SUBMISSION TO COMMUNITY HOUSING AND ENVIRONMENTAL HEALTH (OVERVIEW AND SCRUTINY) COMMITTEE

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Agenda Item: 6

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SUBMISSION BY THE CABINET MEMBER FOR COMMUNITY, HOUSING AND ENVIRONMENTAL HEALTH

LIVING WELL IN STAFFORDSHIRE - HEALTH AND WELL BEING STRATEGY 2013-2018

1. Purpose of Report

1.1 To provide elected Members with an opportunity to comment on the draft Health and Well Being Strategy for Staffordshire in order to inform a response from Lichfield District Council

2. Background

2.1 The Health and Social Care Act 2012 introduced a requirement for every upper tier Local Authority to establish a Health and Well Being Board which brings together representatives of the key players who contribute to the improvement of health and well being for the local area. The Staffordshire Health and Well Being Board (HWB) has been meeting in shadow form for the last eighteen months and held their first official meeting (open to the public) on 13th June. Every HWB Board has a number of statutory obligations to meet including the production of a Health and Well Being Strategy. The Staffordshire HWB Board launched their Strategy at their inaugural meeting and also initiated a period of consultation which ends on 5th September. Although there has been limited time for officers to consider the Strategy in detail, the timing of this Overview and Scrutiny Committee was opportune in order to seek some input from elected Members.

The Health and Well Being Strategy

2.2 A copy of the Strategy 'Living Well in Staffordshire' is attached at **Appendix A**; a full colour version is available from http://www.engagingcommunitiesstaffordshire.co.uk/conversation-staffordshire/ and also a briefer document for dissemination to the public. The main thrust of the Strategy is that the rising costs of health and social care are unsustainable and the current projections for growth in spend need to be addressed by investing more into preventative services; 'a shift of resources currently used in intensive, reactive services to invest in services that identify needs at the earliest stage and stop them getting worse'.

Priorities

2.3 Within the general context of improving health and well being outcomes and reducing inequalities in health and life expectancy, the Strategy takes a 'life course' approach, recognizing the importance of the right prevention, early intervention and good quality care and support at the different stages of life. These five 'life course' themes cover the whole period from conception to end of life care. The Strategy identifies twelve areas for action:

Starting well Giving children the best start	**Growing well** Maximising 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
1. Parenting 2. School readiness	3. Education 4. NEET (Not in Education, Employment or Training) 5. In care	6. Alcohol 7. Drugs 8. Lifestyle and mental wellbeing	9. Dementia 10. Falls prevention 11. Frail elderly	12. End of life

2.4 District and borough councils have a great deal to contribute to the achievement of the above; the Strategy highlights responsibilities for housing, the environment, licensing, leisure and culture as contributions to improving the health and well being of people who live in Staffordshire. However, other key roles of the District Council include our knowledge and insight into the needs of local residents, our ability to either articulate these to other commissioners of services or make decisions to invest our own resources to meet these needs and our community leadership role which gives a mandate to local elected Members to advocate on behalf of our community. The District Council has an important role in business support, helping to grow existing businesses and attract new ones in to the area; businesses bring employment and employment brings choices about lifestyle and other factors which are the underlying determinants of health. Lichfield District has a relatively affluent community and overall the health of the local community has improved over the last decade; however, there are still health issues to be dealt with including the nine year gap in life expectancy between different wards within the District and the life expectancy of women (District wide) which is nine months below the national average.

Delivery

2.5 The Strategy and the twelve areas for action is a very 'high level' and will need to be backed up by delivery plans setting out more detail around achieving the aspirations set out. The Strategy prioritises three of the areas for attention during 2013/14 which include:

- Parenting
- Alcohol use - alcohol related admissions to hospital for both conditions wholly related to alcohol (eg. alcoholic liver disease) and alcohol attributable admissions (eg. unintentional injury) have increased in Lichfield District
- Supporting the frail elderly - between 2001 and 2011, the number of Lichfield District residents above the age of 85 has increased by 41% (an increase of over 650)

Shifting resources

2.6 The total amount invested in health and social care is much increased compared with a decade ago; during this time the proportion that is spent on intensive and specialist services has grown at a faster rate than that allocated to early help and prevention. To spend more on early help and prevention means spending less on reactive intensive support. The Strategy gives some examples of where Staffordshire appears to spend more than average on intensive support; if spend patterns could be changed then funding would be released to invest in prevention and early help. However, shifting resources in this way could have significant implications on existing health and social care providers, for example making it potentially necessary to reconsider the existing system of three acute hospitals within the county, leading to a different model of care. These types of decisions can be challenging and unpopular with the public but without them, demand for health and social care will considerably outstrip the available budget.

Links to other strategies

2.7 The HWB Strategy refers to the interrelationship with other Strategies including the Police and Crime Plan of the Police and Crime Commissioner (given links between substance misuse / mental health and anti social behaviour / violence including domestic abuse). The Health and Well Being Strategy recognises that the key route for delivery will be through the strategies, commissioning plans and investment decisions of the partners which comprise the Health and Well being Board.

Engagement

2.8 The HWB Board must demonstrate how they are involving the local community in the development of their Strategy and the Board has commissioned Engaging Communities Staffordshire (ECS) to project manage the engagement activity. This activity is planned to take place between now and 5 September. The Health and Well Being Board has decided that this engagement should be focused not on a formal consultation of the Strategy, but more on engaging the public of Staffordshire in how it should be delivered, as part of the ongoing statutory responsibility of the Health and Well Being Board on the involvement of the public and service users.

2.9 To facilitate this process, the Board has developed some questions - attached at **Appendix B**. Members can access this questionnaire at http://www.engagingcommunitiesstaffordshire.co.uk/conversation-staffordshire/ and may wish to respond individually and encourage local people to reply. In addition the Strategy and the questions have been posted on the District Council's website. It will be useful to have a good response from Lichfield District residents as this will provide intelligence to inform local planning going forward.

3. Recommendation

3.1 Members are requested to consider and comment on the draft health and Well Being Strategy.

4. Financial Implications

4.1 None arising directly from this report

5. Strategic Plan Implications

5.1 Many of the aims set out in the Plan for Lichfield District are about the underlying determinants of health including improving housing, keeping the area safe, growing our economy etc. In particular, the Plan aims 'to improve the health and well being of the whole population of the district making sure that we make the biggest improvement for people with the lowest life expectancy'. This aspiration is very consistent with the aims of the Staffordshire Health and Well Being Strategy

6. Crime and Community Safety Issues

6.1 Residents' Surveys have consistently highlighted the importance of low crime and fear of crime as a key factor in making a some where a good place to live. The importance of this is also reflected in the Plan for Lichfield District which aims to 'help people to be and to feel secure in their homes, neighbourhoods and town and city centres by tackling crime and anti social behaviour. Freedom from anti social behaviour, intimidation and harassment are very important factors in promoting mental health and enabling people to take an active role in their neighbourhood and enjoy the amenity of parks and open spaces.

APPENDIX A

Living well in Staffordshire

Keeping you well
Making life better

Our Five Year Plan 2013–2018

Staffordshire Health and Wellbeing Board

‘Prevention is better than cure’

Foreword by the joint chairs of the Health and Wellbeing Board

Staffordshire is a good place to live.

Our communities compare favourably on many measures of wellbeing with the rest of the West Midlands and with England, but the global economic crisis has affected our county, increasing the level of need and reducing the resources available for public services. In addition, our very success over recent decades means that many more of our most vulnerable people live to a ripe old age, often needing considerable help, especially in later life.

As the leaders of the main public services across the county, members of Staffordshire’s new Health and Wellbeing Board are clear that the way public services currently operate is not sustainable and must change. We must move away from a situation where too many of our services are reactive, helping people only when things have gone wrong, often at great expense.

Instead, we must support local people to live and work in safe, pleasant and resilient communities, to control their own lives and shape their own wellbeing. In this way, people will enjoy longer lives with a better quality of life.

Our ambition requires radical transformation of services for the public across Staffordshire.

People will need to take on much greater personal responsibility for their own wellbeing, making the right choices when these are open to them. At the same time, we need to recognise and understand those people who are vulnerable or at risk, so that we can focus on prevention and early help for them.

