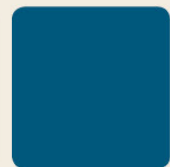
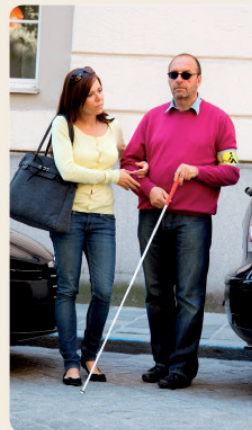
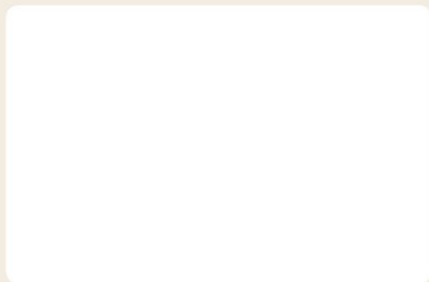


# Telford and Wrekin

## Health and Wellbeing Strategy 2013/14 to 2015/16



Telford and Wrekin  
Clinical Commissioning Group



Telford & Wrekin  
COUNCIL

# Foreword

In the Borough, people's health and wellbeing is improving and more of the population are maintaining a good quality of health for longer and later into life. However, our Joint Strategic Needs Assessment process has identified communities within the Borough where we need to take action to address those inequalities to ensure residents experience the same level of good health and life expectancy.

This strategy sets out our commitment to working in partnership to improve the health and wellbeing of people living in Telford and Wrekin.

Addressing these challenges, is complicated by the financial pressures facing families and public sector organisations.

The Telford and Wrekin Health and Wellbeing Board is responsible for delivering the strategy and addressing health inequalities. The Board includes representatives within the NHS and Telford & Wrekin Council with responsibility for health and social care, including public health services, together with elected Councillors and service user and patient representatives. The Board's role is to consider local health and wellbeing needs and plan the right services for our community.

We have a track-record of effective partnership working and this strategy will ensure that improving health and wellbeing and addressing health inequalities, and, importantly, the wider determinants of health are embedded across our wider partnership framework.

It is the Board's belief that everyone in the Borough has a right to good health. We will work together to provide the support and opportunities to enable this to happen.



## **Councillor Richard Overton**

**Chair of Telford and Wrekin Health and Wellbeing Board**

**Cabinet Member responsible for Health**

**Deputy Leader Telford and Wrekin Council**

# 1. Telford and Wrekin Health and Wellbeing Strategy

The 2012 Health and Social Care Act requires local authorities to establish a Health and Wellbeing Board. The purpose of the Board is to identify the health and wellbeing priorities for Telford and Wrekin and define what will be done to address them.

Our Board has been in development since March 2011. Its current members include representation from:

- Telford & Wrekin Council Elected Cabinet Members and Officers
- Telford & Wrekin Clinical Commissioning Group
- Public Health (transfer to Telford & Wrekin Council from April 2013)
- NHS Telford & Wrekin and NHS Commissioning Board
- LINK – representative of patient and service users

The Health & Wellbeing Board is one of a number of ways in which we work in partnership to deliver the right services to shape and improve the quality of life in Telford and Wrekin.

The strategy priorities have been identified through the development of our 'Joint Strategic Needs Assessment (JSNA)' process and a programme of public consultation.

The JSNA process uses data, performance information and intelligence to help us identify health and wellbeing needs and inequalities in Telford and Wrekin. A long-list of local health and wellbeing priorities (see Appendix 1), was identified to inform the development of this strategy based on:

- Where the borough was shown to be in a worse than the national position
- Existing local priorities
- National priorities
- Areas where we know we need to make financial savings

From this list, ten priority areas were identified by the Board to inform a detailed programme of public consultation which took place over the summer of 2012 with the final priorities agreed by the Board in September 2012.

Our approach to both this Strategy and our JSNA has been developed with close reference to national guidance which will continue to be used moving forward. This includes the adoption of a life stage approach described in the National Health Inequalities Review by Prof. Marmot (see Appendix 2).

- Our JSNA can be found at [www.telford.gov.uk/factsandfigures](http://www.telford.gov.uk/factsandfigures)
- Further information about the public consultation can be found at [http://www.telford.gov.uk/info/200190/health\\_and\\_wellbeing/1498/health\\_and\\_wellbeing\\_board\\_hwb](http://www.telford.gov.uk/info/200190/health_and_wellbeing/1498/health_and_wellbeing_board_hwb).

