



Middlesbrough's Draft Joint Health and Wellbeing Strategy

Consultation Feedback

Author: Kathryn Warnock / Claire Henderson

Date: 10 October 2012

1. Introduction

The Health and Social Care Act 2012 requires Middlesbrough Council to set up a Health and Wellbeing Board consisting of the Director of Adult Social Care, the Director of Children, Families and Learning, the Director of Public Health, a representative from the local Healthwatch, representatives from each relevant clinical commissioning group and at least one councillor.

The Health and Wellbeing Board must produce a Joint Health and Wellbeing Strategy to give direction to Middlesbrough's approach to health and wellbeing. The main aim of the Board and therefore, the strategy is to encourage all those arranging the provision of health or social care services in Middlesbrough to work in a coordinated way. Middlesbrough's directly elected mayor Ray Mallon is chair of the board.

The draft strategy has been used during consultation with stakeholders, which has included a public survey, a workshop with representatives from the community and relevant organisations and presentations to stakeholder groups. The outcomes and views of those taking part will inform the development of the final document.

1.2 What is the Joint Health and Wellbeing Strategy?

The Joint Health and Wellbeing Strategy provides the overarching vision and strategic framework for improving health and wellbeing and tackling health inequalities in Middlesbrough. The strategy is being developed on behalf of the Middlesbrough Health and Wellbeing Board, which is made up of members from the NHS, social care, public health and the local authority.

Once finalised, the strategy will set out the long-term vision for improved health and wellbeing in Middlesbrough and detail how it will respond to the priorities identified in the recent Joint Strategic Needs Assessment.

The Health and Wellbeing Board will work with partners to align policies, services, resources and activities with the strategy. This will enable joined up action to tackle issues that will benefit from multi-agency working.

1.3 What is the purpose of the Joint Health and Wellbeing Strategy?

The Joint Health and Wellbeing Strategy will set out how key partners will address the health and wellbeing needs of the Middlesbrough population and contribute to reducing health inequalities.

The strategy is underpinned by the Joint Strategic Needs Assessment (JSNA) and together they will provide a foundation for evidence-based, outcomes-focused commissioning and planning for Middlesbrough.

Some of the priorities highlighted in the strategy will require long-term action at a generational level to make lasting and sustainable change to the health challenges faced in Middlesbrough today, whereas others need to be addressed in the short-term with actions to improve and integrate health and social care services.

2. Executive Summary

2.1 Purpose of the public engagement

Middlesbrough Council embarked on a period of consultation and engagement with partners and members of the public, regarding the draft Joint Health and Wellbeing Strategy 2012-2022. The purpose of this consultation was to ensure the views and feedback of these stakeholders fed into the final version of the strategy.

The consultation considered five main areas, whether respondents:

- Support the overarching Vision
- Support the strategic aims
- Feel the suggested priorities will ensure achievement of the aims
- Feel the key principles will enable the Board to achieve the Vision and aims
- Have further comments on the issues discussed

2.2 Methodology

A variety of methods were used for the consultation:

- Presentations to stakeholders
- 1:1 meetings
- A survey available both online and in hard copy
- A workshop including participants from partner organisations, members of the community and other stakeholders

2.3 Key Findings

Overall a significant number of responses were received. 223 responses through the survey, 114 people attended the workshop, 17 events were held with stakeholder groups and three

1:1 meetings. The themes from these are discussed in detail in the sections contained within this document.

Overall there was a significant amount of support for the strategy including the Vision, aims and priorities. The number that disagreed with the approaches taken in these areas was low, with the majority supporting the strategy. However, where comments and feedback were received these will be used to inform the final version of the strategy.

Significant support was voiced for partnership working across all organisations involved in the provision of services in the area of Health and Wellbeing, in line with the intentions of the strategy. The need to ensure this is realised was noted by a number of respondents.

2.4 Conclusion

The response to the consultation process was significant and will be used in the development of the final Health and Wellbeing Strategy. The key themes and the areas highlighted by respondents as either neglected or not being given enough of a focus will all be considered as part of this process and incorporated into the final document.

3. Background

3.1 The national policy context

The Health and Social Care Act 2012 places Health and Wellbeing Boards at the centre of planning to transform health and social care and achieve better health and wellbeing. Health and Wellbeing Boards have been given a number of core responsibilities including assessing the health and wellbeing needs of the local population through the Joint Strategic Needs Assessment (JSNA) and preparing a Health and Wellbeing Strategy.

In 2010 the coalition government published its proposal for radical reform of the NHS. The reforms include the abolition of Primary Care Trusts and Strategic Health Authorities and the creation of a national commissioning board, clinical commissioning groups, a national public health service and the transferring of public health functions to local authorities.

