

Staffordshire Health and Wellbeing Board

Thursday 2 December 2021
15:00 - 17:00
Council Chamber, County Buildings, Stafford

Our Vision for Staffordshire

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

We will achieve this vision through

"Strategic leadership, influence, leverage, pooling of our collective resources and joint working where it matters most, we will lead together to make a real difference in outcomes for the people of Staffordshire".

Agenda

Chair: **Cllr Johnny McMahon, Cabinet Support Member for Public Health and Integrated Care**
Dr Alison Bradley, Clinical Chair of North Staffordshire CCG

The meeting will be webcast live which can be viewed at any time here:
<https://staffordshire.public-i.tv/core/portal/home>

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Membership	
Johnny McMahon (Co-Chair)	Staffordshire County Council (Cabinet Support Member for Public Health and Integrated Care)
Dr Alison Bradley (Co-Chair)	North Staffordshire Clinical Commissioning Group
Julia Jessel	Staffordshire County Council (Cabinet Member for Health and Care)
Mark Sutton	Staffordshire County Council (Cabinet Member for Children and Young People)

Dr Rachel Gallyot	East Staffordshire Clinical Commissioning Group
Dr Gary Free	Cannock Chase Clinical Commissioning Group
Dr Paddy Hannigan	Stafford and Surrounds Clinical Commissioning Group
Dr Shammy Noor	South East Staffordshire and Seisdon Peninsula Clinical Commissioning Group
Dr John James	STP Chair of Clinical Leaders Group
Dr Richard Harling MBE	Staffordshire County Council (Director for Health and Care)
Helen Riley	Staffordshire County Council (Deputy Chief Executive and Director for Families and Communities)
Craig Porter	CCG Accountable Officer Representative
Simon Whitehouse	Staffordshire Sustainability and Transformation Programme
Sarah Wainwright	Staffordshire Police
Phil Pusey	Staffordshire Council of Voluntary Youth Services
Garry Jones	Support Staffordshire
Gill Heesom	District/Borough Council Representative
Roger Lees	District/Borough Council Representative
Tim Clegg	District/Borough Council CEO Representative
Simon Fogell	Healthwatch Staffordshire
Carmel Warren	Staffordshire Fire and Rescue Service
Howard Watts	Staffordshire Fire and Rescue Service
Rita Heseltine (Substitute)	South Staffordshire District Council

Notes for Members of the Press and Public

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tables you are deemed to be consenting to being filmed and to the possible use of those images and sound recordings for the purpose of webcasting.

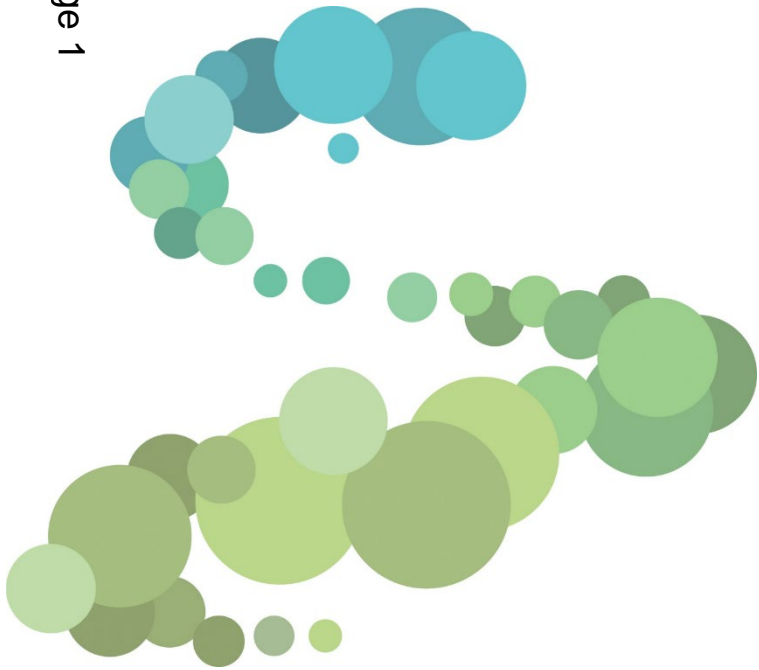
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Agenda Item 9

Staffordshire Health and Wellbeing Strategy

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Health and Wellbeing Board
2 December 2021



Staffordshire health and wellbeing Strategy 2022-2027(?)

‘Health as everyone’s business’



Introduction

- Staffordshire as a county rich in variation
- Strategic direction for prioritisation of activity to improve health and wellbeing outcomes for the local population
- Draws on JSNA and other insight
- Recognises the importance of personalisation and choice, with tailored and targeted support available where/when needed.
- Complement organisational and system-wide approaches and will form an integral component of the wider vision for the Integrated Care Partnership
- Builds on successes of last 18 months, providing foundation for further collaboration.

Summary of health and wellbeing in Staffordshire

- An ageing and growing population
- Challenges at the start of children's lives and as they grow and develop
- Inequalities in health outcomes and access to health and care services
- Pockets of fuel poverty
- Poor mental health and wellbeing, social isolation, and loneliness
- Poor health outcomes caused by health-related behaviours
- Pressure on services caused by increasing long-term conditions and frailty.



Our Strategy

This strategy promotes a collaborative approach to deliver healthy communities and healthy environments, drawing on existing strengths and assets. It will seek to provide the conditions are in place to support healthy choices and ensure high quality and equitable support to keep people independent and well, when needed. We will think ‘health’ in all that we do.

Our ambition

To reduce health inequity and inequality and increase healthy life expectancy for all.



- Prioritise prevention and early intervention
- Engage with communities and co-produce solutions
- Recognise and support the growing contribution and needs of voluntary organisations to improving health and wellbeing.
- Recognise diversity and respond to inequalities and inequities.
- Commission and deliver high quality services that provide excellent value for money for those who need them most, tailored to people's needs
- Communicate clearly making sure we are understood, and that information is accessible to everyone.
- Strengths-based, making the most of existing community assets and insight.
- Improving health outcomes through a good understanding of data, improving care coordination, and designing proactive models of care.
- Seek to ensure local people have access to the information and support they need to remain independent and stay well.
- Develop the wider health and care workforce and embrace digital solutions.

