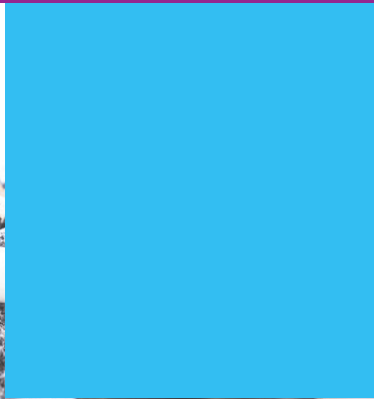


# Joint Health and Wellbeing Strategy



2015-2018

**Our Aims**  
**Commitments**  
**Integrated Working**



## Wiltshire Health and Wellbeing Board







Wiltshire's Health and Wellbeing Board was formally established in 2013. It is a partnership body which brings together the leaders of the health and social care system in Wiltshire to deliver a set of specific responsibilities which are set out in legislation and includes duties:

- To prepare a Joint Strategic Assessment (JSA link: <http://bit.ly/1NBatg7>),
- To prepare a Joint Health and Wellbeing Strategy (JHWS);
- To encourage integrated working between health and social care.

A new Joint Strategic Assessment has recently been published by the Health and Wellbeing Board. It provides our shared analysis of the health of Wiltshire's population –allowing us to look at and agree the key issues facing the county and providing an evidence base for developing future plans and strategies designed to deal with these issues.

The JSA for Health and Wellbeing has emerged as the assessment tool on which all commissioning decisions for the county are based and, as such, it provides detailed information on each community area in Wiltshire and covers a breadth of topics focusing on health and social needs as well as wider factors affecting the wellbeing of our community. The topics include climate change, sustainable transport and the economy, recognising the dynamic nature of health and wellbeing and the factors that influence it. The role of the JSA for Health and Wellbeing includes providing knowledge of these influences so we can plan services and build resilient communities for Wiltshire.

The JSA shows that we're living longer, healthier lives in Wiltshire. This is something to be celebrated – but it brings with it new challenges such as helping more people living with long term conditions (predicted to triple in the next five years) and the need to help parts of the population with particular health challenges. This is not only about older people – children born with complex conditions are now living to adulthood, while those with learning disabilities and other groups have lifelong needs. Without action, the demand for health, social care and mental health services is predicted to increase substantially, putting strain on carers and public services. Ill-health and physical inactivity are not only detrimental to individuals and wider communities, they also have financial implications for public services. Increased levels of demand and limits on funding means that new models of delivery need to be considered.

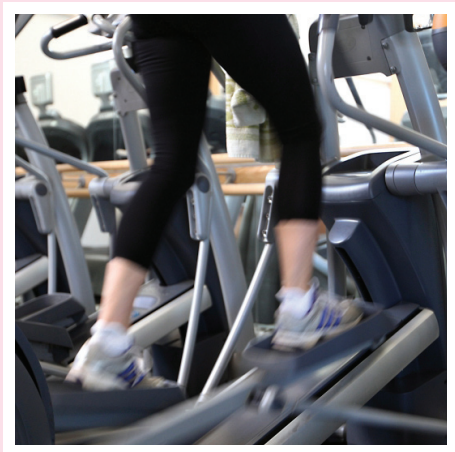
As well as the JSA, decisions need to be informed by input from members of the public through bodies such as Healthwatch Wiltshire, who are one of the partners represented on the Health and Wellbeing Board. This refreshed Joint Health and Wellbeing Strategy (2015-18) has been prepared in light of the new Joint Strategic Assessment and in recognition of feedback, further changes and opportunities since the first strategy was published.

It sets out our vision for encouraging integrated working in the future. It is not about taking action on everything at once. It sets out the main areas where working together will be vital for making a real difference to people's lives – breaking down the barriers in how care is provided.

It describes a road map to the future delivery of sustainable, integrated services to help the people of Wiltshire establish and maintain their wellbeing, as well as supporting those experiencing ill health.

## Our Aims

Our vision is that health and social care services in Wiltshire should work seamlessly together to support and sustain healthy, independent living.



- **Healthy Lives** means encouraging and supporting Wiltshire communities, families and individuals to take on more responsibility for their own health and wellbeing through a range of health promotion, protection and preventive activities.
- **Empowered Lives** means care should be personalised and delivered in the most appropriate setting, wherever possible in the community and at, or closer to home.

We want the people of Wiltshire to be supported and empowered to live independently, healthily and for longer. We aim to be in the top ten percent of local authority areas on these measures.

The delivery of these aims is underpinned by a commitment to three cross cutting themes in all we do:

### 1. Reducing Inequalities

Our health is influenced by a wide range of social, economic and environmental factors; all of which can lead to inequalities in health and wellbeing. They include:

- The natural environment
- The built environment
- activities - such as working, shopping, playing and learning
- the local economy
- emotional resilience, the local community and social networks
- personal behaviour
- difficulties accessing services

Tackling health inequalities requires a range of health and health-related services to work with communities to address the wider determinants of health – such as social isolation and loneliness, poor housing, poor educational attainment, poverty, unemployment and family breakdown.

The increased needs of particular groups such as disabled people and carers, the military, those in prison, Gypsies, Travellers and Boaters - and the way these needs are met - can also affect the inequality gap.

