APPENDIX B

Leicestershire County Council

Joint Health and Wellbeing Strategy 2016-2020 Consultation Report

November 2016

Contents

Introduction

Background

Leicestershire's Health and Wellbeing Board is made up of the Lead members and the Directors of; Public Health; Adults and Communities; Children and Family Services, representatives of the two Clinical Commissioning Groups, Healthwatch, district council officer and member representation, the Office of the Police and Crime Commissioner and NHS England

The board was set up in response to the requirements of the Health and Social Care Act 2012. The primary purpose of the Health and Wellbeing Board is to promote integration and partnership working between the NHS, social care, public health and other local services.

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.

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.

Methodology

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.

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.

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.

Results

This report includes the combined results for all 32 respondents.

Q1. In what role are you responding to this consultation?

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

Q2. Names of the organisations, businesses and community groups and other respondents etc were provided

The Health and Wellbeing Board has developed the following vision to represent the work it will do with residents and other organisations to improve the health and wellbeing of everyone in the county:

"We will improve health outcomes for the local population, manage future demand on services and create a strong and sustainable health and care system by making the best use of the available resources".

Q3 To what extent do you agree or disagree with the proposed vision for the Joint Health and Wellbeing Strategy?

The vast majority of respondents agree with the proposed vision; 33% strongly agree and 53% tend to agree. Of those who responded, only 3% (1 person) disagreed.

Why do you say this? Is there anything else we should consider?

- **Positive/Supportive Comments:**

A number of comments were positive, citing that the vision is appropriate.

There was support for organisations working together and for example using better care funding jointly to facilitate expedited discharges in some situations.

One respondent was pleased Dementia is mentioned in the strategy.

- **Negative Comments / Issues raised:**

Some comments expressed concerns that there would not be sufficient resources to realise the vision or that some things, such as resource, are outside of the control of the County Council. One comment noted the importance of sustainability in the system and the need to reduce expenditure.

It was noted that the strategy lacks practical measures.

There was a comment in support of ring-fenced funding for sexual health.

One respondent wanted "improving the health behaviours of the local population" included explicitly in the vision.

The Health and Wellbeing Board have agreed the following principles to shape the way they work together.

The Health and Wellbeing Board will provide leadership and champion opportunities to improve health and wellbeing outcomes for everybody in Leicestershire by:

(a) Putting health and wellbeing at the centre of all public policy making by influencing other agendas such as economy, employment, housing, environment, planning and transport.

(b) Supporting people to avoid ill health, particularly those most at risk, by facilitating solutions, shifting to prevention, early identification and intervention.

(c) Working together in partnership to deliver a positive, seamless experience of care which is focussed on the individual to give the right support, in the right place, at the right time.

(d) Listening to our population, building on the strengths in our communities and using place based solutions.

(e) Having a clear strategic understanding of the roles and responsibilities of all partner organisations and how innovation and collaboration can improve health and wellbeing through support and challenge.

Q4 To what extent do you agree or disagree that the proposed principles will help the Board deliver their vision?

There was strong support for the proposed principles, 86% in total were supportive: 33% agree, 53% strongly agree. Only 3% (1 respondent) disagreed.

Why do you say this? Is there anything else we should consider?

There was some support for general ideas such as organisations working together, person centred outcomes and prevention. Comments included that the outcomes were optimistic and ambitious.

One comment suggested an amendment to principle c) to refer to the person *receiving* the support, rather than the organisation(s) delivering the service.

The importance of early identification and prevention of onward transition in sexual health was cited, emphasising the importance of clear communication between organisations. The issue of increasing instances of syphilis and HIV aids amongst some cohorts was highlighted as an important issue for the strategy to consider.

Concerns were again expressed about the achievability of the aims and reference to funding cuts (e.g. their effect on carers).

Some comments questioned how this would be achieved, one example said – *"This doesn't really say what is going to be done; a lot of buzz words".*

The need to fund voluntary organisations to provide support was raised.

