

Staffordshire Health and Wellbeing Board

3.00 pm Thursday, 7 June 2018
Trentham Room - No.1 Staffordshire Place

Our Vision for Staffordshire

"Staffordshire will be a place where improved health and wellbeing is experienced by all - it will be a good place. People will be healthy, safe and prosperous and will have the opportunity to grow up, raise a family and grow old, as part of a strong, safe and supportive community. "

We will achieve this vision through

"Strategic leadership, influence, leverage, pooling of our collective resources and joint working where it matters most, we will lead together to make a real difference in outcomes for the people of Staffordshire".

A G E N D A

1. Welcome and Routine Items

Chair

- Apologies
- Declarations of Interest
- Minutes of Previous Meeting (Pages 1 - 10)

2. Questions from the public

FOR DECISION

3. End of Life: Conversation with the Public (Update) (Pages 11 - 18)

Vicky Rowley, Commissioning Manager, Older People,
and Dave Sugden, Commissioning Manager, Strategy
and Policy

4. Joint Strategic Needs Assessment Review (Pages 19 - 20)

Divya Patel, Senior Public Health Epidemiologist

5. Health and Wellbeing Board Strategy (Pages 21 - 46)

Jon Topham, Senior Commissioning Manager, Public
Health

FOR DEBATE

6. Health and Wellbeing Board Prevention and STP (Pages 47 - 48)

Alignment Strategy

Jon Topham, Senior Commissioning Manager

7. **Health and Wellbeing Action Plan** (Pages 49 - 52)

Karen Bryson, Assistant Director, Public Health & Protection

8. **Families Strategic Partnership Annual Report 2017/18** (Pages 53 - 78)

Helen Riley, Deputy Chief Executive and Director for Families & Communities

9. **Whole Life Disability Strategy** (Pages 79 - 110)

Andy Marriott, Lead Commissioner, All Age Disability Team

FOR INFORMATION

10. **Health in All Policies update** (Pages 111 - 114)

11. **Physical Activity Sub-Group** (Pages 115 - 120)

12. **JSNA Outcomes Report - Quarterly Update** (Pages 121 - 134)

13. **Forward Plan** (Pages 135 - 142)

14. **Date of next meeting**

The next meeting of the H&WB is currently scheduled for Thursday 6 September 2018, 3.00pm, Staffordshire Place 1.

Membership	
Tim Clegg	District & Borough Council CEO Representative
Fiona Hamill	NHS England
Dr Alison Bradley	North Staffs CCG
Dr Charles Pidsley (Co-Chair)	East Staffordshire CCG
Alan White (Co-Chair)	Staffordshire County Council (Cabinet Member for Health, Care and Wellbeing)

Frank Finlay	District Borough Council Representative (North)
Dr John James	South East Staffordshire and Seisdon Peninsula CCG
Roger Lees	District Borough Council Representative (South)
Mark Sutton	Staffordshire County Council (Cabinet Member for Children and Young People)
Dr. Paddy Hannigan	Stafford and Surrounds CCG
Dr. Mo Huda	Cannock Chase CCG
Glynn Luznyj	Staffordshire Fire and Rescue Service
Philip White	Staffordshire County Council
Simon Whitehouse	Staffordshire Sustainability and Transformation PI
Helen Riley	Staffordshire County Council
Nick Adderley	Staffordshire Police
Robin Morrison	Healthwatch
Shammy Noor	South East Staffordshire and Seisdon Peninsula CCG

Contact Officer: Jon Topham, (01785 278422),
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Note for Members of the Press and Public

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Minutes of the Health and Wellbeing Board Meeting held on 8 March 2018

Attendance:

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Tim Clegg	District & Borough Council CEO Representative
Dr Alison Bradley	North Staffs CCG
Dr. Charles Pidsley	East Staffordshire CCG
Alan White	Staffordshire County Council (Cabinet Member for Health, Care and Wellbeing)
Frank Finlay	District Borough Council Representative (North)
Roger Lees	District Borough Council Representative (South)
Mark Sutton	Staffordshire County Council (Cabinet Member for Children and Young People)
Simon Whitehouse	Staffordshire Sustainability and Transformation PI
Helen Riley	Staffordshire County Council
Robin Morrison	Healthwatch

Also in attendance:

Jon Topham	Senior Commissioning Manager, Public Health
Karen Bryson	

Apologies: Glynn Luznyj (Staffordshire Fire and Rescue Service), Philip White (Cabinet Support Member for Learning and Employability) (Staffordshire County Council) and ACC Nick Adderley (Staffordshire Police)

71. Declarations of Interest

There were none at this meeting.

- a) Minutes of Previous Meeting

RESOLVED: That the minutes of the Health and Wellbeing Board meeting held on 7 December 2017 be confirmed and signed by the Chairman

72. Questions from the public

One question had been received by the Board but had been redirected as a Highways matter.

73. Local Transformation Plan for Children and Young People's Mental Health Services

NHS England requires CCGs to submit a refreshed version of the Local Transformation Plan (LTP) for the development of Child and Adolescent Mental Health Services (CAMHS) within their localities.

The first Staffordshire and Stoke on Trent LTP for Children and Young People's Mental Health was approved on October 2015. Additional NHS national funding had enabled a programme of investment to improve the local offer and mental health outcomes for children and young people. The refresh provides an update on progress and challenges associated with the delivery of CAMHS Transformation by 2021, across two local authorities and the six CCGs within Staffordshire and Stoke on Trent.

Progress differed across the whole LTP on a locality basis relating to northern and southern Staffordshire due to commissioning priorities, funding availability and having two NHS providers. Progress to date and plans and aspirations to achieve further improvements required up to 2021.

The current LTP was based on the existing Emotional Well-Being Strategies which ran until 2018. Work was underway to review and develop a new strategy. Government policy was focussed on seeking improvement in this area. Identified outcomes against existing priorities were summarised. Services were required to collate outcome measures and to review these regularly.

Board members asked whether the priorities going forward involved any further investment or disinvestment. The LTP looked for CCGs to invest in some areas recognising an anticipated increase in demand for these services, especially around crisis and intensive support. Implementation of the recent Green Paper on greater access in schools to mental health services would require investment. Disinvestment was unlikely and there was an expectation that there would be some shift in base line budgets towards enhancing mental health provision. Investment in mental health services was being monitored by Government.

Board Members discussed existing provision within schools. Most schools already have Safeguarding Leads who pick up on mental health needs so there was already some expertise and understanding. The thrust of the Green Paper addressed the role of schools in identifying low level needs. Schools based model and clusters would be a sensible approach: a greater presence of psychological practitioners in schools and upskilling existing staff. Board Members agreed that support within schools should be bolstered as they had background information that GPs would not be party to.

A Board Member questioned access to services: how good was young people's knowledge of the offer or those who could advocate for them? Generally access to services came through GPs. Dissemination of information and signposting would be

improved especially around the digital offer for young people. The Strategy under development would have young people at the front and centre and would engage with parents and carers too. Future referral pathways will include self-referral and the digital offer will be increasingly relevant.

League table of children's mental health placed Staffordshire as having greater wellbeing in this area than the national average by 1%. In terms of access to services, Staffordshire compared favourably with its peers.

RESOLVED: That the Health and Wellbeing Board endorse the updated Local Transformation Plan which set out the progress to date and plans to meet national guidance as set out in the NHS and Local Government policy document – Future in Mind.

74. Pharmaceutical Needs Assessment 2018

In September 2017, the Board had agreed to the draft Pharmaceutical Needs Assessment going out to a three month consultation period. Relevant amendments had been made to the needs assessment following the conclusion of the consultation. Of the eight responses received; the majority endorsed the draft document.

The Pharmaceutical Needs Assessment now provides an accurate assessment of the current service provision and future needs and concluded that Staffordshire continues to have an acceptable network of community pharmacies.

RESOLVED: That the Health and Wellbeing Board endorse the findings of the Pharmaceutical Needs Assessments 2018.

75. Physical Inactivity Sub-Group

A sub group of the Board were tasked with understanding and combatting physical inactivity in Staffordshire. The group have agreed that a vision, set of outcomes and focussed work programme will be delivered to drive this agenda forward. This process is underway with the first stages of a logic-modelling exercise having been completed. The following vision and key principle had been agreed:

Influencing people and places to embrace and value physical activity.

There is a clear line of sight between this work and Public Health's wider work programme and the STP Prevention programme. Staffordshire Moorlands Leek North and Cannock Springfield Estate had been selected as initial pilot authorities.

Board Members shared their frustration about levels of physical inactivity county and welcomed the approach by the sub-group. They agreed that force of circumstances did result in residents having to do exercise (such as a bridge closure!).

It was noted that local planning authorities were required to build in capacity for physical activity within new developments.

RESOLVED: That the Board (a) endorse the approach of the Physical Activity Sub-Group, and,

(b) agree to host a challenge session in June, to test the robustness of the implementation plan for Staffordshire Moorlands.

76. CCG/SCC Commissioning Intentions

The Board received a presentation on Staffordshire CCGs commissioning intentions (CIs) for 2018-19, their development and alignment to HWBB and STP.

CCGs are required to publish CIs annually in order to communicate the priorities of commissioners and to facilitate a process of dialogue and collaboration with providers of healthcare services on how service change might be best implemented.

2018-19 is the second year of a two year contract between commissioners and providers which already sets the financial envelope, activity plans and commitments to be delivered. The CIs had been developed against a context of a complex and challenging environment: increasing demands and reducing budgets. The 2018-19 CIs were rooted both in the context of an overarching STP and a two year contract period.

Over half of the acute spend in Staffordshire is on residents over 65 years and this demographic is expected to increase by 7%. Strategic priorities centred on

- Focussed prevention – helping people stay healthier and independent by improving wellbeing and preventing illness
- Urgent and Emergency Care system – improving the quality of care by simplifying and improving access to it
- Enhanced primary and community care – reducing the need for hospital admission
- Effective and efficient planned care – to facilitate effective and expeditious discharge

The slides demonstrated the strong alignment between the HWBB Strategy, the STP and the NHS CIs.

In response, Board Members agreed that as the STP was worked through and CCGs were reshaped, there would be potential for significant changes in pathways.

The Board received a presentation on the County Councils Commissioning Intentions: Health and Care Plans 2018-19. The presentation provided a synopsis of the plans for next year on the Public Health and Prevention Programme; Care Commissioning; and Adult Social Work and Safeguarding.

There was a focus across the County Council on the digital offer and its application to every aspect of Public Health was being explored. The Care Commissioning market was challenged in Staffordshire as elsewhere. A revised Market Position Statement for each client group would be published and dialogue with all providers maintained and developed. The urgent care agenda was dominating the NHS and the County Council

currently and a raft of additional services had been commissioned to help get people discharged from hospital more quickly.

Board Members discussed the detail of the CIs. The digital by default approach was a new one and generally members felt the move from a physical space to a digital world presented opportunities but needed to be managed and monitored. CIs would continue to reflect those who were not ready for the digital platform. It was important that there continued to be a coherent alternative, not just telephone. Some members expressed their concern over moving over too quickly to a reliance on digital. Another Member felt that digital could enhance independence where appropriate but the transition needed to be proportionate. Members agreed that this was a generational issue and that in time, digital would be the accepted norm.

RESOLVED – That the Board endorse the Commissioning Intentions for 2018-19 for both the CCG and SCC.

77. Together We're Better (TWB): Update On Progress

Together We're Better (TWB), the partnership transforming Health and Care for the people of Staffordshire and Stoke-on-Trent is moving from planning to delivery. Existing structures and governance arrangements need to be fit for purpose and work in a manner that facilitates implementation, and a Health and Care Transformation Board governance workshop for this purpose had been attended by the Chair and Vice Chair of the HWBB. The statutory bodies which formed TWB retained precedence in decision making and TWB did not undermine the fact that the organisations within the partnership are sovereign legal entities and the leaders are accountable to their individual governance structures.

TWB had adopted a four stage process to engagement and consultation on any issues arising from the sustainability and transformation plan:

- Establishing the case for change
- Pre-consultation engagement
- Consultation
- Post-consultation

It is crucial that a single narrative is agreed that sets out what any changes will mean to local people in their community, in a way that is meaningful and aligned with the HWBB structures.

The approach to engagement will need to consider how solutions to the system challenges are developed and how to build a system that is both clinically and financially viable.

Board Members acknowledged the challenges of facilitating decision making in a fragmented system and endorsed work ongoing towards a system wide engagement process. They recognised the scale of change required and the need to deliver strong

outcomes. However, they felt that there was little understanding amongst general public about what the STP is or its intentions. For consultation to be meaningful, the public must understand that there will be changes and these will be for the better.

Board Members agreed that it was important to start the conversation before introducing consultation around specific and formal changes. Disseminating the message via multiple channels must happen before formal consultation.

There was some acknowledgment that whilst the themes of the process had been introduced following the launch of the STP, the pace of change had dropped and people had become complacent and even disinterested. Information sharing must be expeditious, in regular, bite-size chunks, consistent and in a language that people understand. It must also be comprehensive, recognising Staffordshire and Stoke on Trent's challenging health geography.

The consultation process must also engage with District and Borough Councils. It was noted that local planning authorities were being urged by Government to include green spaces within their local plans and are required to assess the impact on local hospitals and health services of large developments.

A Member acknowledged that often consultation on change was perceived as negative so it was important to deliver it as positive and encouraging.

RESOLVED: That the Board (a) endorse the recommendations of the governance review, and,

(b) note the plans for a system-wide public engagement exercise.

78. Health & Wellbeing Board Strategy and Governance

The HWBB had facilitated a Development Session on 8 February attended by senior representatives from across the Health and Care spectrum, although there had been a noticeable gap in representation from CCGs. The purpose had been to consider the current scope of the draft HWBB Strategy 2018-23; the STP context and its alignment with HWBB and future governance issues.

A number of themes came out of the session, including a clear consensus of the need to develop a single, system-wide message that was clear, simple and understandable and that the focus on increasing healthy life expectancy was a good starting point.

Work continued on developing the Strategy, on governance and on the direction of travel. There was a strong aspiration to align or incorporate the two Staffordshire HWBBs and the STP. The Chairman appealed to all Board Members to facilitate a closer working arrangement across the two Boards particularly given the STP footprint and that of Fire and Police authorities.

Board Members supported opening dialogue with Stoke HWBB by suggesting a meeting between the reciprocal chairs and co-chairs with a single agenda item of STP. It would be important to have a range of governance options for consideration. Health Watch may be in a position to help broker a deal.

RESOLVED: (a) That the Board (i) supports work to align the HWBB Strategy and STP with a clear message and statement on purpose, focus and prevention.

(ii) supports the aspiration to bring together STP, Stoke HWBB and Staffordshire HWBB and endorses an approach to initiate discussion with Stoke HWBB for this purpose.

(b) That the meeting of the HWBB in June 2018 receives:

- a more developed HWBB strategy
- progress on the outcome of discussions initiated with Stoke HWBB.

79. Health Improvement Service

Changes proposed to health improvement services to support healthy lifestyles are consistent with the Council's strategic priorities. People need to be encouraged to take greater responsibility for their own health and wellbeing so that the County Council can focus its resources where they will have the greatest impact.

In the first instance, people will be encouraged to use a range of online tools to undertake health checks and access information around positive lifestyle choices. A new Health Check and Lifestyle service has been commissioned and will be provided by Everyone Health for people aged 50 + years who live in 52 identified areas where residents have a higher risk of poor health and cardiovascular disease. This targeted approach acknowledges and seeks to address the current level of health inequalities

Board Members agreed the importance of discussing this matter as it represented a departure from current practice. It was agreed that targeting service provision in this way was more likely to result in the greatest benefit. Healthy Staffordshire Select Committee had endorsed the approach.

Details around how the individuals in the identified areas would be approached had not yet been worked through but would likely be a range of mediums in order to access this harder to reach group. The provider was known to be well connected amongst pharmacists and is keen to be involved with GPs. Members discussed alternative communication channels and identified the Fire Service as a tool to deploy messages, accepting that generally there is a willingness amongst residents to engage with the Fire Service.

The aim was to move beyond a mandated NHS 5 yearly health check towards choice for a healthier lifestyle. Whilst it was probable that the offer of a Health Check to people who request it would need to continue, the wider population must be encouraged to use the on-line service.

RESOLVED: That the Board (a) support the commissioned activity which is targeted in 52 identified areas and

(b) take every opportunity to actively promote the digital offer and Healthy Communities Service for example, via the Fire Service.

80. JSNA Outcomes Report

The Health and Wellbeing outcomes report brought together key outcome measures from the national outcome frameworks for the NHS, adult social care and public health to support monitoring of a range of indicators and delivery of the Living Well strategy.

Based on data in the current quarter, it was noted that the number of children being admitted to hospital for unintentional injuries, and the rates of older people being admitted to hospital for a fall, had fallen. A range of challenges had also been identified and included a continued high proportion of women smoking throughout pregnancy and low breastfeeding rates.

There were some discrepancies in the extrapolation of the data around teenage pregnancies; however, Members agreed that the greatest opportunity for change sat with midwives. Communications teams needed to continue their campaigns. Clinicians needed to be consistent in inputting information into EMIS so that comprehensive and consistent data can be understood. Members acknowledged the role of the Fire service in extending their Fire Safety checks to encompass Safe and Well Checks.

It was believed that the public health team in Stoke implemented a different approach towards smoking cessation and this would be investigated and reported to the next meeting.

RESOLVED: That the Board (a) note the key findings of the key outcomes measures and

(b) agree the priority indicators for adults (Living Well, Aging Well, and Ending Well) in line with the new Health and Wellbeing strategy.

81. Staffordshire Better Care Fund Update

The 2017-19 Better Care Fund (BCF) had been formally approved with conditions. Following approval, the BCF Plan had moved into implementation with a focus on reducing Delayed Transfers of Care (DTC). Implementation of the National High Impact Change Model (HIC) was underway and would support the reduction of DTCs in Staffordshire. Currently all Staffordshire patients awaiting discharge were being tracked. A review and streamlining of governance had been recommended to facilitate a more timely roll out of the HIC in line with BCF, STP and National expectations. DTC

data had shown a significant improvement with an overall reduction of 1060 days from November to December.

Board Members agreed that this area was one of the highest priorities for the CCGs and the County Council and significant effort was being put into maintaining the downward trend, despite a dip in performance in January.

A Member asked about the issue of stranded patients in acute. External support had been put in and there was a specific target to deliver change by April. It was agreed that winter planning had not been implemented early enough for 2017-18 and planning for 2018-19 would start much sooner to avoid delayed discharge problems and incur fewer admissions.

It was hoped that there would be a greater uptake of flu vaccine in 2018-19. Public Health England had been looking to help companies who provide vaccine to promote uptake.

In terms of governance, the leadership effort is considerable but more effective coordination would result in better use of their time.

RESOLVED: That the Board (a) note the current activity underway

(b) agree that HWBB continue to receive updates from the BCF Executive on actions taken to implement the BCF, HIC and DTOC position against the BCF trajectory.

(c) support the proposals from the BCF Executive to review governance arrangements for implementation of the system wide High Impact Change Model.

82. District Delivery Plans

Received for information, summary of activity currently developing in localities for information.

83. National Diabetes Prevention Programme

Received, for information

84. Forward Plan

Received, for information

Chairman

Staffordshire Health and Wellbeing Board	
Title	End of Life: Conversation with the Public (Update)
Date	7 th June 2018
Board Sponsor	Richard Harling
Author	Vicky Rowley & David Sugden
Report type	For Decision

Recommendations

1. The Board is recommended to:
 - a) Consider the update on the Dying Matters public conversation.
 - b) To consider that whether the next scheduled public conversation can focus on digital innovation in relation to health. The intent is for the community dialogue to raise awareness of and contribute to shaping of future digital products to support healthy living.

Background

2. The 2017/18 Director of Public Health Annual Report focused on End of Life told us how little people choose to talk about death and dying. It also told us that only a small proportion of the population has an end of life plan in place at the time of death which can cause a person's end of life experience to be more unpredictable and chaotic.
3. In March 2018, Staffordshire County Council and the Health and Well-being Board launched a public conversation called Dying Matters, Staffordshire. The aim of the campaign has been to facilitate dialogue/discussion with the public about the importance of talking about and planning for our own end of life experiences, and to encourage adults, without advanced long-term conditions, to start talking to someone about dying, death and their own final wishes.

Dying Matters update

4. The public conversation has taken the form of a media campaign, combined with a roadshow of meetings/events, in order to encourage people to open up a conversation about death and dying, whilst also informing them about how they can begin to put plans in place in order to help ensure that they experience both quality of life and quality of death.
5. The idea and content for the campaign was developed last year in line with the original plan to launch the campaign in November 2017. A decision was taken to delay the launch until 2018, during which time commissioners worked with the County Council Communications team in order to develop a new plan. The campaign was launched on 26th March and is due to continue until the end of National Dying Matters week on 20th May 2018.
6. The core campaign objectives are as follows:
 - At least 20 partner organisations proactively engage in the Staffordshire campaign (either by running events or proactively sharing content in their channels)

- At least 1700 engagements with social media content (likes, comments, shares)
 - Positive media score
 - At least 50% of respondents (either on social media, on site or at events) agree that they intend to discuss with someone their wishes around death and dying
 - At least 35% of respondents (either on social media, on site or at events) confirm that they have discussed with someone their wishes around death and dying (See Appendix 1 around evidence informing these objectives).
7. The campaign approach has been to utilise euphemisms that we use to refer to death and dying, which then act as a conversation starter which people can relate to. These euphemisms have then been created into visual representations and have acted as part of the branding for all communications and promotional resources. Examples are shown in Appendix 2. Importantly, the branding itself has been developed in partnership with leading national charity, Dying Matters, who have allowed Staffordshire to create a local version of their logo and have hosted a Staffordshire specific page on their website at no cost to the authority.
 8. This partnership with Dying Matters has enabled us to capitalise not only on the wealth of valuable content on the national site, but also to gain buy-in with partners across the county to adopt the same branding and drive others to the Staffordshire web pages. The campaign launched with promotional material released across social media channels, to local media outlets and to key stakeholders.
 9. The campaign has begun (See progress in Appendices 3 to 5) and the main push for the campaign is planned for during national Dying Matters Awareness week (14-18 May), when there are events planned across the county. There are currently 26 planned events to raise awareness of the need to discuss death and dying in an open way. We will support the promotion of these events in partnership with communications colleagues in our CCGs.
 10. One specific event planned for Dying Matters Week, organised by the county council, is an online webinar that will take place on 15th May, led by Rev David Primrose (Lichfield Diocese). David will be talking people through how to lead a 'Grave Talk' type session, which essentially enables people to talk as a group about death. Giving people the space to talk about their own experiences as well as what their own wishes might be.
 11. The awareness raising media campaign is also being supported by a resource pack for stakeholders to disseminate the campaign within their own organisations. The public health team have been engaging directly with the public and key stakeholders via a schedule linked with events and forums and meetings across the county. This aims to promote the key messages behind the campaign and encourage people to take part.
 12. The primary call to action is to visit dyingmattersstaffs.org, where they will find a wealth of information around running a dying matters community group as well as advice and guidance on making personal plans around death and dying.

13. The Social media campaign has achieved excellent results in terms of reach and public engagement. Outcomes thus far are summarised in Appendix 6.

Further public conversations

14. Following the success of linking the End of Life campaign with the theme of the annual DPH report in 2017/18 it is suggested that a similar approach is used in 2018/19. This year the DPH report will focus on the use of digital technologies to support and enhance personal responsibility for health and related areas (such as the integration of health data).

What do you want the Health and Wellbeing Board to do about it?

15. The Board is asked to consider the theme for the next public conversation as the role of Digital technology in supporting health and healthy lifestyles.

Appendix 1: Do people talk about plans for death and dying?

- A recent survey in Scotland indicates that nearly three-quarters of people surveyed (74%) had not discussed what their wishes would be if they did not have long to live. 79% of people also didn't have any written plans for their end of life care, financial wishes or funeral plans. (Ipsos MORI)
- The National Survey of Bereaved People identified that just one third of people (34%) had told their loved ones where they wanted to die.

Appendix 2: Example creative

A4 community posters



Plasma screen (shared with GP surgeries, libraries and children's centres across the county)




Appendix 3: Example Facebook posts

Staffordshire
Published by Anthony Gale · 3 April at 09:27 · €

We are working with **Dying Matters** to encourage #Staffordshire people to talk openly about death.

People can visit <http://bit.ly/DyingMattersStaffs> to find help and advice on how to discuss and prepare for their end of life. There are also resources for those who wish to host informal group chats in their community where people are encouraged to talk openly about dying and bereavement.

#dyingmattersstaffs



Dying Matters Staffordshire
Why 'pushing up daisies' isn't helpful Few of us are comfortable talking about dying and death. Look at the sheer number of phrases we use to avoid discussing it openly. We 'kick the bucket', 'pop our clogs', 'peg it', 'pass away'; we seldom simply 'die'.

DYINGMATTERS.ORG

Get more likes, comments and shares
When you boost this post, you'll show it to more people.

2,385 people reached

Boost Post

Pauline Wood, Bev Jocelyn and 3 others · 2 Shares

Like Comment Share

Performance for your post

2,385 People Reached

9 Reactions, comments & shares

6 Like	4 On post	2 On shares
1 Love	1 On post	0 On shares
0 Comments	0 On Post	0 On Shares
2 Shares	2 On Post	0 On Shares

46 Post Clicks

0 Photo views	19 Link clicks	27 Other Clicks
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NEGATIVE FEEDBACK

3 Hide Post	0 Hide All Posts
0 Report as Spam	0 Unlike Page

Reported stats may be delayed from what appears on posts

Staffordshire County Council
@StaffordshireCC

Exa

It's important to make time to have honest conversations about your end of life wishes while you are still well enough to do so

It can be a difficult conversation to have but help and advice is available at bit.ly/DyingMattersSt... @DyingMatters #Staffordshire #dyingmattersstaffs



Dying Matters Staffordshire
Why 'pushing up daisies' isn't helpful Few of us are comfortable talking about dying and death. Look at the sheer number of phrases we use to avoid discussing it openly. We 'kick the buck...

dyingmatters.org

10:00 AM - 25 Apr 2018

7 Retweets 7 Likes


1 7 7

Staffordshire
Published by Anthony Gale · 24 April at 10:00 · €

Get people in your community talking openly about death, dying and bereavement by hosting community events.

Studies show it's easier to talk openly and honestly about end of life plans when in a group.

You can find loads of help and resources at <http://bit.ly/DyingMattersStaffs> to help get your started.... See more



Get more likes, comments and shares
When you boost this post, you'll show it to more people.

