

Topic:	Health and Wellbeing Strategy – a review of the evidence
Meeting Date:	10th April 2014
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1. Background and Purpose

- 1.1 This report reviews the current areas for action identified in “Living Well in Staffordshire”. It considers evidence available from the latest JSNA data, the engagement exercise, and the agenda and discussion of minutes from the Health and Wellbeing Board meetings.
- 1.2 The data has been reviewed in the following ways:
- The JSNA data has been reviewed by considering whether key performance indicators for each of the areas for action are statistically worse (red), better (green) or similar (amber) to England.
 - The engagement exercise data has been reviewed by considering whether the areas for action were highlighted as issues by the public. This identified areas that were highlighted clearly as an issue (red), areas that were commented on (yellow) and areas that were not raised (blue).
 - The agenda and minutes for the Health and Wellbeing Board meetings were reviewed by considering whether relevant papers to the areas for action have been received and discussed. This identified areas that have been discussed in detail (red), some papers that are relevant have been discussed (yellow) and areas that no papers have been discussed (blue). The Board may want to consider whether this is an accurate reflection of their priorities.
- 1.3 The full review is attached and summarised in table 1.
- 1.4 It is worth noting that this is based on a limited data set. It is important the Health and Wellbeing Board consider the wider context in reviewing the inclusion of these areas. This would include the e-JSNAs developed by the district partnerships. Specific questions include:
1. Is being similar or better than England is good enough?
 2. Does the potential cost of the negative outcome that makes the area a priority?
 3. Is the area a root cause for other areas?
 4. Are there are inequalities between areas that makes the area a priority?
 5. Should the priorities focus on areas that are within the direct control of the Health and Wellbeing Board or go beyond?

2. Recommendations

2.1 There is strong evidence to maintain focus on the following areas for action:

- In care
- Alcohol
- Drugs
- Lifestyles (split from lifestyles and mental wellbeing)
- Falls prevention
- Dementia

2.2 There is strong evidence to maintain focus on the following areas for action, it is recommended that they may benefit from a more focussed definition:

- Parenting
- Mental Wellbeing (split from lifestyles and mental wellbeing)
- Frail elderly

The following action points should be specifically considered in reviewing the focus

- Reducing social isolation
- Health in pregnancy and breastfeeding
- Domestic abuse
- Housing
- Mental wellbeing of vulnerable groups

2.3 There is less evidence to maintain focus on the following areas for action, it is recommended that these are reviewed:

- School readiness
- Education
- NEETs
- End of Life

2.4 There is evidence that the following areas require some focus but are not currently areas for action in 'Living Well in Staffordshire'. It is recommended that these are considered for inclusion:

- Support for carers
- Mental health and learning difficulties

2.5 It is recommended that the Board considers the questions identified in section 1.4 about the wider context.

Table 1 – Summary of evidenced reviewed in the full report

Current Action for Action	Latest JSNA data	Engagement data	Board Discussion	Further comments
Parenting				Evidence for inclusion is strong. However, a more focussed definition identifying specific outcomes and therefore aspects would be beneficial.
School readiness				Evidence for inclusion is not strong. However, impacting on large numbers despite positive comparison to England.
Education				Evidence for inclusion for academic education is not strong. However engagement supports social/health education as priority.
NEETs				Evidence for inclusion is not strong. However, costs of negative impacts is high.
In care				Evidence for inclusion is strong. However, issues around data quality.
Alcohol				Evidence for inclusion is strong.
Drugs				Evidence for inclusion is strong. .
Lifestyle and mental wellbeing				This action point is very broad and so may require further specification. Evidence for inclusion of lifestyles is strong. Evidence for inclusion of mental wellbeing of the whole population is not strong, but is stronger for vulnerable groups.
Dementia				Evidence for inclusion is strong.
Falls prevention				Evidence for inclusion is strong. However, is highly relevant to other areas i.e. frail elderly and housing.
Frail elderly				This action point is very broad and may benefit from further specification.
End of life				Evidence for inclusion is not strong. However, data is limited.
Potential additional Action Point	Latest JSNA data	Engagement data	Board Discussion	Further comments
<i>Reducing social isolation</i>				<i>This could be a further specification of the action point 'supporting the frail elderly'</i>
<i>Health in pregnancy and breastfeeding</i>				<i>This could be a further specification of the action point 'parenting'</i>
<i>Domestic abuse</i>				<i>This could be linked to parenting and/or mental wellbeing</i>
<i>Housing</i>				<i>This could be linked to frail elderly and/or falls prevention</i>
<i>Mental Wellbeing vulnerable groups</i>				<i>Vulnerable groups could include looked after children, victims of domestic abuse, and the elderly and socially isolated.</i>
Potential Area for Action	Latest JSNA data	Engagement data	Board Discussion	Further comments
<i>Support for carers</i>				<i>The evidence support inclusion of this potential area for action. It could also support other areas for action</i>
<i>Mental health and learning difficulties</i>				<i>The evidence support inclusion of this potential area for action</i>