



Wirral Health and Wellbeing Strategy 2013/14

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Foreword

Good health and wellbeing is at the heart of a happy and fulfilling life. It is the Health and Wellbeing Board's duty to make sure that local people are given every opportunity to live healthy lives and tackle health inequalities. There are many resources and ideas present in our borough promoting health and wellbeing and we have an opportunity to build on these. We need to use evidence and local knowledge to get resources in the right place at the right time.

The Department of Health estimates that health services, although important to our health and wellbeing, only contribute about 20% of our health status. The other 80% is determined by access to employment and education opportunities, our income, good housing, education, transport links and supportive social networks. We know that there are strong links between poverty, including lack of work, and poor health and wellbeing.

From April 2013, Wirral's Health and Wellbeing Board will be a statutory committee of Wirral Borough Council. It will provide the opportunity for elected members, the NHS, Local Authority officers, and voluntary and community representatives to agree how to work together to achieve better health and wellbeing for all residents of Wirral. One of the responsibilities of the Health and Wellbeing Board is to prepare this Joint Health and Wellbeing Strategy. The strategy sets out a framework for achieving our goal of better health and wellbeing in Wirral, with a particular emphasis on those who need support most.

The Health and Wellbeing Strategy includes actions for improving health both within and outside of NHS services, promoting better integration of services based around people's needs rather than traditional organisational boundaries. The Health and Wellbeing Strategy will be managed through the Health and Wellbeing Board. The priorities will guide action and shape our local commissioning decisions.

Preventing problems and intervening early when problems occur will be a real test for how well we do. We already have a strong sense of community in Wirral with real pride in the many local activities and groups that have been built by local people for local people. There is a strong sense of what needs to be done and a determination to see change happen. The value of the Health and Wellbeing Board is that it can identify and act on issues that single agencies have struggled to address in the past. We believe that working together in this way will improve the health and wellbeing of Wirral's citizens.

Cllr Phil Davies

Chair of the Wirral Health and Wellbeing Board

Introduction/background

This is the first Health and Wellbeing Strategy for Wirral. It sets out the overarching framework that describes how the public, private and voluntary sectors will work together with Wirral residents to improve the health and wellbeing of local people. The strategy provides a basis for the commissioning of health, social care and wellbeing services in Wirral. It has been developed during a time of transition, as the Council prepares to take on new statutory health responsibilities from April 2013. The development of this strategy has provided an opportunity for partnership working and builds on previous work of organisations that form the Health and Wellbeing Board.

This strategy does not replace existing commissioning plans; rather it is aligned with them. It is intended to support the commissioning of health, social care and wellbeing services. Key priorities and outcomes have been developed in consultation with stakeholders and will be evaluated and updated every year in the light of progress and feedback from stakeholders, including local residents.

Context and challenges

- Wirral is a unique place, home to approximately 319,800 people, including 190,000 people of working age and over 8,000 businesses providing employment for 105,800 people. The population grew by 2.4 percent and by 7,500 households between 2001 and 2011.
- Wirral is the ninth largest metropolitan Council in England in terms of population. It is also the second largest local authority in Liverpool's City Region (LCR) and bigger than many cities such as Newcastle, Derby, Leicester and Nottingham. Were Wirral in the North East or East Midlands, it would be the largest metropolitan council in that region.
- The borough of Wirral forms the northernmost part of the peninsula between the Dee and Mersey estuaries on the opposite bank of the Mersey from Liverpool, between Liverpool and North Wales. As a land area, Wirral extends to 60 square miles, with 25 miles of coastline. It is an area of outstanding natural beauty, packed full of spectacular scenery, with a rich mixture of culture and heritage.
- Wirral functions as part of a wider sub-region centred around Liverpool and is bordered to the south by the district of Cheshire West and Chester.
- Wirral's economy today has a total value of around £3 billion per year and is home to some international businesses. The visitor economy in Wirral was estimated to be worth £289 million in 2011, up by 3% since 2010. Wirral has contributed 34% of the overall total increase in the number of enterprises across Merseyside since 2011.

