SOLIHULL HEALTHIER COMMUNITIES STRATEGY

2010 to 2013

DRAFT FOR CONSULTATION

CONTENTS

Foreword

1. Introducing our vision
2. Our Borough
3. What is a Healthy Community?
4. How Healthier Communities link to our Local Area Agreement
5. The role of the Comprehensive Area Assessment
6. Backcasting
7. Our key priorities for the next three years
8. Personalisation
9. Reducing health inequalities
10. Enabling older people and disabled people to live independently
11. Improving peoples emotional well-being
12. Increasing number of people making healthy lifestyle choices
13. Supporting carers
14. Housing
15. Support for employment, education, training and volunteering
16. Underpinning principles
17. Community engagement
18. Arrangements for co-operation which supports this Strategy
19. How we will use our resources
20. How we will measure our success

Appendix 1: HCB relationship to associated groups

Appendix 2: Backcasting list of ‘recognition events’

FOREWORD

By Councillor Bob Sleigh, Chair of the Healthier Communities Board.

This is the Healthier Communities Strategy for Solihull, which has been produced by the Healthier Communities Board.

These are challenging times where we are witnessing economic and social obstacles to building healthy communities.

Inequalities in health are characteristically stubborn and difficult to change. However, tackling health inequalities must be a priority for everyone if we are to succeed in achieving our aim of building healthy communities. To this end, reducing health inequalities is not only a priority in its own right within this Strategy, but we are also committed to tackling health inequalities within each of the other priority areas within this Strategy.

For the priorities within this Strategy to make a real difference to the people of Solihull we need to engage local people through the communities in which they live and our vision of achieving this is laid out here.

The wider social determinants of health such as transport and housing are recognised as playing a vital role in building healthy communities and through work with our partners we can start to make a real difference to the circumstances in which in our residents live their everyday lives. Health is 'everyone's business' and large scale change can only be achieved through large scale action, working with partners in the public, private and third sector organisations.

We cannot ignore that the economic downturn is presenting additional challenges as all sectors find themselves operating within increasingly tight financial constraints. This makes the task of integrating health into everyone's core business of vital importance. We need to coordinate our use of resources, with greater strategic focus and tangible delivery plans. We will do this through the Partnership Boards of the Healthier Communities Board.

1. **INTRODUCING OUR VISION**

We want Solihull to be a place where people can enjoy improved health and wellbeing, both now and in the future. This Strategy outlines how the Healthier Communities Board will help make this possible.

The Solihull Partnership is the Local Strategic Partnership for the Borough. It is responsible for bringing together local communities and the agencies that serve them to plan for the future of Solihull. The Partnership has produced a Sustainable Community Strategy for Solihull 2008-2018, which is a vision for the kind of Borough we want in 2018, and a map for how we get there. It has been formally agreed by the organisations that make up the Partnership. The Strategy describes how partner organisations, communities and citizens will develop the Borough of Solihull as a great place to be. It is based on the needs, concerns and aspirations of local people, and sets out improvement priorities to tackle the most important issues facing the people of Solihull.

Building Healthier Communities is one of the key priorities in our Sustainable Communities Strategy. We want to help the people of Solihull to enjoy a good quality of life, make healthy choices and live longer.

The Local Strategic Partnership, through its Healthier Communities Board, provides a mechanism for delivering on targets within this priority, by providing political leadership; through the establishment of topic specific supporting Partnership Boards; and by providing an effective mechanism for community involvement. It is reflected in the Local Area Agreement (LAA).

This is the Healthier Communities Strategy for Solihull. It is produced by the Healthier Communities Board, which is one of five groups that form the Strategic Partnership, and is aligned with the Sustainable Community Strategy which should be read alongside this document. It is a three year Strategy that sets out the Solihull Partnerships intentions for addressing improvements against the *Building Healthier Communities* priority for 2010 - 2013. Comments from partner organisations and the public are being invited for a final version in June 2010. It will be reviewed in June 2011 and refreshed if necessary in line with the refreshed Sustainable Communities Strategy.

The Healthier Communities Board and it's supporting Partnership Boards is representative of the wide range of interests who contribute to sustaining and improving the health and well-being of the local population. Consequently we have produced a Strategy that can assist everybody to make their contribution to reducing health inequalities in the Borough and meet the needs of the diverse communities who live and work in Solihull.

The Healthier Communities Strategy is based on firm evidence of need, which is expressed in the Joint Strategic Needs Assessment (JSNA) – this is a document produced by the Joint Director of Public Health for Solihull Care Trust and Solihull Council and is a systematic method for reviewing the health and well-being needs of a population which leads to agreed commissioning priorities that will improve health outcomes and reduce health inequalities.

The key points from the most recent JSNA are highlighted below.

Key Points of Solihull Joint Strategic Needs Assessment
*Overall the **health** of Solihull people is good and is improving; the prevalence of many common conditions is similar to the national picture.* *The Solihull community is **diverse** incorporating an urban/rural mix and extremes of affluence and deprivation.* *This diversity is demonstrated in the degree of **health inequality** in the Borough which is of great concern; the 10 year gap in **life expectancy** has widened over the last decade and is predicted to increase further.* *Broader **social and economic factors** are the root causes of these inequalities however **lifestyles** particularly smoking, diet, alcohol consumption and a lack of physical activity also contribute significantly.* *The changing pattern of **disease and disability along with demographic trends** are having a major impact on health and social care needs.* *The growing proportion of **older people** and the associated increased need for services presents a major challenge to the local health and social are economies.* ***Long term conditions** such as cardiovascular disease, diabetes, disability and frailty are increasing and the numbers of people with dementia are growing.* *Targeted approaches to reducing cardiovascular disease and smoking, improving diet and alcohol services are most likely to be effective in **closing the gap** in life expectancy.* ***Quality of health and social care** services in Solihull is generally good although improvements will be required if these challenges are to be met.* *Improvements will be required in community **mental health** services; support for people with **disabilities** to live in the community and maintain their independence; support for **carers**; and support for people at time of **crisis** to ensure care is appropriate.* *Improvements in the **maternity** experience are required to ensure best outcomes for the family.*

Emphasis has been placed in this Strategy on the need to think ahead about long term challenges facing the health and social care economies namely, demographic growth and change, constrained budgets, delivery of care to peoples own homes and the anticipated increase in Personal Budgets and their extension into health care.

This Strategy provides a written record against which the Healthier Communities Board can be held to account by the Solihull Partnership and our communities.

It will also inform the production of the Partnership Boards commissioning plans, which will in turn determine the commissioning and contracting arrangements with provider agencies. Commissioning in this context means assessing need and making use of market intelligence to plan and arrange services that most appropriately address the needs and wishes of individual citizens and diverse communities. The Partnership Boards have responsibilities to ensure engagement with and participation of stakeholders, and so contribute to the assessment of needs in communities and produce solutions that can address these needs.

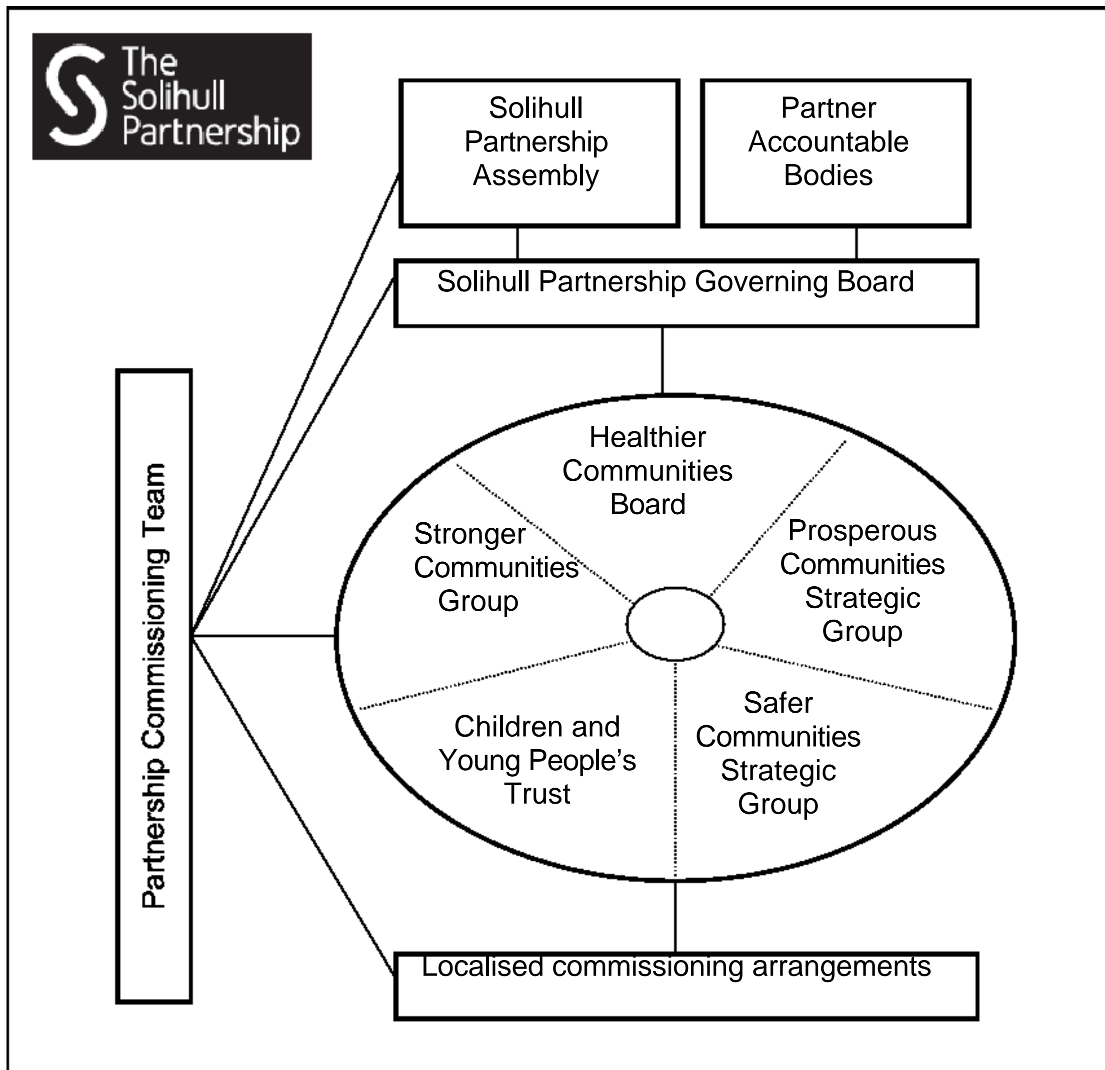
Each of the priority areas within this Strategy requires a detailed and specific action plan that is specific about what will be done, by whom and by when. The commissioning plans of each of the five Partnership Boards will include individual plans for each of the priority areas, which will provide a mechanism against which progress can be measured. The commissioning plans and action plans will be published during the summer of 2010.

There are also in existence a number of multi-agency reference groups whose members are responsible for delivering the work-plan of each of the Partnership Boards.

This inter-relationship of agencies, responsibilities and strategies is illustrated in Appendix 1.

It is important to note that building Healthy Communities is not something that the 'Health Sector' can achieve alone. Our priorities are dependent for success on shared ownership and action across agencies, working together to manage and provide local services. Led by Solihull's Healthier Communities Board, this Strategy brings together the desired outcomes of a whole range of organisations. It explains our aims, values and our priorities for improvement over the next three years. Our work will support the aspirations of the Sustainable Communities Strategy and the Solihull Partnership's other four thematic groups: Children and Young People's Trust, Safer Communities, Prosperous Communities and Stronger Communities and the Local Area Agreement.

