In Everyone’s Interest

Northamptonshire Health and Wellbeing Strategy

Delivering meaningful, healthier, longer lives for the people of Northamptonshire

Northamptonshire Health & Wellbeing Board
Introduction

We are delighted to launch the first Health and Wellbeing Strategy for Northamptonshire. It has been led by Northamptonshire’s Health and Wellbeing Board and informed by our Joint Strategic Needs Assessment and national priorities. And, most importantly, it has been shaped by extensive consultation with local people, clinicians, local stakeholders and employers.

Based on that consultation, our vision for 2013-2016 is that:

‘By 2016 Northamptonshire will be recognised as a national centre of excellence in the quality of its health and social care and commitment to wellbeing for the benefit of all. The county’s innovative, evidence-based approach to delivering positive outcomes in health, quality of life and well-being measures will enable scarce resources to be committed with confidence to those who will benefit most.’

This strategy sets out our priorities for making that difference. As a Health and Wellbeing Board, we commit to bring the leadership, energy and focus necessary to make a positive difference and support the residents of Northamptonshire to enjoy the best possible levels of health and wellbeing now and in the future. We will work in partnership and we will work in very different ways with local people, private enterprise, the voluntary sector and our own staff.

Thank you to all of you who have already been involved in developing this strategy. We hope you will continue to be involved: as this is a living document, it will be refreshed annually. We hope that those of you have not yet been involved will join us in making this strategy a reality.

Cllr Robin Brown
Cabinet Member for Public Health and Wellbeing
Northamptonshire County Council
Chair of the Health and Wellbeing Board

Dr Darin Seiger
Chair, Nene Clinical Commissioning Group
Vice Chair of the Health and Wellbeing Board

Professor Nick Petford
Vice Chancellor, University of Northampton

Adam Simmonds
Northamptonshire Police and Crime Commissioner
Northamptonshire’s Health and Wellbeing Board

Northamptonshire’s Health and Wellbeing Board became established as a statutory entity from 1st April 2013. The Board:

- must prepare this Health and Wellbeing Strategy
- has a duty to encourage collaborative and, where necessary, integrated working across health and social care
- provides the focal point for decision making about all local health and wellbeing matters, bringing together the work of Clinical Commissioning Groups (CCGs), Local Authorities, the Police and criminal justice, and working with Healthwatch and other community groups to maximise the engagement and influence of local people in local NHS and decision making
- has assumed responsibility for the production of the Joint Strategic Needs Assessment (JSNA) – the identification and assessment of local health and wellbeing needs across health care, social care and public health

The Health and Wellbeing Board has a major role to play in promoting joint commissioning across health and social care and is able to assume the lead role for commissioning specific services where the local authority and CCGs wish to delegate responsibility. The Board will exert its authority and influence over the future direction and organisation of the NHS, social care, the Police and criminal justice, and public health services, working with Healthwatch and others to champion the needs, experiences and preferences of local people.

All the developments proposed by the Health and Wellbeing Board have to be fully integrated with other strategic developments in the county – particularly regarding infrastructure and the way the county supports economic development. This in itself will improve health and wellbeing.

The Board includes representatives from the County Council, district and borough councils, Clinical Commissioning Groups, the Police and Crime Commissioner, Healthwatch and the University of Northampton. There are links between the Health and Wellbeing Board and the Northampton Economic Partnership who support employer led health and wellbeing initiatives.

The Board also champions Health and Wellbeing Fora throughout the county, one for each district or borough area. The Fora will play a key role in integrating local commissioning and overseeing a clear local strategy across NHS organisations, public health and social care, in order to create a real integrated pull for service change.

The Board is operating in a time of challenging budget pressures. As a consequence, we have tried to be as innovative as possible in identifying the actions that we think will help improve health and wellbeing outcomes. Many are founded upon the principles of community empowerment and social enterprise, rather than the development of more public services. Our approach cannot be “achieving more for less” - as existing health and wellbeing outcomes reveal the poor impact of current ways of working in some areas. Instead, our philosophy can be described as “achieving more by doing things differently”. For this reason, this strategy depends heavily on working closely and innovatively with employers, individual communities and community organisations, and ensuring that existing strategies are aligned and add value to each other.
Northamptonshire’s Health and Wellbeing Strategy: In Everyone’s Interest

This is an important strategy for the people of Northamptonshire. Our public engagement work makes it clear that people in Northamptonshire value their physical and mental wellbeing. As well as meeting their everyday needs for food, warmth and shelter, they want freedom from stress (including financial worries), good relationships, productive activities, personal growth and a sense of community. Improved wellbeing can lead to a range of health and wider non-health benefits:

<table>
<thead>
<tr>
<th>Health benefits</th>
<th>Wider benefits</th>
</tr>
</thead>
<tbody>
<tr>
<td>o Better general health</td>
<td>o Improved educational outcomes</td>
</tr>
<tr>
<td>o Reduced use of health services</td>
<td>o Increased productivity at work</td>
</tr>
<tr>
<td>o Healthier lifestyles and reduced health risk behaviour</td>
<td>o Higher income</td>
</tr>
<tr>
<td>o Improved resilience and ability to cope with adversity</td>
<td>o Stronger social relationships</td>
</tr>
<tr>
<td>o Reduced emotional and behavioural problems in children and adolescents</td>
<td>o Reduced antisocial behaviour, crime and violence</td>
</tr>
</tbody>
</table>

This is an important strategy for the NHS in Northamptonshire. The NHS faces budget pressures due to the need to be more productive while also meeting increased demand for health care from increasing numbers of older people and adults with long term conditions, and the increasing costs of prescriptions and drugs associated with new medical technologies. So effective approaches to health and wellbeing can support the NHS in reducing the rising numbers of people with preventable illness and disease.

This is an important strategy for local authorities across Northamptonshire. Without good health and wellbeing, the demand for social care services will increase; but the strategy is also important for many other services provided or commissioned by local authorities, including housing, education, trading standards, environmental health, libraries and community safety. Poor health and wellbeing also threatens pupils’ attainment and school performance because of reduced attendance at school and an inability to concentrate, participate and thrive whilst at school - which can have a negative effect on children’s long term prospects.

This is an important strategy for the large number of Voluntary and Community Sector organisations based in Northamptonshire. These organisations often understand the specific needs of individual neighbourhoods and communities better than statutory services. They are well placed to support local people to exert a stronger influence over how their health and wellbeing needs are met, including developing, providing and supporting services within their own communities. A thriving voluntary and community sector can help tailor this Strategy to meet local needs, so that there is effective local implementation of the key strategic objectives.

Finally, this is an important strategy for the many employers based in Northamptonshire. A healthy, motivated and skilled workforce is vital to Northamptonshire’s economic prosperity; and having and keeping a rewarding job is vital for individual health and wellbeing. Improving health and wellbeing at work can improve employee morale, reduce absence from work and increase productivity. This Strategy will link with the work of the Northamptonshire Economic Partnership.

So it is in everyone’s interest across Northamptonshire to make sure that this strategy is vigorously implemented.
Why we need a Health and Wellbeing Strategy in Northamptonshire

Our county’s Joint Strategic Needs Assessment (JSNA) tells us that there is a lot to do to achieve health and wellbeing in Northamptonshire:

- Large numbers of Northamptonshire residents do not have a healthy lifestyle
- The increasing growth in an ageing population has resulted in rising numbers of people with a long-term condition
- There are unacceptable inequalities in the health and wellbeing experienced by different communities. For example, a man living in the least deprived area of Northamptonshire can expect to live more than 9 years longer than a man living in the most deprived area
- 1 in 4 people aged over 16 smoke
- 1 in 5 people aged over 16 binge drink
- 1 in 4 people aged over 16 are obese
- Only 1 in 10 adults undertake the recommended levels of physical activities.
- Across Northamptonshire 1 in 6 children lives in poverty
- Nearly 1 in 5 of all the county’s Year 6 children is obese

We will take a broad approach to looking at health and wellbeing, because we recognise that health and wellbeing are not just about whether people have disease or illness (be that physical health or mental health), but also about how well and thriving they are. And health and wellbeing are not just about individuals: we take an overall population and community view to understand potential threats to our health.
Consultation

This strategy has been developed based on extensive consultation and engagement.

In 2012 the Shadow Health and Wellbeing Board developed a draft strategy for consultation, which drew on findings from the local Joint Strategic Needs Assessment. The draft strategy identified eight potential priorities for health and wellbeing in Northamptonshire. During October to December 2012 we ran a series of public engagement events to find out what “health and wellbeing” means to the people of Northamptonshire and to hear feedback on the draft strategy. At feedback events, the areas that people identified as most important were:

- “every child is safe and has the best start in life”
- “vulnerable adults and elderly people are safe and able to use services and support that helps them to live as independently as possible”
- “health, social care and public health services work together in all areas and services are joined-up where people have both health and social care needs”