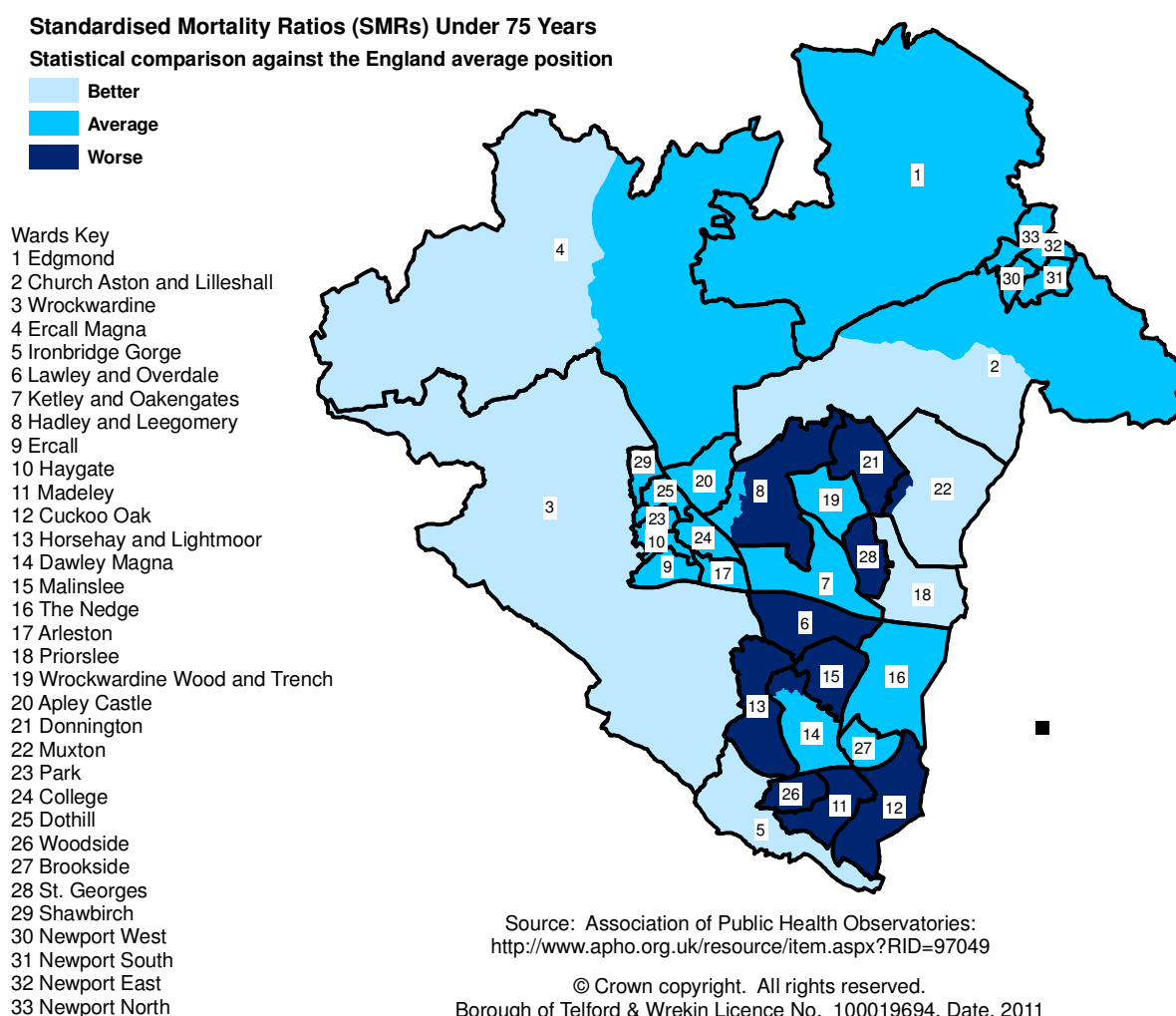
## 2. Health and Wellbeing in Telford and Wrekin

Over the past 20 years, the health and wellbeing of the Borough has improved significantly with people living longer and staying healthier than ever before. However, there are some real health challenges and differences across the borough which need to be overcome if this improvement is to continue. Too many people in the Borough, particularly men still die early from cancer, heart disease and stroke and rates of teenage pregnancy, maternal smoking, breastfeeding and childhood obesity are all worse than the England average.

A key health challenge in Telford and Wrekin is that the health of residents is not consistent across the Borough, as shown in the map below. People living in our more deprived areas are more likely to die earlier and are more likely to suffer from poorer physical and mental health

Whilst people are living longer, many are spending more years at the end of their life in declining health. This places significant demand on health and social care services and highlights the importance of healthy lifestyles, good emotional health and wellbeing, and community and family support networks. Many of the causes of poor health and early death are largely preventable, as are the costly consequences. Reflecting this, a number of the proposed priorities focus on the prevention of ill health starting from childhood.