When developing specific proposals, decision makers will work together to assess the potential effects on vulnerable groups and consider how services can be promoted and targeted appropriately.





## 2. Involvement and Engagement

We want to put the views of people at the heart of every decision that is taken.

Healthwatch Wiltshire was established as a new independent organisation in 2013 to provide the role of consumer champion for health and social care. It is a social enterprise (a community interest company limited by guarantee) and exists to make sure that the voices of local people are heard - so that their views and experience of health and social care can positively influence the commissioning and delivery of health and social care in Wiltshire. As such, Healthwatch Wiltshire is represented on the Health and Wellbeing Board.

Commissioners and providers of care will also seek to actively involve the public, carer and patient groups in providing feedback and in shaping and improving services.

## 3. Safeguarding and Quality Care

NHS and social care organisations have statutory obligations to provide safe, high quality care. As well as obligations on individual organisations, Wiltshire's Safeguarding Children Board and Wiltshire's Safeguarding Adult Board (which has also recently been given statutory powers) play an important role in delivering these aims through working together.

Wiltshire's Safeguarding Children Board oversees a Multi Agency Safeguarding Hub (MASH) which is designed to help professionals working with vulnerable people by providing them with a collated picture of the individual and family. This brings together services in health, social care, education and the police.

The two safeguarding boards have responsibilities to develop shared plans for safeguarding, working with local people to decide how best to protect people in vulnerable situations. The Boards publish shared safeguarding plans and report to the public annually on progress (including to the Health and Wellbeing Board), so that different organisations can make sure they are working together in the best way. The Boards also publish the findings of any reviews they undertake.

Alongside this, Wiltshire Community Safety Partnership brings together police, health and social care partners to develop strategies for combating anti-social behaviour, domestic abuse and substance misuse.



# Aims What we will do to deliver our aims

Delivering the two key aims of healthy lives and empowered lives will require a range of specific joint activity, as set out below. In delivering these aims, attention will be paid to the three cross cutting themes and the necessary structures will be developed to deliver integrated working and encourage personal responsibility.



## Aim 1: Healthy Lives

### Specific Support for Children

We will:

- Develop a new Children and Young People's Plan in 2015
- Reduce levels of child poverty, and deliver the implementation plan of the newly agreed child poverty strategy;
- Deliver a child health improvement strategy (inclusive of measures in all settings to improve sexual health, address substance misuse and levels of inactivity and the 0-19 Healthy Child programme which includes support for maternal health);
- Ensure a smooth transition of responsibility for commissioning health visitors and bring together the 16 children's community health services that are currently commissioned by three organisations and delivered by five providers into one contract and one seamless service;
- Deliver joined up plans for supporting troubled families that are regular users of a wide range of public services, as part of the delivery of the Early Help Strategy (including re-commissioning of Children's Centres) and review this strategy in 2017;
- Prevent and reduce the prevalence of bullying in and out of school and update the Anti-Bullying Strategy in 2015;
- Promote good mental health through information and awareness and ensuring investment in early intervention services – as set out in the Emotional Wellbeing and Mental Commissioning Strategy;
- Prevent and reduce harm to young people from substance misuse and other risky behaviours, working with schools;
- Make better use of the cultural sector to engage young people in learning about their health, making decisions and fulfilling their potential.

The success of these initiatives will be measured by:

- Wiltshire Children and Young People's Trust Outcomes Scorecard.
- Child and Maternal Health Profile.
- Feedback from young people.



## Support for Families, Working Age Adults and Older People

We will:

- Improve the use and quality of housing through a Housing Strategy in 2015 and tackle the underlying causes of homelessness.
- Work with employers to develop and implement workforce health strategies (inclusive of workplace travel planning) and implement support for staff with unpaid caring responsibilities.
- Oversee the development and implementation of a life course obesity strategy from 2016-2020
- Support active travel planning, residential and workplace travel plans and close working with the road safety team. Promote walking and cycling through improved access to the countryside, the Local Transport Plan 3 (with associated Cycling, Walking and Smarter Choices Strategies), School Travel Plans and other initiatives.
- Consider the need for a revised Stop Smoking Strategy in 2016
- Maintain the good air quality in the county and strive to deliver improvements in areas which fall below standards; including support for active transport.
- Tackle domestic abuse and develop a new Domestic Abuse strategy in 2015
- Implement new referral mechanisms between public protection and adult social care in cases of hoarding and antisocial behaviour in 2015
- Minimise the health and other hidden harm, violence and anti-social behaviour associated with alcohol through a new Alcohol Strategy and Implementation Plan in 2015.
- Building on the work outlined in the Mental Health and Wellbeing Strategy, reduce the number of suicides and incidents of self harm through a new Suicide and Self Harm strategy in 2016.
- Raise awareness through campaigns on issues such as skin cancer and diabetes and increase the uptake of NHS Health Checks.
- Rollout measures to tackle antimicrobial resistance including effective infection prevention and control measures (from immunisations to hand hygiene) and work with GPs to manage medicines and antibiotic prescriptions
- Reduce the number of people who fall in Wiltshire and improve outcomes for those who do – updating the falls and bones strategy as part of a wider older people strategy in 2016.
- Promote a range of multi-sensory arts interventions for target groups in health contexts and participation in a range of cultural activities in care settings.
- Ensure a wide range of volunteering opportunities exist through the creation of a new Volunteering Strategy in 2015.
- Support a range of community centred approaches including community-led action planning events, volunteering and peer support groups, befriending initiatives and social prescribing.



