Staffordshire County Council

To: All Members and Officers of the Health and Wellbeing Board.

Please ask for: Duncan Whitehouse
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Date: 11 May 2015

Dear Sir/Madam,

Health and Wellbeing Board - Thursday, 21st May, 2015

I have recently forwarded to you a copy of the agenda for the next meeting of the Health and Wellbeing Board.

I am now able to enclose, for consideration at next Thursday, 21st May, 2015 meeting of the Health and Wellbeing Board, the following reports that were unavailable when the agenda was printed.

4. **Health and Wellbeing Board Annual Report and Plan for 2015/16 (Pages 1 - 28)**

   Paula Furnival, Health and Wellbeing Board Programme Director

8. **Report of the Intelligence Hub (Pages 29 - 36)**

   Aliko Ahmed, Director of Public Health
   Chris Weiner, Consultant in Public Health

John Tradewell
Director of Law and Governance

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Topic:	**Health and Wellbeing Annual Report**
Date:	**21 May 2015**
Board Member:	**Cllr Alan White / Dr Charles Pidsley**
Author:	**Paula Furnival (Programme Director)**
Report Type	**For Decision**

1 Purpose of the Report

1.1 To provide an annual report to the Health and Wellbeing Board for 2014/15.

1.2 The board is asked to consider the report, and approve the draft programme of work for 2015/16.

2 2014/15 Annual Report

2.1	**Better Care Fund** was approved by the Board in January 2015. The BCF will be implemented in 2015/16 and is part of the work programme for 2015/16.
2.2	**Programme Management Office** established and diagnostic of the Health and Wellbeing Board completed.
2.3	**Integrated Commissioning** arrangements are being implemented for: • *All Age Disabilities* - Governance arrangements have been established and the Board will review the integrated strategy in 2015/16 • *Carers* - integrated commissioning of a carers model for Staffordshire commenced, including procurement. • *Mental Health* – The Board endorsed the Mental Health Strategy , integrated commissioning arrangements are now being designed. http://moderngov.staffordshire.gov.uk/documents/s51722/mental%20health%20commisisoning%20strategy%20V17.pdf • *Drugs and Alcohol* – the Alcohol and Drugs Executive Board is well established and implementing an integrated commissioning plan, the Board now reports to the HWB annually on progress: http://moderngov.staffordshire.gov.uk/documents/s51913/alcohol%20update%20HWbB%20July%202014%202.pdf • *Childrens* – The Board endorsed the Strategy for Children and Young People http://moderngov.staffordshire.gov.uk/documents/s51720/The%20Childrens%20Strategy%20FINAL%20DRAFT%20for%20HWBB%20Ratification%20June%202014.pdf

	• *Older people and support to live at home* – This area of integrated commissioning will be developed in 2015/16, including the development of an Ageing Well Strategy
2.4	**Improving Health and Wellbeing at a Local Level –** The Board endorsed the report for Achieving Strategic Outcomes through Locality Based Delivery. http://moderngov.staffordshire.gov.uk/documents/s51914/07.07.14%20Health.pdf The Strategic Locality Leads group is now operational and leading on integrated commissioning locally.
2.5	**Ensuring Commissioning Plans aligned to Health and Wellbeing Strategy** The Board reviewed the commissioning intentions of the Clinical Commissioning Groups to ensure alignment with the Health and Wellbeing Board Strategy: http://moderngov.staffordshire.gov.uk/documents/s51723/Commissioning%20Intentions%20cover%20report.pdf The intelligence hub has also now been established to review plans in 2015/16
2.6	**Needs Assessment-** The Board completed the Pharmaceutical Needs Assessment http://moderngov.staffordshire.gov.uk/documents/s57758/Pharmaceutical%20needs%20assessment%20FINAL.pdf The Board reviewed the Joint Strategic Needs Assessment http://www.staffordshireobservatory.org.uk/documents/Health/JSNA/2014/Staffordshire-Joint-Strategic-Needs-Assessment-Profile---November-2014.pdf
2.7	**Communications –** The Board has established monthly bulletins, and has developed a brand for use in future communications.
2.8	**Governance –** Governance arrangements have been reviewed and streamlined. This will continue to be reviewed in 2015/16 as integrated commissioning arrangement are established.
2.9	**Purpose and Programme for 2015/16 –**The Board affirmed its purpose as prevention, achieved by greater integration and the increased empowerment of people. This will be achieved through the closer working of all elements of the health and care system, and with districts/boroughs, police, fire, voluntary, community sectors to create the connectivity between where people end up being supported (e.g. hospital) and where they could be supported (at home, in a community setting).

3 2015/16 Work Programme

3.1 The Board will continue its core functions as defined in its terms of reference. This will be managed via the intelligence hub work programme.

3.2 In 2015/16, the Board will further develop the projects commenced in 2014/15: Better Care Fund, integrated commissioning, and locality working.

3.3 In addition, the 2015/16 work programme also includes a prevention programme.

3.4 The table below summarises the 2015/16 work programme and the alignment to the Living Well Strategy.

3.5 The following appendix summarises the scope of each project within the programme. It is noted that some of the projects are in their infancy and the scope and proposed benefits will be further developed over the next few months.

3.6 2015/16 Work Programme alignment to Living Well Strategy

	Starting Well		Growing Well			Living Well			Ageing Well			
	Parenting	School Readiness	Education	NEET	In Care	Alcohol	Drugs	Lifestyle & Mental Wellbeing	Dementia	Falls Prevention	Frail Elderly	End of life
Better Care Fund											■	
Integrated Commissioning:												
Mental Health and Wellbeing								■				
All Age Disabilities								■				
Drugs & Alcohol						■	■					
Sexual Health								■				
Carers					■			■	■		■	■
Children's	■	■	■	■	■							
Prevention Programme 2015/16:												
Building resilient families II	■	■	■	■	■							
Healthy Ageing									■	■	■	
Planning	■	■	■	■	■	■	■	■	■	■	■	■
Housing	■	■	■	■	■	■	■	■	■	■	■	■
Good quality jobs	■	■	■	■	■	■	■	■	■	■	■	■
Healthy Lifestyles								■				
Embed Living Well Strategy:												
At a Locality Level	■	■	■	■	■	■	■	■	■	■	■	■
Intelligence Hub Work Plan	■	■	■	■	■	■	■	■	■	■	■	■