### Premature Mortality in Telford and Wrekin



### 3. Telford and Wrekin Priorities

#### Our Vision

*"To improve the health & wellbeing of our communities and address health inequalities"*

		Priorities	Proposed Outcome Measures
CHILDREN	ADULTS	<b>Reduce excess weight in children and adults</b>	<ul style="list-style-type: none"> <li>• Increase the number of babies breastfed at birth and at 6-8 weeks</li> <li>• Reduce the number of children aged 4-5 years and 10-11 years who are overweight or obese</li> <li>• Reduce the number of adults who are obese</li> <li>• Increase the numbers of people who are physically active</li> </ul>
		<b>Reduce teenage pregnancy</b>	<ul style="list-style-type: none"> <li>• Reduce the number of conceptions amongst women under 18 years</li> <li>• Reduce risk taking behaviour</li> </ul>
		<b>Improve emotional health and wellbeing</b>	<ul style="list-style-type: none"> <li>• Reduce the number of people who are admitted to hospital as a result of self-harm</li> <li>• Increase the numbers of people reporting positive wellbeing</li> </ul>
		<b>Support people with autism</b>	<ul style="list-style-type: none"> <li>• Measures to be developed and linked to the strategy</li> </ul>
		<b>Reduce the number of people who smoke</b>	<ul style="list-style-type: none"> <li>• Reduce the number of mothers who smoke during pregnancy</li> <li>• Reduce the number of babies born with a low birthweight</li> <li>• Reduce the number of people admitted to hospital with smoking-related diseases</li> <li>• Reduce the number of people who die as a result of smoking-related diseases</li> <li>• Reduce the number of smoking-related deaths</li> </ul>
		<b>Reduce the misuse of alcohol or drugs</b>	<ul style="list-style-type: none"> <li>• Reduce the number of people admitted to hospital due to alcohol-related diseases</li> <li>• Reduce alcohol related violent crime</li> <li>• Increase the number of people successfully taking part in drug programmes</li> <li>• Reduce the number of people admitted to hospital with alcohol-related liver disease</li> <li>• Reduce the number of people who die from preventable liver disease</li> </ul>
		<b>Improve adult and children carers' health and wellbeing</b>	<ul style="list-style-type: none"> <li>• Carer-reported quality of life</li> <li>• Carers who feel they have been included in discussions about the person they care for</li> </ul>
		<b>Improve life expectancy and reduce health inequalities</b>	<ul style="list-style-type: none"> <li>• Improve male life expectancy at birth</li> <li>• Narrow the gap life expectancy</li> <li>• Reduce the number of people who die before age 75 from cardiovascular diseases and cancers</li> <li>• Improve the number of people who take part in cancer screening programmes</li> <li>• Improve the management and treatment of long term conditions such as diabetes and chronic respiratory diseases</li> <li>• Increase the numbers of people immunised against 'flu</li> </ul>
		<b>Support people to live independently</b>	<ul style="list-style-type: none"> <li>• Social care self-directed support</li> <li>• Older people who were still at home 91 days after discharge from hospital into re-ablement services</li> <li>• People receiving re-ablement services who need ongoing support</li> <li>• Delayed transfers of care from hospital</li> </ul>
		<b>Support people with dementia</b>	<ul style="list-style-type: none"> <li>• Increase the number of dementia services available</li> </ul>

#### PRINCIPLES

EQUITY – ACCESSIBILITY – INTEGRATION – QUALITY – ENGAGEMENT - FINANCIAL SUSTAINABILITY – POSITIVE EXPERIENCE - EARLY INTERVENTION and PREVENTION - SAFEGUARDING



## **Priority 1 - Reduce Excess Weight in Children and Adults**

### **Why is it important?**

Being overweight or obese is one of the most widespread threats to health and wellbeing in the country. Obesity reduces life expectancy by on average 11 years. Obese children and adolescents are more likely to become obese adults and therefore are at higher risk of future health problems such as type 2 diabetes, cancer and heart disease. Obesity is notoriously difficult to treat, so prevention and early intervention are very important.

Breastfeeding has many clear health benefits for both mothers and babies. Breastfed babies are less likely to suffer from a range of infections (including chest and stomach infections), insulin dependent diabetes and they are also less likely to become obese. Mothers who breastfeed reduce their risk of ovarian and breast cancer and breastfeeding helps women with weight loss after pregnancy.