The Solihull Partnership Structure is illustrated below.



SOLIHULL PARTNERSHIP STRUCTURE

2. OUR BOROUGH

Solihull is a metropolitan Borough bounded by Birmingham to the west and north-west, Coventry to the east and Warwickshire to the north-east and south.

The population of 220,000 (GP registered) has very diverse needs and lives in a mix of urban and rural communities with extremes of affluence and deprivation.

The ethnicity of the population is mostly white British but the black and minority ethnic communities are growing in size, and are estimated to be 9.4% of the resident population; more than double the rate within the 2001 Census. Moreover, daytime students and the working population of the Borough bring increased diversity into Solihull daily.

The more deprived communities are located in the wards in the North of the Borough but there are also pockets of deprivation in the south and west.

The overall size of the population has been fairly stable but is predicted to increase by 8% over the next 10 years and in particular the age profile of the population is changing. The 65+ population is predicted to increase by 24% and the 85+ population by 55% over the next 10 years by when over half the population will then be older adults and pensioners.

Overall the health of Solihull people is good and is improving; the prevalence of many common conditions is similar to the national picture and indeed the health of the people of Solihull is generally better than the England average. Life expectancy for women is 83.8 years and 78.4 years for men, which is in the top 25% nationally.

Despite Solihull's population being much less deprived overall than the national average, there are parts of the Borough that are extremely deprived in terms of national rankings. Solihull's diversity is demonstrated in the degree of health inequality in the Borough, which is of great concern. There is a 10 year gap in life expectancy between the best and worst wards, and this has widened over the last decade.

An extensive programme of regeneration is currently underway in order to redress this imbalance and create opportunity for employment, affordable homes and ten new primary schools for North Solihull. However, it is important to note that certain localities in the urban west of the Borough have been recognised as having comparable issues, yet are not part of the regeneration programme.

Broader social and economic factors are the root causes of these inequalities but lifestyles, particularly smoking and diet, also contribute significantly. Indeed levels of physical activity in children and smoking in pregnancy amongst Solihull residents are worse than the England average (Health Profiles 2009). A number of strategies are therefore being implemented to

improve healthy lifestyles and educational achievement within our most disadvantaged areas.

Long term conditions such as cardiovascular disease, diabetes, disability and frailty are increasing and the numbers of people with dementia are growing. Targeted approaches to reducing cardiovascular disease by tackling its causes, which will include reducing levels of smoking, increasing physical activity and improving diet are most likely to be effective in closing the gap in life expectancy.

The changing pattern of disease and disability along with demographic trends are having a major impact on health and social care needs. In addition, the growing proportion of older people and the associated increased need for services presents a major challenge to the local health and social care economies.

The quality of health and social care services in Solihull is generally good although improvements will be required if these challenges are to be met. Improvements will be required in community mental health services; support for people with disabilities to live in the community and maintain their independence; support for carers; and support for people at time of crisis to ensure care is appropriate, as well as improvements in the maternity experience are required to ensure best outcomes for Solihull residents.

3. WHAT IS A HEALTHY COMMUNITY?

Health is defined by the World Health Organisation as:

"A state of complete physical, mental and social well-being and not merely the absence of disease or infirmity".

However, health is often confused with 'Health Care', which presumes that it is the National Health Service which is solely responsible for people's health by responding to their ill-health.

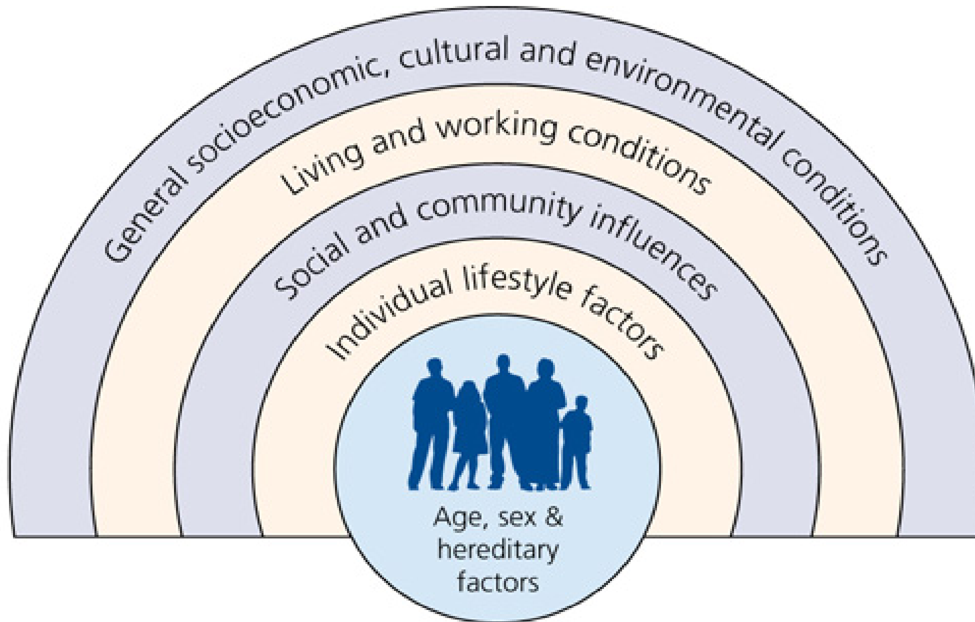
The Wanless report on securing good health for the whole population (HM Treasury, 2004) was a turning point in that it highlighted the need for more proactive policies that would enable people to engage with their own health and wellbeing, thus taking health beyond the National Health Service and into communities.

Thus, within the context of this Strategy a Healthy Community is one that supports the people of Solihull to achieve health as defined by the World Health Organisation.

Health has crucial links with many other aspects of our life. Whilst our age, gender and genetics are important, both mental and physical health are affected by our environment which includes our housing, the air we breathe, and our working environment. Emotional wellbeing affects our thoughts and behaviour, our motivation and the choices we make.

Lifestyle factors such as whether we smoke, what we eat and drink, and how much physical activity we take will all impact on our health. Our health is also strongly affected by whether we have a job and economic situation, which in turn may be affected by our educational achievements and our aspirations. Additionally, our social networks and relationships play a substantial role in how healthy we are. Many other local services such as transport, leisure provision, and health services are relevant too. The diagram below illustrates these links.

The Main Determinants of Health



(Dahlgren and Whitehead, 1991)

In reality, these interrelationships are complex as many of the influences on our health are in themselves influenced by our health status. For example, our ability to benefit from education or to be able to work depends on our level of health. If we are healthy and able to work it is likely that we will be able to afford better quality housing.

All of this means that our local Healthier Communities Strategy has to link with the work of many agencies to achieve the greatest outcomes, and the importance of partnership working cannot be understated. It is clear that issues that affect our health cannot be solved through the actions of any one agency alone. Coordinated action is needed if we are to successfully tackle the social, environmental and economic factors underlying what makes a healthy community.

4. HOW THE HEALTHIER COMMUNITIES AGENDA LINKS TO OUR LOCAL AREA AGREEMENT

Solihull's Local Strategic Partnership (LSP), known locally as the Solihull Partnership is a non-statutory, multi-agency partnership. It brings together at a local level different parts of the public, private, community and voluntary sectors; allowing different initiatives and services to support one another so that they can work together more effectively. Working together as part of an LSP is the only way that we can achieve the best outcomes for the people of Solihull. We have a far greater chance of success by changing the way we work, reallocating our resources and developing our mainstream services to tackle issues that really matter to local people. To deliver these changes the LSP has decided on a number of priorities, and these form our Local Area Agreement targets for Solihull.

The LSP priorities for which the Healthier Communities Board is responsible are outlined below.

It should be noted that there are many other targets across the partnership which impact upon health, however the focus of this Strategy is on those indicators which the Healthier Communities Board is responsible for.

HEALTHIER COMMUNITIES LAA TARGETS	
National Indicator number	**National Indicator definition**
NI 39	Rate of hospital admissions per 100,000 for alcohol related harm
NI 120	All age all cause mortality rate
NI 123	Stopping smoking
NI 125	Achieving independence for older people through rehabilitation/ intermediate care
NI 135	Carers receiving needs assessment or review and a specific carer's service, or advice and information
NI 146	Adults with learning disabilities in employment
Reward Target 5 (review in 2010)	Breastfeeding
Reward Target 6 (review in 2010)	Direct Payments

5. THE ROLE OF THE COMPREHENSIVE AREA ASSESSMENT (CAA)

April 2009 saw the introduction of the CAA, which is the new external assessment of how well local public services are performing.

CAA assesses how well communities are being served by their local public services; these include councils, police, health, and fire and rescue services. It emphasises the quality of life of residents, and focuses on how well these bodies are working together to achieve improvement and progress towards long-term goals.

This focus on good partnership working and local outcomes means that for the first time public services are being held collectively to account for their impact on local outcomes.

The CAA results are published annually and provide information to local people about their local services, which will increase their awareness of the services available to them.

The CAA is a strong lever for action in that not only does it consider the wider determinants of health such as the environment and the local economy, but also highlights issues that enable partners to work together to develop programmes of work that focus on common objectives to resolve shared problems.

Solihull's first area assessment (December 2009) recognised that while public service partners in Solihull have consistently placed tackling health inequalities at the top of their agenda for some years, a significant inequality remains. The Healthier Communities Board acknowledges that tackling health inequalities is the cornerstone of achieving many of the 'objectives' of a Healthy Community and this is reflected in our priorities for action.

6. BACKCASTING

Solihull, as with other commissioners and providers of adult social care, is experiencing a number of challenges in planning for demographic growth and changes and growing unmet eligible need.

To tackle this it is vital that radical changes are made to the model of social care that not only better position Solihull to meet these challenges but also improve outcomes for individuals by promoting independence and increasing choice and control.

This significant level of change needs to be supported by a single and coherent vision across the partnership on what the future of adult social care should be. In 2009 the Care Trust and Solihull Council joined forces with PriceWaterhouseCoopers and their associate partner Isochron, to construct a tangible view of this future vision – this approach is known as 'backcasting'.

Through a mix of structured interviews with key decision makers and several stakeholder engagement events a set of 45 'Recognition Events' (or Outcome Statements) were agreed. Although individual statements in their own right, when taken together, they characterise a consolidated view of the future. These are outlined in Appendix 2.

The Healthier Communities Board has a dual role in setting a multi-agency commissioning framework that promotes these characteristics to partner organisations and providing a 'check and balance' function to ensure that commissioning strategies deliver the change needed.

7. OUR KEY PRIORITIES FOR THE NEXT THREE YEARS

Five priority areas for improvement have been chosen for focus in this Strategy. Each of these is of equal importance, and requires a whole partnership approach if success is to be achieved.

The areas are those highlighted as needing to be addressed against the 'Building Healthier Communities' section of the Sustainable Communities Strategy. Moreover, consultation with stakeholders at the first Healthier Communities summit further confirmed that these were the correct areas for action. We have also made reference in this Strategy to additional issues highlighted at the summit: housing, employment, education and personalisation.

In developing our priorities we have looked at:

- What we know about the nature and extent of health amongst the Solihull population.

- What our achievements have been so far.

