

Health and Wellbeing Strategy and Action Plan 2018-2023

Summary report

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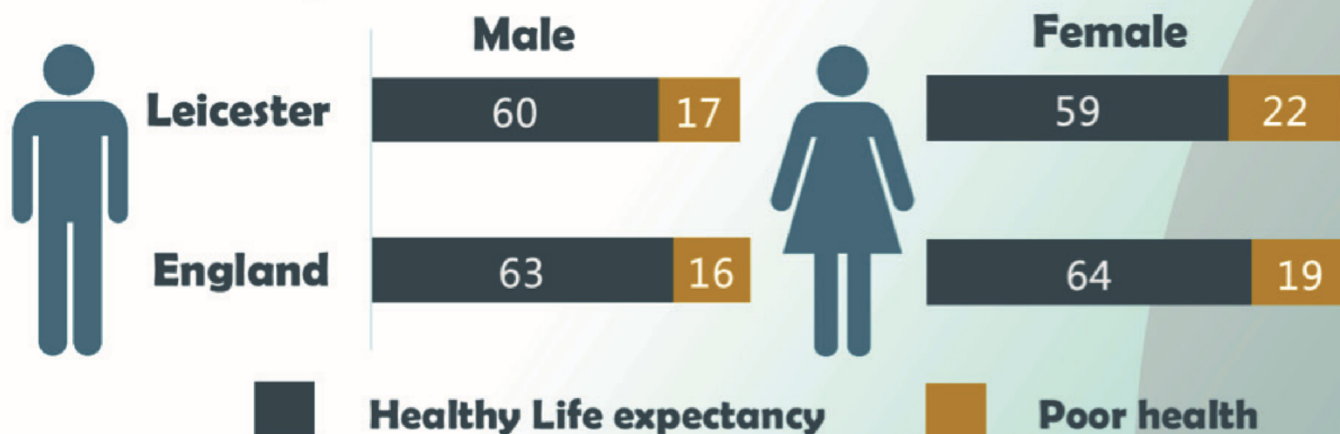
Preface

To be added once initial consultation period is complete



Joint Health & Wellbeing Strategy

The health & wellbeing strategy will focus on reducing the years people live in poor health.



An estimated **30,529** people (16+) in Leicester have diabetes some are unaware they have the condition.

Those living in poor health are likely to experience 2 or more chronic conditions. Multiple morbidities increases with age.

Shorter life expectancy and diabetes are linked to lifestyle choices such as smoking, physical inactivity and obesity, and alcohol.



Smoking



Inactive adults



Alcohol related hospital admissions



1. Introduction

This Joint Health and Wellbeing Strategy and Action Plan (JHWBSAP) sets out the city's intention to improve the health and wellbeing of its residents. The city's Health & Well-being Board has a statutory duty to produce this strategy, setting the direction for the NHS, city council, private sector, voluntary and community organisations and individuals themselves to improve health & well-being outcomes in the city.

It takes a *holistic approach to health*, which means looking at how the built environment of the city itself can influence health and wellbeing, instead of looking only at the people who live in it. It puts the 'person' at the centre, looking at all the factors in people's lives and in their living environments that can affect their health.

While health and wellbeing strategies in the past may have asked 'what is the matter with Sarah,' this strategy will ask 'what matters *to* Sarah.' We believe that looking at the issues that are important to individuals at different stages throughout their lives will help people understand their own health better and live healthier lives.

In Leicester, the demand for health and social care services is driven by *multi-morbidity*, a term which means people who are living with several different health conditions. These could be both physical and mental health conditions, and trying to help people living with several conditions is one of the city's biggest challenges. To rise to this challenge we need to change our approach. This will include working with partners in health and social care to support individuals with multiple conditions, and to develop a new approach to preventing these conditions in the first place.