- The borough's economy has challenges, including the lowest GVA per head in England (at £10.736) and the second highest concentration of economic inactivity in England. Although performing well against the Liverpool City Region authorities and regionally in respect of Job Seekers Allowance (JSA), Wirral continues to have a higher percentage of people claiming out-of-work benefits than the regional and national averages at 17.7%. Wirral has high concentrations in deprived areas at 34.3%. 18-24 JSA remains higher than regional and national averages at 10.3%, but good performance over the last quarter means Wirral is now in line with the LCR average. Wirral has the lowest job density ratio in the LCR with 57 jobs per 100 residents. Wirral is heavily public sector dependant making up 39% of employee jobs in the borough; this is above the national average.
- Many of the people who live in Wirral enjoy an outstanding quality of life, with excellent housing, schools and a high quality environment. However, there is a strong contrast between the older, highly urbanised areas of Birkenhead and Wallasey, which contain some of the poorest communities in England and the wealthier commuter settlements in the west of Wirral. Wirral's neighbourhoods range from the most deprived in the country (around St James Church in Birkenhead) to one of the most affluent, or least deprived, in South West Heswall less than six miles away. 15 areas in Wirral fall into the highest 3% in England in terms of levels of child poverty, with a total of 56 areas in the highest 20%.
- The most deprived parts of the borough generally have a younger population profile than the Wirral average. Educational achievement at Key Stage Four is below the Wirral average compared to outcomes for children living in the more affluent areas which tends to be above average. There have been reductions in the number of 16-18 year olds overall in Wirral not in Education, Employment or Training (NEET) at 9.15%; however concentrations of NEET in deprived areas can reach up to 19% in some areas.
- The wealthier west of the borough (including Bebington and Clatterbridge, Heswall, Pensby and Thingwall and West Wirral) has an older population profile. Life expectancy in these areas is above the Wirral average, with people living as much as 11.6 years longer than those in the east of borough. Life expectancy varies hugely in Wirral, with differences of up to 11.6 years for people living in different parts of the borough.
- The older population in Wirral as a whole (aged 65 years and above) is expected to increase at the fastest rate (than any other age group) over the next decade; between 2011 and 2021 it is estimated that this population group will have increased by 17.4%. The population of over 85's is projected to increase from 8,460 in 2011 to 10,985 in 2021, which equates to a 29.9% increase.

- The contrast between the most affluent and most deprived areas is also apparent in the neighbourhood issues that matter to residents such as levels of anti-social behaviour and the quality of the local environment. However, although the quality of the environment can be poor in the most deprived areas, every part of the borough is well served by public parks and open spaces.
- House prices are lower than the Wirral average in the more deprived areas although this does mean that there is greater availability of affordable housing. In the west, house prices tend to be higher than the Wirral average and there is limited availability of affordable housing.
- As well as there being high levels of car ownership, access to services via public transport in the west is also relatively good. There are generally low levels of car ownership in the more deprived areas but there is good access to services by public transport.

The vision for health and wellbeing in Wirral

The Health and Wellbeing Board's vision is to enable local people to live healthy lives, to tackle health inequalities and increase wellbeing in the people and communities of Wirral. Its mission is to work across professional and agency boundaries to drive innovation and make a difference to the health and wellbeing of local people. The Board is committed to maximising the health and wellbeing of Wirral residents and will do this by:

- agreeing priorities and actions to reduce health inequalities and promote health and wellbeing
- developing a Health and Wellbeing Strategy
- developing a framework for the effective performance monitoring of the Health and Wellbeing Strategy
- discussing and evaluating joint performance

This Strategy is the vehicle through which the Board's vision will be achieved.