This will only be possible if we can shift resources currently used in intensive reactive services to invest in services that identify needs at the earliest possible stage and stop them getting worse.

This strategy sets out our priorities for action.

It is intended to strike up informed debate across Staffordshire, engaging local people, carers and advocates, service providers, and public bodies. These conversations will refine our approach and guide its implementation over the coming years.

We believe that the publication of this strategy will be heralded as the moment Staffordshire became united in its effort to make best use of the social and financial resources available to improve the health and wellbeing of people who live here.

Councillor Robert Marshall

Joint Chair, Health and Wellbeing Board and Cabinet Member for Health and Wellbeing, Staffordshire County Council

Dr Johnny McMahon

Joint Chair, Health and Wellbeing Board and Chair, Cannock NHS Clinical Commissioning Group

Section 1:

The Context of Staffordshire

Staffordshire is a county characterised by a diversity of people and place.

As a large county, covering a range of rural and urban settings, Staffordshire's communities compare well with the rest of the West Midlands and England.

Residents tell us they feel proud of their heritage and are happy to live in an environment rich in natural beauty and full of economic potential.

Health and wellbeing is important to them. When asked to describe their main measure of quality of life, top priorities include being fit and healthy, having access to strong social networks, and having the ability to be a productive member of their local community.

Staffordshire's population has changed considerably over the last decade. We now have an older population, with a 25% increase in the number of people aged 65 and over in the ten years between 2001 and 2011. This is greater than the national rate of change.

The county is also more ethnically diverse, with an increase in the black and minority ethnic population, which now includes around 86,500 people, roughly 10% of the total.

These demographic changes have contributed to a changing health and wellbeing profile for the county.

Although the overall health of the population has improved in recent years, with people living longer and fewer people dying from major illnesses, significant inequalities exist across the county. Life expectancy rates vary by up to 12 years between different areas and communities.

The nature of community needs has also changed, with increased demand for support with long-term conditions, vulnerability to becoming a victim of crime, mental illness, substance misuse and increased rates of obesity.

In particular, an aging population has required a shift to support people to maintain an independent life, with great scope for modern technology to help them remain in their own homes.

The economic structure in Staffordshire has also changed considerably in recent years, along with ways of working and patterns of employment.

Manufacturing remains a key sector for the county, but the public sector now provides around a fifth of all jobs. There has also been growth in rural employment, with an increase in the range of industries represented, as well as the number of roles.

These changes have seen an increase in part-time working and also a rise in youth unemployment, which continues to be the focus of national and local economic development strategies.

Crime and anti-social behaviour continue to fall in Staffordshire, but there is still more to be done.

'Troubled families' cost taxpayers well over £100m a year in Staffordshire, and pressure on limited budgets is worsening, with an increase in the number of children living in poverty and the number of looked after children.

Inadequate housing causes, or contributes to, many preventable diseases and injuries, including respiratory, nervous system, and cardiovascular disorders, and cancer, as well as reducing mental health and wellbeing. At a national level, it is estimated that poor housing costs the NHS at least £600m per year.

Although the rate of house building has fallen over the past six years, the provision of affordable housing in Staffordshire has increased annually since 2007 (other than between 2011 and 2012). House prices in Staffordshire fell by 1.2% between 2012 and 2013, suggesting that more accommodation is available for families and individuals. This is supported by increasing sales volumes. Nonetheless, national data suggests that homelessness rates are continuing to rise and affordability remains an issue, particularly in rural areas.

Based on figures from 2012, 22% of households in the West Midlands are in fuel poverty, higher than any other English region. This rate is higher in rural households (24%) and higher still in households where adults are unemployed.

A key driver of housing need within any given area is population change. Greater levels of population increase the need for housing and jobs to support it, alongside the full range of community and commercial services. District and borough council spatial strategies are being developed to take account of changing to our population.

Addressing health inequality in Staffordshire requires two things: organisational change in the way the public sector designs and commissions services, and behavioural change in the number of people making healthy lifestyle choices.

Staffordshire' history of innovation, self-reliance and adaptability suggests that, with the leadership of the Health and Wellbeing Board, its residents will rise to the challenges that these changes present.

More detailed information on Staffordshire may be found in the Enhanced Joint Strategic Needs Assessment at www.staffordshire.gov.uk/YourHealthInStaffordshire and in the 'Staffordshire and Stoke on Trent Story' at www.staffordshireobservatory.org.uk/research/thestaffordshirestory

Section 2:

Our Vision

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.

Staffordshire's Health and Wellbeing Board brings together the main public service organisations that have responsibility for improving the health and wellbeing of people who live here.

It includes representatives from:

- Staffordshire County Council, with its responsibilities for social care, public health, education, and economic development,
- District and Borough Councils, with their responsibilities for housing, the environment, licensing, leisure and culture,
- NHS Clinical Commissioning Groups, responsible for health services,
- Staffordshire Police and Crime Commissioner and Staffordshire Police, with responsibilities for improving community safety,
- NHS England, responsible for primary and specialist healthcare, and
- Healthwatch, the community champion for users of health and social care services, in the form of Engaging Communities Staffordshire.

While each of us has a unique perspective, we are united in our vision for the future.

Our shared vision reflects the many elements that lead to a long and healthy life and the contribution that each of our organisations makes to them. We cannot fully achieve our aims for local people without working together, towards a shared goal.

In taking forward this vision, the key partnerships across the county, including:

- Staffordshire Strategic Partnership
- Staffordshire Local Enterprise Partnership
- Staffordshire Education Trust

will work together, to ensure that there is real impact for the people of Staffordshire.

We will also develop solid links with the voluntary and community sector, with district and borough level partnerships and with the Health and Wellbeing Board for Stoke-on-Trent.

Section 3:

Principles

Working together to lead transformational change

"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."

Staffordshire's Health and Wellbeing Board is committed to transforming public services that contribute to local health and wellbeing.

We will show the courage and determination to do the right thing and Staffordshire's people will hold us to account.

Although we have all made great efforts to improve our services over recent years, we recognise that, in the face of unprecedented budgetary pressures, a step-by-step approach to change has not and cannot achieve enough.

We are committed to re-look at the work of our organisations and those we commission to deliver services on our behalf

In so doing, we have adopted the following key principles.

Tackling the wider determinants of health and wellbeing

Health and wellbeing is influenced by a wide range of social, economic and environmental factors, some of which are influenced by large-scale universal trends and others by individual behaviour.

For Staffordshire's 850,000 residents, this means dealing with a range of challenges, from the more traditional issues in public health, such as keeping fit and eating healthily to wider impacts on health such as finding rewarding employment, getting a good education and securing comfortable housing.

For example, people with a better education tend to live longer and be less likely to suffer from depression. The majority of Staffordshire's children and young people achieve the expected national standards of education attainment, but there are differences in how well a young person is likely to do, dependent on where in the county they live. This is particularly the case at Key Stage 4 and in relation to post-16 learning and skills.

Investing in early help and prevention

With growing pressure on limited public resources, we need to fundamentally change the way we support people to be healthy and well.

Experience shows that we have been too focused on supporting people when things go wrong, rather than on preventing crises through early help and advice that enables people to stay independent and well.

Figure 1: Distribution of Health Need and Health Spend in Staffordshire (2010/11)

Figure 1, for example, shows that we use a large part of the NHS budget to support people with severe disease. Yet these people represent only a small proportion of the total population, with perhaps ten times as many people in Staffordshire already on the road to serious ill health.

