

<b>Staffordshire Health and Wellbeing Board</b>	
Title	Health and Well-being Action Plan
Date	7th June 2018
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Report type	For Debate

## **Recommendations to the Board**

1. The Board is recommended to:
  - a) Endorse the outline Health and Well-being Action Plan as the delivery plan for the Health and Well-being Strategy
  - b) Request that the Plan be developed in more detail
  - c) Oversee implementation of the Plan and assure progress
  - d) Ensure constituent organisations understand the Plan and are playing an active role in its implementation

## **Background**

2. Health and well-being in Staffordshire is improving: healthy life expectancy is increasing and some of the major risk factors for ill health, such as smoking, are reducing. However challenges persist and include an ageing population, increasing demand and costs of health and care services, and a relative reduction in the number of people of working age who contribute taxes to pay for public services.
3. The Health and Well-being Strategy aims to address some of these challenges. The Strategy, is reported in a separate paper, and articulates a focus on keeping people healthier for longer.
4. This Strategy has the following aspiration; “To help people to stay as well as they can to reduce the growing pressure on services”. The key outcome will be more people living beyond age 64 in good health.
5. The four key areas of activity are articulated as:
  - Healthy Environments
  - Supportive Communities
  - Voice / Conversations
  - Data & Digital

## **Health and Wellbeing Action Plan**

6. A Health and Well-being Action Plan has been developed as the delivery plan for the Health and Well-being Strategy. It also serves as the delivery plan for the County Council’s Public Health and Prevention agenda, as well as the STP’s Prevention workstream.

7. The purpose of the Plan is *“Encouraging you and your communities to be as well as you can be. Ensuring you have what you need to live healthily and independently, so we are able to be there when you really need us.”*

8. An outline of the Plan is shown in Appendix 1. It takes the form of a framework that includes:

- **Six population groupings** defined by age and/or other key characteristics. Detailed plans will be developed to respond to the particular challenges facing each group:
  - Children
  - Teenagers
  - Maternity
  - Working Age
  - Adults with Multiple Complexities
  - Older Age

9. Much of the Childrens’ work is already being led by the Families Strategic Partnership Board

- **Six enabling priorities for action** - these are common methods for improving outcomes across the lifecourse:
  - Healthy Environments (Decisions) – how we as a partnership influence and create Healthy Environments, for example Health in all Policies.
  - Supportive Communities – creating communities that can take greater control of their health and wellbeing, this workstream will include programmes like Social Prescribing and IAG.
  - Data & Digital (Information) – how we use our data to target and promote health and wellbeing, and how we use smart technology to improve health.
  - Physical Activity already a sub group of the HWBB and a strong focus on Place Based working to increase activity levels in target wards.
  - Mental Wellbeing – a Mental Health Strategy that starts to articulate how we can all make mental wellbeing integral to our day jobs.
  - Narrative/Voice (Conversations; how we communicate key wellbeing messages) – Public conversations.

10. Eight local delivery areas – plans for each population group will be tailored to respond to the specific circumstances in each area. These are based around District and Borough Council geography.

## **Outcomes and performance indicators**

11. The impact of the Plan will be monitored using performance against indicators across five main outcomes:

- Reduce need for Health and Social Care Services
- Reduce Diabetes
- Reduce Cardio vascular Disease
- Reduce Falls Amongst Over 50s

- Reduce need for Mental Health Services

### **Some examples**

12. Some examples of specific actions underway include:

- Mapping and engaging with community networks to understand the support available as an alternative to NHS and social care and to support social prescribing.
- Better integration of the data that we hold to enable us to target and predict risks more effectively
- Development of the Ministry of Wellbeing to promote new approaches that help people manage their own health and wellbeing
- Screening for cardiovascular disease and prediabetes with lifestyle advice in order to reduce the £220 million diabetes budget;
- Frailty & falls pathway redesign to prevent and manage to falls in order to reduce the current £45 million expenditure.
- Staff Training on mental well-being to raise awareness and improve support.



Encouraging you and your communities to be as well as you can be. Ensuring you have what you need to live healthily and independently, so we are able to be there when you really need us.

- Reduce need for Health and Social Care Services
- Reduce Diabetes
- Reduce Cardiovascular Disease
- Reduce Falls Amongst Over 50s
- Reduce need for Mental Health Services



Contractual and Statutory Obligations

- Population 1 – Children**  
Healthy Lifestyles: increase physical activity, reduce obesity  
Mental Wellbeing: improve mental wellbeing of children, including looked after children
- Population 2 - Teenagers**  
Healthy Lifestyles: increased physical activity, reducing risky behaviour (sexual health, substance misuse and smoking)  
Mental Wellbeing: improve mental wellbeing of teenagers
- Population 3- Maternity**  
Healthy Lifestyles: reduce maternal obesity, reduce smoking in pregnancy  
Mental Wellbeing: improve mental wellbeing amongst post/anti natal women
- Population 4 – Working Age Adults**  
Healthy Lifestyles: increase physical activity amongst 40-60s, reduce obesity amongst 40-60s, reduce smoking in over 50s  
Mental Wellbeing: improve mental wellbeing amongst employees
- Population 5 – Adults with Multiple Complexities**  
Healthy Lifestyles: Reduce risky behaviour amongst MSM, 30-50s, those with complex needs  
Mental Wellbeing: improve mental wellbeing at life stages transitions. reduce stress amongst early unemployed
- Population 6 – Over 60s and Frail Elderly**  
Healthy Lifestyles: increase physical activity amongst the over 60s  
Mental Wellbeing: reduce social isolation in older people and people with dementia

- Moorlands Priorities
- Newcastle Priorities
- Cannock Priorities
- South Staffs Priorities
- Stafford Priorities
- Tamworth Priorities
- East Staffs Priorities
- Lichfield Priorities