- What kind of place we want Solihull to be and the key areas we need to develop further in order to close the gap between the way things are and the way we want them to be over the next 3 years.

- Examples of good practice to be developed further.

It is through the development of our Partnership Boards commissioning intentions and delivery plans that we will create better ways of working together to deliver our vision.

Priority areas for improvement

1. **We will reduce health inequalities**

Rationale:

The degree of health inequality in the Borough is of great concern and there is a 10 year gap in life expectancy between the best and worst wards of Solihull. This has widened over the last decade as the life expectancy of residents from more affluent areas of Solihull has increased more rapidly than for those from more deprived areas. This gap is predicted to increase further; indeed three wards in the North of the Borough are among the 5th most deprived in the country. Deprivation is associated with poor health outcomes and, when compared to the rest of the Borough, the health inequalities experienced in our more deprived wards are striking.

Improvements we will make:

We will work to reduce health inequalities and close the gap in health status and life expectancy of people between the best and worst areas in Solihull through a focussed set of high impact initiatives that will support sections of the population that are most in need.

We will work with local people through their communities to tackle issues of importance to them.

2. **We will improve people's emotional well-being and support people with mental health needs**

Rationale:

Mental illness is one of the most common causes of poor health and of admission to hospital, as well as impacting on all aspects of people's lives. In addition, the number of older people developing dementia is increasing.

Improvements we will make:

We will develop a coordinated approach which addresses health as opposed to illness, through strengthening partnership working on the issues of dementia and emotional wellbeing at all levels.

3. **We will increase the proportion of people making healthy lifestyle choices, particularly on diet, exercise, smoking and alcohol**

Rationale:

Lifestyles are a major contributor towards the pattern of health inequalities in Solihull. Programmes of activity are needed that develop targeted, sustainable programmes that reduce health inequalities and access specific groups.

Improvements we will make:

We will deliver comprehensive well being, prevention and treatment services which identify people at risk, support behavioural change in lifestyle management, as well as treating people in a timely and responsive way when they do need more specialist intervention.

We will provide practical tailored support to empower and enable people to adopt healthier lifestyles.

4. **We will enable older people and disabled people to live with dignity and independence**

Rationale:

It is locally recognised that more needs to be done to meet the needs of older and disabled people, enabling them to play a full and active role in their communities.

Improvements we will make:

We will ensure that directly provided services, as well as those that we commission have the capacity and capability to deliver expectations.

5. **We will support carers**

Rationale:

Carers perform a vital function enabling people who are at risk of losing their independence as a result of long-term ill health to remain in their homes and communities.

Improvements we will make:

We will ensure that carers in Solihull are recognised as major contributors to our community and valued for the important but sometimes overlooked role that they undertake.

8. PERSONALISATION

Partnership Board responsible for producing commissioning/action plan in relation to this priority: **all 5 Partnership Boards to ensure personalisation is included within their plans.**

Introduction

Personalisation is the process of increasing choice and control for service users and carers over the support they receive. Personalisation offers flexibility and benefits from the creativity and experience of people who use services.

Solihull Care Trust's Personalisation Strategy lays out a vision for the transformation of social care and the introduction of Personal Budgets in response to the concordat 'Putting People First' (2007). Much work has already been done in setting up systems to support personalisation, to build on the existing Direct Payment scheme and to set up a series of pilots for Personal Budgets. Solihull Care Trust is involved in piloting Personal Health Budgets, a new development that seeks to extend the advantages seen in social care into health.

Personalisation cannot be delivered by one agency alone and will require work across the boundaries of social care, housing, benefits, leisure, transport and health; and with partners from the independent, voluntary and community sectors. Crucially, it involves service users and carers in co-designing services on an individual basis.

Challenges/Need

To keep increasing the number of people using Direct Payments, and the number of people going through a Personal Budget process. This is necessary to meet the progress measures for 'Putting People First' (September 2009).

To co-produce service solutions with service users/patients on an individual basis.

To increase capability to ensure the workforce has the appropriate skills.

To raise awareness of personalisation and Personal Budgets with service users and the general public.

To work closely with the Safeguarding Board to ensure that personalised ways of working are developed that properly safeguard individuals.

To shape and build a flexible and varied market which can respond to the new personalised model of commissioning and contracting.

To improve access to information about locally available services and support.

Good Practice

The Care Trust has commissioned a third sector partnership, Enable Solihull to conduct a mapping exercise, raise awareness about personalisation with providers and service users, facilitate a forum of service users and offer support to provider organisations to adapt their business plans in readiness for widespread use of Personal Budgets.

9. REDUCING HEALTH INEQUALITIES

LAA targets that this priority impacts on:
NI 39 (alcohol related admissions)
NI 123 Stopping Smoking
NI 120 (all age all cause mortality rate)
Reward target 5 (breastfeeding)

Partnership Board responsible for producing commissioning/action plan in relation to this priority: **Health Inequalities Partnership Board**

Introduction

The Local Strategic Partnership brings together all those who have a role to play in reducing health inequalities across Solihull. The Health Inequalities Partnership Board has been charged with leading and co-ordinating actions to assist in delivery of this goal.

We are working to reduce health inequalities and close the gap in health status and life expectancy of people between the best and worst areas in Solihull; progress is measured quarterly by LAA target NI 120 (all age all cause mortality rate). A wide range of improvements/service developments across the Solihull Partnership are likely to impact on overall levels of mortality and life expectancy. However, programmes to reduce health inequality will be most effective when the wider social and economic determinants are addressed.

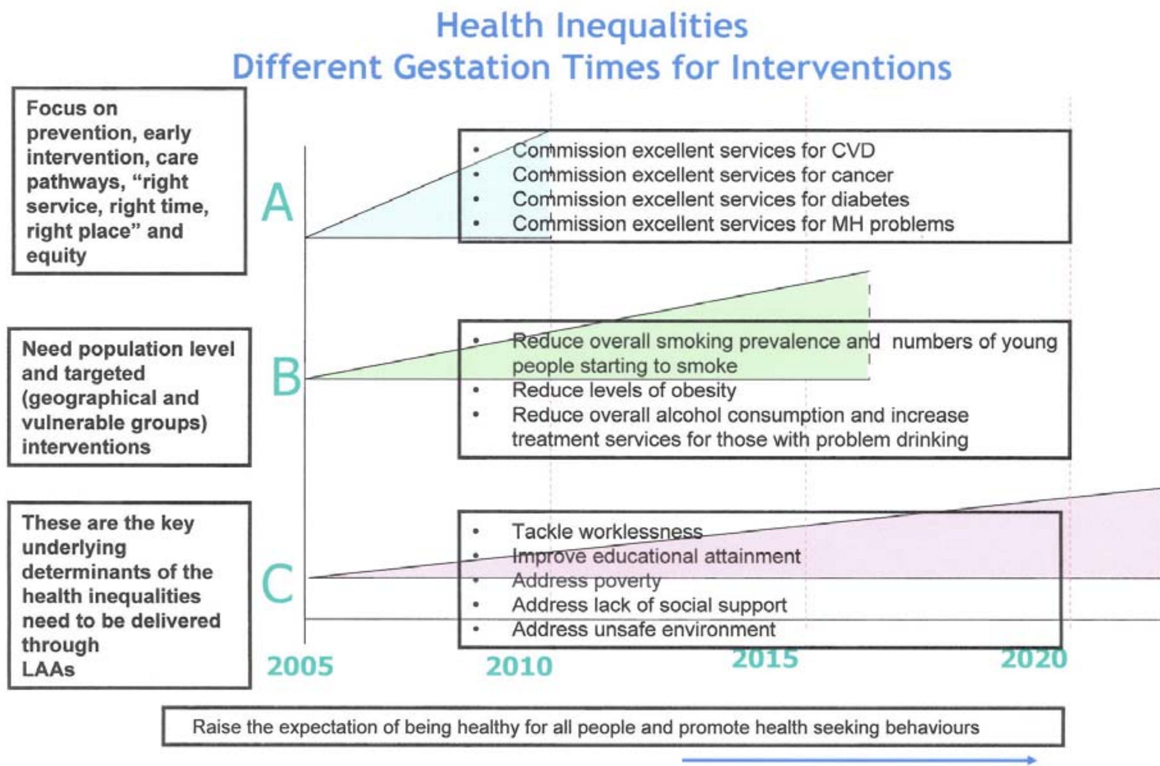
Our greatest concern is the degree of health inequality across the Borough with a gap in life expectancy of 10 years between the 'best' and 'worst' wards. Heart disease, stroke and cancer are the major causes of ill health and premature mortality in our population, and the gap in premature mortality from Cardiovascular Disease (CVD) and cancer between the most affluent and most deprived populations is widening. Indeed, there is a wealth of evidence to demonstrate that inequalities in health are clearly linked to levels of social disadvantage.

It is important to note that Health Inequalities do not only affect geographical populations. Age, gender, race and disability are amongst the other factors that can also create 'Health Inequalities' among populations. Thus while this priority area does focus on the geographical 'Health Inequalities' that exist within Solihull, a number of the other Health Inequalities are tackled elsewhere within this Strategy.

A recent visit by the Department of Health Inequalities National Support Team to Solihull highlighted a number of areas where it was recognised that all partners need to focus effort to reduce Health Inequalities locally. Their recommendations form the basis of a detailed action plan led by the Health Inequalities Partnership Board, to assist in delivery of this goal.

We will reduce future health inequalities through long-term strategic action in conjunction with addressing the needs of people experiencing immediate health disadvantage through shorter-term initiatives.

This is illustrated in the diagram below.



Ref: Department of Health National Support Team (2009)

Challenge/Need

Community Engagement

Assessing the needs of local people is addressed in part through the JSNA, with local partners working collectively to establish needs and priorities. However, frontline workers provide additional valuable qualitative insight into the needs of people in different areas. It is only through understanding the lives of residents in an area that their needs be addressed, by working together to promote healthy, empowered and cohesive communities.

Proactive and sustained engagement with local people and communities, voluntary and private sector agencies and local services will address inequities in gaining access to preventive services and so facilitate the promotion of a variety of mechanisms to address 'at risk' behaviours in local communities.

Tobacco Control
Smoking is the single most preventable cause of ill-health yet one in five people continues to smoke, with levels being above the national average in North Solihull.

Our challenge is to implement a tobacco control Strategy that will reduce the overall smoking prevalence and as well as reducing the numbers of young people starting to smoke.

Weight Management
Obesity and poor quality diets are contributing to increasing levels of poor health and long term conditions such as diabetes. Chronic, long-term conditions are particularly prevalent among older people and in deprived communities. These conditions are predicted to increase as the population of Solihull becomes older and levels of obesity increase.

Our challenge is to reduce the levels of obesity through a comprehensive Weight Management and Obesity service with Level 1, 2, 3 and 4 services to provide support to people with varying levels of need.

CVD Prevention
The CVD prevention programme that currently exists provides targeted vascular screening through all GP practices in the North of Solihull and will reduce the number of CVD events as well as the mortality rate among at risk groups in our less advantaged communities.

Our challenge is to maintain the momentum of this programme whilst rolling it out to all GP practices across the Borough, and to provide the additional support that will be needed to work with the individuals identified who will then need 1:1 support to make lifestyle changes to reduce their risk of CVD.

Alcohol
We are committed to reducing overall alcohol consumption and increasing treatment services for those with problem drinking, thus reducing alcohol related admissions to acute services. Our challenge is to ensure that interventions are comprehensive and wide-reaching. We will do this through:

Primary prevention – this includes health promotion and requires action on the determinants of health to prevent disease occurring. Education regarding Alcohol misuse will be targeted at all age groups but particularly young people, and screening & assessment for alcohol misuse in primary care and the community will be established.