### **What is the situation in Telford and Wrekin?**

- Obesity amongst 4-5 year olds has decreased during the past five years from 12.5% in 2006/07 to 10.4% in 2010/11. 'Excess weight' in 4-5 year olds (24.9%) remains worse than the average for England (22.6%).
- Amongst 10-11 year olds 252 were overweight and 318 were obese in 2010/11.
- More boys than girls are obese in both the 4-5 and 10-11 year age groups
- Breastfeeding at birth has improved in recent years increasing to 65% in 2010/11 from 58% in 2003/04. However, levels of breastfeeding remained significantly worse than the national average in 2010/11 with:
  - 65% of infants breastfed at birth, compared to 74% in England and;
  - 33% of infants breastfed at 6-8 weeks, compared to 46% in England
- Breastfeeding rates are significantly lower amongst:
  - Younger mothers with 42% of teenage mothers breastfeeding at birth, compared to 72% of mothers aged 35 years and over
  - Deprived communities with: 51% of infants are breastfed at birth in the most deprived areas, compared to 81% in the most affluent areas
- The prevalence of obesity amongst adults is estimated to be worse than the national average at 26.5% of adults compared to 24.2% in England as a whole, this equates to 36,00 adults 16 years and over

## **Priority 2 - Reduce Teenage Pregnancy Rates**

### **Why is it important?**

For some younger people, becoming a parent is a positive choice. However, teenage pregnancy is often associated with poor health and social outcomes for both the mother and child. Young mothers are more likely to suffer postnatal depression and less likely to complete their education, more likely to live in poverty and more likely to become teenage parents themselves. Raising young people's aspirations and building their resilience can help them make informed decisions enabling them to fulfil their potential. This in turn can reduce risk taking behaviours such as drug and alcohol misuse which can undermine young people's life chances, and potentially prevent involvement in crime and anti-social behaviour.

## **What is the situation in Telford and Wrekin?**

- There were 155 conceptions amongst under 18 year olds in 2010
- There has been a decrease in teenage pregnancy rates during the past decade
- However, the under 18 conception rate in 2010 (47.5 per 1,000 females aged 15-17 years) remained statistically significantly worse than the national average for England (35.4 per 1,000)
- Just over half, 55% of pregnant teenagers (under 18 years) opt to continue with their pregnancy, and 45% choose to terminate the pregnancy
- Smoking in pregnancy is highest amongst teenage mothers and breastfeeding rates are exceptionally low
- The electoral wards with the highest teenage pregnancy rates are also amongst the most deprived wards

## **Priority 3 - Improve Emotional Health and Wellbeing**

### **Why is it important?**

Promoting good emotional and physical health and intervening early, particularly in the crucial childhood and teenage years, can prevent mental illness. Improved emotional health and wellbeing is associated with a range of better outcomes for people including: improved physical health and life expectancy, better educational achievement, increased skills, reduced risk of mental health problems and suicide, improved employment rates, reduced anti-social behaviour and criminality, and higher levels of social interaction and participation.

## **What is the situation in Telford and Wrekin?**

- It is estimated that in 2010 around 17,200 people in Telford and Wrekin suffered from a common mental disorder such as depression, anxiety and obsessive compulsive disorder, with around 60% of these estimated to be women.
- One in ten children aged between 5 and 16 years suffers with a mental health problem, and many continue into adulthood. At least one in four adults experience mental health problems at some point during their life.
- There are on average 15 suicides every year. The largest proportion of suicides is amongst men aged 21 to 39 years
- In 2009/10 there were 371 hospital stays for self-harm, 39 of those admitted for self-harm were under 18. The hospital admission rate for self-harm in 2009/10 was significantly higher than the national average

## **Priority 4 - Support People with Autism**

### **Why is it important?**

Autistic Spectrum Condition (ASC) is a lifelong condition that affects how a person communicates with and relates to other people. It also affects how a person makes sense of the world around

them. Autistic Spectrum Condition is a lifelong developmental disability, affecting social interaction, communication, social relationships and making sense of the world.

During the last few years there has been a strong message from Government that there is a need for local services to meet the needs of adults and young people with autistic spectrum conditions.

### **What is the situation in Telford and Wrekin?**

- Estimated that 1 in every 100 adults will be on the autistic spectrum, which equates to approximately 1,700 people in Telford and Wrekin.
- More detailed work on the prevalence of autism in Telford and Wrekin is required in the JSNA.
- Historically, services have developed disparately across the local health economy, leading to inconsistencies in the services that users might expect and physical surroundings which are not fit for purpose

## **Priority 5 - Reduce the Number of People who Smoke**

### **Why is it important?**

Smoking is the single biggest preventable cause of early death and illness in the country, causing over 80,000 deaths per year. The overall economic burden of tobacco use to society is estimated at £13.74 billion a year. Smoking cessation is the most cost-effective life saving intervention offered by the NHS. Smoking is more common in deprived communities and low income families and households. Children with parents who smoke are more likely to become smokers and the earlier children start to smoke the more likely they are to continue to smoke as adults. Smoking in pregnancy causes low birth weight and contributes to infant mortality.