1,074 people reached

Boost Post

Chris Stanley and Hazel Ball · 1 Share

Like Comment Share

Performance for your post

1,074 People Reached

4 Likes, Comments & Shares

3 Likes	2 On Post	1 On Shares
0 Comments	0 On Post	0 On Shares
1 Shares	1 On Post	0 On Shares

10 Post Clicks

4 Photo views	0 Link clicks	6 Other Clicks
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NEGATIVE FEEDBACK

0 Hide Post	0 Hide All Posts
0 Report as Spam	0 Unlike Page

Reported stats may be delayed from what appears on posts

Add another Tweet

Lesley Goodburn @lgoodbu · Apr 25
Replying to @StaffordshireCC @DyingMatters
Pis don't think of these conversations as difficult because they will be if that's the way you think of them instead have important brave honest or courageous conversations

1

Appendix 4: Examples of online coverage in hyperlocal news outlets

Lichfield Live: <https://lichfieldlive.co.uk/2018/04/03/campaign-urges-people-in-lichfield-and-burntwood-to-break-the-stigma-surrounding-death/>

A Little Bit of Stone: <https://alittlebitofstone.com/2018/03/26/campaign-urges-speak-openly-and-honestly-about-death-and-dying/>

Appendix 5: Feedback from events attended so far

“My husband wouldn’t talk about dying and it was horrible. I didn’t know what he wanted. So I’m not doing that. I’ve done my funeral plan and my will, and I’ve told my kids what I want. They didn’t want to hear it – but least they know, so they won’t have to go through what I went through”

“I don’t even want to think about that. I’ll cross that bridge when it comes to it”

“I’ve got all my plans sorted. I’m going to have a natural funeral, buried in a cardboard box, under a tree – going back to nature”

“When my Auntie died I was the executor of the will. It was so difficult as I didn’t know where anything was (paperwork, etc.), as I didn’t live nearby. After it was all sorted I made sure I spoke to my Mum and got everything sorted for her, as I didn’t want to have to go through all that again”



Also, people related well to the images – saying things like “I say that” for kicking the bucket, etc. And talking about the images was a good way to get the conversation started (on an emotive subject). People were really positive about the campaign, saying that it’s such an important subject to talk about. Some were more resistant to talk about it (understandably), but most people were happy to chat. Some had made loads of plans already, but some hadn’t thought about it at all. I did think it would be quite a hard subject to discuss with people – but it went better than I expected. I did have one person ask what I was selling (funeral plans, etc.)!

Other feedback we’ve had is that it’s sometimes the children that don’t want to discuss or even think about their parents dying (even when the parents want to and try to talk to them about it).

Appendix 6: Social media campaign outcomes so far

Overall, the campaign is achieving good levels of engagement with social media content, and plenty of people sharing/retweeting. The feedback on the campaign has been largely positive, with a minority feeling uncomfortable with the topic of discussion as expected. Statistics provided by the Communications Team shows that so far, Facebook activity has reached just under 20,000 people and Twitter has just over 45,000. See Appendix 3 for example Facebook posts and tweets.

On the run up to Dying Matters Awareness Week, the communications team also intend to make a small investment (£500) in paid for posts to increase our reach.

As a result of press releases and media engagement more generally, so far 11 mentions to date have been made, including 4 hits on Radio Stoke where County Councillor Alan White was interviewed. Newspapers that have covered the campaign include the Express and Star, Lichfield Mercury, and most recently the Biddulph Chronicle, with a media score of 58. Some links to online newspaper article are provided within Appendix 4.

Stakeholder communications are a key element of the campaign and this is being done primarily with weekly email updates being sent out to over 800 key stakeholders. These updates inform people about the campaign, where to access useful resources and any events/activities coming up, which people can attend in their local area.

Staffordshire Health and Wellbeing Board	
Title:	Joint Strategic Needs Assessment Review
Date:	7 th June 2018
Board Sponsor:	Richard Harling
Author:	Divya Patel
Report Type:	For decision

Recommendations

1. The Board is recommended to:
 - a) Establish a working group to identify priorities for and oversee production of the Joint Strategic Needs Assessment (JSNA).
 - b) Nominate a Board member to lead the working group.
 - c) Note the issues highlighted to the Board over the last year.

Summary

2. Quarterly updates of Living Well Strategy outcomes data have been presented to the Board for the last couple of years, highlighting particular issues. There is a need to review the JSNA to ensure that it is relevant and informs strategy and commissioning of services.

Background

3. JSNAs have been a statutory responsibility jointly held by upper tier local authorities and the NHS since 2007. Under the Health and Social Care Act 2012, upper tier local authorities and Clinical Commissioning Groups were given equal and joint responsibilities to produce JSNAs.
4. The aim of a JSNA is to provide an evidence base that identifies issues in relation to current and future health and well-being and care. This evidence base should then be used to support the development of strategy and commissioning of services.

JSNA in Staffordshire

5. The JSNA includes a range of materials:
 - Updates of Living Well Strategy outcomes data (quarterly)
 - Staffordshire and district profiles including ward level analysis (annual)
 - Practice/CCG locality profiles (annual)
 - Pharmaceutical needs assessment (every three years with supplementary statements as necessary)
 - Community Safety Assessments (every three years with annual refreshes)
 - Public Health England (Fingertips) and NHS Right Care products.
6. In addition the Family Strategy Partnership have developed dashboards to monitor children outcomes at district level. They are also undertaking a children's emotional well-being needs assessment.

Issues highlighted to the Board over the last year

7. Over the last year the following issues have been highlighted in quarterly updates to the Board:

Smoking in pregnancy

8. Rates in Staffordshire have been consistently higher than the national average and appear to have increased recently. They are particularly high in younger mothers and deprived areas. The following workstreams have been leading action to reduce smoking during pregnancy:
 - NHS Maternity Transformation Programme
 - Children Centres
 - Dedicated smoking in pregnancy services

Violent crime

9. Rates in Staffordshire are higher than the national average and have been increasing for a number of years, although there are large differences in recording patterns of recorded crime between police areas.
10. Community safety and reducing violence is being addressed through Community Safety Partnerships which have recognised the link between victims and mental health.

Self-harm

11. Rates in Staffordshire are higher than the national average and have been steadily increasing. A children's emotional well-being needs assessment is currently being undertaken which will support development of an emotional well-being strategy. Addressing self-harm and suicide are also included in the Suicide Prevention Strategy.

Staffordshire Health and Wellbeing Board	
Title	Health and Wellbeing Board Strategy
Date	7 th June 2018
Board Sponsor	Richard Harling
Author	Jon Topham
Report type	For Decision

Recommendations to the Board

1. The Board is recommended to:
 - a) Approve the Strategy
 - b) Note the findings of the consultation
 - c) Note that the direction of travel, around alignment with STP and a stronger strategic and leadership role with regard to prevention, are in line with this strategy (see separate paper)
 - d) Note that we have already started to think about delivery (see Matrix paper on agenda)

Background

2. This Health and Well-being Strategy articulates a focus on keeping people healthier for longer
3. The strategy has a focus on extending healthy life years and has four key areas of activity articulated as:
 - Healthy Environments
 - Supportive Communities
 - Voice / Conversations
 - Data & Digital
 Note also that:
 - There is also a Physical Activity Working group
 - The Family Strategic Partnership Board also reports into the Board

Consultation

4. There is broad support for the approach although responses have been minimal from partners
5. The comments received include:
 - a. Involvement of leisure providers, especially now that many of these services are being outsourced
 - b. Comments from small organisations e.g. Tamworth Stroke Association and Borderland Voices (arts for Health) pointing out the work that they already do and how it links in
 - c. The strategy should recognise the work and plans already in place through the Families Strategic Partnership Board
6. We have also undertaken a wider public consultation and whilst this is ongoing we know the following:

- a. Initial sample base 215
- b. There are high levels of support for the 4 areas we have chosen to focus on
 - i. Use data to better target people at risk of ill health with the information and advice they need, e.g. by targeting smokers or inactive people – 87% support
 - ii. Create a more healthy environment for people to make it easier to make healthy choices everyday; e.g. more healthy food options, walking, etc. – 96% support
 - iii. Have a conversation with the public about how they can make healthy lifestyle choices and about the pressure that our public services are under – 89% support
 - iv. Value Communities and help people to know what is available locally to help them stay healthy – 96%
- c. The responses suggest that people think there are a number of areas where people can take more responsibility, they include; diet, activity, socialising, alcohol, smoking and mindfulness
- d. The responses also suggest that people want the following support

Information, advice, guidance
Education
Affordability (of options, services, support, etc.)
Accessibility (of options, services, support, etc.)
Better management/co-ordination of services
Incentives
Prescribe healthy options not medication
Clear, simple messaging and promotion
Portion sizes
Check ups
Measurable personal accountability
More consistent advertising

Summary

- 7. The public consultation is still ongoing and final results will be collated in early June
- 8. The results are very encouraging and confirm that our strategy and operational framework align with public perception. On the basis of this we can expect the local community likely to be receptive to the work we are doing and will do
- 9. People want to be involved in their own health management
- 10. The consultation offers us some initial pointers for key areas of action, which are; giving people access to their wellbeing information; clear and consistent messaging; better coordination of services; improved information and advice; recognise the barriers to change
- 11. It is proposed that the Strategy is adopted and we use the consultation to inform delivery moving forward.



STAFFORDSHIRE
HEALTH AND WELLBEING BOARD



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Staffordshire

Health & Wellbeing Strategy

2018-2023

What is in this Strategy

- A reminder of the previous strategy (2013-18) what it achieved
- A reminder about what Health and Wellbeing Boards are here to do
- A summary of the Key Health and Care Issues that affect Staffordshire
- Our new Approach

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This Strategy
is a call to
action



Cllr Alan White, Deputy Leader
Staffordshire County Council, Cabinet
Member for Health and Care and co
Chair of the Health & Wellbeing
Board

Dr. Charles Pidsley, GP, Chair of East
Staffordshire Clinical Commissioning
Group and co Chair of the Health &
Wellbeing Board



We still have
a lot to do to
make this
happen

Looking Back

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Living Well in Staffordshire
The Previous Strategy (2013-18)



Thinking about the Lifecourse

Starting well	Growing well	Living well	Aging well	Ending well
Giving children the best start	Maximising potential and ability	Making good lifestyle choices	Sustaining independence, choice and control	Ensuring care and support at the end of life
Page 26 1. Parenting 2. School readiness	3. Education 4. NEET (Not in Education, Employment or Training) 5. In care	6. Alcohol 7. Drugs 8. Lifestyle and mental wellbeing	9. Dementia 10. Falls prevention 11. Frail elderly	12. End of life
	2. In care			

The focus was on how we prevent ill health

What have we done & what are we doing?

What have we done?

- Successfully focused on work with Children and Families
- We have learnt from using public health funding to deliver Locality Commissioning
- We have and are working with District Councils
- We have started to open up conversations with the public
- We have explored approaches that identify and help isolated older people
- We have developed and adapted our approach to Alcohol and Drugs strategy

What are we doing?

- Developing an approach to considering health in all our decisions making (Health in All Policies)
- Developing a Place based approach working with District Councils, Local GP Groups and Communities
- Championing work to reduce physical inactivity

A statutory duty

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What Health and Wellbeing Boards are expected to do

Things that the Health and Wellbeing Board must do

1. We must receive reports to help us understand the key health and care issues in Staffordshire. We do this through a document called the “Joint Strategic Needs Assessment” (JSNA).
<https://www.staffordshireobservatory.org.uk/publications/healthandwellbeing/yourhealthinstaffordshire.aspx#.WY2YxeSWzIU>
2. We use this information to develop a strategy (like this one). We also ensure that organisations in local government and the NHS take account of the strategy when they prepare their plans.
3. We aim to bring organisations together by encouraging organisations to share budgets, and to cooperate when they buy health and care services.
4. We will talk to the public and to have more honest public discussions about what affects health and wellbeing, and what is affordable in future.
5. We ensure that health and care services are accountable to your elected representatives (Councillors).



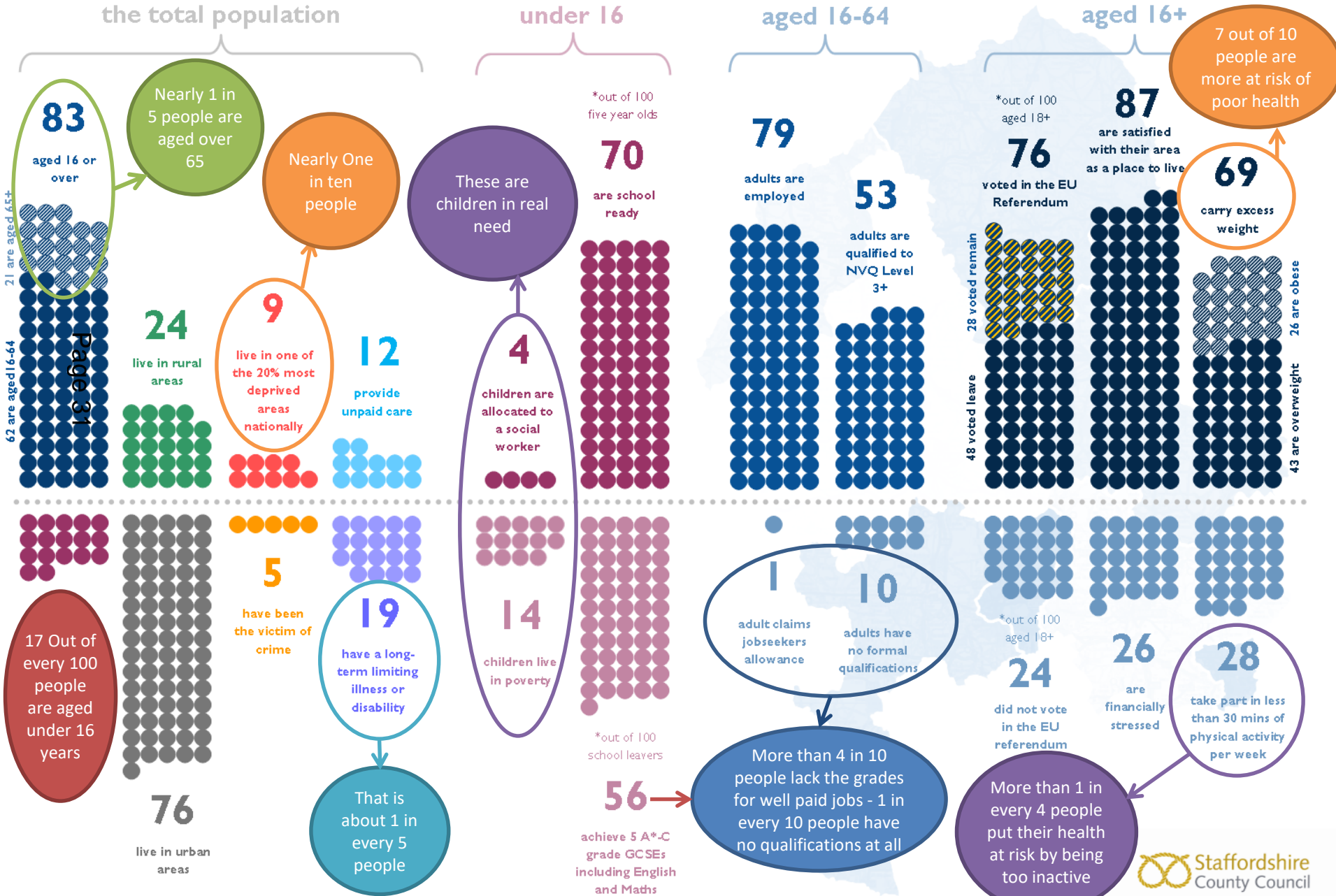
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Staffordshire in detail:

What do we know



Our demographic, out of every 100 people..



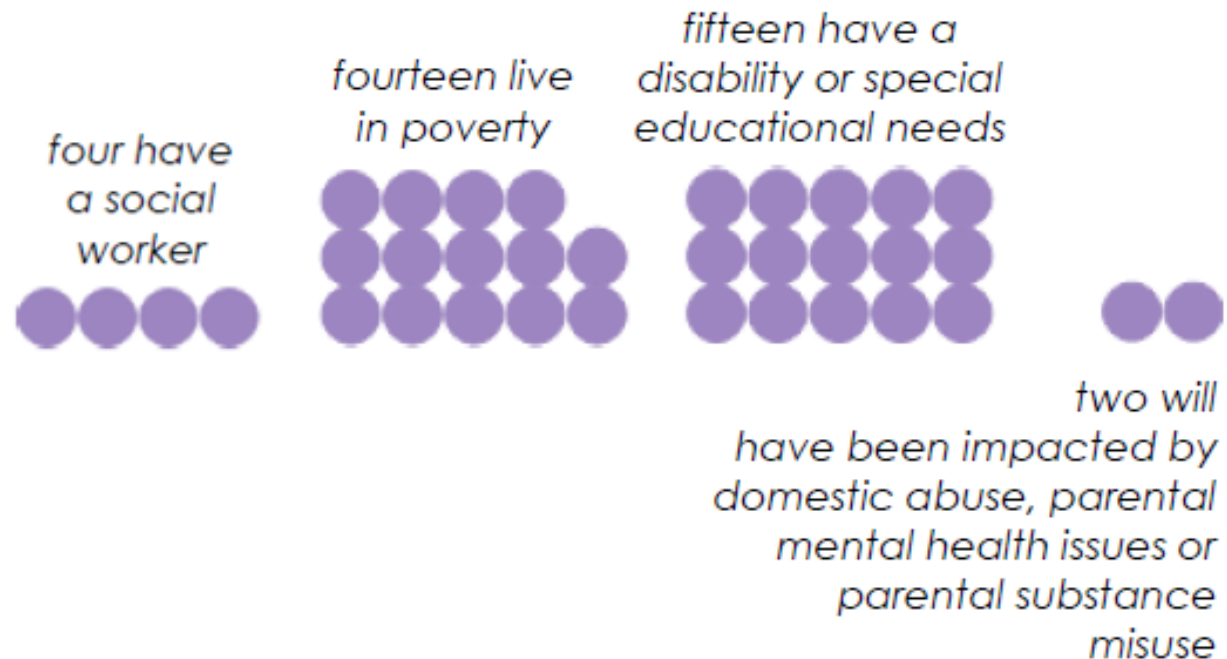
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Start Well & Grow Well

The issues

Insight tells us that for every 100 children in Staffordshire the majority will be growing up in stable, loving households. However, of the same 100 children:

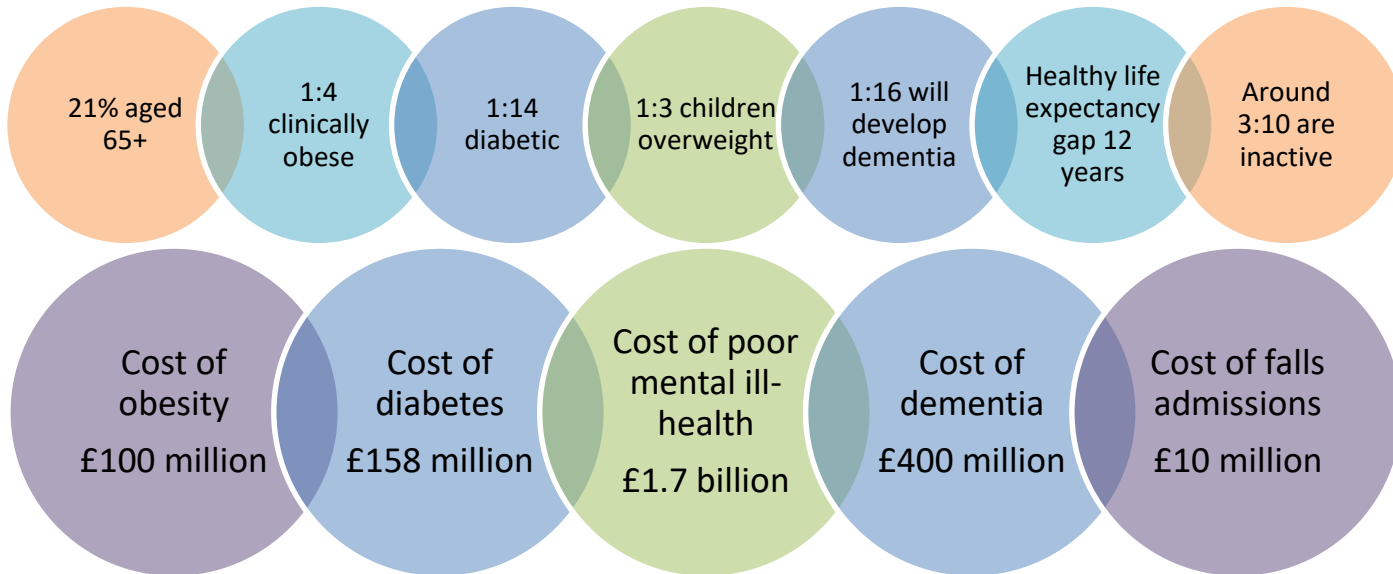
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Grow Well & Live Well

The Issues

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- About 40% of ill-health can be prevented if more people stop smoking, drink less, eat more healthily and get active.
- There are significant differences in health across the county; people from communities where people work, have good education and good jobs tend to live about 6 years longer, and have an extra 12 years in good health, than people from communities where people have less qualifications, low skilled jobs or are unemployed.
- These Health inequalities matter because of the greater need for services that come from areas of higher need

Age well

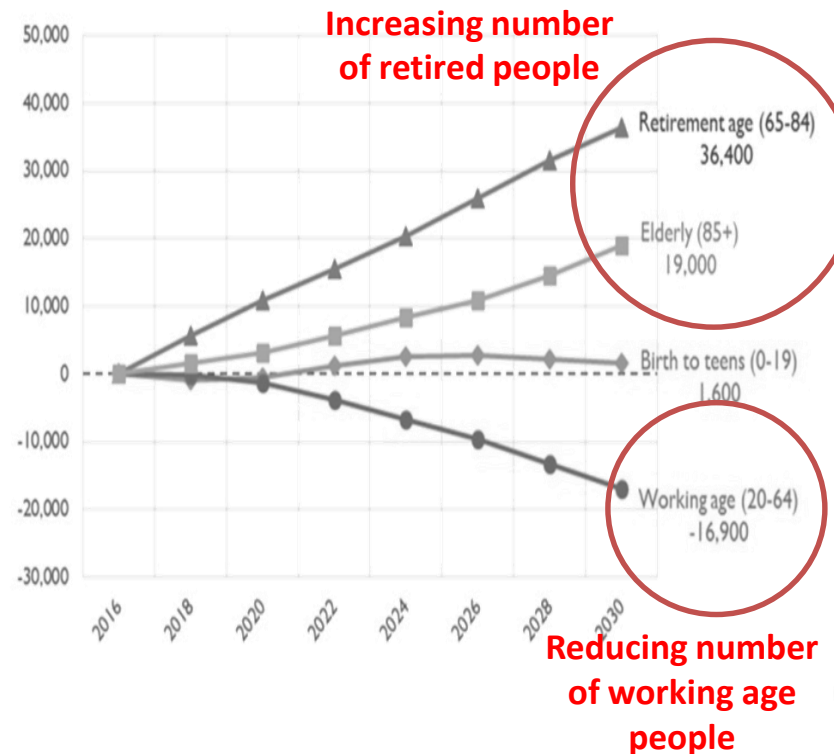
The issues

In Staffordshire, a man born today can expect to live for **80 years** and a woman can expect to live for **83 years**.

People can expect to reach 64 years of age before their health issues start to become a problem. This means that people spend nearly a **quarter of their lives** (15-20 years) in progressively **poorer health**. A growing number of people have

- one or more **long-term conditions** (e.g. diabetes, heart disease)
- many long term conditions are caused by unhealthy **lifestyles** choices
- we know that **half** of people aged over 65 have a **limiting** long-term illness which restricts their daily activity.
- we are also seeing a significant rise in the number of people with **dementia**; in Staffordshire we expect to see nearly 15,000 people with dementia by 2025.

Projected population change in Staffordshire
2016 to 2030



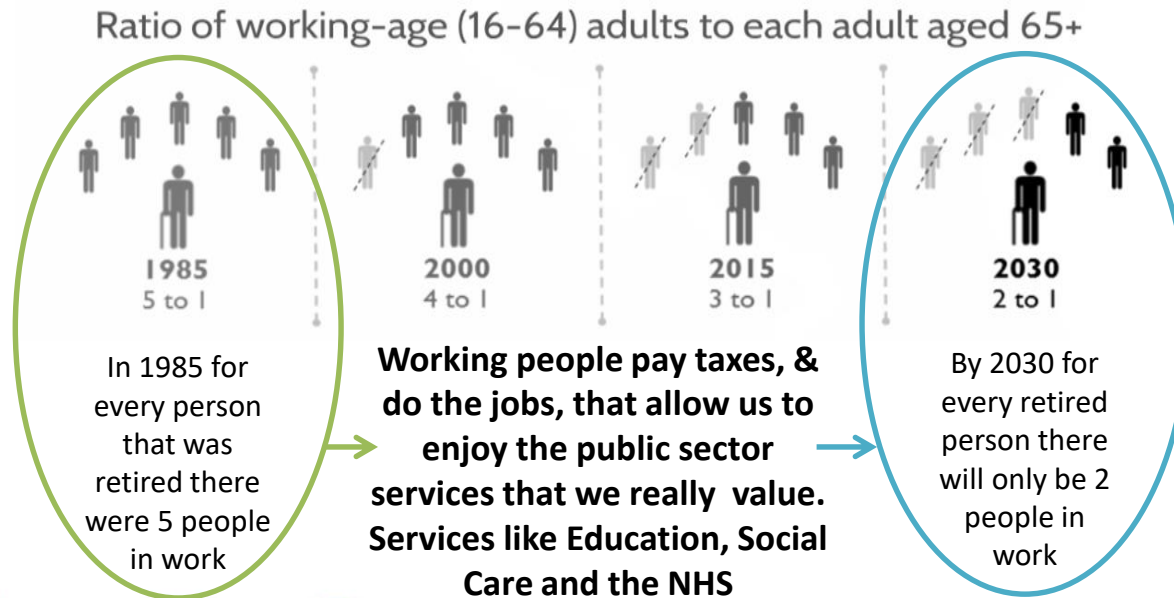
The current system is unaffordable

The ageing population will have **huge** implications for health and care services:

- Demand for health and care services is already putting a significant strain on the system
- There is a reducing pool of people of working age to pay for people in their retirement

There is a reducing pool of people who will work in health and social care services.

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What does all this tell us?

1. We have unprecedented and growing DEMAND for health and care services
2. This demand is down to the increasing AGE of our population, but is made worse by modern LIFESTYLES
3. We cannot continue to AFFORD health or care services we **all** need to find NEW WAYS of doing things...
4. ...this means that people across Staffordshire will need to take more CONTROL of their own health and lifestyle choices because they understand that this is easier than living for many years with a limiting illness that stops them living a full and enjoyable life.
5. Public sector services have a duty to SUPPORT this by creating a healthy environment that helps people to live more healthily.

We need to do better

A new approach

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Why a new strategy?