The strategy is the leading Health and Wellbeing policy document for the city. It will influence other strategies from a range of partners, and will help us work together to achieve shared aims and visions. ¹

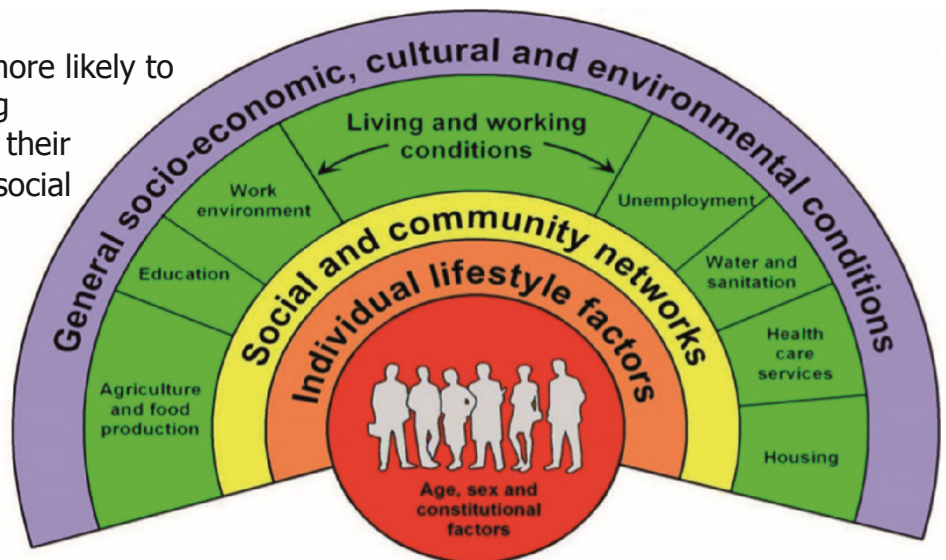
2. Overview

Context

Deprivation has a large impact on health and wellbeing. Statistics show that people living in poorer areas are more likely to die at a younger age, and will spend more³ years of their life living in ill health than people living in wealthy areas. They are also more likely to be living with multiple health challenges, including a mental health problem. This link between deprivation and poor health was described as 'a social gradient of health' in 2010 by Michael Marmot, and is a theme we will return to throughout the Strategy. Leicester, in particular, is a deprived area compared to the country as a whole, ² and 44% of Leicester's population live in the most deprived 20% of areas in England.

People living in poorer areas are more likely to experience poor living and working conditions, particularly in terms of their income, their education, levels of social isolation, and disability.

These living and working conditions are referred to as the '*wider determinants of health*'. They have a big impact on the health of individuals, which is shown in the graphic on the right.



1 The JHWBS underpins any commissioning work undertaken by Leicester City Council and the Leicester City Clinical Commissioning Group (LC CCG) and strongly influences other important strategies and operational plans relating to health and wellbeing including; The Leicester City Clinical Commissioning Group Clinical Commissioning Action plan; The Adult Social Care Transformation Plan; The Children and Young People Plan.

2 Leicester is ranked 21st out of 326 local authority areas in England, on the 2015 national Index of Deprivation (where 1 is worst).

3 Indices of Deprivation 2015, DCLG.

Wider determinants and prevention

The Strategy and Action Plan focuses on improving health by including these wider determinants of health in its approach to healthcare. This will include taking action to address many preventable causes of ill-health, such as smoking, obesity, physical inactivity and alcohol.

These preventable causes of ill-health are all linked to the main causes of death in the city. They are also linked to a shorter 'healthy life expectancy' in Leicester compared to England and other similar parts of the country, a term that means the amount of years living in good health instead of the years lived in total. We also know that new health challenges, particularly loneliness and social isolation, are having a negative effect on both the physical and mental health of people in Leicester.

The main causes of death in Leicester are cardiovascular disease (accounting for 28% of overall deaths), cancer (24%) and respiratory disease (14%). Together, these are the reason for two out of every three deaths in Leicester. There are also 28,000 people in Leicester who have been diagnosed with diabetes, and there are many more living with the condition who do not have a diagnosis.

These conditions can all be linked to lifestyle factors, such as obesity or smoking, but the growth of these conditions is not inevitable. Slowing the growth of these conditions by recognising that we can reduce these through environmental improvement, lifestyle changes and collective action will be a major challenge for the city.

