

2013 to 2018

**Essex Health & Wellbeing Board**

**Joint Health & Wellbeing Strategy for Essex**

V8

18/10/12

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# 1. The vision

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This is the first Health and Wellbeing Strategy for Essex. The Essex Health and Wellbeing Board brings together key partners to improve health and wellbeing through the development and implementation of a Health and Wellbeing Strategy for the communities of Essex.

The World Health Organisation (WHO) defines health as “a state of complete physical, mental, and social wellbeing and not merely the absence of disease or infirmity”. We have used this definition to develop our strategy.

This strategy sets out how the partners will work together to improve health and wellbeing over the next five years in Essex. The key priorities are based on evidence from the Joint Strategic Needs Assessment (JSNA), and an extensive consultation process throughout the county.

It is fully recognised that Essex has different communities with significant socio-economic/health diversity; wide variances in baselines for health and wellbeing; and that any strategy must be driven by, and be relevant to, the needs and priorities within those communities.

## **The vision for better health and wellbeing in Essex**

**By 2018 residents and local communities in Essex will have greater choice, control, and responsibility for health and wellbeing services. Life expectancy overall will have increased and the inequalities within and between our communities will have reduced. Every child and adult will be given more opportunities to enjoy better health and wellbeing.**

To pursue the vision, the Essex Health and Wellbeing Board will:

- promote a shift from acute services to the prevention of ill health, to primary health care, and to community-based provision;
- support investment in early intervention and the prevention of risks to health and wellbeing to deliver long-term improvements in overall health and wellbeing;
- support individuals in exercising personal choice and control, and influence over the commissioning of relevant services;
- enable local communities to influence and direct local priorities for better health and wellbeing strengthening their resilience and using community assets to reduce demand;
- promote integration across the health and social care systems to ensure that services are planned and commissioned in an integrated way where it is beneficial to do so;

- ensure resources are allocated consistent with the needs within and between the communities in Essex; and
- support individuals in making informed lifestyle choices and promoting the importance of individuals taking responsibility for their own health and wellbeing.

While this is a five-year strategy it will be refreshed annually by the Essex Health and Wellbeing Board in light of progress against the outcomes and changes in the evidence available from the JSNA.

## 2. Setting the priorities

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This strategy has been developed by looking at the data and information on health and wellbeing in Essex to pin-point what the key challenges and areas for focus should be, and also an extensive programme of consultation and engagement with stakeholders and residents seeking their views on the areas that need prioritising.

### **The Joint Strategic Needs Assessment (JSNA)**

This is the main source of evidence and related information on the health and wellbeing of the population of Essex; the wider determinants of health; and the quality of life in the county. It has been used to identify the key areas that need addressing in this strategy to make the greatest improvements in health and wellbeing. The JSNA is the fundamental basis for choosing our priorities.

### **Consultation on the key health and wellbeing challenges facing Essex**

In addition to the evidence in the JSNA this strategy has been influenced by a wide-ranging consultation programme undertaken between May and August 2012. There have been 4 elements to the consultation and engagement process supporting the strategy's development.

1. Circulation of a draft strategy with consultation questions to key stakeholders.
2. An on-line survey open to partners and the public that resulted in nearly 750 responses.
3. Consultation events across the county involving general briefings and discussion as well as detailed exercises looking at potential priorities.
4. A health and wellbeing conference and stakeholder forum on the 18 July.

## **JSNA: Summary of the headline health and wellbeing issues in Essex**

### **Essex Population and Health Determinants**

The **population** of Essex is close to 1.74million with Colchester and Chelmsford being the largest conurbations. The older population is expected to grow to 28% by 2033, with a 5% reduction in the working age group. Currently 12.4% of the population are from ethnic backgrounds and 30% of travelling families in the county live on unauthorised sites. Essex has some of the most affluent and some of the most **deprived areas** in the country, with further pockets of disadvantaged communities that are hard to identify.

**Employment** opportunity, mental health and **educational achievement** have a strong association. Although the Essex unemployment rate is lower than the national rate, there is a nearly threefold variation between districts. The working age population is ageing and the level of adult qualifications is low. The number of young people in Essex not in education, employment or training (**NEET**) is higher than national and regional averages. Young people from more disadvantaged communities are at a higher risk of becoming NEET.

**Crime and community safety** continue to be highlighted as a priority by the residents of Essex. The issues of domestic abuse, violence and burglary link closely with other issues related to criminality such as drug and alcohol misuse and anti-social behaviour.

Decent, affordable and appropriate **housing** is increasingly needed to meet the current and longer term needs of the people of Essex, especially with the rise in older residents, people with a disability and other vulnerable groups. Poor housing conditions, including heating deprivation, is a local concern in our disadvantaged communities.