The approach

1. The wider determinants of health – the range of social factors such as income, employment, housing, and transport which are the most important drivers for health.
2. Our health behaviours and lifestyles – covering behaviours such as smoking, alcohol consumption, diet and exercise which are the second most important driver for health.
3. The places and communities we live in and with – which influence our health behaviours, social relationships, and networks.
4. An integrated health and care system – to coordinate and tailor services to individual needs rather than to suit organisations.

Our priorities

Staffordshire Health and Wellbeing Board has drawn on local insight, considered current health and wellbeing need and determined the following as priorities for focused attention and action. Under each priority area we identify the outcomes we want to achieve, the local community assets and partners we will work with.

- Infant mortality
- Good mental health
- Healthy weight
- Healthy ageing

Infant mortality understanding and tackling the causes as a system to improve survival in babies up to one year:

- A better understanding of data, demographic factors, and the current local 'picture'
- Review of local recording systems and partnerships to enhance collaboration
- Enhanced focus on reducing smoking in pregnancy and smoking in the home
- Accessible, tailored, and targeted health and care in pregnancy and baby's first weeks
- Enhanced focus on infant feeding
- A whole systems approach to healthy weight in pregnancy.



Good mental health building good emotional health and wellbeing, happiness, and resilience that also prevents mental illness:

- Create conditions that promote social interaction and physical activity, through tools such as the Five Ways to Wellbeing
- Support maternal/new parent mental health
- Early identification and support to improve children and young people's mental health
- Promote workplace mental wellbeing
- A system-wide, holistic approach to suicide prevention
- Tackling loneliness and social isolation
- Developing ourselves as anchor organisations to create employment, training, and volunteering opportunities
- Capacity-building to encourage communities to support each other and themselves.

Healthy weight tackling excess weight in adults and children and creating conditions to enable healthy choices:

- A health-promoting environment to promote physical activity, enable active travel, and help people access and choose healthier food options.
- A life course approach, with tailored plans to meet individuals' needs at different stages of their lives.
- A system-wide commitment to Better Health Staffordshire, working collaboratively across all sectors to create a shared vision, pool resources and consider how our collective action can promote a healthier environment.
- Community engagement, addressing the factors that protect and create health and wellbeing at community level, using community strengths and centred approaches.

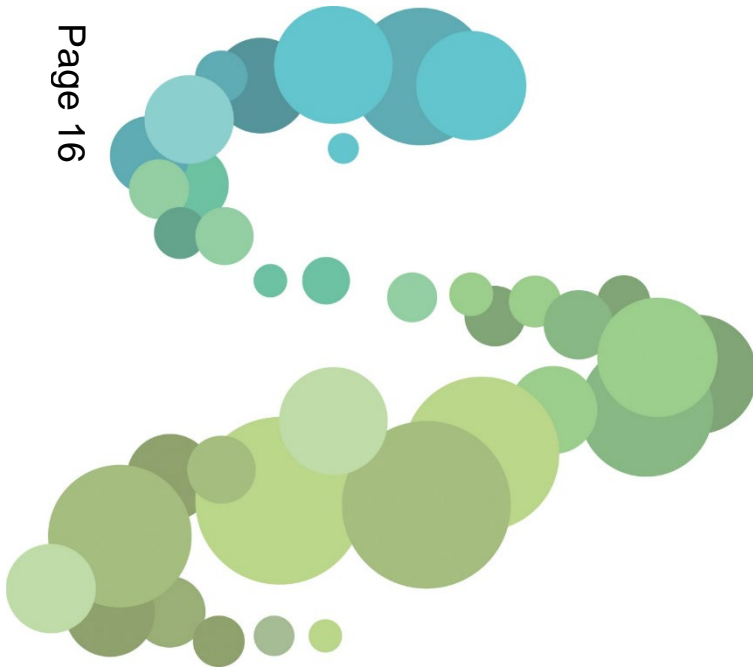


Healthy ageing developing and maintaining functions and independence to enable wellbeing in older age

- Promote and enable healthy lifestyles and prevention of ill health
- Growing strengths-based practice in health and care with older people
- Working towards warm, energy-efficient homes for everyone
- Promote independence and prevent falls amongst older people
- More choice at the end of people's lives, with a focus on supporting people to die at home.



Thank you



Better Health Staffordshire

Tony Bullock
Staffordshire County Council

Lucy Marquis
Advanced Diabetes Dietitian
Midlands Partnership NHS Foundation Trust

Contents

- Better Health Staffordshire update:
 - Short term impact
 - Long term development
- Dietician perspective