The Healthy Lives, Healthy People – Public Health White Paper sets out the government’s long-term vision for the future of public health in England to strengthen both national and local public health action. The transfer of public health to local government provides an opportunity to address the social causes of poor health.

The Marmot Review states that health inequalities arise from a complex interaction of factors such as housing, income, education and social isolation. The policy objectives made in the Review have been used when developing Middlesbrough’s draft Joint Health and Wellbeing Strategy.

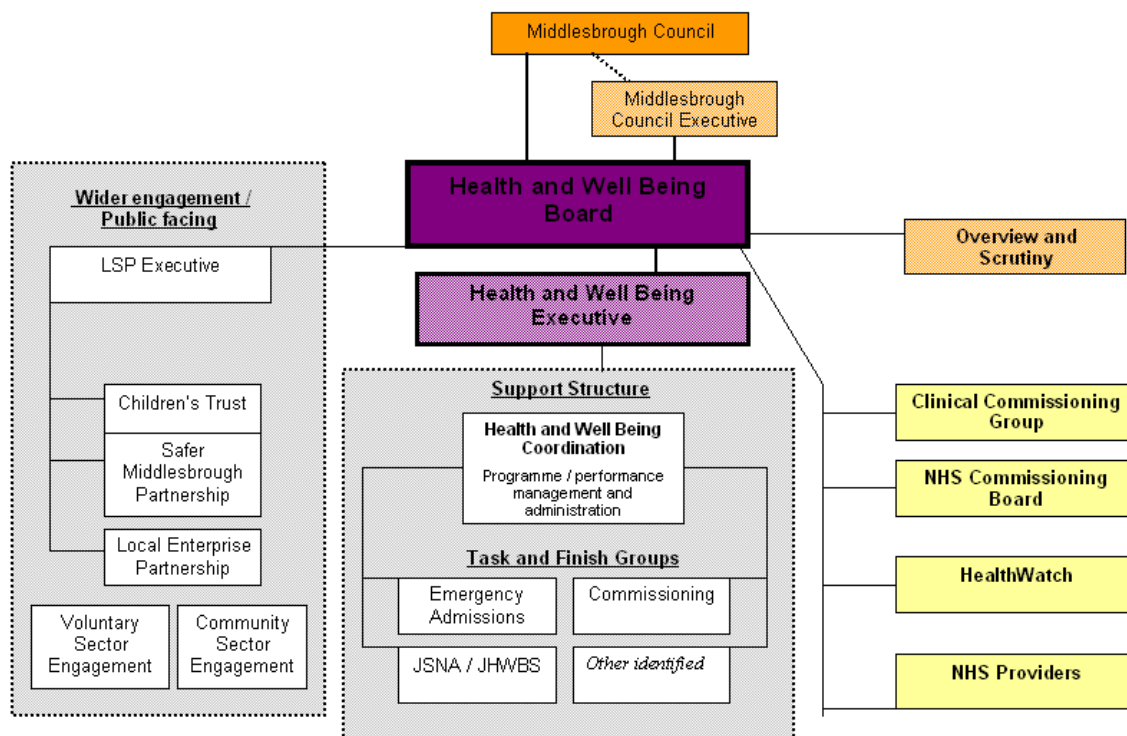
3.2 Joint Strategic Need Assessment (JSNA)

The JSNA provides a detailed analysis of the needs of the local population to inform the Joint Health and Wellbeing Strategy and local commissioning plans. There is a clear expectation that the JSNA and Joint Health and Wellbeing Strategy will provide the basis for all health and social care commissioning in the local area, and as stated above there will be a role for Health and Wellbeing Boards to play in promoting integrated services.

The JSNA considers Middlesbrough’s needs in terms of:

- Population changes
- Inequalities in life expectancy across Middlesbrough
- Inequalities in illness and death across Middlesbrough
- Inequalities in access to health care services
- Inequalities in lifestyle risk factors
- Social cause and wider determinants of health

3.3 The Middlesbrough Health and Wellbeing Board Governance Structure



3.4 The proposed objectives of the Board

Middlesbrough Health and Wellbeing Board is responsible for promoting integration and partnership working between the NHS, social care, public health and other local services. It will oversee the JSNA, implement the Health and Wellbeing Strategy, ensure priorities for adult social care, public health, children and young people's services, the clinical commissioning groups and the NHS Commissioning Board, fit with the strategy whilst influencing partner agencies to address the social causes of poor health and wellbeing.