Secondary prevention – this is the early detection of disease, followed by appropriate intervention or treatment. This will include targeted intervention to reduce re-admissions through the pilot of a hospital Alcohol Liaison Service, and piloting an Arrest Referral Scheme to signpost to alcohol services and ancillary services.

Tertiary prevention - aims to reduce the impact of the disease and promote quality of life through active rehabilitation. This will include development of Tier 4 services for alcohol misuse.

Emotional Wellbeing
Socio-economic deprivation has a significant impact on prevalence of poor mental health and the overall prevalence of mental health conditions is significantly higher in the North of the Borough.

Life expectancy has improved considerably and there will be a significant increase in the numbers of people with dementia and older people with learning disabilities as well as children with complex needs living into adulthood.

Social Marketing
A comprehensive marketing and publicity campaign is required to support the implementation of lifestyle services. Where appropriate, we will systematically apply social marketing techniques to achieve specific and manageable behavioural change to improve health and reduce health inequalities by improving the effectiveness of our health campaigns.

We will focus on addressing these inequalities through a focussed set of high impact initiatives aimed at improving people's lifestyles. We will deliver bespoke and integrated lifestyle management schemes to neighbourhoods with clearly recognised levels of deprivation to effect behavioural lifestyle change and reduce inequalities. We are developing comprehensive well being, prevention and treatment services which identify people at risk, support behavioural change in lifestyle management as well as treating people in a timely and responsive way when they do need more specialist intervention. This is covered in more detail under the Priority 'increasing the number of people making healthy lifestyle choices' in Section 12 of this Strategy.

It is acknowledged that for effort to make any substantial difference to our population, interventions need to be scaled up and focussed on whole populations. Links between the different strategic groups are being strengthened to ensure interventions are comprehensive, systematically applied and sufficiently scaled.

We will continue to work across the other Strategic Groups of the Solihull partnership to promote a social model of health and to address some of the wider determinants of health such as social and economic regeneration of disadvantaged areas, promoting employment opportunities, improving educational attainment and addressing unsafe environments.

Development of the Solihull Partnership 'Closing the Gap Scorecard' (in progress, 2010) will assist in monitoring progress to tackle health inequalities.

Good Practice

A ‘one stop shop for health advice’ (You+) was opened in Chelmsley Wood in August 2009. This provides an ideal venue to expand on a number of health promotion initiatives within the North of the Borough where health inequalities are marked.

Our diabetes service has been improved in recent years so that 80-90% of peoples care is now managed in the community and to a better quality standard through targeted and tailored interventions.

Targeted smoking cessation clinics, counterfeit tobacco control campaigns and smokefree homes campaigns are targeted in areas in areas of known high smoking prevalence in the four wards in the North of the Borough (Smithswood; Chelmsley Wood; Kingshurst and Fordbridge).

Solihull’s Health Trainer Service is a health improvement service that is specifically designed to address inequalities through provision of one to one support for individuals, especially from disadvantaged communities, who would benefit from practical encouragement with lifestyle changes. This could include the provision of information, signposting to local services and accompanying clients to services. Most importantly Health Trainers are able to provide time and structure for people who are may not normally access health services, who may find it particularly difficult to make lifestyle changes or who may be are unsure about their lifestyle risks and what to do to improve their health.

The links between stress and ill health are well established. The economic downturn has inevitably raised levels of anxiety as people’s financial circumstances become uncertain. The Economic Summit is a local response to this and the Prosperous Strategic Group is leading the Solihull Partnerships work in this arena.

We are focusing on health improvement and tackling health inequalities via community strengthening, empowerment and Patient and Public Involvement. A successfully proven method of achieving this is by utilising the ‘Health Empowerment Leverage Project’ (HELP) approach. This focuses on enabling conditions necessary for residents to lead change and improvement for themselves. It is based on capacity 'release' (as opposed to' building'), 'growing' local leaders and is aspiration led. The project is currently being scoped through discussions with a number of parties in North Solihull. The Department of Health are to support Solihull in delivery of this project during 2010.

10. ENABLING OLDER PEOPLE AND DISABLED PEOPLE TO LIVE INDEPENDENTLY

LAA targets that this priority impacts on:
NI 125 Achieving independence for older people through rehabilitation/ intermediate care
NI 146 Adults with learning disabilities in employment
Reward target 6 (Direct payments)

Partnership Boards responsible for producing commissioning/action plan in relation to this priority: **Physical & Sensory Disability Partnership Board, Partnership Board for People with Learning Disabilities and Older People Partnership Board.**

10a. Physical and Sensory Disabilities

Introduction

There will be a massive challenge around the introduction of the personalisation agenda. Whilst Solihull Care Trust will be concentrating upon those in receipt of benefits it will also attract a lot of interest from those who do not qualify for financial support, but would like to know how they can improve their independence.

There has already been a mapping exercise of services resulting in the report “Understanding Social Care Provision in Solihull” by Enable-Solihull. This is being followed up by the provision of training to providers and the discussion of plans for a market development Strategy by Enable-Solihull in conjunction with Solihull NHS Care Trust. This work is ongoing.

Challenge/Need

To date there has been no detailed engagement with individuals and this is being addressed by the Physical and Sensory Disability Partnership Board with the support of the Care Trust Engagement team. Further enquiries are being made through Customer Research Technology which has offered support to Enable-Solihull, which could simplify the consultation process further. A wide reaching questionnaire is to be rolled out and the intention is that this will be followed up with smaller workshops around specific subjects of particular interest to the participants rather than one “catch all” workshop. In this way more information can be obtained about the issues causing concern allowing for possible solutions to be discussed with those able to influence it.

Good Practice

By grouping the respondents in accordance with their key interests e.g. access to services, housing, or employment, etc. it will be possible to keep these groups intact and develop engagement in areas of interest to them.

By holding periodical meetings for these “interest groups” it will be possible for them to have a greater say over services developed on their behalf and may even help them to find their own solutions.

Providers will be advised of the outcome of this engagement exercise and they will be encouraged to adapt their services where practical to meet the desires of the individuals.

10b. People with Learning Disabilities

Introduction

National policy relating to people with learning disabilities is explicitly predicated on the human rights framework and law.

This means that ***all*** services will need to change significantly to ensure that they promote inclusion and citizenship by maximising people's access to:

- Ordinary housing i.e. supported and extra care housing, shared ownership and access to social housing as well as properties in the private rented sector
- High quality support providers
- High quality equitable health care
- High quality further education and training
- Employment
- Fulfilling relationships and personal lives

These key elements are enshrined in Solihull's local Strategy for people with learning disabilities entitled' Acknowledgement and Inclusion' (2006- 2013). The vehicle for delivering this is detailed in the Acknowledgement and Inclusion Commissioning and Implementation Plan – 2009-2013

Challenge/Need

This approach requires the Care Trust, Council and their partners to ensure that directly provided services as well as those that are commissioned have the capacity and capability to deliver these expectations.

Good Practice

The Commissioning Plan outlines the work that is required under ten key themes, identifying accountabilities and key milestones. Finally, the plan highlights a number of key priorities which will be our main areas of focus over the next four years to deliver this plan:

- Finance
- Modernising services – housing, support and employment
- Ensuring good and equitable health care

Marked progress has been achieved in supporting people with learning disabilities in to employment, aided by the target for the Care Trust and the Council to employ 17 people with learning disabilities by the end of March 2010. This had required adaptations to the two organisations recruitment process as well as re-shaping the way in which some traditional job roles function.

Such approaches should benefit wider groups of people and will enable the learning to be transferred as we begin to target third and private sector employees.

10c. Adults and Older People

Introduction

Care services for adults and older people have traditionally relied upon a combination of domiciliary care delivered to peoples own homes as well as extra care, residential and nursing care homes located in community settings (services registered with the Care Quality Commission), complemented by day care centres. However, it is recognised that this approach, and in particular the dependency upon care in a residential setting, is now evolving towards forms of service consistent with the personalisation agenda.

For several years Solihull has been involved in developing and implementing a Strategy entitled "All Our Tomorrows" a Strategy, which set out to replace residential care with high quality extra care housing some of which has already been achieved including the opening of a specialist Nursing Care Home a 70 bed care home and Phoenix House a development of 49 apartments in Autumn 2009.

The Independent Living and Extra Care Strategy replaces All Our Tomorrows and supports developments that will create more provision and greater specialised housing to meet the housing care and support needs of all vulnerable adults and older people especially specialist housing services for adults with learning disabilities and adults with physical and sensory disabilities rather than a residential care home and so increase choice and control for individuals.

The Strategy sets out a range of short and long-term actions, some are already underway, some will start this year, and others will happen as and when planning and proposed development sites become available.

Challenge/need

Developing Personalised Care and Support Services that maximises individuals independence that are supported by personalised, self directed packages of care and housing related support including assistive technology so as to reduce reliance on more intensive services assisting people to remain in their homes.

Develop housing services for adults and older people and work in partnership with private developers and registered social landlords and others assisting people with their existing housing and developing new housing services to be able;

a) to develop affordable non-sheltered, extra care and independent living schemes of mixed tenure for adults and older people, people with learning disabilities and physical and sensory impairments, mental health needs and Black Minority Ethnic older people;

b) to review existing service provision including in-house residential homes and if necessary replace, reconfigure or modernise with extra care and independent living housing services.

An Extra Care and Supported Living Strategy will rest on developing strategic partnerships with housing agencies to build additional high quality, well designed supported living and extra care schemes to accommodate, support and care for Solihull residents. This range of accommodation for older people and people with disabilities will be supported by personalised, self directed packages of care and housing related support and assistive technology. This will provide an alternative and so enable a reduction in dependency on more intensive forms of service provision.

The future commissioning of services will be committed to adopting a personalised approach to the delivery of care to ensure that every person has choice and control over his/her support in the most appropriate setting. The pressure is still prominent in terms of nursing provision and the review of residential care will incorporate nursing provision especially dementia care. Additional provision in nursing care is being explored to ascertain the capacity of the market to alleviate the pressure on local services, alongside the commissioning of specialist domiciliary care services for people with physical and sensory disabilities and dementia as well as a review of investment in day care to redesign services to be person centred, with a emphasis on outcomes and access to mainstream community provision.

Good Practice

The Care Trust is changing its reliance on a limited number of 'block' contracts and introducing the development of robust domiciliary care services that introduce a framework agreement of providers in North, South and Central localities of the Borough that has a fixed set hourly price. The contract will not be for block contracted hours but hours that can be procured through a central function. The framework agreement will ensure that home care domiciliary services will be created that have a self directed, person-centred approach to specialised tasks carried out by care staff with the aim of rehabilitating and/or enabling the individual to manage their own care needs as independently as possible.

Services continue to be commissioned from the Third Sector, which is also a major provider of a range of community based provision including information and advice, advocacy, and rehabilitation services. Services will also be supported and managed under the Supporting People Programme which are

extended to commissioning services for a wide range of vulnerable groups including women fleeing domestic violence, ex-offenders, homeless people, travellers and people dependent on drugs.

