

# **Responses received for the Health & Wellbeing Strategy – Engagement Feedback**

## **Health and Wellbeing Strategy**

At its meeting in March, the Shadow Lancashire Health and Wellbeing Board discussed setting priorities that are informed by intelligence about the health and wellbeing of Lancashire's population. It received a presentation on the main themes from Lancashire's JSNA.

The Shadow Board agreed to establish a task and finish group comprising a small number of its members to develop priorities for the Health and Wellbeing Strategy based on intelligence about health and wellbeing in the county and evidence of what can make a difference to health outcomes. This task and finish group met several times and reported on its progress at the meetings of the Shadow Board on 9 May and 29 May.

The Shadow Board received and endorsed the work of the task and finish group and agreed to engage with wider partners and stakeholders to strengthen and further develop the strategy.

## **Engaging partners and stakeholders in developing the strategy**

It was agreed by the Shadow Board at its April meeting that all Shadow Board members in their leadership capacity, should take responsibility to engage stakeholders in the development of the strategy by asking the following questions:

1. What recommendations would you make to strengthen the emerging strategy?
2. What contribution can your organisation/partnership make in the delivery of the strategy?

The views of stakeholders are being collected and will be discussed at future Shadow Board meetings in order to strengthen the strategy in time for the official launch of the Strategy in November 2012.

This is an ongoing process, but please find below a synopsis of some of the comments from stakeholders and partners

- Working together is a must if we want to improve the Health & Wellbeing of the community.
- To recognise the importance of physical activity, exercise as well as mental stimulation and social interaction
- Increasing the scope within the strategy to include supporting a broader range of carers than just carers of people with dementia, for example, support to carers caring for a relative with a long term condition
- strategy would be strengthened by the inclusion of Information and Advice as tools to both address and prevent mental health issues occurring.
- what do we mean by 'encourage people to take control', the results could be a figure stating how many people have been encouraged. A better statement may be to seek to 'Enable people to take control of their own health and wellbeing'. We could monitor outcomes of this which would show a better impact than 'encouraging' someone to do so.
- We feel there should be emphasis reflecting housing and local infrastructure particularly when considering the substantial changes born via Local Development Frameworks (LDF) across Lancashire, the initial proposals appear to largely miss the LDF and associated implications
- There are two issues and possible interventions which are not covered anywhere and we believe are important. These are Housing - picking up issues of affordability but more importantly the standard of housing and issues around ownership and challenges faced by older people who are asset rich, resource poor to maintain properties to a standard which reduces negative impacts on health along with the provision of appropriate social/private housing to enable older people to downsize. The knock on effect is potentially an increase in larger properties for families.
- The second issue is transport particularly linked to supporting the reduction in social isolation and improving access to services.
- we would like to suggest an expansion of the 2<sup>nd</sup> bullet to include "ensuring existing VCFS services are engaged and encompassed within future service provision, where they add value.
- Address loneliness in older people and vulnerable adults as an intervention not loneliness in older people only
- Actions should identify who is responsible, the timescale for completion and a definition of what will constitute success.
- The Council feels that the explicit aim of narrowing the gap and tackling health inequalities appears to have been watered down within the emerging strategy. We would be very keen to see this being made more explicit as a major cross-cutting aim of the strategy (as was originally intended in earlier discussion documents).

- We would like an understanding of what outcomes will be measured and how they will be measured to determine the success of the implementation of items in the strategy
- The Partnership would be keen to see some assurance within the final strategy that health issues at a local level will be resourced and addressed
- I think this is an excellent draft and would maybe add in reference to how the strategy aims to work across the 'whole system' to achieve it's priority outcomes. The principles of info sharing , default to collaborate are spot on and I would suggest it would carry more impact with some reference to vulnerability i.e. our strategy will recognise that health and wellbeing is about the collective vulnerability of our citizens and that is why collaboration is critical to success.

Further work is still being carried out to engage with partners in order to refine and strengthen the strategy. Appendix 1 gives a more detailed account of responses received from partners. Appendix 2 are the collective responses from the Third Sector, co-ordinated by Third Sector Lancashire.