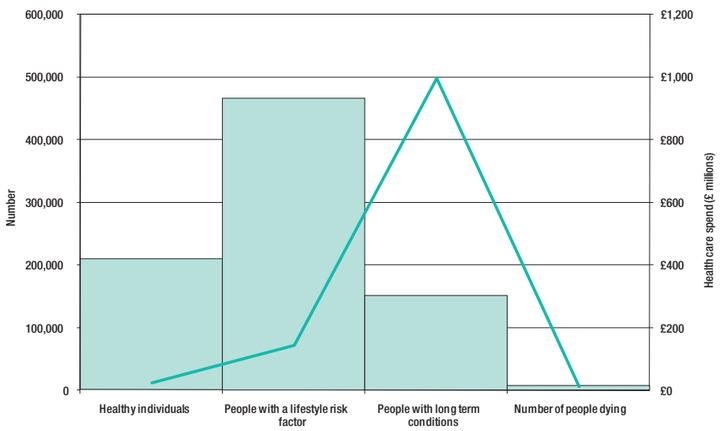


Figure 2: The Scale of the Financial Challenge for Staffordshire (£m)

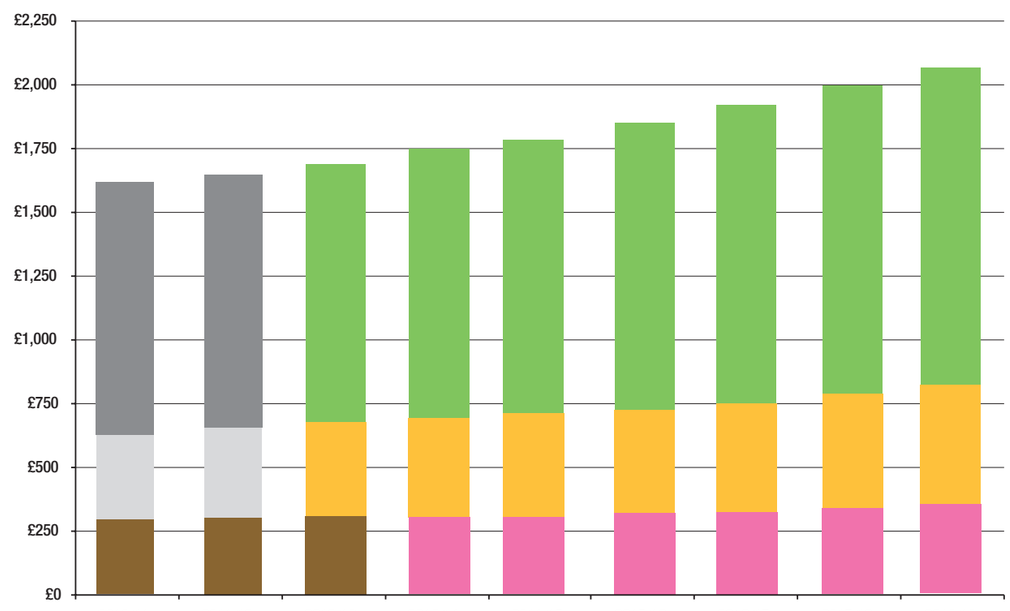


Figure 2 shows how, if current trends were to continue, the cost of providing social care and NHS services would inexorably rise year on year. Based on the existing way of providing services, by 2018/19 an extra £62m a year would be required to meet the predicted £365m social care bill. An extra £230m would be needed to meet the predicted £1.25bn acute hospital care cost. This would mean a total predicted funding gap of £292m. This increase, against the backdrop of financial recession and diminishing resources is unsustainable. Given that there will be no additional funding available, this extra £292m across social care and acute services would have to come from funds that could otherwise be spent on prevention. That figure is more than three quarters of the approximated £400m currently spent on prevention and primary care services. This would have a severe impact on the county's ability to fund preventative services that can reduce demand for expensive acute services in the future, which in turn would raise costs even higher, creating a 'vicious circle' of ever-increasing demand and costs.

Reactive care is expensive. On average:

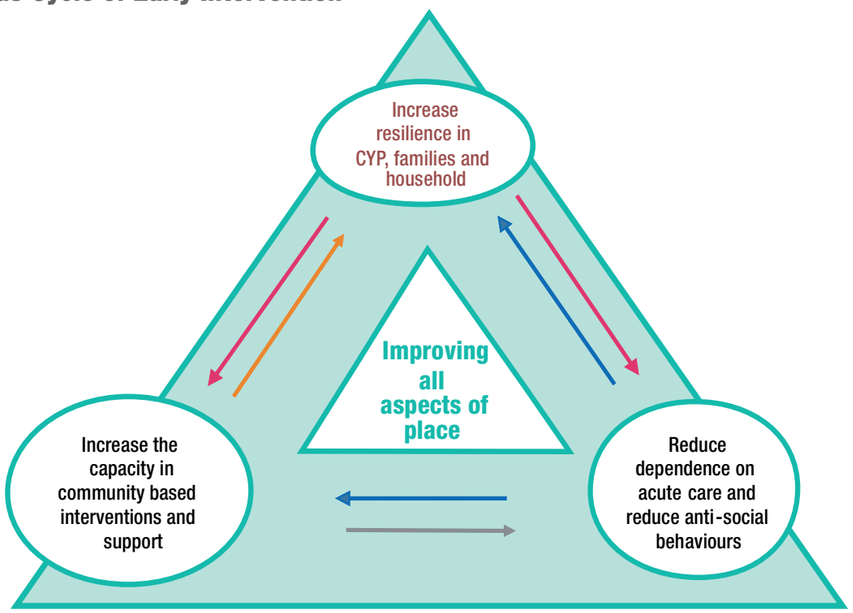
- One non-elective patient admission to hospital costs £1,674
- One day spent in a mental health acute hospital bed costs £312
- One week in a residential care home for an older person costs about £585
- One month with a foster family costs about £2,760
- One case of criminal 'violence against the person' has a total social and economic cost of almost £14,000
- A year in prison costs an average of over £37,000 per prisoner
- A one-year order involving probation supervision and drug treatment costs about £1,400

By contrast, it has been estimated that preventative health services delivered in the community save £4 for every £1 spent, while every £1 spent on drug prevention saves £10 on treatment and may prevent a drug user committing crime to the value of £36,000 a year.

Staffordshire's Health and Wellbeing Board is committed to supporting families to avoid crisis, with all the poor life experience this involves.

We want to invest more in spotting problems early, so that we can stop these getting worse. By doing this, not only will the people we support have a better quality of life, we will also make better use of the limited money we have. This will require bold action to change the way we decide which services are needed and how these services are delivered.

Figure 3: Virtuous Cycle of Early Intervention



Section 4:

Values

Staffordshire's Health and Wellbeing Board is committed to the transformation of a whole system of services and processes that affect the health and wellbeing of local people. This is a huge and difficult task.

As such, it is essential that the work of the Board is guided by strong, meaningful and shared values that are founded in what Staffordshire's people say is important to them.

Living safe and well in my own home

People enjoy a much better quality of life if they are able to live in their own home and remain part of their local community. We will support solutions that are built around people's ongoing home life and independence, taking account of their housing needs. As part of this, we need to ensure that local communities are safe and are supportive of all of their members, especially those who are vulnerable.

Living my life my way, with help when I need it

People experience greater wellbeing if they have control over their own lives and are able to make choices about what happens to them. Information, advice and guidance enables most people to do this by allowing them to draw on the support and services available to everyone. However, the most vulnerable people in our communities may need extra support. We will place great value on solutions that offer targeted support at an early stage, reducing inequalities by helping vulnerable people to achieve the wellbeing others take for granted.

Treating me as an individual with fairness and respect

Staffordshire's public services should be based on the principle that people deserve to be treated as individuals, receiving support of a standard that we can all be proud of.

In light of the findings of the recent inquiry into Mid-Staffordshire Hospitals NHS Foundation Trust by Robert Francis QC, a key element of this will be to build systems based on quality of experience, which properly safeguard vulnerable people and allow us to act quickly and decisively if things go wrong.

The role of Engaging Communities Staffordshire on the Health and Wellbeing Board is to ensure that the views and experiences of patients, service users, and communities are at the heart of our approach

We support solutions that are built around the person, that provide services of the highest quality and demonstrate respect, dignity and fairness.

Making best use of taxpayers' money

The organisations represented on the Health and Wellbeing Board spend around £3.5bn a year – more than £4,000 for every person living in Staffordshire.

As public service organisations, we will ensure that every tax payer gets quality, value for money services.

This means that we will always look for the best person or organisation for the job. In some cases, this will mean delivering services ourselves and in others, it may mean other organisations delivering services on our behalf – particularly those in the voluntary sector.

Section 5:

Priorities

Reducing health inequality

There are significant differences in life experience and health outcomes between people living in the best parts of Staffordshire and those in the most deprived areas. This is shown in Figure 4.