Improving the wider determinants of health will address what Marmot terms 'the causes of the causes' of ill health. His work believes that the wider determinants of health, such as socio-economic background, race, or gender, can often shape the causes of behaviours contributing to preventable ill health, such as physical inactivity. The view of the Strategy aligns with this, and we believe there is both a strong social justice case and a strong public health case for approaching health and wellbeing in this way, closing the health gap between different parts of the city.

There is also a clear economic benefit to intervening earlier, by changing lifestyle factors that lead to ill-health. Everyday habits and behaviours, such as eating too much unhealthy food, drinking more than is recommended, continuing to smoke and not being active enough, are responsible for around 40% of all deaths in England, and cost the NHS more than £11 billion a year ¹. Pushing to change these behaviours will have cost benefits for the health sector, social care, employers and others. It will also help to stem the rising tide of pressure on public sector funding.

These behaviours, however, cannot be seen as simply a matter of poor individual choices. They are heavily shaped by public policy, and in many cases need intervention on a national scale. Despite this, there is still more to be done locally to influence and support people to build healthier behaviour into their everyday lives.

Multi-morbidity and supporting individuals

Leicester has an increasing rate of multi-morbidity, a term which means there are a growing number of people in Leicester living with more than one chronic or long term health condition. As an example of this, 25% of people with diabetes in Leicester have five or more chronic conditions, and 35% of people living with depression have three or more conditions.

Our data shows that there are 94,104 people in Leicester who are identified as frail, and/or have five or more chronic conditions. It is predicted that this group will require at least three times as much spending on healthcare over the next 12 months to meet their needs compared to a person in good health.

Multi-morbidity increases the likelihood of emergency admission to hospital, regardless of a person's age. Although multi-morbidity is more common in older people, the costs of treating patients aged 19-44 years with seven or more chronic conditions are the same as the costs of treating those over 80 years with the same number of conditions.

Alongside its prevention work, the Strategy will also continue to support those with long term health conditions and help them to maintain their health. According to the latest census, 29,522 people in Leicester are living with a health condition that impacts their daily lives. For this work in particular, the Strategy will take a holistic perspective, by looking at the person as a whole rather than at their specific conditions.

The Strategy also looks at how local environments can support health and wellbeing. This includes the open and green space in Leicester, the cultural offer of the city, and its accessibility.

Strategic approach

The aims of the strategy are present in the objectives of the Action Plan. Governance of this work will come from the city's Health and Wellbeing Board. Working to improve health through its wider determinants is a challenge, and will require working with a range of partners who are committed to making a change in order for us to be successful.

There are also other challenges to recognise when trying to put the Strategy's aims into practice. The most pressing of these is our current financial climate, with pressure being felt across the public sector and voluntary sector. The reality is that this situation is unlikely to improve significantly during the lifetime of the strategy.

This means that the Strategy cannot rely on financial resources to deliver its aims. In order to be successful, we need to think differently about how to tackle health challenges. Working in partnership with a wide range of partners is the most effective way to do this. Full usage of

¹ PHE Launches One You, 2016

community assets and resources need to be made, building on existing projects in the city such as the Braunstone Blues. Sharing non-monetary resources, such as existing materials and specialist knowledge across organisations and within communities will be key to these aims being achieved.

3. Strategy and action plan documents

The content of the Strategy has been informed by many different sources. These include:

- Local health needs identified in Leicester's Joint Specific Needs Assessments
- Local Health and Wellbeing Surveys
- Population health profiles developed by Leicester City Clinical Commissioning Group, that show how physical and mental health problems cluster in certain groups in the city
- Feedback from a series of Strategy and Action Plan workshops, where stakeholders and partners attended to provide their views on what our health priorities should be
- The priorities and objectives of existing strategies.

Improving the health and wellbeing of people in Leicester will be a complex task. An individual's living and working conditions can have either a positive or negative impact on their health, which can then influence their lifestyle choices (such as smoking, or drinking alcohol.) The strategy aims to use the potential of the wider determinants to protect and improve health.