At the heart of delivering the aim of 'healthy lives' is a commitment to improving Wiltshire's wellbeing.

Wellbeing is people's sense and experience of mental, social, physical and spiritual health. It includes people's sense of control over their lives, connectedness to others through their community and social networks, purpose, fulfilment, enjoyment and belonging. Physical and mental wellbeing depend on a broad range of characteristics including facilities for active travel, public transport and green spaces.

Improving wellbeing requires a range of health and health-related services to work with communities to address the wider determinants of health – such as social isolation and loneliness, poor housing, poor educational attainment, poverty, unemployment and family breakdown.

# Aims What we will do to deliver our aims

Partners in Wiltshire are committed to a 'health in all' approach to policies – whether economic development and spatial planning, highways and transport planning, housing, education or in support for communities. Lead decision makers in these areas will be actively asked to consider the health implications of their proposals.

Wiltshire is a great place to live and everyone can play a role in encouraging people to enjoy the beautiful countryside and to be active in it.

An important part of promoting wellbeing is encouraging people to be more responsible for their own health. Initiatives to develop healthy lifestyle habits such as Get Wiltshire Walking, free swimming, Active Health programmes, the Green Gym scheme and other conservation volunteering can play an important role in this. More important, perhaps, is supporting communities to develop their own health lifestyle initiatives and partners will work with area boards to help make this happen.

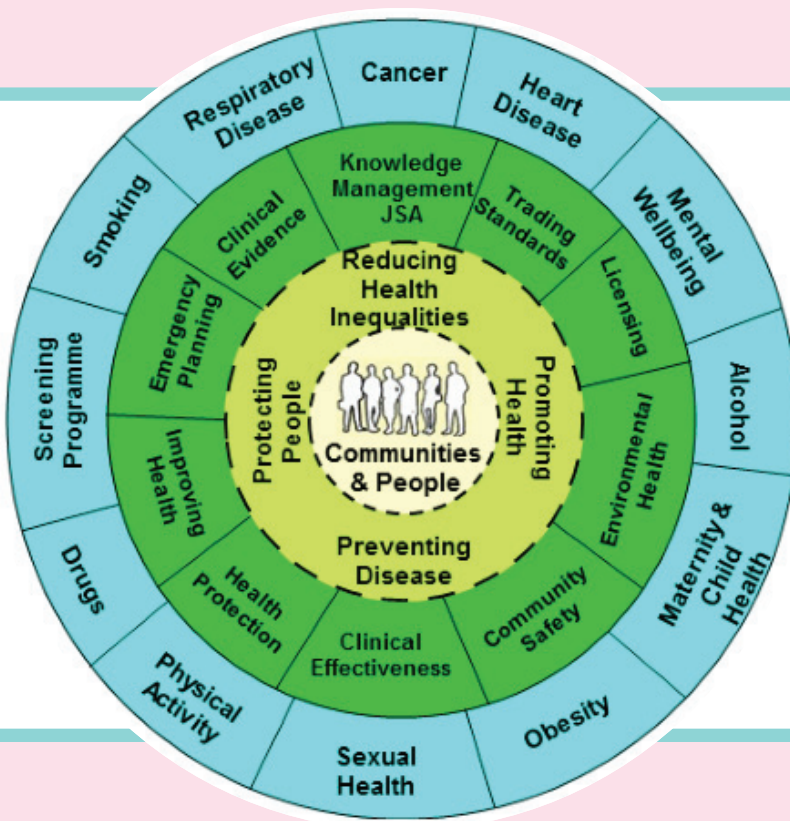
Alongside the joint initiatives and priorities outlined above, the diagram below shows all the areas where action is necessary on the wider determinants of health.

- The outside ring is individual conditions and factors which impact on people's health.
- The green ring is mechanisms by which we address population health matters. Some of these are the responsibility of individual organisations, others require joint working between agencies and with the voluntary and community sector.
- The yellow ring shows the four aspects of public health which are influenced.
- The centre is what it's all about – your health.

All these activities recognise that if an illness is prevented, the condition properly managed, the fall avoided, not only is that better for the individual but it also means less pressure on the system. Every time someone has an unplanned trip to hospital, it can reduce their capacity to cope independently. People deserve better than this and all the partners in Wiltshire will play a part in delivering services that are better coordinated around preventing and meeting their needs.