There was also substantial support for
- “improving the health and wellbeing of those communities and individuals with the worst health”; and for
- “people choosing healthier lifestyles and exerting greater control over their health and wellbeing”

There were six major themes from the consultation feedback:

- ensuring an appropriate balance between prevention and intervention
- enabling a safe and healthy start for children and young people
- ensuring there is a range of healthy lifestyle services and opportunities in the community
- engaging systematically with communities and building on their strengths to improve health and wellbeing outcomes
- providing integrated health and well-being services
- ensuring commissioners focus on value and outcomes

These are not stand-alone themes – they are interlinked, and some of them cut across a wide range of strategic objectives. As we move forward with this strategy, we will seek to embed the principles of early and preventive intervention, enabling people and communities to adopt healthy lifestyles and take control of their own health and wellbeing, engaging and building on existing strengths for improved health and wellbeing outcomes in Northamptonshire. We will seek to ensure that commissioners focus on value and outcomes by providing the right balance between prevention and intervention across integrated pathways. We will strive to ensure that everyone, including those with the worst health and the poorest life chances, has fair access to services.
Our Health and Wellbeing vision

Following consultation, this Health and Wellbeing Strategy sets out:

- our mission
- our vision
- our three strategic outcomes
- our two cross-cutting principles
- our five strategic priorities

The mission of the Health and Wellbeing Board is delivering meaningful, healthier, longer lives for the people of Northamptonshire.

Our vision is that by 2016 Northamptonshire will be recognised as a national centre of excellence in the quality of its health and social care and commitment to wellbeing for the benefit of all. The county’s innovative, evidence-based approach to delivering positive outcomes in health, quality of life and well-being measures will enable scarce resources to be committed with confidence to those who will benefit most.

Our strategic outcomes are that:

- every child is safe and has the best start in life
- vulnerable adults and elderly people are safe and able to use services and support that helps them to live as independently as possible
- people have healthier lifestyles and exert greater control over their health and wellbeing

Our cross-cutting principles are that:

- health, social care, police, criminal justice and public health services work together in all areas, and services are joined-up where people have both health and social care needs
- we improve the health and wellbeing of those communities and individuals with the worst health in our county (by “communities” we mean groups of people or certain geographic areas in the county)

The Northamptonshire Health and Wellbeing Board strategic priorities for 2013-14 are:

1. increasing rates of breastfeeding
2. reducing levels of childhood obesity
3. tackling alcohol and drugs issues to protect communities and improve lives
4. improving prevention, treatment and care in the community for frail and elderly people
5. improving the quality of life of vulnerable older people

We are keeping our priorities for 2013-14 deliberately few to ensure that we focus on the key health and wellbeing issues throughout Northamptonshire which only the Health and Wellbeing Board and its partnership can address. We have very deliberately decided that we will not reiterate the plans and actions of other important partnership boards in Northamptonshire. Our outcomes build upon the aims and priorities set out in existing plans such as the Northamptonshire Children and Young Persons’ Plan (developed by the Northamptonshire Children Trust) and the Healthier Together programmes (developed by the NHS throughout Northamptonshire). Each priority area has an identified lead partner, who has the responsibility to ensure the outcomes are achieved. This requires collaborative working by all partners represented on the Health and Wellbeing Board.
Priority 1: Increasing rates of breastfeeding

| Strategic outcomes supported by this priority | • Every child is safe and has the best start in life  
|                                             | • People have healthier lifestyles and exert greater control over their health and wellbeing |
| Measure for this priority                   | • By the end of 2016, 50% of mothers will still be breastfeeding at 6-8 weeks |
| Lead responsibility for delivery            | • Alex Hopkins, Director for Children, Customers and Education, Northamptonshire County Council |

Children, and young people aged under 20, make up 25% of the county’s population. Improving the health and wellbeing of children lays the foundations for public health in future generations. A safe and secure, happy and healthy childhood provides children with the best lifetime ‘immunisation’ against personal, social and professional difficulties in adult life. What happens to children, even when in the womb, has a significant impact on their later health and wellbeing.

Starting during pre-conception and pregnancy, we will continue to support programmes that minimise the risks and impacts of ill-health in infants and children and encourage healthy lifestyles. We will work with children’s centres, schools and our NHS partners in the Family Nurse Partnership, and we will harness the new models of working for Health Visitors, making breastfeeding our key priority in 2013-14. Our 2012 JSNA showed that, whilst breastfeeding initiation rates were higher than national and regional averages in 2011/12, continuation of breastfeeding beyond the initial 6-8 weeks was below the national average.

