Living well in Bury:

Making it happen together





Bury Joint Health and Wellbeing Strategy 2013-2018 Final Draft

Bury Clinical Commissioning Group NHS

Bury COUNCIL

Contents

Foreword

We are delighted to introduce the first Bury Joint Health and Wellbeing Strategy. This strategy sets out Bury Health and Wellbeing Board's bold five-year vision for improving health and wellbeing in the borough. It makes four underpinning principles and identifies five cross-cutting priorities, to help achieve this.

Many factors affect our health and wellbeing. Good health is essential for all aspects of daily living. Families need it to support and nurture their young and old. Companies need it to ensure they are economically viable. Communities need it to prosper and be strong. We are all dependent on our health and wellbeing, and that of others, to function effectively in our day to day lives. Health and wellbeing, therefore, really is everyone's business.

Everyone has the right to good health. Unfortunately, there are huge differences in levels of physical health, mental health and wellbeing across our borough. The greatest challenge we face is to tackle inequalities and this remains central to all that we do.

The priorities identified in this strategy have been informed by our Joint Strategic Needs Assessment (JSNA), other formal data sources, such as, the Census 2011, and by listening to the views of those living and working in the borough. They reflect our most pressing health and wellbeing issues right across the lifecourse from birth to end of life. This will ensure we are well placed to continually build, protect and promote resilience for good health and wellbeing at all stages throughout life.

Whilst the principal responsibility for developing and delivering this strategy sits with Bury's Health and Wellbeing Board, all of us living and working in Bury have a role to play in its delivery. In Bury, we are fortunate to have a strong history and culture of working together with demonstrable success. Enhanced by a new legal framework, this strategy builds on that solid foundation, generating a renewed commitment and focus to making real differences to the lives of local people.

We know we are faced with significant financial pressures whilst customer expectations and demand for services is rising. Team Bury, our local strategic partnership, is fully committed to collaborative working at a Greater Manchester level around Public Sector Reform. This work is focused on developing ways of improving outcomes for customers and efficiently using resources through integrated approaches. We recognise the journey ahead may be challenging, but we also welcome the opportunities it will bring.

Audrey Gibson
Chair
Health and Wellbeing Board

Rishi Shori
Lead Cabinet Member
Health and Wellbeing

July 2013

Introduction

The Health and Social Care Act (2012) places a duty on upper tier local authorities to form a Health and Wellbeing Board and, through that Board, produce a Joint Health and Wellbeing Strategy.

The vision of Bury's Health and Wellbeing Board is:

"We will improve health and wellbeing through working with communities and residents to ensure that all people have a good start and enjoy a healthy, safe and fulfilling life."

Bury Health and Wellbeing Board

Bury Health and Wellbeing Board (the Board) has been operating in shadow form since May 2011. From April 2013, it became a statutory committee of Bury Council. The Board brings together senior leaders from across Bury Council and the NHS with elected members, HealthWatch, and representatives from the voluntary and community sector, to set out a vision for improving health and wellbeing in the borough. The Board's main duties are to:

- produce a statutory Joint Strategic Needs Assessment (JSNA) to understand the health and wellbeing needs in the borough
- develop a Joint Health and Wellbeing Strategy, informed by the JSNA and local views, and ensure this is reflected in commissioning plans.
- promote integration across the NHS, Adult Care Services and Children's Services through joint commissioning and pooled budgets
- Involve HealthWatch and people living or working in the area, in the development of the JSNA and the Joint Health and Wellbeing Strategy.
- reduce health inequalities

The Board will set out the most pressing health and wellbeing priorities for the borough and what it will do about them in this Joint Health and Wellbeing Strategy. This strategy is also intended to influence the direction of other relevant strategies and plans.

There is a long and rich history in Bury of partners working together to promote, improve and protect health and wellbeing. The Board will build upon this legacy with the strength of a new statutory framework. It will will bring a sharper focus to shared priorities, provide strong leadership to drive forward progress on these and strengthen existing programmes of work to increase their impact.

Further information about the Board, its membership and meetings is available at: http://www.bury.gov.uk/index.aspx?articleid=7415

The Joint Health & Wellbeing Strategy

This strategy is the Board's overarching plan to respond to those needs identified in the JSNA, from other data sources and from those who live and work in the borough. It sets out the Board's vision for the health and wellbeing of people in Bury and identifies key priorities for action.

This strategy does not set out all that we need to do around health, wellbeing and social care. There are already a range of strategies, set out at Appendix 2, that focus on specific issues and will complement and support this strategy. Rather, this is meant to focus on the most important and pressing challenges we face in the borough that cannot be addressed by a single agency alone. The five priorities identified in Section 4 cut across all organisations and it is joint action that can make the biggest difference. The strategy emphasises the

importance of integration, prevention and early intervention, and targeting resources at those most in need.

This strategy will also inform the plans of Bury Clinical Commissioning Group (CCG), Bury Council and NHS England as to the services they intend to put in place. This will ensure we are maximising efforts to close the gap in healthy life expectancy both within the borough and in comparison with the rest of the country.

The Board will monitor the delivery of this strategy every twelve months based on the measures of success set out under each priority. It will also refresh this five year strategy on an annual basis.

Development of this Strategy

The needs and priorities highlighted within this strategy have been agreed by the Board and wider stakeholders, including members of the community. They are based on a range of information about health and wellbeing from a wide variety of sources, including:

- The JSNA, as a one-stop source of reliable information about, and analysis of, the health and care needs of our population and its communities to identify priority areas of need. The current JSNA is available at www.bury.gov.uk/jsna
- It is acknowledged that some of the data in the JSNA is now out of date. Therefore, more up-to-date data sources have been used where available. These include the Census 2011, the Bury Health Profile, baseline data in various outcomes frameworks and Bury's Public Health Annual Report 2012. All data sources used within this strategy are referenced throughout the document.
- Existing local strategies and plans that influence health and wellbeing
- Knowledge and experience of those living and working in the borough

The priorities within this strategy have also been informed by listening to what local people have told us. An extensive consultation has taken place on the earlier draft version of this strategy. This showed overall support for the priorities and a resounding consensus that giving children the best start in life was the most important priority. The consultation also emphasised the importance of mental health and wellbeing, work and employment. The strategy has been strengthened to reflect these issues. The consultation also provided valuable insights into perceived barriers and opportunities in implementing the actions under each priority. These will be crucial in informing the implementation of this strategy, ensuring we are building on our assets to drive it forward. The consultation has also helped shape our four principles which we believe will deliver the change and improvement required to achieve our desired health and wellbeing outcomes. Further details of the consultation exercise are available at http://www.bury.gov.uk/index.aspx?articleid=7415.