It will also focus on reducing the negative impacts these determinants can have on health and health inequalities. These wider determinants have been considered within five different themes, which together make up the Strategy and Action Plan:

- **Healthy Places**
- **Healthy Minds**
- **Healthy Start**
- **Healthy Lives**
- **Healthy Aging**

In addition to the Strategy and Action Plan, further supporting materials will be made available to aid the delivery of the Strategy's objectives.

4. Vision

The strategy vision is to '**ensure that everyone has the opportunity to improve and maintain good physical and mental health**'. This vision will be reflected in all other strategies relating to health and wellbeing.

5. Aim

This Strategy and Action Plan has the broad aim of improving the health of people in Leicester. It will achieve this by using the wider determinants of health to change people's behaviours, continuing to support to those with ongoing health needs and by encouraging people to improve their own health.

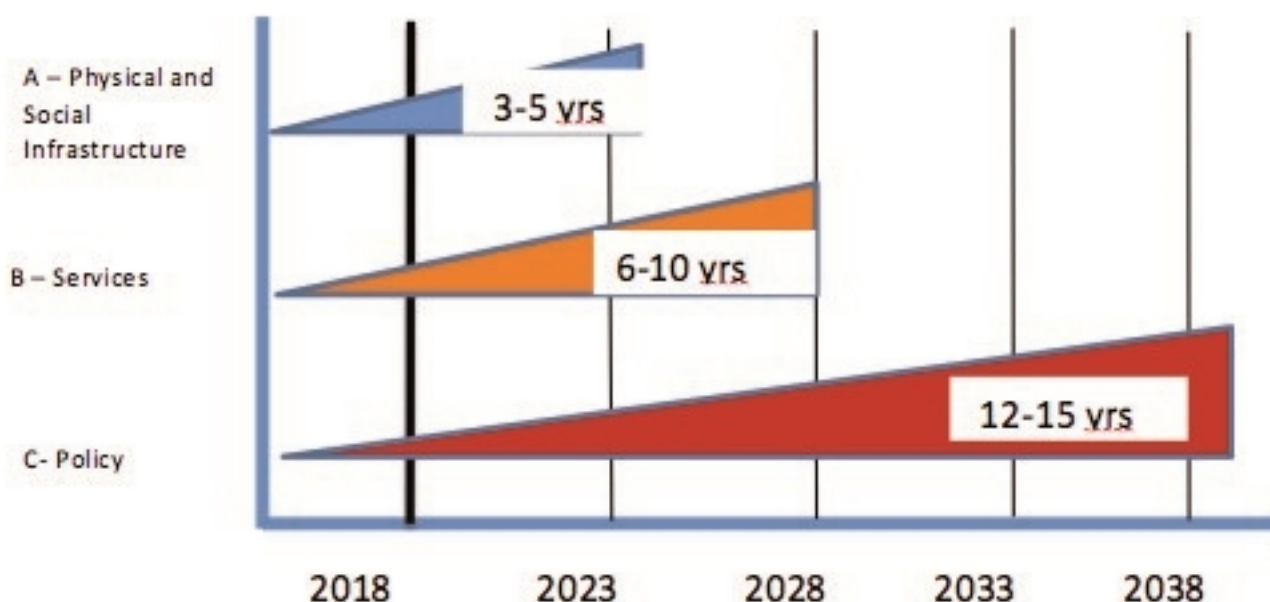
This aim will be realised by monitoring the progress of the objectives stated in the Action Plan, as well as looking at the aims and objectives of existing strategies. However, the Strategy also

includes a series of **stretch targets**. These are important objectives that need high level political input, which means they may take longer to achieve. As shown in figure 1 below, the Strategy and Action Plan has targets that will have a short, medium, and long term impact. These targets are as follows:

A – Physical and Social Infrastructure: This target includes maximising the health impacts of the local environment (such as housing, transport, local parks) . It also looks at social infrastructure, a term for the people living in local communities. Work in this area will take a 'grass roots' approach, working directly with individuals and community groups. Work in this area may have an impact within the time-frame of this action plan.

B – Services: This target emphasises the need to work across organisations in different sectors, recognising the roles of public services and private sector businesses in delivering the objectives set out in the action plan. Work in this area is medium term, with its impact being recognised within six to ten years.

