The Health and Wellbeing Strategy: How should it be implemented?

Executive summary

As this project has captured a wealth of mainly rich, qualitative information any conclusions drawn are inevitably diverse and complex and should be considered and interpreted with care. However, a number of key patterns have emerged as to how both members of the public and organisational representatives feel that the goals of the strategy may be achieved, considering each of the key aspects of the strategy in turn. This summary considers both composite responses, mainly from professionals, and individual responses, mainly from members of the public. Clearly members of the public and professionals within the health and social care arena are likely to approach the questions with different perspectives, members of the public perhaps bringing the value of personal experience and professionals the value of in depth, organisational knowledge. However, there were a number of striking similarities between the composite and individual responses. Generally, participants in the research, both members of the public and professional representatives, engaged with the planned concept of prevention with energy and thought, many giving very detailed responses as to how the aims of the strategy may be best achieved.

For the initial question of **how should we use public sector resources?** the most frequent theme of the responses from individuals was the importance of **education** in healthy lifestyles, particularly for children. The second most frequently referred to theme was the need for greater **access to GPs** in order to prevent A&E attendances and subsequent admittances to acute care. Many individuals also stressed the importance of the availability of **health checks** as a preventative measure and greater **access to mental health care**.

There were similarities in the way that individuals answered this question and the composite, organisational responses. The composite responses also stressed the importance of education, particularly early education, and some felt that the strategy should have more of a focus on mental health. The composite responses shared with the individual responses a strong support for **exercise** initiatives, particularly those which allow people to join in exercise in a way that is affordable for them.

In addition, the composite responses focussed upon the importance of **links between housing and health** organisations, due to the negative impact that inappropriate housing can have on health. Another key theme was the necessity for **accident prevention**: *'most accidents are not accidents but are foreseeable and preventable'* (Staffordshire Fire and Rescue service). Volunteers were also seen by many as a invaluable resource to support the strategy: *'we do have many people that are ageing but also many people who are retired, healthy, able with skills, knowledge and time that they could invest in the community'.*

The second question posed by the strategy, **what should we stop doing?** was almost inevitably more problematic, and a question that understandably both individuals and organisations sometimes struggled to answer. Amongst the individual respondents, the most frequent response was a **lack of support for *'health promotion'*** this seems contradictory given the support for education, but many opposed the idea of short term and non-targeted health promotions: *'A lot of health initiatives come across as the state preaching in a non-targeted way'.* Many individual respondents also made comments to the effect that some people had become too dependent on the health and social care system and *'abused'* that system, refusing to take responsibility for their own health, although this view was far from universal. Amongst many respondents there was the perception that Acute and Emergency services needed to be used less and also that there should less waste of medication. In terms of the composite responses, many stressed the need to prevent the **duplication** of services.

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The first key priority of the Health and Wellbeing strategy was **how to help children in Stafford-shire to get the best start in life**. Amongst individuals the most popular theme was that of the need for more **affordable childcare** and classes and clubs for children, although some also thought that parents should be supported to stay at home. Another frequent theme was that there could be greater levels of **support for parents** through parenting classes and clubs and extended visits from health visitors. In addition, further frequent suggestions were the need for more **flexible working hours** for working parents and for children and parents to be encouraged to **walk to school**.

The composite responses stressed the importance of **information, advice and guidance** (IAG) for parents and children and also stressed the importance of identifying and targeting those parents and children that are **particularly disadvantaged, vulnerable or at risk.** '*More direct intervention is needed during early pregnancy with vulnerable, or potentially vulnerable, families and parents'* (Lichfield District Strategic Partnership)

The second priority set out by the strategy is to reduce the harm caused by alcohol and drugs. When asked how this could be achieved there was a significant diversity in the responses given by individuals. The most popular line of response was, following a common theme throughout the strategy, for better **education** surrounding alcohol and drugs with young people. Some supported **setting a minimum price of alcohol**, though this issue was contentious with many also opposing the idea. Others discussed the need to better understand the underlying emotional and social causes of alcoholism and drug abuse '*'alcohol consumption is a symptom, not a cause, of social problems.'* Some commented that it was a necessity that those who had been identified as having alcohol or drug problems received access to practical and emotional support as early as possible.

The composite responses shared with the individual responses support for greater **education** around drug and alcohol abuse. There was also strong support for **stricter laws** in terms of the pricing and licensing. of alcohol. The point was also raised that we do not only need to prevent the harmful effects of drugs and alcohol upon the drug or alcohol abuser but also to **support their families** and the people who care for them.

A final priority within the strategy is to **help people live independently and well for as long as possible.** This proved an emotive topic amongst the individual responses. The most recurrent issue raised by individuals was the need to reduce **social isolation** amongst frail and elderly people through greater availability and access to activities, befriending services and access to transport. Many individual respondents also focussed upon the need for **appropriate housing** for the elderly and there was significant support for Extra Care and Sheltered housing schemes. On this aspect of the strategy more than any other, the individual and organisational responses were very closely matched in the themes and points raised. The composite responses further supported the need to reduce social isolation and the need for appropriate housing and **transport** systems.

As well as asking how the various priorities of the strategy may be best achieved, participants were also asked **how should we measure success?** In the most simple terms, some respondents focussed on qualitative measures of success, some on quantitative measures of success and some advocated a little of both, and this pattern held true for both the individual and composite responses. For example, some stressed the need for public consultation as the only true measure of success *'anecdotal evidence is key'*, whilst others pointed to key health outcomes such as life expectancy, health inequalities and reduced demand for acute and emergency services.

Finally, those who participated in the research were asked about **'your role in helping make things better'**. Naturally the individual responses and the composite responses differed in the way that they answered this question. The individual responses, mainly from members of the public, tended to focus on how people felt that they and their families could personally lead healthier lifestyles. Many respondents also referred to volunteer organisations that they were involved in, or the responsibility they felt simply to be a good neighbour to the vulnerable in their community. The composite responses, which were mainly from professional representatives of relevant organisations, tended to stress the importance of **partnership working** to achieve the goals of the strategy and also pointed to many local projects compatible with the goals and direction of the strategy.