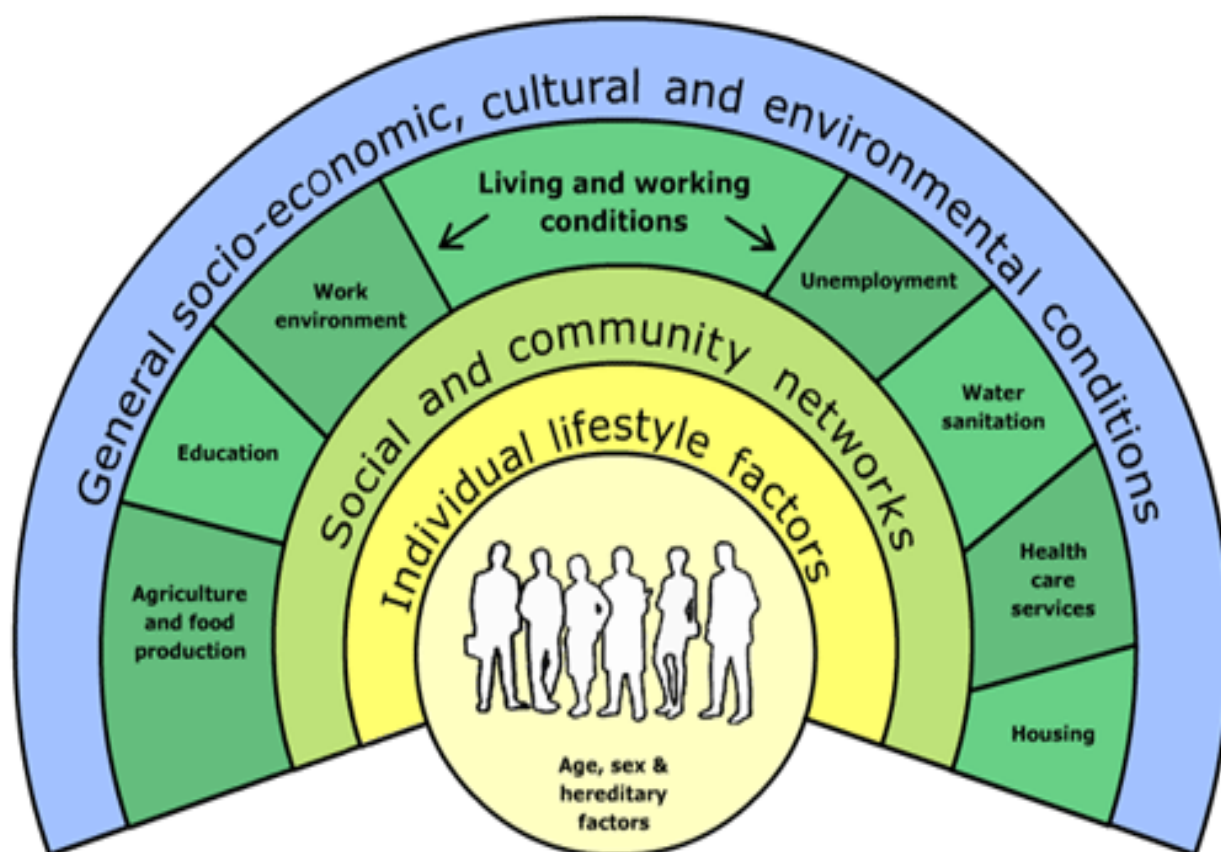
The social determinants of health

The Board recognises that health and wellbeing are influenced by a multiplicity of factors which impact on the health of individuals. This is shown in the diagram below. In the centre, there are factors which a person has little control over, including gender, age, ethnicity and their genetic make-up. The second layer shows behavioural lifestyle factors – for example, smoking, diet, physical activity and alcohol intake. The third layer shows broader factors, such as family, friends and community. The fourth layer shows the so-called wider determinants of health, including education, housing and employment. The fifth, outermost layer shows

general socio-economic conditions, including economic, political, cultural and environmental conditions present in society as a whole.

Tackling health inequalities requires action across all the layers of influence. The wider determinants of health and wellbeing such as the early years environment, housing, economic development, crime and spatial planning are well evidenced, and Wirral's Health and Wellbeing Board is seizing the opportunity to make a positive difference to all of them.

Figure 1: The wider social determinants of health



(Source: Dahlgren and Whitehead 1991)

There is now strong evidence that taking purposeful, systematic and scaled up action to promote positive wellbeing helps create resilience in individuals and communities which offers protection from the harmful health effects of deprivation and social inequality. The Five Ways to Wellbeing offers a route for us all improve our mental wellbeing, by building the following steps into our daily routines:

- Connect with others - whether it is at home, work, school or within the local community. Taking the time to develop these relationships can enhance everyday life
- Be active - finding something suitable for your level of fitness and most importantly, which you enjoy; anything from gardening to walking to work.
- Take notice of the world around you - noticing the simple things whilst going about your daily routine, such as a change in season or a piece of artwork and savouring the moment will help put things in perspective and allow you to be more appreciative

- Keep learning - trying something different such as learning a new instrument or language will set a challenge, and increase motivation and confidence
- Give - do something nice for a friend or stranger... help out in your local community. Or even just smile at someone!

Principles

The following list details the Health and Wellbeing Board's principles for working together. They provide the basis for decision making and will drive the work of the board.

- putting local people first in everything we do, putting the needs of local people and communities before organisational boundaries
- valuing excellence and professionalism wherever it is found
- mutual trust and respect – valuing each person as an individual, taking what others have to say seriously
- being honest about our point of view and what we can and cannot do
- creative and innovative solutions to problems
- removal of barriers to equality of access and opportunity

How the Health and Wellbeing Strategy was developed

This strategy is based on:

- National and local evidence of health needs. The local evidence comes from our Joint Strategic Needs Assessment which includes a wide range of information about health and wellbeing issues
- Evidence about what works
- Existing local strategies and plans that impact on health and wellbeing (see appendix 1)
- Public and stakeholder consultation
- Benchmarking our own plans against those we have reviewed in other local authorities

The priorities in this strategy were agreed by Health and Wellbeing Board members and wider stakeholders, including local residents.

Why and how we identified the health and wellbeing priorities for this strategy

The aim of the prioritisation process was to identify the key topic areas that would get the best health and wellbeing outcomes for local people. Key areas were identified from the Joint Strategic Needs Assessment and in consultation with Wirral residents and other stakeholders. The key areas were subjected to a rigorous, transparent and inclusive prioritisation process. The priority programme areas agreed for this Strategy were (in no particular order):

- Mental Health
- Older people
- Alcohol

In each of the priority areas, we will work to improve the health of the worst off, fastest, through greater improvements in more disadvantaged communities and vulnerable groups.