In 2013-14, using the strong collaborative leadership of the Health and Wellbeing Board and our networks, we will promote breastfeeding through an integrated approach in a range of NHS, social care and community settings, based on a holistic approach. Health and social care staff, early years practitioners such as childminders and pre-school staff, public sector organisations, businesses and places of employment – and above all, families and communities themselves - all have a role to play. We will work together as a Board to ensure that our own organisations – and those we influence – consistently strive to promote breastfeeding.

All agencies who interact with communities (e.g., children’s centres, Police Community Support Officers, and the Voluntary and Community Sector) can help raise awareness of breastfeeding in the community. We will make it a priority to ensure that all those who have daily contact with young families –for example, midwives, early years practitioners, Health Visitors, childminders and some social care staff – have a consistent approach and environments conducive to breastfeeding, and that they take every opportunity to provide advice and support for mothers to breastfeed.
Priority 2: Reducing levels of childhood obesity

| Strategic outcomes supported by this priority | • Every child is safe and has the best start in life  
| • People have healthier lifestyles and exert greater control over their health and wellbeing |
| Measure for this priority | • By 2016, no more than 15% of children in Year 6 are obese |
| Lead responsibility for delivery | • Dr Akeem Ali, Director for Public Health and Wellbeing, Northamptonshire County Council |

The level of obese children in Northamptonshire at the start of both primary and second school ages has steadily increased over the past three years, and increased at a faster rate than the national average. In 2007/08, both the Reception Year and the Year 6 levels of obesity were significantly lower than the rate for England as a whole. But by 2009/10, the levels were not significantly different to the England average. So we need to halt this increasing trend of childhood obesity.

Children in Reception Year and Year 6 are measured and weighed as a part of the National Child Measurement Programme (NCMP). This is an important element of the Government’s work programme on childhood obesity, and is operated jointly by the Department of Health (DH) and the Department for Education (DfE). Children in Year 6 are provided with the feedback from this programme via a letter. If they are classified as overweight or obese, they are provided with a “healthy weight” booklet and a leaflet publicising a programme to provide support. We need to be more proactive. From September 2013 any children who are classified as overweight or obese will be sent a letter to their parents informing them that a health professional will be in contact with them, unless they ring the number on the letter to opt out.

Childhood obesity is an important predictor of adult obesity and therefore of adult ill health; but it is also a symptom of changes affecting children and families. Parents themselves are vitally important in providing the context to help reduce childhood obesity. Involving school nurses and directly approaching parents allows us to create opportunities for families to make healthier choices.

In Northamptonshire the number of children in Year 6 is 9,984 (this does not include private schools). In order to achieve an ambitious 15% target, this would require around 210 children and their families to be effectively supported.
Priority 3: Tackling alcohol and drugs issues to protect communities and improve lives

| Strategic outcomes supported by this priority | • Every child is safe and has the best start in life  
| | • People have healthier lifestyles and exert greater control over their health and wellbeing |
| Measure for this priority | • By 2016, the number of victims of alcohol related crime to be no more than 2,450  
| | • By 2016, the number of victims of alcohol related crime in or around licensed premises to be no more than 500 |
| Lead responsibility for delivery | • Iain Britton, Assistant Commissioner, Justice |

Excessive and abusive use of alcohol and usage of illegal drugs have very strong links with physical and mental health, carry a huge impact on the lives of those who use and abuse these substances and their families, and cause harm to many - particularly those victimised by violent crime. Illegal drugs use blights local communities and greatly impacts on levels of acquisitive crime. Our preventative approach needs to be further strengthened, tackling the reasons why people get involved in drugs use in the first place and providing early intervention and support to steer people away from drugs use and associated criminality.

But we also need to develop bolder preventative approaches to alcohol abuse. Both violent crime and levels of domestic abuse are well above those experienced in comparator areas, and are amongst the highest rates in the country. So we want to reduce levels of alcohol related crime, including in or around licensed premises, by 25% over three years. Alcohol is the single strongest risk factor associated with violent crime. Alcohol related violent crime and domestic abuse have a huge impact on victims and on the wider community’s perceptions of safety. Injuries from alcohol related crime place strain on A&E departments and the wider NHS. In 2013 -14 and beyond, we will promote a major public campaign to shift the culture of alcohol use, strengthen early prevention and intervention approaches, and work pro-actively across agencies to manage alcohol licensing and supply.

