

Joint Health and Wellbeing Strategy

CONSULTATION FEEDBACK FEBRUARY 22

The consultation exercise

Gained public and wider professional input to the approach, priorities and commitments set out in the draft JHWS

Asked whether people agreed or disagreed (on a scale) with the overall approach and with the commitments in each life stage

Ran from 29th November 2021 to 23rd January 2022

Used an online survey as the main engagement approach

Was promoted and shared by partners

Was presented to key groups, boards and meetings

The survey

ON-LINE AND PAPER COPIES

Who took part?

99 People responded to the survey about the JHWS

The majority were residents of Leicestershire (80%)

35% worked for Leicestershire County Council

Your role

Q1 - In which role(s) are you responding to this survey?



District	Count
Blaby	25
Charnwood	12
Harborough	8
Hinckley & Bosworth	5
Leicester City	6
NW Leicestershire	8
Oadby & Wigston	2
Outside of LLR	1
Missing postcodes	32

What did people say?

The majority of people said they either strongly agree or tend to agree with the vision, priorities and commitments

Very few people said they strongly or tend to disagree (between 1% and 6% ticked these boxes throughout the survey)

Many comments received were supportive/confirmative comments (121)

118 comments were received requesting an addition or amendment to the strategy

33 comments highlighted something already contained in the strategy (showing how important this was to them)

18 comments suggested we ought to give more priority or funding to a particular service or area of work

31 people asked for more detail: how we will achieve, fund or measure these commitments

7 comments were from people stating a specific point or approach that they disagreed with in the strategy

- although some of the points made in other categories may also have been negative e.g. 'I agree but it's a bit vague' was categorised as a request for more detail but could also be viewed as a negative response

General themes to feedback

Look/accessibility of strategy

- Infographics
- easy read
- more detail
- less jargon
- too long

Request for more detail

- how will we do this
- how will it be funded
- where will the workforce come from
- which things should we prioritise (with views often offered)

Comments about access:

- knowing what's available and how to access it/find information etc
- difficulties in accessing GP and other health services & getting their 'buy in'
- travel and transport barriers

Lack of money as a barrier to accessing services e.g., leisure, transport, adult social care etc.

Loss of green space/level of feeling about housing growth is a consistent theme

Support for increased integration

- health and social care working together
- Schools, GP's, district councils as examples of key partners
- The link with other strategies e.g., digital strategy, housing strategies etc.

Workforce

- co-ordinate our approaches across partners
- the need to ensure we have enough people to deliver
- training, personalised approaches, attitude etc.

More for specific protected characteristic groups

- LGBT+
- people with a disability

The role of carers and the support required for them (including financial) as well as the huge impact of the work they undertake

The need for community approaches/work with local people to really make a difference and local support networks

The need for a personalised approach – one size does not fit all

Note: the points reflected in this, and the next slide are a summary of common themes, not a detailed account of every point made

Feedback by life course

Best start

- requests for more support with parenting skills/education
- SEND provision – improvements to diagnosis, support, transition
- improved health visiting and other early years services, especially services re-starting following the pandemic
- children's mental health and the need to reduce waiting/improve access and availability, offer early intervention etc.
- access to green space

Living healthy, safe and well

- counselling to support weight loss
- schools and education as partners
- workplace health and the need to ensure businesses take responsibilities seriously
- transport as a barrier to access and the need to increase active travel/remove barriers
- Some objections to the use of 'choice' as some people's circumstances limits choice, however there were also supportive comments given for use of this approach
- Green spaces & physical activity considered important

Feedback by life course continued...

Living and supported well

- Need to have the right sort of housing to enable people to stay at home e.g. more warden assisted etc.
- Access – transport, alternative to digital, knowing how to access services and what's available
- Importance of physical activity
- Workforce – key area for living and supported well
- Recognition that funding is a key issue at this life stage – some wanting it prioritised, increased, is a barrier to success

Dying well

- Housing – needs to be right for people in need of support/reaching end of life
- Carer support – including after a person has died e.g. return to work etc.
- Palliative support – comments on pathway, funding and access

Cross cutting

- Most comments received were about mental health – need to prevent, personalise, re-prioritise, waiting times, improve access, early intervention etc.
- Interplay between mental health and other conditions e.g. ADHD or autism
- Physical activity to prevent/improve mental health
- Importance of re-opening services as part of Covid recovery

What did people disagree with?