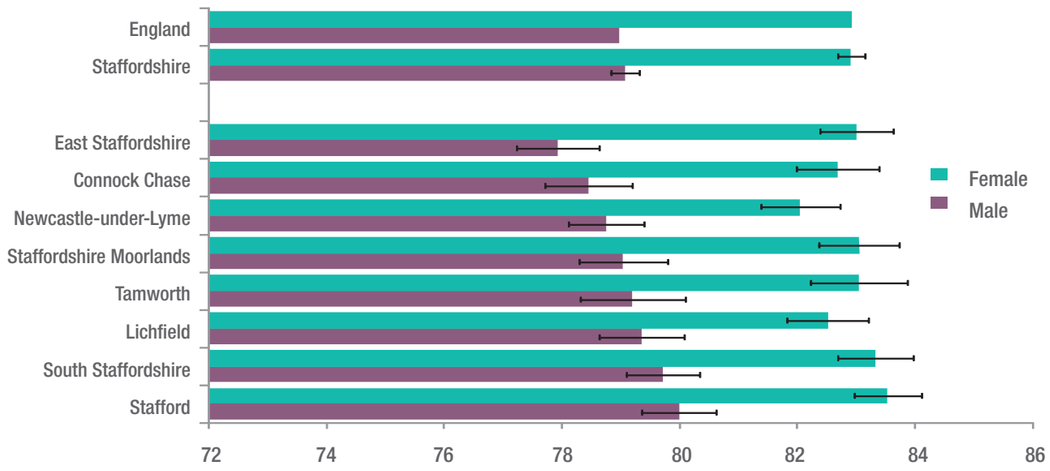
Figure 4: Inequalities in Staffordshire

		Least deprived areas	Most deprived areas
Health	Claim incapacity benefit	3%	12%
	Have a limiting long term illness	14%	23%
	Smoke	16%	34%
Education	Get a least five GCSEs A*-C	70%	37%
	16-18s not in education, training or employment	4%	15%
	Claim free school meals	4%	33%
Work	Become a professional or manager	36%	12%
	Are employment deprived	5%	19%
	Live on benefits	6%	26%
	Have no access to a car or van	8%	42%
Home and family	Live in poverty as a child	5%	39%
	Live in income deprived households	4%	28%
	Live in poverty when they are aged 60 and over	8%	32%
	Are part of a lone parent family	3%	11%
	Live alone as a pensioners	10%	16%
Experience of crime	All crime	3%	15%
	Anti-social behaviour	2%	10%
	Burglary	0.3%	0.6%
	Deliberate fire	0.1%	0.6%
Life expectancy	Life expectancy for men (years)	81	74
	Life expectancy for women (years)	85	79

The ultimate measure of wellbeing is healthy life expectancy. A healthy life is likely to be both longer and happier.

Overall, life expectancy in Staffordshire is 79.1 years for men and 82.9 years for women. Looking at the duration of good health, men can expect to live 69 years without disability, and women 72 years. In other words, both men and women can currently expect to spend the last ten years of their lives in poor health. Figure 5 shows how this varies across the county.

Figure 5: Life expectancy at birth, Staffordshire residents, 2009-2011 (provisional)



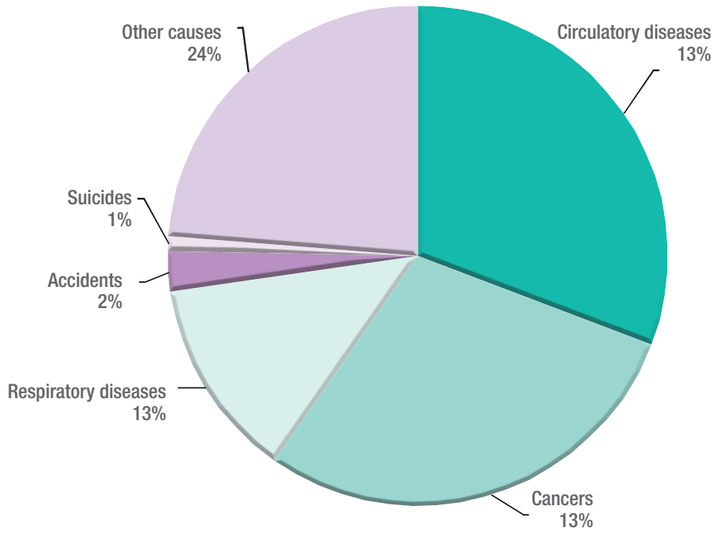
Yet too many people do not live to theses ages, and too many experience avoidable ill-health and disability for many years before they die.

Around 8,000 people die every year in Staffordshire. About a third of them are aged under 75 and can be considered to have died prematurely.

We know why people die early in Staffordshire: almost three quarters of deaths are due to long term conditions such as cardiovascular disease, cancer and respiratory diseases. Suicide and accidents are the biggest killers of young people, especially young men. See Figure 6.

There are 148,000 adults and 8,300 children living with at least one long term condition in Staffordshire.

Figure 6: Common causes of deaths in Staffordshire, 2009-2011



Our traditional approach has been to react to the causes of early death – so if someone is found to have cancer, we care for them and treat them but very little is done about preventing the cancer in the first place. This is shown by where we currently spend our money.

In 2012/13, the NHS in Staffordshire spent £1bn on secondary, emergency and ongoing care, which is well over half the total amount spent by the NHS across the county.

Similarly, of the £545m spent each year in total by Staffordshire County Council (excluding schools), £303m is spent on social care for people whose needs are assessed as being substantial or critical and on children who have been taken into care. This equates to just over half of the total spent. For a number of complex reasons, the trend for health, educational and social outcomes for looked after children remains poor nationally. There is a high rate of teenage pregnancies, substance abuse, mental health problems and a lower life expectancy amongst looked after children and as such these young people often require extra support from the local authority.

If we continue as we are, Staffordshire's ageing population will lead to an unmanageable surge in demand for health and social care services. Although people will live longer, these will not be healthy years. Instead, long-term chronic ill health and mental illness will increase, especially in the over-65s.

In numerical terms, this would mean that, by 2022, there might be 14,000 more people with unhealthy lifestyles, 29,000 more people with early onset disease, 9,000 more people with severe disease, and 600 additional deaths a year. As noted earlier, care and support for these people could cost an additional £292m a year and would need to be found from public services such as schools, leisure, or highways, impacting on our communities and the health and wellbeing of future generations.

We want to change this. We want to tackle the causes of health inequality and early death by focussing on early help and prevention, not by reacting to crisis.

We will support people to take active control of their own health and wellbeing.

This kind of long term behaviour change will need us to work with communities to challenge long held cultural values, raise aspirations and provide the tools they need to shape their own futures.

To do this, we need to consider people's lives in their full complexity.

A 'life-course approach' focuses on a person's experience of health, from the moment of conception through childhood and adolescence to adulthood and old age.

By looking at the circumstances in which people in Staffordshire are born, grow up and live, we can identify key factors generating poor health and early death and then put the services in place to address these problems at the earliest possible stage.

By acting now, in 2022 we could see 78,000 more people leading healthy lives, 10,000 fewer people with early onset disease and 3,000 fewer people with severe disease.

The difference between acting and failing to act could be up to 700 deaths a year – every year.

Twelve areas for action

Over the five years covered by this strategy, we will work together to address the 12 priority areas for action shown in Figure 7. By focusing on a small number of priorities, we will have the biggest possible impact on health and wellbeing across the county.

Our priorities draw on the evidence presented in the Enhanced Joint Strategic Needs Assessment (eJSNA) for Staffordshire, which is supported by detailed assessments done for each of the eight districts and boroughs across the county.

Figure 7: The twelve areas for action

Starting well	Growing well	Living well	Aging well	Ending well
Giving children the best start	Maximising potential and ability	Making good lifestyle choices	Sustaining independence, choice and control	Ensuring care and support at the end of life
1. Parenting 2. School readiness	3. Education 4. NEET (Not in Education, Employment or Training) 5. In care	6. Alcohol 7. Drugs 8. Lifestyle and mental wellbeing	9. Dementia 10. Falls prevention 11. Frail elderly	12. End of life

Starting Well

The highest priority in the Marmot Review was the aim to give every child the best start possible as this is crucial to reducing health inequalities across the course of someone's life.