C – Policy: This target includes issues that are complex to address, and require political or strategic input at very senior levels. This is a target with a longer-term outlook, as the impact of this work may not be felt for twelve years or more.



6. Key areas of focus

Focusing on the wider determinants of health means that we need to look at the impact that the wider environment of where people live and work has on health and wellbeing. Healthy Places is, then, the first key area for this strategy and action plan.

A. Healthy Places: This area develops the framework for the action plan, as it recognises that the type of environment people live and work in is always linked to their health and wellbeing. Some illnesses, such as cardiovascular disease or cancer, are caused or made worse by lifestyle factors.

Some environments encourage physical inactivity simply by the way they are designed. These are known as 'obesogenic environments'. They are often places where less healthy food is convenient to access, and it is often easier to drive than walk. Driving and traffic has an impact

on the air quality of the city, also. In Leicester, national modelling has estimated that in 2010 there were 162 deaths where air pollution was a contributing factor. ²

Figure 1, on the right, shows the many possible impacts the built environment can have on an individual's health and wellbeing. All the decisions people make about their lifestyle choices, such as whether to smoke or drink, are made within this complex structure. Understanding the local environment and the influence it has on the population is very important to improving health and wellbeing.

It makes sense for the places and spaces that people occupy to be as healthy as possible.

These include places like homes, schools, workplaces, parks and open space, libraries, museums and leisure facilities.

We are also looking at how technology in the form of apps and online platforms can be used to improve people's health.

All of these environments, be they physical, social, or online, impact on the health of people living in and around them.

In terms of this Strategy, a 'healthy place' is one that promotes good health and wellbeing through as many means as possible. This may include adapting the physical environment for greater accessibility, improving air quality of a place, or ensuring homes are of a decent standard. It can also mean ensuring that public places are **safe**, accessible and dementia friendly and other practical elements. It will also include encouraging and enabling people to make healthier choices whenever and wherever they can.



HEALTHY PLACES AMBITION: Make Leicester a healthy environment to live and work in

Key Objectives:

- Influence the environment to accommodate healthy living (A)
- Ensure decent homes are within the reach of every citizen (B)
- Increase opportunities for sustainable transport (C)
- Improve air quality in the City (D)
- Maximise and regenerate open and green space (E)
- Develop and encourage healthy neighbourhoods (F)
- Increase physical activity levels in Leicester residents (G)

B. Healthy Minds: In Leicester, mental health is clearly linked with wider health inequalities. Those living in poorer, more deprived communities are most likely to have a mental illness. Across Leicester there are high rates of depression and anxiety and psychosis, along with a high number of claims for Employment and Support Allowance due to living with a mental illness³.

Mental health and wellbeing affects everyone – it is everybody's business. Sustaining mental wellbeing is crucial for people to live long and healthy lives. Prevalence rates suggest that one in four working age adults may experience a common mental health problem at any point in their lives. In Leicester, this is estimated to be between 34,000 and 38,000 people, and it affects more women than men.

Around 3,400 people in the city have an enduring mental illness such as schizophrenia, bipolar affective disorder and other psychosis. Mental illness is linked to physical health problems. Many people with long term health conditions experience depression, and people with mental illness are also more likely to smoke, drink alcohol, and use drugs and are less likely to take up preventative measures such as Healthchecks. People with diagnosed mental illness are less likely to exercise although exercise has clear benefits for mental health. As a result, people with diagnosed mental health problems, live less long than the rest of the population: 19 years less for men and 18 less for women.

Mental illness can be the result of trauma such as sexual or domestic violence and it often occurs with other health conditions. 35% of people suffering with depression will have three or more other chronic conditions. Obesity disproportionately affects people living with a mental illness or a learning and physical disability. Antipsychotic medication can cause significant weight gain,⁴ and diabetes.

This emphasises the need for 'parity of esteem' between mental and physical health, which is to view both mental and physical health equally and with the same level of importance. It is also important to promote positive health and wellbeing by encouraging and supporting people to maintain their mental health by directing them to self-care resource and reducing stigma associated with mental illness.