Health and Wellbeing Strategy on a page

To address the challenges identified, as part of our vision for better health and wellbeing, three priority areas for shared action, across partners have been agreed by the Health and Wellbeing Board. These were identified through public and stakeholder consultation and evidence of what works. The Board will focus on these three areas to improve the physical and mental health and wellbeing of Wirral's residents, using the approach and principles described earlier. In each of these areas we will work to improve the health of the worst-off fastest through greater improvements in more disadvantaged communities and vulnerable groups. For each priority area we have also identified a number of key outcomes, such as increased wellbeing and reduced alcohol-related harm, improvements which will

Challenges	Principles	Priority actions	Key outcomes
<ul style="list-style-type: none"> Continuing poverty, deprivation and disadvantage Unemployment and worklessness Differential access to high quality housing High levels of fuel poverty Increasing aging population needing support to remain socially included and independent Increasing levels of long term conditions and disability Significant sections of the population 	<ul style="list-style-type: none"> Putting local people first in everything we do, putting the needs of local people and communities before organisational boundaries Valuing excellence and professionalism wherever it is found Mutual trust and respect – valuing each person as an individual, taking what others have to say seriously Being honest about our point of view and what we can and cannot do 	<div> Priority area 1: Mental health Tackling social isolation leading to enhanced quality of life Developing effective links with housing providers Enhanced employment opportunities Increased amount of and </div> <div> Priority area 2: Older people Tackling social isolation to enable older people to maintain independence and wellbeing Keeping warm and well Falls prevention Early support for people with signs and symptoms of Dementia </div> <div> Priority area 3: Alcohol Identification, prevention, treatment and recovery Crime and disorder Children and young people </div>	<ul style="list-style-type: none"> Increased wellbeing Increase employment for those with Long Term Conditions Reduced work sickness absence Increased quality of life of people with Long Term Conditions <ul style="list-style-type: none"> Increased wellbeing Reduced excess winter deaths Reduction in fuel poverty Reduced hospital admissions Increased engagement in local schemes Reduced admissions to residential and nursing care homes Reduced income deprivation <ul style="list-style-type: none"> Reduced alcohol-related harm and in particular its impact on liver disease Reduced alcohol related

Our priority areas

Priority Area 1: Mental health

Challenges

The 2011 strategy '*No health without mental health*' places a firm emphasis on early intervention to stop serious mental health issues developing, and on tackling inequalities. The strategy recognises the importance of addressing the wider social determinants of mental health, for example with measures such as providing face-to-face debt advice.

Areas of socio-economic deprivation are most likely to have low mental wellbeing and Wirral is no exception. Wirral has a lower mental health wellbeing score than the North West average. In Wirral, there is a significantly higher rate of hospitalisation for mental health conditions than across the rest of Merseyside, and the rate is more than twice that for England. Factors such as poor quality housing, unemployment and deprivation can contribute to mental ill health or can make an episode of mental distress more difficult to manage.

Supporting people with dementia and their carers is a key local priority (see also the Older People's section of this Strategy). The prevalence of dementia increases with age and is estimated to be approximately 20 per cent at 80 years of age. In a third of cases, dementia is associated with other psychiatric symptoms such as depressive disorder and alcohol related problems. Many people with dementia are undiagnosed, and may not have the access to care that could be available to them.

What we will do to address these challenges? (For full details please see Action Plan)

- Address social isolation and provide practical help for people with mental health issues
- Develop stronger links with housing providers
- Promote employment opportunities for people with mental health issues
- Promote accessibility to community-based interventions

How will we know we are making a difference - key outcomes (for full details please see Action Plan)

- Improved self-reported wellbeing
- Improved social contentedness

- Increased numbers of people receiving secondary mental health services in settled accommodation
- Increased employment for those with a long-term health condition including mental illness
- Improved health-related quality of life for older people
- Reduced suicide rates

Priority area 2: Older people

Challenges

Older people are valuable and positive contributors to our communities. Many are active citizens, participating in a variety of local community and voluntary associations and other activities, both paid and unpaid. But life expectancy at age 65 is lower for men and women in Wirral compared to the North West and England overall. The number of older people is set to increase over the next two decades and by 2032 it is estimated that 27% of the Wirral population will be aged 65 or above. This will have a considerable impact on health and social care services, as the number of older people presenting with health related problems increases. It will also have a considerable impact on the number of family carers in Wirral and carers themselves will also be ageing. In certain areas of Wirral, a large percentage of older people are living in deprivation (between 50% and 70%). Fuel poverty is a major issue for many older people and has a serious impact on their health and wellbeing. On average, there are around 189 more deaths than anticipated in the older population in Wirral each year. Wirral has a higher rate of older people in nursing homes compared to both the North West and England. Rates of older people in residential care homes are above those of England but below those in the North West. It is not fully clear why this is, but may be affected by a lack of sufficiently flexible intermediate care, community nursing and domiciliary support. In 2011/12, 438 people aged 65+ in Wirral fractured their hip as the result of a fall. The projected rise in the older population may mean the number of falls resulting in serious consequences will also rise in Wirral (resulting in more admissions to care homes). Hospital admissions for hip and knee replacements in Wirral are high.