Overall, there was a strong desire to engage with the strategy, from both professionals and the public, and a number of practical suggestions as to how the aspirations of the strategy could be practically achieved which will now be explored in further detail.

Introduction

A variety of methods were used for this engagement exercise so that as many members of the public, organisations and groups would have chance to have their say and give their views about the 'Living Well in Staffordshire' Strategy, and how best to work together with residents to improve health and wellbeing across the county.

There were in total more than 500 responses to this engagement. There were 160 questionnaires submitted by individuals, either online, by email, by post or handed in at Borough Council Offices. This is approximately one third (32%) of responses. Twitter was also offered as an alternative means of giving views; however, it was not taken up for this consultation.

In addition to the individual questionnaires, there were estimated to be well over 300* responses from organisations, people within organisations or people engaged with through exercises staged by specific organisations. These included composite responses on behalf of organisations and engagement events which had been undertaken with members the public, other interested parties and key stakeholders.

The below table shows who took part in this engagement, but do please note that where the response is from 1 person they may be representing a larger organisation.
The approaches taken by these organisations varied - some responded directly to the questionnaire, whilst others sent letters detailing their views and others ran stakeholder events, meetings and focus groups.

As the engagement exercise was undertaken differently by different groups, this report will look in turn at the questionnaires submitted by individuals and analyse separately the responses from

Respondents	No. Responses
Questionnaires submitted on behalf of individuals	160
Campaign to End Loneliness	1
East Staffordshire Borough Council (Deputy Leader for Service Commissioning)	1
Health & Wellbeing Board – Countywide Event for Providers and Advocates	64
Lichfield & District Council of Voluntary Services (representing 21 voluntary organisations)	30
Lichfield District Strategic Partnership	30
North Staffordshire Clinical Commissioning Group Patient Congress	25
South Staffordshire Partnership (Health Master Class)	70
Stafford Borough Council	*
Stafford Fire & Rescue Service	*
Tamworth Borough Council	64
Tamworth Health & Wellbeing Board	65
Tamworth Voluntary & Community Sector Forum	16
Number of known responses	526

other organisations.

Although effort was made to engage with the whole of Staffordshire, some districts were better represented than others in this engagement.

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* the exact number is not known because details of the number of participants were not supplied by each organisation which took part.

Methodology

Following large scale District and Borough Council led evidence collection concerning the Joint Strategic Needs Assessment (JSNA) and Enhanced Joint Strategic Needs Assessment (eJSNA), Staffordshire's Health & Wellbeing Board formulated a Health & Wellbeing Strategy. As a natural progression from the development of this strategy the Board then wished to collect views on how the aims of this strategy could be best achieved.

The Board commissioned Engaging Communities Staffordshire (ECS) to manage and co-ordinate this project, to provide regular updates to the board and to write a report about the insight gathered.

The actual consultation exercises were led locally by Clinical Commissioning Groups (CCGs) and District and Borough Councils. This allowed different approaches to be taken in different areas of the county, for example a 'Health Master Class' Event was held with the public and other key stakeholders in South Staffordshire; Lichfield District Strategic Partnership and Health and Wellbeing Group provided a composite response; Tamworth Borough Council encouraged and facilitated the public to respond to questionnaires both online and by post.

The consultation opened on 14 June and ran for twelve weeks until 6 September. Effort was made to engage with as many people as possible, but this was never intended to be a large scale demographically representative sample, rather ideas and suggestions were sought as to how best to implement the Strategy.

The engagement strategy was locally driven, District and Borough Councils and Clinical Commissioning Groups (CCGs) decided for themselves which methods of engagement would be best for them locally and had the freedom to lead this piece of work in their own areas as they thought best.

There were some competing pressures which should be noted alongside this engagement report. The engagement took place during the summer of 2013, during which time there were other live consultation processes ongoing which may have competed with this piece of work, namely:

- Trust Special Administrators (TSA) consultation. This would have been likely to mostly affect Stafford and Cannock but the whole county may have been interested and public attention has been focussed on the issues of these hospitals rather than on the Health & Wellbeing Strategy
- The Police & Crime Commissioner (PCC) consultation
- Fire Service consultation

From the outset it was acknowledged that these may be competing pressures.   Initially the joining up of this engagement project with the other processes was investigated. This was not possible, owing to the given timescales. Agreement was however made that post consultation there would be a sharing of data and intelligence between ECS and the Office of the PCC. Additionally there was a future commitment made to, wherever possible, join up consultations.

This should therefore be seen as the start of engagement activity rather than the end.

Individual responses

Demographics of respondents to the survey

In total 160 respondents completed the survey. A 60% majority of respondents chose to complete the survey online with the remaining 40% choosing to complete a paper based copy of the survey. Demographically, more women than men chose to complete the survey. Of those respondents that left their gender 62% were female in comparison to 32% male. In terms of age, the older age ranges were more highly represented, with 42% of respondents aged over 65 and only 9% aged under 30 (see fig x).