11. IMPROVING PEOPLE'S EMOTIONAL WELL-BEING

LAA targets that this priority impacts on:
NI 39 (alcohol related admissions)
NI 123 Stopping Smoking
NI 120 (all age all cause mortality rate)

Partnership Board responsible for producing commissioning/action plan in relation to this priority: **Mental Health Partnership Board**

Introduction

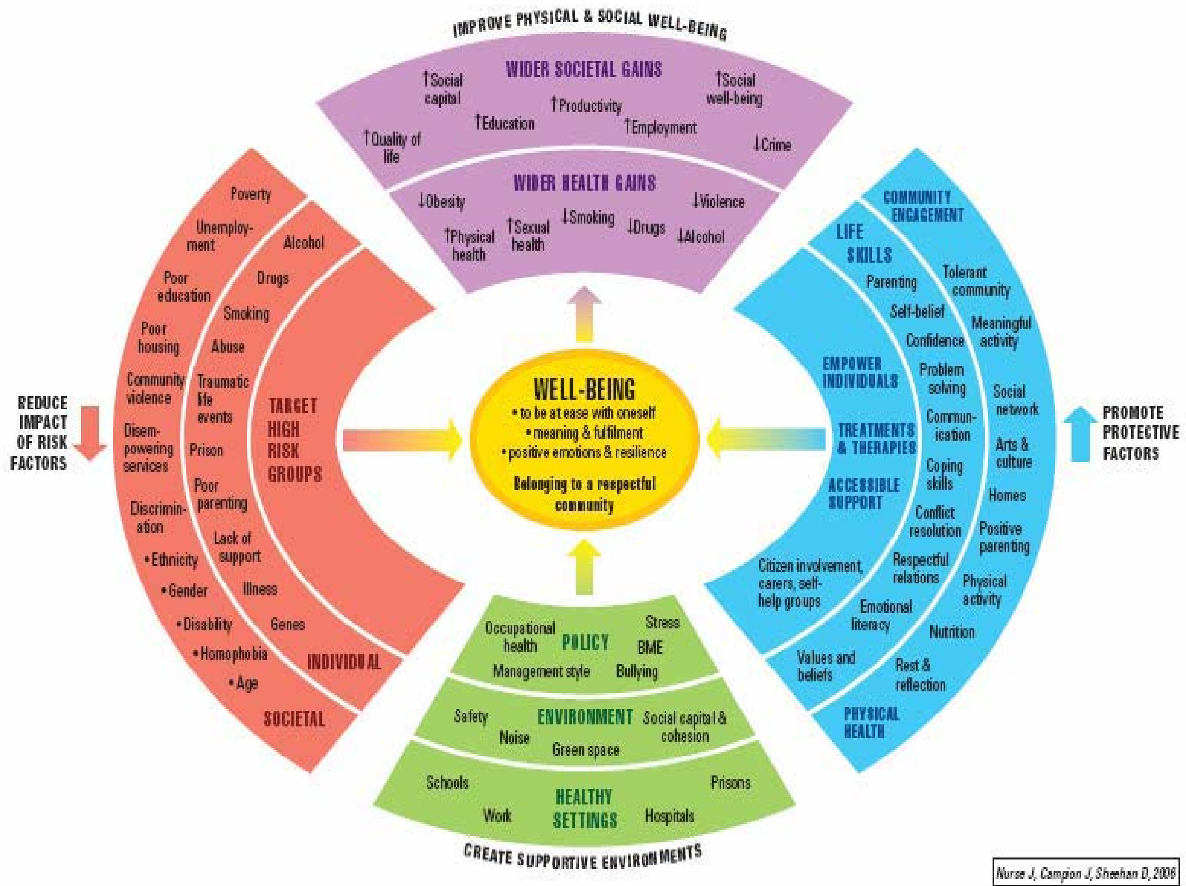
A useful definition of emotional wellbeing is offered by the Mental Health Foundation: "A positive sense of wellbeing which enables an individual to be able to function in society and meet the demands of everyday life; people in good mental health have the ability to recover effectively from illness, change or misfortune".

'There is no health without mental health.' A person can be in poor physical health yet enjoy a good quality of life if their mental/emotional health is good, the opposite is not true.

New Horizons – A Shared Vision for Mental Health identifies that emotional health does not exist in isolation: good emotional health is linked to good physical health, and is fundamental to achieving improved educational attainment, increased employment opportunities, reduced criminality and social exclusion, and reduced health inequalities.

This is summarised in the model below.

A Dynamic Model for Well-Being



We recognise that we will not be able to achieve improved emotional health and wellbeing for our population without significantly changing what we all currently do and investing increased resources in services and support that promote health and emotional wellbeing. The improvement of emotional wellbeing is everybody's business, individuals, their families and local communities, health, social care, the police, schools, employers etc. There needs to be a change of mindset about the importance of emotional wellbeing and the wider impact that failure to achieve it will have on society and the economy as a whole.

There are many good initiatives that have already started or that are being planned which will provide enhanced services and support in the achievement of emotional wellbeing. Clearly, given the change of mindset required this will not always be a smooth journey and there will be many challenges to overcome along the way.

Challenges/Need

To develop a coordinated approach that addresses health as opposed to focusing on illness.

To develop and strengthen partnership working on the issues of emotional wellbeing at all levels.

Use approaches which empower individuals, develop common understanding and generate action in the short, medium and longer term. Building on existing good practice and continuing to develop the evidence base to evaluate and share good practice.

The physical health of people on a low income is an issue in Solihull. Membership of private and Council owned health centres is expensive and many people feel uncomfortable attending clubs that are viewed as 'exclusive'. More needs to be done to improve access to services and facilities that support improved physical health as this is seen as a key factor in the achievement of emotional wellbeing. There is already a Doc Spot (GP exercise referral) service and work is underway to develop a leisure card but there is still a lot more that could be done. Links with the HELP project (see section 12 for details) and the development of wider strategic partnerships will assist.

The psychological health of adolescents is an increasing area of concern given that the average age of first onset mental health problems is now believed to be 15 years of age. Preventative approaches are much better than intervention after a problem has emerged. Thus a focus on 'emotional resilience' in schools will be helpful. Opportunities for children to deal with the social world through skills like participating, handling conflict, mutual responsibility and relationships will enhance a young person's capacity for the management of life. This will require schools to offer a curriculum that has clearly articulated strands of emotional and social development (Prof Barry

Carpenter).

Work with employers is essential to assist in improving the emotional wellbeing of their workforce. The number of workers citing work related anxiety and depression has doubled in a decade. Stress has overtaken back pain as the single biggest cause of incapacity benefit claimants. Official figures show that more than a million people nationally are receiving incapacity benefit for mental problems such as depression. The benefit costs the country £7.7billion a year, with the number of claimants having tripled since the 1970s to 2.7million. Sickness absence is a significant cost to employers and it is in their interest to ensure that more is done to protect the emotional wellbeing of their staff.

Prevalence of dementia, as a consequence of more people in the age groups at most risk for dementia, is predicted to increase in line with the national picture. Dementia is associated with complex needs and these care needs are often beyond the current skills and capacity of carers and services. This impacts on in-patient services as dementia currently consumes proportionately more hospital bed days than any other group of conditions which suggests, in the absence of effective prevention or treatment, improved management in the community is required.

Good Practice

The new Healthy Minds service in Solihull will support employers in improving the emotional wellbeing of their staff, ensuring that Occupational Health departments have access to a range of self help materials such as books, leaflets and computerised cognitive behavioural therapy programmes. A partnership arrangement between the new Healthy Minds service and the employment support service provided by Solihull Mind will ensure that there are many ways that people can be supported to maintain as well as regain emotional wellbeing.

A new healthier minds service has just been established within Solihull, funded from National Improving Access to Psychological Therapy Resources allocated by the Department of Health. This service will provide timely and evidence based talking therapy based interventions to support people to regain and maintain good mental health. The need prevalence identified with our GP registered population (October 2008) identified that Solihull has up to 29,000 residents with a common mental health problem who would benefit from a healthy minds service.

The challenge is to ensure that we continually monitor and review the service to ensure that it is achieving the desired/expected outcomes.

Child and Adolescent Mental Health Services aim to support positive mental health by the delivery of high quality services in a Comprehensive CAMHS from mental health promotion to early intervention and prevention in local authority and voluntary organisations and primary care through to specialist CAMH services. Offering intervention at the early stages of the care pathway

may prevent the need for referral to more specialist services. This enables all service providers to focus their assessments and interventions more effectively and efficiently and supports improved outcomes for children and young people beginning in the ante natal period right through to late adolescence.

Since 1996, the Solihull Approach team within Solihull CAMHS have developed a range of resources and training for the children's workforce designed to help professionals to support families to increase their well-being.

The objective is to provide and support a broad range of services which will encourage the provision of an environment where children can flourish emotionally, whilst also providing and supporting targeted services for children and young people with mental health difficulties and specialist services for those in severe difficulty.

12. INCREASING NUMBER OF PEOPLE MAKING HEALTHY LIFESTYLE CHOICES

LAA targets that this priority impacts on:
NI 39 (alcohol related admissions)
NI 123 (Stopping Smoking)
NI 120 (all age all cause mortality rate)
Reward target 5 (breastfeeding)

Partnership Board responsible for producing commissioning/action plan in relation to this priority: **Health Inequalities Partnership Board**

Introduction

Lifestyles are a major contributor towards the pattern of health inequalities in Solihull. Programmes of activity need to take into account the need to develop targeted, sustainable programmes that reduce health inequalities and access ‘hard to reach’ groups.

There is a clearly defined link between this priority and the ‘Wellbeing and Prevention’ strategic initiative programme within Solihull Care Trusts Strategic Plan 2009/10-2013/14. To avoid duplication and ensure coordination of effort and resources this priority will link directly into the work that the Care Trust is already focusing on in this arena.

As levels of lifestyle related illness and morbidity relating to ‘healthy lifestyle choices’ are clearly demonstrated to impact to a greater degree upon populations within more deprived communities, there is an overlap between this priority and our priority to ‘Reduce Health Inequalities’. An Integrated Comprehensive Programme of high impact initiatives is being developed to deliver bespoke and integrated lifestyle management schemes focusing on neighbourhoods with recognised levels of deprivation to deliver lifestyle change and reduce inequalities.

However, we recognise that unhealthy lifestyles exist within all sectors of society and we must take care to ensure sufficient programmes of work are in place to accommodate all of our Boroughs population, including those within the more affluent areas.

The programme will comprise a range of initiatives to increase smoking cessation and tobacco control, a CVD prevention programme, expansion of the health trainers service to motivate people to develop personal health plans, promoting sensible alcohol consumption, establishing a community based weight management service to target overweight and obese children and adults before they develop chronic health problems and expanding physical activity programmes.

We will implement proactive policies which improve health and wellbeing by enabling and empowering people to adopt healthier lifestyles, with particular reference to at risk groups, and enhancing care pathways. A key focus of the

programme will be individually tailoring services to enable people to understand their health risks and empower them to take action to reduce these risks. A coordinated approach to individuals identified as being at risk will encourage them to adopt self management techniques to improve their own health and wellbeing. This will necessitate working in partnership and embracing innovative engagement techniques.

Challenge/Need

Frontline Staff
It will be essential for lifestyle change to be promoted consistently by all staff and the existing Solihull Empowering for Health training programme provides core skills for frontline staff to facilitate and support positive lifestyle change and so exploit all opportunities to promote healthy lifestyles. Further development of a core group of public health champions across the Partnership whereby council, and voluntary sector staff are also introduced to key public health issues and encouraged to promote health within their everyday roles, could reap enormous benefits.