- We have a statutory duty to deliver a Health and Wellbeing Strategy, this is an opportunity for us all to tackle some of these really big problems
- We want to build upon previous, Living Well strategy
- This strategy reflects the fact that the world has moved on since 2013
- We need to develop a new, strategic, approach across a wide range of different organisations

Our approach

Across the Lifecourse

Starting well Giving children the best start	Growing well Maximising potential and ability	Living well Making good lifestyle choices	Aging well Sustaining independence, choice and control	Ending well Ensuring care and support at the end of life
Parenting School readiness	3. Education 4. NEET (Not in Education, Employment or Training) 5. In care	6. Alcohol 7. Drugs 8. Lifestyle and mental wellbeing	9. Dementia 10. Falls prevention 11. Frail elderly	12. End of life

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People taking responsibility


All organisations heading in the same direction

Our Ambition

To help more people to stay as well as they can for longer

Our approach

Outcome	Measure	Method
<p>To help people to stay as well as they can to reduce the growing pressure on services</p>	<p>More people living beyond age 64 in good health</p>	<p>By talking to people about how they can take a bigger role in staying healthy by improving their knowledge their lifestyles and their mental health</p>



Taking Responsibility & making it happen

INFORMATION

1. We will improve data sharing between organisations to improve how we find people, who are likely to have poor health, to help them stay healthy and well
2. We will use modern approaches like smartphone apps to help us

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CONVERSATIONS

1. We will actively talk with the public about health and what matters to them
2. We will seek to mobilise public support to reduce the growing pressure on public sector services
3. We will have conversations with workplaces about being healthy

Healthy Lifestyles
Mental Wellbeing

DECISIONS

1. We will make sure that Health is included in all of our Policies and decisions
2. We will work with the private sector to help us improve health and well-being.

COMMUNITIES

1. We will help people to understand what is available in their neighbourhood to help them to stay well.
2. We will encourage and support people to stay well in their own communities.
3. We will encourage our staff to have conversations in communities to help people take more control over their health

What we all need to do to promote and encourage greater personal responsibility

1. We need to identify what will help people to stay well for longer (Plan)
2. We need to make sure that the Health and Wellbeing Board is able to strategically lead this agenda
3. We will hold the system to account for delivery against this priority (measure)
4. We will make sure that we talk, to the public, about how you can stay well and independent

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Our challenge

To develop good relationships with all our partners

To act as the focus for prevention and wellness across the system

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Communities – people helping people

Voluntary sector

Retailers

Planners

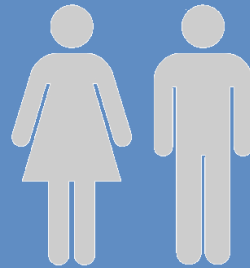
Families Strategic Partnership

Schools

Housing

HWBB

To help more people to stay as well as they can for longer



Private Sector – corporate social responsibility

Employers and their workforce

Dept Work & Pensions

Providers of services e.g. Hospitals / GPs

Highways

STP

Leisure Industry

How will we know that we have succeeded?

Our ambition: To increase the amount of time people can stay well and avoid long term health conditions

We will track this by developing our measures. They *may* include things like:

1. Helping people of all ages to stay mentally well

- Reductions in Social Isolation
- Children’s Emotional Health and Wellbeing
- Vulnerable People (e.g. Homeless)

2. Supporting people of all ages to have more healthy lifestyles

- Increase Physical Activity
- Reductions in Obesity
- Continued reductions in Smoking
- Reduction in Falls



Next Steps

1. We will consult on this strategy and our focus on wellness
2. We will develop our baseline and our measures
3. We will develop our approach and build on the public conversations that we have already held
4. We will Review our partnerships and governance to be assured that our approach is making a difference
5. We will develop the leadership role of the Health and Wellbeing Board for prevention as well as giving democratic legitimacy to the work of our colleagues across the Health and Care system

Staffordshire Health and Wellbeing Board	
Title	Health and Wellbeing Board Prevention and STP Alignment Strategy
Date	7 th June 2018
Board Sponsor	Richard Harling
Author	Jon Topham
Report type	For Debate

Recommendations

1. The Board is recommended to:
 - a. Consider and comment on the proposal for revising the focus of the Board.
 - b. Agree to review the terms of reference, membership and agenda for the Board accordingly with a proposal to be brought to the September meeting.
 - c. Agree that the Board develop a role description for members.

Introduction

2. In the last year a clear direction of travel has been given by the Board. This has focused on two key elements:
 - A much stronger focus on prevention: this has been articulated in the Health and Well-being Strategy.
 - A more defined relationship with the Sustainability and Transformation Partnership (STP) that gives the STP a democratic voice and reduces duplication between the Board and the STP.
3. This was considered at the May Development session and this paper is a summary of discussions.

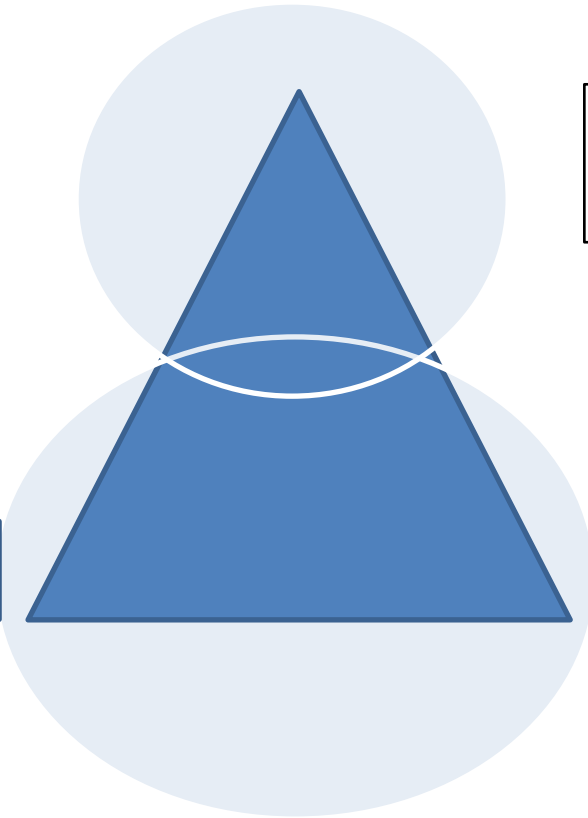
Proposed focus of the Board

4. The Health and Wellbeing Board will act as the strategic body with responsibility for prevention: this means ensuring delivery of the Health and Wellbeing Strategy and STP Prevention Workstream through an appropriate Action Plan, with assurance of progress directly and through subgroups such as the Family Strategic Partnership Board.
5. The Health and Wellbeing Board will offer a democratic voice for the STP: this means providing political leadership and ensuring that the proposals emerging from the STP are publically acceptable. The Board will consider establishing a joint forum with Stoke on Trent Health and Wellbeing Board for this purpose.
6. A key strength of the Board is the wide range of partners that are represented. Bearing in mind the proposed focus above it is proposed that the Board review membership, to ensure that members and their organisations are able to contribute to the prevention agenda. It is also proposed that a role description for members is developed, which might include: championing the Health and Well-being Strategy; ensuring that the organisation(s) they represent are up to date on the work of the Board; and reporting on progress of actions.

Few: High level of health and care needs

Some: Some level of health and care need

All: General Population



HWBB democratic voice for STP

HWBB strategic body with responsibility for prevention

Staffordshire Health and Wellbeing Board	
Title	Health and Well-being Action Plan
Date	7th June 2018
Board Sponsor	Richard Harling
Author	Karen Bryson
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

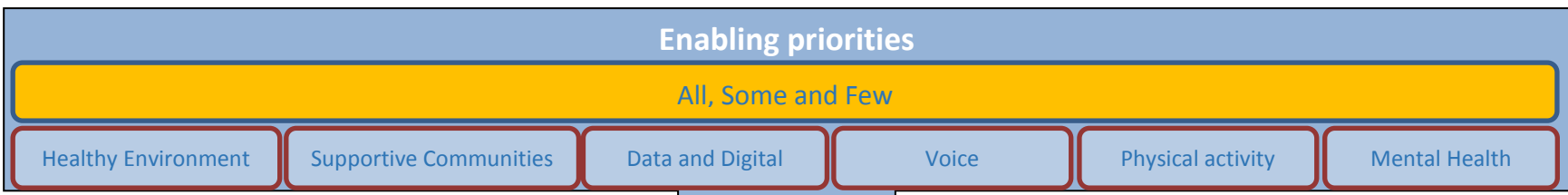
12. Some examples of specific actions underway include:

- 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.

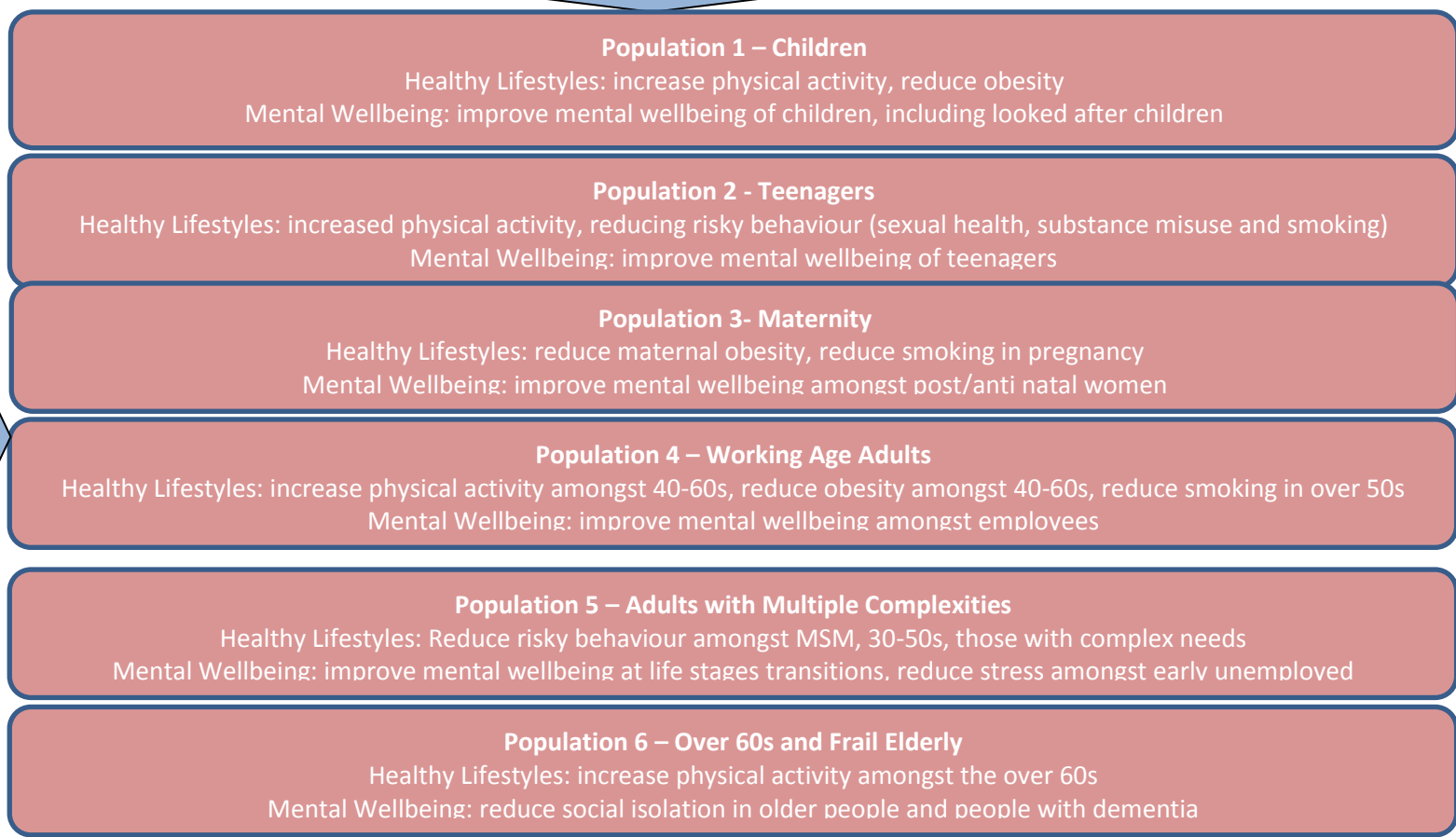


Encouraging you and your communities to be as well as you can be. Empowering you to do what you need to live healthily and independently, so we are able to be there when you really need us.

- 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



Staffordshire Health and Wellbeing Board	
Title	Families Strategic Partnership Annual Report 2017/18
Date	7 th June 2018
Board Sponsor	Helen Riley Chair of the Families Strategic Partnership Board (FSPB) and Deputy Chief Executive and Director for Families and Communities, Staffordshire County Council
Authors	Michael Harrison Chair of the Families Partnership Executive Group (FPEG) and Commissioner for Families and Safety, Staffordshire County Council Glynn Luznyj Vice-Chair of the Families Strategic Partnership Board (FSPB) and Director of Prevent and Protect, Staffordshire Fire and Rescue Services
Contributors	Families Strategic Partnership Board Families Partnership Executive Group
Report Type	For Debate

1. Introduction

- 1.1. The Families Strategic Partnership has produced its first Annual Report that details progress to deliver the Staffordshire’s Children, Young People and Families Strategy.

2. Recommendation

- 2.1. That the Health and Wellbeing Board (H&WBB) endorse the Families Strategic Partnership Annual Report 2017/18 and acknowledge the contributions to deliver the H&WBB Strategy and three of the H&WBB priorities:

- **Starting Well:** every child has the best possible start in life to reduce differences in the quality of people’s health and wellbeing in the future
- **Growing Well:** children and young people are supported to reach their potential so that they can have greater control over their lives
- **Living Well:** children, young people and adults are supported to make good lifestyle choices.

3. Background and Context

- 3.1. To monitor progress to deliver the Staffordshire’s Children, Young People and Families Strategy (www.staffordshire.gov.uk/fsp), the Families Strategic Partnership (FSP) have produced its first Annual Report (see Appendix 1).
- 3.2. The Annual Report details activities the FSP have been involved in 2017/18 as well as a high level overview of key activities it will undertake in 2018/19.
- 3.3. All partners within the Families Strategic Partnership (particularly sub-group leads) have contributed to the developed of the Annual Report, including: Staffordshire Office of the Police and Crime Commissioner, Staffordshire Police, Clinical Commissioning Groups, Staffordshire County Council,

Staffordshire Fire and Rescue Services, Staffordshire Council of Voluntary Youth Services (SCVYS).

Report authors:

Michael Harrison, Chair of the Families Partnership Executive Group (FPEG) and Commissioner for Families and Safety, Staffordshire County Council,
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Glynn Luznyj, Vice-Chair of the Families Strategic Partnership Board (FSPB) and Director of Prevent and Protect, Staffordshire Fire and Rescue Services,
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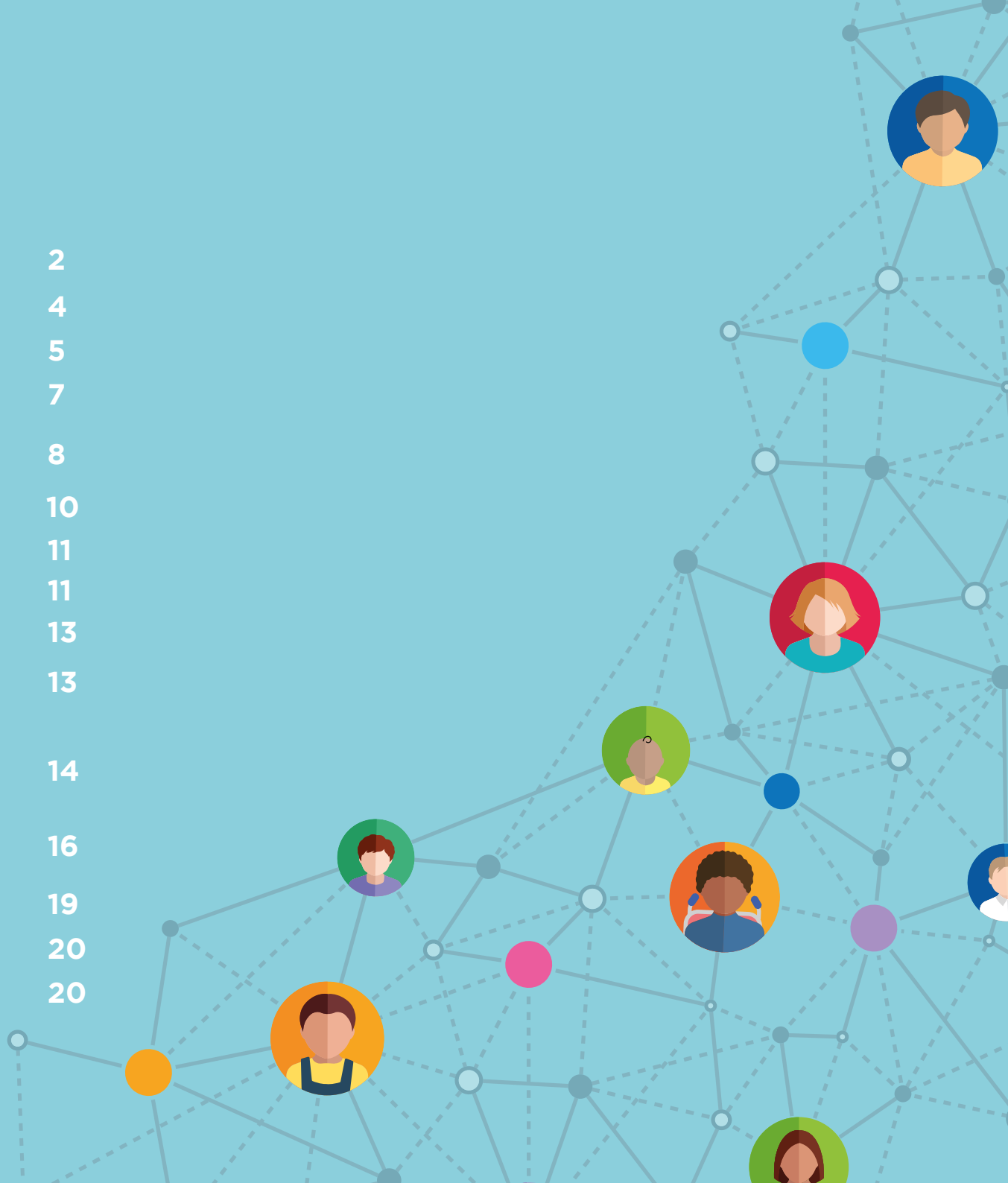
Family Strategic Partnership Board

Annual Report 2017/18



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Executive Summary

Our goal is to make Staffordshire one of the best places for children, young people and families to live and grow up!

We want to bring everyone together to make sure that Staffordshire is a place where families feel supported, valued and happy so that our children have the best start in life!

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Most people in Staffordshire are healthy, happy and can enjoy life. We play a big role in this and are proud of what we do to support our communities.

2017- 2018 has been an incredibly positive and pro-active year for Staffordshire's Families Strategic Partnership. We have put actions into place that help partners improve support for families at their earliest point of need, by implementing our Early Help strategy; We have developed and brought to life a new and innovative way of working together in local areas to better support children and families by taking a 'Place Based Approach (PBA)'; Not forgetting the incredible impact that our 'Building Resilient Families and Communities' (BRFC) initiative has had on over 3,724 troubled families in Staffordshire.

Reflecting on our successes allows us to put our best foot forward as we enter into 2018-2019.

We have built a strong partnership that is capable of addressing the challenges we face. It is important that we continue to utilise this and accelerate our joint response in order to manage demand and provide a sustainable offer for the future, against a backdrop of ever diminishing resource.

The success of the partnership today and continued success tomorrow is our joint responsibility.

This report will highlight some of our achievements from the last year as we continue to pursue our joint purpose. But this is only the beginning and we hope to build on the successes achieved to date.



Helen Riley

Helen Riley

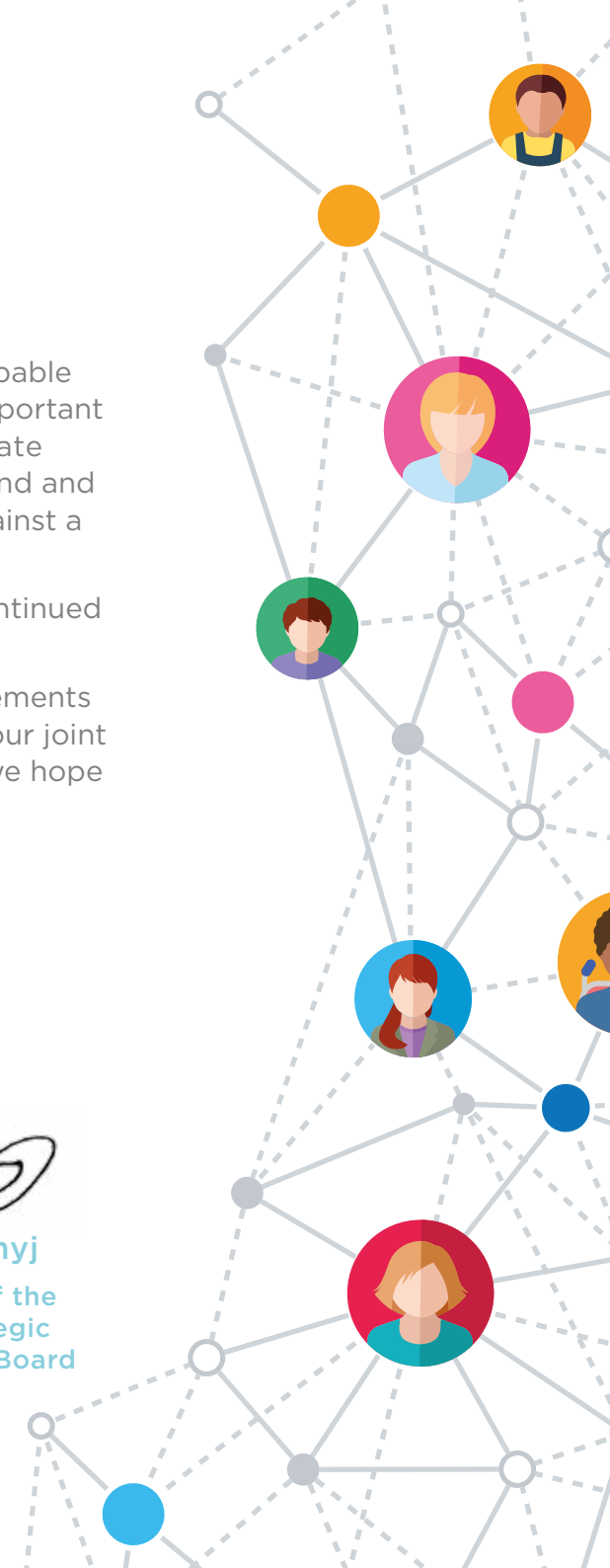
Chair of the Family Strategic Partnership Board



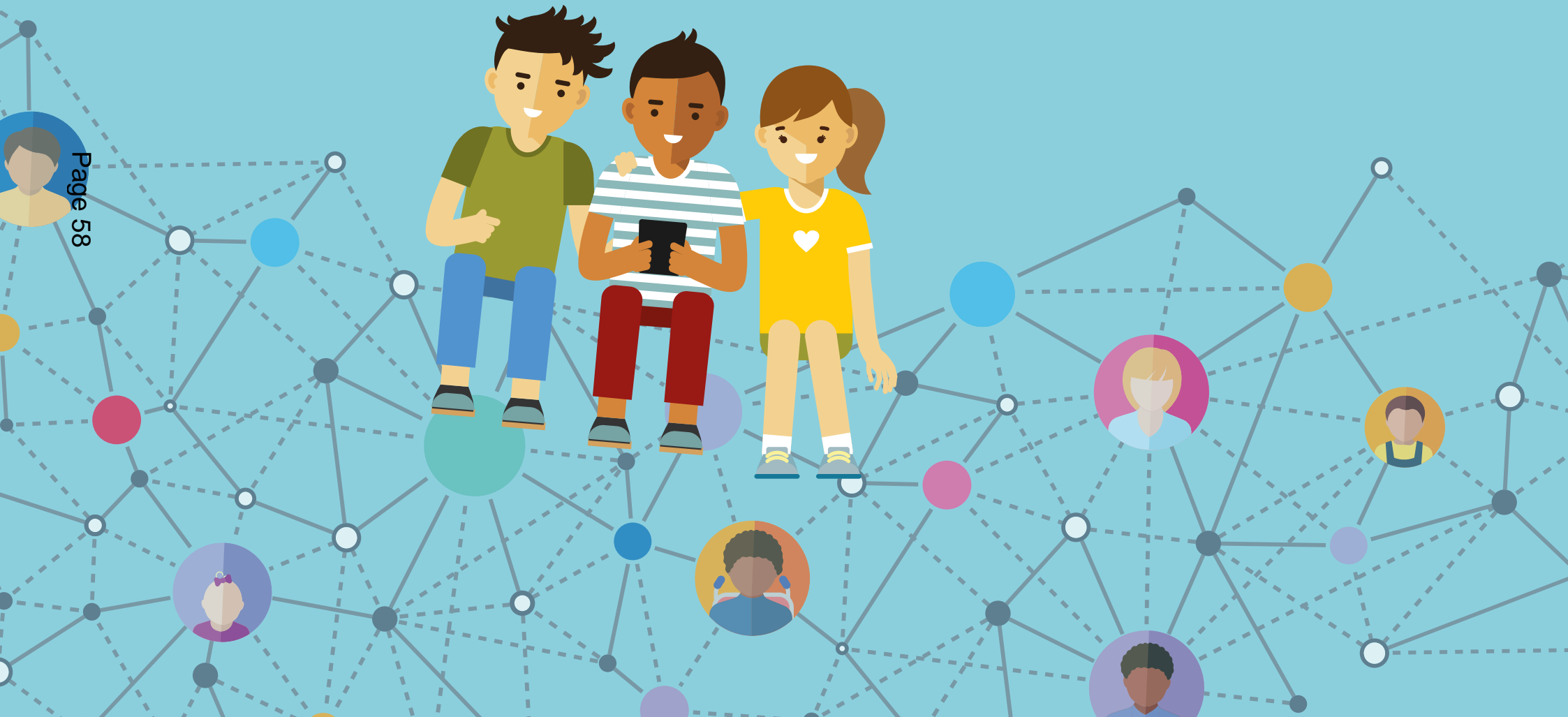
G. Luznyj

Glynn Luznyj

Vice Chair of the Family Strategic Partnership Board



Introduction



The Families Strategic Partnership (FSP) is made up of a Families Strategic Partnership Board (FSPB) that is supported by a Families Partnership Executive Group (FPEG). The FSP reports into the Health and Wellbeing Board (H&WBB) and works closely with the Staffordshire Safeguarding Children Board (SSCB).

The partnership was formed in Autumn 2015 and has continued to grow from strength to strength.

All activities commissioned by the partnership has 'improving outcomes for children, young people and families' at the heart of all that it does and partners work in a true collaborative manner to deliver [the strategy](#).