1 person disagreed with the falls prevention commitment as they could not see how we could do anything about this

1 person disagreed with the idea of supporting people to remain in their own homes for as long as possible (requesting a personalised approach instead)

1 person felt dying well was a family issue, not something that 'government' should be involved with

1 person disagreed with end of life discussions happening towards end of life, feeling they should be had throughout life

1 person felt that something was an 'overblown issue' – unsure of which cross cutting issue this relates to

1 person disagreed with Covid as a cross cutting theme, stressing the need to return to life without an emphasis on Covid

As before, there were more negative comments received about the strategy, but these have been included in other categories

- e.g. a response about needing to offer more financial support for carers has been categorised as a request for an addition/amendment, a response about it being 'too vague' has been categorised as a request for more detail etc.

Conversations with local people

Summary of feedback

Local area co-ordinators spoke to 72 people across a range of ages and venues, often as they took part in local sessions such as crafting, support and friendship groups.

Comments were positive with people particularly welcoming the focus on all life stages, mental health, covid recovery and prevention

Feedback was similar to that received online:

- Request for more detail on how this would be achieved
- Some found it complex with complicated language
- Importance of integrating services
- Request for more information about what services are out there and how to access them
- A comment was made about transport and the difficulties of getting around by bus
- A comment was made about the importance of local communities playing a part in achieving these goals

Feedback from groups, boards and meetings

Which meetings was this presented at?

System

- Integrated Care Board
- UHL Strategic Board
- LPT Board
- Dementia Programme Board
- Info circulated to design groups
- Primary Care Cell

Place

- Health and Wellbeing Board
- Health & Overview Scrutiny Commission
- Safer communities Strategy Board
- District Health Leads meeting

H&WB Subgroups

- Integration Executive (& IDG)
- Unified Prevention Board (Staying Healthy Partnership)
- Children and Families Partnership Board

LCC meetings

- CMT
- Engagement hub
- LECG
- Joint DMT (children, adults and public health)
- Public Health DMT & SLT
- Adults and Communities SLT
- Environment and Transport DMT
- Corporate Resource DMT

What was the feedback?

Support overall for the draft Strategy

How can we ensure integration is a common theme through all life stages and ICS (at system, place and neighbourhood)?

Some requests for a change in language 'industrialising prevention' and 'choices' (due to the issue of some people having much more limited choices than others)

A detailed submission of feedback was received from the districts collaboratively, supporting the approach taken and requesting some amendments and/or considerations going forwards

Action in response

What action has been taken in response?

Strengthening many of the life course sections in line with the feedback received, particularly where points were made by more than one person or group

Strengthen links between the Carers Board and HWB as carers needs were a strong theme from the consultation

Added a statement about needing to better understand where health inequalities are occurring across Leicestershire which may include protected characteristics of disability or LGBT+ people

Strengthened the emphasis on integration with recognition that more may come through further development of the delivery plan

Some amendments where jargon or complex text has been identified

More detail will come with delivery plan and indicator set

Final copy will include easy read and summary version of the strategy

Next steps

This is just the start of the conversation on health and wellbeing

HWB are developing a Communication and Engagement Strategy

Some people have given their details as part of the consultation response so that we can stay connected and seek their views on other pieces of work

Some organisations have provided ideas for how they could be engaged and support the work going forwards

We will continue to use these findings and to work with partners and people to deliver this strategy

As much money should be spent on prevention rather than just reacting to chronic health in old age

I think there should be an emphasis on people helping themselves to take ownership and improve their own health, follow the medical advice they have given, and make better choices.

Nice to see us all in there

Working well - how Leicestershire companies uphold the wellbeing of their staff and address work/life balance

Mental Health is a very important part of all our lives

More hands on experiences and opportunities for SEND young people to make a positive contribution through volunteering etc

Interesting to see the 'how' ?

We need to support each other We need our green open spaces, woods and forests to promote healthy living for mental and physical wellbeing

Like that a plan to join things up is here

A Good Death is important for both the person & their loved ones. The trauma of seeing someone going through a bad death & feeling helpless can stay with you & have an ongoing impact for the rest of your life. Grief should not be underestimated or dismissed.

In every stage access to services is important. They need to be local and accessible by public transport