# Staffordshire Health and Wellbeing Strategy – Living Well a new challenge

#### **Foreword**

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#### Introduction

The Health and Wellbeing Board is a statutory body and as such plays an important role in the local infrastructure. The Board also has a number of statutory requirements, which are:

To improve the health and wellbeing of the people in Staffordshire To reduce health inequalities To promote the integration of services

The core duties outlined in the Health and Social Care Act (2012)

- 1. Needs Assessment
  - To prepare and publish a Joint Strategic Needs Assessment
  - prepare a pharmaceutical needs assessment (consider preparing needs assessments for Eye Health and Sight Loss)
- 2. Strategy
  - To jointly agree and publish a Staffordshire Joint Health and Wellbeing strategy
- 3. Integration
  - To promote the integration of health and social care services to advance the health and wellbeing of the people of Staffordshire
- 4. Joined up commissioning
  - To provide advice, assistance and other support in encouraging arrangements under section 75 of the NHS Act 2006 (Joint Commissioning, pooled budgets as appropriate)
- 5. Patient and public voice
  - To ensure that the patient and public voice is heard as part of Health and Wellbeing Board decision making, receiving and considering patient and public feedback through statutory board membership and regular reports of Staffordshire Healthwatch
- 6. Providers
  - To encourage providers to work closely with the Board and encourage those that provide health, health related or social care services in an area to work closely together
- 7. CCG commissioning
  - To provide opinions as to whether CCG Commissioning Plans have taken proper account of the JHWS.
- 8. CCGs contribution
  - To review the extent to which CCG commissioning plans have contributed to the delivery of the JHWS

#### 9. Democratic deficit

• Increase democratic legitimacy in the commissioning of health and care services

The previous Health and Wellbeing Strategy "Living Well in Staffordshire" was produced in 2013. The ambition of the Strategy was as follows:

Staffordshire will be a place where improved health and wellbeing is experienced by all. It will be a good place to live. People will be healthy, safe and prosperous and will have the opportunity to grow up, raise a family and grow old, as part of strong, safe and supportive communities.

The role of the Board in achieving this ambition was outlined in the previous strategy as:

"Through leadership, influence, pooling of our collective resources and joint working where it matters most, we will make a real difference to the lives of Staffordshire's people."

The Strategy itself focused on a Life-course approach as follows

## **Health and Wellbeing Strategy**

Starting Well: Giving Children the best start		Growing well: Maximising potential and ability		Living well: Making good lifestyle choices		Ageing Well: Sustaining independence, choice and control		Ending Well: Ensuring care and support at the end of life	
1. 2.	Parenting School Readiness	3. 4. 5.	Education Not in education, Employment of Training (NEET) In Care	6. 7. 8.	Alcohol Drugs Lifestyle and mental wellbeing		Dementia Falls Prevention Frail elderly	12.	End of Life

The Board assessed that the 2013-18 Living Well Strategy was a solid basis upon which to build and consequently this new document is intended to build upon these foundations and describe the areas for action and the new strategic approach for 2018-23

#### What are the key Health and Wellbeing issues in Staffordshire?

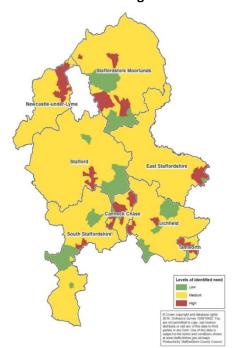
#### Ageing population

- Staffordshire has a resident population of 862,600, by 2025, the population will have increased to 893,000.
- Staffordshire's older population is predicted to grow faster than average: by 2025 the number of residents aged 75 and over, traditionally people who need the most support will rise more dramatically from 78,000 in 2015 to 114,400 in 2025, an increase of 47%.
- Whilst the number of children under 16 will remain fairly stable, the number of working age people (16-64) is projected to decline. This means that we will see a move from three people of working age for every person aged 65+ to two people by 2035. This has implications for the economy and workforce as well as the way we deliver health and care.
- Staffordshire is a largely rural area which is relatively affluent but with a few notable pockets of high deprivation. Only 9% of its population live in the most deprived fifth of areas nationally. However some of the remote rural areas in Staffordshire have issues with hidden deprivation and in particular around access to services.