This priority emphasises the long-term view that is needed to bring about a step-change in levels of alcohol related violence in our communities. Short-term targets tend to focus activity just on enforcement activities, whereas taking a longer-term perspective emphasises cultural change, prevention, the building of strong partnering, and harm reduction.

Northamptonshire Police already lead on ‘Operation Challenge’, a programme to reduce violence, particularly alcohol related violence, through management and enforcement in our town centres, engagement with licensees, and early intervention work to tackle drunken behaviours before they escalate to violence. The Interpersonal Violence Board already coordinates multi-agency activity to tackle domestic abuse and to protect and support victims. But we need a wider approach to tackle the root causes of alcohol misuse, and particularly the root causes of binge drinking and related drunkenness. This requires social and cultural change. It requires new approaches to licensing and sale of alcohol. It requires a strong coordinated effort between the NHS, treatment specialists, faith-based and community initiatives, education and youth agencies, police, criminal justice professionals and many others.
Priority 4: Improving prevention, treatment and care in the community for frail and elderly people

| Strategic outcomes supported by this priority | • Vulnerable adults and elderly people are safe and able to use services and support that helps them to live as independently as possible  
• People have healthier lifestyles and exert greater control over their health and wellbeing |
| Measure for this priority | • By 2015 over 4,000 excess bed days in acute hospitals reduced per year  
• By 2015 A&E attendance by frail elderly people reduced by one third  
• By 2015 admissions of frail and elderly people to acute hospitals reduced by 20% |
| Lead responsibility for delivery | • Ben Gowland, Chief Executive, Nene Clinical Commissioning Group  
• Carole Dehghani, Chief Commissioning Officer, Corby Clinical Commissioning Group |

Northamptonshire has a growing and ageing population. Although the number of people in all age groups is likely to increase, the biggest increase is in people aged 65 and above. It is predicted that almost 1 in 5 people in the county will be 65 or over by 2020. Similarly the number of people aged over 85 is expected to increase by then to around 5,000, accounting for 2.5% of the population.

Between 2011/2012 and 2012/2013 there was a substantial rise in the proportion of people admitted to hospital following attendance at emergency departments. Proportionally, those aged over 85 are the highest users of emergency services. A number of conditions that present at A&E could potentially be better managed in primary care and in the community.

People have told us that they want to see the right balance between prevention and treatment or care. They want services to be provided in a timely manner, and in the right place – whether that is in the community or in a hospital. Getting this right means both reducing delayed discharges and avoiding early discharges from hospital whilst making sure that people have the support they need at home and in their communities.

The two main Clinical Commissioning Groups in the county are leading a programme to change services for frail and elderly people. This will involve the development of a “crisis hub”, which will rapidly coordinate an appropriate multi-agency and multi-disciplinary crisis response, deploying ‘integrated area teams’. The programme will also develop multi-agency working to target and actively case-manage frail elderly patients most at risk of being admitted to hospital. The programme still needs to develop a business case, but if agreed this would lead to the outcomes set out above.

Supporting frail and elderly people with multiple health needs requires co-ordination and concerted effort across mental health, health and social care, and voluntary and community services – as well as from the community itself. Partners - such as Housing Associations and our Police Community Support Officers – will also have a vital role. They are often the first to encounter someone who is in difficulty.
Priority 5: Improving the quality of life of vulnerable older people

| Strategic outcomes supported by this priority | • Vulnerable adults and elderly people are safe and able to use services and support that helps them to live as independently as possible  
• People have healthier lifestyles and exert greater control over their health and wellbeing |
| Measure for this priority | • By 2015 the level of admissions into permanent care homes per 100,000 of the over 65 population to reduce from 799 to 670 |
| Lead responsibility for delivery | • Carolyn Kus, Director of Adult Social Care Services, Northamptonshire County Council |

Protecting and improving the lives of those most vulnerable in our county is a central theme of our strategy, and one that was strongly supported in the public engagement work relating to the draft strategy. But people particularly wanted to see an emphasis on preventing crises. That means enabling people to plan ahead for their own futures where possible. In some cases that may mean long term financial planning. For others, it may be about care planning, setting out how health and social care services can support us in taking control over how our health and care needs are met. And for others, it means timely engagement with and support to informal carers, family and friends.

More than 7,000 people in Northamptonshire suffer from dementia. Forecasts predict that there will be 11,900 people with dementia by 2025 in Northamptonshire. And the number of people with needs relating to mental health, learning disabilities and physical disabilities will also continue to grow.