Fig x: age ranges of respondents
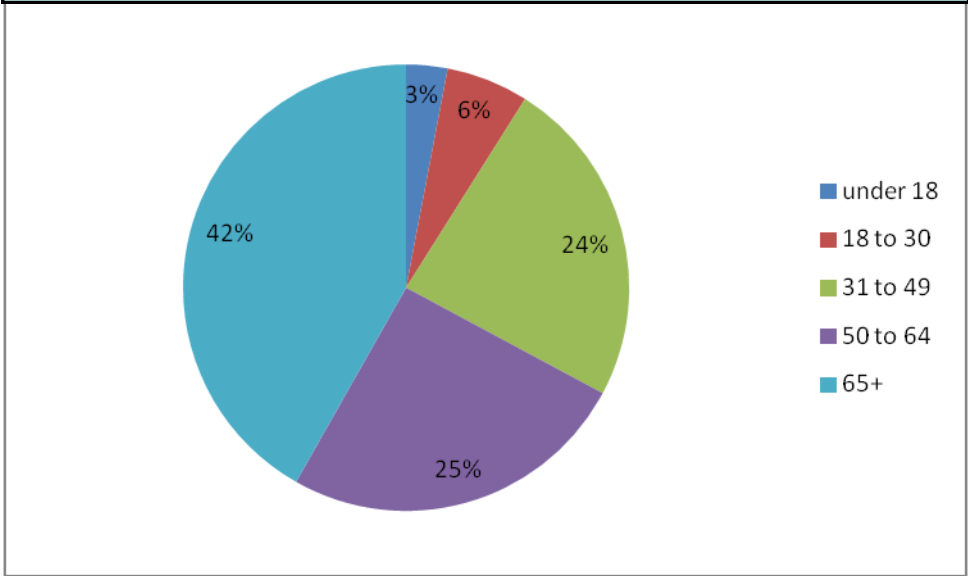
Responses from ethnic minority groups were low, with 95% of respondents coming from a white British background. However, those with a disability or long term health problem were highly represented, as 60% of those who answered this question stated that they did have a long term health problem or disability.

It is problematic to divide the responses according to district as only 70% of respondents chose to leave their postcode. As can be noted from the table below the number of respondents from each district varies considerably, with Tamworth being the best represented district with 40 respondents in comparison to only 4 respondents from the Staffordshire Moorlands and less than 10 respondents from Lichfield, Newcastle under Lyme and South Staffordshire.

No. Of respondents according to district

| District	No. of respondents
Cannock Chase	10
East Staffordshire	22
Lichfield	5
Newcastle under Lyme	6
Non-staffordshire resident	1
South Staffordshire	8
Stafford	17
Staffordshire Moorlands	4
Tamworth	40

How we use our funding and resources

Through the questionnaire respondents were asked:

'How do you think we should use public sector resources to help promote healthy living and reduce demand for services such as hospitals, GPs and the police.'

To encourage a richness of response, and to allow people to respond in the way that they felt was most appropriate to share their views, respondents were given a checkbox of different options alongside space to write their own comments.

Through the checkbox, respondents could select multiple choices, therefore theoretically they could select all options. Based upon the options offered through the checkbox, the most popular option was to *support healthy eating and exercise* (23% of responses), closely followed by *community support for the elderly* (22% of responses)(see fig 1).

Figure 1: How should we use our funding and resources: checkbox response
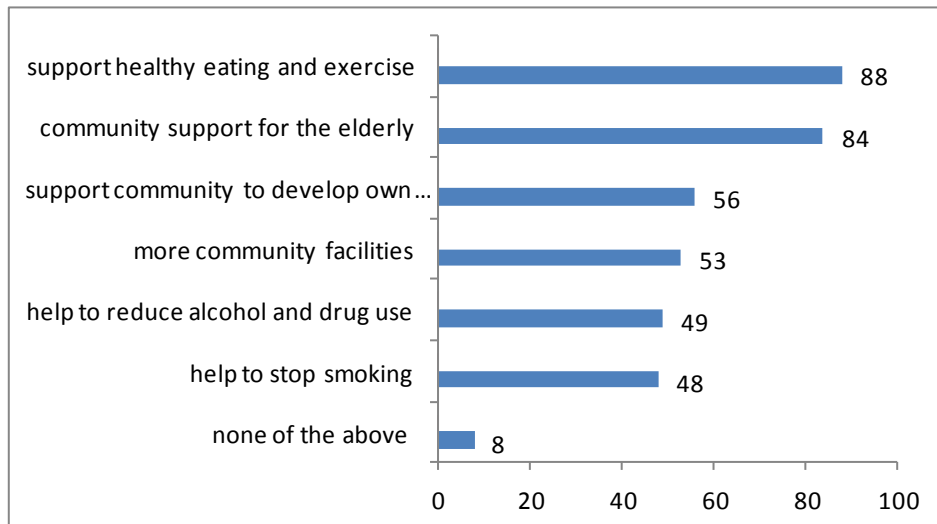
Of the total respondents 101 left qualitative comments concerning how they felt that funding and resources should be used. These comments were rich, detailed and encompassed a huge amount of variety, however a number of key themes can be identified.

The most frequent theme of the responses was that the public, particularly children, needed further **education**, not only on how to lead a healthy lifestyle but how to navigate health and social care services correctly.

'It may take a generation to work through the system but the younger the child introduced to healthy living as a way of life, the better.'

'Is there a way of having something set up to educate people (including children) to use the correct facility (i.e. 999, 111, chemist etc).'

The second most frequent theme that respondents referred to was for the need for greater **GP availability**, some suggested that this could ease pressure on acute services.

 'Quicker access to your family doctor negates people going to A&E.'

Other prevalent themes included support for greater use of **health screening** as a preventative measure and the need for increased support for **mental health services**.

'Offer FREE full health screening (including lifestyle assessments).'

'I work for the police - there is simply not enough money for mental health units or nurses (CPNs) to support people in the community, because they come to us a last resort, very often when they are suicidal, because the system can't help them.'

What should we stop doing?

Respondents were also asked *'what should we stop doing or do less of'*, 87 respondents left written comments to this question (no checkbox option was available).

The most frequent theme of these responses was a **lack of support for health promotion** campaigns. This may seem contradictory considering the support for **education** that was indicated by the previous question. However, some respondents felt that health promotion campaigns, particularly campaigns aimed at adults, were not targeted enough and there was a perception amongst some that they were expensive and ineffective.

 'Stop spending or contributing money on short-term health drives. The majority of adults know that overeating, smoking and drinking will harm their health. Put money into educating school age and preschool children about this.'

'A lot of health initiatives come across as the state preaching in a non-targeted way.'