Appendix: Draft Work Programme Mandates

Integrated Commissioning - Mental Health and Wellbeing			
Board Member:	Alan White	Project Sponsor:	Rita Symons
Reports via:	Mental Health Commissioning Board		
Scope:	To establish integrated commissioning arrangements to implement the Mental Health and Wellbeing strategy for Staffordshire and Stoke on Trent including: • Formalise a robust integrated commissioning structure:- - Establish Integrated Governance arrangements, including executive leadership, and performance management - Implement any required financial / legal arrangements • Implement key strategy deliverables for 15/16, to include:- - Strengthen 24 hour response to people in crisis - Developing plans with localities to improve the community offer - Increase the Individual Support for people with mental ill health to access employment - Develop and implement the suicide prevention plan - Improve the outcomes for people with physical health problems - Carry out a comprehensive public and service user programme of engagement • Agree Integrated Commissioning Plans / formal commissioning intentions for 2016/17, including consideration of locality commissioning • Undertake detailed review of specialised mental health services		
Benefits and Outcomes:	• Enable **whole system leadership** and **whole system approach to pathway design** • Enable shift from **treatment to prevention and reduce demand for specialist health and social care services** • **Improved mental wellbeing, people..:** - Are **healthier** and **more independent** - Feel **safer**, **happier** and more **supported by their communities** (without stigma) - **Resilient** children and young people (**prevention** of mental health issues developing) - **Reduced isolation** • Are able to access more **appropriate employment** • People receive **the right care when they need it**		
Commenced:	January 2014	Expected Completion:	March 2016
High Level Timescales:	**May 2015 –** Governance arrangements established and terms of reference agreed. TBC - Commissioning Plans agreed, including any review by Intelligence Hub		

Current Status (April 2015)	Mental Health Strategy agreed. Implementation plans have been drafted, and governance arrangements are being established. Crisis Care Concordat: A multi-agency action plan is in place and agreed across the economy (including Stoke) to improve the response for people experiencing a mental health crisis. We have secured funding from Job Centre+ to pilot an extension of our existing employment service so that more people with a mental illness can be supported into employment Mental wellbeing is embedded in locality plans and the acute trusts are engaging with the parity of esteem agenda.

Integrated Commissioning: All Age Disabilities			
Board Member:	TBC	Project Sponsor:	Andrew Donald
Reports via:	All Age Disability Integrated Commissioning Board		
Scope:	Implement All Age Disability Strategy for Staffordshire To identify, and establish integrated commissioning arrangements to deliver the Strategy for Staffordshire potentially including: • Implement Commissioning plans for 2015/16, including locality commissioning intentions that demonstrate prevention / early intervention • Agree Integrated Commissioning Plans for 2016/17, including consideration of locality commissioning • Embed Integrated Governance arrangements, including executive leadership, and performance management Implement any required financial or legal arrangements		
Benefits and Outcomes:	*The HWB will receive an update on the All Age Disability Strategy, "living my life, my way" in July, including the anticipated benefits and outcomes*		
Commenced:	November 2014	Expected Completion:	TBC
High Level Timescales:	*The HWB will receive an update on the All Age Disability Strategy, "living my life, my way" in July, including high level timescales for the activities planned in 2015/16*		
Current Status (April 2015)	Living My Life, My Way strategy completed. All Age Disability Commissioning Board established.		

Integrated Commissioning: Drugs and Alcohol			
Board Member:	Aliko Ahmed	Project Sponsor:	Anthony Bullock
Reports via:	Integrated Commissioning Steering Group – Alcohol Drugs Executive Board		
Scope:	To refine current drug/alcohol commissioning practices to meet the expectations and standards of the integrated and locality commissioning work-streams, involving: - Governance: updated terms of reference, sub-groups etc - Strategy: agreeing consolidated document - Finance: clarifying budget management and investment plans - Delivery: agree delivery plan for forthcoming period - Commissioning team: clarify roles and expectations from partners - Performance: refine existing performance dashboard system		
Benefits and Outcomes:	- Build on existing successful partnerships arrangements - Clearer vision, roles/expectations of partners - More efficient commissioning process - All of which will contribute to improved outcomes		
Commenced:		Expected Completion:	August
High Level Timescales:	The ADEB group meets quarterly – some of the areas outlined in the scope will be agreed at the May meeting, others in August: - Governance: structure agreed in May, revised ToR in August - Strategy: agreeing in May - Finance: draft in May and outstanding issues resolved in August - Delivery: draft in May and outstanding issues resolved in August - Commissioning team: finalised alongside revised ToR in August - Performance: new structure for August meeting		
Current Status (April 2015)	Board is well established, and plans on track		

Integrated Commissioning: Integrated Sexual Health Service (ISHS)			
Board Member:	Aliko Ahmed	Project Sponsor:	Liann Brookes-Smith
Reports via:			
Scope:	The responsibility for Sexual Health covers a vast array of prevention, treatment and support services, these include: • The diagnosis and treatment of Sexually Transmitted Infections (STIs) • The prevention of STIs by working with young adults, vulnerable groups and high risk population around contraception • Partnerships with schools around advice, information and guidance. • Prevention of teenage pregnancy • Prevention of HIV/ AIDs by working with high risk groups, preventing ongoing transmission of HIV/AIDs. • The mental wellbeing of patients regarding their sexual relationships • Front line identification for Child Sexual Exploitation/ Female genital mutilation and other vulnerable groups. Sexual Health in Staffordshire has a range of providers of sexual health services: • Three different providers of Genito Urinary Medicine (GUM) services (one of which must find, renovate, relocate and vacate the current premise). • one provider of Contraception and Sexual Health (CASH) services, • one provider of HIV and STI prevention services, • Over three hundred contracts with primary care including enhanced contraception and Chlamydia testing services in most GPs and community pharmacies. • North Staffordshire (Including Staffordshire Moorlands and Newcastle-upon-Lyme) has a shared footprint with Stoke and the CCGs which cover the north of Staffordshire for GUM and Contraception. • HIV treatment services are commissioned by NHS England but the provision is different across Staffordshire. During 2014 we embarked on an ambitious tender to draw these services together under a prime provider model for an Integrated Sexual Health System (ISHS), with a view to awarding a contract to begin in April 2015. The tender exercise attracted a good level of interest from providers, but only one provider remained in the process to the end, and offered to provide service at a considerably higher cost than that of the contract value. The contract was not awarded. The reasons for this were: • Whilst the content and intent of our specification was thought to be generally very good, it was probably overly complex and prescriptive. • The elements prescribing locations of level three services in particular may have driven up the service costs and restricted opportunities for innovation. • Whilst the community engagement used to develop the specification was		

