

# Health and Wellbeing Board

## Health and Wellbeing Strategy

3 March 2021

### Recommendation(s)

1. To **note** the outcomes from the five-week public consultation (Appendix 1).
2. To **approve** the final Health and Wellbeing Strategy 2021-2026 and the three priority areas (Appendix 2).
3. To **support** the mechanism for annual reviews of the Health and Wellbeing Strategy to the Board.
4. To **support** the development of local place-based implementation plans (through the Health and Wellbeing Partnerships).

### 1. Executive Summary

- 1.1 The Health and Wellbeing Strategy sets out the Board's ambitions and approach to ensure support is effective and available where it is most needed. The Health and Wellbeing Strategy for 2021-2026 was drafted using findings from the most recent Joint Strategic Needs Assessment (JSNA), a Covid-19 recovery survey and a health impact assessment (HIA). A survey was carried out to consult with Warwickshire residents on the draft Strategy.
- 1.2 Consultation took place between 23<sup>rd</sup> November 2020 and 5<sup>th</sup> January 2021 through Ask Warwickshire. An easy-read version, created by Grapevine, was live between 16<sup>th</sup> December 2020 and 5<sup>th</sup> January 2021. Appendix 1 details the outcomes from the survey. There was a total of 562 responses to both surveys, the majority from Warwick District (31%). The second highest areas for responses were Stratford-on-Avon district for the Ask Warwickshire survey (n = 48; 17.14%) and North Warwickshire borough for the easy-read survey (n = 38; 18.35%). Responses from Focus Groups are detailed in section 5 of Appendix 1.
- 1.3 The majority of respondents were female (60%); while 66 % were aged 45 or over. Respondents were broadly representative of Warwickshire with regards to religion and ethnicity, although it should be noted that a high proportion of people did not give their religion (36.12%) or ethnicity (21.35%). Most people (62.8 %, n = 353) did not consider themselves to have a disability (272 Ask Warwickshire respondents; 81 easy-read respondents), whilst 77 (13.7%) did consider themselves to have a disability (52 Ask Warwickshire respondents;

25 easy-read respondents), and 40 (7.1%) preferred not to say (31 Ask Warwickshire respondents; 9 easy-read respondents).

- 1.4 Consultees were specifically invited to respond to the following ambitions set out in the draft Strategy:
- ***Ambition 1: People will lead a healthy and independent life.***
    - The majority of respondents (93%) agreed.
    - The outcome '*Encourage people to adopt healthy lifestyles and behaviours*' was ranked the most important.
  - ***Ambition 2: People will be part of a strong community.***
    - The majority of respondents (87%) agreed.
    - The outcome '*Help build strong communities recognising the importance of education, employment, quality housing and leisure to provide good quality of life*' was ranked the most important.
  - ***Ambition 3: People will have access to effective and sustainable services***
    - The majority of respondents (90%) agreed.
    - The outcome '*Seek to develop accessible, responsive and high-quality services*' was ranked most important.
- 1.5 11% of respondents disagreed with these ambitions; a number of other outcomes and indicators were also proposed (more detail is provided in Tables 8, 9, 10 and 11 of Appendix 1). There were also concerns expressed that the draft Strategy did not necessarily reflect strongly enough that it was a partnership document and that the wording did not strongly enough reflect the partnership approach to delivery; a specific request was made to ensure that the voluntary and community sector were involved fully. Working collaboratively with a wide range of diverse communities was recognised as a key to success and therefore we need to look at how we engage and co-produce services to reflect the individual needs of these communities.
- 1.6 Consultees were further asked as to what the Health and Wellbeing Board should concentrate on specifically: 387 respondents (69%) supported the priority helping people improve their mental health and wellbeing; 354 (63%) supported the priority helping children and young people have the best start in life and 294 (52%) supported the priority health inequalities (particularly in respect to Covid-19). Respondents also identified a number of other priority areas the Board should focus on which are detailed in Table 12 of Appendix 1).
- 1.7 The draft Strategy was reviewed in light of the consultation findings and has been strengthened throughout to ensure a strong partnership presence that includes the voluntary and community sector (VCS). For example, within Section 3 (where do we want to get to?) of the draft Strategy all three ambitions have been amended and in particular ambition 2 has been rewritten to emphasis the role of the VCS. We have also included a wider set of indicators to reflect how we will monitor the direction of travel of each of our

ambitions following feedback that these needed to reflect wider services and 'soft' outcomes.

- 1.8 In relation to section 5 of the draft Strategy on implementation and monitoring, we have made it clearer that implementation plans will now be developed and that although our plan is to review our three priorities after a two-year period, we recognise that we are still yet to understand the full impact on covid-19 across all areas of health and wellbeing. With this in mind, we will be monitoring progress against our priority areas routinely on a quarterly basis and within our annual reports to the Board.
- 1.9 The draft Strategy has also been updated to reflect the ambition to work with communities, to ensure cultural competence in what we do, and the ambition to seek to develop accessible, responsive, and high-quality services that are designed in a way that seeks to reduce inequalities in health.

## **2. Financial Implications**

None.

## **3. Environmental Implications**

None.

## **4. Timescales associated with the decision and next steps**

4.1 Providing feedback to respondents is a vital element of the consultation process and this will be undertaken by ensuring the final consultation report is made publicly available on Ask Warwickshire and widely shared with all partners and stakeholders. Links to final strategy document will be provided and well as an update on the dedicated Ask Warwickshire 'You Said, We Did' section.

4.2 Following adoption of the draft Strategy, a delivery plan will be developed at the Health and Wellbeing Executive. In addition to this, each place-based Health and Wellbeing Partnership develop local implementation plans that meet the population health needs of that place (North, Rugby, South). Alongside this we will be developing an outcomes framework to monitor our progress. Suggested indicators from consultation feedback will used to inform the development of this framework and it will be aligned with the Health and Care Partnership's system outcomes framework.

4.3 An easy read version of the strategy is being produced and will be ready by the end of March 2021.

## 5. Supporting Information

Appendix 1: Consultation findings  
Appendix 2: Health and Wellbeing Strategy  
Appendix 3: Equality Impact Assessment

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The report was circulated to the following members prior to publication:

Local Member(s): N/A

Other members: Councillors Redford, Bell, Adkins, Kondakor and Roodhouse