• The increase in older population is thought to be the single most significant factor in the increasing prevalence of rural isolation.

# **Health inequalities**

- Overall people in Staffordshire are healthy, live longer and have positive experiences of the things that affect their lives and wellbeing.
- Life expectancy (LE) at birth in Staffordshire is almost 80 years for men and 83 years for women, both are similar to the national average.
- Healthy life expectancy (HLE) in Staffordshire is 64 years for both men and women.
   However women in Staffordshire spend more of their lives in poor health than men (19 years compared to 15 years).
- In addition, healthy life expectancy remains below retirement age which has significant long-term implications; so, whilst men are expected to work later into their 60s many will not be healthy enough to do so.
- But there are however significant health inequalities across Staffordshire:
  - o men in Newcastle will live six years less than women in South Staffordshire
  - there is a six year gap in LE and a 12 year gap for HLE in Staffordshire between people living in the most deprived and least deprived communities
  - o people with a severe mental illness are three times more likely to die early than the general population.
- A number of demographic, socio-economic, cultural and environmental factors combine to increase the risk of an individual experiencing poorer health and wellbeing outcomes. Evidence also indicates that it is often the same families and communities that suffer a range of inequalities. So whilst we can look at ways in which we reduce these risk factors that are affecting these children, families and communities in isolation, we need to consider the issues in a more holistic way and look to address the underlying root causes as well as the symptoms. Map 1 highlights areas which experience poorer health and wellbeing outcomes.



Map 1: Levels of health and wellbeing need in Staffordshire, 2016

Source: Insight, Planning and Performance, Staffordshire County Council

## Other specific Staffordshire challenges include:

- Children and young people Staffordshire has higher than average infant mortality rates accompanied by higher prevalence of associated risk factors. At the age of five around one in four children in Staffordshire are deemed as not being "ready for school" and this causes further inequalities, especially for those children who are already at risk of poorer outcomes. There are also inequalities in educational attainment which are determined largely by socioeconomic factors and the environment in which we live, as well as the quality of education children receive. The number of children who have unplanned hospital admissions are higher than average, particularly for respiratory conditions, accidents and injuries and self-harm admissions.
- Increase in safeguarding activity there has been an increased demand on children's social services in Staffordshire which is predicted to continue to increase in the short term. Safeguarding rates are higher amongst our deprived communities. Parental issues such as domestic abuse, mental ill-health or substance misuse (alcohol or drug misuse) are key issues for our communities and frequently identified as factors which result in children needing extra care.
- Improving our lifestyles around 40% of ill-health is thought to be preventable through healthier lifestyles. Whilst adult smoking rates in Staffordshire have fallen there are large numbers of our population who drink too much, eat unhealthily and remain inactive.
- Growing number of people with multiple long-term conditions over half of people aged 65 and over have a limiting long-term illness; national insight also suggest that there is a rising number of people with multiple conditions with the number of people with multiple long-term conditions increasing with age. By 2025 the number of people with dementia is projected to increase to 14,800, an increase of 34%.
- Provision of appropriate housing and support for vulnerable adults as we grow older our housing needs often change. There are currently a limited number of appropriate housing options for people with disabilities, mental health and older people which support individuals to remain independent within their own homes or move to more appropriate housing with or without care.
- Increasing demand on acute services there remains high pressures on our urgent care system with more of our residents being admitted to hospital for conditions that could be prevented or managed in the community. Young children and older patients tend to be greater users of hospital services. In addition those that are admitted to hospital are often delayed from being discharged. There are also predicted increases in the number of people requiring long-term adult social care.
- Support for carers more residents in Staffordshire provide unpaid care compared to the England average which is predicted to increase. In particular a large number of our carers are often older, in poor health and isolated themselves.

#### The current model of health and care is not financially sustainable

The current model of health and care is not financially sustainable to meet the predicted increases in demand for services, particularly for those aged 65 and over who are likely to have one or more long term conditions and complex needs. Most of the pressures have arisen because improvements in life expectancy have not been matched by improvements in healthy life expectancy (number of years spent in good health) particularly in older people. This means we can't keep doing what we always have and need to consider what we can do differently to get the best value for every pound we spend in Staffordshire.