	considered excellent, the level of market engagement was not so strong. • Southern Staffordshire had not received a great deal of attention in terms of strategic commissioning prior to the transfer of commissioning responsibility to Staffordshire County Council in 2013 and was still underdeveloped at the time of the exercise. • Current providers were not providing detailed or accurate information with regards to TUPE, meant providers were wary of risk. • Many other competing tendering opportunities across the country as other local authorities sought to establish their own integrated services following the transition. • Reaction to a prime provider model which included primary care (GPs and Community Pharmacies) was mixed, but concerns tended to be more about complexity, rather than the general principal. • The time constraints of the tendering period, including the three months mobilisation were inadequate to be able for a new, prime provider to establish arrangements with 300+ primary care locations. The commissioners of Sexual health plan to extend the engagement stages of the next procurement exercise, have a more open procurement process within Staffordshire and increase mobilisation time within the contract to ensure that Staffordshire is able to procure a service which is innovative, considered and more cost effective. The ISHS will deliver the following high level outcomes (including the three main sexual health Public Health Outcome Framework measures) to improve the sexual health in the local population as a whole: • A reduction in unintended pregnancies in all ages as evidenced by: • under 18 conceptions • abortion rates, including reduced numbers of repeat abortions • Increased use of effective, good quality contraception, including increase in LARC uptake in the most vulnerable groups. • Early diagnosis and effective management of sexually transmitted infections as evidenced by: • a reduction in late diagnoses of HIV, • an increase in chlamydia diagnoses amongst 15-24 year olds. • Better access to services for all, especially high risk and vulnerable communities • reduced sexual health inequalities amongst high risk and vulnerable communities • Low rates of transmission of HIV, STIs and blood borne viruses • a reduction in the number of people repeatedly treated for STIs • Reduced sexual risk taking behaviours, especially amongst high risk and vulnerable communities driven by: • A high level of age appropriate knowledge about sexual health and relationships, • good understanding about access to and availability of sexual health services amongst the population, • referral and support for wider health and wellbeing needs • Improved support for people vulnerable to, and the victims of, sexual coercion, sexual violence and exploitation.

Benefits and Outcomes:	The ISHS will deliver the following high level outcomes (including the three main sexual health Public Health Outcome Framework measures) to improve the sexual health in the local population as a whole: • A reduction in unintended pregnancies in all ages as evidenced by: o under 18 conceptions o abortion rates, including reduced numbers of repeat abortions o Increased use of effective, good quality contraception, including increase in LARC uptake in the most vulnerable groups. • Early diagnosis and effective management of sexually transmitted infections as evidenced by: o a reduction in late diagnoses of HIV, o an increase in chlamydia diagnoses amongst 15-24 year olds. o Better access to services for all, especially high risk and vulnerable communities o reduced sexual health inequalities amongst high risk and vulnerable communities o Low rates of transmission of HIV, STIs and blood borne viruses o a reduction in the number of people repeatedly treated for STIs • Reduced sexual risk taking behaviours, especially amongst high risk and vulnerable communities driven by: o A high level of age appropriate knowledge about sexual health and relationships, o good understanding about access to and availability of sexual health services amongst the population, o referral and support for wider health and wellbeing needs • Improved support for people vulnerable to, and the victims of, sexual coercion, sexual violence and exploitation. The plan is to be more innovative and cost effective commissioning for outcomes.		
Commenced:	May 2015	Expected Completion:	2016
High Level Timescales:	Over the next few months, Public Health are continuing engagement with providers to orient the market and ensure a successful outcome. Efforts will become intensified to ensure PH have a dialogue with all providers at every stage of delivery of Sexual health services. The learning from this process will decanter into the procurement process which will complete in 2016.		
Current Status (April 2015)	We are currently at the engagement stage, with our second engagement event on the 8th of May 2015. We will work with partners to drive innovation and interest in the procurement process.		

Integrated Commissioning: Carers			
Board Member:	Aliko Ahmed	Project Sponsor:	Shelley Brough / Martin Samuels
Reports via:			
Scope:	**Carers Whole System Re-design: Integrated Carers Hub across Staffordshire and Stoke on Trent** Staffordshire County Council, Stoke City Council and CCGs across Staffordshire and Stoke on Trent have worked together to re-commission local Carers Services, through an integrated commissioning approach via the **Better Care Fund**. The purpose of existing contracts, and the way in which they have been delivered, has been the same for many years. While recognising that there is a huge amount of good practice with the achievement of positive outcomes for many carers locally, existing support for carers was in need of modernisation. Modernisation was needed to meet the changing needs, aspirations and outcomes of carers and the changing landscape of the health and social care economy, particularly the recent **Care Act (2014)** and the **Children and Families Act (2014)** and to achieve metrics within the **Better Care Fund** (see point 5. below) The Staffordshire Carers Partnership (SCP) was established in January 2014 to lead the Carers Whole System Re-design through the SCP Framework and Implementation Plan, which superseded the local Joint Commissioning Strategy for Carers (2011-2016). The Partnership operates at two levels: Governance and Workstreams. Members include: Carers (Chair), Staffordshire County Council, CCGs, Providers (Health, Social Care, VCOs) District reps, Heathwatch Staffordshire, Housing, Staffordshire Police, Staffordshire Fire and Rescue… Carers have been engaged throughout the whole process across Staffordshire. The first action was to identify the key issues locally, the impact of caring and how we can improve outcomes to prevent Carers from reaching crisis point. Carers have been involved in the development, design of the service specification, outcomes framework, tender questions and will be involved in the evaluation of tenders and the future performance monitoring of the new Integrated Carers Hub across Staffordshire and Stoke. The Integrated Carers Hub will… - **Prevent and delay** Carers and the person that they care for from accessing health and social care - Ensure that there is a single point of contact to coordinate and improve access to local information and support for Carers and Professionals. Improved access and gateway into local level carer support will be achieved with one lead provider, through partnership approach. This 'Hub and Spoke' model is in response to feedback from Carers and Professionals promoting just 'one point of contact' with access and support delivered at a local community level. - Improve outcomes for local Carers across Staffordshire and Stoke on		