In 2010/11, 1,902 people were recorded on GP registers as having dementia; however, nationally, only around 45% of people with dementia are on a GP register. This means a significant number of people with dementia are unknown to services and not receiving the care they may need. Emergency hospital admissions for dementia in Wirral are approximately 54% higher than the national average, which could indicate unmet need in the community. There are

around 30,000 people aged 65+ in Wirral who report that they have a Limiting Long-Term Illness.

We need to ensure that people in later life can get the care and support they need at an early stage to prevent problems getting worse. The Local Authority and the NHS are currently working closely together to develop integrated services and this work is being led through a Long Term Conditions Integration Programme. This whole system redesign programme is aimed jointly at providing interventions and services that are more personalised, preventative and outcome focused. The primary aim is to promote and maintain people's capacity to remain independent, by taking control of their own situations. This move away from a 'crisis management' approach to one that focuses on prevention and early intervention services is consistent with promoting health, wellbeing and good quality of life. Redesigned services will provide responsive and more flexible, innovative and person-centred services.

There is a wealth of information and support available through the Council, doctor's surgeries and local websites. We could, however, improve people's awareness of what is available by promoting these information sources better.

What will we do to address these challenges? (For full details please see Action Plan)

- Address social isolation by providing practical help to older people via information, advice and advocacy services
- Help older people to keep warm and well
- Promote falls prevention messages
- Early detection of dementia
- Develop joint commissioning and better integration of services

How will we know we are making a difference - key outcomes (for full details please see Action Plan)

- Improved health-related quality of life for older people
- Improved social contentedness
- Improved older people's perception of community safety
- Increased self reported wellbeing
- Reduced fuel poverty
- Reduced excess winter deaths
- Dementia and its impacts
- Reduced falls and fall injuries in the over 65

- Reduced hip fractures in the over 65
- Reduction in emergency readmissions within 30 days of discharge
- Reduction in residential/nursing care home admissions

Priority area 3: Alcohol Challenges

Lifestyle behaviours, including drinking too much alcohol, contribute to health inequalities and these behaviours are more prevalent in Wirral's most deprived areas. Alcohol is the largest contributor to the rise in mortality from liver disease and other digestive disorders and it is a significant contributor to the life expectancy gap locally. Alcohol-related hospital admissions on Wirral have doubled since 2002/3 and are significantly higher in Wirral than the regional and national averages. Alcohol-specific hospital admissions in the under-18s in Wirral is also higher than both the North West and England averages, but, like the rest of England, over the last few years, has shown a downward trend. Although alcohol-related crime in Wirral decreased between 2008/09 and 2011/12, the volume of alcohol-related domestic violence in Wirral has increased. Alcohol-related youth violence in Wirral has increased by nearly 35% since 2008. Locally, there is evidence of alcohol misuse on Wirral amongst the Irish and Polish communities, with links to social isolation, poverty and mental health.

There is a wide range of help and treatment options available in Wirral, focusing on prevention, identification, treatment and recovery. Alcohol services are targeted to those 'most at risk' so that services are more accessible and appropriate, addressing the needs of the local population. They include self-help; brief advice; counselling; abstinence; detoxification; residential rehabilitation and practical support services, which assist with issues such as childcare, education, employment and housing. The developing "Alcohol Shared Care" Scheme will ensure every General Practice on Wirral has access to a specialist alcohol treatment practitioner.

There is also a range of initiatives addressing crime, disorder and communities, such as appropriate support, advice or treatment for victims or offenders and projects to reduce alcohol-related (re-)offending; such as the "Prison Through-Care Scheme". Local work is being undertaken with licensees including training and education programmes and they are being encouraged to adopt of the locally developed Charter for Licensed Premises.

What will we do to address these challenges? (For full details please see Action Plan)

A local alcohol strategy has been developed with involvement of local partners. The strategy has three strands of activity:

- Identification, prevention, treatment and recovery (to reduce alcohol-related harm and in particular, its impact on liver disease)
- Crime and disorder (to reduce alcohol-related crime, disorder and other types of harm to communities)
- Children and young people (to reduce the number of young people (under 18) who are drinking in excess and indulging in alcohol related risk taking behaviour)

How will we know we are making a difference - key outcomes (for full details please see Action Plan)

- Reduced hospital admissions as a result of self-harm
- Reduced alcohol-related admissions to hospital
- Reduced under 75 mortality rate from liver disease
- Reduced emergency readmissions within 30 days of discharge from hospital Fewer suicides

How will the Strategy be delivered?