The Strategy, Outcome Framework and the Delivery Plan were developed with partners based on a Joint Strategic Needs Assessment and through 1:1 interviews and workshops between the FSPB and FPEG.

The outcomes identified are measureable and designed to monitor progress against the three high level outcomes of the Children and Families strategy, that children and families are happy and healthy, feel safe and belong , achieve and contribute.



An overview of Staffordshire's current performance figures can be found on the [interactive dashboard](#). This is the first FSP Annual Report that details progress to deliver the strategy.

Summary of Achievements

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Early Help Strategy Implementation

The Staffordshire Safeguarding Children Board's (SSCB) [Early Help Strategy](#) encourages all partners to work together to support the needs of children and families at the earliest possible opportunity to prevent issues escalating to a point where statutory services are required.

Prevention and early intervention are key to help families' live safe and happy lives. Working locally with partners to spot issues early and address the root causes of problems means we can support families sooner and provide them with the support and tools they need to move forward in a positive way.

Over the last 12 months the Early Help Steering Group has:

- **Broadened the approach in Staffordshire to include and emphasise the importance of Earliest Help aligned to the equally crucial, more formal Early Help support offer.**
- **Developed an Early Help Strategy Performance Framework to aid partners in assessing the difference made against key local priorities.**
- **Following feedback from the last OFSTED inspection, we have refreshed and simplified the Early Help Assessment (EHA) documentation and supporting processes.**
- **Used the Department for Communities and Local Government (DCLG) Maturity Matrix work strands as the basis for our implementation plan thereby ensuring key practices and principles are embedded across the partnership by 2020.**

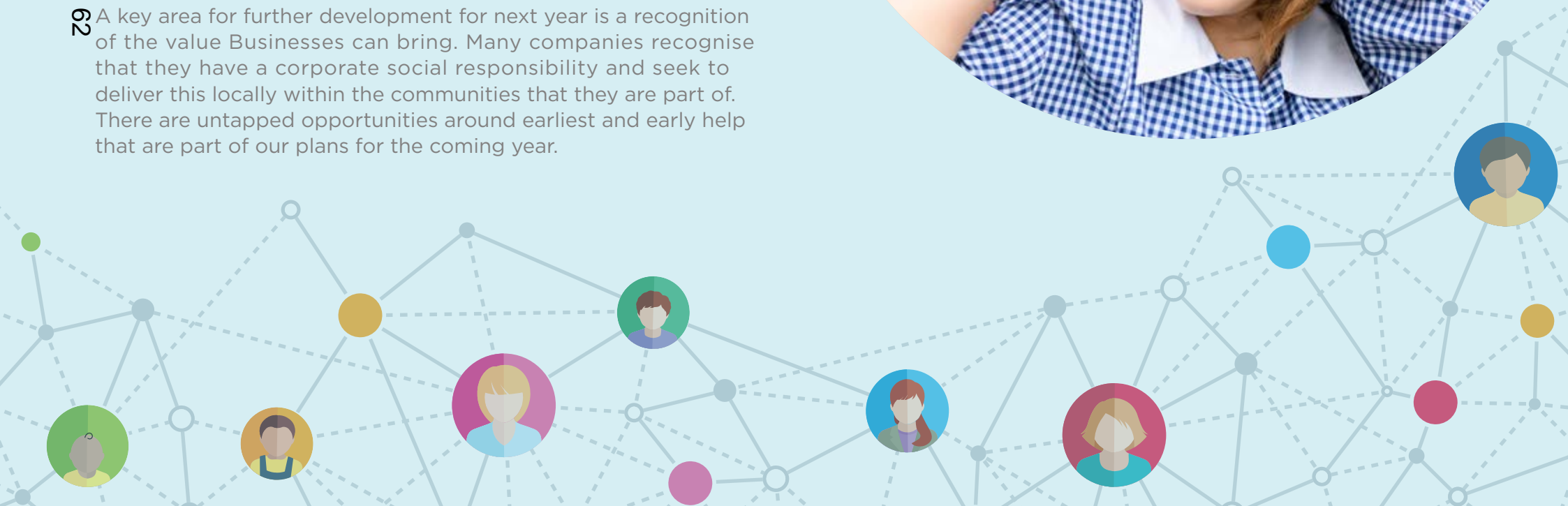
- **Sought to ensure that the development of Earliest and Early Help is intrinsic to the roll out of the locality focused PBA work.**
 - **Started to create an evidence bank of Earliest Help Case studies demonstrating the breadth of work being undertaken by partners to reduce and prevent escalation of need and demand.**
 - **Recommissioned the Child Health and Wellbeing, Early Years Coordination Service and Family Support Contracts (0-19s) to include earliest and early help, and embed the principles of the BRFC Programme.**
 - **Initiated the development of an awareness raising Earliest Help video supported by Burton and South Derbyshire College staff and students.**
 - **The Early Help Steering Group has taken responsibility for mainstreaming the BRFC (Troubled Families) model into the wider Children and Families System and has successfully applied for Earned Autonomy funding from DCLG to support this element of system transformation.**
- 

Summary of Achievements

Both Early Help and the PBA seek to support and enable individuals, families and communities to be self-sufficient and resilient utilising community-based services first, knowing that when significant need is highlighted, support can be swiftly deployed to avoid (where applicable) escalation to higher tier services.

It has been recognised that support does not necessarily have to be provided by the public sector, but digital responses (e.g. self-help tools) and voluntary, community and social enterprise organisations are capable of providing high quality earliest help and support which enables individuals and families to stay out of formal children's social care services. It is also important that post intervention, individuals and families are connected to local community-based support networks enabling the transformation they have experienced to have longevity.

A key area for further development for next year is a recognition of the value Businesses can bring. Many companies recognise that they have a corporate social responsibility and seek to deliver this locally within the communities that they are part of. There are untapped opportunities around earliest and early help that are part of our plans for the coming year.



Place Based Approach

Families that need help tell us they don't want to be in 'systems' or 'services'. Families want to be supported by their friends, families and in their communities to deal with the day-to-day challenges they face. PBA supports this aspiration whilst also ensuring there is a clear pathway to access safeguarding services should the need arise.

Through engagement with a range of stakeholders, it was acknowledged that a high level definition, principles and approach was required to ensure consistency across Staffordshire, however, it was also recognised that the delivery model for PBA will vary between Districts and Boroughs based on local needs, resources, etc. Partners have now agreed the following working definition for PBA:



A collaborative approach using the right resources (multi-skilled teams, universal services, voluntary sector, communities, etc.) at the right time to improve outcomes for children, young people, families, vulnerable people and communities in an identified locality.



Summary of Achievements

Building Resilient Families and Communities (BRFC)

The original purpose of the BRFC initiative was to help parents get into employment, help children get back to education and to reduce involvement in criminal and anti-social behaviour. Now BRFC deals with a wider range of problems including domestic violence, debt, poor health and children who are at risk of being taken into care.

The Troubled Families Programme funding from the Government has been used in Staffordshire to deliver service reform and sustained outcomes for families. Its success has led to a whole family way of working being adopted across children's services, the police and housing.

BRFC have so far engaged with 3,724 families as part of phase 2 of the Troubled Families programme; this represents 80% of our agreed 5 year target of working with 4,680 families. Of those families worked with, so far 890 families have achieved their outcomes.

Since 2015, of the 891 families that have achieved continuous employment or significant and sustained progress through the Troubled Families Programme (up to 31st January 2018), less than 2% of families required further early help intervention and just 1.3% of families required any future children's social care intervention (Child Protection and Looked After).

The number of domestic violence incidents over the same time period has reduced from 1196 individuals to 350 individuals in Q1 2017/18.

The number of ASB incidents with further action was 533 individuals in previous quarters reducing to 197 individuals in Q1 2017/18.

Earlier this year, we found out that the partnership has been awarded nearly £5 million Earned Autonomy Funding from the Ministry of Housing, Communities and Local Government. The £5 million investment will allow the partnership to invest in information sharing and

developing integrated working to improve early intervention and manage demand on services.

Find out about how our BRFC work really makes a difference to families through one of our real life case studies.

Case Study

The Smith family have three children, and the parents have been unable to get jobs. The family's benefits were capped, and they struggled to live, this resulted in non-payment of rent. The family soon received an eviction notice due to their increasing rent arrears.

This is when a Troubled Families Employment Advisor stepped in to help the family with money management advice in partnership with Citizens Advice and a dedicated Family Intervention Project (FIP) worker. When The Troubled Families Employment Worker met the family they had no benefit for 4 weeks and no entitlement to housing benefit due to the family making a claim too late. Their housing arrears had by this point risen to around £2,700 and the eviction case was due in court two days later.

A Troubled Families Employment Advisor worked with the family and helped them to get their immediate financial situation in order. The Troubled Families Employment Advisor also acted as an advocate for the family with the Benefit Delivery Centre to explain the family's dire situation and her fear of them and their children being evicted from their home. This helped the family's claim process quickly.

A FIP worker accompanied The Smiths to their court hearing which resulted in the hearing about the eviction being adjourned, allowing the family time to prove themselves, by engaging with the money management advice service, to budget their finances and pay their rent again.

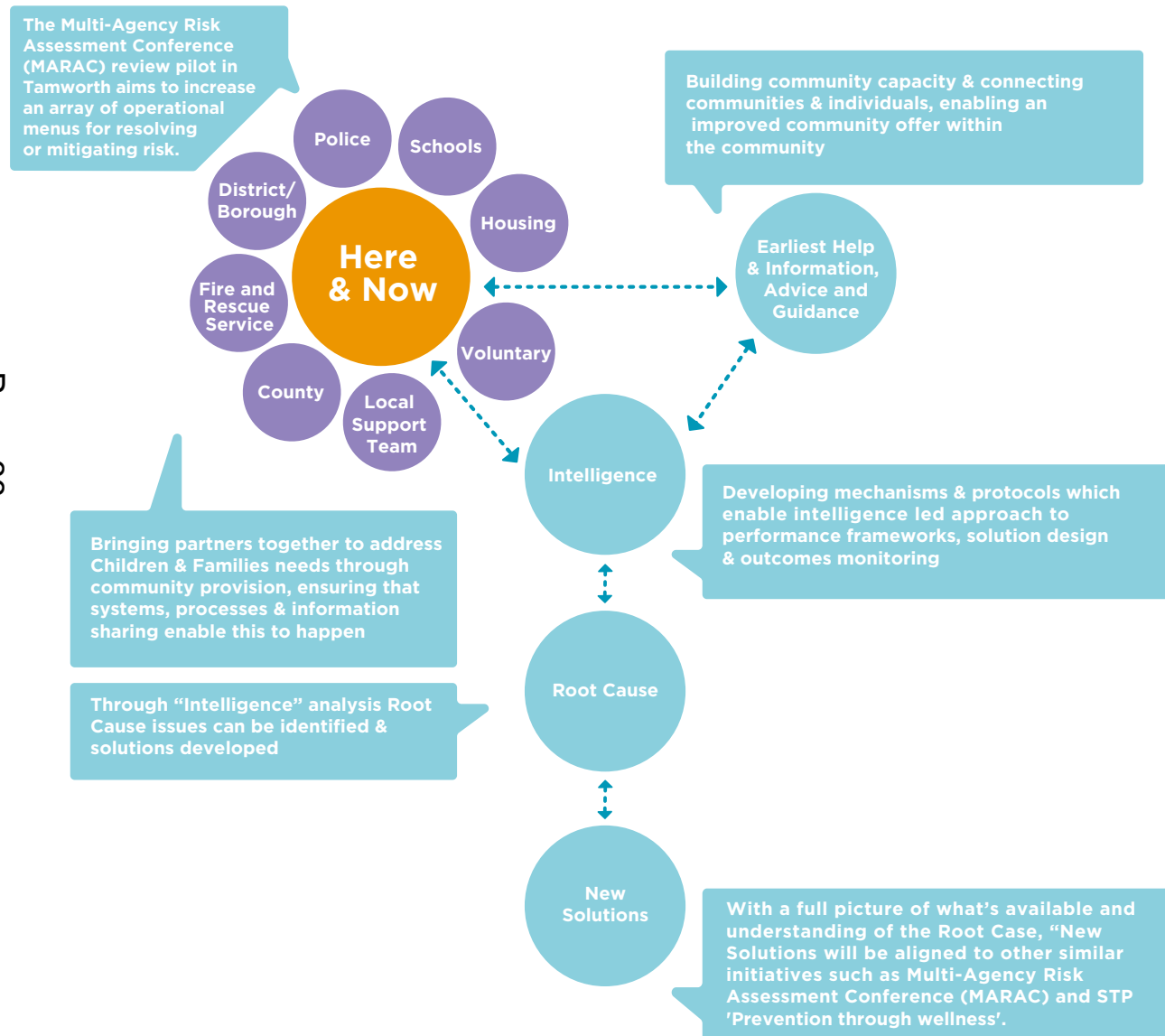
As a result of Staffordshire's partnership working, the family were saved from eviction, got their finances in order, were supported in court and are able to live a safe and happy life independently.



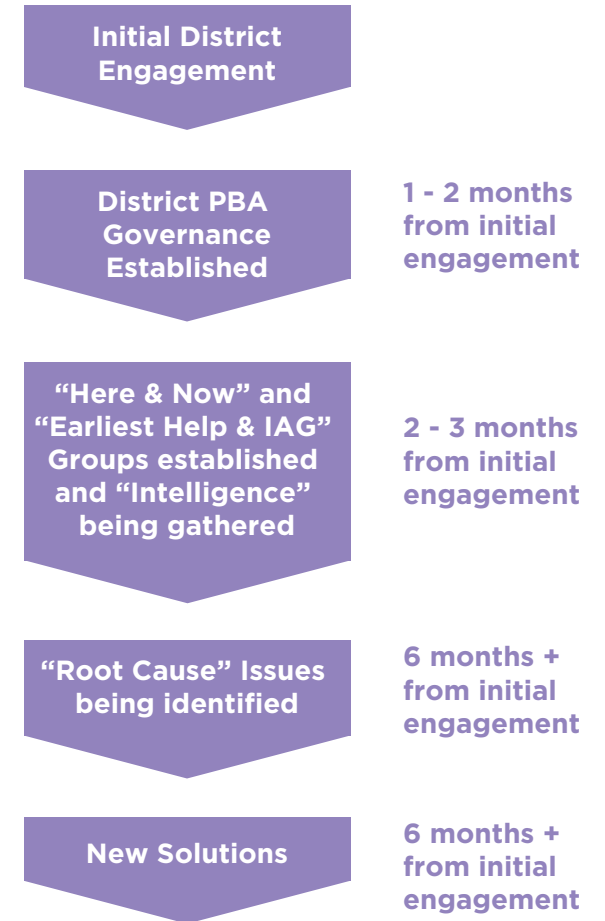
Summary of Achievements

Place Based Approach

District Delivery



Rollout Timescales



Integrated Commissioning

An evaluation of existing Integrated Commissioning arrangements have evidenced areas of good practice that have happened organically, usually when individuals/organisations have identified opportunities to collaborate and deliver improved outcomes as well as achieve value for money.

The FSP are working closely with District and Borough Council partners to broker localised intelligence and information around housing and benefits to be shared in order for the partnerships to make more informed decisions round their areas of need/gaps

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Development of Personal, Social, Health and Economic (PSHE) Education Support Package for Schools

The FSP are working with schools, colleges and all education providers to ensure that the wide variety of PSHE subject areas is taught by schools and is of a high standard, co-ordinated and targeted according to need. It is intended that consultation is currently underway with schools to identify need and gaps for this work area.

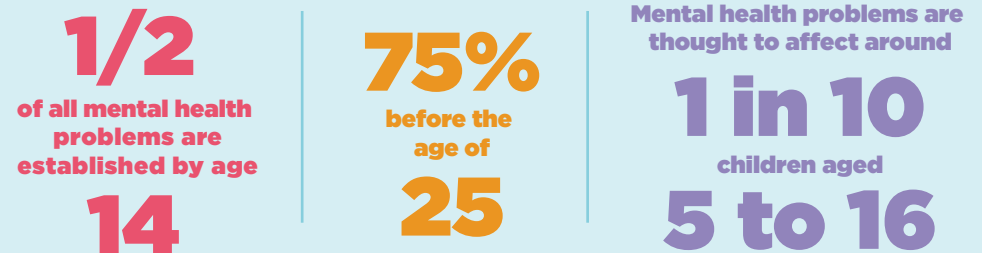
Emotional Wellbeing

The 2017 Children's Joint Strategic Needs Assessment (JSNA) provided a high-level summary of evidence to support commissioners. Following a prioritisation exercise of the JSNA the FSPB and H&WBB agreed to undertake a more in-depth assessment on emotional wellbeing and mental health which would focus at the lower end of the spectrum to complement the work done by Clinical Commissioning Groups.

The evidence base will also support the development of the Children and Young People's Emotional Wellbeing Strategy.

Children and young people's emotional wellbeing impacts upon every area of their lives, from their education, their relationships with friends and family and to the choices they make in life every day. Children and young people with good emotional health are better able to learn, participate and achieve their potential in life; good mental health is also important for good physical health.

Research suggests that:



As they grow up children and young people may have experiences that impact on their emotional wellbeing and mental health. Most are able to cope by themselves or with the support of a friend and family, while others may need some extra help. There are also certain social, economic and environment risk factors that mean some children and young people are more likely to experience poor emotional wellbeing. These include: **living in poverty, living in care, losing a parent as a child, having parents who separate, having a parent with mental health problems or substance misuse, being bullied, being a young carer, youth offending or other adverse childhood experiences and events.**

Summary of Achievements

Early findings from the research suggest that:



one in four children in Year 7 (aged 11-12) have emotional wellbeing issues such as anxiety, bullying, low self-esteem, low mood, sleep problems, anger, parental separation and recent bereavement



12% of 15 year olds in Staffordshire reported low life satisfaction



over half of children aged 15 have experienced bullying



one of the common reason for referral for support to school nursing teams is for emotional health issues



referrals to specialist services are increasing

Further work is currently being done to collect views and experiences from both children and young people and practitioners. On completion, the research will be shared with the FSPB and H&WBB and will inform provider and commissioning activity in the future.

The Staffordshire and Stoke on Trent Local Transformation Plan for Children and Young People's Mental Health was updated in October 2017. Key achievements include:



Engagement with young people



Improved access - more young people being seen and reduced waiting times



Eating Disorder access standards met



Improved crisis support



Participation in Mental Health Services and Schools Link Project

Work has commenced to deliver a new Emotional Wellbeing Strategy in 2018, including consideration of the Thrive model.

Staffordshire Space

Space, commissioned by the Office of the Police and Crime Commissioner, focuses on reducing police reported levels of youth related anti-social behaviour and low level criminality, whilst at the same time promoting personal, health and social development, team building and new experiences through a range of diversionary activities. Its approach is supported by a range of statutory, partner and voluntary sector agencies, aided also by the private sector and has historically operated throughout the school summer holiday break in August.

Now three years on, Space is going from strength to strength with over 18,000 attendances by local young people.

Anti-Social Behaviour levels are down 37% compared to the same period last year.

First time entrants into the youth justice service has also decreased by more than half (57%) between 2010 and 2016. This has no doubt been impacted by the Space Scheme.

Parents, guardians, carers and young people are confident in, and support the programme.

Space delivery is made up of a Universal and Targeted offer with the latter focussed on areas identified as a hotspot for youth ASB alongside young people identified as being within a targeted cohort, such as the Youth Offending Service or Looked After Children.

You can visit the [Space website](#) or view a [full evaluation of the Space \(2017\)](#) programme that has been completed.

Families Strategic Partnership Newsletter

The FSP have worked together to produce an email [newsletter](#) that is shared with key stakeholders across the partnership working on the children and families agenda. The first newsletter focused on Early Help and the second one on PBA.

Voices of Children, Young People and Families

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Voices of Children, Young People and Families

Following a partnership workshop in April 2017, the need for better coordination of consultation and engagement with Voices of Children, Young People and Families was clearly identified, as well as a greater understanding of what opportunities and support were already in existence.

A partnership steering group met for the first time in January 2018 to finalise the strategic plan and agree Terms of Reference. Overarching objectives include:

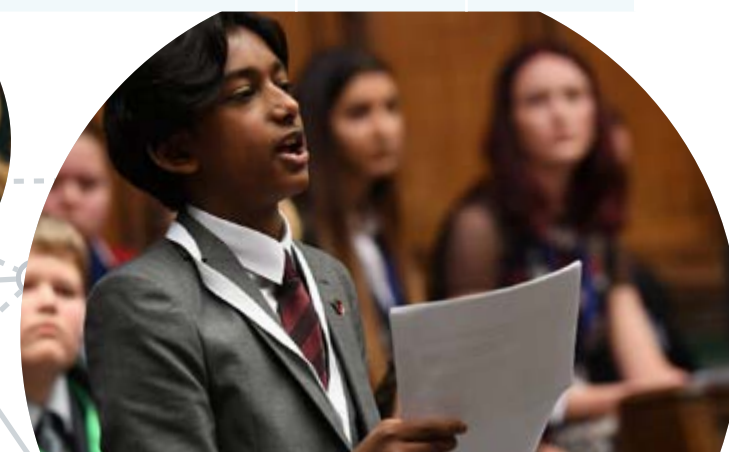
- **A consistent, qualitative approach to Children and Families Voice.**
- **Coordinated approach across the partnership avoiding duplication and maximising efficiencies.**
- **Ensuring that the FSP priorities are reflective of the views of local children, young people and families**

Key Achievements

- Young people in Staffordshire participated in the national 2017 Make Your Mark survey commissioned by UK Youth Parliament with a 122% rise in engagement from 2998 to 6648 votes.
- On 10th November 2017, members of Youth Parliament participated in a debate at the House of Commons discussing the top 5 issues nationally identified from the [Make Your Mark survey](#).

- 80 young people from across Staffordshire engaged in a debate in November focusing on the top 5 local issues.
- Staffordshire's results were presented to the FSPB/FPEG, in February 2018, partnership representatives from the FSP met with young people to discuss the survey results and identify key opportunities to work together.

Curriculum for life	1074	16.16%
Mental Health	952	14.32%
Votes at 16	805	12.11%
Transport	752	11.31%
Work experience hubs.	742	11.16%
LGBT rights	683	10.27%
First Aid Education	650	9.78%
Support for Young Carers	349	5.25%
Make the invisible visible	336	5.05%
Protect school budgets	305	4.59%



Performance Summary



The Family Strategic Partnership Board (FSPB) has developed an outcomes framework to monitor progress against the Family Strategic Partnership strategy and delivery plan.

The indicators are grouped under the three strategy outcomes: being healthy and happy, feeling safe and belonging and achieving and contributing alongside a small number of overarching health and wellbeing outcomes.

You can view the [Children's Outcomes Framework](#) on the Staffordshire Observatory website.

Page 73 The Children's Outcomes Framework currently provides data that is routinely available. Data sources for some of the other indicators are yet to be developed. The quarterly outcomes reports will therefore continue to evolve.

Trend and district level information will sit within the H&WBB detailed outcomes report which is produced on a quarterly basis and will also be available through interactive dashboards at a district level.

These reports will form key components of the Joint Strategic Needs Assessment evidence base for Staffordshire.

Performance against indicators are summarised into whether they are a concern for Staffordshire (the indicator performs worse than the national average), are of some concern (similar to the national average or trends have been going in the wrong direction over a period of time) or are little concern (where the performance is better than England).



Outcome Framework - April 2018

	Summary	Concern: Performance worse than England	Some Concern: Performance similar to England	Little Concern: Performance better than England
Being healthy and happy	Infant mortality rates in Staffordshire are worse than average and a number of associated indicators remain a concern. Excess weight in children aged four to five is higher than average; unplanned admissions to hospital for long-term conditions and self-harm for children and young people are also higher than average	<ul style="list-style-type: none"> ■ Infant mortality ■ Smoking in pregnancy ■ Breastfeeding rates ■ Children with excess weight ■ Unplanned hospitalisation for long-term conditions ■ Hospital admissions as a result of self-harm (10-24 years) 	<ul style="list-style-type: none"> ■ Life expectancy and healthy life expectancy ■ Child mortality rates ■ Low birthweight babies ■ Smoking prevalence in 15 year olds ■ Under 18 alcohol-specific admissions ■ Teenage pregnancy ■ Emotional wellbeing of looked after children 	<ul style="list-style-type: none"> ■ Childhood vaccination coverage ■ Tooth decay in children ■ Proportion of children identified as having social, emotional and mental health problems
Feel safe and belong	Generally indicators for this outcome are on par with the national average; however some children as a result of being in the Children's System often have poorer health and wellbeing outcomes.		<ul style="list-style-type: none"> ■ Referrals to Children's Social Care ■ Early help assessments ■ Children in need, child protection plans and looked after children ■ Children aged under 16 who are killed or seriously injured on the roads ■ Young people aged 16-24 who are satisfied with area as a place to live ■ Reoffending rates for juveniles 	<ul style="list-style-type: none"> ■ Unintentional and deliberate injuries ■ First time entrants to the Youth Justice System
Achieve and contribute	Provision at early years and children who are deemed ready for school are better than average; overall educational attainment is also similar or better than average but falls off by the time children reach 16; there is also considerable inequalities in attainment, for example children receiving free school meals have considerably lower attainment rates.	<ul style="list-style-type: none"> ■ Children attending schools that were rated good or outstanding ■ 16-17 year olds not in education, employment or training or whose activity is not known 	<ul style="list-style-type: none"> ■ Worklessness households ■ GCSE attainment 	<ul style="list-style-type: none"> ■ Children in poverty ■ Children benefiting from funded early education places ■ School readiness ■ Pupil absence ■ Key Stage 2

Priorities and Next Steps

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Priorities for 2018/19

In April 2018 Partners from across Staffordshire met in a workshop to reflect and review the priorities for the FSP for 2018/19.

The priorities that were identified through the workshops covered a range of issues such as:



Focus on giving children the 'best start in life' and ensure that children are ready for school



Improve emotional health and wellbeing of children, young people and families



Continue to develop the Early Help work and Earliest Help offer in communities through partnership working



Promote the work for the FSP by sharing success stories



Create governance structures that build strong relationships and promote good communication to ensure joint working



Continue to develop the PBA to improve community networks that promote independence and local resilience

Next Steps

In order to continue to move the FSP initiatives forward, a number of next steps were agreed.



We will use findings from the leadership and culture audit taken at the April 2018 workshop to develop better ways of working together across the partnership



We will continue to listen to the voice of children, young people, families and stakeholders to build in their knowledge and experience in the development of the delivery plan and designing solutions and actions



We will develop a work plan to ensure the priorities are clearly identified and delivered



We will focus on creating more opportunities to work with new partners in the private sector and schools to help us meet our aspirations for children and families.