Another frequent suggestion from respondents was that some people were **too dependent** on the health and social care system and needed to take more responsibility for their own health.

'Stop passing the buck. Individuals, families, carers, professionals (both statutory and voluntary) all need to take responsibility to prevent time-wasting and confusion.'

'Making it too easy for those who misuse the system to keep doing so, make them stand on their own two feet and take responsibility for themselves.'

Other prevalent themes included the need for **acute care** and **A&E care** to be used less, and prevention of the **waste of medication**.

'GPs should take more care of their own patients and return to getting out and seeing the sick instead of them going to casualty. A&E should only be for that, accidents and emergencies.'
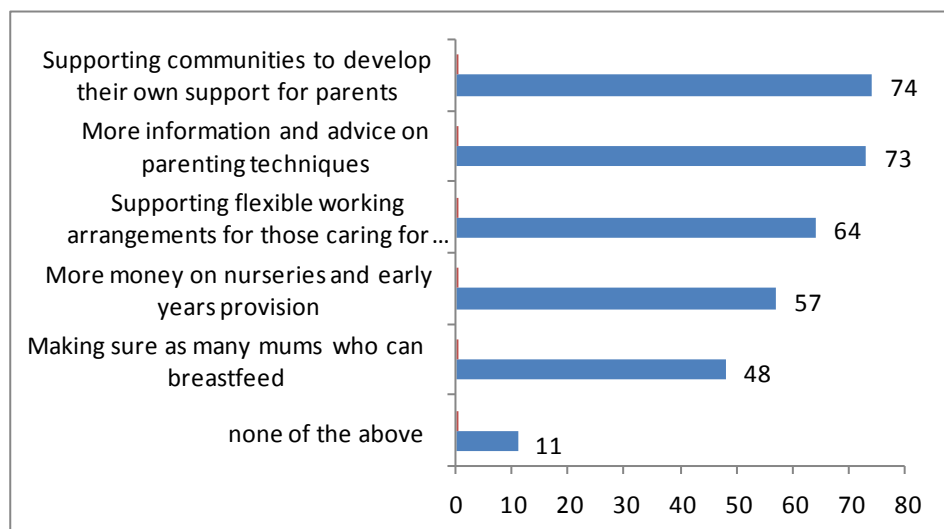
'GPs, first aiders and teaching staff (in my experience) send people to A&E to be on the safe side as they are afraid of any come-back.'

'Regular prescription reviews - medication is wasted.'

What do you think would make the most impact on helping children in Staffordshire to get the best start in life

One of the three areas which the strategy focuses on is how we can help children in Staffordshire to get the best start in life. When respondents were asked *'what do you think would make the most impact on helping children in Staffordshire to get the best start in life'* the most popular response from the selected options was to **support communities to develop their own support for parents**. Other popular options were for **more information and advice on parenting techniques** and to **support flexible working arrangements for those caring for children**. However, all the different options received similar levels of support (with the exception of the choice of **none of the above**).

What would have the most impact on helping children?

Option	Value
Supporting communities to develop their own support for parents	74
More information and advice on parenting techniques	73
Supporting flexible working arrangements for those caring for...	64
More money on nurseries and early years provision	57
Making sure as many mums who can breastfeed	48
none of the above	11

In terms of the written comments the most frequent response as to how children could be helped was through **more affordable childcare and clubs or groups for children**.

'More nursery provision. Parents are caught in a trap - they work to pay the bills but most money is going on private nursery facilities.'

'Children's centres staying open and not being cut back by local councils. They are excellent places with all kinds of help available.'

'[more] Mother and toddler groups'.

However, it should also be recognised that some respondents felt that **parents should be better supported to stay at home** with their children, so there was some division between respondents on this issue.

'Parents should not be penalised if they wish to stay at home and look after their own children.'

The second most frequent theme of responses was that parents should be better supported and educated through **parenting classes, clubs and extended health visits**.

'As a parent, it is really important to have local community facilities (toddler / playgroups) and that the funding is maintained. Good for the child to have access to other children but good for parents who can liaise with other parents to ensure that people are not isolated and maybe health visitor community work visiting to address any concerns. Happier parents make happier kids.'

'Parenting classes for everyone as parenting doesn't come naturally - you have to learn it.'

'Educate future parents in school about parental responsibility and child care. It's too late after the child is born very often.'

Other recurrent themes were that parents should be supported through **flexible working hours** and that children should be encouraged to **walk to school**.
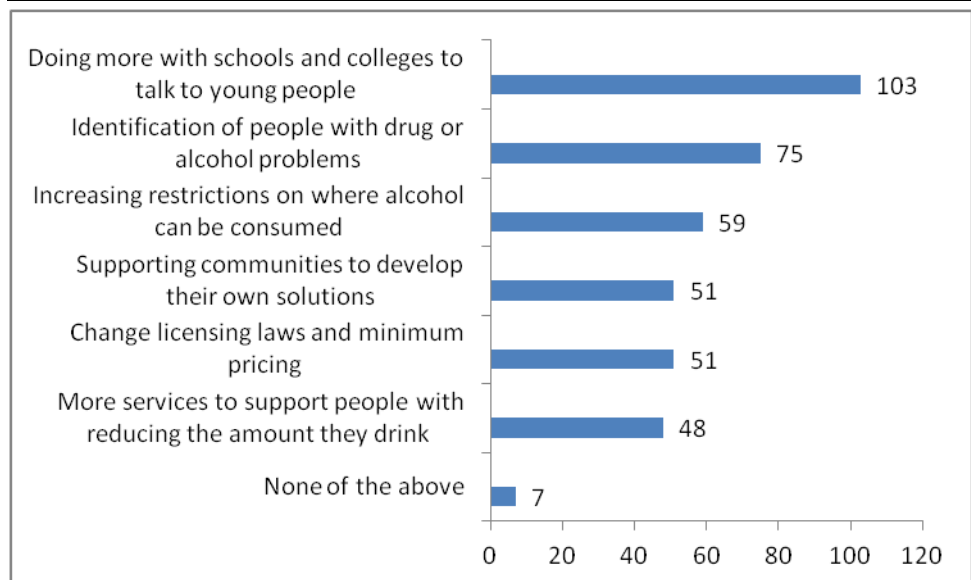
'We need to work on getting all of our children to walk to and from school. Even a short distance (say 300 metres) will mean the children get some daily exercise, are much more alert in class, will learn to socialise better and as a very useful extra, there will be less congestion around schools and, quite possibly, mum / dad will get some daily exercise as well!!'