Sexual Health
Our challenges in Solihull are to improve the sexual health of the population and reduce the number of teenage pregnancies. This requires a number of actions including increasing the numbers of 15 – 24 year olds who are screened for Chlamydia (national target for 10/11 is 35%), ensuring that those who require sexually transmitted infections (STI) testing and treatment can get an appointment within 48 hours, and improving access to contraception (particularly long acting reversible contraception as recommended by the National Institute for Health and Clinical Excellence).

In order to achieve these objectives, there is an urgent need to develop an integrated model of sexual health service delivery which includes contraception, services for the management of STIs, referral for abortion, and health promotion. Currently, in Solihull STI and contraceptive services are delivered separately and any resident that requires testing or treatment for an STI – with the exception of Chlamydia - has to go to a genito-urinary medicine clinic outside of the Borough. In addition, open access contraceptive services are only available to under 25's: any Solihull resident over that age has to be referred on to the service by their GP.

Weight Management
Obesity (BMI>30) has now become a significant health issue both nationally and locally and is predicted to continue to rise. There are increasing levels of childhood obesity and by 2014 it is estimated that 35% of adults may be obese. Obesity is more prevalent in deprived populations. Obesity and poor diets contribute to increasing levels of poor health and long term conditions. There are already worrying levels of childhood obesity in Solihull where one in every five children are overweight or obese. Tackling this modern epidemic is a priority since it affects such a large number of people and has such significant health implications, for example diabetes.

Diabetes currently affects approximately 4% of Solihull's population which is in line with the national average. However, increased obesity is partly attributed to a predictive rise to 5% in diabetes prevalence. Addressing lifestyle management is important in conjunction with the delivery of excellent care which can help avoid almost all the serious complications of being diabetic.

Breastfeeding

A healthy lifestyle commences at birth. Good childhood nutrition commenced at birth, particularly breastfeeding, has overwhelming health benefits. Breastfeeding is a behaviour and life style, which is not a choice for all mothers and babies especially in lower socio-economic groups. Breastfeeding rates are lowest in the North of the Borough which reflects the national picture of lower rates among families from disadvantaged groups and among young disadvantaged white women. Changes to the service delivery have been implemented to focus on the target groups through provision of breastfeeding cafes and peer support workers, and progress has been made. However further work to support attitudinal changes such as Social marketing campaigns are currently being developed. This is part of the long term breastfeeding Strategy.

Mental Health

Disorders of mental health are relatively common with one in six Solihull people being affected at some point during their life. In line with the national picture depression and neurotic disorders are very common conditions across Solihull. However, prevalence of mental ill health is only an approximate guide to needs as the consequences of mental disorder may disrupt many aspects of person's life. A holistic approach to service development and delivery is required.

We will not be able to achieve improved emotional well being for our population without significantly changing what we currently do. This will include focusing attention on preventative approaches and strengthening partnership working to address emotional well being at all levels.

Changing patterns of disease along with demographic trends means that the needs of increasing numbers of people with dementia, as well as an ageing population in general need to be acknowledged, and services redesigned appropriately.

Tobacco Control

It is increasingly recognised that significant changes in smoking behaviour will only be achieved through implementation of an integrated tobacco control policy. Smoking cessation quit rates will be undermined if we do not tackle

tobacco in its broadest context. This is discussed in more detail under the ‘Health Inequalities’ priority.

Physical Activity
Physical activity services are commissioned and developed in partnership through the implementation of the Physical Activity Strategy for Solihull and linked Community Sports Strategy action plans. Key initiatives include the ‘DocSpot’ (GP Exercise Referral) Scheme, Walking for Health Projects, and the development of a swimming ‘participation pathway’ to maximise the free swimming initiative. These services need to be reviewed and expanded with a focus on key priority groups.

Good Practice

We recognise the necessity of providing services in accessible locations at suitable times for local populations, as demonstrated by the provision of You+, a one stop shop for health advice, which was opened in Chelmsley Wood in response to local need in 2009, and is proving to be very successful. We plan to expand the You+ brand to provide similar services to other targeted areas of the Borough as well considering the added value that social enterprise may deliver.

The Contraceptive and Sexual Health Service (CASH) have worked closely with the Healthy Schools team to deliver high quality sex and relationships education in schools. This example of integrated working was recognised by a Solihull Care Trust award for professional and clinical excellence in Children’s Services in 2009.

It is anticipated that the launch of our 'Be a Star' social marketing campaign will assist in increasing breast feeding amongst young mums in North Solihull. However, we acknowledge that we need to continue to work with all expectant mothers to support attitudinal changes and increase breast feeding rates in general.

13. SUPPORTING CARERS

LAA targets that this priority impacts on:
NI 135 (Carers receiving needs assessment or review and a specific carer's service, or advice and information)

Partnership Boards responsible for producing commissioning/action plan in relation to this priority: **all 5 Partnership Boards have responsibility for this priority.**

Introduction

Solihull NHS Care Trust is currently developing a Carers Strategy that sets out the framework for developing services to support carers as a progressive process of change over the next 5 years. It is based on views and concerns raised nationally, by professionals and more importantly by carers themselves making sure that we are increasingly aware of the everyday challenges and obstacles that carers face.

As in the national Strategy, "Carers at the heart of the 21st century families and communities - A caring system on your side, a life of your own" Solihull shares the vision that by 2018 carers will be universally recognised and valued as being fundamental to strong families and stable communities. Support will be tailored to meet individual's needs; enabling carers to maintain a balance between their caring responsibilities and a life outside caring, whilst enabling the person they support to be a full and equal citizen.

Carers nationally are contributing to their respective communities in the vital role they play to support family and friends who need help to manage their daily lives. They do not receive a payment for this role and many undertake caring duties on a regular basis and for some this can be 24 hours a day.

This is no different to a substantial number of carers in Solihull who provide support to people through various tasks and activities which can impact on their physical, emotional and social well-being.

The vision for carers in Solihull is fundamental to the way that we plan services in all service areas. Carers in Solihull need to be recognised as major contributors to our community and valued for the important but sometimes overlooked role that they undertake.

Challenges/Need

The main challenges are;

To address the priorities set out in the five year Carers Strategy for Solihull:

-Enabling carers to be supported so that they identify themselves as carers.

-Improve the assessment process for carers and staff in the Borough by introducing a one-stop-shop for carer's services.
-Ensure carers have access to the integrated and personalised services they need to support them in their caring role.
-Ensure that carers have a life of their own alongside their caring role and that they will be supported by services so they are not forced into financial hardship by their caring role.
-Ensure that carers are supported to stay mentally and physically well and treated with dignity.

To review the current service provision for carers in Solihull including respite breaks and how/if telecare could help enhance the support provided.

To assess the need to extend/increase the take up of Direct Payments or Individual Budgets following the successful pilot scheme followed by the implementation of the current direct payment scheme for carers.

The needs of young carers are detailed in a separate Strategy that includes the following priorities;

-To ensure that young carers in Solihull are recognised and valued.
-To increase the support available to young carers, particularly through universal services, so as to improve outcomes.
-To take an integrated approach to meeting the needs of young carers across all agencies, including adult services, in order to reduce the numbers of young people who feel they must take on, or continue in an inappropriate caring role.

Good Practice

A Carers Direct Payment pilot scheme was delivered in partnership with Solihull Carers Centre (SCC) from October 2008 to March 2009. The assessment process within this identifies carer's needs at the point of the cared for person assessment. The carer has the choice to accept an assessment either through the social work team or by the commissioned service with the Carers Centre.

As part of the End of Life pathway a pilot scheme has been developed to help identify carers proactively ahead of crisis. This involves a carers' worker, being based in a GP surgery, offering carers an assessment at the point when the person they are caring for enters the Gold Standards Framework register. This is expected to support people through signposting procedures, as well as an assessment which could provide a reflective Gold Standards Framework pathway for the carer. This could potentially provide in excess of 500 additional carers assessments per year.

Training opportunities funded by the Department of Health to support carers have been identified and are actively promoted by the Care Trust. These include the Caring with Confidence Programme that offers support for carers

(including End of Life modules) and sessions have already been taken up by the Alzheimer's Society and Marie Curie Centre.

The Meriden Family Programme – Carer Awareness Programme is aimed at front line health and social care staff to provide an insight in to the differing role of carers. The first course commenced in February 2010.

14. HOUSING

Introduction

The need to ensure access to good quality housing was identified as the highest priority at the Healthier Communities re-launch event in November 2008.

This requirement to develop housing options, complemented with support and care, has long been recognised in the Borough's strategic development during the past five years and acknowledged as such in *All Our Tomorrows* (Solihull's Extra Care Housing and Care Home Accommodation Strategy for Older People, 2005-2010), *The Future is Ours* (Older Person's Strategy, 2006-2013), *Acknowledgement and Inclusion* (Learning Disabilities Strategy, 2006-2013), the *Supporting People Strategy* (2004/5 to 2008/9) and *Enabled not Disabled* (Physical and Sensory Disability Strategy, 2004 – 2009).

Consequently there is both a firm recognition of the importance of this issue as well as a sound basis to make progress for a wide range of different communities including older people, people with learning disabilities, people with physical or sensory disabilities and people with mental health problems.

Challenges/Need

The main challenge is to develop a wide range of supported living and extra care accommodation suitable to serve the needs of vulnerable people and people with disabilities.

Provision of new accommodation must be complemented by a range of care and support options which increasingly will take the form of personal budgets in order to give people greater control and choice over the nature and type of services they receive.

There is a need to diversify and extend the range of accommodation options in order to reduce dependency on more intensive forms of care, particularly registered residential care. This will include people currently living outside of the Borough away from family and friends who would like to return home. Solihull needs to keep pace with other parts of the country and develop forms of extra care housing which enable people, with care and support, to maintain their independence for longer.

New developments must take into account access and mobility for people with disabilities, fuel efficiency, the expansion of assistive technology and the scope that adaptations can provide for prolonging independent living.

All avenues must be explored to maximise opportunities and recognise the value of the 'grey pound' and of equity release for older people who may benefit from 'downsizing' and investing in accommodation suitable for their older age; or ensuring older people claim their full entitlement to benefits and then be able to exercise greater choice over their independent living options.

It is accepted that at the time of preparation the economic turndown will compromise property values and ability to sell but the central premise remains valid.

Good Practice

Partners in Solihull have commissioned and delivered two extra care housing schemes with 22 places for people with learning disabilities and have re-provided accommodation and care previously delivered in a registered care setting into individual tenancies; and the first purpose built extra care scheme for 49 older people.

15. SUPPORT FOR EMPLOYMENT, EDUCATION, TRAINING AND VOLUNTEERING

Introduction

Solihull has experienced strong economic growth over the past decade and there has been relatively low unemployment and worklessness, when people on incapacity benefit are taken into account, but this masks inequalities in the North where unemployment rates more than double the Borough average.

A person's employment is central to health and well-being providing income, purpose and social interaction. The economic climate at the time of writing does create additional difficulties but equally people with disabilities and older people should not be disproportionately disadvantaged from securing employment, nor access to training or volunteering opportunities.

Challenges/Need

To secure a commitment from partners to employ people with disabilities and older people.

Ensure people are aware of and are supported to gain access to training to acquire or re-acquire skills to increase likelihood of gaining employment.

Maximise the value of volunteering as a means of developing skills and contributing to community provision in the absence of, or as preparation for paid employment.

In the absence of paid employment access to timely, relevant and accurate information about benefits is vital to ensure people's income is maximised.

