Item No 2

Warwickshire Shadow Health and Wellbeing Board

24 September 2012

Draft Joint Health and Wellbeing Strategy for Warwickshire

Summary and Recommendations

The Consultation on the Health and Wellbeing Strategy was opened on 11 June 2012 and closed on 3 September 2012. 33 responses have been received, and the majority of respondents expressed the following concerns:

- That there is a lack of clarity within the strategy
- That there are gaps in key areas for consideration
- That the level of 'stretch' and ambition may be unachievable and that there is a lack of clarity on implementation plans

The Board is asked to:

(1) Consider the feedback and discuss its implementation into the final strategy

(2) Agree the next steps following on from the consultation

1.0 Background

1.1 The consultation on the Health and Wellbeing Strategy was opened on 11 June 2012 and closed on 3 September 2012. It was available online via the Consultation Hub. Hard copies were also distributed.

1.2 We received 33 responses which covered the following response groups:

General/ Individual Responses:	18
Voluntary Sector:	4
Local Government:	8
Health:	3

2.0 Key themes and issues

2.1 There were four major themes emerging from the feedback on the draft strategy:

(1) Agreement on the vision and the principles
(2) Lack of continuity within the strategy
(3) Perceived gaps in key areas for consideration
(4) The level of 'stretch' and ambition may be unachievable and lack of clarity on implementation plans

2.2 Feedback on the vision and the principles for its implementation has been very positive. Feedback also suggested that the vision encompassed the main Warwickshire priorities and that the principles were appropriate. There was agreement over the need for an integrated approach to improved health and wellbeing in the community.

2.3 According to the respondents, lack of clarity within the strategy relates to a lack of continuity though the document where it is not clear how the vision and the life course approach relate to each other. There is a feeling that the document itself is complicated, and that the Board needs to be more specific about its priorities and goals.

2.4 There is a general perception that the strategy should mention the role of other sectors and services in improving health and wellbeing, such as dentistry, pharmacy, services provided by the community and voluntary sector as well as the private sector. The role of the District and Borough Councils also requires further clarification.

2.5 A number of respondents said that the strategy lacks enough focus on:
(1) early years of children and young people's needs
(2) tackling discrimination or the needs of diverse groups
(3) depression and poverty as key impact factors in the lives of older people.

2.6 Generally, it was felt that it is not clear how the strategy will be implemented. And while most of the respondents agreed with the priorities and the vision, they were worried about them being potentially unrealistic and unachievable.

2.7 A detailed analysis of all responses received can be found in the Appendix.

3.0 Next steps

3.1 Next steps for consideration by the Board have been summarised in the table below.

Action	**Owner**	**Deadline**
A new draft strategy produced	Bryan Stoten/ Kate Woolley	w/c 1Oct 2012
A new draft distributed to HWBB members for comments	Bryan Stoten/ Paul Williams	w/c 1Oct 2012
A new draft distributed to O&S members and key partners	Bryan Stoten/ Paul Williams	w/c 1 Oct 2012
Strategy finalised	Bryan Stoten/ Kate Woolley	by 22 Oct 2012
Strategy printed/ produced in an easy read format	Monika Rozanski to arrange	22 Oct – 8 Nov 2012
Strategy distributed to HWBB members	Paul Williams	w/c 22 Oct 2012
Strategy launched	Bryan Stoten	13 Nov 2012

Background Papers

1. Warwickshire Joint Health & Wellbeing Strategy 2012 – 2015 – Public Consultation: June – September 2012

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Appendix

Warwickshire Joint Health and Wellbeing Strategy
Analysis of the responses to the consultation

Q.1. 'Do you agree with our vision for health and wellbeing in Warwickshire and the principles of how we should work together?'

We received a positive response and agreement on the vision. One respondent stated that the vision was 'far reaching' and 'inspirational', believing that this would help support active engagement towards implementation. Feedback also suggested that the vision encompassed the main Warwickshire priorities and that the principles were appropriate. There was agreement over the need for an integrated approach to improved health and wellbeing in the community- in particular, the integration of NHS (CCG) Hospital Trust Services with social care and public housing, education and transport.

Concerns included that the vision is idealistic and that unreachable targets have been set, for example that Warwickshire will be free from poverty and that no child will begin life disadvantaged. Belief was that such challenges need realistic and sustainable prevention methods – not 'quick-fixes' with further clarity about the action required to achieve such a vision.
(However on page 5 of the Strategy it is clear that we are not providing a detailed plan and that organisations on the board would need to demonstrate their contributions to the strategy.)

A recurring theme included the importance and acknowledgment of the Community and Voluntary sector organisations contribution to the Strategy and its impact on outcomes. Their continued and increasing involvement should be more highly valued as part of the enabling infrastructure. *'Equal input should have been given from the voluntary and community organisations in the strategy itself, as this would have added greater weight at an implementation level.'* The sector expresses desire to be a full part of the board in order to support service integration across all sectors.

Q.2. Do you agree with our life course approach to reducing health inequalities and improving health and wellbeing in Warwickshire?

We received a positive response to the Life Course Approach, being recognised as a strong evidence based epidemiological model. Respondents felt that the approach is *'appropriate'* and *'essential'* in order to reduce health inequalities across the County.

One respondent though suggested that the Life Course Approach is too formal and that lives continue *'outside the 9-5'*. This concern related to other local population issues – one respondent says that '*there needs to be an increased level of participation and responsibility from the individual* ' whilst another highlights the need to include teaching personal responsibility and budgeting to help achieve Freedom from Poverty as integral to developments. Contrastingly, another response states that they found the approach focuses too much on the individual and that that more investment is needed in families or communities, thereby improving social cohesion, and understanding the attitudes of those living in the more deprived areas in Warwickshire.