What do you think will have the biggest impact on reducing harm caused by alcohol and drugs

A second key focus within the strategy was how to tackle alcohol use and harm from drugs. Respondents were asked 'what do you think will have the biggest impact on reducing harm caused by alcohol and drugs'. The most popular option selected by respondents was that we should be 'doing more with schools and colleges to **talk to young people** about alcohol and drugs' and that there should be '**better identification** of people with or at risk of drinking or drug problems'.

Fig x: Harm from drugs and alcohol

Category	Value
Doing more with schools and colleges to talk to young people	103
Identification of people with drug or alcohol problems	75
Increasing restrictions on where alcohol can be consumed	59
Supporting communities to develop their own solutions	51
Change licensing laws and minimum pricing	51
More services to support people with reducing the amount they drink	48
None of the above	7

In terms of the written comments by far the most significant theme was the importance of **educating** people about issues surrounding drugs and alcohol, particularly young people.

'Make people aware of what to do if somebody has overdosed or what to do when seriously drunk. Ie if they're being sick over themselves and there is a chance this will obstruct their breathing - put them in the recovery position.'

'More education in school - perhaps take people who have had an addiction in to schools to talk to the children.'

There was also support for the **minimum pricing of alcohol**, although this was by no means unanimous.

'Minimum pricing of alcohol would be the single biggest step forward.'

Why penalise those that enjoy a drink responsibly?

In contrast, some respondents stressed that they felt that the **underlying social and emotional causes** of substance abuse problems needed to be tackled in order to have any impact.

'If there was more employment, the younger people would not be bored and would not drink or use drugs as much.'

'Alcohol consumption is a symptom, not a cause, of social problems.'

Others stressed the need to support those who had already been **identified as having problems** with drugs or alcohol.
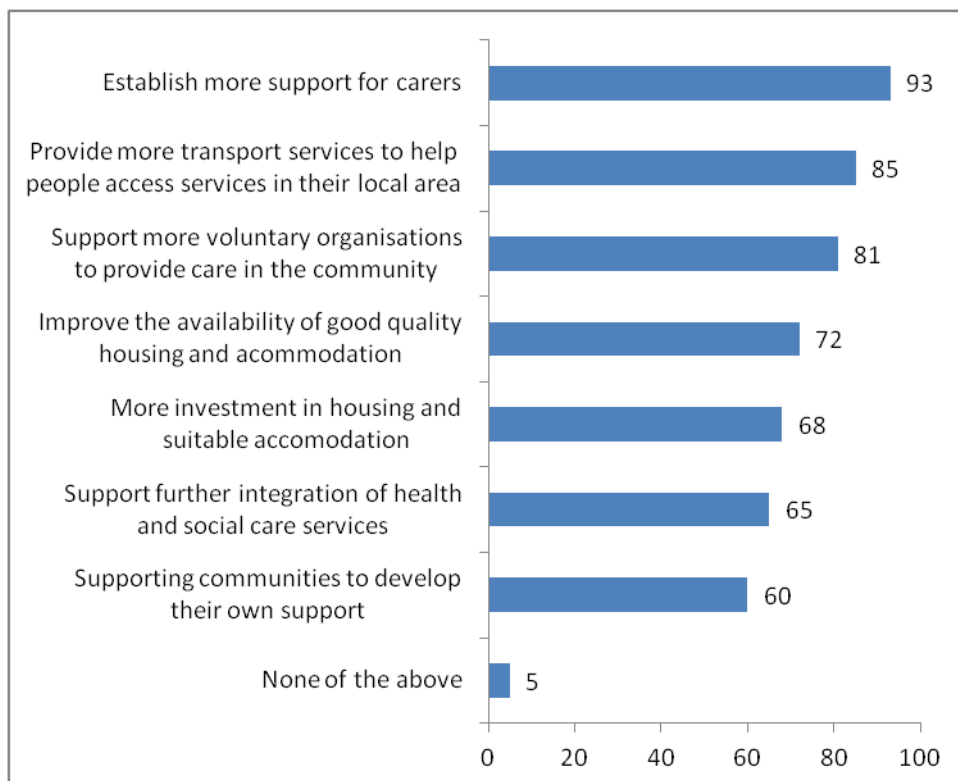
'Access to counselling and practical help early and providing mechanisms and training for GPs to address the issue and spot it early are a priority. Don't use blocking mechanisms or restrictions, as below. Addicts get around them.'

'All drug and alcohol services need to have capacity to accept referrals at the point an individual chooses to take part as the service users have to be ready to accept control of their substance misuse and this can quickly change if they have to wait months to get any support.'

What do you think would make the biggest difference to help people live independently and well for as long as possible?

A final priority of the strategy was in terms of supporting the frail and elderly members of the community. When respondents were asked '*What do you think would make the biggest difference to help people live independently and well for as long as possible?*' the most popular response being to **establish more support for carers.** However, all of the options listed gained a roughly similar proportion of support, including the option to provide **more transport services** and to **support more voluntary organisations to provide care for people in their community**.

Frail elderly

Option	Value
Establish more support for carers	93
Provide more transport services to help people access services in their local area	85
Support more voluntary organisations to provide care in the community	81
Improve the availability of good quality housing and acommodation	72
More investment in housing and suitable accomodation	68
Support further integration of health and social care services	65
Supporting communities to develop their own support	60
None of the above	5

There were many detailed and thoughtful responses as to what would be the best way to support the frail and elderly to live independently. The most frequently recurring themes of the responses were initiatives to **reduce social isolation** amongst the elderly and support for **housing solutions** such as extra care or sheltered housing and retirement communities.

