

## Staffordshire Health and Wellbeing Board - 09 June 2022

### Staffordshire Joint Health and Wellbeing Strategy

#### Recommendations

The Board is asked to:

- a. Approve the Joint Health and Wellbeing Strategy 2022-2027.
- b. Note the issues for the Board to consider and additional work required for each priority.
- c. Identify a Board Sponsor and Lead for each priority.
- d. Approve the outcomes and reporting cycle for each priority.

#### Background

1. The Health and Wellbeing Board has a number of statutory duties. These include a requirement to produce a Joint Strategic Needs Assessment (JSNA) and a Joint Health and Well-being Strategy.
2. A revised JSNA was signed off by the Board in December 2021. The Health and Well-being Strategy has now been revised and updated to take account of changing needs of the population, as outlined in the JSNA, and including the impact of Covid pandemic.
3. The updated Strategy was brought to the March Board meeting in draft form public and stakeholder consultation. This draft was discussed, and final amendments agreed. The final version incorporates these amendments and is recommended for approval by the Board.

#### The Strategy

4. The Strategy includes an overarching vision which is “*to reduce inequality and increase healthy life expectancy*” and is grounded in the King’s Fund four pillars of population health:<sup>1</sup>
  - a. Wider Determinants
  - b. Health Behaviours and Lifestyles
  - c. Place and Community
  - d. Integrated Health & Care System
5. The Board has agreed that these pillars will underpin activity to deliver against the four priorities identified by the Board:
  - a. Health in Early Life
  - b. Good Mental Health

---

<sup>1</sup> [A vision for population health | The King's Fund \(kingsfund.org.uk\)](https://www.kingsfund.org.uk)

- c. Healthy Weight
- d. Healthy Ageing

### **Priorities**

6. At previous Board meetings we have discussed Good Mental Health, Healthy Weight and Healthy Ageing. A further scoping exercise has been carried out to identify existing work programmes as well as issues for the Board to consider and additional work required.

### **Health in Early Life**

7. Issues for the Board to consider:

- a. High rates of infant mortality and low rates of breastfeeding.
- b. Reduced funding over recent years leading to gaps in service provision.
- c. Complex Governance arrangements.

8. Additional work required:

- a. Ensure that all organisations accord sufficient priority to health in early life.
- b. Ensure that appropriate funding and support is in place to meet need.
- c. Review Governance and create a single partnership group to oversee multi-agency work.

### **Good Mental Health**

9. Issues for the Board to consider:

- a. High rates of suicide and hospital admission for self-harm.
- b. Relative lack of early intervention and prevention activity.
- c. Pressure on health and care services.

10. Additional work required:

- a. Development of more effective system-wide approaches to promote a better understanding of mental health and wellbeing.
- b. Greater focus on trying to prevent poor mental health and intervening early to avoid problems becoming worse.

### **Healthy Weight**

11. Issues for the Board to consider:

- a. High and rising rates of overweight and obesity in children and adults.
- b. High prevalence of complications with pressure on health and care services.

12. Additional work required:

- a. Reach consensus on balance of individual and collective responsibility, and how to tackle determinants of obesity.
- b. Promote collaboration across partners to reduce obesity.
- c. Promote and enable active lifestyles to reduce obesity.

### **Healthy Ageing**

13. Issues for the Board to consider:

- a. Evidence of over-medicalisation and creation of dependence on health and care services.

14. Additional work required:

- a. Promote a strengths-based culture in health and care services that prioritises quality of life, and encourages and enables independence in later life.
- b. Promote collaboration across partners to understand and make use of community assets.

15. The Board is recommended to identify a Sponsor and Lead for each priority who can provide leadership for the actions required to improve outcomes.

### **Monitoring outcomes and impact**

16. The Strategy includes a range of outcomes that will be reported to the Board to allow an understanding of health and well-being trends overall and against the four priorities.

17. The Strategy will include two overall outcomes:

- a. Reduce infant mortality
- b. Increase healthy life expectancy

18. A range of factors influence infant mortality and healthy life expectancy and improvements can take many years to be achieved. A review is underway to identify suitable indicators that could be used as measures of the progress of the Strategy.

19. The Strategy will also include outcomes against each priority and the following are recommended:

<b>Priority</b>	<b>Proposed outcomes</b>
Health in early life	<ul style="list-style-type: none"> <li>▪ To reduce smoking in pregnancy</li> <li>▪ To increase breastfeeding</li> </ul>
Good mental health	<ul style="list-style-type: none"> <li>▪ To reduce the suicide rate</li> <li>▪ To reduce hospital admissions for self-harm</li> <li>▪ To reduce emergency admissions with a mental health diagnosis in adults</li> <li>▪ To improve management of depression in primary care</li> </ul>
Healthy weight	<ul style="list-style-type: none"> <li>▪ To reduce childhood overweight and obesity</li> <li>▪ To reduce overweight and obesity</li> <li>▪ To reduce the prevalence of and complications of Type 2 Diabetes</li> </ul>
Healthy ageing	<ul style="list-style-type: none"> <li>▪ To improve management of dementia</li> <li>▪ To reduce falls in the elderly</li> <li>▪ To reduce emergency hospital admissions in the elderly</li> <li>▪ To reduce deaths in hospital</li> </ul>

20. Suitable performance indicators would be identified for each of these outcomes to allow measurement of the progress of the Strategy for each priority.
21. The recommendation is that the Sponsor/Lead provide a full report against each priority annually, including actions underway, progress against outcomes and additional action required, with the necessary local context, public and professional input.

### **List of Background Documents/Appendices:**

[Joint Strategic Needs and Assets Assessment 2021 - Staffordshire Observatory](#)

Appendix 1 - Joint Health and Wellbeing Strategy 2022 -2027

### **Contact Details**

Board Sponsor: Dr Richard Harling

Report Author: Claire McIver / Jon Topham

Telephone No: 07794997621

Email Address: [jonathan.topham@staffordshire.gov.uk](mailto:jonathan.topham@staffordshire.gov.uk)