Frontline workers including social workers and district nurses as well as GPs need to be assisted to be able to signpost people to advice and information services for specialist advice on benefits, debt, and access to Credit Union as a means to promote anti-poverty measures and avoid homelessness.

Good Practice

The Partnership Board for People with Learning Disabilities has secured the sign-up of the Care Trust and Council to target people with a learning disability in paid jobs as a range of work placements secured in commercial settings.

There is an increasing amount of activity between the Council, the Care Trust and other local partners to co-ordinate activities in order to address the needs of local people affected by the credit crunch and economic downturn - the Solihull Economic Summit and a Task Force have recently been established, and a 'Weather the Storm' support and advice guide produced.

16. UNDERPINNING PRINCIPLES

That this, our Healthier Communities Strategy and vision of the HCB for the next three years be developed to address roles and responsibilities of partners to deliver against our priorities.

That we deliver a comprehensive joined up approach to responding to our priorities that involves all key partners including the full spectrum of our communities.

That the roles and responsibilities of the Solihull Partnership be reviewed to provide clarity to everyone to support this Strategy and ensure local accountability.

That this Strategy , along with an annual review of the JSNA will inform the Partnership Boards multi-agency commissioning plans which will provide specific information about the actions the partnership will take to deliver against the priorities.

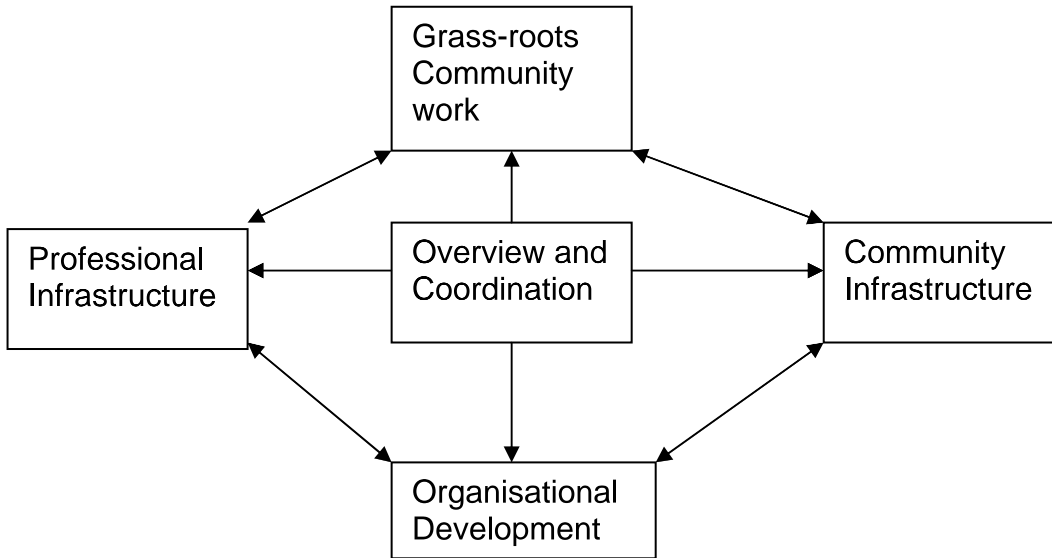
That we use a combination of short, medium and long-term interventions, to deliver against our priorities as appropriate.

That we will incorporate a range of different solutions for achieving the outcomes that we have identified, and these will be tailored to meet the differing pressures and priorities within each of our neighbourhoods.

That we will engage, develop and empower communities effectively and systematically to facilitate health improvement of our population.

The community engagement good practice framework below identifies elements that are necessary to achieve a systematic, comprehensive and effective strategic approach to community engagement.

Strategic Framework for Community Engagement



Jan Smithies & Georgina Webster of Labyrinth Consultancy (1998) 'Community Involvement in Health: From Passive Recipients to Active Participants', Ashgate Publishing.

This Strategic Framework contains 5 key elements that all need to be considered to ensure that community engagement impacts on change at a number of levels. Often engagement work is small scale and focused solely at grassroots level with time limited and limited resources.

We will utilise this strategic framework to facilitate change to be two way, with services better responding to community need as well as individuals and communities being better supported to make changes.

17. COMMUNITY ENGAGEMENT

Engagement with our population is fundamental to securing a Solihull 'healthy community'. Thus, community development will be addressed in a systematic manner, targeting engagement and support to those who are seldom heard.

We will endeavour to engage with the local population and key stakeholders to understand their experience of services and learn how future provision should be arranged.

A systematic use of community involvement by professionals and agencies, and involvement of communities towards transformative community development will produce significant improvements in the health of the local population and consequent savings to budgets.

The assets model is a relatively new model for intervention that could have a use in tackling health inequalities through community development, by focussing on the strengths of a community which will make it easier to build interventions that work.

Using an assets model it is possible to harness the resources found in local communities. All communities, including the most deprived have assets and qualities and the assets model challenges our tendency to focus on the problems within communities, which reinforces a cycle of negativity, and focus instead on the strengths. Thus this model enables community members to become "co-producers of health" and wellbeing rather than consumers of services.

The HELP approach, as previously mentioned under the 'Healthy Lifestyles' priority focuses on enabling conditions necessary for residents to lead change and improvement for themselves. It is based on capacity 'release' (as opposed to' building'), 'growing' local leaders and is aspiration led. The project is currently being scoped through discussions with a number of parties in North Solihull.

Solihull Partnerships vision for Community Engagement

Community engagement in Solihull will only be truly effective when:

- We engage our client groups, communities and partners in helping us to understand what the priorities are and how we could get better impact from any public investment.
- We have a rich information base which provides strategic focus, informs commissioning and enables us to engage in evidence driven practice.
- We use Resource Based Accountability and other tools to ask open questions about the most critical issues for us to tackle together and to agree what actions we need to take.
- We have a common framework of engagement standards and practice which enables us to create more mature relationships with

communities and organisations, particularly those in the third sector, and build capacity for organisations to deliver as part of a partnership response.

- We use a shared evidence base and a joint approach to assessing impact, to enable effective use of limited public resources.
- We have a ‘can do’ culture where responsibility for bringing about improvements is shared throughout the system.

18. ARRANGEMENTS FOR CO-OPERATION WHICH SUPPORTS THIS STRATEGY

Role of Each Partner

The Solihull Healthier Communities Board (HCB) is a sub group of the Solihull Partnership, and takes the lead on the health and wellbeing elements of Solihull Sustainable Communities Strategy and the Local Area Agreement.

The HCB is comprised of a number of authorities that are responsible for taking the Healthier Communities agenda forward in Solihull.

The following gives an overview of the roles and responsibilities of these authorities:

Solihull Metropolitan Borough Council
The Council is the leading agency responsible for a wide range of services which complement core partnership activity, such as housing, education, highways and planning. It provides a formal leadership role to the Partnership and works to create a Borough where people want to live and be educated, where they choose to come to work and visit and where businesses choose to invest.

Solihull NHS Care Trust
The NHS Care Trust provides joined-up health and social services. It brings together the services previously provided by the Primary NHS Care Trust and Solihull Council's Adult Social Services.

The NHS Care Trust allows people in Solihull to access healthcare, treatment and advice, support for carers, home, day and residential care and health promotion advice and guidance from one organisation.

Practice based Consortia
Two Solihull commissioning Limited Liability Partnership consortia are firmly established: Sirius Healthcare covering 152,000 patients (20 practices) in Central and South Solihull, and Solis Health covering 68,000 patients (11 practices) in North Solihull. Both consortia have commissioned public health needs assessments for their respective populations and have well-developed local commissioning plans for 2009-10 and beyond. Sirius has a greater focus on the elderly and urgent/emergency care reflecting their proportionately older population; Solis have a particular focus on long term conditions and reducing health inequalities and improving life expectancy in North Solihull.

Enable-Solihull
Enable-Solihull is a user led umbrella disability organisation working with statutory bodies, care and support organisations, individuals and commercial organisations at a local and regional level to improve the quality of services at all levels and to facilitate greater engagement between organisations and individuals to improve quality, choice and prospects for independent living. In

doing this Enable-Solihull encourages greater partnership working, exchanges of ideas and facilitates appropriate training.

LINks

Local Involvement Networks (LINks) aim to give citizens a stronger voice in how their health and social care services are delivered. Run by local individuals and groups and independently supported - the role of LINks is to find out what people want, monitor local services and to use their powers to hold them to account. The introduction of LINks is part of a wider process to help the community have a stronger local voice.

The LINks responsibilities are to:

- Promote and support involvement in the commissioning, provision and scrutiny of local health and social care services.
- Enable people to monitor and review the commissioning and provision of care services.
- Obtain views of people about their needs for and experience of local health and social care services.
- Present peoples views and report and recommend improvements to those responsible for commissioning, providing, managing and scrutinise these services.

Solihull Community Housing

Solihull Community Housing (SCH) is the Arm's Length Management Organisation set up in April 2004 to run housing services on behalf of Solihull Council. The Council still owns the properties and is the landlord, but housing services are delivered by SCH including the management and maintenance of the housing stock, anti social behaviour, care of estates, homelessness, advice and lettings.

SCH is run by a management Board made up of five tenants, five councillors and five independent people chosen for their specialist skills and experience. SCH has earned a national reputation for best practice and is committed to improving services in Solihull.

How Partners will Support the Plan

With contribution from all of its partners the HCB aims to support delivery of this Strategy by:

Planning and Commissioning

By producing the JSNA to demonstrate where there is greatest need, together with our plans for commissioning changes to services, we will enable projects and initiatives to happen that will help us deliver our outcomes. We will update the Strategy every year and publish amendments to demonstrate how we are responding to the changing priorities of our communities.

Community Involvement
Further develop local ward based and neighbourhood level engagement opportunities to actively involve all of our communities, particularly those hard to reach, and bring together ideas and contributions to inform the commissioning plans of the Partnership Boards.

Performance Management
The HCB will ensure that progress is made against each of the priorities within this Strategy, and associated commissioning/action plans through a number of monitoring mechanisms. The HCB receives LAA performance management updates each quarter; the aim of which is to improve health, reassure our communities and improve quality. The Solihull Partnership Performance Group and Governing Board also receive these reports and provide support to attain targets. More detailed progress is also reported to the Partnership Boards by the reference groups responsible for specific action.

The Performance and Commissioning Group of the HCB is responsible for ensuring that the Partnership Boards progress against their targets. Consideration of emerging issues based on analytical evidence and what our communities tell us, will enable the HCB to refocus priorities, including decommissioning of existing services where appropriate.

19. HOW WE WILL USE OUR RESOURCES

It is acknowledged that all organisations are operating in increasing difficult financial conditions. Applying a commissioning approach will help us to focus on needs and make the best of available resources.

The Common Commissioning framework for Solihull (2010) sets out a structure for the cooperation needed between partner organisations to achieve a consistent approach to planning, providing and reviewing services to achieve the aims of the Sustainable Communities Strategy.