'Inclusion. More people over the age of 60 should be encouraged to join activities with like-minded people. What do we have in the Hednesford and Pye Green area? I have been trying to find classes that I could go to to keep fit and I can't find anything.'

'More befriending / home visits, often old people are just lonely and crave company but are often not able to get out to socialise.'

'Provide more sheltered accommodation.'

'Ageing population demographically but sheltered housing complexes do not seem to be getting built at the rate their needed. A person who is vulnerable can remain independent then with their own very important front door.'

The need for **better transport** systems to support the elderly and the need for **high quality domiciliary care** were also common themes in the responses.

'Good quality care in the person's home which is affordable. Currently, my grandfather receives half an hour care for which he pays £14 per half hour. The carer cannot give adequate personal care in such limited time and the service user cannot afford to pay for longer.'

'Ensure carers are correctly trained and that wherever possible they see the same people.'

'I am 78 years old, my husband is 81 years. We try and look after ourselves, finding our own way of coping. My biggest worry is getting about using public transport.'

'Keeping active physically and mentally - transport is crucial in rural areas.'

How should we measure success?

In addition to asking respondents about the strategy, those who carried out the survey were also asked *'what do you think we should do to measure the success of our strategy?'* Many respondents found it difficult to answer this question due to the timescales that would need to be involved.

'Improving health has to be a long-term strategy and 5 years is surely too short a time to measure anything meaningfully.'

However, a number of different suggestions as to how to measure the success of the strategy did emerge. There was a clear divide amongst respondents, some respondents felt that the measurement of success had to be gained through **public consultation**, some commenting that they distrusted the use of statistics.

'Ask people. As many people as possible. Don't waste time compiling data and don't trust statistics - they will show whatever you want them to.'

'Contact the people who use your services - feeback via questionnaires like this one. Gather feedback from people who lead and organise community groups often volunteers.'

'Send out questionnaire on a regular basis so people feel that you listen and value there options instead of feeling that no matter what is said you will still do what you think instead of what people want.'

However, equally many people did advocate the use of considering statistics based on health outcomes such as levels of illness in the population and use of acute and emergency services. Some comments include:

'Set out the indicators to be used at the start. Use statistical measures of health indicators to demonstrate measurable outcomes. Life expectancy, cot deaths, hepatitis rates etc.'

'Reduction in demand to front-line services. If there is an adequate number of carers / community nurses / CPNs, people won't end up in crisis.'

'Fewer A&E admissions. Fewer child deaths due to abuse. Fewer anti-social behaviour incidents. Number of elderly patients being 'treated' for dementia (would show that they have been identified and are in the system).'

'Reduced fracture rate for wrist, hip and spine in the elderly population.'

'More people living independently to age 75.'

Your role

Finally respondents to the survey were asked what they felt that their own role could be in help-ing to make things better. Most of the people who responded to this question discussed the ways in which they were trying to lead **healthier lifestyles** in their own personal lives.

'I have taken action to improve my own health and wellbeing by walking and joining one of the council run exercise classes which is excellent value for money and very well organised.'

'I keep trying to do as much as I can. I won't give in and give up. Even with my disabilities, I try to keep myself as well and active as possible.'

'I would personally benefit from a GP MOT and access to decent cogent medical information on particular topics.'

Many respondents also discussed the various **volunteer roles** they were already involved in and ideas for new volunteering projects that they wanted support to undertake.

'I am a member of Burton Fibromyalgia support group, Patients participation group, been on Ex-pert Patients course, more support groups are needed to help with patients with long term condi-tions learn to cope and help themselves.'

'I want to start up a daycare nursery to help parents and prepare kids for school. This is currently proving difficult due to funding and lack of premises in the area.'

'I would volunteer to transport the elderly / infirm to hospital / doctor if it was made easy. (I.e. The County Council should insure the risks and just let people get on with it).'

Some also made comments about how they try to care for their communities and families, not necessarily through any formally recognised route but simply as part of their day to day lives.

'I help to organise an annual get together in the street. I visit elderly neighbours and offer to pick up shopping for them when it is cold and icy. I try to be a good neighbour.'

'By taking good care of my own health and that of my family. Already caring for mum with de-mentia with support, and son with HD.'

'If I see anyone who appears isolated or lonely, I make an effort to assist them. I have shared meals and helped others. I let them know I am here if needed.'

Composite responses

As has already been noted, there were estimated to be well over 300 people who took part in responses from organisations. These included composite responses on behalf of organisations and consultations and events which had been undertaken with members the public, other interested parties and key stakeholders. As different approaches were taken in different parts of the County, the data collected was rich and diverse but it was not necessarily in any uniform format. Therefore, different organisations have offered differing levels of detail and have sometimes focussed more on certain aspects of the strategy and less on others. However, key themes can be identified across the composite responses which can help inform all aspects of the strategy.

The composite responses tended to involve a more professional demographic. Therefore, whilst members of the public can draw from invaluable personal experience these professionals bring perhaps more in depth knowledge of the processes within the health and social care sectors due to their professional involvement within these sectors.

> **How do you think we should use public sector resources to help promote healthy living and reduce demand for services such as hospitals, GPs and the police?**

Similar to the individual responses, many that answered this question tended to focus on the importance of **education, particularly for children**.

'as someone who works in the local community I can tell you that young people just don't have the cooking skills (some don't even know what a cheese grater is!)' (composite response conducted by Tamworth Borough Council)

Another key theme that can be drawn was support for **exercise schemes** that are accessible and affordable for everyone.

'Free gym sessions and free sessions on weight reduction' (Composite response conducted by Tamworth Borough Council).

Other points made related to the way in which public sector organisations work. Participants at the South Staffordshire Partnership Health Master class raised the point that poor housing can contribute to ill health and so there need to be more **links between housing and health** services.