The overarching vision for the strategy is to *"improve the health and wellbeing of our local population and reduce health inequalities."*

There are four aims being proposed to help achieve this vision, each of which is supported by a number of priorities as detailed below.

Aim: "Ensure children and young people have the best health and wellbeing"

Priorities:

- Invest in robust early help with a focus on the family
- Support emotional health and wellbeing of young people and their families
- Improve maternal health and early years health and wellbeing outcomes

Aim: "Reducing preventable illness and early deaths"

Priorities:

- Multi-agency approach to improving lifestyle choices
- Increasing uptake of preventable and early intervention programmes
- Improving emotional health and wellbeing across the life course

Aim: "Ensure high quality, sustainable and joined up health, social care and wellbeing services"

Priorities:

- Reducing variation in the management of patients with long-term conditions
- Integrated health and social care services for people with long-term conditions
- Delivering the right care, right time, right place
- Care closer to home
- Supporting independence, reablement, designing care around the patient
- Delivery of sustainable services

Aim: *“Influencing the social causes of poor health and wellbeing”*

This would include:

- Healthy standard of living for all
- Sustainable communities
- Crime and anti-social behaviour
- Raising aspirations and education
- Employment and poverty
- Transport and environment
- Housing

The strategy also focuses on suggested new ways of operating to ensure better partnership working. The complete proposed framework for the Joint Health and Wellbeing Strategy is shown in Appendix 1.

3.5 What success would look like?

If this vision is achieved in Middlesbrough by 2022:

- More children and young people will lead healthy, safe lives and achieve their full potential
- Fewer people will be dying prematurely from preventable causes
- More people will be living longer and healthier lives
- Health and wellbeing services will be high quality with equitable access for all
- People will receive the right services, at the right time, in the right place
- There will be less social deprivation

4. Engaging stakeholders

As stated in the draft guidance for JSNAs and Joint Health and Wellbeing Strategies, local authorities have a duty to involve the local community in undertaking Joint Health and Wellbeing Strategies, through Health and Wellbeing Boards. This will ensure those with detailed knowledge of community needs have input and can highlight potential gaps in the strategy. Middlesbrough Council used a public survey, a workshop and a number of presentations to ensure significant consultation with the local community. The feedback received will be used to inform the final Joint Health and Wellbeing Strategy.

The draft strategy was presented at a number of stakeholder events. The groups involved were:

- Middlesbrough Achievement Partnership

- Smoking Alliance
- Mental Health Partnership Board
- Tees Suicide Prevention Task Force
- South Tees Clinical Commissioning Group
- Community Cohesion Partnership
- Safer Middlesbrough Partnership Joint Commissioning Group
- Middlesbrough Children and Young People's Trust Executive
- Middlesbrough Older People's Partnership Board
- Middlesbrough LSP Executive
- Public Health and Safer Middlesbrough Partnership Team Meetings
- Health Scrutiny
- Middlesbrough LINK
- Carers Partnership
- Occupational Therapy & Social Care
- Regeneration Team Meeting
- Public Health Team Meeting

Three 1:1 meetings were also held with the:

- Chair of the Licensing Committee - Middlesbrough Council
- Executive Member for Public Health and Sport
- Chair of the Health and Wellbeing Work Stream - South Tees Clinical Commissioning Group

Attendants were then asked to respond to the survey to ensure their feedback and comments regarding the strategy fed into the development of the final strategy.

5. Survey

A survey was used to ensure the aims and priorities contained within the strategy were considered appropriate by stakeholders and local residents and to gather their views on the draft Joint Health and Wellbeing Strategy.

The feedback concentrates specifically on whether respondents:

- Support the overarching Vision
- Support the strategic aims
- Feel the suggested priorities will ensure achievement of the aims
- Feel the key principles will enable the Board to achieve the Vision and aims
- Have further comments on the issues discussed in the survey

The survey was available both online through the Middlesbrough Council consultation portal and in hard copy through community centres and libraries. This was publicised by a press release to local media outlets and partner organisations. A copy of the survey can be seen in Appendix 2.

Overall 223 people responded to the survey. Of these respondents 60% were female, 37% were male and 3% preferred not to say.