**Family Strategic
Partnership Board**
Annual Report 2017/18



Staffordshire Health and Wellbeing Board	
Title	Whole Life Disability Strategy - Staffordshire County Council
Date	7 th June 2018
Board Sponsor	Richard Harling - Director for Health and Care
Author	Peter Brennan, Interim Lead Commissioner All Age Disability Team
Report type	For Debate

Recommendations to the Board

1. The Board is recommended to:

- a. Review the Strategy and contribute comments, questions and any concerns so that these can be considered in the preparation of the final version of the Strategy and help inform the final cabinet decision in June 2018.

The Whole Life Disability Strategy 2018-2023

2. This Strategy sets out the Council's vision for people with disabilities of all ages in Staffordshire from 2018 onwards. It builds on the approaches advocated in the previous disability strategy for Staffordshire, 'Living My Life My Way', and redefines the role of the Council in meeting needs for the next five years to 2023.
3. Many changes have occurred nationally since 'Living My Life My Way' was written, including the introduction of new legislation such as the Care Act 2014, the Children and Families Act 2014 (and associated SEND Code of Practice 2015), the Children and Social Work Act 2017 and the Carers Act.
4. Furthermore, the political and financial challenges for the country have placed even greater focus on Local Authorities and other public bodies living within their means fostering independence and self-reliance as a matter of course, and ensuring value for money and that services are financially sustainable.
5. Whilst many of the ambitions of the previous Strategy are still relevant, for example those of ensuring children with a disability get the best start in life, and that people with a disability have choice and control in the decisions that affect their lives, the way we operate to offer this choice will need to change.
6. The Council's overall spend on adults with learning disabilities has risen by 22% over the last five years, and if we did nothing to address rising costs this figure would increase by a further 25% based on the current forecasts between 2018 and 2023. Spend on children with disabilities has risen similarly and could increase further still by 2023 unless we take real action now to help keep children safe and healthy at home.
7. It goes without saying therefore that 'change nothing' is not an option; this is clearly financially unsustainable. There is a pressing need to operate in different ways in order to live within our means and ensure value for money for Staffordshire taxpayers.

8. The Whole Life Disability Strategy sets out the Council's vision and key principles that will underpin the way we will meet the eligible needs of people with physical or learning disabilities in Staffordshire. It does not reference specific services in great detail, in order that it will stand the test of time.
9. In brief, the Strategy has the following at its heart:
 - a. To build on the strengths disabled citizens have by focusing on their skills and qualities, those of their family or carers, and those of their community. *Helping people do things for themselves* as far as possible, rather than routinely *doing things for people* is a core principle
 - b. To ensure appropriate support is available for people with a disability to maximise their independence, and prevents, reduces or delays additional needs.
 - c. To ensure that the Council can continue to meet people's eligible needs in a way that is financially sustainable.
10. To achieve this, we will:
 - a. **Prevent** people needing social care services by giving them good information and advice on how to do things rather than doing things for them.
 - b. **Reduce** the number of people needing to use social care services in the future by giving early targeted, time-limited support so that they can use services like everyone else (e.g. transport, leisure, employment).
 - c. **Delay** the need to rely on social care services in the long term by targeting extra help and support when it's needed, such as working to support parents or carers so that are able to care for their loved ones at home for longer, delaying the need for additional Local Authority funded care.
 - d. **Meet** eligible assessed social care needs with quality services that represent value for money.

Impact on people with disabilities and their families

11. The Council is looking to build a partnership with families and communities that will support people with disabilities to do as much as they can and live as independently as possible for as long as possible.
12. This will require conversations around what families and communities are willing and able to do to support people with disabilities.
13. When people have an eligible care need, we will ensure that this need is met by effective services at the best price. If someone prefers a type of support or service which is more expensive than the service or support we can offer, they or a third party will be expected to pay the difference.
14. We believe that this approach supports people's development and independence and ensures good financial stewardship so that the Council can live within its means.

Development and engagement

15. The Whole Life Disability Strategy for 2018-2023 has been developed following a comprehensive engagement and consultation process that has helped inform and shape the content.
16. **Engagement with citizens:** Engagement has included the analysis of work with 14 young people in focussed discussions, feedback from over 170 families of disabled children and young people (up to the age of 25) from an in-depth survey of parents, 20 disabled adults via a Citizenspace questionnaire and direct face-to-face sessions with two community based groups for adults with learning difficulties and disabilities on the issues that affected them, with approximately 20 people present at both group. In total, well over 200 people with lived experience of disability put forward their views via the questionnaires between August and December 2017.
17. Open sessions with members of the **All-Age Disability Partnership** (a group predominantly made up of older carers of citizens with either learning disabilities, autism, or both) as well as **seven further public sessions** have been scheduled between May 2nd and May 21st 2018 to further inform and refine the draft Strategy.
18. Throughout May 2018, other key partners, practitioners and members of the public have been given the opportunity to share their views on the draft Strategy via a Citizenspace questionnaire which has been promoted via direct email, social media and in local media.
19. The draft Strategy has been made available to the public in alternative formats including an audio version and in British Sign Language, as well as an Easy Read version to ensure it is accessible to those with a wide range of disabilities and sensory impairments.
20. **Senior Leadership:** A joint senior leadership team (SLT) workshop was undertaken on March 5th 2018, to ensure that members of both Families & Communities and Health & Care SLT's were aligned in their thinking and support for the new strategy and helped shape the desired outcomes. This session determined the guiding principles and desired outcomes, whilst the sessions with Elected Members (below) helped shape the sections on what we must deliver to effect real change.
21. **Involvement of Elected Members and Scrutiny Committees:** a workshop session with the Elected Members of the Healthy Staffordshire Select Committee was held on March 7th 2018. The outcomes of this workshop were subsequently reflected on and incorporated where required into the final draft of the strategy.
22. A further specially convened joint session will be undertaken with members of the **Safe & Strong Communities Select Committee, Prosperous Communities Select Committee and Healthy Staffordshire Select Committee on May 30th 2018** to discuss any concerns on the content of the final draft and raise queries.

23. The deadlines for submission of Cabinet papers have meant that feedback from our engagement work in April and May 2018 and any changes to the draft Strategy as a result of this will be circulated for consideration in the first week of June 2018.

Implementation

24. Subject to Cabinet approval, the principles within the strategy will guide the Council's approach to the commissioning of support and services for people with disabilities over the next five years.

25. The Council will review current ways of working and the support and services we provide to ensure they are aligned with these principles.

26. Detail about specific services will be included in separate delivery plans which will reflect a rolling programme of review and improvement, and which will be updated each year.

27. There will be a need to engage further with people with disabilities and their families to ensure that any changes we propose are clear and that we have sought their views to shape these changes.

28. This will be the responsibility of the officers leading these projects and as a result it is critical that there is a joined-up approach taken towards implementation.

Contact Officer

Name and Job Title: Peter Brennan, Interim Lead Commissioner All Age Disability Team

Telephone No: 01785 895337

Address/e-mail: peter.brennan@staffordshire.gov.uk

Appendices/Background papers

1. Draft Whole Life Disability Strategy 2018-2023

A Whole-Life Disability Strategy for Staffordshire

2018-2023

DRAFT



You can have this document as:



Cassette, CD or MP3



Easy to read with pictures

Large print



Braille



British Sign Language DVD

Please let us know by:



Telephone: 01785 356835



E-mail: Wholelifedisability@staffordshire.gov.uk



SMS Text: 07816 316297

We will send you a copy within 10 days

A Whole Life Disability Strategy for Staffordshire 2018 – 2023

Foreword

We want Staffordshire's residents to live their lives to their full potential and this includes people who are living with a disability. We want people with disabilities to be independent and equal in society and have choice and control in their own lives. We want people to have dignity and self-respect and for those with more complex needs to have the support they need to maintain this.

Across Staffordshire, 3 in 100 people are currently living with a learning difficulty and 11 in 100 people with a physical disability. While drafting this strategy, we have spoken to many of these people and their families and carers.

What has become clear is that 'disability' is a label that is unhelpful. The way we support people in the future needs to be about ability, not disability, about focussing on what people **can** do and building on these strengths so that they can live full and independent lives for as long as possible.

Not only does evidence suggest that this approach leads to a better quality of life for people with disabilities, it is a principle that will ensure we can protect social care services for those who really need them in the future.

The county council is facing an unprecedented financial challenge with an ageing population, rising costs and a budget which is falling in real terms. This means that our approach to the provision of services and support for all residents, including people with disabilities, needs to balance meeting need with affordability.

In view of this, wherever possible, we intend to prevent, reduce or delay the need for long-term social care services. The reality is that most people with a disability do not actually need or want this kind of ongoing dependence.

For the few people who have an ongoing eligible assessed care need, the county council will continue to provide appropriate and best value support under the Care Act, Children Act and the Mental Health Act.

We want to be clear here, that the support offered will be of good quality, meet assessed needs **and** represent good value for money. This means that the type of support some people currently receive may change, but their assessed eligible needs will always be met.

We will continue to meet our responsibilities and encourage others to look at their own contribution. Supporting disabled people to live well in and be part of their communities is the responsibility of all of us - including people with disabilities, family members, carers, friends, neighbours, employers, educators, decision makers, funders and planners.

Together, we can ensure that people living with disabilities in Staffordshire can achieve their goals and enjoy happy, independent and successful lives, and that we are able to support those who most need it both now and for the future.



Cllr Alan White
Deputy Leader of the Council and Cabinet
Member for Health, Care and Wellbeing



Cllr Mark Sutton
Cabinet Member for Children and Young
People

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Overview and Summary of Needs Analysis

This strategy sets out our vision for people with disabilities of all ages in Staffordshire from 2018 onwards. It builds on the approaches advocated in the previous disability strategy for Staffordshire, 'Living My Life My Way', but redefines the role of the county council in meeting needs for the next five years to 2023.

Many changes have occurred nationally since 'Living My Life My Way' was written, including the introduction of new legislation such as the Care Act 2014, the Children and Families Act 2014 (and associated SEND Code of Practice 2015), the Children and Social Work Act 2017 and the Carers Act.

Furthermore, the political and financial challenges for the country have placed even greater focus on Local Authorities and other public bodies living within their means and ensuring value for money, sustainability, and fostering independence and self-reliance as a matter of course.

Whilst many of the ambitions of the previous strategy are still relevant, for example those of ensuring children with a disability get the best start in life, and that people with a disability have choice and control in the decisions that affect their lives, the way we operate to offer this choice will need to change.

The way the public sector will need to work in the future must focus not on 'doing things for people' but on 'helping people do things for themselves'. Living with a disability should not be a barrier to living full, independent, and successful lives. We want people to be empowered to direct their own life and have the same range of choices as a non-disabled person to go about everyday life.

Independent living can be challenging at times, but with it comes the freedom to live the lives we want, spend time with friends, enjoy hobbies and contribute to society. Above all a greater degree of self-reliance gives dignity and self-respect to people. Yes, applying this in practice can be difficult at times, especially when money is tight, but these are challenges all Staffordshire residents have to face.

The financial challenge and affordability for the county council

As a well-run council, we will continue to modernise services, and find more efficient ways of working. However, our growing population, ageing residents, increasing demand for services and rising costs mean that more fundamental changes will be required. The county council has changed significantly over the last eight years and that pace of change will accelerate over the coming years if we are to live within our means. We will of course continue to meet our statutory duties, and work effectively with partners to achieve this.

We need to find different ways of working that help people to help themselves, take greater personal responsibility for their own lives, health and wellbeing, and greater responsibility for improving their own communities. If we succeed in this and reduce demand on public services, the county council can target taxpayer's money to supporting the people who really need help. If we do not do so we risk compromising not only our ability to support those with the highest needs now but also in the future.

The overall spend on adult learning disability by the council has risen by 22% over the last five years, and if we did nothing to address rising costs this figure would

increase by a further 25% based on the current forecasts between 2018 and 2023. Spend on children's disability has risen by a very similar magnitude and could increase further still by 2023 unless we take real action now to help keep children safe and healthy at home.

It goes without saying therefore that 'change nothing' is not an option; this is clearly financially unsustainable. There is a clear and pressing need to operate in different ways in order to live within our means and ensure value for money for the Staffordshire tax payer. This expectation and approach is no different to that taken across the rest of the county council.

Doing the right thing

But it's not all about the money. It is about doing the right thing for people and offering the right support, at the right time, so they can live independent, happy and fulfilled lives. The county council can promote this by giving people the information they need to become and remain as independent as possible, as well as providing them with the right support at the earliest opportunity. This approach will not only promote independence, but also reduce reliance on the public services. This instils a sense of pride and dignity in people, the value and worth of which shouldn't be underestimated. We must work in a way which encourages people to help themselves and those around them.

This approach links with the Council-wide 'People Helping People' approach which you can read more about here:

<https://www.staffordshire.gov.uk/community/Volunteer/PeopleHelpingPeople.aspx>

Thinking 'community first, services last' is one of the principles of our People Helping People approach. By putting communities at the heart of decisions about the things and local issues they care about, our communities will be stronger and more independent and will play a greater role in improving their local areas. That leads to more sustainable support.

Our Whole Life Disability Strategy follows this approach by focusing on promoting inclusion, independence and self-reliance from childhood, to ensure young people are prepared for an adulthood where they can achieve and remain independent as far as they are able.

To be absolutely clear, there is no expectation from this strategy that individuals who need support to meet eligible needs will be left without help. Similarly, no individual will be expected to do things they are unable to do without support or guidance.

Joint working with the NHS and education providers

Whilst this strategy sets out the county council's vision and objectives for people with disabilities in Staffordshire we do of course recognise the importance of effective, joined up working with the National Health Service in ensuring well planned, effective care and coordinated support.

To that end we are already progressing plans with Staffordshire's NHS Clinical Commissioning Groups and their commissioned providers, to improve integrated working for those with highly complex needs and challenging behaviours (under the Building the Right Support/Transforming Care programme). We also need to progress plans for those with Continuing Health Care needs (CHC). We will be developing and broadening this programme of integrated working over the coming months and years in response to specific needs and to ensure effective, good value, joined up support is in place for those with assessed eligible social care and health needs.

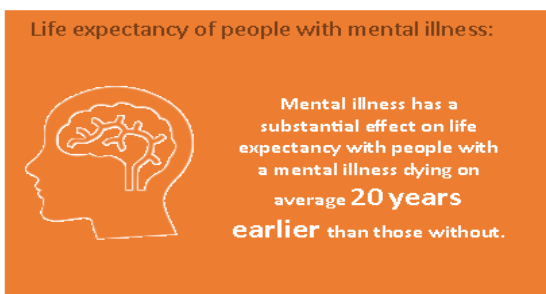
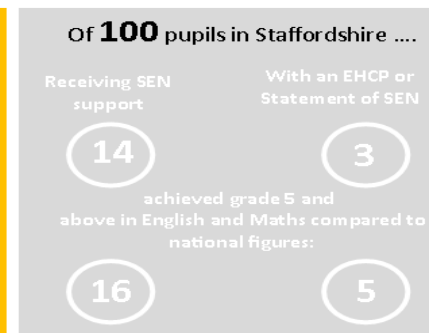
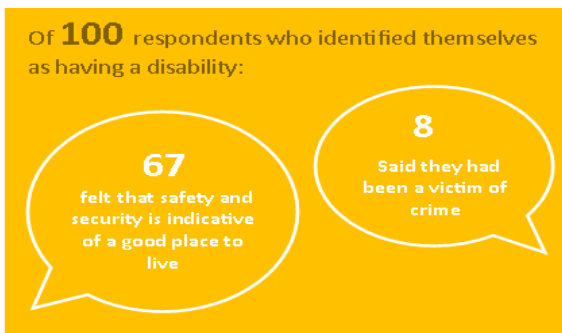
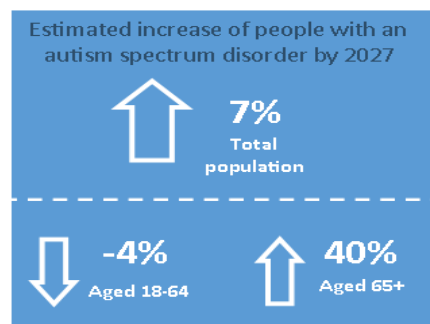
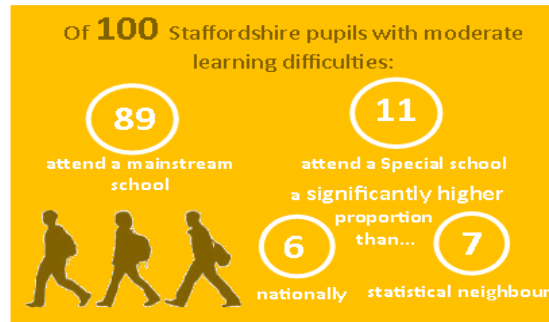
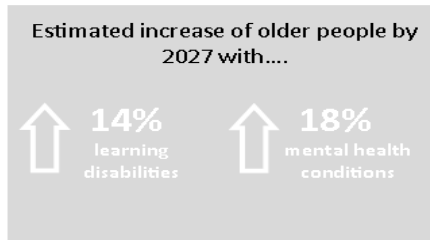
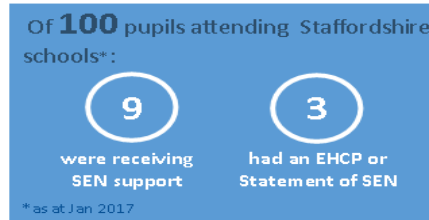
For children and young people with Special Educational Needs and Disabilities (SEND) this joint approach will also of course encompass the role of schools and education providers to develop better planned support for their assessed Social Care, Health and Education needs

We will also link with the NHS Better Birth programme to identify what support is in place for both parents for whom issues related to disability are identified during pregnancy and beyond. Much anecdotal evidence collected during the surveys of residents we conducted in the autumn of 2017 would suggest that we are too slow to act when issues become apparent, and that we could improve things for individuals and families much more quickly if we streamline current processes.

The needs of people with a disability in Staffordshire

Headline data from a comprehensive Needs Analysis undertaken between December 2017 and February 2018 is included below in summary form, along with a brief overview of the feedback from over 200 people with lived experience of disability collated between September and December 2017. Full in-depth reports are available for both pieces of research on request from the Staffordshire County Council Customer Insight team.

Headline information relating to the needs of People with disabilities in Staffordshire



What people have told us

Engagement with people who have disabilities and those that are parents and carers of people with disabilities is key to understanding what is important to them, what barriers and difficulties they face and what would improve their lives. Recent engagement activities have taken place across Staffordshire to gather this intelligence, including a county-wide online survey aimed at parent and carers of children aged 0 to 25 years old who have Special Educational Needs or Disabilities (SEND) alongside a focus group with young people with disabilities, and further face to face sessions with adults who have a disability. Key emerging themes from this engagement activity is detailed within this section.

Access to support, activities and information

- The ability to access appropriate support was highlighted as something that parents and carers clearly feel strongly about. A number of parents and carers felt that early years services, such as Children's Centres, do not offer support that is appropriate to their child's needs. However, there were also parents who commented that they had benefited greatly from accessing high quality Children's Centre support. We need therefore to develop greater consistency across our Children's Centre/early years support, and help raise parents awareness of Children's Centre services and support available.
- Access to support was raised more often by those who have found this to be an area of challenge, rather than those who have had no difficulties. A number commented that they have had to "fight" on their child's behalf to ensure that they receive adequate support.
- A number of parents and carers felt that support was not available unless their child has received a formal diagnosis or statement of additional needs. For these parents and carers in particular, there are some issues around communication and engagement with professionals – with some feeling that they and the professionals are on opposing sides. Parents and carers of children with autism also felt it was difficult for their children to access support.

Level and quality of support

- Parents and carers who did access support for their children reported mainly positive experiences. Many have received support from an early stage which has been very effective in meeting their child's needs. A number shared comments about instances where practitioners have gone to what the parents consider to be great lengths, in order to support their child, or secure or co-ordinate additional support from other agencies.

Awareness and understanding of special/additional needs

- A number of parents and carers held the view that many professionals with mainstream school settings had a very limited understanding and awareness; particularly relating to autism and needs on the autistic spectrum, but also to dyslexia/dyspraxia. For some, it was felt that this perceived lack in awareness

and understanding had meant that their children were not provided with appropriate support, or did not have their needs taken into account.

- In a small number of extreme examples, it was commented that this had resulted in children refusing to attend school, and in a handful of cases had resulted in parents/carers paying for private tuition to enable children to achieve as well as their peers.

Transition between schools and support received

- Transition between schools had generally been smooth and without issue, with the only reported difficulties arising with transitions from mainstream to special schools.
- In the mainstream schools, most young people felt they were receiving the right amount of support. Those that did not however, felt that the school needed reminding on occasion that they had a special educational need, perhaps because their disability was not outwardly obvious. Support needed for the future was identified and was largely focussed on education and access to activities.
- Young people within the group stated that they sought advice from parents or carers largely. While a few respondents said they would also seek support from teachers or support staff in school, one felt that they would not be listened to. This will need to be considered when planning how to ensure people access information, advice or guidance
- Varying degrees of bullying had been experienced by the young people spoken to, largely in school, but all the young people spoken to felt that bullying had been successfully dealt with.

Preparing for adulthood

- The need for an understanding of entitlements, available services, and how to access them is something that parents and carers considered to be very important for both themselves and their children - particularly as their children approach 18 years of age, and prepare to leave statutory education and become more independent. Parents felt that support and care plans should be more long-sighted, and focussed on achieving long-term positive outcomes, not just short-term academic milestones.

Views and experiences of adults with disabilities

- Feeling safe in their homes and communities, being as independent as possible and having choice and control over the way they live their lives were identified as the three most important things by adults with a disability.
- The role of the internet was important to this group, with the majority of them having access to it and most commonly used it for learning and finding information, social interaction, watching videos and playing games.
- Access to activities is limited for those who are dependent on carers
- Having something to do in the day which developed new skills was important to the adults who responded.

Our Vision

Our vision is to take a whole life approach to ensure that:

“People with a disability of any age can reach their potential and live healthy, safe, independent and fulfilling lives in their own communities”.

In order to deliver our vision, we will:

Build a Healthy Staffordshire, with an environment that improves health and wellbeing for all.

Help people to help themselves, by giving simple, clear information and advice to enable them to take responsibility for keeping themselves healthy, safe and prosperous.

Grow communities to support people, and which help people to live independently in their own home, with care and support from family, friends and the whole community.

Offer extra help for those who need it, to prevent and respond at times of crisis to get people back to independence.

Be honest about the options available, so that people understand who is eligible for support and who will pay for it.

Maintain long term care services, working with our partners and providers to ensure that when people do require support, we can offer quality and safe services that meet people’s needs.

This will inform a new approach to supporting people with disabilities of all ages. **The guiding principles** of our new approach are:

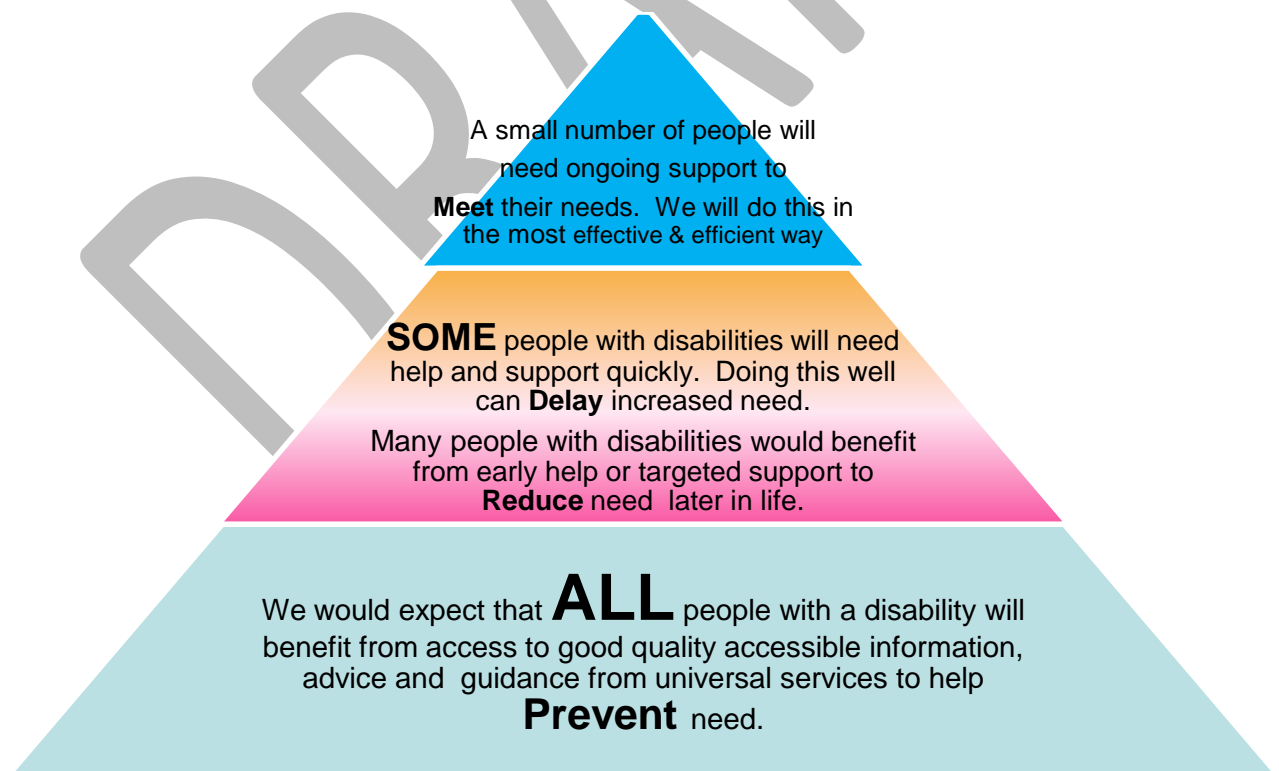
1. We will meet needs in a way that is financially sustainable, both in the short term and the long term, as well as being statutorily compliant
2. An understanding that in the first instance **all** individuals with a disability will be able to access and participate fully in family and community life to meet their needs
3. That **all** individuals and their families will have access to good quality, accessible information, advice and guidance to help **prevent** needs escalating
4. We will apply approaches that look at an individual’s strengths, talents and circles of support as part of assessment processes; a focus on ability not disability to **delay** or **reduce** increased needs later on.
5. **Some** people might need a little extra help and support. Those individuals will receive the right support, in the right place, at the right price to maximise their independence, underpinned by plans that reduce or delay additional longer term needs.

6. A small number of individuals may need ongoing, longer term support. For those individuals we will continue to develop a market that provides choice, control and diversity that meets needs and provides the best possible value for money.
7. For the small number of people who need ongoing support, reported needs will be assessed in line with the Children Act 1989, Children and Families Act 2014 (and associated SEND Code of Practice 2015) or Care Act 2014 as applicable to the age and circumstances of the individual in the first instance.
8. **Safeguarding** considerations for individuals of any age with a disability will be paramount at all times

Strategic approach

This strategy sets out how the county council will work together with people who have disabilities, their families and others who support them to make the vision a reality.