Priority 1 – Parenting: The quality of parenting a child receives has a big impact on their chances in life. Good parenting enables children to have a good start and to achieve their maximum potential. Giving children a good start breaks the cycle of deprivation that can otherwise continue for generations.

Priority 2 - School readiness: The foundations of human development are laid in early childhood, so good indicators of future health and wellbeing are the early skills they learn in readiness for school. This includes the development of language, motor and social skills. The early years are a very sensitive period when it is much easier to help the developing social and emotional structure of the infant brain, and after which the basic architecture is formed for life. If children have the social and emotional capability to be 'school ready' at the age of five, this will have a significantly positive impact on the rest of their lives.

Figure 7: continued

Growing Well

Children, young people and adults who are supported to reach their potential can have greater control over their lives and their health and wellbeing.

Priority 3 - Improving educational attainment: Areas of low educational attainment and skills are often associated with high levels of worklessness, deprivation and poor health. In Staffordshire there are variations in the number of pupils achieving five or more A*-C GCSE grades that we will need to address.

Priority 4 – Reducing those who are not in education, employment or training (NEET): The number of 16-18 year olds not in education, employment or training varies from under 4% in Stafford to 9% in Cannock Chase. We need to reduce these differences and ensure that young people can participate in a productive and fulfilling life.

Priority 5 - Children in Care: The safety of children and young people in care is a priority for every organisation that works to protect children. We need to do more to ensure that the chances in life for young people in care are the same as for those who are not. We want young people in care to reach their full potential.

Living Well

Enabling good lifestyle choices means that people in Staffordshire can lead long and healthy lives.

Priorities 6 and 7 - Reducing harm from alcohol and drugs: An existing priority is to reduce harmful levels of alcohol consumption and alcohol-related harm in Staffordshire. The effects of alcohol and drug misuse impact on all areas of health and community safety, and have far reaching effects across society.

Priority 8 - Promoting healthy lifestyles and mental wellbeing: Nearly 500,000 adults in Staffordshire have at least one lifestyle risk factor, either being a smoker, consuming too much alcohol, having a diet low in fruit and vegetables or not taking enough physical exercise. Many people have more than one lifestyle risk factor. In some areas existing targets are not being hit, or trends are moving in the wrong direction.

Ageing Well

By helping people to live independently and be in control of their lives, we can support older people to be healthy and well.

Priority 9 - Dementia: Amongst people aged 65 and over, over 10,000 people in Staffordshire were estimated to have dementia in 2010. This is expected to rise to over 14,000 by 2020. Many cases go undiagnosed. Of the 10,300 expected cases of dementia in Staffordshire, only 4,200 are recorded on GP registers.

Priority 10 – Falls prevention: The numbers of deaths from accidental causes, including falls, is higher amongst the over 65 age group in Staffordshire, partially in Cannock Chase, Lichfield, Stafford and Tamworth.

Priority 11 – Frail elderly: Many older people are living with one or more long-term medical condition and for a significant number, getting older brings frailty, instability, immobility, incontinence or dementia. As we age we tend to use health and social services more. The challenge faced by member organisations of the Health and Wellbeing Board is to work together to provide good quality personalised care.

Ending Well

Ensuring good quality care and support at the end of someone's life.

Priority 12 – End of Life: When someone reaches the end of their life, we will ensure that they are well cared for and, as far as possible, are in a place of their own choice.

The focus for 2013/14: parenting, alcohol use and supporting the frail elderly

Parenting

Getting the best start in life is an important factor in a person's future health and wellbeing.

Good parenting is not only essential for a safe, happy and healthy childhood, it sets children up to reach their potential and lead a successful adult life.

In Staffordshire, we know that a child's wellbeing varies with age. Over 5,000 children are identified as being in need, with nearly a third of these being under the age of 5 years.

Our eJSNA highlights a number of important areas, ranging from obesity to educational attainment and unintentional injuries, where we need to work together to support good parenting and improve health and wellbeing for children. We will develop new ways of supporting parents that start during pregnancy and continue into a child's early years. We will build stronger universal services that are available to all families and will work together to build resilient families and communities who are supported with early help to stop problems getting worse.

Alcohol use

Around one in four adults in Staffordshire drinks more than the recommended amount of alcohol. This leads to a wide variety of health, crime and social problems, many of which affect our communities and particularly the elderly and vulnerable.

Across the course of someone's life, many harmful effects can be experienced due to alcohol: foetal alcohol syndrome (FAS) in unborn babies, chronic health conditions (such as hypertension), mental health deterioration and death from liver disease.

Alcohol consumption also contributes directly to the number of crimes committed, makes victims more vulnerable, and is often a significant factor in road traffic accidents and accidental dwelling fires that lead to death or life threatening injuries.

Alongside partners such as the Probation Service, we will work through the Alcohol and Drug Executive Board (ADEB) to oversee the development and delivery of a strategy to reduce alcohol-related problems in Staffordshire. The strategy will involve initiatives to educate and prevent problems, provide early help when issues arise, treat the most entrenched problems, regulate the availability of alcohol and enforce legal restrictions.

Supporting the frail elderly

The way in which we support people to age well and to keep their health and independence is of considerable importance to our communities.

Staffordshire has an increasing population of older people, and the number of residents aged over 75 years is expected to double by 2033.

Too many elderly people are experiencing vulnerabilities that can be avoided or better managed. Over half of adult protection referrals relate to people aged 75 and over, while malnutrition amongst older people in nursing and residential care settings is estimated at 40-45%.

Dementia is expected to increase in an ageing population and there are significant numbers of people with undiagnosed long-term conditions. We also need to do more to support carers.

A new model of 'anticipatory care' will be developed to support people who are elderly and frail. The new approach will help to identify and manage long term conditions. It will ensure that we provide seamless care and support that focuses on the needs and wishes of the elderly person so that they can keep their independence and quality of life for as long as possible. This work will be driven by a number of new local Accountable Care Partnerships.

Section 6:

Shifting Resources

It has been known for many years that there are significant benefits to be gained from a greater focus on early help – the old adage that 'prevention is better than cure' has long applied.

Although we have started to make some shifts in resources, notably in the area of services for people with learning disabilities, examination of data for the system as a whole suggests that we have in fact been moving in the wrong direction.

While the absolute amount of resource available in 2013 is significantly greater than was the case a decade ago, the proportion devoted to intensive and specialist services has grown at a faster rate than that allocated to early help and prevention. As noted earlier, we now spend more than £1.3bn across health and social care reacting to the symptoms of ill health and current trends would mean this would increase to almost £1.6bn by 2018/19.

If we are to focus on early help and prevention rather than reaction at a point of crisis, we must change how we use the resources available to us.

To spend more on prevention and early help means spending less on reactive intensive support. This should quickly become a virtuous circle, where increased focus on prevention and early help reduces the need for later intensive intervention, releasing further resources for prevention and early help.

By reducing spending on emergency intervention we would release millions of pounds to significantly increase spending on prevention. A large increase in the resources available for prevention would allow us to conduct prevention programmes that will improve outcomes for residents and make considerable savings in the future.

An example of this strategy can be found in Nottingham, where the local authority has invested heavily in a comprehensive early intervention package of support for 0-5 year olds and their parents / carers. This has boosted Nottingham's Foundation Stage results to above the national average. Unfortunately, budget pressures have restricted how much local authorities can spend on early intervention. However, if Nottingham were able to invest another £1.6m per year to roll out Family Nurse Partnerships to all teenage parents eligible for the programme, it has been predicted that this would save £4m-£8m by the time these children were 15 as well as improving the health and well being of a considerable number of families in their community. This money could then be further reinvested in other prevention programmes.

Significant improvements to outcomes and financial savings have also been seen in other aspects of health and wellbeing. Identification and advice for harmful / hazardous drinkers can save £4.30 for every £1 spent in the average GP cluster. Brief interventions delivered in GP surgeries result in an estimated 40% reduction in alcohol consumption and a cost-saving of £123 per person. For every 100 alcohol-dependent people treated with early intervention support, 18 A&E visits and 22 hospital admissions may be prevented. This costs £40,000 and saves £60,000. Similarly, one alcohol liaison nurse at a cost of £60,000 may prevent 97 A&E visits and 57 hospital admissions, saving £90,000. An even more striking example of both the cost and patient benefits of early intervention can be seen in primary care screening. It has been suggested that, for every 5,000 patients screened for potential health problems in primary care settings, 67 A&E visits and 61 hospital admissions may be avoided. These screenings have an initial cost of £25,000, but can save up to £90,000.

