condition much younger, and there are an estimated 275 people with early onset dementia.

The average annual cost of caring for a person with dementia is estimated at £25,500, which equates to £306 million for the county. 36 percent of these costs fall on informal carers, 41 per cent on accommodation, 19 percent on social care and 8 per cent on the NHS.

The increases that will take place in the population of older people will mean that the numbers affected by dementia will rise by 11 per cent for those aged 65 between 2009-14. This will place huge pressures on social and health care budgets, and on the lives of family carers. Unless we radically change the way people and their carers get help, and improve access and delivery of services, the health and care system will not be able to cope. Research shows that early intervention, information and knowing where to go for help is vital.

Approach

The county council, district councils, NHS, voluntary and community organisations must have a joined up approach with the primary aim to enable people with dementia, and their carers, to live well and feel safe. If you have dementia you should be supported to remain in your home and as independent for as long as possible.

Our approach is two-fold:

- Diagnose early and provide support sooner
- Ensure dignity and respect at all times

Roles and expectations

What is your role?

- Lead a healthier life to reduce the risks of developing dementia, which is alcohol intake, smoking and managing a healthy weight.
- Seek support early and encourage family and friends to do so.
- Support people with dementia to live fulfilled and independent lives and be able to contribute to their community.

What is the role of your community?

- Provide support to both those with dementia and their carers, including peer-to-peer networks and opportunities for them to be active community members.

Your services should aim to:

- Ensure the condition is diagnosed as early as possible to allow for early intervention, effective information and support to be provided.
- Raise awareness of the needs of people with dementia and provide effective support to promote independence for as long as possible.
- Treat people with dementia and their carers with dignity and respect.
- Become more dementia friendly, including having dementia champions among staff and professionals.

What we want to achieve

1. A year on year increased diagnosis rate of dementia across Hertfordshire as measured by GP QOF **(Better Care Fund Indicator)**
2. Achieve a 10 per cent year on year reduction over the next five years in the prescription of anti-psychotic medication from the 2011/12 figure.
3. Increasing the number of people with dementia who have the opportunity to discuss and plan for their end of life care.

Promoting Independence – Enhancing quality of life for older people and people with long term conditions

A long term condition is a condition that cannot at present be cured - but can be controlled by medication and/or other treatment/therapies. There is no definitive list of long term conditions but diabetes, asthma and coronary heart disease can all be included.

Almost three out of four people aged 65 and over have multiple long term conditions; this presents some pressure for individuals, their carers' and to services. People with long term conditions represent 70% of all inpatient bed days, 50% of GP appointments and 70% of total health care costs.

There is strong evidence that health and social care services working together to deliver high-quality, integrated and targeted interventions can reduce this burden – we need to change the emphasis of services more towards prevention and this will require a shift in resources towards the community. The introduction of the Better Care Fund, a shared budget between the Council and the NHS, will help in the delivery of a number of joint health and social care projects that will enable people greater control over their care in their own homes.

With an ageing population, long term condition rates are predicted to rise considerably which makes taking action now so important.

Approach

The focus of this priority is to outline a new, integrated approach to care; offering strengthened and more integrated community services. A number of joint projects, commissioned as a result of the Better Care Fund, seek to reduce avoidable hospital admissions and enable people to maintain their independence:

- The development of community social, physical and mental health services based around local GP surgeries
- Joint teams and a new Discharge to Assess model to speed up discharge from hospital
- High-quality homecare following a stay in hospital or to prevent an admission

Roles and expectations

What is your role?

- Live as healthily as possible.
- Take greater control and manage your conditions with the support of your carers, family, community and services. This includes contributing to your own care plan
- Seek empowerment through accessing information; advice; self-help groups, new technology such as telehealth and motivational coaching through HertsHelp.
- Get your eye sight test regularly.

What is the role of your community?

- Get involved in decision making/planning and helping to ensure that appropriate investment is made in services.
- Help distribute information about specific long term conditions to patients, families and carers at the earliest possible contact point.
- Directly provide some elements of healthcare, social care, one-to-one advice to patients and support for carers.
- Help develop, refine and contribute to local care pathways, helping to ensure that services are working effectively.

- Actively promote prevention services – promotion of eye tests to tackle the 50 percent potentially preventable sight loss in Hertfordshire.

Your services should aim to:

- Work together to plan, commission and deliver integrated health and social care pathways and projects as outlined in the Better Care Fund Plan
- Maintain a focus on providing high-quality care in the community
- Put in place measures that help prevent development of long-term-conditions in an individual or their carer in the first place, with an emphasis on early intervention, self-management and lifestyle
- Work with a wide range of organisations when planning and delivering services, including our voluntary partners
- Support the personalisation and control that individuals and their carers have over their care, including through the promotion of telehealth and telecare
- Improve data sharing and access between services for more coordinated, holistic treatment of an individual's long-term condition(s)
- Work together to help people die in their place of choice

What we want to achieve

1. Reducing avoidable emergency hospital or care home admissions and readmissions, including for those with long term conditions including chronic obstructive pulmonary disease (COPD), heart failure and diabetes **(Better Care Fund Indicator)**

2. Reducing lengths of stay in hospital as a result of delayed transfers of care for those with long term conditions including chronic obstructive pulmonary disease (COPD), heart failure and diabetes

3. Better re-enablement so people with long term conditions can be independent more quickly **(Better Care Fund Indicator)**

4. Better experience of health and social care for those with long term conditions, their carers and family **(Better Care Fund Indicator)**

5. Reducing delays in people leaving hospital to their next place of care **(Better Care Fund Indicator)**

6. Increase the proportion of people who die in their preferred place of choice

Promoting Independence - what does success look like?