By taking a whole life approach we can ensure that we can support people when they really need it, and in ways which will ensure that people are able to remain as independent as possible on their journey through life.



The outcomes we are seeking to achieve via our strategy are:

To prevent, reduce and delay need:

- Individuals and their families have access to the information, advice and guidance they need in order to be as independent as possible.
- Individuals with a disability have the opportunity to reach their full potential. They have the opportunity to learn, train, travel, study, work or engage in activities that match their interests, skills and abilities
- Young people with a disability will be well prepared for adulthood
- Individuals are able to access support in their local community, planned in a way which prevents, delays or reduces needs later on.
- Individuals with a disability feel welcome, safe, and included in their local community
- Individuals with a disability are supported within their community, in a place where they are supported by people that are important to them. In cases where this isn't possible, they will be supported to stay in contact
- Individuals are able to plan ahead and have plans in place to meet their needs. If something unexpected happens however help can be arranged quickly, without having to go through lots of complicated procedures
- The role of carers is recognised and understood by those working with the people they care for.

To meet statutory need

If assessed needs meet statutory thresholds, and it is not possible to meet those needs by other means our aim is that:

- Individuals will be able to access good quality, personalised support that helps them become more independent.
- For children and young people, education, health and care needs will be documented and recorded in one plan so they can understand how their needs will be met.
- Young people with ongoing needs are prepared for adulthood, and this transfer is well managed irrespective of their eligibility for services (or otherwise) as an adult.
- Individuals (and their families or carers where appropriate) are able to get skilled advice to help them understand the costs of care and how they can make the best use of the money they have so individuals can plan their care in advance to meet their needs.
- Support for individuals is coordinated, co-operative and works well together and they know how to get things changed if they need to.
- Individuals are supported by the right people, with the right skills

How we plan to achieve our vision

PREVENT NEED

Whilst most disabilities cannot be prevented, we know that if we provide the right information and support at the right time, people with disabilities and their families will be able to make informed choices which can prevent or reduce the need for social care services later in life.

How it works now

- People often don't know how to find the information they want or what support is available, either through formal services or within their local communities.
- Too many people rely upon formal education, health and care services for support rather than accessing community based support and services. This is often because they don't know what is available within their community, and the people who run those services don't always know how to promote them, or make them accessible and welcoming to people with disabilities.
- We know that in Staffordshire children with moderate learning disabilities or Special Educational Needs are much more likely to go to a special school than children with comparable needs in similar areas.
- This can establish a pattern of expectation that makes preparing for adulthood more difficult.
- As many children travel long distances to attend our county's special schools it can mean that they have few friends in their local community and spend large amounts of time traveling to and from school.
- Children with a disability and their families don't always know where to look for the right information to help them plan effectively for their later life.
- Accessing the right advice and guidance is spread over a range of services and platforms.
- Families say that if their child has an 'obvious disability' then the service they receive is good. If, however, the disability is 'unclear', there are multiple presenting issues, and/or issues only become apparent later in childhood, then accessing information, assessment and support can be fragmented, inaccessible and slow.
- Educational outcomes for children and young people with SEND are below national averages. Consequently, intervention and support in universal services, in early years settings, schools and FE colleges needs to be improved.
- Children and young people with disabilities are more likely to experience poor health, irrespective of their disability.

To prevent needs arising or getting worse we will:

- Work with our Public Health and NHS colleagues to check the right support and information is made available to help ensure women have a healthy pregnancy.
- Work with NHS Health Visitors to identify potential issues as early as possible for those conditions or health issues that can't be picked up or identified during pregnancy
- Work with NHS commissioners and providers of the School Nursing and Special School Nursing services to ensure effective arrangements to identify issues as well as plans to meet needs as early as possible are in place.
- For those parents that may decide to make the difficult and painful decision to terminate a pregnancy we will work with the NHS so that good advice and information is available at the outset to help them make fully informed decisions, and that the right support is available afterwards, including counselling, to support them when they need it
- Work with NHS commissioners and providers of Autistic Spectrum Disorder (ASD) assessment and diagnostic services to ensure effective early diagnosis and planning arrangements are in place
- Seek reassurance that there will be a comprehensive package of antenatal screening programmes implemented with public health, ensuring all children aged two years are assessed and screened for SEND and referred to Staffordshire County Council Early Years forums when appropriate.
- Work with Hearing Impairment, Visual Impairment, Autism and Sensory Support in Staffordshire (ASSIST), Educational Psychology, Occupational Therapy and Speech and Language Therapy services (amongst others) to develop robust plans to address needs as early as possible in order to prevent or reduce further needs later on
- Develop effective mechanisms for sharing data across education, health and care services for children and young people aged 0 to 25 with a disability to help coordinate support for individuals and shape and plan services in the future.
- Improve our use of modern technology as a way to communicate with, and inform people of activities in their area. A review of the pros and cons of the use of social media will be undertaken prior to considering wider use of this method to communicate information, to avoid abuse by third parties or the risk of compounding social isolation.
- Ensure that all staff working with people with a disability, in particular those working with children, young people and their families, understand the vision and are confident to promote it.
- Work with universal services, employers and others to make 'reasonable adjustments' to help people access community facilities and support, training, work and leisure opportunities
- Promote and ensure high quality early years and childcare provision by developing the market to ensure there is sufficient provision to meet the needs of

children, and allow children with a disability equal access to pre-school provision as the rest of the population.

- Work with the schools system to improve educational outcomes for children with disabilities, in order to close the gap in achievement.
- Ensure we have an internet based 'Local Offer' that is easy to navigate and provides good quality, up to date information for children with a disability and their parents, now and into their adult life. These are accessible via:

SEND Local Offer (for 0-25's and their Parents/Carers):

<https://www.staffordshire.gov.uk/education/Access-to-learning/Local-Offer-SEND-Pathway.aspx>

Staffordshire Connects (primarily for adults with a disability):

<https://www.staffordshireconnects.info/kb5/staffordshire/directory/home.page>

- Ensure (in addition to the above) that information, advice and guidance is accessible in alternative formats such as Braille, Audio, British Sign Language and Easy Read to ensure it is accessible to people with a broad range of disabilities and/or impairments
- Develop arrangements so that young people with a disability and their families are supported to think more proactively about their futures at their year 9 review.
- Work with health commissioners so that all young people who are disabled have a review of their health needs at the most appropriate age to start preparing for adult life. This will enable young adults to plan for any changes in their health support.
- Plan to taper support gradually for those young people who will not be eligible for services at the age of 18 so the impact of change is reduced and that we collectively fulfil our statutory obligations relating to Transition, set out in the Care Act 2014
- Work with local voluntary, and community based organisations to ensure that they have the right information to share and know who lives in their areas that may benefit from a connection, including investigating the potential to develop a network of community champions.
- Utilise mainstream community services such as gyms and exercise classes, leisure establishments and classes, libraries, community groups to meet the eligible needs of people who have a disability, reducing reliance upon expensive specialist services.
- Work with schools to identify young people who become carers are identified early to ensure that appropriate support is put in place to address inappropriate caring loads, and that the cared for person is receiving the support they need to prevent needs escalating.
- Undertake further research to develop a greater understanding of the reasons for the lower life expectancy amongst females with learning disabilities than males, which is the opposite of trends amongst the population who do not have a learning disability
- Undertake further research into the potential impact of the growth in the numbers of people with a disability living to older ages with learning disabilities (14%) and

mental health (18%) conditions, and the impact this will have on resources. Further analysis will also need to be undertaken on the secondary issues arising in older age for those with specific conditions, for example to further investigate the high prevalence of dementia in older people with Downs Syndrome.

- We will also conduct further research into the reasons behind the variations in prevalence of different disabilities in different ethnic groups, in order to better understand them, and how we might work with different communities

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REDUCE NEED

Children with a disability often need additional early support to enable them to be ready to fully benefit from their education. Providing this support can improve their long-term life chances and opportunities. Similarly providing the right type of low level support or advice early to any disabled person can reduce their dependence on long-term care, give them a sense of pride and dignity, and enable them to be as independent as possible. Using modern technology to help monitor people's conditions or send for help if something goes wrong is an excellent example of how this can work in practice.

How it works now

- Very few people with disabilities known to services are in paid employment.
- We don't know enough about those young people who are likely to need extra help when they get older, or the kinds of support they will need.
- We sometimes have low expectations of what people can do for themselves or could achieve with a little bit of help. For example, get a job, or travel by themselves.
- We support people to look for paid support rather than use what is already in their communities, which would make their personal budgets go further.
- We don't always offer support to people quickly enough when they ask for help, so they end up in crisis. Sometimes that causes entirely avoidable extra stress or may even mean families are separated or people have to leave their home.
- People don't always know where to look for the right help, or equipment that would help them manage on a day to day basis.

To help reduce needs later in life we will:

- Work with the early years providers, school and college systems to develop ways to meet the needs of young people with a disability. We'll do this by setting out clear expectations at the SEN support stage and, where appropriate, devolving funding, responsibilities and decisions to a local level, to try and bring decision making closer to the point of need.
- Strengthen early help and pre-school provision for children with disabilities to ensure they are in a position to begin school ready to learn.
- Work with schools and education settings to offer the right kind of education provision and support so that children with disabilities can have their education needs met closer to home. We will develop local pilot programmes in each district, led by schools, to develop the skills, knowledge and expertise of mainstream school staff to help them better support young people in a mainstream setting where this is in the best interests of the child and meets their needs.
- Work with the Further Education sector to ensure a broad range of options for young people and adults who want to continue their education. This approach

will also need to encompass ways of reassuring parents that the right support and safeguards will be in place to ensure that young people who are academically able, but have other presenting needs such as physical or sensory impairments or disabilities, will be able to live and study successfully, and remain independent.

- Support initiatives alongside our partners, and particularly the Voluntary and Community Sector, which can help people to be active members of their communities.
- Work with partners to develop arrangements to support people with disabilities into sustainable employment. As part of the development we will look at the support that is available to people with disabilities and employers, both from the council and other organisations such as Job Centre Plus and the Department for Work and Pensions, and encourage employers to make reasonable adjustments to help support people with a disability, Autistic Spectrum Disorder or mental health condition to enter, and stay, in employment.
- Seek to broker relationships with major employers in Staffordshire to improve the percentage of people with a disability in paid employment
- Continue to promote and implement the use of new/assistive technology such as seizure alarms, bathroom aids, medication dispensers etc to help keep people with a disability safe and well and reduce their need to rely on outside agencies for their care and support.
- Support individuals and families earlier in managing difficult behaviours through the use of positive behaviour support and other forms of carers support programmes.
- Support carers to identify their own support needs so they can remain mentally, emotionally and physically well and confident to keep caring.
- Work with providers to seek new ways of working that promote independence and reduce needs for formal support.
- Continue to promote independent travel for people both young and old with disabilities.

DELAY NEED

We recognise that most people with disabilities and their families cope well with everyday life and “just get on with it”, but there are times when people need additional help to delay the need for care. There are also things we can do to help minimise the impact of disabilities if we act early or intervene quickly when people tell us that things are difficult. These can range from supporting people in a crisis or helping them develop plans to cope with the unexpected, through to providing short term training or support to individuals and/ or their families to regain or learn new skills.

How it works now

- We sometimes look at people’s disabilities and the things they can’t do, rather than build plans around those things they can.
- Some of the services we run or pay for support people in the same way over a long period of time, rather than adapting and changing to help them to grow, develop and be as independent as they can be.
- We do not yet have clear unequivocal evidence about what the most effective kinds of services and support are to help reduce need for long term care.
- It can sometimes take a long time to get the support people need as they have to wait for an assessment and then for the right support to be put in place.

To help delay further needs we will:

- Work with partners to ensure we have the right plans and services in place to support people in crisis, for example looking at the emotional wellbeing demands on carers and of the impact of isolation on people with disabilities if they have nothing meaningful to do during the day.
- Ensure that the services we commission promote inclusion, dignity, self-respect, and independence.
- Ensure there is an appropriate range and types of short breaks and respite care, and ensure they support people to develop their independence, as well as provide families with a break from one another.
- Streamline assessment processes and develop information sharing arrangements with our partners so that people don’t have to tell their story lots of times to get the support they need.

MEET NEED

We acknowledge that a small number of people with a disability will need support from childhood and through most of their adult lives. We will continue to meet their eligible needs in line with the requirements of the Children and Families Act 2014, SEND Code of Practice 2015, Children and Social Act 2017 and the Care Act 2014 as well as relevant children's or adults safeguarding legislation, as applicable to their circumstances. We will work with individuals, their families and others who support them to meet eligible needs - not wants. We will ensure that support is still focused on enabling them to live as independently as they can and to achieve their goals whilst utilising the other resources around them so that taxpayer's money can be put to best use. We will manage our resources well, so that we can continue to afford to support those who most need our support, both now and in the future.

How it works now

- We often focus on meeting people's needs through paid support and traditional "specialist" services which often means that community resources and opportunities are not fully explored.
- People sometimes expect that the council will fund their choice of service or support regardless of the cost when in reality, this is not the case. The council will fund support which meets eligible care needs and if individuals wish to access services in addition to this they will need to consider other ways of funding them.
- Services are often continued whether they are effective at supporting people towards their goals or ambitions or not, in the absence of more suitable (and potentially cost effective) means of support.
- Some of the services and the ways we work with people do not focus on supporting and promoting independence and positive risk-taking, but instead can create dependence, over-reliance and avoidance of risk.

To meet statutory need we will:

- Make clear guidance available on the statutory duties that apply to people with a disability and what the county council's role is in meeting assessed eligible needs, reflecting the guidance accompanying the Care Act 2014, Children Act 1989 & Children & Families Act 2014.
- Work with staff, providers and individuals, and where appropriate their families, to ensure that everyone understands what we are trying to achieve when we work together, to set goals as part of support planning and check regularly to see if they have been met.
- Continue to promote independent travel from childhood, where appropriate and the use other innovative and cost effective ways of helping people with disabilities get around.
- Seek to develop partnerships within the schools to meet needs locally without the need to resort to specialist/high cost placements.

- Review our approach to preparing for adulthood to ensure it is enabling young people to lead an independent life as a young person and an adult
- Where it is appropriate to do so we will support people to remain in their own home with the right levels of support to maintain their independence, however the county council can only fund support in the home environment if this is a cost effective approach to meeting eligible care and support needs
- Ask citizens and their families to contribute to the cost of their support in accordance with the Care Act. Where provision to meet need is identified, but the family choose to access a provider that charges a higher rate, the citizen will need to pay for the shortfall. This will be tested to ensure that it is affordable.
- We will seek to broker solutions for the citizen where required, to meet their eligible needs
- Where people cannot stay at home, we will seek to find the most suitable and cost effective alternative which meets eligible care and support needs.
- We will only work with providers who support individuals to increase their independence and, where appropriate, reduce the level of support required over time to meet their eligible needs
- We will develop care pathways across Adult Learning Disability Teams, to ensure good quality, robust, outcome focussed assessments, that lead to measurable results and improvements for Adults with Learning Disabilities who have eligible needs for support
- We will continue to work with our delivery partners to ensure the eligible needs of people with a physical disability and/or sensory impairment are met in line with our statutory requirements
- Develop new approaches to working with people who have complex needs and challenging behaviours, based on active, flexible case management and co-ordinated, community-based, affordable care, to provide genuine alternatives to outdated institutionalised care.
- Help people gain greater choice and control of their care via self-directed support, Individual Service Funds, and personal budgets where this is appropriate
- Effectively manage the market place to ensure they are delivering our vision, particularly where we want to see a greater move towards a diverse range of good quality support which helps people to further develop their skills and independence
- The Council will review its in house offer and independent sector provision, in order to ensure that there are good outcomes for our citizens and their families, whilst at the same time ensuring value for money for the council under it's Community Offer 2022 programme for day opportunities for Adults with Learning Disabilities
- Above all, we will be honest about what we will and will not do

Cross-cutting themes

Education

Further information on our aspirations and vision for Children and Young People with Special Educational Needs and Disabilities (SEND) will be contained within the forthcoming SEND Strategy, due to be produced in the first half of 2018. In brief, our expectation is that:

- Children and young people are fully prepared for adulthood – and they tell us so
- More children and young people with Education, Health and Care Plans are able to be educated successfully within their local mainstream community schools and settings
- Children and young people have less need to access specialist educational, health and care services as a result of effective preventative and early intervention measures
- Provision to meet need has the right balance of being planned, affordable, flexible and sustainable.
- Education must be centred on achievable medium-long term aspirations

Housing and Support

The county council and key stakeholders including Staffordshire's eight district and borough councils and social housing providers, will be working together to ensure that all citizens are living in the right place, with the right support at the right cost, to prevent, reduce and delay additional needs.

Transport

We will assess how transport needs can best be met through independent travel arrangements, privately funded transport or county council arranged and funded transport. The decision to provide transport is based upon a person's individual circumstances including needs, risks, outcomes and on promoting independence and will always focus on ensuring that the individual can be safely transported to a service which is *essential* to meeting their assessed eligible needs, in accordance with relevant legislation as set out in the Care Act 2014 and Children and Families Act 2014, and associated SEND Code of Practice 2015.

Employment

We know that employment, for a sense of contribution to society, financial wellbeing, self-respect, and for the effect it has in reducing isolation and enhancing general wellbeing and pride in oneself is good for people. This is especially so for people living with a disability, who can be more socially isolated than many others.

We will be undertaking local market development work to identify individual solutions for those who are able to enter the workplace. We will be working with partners such as Job Centre Plus, the DWP, local employers, the local voluntary sector and private sector partners to ensure we are able to help people with disabilities enter the work place. Efforts will be made to encourage employers to make reasonable adjustments wherever possible to support access to paid employment for people with disabilities

We will strengthen links with the work of our Employment and Skills Commissioning Team and their contracted partners across Staffordshire and Stoke-on-Trent, as this

presents a number of opportunities to support those with disabilities to develop their skills and engage with the job market.

Crime against people with disabilities

Engagement sessions with a number of community based groups who work with adults with learning disabilities have revealed that many are subject to unpleasant and anti-social behaviour from others in their communities, including name calling, bullying, verbal abuse and hate crime. It's likely that this issue considerably exceeds the number of reported incidences of such crimes because the victims are embarrassed or afraid to tell anyone else at the time.

Just as concerning is the rise in so called 'mate-crime' against vulnerable groups, and particularly those with learning disabilities. This can take many forms but typically involves the victim being 'befriended' by the perpetrator and encouraged to either engage in activity which is risky to themselves, or results in a gain (monetary or otherwise) of some kind to the perpetrator. Again this is likely under-reported due to embarrassment, or even because the victim doesn't fully understand they have been taken advantage of.

We will work with our colleagues at the Office of the Police and Crime Commissioner, as well as Staffordshire Police and local community groups and the Voluntary and Community sector to raise awareness of the risks posed to people with disabilities, and to develop approaches where people with disabilities have safe places to go if they feel afraid. Our aspiration is for Staffordshire to be a disability friendly society, where people want to help our disabled residents, not to hurt or take advantage of them.

Carers

Every day, thousands of people in Staffordshire look after an ill, frail or disabled family member, friend or partner. Ensuring these carers can continue to do so is one of the county council's key priorities and our aspiration is for carers to be able to lead happy, healthy and more independent lives whilst continuing to care for their loved ones.

Those seeking more detail on our approach to ensuring carers are valued and supported in their role should refer to the forthcoming Carers Strategy for Staffordshire, which will cover this and our forward plans in greater detail. The Carers Partnership ensures carers across the county have a meaningful voice in the development of plans, improving services, and future developments for carers.

With our partners, we will:

- Ensure good quality information and advice is readily available
- Respond to the needs of carers earlier and in a more cohesive way, to manage their caring role without additional support where possible.
- We will also increase efforts to identify carers who do not currently know what is available to support them, enabling them to access support and reducing their risk of carer breakdown.
- We will support non-commissioned providers to develop and grow their networks of support through the Carers Partnership and by supporting their objectives

Key activity to support delivery

We will need to take some additional actions to underpin our approach and help us deliver what we have set out.

These include:

- Gathering more information about what people need, what we already have and what works, to help us know where the gaps are.
- Reviewing our existing processes and pathways so we can fully understand what is working and what isn't working for people with disabilities, their families and the staff who support them.
- Working with our partners in health to expand our personal budget offer both for adults and children alongside introducing new ways to support people to make the most of their budgets without increasing the administrative burdens.
- Working with external partners and our staff to understand what support they need to change the way they work. This will inform the workforce development plans.
- Working with partners, such as schools and the NHS, to ensure we are all working to the same goals.
- Reviewing our contracts and specifications as new services are commissioned to ensure they support the delivery of our vision.
- Working with our providers, both those we fund and those we don't, to ensure they know what both the council and people with disabilities expect from them.
- Developing our Governance arrangements to ensure scrutiny, and that quality and value for money are improved. This will include setting up working groups and developing further delivery and action plans that we can use to check our progress.

Monitoring our performance and accountability

Staffordshire County Council will commission a range of activity to deliver this strategy, and seek to influence partners and the public to help deliver the elements which we do not have direct responsibility for. There will be regular opportunities for relevant stakeholders to have their say on the issues that are important to them.

We will monitor how well we are doing in a number of ways. As well as the traditional routes of the business plan, yearly performance report and local accounts, we will work with the All Age Disability Executive Group to track progress and delivery against the strategy.

Delivery of the commitments in the strategy will be overseen by the **All-Age Disability Executive Board**. This high level group, consisting of the Lead Member for Health and Care, the Lead Member Children and Young People, as well as service directors and senior staff responsible for the delivery and commissioning of the Councils services and support for people with disabilities, will oversee and hold to account officers responsible for making the commitments happen on the ground.

The Board will also ensure work with partners such as the NHS, police, private, voluntary and community sectors is coordinated and progressed where the council does not deliver those elements itself.

A performance dashboard and comprehensive reporting arrangements will be developed to better performance and contract-manage commissioned arrangements.

DRAFT

Staffordshire Health and Wellbeing Board	
Title	Health in All Policies update
Date	7th June 2018
Board Sponsor	Richard Harling
Author	Allan Reid
Report type	For Information

Recommendations

1. The Board is recommended to:
 - a) Note the update on Health in All Policies.
 - b) Continue to endorse and champion the HiAP approach within Staffordshire County Council and District and Borough Councils and across wider partner organisations as a key enabler for improved health and wellbeing.
 - c) Engage with and provide a steer in the developing HiAP programme of work, particularly in the areas of focus identified over the next year.

Background / Introduction

2. Many of the challenges facing local government, such as managing increasing demand on our health and care systems in the face of stretched resources are 'wicked' problems that involve multiple interacting causal factors, lack a clear linear solution and are not the sole responsibility of, and cannot be solved by, any single local government department or partner organisation alone.
3. Effective solutions to these challenges requires collaboration that exposes conflicts, find solutions and prioritises synergies and co-benefits across diverse policy areas in their contribution to enhancing the health and wellbeing of our population. This creates incentives for an inter-sectoral and cross-government Health in All Policies approach.
4. Health in All Policies' (HiAP) is a collaborative, evidence-based approach to improving the health of all people by incorporating health considerations into decision-making across a range of organisational sectors and policy areas. This paper updates the HWBB on progress of this work within Staffordshire to date and make the following recommendations:
5. In March 2017, the Health and Wellbeing Board (HWB) agreed to embrace a Staffordshire approach in supporting the HiAP agenda. Board members agreed to act as champions within their organisations to advocate the HiAP approach, across the HWB membership and beyond. Licensing in relation to alcohol and fast-food takeaways were an area of particular focus of this work.
6. A HIAP all-day workshop took place on the 29th September 2017 to develop a coordinated and consistent approach to HiAP across Staffordshire. The workshop explored examples of effective HiAP approaches nationally and internationally. The group self-assessed against a range of standards and generated areas of common focus at county and district level, and identified local priorities for

development, including housing, licensing and tobacco control. HiAP leads were identified.

Current Activity

7. Work continues in collaboration with District and Borough senior leadership teams and councillors to review district packs highlighting priorities, develop and deliver district specific plans, outcomes measures and local indicators.
8. To help inform these discussions, public health produced an evidence review and individual district data pack using wider determinants data available on the Public Health Outcomes Framework identifying particular policy areas that would have the potential to maximise health and wellbeing in each district. Feedback suggests that these data packs were useful in influencing HiAP action plans.
9. Example outputs from these discussions include:
 - Stafford Borough Council has developed a three-year plan to embed HiAP in all its work, and has this aim explicitly stated as a priority area within its recently published Corporate Plan.
 - Lichfield District Council has taken a HiAP approach in the production of its recent Health and Wellbeing Strategy and developing work plan in taking this forward.
 - Newcastle-under-Lyme Borough Council senior leadership team has endorsed taking a HiAP approach in the development of their own Health and Wellbeing strategy.
10. The HiAP approach has also informed internal county council strategies and policy produced by Economy, Infrastructure and Skill directorates, and has led to specific pieces of work where improved health and wellbeing benefits could be realised or better aligned with Health and Care strategic priorities. Examples include working towards a more integrated healthy housing offer for the county as a whole, and the development of active travel initiatives for older people in Staffordshire, through working with our transport partners.
11. HiAP has also been incorporated into the new Health and Wellbeing Strategy for 2018 onwards and its delivery vehicle, the new Public Health and Prevention Wellbeing Framework. It is part of a wider 'Healthy Environments' enabler within this.

Options & Issues

12. While the majority of district councils have embraced taking a HiAP approach and developing future actions around this agenda, some district leadership teams have raised concerns about the resources required to produce detailed action plans, particularly when they felt that they were doing this work already. To address these concerns in these districts, a pragmatic approach has been taken in offering public health support in order to assist taking stock of existing work programmes and those in development, to see where this can be enhanced and deliver improved outcomes under the HiAP framework.

13. Learning has emerged from the HiAP district engagement work to date of the benefit for all partners to prioritise action in a few key policy areas at a time and develop a rolling programme of work, with collective focus for 2018/19 on housing, licensing and tobacco control. It is intended that taking this specific policy focused approach will make translating HiAP into action more tangible and meaningful for district partners.
14. Work that is currently underway in these priority policy areas are as follows:
 - Development of a paper on housing and health with a focus on vulnerable people with the One Public Estate group and district partners. This will go out to informal consultation and presented at the next HWBB in September.
 - Development of an alcohol and health data tool by SCC public health which is currently in use by district Responsible Bodies Groups and public health to inform responses to licensing application by allowing us to map alcohol-related health and wellbeing harms at postcode level of each licence application.
 - Following a tobacco control stakeholder event in December 2017, a strategy and work plan is in development with partners to take this work forward. This will be available for the Board to review in September.
15. The challenge for the County and Districts is to translate policy and HiAP action plans into tangible and meaningful impact on health outcomes. As the importance placed on these increase they may present a number of difficult choices between, for example, spatial planning and economic growth, and health improvement.