The success of all these initiatives will be measured by:

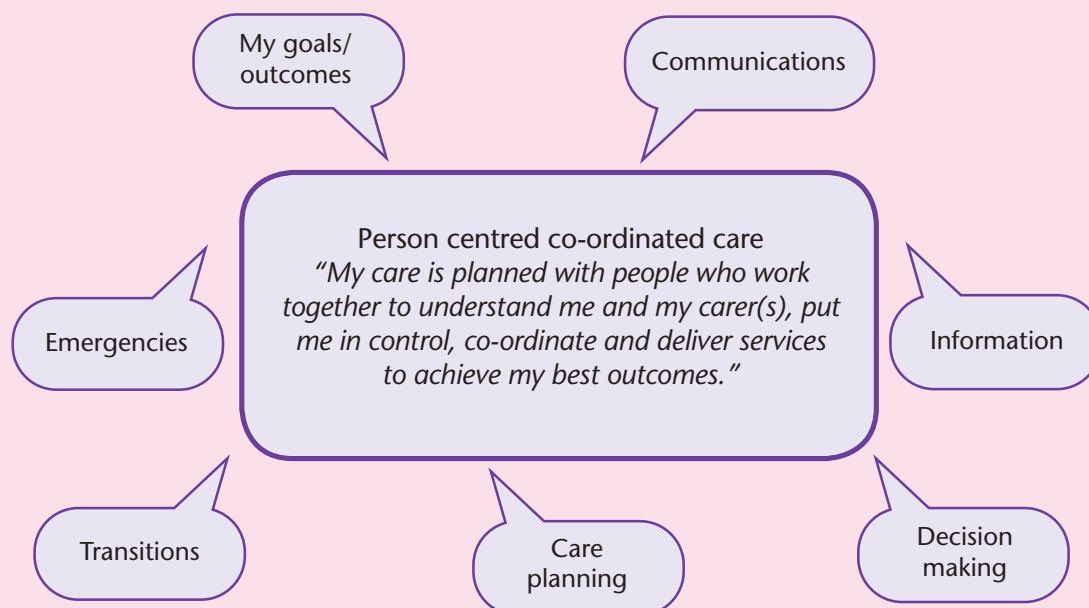
- The Public Health Outcomes Framework indicators
- Pollutant levels in Air Quality Management Areas being released as open data.





## Aim 2: Empowered Lives

We have adopted the National Voices definition of good integrated care (National Voices is a leading coalition of health and social care charities). This looks at the delivery of care from an individual's perspective:



### My goals/outcomes

All my needs as a person are assessed.

My carer/family have their needs recognised and are given support to care for me.

I am supported to understand my choices and to set and achieve my goals.

Taken together, my care and support help me live the life I want to the best of my ability.

### Care planning

I work with my team to agree a care and support plan.

I know what is in my care and support plan. I know what to do if things change or go wrong.

I have as much control of planning my care and support as I want.

I can decide the kind of support I need and how to receive it.

My care plan is clearly entered on my record.

I have regular reviews of my care and treatment, and of my care and support plan.

When something is planned, it happens.

I can plan ahead and stay in control in emergencies.

I have systems in place to get help at an early stage to avoid a crisis.

We will:

- Provide an integrated 'education, health and care (EHC) plan' for each child or young person who would previously have received a statement of special educational needs, or who has a disability;
- Undertake whole family assessments and assess the needs of your carers.
- Undertake joint health and social care assessments, where appropriate
- Jointly fund employment support services, including for those with a long-term condition

We will:

- Focus care around you, with someone to coordinate care between all the professionals and agencies involved
- Develop joint health and social care plans where appropriate
- Move to increased provision of seven-day services (including weekends)
- Ensure timely future planning for people with dementia
- Improve the out-of-hours services to include monitoring and care navigation for people who are assessed as being high risk.
- Invest in rapid response and urgent care at home services.

## Information

I have the information, and support to use it, that I need to make decisions and choices about my care and support.

I have information, and support to use it, that helps me manage my condition(s).

I can see my health and care records at any time. I can decide who to share them with. I can correct any mistakes in the information.

Information is given to me at the right times. It is appropriate to my condition and circumstances. It is provided in a way that I can understand.

I am told about the other services that are available to someone in my circumstances, including support organisations.

I am not left alone to make sense of information. I can meet/phone/email a professional when I need to ask more questions or discuss the options.

## Communication

I tell my story once. I am listened to about what works for me, in my life.

I am always kept informed about what the next steps will be.

The professionals involved with my care talk to each other. We all work as a team.

I always know who is coordinating my care.

I have one first point of contact. They understand both me and my condition(s). I can go to them with questions at any time.

We will:

- Deliver a 'single view' for all NHS and social care organisations by 2018 and allow individuals to access their own records
- Increase the provision of telecare and telehealth services so you can live safely in your own home
- Provide a named lead professional

We will:

- Provide improved information and advice about self care and self management for those with a long term condition.
- Develop a Health and Social Care Information website for adults in 2015.
- Update the Local Offer for Children's Services in 2016, which sets out all the services on offer locally.
- Jointly fund a range of support and advocacy groups and signposting services.
- Work with libraries and cultural sector organisations to grow the range of opportunities made available to people with specific health needs.



## Decision making including budgets

I am as involved in discussions and decisions about my care, support and treatment as I want to be.

I know the amount of money available to me for care and support needs, and I can determine how this is used (whether it's my own money, direct payment, or a 'personal budget' from the council or NHS).

I am able to get skilled advice to understand costs and make the best use of my budget.

I can get access to the money quickly without over-complicated procedures.