On a broader level many different organisational responses stressed the need for all organisations to work together in order to make better use of resources and ensure better coordination of services for the people who use those services.

'Is it possible to take things out of boxes and agree cross-cutting themes from HWB strategy, Police and Crime Plan, Troubled families ect.—can we use our resources better by understanding and promoting a cross-cutting approach?' (Lichfield District Board, Lichfield District Health and Wellbeing Group).

'Address problems as a whole packages rather than working in isolation.' (Consultation organised by Lichfield and District CVS).

'Stop commissioning services in isolation—all public health commissioning should be the result of full engagement and joined up at a local level' (Tamworth Health and Wellbeing Board).

Some discussed issues that they felt should be focussed on more within the strategy, including **mental health, accident prevention**.

'Those who have the responsibility to commission services must understand the difference between early intervention and prevention... Whilst accident prevention is mentioned in the strategy it should be reflected more strongly.' (organisational response, Stafford Fire and Rescue services).

'We think that mental health/ mental wellbeing should also be considered as a priority within the first year.' (Feedback from Lichfield District Board, Lichfield District Health and Wellbeing Group)

Many organisations also wanted to share examples of **good practice** that they felt could be replicated in order to make the best use of resources.

'There are some very simple wins like Lets Work Together which is a Lichfield inspired piece of work with strong buy in across many public sector organisations. We would recommend embedding LWT across Staffordshire as a key universal prevention model.' (Lichfield District Board, Lichfield District Health and Wellbeing Group)

'Support for user led services where clients support the running of the service eg. Community Champion presenting their mental health journey to peers.' (Lichfield and District CVS Forum).

'We think there should be a greater emphasis on tackling the wider determinants of health, Healthy Tamworth is a vehicle to achieve this'. (Tamworth Health and Wellbeing Board)

There was also discussion about how **volunteers**, or potential volunteers, could be better utilised in order to support resources.

'We do have many people that are ageing but also many people (at least in Lichfield District and probably elsewhere in the County) who are retired, healthy, able with skills, knowledge and time that they could invest in the community with all the rewards that could bring to themselves and others. Can we do more and use that asset? Can we develop a county-wide ageing well strategy?'

Unfortunately, North Staffordshire CCG Patient congress asserted that generally there has been a *'huge drop in volunteer numbers'* due to the way that Job Centre Plus handles them and gives them advice.

A broader theme was the need for services providing **Information, Advice and Guidance** (IAG), not only for directly health related issues but also for broader issues that can have an impact on physical and mental wellbeing.

'Advice services and support services is required, including user-friendly directory' (Lichfield & District CVS forum).

'CAB advice in formal settings... Addressing the practical, financial and legal issues that can adversely impact health and particularly mental health' (Staffordshire North & Stoke-on-Trent CAB).

What should we stop doing or do less of?

Not all organisational or composite responses addressed this question in their response. However, amongst those that did some themes did arise. The most frequent theme was that **duplication** needed to be avoided.

'We should identify and stop duplication of services and multiple agency interventions with the same household/ service user. We must consider all options before making an admission to hospital or a care home.' (Lichfield District Strategic Partnership)

Some other specific comments as to what should be 'stopped' include:

'Mental health users goals vary, stop trying to get all back into employment, for some being happy and taking part in society is the best way forward.' (Lichfield District CVS Forum)

'Universal services should focus on those that are most in need and we should stop subsidising for those that are not in need—geographically or socio-economically' (Lichfield District Strategic Partnership).

> **What do you think would make the most impact in helping children in Staffordshire get the best start in life?**

As with the individual responses, many comments from the composite responses supported more **education** around health for both parents and children and more support and guidance for parents.

'Improved Information Advice and Guidance (IAG) for young people and their parents. It is important to differentiate the messages (to children and adults as children grow older and go through different transitions' (Lichfield District Strategic Partnership).

Some other practical suggestions concerning initiatives to help children and parents include:

*'Schools could provide breakfast clubs for children to help to give them a healthy start to the day' (*South Staffordshire Partnership Health Master class)'*

'Support Think2 early years provision in targeted wards...and encourage take up of free childcare provision from those parents we visit and whose children would benefit the most' (Lichfield District Strategic Partnership).

'Sure Start Centres—invaluable support to parents eg. post natal depression, support to attend toddler groups, routine and structure introduced which improves mental health.. Treatment for mental health for parents—stop the cycle' (Lichfield & District CVS)

Many responses discussed the need to identify those children and parents, who are particularly disadvantaged or **at risk**.

'More direct intervention is needed during early pregnancy with vulnerable, or potentially vulnerable, families and parents' (Lichfield District Strategic Partnership)

'Provide targeted support to vulnerable families—providers and District Council's are well placed to deliver/shape this' (Tamworth Health and Wellbeing Board)

A further issue noted is that whilst the strategy discusses *'helping children'*, there may be disparity in what support is available for **older and younger children**.

'Support needs to continue through different ages eg, "how to cope with your teenager", beyond early years there is very little support for parents. This is a missed opportunity opportunity in terms of prevention eg. risky behaviour' (Lichfield & District CVS).

What do you think we can do that will have the biggest impact on reducing the harm caused by alcohol and drugs?

As with the individual responses, there was support in the composite responses for better **education** for young people around the dangers of alcohol and drug use.

'There should be more education around the effects of alcohol and drug abuse, for example some people don't understand what a unit of alcohol is' (South Staffordshire Health Master class).

There was also strong support amongst the composite responses for **stricter laws** around alcohol.

'Influence government to change licensing laws and minimum pricing' (Staffordshire Fire & Rescue service)

'Maximise our use of statutory and regulatory levers e.g.. alcohol licensing' (Tamworth Health and Wellbeing Board).