### **What is the situation in Telford and Wrekin?**

- 23% of adults are estimated to be smokers (circa 32,000 people aged 16+ years)
- During the past five years smoking quit rates have been amongst the highest in the country, with over 3,900 quitters during 2010/11
- However, mortality rates due to smoking-related deaths and hospital admissions rates attributable to smoking remain statistically significantly worse than the national average
- Levels of smoking in pregnancy are persistently, significantly worse than the national average. 23.6% of mothers smoked during pregnancy in 2010/11 (515 women), compared to 13.5% in England as a whole
- There are clear inequalities with:
  - 41% of teenage mothers smoking in pregnancy compared to 14% of 35+ year olds
  - 35% of mothers from the most deprived communities smoked throughout pregnancy, compared to 6% of mothers from the most affluent communities.



## **Priority 6 - Reduce the Misuse of Drugs and Alcohol**

### **Why is it important?**

Drug and alcohol misuse cause chronic disease and early deaths and are a significant financial burden on treatment services. The wider burdens on the community in terms of crime and anti-social behaviour are also far reaching and costly.

### **What is the situation in Telford and Wrekin?**

- It is estimated that 21% of adults (circa 29,000 people) can be classified as 'increasing and higher risk drinkers'
- There were 770 reported violent crimes related to alcohol in 2010/11, with a higher than average ratio compared to England.

## **Priority 7 – Improve Carers' Health and Wellbeing**

### **Why is it important?**

It is suggested that at some point in our lives most of us will look after an elderly relative, sick partner or a disabled family member. Caring can take its toll on your finances, your health, your social life, and on your other family and work commitments. However, given a reasonable level of support and understanding, carers are prepared and able to go to very great lengths to care for their loved ones for as long as possible in their own home environments.

Without unpaid carers the country would face a care bill it cannot afford. Well-supported carers also contribute directly to reduced care packages and reduced care-home placements.

### **What is the situation in Telford and Wrekin?**

- Estimated 16,200 people over 18 providing unpaid care. Over 4,000 of these people are providing substantial and intense care
- 193 young carers are known to us though there are an estimated 600 young people in the Borough with caring responsibilities
- Carers are more likely to be female and the largest proportion are aged 35-64
- Carers aged 18-45 are less likely to receive support services than those who are older
- People who care for someone over 65 get fewer carers' services than the national average
- The reported health of carers is below national average. Carers' health is poorer than that of non-carers, and the more hours spent caring, the poorer the reported health of carers.
- There is a predicted decline in the proportion of people able to care for family, friends or neighbours in the borough as the ratio of adults to older people decreases.

## **Priority 8 – Improve Life Expectancy and Reduce Health Inequalities**

### **Why is it important?**

Cancer and cardiovascular diseases (heart disease and stroke) are the most typical reasons people die early (before the age of 75). People living in the most deprived communities, men and people from Black and Minority Ethnic Groups have a lower life expectancy and are more likely to die before the age of 75. It is estimated that at least 80% of all early deaths from heart disease and over 40% of deaths from cancers could be prevented through a healthy diet, regular exercise and by not smoking. Screening programmes, early detection for disease through raising awareness of symptoms and prompt effective treatment can dramatically reduce premature deaths.

### **What is the situation in Telford and Wrekin?**

- Male life expectancy at birth is statistically significantly worse than the national average position (77.5 years compared to 78.6 years)
- Female life expectancy at birth is not statistically significantly different to the national average position (82.1 years compared to 82.6 years)
- Cancers cause 40% of early deaths, with on average 217 cancer deaths under 75 years every year
- The early death rate from cancer is significantly worse than the national average
- CVD causes 25% of early deaths, with on average 140 deaths every year
- Despite a significant decrease the early death rate from CVD remains significantly worse than the national average
- The uptake of cancer screening programmes is below the national average
- Male life expectancy in the most affluent areas is 79.8 years, compared to 74.9 years in the most deprived areas
- Female life expectancy is 82.5 years in the most affluent areas, compared to 80.6 years in the most deprived areas

## **Priority 9 – Support People to Live Independently**

### **Why is it important?**

Maximising people's independence is shown to prevent or delay the deterioration of wellbeing resulting from ageing, illness or disability and delay the need for more costly and intensive services.

The Government's aim is for people to live independently for as long as possible, ensuring that people who need care and support have as much choice, control and freedom over decisions and services as they want.

