Health and Wellbeing Board	HWB/19/09/12
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Joint health and wellbeing strategy: consultation feedback and draft for approval

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Purpose of report and Recommendations	This report provides feedback to the Board on the consultation exercise undertaken during the summer to develop the joint health and wellbeing strategy, and presents a revised strategy for approval.
	The Board is asked to approve the joint health and wellbeing strategy.

Consultation Background and context July 2012. on the potential priorities.

During the summer an extensive consultation exercise has been undertaken to develop the joint health and wellbeing strategy. A summary of this is attached at appendix A.

As outlined at the Board's meeting in July, the consultation process was made up of a number of distinct elements.

- 1. An on-line public survey.
- 2. A series of local workshops including a "Prioritisation" Exercise" held across the county (augmented by a number of ad-hoc and autonomous meetings looking at the strategy and priorities).
- 3. Workshops at the Stakeholder Conference on the 18
- 4. Distribution of the draft strategy to key stakeholders.

The combination of a range of consultation methods has enabled individuals and organisations to provide input into the strategy through a variety of means. It has also meant that more detailed debate and discussion has been held at a local level alongside the collection of quantitative feedback

While there has been general consensus over the emerging priorities some distinct areas for challenge have arisen from the consultation programme, and these have been addressed in the revised strategy.

The strategy

The strategy attached to this report at appendix B has been amended significantly to accommodate the consultation feedback and the Board is being asked to note the changes and approve the strategy.

Options/Proposals

The following changes have been made to the strategy in response to the feedback.

- It is now stated as a five-year framework (but with an annual refresh as necessary).
- The over-arching approach has been centred on framework around: "starting well, developing well, living well, working well, and ageing well".
- Within this there are three key priority areas for focus: best start in life, better lifestyle choices, and older

people remaining independent.

- The description of each of the three priorities has been replaced with specific evidence from the JSNA followed by the areas this suggests need focusing on.
- In addition, the strategy now clearly states that there
 are five identified themes that underpin the overall
 approach: tackling health inequalities, empowering
 local communities and building community assets,
 developing the health and social care system and
 transforming services, prevention and effective
 interventions, and safeguarding.
- In terms of measuring success for each priority there
 is a set of over-arching issues listed in the
 "measuring success" together with all the indicators
 from the outcomes frameworks that can be used to
 assess progress.
- There is an additional success measure relating to health inequalities as this allows the strategy to encompass a much broader sweep across the wider determinants of health and address a wider range of feedback from the consultation programme. This also has over-arching issues.

Conclusions

Feedback from the consultation suggested that the previous version of the strategy was too vague and not sufficiently linked to the evidence base. The revised version clearly states what the JSNA says and what that means in terms of areas for action in Essex.

Given many respondents understandably argued for greater visibility for their area of interest the current version includes a much wider set of actions but still describes a clear focus at an overall strategic level based on what the JSNA tells us.

Some respondents felt that there was too much statement and the revised version replaces this with bullets setting out where the focus of action should be, rather than description of why something is important.

Finally, greater parity is given to some issues that were not clear in the previous version such as: mental health, safeguarding, technology, falls and re-ablement.