HEALTH AND WELLBEING BOARD: 17 NOVEMBER 2016

REPORT OF THE DIRECTOR OF PUBLIC HEALTH

DEVELOPING THE JOINT HEALTH AND WELLBEING STRATEGY

Purpose of Report

1. The purpose of this report is to:

   i. Provide the Board with a summary of responses received from the consultation on the Leicestershire Joint Health and Wellbeing Strategy 2017-2022

   ii. advise the Board of changes made to the Strategy in response to feedback from the consultation.

   iii. seek approval for the final Strategy.

   iv. make recommendations to enable the Board to monitor progress and delivery of the Strategy.

Link to the local Health and Care System

2. The Strategy has been developed in the context of the following national policies:-
   - Health and Social Care Act 2012;
   - The Care Act 2014;
   - The Children and Families Act 2014;
   - The 2016/17 Mandate to NHS England;
   - The NHS Five Year Forward View.

3. The local context for the development of the Joint Health and Wellbeing Strategy is set out in paragraphs 8 – 9 of this report.

Recommendations

4. The Health and Wellbeing Board is recommended to:
   - Note the changes made (paragraphs 31 – 35) and approve the final Strategy
   - Note the key messages from the consultation feedback in paragraphs 19 – 30.

- Agree the recommendations to develop a delivery plan and performance framework to monitor progress against the Strategy outlined in paragraphs 15 – 19.

Background

5. The current Joint Health and Wellbeing Strategy was published in January 2013 and refreshed in January 2015. The strategy forms the Health and Wellbeing Board's (HWB) response to the health and wellbeing needs identified in the Joint Strategic Needs Assessment (JSNA) 2015. It sets out the key priorities that partners need to address in order to improve the health and wellbeing of the population.

6. The development of the JHWS has been an iterative process, which has included a combination of gathering evidence from the JSNA and using the current knowledge and experience of Health and Wellbeing Board members and other key stakeholders. The Strategy has also been presented to every County Council Departmental Management Team for comments.

Context

7. The Joint Health and Wellbeing Strategy has been refreshed at a time of rapid and significant change to the health and care system, both in terms of resources and the ways in which services are planned and delivered. There is an ongoing need to deliver efficient and effective services that make the best use of available resources.

8. Significant work is already being undertaken locally to transform the health and care system across Leicester, Leicestershire and Rutland (LLR) and to ensure that services are sustainable and built around the needs of the local population.

The Health and Wellbeing Strategy 2017 - 22

9. A set of high-level outcomes have been developed and tested against the following criteria set by the Board; the outcomes must:

   - be underpinned by evidence, local knowledge and experience;
   - require a collaborative approach whereby the contribution of a range of partners is needed in order to achieve the outcome;
   - have significant impact on the system in 5 years' time if not addressed;
   - have a positive impact on the health and wellbeing of Leicestershire;
   - take account of the wider determinants of health.

10. The draft outcomes in the JHWS are:-

    i. The people of Leicestershire are enabled to take control of their own health and wellbeing;

    ii. The gap between health outcomes for different people and places has reduced;

iii. Children and young people in Leicestershire are safe and living in families where they can achieve their full potential and have good health and wellbeing;

iv. People plan ahead to stay healthy and age well and older people feel they have a good quality of life;

v. People give equal priority to their mental health and wellbeing and can access the right support throughout their life course;

11. It was agreed by the Board that each outcome is underpinned by priority objectives that would highlight the key challenges that needed to be addressed in Leicestershire. These are included in the final Strategy document (Appendix A).

Consultation methodology and results

12. The draft Strategy was the subject of a 4-week consultation exercise which took place from 12th October to 4th November 2016. The consultation was open to anyone who wished to comment on the Strategy although it was targeted at key stakeholder organisations. A detailed report on the consultation exercise is attached as Appendix B, and a summary is given below.

13. The consultation survey accompanied by the draft Strategy document was hosted on the County Council's 'Have your Say' website with a link from the Health and Wellbeing Board's webpage. An 'easy read' version of the strategy and questionnaire were made available. The main part of the questionnaire consisted of a range of multiple-choice and open-ended questions. All the documents (draft Strategy and consultation questionnaire) were available in different formats and languages upon request.

14. Targeted notifications were sent to Board members, County Councillors, District Councils, Steering Board members and other key stakeholders alerting them to the consultation. The engagement was supported by Healthwatch Leicestershire through mailings to their networks.

15. There were 31 responses to the consultation questionnaire. There was also one email response.

16. Of the 32 respondents to the consultation questionnaire, 50% of those who responded did so as a member of the public; 13% were County Council members of staff; 13% representatives of the Voluntary sector or a community group or charity; 10% were representative of other stakeholder organisations; 10% were classified as other; 3% were representative of a business

17. In general there was support for the vision, outcomes and priorities identified in the Strategy. However, there were many comments that highlighted the importance of explaining the practical actions that will deliver the change outlined in the Strategy and how progress will be measured.

18. Several respondents commented on the pressing financial crisis within the health and care system and felt this would be a serious constraint to successful

delivery of the outcomes – some said this should be reflected more in the narrative of the Strategy. One respondent considered that the Strategy contained “nothing new” and focussed on “buzz words” with very little real action or innovation.

