

Consultation Response - 4/12/15

Draft Joint Health and Well-being Strategy 2016 - 2019

Q3. It is suggested that the vision statement from the last Strategy should stay the same. It is:

Worcestershire residents are healthier, live longer and have a better quality of life, especially those communities and groups with the poorest health outcomes.

Is this still the right vision for Worcestershire?

The Strategy suggests that the vision remains the same, but evidence would suggest that that communities and groups with the poorest outcomes still remain a significant concern. In districts of the county there continues to be a considerable variation in life expectancy. For example, in Wyre Forest, Life expectancy is 10.7 years lower for men and 6.6 years lower for women in the most deprived areas than in the least deprived areas. In Redditch life expectancy is 6.1 years lower for men and 11.9 years lower for women in the most deprived areas of Redditch and in Bromsgrove life expectancy is 5.7 years lower for men and 5.6 years lower for women than in the least deprived areas. (Public Health England 2015)

Hence, it is important that the vision for the strategy fully recognises the persistent inequalities that remain across the county and that **the key principle of taking local action** will need to strengthen to fully recognise the impact on health of factors such as housing, income, education and employment in the most deprived areas.

Q4. Are the 6 principles the right principles for Worcestershire?

See above.

Principle 5. Involving people.

The wording of this principle needs to reflect the model of Co-Production that was recently agreed by the Health and Well-being Board. This sets out that ‘consumers’ have an equal voice with the NHS and Worcestershire County Council professionals. It should be integral that the views and experiences of patients, service users and carers are embedded in the construction of this policy.

Q5. It is suggested that there are 5 approaches to prevention. Is it important to do this?

The focus here is very much on health promotion measures which are more difficult to quantify. It is important to safeguard services in light of the growing number of frail elderly, who may not be able to take responsibility for themselves and may not be able to access information and advice in an increasing technological age, where there have been considerable changes in neighbourhood and family structures.

There needs to be greater recognition of the importance of different ways of engaging with seldom heard groups and communities with the poorest health outcomes. That there will be a need to adapt the approach taken for different groups and communities. Information needs to be available in a range of formats and in many cases information and peer support will not be sufficient. The impact of cuts to support and services may also impact on the ability of some, for example people with a learning disability, to build resilience and self-reliance.

Q6. Are these the right priorities for Worcestershire?

There is significant lack of correlation in the priorities, age groups focused on and the performance indicators. At times the performance indicators lack specific focus and detail and hence will be difficult to quantify in terms of successful outcomes.

i. Mental health and well-being

In the groups identified it would appear that younger children of school age are omitted. However research has identified that a half of all mental health issues in adulthood develop before the age of 14 years, which has made the work of CAMHS so important. Therefore it is vital to focus on prevention in this age group.

It is not clear what is meant by: 'referrals to child and adolescent mental health services' in the performance indicators. What are the expectations in terms of referral? These need to be specified to ensure targets are met. Feedback to Healthwatch Worcestershire suggests that there is a need to reduce waiting times for CAMHS support following a referral and assessments for diagnosis, such as Umbrella Pathway.

Although the focus of this priority is prevention, feedback to Healthwatch Worcestershire suggests that to improve the mental health of people in Worcestershire it is vital that there is a focus on implementing plans to improve mental health services, especially for those in crisis, in the county. We will need to know how the success of these improvement plans will be measured.

In the priority to improve mental well-being, it would be valuable to include reference to the Prevention Strategy for Carers which is a duty under the Care Act 2014 to develop a clear local approach for preventative support for carers who may be increasingly elderly themselves.

The performance indicators within this priority lack clarity. For example % of adult social care users who have as much social contact as they would like. What type of social contact is being referred to? How will this be measured?

ii. Being active at every age

Although recognising this is a low cost option, it is unclear how it will target those children who are obese. For example, 3 groups are focused on, under 5's and their parents, older people and populations with poorer health outcomes.

Firstly, the key age range of school age children who may benefit from exercise is not a specific priority. Yet in Wyre forest, in year 6 21.0% of children are classified as obese, in Bromsgrove, in year 6, 18.4% of children are classified as obese, and in Redditch, in year 6, 20.4% children are classified as obese (Public Health England 2015).

While not being identified in the age group focus, the performance indicators identify % of children aged 4 - 5 classified as overweight or obese and % of children aged 10 - 11 classified as overweight or obese in terms of measuring outcomes. Hence, how will the effectiveness of the priority be assessed?

Secondly, the important age range of children 5 - 10 years are omitted from the performance indicators altogether which may impact on the development of long term health conditions, such as diabetes, which is on the increase in certain districts such as Wyre Forest.

For a more effect assessment of achievement of improving health outcomes across the county, hence meeting the vision, would be to include diabetes within the age standardised mortality rate in the performance indicators.

The performance indicators of numbers of people taking part in health walks and volunteering for health walks will be an unclear determinant measure of health.

iii. Reducing harm from alcohol at all ages

The age focus is middle aged, older people and populations with poorer health outcomes and does not specify young people. However the performance indicators identify under 18s hospital admissions for alcohol related conditions and we know that these levels are high in Worcestershire. It is unclear how a reduction will be achieved without a targeted focus on the age range in the priority.

Engagement work carried by Healthwatch on Takeover Day, 20th November, identified that young people rated alcohol, drugs and obesity as their three top health priorities. They felt strongly that young people should be a priority group for reducing harm from alcohol. In particular, they said that young people are not aware enough about the impact of alcohol, units and strength and that binge drinking was a specific issue for young people.

Young people told us that they feel that they do not receive enough information about health issues and particular the dangers of alcohol whilst in school and that giving information when they are in college is often too late.

Drugs appear to be a continuing health concern with these young people, which is not addressed in the strategy.

Hence it is unclear how the vision will be achieved across the county in terms of 'a better quality of life'.

Q7. Strategy runs from 2016 - 19. Is this the right length of time?

With clear priorities, sharper focus across the age ranges and very specific performance indicators three years should provide sufficient evidence whether the vision is being met in full.

However, there appears to be a lack of alignment in terms of time spans and specific objectives with other health improvement plans in the County, such as the Five Years Forward Views and plans at CCG and District Council level. Therefore this makes it

more difficult for partners to work together on the plan, if they have different priorities and time frames.

Q8. Comments

We feel that the strategy needs to include information about how the vision will be implemented and the specific actions required in order to achieve this. There is a lack of clarity within the strategy. In light of funding cutbacks and current financial restraints, it is unclear how services will be able to deliver the priorities and gate keep services across Worcestershire.