'Government policy has made it OK to drink whereas smoking rules have become stricter... US policies around the purchase and use of alcohol are much stricter—could we learn from these?' (North Staffordshire CCG Patient Congress)

'Zero tolerance approach to underage drinking and smoking' (Lichfield District Strategic Partnership).

Another important point raised was that we must not only consider the impact upon the alcohol or drug user but also their families and **carers**.

'As we cannot force those who need help to take help, ensure wellbeing of the carer' (Lichfield & District CVS Forum).

Newcastle Borough Council noted that they considered tackling alcohol use to be a priority and so a number of points were made from the North Staffordshire CCG patient congress on this issue can be practically tackled.

'By partnership working and investing in preventative work (eg. triage nurse based in Newcastle town centre and street pastors in Leek on Friday and Saturday night)'.

'Catch more people with early stage liver disease'.

'Promote mental wellbeing service'.

What do you think would make the biggest difference to help people live independently and well for as a long as possible?

Again, in terms of the responses to this priority area there were areas of similarities between the individual (largely public) responses and the composite (largely professional) responses. For example, similar to the individual responses many separate organisational responses felt that the prevention of **social isolation** was key. One response from the *Campaign to End Loneliness* drew upon a wide range of academic research to stress that reducing loneliness amongst older people could also reduce other costs because:

- *'Research has demonstrated that the effect of loneliness on mortality exceeds the impact of well known risk factors such as physical inactivity and obesity, and has a similar influence as cigarette smoking.'*
- *'when influential factors including physical and mental health are taken into account, loneliness was still associated with a 64% increased risk of the disease [of Alzheimers].'*
- *'Lonely individuals are more likely to undergo early entry into residential and nursing care.'*

Many other composite and organisational responses also stressed the need to prevent loneliness amongst frail elderly people and some suggestions as to how this may be achieved include:

'Opportunities range from lunch clubs/ craft groups/Tea dances / Universities of the 3rd age/ volunteering/ exercise groups. Also ensure continuity of care for those who cannot leave their homes but who need our services so that a relationship develops and the impact of loneliness and isolation diminishes in that person'. (Lichfield District Strategic Partnership)

'Intergenerational activities within communities' (South Staffordshire Health Master class)

''Better/improved use of volunteers befriending' (Lichfield & District CVS)

Another key theme across many responses was that of appropriate **housing** for the elderly.

'Closer working relationships need to be developed between the Housing Authority and the Health and Social care sector to ensure that poor housing issues, home adaptation and telecare service needs and safety issues are identified at an early stage.' (Stafford Borough Council response)

'Develop a County wide model for Extra Care and Sheltered Housing which ensures such housing can be delivered in a sustainable and quality driven way' (Tamworth Health and Wellbeing Board).

'Consider schemes to support owner occupiers downsize their home or adapt their homes appropriately' (Tamworth Health and Wellbeing Board).

A further theme was the importance of **transport** systems to support the frail and elderly.

'Voluntary care schemes to serve local hospitals and increase awareness of Connect bus service' (South Staffordshire Health Masterclass).

'Access is a big issue we need to consider how we enable effective transport initiatives that reduce isolation and improve connectivity' (Tamworth Health and Wellbeing Board).

How will we measure success?

Many organisations recognised challenges in measuring the success of the strategy:

'How can the H&WB collectively measure...something that didn't happen that results from the preventative measures put in place? This is the measure of reducing costs to the public purse... Just because things are more difficult to measure or less tangible, this does not mean that it is not the right thing to do' (Staffordshire Fire and Rescue service, organisational response)

'District Councils have often received funding on a 12 month rolling programme or one off payments for short term projects, which makes it difficult to measure effective impact, and long term success' (Stafford Borough Council).

Similar to the individual responses from members of the public, some interpreted this question with more of a focus on qualitative measures, some with more of a quantitative focus and some with both.

'Anecdotal evidence is key' (Lichfield & District CVS)

'By tracking the balance of spend between acute and preventative services; track hospital admissions and preventable deaths' (Lichfield District Strategic Partnership)

'A balance of qualitative and quantitative measures' (Stafford Borough Council)

Some composite responses also saw a key measure to be the reduction of health inequalities alongside improvements for service users in more general terms.

'Close the gap in life expectancy between wards' (Tamworth Health and Wellbeing ward)

'Through an improvement in the equalities... Closing the gap would be a great start but longer term we should be seeking to improve the situation for everyone so that the threshold improves and the gap closes at the same time' (Lichfield District Strategic Partnership).

There was a general feeling that any targets should be focussed, achievable and sustainable.

'Develop a small number of focussed, achievable indicators' (Tamworth Health and Wellbeing Board)

'Challenge projects to ensure that they are sustainable' (South Staffordshire Health Master class)

'a single issue cannot be looked at in isolation eg. eating, drinking, smoking, social isolation' (Lichfield & District CVS)

Your role in helping to make things better

Although this question was asked to all respondents through the individual responses, unfortunately not all of the composite responses addressed this question, however, of those who did some key themes can be identified.

Most frequently the importance of **partnership working** was stressed.

'Use local partnerships structures to support the roll out of the HWBS—in Lichfield the Health and Wellbeing Group (which reports to the district board) offers an opportunity to do this' (Lichfield District Board).

'Develop effective links with partnership structures, Tamworth has a has a strong local partnership and also a Health and Wellbeing Board' (Tamworth Health and Wellbeing Board)

'No one organisation will be able to tackle the problems...this work must be the start of a new way of working across that will drive improvement through open, honest and transparent partnership' (Stafford Borough Council).

It was also discussed how the strategy could recognise and make fullest use of the projects that are already being implemented in local areas.

'Use and recognise our local initiatives eg. Healthy Tamworth, Healthier Housing Strategy ect.' (Tamworth Health and Wellbeing Board)

'The voluntary sector is capable of delivering many of the appropriate preventative wellbeing services however... needs investment' (Lichfield & District CVS)

'The Health and Wellbeing Board should take the strategic view and empower local structures to develop the details' (Tamworth Health and Wellbeing Board)