

Report to:	East Sussex Shadow Health and Wellbeing Board
Date:	9 October 2012
By:	Chief Executive, East Sussex County Council
Title of report:	Developing a Health and Wellbeing Strategy for East Sussex
Purpose of report:	To inform the Board of the results of a consultation towards developing the Health and Wellbeing Strategy for East Sussex

The Shadow Health and Wellbeing Board is recommended to consider and approve the recommendations subject to any amendments the Board wishes to make

1. Background

1.1. At its meeting in June 2012 the Board considered and agreed a consultation document setting out its proposed priorities for the next three years, as the first stage in developing a Health and Wellbeing Strategy and action plan.

1.2. The consultation was launched on 22 June and ran for 12 weeks until 14 September. The public, patients and service users, carers, commissioners, providers and others were invited to tell the Board what they thought about the priorities the Board proposed to focus on over the next 3 years; what the Board planned to do in relation to those priorities; what the Board hoped to achieve as a result of their action; and any other comments they wanted to make.

2. The consultation

2.1. A report summarising findings from a public consultation and initial Equalities Impact Assessment (EqIA) is at Appendix 1. In brief, the consultation was open to anyone in East Sussex. The consultation document, supporting information and survey was made available via the East Sussex County Council website consultation pages. The introductory web page relating to this consultation attracted 1,288 unique page views – the second highest rate for any consultation page this year to date.

2.2. The consultation was promoted widely via direct mail (email and post); newsletters; meetings and events; local press; posters and handouts at key venues including libraries, children's centres, chemists, hospitals and GP surgeries; websites and social media (twitter and Facebook). Numerous individuals, organisations and partnerships also helped to promote the consultation via their own networks and this was invaluable in spreading the word and encouraging people and organisations to respond.

2.3. A total of 100 surveys and 23 other written responses to the consultation document were received. Of these, 86 (70%) were from individuals and 37 (30%) from organisations. In addition, over 250 other individuals attending various meetings and events during the consultation period were informed of the strategy and any comments they made were logged and have been taken into account as part of the consultation.

2.4. The consultation period also included presentations to partnerships and forums; consulting parents and children at three summer play schemes; seeking carers views at an annual carers forum; and gathering views on delivering the strategy and tackling inequalities at a consultation workshop with 40 health, care and public service professionals and representatives of wider partners and the voluntary and community sector; an initial EqIA and an Inclusion Advisory Group meeting with professionals and community representatives to consider equalities and access issues; and updating the evidence base where more recent data had become available during the consultation period e.g. Census 2011 data.

3. The findings

3.1. The majority of respondents support the seven proposed priorities with between 73% and 94 % strongly agreeing or agreeing and only 2% and 6% strongly disagreeing or disagreeing with them. The strongest support was for the priority to enable people to manage and maintain their mental health and wellbeing. The least support was for the priority to prevent and reduce accidents, falls and injuries amongst children and young people however, when views collected from parents and children at three summer play schemes are taken into account, support for this priority rises from 73% to 82%.

3.2. A majority of respondents also strongly agreed or agreed with the proposed plans (58% to 76%) and goals (68% to 87%). The least support was for the plans and goals relating to falls, accidents and injuries amongst children and young people and reducing the harm caused by alcohol and tobacco. It should be noted however that only 1% to 7% strongly disagreed or disagreed with either the plans or

goals, far fewer than those who neither agreed nor disagreed with them (27% to 31%) suggesting that respondents had no opinion or the information provided was not detailed enough for them to reach one.

3.3. Nearly 400 separate comments were logged, excluding comments gathered at the consultation workshop with health, care and other professionals and carer's forum. Comments were received on each of the priority areas and other comments respondents wished to make. The latter fell into three broad themes - what respondents felt was missing, delivery, and the evidence base.

3.4. An initial EqIA carried out on the consultation document, and feedback from a specially convened Inclusion Advisory Group meeting, concluded that whilst the vision included reducing inequalities the consultation document provided insufficient detail about the areas and population groups that experienced inequalities or how the strategy would address these and measure progress towards reducing them.

3.5. Until final guidance on Joint Strategic Needs Assessments and health and Wellbeing Strategies is published later in the year, updated guidance published by the Department of Health in July 2012 is being used to ensure statutory duties set out in the Health and Social Care Bill 2012 can be met.

4. Recommendations

4.1. These recommendations are made in light of the feedback received, the outcomes of an initial Equalities Impact Assessment, and a review of the evidence. The fundamental principles agreed by the Board at the start of the strategy development process have also been applied, namely that the strategy should take a 'whole life' approach; be based on evidence; not duplicate other plans already in place; and set high level messages and establish performance indicators to measure progress.

4.2. The Board is recommended to:

- Retain all the proposed priorities but amend the priority relating to alcohol and tobacco to a broader 'healthy lives, healthier lifestyles' priority which, in addition to alcohol and tobacco has an additional focus on obesity and physical inactivity and acknowledges the importance of existing drug misuse and sexual health programmes;
- Provide more detail on plans and goals including clear high level actions, outcomes and targets within an action plan reflecting where appropriate issues respondents felt were important;
- Include a list of existing commissioning and partnership plans so that people can see what will be delivered outside of the Health and Wellbeing Strategy e.g. for older people and dementia;
- In addition to the already agreed 'whole life' and 'integrated, whole system' approach, to include the following as key approaches to delivering the strategy: reducing inequalities; increasing prevention and early intervention; joining up with services beyond health and wellbeing; and building on individual and community strengths, and to include descriptions, actions and targets related to these, where appropriate, in the strategy and action plan;
- Set out more clearly, where data is available, the areas and population groups that are experiencing the worst health and wellbeing currently so that actions can be targeted where necessary to 'narrow the gap' and reduce inequalities;
- Further strengthen the link between the Joint Strategic Needs Assessment and Health and Wellbeing Strategy;
- Pass all comments received onto the Clinical Commissioning Groups and commissioning leads so that they can be taken into account as more detailed commissioning plans, action plans and service specifications are developed, reviewed or revised.

4.3. To publish a draft strategy and action plan incorporating the above changes to original proposals set out in the consultation document and allow at least two weeks for comments;

4.4. To receive a final strategy and action plan at its meeting on 11 December; and

4.5. To thank everyone who engaged with the consultation, helped promote it and responded.

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