The population in Essex aged over 75 years is expected to increase significantly over the next 20 years and if the need for **supported housing units** follows this trend it is estimated there will be a potential deficit of over 22000 units by 2030.

With regard to **environmental** issues, Essex is doing well in waste management and in implementing measures to keep air pollution low, but with increasing housing development, making these improvements sustainable will prove a challenge. Essex is also highly dependent on non-renewable energy.

Essex has a number of **poverty related** issues, especially in Basildon and Harlow where the level of house ownership is very low and the level of benefit claimants is high. Jaywick in Tendring is the most deprived area in England.

Although the trend in **life expectancy** is upward, there is a 3.5 year gap between males and females across Essex, with more inequalities in disadvantaged communities. There is a 17% difference in people's perception of their **quality of life** between the best and worst districts in Essex.

There is a decreasing trend in **cancers** across Essex but we have geographical and gender differences. There is a decreasing trend in **cardiovascular diseases (CVD)** across Essex but we have geographical and gender differences. With an ageing population, and early identification of CVD including current undiagnosed cases, the prevalence is likely to be much higher.

Although mortality for **respiratory diseases** such as Asthma and Chronic Obstructive Pulmonary Disease (COPD) is on the decline, the level of morbidity can be reduced further with prevention work especially around smoking.

The mortality and morbidity rates for conditions related to **liver disease** are increasing, especially among younger people, primarily due to the excessive consumption of alcohol.

The prevalence of **diabetes** is likely to rise over coming years, especially with poor lifestyle choices.

The level of **accidental mortality and intended deaths** is relatively high in Essex, with the home and roads being the most common sites.

Largely preventable **accidental falls** continue to have a significant impact on quality of life and independent living as well as a significant contribution financially.

With an ageing population, good falls prevention work can contribute to low levels of morbidity and mortality. A number of districts in Essex have levels of **excess seasonal**

**deaths**, which could be caused by fuel poverty, exceptional warm weather, poor safety at home and the severity of flu outbreaks.

After a gradual increase in mortality rates from **communicable diseases** there has been a reduction across Essex, possibly as a result of better surveillance and increase in immunisation rates.

Over 150000 Essex residents are expected to be living with a **mental health illness**, with almost 50% of them having developed this condition in their early teens. The prevalence of **dementia**, which increases rapidly with age, is projected to increase by 38% by 2021 which will have a significant impact on public services.

There is a rising rate in obesity with a corresponding high level of physical inactivity in Essex, with fewer women taking part in **physical activity**. Some districts in Essex have higher than national **obesity rates** and there is a 10% difference between the higher and lower prevalence districts rate. The projected annual increase in obesity rate is 2% in adults and 0.5% in children. This will result in increased cost for health and social care services.

Even though we predict a 1% annual reduction in **smoking prevalence**, this will leave an increasing concentration of smokers in our younger population and in lower income groups.

Although Essex has a lower proportion of people consuming higher levels of **alcohol**, many young people are engaging in harmful drinking and we continue to see a rise in alcohol related hospital admissions. Evidence also suggests an increase in people consuming high levels of alcohol at home. This is fuelled by the low cost and accessibility of alcohol, especially to young people.

**Drug misuse** contributes to the associated health and crime burden in Essex with nearly 5000 known opiate and crack users and an increase in young people (under 18 years) accessing treatment.

There is a wide variation between districts in the level of poor **sexual health** practices as well as high service usage (eg terminations) especially related to teenage pregnancy.

There are some early signs of success with **interventions to reduce health inequalities**, particularly in reducing the impact of child poverty and targeted lifestyle interventions around childhood obesity and teenage pregnancy rates.

## **Children, Young People and Families**

### Maternal and Infant Health

The health of children in Essex is generally better than or similar to the England average. Although the proportion of babies born with a low birth weight and infant mortality rates are relatively low, poor lifestyle choices, including smoking in pregnancy, alcohol misuse and poor diet are still a public health concern.

Rates of **breastfeeding**, which has numerous benefits, are comparatively low especially in more deprived areas and among younger mothers. Good support and advice can help improve parenting skills, ensure adequate level of income support, promote healthier choices and give children a better start in life.

Although the childhood **immunisation** rates are improving, the uptake for Mumps, Measles and Rubella (MMR) vaccination remains lower than the required level to achieve population protection.

#### Children and Young People

There is a significant disparity across Essex in **educational achievements** at GCSE level. Areas with low educational attainment tend to have more young people who are NEET and higher levels of teenage pregnancies.

#### Young People and Crime

The Youth Offending Service (YOS) caseload was 1220 young people in 2010/11, with the number of first time entrants continuing to fall in Essex, however the reoffending rate has risen over the last three years.

#### Adults and Vulnerable Groups

##### Working Age Population

The current economic climate has created trends that will have a negative effect upon health. **Unemployment** rates, benefits claims and debt are increasing accompanied by concerns about the high level of fuel poverty.