This strategy was subject to an Equality Assessment (EA) to ensure compliance with the Equality Act 2010 and consideration of its impact on protected groups. As this strategy is concerned with reducing health inequalities and based upon the needs of specific equalities groups where known, the EA found that overall it will have a positive effect on equalities. The JSNA provides data in relation to specific equalities groups, and this has been key in informing the development of this strategy. However, it is recognised that there are gaps in the data in relation to some equalities groups. The forthcoming refresh of the JSNA will seek to address these gaps where data exists. The consultation process around the draft version of this strategy provided valuable feedback from some specific equalities groups and those working with them. Tackling inequalities and ensuring we meet the needs of specific groups, will further inform this Strategy's implementation. The full EA provides further information about how we have paid due regard to our public sector equality duty and is available at: http://www.bury.gov.uk/index.aspx?articleid=7415.

Section 1: Our Principles

The following principles will guide the work of Bury Health and Wellbeing Board and be at the core of all we do:

We will promote and develop prevention, early intervention and self-care

Many illnesses can be prevented and intervening early can limit their extent. Taking care of ourselves is crucial in keeping well. We will enable and support people and communities to take responsibility for their own health and wellbeing, working with them to develop the knowledge, skills and confidence required to do so.

We will reduce inequalities in health and wellbeing

We know that there are social and economic reasons that have a negative impact on people's health and wellbeing. We will work with and influence partners to address these issues and the impact they have on our health and wellbeing. We will ensure that resources are proportionately targeted to those most in need in order to close the gaps in health experience within the borough and beyond.

We will develop person centred services

We will simplify how health and social care is created and delivered in Bury. We will make sure that people can access services, in a timely way, and see that they are fair. We will ensure that local people have the opportunity to shape and influence services, so that they meet their needs and keep them safe. We will provide the appropriate information to support and enable them to make the right choices for themselves.

We will plan for future demands

We recognise that the population is ageing and more care is needed. We also know that customer expectations are changing. We will use all our information and intelligence sources to enable effective planning and use our resources wisely to ensure the right services are available. We will also ensure that quality is at the heart of all advice, support and care services to ensure the effective use of those resources and maximise outcomes. Crucial to this is working with, and listening to, local people.

Section 2: Our approach to improving health and wellbeing

The Board has adopted an all encompassing approach to health and wellbeing, using the World Health Organisation's definition of health as 'as a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity' in producing this strategy. Maintaining health and wellbeing is important for individuals to maximize their potential, enable them to lead active, fulfilled lives and participate fully in their local community. Figure 1 shows the wide range of factors that affect our health and wellbeing.

Source: Modified from Dahlgren & Whitehead's rainbow of determinants of health (G Dahlgren and M Whitehead, Policies and strategies to promote social equity in health, Institute of Futures Studies, Stockholm, 1991) and the LGA circle of social determinants (Available at: http://www.local.gov.uk/web/guest/health/-/journal_content/56/10171/3511260/ARTICLE-TEMPLATE)

Figure 1: Model of wider determinants of health and wellbeing

The Board has placed a strong emphasis on 'wellbeing' through this strategy. 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. The Board strongly supports 'The Five Ways to Wellbeing' which are a set of evidence based public mental health messages. They Five Ways to Wellbeing are:

1. Connect (with others).
2. Be Active
3. Give
4. Take Notcie
5. Learn

There are known differences in health experience and outcomes between different social groups. These are called health inequalities and can be on the basis of where people live or other features, such as, social class, ethnicity or age. The interaction between some of these can magnify health inequalities further. Action around all the wider determinants shown in

the above diagram is crucial, therefore, in both increasing life expectancy and narrowing the gaps in health outcomes between groups. Targeting resources according to greatest need is also critical in closing inequalities gaps.

There are strong links between socio-economic deprivation and health inequalities. The Index of Multiple Deprivation (IMD) 2010 combines a number of indicators, chosen to cover a range of economic, social and housing issues, into a single deprivation score for each small area in England. This allows each area to be ranked relative to one another according to their level of deprivation. Figure 2 below shows the varying levels of multiple deprivation across Bury.

