

Health & Wellbeing Board

Refresh of the Health & Wellbeing Strategy

1 Purpose of Report

- To provide board members with a progress report on the refresh of the health and wellbeing strategy
- To seek the views of the health and wellbeing board members on the key themes identified to date
- To seek endorsement for the consultation and engagement focus of the strategy
- To outline the timeline for the development of the strategy and action plan

2 Key Aim

To refresh the Herefordshire Health and Wellbeing Strategic Approach 2013/2014 and develop an action plan that reflects the Herefordshire Joint Strategic Needs Assessment (Understanding Herefordshire 2014), in partnership with the public and key stakeholders.

3 Important Drivers

- Resources are scarce
- Population needs now and in the longer term are greater especially with the ageing population and increased levels of long term-conditions
- Our service infrastructure is fragile and tending to concentrate on higher level needs
- Current services are overstretched
- Rural inequalities may be hidden but greatly affect population health and wellbeing as identified in the case for change

4 What do We Already Have in Place?

- Data, performance information, strategic intelligence from the Joint Strategic Needs Assessment (Understanding Herefordshire) and the C&YP Needs Assessment
- The vision for the population of Herefordshire
- A set of principles
 - Commitment from partners about the importance of having an overarching strategic direction
 - Commitment from partners through the transformation programme to develop a whole system approach to health and social care challenges (integration, redesign, and community based, self-care)
 - A commitment to joint commissioning across the council and CCG
 - The Better Care Fund
 - Development of 1600 new affordable houses. Vibrant and willing voluntary sector organisations that are spread across the county
 - A suite of other strategic documents and plans that are already in existence

5 The Approach Taken

One to one semi structured meetings with key people across the partner organisations (including local authority, NHS, CCG, Police, voluntary sector and patient/public liaison) to identify key areas for inclusion in the Herefordshire H&WBS, their role in implementing the strategy and their insight into the uniqueness of Herefordshire .

Desk top analysis of key strategic documents across partner organisations

6 The Themes Identified so Far

- Great data, JSNA full of excellent data and analysis in Understanding Herefordshire
- Prevention & wellbeing focus (cradle to grave) importance of starting well (strong focus on prevention and integration across 0-19 years, including educational attainment, parental mental health and poverty) , living well (keeping people fit through lifestyle changes to reduce the impact of long term conditions and managing health), ageing well, maintaining independence (better quality of life for longer in older years,
- Reducing inequalities and reaching communities (population groups and rurality, ,families with substance misuse, alcohol, drug problems and mental health, returning veterans)
- Economic development, investment, prosperity, raising aspiration, skills (young people, adults, mental health)
- Affordable housing and joint planning with health and social care (older people, Adults with Learning Disabilities), improved insulation/fuel poverty (older people & families)
- Transport and reducing congestion through active travel
- Development of a stronger focus on mental health and wellbeing
- Commissioning (Better Care Fund) and transformation as system levers
- Clear set of priorities and indicators linked to outcomes
- A strengthened connection between the public sector and social infrastructure

7 Consulting with the Public, Encouraging Self Care and Maximising the Contribution of the Local Voluntary Sector

Drawing on the assets in the communities across Herefordshire will be key to supporting the vision and priorities of the strategy. We need people to take more responsibility for their own health and we know that community spirit and community support is central to good health. Evidence has shown that higher levels of social capital are associated with better health, higher educational attainment, better employment and lower crime rates.

Actively encouraging and guiding people to live healthier lifestyles and to look after themselves, their families and neighbours will have the double impact of reducing pressures on services whilst creating social networks of support.

Feedback on the uniqueness of Herefordshire has highlighted a number of assets both in relation to people and place, including; resilient communities , supportive networks, a high quality environment, resilient workforces, supportive small local businesses, a great place to

bring up children, a strong cultural and creative focus, the outdoor spaces and caring and compassionate communities.

8 Consultation

This is an essential part of the strategy's development and needs to take account of the issues identified in the integrated needs assessment. This will endorse the impact of the strategy and start the conversation about self-help and community support.

We are proposing to do this in a number of ways:

- Through working with our key partners (on the Supporting Communities Network).
- By working with local organisations and experts such as Health Watch, carers and HVOS.
- Through the extensive infrastructure in place such as the Community Development partnership
- Through the existing partnership boards such as Adult with Learning Disabilities
- Use of social media to access young people and key population groups
- Use of existing surveys completed by Health Intelligence in recent years
- Through access points and through utilization of staff in existing services

9 How the Strategy will Help

1. Sets the strategic direction for council and partners to follow, to improve the health and wellbeing of the population with a five year delivery plan
2. Sets out a strong commitment to improving the health and wellbeing of the entire population of Herefordshire
3. Adds value to the existing work programmes
4. Identifies and clarifies priorities for action in short and medium term across partners
5. Enables the board members to hold each other to account for delivery of the priorities.
6. A vehicle for increasing the influence of local people in shaping services
7. Clarity for all including the public on the priorities of the Health & Wellbeing Board
8. An opportunity to engage local people in a conversation about taking control of their own health and wellbeing and supporting others to do the same
9. Recognition of the influence of the wider determinants of health and wellbeing and the importance of joint working around transport, housing, employment, education and crime
10. A leadership role in recognising and addressing rural inequalities
11. Something to benchmark progress against as we move forward (measuring our progress with indicators and outcomes)

11 Timeline and Governance

The Supportive Communities Working Group will act to check the work

Regular reports to the Health & Wellbeing Board

Oversight provided by Director of Public Health and Director of Adults Social Care and Housing.

October – December 2014–consultation with key partners and analysis and summary of feedback points from relevant internal consultation exercises that have taken place.

December 2014– mockup of format/make up of strategy

November 2014-February 2015– consultation with the public on key themes and vision

February 2015 – long list of options assessed against set of criteria

March 2015– development of priorities and health and presentation of wellbeing strategy (draft) to health & Wellbeing Board members

12 Key Questions for Board Members

What do you think of the themes identified so far?

How can you play a role in championing / communicating the health and wellbeing strategy and action plan taking this back to your respective organization, workforces or the groups you represent

Would you add anything to the consultation approach?

Jo Robins, Consultant in Public Health

November 2014