Social isolation and loneliness are both noted to be an increasing challenge in communities. Research suggests that there are clear correlations between loneliness and poor mental and physical health. The poor health outcomes include higher blood pressure, greater body weight and

³ 38 in 1000 working age people in Leicester claim ESA for mental and behavioural disorders compared to 27.5 for England (SOURCE: NOMIS 2016)

⁴ elevated cholesterol levels, risk factor for CVD

higher cholesterol,⁵ higher risk of cardiovascular diseases⁶ and increased risk of dementia and Alzheimer's.⁷

Social isolation and loneliness can affect anyone at any age (Age UK 2010)⁸ and in any circumstances. Although instances are increasing amongst young and middle aged people, older people are considered to be disproportionately affected by social isolation.

HEALTHY MINDS AMBITION: Ensure mental health is considered in all aspects of place and the life course

Key Objectives:

- Improve mental health and wellbeing in Leicester city residents (G)
- Increase physical activity levels in Leicester residents (I)
- Maximise and regenerate open and green space (E)
- Ensure decent homes are within the reach of every citizen (B)
- Develop and encourage healthy neighbourhoods (F)
- Reduce the prevalence of chronic conditions in Leicester (L)
- To support and facilitate stakeholders and other organisations in the education and promotion of positive health and wellbeing (N)

C. Healthy Start: Leicester is a young city, where 38% of its population are aged 0 to 24 compared to 30% across the whole of England.⁹ Having the healthiest start to life as possible is critical, as many factors that make up an individual's health are determined in these formative years. What happens in this period of an individual's life can have a considerable impact on their future mental and physical health.

It also influences future life achievements such as education and employment, habits and behaviours and overall life expectancy. The Strategy recognises that health and wellbeing for children begins before birth, and so the Action Plan includes objectives to support healthy pregnancies within the Healthy Start theme. The mental health of mothers during pregnancy and up to a year after childbirth, is also included in this section. If left untreated, the negative impact of conditions such as post-natal depression have long lasting consequences for the mother, the child and other family members.

Infant mortality is a major challenge both in the city and nationally; the UK has the fourth highest infant mortality rate of comparable countries. The proportion of children growing up in relative income poverty has also been increasing since 2009/10. This is a reversal of steady improvements that had been taking place from the late 1990s.¹⁰

⁵ Shankar et al (2011) Loneliness, social isolation, and behavioural and biological health indicators in older adults, *Health Psychology*, 30(4), 377-385

⁶ Steptoe, et al. (2004) 'Loneliness and neuroendocrine, cardiovascular, and inflammatory stress responses in middle-aged men and women', *Psychoneuroendocrinology*, 29(5) pp. 593-611

⁷ Valtorta et al (2014). Loneliness and social isolation as risk factors for coronary heart disease and stroke: systematic review and meta-analysis of longitudinal observational studies. *Heart*, 2016

⁸ Age UK (2010) Loneliness and isolation evidence review, London: Age UK

⁹ MYE, ONS 2016

¹⁰ International comparisons of health and well-being in early childhood' (Nuffield Trust / RCPH)

HEALTHY START AMBITION: Give Leicester's children the best start in life

- Increase opportunities for sustainable transport (C)
- Maximise and regenerate open and green space (E)
- Improve mental health and wellbeing in Leicester city residents (G)
- Improve levels of healthy eating in Leicester (H)
- Increase physical activity levels in Leicester residents (I)
- Reduce levels of overweight/obesity in Children and Adults (J)
- Increase the number of people engaging in protective behaviours (K)
- To reduce levels of infant mortality
- Support women and their families to experience a healthy pregnancy (M)
- To support and facilitate stakeholders and other organisations in the education and promotion of positive health and wellbeing (N)

D. Healthy Lives: Encouraging people to live healthy lives can be a way of managing existing health challenges and to combat some emerging risks to health. This is important in terms of reducing the number of people who are suffering from multiple chronic illnesses. Tackling physical inactivity, poor diet and unhealthy habits can improve an individual's quality of life and life expectancy.

As an example, cardiovascular disease (CVD) is the cause of around 28% of all deaths in Leicester. The highest rates are found in south Asian communities and in areas with the highest level of deprivation. It is more likely to occur with increasing age and amongst men.