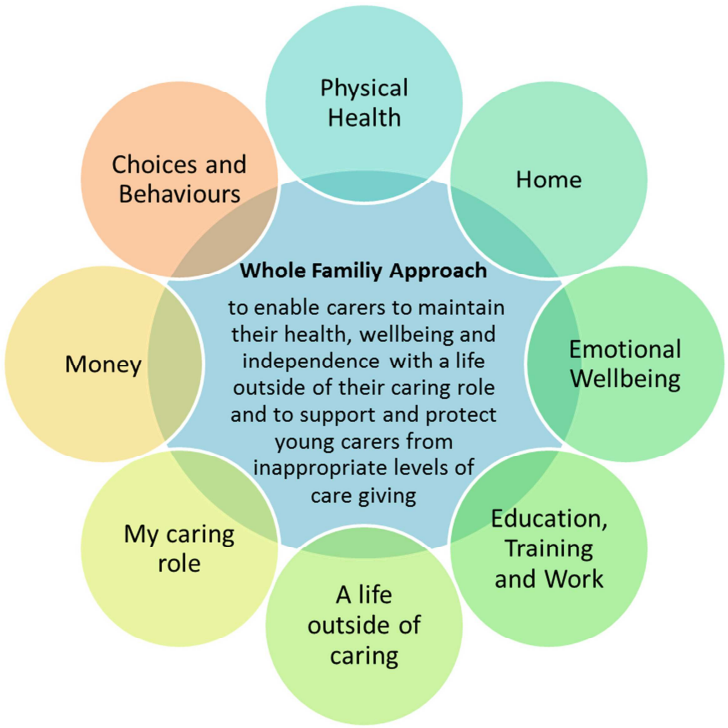
	Trent. Engagement has identified that one of the biggest issues faced by Carers locally is their own health and wellbeing. - Ensure an 'Assets Based Approach' through the development of sustainable support at a community level, building social capital, community capacity and independence.
Benefits and Outcomes:	**Health and Wellbeing Board Priority: 'Prevention'** is at the heart of the Carers Whole System Re-design **Economic Case for Investment in Carer Support**: There is evidence to suggest that a **'Preventative'** approach to reduce Carer Crisis/Breakdown, therefore enabling Carers to maintain their caring role, can have a positive impact on health and social care economies: **1. Carers UK and Leeds University's "Valuing Carers"** http://www.leeds.ac.uk/news/article/2008/unpaid_carers_save_119_billion_a_year "New estimates show the care provided by friends and family members to ill, frail or disabled relatives is now worth £119 billion every year. - Carers' contribution now far outstrips the total cost of the NHS (£98.8 billion)" (It is therefore estimated that each carer saves the state £18,473 a year - *applying this figure to Staffordshire suggests that carers contribution is worth £1.825 billion a year.)* **2. Royal College of GPs** http://www.rcgp.org.uk/clinical-and-research/clinical-resources/carers-support.aspx "1.2 million carers spend over 50 hours caring for others, this equates to a full time workforce larger than the entire NHS. Carers are estimated to save the UK economy £119 billion a year in care costs, more than the entire NHS budget and equivalent to £18,473 per year for every carer in the UK." **3. NHS England** http://www.england.nhs.uk/commissioning/comm-carers/ Commissioning for carers: Principles and resources to support effective commissioning for adult and young carers. The study indicates that this could equate to a saving of almost £4 for every £1 invested. **4. The Department of Health – Impact Assessment (Carers)** http://www.legislation.gov.uk/ukpga/2014/23/impacts (October 2014) makes an estimate of the "monetised health benefits" of additional support for carers. This estimates that an anticipated extra spend on carers for England of £292.8 million would save councils £429.3 million in replacement care costs and result in "monetised health benefits" of £2,308.8 million. This suggests (as a ratio) that each pound spent on supporting carers would save councils £1.47 on replacement care costs and benefit the wider health system by £7.88. **5. Carers Trust Commissioning for Carers** http://static.carers.org/files/commissioning-for-carers-key-principles-for-ccgs-6809.pdf Achievement of the **Better Care Fund** Metrics: *Permanent admissions of older people (aged 65 and over) to residential and nursing care homes.* - Carer-related reasons for admission to nursing or residential care are common, with carer stress the reason for admission in 38% of cases. - Commissioning breaks, training, information and emotional support for carers

could reduce the overall spending on care by local authorities by more than £1bn a year.
- Providing carers with breaks, emotional support and access to training can significantly delay the need for the person receiving care to go into residential care.
- A longitudinal study of 100 people with dementia found a 20-fold protective effect of having a co-resident carer when it comes to preventing or delaying residential care admissions. Further studies have confirmed that where there is no carer, the person receiving care is more likely to be admitted into residential care.

Delayed transfers of care from hospital.
- Carers who do not feel prepared or sufficiently supported are one cause of delayed transfers of care which can cost the NHS £150m per year.

Non Elective Admissions
- Admission or readmission to hospital by a person with a long-term condition can be an indication that the carer is no longer able to care, often due to the strain of caring causing physical or mental ill health, or that discharge planning is poor and the carers is not involved as an expert partner in care. One study found that problems associated with the carer contributed to readmission in 62% of cases.

Improved Carer Outcomes: Carers Outcomes Framework
Local Carers engagement has identified the following key priorities and outcomes for Carers across Staffordshire :