One respondent wanted the Board to have a "well thought out definition of "most at risk"".

Support was expressed for consideration of the role of non-pubic organisations in supporting health and wellbeing.

The importance of seamless services with a "whole life" approach was raised – particularly for those with conditions from birth where early intervention "is no use".

Outcome 1: The people of Leicestershire are enabled to take control of their own health and wellbeing

Q5 To what extent do you agree or disagree that the outcome outlined will improve health and wellbeing for people in Leicestershire and reduce health inequality?

67% of respondents were positive about this although 15% disagreed. A significant proportion (15%) of respondents either don't know or neither agree nor disagree.

Why do you say this? Is there anything else we should consider?

Many comments were supportive of enabling people to take control of their own health and wellbeing and educating people. However, there were also statements about the limitations of this due to resources, issues with individuals' motivation or their ability to take control.

There were questions about how this outcome would be achieved in practice and about whether the previous strategy had been effective.

Some comments focussed on the appropriateness of direct help compared with information – *"while it is important to promote self help, in order for this to be effective, the line between information and advice and direct intervention must be determined by need rather than budgets".* The need for professional guidance and oversight was also raised with specific reference to sexual health.

The importance of early diagnosis in respect of dementia, allowing for effective planning was raised by one respondent.

There was concern for the impact on carers of service cuts.

Recognising diversity and the needs of individuals was raised as a key element for success.

There was a call for further consideration to the role of digital services and self-management in delivering this outcome (and outcome 4).

The initial ideas for priorities for action under this outcome are:

We will:

- *Use our influence to advocate the importance of all public policy making in improving the external factors that affect people's health and wellbeing*
- *Use our influence to advocate the importance of housing for good health with a focus on maximum independence for the ageing population and disabled people both now and in the future*
- *Use our influence and control to advocate and offer good quality employment for all for health and wellbeing.*
- *Enable people to stay safe, well and healthy for longer with independence and connection to their community and provide targeted support for those most at risk of poor health and wellbeing*
- *Provide care closer to home and enable local communities to help themselves through strong and vibrant community networks to reduce avoidable pressure on acute hospitals*
- *Identify, recognise, value, involve and support carers of all ages*

Q6. To what extend do you agree or disagree that these priorities will deliver the outcome?

Most respondents (68%) agree that these priorities will deliver the outcome; 36% strongly agree and 32% tend to agree. A notable proportion (14%) did not agree.

Why do you say this? Is there anything else we should consider?

There was some support of the priorities and specific ideas such as providing information to the public about services and the importance to health of stress associated with factors such as housing and employment.

There was some uncertainty around use of the word 'advocacy'. Comments questioned what was meant by the word and whether this was the function of the Local Authority in service delivery or part of scrutinising Council service:

"If this is describing an actual type of service delivery, there seems to be too much prominence given to advocacy in these principles. This has a place, but it is not the prime function of a local authority, from whom people expect more concrete services. From an internal perspective, functions like advocacy, influence, enabling and supporting (all mentioned in these priorities) would have a place if LCC's services themselves were all subject to scrutiny to ensure that they meet with health and wellbeing principles. If this is what the above list describes then it has merit in that respect."

Some respondents were concerned that some of the principles would be constrained by the availability of resources and how these would be allocated and by the inability of agencies to control people's behaviour. The need for agencies to work together was also expressed.

The need to support long term family carers was cited and the limitations of their ability to fill gaps in provision were raised by one comment as well as the fact that encouraging independence was "*good to a certain point, but those with ASD/LD,* then a good outcome might just be maintaining the current level of functioning".

There was one comment about the current advocacy services offered by the County Council – *"LCC presently offers no active advocacy support for key groups, is this going to be limited support to specific levels of disablement or level of risk?"*

A strong case was made for the inclusion of physical activity as a priority.

Concern was raised about how advocacy, influence and enabling could be measured.