## A new Challenge - Evolving our approach

A challenging financial environment has encouraged most organisations to focus in, on core business and a complicated partnership environment in Staffordshire has an impact upon our ability to drive forward change. The Health and Wellbeing Board, has recognised a number of challenges that this strategy seeks to address, they are:

- The need for greater organisational and system buy in to the HWbB, its role and vision
- The need for a clear collective focus and narrative
- Being clear about the HWB role and relationship to other partnerships within the public sector and beyond
- The need to lead for effective public engagement (as a collective)
- A greater focus on solutions and outcomes that encourage a shift toward greater personal responsibility
- That partners feel more equal and understand each other's constraints and needs
- To introduce an approach the enables greater sharing of insights and information and to work toward an integrated approach to data and data sharing
- The need to differentiate from but, work with health scrutiny
- The need to effectively manage a complex geography & corresponding complex organisational boundaries
- To know that we have had an impact

The challenges are complex, but by no means unique to Staffordshire, but there are conversely a number of opportunities which have been identified as well, they are:

- We can increase and build upon the skills of our diverse membership and extend the reach of our partnership.
- The Health and Wellbeing Board is uniquely placed to act as a partnership fulcrum, and the Board should maximise relationship building as a fundamental part of its role
- We have the opportunity to develop a clear narrative and communicate it
- A partnership approach enables Staffordshire to get the best deal, but requires a coherent and jointly agreed vision.

There is a need, like never before for a strong response from the Health and Wellbeing Board to enable organisations to rethink, refocus and realign capabilities, resources and roles.

We can maintain and build on the previous ambition

"Staffordshire will be a place where improved health and wellbeing is experienced by all. It will be a good place to live and a place where people are able to take personal responsibility for their health and wellbeing; be healthy, safe and prosperous and have the opportunity to grow up, raise a family and grow old, as part of strong, safe and supportive community."

And strengthen the role of the Board in achieving this ambition as outlined in the previous strategy:

"Through leadership, influence, pooling of our collective resources and joint working where it matters most, we will make a real difference to the lives of Staffordshire's people, by promoting a shift, in Staffordshire, toward personal autonomy, a culture of "wellness" and use our collective influence to raise aspiration and improve Staffordshire outcomes."

In response to this the Board has identified 3 key principles to coalesce around and build upon for the new strategy 2018-2023. The key elements are:

- 1. A renewed focus on **prevention** and early intervention. The Board will achieve this by
  - a. Recognising the reduced role of public sector agencies and the need to focus resources where they can make the biggest difference, by actively promoting the importance of personal responsibility for wellness in our everyday lives
  - b. Recognising the leadership role that our organisations have in contributing to the preventative agenda by actively and explicitly promoting positive lifestyle choices, and wellness. To achieve this, the Board will act as the champion of wellness as a lifestyle and preventative action in Staffordshire.
  - c. Recognising the role that non-traditional partners can play, by building effective relationships for prevention and wellness with the commercial sector

How will we do this?

By acting as leaders to develop delivery plans to address key issues in Staffordshire, notably to:

- Work locally and in partnership, with a clear focus on specific communities, communities of interest and neighbourhoods where there are poorer health outcomes and greater latent demand
- Advocating for and actively working with partners to create a healthier environment
- Building on solid foundations to enable effective early intervention (Lets Work Together / Making Every Contact Count)
- By building strong links with business and commercial partners to create a partnership for a healthy economy and embed social value
- 2. A strong focus on supporting the effective **navigation** of systems, by staff, agencies and the public, to create the right environments for early intervention and prevention. The Board will achieve this by
  - a. Promoting joined up approaches that recognise solutions including technological solutions to enable people to manage their own health and wellbeing and easily navigate systems and services available, to improve their health and wellbeing
  - Recognising the value added that can be gained by working in an extended partnership with localities or communities of common interest to develop innovative solutions, such as nudge, social prescribing and supporting the role of community connectors
  - c. Engaging and co-producting solutions with the public and with wider partners
  - d. To actively promote the role of our own organisations to enable effective system navigation.

How will we do this?