Staffordshire Health and Wellbeing Board	
Title	Physical Activity Sub-Group
Date	7 th June 2018
Board Sponsor	Glynn Luznyj
Author	Ben Hollands & Jude Taylor
Report type	For Information

Summary

- In March 2017 the Health & Wellbeing Board (HWBB) elected to adopt a sub-group of the Board which would be tasked with understanding and addressing physical inactivity in Staffordshire.
- As an alternative to developing a stand-alone strategy, the group has established a Physical Activity Framework to drive forward the group's vision. The purpose of the Framework is to establish a shared way of working across partners that balances focused intervention against creating long term system change through influencing policy.
- The Framework is embedded into the Prevention Programme of the STP and a twin track approach to reporting to both the STP Prevention Board and the Health and Wellbeing Board has been adopted.
- A focused *placed-based* intervention is being piloted with the Haregate Estate in Leek.

Background

- The latest data from the 'Active Lives' Survey illustrates the scale of the challenge facing Staffordshire in terms of inactivity. 57.7% of Staffordshire's adult population achieve the CMO recommended levels of physical activity; this is considerably lower than the national average of 60.6% and means that as a whole the County is the sixth worst performing top tier authority in England. Furthermore current figures show that only Tamworth and Lichfield are performing better than national averages with all other districts falling below the national average. Cannock is the worst performing area with only 51.1% of its residents achieving recommended levels of activity placing it in the top 20 most inactive local authorities nationally. This data is consistent with the long term trend for physical activity in Staffordshire.
- Inactivity is most prevalent amongst girls and women, people aged 55+, people on low incomes and those with disabilities or life limiting conditions. Active Lives data for Staffordshire tells us that these groups are up to twice as likely to be inactive than the rest of the population.
- Achieving the recommended levels of physical activity at a population level would have a profound effect on the health and wellbeing of our residents. There is robust evidence which tells us that regular physical activity can substantially reduce the risk of some of our mostly costly health conditions, including diabetes by up to 40%, CHD and Stroke by 35% and falls by 30%.

Progress to date

- The Physical Activity Sub-Group (PASG) determined that creating a standalone strategy for physical activity wasn't necessary. To this end, a Framework has been developed, to establish a shared direction of travel to the inactivity agenda across Staffordshire, balancing focused intervention against creating long term system change through influencing policy. The Framework was created using a logic-modelling methodology and will be supported by a work programme for each locality. See Appendix 1.
- Via this process four key principles have been agreed:
 - A twin track approach is needed to both influence policy and deliver intervention.
 - A place-based approach will be developed, focusing initially, on four areas with high levels of inactivity.
 - Insight will be strengthened via community consultation and engagement.
 - A multi-agency /collaborative approach will be adopted.

Policy Alignment

- To broaden the impact of this work, the PASG has achieved both endorsement with stakeholders and alignment to key local policy:
- The Framework is embedded into the Prevention Programme of the STP and a twin track approach to reporting to both the STP Prevention Board and the Health and Wellbeing Board has been established.
- Sport Across Staffordshire and Stoke on Trent, the local County Sport Partnership has endorsed the Framework and has strongly aligned its three year strategy "Everyone More Active More Often" to it. It has allocated both staff resource and a small delivery budget to the delivery of the place-based pilots.
- The Framework forms a core strand of the Staffordshire Public Health Prevention matrix.
- Families Partnership Executive Group have formally supported the Framework and elements of the work programme are included as part of the Early Help Implementation Plan.
- Senior Leisure and Cultural Officer Forum (chief leisure officers from each of the districts and boroughs) has endorsed the Framework and applying core principles to district Physical Activity Strategies, Playing Pitch Strategies and Built Facilities Strategies.

Implementation of the place-based approach

- The place-based approach is being piloted on the Hargate Estate (Leek North, Staffordshire Moorlands). The governance of the pilot is aligned to the children system place-based approach. Initial stakeholder engagement was achieved via

this mechanism, subsequently, in partnership with Staffordshire Moorlands District Council a more focused physical activity steering group has been developed.

- The initial insight and community engagement phase of the project is now complete:
- A detailed desktop analysis of local data and insight and asset mapping exercise was conducted and presented to local stakeholders.
- The local community centre was identified as key community asset and was used as a mechanism to engage local residents. Initial consultation targeted women aged 25-45, using digital platforms (Facebook) and community events. The purpose of this was to understand attitudes, barriers and behaviours to physical activity. The feasibility of capital investment aligned to the needs identified through this insight work is now being explored.
- Links have been made to the Healthy Communities programme, to ensure it is delivered using detailed community insight.
- The steering group will now use this insight to develop an implementation plan, designed to increase levels of activity within that community.

Challenges

Though progress has been in line with expected timescales, there remain some significant issues that the Physical Inactivity Sub Group are challenged by, principally these are;

- a. Pace and scale
- b. Evidencing impact in the short term
- c. Resources – including digital
- d. Pan Staffordshire approach
- e. Engagement with Primary Care

Forward Plan

Moving forward the sub group priorities will be to:

- f. Maintain joint reporting into STP and HWBB.
- g. Workforce development – focusing on front line health professionals, education staff and leisure staff.
- h. Developing high quality Information Advice and Guidance on accessible digital platforms.
- i. Test physical activity interventions in Newcastle and Cannock.

Recommendations to the Board

- To scrutinise the approach of the PASG to date.
- To explore opportunities to engage the health sector in this agenda in a more meaningful way.

“Influencing people and places to embrace and value physical activity”

Place based strategic interventions

Identify Pilot locations by consent
Insight led
Community Influencers
Targeted small scale investment

Health

- Advocacy and training for health professionals
- Pilot a PA centred social prescribing model
- Connectivity to other settings using traditional and digital platforms

Education

- Effectively landing and bringing additionality to Primary School Sport Premium
- Educating families about the benefits of PA
- Educating teachers
- Connecting schools to communities

Leisure and Communities

- Work with providers to shape a local offer
- Workforce development – behaviour change training etc
- Raised awareness of local opportunities

Greenspace

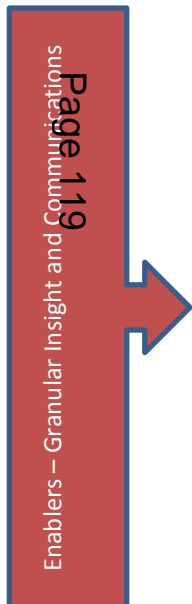
- Countryside review – asset transfer
- Improve community safety
- Improve infrastructure to increase accessibility
- Raised awareness
- AIG to community groups on funding

Influencing and changing strategy and policy

- STP Prevention work strand
- HWBB strategic plan
- Health in All Policy
- District SPA plans
- CSP strategy
- Local Development Plans (planning)
- Transport

2% reduction in inactivity across Staffordshire, equating to 16,000 adults. Bringing us in line with national averages

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Enablers – Granular Insight and Communications



Staffordshire Health and Wellbeing Board	
Title	JSNA outcomes – quarterly update, May 2018
Date	7th June 2018
Board Sponsor	Richard Harling
Author	Divya Patel
Report Type	For information

Recommendations

1. The Board is recommended to:
 - a) Note the highlighted exceptions and the activity is being planned or in progress to mitigate these.

Purpose of the report

2. The health and wellbeing outcomes report brings together key outcome measures from the national outcome frameworks for the NHS, adult social care and public health to support monitoring of a range of indicators and delivery of the Living Well strategy.
3. In September 2015, the Health and Wellbeing Board agreed to receive the updated summary report on a quarterly basis as a ‘for information’ item.
4. Information showing detailed trends and locality information will continue to be published on the Staffordshire Observatory website and forms part of the core Joint Strategic Needs Assessment dataset at:
<http://www.staffordshireobservatory.org.uk/publications/healthandwellbeing/yourhealthinstaffordshire.aspx>

Key findings

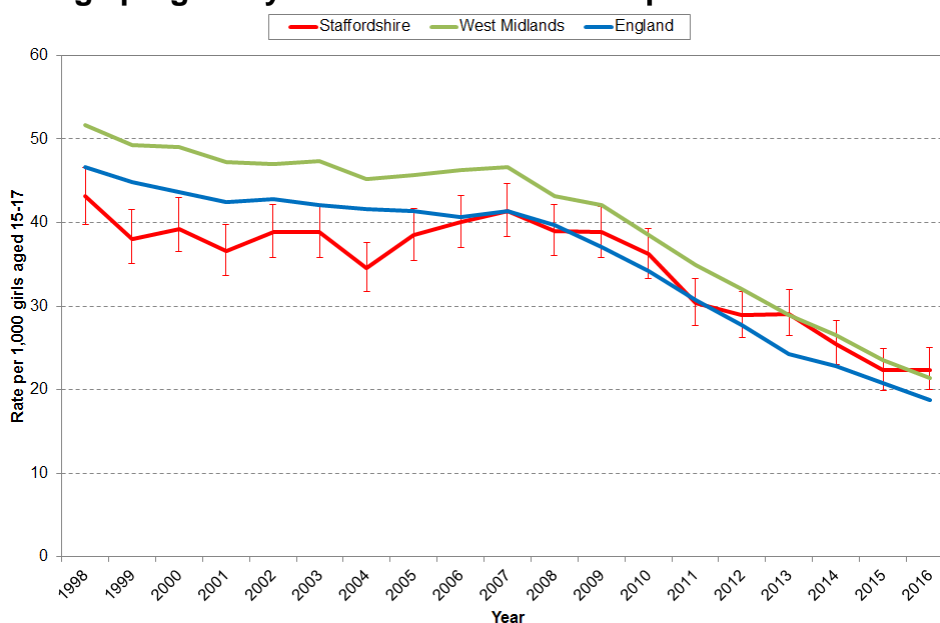
5. Some of the highlights based on **data updated this quarter** include:
 - the number of adults who reoffend remains better than the national average
 - overall residents continue to be satisfied with Staffordshire as a place to live
6. Some of the challenges in Staffordshire based on **new data from this quarter** include:
 - continued high proportions of women smoking throughout pregnancy and low breastfeeding rates
 - teenage pregnancy rates are higher than average with rates not falling as fast as the national average
 - rates of reported domestic abuse are higher than average
 - levels of obesity in Staffordshire are higher than average
 - uptake of seasonal flu remains lower than the average
 - the number of people who are admitted to hospital for ambulatory care sensitive (ACS) conditions continue to increase and are higher than average
 - the number of delayed transfers of care from hospital continues to fall but remains higher than the national average
 - end of life care measured by the proportion of people dying at home, or their usual place of residence, remains below the England average

7. Three indicators that have been updated this quarter have also been drawn out for discussion.

Teenage pregnancy

8. Between 1998 and 2016 under-18 conception rates in Staffordshire almost halved, from 635 under 18 pregnancies in 1998 to 316 in 2016. However the rate of reduction has not been as fast as England (60%) (
9. Figure 1 and Table 1) and rates in Staffordshire are now higher than the England average.
10. Teenage pregnancy in Tamworth and Newcastle are higher than average; these two districts also have higher than average under-16 conception rates (Figure 2).
11. We are as yet unable to say if the service redesign of prevention and contraception services which took place in April 2017 has had an effect on the conception rate, because there is a long time lag in published teenage pregnancy rates, i.e. the latest being 2016.

Figure 1: Teenage pregnancy trends: under-18 conception rates



Source: Office for National Statistics

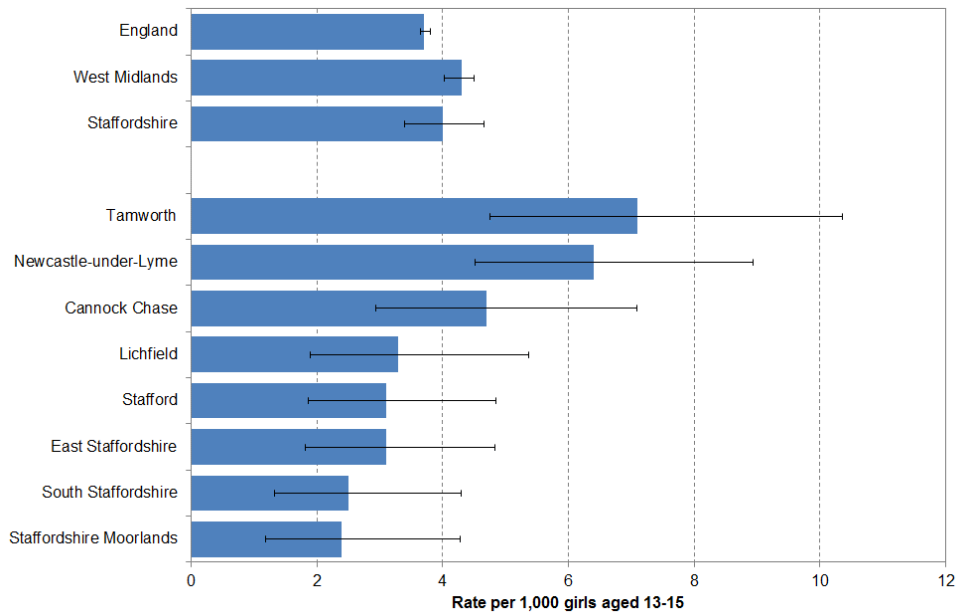
Table 1: Teenage pregnancy: under 18 conception rates

	Rate per 1,000 girls aged 15-17		Percentage change
	1998	2016	
Cannock Chase	52.3	24.3	-54%
East Staffordshire	45.6	17.3	-62%
Lichfield	35.2	16.8	-52%
Newcastle-under-Lyme	51.3	34.4	-33%
South Staffordshire	33.1	18.5	-44%
Stafford	35.6	19.3	-46%
Staffordshire Moorlands	37.5	18.1	-52%
Tamworth	55.7	33.3	-40%
Staffordshire	43.2	22.4	-48%
West Midlands	51.7	21.4	-59%
England	46.6	18.8	-60%

Key: *Statistically better than England; statistically worse than England*

Source: Office for National Statistics

Figure 2: Under-16 conception rates, 2014-2016

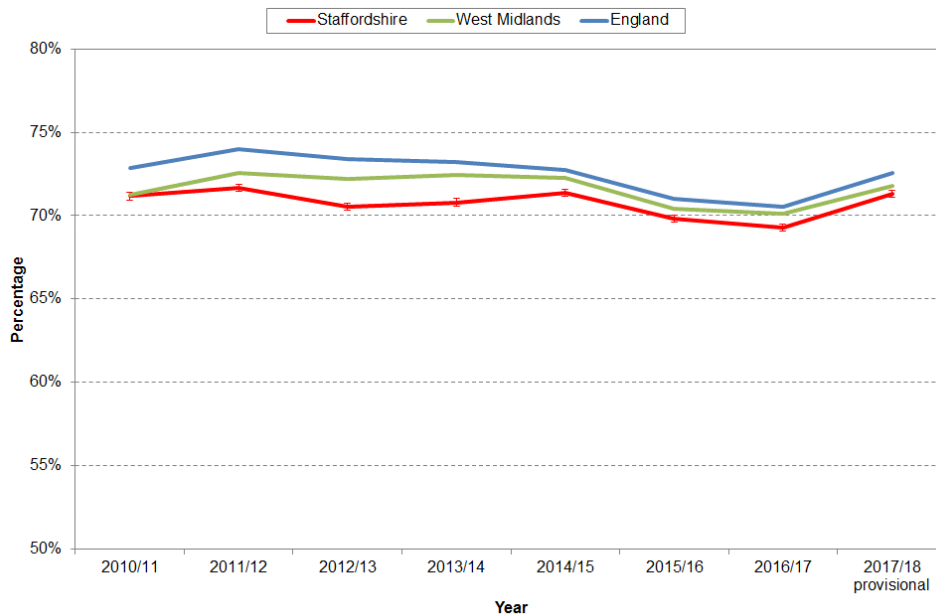


Source: Office for National Statistics

Seasonal flu

- The proportion of Staffordshire residents aged 65 and over who were vaccinated against flu has increased from 69% in 2016/17 to 71% in 2017/18 but remains lower than both the England average and the 75% target recommended by the World Health Organisation for this age group (Figure 3).

Figure 3: Flu vaccination in people aged 65 and over



Source: NHS Immunisation Statistics, The Information Centre for health and social care, Crown copyright, Public Health Outcome Framework, Public Health England, <http://www.phoutcomes.info/> and DH ImmForm website: Registered Patient GP practice data, Seasonal Flu Vaccine Uptake Monitoring Programme, Public Health England

13. The seasonal flu vaccine is also freely available to a number of at risk groups including those with certain long-term conditions including: chronic respiratory diseases such as severe asthma and chronic obstructive pulmonary disease (COPD) or bronchitis; chronic heart disease such as heart failure; chronic kidney disease; chronic liver disease; chronic neurological disease or learning disabilities and diabetes. The proportion of people under 65 in this group is below the national average.
14. Uptake rates for pregnant women are higher than the England average but below recommended Department of Health targets. Uptake rates at early years is better than average.
15. During 2017/18 the seasonal flu vaccination programme was rolled out to school-aged children in Reception to Year 4. Coverage of vaccination which is done through schools is shown in Table 3.
16. Vaccinations are currently available in Staffordshire through pharmacies, GP practices and schools and also to health and social care workers who have direct patient/service user contact part of their employer's occupational health obligation. However further work needs to be done to improve uptake rates within the 2018/19 Seasonal Flu Plan.

Table 2: Flu vaccination by CCG, 2017/18 provisional

	People aged 65 and over	People aged six months to under 65 at risk	Pregnant women	Aged two years	Aged three years
Targets	75%	55%	55%	40-65%	40-65%
Cannock Chase	70.1%	48.7%	55.6%	51.7%	46.0%
East Staffordshire	70.3%	47.5%	44.3%	45.9%	51.9%
North Staffordshire	72.0%	49.9%	50.7%	54.8%	55.7%
South East Staffordshire and Seisdon Peninsula	71.8%	47.1%	47.6%	46.9%	51.9%
Stafford and Surrounds	71.3%	46.9%	47.7%	41.1%	45.2%
Staffordshire	71.3%	48.2%	49.2%	48.4%	50.6%
West Midlands	71.8%	49.0%	46.2%	45.1%	46.1%
England	72.6%	48.9%	47.2%	42.8%	44.2%

Key: *Statistically better than England; statistically worse than England*

Source: DH ImmForm website: Registered Patient GP practice data, Seasonal Flu Vaccine Uptake Monitoring Programme, Public Health England

Table 3: Flu vaccination in children by school year, 2017/18 provisional

	Reception	Year 1	Year 2	Year 3	Year 4
Targets	40-65%	40-65%	40-65%	40-65%	40-65%
Staffordshire	61.8%	56.9%	57.7%	54.8%	54.4%
West Midlands	60.0%	57.7%	57.7%	55.4%	54.1%
England	62.6%	60.9%	60.3%	57.5%	55.7%

Key: *Statistically better than England; statistically worse than England*

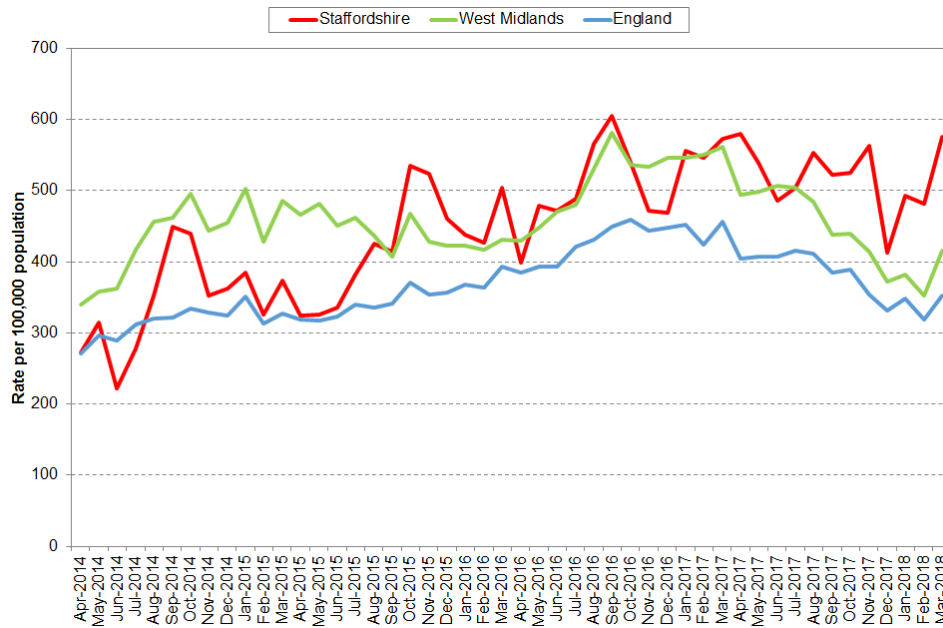
Source: DH ImmForm website: Registered Patient GP practice data, Seasonal Flu Vaccine Uptake Monitoring Programme, Public Health England

Delayed transfers of care

17. The number of delayed days due to transfers of care from hospital per 100,000 population in Staffordshire remain higher than the England average (
- 18.

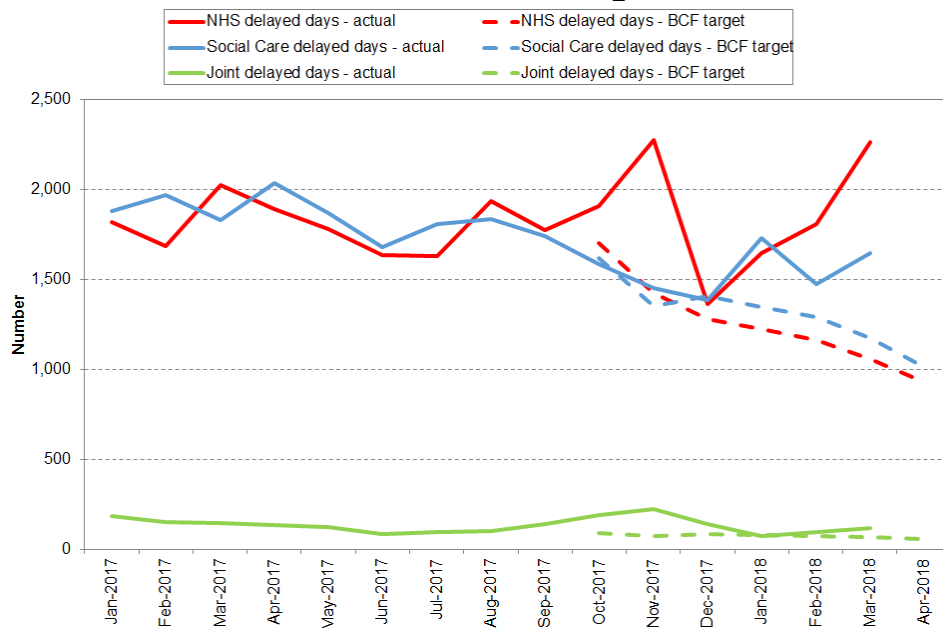
19. This includes daily calls to identify and, where possible, resolve delays at each of the six acute trusts; mobilisation of additional reablement services commissioned from Staffordshire and Stoke-on-Trent Partnership Trust to support discharges from University Hospitals of North Midlands; mobilisation of reablement services commissioned from Nexxus to support discharges from Burton Hospitals NHS Foundation Trust; mobilisation of a hospital to home service to support discharges from out of county hospitals; commissioning of additional discharge to assess beds (D2A) in the South of the County and ensuring there is an adequate flow out of reablement services and D2A beds back either to home (full independence) or with supported care depending on need.
20. Figure 4). The proportion of delayed days due to transfers in Staffordshire that were attributable to social care are remain higher than the national average but have fallen slightly from rates in 2016/17.
21. Data for March 2018 indicates that over a third of delayed transfers were due to patients awaiting care package in own home (35%), followed by awaiting for further non-acute NHS care (18%) and patients awaiting completion of assessment (17%).
22. In terms of the number of delayed transfers of care there is visible seasonal variation, for example there is an increase in delayed days around winter periods and also during August and September, which anecdotally is thought to be due to a combination of staff holidays and less pressure to move people out of hospital with fewer admissions happening in the summer meaning less pressure on bed usage.
23. In terms of performance against the Better Care Fund (BCF), there was an improvement in the number of delayed transfers of care in Staffordshire, with NHS delays falling sharply during December 2017, and social care delays also improving, primarily due to a number of temporary measures put in place to deal with expected winter pressures. However as some of these measures have come to an end, delayed transfers of care, and in particular those within the NHS, over the last three months have risen again with further work to reduce the levels to meet the challenging BCF target continuing across the County.
24. This includes daily calls to identify and, where possible, resolve delays at each of the six acute trusts; mobilisation of additional reablement services commissioned from Staffordshire and Stoke-on-Trent Partnership Trust to support discharges from University Hospitals of North Midlands; mobilisation of reablement services commissioned from Nexxus to support discharges from Burton Hospitals NHS Foundation Trust; mobilisation of a hospital to home service to support discharges from out of county hospitals; commissioning of additional discharge to assess beds (D2A) in the South of the County and ensuring there is an adequate flow out of reablement services and D2A beds back either to home (full independence) or with supported care depending on need.

Figure 4: Trends in delayed days due to transfers of care



Source: Delayed transfers of care monthly statistics, NHS England

Figure 5: Staffordshire performance in delayed days due to transfers of care against Better Care Fund target



Source: Delayed transfers of care monthly statistics, NHS England

JSNA - health and wellbeing outcomes Summary report for Staffordshire May 2018

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Introduction

Staffordshire's health and wellbeing strategy, Living Well, included an outcomes framework based on selected indicators from the national outcomes frameworks for public health, National Health Service and adult social care as well as measures from the Clinical Commissioning Group and children's outcomes frameworks.

This outcomes performance summary report presents data against indicators that were identified within the Living Well strategy where data is currently routinely available alongside measures from the locally agreed outcomes framework for children. Data sources for some of the other indicators are yet to be developed. The indicators are grouped under life course stages: start well, grow well, live well, age well and end well alongside a small section on overarching health and wellbeing measures.

The full report which include trend and locality information is available on the Staffordshire Observatory website and acts as one of the key Joint Strategic Needs Assessment resources at <http://www.staffordshireobservatory.org.uk/publications/healthandwellbeing/yourhealthinstaffordshire.aspx>.