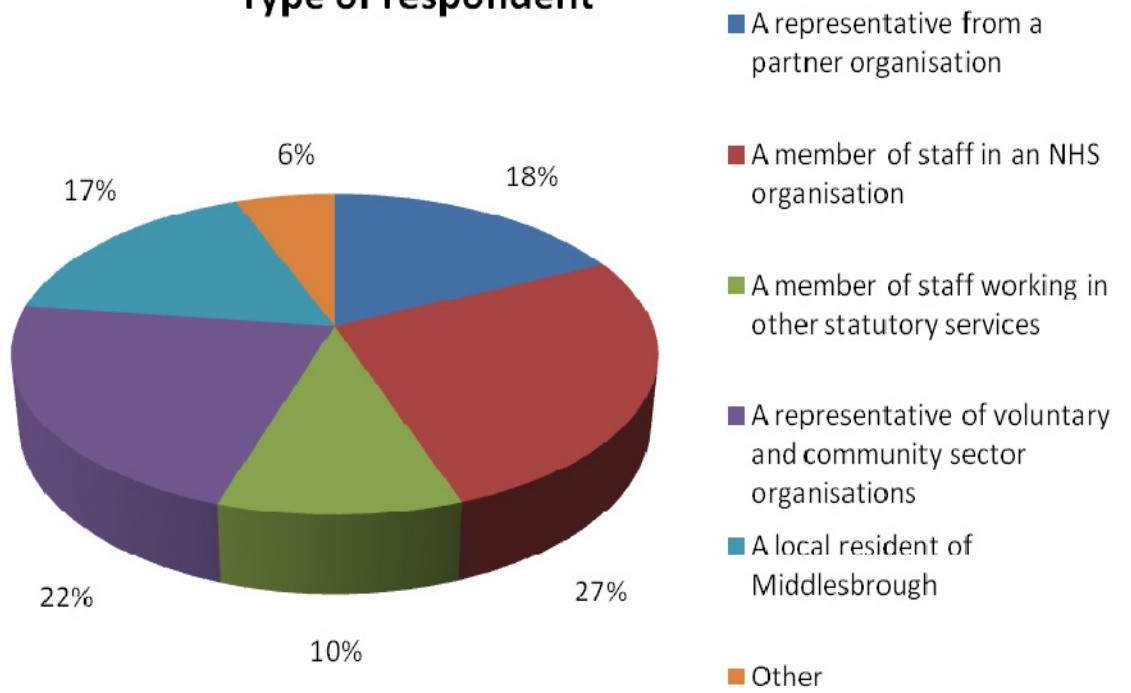
5.2 Respondent details

5.2.1 Type of respondent

Of those that responded the highest proportion were members of staff in an NHS organisation (26%) whilst a further 22% were representatives of the voluntary and community sector.

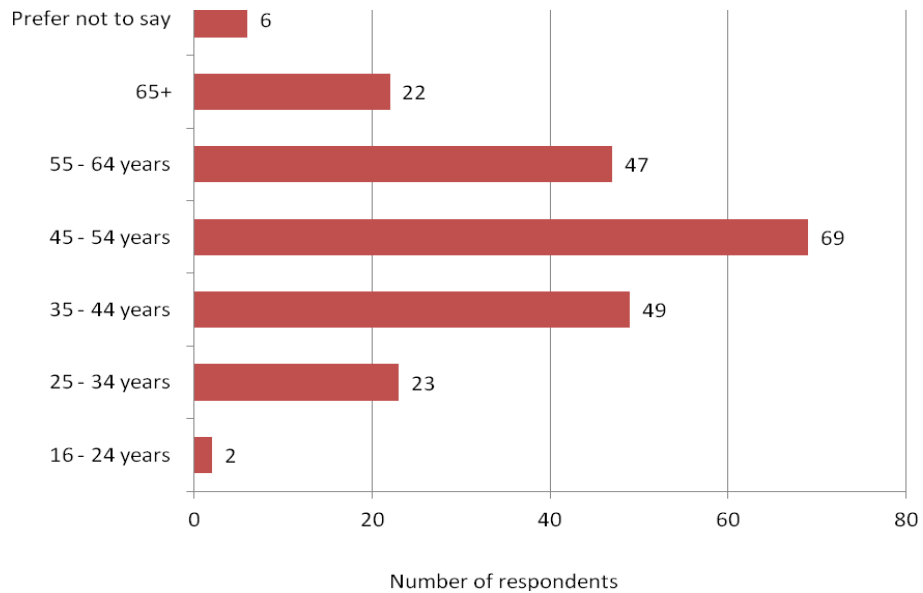
The spread of answers demonstrates the range of respondents involved in the consultation. 17% of respondents were local Middlesbrough residents ensuring their opinions were reflected in the consultation results.