Predicted demographic change, increased survival rates, reduced mortality rates, improved diagnostic techniques and improved health care will lead to an increase in the number of people with **learning disabilities**. At present the highest rates of people with a learning disability can be found in Tendring, Colchester and Braintree where the historical long stay hospitals were located.

There are currently 803 **specialist housing** units to support adults with learning disabilities in Essex, which is a shortfall of 186 compared with the estimated requirement of 989 units. Braintree, Chelmsford and Colchester show the greatest deficits.

During 2010/11 approximately 3000 people, a 22% increase compared with the previous year, received support from the **reablement service**, which aims to support people to regain skills with a view to reducing longer term care.

The rate of adults with **physical disabilities** who are supported in Essex in terms of receiving either community or residential/nursing home care has seen an increase year on year since 2006/07 and is now at a rate that is higher than that of the East of England.

Almost 10% of our residents provide informal care to relatives, friends or neighbours. Research suggests that the economic value of the contribution made by **carers** in Essex is £2.4 billion per year which is £45.4 million per week. Over half of the people providing unpaid care are people aged over 50, which is of particular concern as they are more likely to be suffering from ill health themselves.

It is estimated that 80600 **older people** with social care needs live in Essex that is 31% of the older population over 65 years. There is a projected 15% increase in older people with care



needs over the next five years which is higher than the anticipated 12% increase for England.

It is estimated that the number of people over 65 years **living on their own** will have increased by around 48% by 2025.

**Falls** are a major cause of illness and disability amongst those over 65 years and one in three experiences one or more falls in a year.

## **Summary of the headline health and wellbeing issues affecting local communities in Essex**

Basildon has particular challenges related to high levels of deprivation. It has the highest level of teenage pregnancy in the county, equal lowest level of breastfeeding, and the lowest adult physical activity rates. It has the second highest rate of deaths due to smoking. It also has the lowest life expectancy rate for women in Essex.

Braintree has the second lowest life expectancy rate for women in Essex, and a high level of hip fractures in those aged 65 or older. GCSE attainment in Braintree is poor compared to most parts of Essex. The number of obese adults is also relatively high.

Brentwood has the equal lowest level of breast feeding in Essex; it also has a very low level of physical activity among adults. Brentwood has the highest level of excess winter deaths in Essex, and one of the highest levels of road injuries and deaths.

Castle Point has high levels of children with tooth decay and one of the lowest levels of adults who eat healthily, and the highest number of obese adults in Essex. It also has one of the highest levels of hospital stays for alcohol-related harm.

Chelmsford has a low level of physically active children and high levels of adults with increasing and higher risk drinking. It has the highest level of hospital stays for self-harm in Essex, and a high level of excess winter deaths.

Colchester has a high level of statutory homelessness; it also has the equal highest level of smoking while pregnant.

Epping Forest has the highest level of obese children in Essex (age 10-11) and the highest level of road injuries and deaths in Essex.

Harlow has the highest level of homelessness in Essex, and the lowest level of educational attainment. Harlow also has the highest level of violent crime and long-term unemployment in Essex. It has the highest number of adults who smoke, the highest number of hip fractures in those aged 65 or older, and the lowest level of physically active adults. It also has the highest rate of hospital stays for alcohol-related harm, drug misuse, new cases of TB, smoking-related deaths, and early deaths: heart disease, stroke, and cancer.

Maldon has relatively high levels of tooth decay among children, the second highest incidence of hospital stays for self-harm, low life expectancy for men, and relatively high incidence of road injuries and deaths.

Rochford has the second highest level of increasing and higher risk drinking, and a relatively high level of hospital stays due to alcohol-related harm.

Tendring has the second highest overall level of deprivation and the highest proportion of children in poverty. It has the equal highest incidence of smoking in pregnancy, and the lowest level of physical activity among children. It has one of the lowest rates of physical activity among adults, the highest level of people diagnosed with diabetes, and the equal lowest life expectancy for men. It has the second highest rate of smoking-related deaths, and one of the highest early death rates for heart disease and strokes.

Uttlesford has the second highest rate of physically inactive children and the highest rate of increasing and higher risk drinking. It has the second highest number of road injuries and deaths.

## 3. The priorities

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There are a wide range of issues that we want to tackle to improve health and wellbeing in Essex. In order to be clear about our priorities we have combined the findings of the JSNA with feedback from stakeholders and the public. Our approach to health and wellbeing takes the perspective of the “whole life course”: improving the outcomes for Essex’s residents by focusing on prevention and better outcomes for every individual and family throughout their lives, and at the end of life – encompassing investment in palliative care. This strategy reflects the Marmot Review findings that action is needed across the social determinants of health. This means we have an over-riding strategic framework; specific priorities and areas for action; and wider themes where action will occur to underpin the strategy.