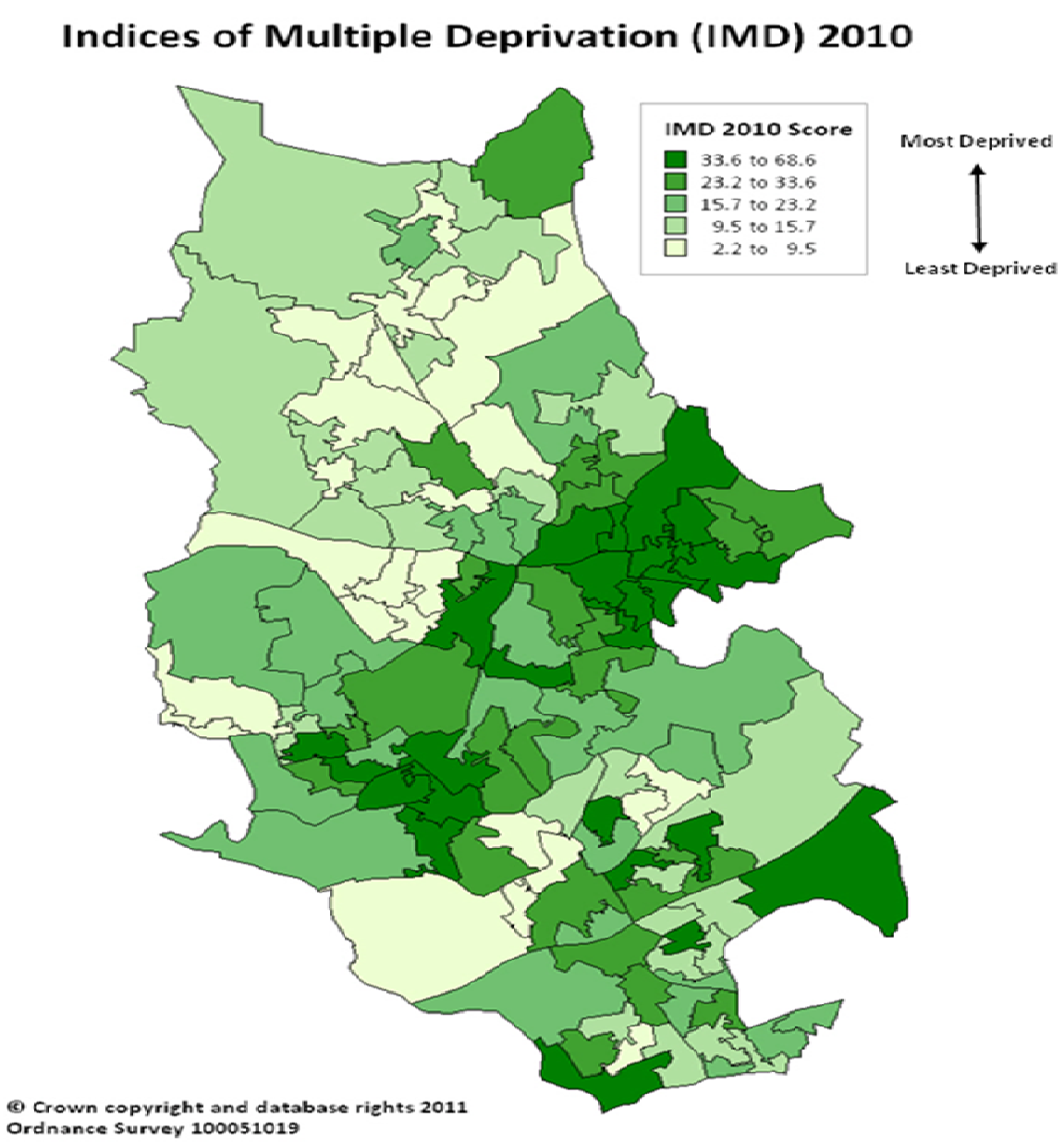

Figure 2: Indices of Multiple Deprivation (IMD) 2010

Our approach to improving health and wellbeing recognises that we have many assets within our communities that can be used to address the health and wellbeing needs in the borough. Our assets range from community and voluntary groups, parks and buildings, community activities and, crucially, local people. We are committed to listening to and working with local communities to understand their needs and work directly with them to develop local services

that are important to them. This is known as a community assets-based approach to generate participation, sustainability, and ownership of local initiatives.

The strategy is also informed by the findings of the Marmot Review "Fair Society Healthy Lives" published in 2010. This review was requested by the then Secretary of State for Health and conducted by Prof. Michael Marmot. It looked at what were the most effective strategies and actions to reduce health inequalities across England. The review showed clear links between social and economic circumstances and health. It also highlighted that we accumulate positive and negative effects on health and wellbeing across the lifecourse. So, what we do earlier in life can strongly influence our health outcomes in later life. The review recommended that action was needed on the following six key policy objectives to effectively reduce health inequalities across England:

- Give every child the best start in life
- Enable all children, young people and adults to maximise their capabilities and have control over their lives
- Create fair employment and good work for all
- Ensure healthy standard of living for all
- Create and develop healthy and sustainable places and communities
- Strengthen the role and impact of ill-health prevention

In producing this strategy, we have strived to reflect local action on all these policy objectives and across the lifecourse to ensure we are focused on the root causes of ill-health and tackling health inequalities.

Section 3: Health and Wellbeing in Bury

In the 2011 Census, the population of Bury was estimated to be 185,100. This is expected to rise to 199,300 by 2021. Around 10.9% of Bury's population are from Black and minority ethnic (BME) Communities. Figure 3 shows the ethnic profile of Bury's population based on the 2011 Census.

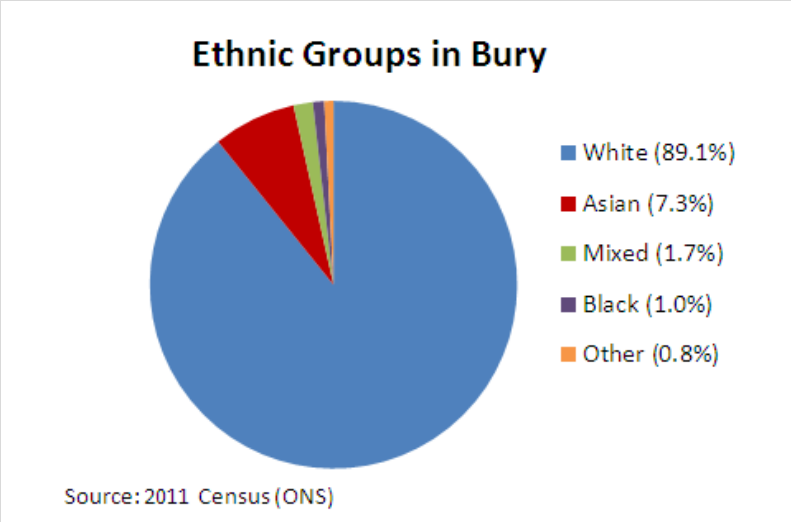

Figure 3: Ethnic Groups in Bury

By 2021, there are a range of changes expected in Bury's population as shown in Figure 4. The under 15s population will increase by 15% to 39,800. This age group will then represent 20% of the population. The under 25s is also expected to increase by 6% to 60,400. This means around 30% of Bury's population will then be under 25. The key headline regarding population changes is an ageing population. It is expected there will be 6,700 (23%) more people aged over 65 by 2021. This means our total 65 and over population will be around 36,200 which will be 18.2% of the 2021 population. It is also anticipated that the proportion of 85 and over will increase by 36% to about 4,900.[1]