This is in line with national research, Carers UK (2014) identified that:
80% of carers report that caring has a negative impact on their health.
69% of carers find it difficult to get a good night's **sleep** as a result of caring.
58% of carers have reduced the amount of **exercise** they do since they started caring.
45% reported that as a result of caring they found it hard to maintain a **balanced**

	diet. 73% of carers surveyed reporting increased **anxiety.** 82% of carers have increased **stress** since taking on their caring role. 50% stated they were affected by **depression** after taking on a caring role. 54% of carers are struggling to pay **household bills** or to make ends meet suggesting continued pressure on carers' **finances.** 35% of carers cut back on essentials like **food and heating.** 41% of these carers say that their **job** has been negatively affected by caring, for example because of tiredness, lateness or stress. 44% of carers have reduced their hours and nearly a third. 32% of carers had refused a promotion or taken a less qualified job in order to manage their workload and caring responsibilities. 57% lost touch with **friends or family.** http://www.carersuk.org/for-professionals/policy/policy-library/state-of-caring-2014 **Successful Joint Bid to the Department of Health (Jan 2015)** Carers and Employment Pilot across Staffordshire and Stoke on Trent: - £130,000 local investment from the DH - Improved health outcomes for Carers - Maintained and improved employment opportunities for Carers - Reduced unemployment - Local economy / business benefits e.g. reduced sickness absence and employee retention **Care Act Compliance** The Carers Whole System Re-design programme, which reports to the Staffordshire Carers Partnership, has ensured local Care Act compliance with regards to Carers. Pathways have been designed to focus on **Prevention, Wellbeing** and **Outcomes**: - Carers Hub: The Front Door for Carers , Universal Carers Assessments, Direct Payments, Information, Advice and Guidance, Assets Based Approach, Whole Family Approach - Integrated Carers Assessments: Carers Hub, SSOTP, Independent Futures, Families First, SSSFT and NSCT. - Local Carers Policy - Workforce Development
Commenced:	Expected Completion:
High Level Timescales:	- The Carers Hub went out to open tender at the beginning of February 2015 - The contract will be awarded June 2015 - The 'go live' date for the new Integrated Carers Hub across Staffordshire and Stoke on Trent will be 1st October 2015 - Ongoing developments throughout the contract period (3 years +1+1) e.g. The Front Door for Carers: Carers Assessments / Prevention
Current Status (April 2015)	- Carers Hub Tender closing date 13th April 2015 - Evaluation and Moderation May 2015

Integrated Commissioning - Children, Young People & Families Transformation			
Board Member:	TBC	Project Sponsor:	TBC
Reports via:	Childrens Strategic Partnership Board		
Scope:	The Childrens Strategic Partnership Board has been established to support the Health and Wellbeing Board and has drafted the Strategy for Children and Young People which was endorsed by the Board.		
Benefits and Outcomes:	Delivery of the Strategy for Children and Young People		
Commenced:	May 2015	Expected Completion:	April 2016
High Level Timescales:	*To be developed as part of the programme of work for 2015/16*		
Current Status (April 2015)	The Childrens Strategic Partnership has agreed to prioritise pre-birth to 2 years in 2015/16 and is now developing its programme of work for 2015/16		

Prevention Priority 2015/16: Building Resilient Families II			
Board Member:	Tony Goodwin	Project Sponsor:	Pat Merrick
Reports via:	Strategic Locality Leads / Building Resilient Families Leadership Group		
Scope:	In April 2012 the Government launched the Troubled Families Programme (aka in Staffordshire as Building Resilient Families and Communities or BRFC), a £448 million scheme to incentivise local authorities and their partners to improve the lives of 120,000 troubled families by May 2015. Staffordshire achieved its DCLG target by working with 1390 families and positively impacting their lives via a strong partnership model. In July 2013, the Government expanded the programme for a further five years committing £200m to reach an additional 400,000 families across England. This second phase of the programme will retain a focus on families with multiple, high cost problems; poor physical and mental health, substance misuse and domestic violence are key issues for this group. Staffordshire's target for the next five years is to identify 4680 families that are eligible for the programme and to demonstrate either significant and sustained progress in establishing healthy lifestyles, improved self-esteem and emotional wellbeing as well as embedding a culture of positive parenting and work ethic. Improving the health of troubled families is critical and to do this the wider factors that impact upon a family's health will need to be identified and improved.		
Benefits and Outcomes:	Provide an integrated system-wide response to families. Before the programme began, the government estimated that around £9 billion was spent annually on 120,000 troubled families – an average of £75,000 per family each year. Of this, an estimated £8 billion was spent reacting to crises with the remainder spent on helping families to solve and prevent problems in the longer term. And we know that, prior to the programme; annual health costs for troubled families were estimated to total over £1 billion. Furthermore, a healthy childhood is an integral part in developing a child's ability to learn. Earlier intervention to support better health and wellbeing provides an opportunity to break the cycle of poor outcomes for the future. Crucially it can prevent or delay the onset of health issues later in life, and it also helps to tackle local and national inequalities in health. Poor health makes it harder for these families to secure and remain in work, play a full part in their communities and realise their potential. The cost of crisis also diverts resources from others in need.		
Commenced:	April 2015	Expected Completion:	April 2020
High Level Timescales:	Report to HWB in June on completion of Phase 1 and Phase 2 development. See Outcomes Plan attached.		

Current Status (April 2015)	Phase 1 successfully completed via a multi-agency partnership model and payments by results received with few re-referrals. During the Summer in 2014, an analysis on a sample of **860** turned-around families was undertaken which confirmed that only 55 families (^5) had returned the remainder had sustained their **'turned-around'** status.**19** of these families (**2%**) had **'returned'** for reasons, which were not previously an issue. This demonstrates that to date, Staffordshire's BRFC Programme has a **94%** success rate on **'turning-around'** families. Phase 2 is in development stage with families currently being identified who meet the revised criteria (now to include family challenges of domestic abuse poor physical and mental health, substance misuse and child vulnerability as well as worklessness, poor school attendance and anti-social behaviour).

Prevention Priority 2015/16: Healthy Ageing /Safer			
Board Member:	TBC	Project Sponsor:	Paula Furnival
Reports via:	Ageing Well Steering Group		
Scope:	Staffordshire Health & Wellbeing Board, Staffordshire Fire & Rescue Service and Staffordshire Age UKs working together to create an operating model to deliver a dedicated 9 month pilot at a local level to offer innovative approaches to reducing avoidable pressures and impacts on critical health services. To enable a successful Pilot, the following needs steps are in scope: • Define the data needs, risk stratification and targeting of older people to prevent the need for more services; • Build on existing best practice and delivery models, coupled with resource and capacity provided through FRS and Age UKs; • Access GP registration data made available to the FRS to identify 'at risk' cohorts in order to deliver vital first contact services and longer term supportive interventions (if required); • Deliver information and advice, alongside a range of support services; • Pre-determine outcomes for the individual, partnership and longer term aims; including agreed indicators and methods for collection and evidencing accurately; • Agree a steering group to influence delivery where relevant and appropriate, provide a strategic role in effective sharing of learning, support infrastructure, development and engagement; and communicate the successes of the pilot to wider audiences; • Define an evaluation approach to measure the success of the Pilot		
Benefits and Outcomes:	• Older people experience lower risk of cold related ill-health; • Older people experience increased independence; • Older people feel more empowered to take positive actions; • Effective partnership working; • Reduced demand for both health (and social care) services, including A&E attendance and non-elective admission to hospital; • Savings resulting from reduced use.		
Commenced:	Likely start date: End of June / Early July 2015	Expected Completion:	Likely end date: March 2016
High Level Timescales:	A project plan has not yet been defined. This exercise will be undertaken once the Project initiation Documents has been agreed.		