### **What is the situation in Telford and Wrekin?**

- 48% of people who completed a period of reablement in 2010/11 did not require any ongoing social care support.
- There are pockets of good practice but these services are not joined up, are complex to navigate and patchy, leading to inequity in access

- Where investment has taken place, there is evidence of reduced on going costs
- Only approx. 30% of people who would benefit from re-ablement are currently accessing the service

## **Priority 10 – Support People with Dementia**

### **Why is it important?**

Dementia is becoming more common and the cost of looking after people with dementia is increasing – the Government has identified it as a national priority.

People with dementia will progressively get worse, and as they do will become increasingly dependent on other people to carry out everyday tasks. It mainly affects people over the age of 65, although can affect younger people too.

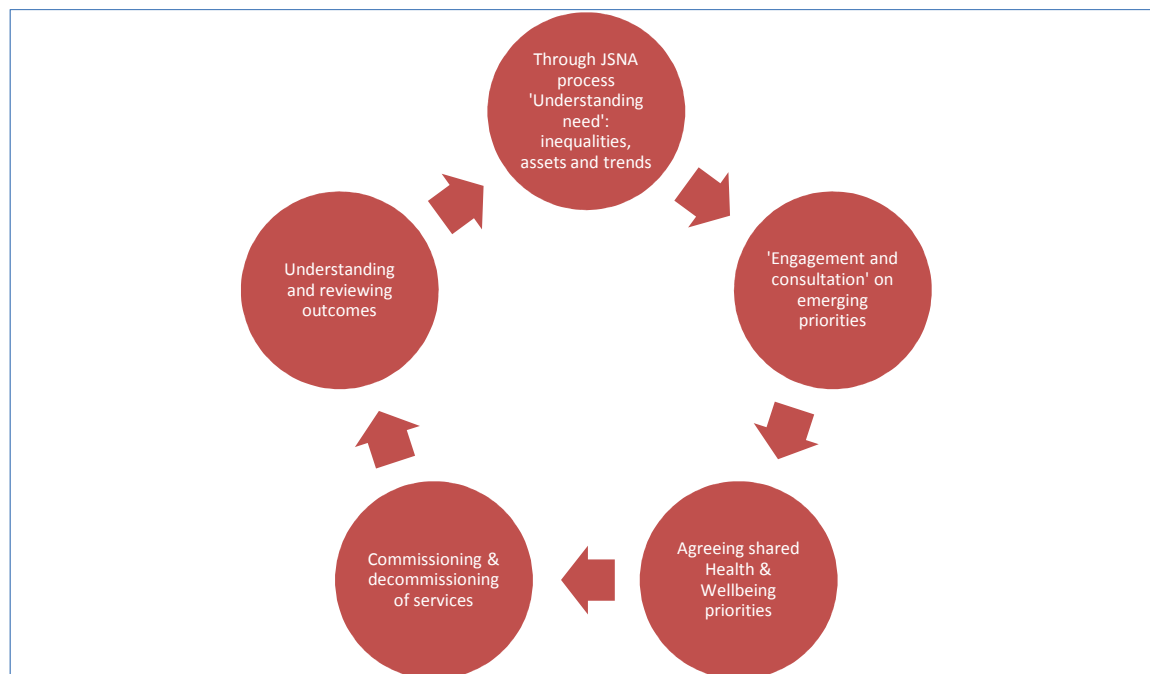
The Government is committed to improving the care and experience of people with dementia and their carers by transforming dementia services to achieve better awareness, early diagnosis and high quality treatment at every stage and in every setting. Dementia makes the lives of people who have it, and the lives of their families and carers, very difficult, however, there are lots of things that can be done to help people overcome the problems and to improve their quality of life.

### **What is the situation in Telford and Wrekin?**

- In 2010 an estimated 1,600 people aged 65 and over in Telford and Wrekin were suffering from dementia, by 2026 this is estimated to rise to 2,100.
- Increased population and increased longevity of life leading to increased dementia prevalence
- Predicted decline in the number of carers due to social factors
- A need for a greater focus on local delivery of quality outcomes and local accountability for achieving them

## 4. Delivering the Priorities

Effective commissioning and design of services is central to the delivery of our priorities. The Health & Wellbeing Board creates new relationships between the Council and the NHS and provides us with a real opportunity to explore new approaches to commissioning, service design and collaborative, partnership working.