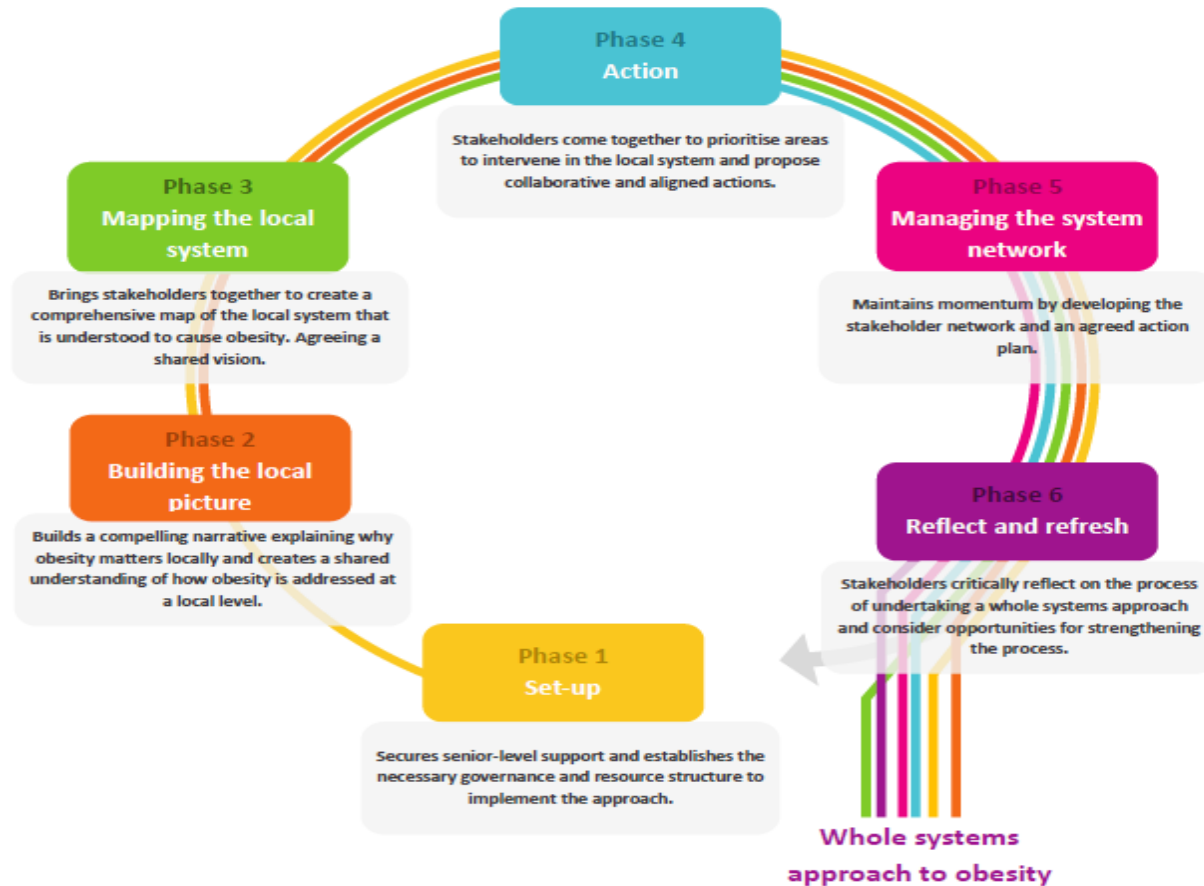
Short-term impact

- Broad coverage, low impact:
 - Campaigns – Do it to feel good, BHS new year 2022
 - Improved IAG (Staffordshire Connects , Active My Way etc)
 - NHS online weight management tool
 - ORCHA – app finder
 - Making Every Contact Count (MECC) training
 - Etc

Short-term impact

- Low coverage, higher impact:
 - National Diabetes Prevention Programme expansion
 - Family Weight Management programme
 - Everyone Health weight management programme
 - Workplace Health offer
 - Etc

Long term – whole systems approach



Recommendations

- Partners are requested to continue to support the programme by enabling staff to shape and deliver the partnership approach.

Lucy Marquis

**Advanced Diabetes Dietitian
Midlands Partnership NHS Foundation Trust**





Midlands Partnership
NHS Foundation Trust
A Keele University Teaching Trust

A Tale of Two Histories

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Lucy Marquis RD

Clinical Lead - Integrated Care Delivery, Integrated Care Hubs Program

Advanced Diabetes Dietitian (SP)

British Dietetic Association Obesity Specialist Group Secretary

Diabetes UK Clinical Champion

@LucyMarquisRD





Clinical History

45 year old woman : Type 2 Diabetes Diagnosed aged 28

Diagnosis:

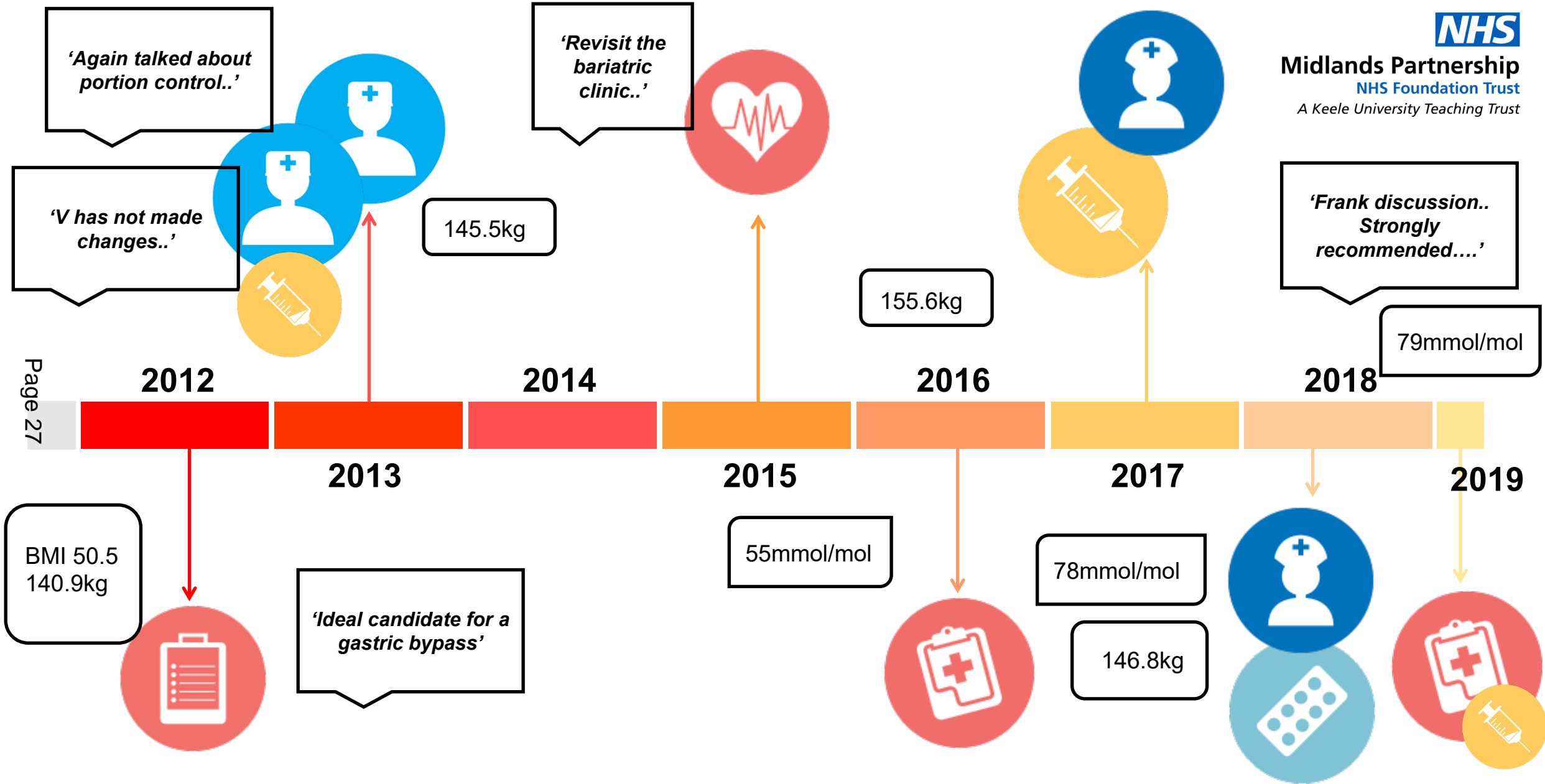
- Type 2 Diabetes: 17 Years
- Gestational diabetes
- BMI>50
- Non-alcoholic fatty liver disease
- Previous gall stone pancreatitis
- Degenerative spinal pain
- Peripheral neuropathy
- Depression
- GLP-1 Therapy >7Years
- Hx of foot and leg ulcers

