

Staffordshire Health and Wellbeing Board	
Title	Prevention through Wellness – our People and Place based approach
Date	07 September
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Report type	For Debate

## Recommendations

1. The Board is asked to:
  - a) Note the overlap between the Health and Well-being Strategy and the Sustainability and Transformation Partnership (STP) Prevention Workstream, and agree that the Strategy be adopted as the strategic framework for the (STP) Prevention Workstream.
  - b) Agree that the development and implementation of the Delivery Plan should be overseen by a Prevention Steering Group established as a sub-group of the HWB, with membership drawn from key partners, and reporting to the HWB and the STP Board.
  - c) Consider the proposed key themes for the Strategy to focus on.
  - d) Consider the proposed approach to prevention.

## Context

2. Staffordshire has a growing and ageing population - with all of the growth among people over 65. The number of people aged 65-84 will increase by 36,000 and the number 85 plus by 19,000 over the next 10-15 years. At the same time the number of people of working age will fall so that by 2030 there will be just 2 working age adults for each person aged 65 plus, compared to 5 in 1985.
3. Life expectancy at birth currently in is 80 years for men and 83 years for women, similar to the national average. Healthy life expectancy in Staffordshire is 64 years for both men and women. So people typically spend 15-20 years towards the end of their lives in progressively poorer health. There are significant health inequalities across the county, with a six year difference in life expectancy and a 12 year difference in healthy life expectancy between people living in the most and least deprived communities. People with a severe mental illness are three times more likely to die early than the general population.
4. 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. A growing number of people have one or more long-term conditions, many of which a lifestyle related: over half of people aged over 65 have a limiting long-term illness; by 2025 the number of people with dementia is projected to increase to 14,800, an increase of 34%.

5. The ageing population will have huge implications for health and care services. Demand already outstrips supply to the tune of £150m. This is predicted rise to £500m over the next few years if no action is taken. However the growing demand is not just a consequence of demographic changes and individual lifestyle choices. It is in large part driven by public and professional perceptions of accountability for well-being, the wider determinants of health, and a model of care that favours intervention.

## Background

6. On 06 July 2017 the HWB considered an early draft of the Health and Well-being Strategy 2018-23. The HWB provisionally agreed a revised vision:

*“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.”*

with the role of the HWB:

*“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.”*

7. The HWB also discussed that the Strategy should:
  - Be simple and succinct so that it can be understood by the public;
  - Encourage and help people to take responsibility for their own health and well-being and reduce dependence on health and care services;
  - Include a renewed **focus on prevention** and early intervention;
  - Promote dialogue between partners to enable a more **integrated approach**;
  - Make sure people can **navigate** our systems and services;
  - Focus on a small number of key themes;
  - Include action across the **life course**; and
  - Include a **Place based approach** to identify what can be done at a local level.
8. The Sustainability and Transformation Partnership (STP) in the meantime has been continuing work on its five priority Workstreams:
  - Prevention;
  - Enhanced Primary and Community Care;
  - Effective and Efficient Planned Care;
  - Mental Health; and
  - Urgent and Emergency Care.
9. The emerging Health and Well-being Strategy has much in common with the STP Prevention Workstream. **Recommendation a)** therefore is that the Strategy be adopted as the strategic framework for the Prevention Workstream and that they should have a single Delivery Plan. **Recommendation b)** is that

the development and implementation of the Delivery Plan should be overseen by a Prevention Steering Group established as a sub-group of the HWB, with membership drawn from key partners, and reporting to the HWB and the STP Board.

### **Key themes for the Strategy to focus on**

10. If the HWB is going to focus on a small number of key themes, these ought to be issues that are major causes of poor health and well-being health. The initial suggestion is to focus on three key themes as below. Full details about the impact of these can be found in the Joint Strategic Needs Assessment. **Recommendation c)** is that the HWB consider these:
  - **Lifestyle factors** – obesity, physical activity, smoking, drugs and alcohol.
  - **Mental well-being** – social isolation, dementia, suicide prevention.
  - **Long term conditions** - diabetes, heart disease and stroke, respiratory disease, end of life.

### **Our approach to prevention**

11. Our approach to improving health and well-being will need to continue a fundamental shift from an approach based on providing services for people to an approach based on creating a social movement whereby people aspire to good health as the norm a culture and environment which promotes personal “wellness”. This is about encouraging and enabling people to own and manage their well-being as part of everyday life and creating a.
12. During the next five years we will need an ongoing **dialogue with the public** about how they can take responsibility for staying well and independent and planning for their later years. In return the local public and private sectors will need to commit to developing local areas that favour positive choices. For example, people need to eat better and exercise more: to help them take responsibility organisations will need to think about the availability of healthy food choices and opportunities for physical activity. We will also need to think about how individuals and families can build emotional resilience and what schools and workplaces can contribute to improving their mental health. We will need to secure multiagency commitment to improving well-being and our **Health in All Policies project** will help organisations consider the health impact of their decisions. This will include the traditional public sector organisations and we will also look to develop new relationships with businesses and industry to understand opportunities for them to get involved in improving health.
13. We already offer access online to **information and advice** for people about how to maintain well-being and independence. We need to expand the content to include advice about planning for long term care and for death. We also need to continually improve the profile and presentation of resources so that they are promoted consistently as a first point of contact and are really easy to find and understand.

14. Staffordshire is rich in **community assets**: we have lots of individuals and organisations who give their time to helping others. Over the next few years we need to build on this and increase the range and volume of support available. The County Council has a contract with the voluntary sector to develop community capacity. We will also need to continue to encourage and celebrate communities that support one another. And we will need to better understand what's out there so that we can enable more people to be able to take advantage. The intention is to have a full and up to date list of community assets available on the website to facilitate **social prescribing** by health and care professionals.
15. We will continue to invest in support for higher risk individuals in order to avoid the need for more expensive treatment and care - for example drug and alcohol services, reablement and falls prevention. We will also look to develop a proactive approach to identifying and supporting those at highest risk of needing care through the use of **risk stratification tools**, investment in evidence based interventions and redesign of **redesign of pathways** to address their underlying problems – for example falls, social isolation, diabetes and dementia.
16. We will also continue to encourage and enable **self-service and** expand the ability for people to self-assess their own health and care. We want to link this to a range of community assets, services and products to help them. We will particularly focus on **assistive technologies** that people can buy simply and cheaply to improve their lives.
17. Whilst the issues are different for adults and children, this fundamental approach should be the same across the **life course**.
18. Throughout this we will adopt a **Place based approach**. We will look to local leaders to join the conversation with the public about their health and care. We will support local organisations to understand what they can do in their area to make it a Place conducive to good health and well-being. We will aim to map community assets to the 23 localities that are being developed by the STP. We will also use these localities as the footprint for identification and development of pathways for management of high risk individuals.
19. **Recommendation d)** is that HWB consider and comment on this approach. The Delivery Plan will then reflect the key themes and this approach in a 'matrix'.