Having an unhealthy diet, living an inactive lifestyle, being overweight or obese, smoking, consuming excessive amounts of alcohol and stress are all factors that contribute to CVD and other conditions such as diabetes. There are 28,000 people in Leicester diagnosed with diabetes, and an estimated additional 30,529 people who have diabetes but are undiagnosed. Reducing this will need sustained effort to identify people with early signs which left unchecked could lead to diabetes as well as making sure that people with diabetes receive optimal support and treatment. The city's new status as one of an international network of Cities Combatting Diabetes will help to drive this action locally.

Leicester has a high number of people aged 50+ who have multi-morbid conditions. These can be any combination of physical conditions, mental health conditions or learning difficulties. People with multi-morbid conditions often also experience social isolation and loneliness.

Working with adults to improve their learning is key to improving overall health and wellbeing. Having a better education will lead to better job prospects, which in turn leads to a better standard of living and better reported overall health.

The city's cultural assets also have an important part to play in improving both physical and mental health. Leicester Museums and other cultural organisations in the city have already put in place schemes such as museums volunteering, dementia friendly workshops which have a wide range of therapeutic benefits and there is significant potential to develop this further and strengthen the links between the local GPs and the NHS and some of these activities.

HEALTHY LIVES AMBITION: Encourage Leicester residents to adopt health behaviours sustainable throughout life for increased healthy life years

Key Objectives:

- Influence the environment to accommodate healthy living (A)
- Ensure decent homes are within the reach of every citizen (B)
- Increase opportunities for sustainable transport (C)
- Improve air quality in the city (D)
- Maximise and regenerate open and green space (E)
- Develop and encourage healthy neighbourhoods (F)
- Improve mental health and wellbeing in Leicester city residents (G)
- Improve levels of healthy eating in Leicester (H)
- Increase physical activity levels in Leicester residents (I)
- Reduce levels of overweight/obesity in Children and Adults (J)
- Increase the number of people engaging in protective behaviours (K)
- Reduce the prevalence of chronic conditions in Leicester (L)
- Support women and their families to experience a healthy pregnancy (M)
- To support and facilitate stakeholders and other organisations in the education and promotion of positive health and wellbeing (N)
- Increase the priority of health and wellbeing in existing work places (O)
- Support increase in better quality employment and better income (P)
- Take steps to reduce social isolation, particularly amongst the elderly (Q)

E. Healthy Aging: Leicester has an increasing older population as a general increase in life expectancy means people are living for longer. However, this has resulted in a higher number of people living in ill health for longer. In Leicester, men spend 17 years and women spend 22 years with a reported poorer quality of life.

As well as being detrimental to the individual, this causes financial difficulties when trying to provide enough health and social care services for the general population. People over 65 account for nearly 60% of the total cost of emergency admissions. The top three causes of hospital admissions are for CVD (16%), respiratory conditions (15%) and general injuries (13%).

The number of emergency hospital admissions from patients with five or more chronic conditions increases steadily in line with the patients age once they reach 50 years. This means that the older they are, the more likely they are to be suffering with multiple conditions. Encouraging better health and wellbeing amongst older people could mean that they live more years in better health.

Healthy ageing is about more than just reducing illness. It is about making older people feel valued, and helping them to become positively engaged with their communities and other community members. It is also about ensuring that vulnerable older people remain safe from exploitation and abuse.

The risk of developing chronic illnesses and conditions such as sensory impairments or dementia increases with age. Leicester has around 3,000 people diagnosed with dementia of which 97% are aged over 65 years¹¹. Making communities safe and accessible for people with dementia is important, and the city will aim to continue and expand on its work to have 'dementia friendly' public spaces and promoting the Dementia Friends social movement. Living with a visual or hearing impairment or with dementia can exacerbate a person's feelings of loneliness and isolation which in turn often leads to depression and other physical or mental health conditions. The city will also work to support carers of people with dementia by providing information and using museum collections as a resource for things like practical memory activities.