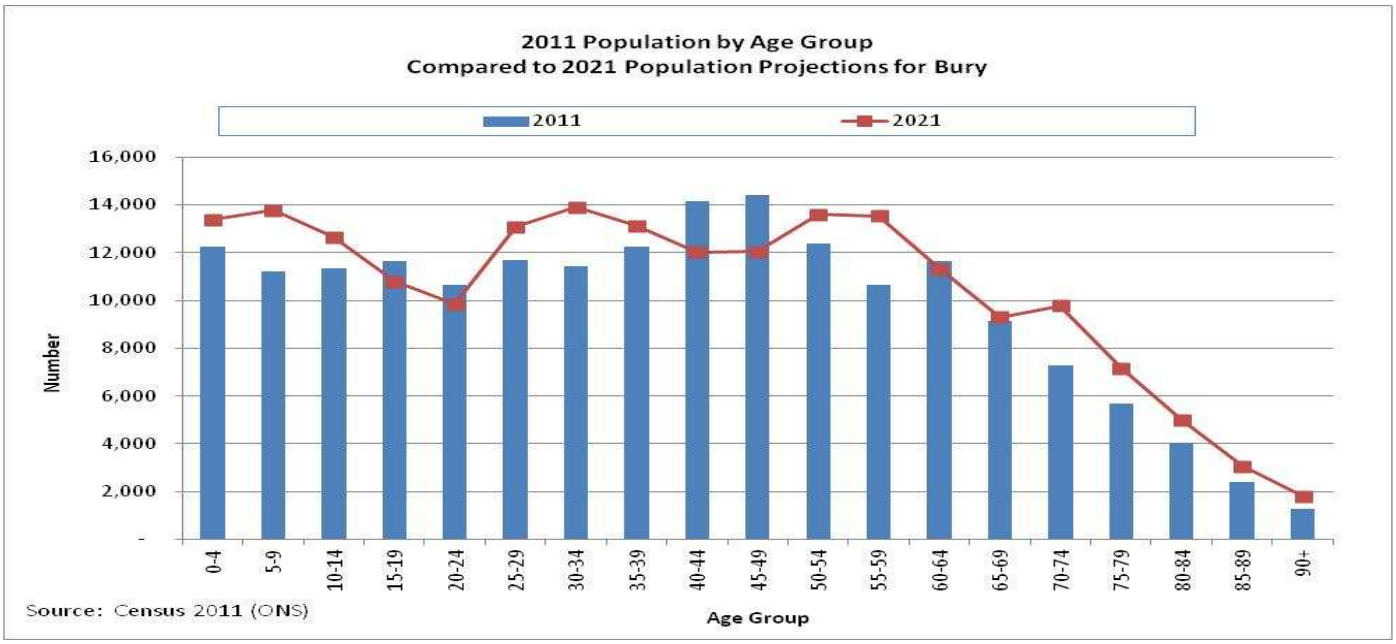

Figure 4: 2011 Population by Age Group Compared to 2021 Population Projections for Bury

The ageing population will mean an increasing burden of poor health in later years and a significant increase in demand for health and social care. For example, as the population ages, the level of late onset dementia is expected to rise by about 5% over the next 10 years which will result in a higher dependency on hospitals, carers and specialist care services.[2] Services will need to be shaped according to these changes. We need to support people to remain safe and independent for as long as possible.

In Bury, we have seen steady and lasting improvements in how long people can expect to live, partly due to a significant reduction in cardiovascular deaths. However, life expectancy in the borough is still below the England average and this gap is widening. Life expectancy for males is around 77.5 years, just over 1 year less than the England average at 78.6 years. For women life expectancy in Bury is 81.2 years, which is 1.4 years less than the England average of 82.6 years. Across the borough there are big differences in life expectancy. For men there is a gap of 10.8 years and 12 years for women, between the most and least deprived areas across the borough.[3] Bury has just under 1,800 deaths a year with the main causes being cancer and circulatory disease, with respiratory disease also a main contributor. Early death rates from heart disease and stroke have fallen but are still worse than the England average.[4]

Many of the leading causes of death and ill health are preventable. A focus on healthy lifestyles is critical in increasing life expectancy and narrowing the inequalities gap both locally and nationally. Smoking related deaths in Bury are significantly higher than the England average.[5] Smoking levels are 22% in adults, which is higher than the England average of 20%.[6] In Bury, over half of the adult population is overweight or obese,[7] and there are indications that this trend is being replicated in children, with rising levels of obesity according to the National Child Measurement Programme.[8] Levels of physical activity are low in adults in Bury[9] and alcohol related harm is higher than the England average.[10] The incidence of sexually transmitted diseases is also increasing across Bury.[11] Unhealthy lifestyles are risk factors in the development of long term conditions and the burden of ill-health associated with them. Ensuring we have joined-up services, focused on addressing the needs of the customer, and the promotion of self care will be critical.

In the early years, despite falling rates of teenage pregnancy, levels in Bury are still worse than the England average. In Bury, there are increases in both terminations and repeat terminations for conceptions amongst the under 18s.[12] Breastfeeding rates are below the national average, and there is significant drop off between initiation and 6-8 weeks.[13] Smoking in pregnancy is a key factor in low birth weight and infant mortality. Local levels of smoking in pregnancy are high at 16.6% compared to the England average of 13%. [14] Giving children the best start in life is essential to their future social, health and economic outcomes right across life.

Bury's educational results remain significantly higher than the England average. [15] However there are educational attainment gaps between ethnicities. Those on free school meals and looked after children also experience lower attainment levels than the wider population. Education has an impact on employment and wider wellbeing issues throughout life. Bury has an unemployment rate consistently below the regional average, but there are small areas that fall into the most deprived for employment nationally, particularly Chesham Fold and Coronation Road. Disadvantaged groups are likely to require greater support to help them into work.

The JSNA has areas of possible inequalities which are not currently considered, such as, sexual orientation and religion. These areas will be included in the next iteration of the JSNA process where relevant data is available.

Four consistent themes are shown throughout the JSNA which still hold true in light of more up to date information:

- The consequences of the growth and profile of our population will increase demand for services particularly from older people.
- The effect of social deprivation on poorer health outcomes for some of our population compared to others.
- Social exclusion is both a cause and consequence of poor health outcomes and often results from limited rights, resources and opportunities.
- The impact of lifestyle choices which are increasing the demand on services, increasing inequalities and will result in higher levels of ill-health and lower levels of wellbeing.

The Board has a statutory duty to tackle health inequalities. Its second principle is around tackling inequalities in health and wellbeing which, in turn, has informed the priorities set out below.

Section 4: Our Priorites

Priority 1 - Ensuring a positive start to life for children, young people and families.

Why this is important

Focusing on pregnancy and the first few years of a child's life ensures that children can be given the best possible start for their physical, educational and emotional development which will help them realise their potential and flourish throughout their lives. Prevention, intervening early and supporting parents in the first phase of a child's life represents a key opportunity to break the cycle of deprivation, disadvantage and poor outcomes across the lifecourse.

Strengthening the relationship between infants and parents/guardians has a strong impact on both physical and mental health. Parenting is the single largest factor implicated in a range of health and social outcomes for children, notably accident rates, substance misuse, teenage pregnancy, truancy, school exclusion and underachievement, child abuse, employability, juvenile crime and mental illness.[16]

Identifying those in need of help and support, intervening early and addressing the whole family's needs is crucial to a child's development and realising our aspiration for laying the foundations for future life. Giving every child the best start in life was the most important of all the policy recommendations for reducing health inequalities in The Marmot Review. It was also identified as the highest priority locally from the consultation on this strategy.

