

Review of Health and Wellbeing Strategies in Staffordshire

1. Background and context

In 2013 the Staffordshire Health and Wellbeing Board (HWB) developed a five year Health and Wellbeing Strategy and based on the Joint strategic needs assessment identified 12 priority areas for the Board¹. The purpose of this paper is to review the health and wellbeing strategies/plans that have been developed to meet the Board's priorities and to make recommendation for the future.

2. Health and Wellbeing Board priorities

The Health and Wellbeing Board utilised the data from the JSNA and based on a life course approach identified the following 12 priorities as found in the table 1.

Table 1: The Staffordshire Health and Wellbeing Board priorities

| Starting Well Giving children the best start | Growing Well Maximizing 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 | Education NEET Children in care | Alcohol Drugs Lifestyle and mental health | Dementia Prevention of falls Frail elderly | End of Life |

Source: Living Well in Staffordshire Keeping you well making life better five year plan 2013-2018

There have been a number of strategies and plans developed since 2013 to deliver the above priorities.

3. Approach taken

A mapping exercise was undertaken to identify strategies that are in existence to support delivery of the Boards priorities and discussions were also held with SCC commissioners to understand any governance arrangements in place to monitor delivery of any plans and strategies. For comparison purposes a further mapping exercise was undertaken of health and wellbeing strategies developed by the health and wellbeing boards of statistical neighbouring authorities including Nottinghamshire, Warwickshire and Worcestershire. Due to time constraints a simple process has been followed and as such there has been little opportunity to scrutinise and fully review all relevant strategies/plans. Furthermore, some discussions have taken place with lead commissioners and/or responsible leads within the County Council but not with external partners or leads.

¹ Living Well in Staffordshire Keeping you well making life better five year plan 2013-2018

The Staffordshire Health and Wellbeing Board has designed and used a review methodology for assessing the alignment of plans/strategies against the Health and Wellbeing Strategy (appendix 1). There have been a number of strategies/plans agreed by the Staffordshire Health and Wellbeing Board using this process. This methodology provides a useful framework with a series of prompts for reviewing strategies and plans. It covers four sections including:

- the use of data,
- strategy alignment to the Living Well strategy
- the impact on population health outcomes and reducing health inequalities
- how the plan/strategy will be monitored and evaluated

In addition the health and wellbeing strategies adopted by the health and wellbeing boards of statistical neighbours were also identified and compared (Appendix 3).

4. Summary of findings

Based on the life course approach the findings can be summarised below:

4.1 Starting Well and Growing Well

The Children and Young People partnership developed a Children and Young people Plan covering the period of 2014-2018. The plan covers all five priorities that fall across the first two themes of the life course, starting well and growing well. The Children and Young People Partnership is a sub group of the HWB and has recently been reviewed and revised to become the Staffordshire Families Strategic Partnership Board. This Board is currently updating the Children and Young People's Plan. Whilst not explicit it is anticipated that this new Plan will continue to meet the five HWB priorities related to children and young people.

4.2 Living Well- Making Good lifestyle choices

4.1.1 Drugs and alcohol

The drug and alcohol strategy combines two of the twelve board priorities into one strategy has been in operation since 2013 and is governed through the Alcohol and Drugs Executive Board which is a sub group of the HWB. Using the review methodology the Board reviewed this strategy in 2014 and receives regular progress reports from ADEB.

4.2.2 Lifestyle and Mental Wellbeing

The Board priority links lifestyle and mental wellbeing. To date the Board has agreed/endorsed a number of strategies linked to mental health and include:

- Mental Health Everybody's Business
- Staffordshire Emotional Wellbeing and Mental Health of Children and Young People from birth to 18 Integrated Commissioning Strategy 2014-18
- Saving Lives Staffordshire Suicide Prevention strategy

Governance arrangements are in place for the three above strategies and operate across the Staffordshire and Stoke health economy. Whilst the emphasis for the first two strategies is treatment focused all three do provide a focus on mental wellbeing. The Board does not currently have specific strategies or governance arrangements relating to lifestyle priorities such as obesity, physical activity or smoking/tobacco control.