### The over-arching framework for better health and wellbeing in Essex

Starting well  
Developing well  
Living well  
Working well  
Ageing well

### Starting and developing well: ensuring every child in Essex has the best start in life.

What does the evidence say?

- Rates of breastfeeding are comparatively low.
- Uptake for Mumps, Measles and Rubella (MMR) vaccination is lower than that required.
- There is a significant disparity across Essex in educational achievements at GCSE level.
- We need to improve health education to ensure that the poor lifestyle choices can be improved and risk taking behaviours reduced.
- There is a need to identify earlier and support young carers.

Areas for focus

- Reduce teenage pregnancies and increase breast feeding rates.
- Increase immunisation take-up, particularly MMR.
- Improve pre-school and educational achievement.

- Improve outcomes for children with special educational needs.
- Reduce risk-taking behaviours.
- Design new interventions to focus on families with complex needs.
- Integrate services so the transition from children's to adult services is more effective.
- Reduce childhood obesity levels by increasing physical activity, improving diet, and delivering more effective education in health and health-related matters

## **Living and working well: ensuring that residents make better lifestyle choices and residents have the opportunities needed to enjoy a healthy life.**

What does the evidence say?

- Liver disease is increasing, especially among younger adults, related to excessive consumption of alcohol.
- If high levels of physical inactivity continue, obesity rates will increase as well as the accompanying long-term health conditions such as diabetes and cardio-vascular disease.
- There is a rising rate of obesity with a corresponding high level of physical inactivity.
- Smoking prevalence in the younger population and lower income groups is not decreasing.
- Unemployment and poor housing are related to lower levels of health and wellbeing including poor mental health.
- The proportion of the working age population with learning and physical disabilities is increasing.
- There are nearly 5000 known opiate and crack users in Essex with an increase in the number of young people (under 18 years) accessing treatment.
- There are more than 150,000 residents living with a mental health illness, with almost 50% of them having developed this condition in their early teens.

Areas for focus

- Increase physical activity and improve diet across all age groups.
- Reduce alcohol misuse and reduce smoking.

- Increase opportunities for training, apprenticeships, employment and skills.
- Ensure sufficient affordable housing is available to meet the needs identified.
- Ensure sufficient supported and adapted housing is available.
- Reduce the harm caused by substance misuse.
- Increase employment and other opportunities for people suffering from mental illness.

## **Ageing well: ensuring that older people remain as independent for as long as possible.**

What does the evidence say?

- The older population is expected to grow to 28% by 2033, with a 5% reduction in the working age group.
- The population in Essex aged over 75 years is expected to increase significantly over the next 20 years with major implications across housing, care and nursing provision.
- Accidental falls continue to have a significant impact on quality of life and independent living.
- The prevalence of dementia, which increases rapidly with age, is projected to increase by 38% by 2021
- Over half of the people providing unpaid care are people aged over 50, and more likely to be suffering from ill health themselves.
- Some parts of Essex have relatively high levels of excess seasonal deaths.
- There is a projected 15% increase in older people with care needs.
- It is estimated that the number of people over 65 years living on their own will have increased by around 48% by 2025.

Areas for focus

- Innovation and improvements to end of life care.
- Improve and develop services to respond to the rising prevalence of dementia.

- Developing integrated pathways for elderly care encompassing provision but also prevention, reducing falls, and ensuring independence is maintained for longer.
- Enabling residents to maintain or regain their independence for as long as possible via technology and equipment, supporting carers, and re-ablement services.
- Developing of community-based information and support services encompassing voluntary organisations, volunteering and more provision in primary care settings.
- Extending support for carers and responding to growing numbers of older people experiencing loneliness.

## Key themes that underpin the priorities

### **Tackling health inequalities and the wider determinants of health and wellbeing**

There are wide differences between the health and wellbeing of different groups of people and between different parts of Essex. Residents in the most deprived parts of Essex tend to experience poorer health and have a lower life expectancy. There are parts of Essex that have high levels of deprivation and Jaywick is the most deprived area. In addition, some groups experience a much poorer quality of life across all the wider determinants of ill-health. These groups include travellers, homeless people, and victims of domestic abuse. The overall focus of this strategy is to reduce health inequalities and tackle the wider determinants of health so life expectancy is increased and inequalities between areas and groups reduced.

### **Transforming services: developing the health and social care system**

The vision for better health and wellbeing in Essex will only be met through the development of new ways of doing things. Locally-based services will put local communities at the heart of the system, and the Community Budget pilot will be used to deliver a joined-up approach across health and social care in areas such as dementia care. To do all this, the community and voluntary sector will have a crucial role to play, and there will be more scope for private and social enterprise to provide services. Schools and academies will have a key role too, and commissioners will work to ensure an effective local health and social care market through the provision of market position and similar information, workforce development, and clear commissioning intentions.