	Pre-birth	Childhood	Young adult	Adult	Old age
Fulfilling lives for people with learning disabilities	Parents receiving support, information and advice where a learning disability is identified.	Parents receiving support, information and advice. Raised aspirations for independence, education attainment and control. Support in school and outside to live a fulfilled life. Access to appropriate health and social care.	Parents receiving support, information and advice. Raised aspirations for independence, education attainment and control. Support in school and outside to live a fulfilled life. Preparation for transition to adulthood and working life. Access to appropriate health and social care.	Provided with the support, advice and information to work, have a family, socialise and contribute to community and take control of life. Preparation for retirement and old age. Annual health check where appropriate. Access to appropriate health and social care.	Provided with the support, advice and information to work, have a family, socialise and contribute to community and take control of life. Annual health check where appropriate. Access to appropriate health and social care.
Living well with dementia	Reducing related risk factors – underweight births.	Reducing related risk factors – healthy eating.	Reducing related risk factors – smoking, healthy eating and alcohol.	Reducing related risk factors – smoking, healthy eating and alcohol. Support, information and advice to anyone affected by dementia. Early diagnosis and treatment. Support carers of people with dementia.	Reducing related risk factors – smoking, healthy eating and alcohol. Support, information and advice to anyone affected by dementia. Early diagnosis and treatment. Support as carers for people with dementia.
Enhancing quality of life for older people and people with long term conditions	Parents receiving support, information and advice where a disability is identified.	Early identification and prevention based on risk factors. Improved emotional resilience and wellbeing.	Early identification and prevention based on risk factors. Support, information, advice and treatment to enable independence and control.	Early identification and prevention based on risk factors. Support, information, advice and treatment to enable independence and control.	Early identification and prevention based on risk factors. Support, information, advice and treatment to enable independence and control.

	Pre-birth	Childhood	Young adult	Adult	Old age
Supporting carers to care	Expectant mothers who are caring, supported through their pregnancy.	Young carers identified and provided with information, advice, training and support. Where appropriate, respite care for those who are cared for. Achieving full educational potential.	Young carers identified and provided with information, advice, training and support. Where appropriate, respite care for cared for. Achieving full educational potential.	Carers identified and provided with information, advice, training and support. Respite care for cared for. To balance caring with work if possible.	Carers identified and provided with information, advice, training and support. Respite care for cared for. To balance caring with work if possible.
Helping all families to thrive	Training, information and support to expectant parents. Reduction in unwanted pregnancies, particularly under 18s.	Receive the targeted support needed to prevent problems occurring or dealing with them early. Increased aspirations for education and work. Active contribution to community.	Work, training and education opportunities. Increased aspirations for education and work. Active contribution to community.	Work, training and education opportunities. Training, information and support for parenting role. Increased aspirations for education and work. Active contribution to community.	Supported to take active role in community and family life.

Part 5 – Be the change you wish to see in the world

We want you and your community to have a bigger say in how your services are run. You should be empowered to take responsibility for your own health and wellbeing and the health and wellbeing of those around you.

The links below will help you identify the needs of your community, provide information on what is already going on and what you can do to help:

- *The Joint Strategic Needs Assessment (JSNA)* – this is where you can find data on the needs of Hertfordshire residents, from life expectancy to dementia prevalence. You can use this tool to identify needs in your local community to help you determine what interventions to implement. Visit http://atlas.hertslis.org/IAS/jsna for more information.

- *HertsHelp* – HertsHelp is a network of community organisations working together. They can help you find practical support, guidance and information you need to get the most out of life. HertsHelp has one phone number and website address to help you find your way around the hundreds of community groups in Herts. Visit www.hertsdirect.org/hertshelp or call 0300 123 4044 for more information.

- *Your local health and wellbeing partnership* - At the district level, the health and wellbeing partnerships and in some cases the Local Strategic Partnerships (LSP), will be helping to co-ordinate and support health and wellbeing in the local area. Visit the health and wellbeing board website (www.hertsdirect.org/hwb) for contact details.

- *Public health team* – The public health team can provide you with information on possible interventions to help tackle issues in your local area. If you have identified a need in your local are and would like some help on what may or may not work, contact the public health team by emailing askjim@hertfordshire.gov.uk.

- *Healthwatch Hertfordshire* – Healthwatch Hertfordshire provides information on existing health and social services. It also collects your views on these services and engages with the public sector to improve health and social care.
  Visit www.hertfordshirelink.org.uk/ for more information.

- *The Five Ways to Wellbeing* – For further information on these five steps to improving mental health please visit the Economics

Foundation website http://www.neweconomics.org/projects/five-ways-well-being and www.hertsdirect.org/hwb

- *The Better Care Fund (BCF) Plan* – The BCF Plan outlines health and social care's joint approach to care. For further information please visit the HertsDirect website.

For more information on existing strategies, information sources, advice and support, including an assessment on equality and diversity issues, please visit www.hertsdirect.org/hwb.