Type of respondent



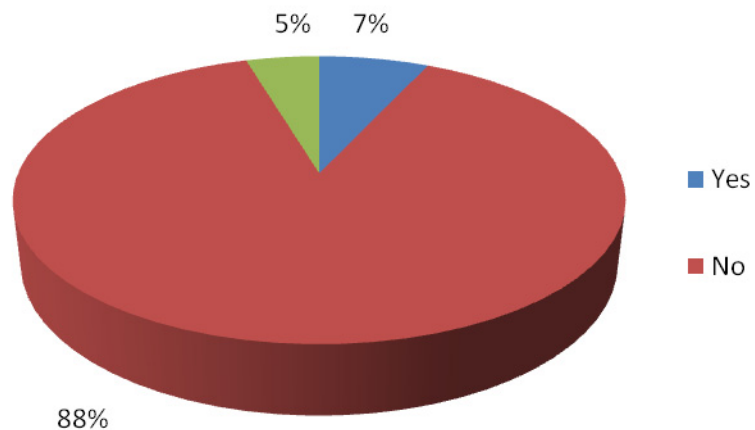
5.2.2 Age of respondents

Responses were received from all age categories however, the category with the highest number of respondents was 45-54 years.



5.2.3 Disability of respondents

Respondents were asked whether they had a disability to ensure the views of those with disabilities informed the results of the survey. 7% of respondents stated they had a disability and a further 5% preferred not to say.



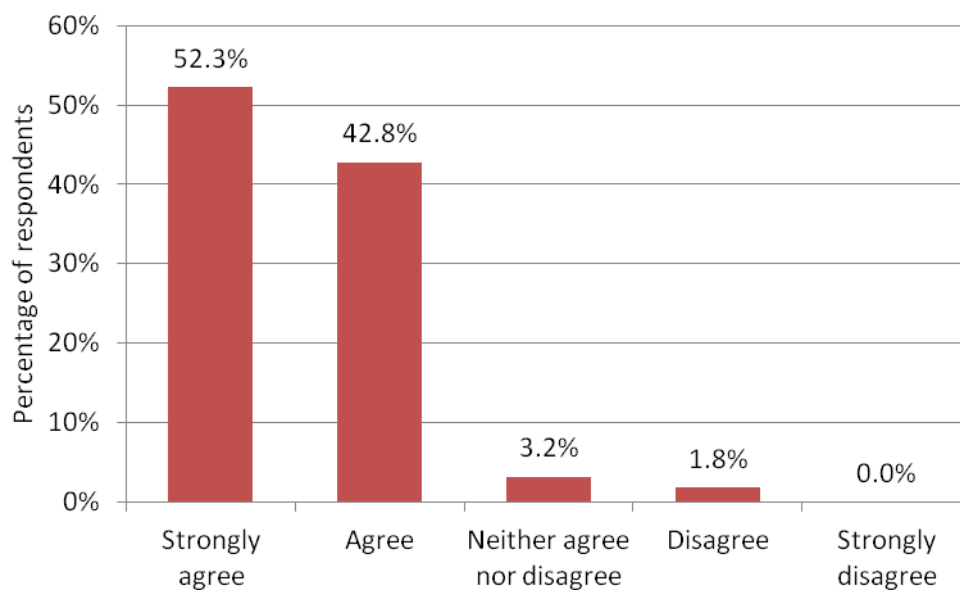
5.3 The Strategy – Survey Results

The following sections will consider the answers to the questions contained within the survey. Where the questions were open, key themes and examples have been included.

5.3.1 The Vision

“Improve the health and wellbeing of our local population and reduce health inequalities”

Q 1a) To what extent do you agree or disagree with the Vision for Middlesbrough?



(Percentages rounded to one decimal place)

The majority of respondents either ‘strongly agreed’ or ‘agreed’ with the Vision suggesting significant support for the approach the Health and Wellbeing Strategy has suggested. Of the 223 respondents fewer than two stated they ‘disagreed’ with the Vision and no one ‘strongly disagreed’.

Q1b) If you disagree with the Vision, please explain why or provide further comments.

The responses received tended not to question or oppose the intentions of the Vision, rather the wording. Comments included,

“I think rather than say reduce health inequalities it could say ‘improve the health and wellbeing for all living in our communities,’” as members of the public may not be as familiar with the term health inequalities.

“Starting with ‘improve’ is starting with something that implies a negative. Whilst local health and wellbeing is probably negative the statement should be crafted according to what you want to see achieved.”