The challenges for Bury

- Almost 7% of Bury's population is under 5 (12,200 children) and this is set to rise.[17]
- In Bury, nearly 17% (410) of mothers smoke at time of delivery which is significantly higher than the England average of 13%.[18]
- The proportion of babies breastfed when born and still breastfed at 6-8 weeks is significantly lower compared to the England average. Whilst 69% (1700) of babies in Bury are initially breastfed this drops to around 41% at 6-8 weeks, compared with 47% for England, with the biggest drop off seen within the first 10 days of baby's life.[19]
- Around 19.1% (7045) of children under 16 in Bury live in poverty.[20]
- In Bury 178 children (42 per 10,000 child population) entered into a child protection plan in 2010/11, 17.9% for the second or subsequent time. The number of children entering a second or subsequent plan was higher than the England average (13.3%).[21]
- The number of children in care in Bury is around 77 per 10,000 of the under 18 population, higher than the England average of 59. [22]
- Only 58% of children in Bury achieve a good level of development at age 5 and are considered ready for school. This is significantly worse than the England average of 64%.[23]
- Educational achievement varies across the borough, ranging from 38%-98% for the achievement of five or more GCSEs Grades A-C between schools. [24]

- Emotional disorders (including depression) affect around 3.7% (1016) of children in Bury. [25]

Our Actions

We will:

- Support positive and resilient parenting, particularly for families in challenging situations, to develop emotional and social skills for children.

- Develop integrated services across education, health and social care which focus on the needs of the child in the community, as well as for growing numbers of children with the most complex needs.

- Encourage the development of a data sharing protocol to enable lead professionals to have access to relevant data in order to see the whole picture. This will reduce duplication, enable professionals to see a child's progress, and facilitate support to the most vulnerable and disadvantaged.

- Ensure that all schools have effective school improvement plans which address issues of underachievement by individuals and groups.

Measures of Success

If we are making a difference, there will be:

- An increase in the number of children achieving a good level of development at age 5

- A reduction in the number of child protection plans

- A reduction in the number of children in care

- Increases in breastfeeding initiation and maintenance at 6-8 weeks after birth

- A reduction in the number of mothers who smoking during pregnancy

- Improvements in the differences in levels of educational attainment across the borough and between groups

Priority 2 - Encouraging healthy lifestyle and behaviours in all actions and activities.

Why this is important

Lifestyle factors are important influences on our health. These include smoking, poor diet, alcohol and drug misuse and physical activity. Unhealthy lifestyle behaviours are key factors behind the major causes of death and contribute significantly to early deaths. Smoking, for example, is the biggest cause of preventable early death and ill-health in England, more than all other causes put together.

Lifestyle issues are also risk factors for a number of conditions such as cancer, high blood pressure, diabetes, dementia, coronary heart disease and stroke. For example, people who are physically active reduce their risk of developing such diseases as coronary heart disease, stroke and type 2 diabetes by up to 50%. Unhealthy lifestyles are also a significant contributor to health inequalities.

A healthy lifestyle is also related to good mental health. For example, poor mental health is linked to increased obesity, alcohol misuse and higher levels of smoking whilst physical activity is known to improve mental health and wellbeing. There are also social consequences to unhealthy lifestyles. For example alcohol (and drugs) undermines family and community life. Alcohol is a significant contributory factor in domestic abuse. Jobs and homes can be lost, friendships and family ties broken. For the children of families where alcohol and/or drugs is prevalent there is a danger of abandonment and neglect.

Improving sexual health is an important issue. The negative consequences of poor sexual health include Sexually Transmitted Infections (STIs), HIV, unwanted pregnancies, repeat terminations and teenage pregnancy. Children of teenage mothers are more likely to experience poor physical and mental health.

The challenges for Bury

- It is estimated that 22% (31,500) of all adults in Bury are smokers compared to 20% across England.[26] Whilst the prevalence of regular cigarette smoking in pupils aged 11–15 has more than halved since the 1990s to around 5% in 2011,[27] we know that nationally people start smoking within this age range. In 2011/12, 16.6% (410) of pregnant women in Bury were still smoking at delivery compared to 13.2% nationally.[28]

- In 2011/12, 9.5% (208) of Reception year children in Bury were obese, which is the same as the England average. In year 6 the level of obesity was 18.9% (374) which is below the England average of 19.2%. However, the issue for Bury is that there is a significant increase in levels of obesity between Reception Year and Year 6 and in some wards levels of obesity are unacceptably high. There is also an upward trend in both years compared to three years ago.[29]

- It is estimated that around half of adults in Bury are overweight and 23% of those are obese. Only 11.6% (16,600) of adults in Bury meet recommended levels of physical activity. The areas with lower levels of participation in sports and active recreation correspond with areas of high deprivation.[30]

- It is estimated that 25.1% (37,150) of Bury's adults are binge drinkers, higher than the national estimate of 23.3%.[31] Bury also has higher than average levels of alcohol related hospital admissions, and higher than average levels of alcohol specific admissions, particularly in those aged under 18.[32]

- The under 18's conception rate in Bury is 41.1 per 1,000 15–17 year olds, higher than North West (40.7) and England (35.4) averages. On average, approximately 28 under 16's get pregnant in Bury per year with 65% ending in terminations.[33]

- Bury has the highest rate of repeat terminations in the region, at 18% in 2010 compared with 11% for the North West. The low proportion of 20–34 year old attendance at local sexual health clinics corresponds with higher rates of termination in 18–24 year olds and 25-34 year olds compared to national averages.[34]

- Bury has a high cancer incidence rate and has seen an increase from 398.1 per 100,000 in 1995-97 to 440.6 per 100,000 in 2008-10. Prostrate, bowel and breast cancer incidences have all increased between the periods 1995-1997 and 2008-2010. Lung cancer incidence has reduced in the last 10 years but is still above the England average.[35]

- Although the early death rate from cancer has declined both locally and nationally, it is still higher in Bury than the average for England.[36] Early detection and presentation are critical in tackling premature deaths from cancer but there are known inequalities in uptake of cancer screening programmes in the most deprived groups and across ethnicities.

Our Actions

We will:

- Combine existing resources and expertise to support and facilitate an integrated healthy lifestyle and wellbeing service model. This will give local residents the ability to address their lifestyle as a whole or seek support for a single issue that concerns them, such as, smoking.

- Promote good sexual health, reduce teenage pregnancy and improve outcomes for teenage parents and their children.

- Engage individuals and communities to promote taking responsibility for their health and wellbeing.

Measures of success

If we are making a difference, there will be:

- Reductions in the levels of smoking, physical inactivity, excess weight and harmful alcohol consumption in adults, children and young people.

- A reduction in under 18s conception

- An increase in life expectancy at age 75

- Reductions in the gap in life expectancy and healthy life expectancy between communities

- Reductions in early deaths from cancer and cardiovascular, liver and respiratory diseases

- A reduction in the level of long term conditions

Priority 3 - Helping to build strong communities, wellbeing and mental health.