We will:

- Provide joined-up services for special educational needs and disabled children and young people (0-25 yrs old); and plan the transition into adulthood.
- Minimise admissions into hospital by ensuring urgent care is provided at home when possible and through investing more in intermediate care in the community.
- Minimise delays in transfers of care through provision of help to live at home and step up and step down beds in the community.
- Work with the voluntary sector to provide support to people with low level care needs. Review the Voluntary and Community Sector Strategy in 2015.
- Invest in additional community health capacity and align the current community health teams to work more closely with clusters of GP surgeries
- Enable social care assessments to take place at home, rather than hospital, through a discharge to assess scheme.

We will:

- Enable people with long term conditions and disabilities to have greater choice, flexibility and control over the health care and support they receive.
- Ensure that everyone has an understanding of the cost of their social care (in the form of a personal budget) and personal health budget (for continuing health care and other long term conditions)
- Allow people to take their personal budget in the form of a direct payment in a wider range of areas such as mental health and learning disabilities.
- Increase the provision of Integrated Personal Commissioning and Year of Care budgets.

## Transitions

When I use a new service, my care plan is known in advance and respected.

When I move between services or settings, there is a plan in place for what happens next.

I know in advance where I am going, what I will be provided with, and who will be my main point of professional contact.

I am given information about any medicines I take with me – their purpose, how to take them, potential side effects.

If I move across geographical boundaries I do not lose my entitlements to care and support.

## Specific Support for Children

In addition to the commitments above we will:

- Ensure that services for looked after children, young people and care leavers are good – with a revised commissioning strategy developed in 2015;
- Ensure health based places of safety for those undergoing a mental health crisis with an action plan in place from 2015.
- Support young people and adults with special needs and disabilities to learn, develop, achieve, work and live locally where possible and update our strategy for this in 2016;
- Provide vulnerable young people with good quality accommodation and support which promotes independent living and refresh our commissioning strategy for this in 2017 – aligning this work with other work underway where possible.
- Invest in a range of early intervention services and improved delivery of specialist child and adolescent mental health services – revising the Emotional Wellbeing and Mental Health Strategy in 2017.

The success of these initiatives will be measured by:

- Wiltshire Children and Young People's Trust Outcomes Scorecard.

## Families, Working Age Adults and Older People

We will:

- Ensure mental health problems are given equal importance to physical health problems and develop an implementation plan for the Wiltshire Mental Health and Wellbeing Strategy in 2015;
- Ensure health based places of safety for those undergoing a mental health crisis with an action plan published in 2015.
- Enable people with learning disabilities to have as much choice and control over their lives and develop a new joint commissioning strategy in 2015;
- Ensure that people with dementia and their carers and families are able to live well and are supported to access appropriate services, as part of an implementation plan for the Wiltshire Dementia Strategy;
- Support unpaid carers and put in place enhanced support for when informal care arrangements breakdown, together with plans to identify more carers (particularly young carers, parent carers and those aged over 85), developing a new Carers Strategy in 2015;
- Improve access and reduce the levels of variation in primary care through the development of a Primary Care Strategy for Wiltshire in 2015 – with expanded Primary Care and coordination of extended services.
- Take action so that people with physical impairments can say "I have the same life chances as other people" – developing a joint commissioning strategy in 2016.
- Ensure high quality care and increase the numbers of those dying in the setting of their choice, with access to appropriate, psychological, social and spiritual care, reviewing the End of Life Strategy in 2016

The success of these initiatives will be measured by:

- The Integrated Performance Dashboard developed by the Joint Commissioning Board (measures include admissions, reablement, delays) and Better Care Plan
- Numbers held in health based places of safety during a mental health crisis
- The proportion of people offered personal budgets and personal health budgets



# Integrated Working

Delivering our two key aims and the vision of supporting and sustaining healthy, empowered living will require increased integration and cooperation between public health and primary, secondary and specialist health services – together with social care and other council teams.