Reducing our spending on emergency intervention to the level achieved by the top performing areas in England would release significant funds and allow us to increase spending on prevention by more than half.

A specific example of an opportunity of this nature can be found in nursing and residential care services for adults with learning disabilities. In 2011/12, 51% of the budget available for adults with learning disabilities was spent on residential and nursing care. This was almost a quarter more than the average spend by the surrounding shire counties, where only 42% of the budget was spent on this form of intensive care. If the Staffordshire spend was brought in line with our peers, this would free up a significant amount of funding that could be spent on early intervention programmes to give people with learning disabilities more freedom and choice in how they receive their support.

Such radical shifts in resources would have to be accompanied by radical changes in the emergency care system.

For example, reducing demand on the acute hospital system, so that expenditure could be reduced while maintaining the quality of care, would require a significant reshaping of that system. It might, for example, require a large reduction in the number of hospital beds occupied by emergency patients – recognising that we already have many more beds than our population might suggest are required. This would make it necessary to reconsider the existing system of three acute hospitals within the county, leading to a different model of care. Similarly, reducing expenditure on residential care, through helping many people to remain independent and living in their own homes, might mean that some existing care homes were no longer required, with consequent impact on providers in that sector.

In reshaping the hospital system, it will be important for us to recognise the challenges involved. The NHS Payment by Results system means that Trusts are paid for the work they do, and so reductions in demand are matched by reductions in income. However, this does not in itself release funds for investment by commissioners in preventative services. In order to reduce their costs, hospitals need to be able to withdraw capacity in parallel to falling demand. Due to the nature of healthcare, capacity often needs to be withdrawn as whole units (such as an entire ward, an entire consultant team), rather than piecemeal. Care will therefore be required to ensure that the proposed reductions in the need for acute care are managed in such a way as to allow hospitals to match them with a phased programme of capacity reduction, which avoids the risk of the system becoming destabilised.

Key priority areas for releasing resources

The diseases that have the greatest impact on demand for intensive support are cancer, heart disease, and dementia. In 2010/2011, of the 68,700 emergency (unplanned) hospital admissions across Staffordshire, almost half were patients with one or more long term condition (47%). The most common causes of admission to hospital are for hypertension (8%), coronary heart disease (6%), and cancer (5%).

As a Board, we are committed to investing in the prevention of these diseases wherever possible, and early help for those who have been diagnosed.

Through the development of a Community Care Strategy, we will work in new ways to support older people and those with long term conditions, including physical and sensory disabilities.

The strategy will outline how local organisations will work together to meet the needs and expectations of local people. It will ensure that the services developed and delivered in partnership are modern, innovative, creative and make a real improvement to the lives of people with long term conditions.

The healthcare needs of individuals with more than one chronic condition are likely to be complex. In the past, people with multiple conditions have had several different health workers to address each of their conditions. This has led to a duplication and inefficiency, and in some cases contradictory interventions. Therefore the approach to supporting people with multiple chronic conditions must take the person involved and all of their health conditions into consideration as a whole with as few separate points of contact as possible. This will allow a more holistic, effective and efficient approach to addressing need.

Cancer

We will develop the support available to cancer patients and carers. We will ensure that diagnosis is provided as early as possible and that patients are made fully aware of the options available to support them with their decision making around their health and social care needs.

Heart Disease

We will contact people who regularly need unplanned secondary care and offer them a planned package of support that will anticipate, co-ordinate and join up the health and social care support they need.

We know that patients with a diagnosis of heart disease are high users of hospital emergency departments, but by offering early help we hope to reduce the likelihood that they will need to be admitted to hospital.

Dementia

Across Staffordshire there are estimated to be over 10,000 people living with Dementia (both diagnosed and undiagnosed) and this number is set to increase significantly over the coming years.

Our main focus is to ensure that people living with dementia get care that is tailored specifically for them and helps them to live the best life possible.

To make best use of the money we have available to us, we need to be more innovative in the way we meet the needs of people with dementia. We'll support people to remain within the community for longer by investing in memory clinics, carer support and mental health liaison in hospitals in order to manage dementia, delirium and depression.

Work is also in hand to develop 'Dementia Centres of Excellence', which will meet the needs of dementia sufferers as their health deteriorates and will reduce the need for people to be transferred from residential care to specialist units.

Section 7:

Enablers

To improve the wellbeing of Staffordshire's people through early help and prevention, we must ensure that the way we work supports change rather than hinders it.

We believe these system changes need to be made in four vital areas:

- How we make decisions (governance)
- How we work out what needs to be done (integrated commissioning)
- How we ensure there is a powerful voice for service users (public engagement)
- How we design how services are delivered (integrated provision)
- How we make decisions (governance)

The Health and Wellbeing Board will play a central role in ensuring that all parts of the system across Staffordshire work together to deliver the agenda set out in this strategy.

The Board is the only forum where the main commissioning bodies – county council, clinical commissioning groups, district and borough councils, and police – come together. It is also held accountable by the community champion HealthWatch, to ensure its debates and decisions take account of public interest.

We have a statutory duty to produce this strategy, and all of us have a statutory duty to have regard to it in developing our own organisational plans, but Staffordshire's Board will be more proactive than this.

The Board will:

- lead the big, strategic issues, setting the direction for the whole system
- will identify and resolve those issues that block progress in key areas, so that people on the ground are able to deliver the radical changes needed
- develop clear arrangements for working with the Staffordshire Strategic Partnership, Staffordshire Local Enterprise Partnership, Stoke-on-Trent Health and Wellbeing Board, district and borough health and wellbeing boards and local health and social care forums

How we work out what needs to be done (integrated commissioning)

The achievement of our vision requires that we undertake our commissioning functions in a different way than previously, taking account of the wider determinants of health as well as the clinical evidence.

It is no longer enough for us to simply work alongside each other. Instead, our commissioning needs to become truly integrated across a range of the most important topics, minimising duplication and avoiding situations where our organisations pull in different directions.

With support from the King's Fund, which has an international reputation for its expertise in this field, we have identified a number of areas where there is benefit in taking forward a deeper integration of our commissioning responsibilities, bringing together both staff and budgets.

In doing so, we will be able to draw upon the experience of the Joint Commissioning Unit, which has for the past several years undertaken a range of commissioning functions on behalf of the County Council and the two Primary Care Trusts. This work will need to have particular regard to the relationship with Stoke-on-Trent.

More locally, we will build upon the solid foundations already developed by the district and borough councils to develop integrated models of commissioning that are suited to and responsive to the specific needs and contexts of each part of the county.

How we ensure there is a powerful voice for service users (public engagement)

As the recent report of the Francis Inquiry makes clear, the voice of the local population must be at the heart of our debates, just as our communities must be the centre of everything we do.

The experience at Stafford Hospital is especially powerful for us and we are united in our commitment to ensure that we avoid such dreadful failures in care affecting Staffordshire's people ever again.

In order to strengthen the voice of people who use services (adults, children and young people alike) we have established a new organisation called Engaging Communities Staffordshire (ECS).

Building on the experience and expertise of the Local Involvement Network (LINk), ECS will go far beyond the remit for Healthwatch to become a centre of expertise and knowledge about the people of Staffordshire.

It will have a key role as an independent organisation to collate and challenge all the available information about how people experience health and social care services, undertaking new research where necessary, and drawing on this to present a clear and persuasive contribution to the debate.

Through its full membership of the Health and Wellbeing Board as the provider of Staffordshire's HealthWatch, ECS will provide a powerful connection with the people of Staffordshire, ensuring that their voice is heard at every stage.

In addition, there is a raft of communication mechanisms in place locally that will complement the countywide work of Healthwatch, in particular scrutiny through District and Borough councils.

How we design how services are delivered (integrated provision)

Over the past few years, health and social care commissioners have changed their focus from direct delivery of services to improving outcomes for people in Staffordshire by securing delivery of services through other organisations.