One respondent highlighted the importance of 'feeling safe' and that being independent was not simply about physical tasks but included the ability to make "*informed choices*". "*Some people can't do a lot of the 'independence' stuff but have and independent mind*"

<u>Q7. Do you have any suggestions for how local communities and groups can be engaged and supported to help us to achieve the outcome?</u>

There were a number of suggestions for how services and the Council could communicate and engage with communities such as by holding workshops and open meetings to discuss major healthcare issues, speakers visiting local community organisations, groups for young people and encouraging "office ambassadors" to promote healthy lifestyles in the workplace. There was also support for promoting good news stories and the impact that has been made.

“Local authorities are still perceived by the public as bureaucratic and inaccessible. More needs to be done to break these barriers down if we really want to succeed in influencing community development. For example, greater levels of community involvement in developing policy as well as service delivery, and ensuring that good quality professional support and advice is on hand for communities and individuals who we are increasingly dependent on for service delivery.”

The role of volunteers was raised by a number of respondents. Suggestions for how they could be used in sharing skills with young people, befriending, community transport or mutually beneficial roles for students in care homes for example. One comment did also highlight the risks and limitations of reliance on volunteers who can come and go and who may have varied levels of training and commitment.

Responses suggested supporting community groups to deliver messages and support in a holistic and cohesive way – *“Use partnership and holistic approaches in local communities rather than having people travel around the county to multiple organisations to receive support for different aspects of their lives. The demarcations between health & social care, for example, are particularly unhelpful in supporting people to manage their lives and the challenges that we all inevitably face.”*

There were concerns about the capacity within communities to provide support and the potential risk to quality from using voluntary organisations.

Outcome 2: The gap between health outcomes for different people and places has reduced

Q8 To what extent do you agree or disagree that the outcome outlined will improve health and wellbeing for people in Leicestershire and reduce health inequality?

The responses to this question were fairly mixed, 52% of people agreed although 26% neither agreed not disagreed, with 19% in disagreement.

Why do you say this? Is there anything else we should consider?

Some comments to this question seem to be supportive of the aim of reducing inequality although many question the achievability of the aim, with reference to available resources.

Some comments also questioned whether there is evidence supporting this and/or were unsure what was meant by it.

"The geography of Leicestershire means that some populations are inherently more detached from services. The structure of health services should take this into account."

"This is a major form of inequality but success depends on improving health outcomes were they are poor, rather than reducing them where they are good."

The initial ideas for priorities for action under this outcome are:

We will:

- Improve our understanding of the people with the worst health and most at risk within the Leicestershire population; who they are and where they are
- Use evidence to improve the targeting of activity to reduce health inequality between people and places based on local need
- Work in partnership to improve outcomes for people with disabilities throughout their lives

To what extent do you agree or disagree that these priorities will deliver the outcome?

Most responses agree that the priorities will deliver the outcome – 32% strongly agree and 32% tend to agree. Only 14% disagree with a nearly a fifth of respondents *neither* agreeing or disagreeing.

Why do you say this? Is there anything we should consider?

A number of comments agreed with the importance of understanding the populations concerned. Again, comments highlighted potential difficulties in terms of time and resource as well as the need for organisations to work together. One comment said that it would be costly to form an understanding of this and that the evidence would only represent *"a snapshot of a given time and place".*

There was concern that the Board should focus on "*improving health outcomes where they are poor, rather than reducing them where they are good*."

Some specific issues were mentioned as important to consider such as dementia friendly communities, BAME groups having equal access to diagnosis and support, support for younger people with dementia and targeting groups most at risk of HIV and Sexually Transmitted Infections at a local level.

"*Co-production..would be good but you have to deal with our issues on timing, capacity, commitments and so on. I can do this on my home computer between other things. Driving to county hall takes me an hour and costs me money*."