Summary performance

Performance against indicators are summarised into whether they are a concern for Staffordshire (the indicator performs worse than the national average), of some concern (similar to the national average or trend has been going in the wrong direction over a period of time) or little concern where the performance is better than England. *Indicates where data has been updated or is a new indicator*

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	Summary	Performance worse than England	Performance similar to England	Performance better than England
Overarching health and wellbeing	There are significant health inequalities across Staffordshire for key health and wellbeing outcomes which are in the main underpinned by determinants of health.		<ul style="list-style-type: none"> ▪ Life expectancy at birth ▪ Inequalities in life expectancy ▪ Healthy life expectancy 	
Start well	Infant mortality and associated measures in Staffordshire are worse than average. A significant number of start well indicators also remain a concern in areas where there are higher proportions of low-income families.	<ul style="list-style-type: none"> ▪ Infant mortality ▪ Smoking in pregnancy ▪ Breastfeeding rates 	<ul style="list-style-type: none"> ▪ Worklessness households ▪ Child mortality ▪ Low birthweight babies 	<ul style="list-style-type: none"> ▪ Children in poverty ▪ Children benefiting from funded early education places ▪ School readiness ▪ Childhood immunisation ▪ Tooth decay in children

	Summary	Performance worse than England	Performance similar to England	Performance better than England
Develop well	<p>There are a number of child health outcome indicators where Staffordshire is not performing as well as it could. The proportion of children with excess weight in Reception is higher than average. Teenage pregnancy rates are higher than average. Unplanned admissions to hospital for long-term conditions children and young people are also higher than average.</p> <p>Overall educational attainment at Key Stage 2 is better than average but drops off by Key Stage 4 (GCSEs); in addition there are some cohorts, e.g. children receiving free school meals, children with special educational needs and those looked after who have lower educational attainment rates putting them at risk of economic exclusion in adulthood.</p>	<ul style="list-style-type: none"> ▪ Proportion of pupils attending schools that were rated good or outstanding ▪ 16-17 year olds not in education, employment or training (NEET) or whose activity is not known ▪ Children with excess weight ▪ Teenage pregnancy ▪ Emergency admissions for long-term conditions 	<ul style="list-style-type: none"> ▪ GCSE attainment ▪ Under 18 alcohol-specific admissions ▪ Smoking prevalence in 15 year olds ▪ Emotional wellbeing of looked after children ▪ Hospital admissions as a result of self-harm (10-24 years) ▪ Referrals to Children's Social Care ▪ Early help assessments ▪ Children in need, child protection rates and rates of looked after children ▪ Children killed or seriously injured on roads ▪ Young people aged 16-24 who are satisfied with area as a place to live ▪ Young people aged 16-24 who feel safe in their community ▪ Reoffending rates for 10-17 year olds 	<ul style="list-style-type: none"> ▪ Pupil absence ▪ Key Stage 2 attainment ▪ Children identified as having social, emotional and mental health problems ▪ Unintentional and deliberate injuries ▪ First time entrants to the Youth Justice System
Live well	<p>There are concerns with performance against healthy lifestyle indicators such as alcohol consumption and excess weight. In addition performance on prevention of serious illness could be improved as Staffordshire has significantly lower numbers of NHS health checks to the target population. There are also concerns for outcomes for people with long-term conditions to participate in life opportunities which enable them to live independently. The number of people who are admitted for self-harming is also higher than average.</p>	<ul style="list-style-type: none"> ▪ Employment of people with long-term conditions ▪ Vulnerable adults who live in stable and appropriate accommodation ▪ Domestic abuse ▪ Alcohol-related admissions ▪ Excess weight in adults ▪ Recorded diabetes ▪ NHS health checks ▪ Hospital admissions as a result of self-harm 	<ul style="list-style-type: none"> ▪ Self-reported wellbeing ▪ Sickness absence ▪ Violent crime ▪ Utilisation of green space ▪ Road traffic injuries ▪ Adult smoking prevalence ▪ Healthy eating ▪ Physical activity ▪ Diabetes complications ▪ Successful completion of drug and alcohol treatment ▪ Deaths from drug misuse 	<ul style="list-style-type: none"> ▪ People feel satisfied with their local area as a place to live ▪ Re-offending levels ▪ People affected by noise ▪ Statutory homelessness

	Summary	Performance worse than England	Performance similar to England	Performance better than England
Age well	<p>Fewer Staffordshire residents over 65 take up their flu vaccination or their offer of a pneumococcal vaccine; in addition fuel poverty rates in the County are high, two factors known to contribute to excess winter morbidity and mortality.</p> <p>Many age well indicators associated with the quality of health and care in Staffordshire perform poorly, for example more people are admitted to hospital for conditions that could be prevented or managed in the community. In addition those that are admitted to hospital are delayed from being discharged.</p>	<ul style="list-style-type: none"> ▪ Fuel poverty ▪ Pneumococcal vaccination uptake in people aged 65 and over ▪ Seasonal flu vaccination uptake in people aged 65 and over ▪ Unplanned hospitalisation for ambulatory care sensitive conditions ▪ Delayed transfers of care 	<ul style="list-style-type: none"> ▪ Social isolation ▪ Social care/health related quality of life for people with long-term conditions ▪ People feel supported to manage their condition ▪ People receiving social care who receive self-directed support and those receiving direct payments ▪ Permanent admissions to residential and nursing care ▪ Emergency readmissions within 30 days of discharge from hospital ▪ Estimated dementia diagnosis rates ▪ Reablement services ▪ Hip fractures in people aged 65 and over 	<ul style="list-style-type: none"> ▪ Falls in people aged 65 and over
End well	<p>Fewer Staffordshire residents than average die before the age of 75 from cardiovascular and respiratory diseases. However end of life care remains of some concern across the County. There are also significant inequalities in mortality rates across Staffordshire.</p>	<ul style="list-style-type: none"> ▪ End of life care: proportion dying at home or usual place of residence 	<ul style="list-style-type: none"> ▪ Preventable mortality ▪ Under 75 mortality from cancer ▪ Under 75 mortality from liver disease ▪ Mortality from communicable diseases ▪ Excess winter mortality ▪ Suicide rates ▪ Excess mortality rate in adults with mental illness ▪ Mortality attributable to particulate air pollution 	<ul style="list-style-type: none"> ▪ Under 75 mortality from cardiovascular disease ▪ Under 75 mortality from respiratory disease

Table 1: Summary of health and wellbeing outcomes

Indicator number	Updated	Indicator description	Time period	Staffordshire	England	Direction of travel
1.1a	No	Life expectancy at birth - males (years)	2014-2016	79.7	79.5	Stable
1.1b	No	Life expectancy at birth - females (years)	2014-2016	82.9	83.1	Stable
1.2a	No	Inequalities in life expectancy - males (slope index of inequality) (years)	2014-2016	7.8	9.3	Stable
1.2b	No	Inequalities in life expectancy - females (slope index of inequality) (years)	2014-2016	6.7	7.3	Stable
1.3a	No	Healthy life expectancy - males (years)	2014-2016	64.9	63.3	Stable
1.3b	No	Healthy life expectancy - females (years)	2014-2016	65.4	63.9	Stable
2.1	No	Child poverty: children under 16 in low-income families	2015	12.9%	16.8%	Improving
2.2	No	Worklessness households	2016	12.7%	14.6%	Stable
2.3a	No	Percentage of two year old children benefiting from funded early education places	Jan-2017	78.0%	71.0%	Stable
2.3b	No	Percentage of three and four year old children benefiting from funded early education places	Jan-2017	100.0%	95.0%	Stable
2.4	No	School readiness (Early Years Foundation Stage): achieving a good level of development	2017	74.5%	70.7%	Stable
2.5	No	Infant mortality rate per 1,000 live births	2014-2016	5.2	3.9	Stable
2.6	Yes	Child mortality rate (ages 1-17) (ASR per 100,000)	2014-2016	12.0	11.6	Stable
2.7	Yes	Smoking in pregnancy	2017/18 Q3	12.9%	10.8%	Stable
2.8a	No	Breastfeeding initiation rates	2016/17	67.7%	74.6%	Stable
2.8b	Yes	Breastfeeding prevalence rates at six to eight weeks	2017/18 Q3	26.1%	42.9%	Improving
2.9a	No	Low birthweight babies (under 2,500 grams)	2016	7.5%	7.3%	Stable
2.9b	No	Low birthweight babies - full term babies (under 2,500 grams)	2016	2.4%	2.8%	Stable
2.10a	Yes	Diphtheria, tetanus, polio, pertussis, haemophilus influenza type b (Hib) at 12 months	2017/18 Q3	95.9%	93.1%	Stable
2.10b	Yes	Measles, mumps and rubella at 24 months	2017/18 Q3	94.2%	91.1%	Stable
2.10c	Yes	Measles, mumps and rubella (first and second doses) at five years	2017/18 Q3	91.1%	87.5%	Stable
2.11	No	Children aged five with tooth decay	2014/15	17.8%	24.7%	Improving
3.1a	Yes	Proportion of schools rated good or outstanding	Mar-2018	86.9%	88.7%	Stable
3.1b	Yes	Proportion of pupils attending schools that were rated good or outstanding	Mar-2018	83.6%	87.0%	Worsening
3.2	No	Pupil absence	2015/16	4.3%	4.6%	Stable
3.3	No	Key stage 2 (achieving the expected standard in reading, writing and maths)	2017	63.2%	61.1%	Improving
3.4	No	GCSE attainment (grades 5-9 in English and mathematics)	2017	39.3%	39.6%	n/a
3.5	No	Young people aged 16-17 not in education, employment or training (NEET) or whose activity is not known	2016	7.5%	6.0%	n/a
3.6a	No	Excess weight (children aged four to five)	2016/17	24.9%	22.6%	Worsening
3.6b	No	Excess weight (children aged 10-11)	2016/17	33.6%	34.2%	Stable
3.7	No	Unplanned hospital admissions due to alcohol-specific conditions (under 18) (rate per 100,000)	2014/15 - 2016/17	31.5	34.2	Stable
3.8	No	Smoking prevalence in 15 years olds	2014/15	7.9%	8.2%	n/a
3.9	Yes	Under-18 conception rates per 1,000 girls aged 15-17	2016	22.4	18.8	Stable
3.10a	No	Unplanned hospital admissions for asthma, diabetes and epilepsy in under 19s (ASR per 100,000)	2016/17	387	304	Stable
3.10b	No	Unplanned hospital admissions for lower respiratory tract in under 19s (ASR per 100,000)	2016/17	580	446	Stable

Indicator number	Updated	Indicator description	Time period	Staffordshire	England	Direction of travel
3.11	No	Proportion of children identified as having social, emotional and mental health problems	2017	1.4%	2.3%	Stable
3.12	Yes	Emotional wellbeing of looked after children (score)	2016/17	14.4	14.1	Stable
3.13	Yes	Hospital admissions as a result of self-harm (10-24 years) (ASR per 100,000)	2016/17	435	405	Stable
3.14a	No	Referrals to Children's Social Care (rate per 10,000)	2016/17	542	548	Worsening
3.14b	No	Repeat referrals to Children's Social Care	2016/17	20.3%	21.9%	Stable
3.15	No	Early help assessments (rate per 10,000)	2017/18 Q1	218	n/a	Stable
3.16a	No	Children in need (rate per 10,000)	2016/17	321	330	Improving
3.16b	No	Child protection plans (rate per 10,000)	2016/17	32.0	43.3	Improving
3.16c	No	Looked after children (rate per 10,000)	2016/17	59.0	61.7	Stable
3.17	No	Children aged under 16 who are killed or seriously injured on the roads (rate per 100,000)	2014-2016	16.8	17.1	Stable
3.18a	No	Hospital admissions caused by unintentional and deliberate injuries in children under five (rate per 10,000)	2016/17	107	126	Improving
3.18b	No	Hospital admissions caused by unintentional and deliberate injuries in children under 15 (rate per 10,000)	2016/17	89	101	Stable
3.18c	No	Hospital admissions caused by unintentional and deliberate injuries in young people aged 15-24 (rate per 10,000)	2016/17	119	129	Stable
3.19	Yes	Proportion of young people aged 16-24 who are satisfied with area as a place to live	Mar-2018	93.5%	n/a	Stable
3.20a	Yes	Proportion of young people aged 16-24 who feel safe in their community (day time)	Mar-2018	98.8%	n/a	Stable
3.20b	Yes	Proportion of young people aged 16-24 who feel safe in their community (night time)	Mar-2018	87.8%	n/a	Stable
3.21	No	First time entrants to the Youth Justice System aged 10-17 (rate per 100,000)	2016	229	327	Stable
3.22	Yes	Reoffending rates for children aged 10-17	Jul 2015 to Jun 2016	43.7%	41.6%	Stable
4.1	Yes	Satisfied with area as a place to live	Mar-18	94.7%	85.6%	Stable
4.2a	No	Self-reported well-being - people with a low satisfaction score	2016/17	4.2%	4.5%	Stable
4.2b	No	Self-reported well-being - people with a low worthwhile score	2016/17	3.2%	3.6%	Stable
4.2c	No	Self-reported well-being - people with a low happiness score	2016/17	9.1%	8.5%	Stable
4.2d	No	Self-reported well-being - people with a high anxiety score	2016/17	20.6%	19.9%	Stable
4.3	No	Sickness absence - employees who had at least one day off in the previous week	2014-2016	2.3%	2.1%	Stable
4.4a	No	Gap in the employment rate between those with a long-term health condition and the overall employment rate	2016/17	35.0%	29.4%	Stable
4.4b	No	Proportion of adults with learning disabilities in paid employment	2016/17	2.2%	5.7%	Stable
4.4c	No	Proportion of adults in contact with secondary mental health services in paid employment	2015/16	14.2%	6.7%	Improving
4.5a	No	People with a learning disability who live in stable and appropriate accommodation	2016/17	74.0%	76.2%	Improving
4.5b	No	People in contact with secondary mental health services who live in stable and appropriate accommodation	2015/16	68.8%	58.6%	Improving
4.6	Yes	Domestic abuse-related incidents and crimes (rate per 1,000)	2016/17	28.5	22.5	Stable
4.7	No	Violent crime (rate per 1,000)	2016/17	19.8	20.0	Worsening
4.8	Yes	Adult reoffending levels	Jul 2015 to Jun 2016	24.0%	28.3%	Stable
4.9	No	Utilisation of green space	2015/16	17.8%	17.9%	Stable
4.10	No	Road traffic injuries (rate per 100,000)	2014-2016	28.0	39.7	Worsening
4.11	Yes	People affected by noise	2015/16	3.9	6.3	Improving
4.12	No	Statutory homelessness - eligible homeless people not in priority need per 1,000 households	2016/17	0.2	0.8	Stable

Indicator number	Updated	Indicator description	Time period	Staffordshire	England	Direction of travel
4.13a	No	Smoking prevalence (18+)	2016	15.4%	15.5%	Stable
4.13b	No	Smoking prevalence in manual workers (18+)	2016	29.8%	26.5%	Stable
4.14	No	Alcohol-related admissions (narrow definition) (ASR per 100,000)	2017/18 Q1	729	647	Stable
4.15	Yes	Adults who are overweight or obese (excess weight)	2016/17	65.0%	61.3%	Stable
4.16	Yes	Healthy eating: adults eating at least five portions of fruit or vegetables daily	2016/17	55.9%	57.4%	Stable
4.17a	Yes	Physical activity in adults	2016/17	64.9%	66.0%	Stable
4.17b	Yes	Physical inactivity in adults	2016/17	23.2%	22.2%	Stable
4.18	No	Diabetes prevalence (ages 17+)	2016/17	7.1%	6.7%	Stable
4.19	No	Diabetes complications (ASR per 100,000)	2012/13	66.1	69.0	Stable
4.20a	Yes	NHS health checks offered (as a proportion of those eligible)	2017/18 Q3	81.5%	86.4%	Improving
4.20b	Yes	NHS health checks received (as a proportion of those offered)	2017/18 Q3	43.0%	48.5%	Stable
4.20c	Yes	NHS health checks received (as a proportion of those eligible)	2017/18 Q3	35.1%	41.9%	Improving
4.21	No	Hospital admissions as a result of self-harm (ASR per 100,000)	2016/17	199	185	Stable
4.22a	Yes	Successful completion of drug treatment - opiate users	Mar-2018	6.5%	6.6%	Stable
4.22b	Yes	Successful completion of drug treatment - non-opiate users	Mar-2018	40.4%	36.6%	Stable
4.22c	Yes	Successful completion of drug treatment - alcohol treatment	Mar-2018	47.1%	38.6%	Stable
4.23	No	Deaths from drug misuse (ASR per 100,000)	2014-2016	3.7	4.2	Stable
5.1	No	Fuel poverty	2015	12.0%	11.0%	Worsening
5.2	No	Social isolation: percentage of adult social care users who have as much social contact as they would like	2016/17	47.1%	45.4%	Stable
5.3	No	Pneumococcal vaccine in people aged 65 and over	2016/17	65.6%	69.8%	Worsening
5.4	Yes	Seasonal flu in people aged 65 and over	2017/18	71.3%	72.6%	Improving
5.5	No	Social care related quality of life (score)	2016/17	19.0	19.1	Stable
5.6a	No	Health related quality of life for people with long-term conditions (score)	2016/17	0.74	0.74	Stable
5.6b	No	Health related quality of life for people with three or more long-term conditions (score)	2016/17	0.46	0.46	Stable
5.6c	No	Health related quality of life for carers (score)	2016/17	0.79	0.80	Stable
5.7	No	People feel supported to manage their condition	2016/17	64.6%	64.0%	Stable
5.8a	No	Proportion of people using social care who receive self-directed support	2016/17	82.7%	89.4%	Improving
5.8b	No	Proportion of carers who receive self-directed support	2016/17	92.9%	83.1%	Stable
5.8c	No	Proportion of people using social care who receive direct payments	2016/17	27.2%	28.3%	Stable
5.8d	No	Proportion of carers who receive direct payments	2016/17	75.2%	74.3%	Stable
5.9a	Yes	Acute ambulatory care sensitive (ACS) conditions (ASR per 100,000)	2016/17	1,504	1,359	Worsening
5.9b	Yes	Chronic ambulatory care sensitive (ACS) conditions (ASR per 100,000)	2016/17	839	813	Worsening
5.10	Yes	Delayed transfers of care (average delayed days per month per 100,000 population aged 18 and over)	2017/18	519	377	Stable
5.11	No	Long-term support needs of older adults (aged 65 and over) met by admission to residential and nursing care homes (rate per 100,000 population)	2016/17	634	611	Stable
5.12a	No	People aged 65 and over who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	2016/17	85.8%	82.5%	Stable
5.12b	No	Proportion of older people aged 65 and over who received reablement / rehabilitation services after discharge from hospital	2016/17	1.3%	2.7%	Stable

Indicator number	Updated	Indicator description	Time period	Staffordshire	England	Direction of travel
5.13	No	Readmissions within 30 days of discharge from hospital	2011/12	11.9%	11.8%	Stable
5.14	Yes	Estimated dementia diagnosis rate	Mar-2018	66.1%	67.5%	Stable
5.15	No	Falls admissions in people aged 65 and over (ASR per 100,000)	2016/17	2,005	2,114	Improving
5.16	No	Hip fractures in people aged 65 and over (ASR per 100,000)	2016/17	591	575	Stable
6.1	No	Mortality from causes considered preventable (various ages) (ASR per 100,000)	2014-2016	180	183	Stable
6.2	No	Under 75 mortality rate from cancer (ASR per 100,000)	2014-2016	134	137	Stable
6.3	No	Under 75 mortality rate from all cardiovascular diseases (ASR per 100,000)	2014-2016	68	73	Stable
6.4	No	Under 75 mortality rate from respiratory disease (ASR per 100,000)	2014-2016	30.2	33.8	Stable
6.5	No	Under 75 mortality rate from liver disease (ASR per 100,000)	2014-2016	18.7	18.3	Stable
6.6	No	Mortality from communicable diseases (ASR per 100,000)	2014-2016	9.8	10.7	Stable
6.7	No	Excess winter mortality	August 2015 to July 2016	19.3%	15.1%	Stable
6.8	No	Suicides and injuries undetermined (ages 10+) (ASR per 100,000)	2014-2016	10.1	9.9	Stable
6.9	No	Excess mortality rate in adults with mental illness	2014/15	346	370	Stable
6.10	Yes	End of life care: proportion dying at home or usual place of residence	2017/18 Q3	43.6%	46.6%	Stable
6.11	Yes	Mortality attributable to particulate air pollution, persons aged 30 and over	2016	5.2%	5.3%	Stable



STAFFORDSHIRE HEALTH AND WELLBEING BOARD

FORWARD PLAN 2018/2019

This document sets out the Forward Plan for the Staffordshire Health and Wellbeing Board.

Health and Wellbeing Boards were established through the Health and Social Care Act 2012. They were set up to bring together key partners across the NHS, public health, adult social care and children's services, including elected representatives and Local Healthwatch to lead the agenda for health and wellbeing within an area. The Board has a duty to assess the needs of the area through a Joint Strategic Needs Assessment and from that develop a clear strategy for addressing those needs – a Joint Health and Wellbeing Strategy. The Board met in shadow form before taking on its formal status from April 2013.

The Forward Plan is a working document and if an issue of importance is identified at any point throughout the year that should be discussed as a priority this item will be included.

Councillor Alan White and Dr Charles Pidsley
Co- Chairs

If you would like to know more about our work programme, please get in touch on 07794 997 621

Unless otherwise stated public board meetings and non-public workshop sessions are held in Staffordshire Place 1, Trentham and Rudyard Rooms, at 3.00pm.

Public Board Meetings:

8 March 2018
7 June 2018
6 September 2018
6 December 2018
7 March 2019

Date of meeting	Item		Details	Outcome
8 March 2018 PUBLIC BOARD MEETING	Items for Decision	HWBB Strategy Report Author – Jon Topham Lead Board Member – Richard Harling	Approval following consultation – Jon Topham Action plan: Wellness Programme Karen Bryson	
		Transformation Plan for Children & Young People Report Author - Jane Tipping, Head of Mental Health Commissioning and Roger Graham, CAMHS Commissioner, South Staffs CCGs	This item was deferred from December -	
	Items for Debate	CCG/SCC Commissioning Intentions Presentations from each CCG and from the Director of Public Health	Single CCG presentation Single SCC Adult Social Care & Public Health presentation How commissioning Intentions / Strategy aligns with the HWBB strategy - Cheryl Hardisty Director of Commissioning and Operations across the 6CCGs - Richard Harling	
		STP Lead Board Member – Simon Whitehouse	Standing Item to discuss key issues within the STP	
		BCF Lead Board Member – Richard Harling	Standing Item to update the Board on BCF issues	
		JSNA Report Author – Divya Patel	Annual Discussion on the JSNA <ul style="list-style-type: none"> • Highlight where we have new data • Highlight key trends • Dashboard to report on Strategy 	
	Items for Information	Annual Report of the Director of Public Health Report Author – Karen Bryson Lead Board Member – Richard Harling	To provide an update on the report	

Date of meeting	Item		Details	Outcome
Page 7		District Delivery Plans Report Author – Karen Bryson Lead Board Member – Richard Harling	This is part of a rolling programme for the SCC/STP Wellness Programme to develop a place based approach, which will be the vehicle for delivery of much of the programme	
		Physical Inactivity sub Group Report Author – Jude Taylor Lead Board Member – Alan White	Standard reporting slot	
		Family Strategic Partnership Lead Board Member – Helen Riley	Standard reporting slot	
		Pharmaceutical Needs Assessment Report Author – Ruth Goldstein	Final report based on outcomes of the consultation	
7 June 2018 PUBLIC BOARD MEETING	Items for decision	H&WN Strategy Report Author – Jon Topham		
		Public Debates Report Author – David Sugden		
	Items for debate	Physical Activity Challenge Session Report Author – Jude Taylor		
		STP/H&WB alignment Report Author – Karen Bryson/Simon Whitehouse		
		Stoke-on-Trent H&WB Report Author -		
		Families Strategic Partnership Report Author – Miriam Hussain Lead Board Member – Helen Riley		

Date of meeting	Item		Details	Outcome
		The New Public Health Approach – Wellness, People and Place Report Author – Karen Bryson		
		Winter Plans Report Author –		
	Items for information	Director of Public Health Report Report Author – Jon Topham Lead Board Member – Richard Harling		
		BCF Report Author – Becky Wilkinson Lead Board Member – Richard Harling		
		HIAP Report Author – Allan Reid		
		JSNA Report Author – Divya Patel		
6 September 2018 PUBLIC BOARD MEETING	System Issues	Governance Report Author – Lead Board Member -		
		Committee in Common Report Author Lead Board Member -		
		BCF report – DFG Report Author – Lead Board Member -		
		Families Strategic Partnership Board Report Author – Lead Board Member -		
	Prevention	Healthy Environments Report Author – Lead Board Member -		

Date of meeting	Item		Details	Outcome
Page 139		Supportive Communities Report Author – Lead Board Member -		
		Voice/Conversations Report Author – Lead Board Member -		
		Data & Digital Report Author – Lead Board Member -		
		Physical Activity Sub-Group Report Author – Lead Board Member -		
	Statutory Duties	JSNA Report Author – Lead Board Member -		
		Commissioning Intentions Report Author – Lead Board Member -		
		Healthwatch Report Author – Lead Board Member -		
6 December 2018 PUBLIC BOARD MEETING				
7 March 2019 PUBLIC BOARD MEETING				

H&WB Statutory Responsibility Documents

Document	Background	Timings
Pharmaceutical Needs Assessment (PNA)	The PNA looks at current provision of pharmaceutical services across a defined area, makes an assessment of whether this meets the current and future population	The current PNA was published in February 2015. The PNA is reviewed every three years, with the next

	needs for Staffordshire residents and identifies any potential gaps in current services or improvements that could be made. The Health and Social Care Act 2012 transferred responsibility for developing and updating of PNAs to HWBs.	review due in 2018 .

Board Membership Role	Member	Substitute Member
Staffordshire County Council Cabinet Members	CO CHAIR - Alan White – Cabinet Member for Health, Care and Wellbeing Mark Sutton – Cabinet Member for Children and Young People Philip White – Cabinet Support Member for Learning and Employability	Gill Burnett – Cabinet Support Member for Adult Safeguarding
Director for Families and Communities	Helen Riley – Deputy Chief Executive and Director for Families and Communities	Mick Harrison – Head of Care and Interim Head of DASS
Director for Health and Care	Richard Harling – Director of Health and Care	Karen Bryson
A representative of Healthwatch	Rob Morrison – Chairman Engaging Communities	
A representative of each relevant Clinical Commissioning Group	Mo Huda – Chair of Cannock Chase CCG Paddy Hannigan – Chair of Stafford and Surrounds CCG Shammy Noor – Chair of South East Staffs and Seisdon Peninsula CCG CO CHAIR - Charles Pidsley – Chair of East Staffs CCG Alison Bradley - Chair of North Staffs CCG	Marcus Warnes – Chief Operating Officer
NHS England	Ken Deacon – Medical Director, Shropshire and Staffordshire Area Team	Fiona Hamill – Locality Director

Staffordshire's Health and Wellbeing Board has agreed to the following **additional representatives** on the Board:

Role	Member	Substitute Member
District and Borough Elected Member representatives	Roger Lees – Deputy Leader South Staffordshire District Council Frank Finlay – Cabinet Member for Environment and Health	Brian Edwards Gareth Jones
District and Borough Chief Executive	Tim Clegg – Chief Executive Stafford Borough Council	tbc
Staffordshire Police	ACC Nick Adderley	tbc
Staffordshire Fire and Rescue Service	Glynn Luznyj – Director of Prevention and Protection	Jim Bywater

Together We're Better -
Staffordshire Transformation
Programme

Simon Whitehouse – Programme Director

John James – Medical Director