In putting Staffordshire's people at the centre of every service we commission, and by ensuring that we always seek the best organisation for the job, we have the opportunity to take dramatic steps to stop hand-offs that make no sense to service users and absorb energy and resource.

At the same, we can seek to establish the right mix of providers with different strengths and areas of expertise.

The integration of community health care and adult social care in the Staffordshire and Stoke-on-Trent NHS Partnership Trust is delivering a service with much less fragmentation and duplication, with original savings estimates of £31.5m per annum. Its work delivers more preventative and early-response work than under the previous system to 1.2m people. The benefit of this integrated system underpins the intention to develop the thinking, through the establishment of Independent Futures (services for people with lifelong disabilities) and Families First (services for children and families) into a provider model. This works across traditional sector boundaries to deliver real, holistic benefit.

Section 8:

Measuring Success

Joint Health and Wellbeing Strategy Outcomes

It is important for the Health and Wellbeing Board (HWB) to adopt outcomes that provide assurance that progress is being made towards the overarching Joint Health and Wellbeing Strategy (JHWS) vision.

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.

And principle:

"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."

To this end a number of overarching indicators are proposed:

Priority Area	Indicator	Baseline	Baseline Date
Vision	Proportion of people reporting feeling happy yesterday	71.9%	2011/12
	Proportion of people feeling very satisfied or satisfied with their local area as a place to live	95%	2012
	Proportion of people who live in a strong, safe and supportive community	Aspirational indicator for development	
Principle	Proportion of people who report a positive experience of using services	Aspirational indicator for development	
	Proportion of people who report strongly agreeing or agreeing that local services are successfully dealing with a range of issues	Baseline to be collected	2013
	Proportion of Staffordshire Plc budget spent on early intervention and prevention	TBC	TBC

Role of the Joint Strategic Needs Assessment (JSNA)

The JSNA is a process that identifies the current and projected health and wellbeing needs and assets of the local population.

The Staffordshire JSNA adopts an 'outcome based approach' and considers indicators that illustrate outcome that are within the Health and Wellbeing Boards (HWB) responsibility. To this end a Health and Wellbeing Board Outcome Framework (HWB OF) has been developed (appendix A). This is informed by indicators included in the national outcome frameworks for the NHS, Adult Social Care and Public Health with a specific focus on indicators that are shared by more than one framework. Over the next year the HWB OF will be reviewed and additional outcome indicators proposed by stakeholders will be considered for inclusion. One of the products of the Staffordshire JSNA process will be a needs profile focussing on the indicators listed in the HWB OF.

The JSNA needs profile will be used to inform the Joint Health and Wellbeing Strategy (JHWS). It supports the identification of priority areas for action. The JHWS is a five year strategy but will be reviewed on an annual basis in the light of new data to check the priorities are still appropriate.

The HWB OF indicators that are relevant to the priority areas will receive specific attention from the HWB as these provide an indication of progress in the priority areas. For the first year these are listed below:

Priority Area	HWB OF Indicator	Baseline	Baseline Date
Parenting	School readiness - Proportion of children achieving a good level of development within Early Years Foundation Stage	68%	2012
	Child development at 2-2.5 years	Baseline to be collected	2013
	Healthy weight in 4-5 year olds Healthy weight in 10-11 year olds	77.3% 65.5%	2011/12
	Vision indicators for parents (27% n=~460)	Baseline to be collected	2013
Frail elderly	Proportion of people receiving social care who receive self-directed support and those receiving direct payment	TBC	2011/12
	Quality of life for people with a long term condition	Baseline to be collected	2013
	Effectiveness of reablement services	Baseline to be collected	2013
	Vaccination uptake in 65+ - PPV Vaccination uptake in 65+ - Flu	66.8% 71.4%	2011/12
	Vision indicators for 65+ (24% - n = ~400)	Baseline to be collected	2013
Alcohol	Alcohol related admission to hospital	448 per 100,000	2012/13 Q2
	Under 75 mortality from liver disease	12.9 per 100,00	2009-11

The role of performance management

The HWB OF and the JSNA needs profile are not performance management tools. The Health and Wellbeing Board will identify activities to be commissioned to achieve the priority outcomes. Performance measures that provide a golden thread between the outputs of these activities and the desired outcomes will be identified. These will provide the basis for performance management

Section 9:

Making the Transformation

The argument for shifting resources to focus on prevention and early help is strong, but in reality, it has barely begun.

The reasons for this are complex and are affected by organisational, funding, social, political, and systemic factors that can lead to organisations and professional groups pulling against each other, rather than together.

Embedding change into existing organisations

A key test of whether we have genuinely changed the way we work across Staffordshire will be the extent to which the ambitions set out in this strategy are reflected in the delivery plans of our member organisations.

A standalone implementation plan for this strategy would be an expression of failure, as it would indicate that we have failed to influence the mainstream work of our organisations.

The key route for delivery for this strategy will therefore be through the Staffordshire County Council Strategic Plan, the Police and Crime Plan of the Police and Crime Commissioner, the plans of the NHS Clinical Commissioning Groups and of the district and borough councils.

The contribution of these various plans will be reviewed by the Health and Wellbeing Board, but we are clear that it is neither our role to monitor them or to hold individuals to account for delivery of the details within them. Rather, we will seek to hold each other to account for our respective contribution to the achievement of our shared vision.

Pace of change

That a change of focus to prevention and early help can be achieved has been demonstrated by the Staffordshire Fire and Rescue Service.

Recognising that avoiding a fire starting is even better than putting it out quickly, the Service has placed great emphasis on active fire prevention efforts, drawing on available data to identify those people most at risk of a fire.

Not only has this led to a significant reduction in the number of fires over the past several years, but the trusted position of fire officers within the community has allowed them to provide early warning to other public services about people becoming vulnerable.

However, we need to be realistic about the pace of change that is possible.

We cannot just focus on future generations, we also need to maintain appropriate support for people already experiencing ill health, or heading towards it, so that we can minimise its impact and maximise their quality and length of life.

Our priorities must therefore be a balanced mix of short-term investment to meet current needs and medium-term support for people at risk of becoming vulnerable or in the early stages ill health, alongside a longer-term focus on prevention and early help that will improve wellbeing and tackle avoidable ill health in the first place.

Appendix A

Health and Wellbeing Outcome Framework

Key:

Coloured Text: Health and Wellbeing Strategy Priority Outcomes

Bold Text: Health and Wellbeing Strategy Year One Priority Outcomes

Italicised Text: Data not yet available

1. Public Health Outcomes Framework
2. Adult Social Care Outcomes Framework
3. National Health Service Outcomes Framework
4. Childrens Outcomes Framework
5. Clinical Commissioning Group Outcomes Framework
6. Feeling the Difference Survey

Specific aim: Improving the wellbeing of the population, satisfaction with lives, the social capital of communities and their satisfaction with their local services

- People feel satisfied with their lives (1,6)
- **People feel happy (1,6)**
- People don't feel anxious (1,6)
- People feel the things they do in their life are worthwhile (1,6)
- **People feel satisfied with their local area as a place to live (6)**
- **People agree that local public services are successfully dealing with a range of issues in their area (6)**
- ***People live in a strong, safe and supportive community***
- ***People have a positive experience of using services***
- People feel satisfied with the overall level of service provided by the police, the criminal justice system, the county/city council, the district/borough council, the fire and rescue service, their GP, their local pharmacy, their local hospital (6)

Specific aim: Improving the wider determinants of health which affect health and wellbeing and health inequalities

- *People in prison who have a mental illness (1)*
- Sickness absence rate (1)
- Killed and seriously injured on England's roads (1)
- *Domestic Abuse (1)*
- Violent crime (including sexual violence) (1)
- Re-offending levels (1)
- The percentage of the population affected by noise (1)
- Statutory homelessness (1)
- Utilisation of outdoor space for health reasons (1)
- *Fuel poverty (1)*
- *Social isolation (1,2)*
- *Older people's perception of community safety (1,2)*
- Smoking prevalence – adult (over 19s) (1)
- Diet (1)
- Excess weight in adults (1)
- Proportion of physically active and inactive adults (1)
- Recorded diabetes (1)
- Take up of NHS Health Check by those eligible (1)
- Self-reported wellbeing (1)
- Hospital admissions as a result of self-harm (1)
- Suicide (1)