Medication:

- Empagliflozin 10mg once daily restarted recently
- Metformin 1g twice daily
- Gliclazide 160 mg twice daily
- Bydureon 2 mg once weekly
- Lantus 33 unit daily

Clinic Values:

- Weight: 146.8 kgs
- Height: 157.5 cm
- BMI: 53
- Blood pressure: 133/81
- Non smoker
- Alcohol – nil
- Hba1c 75mmol/mol



Vicky's Story





£10 a week..



Stupid girl

The more I keep failing the worse I feel



Shaky..



Bag of nerves

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Lazy, Stupid

What have you done?



My only option ..



Social Determinants

- Age: Early Life , Frailty
- Education
- Unemployment
- Family
- Addiction
- Housing and Environment
- Food insecurity
- Income / Finance
- Social stigma

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Recent studies attribute:

- **10 to 20 percent** of health outcomes to medical care...
- **80 to 90 percent** non-medical factors



Food Insecurity

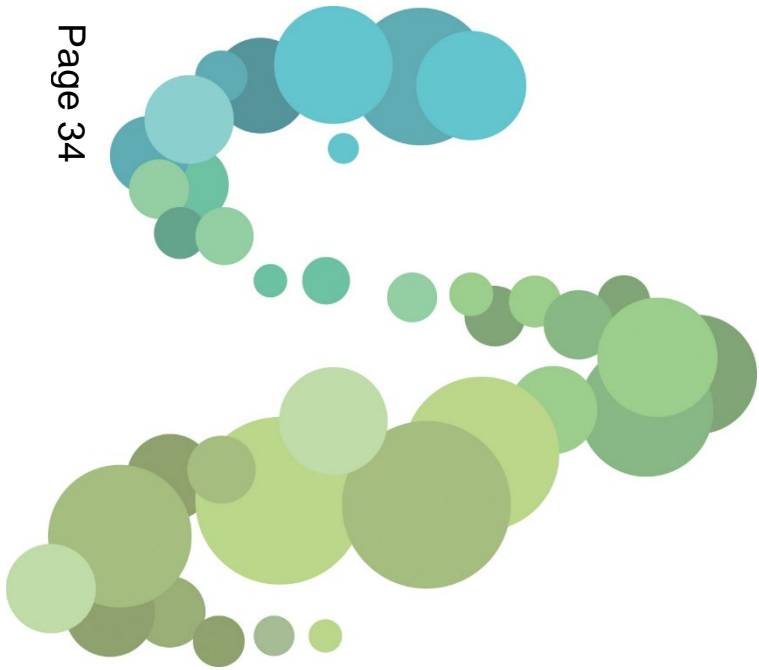
- The poorest fifth of UK households would need to spend 40% of their disposable income on food to afford the Eatwell guide
- **1 in 5** places to buy food are fast food outlets in the richest fifth of local authorities, compared to almost **1 in 3** in the poorest fifth
- Children in the most deprived fifth of households are almost **twice as likely to have obesity** as those in the least deprived fifth of households by age 4-6
- **15% of households with children** have experienced food insecurity in the past six months



‘I feel better .. This time everyone and everything is connected’

Air Aware Staffordshire Phase 2

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What is air pollution?

Transport is the highest contributor to Air Pollution – 40%

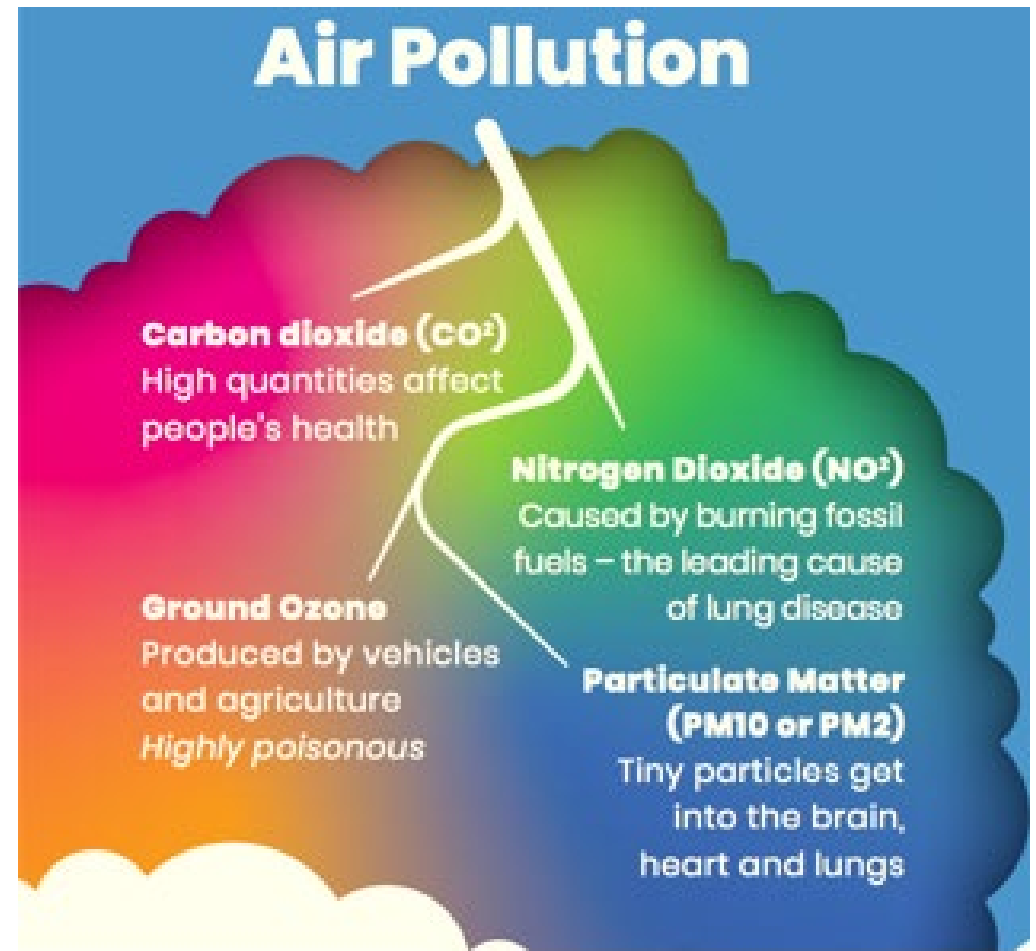
Other causes are:

- Burning of fossil fuels
- Industrial emissions
- Farming
- Domestic Wood Burning

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Staffordshire has 16 Air Quality Management Areas (AQMA's)

- Phase 1 2018-2020 included Stoke on Trent
- Phase 2 2021-2023 aims to raise awareness countywide with increased targeted engagement in Burton, Leek and Cannock



Business & EV Engagement “Evie the EV”

- Marc Stanway, Business Engagement Officer is targeting businesses in Burton, Cannock and Leek (AQMA’s) to encourage active & sustainable travel to work and support fleet/site improvements e.g. charging points, hybrid working, car share, cycle training.
- March 2022 Anti-Idling campaign for all Staffordshire Business sites.
- Awareness raising of electric vehicles through EVIE.



Evie the E.V. Experience



479 miles driven

122.6kg of CO² emissions saved

(v's Vauxhall's diesel equivalent claims)



~4,475 children's balloons

£45.96 saved on fuel



(v's Vauxhall's diesel equivalent claims)

£0.08 cost per mile

- 50% use of FREE Staffordshire County Council trial
- 50% rapid charge use – not the most efficient for cost*



***Vehicle is used and re-charged on the same day so that it is returned to site fully charged**

No charge points are installed at the storage location



Staffordshire County Council Live Labs EV charger Trial located in Holmcroft Library Stafford (7kWh)

School Engagement

38 schools are in the vicinity of an AQMA, or their school run traffic is likely to be impacting on the air quality at that location.

School Travel Advisor Ryan Procter worked with 17 Staffs Schools in phase 1.

The remaining 21 are on target to be engaged in phase 2.

Regional School of the year in both 2020 & 2021 was won by Heath Hayes Primary for their work increasing active and sustainable travel.



Air quality - monitoring

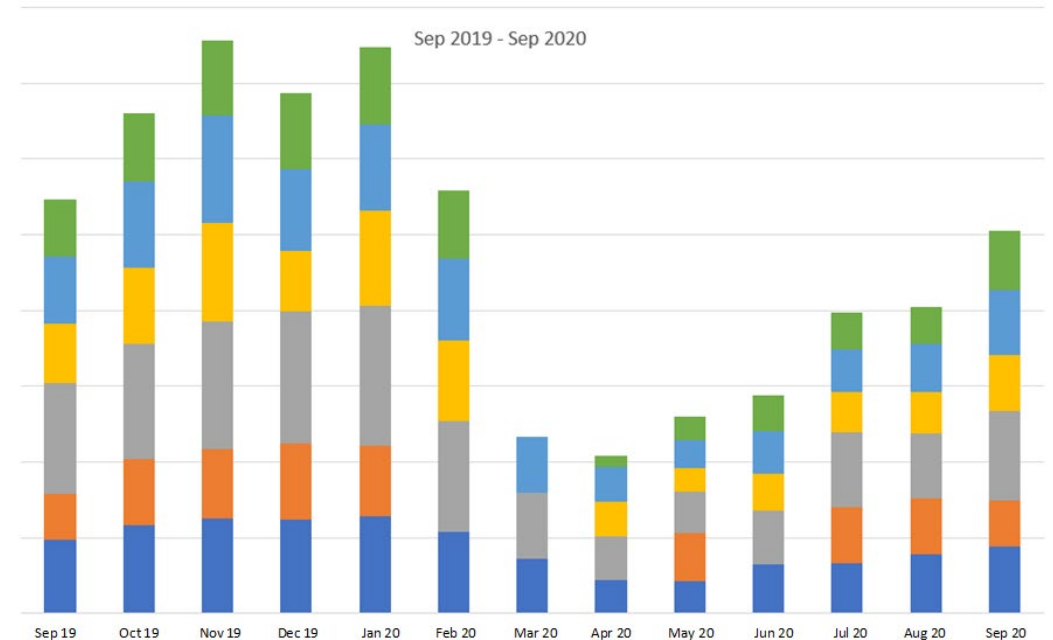
- Monitoring is completed by Environmental District Officers reporting to DEFRA. The Air Aware project group includes district officers with AQMA's, however all districts are involved through the SQAF (Staffordshire Air Quality Forum).
- 2 types of statutory monitoring – Diffusion Tubes, and site specific monitoring stations.
- Additional project monitoring at sites of school engagement, Diffusion Tubes and portable handheld monitor.
- Staffordshire Highways Labs provide all data analysis.

School site results example

Data is collected at school sites at the start of engagement with the School Travel Advisor. Data include:

- Diffusion Tube air pollution data
- Mode of travel pupil surveys
- Air quality awareness

Covid 19 allowed for data to be collected over a long period of time without school run contributed pollution.



Cumulative data collected at x3 school sites recording NO₂

Air Aware 2022 next steps

- March 2022 Anti-Idling campaign linked to Make Staffordshire Sustainable Climate Change activities
- May 2022 Active Travel Month – cycling & walking activities
- June 2022 Clean Air Day
- School, Business and EV engagement throughout the year

The harm caused by air pollution includes stroke, dementia, eye problems and skin aging...



Thank you

**Most journeys in
Staffordshire are
less than 5 miles**



40% of air pollution
is because of car journeys

**What one more thing can you
do to travel differently one
day a week?**

Pick an easy action at **Doing
Our
Bit**.info



Contact or follow us for more information.

[@AirAwareStaffs](https://twitter.com/AirAwareStaffs)

airaware@staffordshire.gov.uk

[Staffordshire Air Aware](#)

Staffordshire and Stoke-on-Trent Integrated Care System



Core Elements of Integrated Care Systems

1. Integrated Care Partnership: ICP (Statutory)

- Broad engagement across all partners in order to develop the strategy, jointly convened by the ICB & LAs.