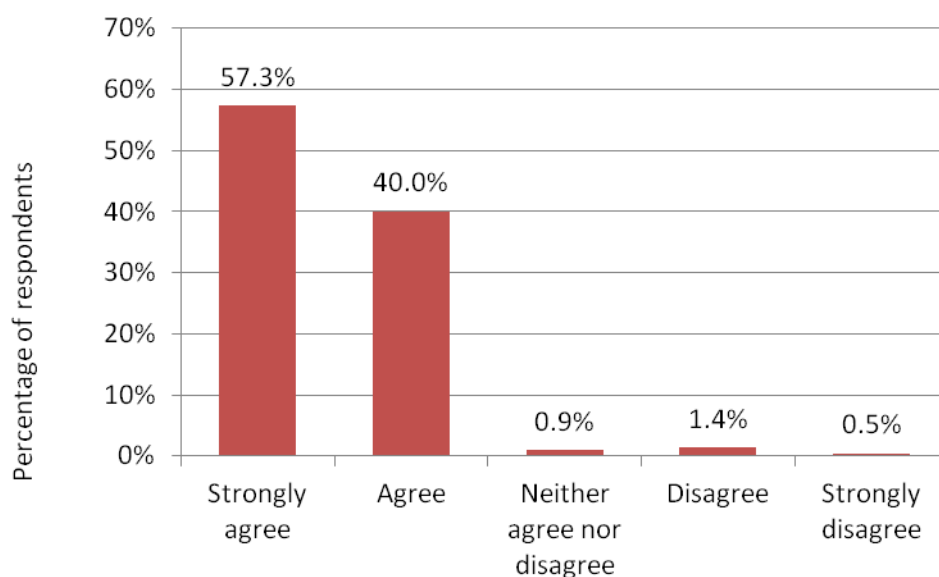
Other comments highlighted that the Vision should go further towards targeting national levels in areas such as mortality and aim to eradicate health inequalities. Overall there was little opposition to the overarching Vision statement.

5.3.2 Strategic Aims

Respondents were asked to what extent they agreed with the following strategic aims:

- Ensure children and young people have the best health and wellbeing
- Reduce preventable illness and early deaths
- Ensure high quality, sustainable and joined up health, social care and wellbeing services

Q2a) To what extent do you agree or disagree with the above strategic aims as suitable areas of work to improve health and wellbeing in Middlesbrough?



(Percentages rounded to one decimal place)

The results showed the majority of respondents either ‘strongly agreed’ or ‘agreed’ with less than 2% stating they ‘disagreed’ or ‘strongly disagreed’. The answers showed significant support for the strategic aims.

Q2b) If you disagree with the aims, please explain why or provide further comments.

The feedback from those respondents that disagreed with the strategic aims can be discussed under four main themes:

- A need to focus on addressing the environmental causes of ill health
- Concerns over whether the aims are achievable in the current financial climate
- A desire to include vulnerable adults within the first strategic aim statement along with children and young people
- The need for an emphasis on poverty and reducing unemployment

5.3.3 The Priorities

The respondents were asked whether they agreed that the suggested priorities would be effective in achieving the strategic aims. Each aim is considered below with the three priorities central to its realisation. Respondents were then asked for further comments if they disagreed with the priorities.

Q3a) To what extent would you agree or disagree that the following actions would help ensure children and young people have the best health and wellbeing?

| Priority | Strongly Agree | Agree | Neither agree nor disagree | Disagree | Strongly Disagree |
|---|----------------|-------|----------------------------|----------|-------------------|
| Invest in robust early help with a focus on the family | 59.3% | 35.8% | 4.1% | 0.5% | 0.5% |
| Support emotional health and wellbeing of young people and their families | 50.5% | 42.3% | 5.9% | 0.9% | 0.5% |
| Improve maternal health and early years health and wellbeing outcomes | 52.5% | 42.0% | 5.0% | 0.0% | 0.5% |

(Percentages rounded to one decimal place)

The majority of respondents stated they either 'strongly agreed' or 'agreed' that the three priorities proposed would achieve the strategic aim of ensuring children and young people have the best health and wellbeing.

Q3b) If you disagree with the priorities above, please explain why or provide further comments.

The feedback from those respondents that disagreed with the priorities linked to this aim can be discussed under four main themes:

- A need to focus on teenage pregnancy and educating parents especially young parents
- The need to ensure funding is not cut to those organisations which provide help and support to the most vulnerable families
- That the organisations involved may need to review the way they currently identify and advertise their services to families in need in the most disadvantaged areas to ensure they are aware of what is available
- The need to measure outcomes to ensure achievement of the priorities and value for money

Q3c) To what extent would you agree or disagree that the following actions would reduce preventable illness and early deaths?

| Priority | Strongly Agree | Agree | Neither agree nor disagree | Disagree | Strongly Disagree |
|--|----------------|-------|----------------------------|----------|-------------------|
| Multi-agency approach to improving lifestyle choices-physical activity, nutrition, alcohol, smoking, sexual health | 60.7% | 32.9% | 4.6% | 1.8% | 0.0% |
| Increase uptake of preventable and early intervention programmes | 60.7% | 33.3% | 4.6% | 1.4% | 0.0% |
| Improve emotional health and wellbeing across the life course | 52.1% | 38.8% | 8.2% | 0.9% | 0.0% |

(Percentages rounded to one decimal place)

The majority of respondents stated they either ‘strongly agreed’ or ‘agreed’ that the three priorities proposed would achieve the strategic aim of reducing preventable illness and early deaths.

