

## **Appendix A Main Report**

### **1.0 Officer Recommendations**

That the committee notes the progress and plans for the development of the new Joint Health and Wellbeing Strategy.

### **2.0 Purpose of the Report**

1. To present to the committee firstly, a review of the consultation process and responses received.
2. To present some conclusions and proposals on priorities for consideration in the strategy.
3. To update the committee in regard to the timeline for the development of the draft strategy and its final version.

### **3.0 Introduction**

The Health and Social Care Act 2012 requires every local authority to produce a Joint Health and Wellbeing Strategy (HWBS). The HWBS should set out how the Council and its local partners plan to address the health and wellbeing needs of its population and as such, is a key document that is jointly owned and one that promotes collective action to meet those needs.

The recent implementation of the Health and Care Act 2022 and the consequent establishment of the new Integrated Care System (ICS) for Herefordshire and Worcestershire provides a timely opportunity for the new strategy to deliver action at both the system and place level.

The publication of the NHS long Term Plan also signals a commitment to place-based care and population health and places new key responsibilities upon Primary Care Networks, as well as the ICS. We should therefore ensure that the HWBS reflects the new joined up way of working and that our priorities are aligned to the ICS strategy. For that reason it has been proposed that the Herefordshire HWBS, once completed will provide chapter 1 of the ICS strategy, with Worcestershire HWBS providing Chapter 2 and the Integrated Care Board (ICB), chapter 3.

### **4.0 Governance of the current HWBS**

The previous strategy outlined a desire to work collectively across our partnership structures through a distributed leadership model. In reality it is unclear how oversight and delivery of the existing strategy was monitored and governed. We are not aware of a delivery plan that accompanied the strategy that detailed how the strategy would be implemented.

In May 2019, the chair of the health and wellbeing board commissioned a review of the board's function, membership and deliverables. The review was facilitated and supported by the LGA. The review examined the current strategic landscape across health, social care and work of wider partners, and the role of the board in providing leadership and helping to bring coherence to the new ways of working that connect communities, place and system.

To ensure that the board was fit for purpose in a changing health and social care environment, and recognising the need to explore the wider determinants of health and wellbeing, the board agreed to expand its core membership to include representatives from: health partners - commissioners and providers; the council - councillors and all directors; police; fire and rescue; strategic partnership boards; and Healthwatch Herefordshire.

## 5.0 Consultation on proposed priorities

Table 1 below shows 12 proposed priorities for the HWBS which were consulted on.

A consultation exercise was undertaken between the end of October and mid-December 2022. This consisted of an online survey and several face to face engagement sessions held with 'seldom heard' groups.

A review of previous consultations was also undertaken and a list of these can be found in appendix 2

It is our intention that the outcomes of the public engagement exercise will be shared with the public and with those who took part in the workshops.

**Table 1**

	<b>1. Healthy people</b>	<b>2. Opportunity for all</b>	<b>3. Thriving communities</b>	<b>4. Healthy and sustainable places</b>
<b>Goals</b>	people are supported to be in control of their health and make healthy choices	Opportunities exist for everyone through fair employment for all, education and social mobility	People live in communities that foster wellbeing and resilience	People can live and work in sustainable, safe and healthy environments
<b>Priority areas</b>	1. Good mental wellbeing across the life course 2. Support people addicted to substance misuse 3. Support vulnerable people to lead healthy lives	4. Improve education outcomes for disadvantaged children and young people 5. Every child has the best start in life 6. Good work for everyone	7. Increase access to healthy and sustainable food and physical activity 8. Reduce our carbon footprint 9. Improve housing quality and reduce homelessness	10. Reduce loneliness and social isolation across all ages 11. Support people to age well 12. Improve access to local services, (community and health) particularly in rural areas

## 6.0 Evaluation from consultation

### 6.1 Online survey Responses

The survey produced 960 responses. Of those that responded:

- 77% were female
- 41% were aged 45 to 64, 4% were 16-24, 6% were 75+
- 95% identified as white British
- 22% identified as having a disability, long-term illness or health problem.
- Majority of respondents were from quintiles 2 & 5 (1=most deprived according to the Indices of Multiple Deprivation or IMD), so the majority were either from the second most deprived postcode areas or the least most deprived post code areas.

### Top 3 priorities were:

- Every Child has the best start – 63%
- Support good mental wellbeing – 52%
- Protect the natural environment – 31%

### Ranking of the priorities given ‘very important’ status were:

1. Every child has the best start – 88%
2. Support good mental wellbeing – 81%
3. Improve education outcomes for disadvantaged children & young people – 75%
4. Support for those with multiple complex vulnerabilities – 63%
5. Improve access to local services – 63%
6. Increase access to healthy & sustainable food & physical activity – 60%
7. Ensure good work for everyone – 60%
8. Support people to age well – 58%
9. Improve housing quality & reduce homelessness – 58%
10. Protect the natural environment & reduce our carbon footprint – 58%
11. Reduce homelessness & social isolation across all ages – 52%
12. Support people who misuse drugs and alcohol or who smoke? – 44%

### Qualitative Data – some common themes have emerged:

- Need for improvement to, and criticisms of, various health or social care services.
- More/better/easier access to community wellbeing, leisure and active travel resources and activities.
- Invest in prevention and encouraging healthy lifestyles.
- More support needed for schools, children and families.
- Tackle inequalities including geographical inequality and digital exclusion.
- Need for improvements to public transport services, road infrastructure, cycle paths and tackle congestion.
- Provide more support to mitigate the cost-of-living crisis, support the economy and jobs.
- Tackle environmental problems, including promoting sustainability and tackling air and water pollution, littering and fly-tipping.
- More help for older people.
- More support for women, including during maternity and menopause and doing more to stop domestic abuse.

### 6.2 Face to Face engagement sessions

Sessions were held with the following community groups & partners:

Community Groups	Partners/relevant parties
Afghan & Syrian Refugees	Cabinet briefing
Veterans	Primary Care Networks
Social housing	Community Partnership workshop
Echo – disability group	Health and Wellbeing Board workshop
6 <sup>th</sup> Form college	Integrated Care Board/System
Age UK	Council Directorate
Women’s equality group	One Herefordshire Partnership
Carers support group	
Disability United	
Polish Community	
Gypsy & Romany travellers	
LGBTQ+ group	

### 6.3 Evaluation from Face to Face sessions:

Across all seldom heard the groups the priorities most often given the ‘very important’ status were:

- Ensure every child has the best start in life

- Improve housing quality and reduce homelessness
- Support good mental health throughout life

**The top 3 priorities across all seldom heard groups were:**

1. Support good mental health and wellbeing throughout health
2. Every child has the best start in life
3. Reduce loneliness and social isolation

**Common themes from the qualitative discussions:**

- Access to GPs, Dentists and other health care
- Access to information
- Transport
- Community Safety
- Supporting people through the cost-of-living crisis
- Childcare
- A stronger focus on preventative services

**6.4 Analysis from the Community Partnership workshop – November 2022**

**Ranking of Priorities**

1. Support good mental wellbeing throughout lifetime
2. Every child has best start in life
3. Reduce loneliness & isolation across all ages
4. Improve access to local services
5. Increase access to healthy & sustainable food & physical activity
6. Support those with multiple, complex vulnerabilities
7. Improve housing & reduce homelessness
8. Support people to age well
9. Support people who misuse drugs & alcohol or who smoke
10. Ensure there is good work for everyone
11. Protect the natural environment & reduce our carbon footprint
12. Improve education outcomes for disadvantaged children & young people.

Feedback from an earlier workshop with the Community Partnership in September 2022 can be found in Appendix 3

**7.0 Conclusions and Proposals**

Amongst the respondents of the online survey and the face to face sessions and the Community Partnership representatives, the priorities of good mental health and best start in life for children are consistently ranked as the most important ones; but with housing/homelessness, the reduction of isolation and access to local services also featuring fairly prominently depending on the particular group considered.

It is however also clear that all 12 proposed priorities were considered important and worthy of being included in a health and wellbeing strategy. It was very encouraging to also see that the majority of respondents were also very aware of how the priorities link up and how the 'wider determinant' priorities impact upon wellbeing.

The findings from the engagement exercise will be taken to the Health and Wellbeing Board for consideration and inform the next steps of the development of the strategy.

## 8.0 Timeline for development of strategy

The table below gives a summary of where we have reached in the process of the strategy development.

When	What	Completed status
July 2022	Approval to proceed	
July 2022	Evaluate existing strategy	
August 2022	Review existing consultations	
September 2022	Understanding population needs	
October 2022	Identification of proposed Priorities	
November –Dec 2022	Public Consultation	
February 2023	First draft of the strategy	
February/March 2023	Engage key partners on draft strategy	
April 2023	Strategy approved	

### 8.1 Outcomes Framework

Work is currently being done to develop high level outcomes to support implementation of the strategy; these will be completed by the time the strategy is due for implementation.

### 8.2 Governance and Implementation of the Strategy

Experience from the current health and wellbeing strategy suggests that a clear delivery/ implementation plan and governance process needs to be developed in order for the strategy to be an effective working document, one that is real, relevant and will produce measurable outcomes that help improve peoples' lives.