Why this is important

There is no health without good mental health and wellbeing. Good mental health and wellbeing are fundamental to ensuring that individuals, families and communities can flourish, lead fulfilling lives, contribute to society and achieve their potential. Around 1 in 4 people will experience a mental health problem in any given year. Mental health problems are one of the most common causes of years of life lived with disability. Those with a serious mental illness die on average 25 years earlier than those without mental illness. Some groups, such as, people with learning disabilities and black and minority ethnic communities may experience poorer access to support. Stigma and discrimination can also have an adverse impact on mental health and present a real barrier in so many aspects of life.

Behavioural and emotional problems in children are strongly related to a range of poor mental, physical and social outcomes. Maternal mental health is an important factor in ensuring the best start for children and their onward development. We know that up to half of lifetime mental health problems start by the age of fourteen. Early interventions are crucial to prevent a longer term mental health disorder or ill-health. Domestic abuse can have a significant adverse effect on the health and wellbeing of families, and alcohol plays a significant contributory role in domestic abuse.

Experiencing poor mental health permeates all aspects of life and equally many factors in life impact on our mental health and wellbeing. For example, those with mental health issues are less likely to be in employment, yet a lack of, or concerns about, meaningful employment can adversely affect mental health and wellbeing. Anxiety and depression affect the largest number of people and often co-exist alongside physical illness. People living in more deprived circumstances have an increased risk of mental illness. Those with mental health problems tend to be at greater risk of entering the criminal justice system

The neighbourhoods and circumstances in which we live affect our health and wellbeing. Access to green spaces, social networks, transport links, housing and community safety are just some important factors. Crime and anti-social behaviour can fundamentally undermine perceptions of safety within communities, and adversely affect health and wellbeing. Offenders are known to experience significant health inequalities. The current economic climate, jobs market and welfare reform changes have the potential to affect the development and sustainability of strong communities and good mental and physical health and wellbeing. This came through strongly from our consultation exercise, where work and employment were identified as important priorities.

The challenges for Bury

- It is estimated that 18,300 adults aged 18-64 have a mental health problem.[37] Almost half of adults will experience at least one episode of depression during their lifetime.

- Emotional disorders (including depression) affect around 3.7% (1016) of children in Bury. One in ten children aged between 5 and 16 years has a mental health problem, and many continue to have mental health problems into adulthood.[38]

- It is estimated that over 21% (9,000) children/young people aged 17 and under in Bury will have need of lower level support from Child and Adolescent Mental Health Services and less than 50 would require more intensive support within a 12 month period.[39]

- Total recorded crime in Bury was seen to be reducing in 2012 and crime rates are lower than the average for the Greater Manchester Police Service area. However, drug and alcohol related crime remains high.[40] Nationally, figures show that 35% of recorded crimes of violence are alcohol related.[41]

- In 2011/12 there was a total of 3412 incidents of domestic violence in Bury. Domestic violence accounts for 35% of all recorded crimes of violence. The highest number of domestic violence victims and perpetrators fall between the age ranges of 18 – 24 years.[42]

- In 2011-12, only 2.8% (30) of adults in Bury who were in contact with secondary mental health services were in employment. The highest comparable figure in similar local authorities was 15%.[43]

- In Bury, around 47% (490) of adults in contact with secondary mental health services live independently. This is a relatively low proportion compared to similar local authorities, where the highest comparable figure was 80%.[44]

Our Actions

We will:

- Maximise opportunities to identify people with mental health/wellbeing needs and tackle stigma associated with mental health issues.

- Develop emotional literacy interventions through Personal, Social and Health Education (PSHE) in educational settings and in other children and young people's settings.

- Reduce homelessness and address the effect of changes in housing benefit on vulnerable groups.

- Promote increased range of quality and affordable housing options which meet the needs of Bury.

- Minimise the negative impacts of alcohol, illegal drugs and associated anti-social behaviour, on health and wellbeing.

- Reduce abuse and neglect - particularly domestic abuse.

  Maximise opportunities to screen and assess the health and wellbeing of people entering the criminal justice system

Measures of success

If we are making a difference, there will be:

- An increase in the proportion of adults with mental illness who are in employment

- An increase in the percentage of adults with mental illness living independently

- An increase in self reported wellbeing

- A reduction in hospital admissions as a result of self-harm

- A decrease in first time entrants to the youth justice system

- A reduction in domestic violence

- A reduction in homelessness
- A reduction in the length of stay of families in temporary accommodation

Priority 4 - Promoting independence of people living with long term conditions and their carers.

Why this is important

It is estimated that 45,000 adults in Bury have at least one long term condition. Long term conditions are those that cannot currently be cured but can be managed variously with medication, support services and therapies, and self care strategies, such as maintaining a healthy lifestyle. They include diabetes, heart disease, dementia, mental health conditions, chronic obstructive pulmonary disease (COPD) and some neurological conditions.

People living in more deprived communities are at greater risk of developing a number of conditions but are less likely to be diagnosed early thus having poorer health outcomes. Long term conditions are more likely in older age and some, such as diabetes, are more prevalent in ethnic minority communities. The number of people living with more than one condition also increases with age. Those with long term conditions are two to three times more likely to experience mental health problems than the general population.[45]

The consequences of long term conditions can be life-changing and even devastating for some people and their families without the right support in place. Some people may struggle to seek or remain in work and they may become dependent on benefits. Roles they undertook within their family life and social activities may cease. Having the right support, retaining choice and control, confidence and self-esteem are all vital in self management of a condition, maintaining independence and coping with everyday life. Adopting self care approaches, such as maintaining a healthy lifestyle, utilising available technologies and meeting one's wellbeing needs are also important.

Carers are vital in providing physical, practical and emotional support. However, carers providing support for 50 hours a week or more are twice as likely to be in poor health as those not caring.