2 Integrated Care Board: ICB (Statutory)

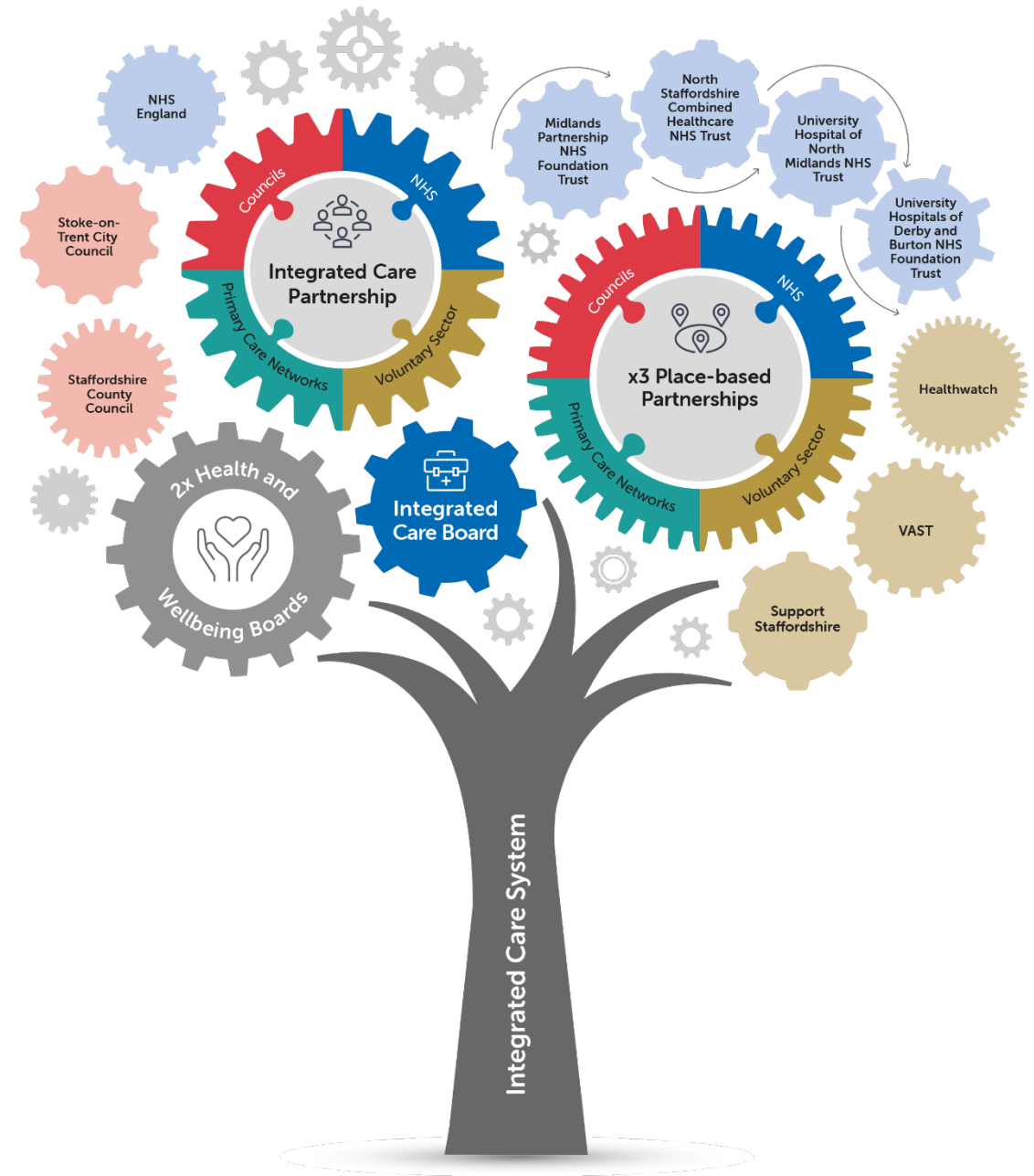
- Accountable for NHS spend, decision making and system performance.

3. Place-Based Partnerships: PBPs (Non-Statutory)

- Integration of care working with partners to tackle the determinants of ill health and address inequalities.

4. Provider Collaboratives (Non-Statutory)

- At place, ICS level and across ICSs.



Our Leadership Compact



Trust

- We will be **dependable**: we will do what we say we will do and when we can't, we will explain to others why not
- We will act with **integrity** and **consistency**, working in the interests of the population that we serve
- We will be willing to take a **leap of faith** because we trust that partners will support us when we are in a more exposed position.



Courage

- We will be **ambitious** and willing to **do something different** to improve health and care for the local population
- We will be willing to make **difficult decisions** and take proportionate risks for the benefit of the population
- We will be open to **changing course** if required
- We will **speak out** about inappropriate behaviour that goes against our compact.



Openness & Honesty

- We will be **open** and **honest** about what we can and cannot do
- We will create a **psychologically safe environment** where people feel that they can raise thoughts and concerns without fear of negative consequences
- Where there is disagreement, we will be prepared to **concede** a little to reach a consensus.



Leading by Example

- We will **lead with conviction** and be ambassadors of our shared ICS vision
- We will be committed to **playing our part** in delivering the ICS vision
- We will live our **shared values** and agreed leadership behaviours
- We will positively promote **collaborative working** across our organisations.



Respects

- We will be **inclusive** and encourage all partners to contribute and express their opinions
- We will **listen actively** to others, without jumping to conclusions based on assumptions
- We will take the time to **understand** others' points of view and **empathise** with their position
- We will respect and uphold **collective decisions** made.



Kindness & Compassions

- We will show **kindness, empathy** and **understanding** towards others
- We will **speak kindly** of each other
- We will support each other and seek to solve problems **collectively**
- We will challenge each other **constructively** and with **compassion**.