"*you run the risk of leaving out those who can't join in without extra help*"

Q10. Do you have any suggestions for how local communities and groups can be engaged and supported to help us achieve the outcome.

A number of suggestions were given as to groups through which engagement or collaboration could occur such as: Healthwatch, Leicestershire Equalities Challenge Group, Dementia Action Alliance and local charities and services.

There was a suggestion to open up the option of using other services that are not provided by statutory agencies to avoid people having to wait.

Engagement with "harder to reach communities", working with stakeholder organisations like Age UK and creating a local involvement group were all suggested.

Outcome 3: 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

Q11. To what extent do you agree or disagree that the outcome outlined will improve health and wellbeing for people in Leicestershire and reduce health inequality?

The vast majority of respondents agree that this outcome will improve health and wellbeing for people in Leicestershire: 36% strongly agree and 50% tend to agree. Only 1 person (4%) disagreed with the statement.

Why do you say this? Is there anything else we should consider?

Comments were generally supportive of the outcome, agreeing with the ideas of supporting children and families to live healthy lives.

Several respondents asked “how” this would be delivered.

There were comments about the limitations of this including issues relating to pressures on Social Services and the need to address disconnects in pathways between children and adults services.

The initial ideas for priorities for action under this outcome are:

We will:

- Ensure the best start in life for children and their families
- Work proactively in partnership to keep children and young people safe and free from harm and sexual exploitation
- Support those families identified as most troubled to become self-sufficient and resilient
- Enable children with special educational needs, and/or disabilities and their families, to become increasingly independent through personalised, integrated care and support
- Enable children in care to experience good physical and mental health throughout their lives

Q12. To what extent do you agree or disagree that these priorities will deliver the outcome?

72% of respondents agree that these priorities will deliver the outcome with 14% disagreeing.

Why do you say this? Is there anything else we should consider?

Most comments were mostly in support of the Outcome, with questions being raised about how this will be delivered, for example whether the principles in the strategy will permeate all County Council services and whether the services work with Sure Start.

There was also support for early intervention as well as organisations working together and communicating effectively in respect of Child Sexual Exploitation.

Some comments pointed out difficulties such as resource challenges and that some Children will require ongoing support. It was also noted that this is not substantially different from the last strategy and that there was no innovation.

Physical activity and radicalisation were suggested for inclusion.

There is a need to consider a "universal offer" to complement the targeted services.

Q13. Do you have any suggestions for how local communities and groups can be engaged and supported to help us to achieve the outcome?

There were a number of suggestion including support groups for vulnerable families, ensuring segregation in schools isn't encouraged, involving young people in decisions, peer support mechanisms, engagement in schools and mandatory SRE and training on CSE.

Outcome 4: People plan ahead to stay healthy and age well and older people feel they have a good quality of life

Q14. To what extent do you agree or disagree that the outcome outlined will improve health and wellbeing for people in Leicestershire and reduce health inequality?

Of all the respondents, 58% agreed with the outcome, 25% disagree.

Why do you say this? Is there anything else we should consider?

There were comments in support of early intervention and planning ahead, and comments also emphasized self-help. Comments specifically reference diet and exercise.

Criticisms included that prevention is not a new idea, that some people might not have the resources or ability to plan ahead.

"*Physical activity has great potential for slowing the onset of the diseases associated with old age as well as helping people to maintain their current levels of physical function. It is imperative that physical activity is a key focus of any plans to support people to be healthy in their old age*."

The initial ideas for priorities for action under this outcome are:

We will:

- Improve the diagnosis and support for self-management of long term

conditions

- Improve the early detection and treatment of cancers
- Plan for the ageing population and the needs of the increasing number of frail older people to minimise avoidable time they spend in hospital
- Encourage people to plan for the end of their life in the place of choice and provide support to them and their carers

Q15. To what extent do you agree or disagree that these priorities will deliver the outcome?

Most respondents agree that this outcome will deliver the outcome, 36% strongly agree and 32% tend to agree. 18% of respondents tend to disagree.