The Challenge in Bury

- Nationally, nearly one in three people have a long term condition. This figure rises to three out of every five people amongst those aged 60 or over.[46]

- Around 19% (34,800) of Bury's adult population has a long term condition, compared to 18% of the national population. This equates to nearly 1 in 5 for Bury compared to 1 in 3 nationally.[47]

- Around 7.5% (8,840) of key benefit claimants are on Employment Support Allowance/Incapacity Benefit compared to 6.3% in Great Britain. Of all those economically inactive, 23.5% (4,600) are reported to be long term sick compared to 22% in Great Britain.[48]

- In Bury, 4.5% (8454) of adults in Bury have diabetes, 3.7% (7,030) have heart disease (CHD), 0.5% (1008) have dementia, 0.9% (1,746) have mental health conditions (MH) and 1.9% (3,570) have COPD. Rates for heart disease, mental health and COPD are higher than national averages.[49]

- It is estimated that in Bury there are 2,756 (2.4%) adults (aged 18-64 years) and 644 (2.2%) older people (aged 65 and over) with a learning disability.[50]

- Estimates, based on national prevalence levels, suggest that in Bury there are 1,118 (1%) adults with autism in 2012.[51]

- According to the 2011 Census, there are an estimated 20,000 adult carers living in Bury (about 11% of the population).[52] A register of carers held by the Carers Services Team and the Carers Centre identifies just 3,320 carers in Bury.[53]

Our Actions

We will:

- Ensure people with long term conditions receive appropriate healthy lifestyle support
- Promote and provide support for self care
- Ensure that carers have increased access to information to support them in their caring role and in supporting their own health and wellbeing needs.
- Increase the number of carers who are identified and offered a Carers Assessment to identify the support a carer needs to undertake their role.
- Promote personal budgets for individuals with care needs
- Promote integrated and continuous care
- Increase mental health and wellbeing of carers and patients living with long term conditions
- Identify and address the employment and skills issues faced by those with long term conditions, providing support to overcome the disadvantages and barriers in finding sustainable work.
- Engage local employers in supporting those with long term conditions in the workplace.

Measures of success

If we are making a difference, there will be:

- Reduced admissions of people with long term conditions.
- An increased number of adults and carers receiving self-directed support via a direct payment
- An increased number of adults accessing a recognised self care course
- A reduction in the proportion of long term sick

Priority 5 - Supporting older people to be safe, independent and well.

Why this is important

We live in an ageing society where the number of older people is set to increase. We can also expect to live longer than ever before. Many older people live independent and fulfilling lives, feel they are in good health and, on the whole, experience a good quality of life. For some, however, getting old comes with increasing vulnerability. Ageing comes with an increased risk of having multiple health problems, loneliness and isolation, and high health and social care needs. Older people are at particular risk of falls and strokes and these are the main reasons for hospital admissions and the need for care.

A stroke is the third most common cause of death in the UK and around 50% of strokes occur in people aged over 75. After a stroke, around 30% will die within a year. For those surviving a stroke, many are left with longer-term problems or permanent disability. Around 35% of people aged 65 and over living in the community fall each year and this increases with age. Hip fracture is the most serious consequence of a fall in the over 65s, and around 20% of those who have a hip fracture (often due to fall) will die within four months. Around 1 in 12 people over 65 in the UK have dementia and the chances of developing dementia increase with age. Those who have had a healthy lifestyle earlier in their life, reduce their risk of dementia.

Most older people want to remain in their own homes for as long as possible, and return to independent living following illness or injury. Conditions and injuries, such as, stroke, falls and dementia can undermine their wish. Effective prevention, reablement and strengthening services that promote independence are critical. They reduce the need for hospital services and long term care and support older people to live as independent and fulfilling lives as possible, with the dignity and respect that they deserve. Strong links with safeguarding services can ensure we protect the most vulnerable from being subject to anti-social behaviour, crime and abuse whilst promoting and maintaining independence.

Having secure, appropriate and settled accommodation, with the right kind of support, plays a vital role in health, wellbeing and feeling safe and secure. It is important to have the right kind of housing that is accessible, can accommodate any necessary aids and adaptations, and is warm and energy efficient.

With an ageing population, the number of carers is likely to increase and there are likely to be more older carers. Carers often experience poor health outcomes as they focus on the needs of those they are caring for at the expense of their own health and wellbeing. We need to ensure their needs are met.

When people reach the end of their life, most people choose to die at home. For many people, however, this is not the case and their final days are spent in hospital. Supporting people to plan for the end of their life will ensure that they and their carers have timely support, and they die with respect and dignity in a location of their choice.

The challenge in Bury

- About 16% (29,500) of the population of Bury is aged over 65 and this is expected to increase to just over 18% (36,200) by 2021.[54]

- Approximately 7000 over 75s are living alone in Bury and may be at increased risk of social isolation and loneliness.[55]

- Nearly 19% of adults aged 60 or over live in a household claiming pension credits, which is 1% above the national average.[56]

- During 2011-12, Bury Adult Care Services supported 3064 clients aged 65 and over with at least one service placement and support package.[57]

- As a result of an ageing population and movements into the borough, it is estimated that there will be a need for 4,781 units of suitable accommodation over the next 3 years. Of these, 2680 units are required for sheltered accommodation and 634 for extra care accommodation, with the remainder required in the affordable housing and private sectors.[58]

- More than 2,600 (8.8%) people aged 65 and over living in Bury are thought to have depression, including nearly 850 (2.9%) cases classed as severe.[59]

- As at December 2012, there were 1,147 (4%) people with a formal diagnosis of dementia registered with Bury GPs.[60] However, it is estimated that there are around 2,000 (7%) people currently living with dementia in Bury and this is set to rise to 3,400 (11.5%) by 2030.[61]

- Around 700 (2.4%) people aged 65 and over in Bury have had a stroke or mini-stroke and have a longstanding health condition caused by the stroke.[62]

- The predicted number of falls in those aged 65 and over in Bury will increase by 50% between 2010 and 2030.[63] Nationally, around 30% of those aged 65 and over who suffer a hip fracture due to a fall will die within 12 months.[64]

- The average proportion of Bury residents during 2008-10 that died in their own home was 19.4%, just under the England average of 20.3%.[65]

Our Actions

We will:

- Improve older people's ability to self care, and support them to live independently, where at all possible, in safe, settled accommodation which meets their needs, ensuring that they are not socially isolated.

- Increase the provision of quality, affordable housing options for older people to meet identified needs.

- Work with older people across services to help them maintain the best life possible, reduce unnecessary hospital or care home admissions by falls prevention, and improve mental wellbeing, stroke and cardiac rehabilitation.

- Improve health care services closer to home and co-ordinate these with good social care, tailoring both to people's needs and minimising the need for long stays away from home during times of illness.

- Support early diagnosis of dementia and ensure provision of high quality coordinated care and support for those affected and their carers.

- Ensure provision of alcohol screening, brief advice and interventions for older people.

- Empower and enable people to make positive choices and plans about where they would like to die and the care they would like to receive.

Measures of success
If we are making a difference, there will be:

- A reduction in injuries and hip fractures due to falls in the over 65s
- A reduction in permanent admissions to residential and nursing care homes
- An increase in the number of over 65s who remain at home following support by reablement services
- An increase in people feeling safe and secure as a result of adult care services
- A reduction in excess winter deaths
- An increase in early diagnosis of dementia
- An increase in the number of people dying in their own home where they wish to do so
- An increase in the number of people dying with an end of life plan.