Again, questions have risen about how realistic the vision of '*giving every child the best start in life*' is, with one response highlighting that the CAF waiting list is continuing to grow and that urgent attention is needed to such issues in order to support the implementation of the vision.

Also raised was concern that the voluntary sector remains underused.

Q.3. Do you agree with our views about what needs to happen in Warwickshire to improve the life course?

We received a positive response on the suggested improvements to Warwickshire's life course, with the majority agreeing with the principles of the plan. Respondents highlighted the he need to provide practical and cost effective services suggesting that funding for all front line care services e.g. training nurses and social workers would improve this position.

A large amount of feedback was received for this question. Comments and recommendations for each of the Life Course topics are shown below. Suggestions include:

Good Quality Housing and Support: that if a council owned property is bought by tenants the proceeds should fund new affordable housing.

Freedom from Poverty: that there is a need to provide good parenting programmes to prevent poverty and deprivation within families. And that support for low income families to prevent child poverty is key, but suggest that Looked After Children should be a focus for attention being likely to have continued poverty throughout their lifetime.

Smoke Free: Questions surrounding Making Every Contact Count(MECC) - how is MECC going to be achieved – through negotiation or through financial support - Whilst another response questions the viability of the concept to be delivered in 'every' case.

Health and Sustainable Communities and Places: that public health become involved with the planning of new developments to help minimise risk and provide opportunities. A suggestion included for mandatory inclusion of Public Health on all major development panels that take place in deprived areas. Another respondent stated that if Public Health were to become involved with planning developments that they respond in a timely and constructive manner. The same respondent also questions the viability of Public Health's intentions to prevent certain planning requests (such as fast food outlets) stating that robust evidence would be required in order to achieve this outcome.

There was agreement to set a minimum standard for private housing. One response stated that more coverage of homelessness and a strategy to reduce the number of people at risk of losing their homes. Also highlighted was the need to change attitudes and behaviours in order to achieve a baseline for good quality housing.

Safer communities: One response highlighted that the focus is limited to female sex and violence whereas abuse can affect both sexes and ignores the fact that rape and sexual abuse cases occur in affluent as well as deprived areas. Again the involvement

of voluntary and community sectors who are heavily involved in front line work needs to be acknowledged and their services utilised better.

Schools and Education: that transition between the ages of 16-18 is when school should provide the most support gearing pupils towards a 'readiness for employment'. Another response states that not all children want qualifications and so alternative means of education need to be given to support them.

Targeting areas where unemployment is high; the need to strengthen pathways for those children of families with mental health disorders and the need to provide more postnatal and peri-natal support as well as prenatal was highlighted

Q.4. Do you agree with our vision and plans for NHS and social care services in Warwickshire?

The majority of respondents stated that they agreed with the vision and plans for services in Warwickshire being in keeping with the Department of Health strategy. The use of personal budgets was supported, enabling community groups to become a more vital health and social care network. There was support to better integrate health and social care through the use of community hubs and further potential to integrate health and social care activity alongside the criminal justice system.

Support for frontline resource allocation included social services, care services and care in the community and the need for the public to make informed choices through the use of a comprehensive provider directory and; addressing the mental health needs of those with a long term condition by increasing access to psychological therapies.

Q.5. Do you agree with the local priorities that we identified from the Joint Strategic Needs Assessment? And Q.6. Do you agree with what we would like to achieve for each priority?

The majority agreed with the local priorities identified in the JSNA – one respondent in particular stating that they liked the tabular approach taken by population groups and another stating that they believe them to be the right priorities providing they are supported by a comprehensive JSNA.

That the 'aims' have defined 'key performance indicators' . Respondents broadly agreed with the 'priority achievements' with a focus on areas with the greatest health inequalities.

Some recommendations were included for each priority area:

Children and young people:

- Lifestyle and recreational activities as an additional priority
- Good parenting programmes.
- Inclusion of peri-natal attention.

Lifestyle factors affecting health and wellbeing:

- More focus on the wider health determinants (environment, social etc)
- Prevention and intervention of substance misuse.

Vulnerable communities:

- Prevention and early intervention
- Social care and third party organisations.

Ill health:

- The integration of mental health into all of the priorities
- Wider understanding of mental health
- Access to psychological services needs to be improved.

Old age:

- A lack of information about the support that carers provide
- More support for carers.

Q.6. Do you agree with how we will ask organisations to take action on improving health and wellbeing and how we will monitor this?

All respondents, agreed with how we will ask organisations to improve Warwickshire's health and wellbeing and how we will monitor the improvements, but that timescales were required. The responses were unanimous that there needs to be fair and equal input and co-operation from all organisations to support the delivery of the strategy. The majority of respondents highlighted that the strategy needed to be more inclusive of community and voluntary sector organisations.

If you have any other comments please include them below:

Reservations were felt that the strategy may fail if there is not complete organisational cohesion and that if organisations do not 'offer' to undertake certain aspects of the strategy. It was suggested that a mechanism to ensure equal input and effective cross organisation working needs to be agreed and implemented.

Also highlighted was the need to support third sector organisations more, allowing more representation in decision making from these groups.

On particular response states that JSNA cannot be applied against Probation Trust OASys assessments and calls for better data collection/analysis of health and wellbeing needs to be aimed specifically at the offender population.