Current Status (April 2015)	A draft Project Initiation Document has been created and shared with key stakeholders for review. Key partner stakeholders are being engaged in line with research into National schemes. Detailed analysis of current system, approach and Pilot has begun.

Prevention Priority 2015/16: Planning and its impact on health and wellbeing			
Board Member:	TBC	Project Sponsor:	Steve Winterflood
Reports via:	TBC		
Scope:	• Develop agreed principles for the consideration of health and wellbeing to be adopted in district planning policies for the: o Development of Local Plans o Consideration of planning applications • To lobby and influence nationally to ensure that the National Planning Policy Framework and National Planning Practice Guidance enables consideration of health and wellbeing for Staffordshire • To engage and support parish councils to develop neighbourhood plans which are considerate of health and wellbeing		
Benefits and Outcomes:	• 50,000 more homes will be developed in Staffordshire in the next 10 years – the consideration of health and wellbeing in planning decisions will ensure that Staffordshire health providers are best placed to meet this demand locally • According to the National Planning Practice Guidance (NPPG) the built and natural environments are 'major determinants of health and wellbeing'. This could include planning permissions related to the provision of open spaces, parks/ playgrounds, for takeaways, access to schools, and licensing conditions for sale of alcohol		
Commenced:	May 2015	Expected Completion:	TBC
High Level Timescales:	May - September: Scope the work required, including identifying potential benefits of the approach September – Health and Wellbeing Board agree on scope of work		
Current Status (April 2015)	The programme of work was identified as a potential priority at the Health and Wellbeing Board's March meeting and hence is in the early stage of identifying the requirements.		

Prevention Priority 2015/16: Housing and its impact on Health and Wellbeing			
Board Member:	Tony Goodwin	Project Sponsor:	Robert Barnes
Reports via:	Strategic Locality Leads		
Scope:	• Develop a Staffordshire approach for the role of housing in Health and Wellbeing • Test out the approach via the refreshing of the Healthier Housing Strategy in Tamworth • Commission independent expert support to the project to create a shared learning pack to be used in the rest of the county • Project to include the Regulatory elements but will be broader spectrum of issues		
Benefits and Outcomes:	There is abundant evidence indicating links between an individual's environment (including housing) and their immediate and long-term health and wellbeing outcomes: • Estimates suggest that a third of households would not meet the decent homes standard in Staffordshire • Around 42,415 households in Staffordshire are thought to be experiencing fuel poverty which is higher than the England average (12% compared to 10%). Nearly all districts in Staffordshire experience high fuel poverty. • There are on average around 400 excess winter deaths annually in Staffordshire amongst people aged 65 and over. • Around 3,100 patients are admitted to hospital each year as a result of a fall, costing £8.6m. Around one in two of these falls occurs in the home environment.		
Commenced:	May 2015	Expected Completion:	TBC
High Level Timescales:	May - September: Scope the work required, including identifying potential benefits of the approach September – Health and Wellbeing Board agree on scope of work		
Current Status (April 2015)	The programme of work was identified as a potential priority at the Health and Wellbeing Board's March meeting and hence is in the early stage of identifying the requirements.		

Prevention Priority 2015/16: Good Quality Jobs and its impact on health and wellbeing			
Board Member:	Alan White	Project Sponsor:	TBC
Reports via:	Joint programme between Local Enterprise Partnerships & HWB Board		
Scope:	Influence and engage the Local Enterprise Partnerships to align their programmes of work that encourage economic prosperity to also support health and wellbeing e.g: • Supporting people with disabilities and those living with mental health to access employment and skills • Support the development of capacity and skills within the care market • Encourage businesses to support health and wellbeing of their employees (including mental health) • Ensure that those most removed from the job market have access to develop their skills and move into employment • Keep people in work once they have secured a job		
Benefits and Outcomes:	Access to good jobs and education is recognised as a determinant of good health and wellbeing. • In May 2014, 7,380 people in Staffordshire were in a position where they have been claiming Employment Support Allowance for 5 years or more, a significant increase on May 2013. • Higher level adult skills are an issue in Staffordshire with the proportion of the working age population qualified to NVQ Level 4 are below the national average. In 2013, approximately 53,000 working age people in Staffordshire had no formal qualifications.		
Commenced:	May 2015	Expected Completion:	TBC
High Level Timescales:	May – September 2015 Establish working relationships between the chairs of the Health and Wellbeing Board and Local Enterprise Partnerships to understand how the partnerships can support each other.		
Current Status (April 2015)	In development with LEP Chair (Staffordshire)		

Prevention Priority 2015/16: Healthy lifestyles			
Board Member:	Aliko Ahmed	Project Sponsor:	Tilly Flanagan
Reports via:	Intelligence Hub		
Scope:	1. Public Health England has identified that 40% of health issues are attributable to behavioural patterns including smoking, alcohol, obesity and physical inactivity. The Staffordshire JSNA and eJSNA's also identify a need to address these lifestyle issues in Staffordshire. A review of the provision of Lifestyle services in Staffordshire identified the need for change and the development of a system-wide, whole person approach. 2. As a result, a new integrated Healthy Lifestyles programme has been developed to support behaviour change, by: addressing multiple lifestyle risk behaviours; moving resources upstream towards prevention and early intervention; providing a range of programmes and services to create a 'healthy person' approach that promotes health and wellbeing (as opposed to one that diagnoses / treats), and; linking the lifestyle behaviour change programme with wider wellness services that tackle the wider determinants of health. The following represents the system-wide Healthy Lifestyles programme currently being adopted to Public Health commissioning: • Developing a Lifestyle Hub, building on Staffordshire Cares - using technology to provide brief lifestyle advice; information, advice and guidance; signposting or referral for further support (where required), and; integration into services that support the wider determinants of health e.g. welfare support, housing and community learning. • Building on local assets through locality commissioning partnerships to procure all age physical activity, community nutrition and alcohol prevention programmes. • Procuring a Staffordshire-wide lifestyle behaviour change Service. • Plans are being developed to work with local academic institutions to evaluate this innovative system-wide Healthy Lifestyles programme. 3. Specific programmes of other work that support this agenda include: • Active Staffordshire – A multi-partnership initiative to inspire and support more people to get more active, more of the time. • Eat Well Staffordshire – A partnership approach to identifying and managing community malnutrition. • SHEP – Peer mentoring programme to reduce uptake of smoking and drinking in year 8 pupils (12-13 year olds). • Re-design and procurement of the Child Health and wellbeing programme for school age children.		
Benefits and Outcomes:	These include: • Positive behaviour change involving reduced risk taking behaviours (including smoking, alcohol, food and nutrition and physical activity). • Encouraging and empowering people through better information, advice and guidance using a range of formats and technology to proactively self-		