System First

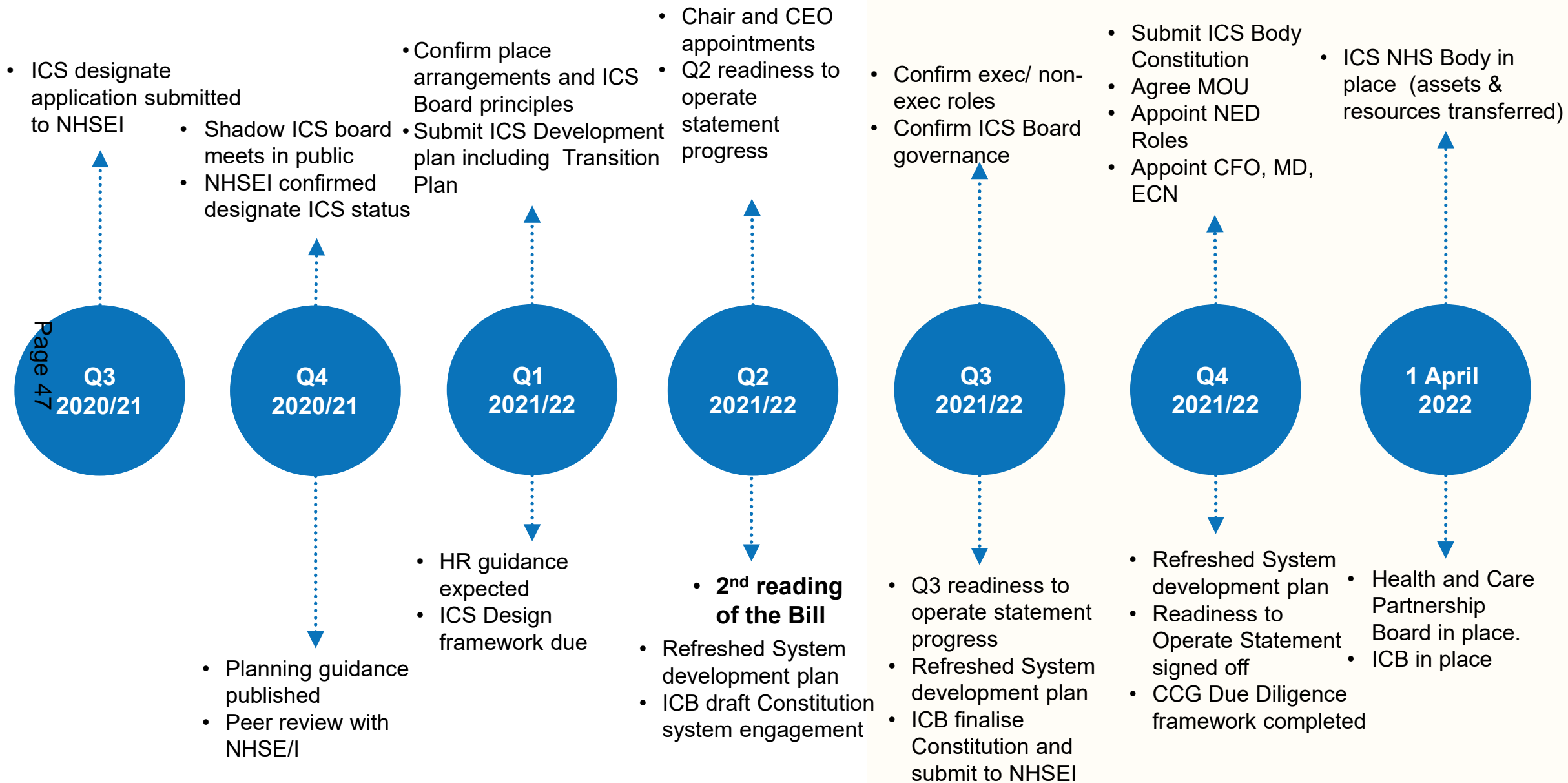
- We will put **organisational loyalty and imperatives** to one side for the benefit of the population we serve
- We will spend the Staffordshire & Stoke-on-Trent pound **together** and **once**
- We will develop, agree and uphold a **collective** and **consistent** narrative
- We will present a **united front** to regulators.



Looking Forward

- We will focus on **what is possible** going forwards, and not allow the past to dictate the future
- We will be **open-minded** and willing to consider new ideas and suggestions
- We will show a willingness to **change the status quo** and demonstrate a positive 'can do' attitude
- We will be open to **conflict resolution**.

ICS Establishment timeline



ICS Partnership - Our vision, priorities and purpose

As an ICS Board, all partners have held a series of development sessions to redefine who we are and set our priorities for the future.

Through this, all partners have committed to a single purpose statement and four core priorities for 2021/22.

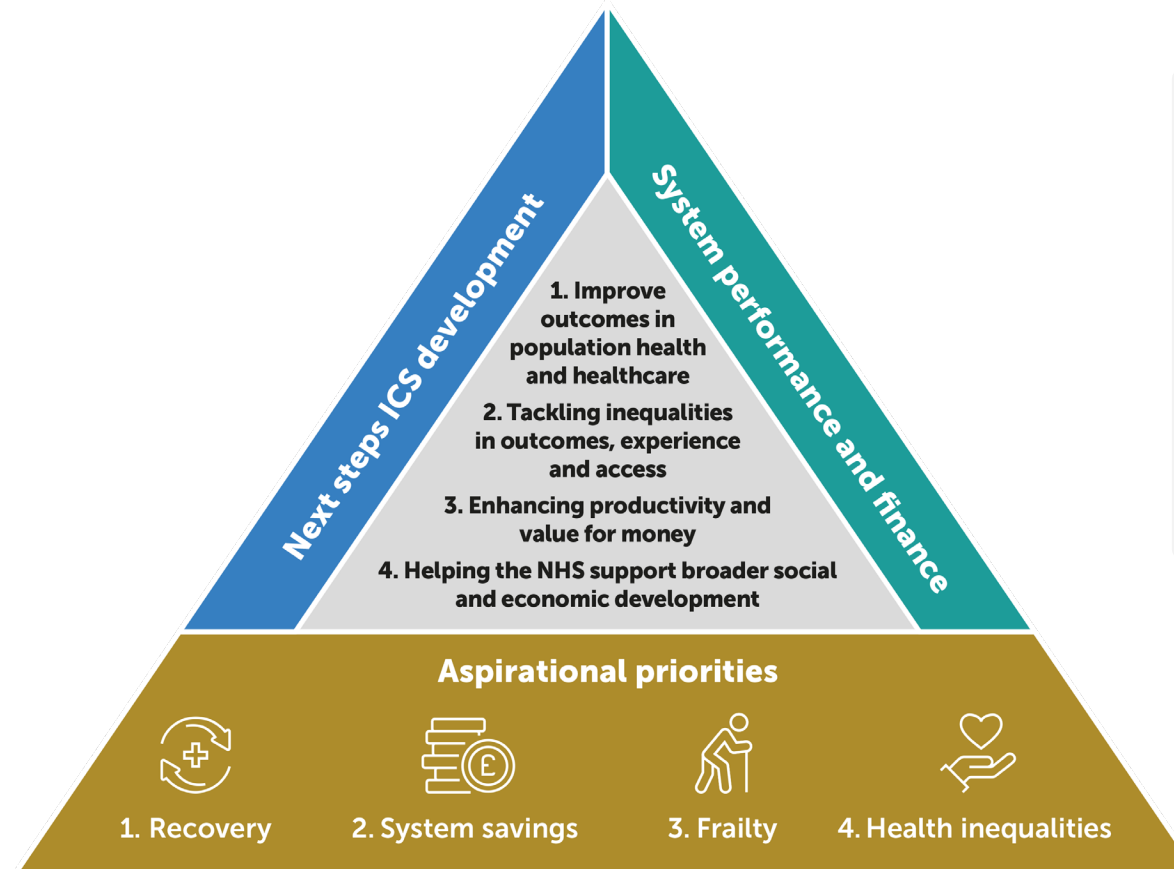
Demonstrating that we are one system and that we have strong clinical and professional leadership to deliver these priorities.