Demographic changes and continuing improvements in healthcare will create significant future demand at a time when resources are falling. At the same time some communities are not benefiting from improvements to the same extent as more affluent areas. A new approach has to be taken to reconcile these challenges with the opportunity for better outcomes. The system has to focus on prevention and managing demand: integrating services and focusing on local community provision.



This strategy sets out the priorities for improving health and wellbeing in Essex. All of the agencies and organisations responsible for delivering this have agreed how services will be commissioned to achieve the priorities. The following over-arching factors underpin the transformation of health and social care services in Essex.

- The current way of organising services will be replaced with an integrated approach that will provide a seamless service across health, social care and mental health services.
- Clinical Commissioning Groups working with districts and boroughs, and local stakeholders and communities, will focus on commissioning services based on local needs.
- The Essex health and wellbeing board will be the driving force across Essex for improved health and wellbeing, scrutinising and challenging commissioning plans.
- HealthWatch will represent patients and service users, and hold commissioners and providers to account.
- Commissioning will be integrated to reflect a “whole life pathway” aligned with key life events bringing together children’s and adult’s social care commissioning.
- There will be a major shift in the way patients use and access urgent and emergency services with a shift to community and primary settings.
- Services will focus on managing demand and expanding preventative work so that residents and their families are more able to make informed choices, change their behaviour or lifestyles, take-up opportunities for self-help and support, or utilise the resources and skills within their local community.

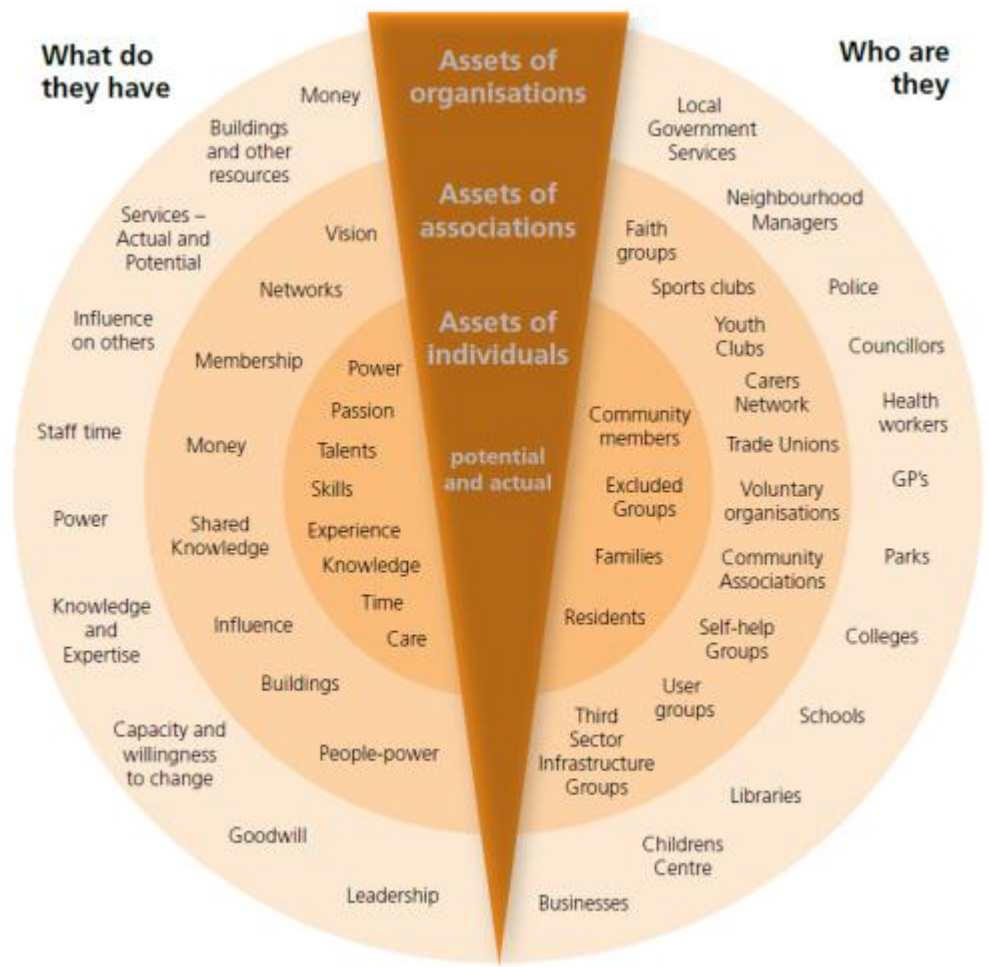
- Improvements to the quality, and safety of services, will be made to enhance patient and service user experience and satisfaction.