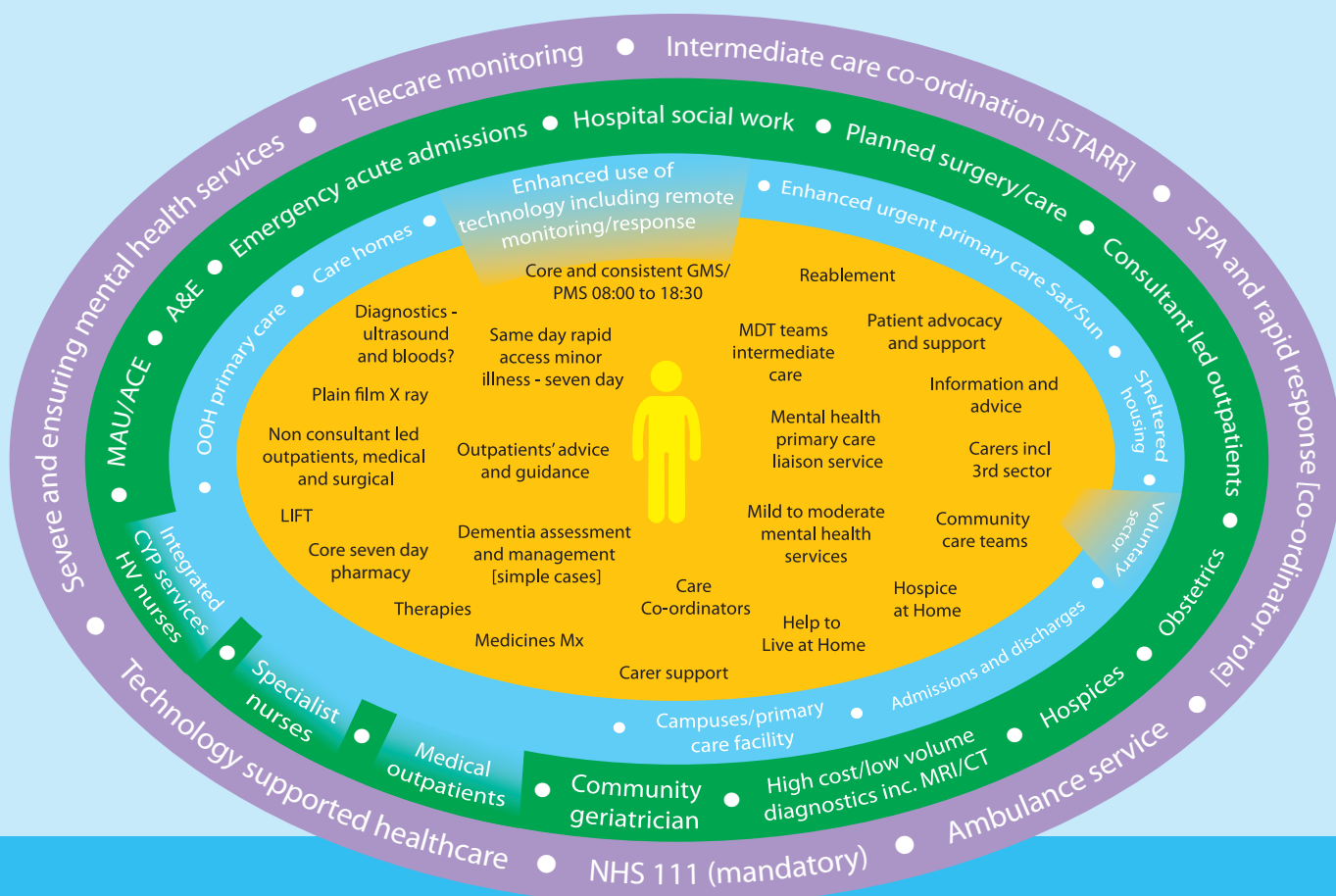
Integration needs to happen at local level by 1. developing multi-disciplinary teams (horizontal integration), 2. in the way services are commissioned at a countywide level (vertical integration) and 3. by joint working on issues such as workforce development and estates (enabling integration).

## 1. Horizontal Integration: Our future health and social care model

The successful implementation of our vision means putting individuals in control whilst ensuring that every opportunity is provided to improve the health and wellbeing of the population. We want to create a system built around individuals and local communities, with a focus on the most vulnerable people, supporting them appropriately to reduce or avert crises. Key to achieving this will be multi-disciplinary teams based in small community based clusters, working across community health, social care, mental health, the voluntary and community sector and friends and family networks to provide integrated and accessible care.

This will mean health and social care services will be more ‘wrapped’ around you so you are supported in the way you need.

The diagram below sets out, at-a-glance, the key features of our future vision for wellbeing, care and health across Wiltshire. Due to the large, rural nature of our County, we have focussed upon using building blocks of 20,000 people as the core of our model (a very broad average list size for a GP Practice). Our overriding principle is health and social care closer to home with health care led by local GPs. The health care ‘closest’ to you will be provided through the extended primary care team. The outer layers of the model then progressively move up towards a market town level (40,000 population), a group level (consistent with the broad areas currently served by the three acute hospitals in Bath, Swindon and Salisbury), and at County-wide level.



## Integrated Working continued...

We will build on the excellent foundations of primary care in the county, and strengthen that by encouraging practices to federate. We will encourage empowerment of other clinicians (such as practice nurses) to free up GP capacity, support extended hours and the provision of locally tailored support targeted to meet the specific needs of local communities. We aim to enhance primary care provision to include greater access to urgent care services without recourse to Accident and Emergency Departments.

The patient is firmly at the centre of our model of care and this will be aided through clinical leadership, by local GPs, of local multi-disciplinary teams. These small teams will also develop an understanding of all the resources available to them within the community and the social networks through which innovative medical interventions can be delivered. In this way we aim to deliver more outpatient services and ambulatory care in the community rather than at an acute hospital. We will also shift more activity from an unplanned to a planned setting, through measures such as improved access for primary care to diagnostic services (for diseases such as cancer, cardiovascular disease and diabetes). At the same time secondary care providers will be supported to adopt a "hospital without walls" approach, employing more consultant expertise in community settings.

While everyone will benefit from the model outlined above, improving the health of children will require additional close working with children's centres, schools and local multi-agency groups (such as the Wiltshire, Bath and Swindon Maternity Strategy Liaison Committee). As noted earlier, joined up working by professionals such as midwives, health visitors, GPs and paediatricians with social care staff is vitally important to ensure children get the best start in life in the early years.





## 2. Vertical Integration: Joint Structures and Budgets

An important element of delivering the model envisaged above is developing joint working arrangements – such as joint decision making structures, pooled or aligned budgets and shared staffing arrangements.