Section 5: Next Steps

To translate this strategy into action, detailed implementation plans will be developed as part of an annual programme of work. The implementation plans will reflect some of the useful insights provided through the consultation process around barriers and opportunities for delivery.

The Health and Wellbeing Board is the principal body for making sure that the actions and outcomes set out in this strategy are delivered and that there is a whole system contribution to achieving its vision. This strategy enables the Board to assess the plans and strategies of its partner organisations to ensure there is alignment with the Health and Wellbeing Strategy. The Board will also hold other organisations to account for delivery of the actions within this Strategy.

A newly created virtual Hub will act as a conduit for the Board to influence and direct those strategic groups which will support the delivery of this strategy. The Hub will have a clear understanding of existing partnership structures and will play a key role in building strong collaborative relationships and facilitating integrated working amongst stakeholders. The Hub will also increase community engagement by involving service users, their organisations and the public in working groups or task groups and in the prioritisation and delivery of the Health and Wellbeing Strategy.

The Health and Wellbeing Strategy will be monitored and reviewed on a regular basis and revised annually. Bury Council's Health Scrutiny Committee will provide governance and it will receive regular progress reports from the Health and Wellbeing Board. The Board will also produce an annual report for the wider public.

Conclusion

This strategy has described our joint vision, the major challenges and our priorities for Bury over the next five years.

To ensure leadership, action and delivery of these priorities, as a Board we will:

- Listen to our communities.
- As a priority, focus resources to improve health and wellbeing and reduce inequalities.
- Deliver an annual programme of work with stated outcomes and monitoring.
- Have accountable senior officers leading on delivery plans.
- Actively use the powers of health scrutiny to ensure commitments are delivered and monitored.
- Embed and consider the impact on health and wellbeing when making policy, planning decisions and service developments.

These are our commitments that will enable us to improve the health and wellbeing of all in Bury.

Appendix 1 – Supporting Strategies

The following local strategies and plans will support the delivery of priorities within the Bury Joint Health and Wellbeing Strategy:

Cross-cutting:
Bury CCG Strategic Plan
Safeguarding Adults Strategy
Poverty Strategy
Township Action Plans
14-19 Strategy
Learning Disabilities Strategy
GM Public Service Reform Plan

Ensuring a positive start to life for children, young people and families
Affordable Warmth Strategy
Breastfeeding Strategy
Children and Young People's Plan
Early Help Strategy (in development through Children's Trust)
Safeguarding Children Strategy

Encouraging healthy lifestyle and behaviours in all actions and activities.
Alcohol and Drug Strategy (Pending)
Healthy Weight Strategy
Oral health Strategy
Tobacco Control Strategy
Sexual Health Strategy
Sport & Physical Activity Strategy

Helping to build strong communities, wellbeing and mental health.
Anti-social Behaviour Strategy
Autism Strategy
Bury Employment and Skills Plan
Community Strategy
Community Cohesion Strategy
Crime and Disorder Strategy
Cultural Strategy
Domestic Violence Strategy
Homelessness Strategy
Housing Strategy
Economic Strategy
Local Plan
Mental Health Strategy
Neighbourhood Renewal Strategy
Reducing Re-offending Strategy
Street Safe Strategy
Town Centre Business Plan

Promoting independence of people living with long term conditions and their carers.
Carers Strategy
Neurological & Long Term Conditions Strategy
Cancer Strategy

Supporting older people to be safe, independent and well
Affordable Warmth Strategy
Dementia Strategy
Falls Prevention & Bone Health Strategy
Housing Strategy for Older People

Glossary

For the purpose of this Strategy, the following definitions of key terms are used:

Affordable Housing - Affordable housing is that provided, with subsidy (not necessarily public subsidy), for people who are unable to find housing to meet their needs in the general housing market because of gap in local housing costs and incomes.

Carer - A person of any age who looks after someone who has an illness, disability, frailty, or has mental health or substance misuse problems. They are not paid as part of their employment for the vital help they provide to family or friends.

Clinical Commissioning Group (CCG) - Clinical Commissioning Groups are new NHS organisations that brings together local GPs in an area to plan and buy a range of health care services for their patients. Although previously in shadow form, Bury CCG was authorised to formally operate from 1st April 2013 and covers all patients registered with a GP in Bury.

Commissioning - The process by which the health and social care needs of local people are identified, priorities determined and appropriate services purchased

Extra Care Housing - A self-contained housing option for older people that has care support on site 24 hours a day.

HealthWatch - This is a new independent consumer body overseeing health and social care. HealthWatch in Bury will ensure the views and experiences of those who use health and social care services inform the development of local services.

Health Inequalities - These are differences in health status between different population groups. These differences might be on the basis of where people live, or by certain characteristics e.g. social class, gender, ethnicity etc. Some inequalities arise because of biological factors e.g. genetics and are, in the main, beyond control. Others arise due to the conditions in which people are born, grow, live, work and age and may be unnecessary and avoidable as well as unjust and unfair. These avoidable health inequalities lead to inequity in health.

NHS England - From April 2013, NHS England has taken on many of the functions of the former primary care trusts (PCTs) with regard to the commissioning of primary care health services, as well as some nationally-based functions previously undertaken by the Department of Health. NHS England is an independent body at arm's length to the Government.

Life Expectancy - This is the average number of years that a person born today can expect to live, provided the level of age-specific deaths stayed the same.

Cardiovascular disease - This is a group of diseases that involve the heart or blood vessels.

Pooled budgets - This is a collaborative funding arrangement whereby two or more organisations make financial contributions to a single funding 'pot' or budget to achieve more efficient and effective services that better meet citizens' needs. One of the partners will act as a host agency for the single budget and it will often be governed by a formal agreement.

Lifecourse - This was used by Sir Michael Marmot and others in the report: 'Fair Society, Healthy Lives' to outline how disadvantage in life starts before birth and accumulates throughout life. Marmot suggested that to reduce inequalities action needs to start before birth and follow through all life stages in order to break the links between early disadvantage and poor outcomes.

Secondary mental health services - These are services for adults with more severe mental health problems and needs that require specialists skills and facilities of mental health services

Wellbeing - This is 'a positive physical, social and mental state; it is not just the absence of pain, discomfort and incapacity. It requires that basic needs are met, that individuals have a sense of purpose and that they feel able to achieve important personal goals and participate in society. It is enhanced by conditions that include supportive personal relationships, strong and inclusive communities, good health, financial and personal security, rewarding employment, and a healthy and attractive environment.' (Defra, 2007)

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