

**HEALTH & WELLBEING BOARD 12 SEPTEMBER  
AGREEING OUR HEALTH & WELLBEING STRATEGY PRIORITIES  
REPORT OF DELIVERY & PLANNING MANAGER AND PUBLIC HEALTH  
SPECIALIST**

## **1. Purpose**

1.1. This paper provides the Board with an update on the development of the Telford and Wrekin Health & Wellbeing Strategy, the report:

- presents an overview of the implications of the draft Department of Health Guidance on Joint Strategic Needs Assessments and Health & Wellbeing Strategies
- describes the consultation and engagement activities undertaken on the proposed set of health and wellbeing priorities, derived through the JSNA process
- summarises the findings and insight gathered as part of that consultation and engagement work
- seeks agreement for the set of priorities on which the first Health & Wellbeing Strategy will focus

## **2. Recommendations**

### **2.1. That**

- **the latest Department of Health Guidance on Health & Wellbeing Strategies are considered and the draft consultation feedback reviewed and agreed for submission**
- **the proposed Health & Wellbeing priorities are reviewed and finalised in light of the completed community and professional stakeholder engagement programme**
- **a lead member of the Board is aligned as sponsor to each of the agreed priorities**

## **3. Developing our Health & Wellbeing Strategy Priorities**

3.1. The Health & Wellbeing Board has a Duty to agree a Health & Wellbeing Strategy by April 2013. The purpose of this strategy is to:

- meet the needs identified in our Joint Strategic Needs Assessment and explain the priorities that the Health & Wellbeing Board has agreed to tackle those needs
- set priorities for joint action in order to make the most significant impact – the Strategy **is not** about tackling everything

- inform the commissioning cycles of the Clinical Commissioning Group, the NHS Commissioning Board and the Council, ensuring the plans are strongly aligned with the Health & Wellbeing Strategy priorities

3.2. As part of the development of the strategy, the Health & Wellbeing Board identified the following ten proposed priorities (see Appendix One):

- Reduce excess weight in children
- Reduce teenage pregnancy
- Improve emotional health and wellbeing
- Support people with autism
- Reduce the number of people who smoke
- Ensure people have a positive experience of health and care services
- Improve carers' health and wellbeing
- Support people to live independently
- Improve life expectancy and reduce health inequalities
- Support people with dementia

3.3. The identification of these proposed priorities was informed by our Joint Strategic Needs Assessment process which highlighted health and wellbeing issues in the Borough that were:

- a statistical outlier – that is the Borough's health and wellbeing status is significantly worse than the national position
- an existing local priority
- an issue where there was a clear policy requirement or financial pressure

#### **4. Department of Health Draft Guidance: Joint Health & Wellbeing Strategies**

4.1. Since this initial work was developed, the Department of Health has published further draft guidance on the development of Joint Health & Wellbeing Strategies. The guidance presents an overview of the statutory requirements now in place for local authorities, CCGs, NHS Commissioning Boards. **An overview of the guidance is presented in Appendix Two along with a draft proposed response to the Department of Health consultation questions.**

4.2. The draft guidance is helpful in that it confirms the approach that the Board is taking to the development of the Joint Strategic Needs Assessment and the Health & Wellbeing Strategy is in line with national expectations and best practice. Primarily, that JSNA/JHWB strategies are a continuous process rather than an end in themselves and should be developed around local commissioning cycles. They are not about action on everything but for setting priorities for joint action in partnership in order to make the greatest impact. The

legislation is in place to support joint action such as pooled budgets, integrated partnership working and joint commissioning arrangements.

## 5. Community & Stakeholder Engagement

5.1. During the Summer of 2012, a programme of public and stakeholder engagement was undertaken to explain the purpose of the Health & Wellbeing Strategy and seek views on the proposed priorities; exploring whether they are the right ones for the Borough and in particular, whether any key local issues have been overlooked. This engagement programme has included:

- A stakeholder engagement event
- Article in Your Voice in the Council's newsletter,
- Community Panel engagement via an on-line questionnaire on the Council's website
- Invitation to all Council and PCT staff to participate in the on-line questionnaire

5.2. The total number of participants in this activity were:

- 88 participants at the stakeholder engagement event
- 627 Community Panel members
- 128 respondents to the on-line questionnaire
- 4 correspondents who contacted the Council by email

## 6. Stakeholder Engagement Event

6.1. The event, which took place on Tuesday 27 July at The Place, was attended by 88 people representing a range of organisations including health partners, the voluntary sector and patient groups.

6.2. As part of this event, participants were asked to review the proposed Health & Wellbeing priorities and identify any issues which they felt were missing. The key messages from this event with regard to the priorities were:

- Greater weight should be given to addressing:
  - ***Economic circumstances/disadvantage*** – this was highlighted as a fundamental issue to improving the health and wellbeing of the Borough – with particular reference to the social and mental impact of unemployment. The connection between this issue and the social and physical impact of poor housing was also made and it was also linked to the importance of raising young people's aspirations.
  - ***Drug and alcohol misuse*** – this was a common theme across the workshop with participants highlighting the impact on an individual's

health (e.g. long term liver disease). It was also seen as a key risk factor linked to A&E hospital visits and teenage pregnancies.

- **Reducing excess weight in children** to broaden the scope of the priority to include adults – this was linked to the need for ‘active lifestyles’. It was also linked to a wider theme of early prevention – i.e. to set children on the ‘right path’.