It is based around a 10 step commissioning cycle:

20. HOW WE WILL MEASURE OUR SUCCESS

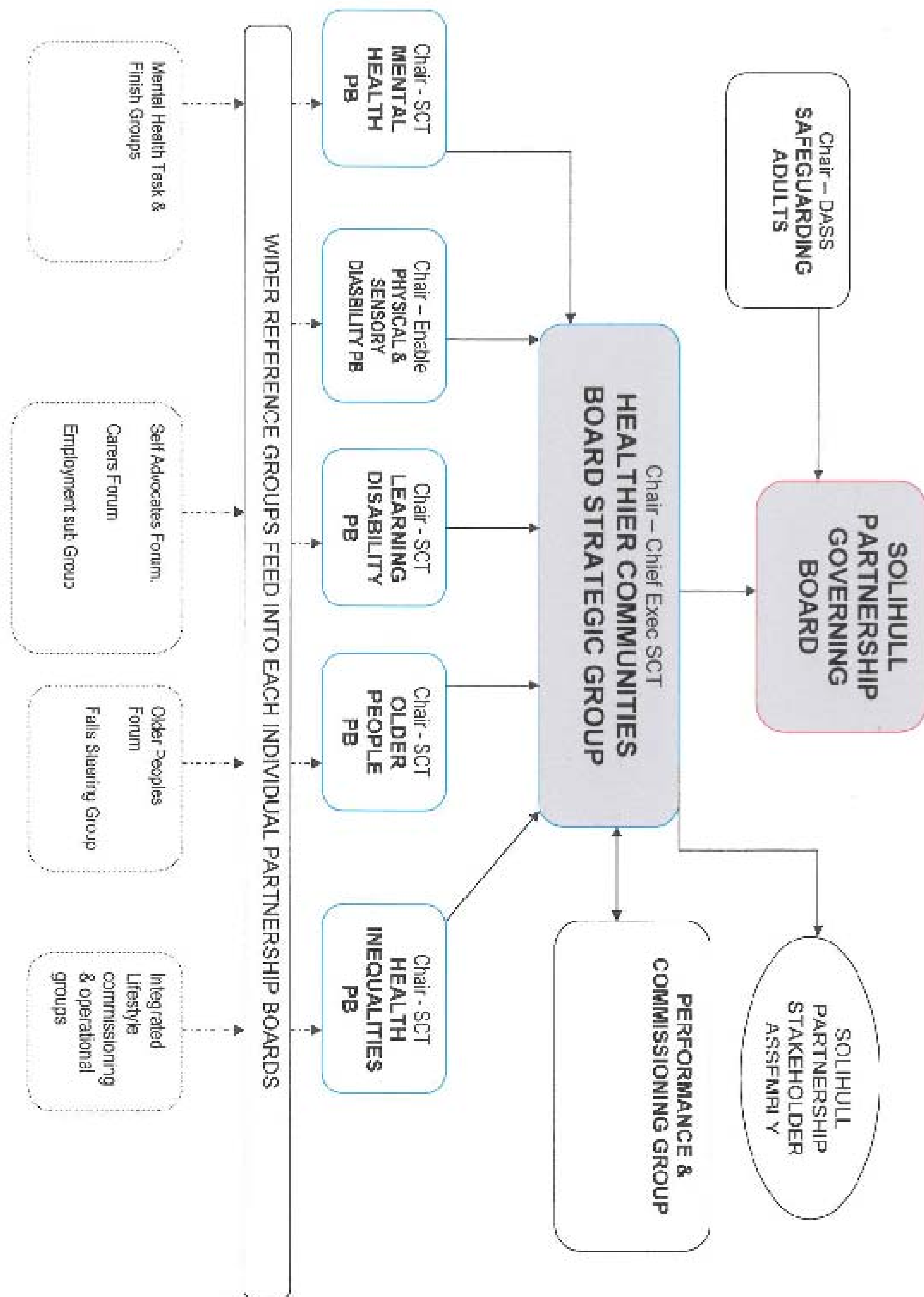
The success of the HCB in realising our vision will ultimately be determined by the delivery of our selected outcomes.

Managing performance starts from being clear about what it is we want to achieve. This is the purpose of this Strategy, and the commissioning plans against each priority, which we will publish in summer 2010. The indicators we will use to measure progress against our priorities will be set out in the commissioning plans. These will form a significant part of the Healthier Communities Board performance information, and will be used to monitor change across all the outcomes.

The Performance and Commissioning Group will build on the Local Area Agreement performance monitoring framework and ensure that key performance data is produced, analysed, and reported to the Healthier Communities Board, seeking opportunities to learn from the performance information, from local and national research and evaluations, and from the experience of delivering projects and initiatives in Solihull. Each Commissioning Plan will also be monitored through the Healthier Communities Board.

Appendix 1

RELATIONSHIP OF THE HEALTHIER COMMUNITIES BOARD TO ASSOCIATED GROUPS WITHIN THE PARTNERSHIP



Appendix 2

BACKCASTING LIST OF ‘RECOGNITION EVENTS’

The following is a list of the 45 ‘Recognition Events’ or outcome statements, with those indicated as a priority for stakeholders marked with an asterisk*:

RE1* - I speak to a carer who tells me that they have all necessary support, including training and equipment, which allows them to provide a high standard of care and continue in their caring role.

RE2 - I speak to a person of a working age. This person tells me that they are planning their finances ahead as they are aware of the fact that they will have to pay for social services if/when they need it.

RE3* - I speak to a person who uses services† and they tell me that they are pleased with the wide selection of providers and high standards of social care services available. These services match their needs and circumstances.

RE4 - I speak with a young adult who receives services. They show me how they are as independent as possible and that there are many opportunities for them to get involved in meaningful activities in the community, for example through education, paid or voluntary work and are supported to do this where necessary.

RE5 - I speak with a young person that uses services and their family who show me how there is a smooth transition available from services for a teenager to those for a young adult.

RE6 - I visit profit and non-profit making organisations and see that they are providing leisure and recreation services for people irrespective of illness or disability. I see a sample of people who use services engaged in leisure activities which they tell me they enjoy/are interested in and are supported to access where necessary.

RE7 - I meet with a member of the public who tells me that the elderly and disabled are as valued members of the society as those of working age and able-bodied. This person tells me that they understand that people who use social care services are entitled to the best possible quality of life.

RE8* - I speak to a newly qualified social worker and a care worker who tell me that they received good quality education and training, appropriate to their roles, which will enable them to do their job well. They both show me their career development plans and evidence of delivery of quality service.

RE9* - I speak to a person who uses services who has just returned from hospital. They tell me that their needs were assessed before they were discharged and that they got support through the discharge process which enabled them to return to independent living as soon as possible with continued support where necessary.

RE10 - I meet with a representative sample of people who use services and who live independently. They tell me that they do not feel isolated as they have a choice of opportunities to get engaged in mentally stimulating activities and there are opportunities for them to socialise.

RE11 - Employees within the Care Trust and Council show me examples of themselves working closely with charities, non-profit making organisations, providers

and other organisations to provide a service based on the principles of safeguarding rather than gate keeping.

RE12* - I meet with a sample of people who use services and their families and they show me how they decide for themselves whether they want to live in their own homes, in homes especially adapted for them or with a carer.

RE13* - I meet with a sample of people who use services, informal carers and the wider community and see them engaged in decision making and service design.

RE14* - I see organisations working together, taking a holistic approach and providing a range of services that have been proven to make a positive impact on people who use services.

RE15 - I am shown examples of how mainstream services [including public transport, leisure, education] are well developed and accessible to meet the needs of people who use services to support them to live as independently as possible.

RE16 - I speak to a carer who shows me how they are able to fit their caring commitments with their work due to the flexibility offered by their employer.

RE17 - I am shown a list of benefits, fees and charges which are transparent and easy to understand both to the recipient of care and their family.

RE18* - I visit a representative sample of people and they show me how they are managing their individual budgets - both health and social care funding streams combined. They are self-selecting the range of social care services they wish to obtain that match their budget and show me how they are making informed choices on the types of services they wish to obtain which are based on their self-assessment findings.

RE19* - I make visits and see care being provided that meets not only the basic needs of the recipient (food, safety, warmth) but also needs such as the individual's social, self-esteem and self-realisation needs.

RE20 - I visit community centres and some charitable sector organisations and see that they are providing services in partnership with SCT, SMBC and other statutory authorities. These include provision of a wide range of information [for example on social care planning, financial and legal issues] and advice but also helping older people, people with chronic conditions, disabled people and people with mental health problems in practical ways [such as provision of care support].

RE21* - I meet with people who use services who are living independently in appropriately adapted housing, preferably in their own homes or with their own front door, and they show me that they are supported flexibly to live independently and enjoy life, using appropriate assistive technology.

RE22 - I speak with a person who contacted the Trust in order to obtain some information. They tell me that they are happy with the quick and easy to understand response and the politeness and courtesy of staff they dealt with.

RE23 I see service users and social services providers interacting and I see that the providers are polite and courteous.

RE24 - I meet a family member who is a carer and they tell me that they are pleased with the level of support provided to them by care workers and also by a network of experienced informal carers who provide them with training, help and advice.
RE25 - I see examples of family and friends and the wider community supporting and engaged with people who use social care services and their carers.

RE26 - I speak to employers who show me that a proportion of their workforce includes people who use social care services†.

RE27 - I speak to a service user who tells me that they are able to plan their day on the day and are able to access services as and when needed, including at short notice.

RE28 - I speak to a community member who reassures me that safeguarding is everybody's business. This person tells me that they know what constitutes abuse and maltreatment and how to report it.

RE29 - I speak with a sample of different community and ethnic groups and it becomes clear that they all share common principles and values.

RE30* - I speak to a sample of service users and they tell me that their housing is indeed affordable to them.

RE31 - I see the housing register used effectively to match empty accommodation adapted to the requirements of people who use services. A sample of users tell me that they were notified that a suitable property has become available without any delay [for example by a text message or email].

RE32 - I see an embedded [well defined and implemented] approach to prevention, early detection and treatment of a range of diseases and conditions.

RE33* - I meet with a sample of people who use services. They show me how information about social care services is easily accessible and easy to understand. They tell me that they are confident that they are accessing independent and impartial advice which is meaningful to them. This information is available at first point of contact.

RE34 - I speak to the elderly and their families. They tell me that they are confident that they will die with dignity in a place of their choosing.

RE35* - I see modern, efficient, community based housing, support and care services offering varying levels of intensity of support (and similarly specialism and regulation) according to people's needs.

RE36 - I see incentives and local provision in place that encourage the public to take responsibility for their health and well-being.

RE37 - I see a person who uses services signing a personal contract where by they commit themselves to spend their budgets appropriately to match their social care needs.

RE38 - I speak to young and old alike and they see age as a positive attribute and not a proxy for dependency and negativity.

RE39 - I am shown evidence that service decisions are made based on evidence. I am shown that this evidence base is made available to citizens, who, when I meet with them, show me that it is easy to understand and to use to support their own decision-making.

RE40 - I see local organisations delivering local services to local people.

RE41 - I see the Council and Care Trust supporting investment in people's skills and capacity to facilitate their participation in the growth of strong community led service provider charities and groups.

RE42 - I meet with someone who received information and short term support that enabled them to find a service that they pay for privately because they were not eligible for funded services.

RE43 - I meet a woman who tells me she has been supported to leave her domestic violence situation, and has created a new life free from abuse for herself and her children.

RE44 - I speak to a range of people who have suffered from drug abuse, alcohol problems, mental health problems or a range of vulnerabilities who have accessed services which have promoted their health, wellbeing and independence and are now leading healthy lives.

RE45 - I speak to a sample of care professionals, social workers and carers. They tell me that they feel respected and valued for skills and experience that they bring and that their profession is viewed positively by all.

†People who use services: older people, people with chronic conditions, disabled people, people with mental health problems and other vulnerable groups.