Specific aim: Preventing people from dying prematurely

- Life expectancy (M/F) (1,3)
- Infant Mortality (1,3,4)
- Under 75 mortality from CVD (1,3,5)
- Under 75 mortality from respiratory disease (1,3,5)
- **Alcohol related admissions to hospital (1, 5)**
- **Under 75 mortality from liver disease (1,3,5)**
- Under 75 mortality from cancer (1,3,5)
- *Excess mortality rate in adults with mental illness (1,3)*
- *Potential years of life lost (PYLL) from causes considered amenable to healthcare (3,4,5)*
- Successful completion of drug treatment (1)
- *People entering prison with substance misuse issues who are not previously known to community treatment (1)*

Specific aim: Improving children's health and wellbeing from neonatal to 19 years

- Babies born at a healthy weight (1,4)
- Babies breastfed (1,4,5)
- Mothers who smoke at time of delivery (1,4,5)
- Under 18 conceptions (1,4)
- Children in poverty (1,4)
- ***Child development at 2-2.5 years (1,4)***
- ***School readiness (1,4)***
- **Healthy weight in 4-5 year olds and 10-11 year olds (1,4)**
- Pupil absence (1,4)
- 16-18 year olds not in education, employment or training (1,4)
- GCSE (5 A-c incl English and Maths)
- Hospital admissions caused by unintentional and deliberate injuries in under 18s (1,4)
- Emotional wellbeing of looked after children (1,4)
- Smoking prevalence – 15 year olds
- Tooth decay in children aged five (1,4)
- Chlamydia diagnosis (15-24 year olds) (1,4)
- Population vaccination coverage (1,4)
- Unplanned hospitalisation for asthma, diabetes and epilepsy and lower respiratory tract infections in under 19s (3,4)
- *Children and young people's experience of healthcare (3,4)*
- *Admission of full term babies to neonatal care (3,4)*
- *Incidence of harm to children due to failure to monitor (3,4)*

Specific aim: Enhancing quality of life for people with long term health, care and support needs

- **Social care/health related quality of life for people with long term conditions (2,3,5)**
- People feel supported to manage their condition (1,2,3,5)
- Carer reported quality of life (2,3)
- *Improving people's experience of integrated care (2,3)*
- Proportion of older people (aged 65 and over) who were still at home 91 days after discharge from hospital into reablement/ rehabilitation services (2,3)
- **Proportion of people receiving social care who receive self-directed support and those receiving direct payment (2)**
- Emergency readmissions within 30 days of discharge from hospital (1,3,5)
- ***Effectiveness of reablement services (2)***
- Estimated diagnosis rate for people with dementia (1,3,5)
- *Dementia – a measure of the effectiveness of post-diagnosis care in sustaining independence and improving quality of life (2,3)*
- Adults with LD/ in contact with secondary MH services who live in stable and appropriate accommodation (1,2)
- Employment of those with a LTC including adults with LD or who are in contact with secondary MH services (1,2,3)
- **PPV vaccination uptake in 65+ (1)**
- **Flu vaccination uptake in 65+ (1)**
- Hip fractures in 65+ (1)
- Falls and injuries (1)

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APPENDIX B

Health and Wellbeing Strategy – Consultation Questions

"A once in a lifetime opportunity to fundamentally transform health and improve outcomes for Staffordshire people."

As the Staffordshire Health and Well Being Board, we are the local organisations responsible for commissioning health and social cares services in the county – the County and District Councils, the GP led Clinical Commissioning Groups, NHS England and Staffordshire Police. Importantly, Healthwatch Staffordshire represents the public voice on the Board.
Together, we have a shared ambition to build a health and social care system that delivers improved outcomes for our communities in the most efficient and effective way possible. To help take this forward, we have developed a joint Health and Well Being Strategy which will shape services over the next five years.
We now need your views on how we take forward this strategy, and how we work together with all the residents of Staffordshire to improve health and well being across the county. Full details on how to respond are shown below.

1. How we use of funding and resources

The strategy sets out our intention to spend more on preventing ill health and supporting communities , rather than the current situation where the majority of our resources are used to provide services once someone is unwell or in crisis. Due to the economic situation there is not enough money to keep dealing with problems in the same way as we have done in the past so we need to shift our spending into prevention. The evidence shows this can be more effective, less costly and results in a better quality of life.

Q: How do you think we should use public sector resources to help promote healthy living and reduce the demand for services such as hospitals, GPs and the Police?

The following are some examples of what we could do – which of these do you think we should focus on in addition to your own suggestions?

- ☐ Spend more money on community facilities such as safe places to play and leisure services?
- ☐ Do more to encourage people to stop smoking?
- ☐ Help people reduce the amount of alcohol they drink?
- ☐ Provide more community support for the elderly?
- ☐ Support people to make healthy eating choices and exercise
- ☐ Support communities more to develop their own solutions?
- ☐ None of the above

Q. What should we stop doing or do less of?

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2. Our priorities for year one of the Health and Wellbeing Strategy

Parenting: Getting the best start in life is very important for a child's future health, happiness and their life expectancy. We have agreed that one of our first priorities should be to focus on promoting good parenting in Staffordshire so that all children in the county reach their full potential.

Q. What do you think would make the most impact on helping children in Staffordshire get the best start in life?

The following are some examples of what we could do – which of these do you think we should focus on in addition to your own suggestions?

- ☐ Making sure as many mums who can breastfeed?
- ☐ Spending more money on nurseries and early years provision?

- ☐ Providing more information and advice on parenting techniques?
- ☐ Supporting communities to develop their own support for parents?
- ☐ Supporting flexible working arrangements for those caring for children?
- ☐ None of the above

Alcohol use and harm from drugs: Around one in four adults in Staffordshire drink more than the recommended amount of alcohol, leading to a wide variety of health, crime and social problems, many of which affect our communities, particularly the elderly and vulnerable.

Q: What do you think we can do that will have the biggest impact on reducing harm caused by alcohol and drugs?
The following are some examples of what we could do – which of these do you think we should focus on in addition to your own suggestions?

- ☐ Trying to influence the Government to change licensing laws and minimum pricing?
- ☐ Increasing restrictions on where alcohol can be consumed?
- ☐ Providing more services to support people with reducing the amount they drink?
- ☐ Doing more with schools and colleges to talk to young people about alcohol and drugs?
- ☐ Better identification of people with, or at risk of , drinking or drug problems
- ☐ Supporting communities more to develop their own solutions to these problems?
- ☐ None of the above

Supporting the frail elderly: The way we support people to age well and to maintain their independence is of considerable importance to our communities, and a real challenge for delivering this Strategy. We want to change the way we deliver support to the elderly to provide more coordinated care where it is needed and to the high quality standards our residents deserve.

Q: What do you think would make the biggest difference to help people live independently and well for as long as possible?
The following are some examples of what we could do – which of these do you think we should focus on in addition to your own suggestions?

- ☐ Provide more transport services to help people access services in their local area?
- ☐ Support more voluntary organisations to provide care to people in their community?
- ☐ Improve the availability of good quality housing and accommodation?
- ☐ Establish more support for carers?
- ☐ More investment in housing and suitable accommodation
- ☐ Support further integration of health and social care services?
- ☐ Supporting communities to develop their own support for older people?
- ☐ None of the above

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3. How will we measure success?

We need to be able to demonstrate the impact of our strategy over time. We want to make sure the decisions we have made improve the quality of life for people in Staffordshire and that we have made the right choices in how we have used our resources and spent your money.

Q: What do you think we should do to measure the success of our strategy?

4. Your role in helping to make things better

Now we have explained our priorities we want to hear from you how you can support us achieve our ambitions for improving the health and wellbeing of people in Staffordshire. We all have a role to play and we want to understand more about what you think you can do live well and lead a healthy life.

Q: What action do you need to take to help improve your own or your communities health and well being?

Have your say – how to respond

You can also follow us on twitter – @ConvoStaffs or Facebook Conversation Staffordshire
If you wish to speak to us directly, please call us on 0800 051 8371