Each priority has a senior responsible officer, including chief executives from local authorities and the NHS.

Our vision

Working with you to make Staffordshire and Stoke-on-Trent the healthiest places to live and work.

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Our purpose

If you live in Staffordshire or Stoke-on-Trent, your children will have the best possible start in life and will start school ready to learn.

Through local services, we will help you to live independently and stay well for longer.

When you need help, you will receive joined-up, timely and accessible care, which will be the best that we can provide.

Integrated Care Board – functions and duties

Principal functions of an ICB

1. Develop a plan to meet population health and healthcare needs, having regard to ICP Strategy
2. Allocate revenue / capital resources to deliver plans and set principles and rules
3. Establish joint working arrangements which embed collaboration as the basis for delivery
4. Establish governance arrangements that support collective accountability for delivery
5. Arrange for the provision of health services in line with allocated resources
6. Lead system implementation of the People Plan priorities
7. Lead system-wide action on data and digital with partners
8. Understand local priorities, track delivery, address variation and drive continuous improvement
9. NHSE commissioning functions as delegated
10. Ensure the NHS helps achieve wider goals of socio-economic development / sustainability
11. Plan for, respond to and lead recovery from incidents (EPRR)
12. Joint work on estates, procurement, supply chain and commercial strategies.

Statutory duties of an ICB include (not exhaustive)



Staffordshire & Stoke-on-Trent ICB Composition (Proposed)

Member Type	Required by Legislation	Mandated by NHS England and NHS Improvement
Independent Non-Executive Members – 5	1. Chair	2. Independent NED (responsible for Audit Comm.) 3. Independent NED (responsible for Rem. Comm.) 4. Independent NED (responsible for Quality Comm.) 5. Independent NED (responsible for Finance Comm.)
Executive Members – 5	6. Chief Executive	7. Chief Financial Officer 8. Executive Chief Nurse 9. Medical Director 10. Executive Director – <i>Portfolio to be determined</i>
Proposed “Ordinary” Partner Members – 4	11-12. Two from the Local Authorities 13. One from Primary Medical Services (GP) providers 14. One from NHS Trusts & FTs	
Total ICB member	14	
Required board members - 2 (non voting)		Chief People Officer (CPO) Chief Digital Information Officer (CDIO)
Participant Members (non voting)		As a minimum: ICB Governance Lead Communications Lead Chairs of ICB formal committee if not already a formal board member

ICS Transition Progress

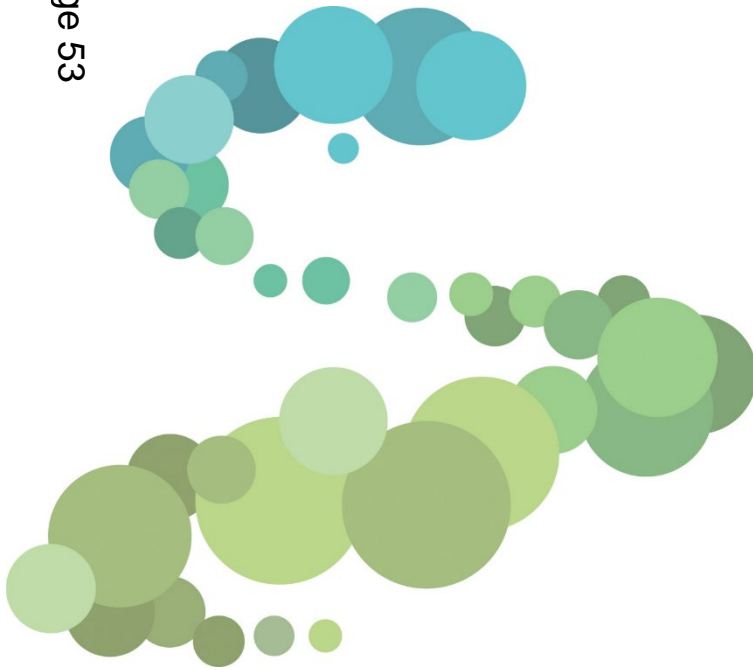
- Prem Singh has been appointed as the Chair to the Integrated Care Board
- System Memorandum Of Understanding agreed with NHSE/I
- Peter Axon has been appointed as the Interim ICB Chief Executive Officer
- The Non-Executives Directors appointments has commenced with being a national prescribed process, regionally supported and locally resourced
- Remaining ICB Executive Director appointments will commence in January 2022
- Readiness to Operate Statement checklist – to set up new arrangements or formalise existing arrangements to be in place for the ICB to fulfil its roles within the wider ICS
- ICB Proposed Board Composition has been consulted on with partners and submitted to NHSE/I for approval

CCG Due Diligence – Close down activities

- Due Diligence is the legally-required process for the later stages of the ICS Transition.
- A detailed checklist and supporting guidance was released by NHSE England & NHS Improvement in mid-to late August
- Each Directorate has specific due diligence activities that have taken from the detailed spreadsheet to undertake and report delivery against.
- Senior Responsible Officer Sally Young, Project task and finish group has been established
- Monthly progress reporting and each distinct area of Due Diligence will undergo a desktop review with internal audit committee
- The assurance to the board will be via the Audit committee which will hold an extraordinary meetings each month until March 2022

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