

5 March 2014**Agenda Item: 4**

REPORT OF THE DIRECTOR OF PUBLIC HEALTH

APPROVAL OF THE HEALTH AND WELLBEING STRATEGY

Purpose of the Report

1. This report asks the Health & Wellbeing Board to comment on and approve the draft Nottinghamshire Health & Wellbeing Strategy for the period 2014-2017.

Information and Advice

Background

2. The draft Health & Wellbeing Strategy underwent a three month public consultation between the 27 June and 26 September 2016. A previous report to the Health & Wellbeing Board outlined the consultation process and summary findings of the consultation.
3. A follow up workshop was held on 4th December with key health partners to consider the consultation feedback and make sure that competing pressures across the health and social care system are recognised in the aspirations of the Strategy.
4. The members of the Health & Wellbeing Board and partners re-affirmed support for the proposed principles and priority areas, taking consultation comments into account. **Appendix One** details the consultation feedback report.
5. Common themes in discussions were how to strengthen the children's focus in the strategy and the need to include the additional priorities: principally access to healthcare and health-checks.
6. In addition, comment was made on strengthening the message around evidence and value for money, as this theme should underpin the work of the Board.
7. Following the workshop, the Health & Wellbeing Strategy content and format has been reviewed, incorporating the feedback received.
8. The draft Health & Wellbeing Strategy is presented to the Board for comment and approval. Taking consultation comments on board, the strategy is presented in three forms to meet the needs of the different audiences:

- a. A short strategy document outlining the four key ambitions (previously phrased as principles.) In addition to the three principles consulted a fourth ambition around giving children a good start in life has been added. The content and wording has been simplified to avoid jargon. A draft version is attached as **Appendix Two**.
 - b. The strategy will be supported by a short plain language document, briefly outlining the ambitions and priority areas.
 - c. A comprehensive delivery plan is being developed which details each action agreed through the integrated commissioning group to deliver against each priority. This document is supported by performance measures which will be monitored and reported back to the Health & Wellbeing Board on a regular basis following approval of by the Health and Wellbeing Implementation Group. A draft version of the delivery plan is attached as **Appendix Three**.
9. All comments have been reviewed and responses drafted to address each issue. These will be published on the Nottinghamshire County Council website and communicated through available networks.
10. Following approval, the final Nottinghamshire Health & Wellbeing Strategy will be launched at the Health & Wellbeing Board Stakeholder Network in June 2014. A follow up communication strategy will promote the vision of the Board and progress being made over time.

Statutory and Policy Implications

11. This report has been compiled after consideration of implications in respect of finance, the public sector equality duty, human resources, crime and disorder, human rights, the safeguarding of children, sustainability and the environment and those using the service and where such implications are material they are described below. Appropriate consultation has been undertaken and advice sought on these issues as required.

Implications in relation to the NHS Constitution

- 1. Regard will be taken to the NHS Constitution together with all relevant guidance issued by the Secretary of State in any service changes relating to the implementation of the Health & Wellbeing Strategy.

Public Sector Equality Duty implications

- 2. The Public consultation included people with protected characteristics and from seldom heard groups. Equality impact assessments will be carried out for any changes to services relating to the implementation of the Health & Wellbeing Strategy.

Implications for Service Users

3. The implementation of the Health & Wellbeing Strategy aims to improve general health and wellbeing for the people of Nottinghamshire, and in particular for those in greatest need.

RECOMMENDATION/S

The Health & Wellbeing Board are asked to:

1. Comment on the final document and approve the Nottinghamshire Health & Wellbeing Strategy for 2014-2017.

Chris Kenny
Corporate Director, Public Health

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Constitutional Comments ()

12. To follow

Financial Comments ()

13. To follow

Background Papers

Our strategy for Health and Wellbeing in Nottinghamshire. Consultation document - priorities 2014 – 2016.

Summary Results of the Health & Wellbeing Strategy Consultation. Report to Health & Wellbeing Board November 2013.

Electoral Division(s) and Member(s) Affected

All

Appendix One: Health and Wellbeing Strategy Consultation Summary December 13

Background

Following the consultation around the Health and Wellbeing Strategy a paper was presented to the Health and Wellbeing Board with initial findings on 6 November 2013.

Further work has been done to analyse the responses received during the consultation through the survey, responses obtained via NAVO and the consultation events. This paper outlines the results of this review.

Initial findings from the Health and Wellbeing Strategy consultation

- There is general support for the 3 principles which are seen to be reasonable.
- There is broad agreement with all priorities, but there is some concern over deliverability.
- There needs to be more focus on health inequalities
- Some comment has also been made that there are too many priorities, but there was no agreement on which should come out of the strategy
- The level of detail about how the strategy is delivered is important and further information of desired outcomes is required.
- The need for measurable objectives and measuring success is required.
- There is a need to include cost effectiveness models to be able to prioritise further in the current financial climate.
- People think that there is a need to use available resources better and join things up to avoid duplication.
- Mapping of services in the community & voluntary sector to identify gaps & duplication.
- Comments were made that pooled budgets are required to make integration work.

Method

Questionnaire responses, notes from the consultation events and associated emails and letters have been reviewed using NVIVO software. This package can be used to identify themes within the responses through the use of keywords. Absolute values cannot be given though given the quality of the data. This was mainly resulting from variations in spelling and phrasing within the responses.

The findings within this paper are intended to compliment those within the initial paper to the Health and Wellbeing Board on 6 November 2013 which can be accessed via the Nottinghamshire [County Council website](#).

Illustrative comments have been included in the report. Additional comments taken directly from the consultation responses are included in Appendix 1 to add clarity. This is not a complete list of all of the consultation responses as many themes were duplicated. However the report provides representative comments around the principles and priorities.

Principles

Generally there was support for the Health and Wellbeing Board's principles within the consultation. 90% of online questionnaires supported the principles and this was echoed within the discussions at the consultation events. There were a number of themes which emerged from the consultation responses, some of which refer to the priorities within the Strategy.

Prevention and early intervention

The main themes were:

- Smoking, alcohol & substance misuse
- Healthy eating
- Mental health
- Educating children, young people and families
- Physical activity/exercise

Responses around healthy eating were largely linked to education of young people and families.

Educating to fight obesity – sensible but graphic to young people in particular so that they may put pressure on adults to stop contributing to their early deaths

There were also a number of responses which suggested personal responsibility for health and wellbeing although many respondents highlight the issues with vulnerable groups who may not be able to achieve this.

Making individuals aware of their own responsibility for managing their health and wellbeing and that of their families. If this priority is focused upon from early years onwards, this will have an impact on service usage.

The principle of supporting independence caused some discussion at the consultation events and this is also reflected in the questionnaire responses. This may have been as a result of the wording of this principle. Responses indicate that supporting independence may imply a withdrawal of services which is not the intention. Wording suggesting appropriate services to help individuals to develop or maintain their independence and live at home may be more appropriate.

Older People suffer from social isolation as do people with mental health problems

Explicit statement (required) that supporting independence does not mean relinquishing accountability

There was a strong theme within the responses around social isolation and abandonment. Again amending the wording around this principle may improve understanding of the aims of this principle.

Supporting independence

Themes within the responses around supporting independence also included:

- Self care – in particular associated with Long Term Conditions
- Carers
- Staying at home
- Buildings and adaptations
- Fitness to work & rehabilitation
- Transport

The promotion of “self care” and the “expert patient” programme does not receive sufficient actions under the “supporting people” principle, particularly in the strategy’s priority area of “Adult and Health Inequality priorities”.

Support the carer and the person at home properly

Comments around carers highlight the need for support and their involvement in developing care plans. The comments around buildings and adaptations relate to supporting older people to remain in their homes and also to domestic violence.

Under domestic violence, supporting independence there needs to be a priority to support victims in the home via services such as sanctuary and women’s aid

Supporting and developing the significant work done in delivering Disabled Facilities Grants to ensure that clients can stay in their own home and not require other provision

There were a number of references to transport in maintaining independence, related to wider public transport as well as services related to health and social care.

Pathways through services – need to be right into the community – transport and social activities are key to reducing isolation/promoting recovery and are often provided by the voluntary sector - need to integrate these services – small, low-cost local action can make a huge difference – need to ensure that people in clinical settings know about these and signpost to them

There were also a number of comments around fitness to work and supporting people to get into and maintain employment. Specific reference is made to those with mental health problems, those with issues around drugs and alcohol, stroke survivors and those with long term conditions.

Promoting Integration

There was general support for the principle of Promoting Integration across partners. There were repeated comments around ensuring that community and voluntary organisations are included within an integrated approach.

The actions listed are ok but we would like to see specific goals for integration as currently services are fragmented between agencies with apparently little communication. There must be clarity about the interface between services

The other main themes were around communication between elements of health and social care and also the need for consistent messages from professionals and the 'volunteers'.

There were also requests for specific actions and implementation plans on how integration will be achieved and specific goals.

The actions listed are ok but we would like to see specific goals for integration as currently services are fragmented between agencies with apparently little communication.

A number of responses also related to integration and coordination with neighbouring Health and Wellbeing Boards, particularly with the City and where people are resident in one area but registered with a GP in another.

Priorities

Whilst a number of consultation responses commented that there were too many priorities, none of the responses received identified any which should be removed.

Top priorities

Considering all of the priorities, those most frequently raised within consultation responses were:

- Mental health & emotional wellbeing
- Obesity & weight management
- Older people
- Drugs and alcohol
- Community safety & violence, including domestic violence

Responses around mental health and emotional wellbeing include suggestions regarding children, young adults and adults.

Ensure mental health has parity with physical health - emotional wellbeing is equally important and has a major impact on physical wellbeing.

Prevention for mental health problems – particularly children & families. Mitigating against knock on effects of mental health problems of other family members.

However, support across the priorities was broad and there was no priority which attracted significantly more support than any other.

Missing priorities

The questionnaire asked whether there were any missed priorities and there were 73 responses to this question covering a wide range of issues.

The majority of these issues were only raised once across all of the responses. Those missed priorities which were highlighted by two or more respondents were:

- Access and Advice provision (where to go)
- Physical Activity
- Cancer
- Health checks
- Black, Minority Ethnic \Lesbian, Gay, Bisexual and Transgender Groups
- Oral Health\Dentists
- Accident Prevention for Under 5s
- Access to GPS and Hospital Care
- Promotion of self-care\expert patient
- Children's mental health
- Early Health Education
- Active Transport

Some of these issues however were raised by the same group within multiple consultation responses. None of these issues were raised more than 5 times. Also some were also included in the draft Strategy.

Physical activity however, was one of the main themes within the prevention and early intervention principle responses. Promotion of self-care, the expert patient programme and transport were also themes within the responses around the supporting independence principle.

Involvement of community and voluntary groups to deliver outcomes

Within each principle the consultation questionnaire asked about how to engage with community and voluntary groups to deliver the Strategy.

The main theme of the responses was around communication between service commissioners, service providers and the community and voluntary groups. There were several requests for mapping of services to identify duplication, overlap and gaps and also to provide a directory of services to health and social care staff.

There were also calls for formal links between community and voluntary organisations and the Health and Wellbeing Board.

Conclusions

The consultation attracted a good response from a variety of organisations and individuals. The broad nature of the Strategy resulted in a similarly broad range of responses.

There was broad support for the supporting principles of the Health and Wellbeing Board although there were some suggestions around clarity of wording.

The priorities within the Strategy also received broad support. The responses received did not conclusively identify any area which should be prioritised above any others. There were some suggestions around the actions to support each of the priority areas.

There are some suggestions regarding missed priorities but these are largely received from isolated individuals and not by multiple respondents.

Nicola Lane
December 2013