- In September 2015 the Board did endorse the SCC Healthy Lifestyle Programme which encompasses weight management, physical activity, low levels of alcohol and stopping smoking. However, this is a programme not a strategy and governance is focussed on the performance management arrangements of existing contracts.
- Staffordshire does not currently have a strategy aimed at reducing excess weight/obesity. A tackling obesity report has been prepared at the request of SCCs Health Select Committee. This report makes a number of recommendations including the development of a system wide partnership and strategy to tackle and preventing excess weight in Staffordshire.
- SCC Informal Cabinet agreed to improve physical activity by adopting the Active Staffordshire initiative. This resulted in the development of a SCC internal group and action plan. Implementation of this plan has been limited due to capacity and resource availability. Sport across Staffordshire and Stoke on Trent is the local community sports partnership and unlike other CSPs has extended it's remit to cover physical activity. The SASSOT Board endorsed the Active Staffordshire initiative. Furthermore, in light of the recently updated national sports strategy² the SASSOT Board is reviewing it's own vision and strategy to incorporate increasing physical activity.
- Staffordshire has recently worked with Public Health England (PHE) to undertake a CLeaR assessment. CLeaR provides a peer challenge process to assess, review and provide recommendations to develop tobacco control work. One of the key findings of this assessment identified that whilst there are some good examples of tobacco control work in Staffordshire there is no clear tobacco control strategy/plan in place. It therefore recommends the development of a partnership tobacco control strategy.

4.2 Aging Well - sustaining independence, choice and control

A recent review of the Better Care Fund in Staffordshire³ identified eight strategies or plans across the social care and health economy that supported independence, choice and control for older people. The various plans and strategies provide an emphasis on prevention, self-care and early intervention to keep people well in their communities with the delivery of timely high quality services.

In relation to the HWB priorities there is no evidence that all these plans have been agreed or endorsed by the HWB. There are two dementia plans, one for the

² Sporting Future: A New Strategy for an Active Nation
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/486622/Sporting_Future_ACCESSIBLE.pdf

³ Dr Suzanne Jones 2016 Staffordshire Better Care Fund: Options Review

North Staffordshire CCG area and the second covering the CCGs within Southern Staffordshire. In addition there is a Staffordshire and Stoke health economy wide strategy aimed at reducing the impact on the frail and elderly⁴.

Although there isn't a specific falls prevention strategy or reference to one. the above plans/strategies recognise the need to provide targeted behavioural lifestyle management programmes with a focus on physical activity to support individuals to stay well and independent.

The Director of Public Health Annual Report 2015-16 focussed on healthy ageing⁵. Following the publication of this report a call to action event was held in November 2015. A number of themes emerged from this call to action and there was an expectation that a strategic direction for healthy ageing be developed⁶.

4.3 End of Life - Ensuring care and support at the end of life

In April 2013 a Staffordshire and Stoke on Trent Transforming Cancer and End of Life Programme was launched. It is the first programme of its scale and 1 of 25 national NHS Pioneer Sites for integrated health and social care in England. A number of organisations (but not all the CCGs) are involved (Cannock Chase CCG, North Staffordshire CCG, Stafford and Surrounds CCG, Stoke on Trent CCG working with MacMillan Cancer Support, NHS England, Staffordshire County Council, Stoke on Trent City Council, and Public Health England).

The focus of this Board is to appoint a lead organisation to co-ordinate a more seamless care pathway for patients with cancer and a lead organisation to co-ordinate a more seamless care pathway for patients nearing the end of life.

5. Conclusion

There are a number of strategies/plans that have been, reviewed, agreed /or endorsed by the HWB. The Children's Plan provides a comprehensive approach to deliver the two life course themes and the five priorities that relate to children and young people. The Families Partnership provides governance arrangements and is a sub group of the HWB.

There appear to be robust strategies and governance arrangements in place to support elements of the living well theme most notably, alcohol and drugs through ADEB which is a sub group of the HWB. ADEB provides regular updates and reviews to the HWB on the delivery of the alcohol and drugs strategy. Similarly there have been a number of mental health related strategies that also include mental well being agreed by the HWB. Strategies to improve wider lifestyle issues are less developed and although the HWB endorsed the SCC Healthy Lifestyle Programme there is an absence of a partnership strategy or approach to reducing smoking through tobacco control and reducing excess weight and obesity through a whole

⁴ Staffordshire Frail Elderly Strategy <http://www.vast.org.uk/wp-content/uploads/2014/11/Staffordshire-Frail-Elderly-Care-draft-strategy-v5-Oct-2014.pdf>

⁵ <https://www.staffordshire.gov.uk/health/PublicHealth/Annual-Public-Health-Report-2014.pdf>

⁶ Denise Vittorino 2015 Draft report of the Healthy Ageing in Staffordshire Call to Action Event Report and recommendations

system approach. There is some evidence of a partnership approach to increase the uptake in physical activity, however this work is in isolation of the HWB.