In Wiltshire, we already have:

- A Children’s Trust Commissioning Executive which includes representatives from Wiltshire Council and a range of NHS and other organisations advising on joint commissioning activity
- A Joint Associate Director for Children’s Services Commissioning
- Joint Commissioning arrangements for Children’s Health Services and for children with education, health and care plans.
- A Joint Commissioning Board advising on proposals for adult care.
- A jointly appointed integration director, initiating the arrangements for the delivery of the Better Care Plan in 2015/16.
- Pooled or aligned budgets for community beds and equipment, mental health advocacy and support, voluntary and community sector support, nursing care at home and support for carers.
- A Military Civilian Integration Partnership, advising commissioners of health and social care on the implications of army rebasing (5000 troops and their families returning from Germany to Salisbury Plain).
- A Health Improvement Panel, a partnership board advising on public health initiatives and community engagement activities.
- Multi-agency Area Boards leading on youth involvement and allocation of grants to community initiatives underpinned with local evidence.
- A Community Safety Partnership, overseeing joint commissioning arrangements on substance misuse.

We will build on this and working between NHS England, Wiltshire Clinical Commissioning Group and Wiltshire Council as necessary, implement:

- Joint commissioning teams for adult mental health and learning disabilities
- An increased role for area boards in provision of local day care.
- Joint commissioning arrangements for Physical Disabilities, Sensory Impairment and Autism and a new joint commissioning strategy
- Joint commissioning arrangements for end of life care
- Joint commissioning arrangements for primary care (CCG-NHS England with partners)
- Revised commissioning arrangements for a number of specialised services currently overseen by NHS England – allowing improved integration with general services across the life course and investment in preventive activities.
- Joined up commissioning arrangements for health and care needs of prisoners.
- Revised funding arrangements for Wiltshire’s Children’s and Adult Safeguarding Boards, which reflect the involvement of each partner. We will also explore the development of a Multi Agency Safeguarding Hub for adults and continue to strengthen joint working on issues such as trafficking and modern slavery.

Public health input throughout the care pathway can be invaluable and help to establish needs, priorities, and an evidence base for commissioners.





# Integrated Working continued...



## 3. Enabling Integration: Seamless working

Alongside the structural aspects of integration, there are a number of other important practical steps that we need to take to enable integration on the ground. Accordingly we will develop:

- Shared workforce strategies across acute, community, mental health and social care providers. This will be underpinned by the establishment of a Wiltshire Institute for Health and Social Care which will train and deliver a workforce that is fit for purpose into the future and provides compassionate care. Work will also take place to support volunteers and with the Local Enterprise Partnership to support skills development in the health and social care sectors locally.
- Better use of technology to improve communication. We already have agreement for future IT support in both our community and out of hours settings to migrate to a single application. We will build on this to develop a system which enables a single view across the whole system - enabling the sharing of records to improve the consistency and continuity of care to individuals.
- Shared market position statements covering a range of population groups, with the aim of stimulating interest in delivering particular services from a range of market providers (including to individuals that contribute to the cost of their care).
- Shared plans for better use of estates, including through Wiltshire Council's community campus programme. This will lead to increased co-location of GPs, community hospital provision, mental health care provision, social care teams and extra-care housing in towns across Wiltshire.
- New commissioning models which focus on prevention, integration and the development of community capacity, using system thinking and whole population approaches.
- Co-operative working with the community and voluntary sector. Community groups can be energised, empowered and supported to deliver and sustain interventions within both preventative and targeted streams of work. The community are able to form connections between services and support service providers to maintain the place of individuals at the centre of delivery. Good support for this is essential.
- Where necessary, we will also ask national government for its support in ensuring regulatory activity is joined up and integrated care is appropriately incentivised.







### Turning Strategy to Action

This is the strategy for Wiltshire of the Wiltshire Health and Wellbeing Board.

All of the partners on the Health and Wellbeing Board have agreed the strategy and will reflect it within their organisational plans and work.

Similarly, all organisations represented agree to shape their own strategies in order to coherently underpin and help deliver the Joint Health and Wellbeing Strategy.

The Health and Wellbeing Board anticipates all partners will continue to involve it in ensuring the Joint Health and Wellbeing Strategy is reflected within organisational strategies and operational plans.

All relevant plans will also be formulated with regard to the Joint Strategic Assessment.

To outline progress in delivery, Wiltshire's Health and Wellbeing Board will invite all partners to contribute to a Joint Annual Report each year.