### **Empowering local communities and community assets**

To meet our vision the approach to improving health and wellbeing in Essex is underpinned by engaging with local communities so that children, young people, and families have the opportunity to have their say. HealthWatch will be supported to take an active role in the Essex Health and Wellbeing Board, enabling it to effectively represent the views of patients and service users. The Essex Health and Wellbeing Board is working with local decision-makers and commissioners to ensure that it understands local communities' needs and aspirations, and that there is a clear understanding of how community assets can be used to improve health and wellbeing at a community or neighbourhood level.

To understand the most effective ways to improve the health and wellbeing of communities in Essex there is a need to develop an understanding of the strengths each community has that can be built on and focus support around this so that at the local level we can support and foster active citizens able to shape their own life and those of their friends, family and neighbours. The transformation of primary and community services in Essex will be supported by a fundamental change in the way services are commissioned and delivered. As well as integrated commissioning arrangements, a much greater emphasis will be placed on local communities – supporting investment in local activity and networks so that community assets are identified and developed.





(IDEA)

At a time of reducing resources the Whole Essex Community Budget provides an opportunity to go beyond traditional approaches to community development and develop approaches to services that will make much greater use of the practical skills, passions and knowledge of residents, voluntary organisations, and the local networks and connections in local communities, as well as the physical resources in a community. The following illustration shows the potential scope of this approach.

### Prevention and effective interventions

The Essex Health and Wellbeing Board will drive the changes needed to improve health and social care services in the county. Much more will be done to enable local residents and communities to develop their own capacity for self-care. For example, by supporting social enterprises, and developing more community-based services.

The priorities for investment must be chosen on the basis that interventions that delay or avoid the use of services offer the best use of resources and the best outcomes for residents and their families. Services will be re-designed so they start with individual needs plotted

through the whole life course from childhood to old age. For example, we can improve the quality of services for disabled children as they move into adulthood by creating an “all-age” service.

## **Safeguarding**

The changing health and social care landscape brings new challenges for safeguarding. With greater choice and personal budgets, a much wider range of providers and increasing community-based provision there are a wide range of challenges to ensure the continuing safety of children and adults. The health and wellbeing board will ensure that prevention, and effective responses to neglect, harm and abuse are addressed in the delivery of this strategy.

\* Safeguarding is a strategic objective across health and social care

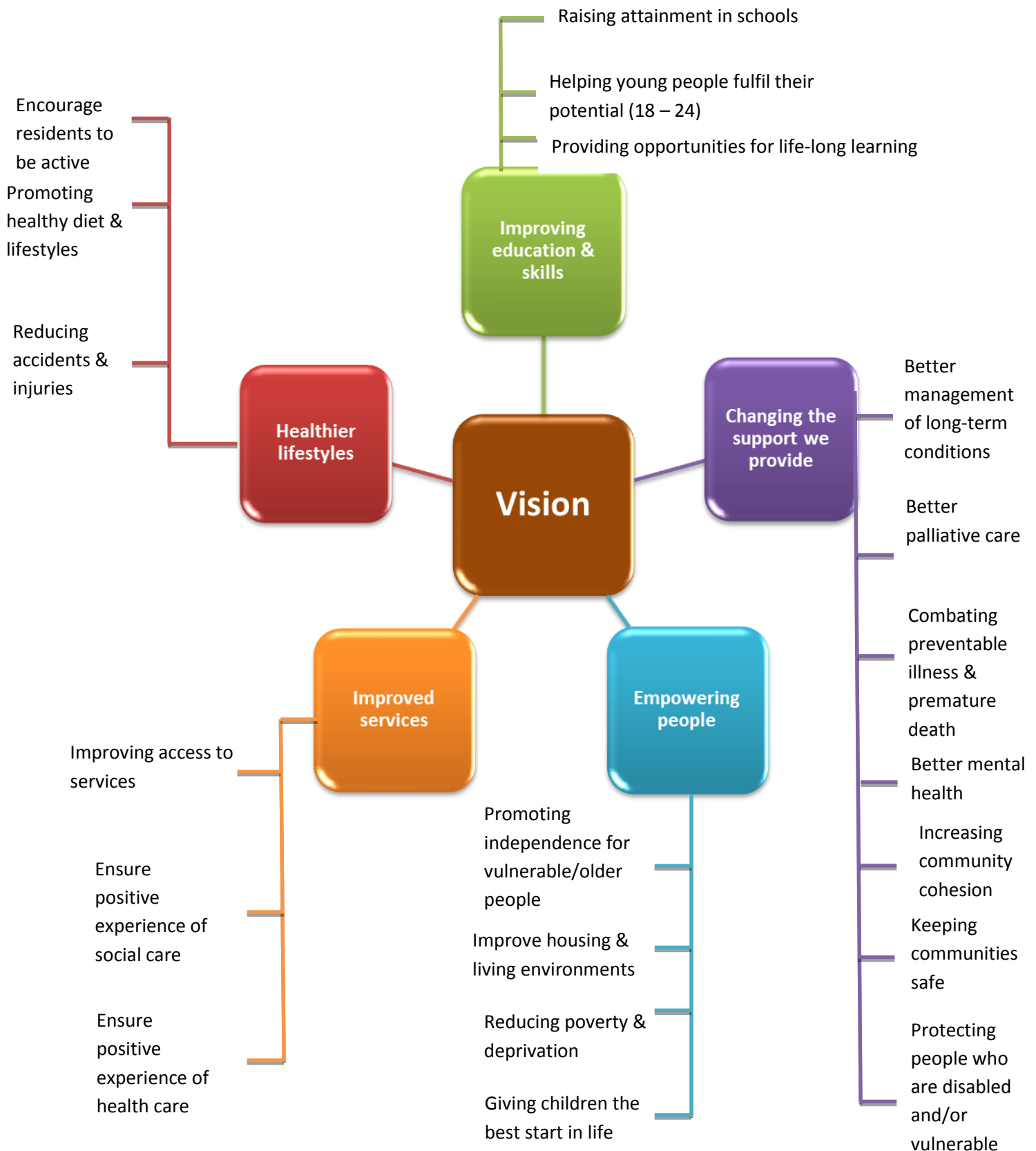
\* Safeguarding will be integral to commissioning activity across health and social care