	manage their lifestyle behaviour. • Employing 'light touch' lifestyle coaching as the first line of targeted intervention. • Joint commissioning (through locality partnerships) capitalising on existing local assets (including local partnerships and local infrastructure). • Allowing seamless movement throughout the system according to the level and complexity / multiplicity of need and support that a Client presents with at any one time. • Greater awareness and community potential to reduce malnutrition and associated complications, including frailty in the over 65's.		
Commenced:	May 2015	Expected Completion:	Varying timescales
High Level Timescales:	**April 2014 -** Active Staffordshire adopted. **April 2015 -** Locality Commissioned Community Prevention Programmes – Annual contracts (April-March). **July 2015 -** Implementation and on-going evaluation of Lifestyle Hub and behaviour change Service (3-4 years). **July 2015 –** PH Team to present HWB in July on Healthy Lifestyles. **September 2015 -** Report to the Health and Wellbeing Board on actions being taken to encourage healthy lifestyles, and recommend any additional actions to be taken forward **March 2016 -** Eat Well Pilot complete. **April 2017 -** refresh of Active Staffordshire. **To be determined -** Local food partnerships: Future opportunities are also being explored around multi-partnership approaches to capitalise on the production and demand for local food, which would have a broad health impact, including an impact on lifestyle behaviour.		
Current Status (April 2015)	• Several stakeholder engagement events have been undertaken to agree and implement the approach. • Locality-based and Staffordshire-wide procurement processes supporting the healthy lifestyle programme are nearing completion. • The refreshed JSNA in November 2014 and linked eJSNAs have included healthy lifestyles.		

Health and Wellbeing at a locality level			
Board Member:	Tony Goodwin	Project Sponsor:	
Reports via:	Strategic Locality Leads group		
Scope:	• Embed Health and Wellbeing strategy in each locality o Refresh EJSNAs and agree local health and wellbeing priorities and commissioning priorities for each district based on evidence o Develop, and implement, a 2015/16 locality plan for each district which identifies how localities will support the delivery of the objectives of the living well strategy, o Lead on locality commissioning to support "Ageing Well" o Engage with affordable housing providers to support the delivery of Health and Wellbeing outcomes o Promote the utilisation of District Council statutory powers to support health and wellbeing (e.g. Licensing) o Demonstrate greater effective use of intelligence to support a decrease in demand for services and promote positive behaviour change • Embed and develop the locality commissioning approach o Review the locality commissioning approach completed in 2014/15 and implement recommended changes for 2015/16 (e.g. ensuring that best practice is adopted whilst maintaining locality differences where appropriate) o Build links with 'Safer and Stronger' and LEPs to take opportunity to establish common goals, commissioning once whilst meeting multiple outcomes		
Benefits and Outcomes:	• Embed the Living Well Strategy within localities, prioritising locally relevant outcomes which are evidenced by intelligence • Establish a foundation by which effective integrated locality commissioning can evidence delivery of improved locality outcomes.		
Commenced:	Feb 2014	Expected Completion:	April 2016
High Level Timescales:	April 2015 Draft locality plans, and locality profiles TBC Refresh ESJNA, collate any additional evidence, agree priorities for each locality March 2016 Award prospectus to successful bidders for 2016/17		
Current Status (April 2015)	Locality commissioning has been established in all localities. Strategic Locality Leads group has shared lessons learned on the 2014/15 commissioning process, and is identifying actions to improve the approach for next year.		

Intelligence Hub Work Programme			
Board Member:	Aliko Ahmed	Project Sponsor:	Chris Weiner
Reports via:	Health and Wellbeing Board Intelligence Hub		
Scope:	• Produce refreshed JSNA and EJSNAs • Produce additional service specific Needs Assessments as required by the Health and Well Being Board. • Create and implement a programme of work to review the strategies and commissioning intentions that are required to deliver the Health and Wellbeing Strategy: 'living well'. (This will include integrated commissioning strategies and SCC / CCG Commissioning intentions but could on request of the Health and Wellbeing Board be extended to cover over commissioning strategies within the Health and Well Being Space and Staffordshire economy.). • Create an outcome and performance framework for monitoring the effectiveness of the Staffordshire health economy in delivering the Living Well strategy. (Delivered to the Health and Wellbeing Board on a quarterly basis).		
Benefits and Outcomes:	• Provide evidence to the Health and Wellbeing Board on the effectiveness of delivering the Living Well Strategy. • Enable the Health and Wellbeing Board to better identify systems issues that impact on the effectiveness of the Staffordshire health economy in delivering the Living Well Strategy. • Facilitate the Health and Wellbeing Board in effecting systems wide change to better deliver the Living Well Strategy.		
Commenced:	April 2015	Expected Completion:	April 2016
High Level Timescales:	May Develop programme of work for 2015/16 to review strategies and commissioning intentions. July HWB agrees outcomes framework September Performance Report JSNA will be refreshed in stages between April 2015 and March 2016		
Current Status (April 2015)	The Intelligence Hub has drafted an approach of how to review strategies and commissioning intentions which it will test in May with the All Age Disability Strategy.		

Topic:	**Methodology for assessing HWB commissioning strategies and intentions**
Date:	**21st May 2015**
Board Member:	**Aliko Ahmed**
Author:	**C. Weiner**
Report Type	**For Consideration**

1 Purpose of the Report

1.1 In late 2014, the Staffordshire Health and Wellbeing board accepted the proposal that it can be supported to manage its cycle of business by the establishment of a HWB Intelligence Group. This group is now up and running and is developing its programme of business for 2015/16.

