



STAFFORDSHIRE  
HEALTH AND WELLBEING BOARD



**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

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



This Strategy  
is a call to  
action

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

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
<b>1. Parenting</b> <b>2. School readiness</b>	<b>3. Education</b> <b>4. NEET (Not in Education, Employment or Training)</b> <b>5. In care</b>	<b>6. Alcohol</b> <b>7. Drugs</b> <b>8. Lifestyle and mental wellbeing</b>	<b>9. Dementia</b> <b>10. Falls prevention</b> <b>11. Frail elderly</b>	<b>12. End of life</b>

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**

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).



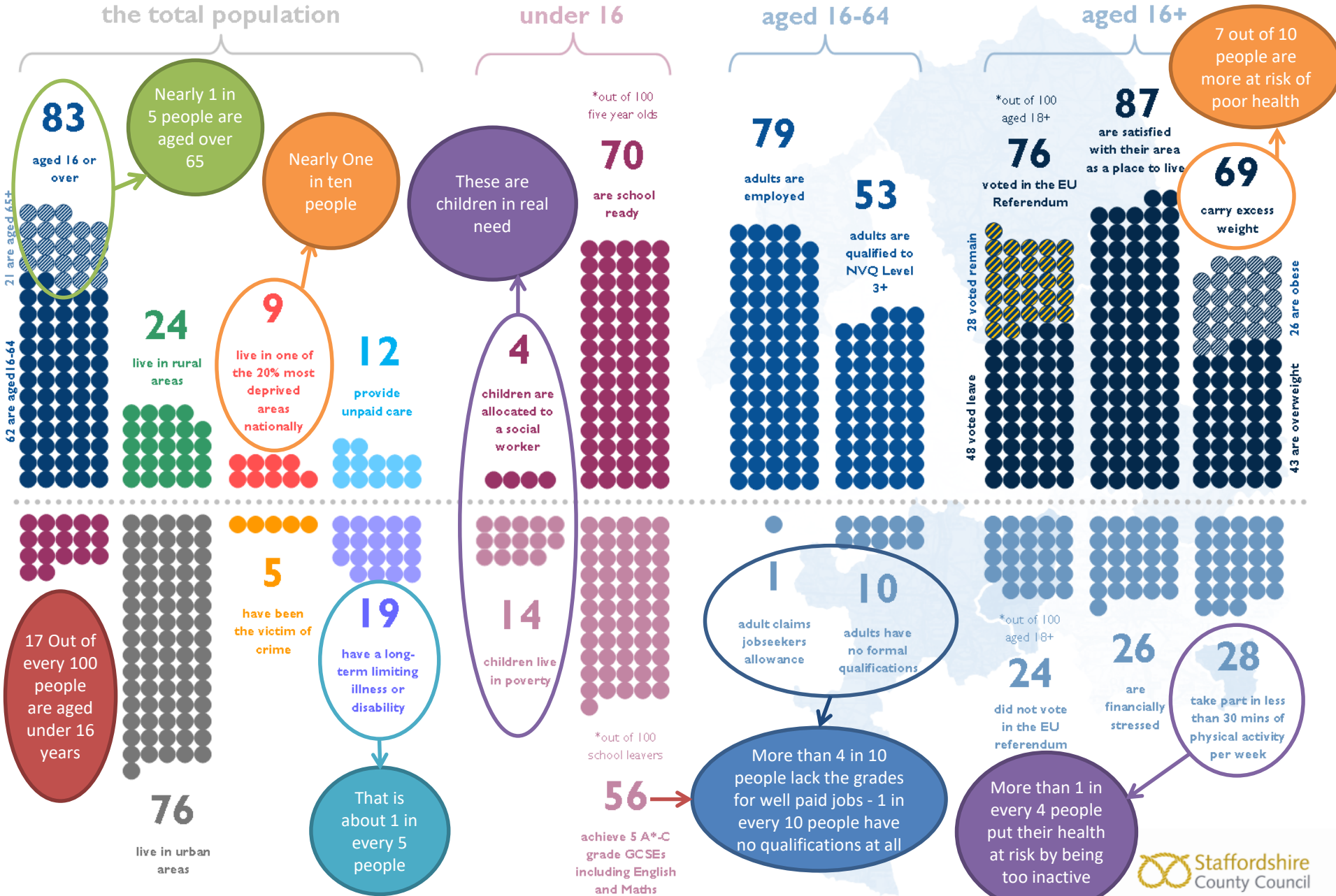
# Staffordshire in detail:

What do we know





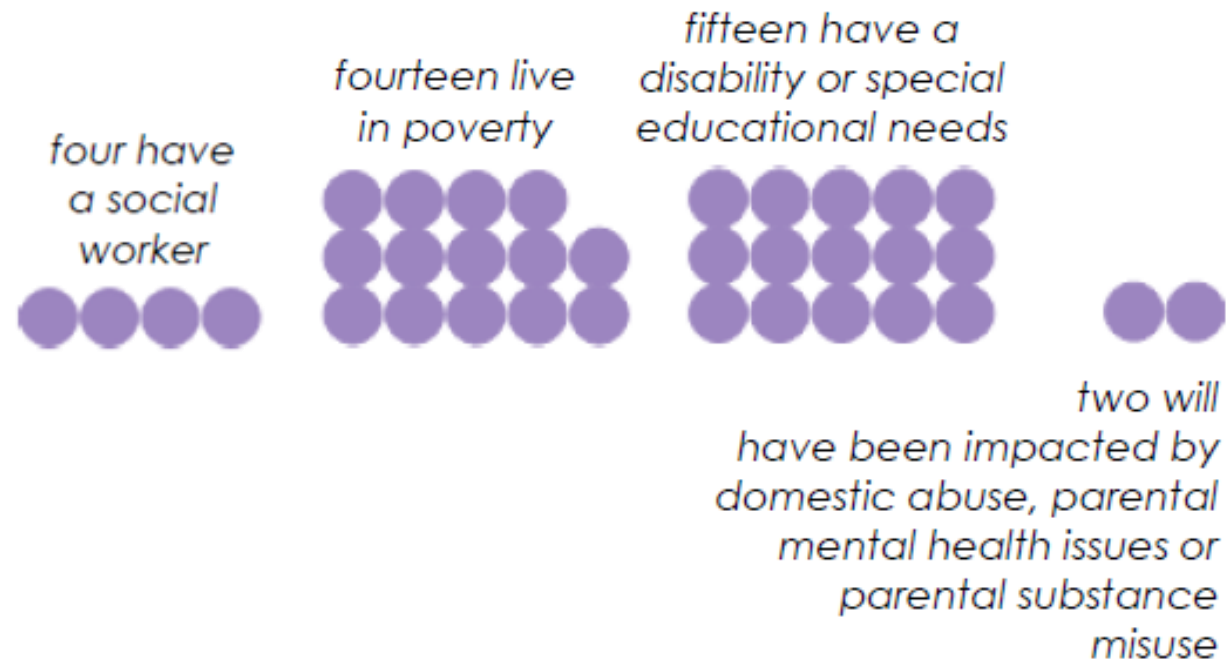
# Our demographic, out of every 100 people..



# Start Well & Grow Well

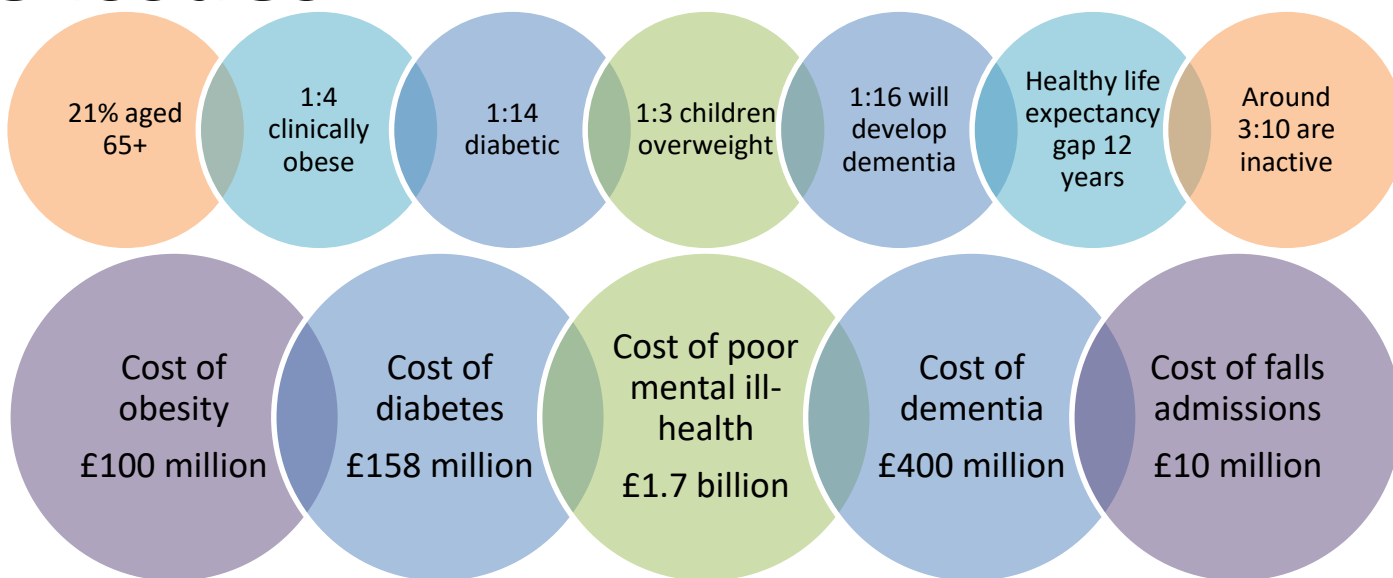
## The issues

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:



# Grow Well & Live Well

## The Issues



- 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

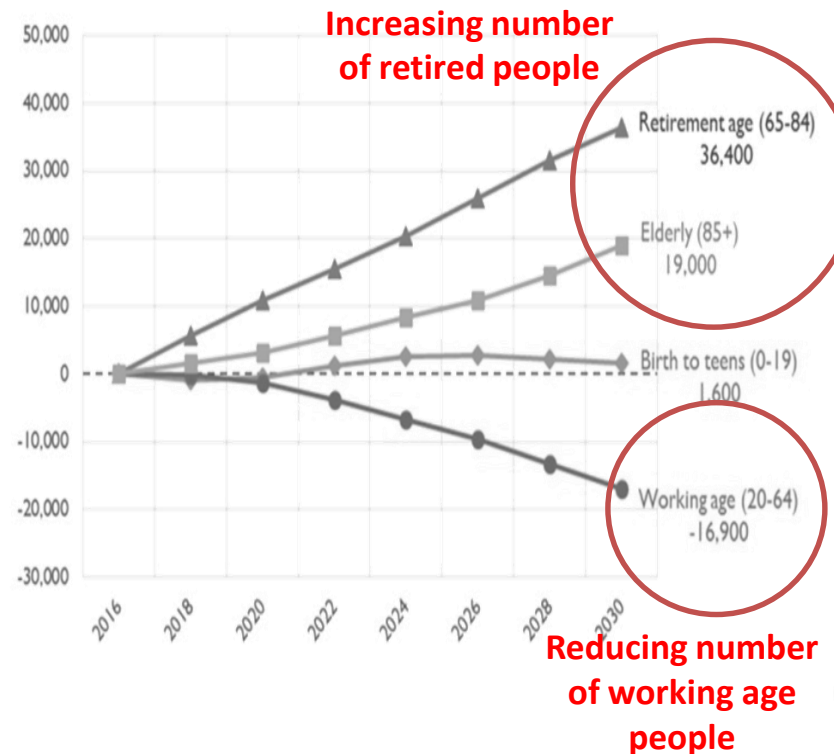
## The issues

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

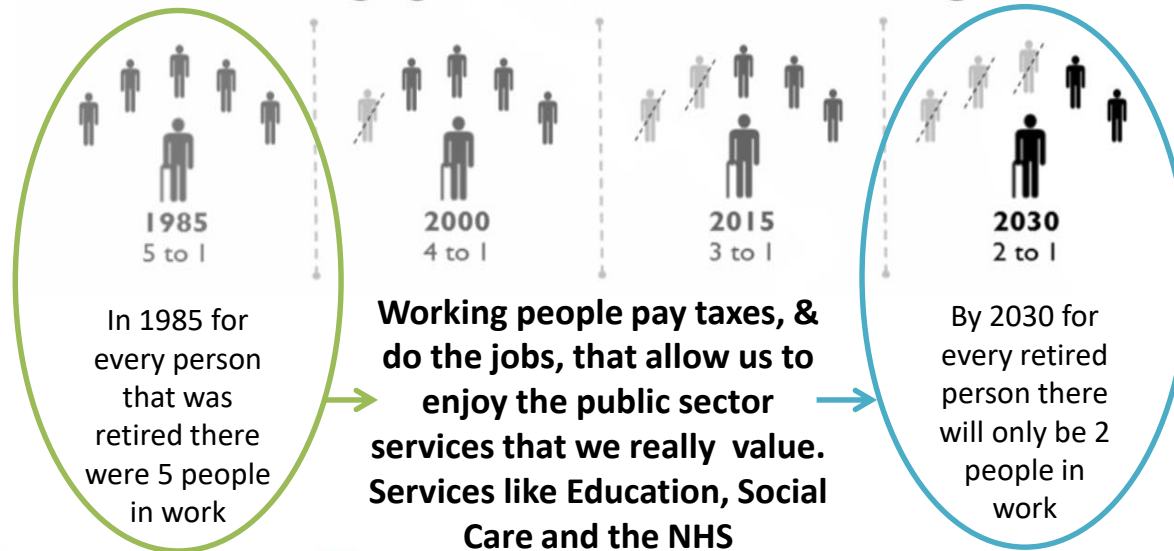


# The current system is unaffordable

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.