## 7. Community Panel and On-line Survey

- 7.1. A questionnaire was sent to the Council’s Community Panel and made available online on the Council’s website for other participants to complete. Letters were sent to all members of staff in the Council and the PCT asking for their views and signposting to the on-line questionnaire. The survey was also promoted through the Council’s ‘Your Voice’ newsletter, which was sent to all homes in the Borough.
- 7.2. A total of 749 completed questionnaires were received with 627 responses from Community Panel Members and 128 from the online survey.
- 7.3. As well as exploring respondents’ views on the proposed priorities, the questionnaire asked participants about their awareness of the changes to the way in which the local health and social care economy is being managed:
- 64% of respondents were aware that the CCG is taking the responsibility for local health services
  - a third of respondents, 33%, were aware that Public Health functions are being transferred to local authorities
- 7.4. Overall, there was a strong view that the proposed priorities should be included in the Health and Wellbeing Strategy (see table 1 below)
- 7.5. For each proposed priority, **more than a third of respondents strongly agreed** with its inclusion as a strategy priority - ranging from 34% for ‘supporting people with autism’ to 58% for ‘supporting people with dementia’.
- 7.6. Levels of disagreement with the proposed priorities were, overall, low. The one proposed priority with a **higher level of disagreement than others was reducing the number of people who smoke with 12% of respondents in disagreement**. The reason most cited by respondents who disagreed with this priority was that it was the choice of the individual as to whether they smoked or not and not the role of the state to address this.

**Table 1: Survey findings for Support of the Proposed Health & Wellbeing Priorities**

	Strongly agree	Agree	Total agree	Neither	Disagree	Strongly disagree	Total Disagree	Don't know	Net agreement score
Ensuring people have a positive experience of health and social care services	49%	42%	<b>91%</b>	7%	1%	1%	<b>2%</b>	1%	89%
Improving carers' health & wellbeing	51%	40%	<b>91%</b>	7%	1%	0%	<b>2%</b>	0%	89%
Supporting people with dementia	<b>58%</b>	34%	<b>92%</b>	5%	1%	2%	<b>3%</b>	1%	89%
Supporting people to live independently	50%	38%	<b>89%</b>	8%	2%	1%	<b>3%</b>	0%	86%
Reducing teenage pregnancy	56%	32%	<b>89%</b>	7%	3%	1%	<b>4%</b>	1%	84%
Improving life expectancy and reducing health inequalities	49%	37%	<b>86%</b>	10%	2%	0%	<b>3%</b>	1%	83%
Reducing excess weight in children	48%	39%	<b>86%</b>	8%	4%	1%	<b>5%</b>	1%	82%
Improving emotional health & wellbeing	44%	39%	<b>83%</b>	11%	3%	1%	<b>4%</b>	2%	79%
Supporting people with autism	34%	46%	<b>80%</b>	14%	3%	1%	<b>4%</b>	2%	76%
Reducing the number of people who smoke	42%	31%	<b>73%</b>	15%	8%	3%	<b>12%</b>	1%	62%

7.7. From both surveys, 26% of respondents indicated that they felt there were 'issues' missing from the proposed list of priorities, a total of 178 comments were recorded.

7.8. Analysis of these comments shows that just over half (96) covered issues falling under the umbrella of the proposed priorities. For example:

- **Excess weight:**
  - *'Education about cooking, food and info about what we eat'*
  - *'Encouraging exercise - less use of a car, walk, cycle, dance'*
    - *'Fitness and weight issues affecting adults these people often feel awkward around gyms etc so need to have places for "unfit & larger" people to exercise'*
- **A greater emphasis on long term conditions** such as diabetes, asthma, arthritis, Parkinson's disease and epilepsy. These will be addressed through the current proposed 'life expectancy and reduce health inequalities' priority which has identified the management and treatment of long term conditions as an area for improvement.

7.9. The two key additional themes which emerged from the comments were that:

- drug and alcohol misuse was identified as a missing theme by 15 respondents: *'Need to also look at drinking alcohol abuse in all age groups but especially the young'*

- that adult excess weight should be addressed as well as children (see comment above for example).

7.10. A summary of the findings from the engagement programme will be published on the Health & Wellbeing pages of the Council's website. Equally important, is that the more detailed findings of the programme are used to inform the development of health and social care services in the Borough as well as the strategy. To enable this, a detailed report on the insight gathered will be circulated to key managers within the Council and partner organisations.

## **8. Developing the Strategy**

8.1. Based on the engagement and consultation process, the Board is asked to review its proposed priorities and consider whether:

- the proposed priorities should be retained with any amendments
- any additional priorities be introduced

8.2. In doing this, the Board may wish to consider:

- **introducing an additional priority for alcohol and drug misuse— stakeholder and public engagement, together with conversations with lead professionals have identified this as 'gap' in the proposed list of priorities because of the impact on individuals, wider community and the cost to health and criminal justice services.**
- **broadening the scope of the 'excess weight in children' priority to include adults. The Board may wish for this priority to be developed into an 'active lifestyle' theme.**
- **how economic determinants are addressed in the context of the wider partnership structure (see Appendix 3).**

8.3. Through this activity the Board should finalise its list of priorities for the strategy. The Board are asked to confirm the lead Board sponsor for each priority. Each sponsor will be responsible for:

- nominating an officer lead for the priority
- confirming the outcome measures for the priority
- driving and challenging delivery of that priority

8.4. Working with the Health & Wellbeing Board Executive, it is proposed that a draft strategy is presented to the November 14<sup>th</sup> Health & Wellbeing Board.

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