Improving the quality of vulnerable older people is a key strategic outcome for the Health and Wellbeing Board. Our approach to providing personalised support will allow people to manage their support as much as they wish, and so are in control of what, how and when support is delivered, e.g. through personal budgets to meet their care needs. Carers will be better supported to balance their caring roles and maintain a quality of life. We aim to delay and reduce the need for care and support, with early intervention, prevention and reablement.

We also want to ensure that support and services will take place in the most appropriate setting enabling people to regain their independence. Relatively high levels of elderly people are admitted into permanent residential and nursing care, and so our priority is to reduce these levels.

Many of the factors that lead to demand for Social Care services have a health aspect – such as dementia, stroke, incontinence and falls. And social circumstances can affect the demand for health services. Well targeted interventions offer opportunities for people to live independently, but to avoid entering long term Health and Care Services as a result of acute episodes and crises. Apart from developing leadership across health and social care, there are also important roles for the Local Health and Wellbeing Fora, housing providers, community organisations, employers, schools and colleges, and families and communities themselves.
Other key developments in 2013-14

Supporting the role of Healthwatch

The NHS reforms proposed in the White Paper ‘Equity and excellence’: Liberating the NHS’ set out the government’s vision for the future of the NHS. It said the NHS would “be genuinely centred on patients and carers” and “give citizens a greater say in how the NHS is run”. One of the main ways the government intends to do this is by creating a new consumer champion for both health and social care – Healthwatch.

The Health and Social Care Act required local authorities to have a Healthwatch Northamptonshire service in place by April 2013. Healthwatch Northamptonshire has been established, and will have a seat on the local Health & Wellbeing Board.

Customers, patients and the public will be integral to the strategic development and monitoring of health and social care services. Healthwatch Northamptonshire will contribute to current and future delivery through the collection of data, information, and analysis. It will receive feedback on health and social care services in the public, private and voluntary sectors. Through the collection of information and comment by Healthwatch, commissioners in the public sector will be able to offer high quality, more targeted services.

Healthwatch Northamptonshire will also have an influence at the national level through the establishment of Healthwatch England, which is a statutory committee of the Care Quality Commission (CQC).

Measuring wellbeing in Northamptonshire

We recognise that we do not yet know enough about people’s views and experiences of wellbeing. Nationally measures of wellbeing are a relatively recent development; but having a reliable measure of wellbeing in Northamptonshire is important so that we can assess our progress in years to come. The Office of National Statistics (ONS) has developed measures of aspects of wellbeing, such as our individual wellbeing, and wellbeing associated with our relationships, where we live and what we do.

In Northamptonshire we think it is important to have a picture of local wellbeing for the whole population, including robust information about the wellbeing of groups appropriately stratified according to age, gender, ethnicity and residential location. We will build on work undertaken locally to implement measures for wellbeing. We will work with Northamptonshire Healthwatch on this objective, who are able to draw on expertise at Northampton University. We will ensure there is a robust approach to measuring wellbeing in the county – one that provides a sound basis for setting our future priorities and enables Northamptonshire to speak with confidence about the progress we are making. And we will ensure that each of our five priorities are viewed through a wellbeing lens, with relevant actions built into their delivery plans.
Our approach to delivery

All five of our strategic priorities require the partners of the Health and Wellbeing Board to work together to make a real and sustained difference. The lead person for each priority will prepare and present a plan for achieving the outcome target, for approval by the Board.

Monitoring the implementation of the plan will not require lots of new groups and bureaucracy to be established. Instead, we will use existing partnership groups to oversee implementation, reporting back to the Health and Wellbeing Board.

A summary of our priorities, linked to our strategic outcomes and cross cutting principles, is shown below.

<table>
<thead>
<tr>
<th>Strategic outcomes</th>
<th>Increasing rates of breastfeeding</th>
<th>Reducing levels of childhood obesity</th>
<th>Tackling alcohol and drugs issues to protect communities and improve lives</th>
<th>Improving prevention, treatment and care in the community for frail and elderly people</th>
<th>Improving the quality of life of vulnerable older people</th>
</tr>
</thead>
<tbody>
<tr>
<td>Every child is safe and has the best start in life</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vulnerable adults and elderly people are safe and able to use services and support that helps them to live as independently as possible</td>
<td></td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
</tr>
<tr>
<td>People have healthier lifestyles and exert greater control over their health and wellbeing</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
</tr>
<tr>
<td>Health, social care, police, criminal justice and public health services work together in all areas, and services are joined-up where people have both health and social care needs</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
</tr>
<tr>
<td>We improve the health and wellbeing of those communities and individuals with the worst health in our county</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
</tr>
</tbody>
</table>