The Health and Wellbeing Board will be the partnership through which this Strategy will be managed and monitored. It will be reviewed on a six monthly basis by the Board. Priorities will be revised annually where appropriate, based on need. It is accompanied by an action plan which sets out a programme of activities – and progress against each one – to address priorities and achieve outcomes (see Appendix 2).

Local strengths and assets

Effective local delivery of this Strategy requires effective participatory decision-making at the local level. This can only happen by empowering individuals and local communities. All of our communities and the people that live in them have social, cultural and material assets. Assets are factors or resources which enhance the ability of individuals, communities and populations to maintain and sustain health and wellbeing. An asset can be any of the following:

- The practical skills, capacity and knowledge of local residents
- The networks and connections ('social capital') in a community, including friendships and neighbourliness
- The effectiveness of local community and voluntary associations
- The resources of public, private and third sector organisations that are available to support a community
- The physical and economic resources of a place that enhance wellbeing

The Health and Wellbeing Board recognises and values the capacity, skills, knowledge, connections, and potential in our communities. Identifying and mobilising these assets can help individuals and communities' overcome the health and wellbeing challenges that they face. People and communities can bring fresh perspectives and solutions to addressing the problems identified. Recognising this, the Council is currently working with individuals, communities and organisations to develop effective ways of neighbourhood working, exploring resources within communities that may help to address needs.

Appendix 1: Local strategies related to health and wellbeing

Cross Cutting

Wirral 2025: More equal, more prosperous. A sustainable community strategy
Wirral Clinical Commissioning Group Strategic Plan 2013-2016
Wirral Children and Young People's Strategic Plan
Wirral Council Corporate Plan 2012/13
Wirral Enterprise Strategy
Wirral Full Employment Strategy 2006
Wirral Investment Strategy
Wirral Local Development Framework

Mental health

A Strategy for Services for Older People with Mental Health Needs 2009 and Beyond
Mental Health and Wellbeing Commissioning Strategy, NHS Wirral & Wirral DASS 2008-2013
A Strategic Joint Commissioning Framework for Children and Young People in Wirral 2007
Joint Commissioning Strategy for Carers DASS 2008
Shaping Tomorrow, Wirral Adult Social Care Services

Older people

A Strategy for Services for Older People with Mental Health Needs 2009 and Beyond
Joint Commissioning Strategy for Carers DASS 2008
Wirral Prevention and Early Intervention Commissioning Plan (in development)

Alcohol

A strategy to tackle alcohol-related harm in Wirral 2013-2016
Teenage Pregnancy Strategy

Appendix 2: Health and Wellbeing Strategy 2013/14 action plan

Priority area	Key activities	By when	Lead responsibility	High-level outcome indicator
Mental health				
Address social isolation by providing practical help for people with mental health issues	Build community capacity, ensuring that measures such as reducing social isolation and debt advice are available and accessible	Ongoing	WBC:VCAW; CCG	1.18 Social contentedness 2.23 Self-reported wellbeing (WEMWS) 4.10 Suicide 4.13 Health-related quality of life for older people
	Reduce stigma by implementing an 'early' awareness programme in schools to promote good mental health and recognise when someone is not coping	March 2014	Children's Trust Board Local schools Public Health	
	Run a mental health campaign to reduce stigma and promote early diagnosis in areas of the borough with high rates of mental illness e.g. 'Time to Change'	March 2014	WBC	
	Promote and integrate the '5 ways to wellbeing' into the design of community programmes	Ongoing	CCG/CT	
	Deliver Mental Wellbeing Impact Assessments (MWIA) on projects and programmes	Ongoing	WBC	
	Services commissioned to include the assessment of wellbeing pre- and post- intervention) e.g. WEMWBs	March 2014	Public Health	

Draft

Develop stronger links with housing providers	Obtain a greater understanding of local and regional housing policy	September 2013	WBC/VCAW	1.6ii People receiving secondary mental health services in settled accommodation
	Investigate opportunities for greater integrated working between health and housing colleagues	September 2013	WBC	
Promote employment opportunities for people with mental health issues	Recruit and support employers to register and work towards achieving 'Mindful Employer'	March 2014	WBC/PH/Wirral Chamber of Commerce	1.8 Employment for those with a long term health condition including those with a mental illness
	Encourage local employers to support and publicise the 'Time to Change' campaign	March 2014	WBC/PH/Wirral Chamber of commerce	
	Provide mental health awareness training for frontline staff and community members e.g. Mental Health First Aid	March 2014	CWP/CCG/WUTH	
Promote accessibility to community-based interventions	Encourage interagency working so that mental health is a consideration in all activities and interventions and duplication of services or other efforts is minimized	Ongoing	WBC	1.18 Social contentedness 2.18Alcohol-related admissions to hospital 2.23 Self-reported wellbeing (WEMWS) 4.13 Health-related quality of life for older people
	Improve uptake of physical health checks for people with mental health problems	March 2014	CCG/CWP/PH	
	Support mental health service users to give up smoking and understand how better to support them in smoking cessation	Ongoing	CWP/NHS/PH/relevant providers	