Joint Health and Wellbeing Strategy on a page  
Cross-cutting themes



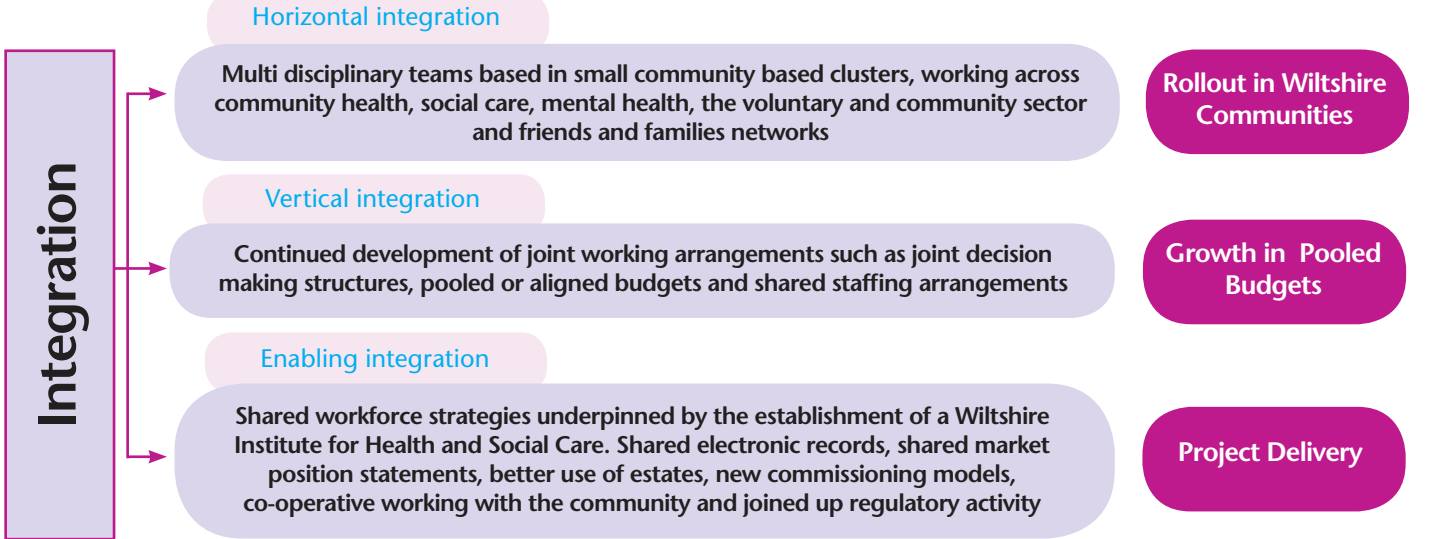
Wiltshire will be in the top 10% for:

- Life expectancy and healthy life expectancy
- Index of health inequality

**Success Measure**

- The Public Health Outcomes Framework indicators on improving the wider determinants of health; Health improvement; Health protection and preventing premature mortality
- Pollutant levels in Air Quality Management Areas being released as open data
- Children and Young People Trust scorecard – early years development, numbers on protection plans, children in care, achievement (including by vulnerable children), obesity

- No. personal budgets & personal health budgets
- Permanent admissions to care homes
- Admissions to hospital and average length of stay
- Admissions from care homes and no. patients still at home 91 days after discharge
- Average delayed transfers of care
- Dementia diagnosis rates
- Places of safety during mental health crisis





## Strategy phasing plan

# 2015

# 2016

# 2017

### Wiltshire Aims

### Healthy Lives



### Empowered Lives

- Update the obesity strategy
- Update Children and Young People's Plan
- Delivery plan for Early Help Strategy
- Update the Anti-Bullying Strategy
- Develop a delivery Plan for the Emotional Wellbeing and Mental Health Strategy
- Develop a housing strategy
- Update the Domestic Abuse strategy
- Update Alcohol Strategy and Delivery Plan
- Update Volunteering Strategy

- Develop a Primary Care Strategy for Wiltshire
- Action Plan for the Wiltshire Mental Health and Wellbeing Strategy
- Rollout integrated 'education, health and care (EHC) plans
- Implement whole family and joint health and social care assessments and plans
- Develop a Health and Social Care Information website for adults
- Review the Voluntary and Community Sector Strategy
- Put mental health crisis action plan in place
- Update the Learning Disabilities Joint Commissioning Strategy
- Action plan for the Wiltshire Dementia Strategy
- Update the Carers Strategy

- New suicide and self harm strategy
- Update the falls and bones strategy as part of a wider Older People strategy

- SEND support strategy
- Physical Impairments Joint Commissioning Strategy
- Reviewing the End of Life Strategy
- Update the Local Offer for Children's Services

- Revise Early Help Strategy

- Younger People, Independent Living – accommodation commissioning strategy
- Revising the Emotional Wellbeing and Mental Health Strategy



# Joint Health and Wellbeing Strategy

## Glossary

**Primary health care** – Primary care includes GPs, dental practices, community pharmacies, and high street optometrists.

**Secondary health care** – secondary care is the health care services provided by medical specialists and other health professionals who generally do not have first contact with patients.

**Community capacity** – the ability of the community to realise its goals.

**Social prescribing** – linking people up to activities in the community that they might benefit from and connecting people to non-medical sources of support. There is, for example, increasing evidence to support the use of social interventions for people experiencing a range of common mental health problems.

**System thinking** – an approach that focuses on looking at the way a system's constituent parts work together over time.

**Sheltered housing and extra care housing** – includes communal facilities such as residents' lounge, guest suite and laundry. Domestic support and personal care are available, usually provided by on-site staff. Properties can be rented, owned or part owned/part rented. Extra Care Housing is designed with the needs of frailer older people in mind and with varying levels of care and support available on site. It can often include additional facilities such as a restaurant or dining room, health & fitness facilities, hobby rooms and even computer rooms.

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2015-2018