A recent report concluded that many of the strategies and plans aimed at ageing-well and end of life relate to different organisations and partners, cover different geographical areas and the inter-relationships are not always clear. There is a number of different governance arrangements for these plans and strategies linked to CCG arrangements. For the purpose of this report, it is not clear if these strategies/plans have been adopted, agreed or endorsed by the HWB. Much of the focus for these plans relates to frail elderly and treatment services with the recognition of the need for prevention and early intervention.

This work was undertaken within a short timescale and therefore there are limitations. In particular, much of the information was identified through a desk top exercise and there was less opportunity to verify the detail with relevant commissioners. However, there are a number of HWB priorities, primarily relating to the living well theme that does not have a clear vision or governance arrangements to support the development of a strategic direction.

6. Recommendations

- 6.1 Utilising the review methodology adopted by the Board to produce a checklist/framework to ensure any future HWB related strategies are aligned to the priorities and principles of the board.
- 6.2 To develop a process for receiving progress reports for all HWB priorities. These should include any plans and strategies that are not directly owned by the HWB.
- 6.3 Develop governance arrangements and strategies a whole system approach to reducing excess weight and obesity and In line with the recent CLear assessment develop a tobacco control strategy. There maybe potential for integrating both areas of work into a wider healthy lifestyle strategy.
- 6.4 To explore the opportunity to align the role and work of the SASSOT Board alongside the HWB and assess the role that SASSOT may have in providing governance arrangements to deliver a strategic approach to increase participation in physical activity across Staffordshire(similar to the Active Staffordshire initiative).
- 6.5 To identify a checklist for falls prevention and asses if current and planned HWB strategies can deliver against the actions.

Appendix 1

Methodology for assessing strategies

Strategy

Date of review

Who is undertaking the review:

Recommendation summary

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Evaluation tool

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| <p>1) Use of evidence</p> <p>Prompts:</p> <ul style="list-style-type: none">▪ Does the strategy use the evidence made available through the JSNA process?▪ Has it considered and acted upon the views of local people?▪ Has it considered the views of local practitioners / providers?▪ Does the strategy make use of specialist needs assessments conducted for key target groups where relevant?▪ Does the strategy make use of relevant national learning, benchmarking information and the experience of others with similar challenges?▪ Does the strategy make use of the knowledge, guidance and evidence-base for relevant interventions?▪ Is there evidence of partnership working in the development of the strategy?▪ Does the strategy reflect how individuals / local communities are being engaged collaboratively to find their own solutions to improve local health and wellbeing outcomes?▪ How well are the contributions of the third sector and community structures reflected in the strategy?▪ Is there evidence of partnership working in the development of the strategy?▪ Does the strategy reflect how individuals / local communities are being engaged collaboratively to find their own solutions to improve local health and wellbeing outcomes?▪ How well are the contributions of the third sector and community structures reflected in the strategy? | |
| Recommendations | |

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| <p>2) Alignment to Living Well strategy / Prompts:</p> <ul style="list-style-type: none"> ▪ Does the strategy make reference to the Living Well strategy? ▪ Does the strategy align to the principles and enablers set out in the Living Well strategy? ▪ Does the strategy set out how it will deliver against the health and wellbeing priorities identified in the JSNA / joint health and wellbeing strategy? ▪ If yes which priorities does it address? ▪ To what extent is the balance of existing local service delivery being challenged? ▪ Does the strategy clearly demonstrate and distinguish between primary, secondary and tertiary prevention for key priorities and groups? (think about how strategy will target vulnerability, early intervention for at risk and prevention) ▪ Does the strategy clearly articulate the shift from responsive to preventative interventions? ▪ Does the strategy support local community initiatives to deliver health and wellbeing outcomes? | |
| <p>Recommendations 1.</p> | |
| <p>3) Impact on population health outcomes and reducing health inequalities Prompts:</p> <ul style="list-style-type: none"> ▪ How ambitious is the strategy? ▪ Does the strategy state explicit outcomes? ▪ If yes to above, is there an explanation of how these local outcomes relate to the national outcome frameworks? ▪ Does the strategy explicitly mention proposals on how it will reduce health inequalities and health inequities? <i>Include vulnerable groups</i> ▪ How clearly are health inequalities, and their relationship with other inequalities, understood and explained? ▪ Does the strategy have any adverse impact on health inequalities? ▪ Does the strategy clearly explain how it will work to address the wider determinants of health with other partners? E.g. housing, transport ▪ Does the strategy clearly articulate a shift from block commissioning of service outputs to outcomes for populations? | |
| <p>Recommendations 1.</p> | |