	Ensure access to appropriate low level community based interventions (e.g. befriending) are available to those who need them	June 2013	WBC/CCGs/VCAW/NHS	
	Evidence-based mental health awareness training (including suicide awareness) e.g. Time to change	March 2014	CCGs	

Priority area	Key activities	By when	Lead responsibility	High-level outcome indicator
Older people				
Address social isolation by providing practical help to older people via information, advice and advocacy services	Use local press and publicity and Wirral Well website to disseminate information	Ongoing	Older people's partnership WBC/VCAW	1.17 Fuel poverty 1.18 Social contentedness 1.19 Older people's perception of community safety 2.23 Self-reported wellbeing (WEMWBS) 2.24 Falls and fall injuries in the over 65s 4.11 Reduced emergency readmissions within 30 days of discharge from hospital 4.13 Health-related quality of life for older people 4.14 Hip fractures in the over 65s 4.15 Excess winter
	Provide comprehensive advice on the full range of benefits and entitlements and increase take-up of these	Ongoing	WBC/VCAW	
	Implement the Prevention and Early Intervention Strategy	April 2013	WBC (DASS)	
	Extend the benefits for independence and quality of life of assistive and digital technologies, aids and adaptations, to a broader range of people	April 2013	WBC (DASS_	
	Appropriate housing for older people: Integrate housing needs assessment into Health and Social Care services assessment with established pathways to the WBC Home Improvement Agency	April 2014	WBC (Housing/DASS/PH)	

	Work with Merseyside Fire Brigade to enable them to undertake home fire safety visits for vulnerable people	April 2013	WBC	deaths 4.16 Dementia and its impacts Local outcome: Decreased admissions to care and nursing homes
	Explore the opportunity for an asset-based model to assist with handyperson tasks and energy efficiency advice (e.g. through use of a time bank / volunteering etc.)	April 2013	WBC/VCAW	
Help to keep older people warm and well	Promote uptake of seasonal flu vaccination	Annually	WBC (PH)/NHS/VCAW	1.17 Fuel poverty 1.18 Social contentedness
	Promote insulation schemes	Ongoing	WBC/VCAW	2.23 Self-reported wellbeing (WEMWBS)
	Choose Well campaign	Ongoing	WBC (PH)	4.13 Health-related quality of life for older people
	Benefits advice	Ongoing	WBC/VCAW	4.15 Excess winter deaths
Promote falls prevention advice	Falls prevention promotion: Prevent frailty, preserve bone health, and reduce accidents through preserving physical activity, healthy lifestyles and reducing environmental hazards	Ongoing	WBC (PH/DASS)/VCAW/NHS/other providers	1.17 Fuel poverty 1.18 Social contentedness 1.19 Older people's perception of community safety 2.23 Self-reported

	Offer early intervention to restore independence amongst those at risk of falls	Ongoing	Community Trust/WBC (PH)	wellbeing (WEMWBS) 2.24 Falls and fall injuries in the over 65s 4.11 Reduced emergency readmissions within 30 days of discharge from hospital 4.13 Health-related quality of life for older people 4.14 Hip fractures in the over 65s 4.15 Excess winter deaths 4.16 Dementia and its impacts Local outcome: Decreased admissions to care and nursing homes
	Respond to first fractures in order to prevent further fractures	Ongoing	CCG/CT/WUTH	
	Improve the outcome and improve the efficiency of care after hip fractures	Ongoing	CCG/CT/WBC	
Dementia	Improve public and professional awareness and understanding of dementia	Ongoing	VCAW/CCG/GP Practices	1.18 Social contentedness 2.23 Self-reported wellbeing (WEMWS) 2.24 Falls and fall injuries in the over 65s 4.11 Reduced
	Develop public communications plan, making use of national materials, taking into account 'hard to	December 2013	VCAW/WBC/NHS	

	reach' groups, e.g. BME community or patients with Learning Disabilities			emergency readmissions within 30 days of discharge from hospital 4.13 Health-related quality of life for older people 4.15 Hip fractures in the over 65s 4.15 Excess winter deaths 4.16 Dementia and its impacts Local outcome: Decreased admissions to care and nursing homes
	Provide information to carers and people living with dementia about where to go for support and advice	April 2013	CWP/Primary care/CWP/CT/WUTH/VCAW	
	Participate in National Dementia Friends Scheme	tbc	WBC	
	Good quality early diagnosis and interventions for all	April 2013	CCG	
	Providers incentivised through CQUIN to work together on a dementia assessment pathway	March 2014	CCG/CWP	
	Promote health checks to those eligible	April 2013	Primary care	
	Continue to review capacity of Memory Assessment Service to ensure that capacity meets demand, with a target for patients to receive their first appointment within 8 weeks of referral	Ongoing	CWP	
	Implement the Carer's Strategy	tbc	CCG/DASS	
	Highlight the importance and role of carers to the public and professionals as part of		VCAW/CCG/GP Practices	