Why do you say this? Is there anything else we should consider?

A number of comments specifically mention dementia and there were also a number of comments relating to support for carers.

Some contributions addressed ways in which people could be kept from acute settings such as flexible and adaptable housing.

Include more interventions for younger people.

Physical activity was suggested as a key approach to delivering this outcome.

Q16. Do you have any suggestions for how local communities and groups can be engaged and supported to help us achieve the outcome?

There were a number of suggestions including Dementia Friendly Communities, volunteer befriending and dementia friends learning in schools. One comment outlined the effectiveness of a local Cancer Self Help Group.

The use of surveys was suggested as a way to obtain statistical data.

Outcome 5: People give equal priority to their mental health and wellbeing and can access the right support throughout their life course

Q17. To what extent do you agree or disagree that the outcome outlined will improve health and wellbeing for people in Leicestershire and reduce health inequality?

There was strong support for this Outcome among respondents, 32% strongly agree and 54% tend to agree. Only 7% of respondents tend to disagree.

Why do you say this? Is there anything else we should consider?

Comments were in support of the outcomes and described the importance of Mental Health.

Issues raised include the need for agencies to work together, the importance of screening, and the stigma around mental health.

"*been saying this for years, and no further forward"*

The benefits of physical activity for preventing and supporting recovery from mental health issues.

The initial ideas for priorities for action under this outcome are:

We will:

- Provide positive mental health promotion and improve awareness of risk factors for poor mental health to increase resilience
- Improve access to mental health services for all ages to promote recovery and independence
- Increase the early detection and treatment of mental health and wellbeing needs for children and young people
- Increase the early detection and improve the management of dementia

Q18. To what extent do you agree or disagree that these priorities will deliver the outcome?

There was strong support for these priorities, 43% strongly agreeing and 36% tending to agree. 14% disagree that the priorities will deliver the outcome.

Why do you say this? Is there anything else we should consider?

The importance of integrating physical health and mental health.

Comments were generally supportive of early detection and diagnosis of dementia and some comments pointed out the importance of the resources for services and support required following diagnosis.

The need for qualitative data on mental health issues to address the issues effectively.

Q19. Do you have any suggestions for how local communities and groups can be engaged and supported to help us to achieve the outcome?

A number of suggestions pointed to dementia friendly initiatives and Dementia Action Alliances in districts. Other suggestions included work in schools, safe places for people with dementia and their carers and dementia friendly GP practice initiatives.

Q20. Do you have any other comments on the draft Leicestershire Health and Wellbeing Strategy 2017-20?

Many of the general comments in the strategy are positive in regards to the outcomes and the aims and there is support for self-help and prevention.

Two points made throughout the comments and in this section were concerned with not knowing *how* the strategy would be realised and around whether the resources would be available in order to achieve the aims.

Comments in this section also concerned sustainable funding for the Voluntary Sector to develop preventative services, the importance of sexual health and the need to support family carers.

Respondents

This chapter aims to provide some insight into the profile of the 32 respondents to the consultation.

Of those who responded, 27% were male and 73% female. All respondents have the same gender identity they were assigned at birth. The ages of respondents ranged from 21 to 72, with a mean age of around 51.

Just over one quarter of respondents are the parent or carer of a young person and around the same proportion are the carer of somebody over 18. Of those caring for a person over the age of 18, all care for someone with a long standing illness, disability or infirmity. 15% of respondents themselves have a long standing illness, disability or infirmity.

Of all respondents who made a declaration, 8% came from a non-white ethnic group. 68% were Christian with 28% of No Religion and 4% Muslim.

91% of people identified as Heterosexual / Straight, with 5% identifying as Gay and 5% as Bisexual.

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Jeżeli potrzebujesz pomocy w zrozumieniu tej informacji w Twoim języku, zadzwoń pod numer 0116 305 6803, a my Ci dopomożemy.

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