

<b>Staffordshire Health and Well-being Board</b>	
Title	<b>The Health and Wellbeing Strategy – beyond 2018</b>
Date	9 March 2017
Board Sponsor	Richard Harling
Author	Jon Topham
Report type	For Decision

## Summary

1. This paper builds upon previous Board discussions about the Living Well Strategy and outlines a direction of travel, with recommendations for the new HWBB Strategy from 2018.

## Recommendations to the Board

2. That the Board agree to the seven action points following areas of focus for the new Strategy:
  - a. Using the HWBB to drive closer integration
  - b. A strong focus on Communications and Public engagement
  - c. Working together to develop the Place agenda (hotspots) including an integrated approach to work with communities
  - d. Developing the right environment (Health in all Policies)
  - e. Maintain a strong focus on understanding needs (JSNA)
3. That the Board consider its governance arrangements to enable the new strategy, to including the role of Board members as champions of Health and Wellbeing in Staffordshire
4. That the Board agree the timeline detailed below

## Background / Introduction

5. The current Health and Wellbeing Board Strategy has been in place since 2013 and expires in 2018. The strategy has been broadly well received with its emphasis on prevention, life course and a joined up effort amongst partners to achieve this. The key elements of the strategy are as follows:
  - a. Starting well (Parenting / School Readiness)
  - b. Growing Well (Education / NEET / in Care)
  - c. Living Well (Alcohol & Drugs / Lifestyle / Mental Wellbeing)
  - d. Ageing Well (Dementia / Falls Prevention / Frail Elderly)
  - e. Ending Well (End of Life)

## Current activity

6. A number of activities have been generated as a result of the Health and Wellbeing Strategy, these include:
  - a. The formation of Alcohol and Drugs Executive Board
  - b. Locality working, with each District identifying a District leads which led to; the production of eJSNAs and development of locality commissioning
  - c. Key strands of work around the Children & Families agenda
  - d. Ageing Well initiatives, that explore risk stratification to identify socially isolated older people (Age UK, SCC and FARS)
  - e. Strategy evaluation template
7. More recently the Public Sector agenda, has shifted, with a significant focus on service redesign based upon a reduced funding base, reorganisation and the emergence of a new personal responsibility narrative for the preventative agenda.
8. The financial situation for many organisations in Staffordshire is particularly “distressed” and this has been reflected in the difficulties we have had in signing off the Better Care Fund in Staffordshire.
9. It has long been acknowledged that the partnership environment in Staffordshire is complex, there are 6 CCGs, 8 Borough and District Authorities, Stoke City Council and Staffordshire County Council, 181 Parish Councils, 6 NHS Trusts within Staffordshire and many more that impact, plus NHS England and Public Health England. This has prevented effective and strong partnership working, and created different priorities. There is, however, a recognition of the importance of partnership working and a strong will to continue to try to work in Partnership.
10. There are, and will continue to be a number of external and structural factors that will continue to influence the future approach that the Board takes, and currently this has been reflected in the views of Board members about the need to redefine our focus and clarify a new role for the Board

## Options & Issues

11. The LGA session on 7 July 2016 and the Development session on 12 January 2017, both reflected the importance of the Health and Wellbeing Board and laid the foundations for a new way of working, which suggested that we should evolve the current strategy rather than develop a brand new strategy.
12. There was a strong view that we focus on what the HWBB is going to do as a system leader, and recognising the democratic legitimacy that the presence of elected members give to the HWBB.
13. Key to this was the view that the Board should focus on a key set of principles:
  - a. A Focus on **prevention**, early intervention & personal responsibility as the primary driver

- b. Promoting **integration** & cooperation to achieve this
- c. Enabling the effective **navigation** of systems (agencies and public) to create the right environments for prevention.

**What do you want the Health and Wellbeing Board to do about it?**

14. It is recommended that the Board:

- a. Promote better join up around money and resources; for example section 75 agreements, Better Care Fund and individual organisational resources
- b. Use the Board to supporting the development of a place based approach focused on key priority neighbourhoods, developing community assets and community engagement
- c. Develop a proactive communication and public engagement function; developing a much stronger and public facing approach. This could include stronger presence with regard to campaigns, developing the public debates model, much more media and press activity, this could also taking a stronger stance and lobbying upwards to influence national policy.
- d. Developing the policy environment, see HiAP
- e. Continuing to provide the right data & information (JSNA)
- f. That the board also some key Governance issues to support this direction of travel. This should include:
  - i. Clarify what is expected of Board members
  - ii. Consider a broader membership; for example more District Representation and providers.
  - iii. A greater emphasis on democratic legitimacy, ensuring that the work of the Board is reflected in the political space and is open to democratic challenge
- g. That the Board agree the following timeline:

May 11	HWBB Development Workshop to consider First draft of the strategy
June 8	Board meeting to consider the draft Strategy and make comments
September 7	Final draft for consultation
September – December 2017	Consultation
March 2018	Sign off final strategy