The strategy aims to improve quality of life and reduce isolation and loneliness. It is about looking at and taking into account issues that affect an older person's quality of life such as feeling safe, having access to transport and ensuring that spaces and places are age friendly with suitable seating, access to toilets etc. It is also about supporting informal carers, usually family or friends. Very often these carers are older people themselves – spouses or partners or adult children who may be juggling work and a family and who have their own lives to lead alongside their caring role.

The Strategy is committed to providing older adults with a voice, and working with the NHS and

HEALTHY AGEING AMBITION: Enable Leicester residents to age comfortably and confidently

Key Objectives:

- Ensure decent homes are within the reach of every citizen (B)
- Increase opportunities for sustainable transport (C)
- Maximise and regenerate open and green space (E)
- Improve levels of healthy eating in Leicester (H)
- Increase physical activity levels in Leicester residents (I)
- Reduce the prevalence of chronic conditions in Leicester (L)
- Take steps to reduce social isolation, particularly amongst the elderly (Q)

7. Consultation

Consultation surrounding the Health and Wellbeing Strategy and Action Plan has occurred in three ways:

- Each of the five main themes was the topic of a strategy workshop where stakeholders, partners, and professionals from a range of organisations made suggestions for improving health and wellbeing in each area. A summary of the workshops can be found.
- The aims and objectives were developed by engaging with authors of existing health-related strategies and plans

¹¹ Leicester, Leicestershire Rutland Joint Dementia Strategy 2019-2022

- The Strategy and Action Plan will also go through an eight week public consultation period, which will give organisations and members of the public an opportunity to engage with the document and make comment.

8. Delivering the action plan objectives

The aims and objectives of the Strategy can be found in the Action Plan at the back of this document. It must be noted that the Strategy has been developed in a time of extreme financial pressure across the public and private sector. This situation has a considerable impact on how the aims and objectives can be delivered.

Stakeholders and partners will have to find different ways of working towards these shared goals with funding as reduced as it is. One way to do this is to continue with existing collaborative working arrangements and extend this to include wider partners, organisations and community groups.

Working with multiple partners can lead to other challenges, as each organisation or department has their own governance structure and priorities to work to, which can sometimes lead to conflict.

The Action Plan recognises this, and aims to be clear in terms of what it is trying to do and what is expected from partner organisations.

The city's Health and Wellbeing Board is responsible for developing the Action Plan and for ensuring that its aims and objectives are met. The Council is a democratic body which means that it is accountable to the general public and the Health and Wellbeing Board is a board that members of the public are able to attend.

This is different to our partner organisations who are held to account by different governing bodies or structures which may not be public facing. The Action Plan aims to make roles and responsibilities for different organisations clear from the beginning, to ensure the Strategy and Action Plan are delivered smoothly.

9. Oversight and Governance

As this is the leading Health and Wellbeing Strategy for the city, it needs to have good visibility, strong leadership and a clear governance structure. This will aid in delivering its objectives to schedule.

The Health and Wellbeing Board has overall responsibility for creating and delivering the Joint Health and Wellbeing Strategy and Action Plan. Members of the Board include representatives from the local authority, health services, other public sector services and Healthwatch. Oversight of the Strategy will come from partners of this board. The Health Scrutiny Committee will also provide a further level of accountability as the Action Plan progresses.

On a day to day basis, the strategy will be managed by the Joint Integrated Commissioning Board, and a working group which will report directly to the Health and Wellbeing Board. It is this group's role to progress the aims of the Strategy by delivering the Action Plan's objectives.

Membership of this working group will reflect the Strategy's priority of addressing the wider determinants of health. This group will be responsible for ensuring that the objectives remain relevant and achievable as time goes on, and that the action plan delivers on these objectives.

10. Strategy action plan -aims and objectives

The aims of the Strategy apply to each of the five major themes; Healthy Places, Healthy Minds, Healthy Start, Healthy Lives and Healthy Ageing. The Action Plan highlights a number of specific objectives that are key to delivering the Strategy overall.

The objectives have been developed through consideration of current health priorities and in consultation with leaders of other strategies. Although the intention is for targets to remain the same throughout the lifetime of the action plan, the working group can review and refine them if a significant change out of our control, such as a change to national measurement programmes, threatens to undermine their usefulness.