To drive delivery of our priorities and harness these opportunities we will:

- Review the existing strategies and delivery plans for our priorities. All of the Health & Wellbeing priorities are existing challenges and have strategies or action plans in place which will be reviewed, taking an “assets-based” approach. The focus will be on building further on the significant improvements we have already made to develop innovative and new ways of delivery, with both our stakeholders and communities.
- Allocate a member of the Board as ‘sponsor’ to take a critical role challenging progress to deliver each priority. The sponsor will liaise with the operational lead for each priority who will be accountable for developing appropriate delivery plans and responsible for performance against that plan.
- Develop an annual ‘Making it Happen’ focus for the Board, specifically exploring two or three new ways of working between partners such as pooled budgets, new models of delivery.
- Test our strategic and commissioning decisions against strategy’s cross-cutting principles

## **Principles**

The Board has agreed the following set of principles, which should systematically underpin the improvement of health and wellbeing outcomes in Telford and Wrekin:

### **Equity**

To tackle inequalities the provision, uptake and outcome of services should be equitable i.e. proportional to need, and proactively targeted towards the areas and groups within the community where they are most needed

### **Accessibility**

Services should be accessible to all, particularly for the nine protected groups identified in the 2010 Equalities Act

### **Integration**

Services should be joined up, with all relevant partners working together to ensure patients, clients, service users and carers experience seamless journeys of support, care and treatment

### **Quality**

Services should be safe and evidence-based, providing value for money i.e. both clinically and cost-effective e.g. based on NICE (National Institute for Health and Clinical Excellence) guidance or other national quality standards

### **Financial Sustainability**

Public sector resources should be used responsibly to deliver and develop services with consideration of financial sustainability and value for money with respect to outcomes

### **Positive Experiences**

People can come into contact with health and care services at any point in their lives, sometimes unexpectedly due to illness or crisis and sometimes regularly to support long term conditions. It is important that all people who use our services have a positive experience and that we listen to what they are telling us about the experiences they have.

### **Early Intervention and Prevention**

A strong focus on prevention, rather than treatment, to deliver greater overall increases in both life expectancy and quality of life, including an early intervention approach to supporting families, sustained lifestyle behaviour change, awareness raising of symptoms and early detection and treatment of risk factors which cause ill-health

### **Engagement**

Putting the public at the heart of service design

### **Safeguarding**

At the core of our approach to service design and delivery is the protection of vulnerable adults and children. This challenge will be overseen by our Adult and Children's Safeguarding Boards

# Appendix 1: Strategic Priorities Long List

To inform the development of our Health & Wellbeing priorities, our Joint Strategic Needs Assessment (JSNA) process was used to develop a long list of local priorities. The following table sets out this long-list together with the reason why each issue was included. To ensure that all the priorities on the long-list have appropriate focus, those which have not been aligned to the Health & Wellbeing Strategy, have been aligned with another local partnership or partner organisation (see Appendix 3). This will ensure that appropriate action to address the 'wider determinants of health' are delivered.

This long-list of priorities has been organised by the Marmot 'life stages'. More information about these can be found in Appendix 2.

	JSNA PRIORITY REASONS							Responsible partner/ partnership board (see key below table)
	Marmot Indicator	Significantly worse than England average	Health (PCT/CCG/PH) Priorities	National Policy / Outcome measure	Financial Pressure	Children, Young People and Families emerging priorities	Adult Social Care emerging priority	
STARTING WELL								
Breastfeeding initiation (@ birth and duration 6-8 weeks)		●	●	●				HWB
Supporting teenage parents			●			●		HWB
Excess weight (overweight and obesity) in 4-5 year olds		●	●	●		●		HWB
Smoking in pregnancy		●	●	●				HWB
Low birth weight babies		●	●	●				CCG
Paediatric hospital admission rates (< 5s)		●						CCG
Children achieving a good level of development at age 5	●	●						CFB
DEVELOPING WELL								
Under 18 conception rates		●	●	●		●		HWB
Disabled Children						●		CFB
Inequalities in educational outcomes						●		CFB or SETF
Children in Care rate	●				●	●		CFB
Care Leavers						●		CFB
Child Protection Plan rate	●					●		CFB
First time entrants to the youth justice system				●				SCCB
Special Educational Needs Rate	●							TWC
WORKING WELL								