Ratio of working-age (16-64) adults to each adult aged 65+



# 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



# 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	Growing well	Living well	Aging well	Ending well
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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

## 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

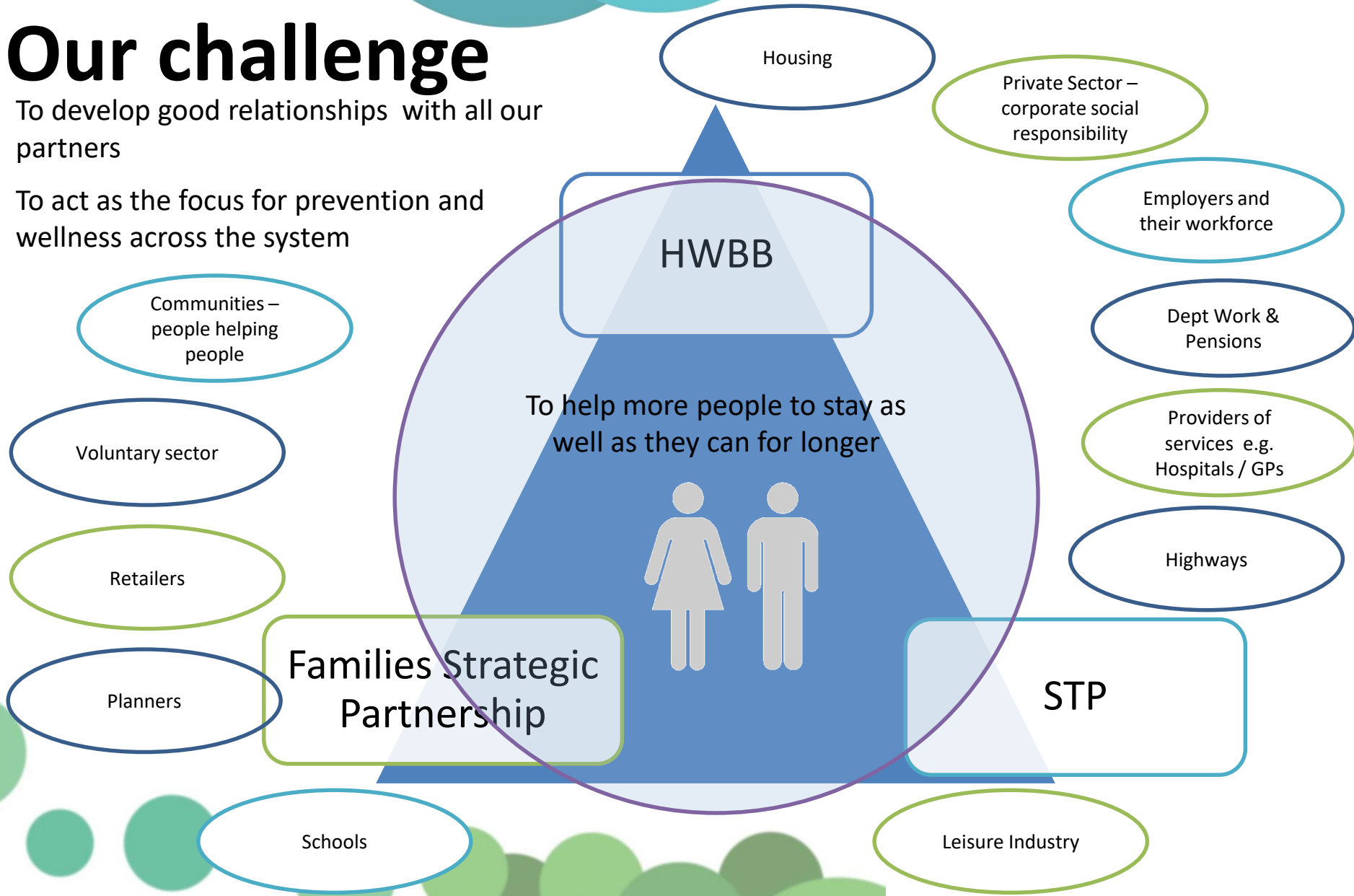
1. We need to identify what will help people to stay well for longer (Plan)
2. We need to make sure that the Health and Wellbeing Board is able to strategically lead this agenda
3. We will hold the system to account for delivery against this priority (measure)
4. We will make sure that we talk, to the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



# Our challenge

To develop good relationships with all our partners

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



# 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