The health and wellbeing board will ensure commissioning plans address the need for robust assurance to understand and improve safeguarding arrangements, aligned with the regulatory framework for safeguarding.

## **An overall framework for improving health and wellbeing**

The following framework formed the basis of the consultation used to develop the priorities and themes set out above. It shows what the key areas for action are across the whole spectrum of health and wellbeing.

# AN OVERALL FRAMEWORK FOR IMPROVING HEALTH & WELLBEING



## 4. Measuring success

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The Essex health and wellbeing board will measure the progress in meeting our vision. Performance monitoring information will be presented to the Essex Health and Wellbeing Board regularly and will include the indicators set out in the national outcome frameworks together with local information including qualitative feedback. The following principles will underpin the monitoring process.

- Where possible the existing national outcomes will be used to avoid duplication.
- Patient and service user feedback will be an important part of the monitoring process as well as empirical information.
- The Essex health and wellbeing board will assess commissioning plans against the health and wellbeing priorities set out in this strategy and hold commissioners accountable for performance. (This is a statutory requirement).

The tables that follow show the outcome areas and factors that will be used to measure the progress of the strategy for each priority, together with overarching areas of action. The key priorities for this health and wellbeing strategy have been cross-referenced to the national outcome frameworks for the NHS, adult social care, and public health, as well as local outcomes for children and young people.

Outcomes key:

	Public health outcomes framework
	NHS outcomes framework
	Adult social care outcomes framework

### Starting and developing well: ensuring every child in Essex has the best start in life.

<b>Over-arching issues</b>	
<ul style="list-style-type: none"> <li>• Increasing children’s and young people’s levels of physical activity and participation in sports.</li> <li>• Improving development and attainment levels of pre-school children.</li> <li>• Working with families with complex needs to ensure better outcomes for children.</li> </ul>	
<b>Outcome area</b>	<b>Potential indicators</b>
Improvements against wider factors that affect health and wellbeing and health inequalities	Children in poverty, school readiness, pupil absence, first-time entrants to youth justice system, 16-18s NEET.
The population’s health is protected from	Chlamydia diagnosis (15-24s), population

major incidents and other threats, while reducing health inequalities	vaccination coverage.
People are helped to live healthy lifestyles, make healthy choices and reduce health inequalities	Low birth weight of term babies, breastfeeding, smoking status at time of delivery, under 18s conceptions, child development at 2-2.5 years; excess weight in 4-5 and 10-11 year olds, hospital admissions caused by unintentional and deliberate injuries under 18s, emotional wellbeing of looked after children, smoking prevalence under 15s.
Reduced numbers of people living with preventable ill health and people dying prematurely, while reducing the gap between communities  Preventing people from dying prematurely	Infant mortality, tooth decay in children aged 5, Neo-natal mortality and stillbirths.
Enhancing quality of life for people with long-term conditions	Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s.
Ensuring that people have a positive experience of care	Improving children's and young people's experience of healthcare.
Helping people to recover from episodes of ill-health or following injury	Emergency admissions for children with lower respiratory tract infections.
Treating and caring for people in a safe environment and protecting them from avoidable harm	Admission of full-term babies to neo-natal care, incidence of harm to children due to "failure to monitor".

## Living and working well: ensuring that residents make better lifestyle choices and residents have the opportunities needed to enjoy a healthy life.

