

HEALTH AND WELL-BEING BOARD 30 SEPTEMBER 2015

DRAFT JOINT HEALTH AND WELL-BEING STRATEGY 2016-19

Board Sponsor

Richard Harling, Director of Adult Services and Health, Worcestershire County Council

Author

Dr Frances Howie, Head of Public Health, Worcestershire County Council

Relevance of Paper - Priorities

Older people and long term conditions
Mental health and well-being
Obesity
Alcohol

Relevance - Groups of Particular Interest

Children and young people
Communities and groups with poor health outcomes
People with learning disabilities

Item for Decision

1. **The Health and Well-being Board is asked to:**
 - a) **Approve the draft Joint health and Well-being Strategy 2016-19 for further consultation; and**
 - b) **Note the process for further consultation.**

Development of the Joint health and Well-being Strategy 2016-19

2. On 3 March 2015 the Health and Wellbeing Board agreed a process to prepare a new Joint Health and Well-being Strategy from April 2016. A Stakeholder Event was held on 4 June to:
 - Reflect on the current Strategy, its impact and utilisation;
 - Consider and refine the vision and key principles;
 - Generate criteria for the selection of priorities;
 - Consider priorities for 2016-19 based on the findings of the Joint Strategic Needs Assessment and local views; and
 - Discuss the type of Strategy required.
3. The Stakeholder Event had over 140 attendees including representatives from a range of District Councils, the NHS, and VCS organisations. The consensus views emerging from the Event were:

- That the impact of the current Strategy had often been operational, especially in giving improved partnership working and shared focus at District level;
 - That the impact of the Strategy at strategic level was harder to see, especially in shaping commissioning plans;
 - That it was still too soon to measure the impact on these long-term trends, and so the same priority areas should be prioritised;
 - That communication and awareness of the Strategy had not been as strong as it could have been;
 - That the vision and key principles in the current Strategy remained appropriate and should be carried forward;
 - That the same set of criteria for selection of priorities should be used as in the last Strategy (paragraph 5) and that these should be ranked;
 - A long list of priorities;
 - Recommended priorities based on application of the criteria to the long list;
 - That the Strategy should be a short document with a small number of priorities, but with clear associated focus for actions;
 - That the Strategy should enable and strengthen communities;
 - That monitoring of the implementation of the Strategy should be strengthened.
4. The criteria agreed for selection of priorities were that they should:
- Be linked to JSNA data which suggests a worsening situation, and/or a situation that is worse than would be expected for Worcestershire;
 - Show clear geographical and/or population inequalities in health and well-being outcomes;
 - Have high direct and indirect economic costs both now and in the future;
 - Be relevant to people across all age groups;
 - Relate to major causes of ill health and premature death;
 - Be linked to good evidence of potential to improve outcome;
 - Be of high importance to the local public;
 - Need strong partnership working to improve outcomes;
 - Affect large numbers of people in Worcestershire, and these numbers will rise significantly if we do not deliver change.
5. The long list of priorities suggested by participants in ranked order after applying these criteria and discussions in small groups were:

1. Mental health & well-being	14. Preventable deaths	27. Substance misuse
2. Obesity	15. Homelessness	28. Cancers
3. Health inequalities	16. Heart disease & stroke	29. Fuel poverty
4. Early help	17. Housing	30. Sexual health
5. Childhood obesity	18. Healthy ageing	31. Excess winter deaths
6. Early years	19. Dementia	32. Rural health
7. Children & young people	20. Breastfeeding	33. BME communities
8. Health hotspots / deprived areas	21. Smoking	34. Chronic lung disease
9. Healthy Eating	22. Under 75 deaths	35. Learning disabilities
10. Positive lifestyles	23. Older people	36. Sensory impairment
11. Physical activity	24. Teenage pregnancy	37. Autism
12. Limiting long-term conditions	25. Loneliness & isolation	38. Communicable disease
13. Alcohol	26. Well-being in old age	

6. The Stakeholder Event discussed these and the consensus view was that:
 - The current priorities were still of great relevance but a new approach was needed; that there were too many priorities;
 - 'Old people' was hard to define and so an all-age strategy would be more meaningful;
 - The crosscutting themes of children and young people, and communities and groups with poor health outcomes including learning disabilities had not been a strong focus in the existing strategy. Again, it was suggested that an all-age strategy would be more meaningful, with these areas as being ones for increased action and focus. Learning disabilities would be considered within the priority of populations with poorer health outcomes;
 - Some negative terms were used like obesity, and that there should be a change to positive language;
 - Older people now had a separate and specific major workstream in place through the Better Care fund; and
 - That there needs to be an emphasis on prevention throughout the Strategy.
7. Based on this discussion a statement describing our approach to prevention was included in the Strategy, the priorities were grouped and refined, and key areas of focus were suggested for each priority.

Next steps

8. Following approval at the Board, the draft Strategy will be released for consultation. We will consult widely through our usual consultation routes, including the County Council consultation portal and the Health and Well-being Board groups and networks. There will be a further stakeholder event on the 10 November at Pershore Civic Centre.
9. A revised Strategy on the basis of the consultation will be brought back to the Board in January 2016.