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| <p>4) Monitoring and evaluation</p> <p>Prompts:</p> <ul style="list-style-type: none"> ▪ Does the strategy include how it will monitor progress? ▪ Does the strategy clearly articulate how actions, impacts and cost-effectiveness will be reviewed? ▪ Are the objectives SMART: specific, measurable, accurate, realistic and timely? ▪ Will these support delivery of the HWB strategic outcomes and targets? (<i>think about scale, population impact, link to the HWB Board's performance outcomes framework</i>) ▪ Does the strategy include monitoring of public and patient experience (<i>e.g. through use of "I" statements, patient's experience of whole system integration</i>) ▪ Is there clear evidence that learning will be shared with the wider health and care economy? | |
| <p>Recommendations</p> | |

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| <p>5) Effective use of resources / value for money</p> <p>Prompts:</p> <ul style="list-style-type: none">▪ Is there an appropriate balance and evidence provided of a shift of resources from responsive to preventative interventions?▪ Is there clear evidence of a timeline for disinvestment from historic provision to preventative interventions?▪ How well are resources combined and pooled?▪ Is there clear evidence provided that the strategy has:<ul style="list-style-type: none">○ exploited all opportunities for collaborative commissioning and pooled arrangements○ removed duplication and demonstrated increased alignment across organisations○ evidenced effectiveness and efficiencies to the wider Staffordshire Health and Social Care Economy?▪ Does the strategy make best use of integrating services to make best use of resources?▪ Does the strategy set out how it will “make every contact counts” to ensure resources are used effectively across the health and wellbeing system? | |
| <p>Recommendations</p> | |

Appendix 2

| HWB Priority | Strategy/Plan | Governance arrangements | Comments |
|--|---|--|--|
| Starting Well | | | |
| Parenting | Strategy for Children and Young People 2014-2018 | Staffordshire Families Strategic Partnership Board Sub group of the Board | This strategy is currently being updated and will continue to focus on the HWB priorities starting well and growing well |
| Growing Well | | | |
| School readiness | Strategy for Children and Young People 2014-2018 | Staffordshire Families Strategic Partnership Board Sub group of the Board | This strategy is currently being updated and will continue to focus on the HWB priorities starting well and growing well |
| Improving educational attainment | Strategy for Children and Young People 2014-2018 | Staffordshire Families Strategic Partnership Board | This strategy is currently being updated and will continue to focus on the HWB priorities starting well and growing well |
| Reducing those not in education, employment and training | Strategy for Children and Young People 2014-2018 | Staffordshire Families Strategic Partnership Board | This strategy is currently being updated and will continue to focus on the HWB priorities starting well and growing well |
| Children in care (safety and reaching full potential) | Strategy for Children and Young People 2014-2018 | Staffordshire Families Strategic Partnership Board | This strategy is currently being updated and will continue to focus on the HWB priorities starting well and growing well |
| Living Well | | | |
| Reducing harm from alcohol | Drugs and alcohol strategy | Alcohol and Drugs Executive Board Sub group of the Board | Reviews and updates taken to the Board on a regular basis |
| Reducing harm from drugs | Drugs and alcohol strategy | Alcohol and Drugs Executive Board | Reviews and updates taken to the Board on a regular basis |
| Promoting healthy lifestyle and mental wellbeing | Gap area for healthy lifestyles such as smoking and tobacco control, healthy eating and weight management | Healthy lifestyle programme was taken to the Board and the approach endorsed in September 2015 | Currently no County based partnership exists with a remit to deliver this agenda. |