	JSNA PRIORITY REASONS							Responsible partner/ partnership board (see key below table)
	Marmot Indicator	Significantly worse than England average	Health (PCT/CCG/PH) Priorities	National Policy / Outcome measure	Financial Pressure	Children, Young People and Families emerging priorities	Adult Social Care emerging priority	
Young people not in employment, education or training (NEET)	●	●		●		●		SETF
Households in receipt of means-tested benefits	●	●			●			SETF & SFTF
Unemployment		●			●			SETF
Workforce skills levels		●						SETF
Average earnings		●						SETF
Inequality in percentage receiving means-tested benefits	●	●						SETF
<b>LIVING WELL</b>								
<b>Emotional Wellbeing</b>						●		HWB
<b>Prevention and maximising independence</b>			●	●	●		●	HWB
Hospital admission rates for self-harm		●		●				HWB
Excess weight in adults		●		●				HWB
Adults not consuming 5-A-DAY fruit and veg		●						PH
Family poverty		●	●	●		●		LSP
Strengthening Families				●		●		SFTF
Homelessness (particularly youth)								HPLTF
Crime attributable to alcohol		●						SCCB
Alcohol-related violent crime		●						SCCB
Anti-social behaviour rates		●						SCCB
Fear of crime								SCCB
People from different backgrounds getting on well together								SCCB
<b>AGEING WELL</b>								
<b>Smoking-related deaths</b>		●	●					HWB
<b>Smoking-attributable hospital admissions</b>		●	●					HWB
<b>Dementia</b>			●	●			●	HWB
<b>Rehabilitation and Re-ablement</b>			●	●	●		●	HWB
<b>Male life expectancy</b>		●	●	●				HWB
<b>Premature mortality rates from all cancers</b>		●	●	●				HWB

	JSNA PRIORITY REASONS							Responsible partner/ partnership board (see key below table)
	Marmot Indicator	Significantly worse than England average	Health (PCT/CCG/PH) Priorities	National Policy / Outcome measure	Financial Pressure	Children, Young People and Families emerging priorities	Adult Social Care emerging priority	
<b>Premature mortality rates from cardiovascular diseases</b>		●	●	●				HWB
Meeting the needs of the ageing population			●		●		●	ALL
Bowel cancer and cervical screening uptake		●		●				CCG / PH
End of life care			●					CCG
Long term conditions management (Respiratory disease and diabetes)								CCG
Management of hypertension in primary care		●	●					CCG
<b>ALL-AGE</b>								
<b>Mental Health</b>			●		●	●		HWB
<b>Young Carers and Carers</b>			●		●	●	●	HWB
<b>Positive experience of health, care and support</b>			●			●	●	HWB
<b>Autism</b>			●	●		●	●	HWB
Early intervention and prevention			●		●	●	●	ALL
Safeguarding - protecting from avoidable harm and caring in a safe environment			●			●	●	LSCB / LSAB

HWB = Health and Wellbeing Board  
 CCG = Clinical Commissioning Group  
 PH = Public Health  
 CFB = Children and Families Board  
 LSP = Local Strategic Partnership Executive  
 LSCB / LSAB = Local Safeguarding Children and Adults Boards

SCCB = Safer Cohesive Communities Board  
 SETF = Skills and Employment Task Force  
 SFTF = Supporting Families Task Force  
 HPLTF = Homelessness / Private Landlord Task Force  
 TWC = Telford and Wrekin Council

## Appendix 2: The National Life Stage Approach: Fair Society, Healthier Lives

The national Health Inequalities Review: Fair Society, Fairer Lives led by Professor Marmot, proposed significant action to reduce the social gradient in health across key life course stages. The significant stages are:

### Starting well

The health and wellbeing of women before, during and after pregnancy is a critical factor in giving children the healthiest start in life. Evidence indicates that: improving maternal mental health, tackling maternal obesity, decreasing smoking in pregnancy and improving breastfeeding will have the greatest impact. Children's development is crucial and better early years support makes a big difference. Good parent-child relationships help build children's self-esteem and confidence and reduce the risk of children adopting unhealthy lifestyles.

### Developing well

Teenage years are a crucial time for health and wellbeing. Teenagers and young people are among the biggest lifestyle risk-takers. Behaviour patterns adopted in childhood and adolescence usually persist into adulthood. The younger people start to smoke the more likely they are to remain smokers and the pattern is the same for overweight and obesity. Half of all mental illness starts by the age of 14.

### Living well

The majority of illnesses and early death, before the age of 75, are caused by 'diseases of lifestyle' and therefore could be prevented. It is estimated that a substantial proportion of cancers and deaths from circulatory disease (heart disease and stroke) could be avoided, through a combination of stopping smoking, improving diet, increasing physical activity and sensible alcohol consumption. Improving emotional health and well-being impacts significantly on both people's physical health and their lifestyle behaviour choices.

### Working well

The health and wellbeing of people of working age is important to our economy and society. Working is in general good for people's health and being unemployed can negatively impact on both physical and mental health. Taking a preventive approach can impact on musculoskeletal problems, work-related stress, depression and anxiety which in turn will reduce sickness absence from work.

### Ageing well

Our population is ageing rapidly, but people are living and staying fitter for longer. Dementia is increasing due to the ageing population, but improving diet and lifestyle earlier in life can significantly reduce the impact for over half of people who suffer with dementia. Intervening early to support the vulnerable elderly, such as those who are frail and isolated in order to prevent falls, depression and unnecessary suffering in cold weather, can make a huge difference.

## Appendix 3: Partnership Framework