Q3d) If you disagree with the priorities above, please explain why or provide further comments.

The feedback from those respondents that disagreed with the priorities linked to this aim can be discussed under six key themes:

- The need to ensure the focus on alcohol consumption is reflected in Middlesbrough Council’s licensing process
- The difficulty of measuring progress and therefore success
- Concerns around how true multi-agency working will be accomplished and how it can be used to avoid duplication between agencies
- The need to ensure there is a focus on preventing violence against women and children
- Concerns over how preventative programmes can be made more attractive to users
- Questions around the definition of emotional health and what approaches we can use to improve outcomes in this area

Q3e) To what extent would you agree or disagree that the following actions would ensure high quality, sustainable and joined up health, social care and wellbeing services?

| Priority | Strongly Agree | Agree | Neither agree nor disagree | Disagree | Strongly Disagree |
|---|----------------|-------|----------------------------|----------|-------------------|
| Reduce demand on emergency and urgent care services | 45.8% | 28.5% | 20.1% | 4.7% | 0.9% |
| Deliver the right care, at the right time, in the right place-especially for people with long-term conditions | 66.2% | 28.7% | 3.2% | 1.4% | 0.5% |
| Improve outcomes for people with long-term physical and mental health conditions | 60.3% | 33.6% | 4.2% | 0.9% | 0.9% |

(Percentages rounded to one decimal place)

The majority of respondents stated they either ‘strongly agreed’ or ‘agreed’ that the three priorities proposed would achieve the strategic aim of ensuring high quality, sustainable and joined up health, social care and wellbeing services.

Q3f) If you disagree with the priorities above, please explain why or provide further comments.

Of the comments received from the survey regarding the priorities, the largest volume was received for the priorities linked to this strategic aim. Respondents appeared particularly concerned with how ‘reducing the demand on emergency and urgent care services’ would be implemented. The feedback from those respondents that disagreed with the priorities linked to this aim can be grouped into seven main themes:

- The key focus in this area needs to be on building relationships between health and social care services, ensuring a reciprocal knowledge of what services each can offer
- Be clear about how reducing demand on emergency services will be achieved
- Ensure emergency services are still of a high standard for those that do need them, making sure a reduction in demand does not lead to a reduction in quality
- Be clear about the outcomes that each priority and aim are intended to achieve
- The need to attract and retain good quality staff especially in areas which are traditionally low paid
- The importance of ensuring the focus on long-term conditions does not mean those with terminal illnesses are neglected
- The need to ensure the aim and priorities are supported by an evidence base to ensure the approaches used will achieve the desired outcomes

Q3g) Are there any key priority areas missing that you feel the Health and Wellbeing Board could add value/influence?

A range of answers were provided highlighting the areas respondents thought neglected by the priorities, a sample of which are discussed below:

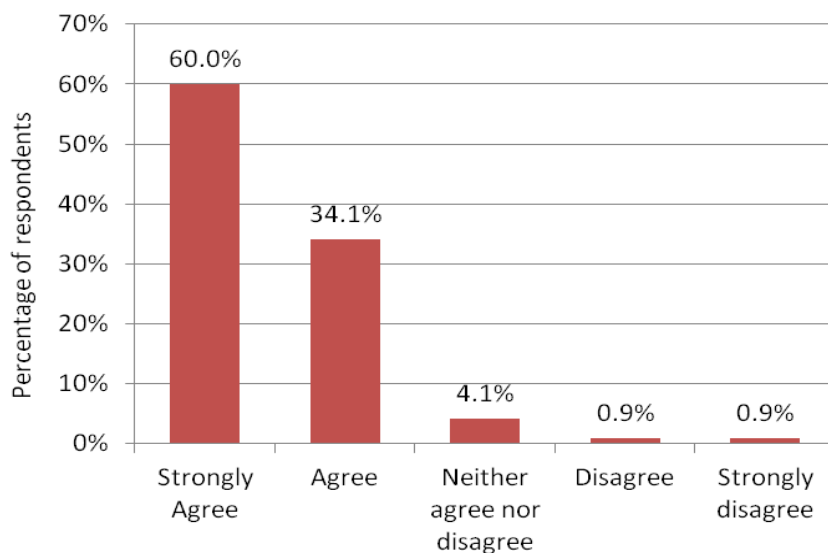
- A specific focus on drug and alcohol abuse
- Use of community arts to tackle social problems
- The need to support carers
- A specific focus on mental health
- Supporting the victims of domestic and sexual violence as a priority
- Putting the focus and responsibility on individuals to improve their own health and wellbeing
- The role of sport in improving health and wellbeing
- The need for better education in areas such as health, diet, fitness and the role schools should play in these areas
- A need to focus on other vulnerable groups in addition to children and young people such as the elderly and minority groups
- A specific reference to the importance of the voluntary sector