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| | Active Staffordshire Action Plan | SCC Internal working group | Opportunities to review the role of SASSOT as the partnership to deliver Active Staffordshire as a Board priority |
| | Mental Health Everybody's Business (includes mental wellbeing) | Mental Health Commissioning Board | Two groups exist one covering the North and one covering the South |
| | Staffordshire Emotional Wellbeing and Mental Health of Children and Young People from birth to 18 Integrated Commissioning Strategy 2014-18 | CCG and SCC Integrated commissioning group | Confirmation of continued existence required |
| | Saving Lives Staffordshire Suicide Prevention strategy | Staffordshire and Stoke on Trent Suicide Prevention Group | |
| Ageing Well | | | |
| Dementia | Dementia Plan North Staffordshire CCG | | |
| | Living Well with dementia in South Staffordshire 2013-2016 | | |
| Falls prevention | Gap | | |
| Frail elderly - providing good quality personalised care | Staffordshire Frail Elderly Strategy | | Health economy wider strategy across Staffordshire and Stoke. No evidence that this has been agreed by the HWB. There appear to be a number of frail elderly pathways described for Staffordshire. For example there is one based on a model proposed by KPMG and another in the Better Care Plan. |
| | Staffordshire and Stoke on Trent 5 Year Strategic Plan 2014-2019 | The 5 year strategic plan was produced by all the Clinical Commissioning Groups | The strategic plan reflects the CCG financial recovery plans. The CCGs committed to collaborative commissioning to ensure joined up commissioning of provider services. |
| | Staffordshire and Stoke on Trent Health and Care Transformation Programme | Transformation Programme Board and a Collaborative Commissioning Congress was set up to include the six clinical | Established to ensure the long-term sustainability of the Staffordshire health economy and has four main work streams aimed at keeping people, fit and well, |

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| | | commissioning groups, Staffordshire County Council, Stoke-on-Trent City Council and an NHS England representative | supporting people who have long-term health conditions to live at home, supporting people who are receiving car and deliver provider transformation |
| | Staffordshire Better Care Fund Plan | Partnership Board and has joint responsible officers and a small project team. The BCF was incorporated into the Transformation Programme and the receiving care and high risk and independent work stream | |
| | Care Homes Strategies | | NHS North Staffordshire & Stoke-on-Trent Clinical Commissioning Groups Care Homes Strategy was developed by North Staffordshire CCG and Stoke on Trent CCG working with partners. It sets out the direction for the next two years. There is no care home strategy for South Staffordshire |
| Ending Life | | | |
| End of life - cared for well and are in a place of their own choice. | Staffordshire and Stoke on Trent Transforming Cancer and End of Life Programme | | Programme Board - Transforming Cancer and End of Life Care has existed across the health economy with a focus on the commissioning of provision for the treatment of cancer and end of life services. |

Appendix 3

Comparison of Health and Wellbeing strategies across statistical neighbours

| Staffordshire HWB Priority | Staffordshire | Nottinghamshire | Warwickshire | Worcestershire |
|--|---|------------------------|---|---|
| Starting Well | | | | |
| Parenting | √ | X | √ | X |
| Growing Well | | | | |
| School readiness | √ Children and Young People Plan | X | √ Children and Young People Plan | √ Children and Young People Plan |
| Improving educational attainment | | | | |
| Reducing those not in education, employment and training | | | | |
| Children in care (safety and reaching full potential) | | | | |
| | √ | √ CAHMS | X | X |
| Living Well | | | | |
| Reducing harm from alcohol | √ | √ | X | X |
| Reducing harm from drugs | √ | √ | X | X |
| Promoting healthy lifestyle and mental wellbeing | √ Mental well being | √ | X | √ Mental wellbeing and suicide prevention |
| | √ suicide prevention | X | X | |
| | X Tobacco control | √ Tobacco control | X | X |
| | X Obesity | √ Physical activity | X Obesity | √ Obesity |
| | X/√ Physical activity | X Physical activity | X Physical activity | √ Physical activity |
| Ageing Well | | | | |
| Dementia | √ | X | √ | √ |
| Falls prevention | X | X | X | X |
| Frail elderly | √ | √ | √ | √ |
| End of Life | | | | |
| End of life - | X | X | X | X |
| Other | | | | |
| Autism action plan | √ adult strategy | √ All age | √ All age | √ All age |
| Carers strategy | √ | X | √ | √ |