<b>Over-arching issues</b>	
<ul style="list-style-type: none"> <li>• Improving diet and nutrition</li> <li>• Increasing physical activity levels.</li> <li>• Long term conditions.</li> <li>• Mental health.</li> <li>• Reducing smoking, and drug and alcohol misuse.</li> <li>• Supporting community provision and developing community assets.</li> </ul>	
<b>Outcome area</b>	<b>Potential Indicators</b>
Enhancing the quality of life for people with long-term conditions	Employment of people with long-term conditions, employment of people with mental illness/learning difficulty.
Enhancing the quality of life for people with	The proportion of people who use services

care and support needs	who have control over their daily life, proportion of people using social care who receive self-directed support, and those receiving direct payments.
Improvements against wider factors that affect health and wellbeing and health inequalities	Utilisation of green space and other facilities for exercise/health reasons, social connectedness.
People are helped to live healthy lifestyles, make healthy choices and reduce health inequalities	Diet, excess weight in adults, proportion of physically inactive and active adults, smoking prevalence (over 18s), successful completion of drug treatment, recorded diabetes, alcohol-related admissions to hospital, take-up of the NHS Health Check Programme by those eligible.

## Ageing well: ensuring that older people remain as independent for as long as possible.

<p><b>Over-arching issues</b></p> <ul style="list-style-type: none"> <li>• Prevention and maintaining independence in the home.</li> <li>• Dementia.</li> <li>• Frailty.</li> <li>• Responding to long-term conditions and chronic illness.</li> <li>• End of life care.</li> </ul>	
Outcome area	Potential Indicators
Reduced numbers of people living with preventable ill health and people dying prematurely, while reducing the gap between communities	Health-related quality of life for older people, hip fractures in over 65s, excess winter deaths, dementia and its impacts.
Improvements against wider factors that affect health and wellbeing and health inequalities	Older people's perception of community safety.
Ensuring that people have a positive experience of care	Improving the experience of care for people at the end of their lives.
Preventing people from dying prematurely	Reducing premature mortality from the major causes of death.
Enhancing the quality of life for people with long-term conditions	Proportion of people feeling supported to manage their condition, enhancing the quality of life for people with dementia.
Helping people to recover from episodes of ill health or following injury	Improving outcomes from planned procedures, improving recovery from fragility fractures, helping older people to

	recover their independence after illness or injury.
Delaying and reducing the need for care and support	Permanent admissions to residential and nursing care homes per 1,000 population, effectiveness of prevention/preventative services, proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services, effectiveness of early diagnosis, intervention and reablement: avoiding hospital admissions, delayed transfers of care from hospital, and those with are attributable to adult social care, effectiveness of reablement: regaining independence.

## The wider determinants of health and wellbeing – measuring our success overall.

<b>Over-arching issues</b>	
<ul style="list-style-type: none"> <li>• Improving housing and living environments.</li> <li>• Improving mental health.</li> <li>• Reducing differences in life expectancy and healthy life expectancy between communities.</li> <li>• Prevention and access to information and advice.</li> <li>• Access to employment.</li> <li>• Integration and extending the approach being used for families with complex needs.</li> </ul>	
<b>Outcome area</b>	<b>Potential Indicators</b>
Improvements against wider factors that affect health and wellbeing and health inequalities	Domestic abuse, violent crime, re-offending, the percentage of the population affected by noise, statutory homelessness, fuel poverty, employment, skills.
People are helped to live healthy lifestyles, make healthy choices and reduce health inequalities	Successful completion of drug treatment, people entering prison with substance dependence issues who are previously not known to community treatment, self-reported wellbeing.
The population's health is protected from major incidents and other threats, while reducing health inequalities	Air pollution, population vaccination coverage, people presenting with HIV at a late stage of infection, treatment completion for TB.
Reduced numbers of people living with preventable ill health and people dying	Suicide, preventable sight loss, mortality from communicable diseases.

prematurely, while reducing the gap between communities	
Preventing people from dying prematurely	Potential years life lost from causes considered amenable to healthcare, life expectancy for men and women at 75, excess under 75 mortality rates in adults with serious mental illness.
Enhancing the quality of life for people with long-term conditions	Proportion of people feeling supported to manage their condition, unplanned hospitalisation for chronic ambulatory care sensitive conditions (adults), employment of people with mental illness.
Helping people to recover from episodes of ill health or following injury	Improving recovery from injuries and trauma, improving recovery from stroke.
Ensuring that people have a positive experience of care	Improving access to primary care services.
Ensuring that people have a positive experience of care and support	The proportion of people who use services and carers who find it easy to find information about support.

In addition to the indicators here there are a range of other performance measures that the NHS, Clinical Commissioning Groups, and local authorities have to report against. These will also be monitored by the health and wellbeing board particularly those relating to safeguarding, and patients' and service users' experience of services.