	the Dementia Strategy communications plan			
	Consider and support health needs of carers – mental and physical health		Primary care/Community Trust/CCGs/VCAW/WUTH/CWP	
	Training and education for carers around the needs of a person with dementia	October 2013	VCAW	
Joint commissioning and better integration of services	Develop integrated health and social care systems for patients with long-term conditions including dementia across Wirral, for example, working with WUTH, CCGs and other providers to pilot this approach	Ongoing	CCG/NHS/Primary care/WBC	
	Continue to increase co-ordination of personal care by commissioning and delivering health, social care and housing services in a more joined up way	Ongoing	CCG and all stakeholders	
	Continue to offer more choice, control and greater independence through personal budgets to support those living with long term conditions (LTCs).	Ongoing	WBC (DASS)	

Priority area	Key activities	By when	Lead responsibility	Outcome indicator
Alcohol				
Identification, prevention treatment and recovery	Provide information, advice and guidance to enable people to make informed choices about alcohol consumption.	Ongoing	WBC/Wirral CCG/WUTH	1.19 Older people's perception of community safety 2.18 Alcohol-related admissions to hospital 2.23 Self-reported wellbeing (WEMWS) 4.10 Suicide 4.11 Reduced emergency readmissions within 30 days of discharge from hospital
	Identify and implement the most effective interventions to reduce/prevent liver disease through programmes of early identification and detection and prompt treatment for those groups most at risk	Ongoing	WBC(PH)/Primary care/CT	
	Continue to include alcohol screening in the NHS Healthchecks programme	Ongoing	CCG/Primary care	
	Improve and extend the range and quality of delivery of the alcohol screening and brief advice programme, ensuring that the right people are identified and engaged in the right places	Ongoing	CCG/Primary care/VCAW	
	Train staff working in non-medical settings who are likely to come into contact with people with alcohol problems, such as staff working in sexual health, safeguarding and		WBC (PH/DASS)/VCAW/	

	with the Irish and Polish communities			
	Continue to develop and deliver the “Alcohol Shared Care” scheme and ensure every General Practice on Wirral has access to a specialist alcohol treatment practitioner	March 2014	CCG/Primary care	
	Expand the target group of identified alcohol related repeat attendees at the emergency department, to continue to reduce future presentations and admissions to hospital	March 2014 and ongoing	WBC (PH)/WUTH	
	Continue to ensure alcohol treatment services target those groups ‘most at risk’ so that services are more accessible and address the needs of the local population	Ongoing	WBC (PH)/CCG/Primary care/	
	Campaign for and support the increase in the price of alcohol and control the ready availability of alcohol	Ongoing	WBC (PH)/Wirral CCG/NHS	
	Develop a range of bespoke programmes of activities for a variety of audiences	Ongoing	WBC(PH)/CCG	

	Develop and improve links with the third sector in relation to the delivery of substance misuse education	Ongoing	WBC(PH)/VCAW	
	Work with specialist services to increase the availability of, and improve the routes to, age sensitive support and treatment for older people i.e. drinkers in the 55-74 year age group	March 2014	WBC/Wirral CCG	
Crime, disorder and communities	Develop clear, robust alcohol misuse responses and implement specific alcohol related actions that respond to the local Homelessness Review (2012)	July 2013	WBC/CCG/WUTH	1.19 Older people's perception of community safety 2.27 Hospital admissions caused by unintentional and deliberate injuries in under 18s
	Establish a "Community Alcohol Partnership" scheme to contribute to the reduction of underage drinking, proxy sales and youth street drinking	October 2013	WBC(PH)	
	Develop a comprehensive data collection system, inclusive of health data, that can be utilised to inform and support the licensing application process	March 2014	WBC(PH)	

Young people, families and carers	Increase enforcement activity to address young people drinking in public places, through the delivery of police-led multi agency operations that target anti social and risk taking behaviour, particularly that relate to children and young people and alcohol	April 2013	Police	2.18 Alcohol-related admissions to hospital 2.23 Self-reported wellbeing (WEMWBS) 4.6i Reduced under 75 mortality rate from liver disease 4.10 Suicide
	Provide interventions for young people admitted to the emergency department, addressing the presenting issues and reducing the likelihood of future presentations	April 2013 and ongoing	WUTH/WBC(PH)/CWP	
	Increase the opportunities for Accident and Emergency staff to access training aimed at improving the identification of alcohol-related attendances and support the delivery of brief harm-reduction interventions	Tbc	WUTH	
	Recruit a Schools Substance Misuse Advisor	tbc	WBC(PH)	