By acting as leaders to develop delivery plans to address key issues in Staffordshire, notably to

- Create a single digital 'front door' to enable effective signposting
- Promote the use of innovative technology to promote wellness as a lifestyle
- Develop a HWBB public facing web site

- Support the development of locality solutions (MCPs, social prescribing and community connectors)
- Shifting the narrative towards promoting wellness rather than preventing ill health, by increasing the aspiration and ambition of Staffordshire residents.
- 3. A strong focus on achieving **integration** & cooperation. The Board will achieve this by:
  - a. Taking an active lead on prevention
  - b. Strengthening and expanding partnership effort to achieve this, this should include out of sector partners
  - c. The integration of complementary workstreams (STP and BCF)

How will we do this?

By acting as leaders to develop delivery plans to address key issues in Staffordshire, notably to

- Review the membership of the Board to ensure that all key organisations and sectors are represented at senior level (Provider, Districts, Commercial sector)
- Asking Board members to lead on areas of strategic delivery and develop a clear reporting structure
- Be clear about the roles and responsibilities of Board members
- Promoting "wellness" agenda by creating task and finish groups to drive the creation of solutions e.g. HIAP, place
- Develop strong alliances with commercial sector as wellness is everyone's business
- Strengthen the political accountability of the Board e.g. regular reports from Chairs to full Council, closer working with Scrutiny to drive change

## Making it happen

The second Living Well Strategy must have a strong focus on delivery. This will necessitate a new way of working and a much stronger plan of action that involves and engages all Board members and partners.

We propose to adopting a social model that works with and through locality level partners, local communities and individuals to ensure the range of programmes and efforts across SCC, Districts and wider partner base are aligned, targeted and relevant to where and how people live lives. A supporting operational paper will be prepared on this subject

#### **Prevention**

Work locally and in partnership, with a clear focus on	STP 23 Localities
specific communities and neighbourhoods where	
there are poorer health outcomes and greater latent	Working with our VCSE partners to
demand	promote community led approaches

	Work with the commercial sector to create a behavioural shift amongst employees and
	customer, and exploring the opportunities
	to work together to maximise social value
Advocating for and actively working with partners to create	HIAP
a healthier environment	<ul> <li>Housing and Health</li> </ul>
	<ul> <li>Planning and Health</li> </ul>
	Fast Food
	<ul> <li>Alcohol (saturation zones)</li> </ul>
	Open Spaces and Health
	Active Travel and Health
	Education
	Employment
	Policing
	Procurement and social value
	Commercial and retail sectors
Building on solid foundations to enable effective early	Work with S3 to reinvigorate LWT and
intervention (Lets Work Together / Making Every Contact Count)	integrate approaches with MECC (NHS)

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# Navigation

Create a single front door to enable effective signposting	Populated by partners and partnership owned
Develop a HWBB public facing web site	A front-line digital tool to enable the Board to communicate about prevention
Support the development of locality solutions (MCPs, social prescribing and community connectors)	All HWBB organisations buy into, and engage in the development of Care Navigation and Social Prescribing projects
Build partnerships with commercial sector and innovators on out of sector opportunities and smart tech innovation	Look to current and emerging generations in tech innovation; develop smart communities to promote and manage for wellness, building relationships with innovators and local and multinational industry leaders to be at the forefront of change, changing health, aspiration and reputation

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# Integration

Review the Governance and Membership of the	Explore an expanded membership (Districts,

Board to ensure that all key organisations and sectors are represented at senior level	Commercial sector, innovators, education, and providers)
Lead the prevention agenda	Develop a Staffordshire Health and Wellbeing Charter / constitution  Create task and finish groups to drive the creation of solutions e.g. HIAP, place
Strengthen the political accountability of the Board–	Regular reports from Chairs to full Council, closer working with Scrutiny to drive change

#### **Outcomes for Staffordshire**

Staffordshire will be a place where improved health and wellbeing is experienced by all. It will be a good place to live. People will be healthy, safe and prosperous and will have the opportunity to grow up, raise a family and grow old, as part of strong, safe and supportive communities.

Giving Children the Best Start
Growing well: Maximising potential and ability
Making Good Lifestyle Choices
Sustaining independence, choice and control
Ensuring care and support at the end of Life

We will know we have succeeded because we have achieved the following outcomes

To be agreed