worcestershire countycouncil

AGENDA ITEM 5

HEALTH AND WELL-BEING BOARD
9 FEBRUARY 2016

Joint Health and Well-being Strategy

Board Sponsor
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Author
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Priorities

Older people & long term conditions	Yes
Mental health & well-being	Yes
Obesity	Yes
Alcohol	Yes
Other (specify below)	

Groups of particular interest

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

Safeguarding

Impact on Safeguarding Children	No
If yes please give details	
Impact on Safeguarding Adults	No
If yes please give details	

Item for Decision, Consideration or Information
Decision

Recommendation

1. **The Health and Well-being Board is asked to:**

   a) **Consider the responses the consultation on the Joint Health and Well-being Strategy;**

   b) **Endorse the revised version;**

   c) **Delegate final approval of the Strategy to the Chair, taking account discussions at this Board meeting;**

   d) **Request that the Health Improvement Group start action planning against the Strategy, and embed co-production in this process;**

e) **Confirm that members of the Board are fully committed to action planning and implementation.**

Background

2. The Board released the Joint Health and Well-being Strategy for consultation on 16th October 2015. Consultation included awareness raising through the website, local press and posters at community venues, as well as discussion of the Strategy and response to the consultation questions at two major stakeholder events for local organisations and partnership groups. The full list of consultees is included in the background documents.

3. We had a good level of interest in the consultation. We received 188 responses to the online consultation, many of which were very full and detailed, which was an increase from the 148 who responded to the 2012 consultation. In addition, 140 people attended the stakeholder events. Many of the stakeholders who responded to the online consultation or attended events represented organisations and communities of interest and so the reach of the consultation extended significantly beyond the 328 individuals.

4. A public consultation on prevention has also been commissioned by the Council. Interviews were carried out during November and December with 532 respondents and results were weighted to reflect the Worcestershire population. This consultation did not specifically reference the Strategy consultation, but did explore whether or not residents support the County council spending money on prevention activities. A large majority (93%) or residents thought that it is a good idea for the Council to spend money on prevention.

Responses

5. There was a strong, broad agreement with the Strategy's vision (82% in agreement); principles (85%); and focus on prevention (87%). **It is therefore recommended that these remain unchanged.**

6. There was strong agreement with the proposed timescale of 3 years. However, 20% suggested a longer timescale than 3 years. This was an active discussion item at the stakeholder events, with key stakeholders such as NHS colleagues suggesting a 4 year timescale, so as to align with other planning cycles. Some pointed out that a slightly longer time frame would allow for more longer-term evidence of impact to emerge. Others suggested a shorter timeframe would allow for responsiveness to a fast changing policy and financial environment. **It is recommended that a 4 year timescale be adopted, to fit with other medium term planning frames to 2020 and to allow for the collection of longer term evidence.**

7. 77% of respondents agreed with the priorities of good mental health and well-being throughout life; being active at every age; and reducing harm from alcohol at every age. Most of the suggestions for different priorities were focusing on specific age groups: older children, families or children. **It is recommended that the priorities remain unchanged but that, as in the consultation, these age groups are given particular focus in action plans.**

8. In considering other suggestions for different priorities we drew on the selection criteria which had been agreed at the first workshop, and which were used for the previous Health and Well-being Strategy. Priorities were given a high ranking if they:

- Have high direct and indirect economic costs both now and in the future;
- Affect people across all age groups;
- Relate to major causes of ill health and premature death;
- Are linked to good evidence of potential to improve outcome;
- Are of high importance to the local public;
- Are linked to JSNA data which suggests a worsening situation, and/or a situation that is worse that would be expected for Worcestershire;
- Shows clear geographical and/or population inequalities in health and well-being outcomes
- Need strong partnership working to improve outcomes; and
- Affect large numbers of people in Worcestershire, and these numbers will rise significantly if we do not deliver change.

9. **Other suggestions for priorities:**

- **Include obesity as a priority rather than being active.** NHS respondents felt that obesity should remain a priority as in 2013-16. This was also discussed at the stakeholder events. The Obesity Action Plan has been in place for the last 3 years, and a programme of work has been in place to tackle obesity, focusing on a multi-facetted approach, responding to the complexity of the issue. Legacy actions have now been identified and much of this work continues now as mainstream, for example by changing planning practice, by focusing campaign work; by delivering healthy workplace initiative; and by training front line staff in delivering brief interventions. A change to a priority on physical activity allows for the more positive and simple message of getting active, and allows for a freshness of approach to reduce the health harm of obesity.
- **Include drugs as well as alcohol as a priority.** This does not meet the criteria in terms of affecting large numbers of people or of being linked to good evidence to improve outcome.
- **Focus on men.** This was considered, in light of gender differences in outcomes such as life expectancy, and different patterns of access to services. This was not raised by many people, and there is no evidence of a worsening situation in terms of gender gap. However, this was felt to be an area for further exploration and **it is recommended that the Joint Strategic Needs Assessment include a thematic review on gender differences in health and well-being outcomes during the life of the next Strategy.**
- **Focus on health inequalities.** This will be addressed in the detailed action plans that sit under each of the priority areas. Inequalities relating to geographical disadvantage and to communities of interest will be included in the plans.
- **Focus on carers.** Again, this will be addressed in detailed action plans.
- **Safeguarding children.** The response from the Worcestershire Safeguarding Children's Board asked that safeguarding children be included as a key principle of the strategy, and that the 'Think Family' approach and children's

Early Help be included as priorities. This response has been carefully noted and it was concluded that it is important not to confuse the purpose and responsibility of the Health and Well-being Board with that of the Safeguarding Children's Board. 'Think Family' is already embedded in the service specification of the new alcohol service, and so is monitored through commissioning arrangements. The specific mention of Early Help was not felt to be appropriate because other specific services are not mentioned. However, this will also be picked up in the more detailed action plans, with children and families being a thread through the plans.

10. Full summaries of responses and themes are in background documents.

11. The Strategy has been amended and the revised version is attached for consideration. Subject to endorsement by the Board and final approval by the Chair, the Strategy will be launched at the end of March 2016.

Legal, Financial and HR Implications

12. The Council has a duty to ensure the agreement of a Strategy by the Board. There are no other direct legal, financial, and HR implications.

Privacy Impact Assessment

13. Not applicable.

Equality and Diversity Implications

THE COUNCIL MUST, DURING PLANNING, DECISION-MAKING AND IMPLEMENTATION, EXERCISE A PROPORTIONATE LEVEL OF DUE REGARD TO THE NEED TO:

- ELIMINATE UNLAWFUL DISCRIMINATION, HARASSMENT AND VICTIMISATION AND OTHER CONDUCT PROHIBITED BY THE EQUALITY ACT 2010
- ADVANCE EQUALITY OF OPPORTUNITY BETWEEN PEOPLE WHO SHARE A PROTECTED CHARACTERISTIC AND THOSE WHO DO NOT
- FOSTER GOOD RELATIONS BETWEEN PEOPLE WHO SHARE A PROTECTED CHARACTERISTIC AND THOSE WHO DO NOT

14. An Equality Relevance Screening has been carried out in respect of these recommendations. It identified that further equality impact analysis will be required in respect of action plans relating to each of the three priority areas.

15. Contact Points

County Council Contact Points
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Specific Contact Points for this report

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Supporting Information

Background Papers

In the opinion of the proper officer (in this case the Director of Adult Services and Health) the following are the background papers relating to the subject matter of this report:

- Understanding Resident Attitudes to Spending on Prevention.
- Equality Impact Assessment Screening
- Technical appendix
- App 1 summary.