19. Across all questions there was a general concern for the capacity and sustainability of the voluntary and community sector to fill the gaps in service provision. The challenges facing carers and the increasing difficulties they face were raised across all outcomes.

20. There were calls for sexual health and physical activity to be recognised as important themes in delivering the outcomes of the strategy and requests that further consideration be given to the role of non-public organisations and working with the education sector in supporting health and wellbeing.

21. Over 86 % of respondents agreed or strongly agreed with the vision statement although it was felt that some of the aspirations such as resource allocation and demand were outside of the Board’s control. There was strong support for the Board principles and increased partnership working but there were questions of transparency on what had been achieved to date from the existing Strategy.

22. The outcomes were broadly supported but there were many concerns about whether the resources available would be sufficient to deliver against the priorities.

23. Although personal responsibility and prevention were supported (67% agreed or strongly agreed) many felt that there was a need to develop a robust approach to information, advice and early intervention that would provide a strong business case for this when allocating budgets. One respondent expressed a concern that “advocacy, influence, enabling and supporting” are not “concrete services”.

24. There was less support (52% agreed or strongly agreed) for Outcome 2 relating to health inequality. Respondents emphasised the importance of good quality information to identify the people in the most need or at risk, “improving outcomes where they are currently poor rather than reducing them where they are good” and working with existing organisations such as Age UK and Healthwatch.

25. There was strong support (86% agreed or strongly agreed) for the children’s outcome and respondents suggested a number of practical actions they would like to see happen. One respondent expressed disappointment that this outcome was very similar to the last strategy asking “where is the innovation”.

26. There was general support (58% agreed or strongly agreed) for Outcome 4 relating to planning ahead and ageing well. There were suggestions for additional priorities relating to young people and meeting the needs of service users for example those with frailty issues.

27. There was strong (86% agreed or strongly agreed) support for the mental health outcome. Respondents highlighted the need for investment in treatment to follow up early identification of dementia and mental health issues and

resources for the community sector to provide support outside the statutory health and care services.

28. There were many suggestions for engaging communities in delivering the strategy and many respondents considered adequate support and investment in the sector would be crucial to the success of the strategy given the emphasis on self-care and community-based support.

Changes to the final Strategy

29. A small number of additions and changes to the wording have been made in the final strategy to reflect the comments from the consultation.

30. A sentence has been added to the Foreword on self-care and patient activation. The pressing financial challenges have been highlighted in section 2.2 under the context of the strategy.

31. The word exercise has been replaced with physical activity to reflect all forms of activity not just intentional exercise e.g. active transport.

32. The Board principle c) has been altered to focus on the service received by the patient rather than what is provided.

33. Outcome 2, priority 1 has had “and places” added to highlight a focus on geographical difference in health outcomes. Priority 2 has been altered to reflect the aim to reduce health inequality by improving health outcomes for the most disadvantaged and not by reducing those where they are good.

34. Many of the comments received relate to general ways of working, transparency and accountability of the Board and others generated useful recommendations for the development of a delivery plan. These responses are covered in the following section on delivery and review of the Strategy.

Monitoring delivery and review of the Strategy

35. In order to enable the Board to track progress against the outcomes, it is recommended that a high level delivery plan is developed through engagement with all partners and wider stakeholders to capture the programmes that are addressing the identified priorities and to highlight any gaps. It is recommended that the Board receive an annual progress report against the delivery plan and that revisions are made to reflect service changes.

36. It is recommended that a lead Board member be named as a ‘champion’ for each priority/outcome and although not responsible for delivery would support accountability.

37. The Board expressed a desire for a performance framework that was streamlined to focus on the ‘big issues’ but there was little support for additional targets. The Board supported a performance framework which reflected the aims and ambition of the Board and clearly illustrated current performance and trends. Board members wanted performance data to drive learning and evaluation and to prompt action. It was also considered important that the Strategy performance framework could be used as a tool for communications

and wider engagement and should therefore be relevant and understandable for the public.

38. It is recommended that a performance framework be developed and finalised by the County Council's Business Intelligence service in consultation with Board members and key officers in partner organisations in line with the above Board requirements. Taking action on these issues would address some of the concerns raised in the consultation.

39. An iterative approach has been taken to the drafting of the Strategy and Delivery Plan and it is recommended that this is maintained throughout the five year period it covers so that the Board can ensure that it adapts and responds to the changing policy landscape. This will enable it to stay relevant and will support the Board in its aim to complement and contribute to the wider health and care system across LLR.

Timetable for Decisions

40. Subject to approval the Board will receive an annual progress report on the Strategy and recommendations to refresh the content to ensure it is still relevant.

Resource Implications

41. Implementation of the JHWS will require co-ordination by the Health and Wellbeing Board with plans to deliver the strategy being integrated into the commissioning cycles of all organisations represented on the Health and Wellbeing Board with the associated resource implications this will need.

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Relevant Impact Assessments

Equality and Human Rights Implications

42. The JHWS has been subject to a full equalities and human rights impact assessment.

Partnership Working and associated issues

43. The JHWS is a partnership document that will involve all partners represented in the Health and Wellbeing Board and will include a commitment to working with other partnerships responsible for housing, community safety, economy and transport.

Appendices

Appendix A: Leicestershire Joint Health and Wellbeing Strategy 2017 – 22
Appendix B: Consultation summary report

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