1.2 This paper outlines the proposed approach by the HWB Intelligence Group on how it exercises the responsibility to ensure alignment of strategies to the Living Well in Staffordshire strategy of the Board. This approach is intended to undergo a trial by evaluating a single strategy and modified as appropriate. This will enable the board to better deliver improved outcomes for the people of Staffordshire and facilitate the integration of different parts of the Staffordshire health and well-being economy.

1.3 The Board is asked to consider this report and recommend that the approach is trialled.

2 Methodology for assessing HWB commissioning strategies and intentions

2.1 What strategies are in scope?

The scope may evolve and change over time. In the first instance the intelligence hub will support the board with its obligations to review the commissioning intentions and strategies of the Clinical Commissioning Groups; secondly the hub will consider integrated commissioning strategies. This would therefore include the following strategies (and their allied commissioning intentions):

- All Age Disability
- Mental health
- Children
- Older People (and its former prevention counter-part of Help to Live at Home)
- Carers
- Drugs and Alcohol.

2.2 The Proposed Assessment team

A subset of the Intelligence Group (with co-opted members) will be formed. They will act as a core pool of people with developing experience to evaluate the strategies and commissioning intentions. As a minimum this pool should include colleagues from:

- CCG's
- The county council
- The district/borough councils
- Health Watch
- The Insight and Intelligence team in SCC.

Additional expertise will be brought into the evaluations as necessary.

2.3 The Proposed Process

A business cycle will be developed for the evaluation of strategies to be agreed taking into account the resource requirements of the process, the potential systems value of the review and the needs of partner organisations. Then:

1. The PMO will ask for the relevant strategies to be forwarded to the evaluation team in a timely fashion

2. The individual evaluation team members will evaluate the strategies according to the agreed template (appendix 1)

3. The evaluation team will then meet to moderate their ratings and determine a single perspective on the strategy according to the evaluation template

4. A member of the evaluation team will feedback to the lead officer of the strategy on the findings

5. The pool will make recommendations on current strategy/future strategy to align to and deliver in accordance with the *Living Well in Staffordshire* strategy

6. The evaluation team will submit a report to HWB Intelligence Hub for quality assurance

7. The Board will receive a summary report.

3 Recommendations:

3.1 The Board is asked to consider this report and recommend that the approach is trialled.

Appendix 1

Draft Proposed Evaluation Tool

	Comments	RAG rating
1) Use of evidence ***Prompts:*** ▪ Does the strategy use the evidence made available through the JSNA process? ▪ Has it considered and acted upon the views of local people? ▪ Has it considered the views of local practitioners / providers? ▪ Does the strategy make use of specialist needs assessments conducted for key target groups where relevant? ▪ Does the strategy make use of relevant national learning, benchmarking information and the experience of others with similar challenges? ▪ Does the strategy make use of the knowledge, guidance and evidence-base for relevant interventions? ▪ Is there evidence of partnership working in the development of the strategy? ▪ Does the strategy reflect how individuals / local communities are being engaged collaboratively to find their own solutions to improve local health and wellbeing outcomes? ▪ How well are the contributions of the third sector and community structures reflected in the strategy?		
Recommendation		

	Comments	RAG rating
2) Alignment to Living Well strategy ***Prompts:*** ▪ Does the strategy make reference to the Living Well strategy? ▪ Does the strategy align to the principles and enablers set out in the Living Well strategy? Does the strategy set out how it will deliver against the health and wellbeing priorities identified in the JSNA / joint health and wellbeing strategy? ▪ If yes which priorities does it address? ▪ To what extent is the balance of existing local service delivery being challenged? ▪ Does the strategy clearly demonstrate and distinguish between primary, secondary and tertiary prevention for key priorities and groups? (think about how strategy will target vulnerability, early intervention for at risk and prevention) ▪ Does the strategy clearly articulate the shift from responsive to preventative interventions? ▪ Does the strategy support local community initiatives to deliver health and wellbeing outcomes?		
Recommendation		

	Comments	RAG rating
3) Impact on population health outcomes and reducing health inequalities ***Prompts:*** ▪ How ambitious is the strategy? ▪ Does the strategy state explicit outcomes? ▪ If yes to above, is there an explanation of how these local outcomes relate to the national outcome frameworks? ▪ Does the strategy explicitly mention proposals on how it will reduce health inequalities and health inequities? *Include vulnerable groups* ▪ How clearly are health inequalities, and their relationship with other inequalities, understood and explained? ▪ Does the strategy have any adverse impact on health inequalities? ▪ Does the strategy clearly explain how it will work to address the wider determinants of health with other partners? e.g. housing, transport ▪ Does the strategy clearly articulate a shift from block commissioning of service outputs to outcomes for populations?		
Recommendation		

	Comments	RAG rating
4) Monitoring and evaluation ***Prompts:*** ▪ Does the strategy include how it will monitor progress? ▪ Does the strategy clearly articulate how actions, impacts and cost-effectiveness will be reviewed? ▪ Are the objectives SMART: specific, measurable, accurate, realistic and timely? ▪ Will these support delivery of the HWB strategic outcomes and targets? *(think about scale, population impact, link to the HWB Board's performance outcomes framework)* ▪ Does the strategy include monitoring of public and patient experience *(e.g. through use of "I" statements, patient's experience of whole system integration)* ▪ Is there clear evidence that learning will be shared with the wider health and care economy?		
Recommendation		

	Comments	RAG rating
5) Effective use of resources / value for money ***Prompts:*** ▪ Is there an appropriate balance and evidence provided of a shift of resources from responsive to preventative interventions? ▪ Is there clear evidence of a timeline for disinvestment from historic provision to preventative interventions? ▪ How well are resources combined and pooled? ▪ Is there clear evidence provided that the strategy has: o exploited all opportunities for collaborative commissioning and pooled arrangements o removed duplication and demonstrated increased alignment across organisations o evidence of effectiveness and efficiencies to the wider Staffordshire Health and Social Care Economy? ▪ Does the strategy make best use of integrating services to make best use of resources? ▪ Does the strategy set out how it will "make every contact counts" to ensure resources are used effectively across the health and wellbeing system?		
Recommendation		

Members of pool who took part in the review:

Date :

Name and date of feedback to the lead officer: