	Committee and Date	Item
Shropshire Council	Shadow Health & Wellbeing Board 5 October 2012 9.30 am	**4** Public

HEALTH AND WELLBEING STRATEGY CONSULTATION FEEDBACK – INTERIM REPORT

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1. Summary

1.1 The draft Health and Wellbeing Strategy consultation began in July 2012 and ends on 12th October. The consultation has included a feedback survey and a series of consultation workshops jointly organised with Clinical Commissioning Group colleagues. Additional consultation workshops have been held with Shropshire Council senior managers and with young people via the Members of Youth Parliament and Speak Out Group.

1.2 192 delegates attended the three consultation workshops held in July and, as at 25 September, 82 people had responded to the consultation survey. This is in addition to the three workshops held in June and the stakeholder workshop held in December 2011 that helped to shape the draft strategy.

1.3 The consultation to date shows broad support for the outcomes and priorities within the strategy. Feedback includes some very helpful suggestions on how the priorities could be delivered and many respondents have expressed a willingness to continue to be involved in developing delivery plans.

1.4 Specific points raised in the consultation include –
- Strong support for an emphasis on prevention and keeping people well;
- The need to recognise that some people have or acquire conditions that cannot be prevented and that still need treatment and support;
- The need for a stronger emphasis on the wider determinants of health such as housing, education and employment;
- The importance of involving the voluntary sector and patients / service users in delivery;
- Some concern over how to measure success. This reflects the tension between being ambitious and delivering tangible outcomes;
- Clearer language, less jargon and better explanation of some terms such as 'worklessness', 'dementia friendly communities' and 'wider determinants of health'.

2. Recommendations

A.   That the Health and Wellbeing Board considers the comments received so far and agrees how these should be reflected in the strategy and in delivery plans.

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3. Risk Assessment and Opportunities Appraisal

3.1   The Health and Wellbeing Strategy needs to set out clear priorities for action that will inform the commissioning of services in order to reduce health inequalities. Commissioned services are only part of the solution, however, and individual and community behaviour change is also a major factor in improving people's health and wellbeing. Involving partner organisations and local people in the identification of priorities and agreeing ways of addressing them will help to ensure the achievement of the strategy outcomes.

4. Financial Implications

4.1   The Health and Wellbeing Strategy will support decision making for on-going and future financial investment in health, social care and preventative interventions and services. A commitment to increased collaboration will enable partners to remove duplication and make better use of resources.

5. Consultation responses

The strategic vision

5.1   72% of survey respondents strongly agree or agree with the vision. Only one respondent disagrees. Some comments on the vision are that it is well meaning and idealistic but not realistic or specific enough. Some respondents feel the vision is broader than the health and wellbeing agenda however this may reflect that fact that the strategy does not emphasise enough the importance of promoting wellbeing in its widest context, including those factors that influence wellbeing and health such as employment, education, housing and so on. Other comments relate the balance between individual and community responsibilities and the role of agencies to provide services.

5.2   During the consultation workshops, the role of the public sector versus the role of communities and individuals was an area of much debate. In the south area event particularly, there was a view that the strategy does not reflect the important role of communities in improving wellbeing, despite this being alluded to in the vision.

5.3 91% of those surveyed agree with the outcomes. Whilst there is overwhelming support the main concerns are around how achievable they are. This concern arises from the difficulty in measuring the outcomes and also concern that there is insufficient resource to achieve them. It may that it would be more appropriate to refer to these statements as ambitions or aspirations and then to agree measurable outcomes that contribute to those ambitions. The issue of resources is clearly more challenging, however the survey responses actually indicate some potential solutions to this through a focus on prevention, independence and choice; support for carers; and greater recognition of the wider determinants of health such as housing.

5.4 Feedback from the consultation workshops was also positive in relation to the proposed outcomes, but the issue of being able to measure success was also raised as a significant concern. During the discussions, it was clear that there is an expectation from stakeholders and patient groups that the strategy does need to be ambitious to drive forward change, but a real concern that if outcomes are too intangible nothing will actually be achieved.

Cross cutting principles

5.5 There is very broad support from the consultation survey (94%) for the cross cutting principles. The main comment here is for greater involvement of frontline staff and stakeholders, but with adequate safeguards to prevent and address poor performance.

5.6 Feedback from the consultation workshops was also positive. There was also some debate about the principle of placing greater trust in frontline staff and whether this was organisational trust or patient trust. Stakeholders expressed that both are important. Aligned to trust was patient choice. Comments from the workshops suggested that, whilst patients wanted more choice, they also needed better advice from clinicians and social services staff in order to make those choices.

Priority 1 – obesity

5.7 Over 91% of those responding to the survey support this as a priority. Most comments are suggestions on how this issue might be addressed. Education, tackling low incomes, the role of schools, restrictions on certain types of food outlets and affordable access to physical activity are all referenced. Most respondents seem to agree that a holistic approach, bringing in all these factors, is needed to address the obesity challenge.

5.8 During the consultation events, the response to this priority was more mixed, however there was still majority support. Young people, in particular, have expressed concern that a focus on obesity may have a negative consequence on the self-esteem and mental health of those that struggle with body image, including adults and young people that are underweight,

and that the emphasis should be on supporting more people to have a healthy weight.

<u>Priority 2 – mental health and wellbeing of children and young people</u>

5.9 89% of survey respondents support this priority. Many comments refer to the need to remove the stigma surrounding mental health as a way of enabling people to seek help and support. The role of schools and support for parents are highlighted as key factors in addressing this priority. Other comments relate to the emphasis on children and young people and it is perhaps necessary for the strategy to stress more strongly that existing services for all age ranges will still be available, but that, in order to make a difference, specific areas need to prioritised.

5.10 The stakeholder workshops also showed good support for this as a priority. However, there was some concern that the strategy did not adequately recognise that some mental health conditions cannot be prevented and are the result of genetic influences or other illness and injury.

<u>Priority 3 – Dementia</u>

5.11 Just under 90% of survey respondents supported this as a priority. Most comments stress the importance of early detection and diagnosis, as well as better coordinated support for sufferers and family carers. More awareness of how to prevent or slow down the progression of dementia is also suggested as an important area.

5.12 Separate communication from the Alzheimer's Society has suggested some revisions to the strategy text in particular the section about the factors that contribute to dementia. These will be reflected in the strategy revision.

5.13 The need to further consider dementia services and support was a key theme arising from the stakeholder workshops, and again the emphasis was on early diagnosis and support to remain independent.

<u>Priority 4 – reablement, assistive technology, telecare and telemedicine</u>

5.14 83% of survey respondents agree with this as a priority. Some of the comments here refer to the terminology and a lack of understanding about what the terms mean. As a result, the image seems to be of high tech monitoring and communication systems that older people will not be able to use and understand. The final strategy and implementation plans will need to provide real examples to ensure understanding.

5.15 Both in the survey and at the stakeholder events, it is stressed that the use of technology to help people to retain independence should not be at the expense of face to face contact. There seems to be a real concern that a focus on retaining independence could have the unintended consequence of increasing isolation and loneliness, and that any implementation plan needs to also include ways of increasing social contact.

Priority 5 – reducing smoking before and during pregnancy in the most deprived areas

5.16 Whilst 77% of survey respondents do support this as a priority, it has the least support of all the priorities. Most comments fall into two categories: those who think that people should take more responsibility for their own actions, and that those who do smoke already have access to help them to stop, or will not stop regardless of what help is available; and those who suggest the priority should be to address deprivation in order to reduce health inequalities. This latter view was also expressed at the stakeholder workshops, particularly in relations to addressing worklessness, low incomes, housing and educational attainment as root causes of health inequalities. The Health and Wellbeing Board will need to consider what its role should be in relation to these broader agendas.

Priority 6 – collaborative commissioning

5.17 88% of respondents support this priority and feedback from the stakeholder workshops indicated that this ought to cut across all the other priority areas. Specific comments suggest some surprise that this is not the norm already, and most respondents agree that this is crucial to ensuring a seamless experience for patients.

Priority 7 – easier access to information, advice and support

5.18 97% of respondents support this priority, with the remaining 3% (2 people) being unsure. Comments in this section identify some helpful examples of why this ought to be a priority and some of the barriers, such as data sharing and lack of awareness between organisations. Other suggestions also relate to the role of the voluntary sector in addressing this issue.

Future priority areas

5.19 As part of the survey people were asked to comment on the potential future priorities for each of the five long term outcomes.

5.20 Under the outcome to empower people to make better lifestyle and health choices, most comments suggest that the initial priorities need to retain a focus for the long term in order to see significant benefit. Other comments seem to show support for a future focus on alcohol and substance misuse and increased use of screening for cancer and other illnesses.

5.21 With regard to improving mental health, the main comment is that there needs to be a focus on adult mental health, including depression in older people. Other comments relate to addressing factors that can impact on mental wellbeing such as income levels, physical activity, employment and so on.

5.22 Under retaining independence, the comments reiterate the concern about isolation and loneliness. Other comments suggest that falls prevention could

be a future priority and one comments shows support for a future priority of increasing choice and control over end of life care.

5.23   Comments on future priorities to reduce health inequalities suggest the need for partnership working and also the need to address income levels, particularly in a rural area where wages are historically lower. A useful comment is made about the value of volunteering if people are unable to work due to a disability.

5.24   Comments on future priority areas to ensure seamless services seem to express an urgency that all of these areas need action sooner rather than later and are perhaps part of the process of achieving collaborative commissioning. There are references to community based facilities rather than increasing centralisation.

5.25   A strong theme emerging from the workshop events was a concern that the needs of particular groups, such as adults with autism, people with learning disabilities, and those with sensory impairments, should also be understood and reflected in the strategy, as well as the needs of the wider population.

Wider determinants of health

5.26   The survey asked people to make comment on whether the strategy adequately recognised the wider determinants of health. Some of the comments indicate confusion about whether the strategy and the outcomes therein are the responsibility of the Council or the NHS, whilst other comments recognise the need for partnership working. The final strategy will need be much more explicit in stressing that the responsibility for improving health and wellbeing outcomes are shared across a range of partners, and that the Health and Wellbeing Board is a partnership board.

5.27   Other comments raise the issue of transport, particularly in the rural parts of the county, the importance of advocacy, education and empowering people to take individual responsibility.

General comments

5.28   In general, most comments are supportive of the strategy, but there is a natural concern about how the outcomes can be achieved and how progress can be measured.

5.29   Throughout the survey, there are a number of comments made by individual respondents. These relate to the following –
- Support for people with autism being a priority
- Support for those with a hearing impairment
- The need for a hospital in Oswestry
- The value of advocacy services
- Concern about private sector providers who operate to make profits
- Concern about safeguarding of vulnerable people
- The importance of promoting employee health.

5.30 77% of respondents are members of the public, 17% are from not-for-profit organisations, and 12% from other organisations including the public sector. The majority of respondents to the survey are over 51 years old, however, the July workshops had a more mixed age range, and specific consultation has been carried out with the Shropshire Youth Parliament and Speak Out Group to obtain young people's views. Postcode analysis shows a good spread of responses across the county, including one from Staffordshire and a small number from Telford.

6. Conclusion

6.1 The consultation period ends on 12th October. Responses to date do show support for the intentions behind the strategy, the long term outcomes and most of the priorities. Key areas for improvement highlighted by both the survey consultation and the workshops are that there needs to be more emphasis on the root causes of ill health and recognition of the broad range of partners, including individuals and communities, that need to be involved in addressing the priorities. The strategy will also need to achieve the right balance between being ambitious in order to drive change, and having measurable outcomes to track progress. Improving the language and ensuring that there is no jargon (or at least that it is explained) is also important if the strategy is to be meaningful to local people and professionals alike.

List of Background Papers (This MUST be completed for all reports, but does not include items containing exempt or confidential information)
Cabinet Member (Portfolio Holder) Councillor Ann Hartley
Local Member All
Appendices Appendix 1 – Summary of survey responses to 25 September