5.3.4 Influencing the social causes of poor health and wellbeing

The Health and Wellbeing Board will have a key role in influencing partners to tackle the following targets to ensure the wider determinants of good health are addressed in line with the specific health and social care priorities of the strategy:

- Healthy standard of living for all
- Sustainable places and communities
- Crime and anti-social behaviour
- Raising aspirations and education
- Employment and poverty
- Transport
- Environment
- Housing

Q4a) To what extent do you agree or disagree that the above priorities will impact on positive health and wellbeing in line with the strategy?



Percentages rounded to one decimal place

The majority of respondents stated they either 'strongly agreed' or 'agreed' that the above priorities would influence the social causes of poor health and wellbeing showing significant support for the approach suggested. Only four people either 'disagreed' or 'strongly disagreed' with the priorities proposed.

Q4b) If you disagree with the priorities above, please explain why or provide further comments.

The feedback from those respondents that disagreed with the priorities proposed in this area can be discussed under four main themes:

- Concerns around what effect the availability of alcohol will have on these priorities
- A focus on physical activity and sport should be added
- The priorities were thought too general, needing more details, but overall support of the intentions
- Include having a caring responsibility without appropriate support as a social factor which can impact on health and wellbeing

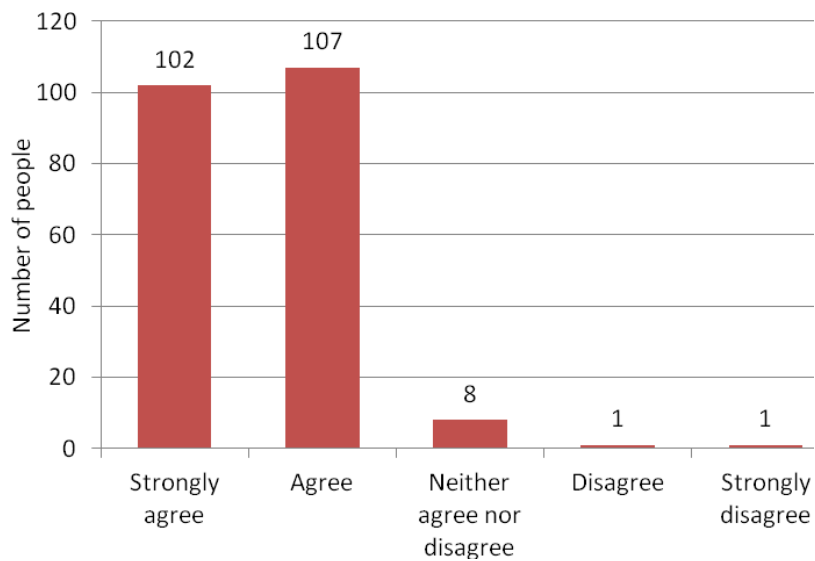
5.3.5 Key Principles

The Health and Wellbeing Strategy identifies key principles for the Health and Wellbeing Board to make sure that progress is made against the aims and priorities. The key ways of working are:

- Leadership and Advocacy
- Strategic focus on prevention and early help
- Whole System approach
- Targeted approach
- Community Engagement

Q5a) To what extent do you agree or disagree that the above principles are appropriate to allow the Health and Wellbeing Board to achieve the Vision and aims of the strategy?

The majority of respondents stated they either 'strongly agreed' or 'agreed' that the above principles are appropriate to allow the Health and Wellbeing Board to achieve the Vision and aims. Only four people either 'disagreed' or 'strongly disagreed', demonstrating overall support of the principles.



Q5b) If you disagree with the priorities above, please explain why or provide further comments.

The feedback demonstrated significant support for the principles. Of those that did comment four main areas were highlighted:

- A need to concentrate on information sharing across multi-agency services
- A need to avoid duplication between agencies
- Empower individuals to access local services
- More detail of the specific projects each principle would entail would be useful

5.3.6 Suggestions/Feedback

Q6a) How could you/your community help to achieve better health and wellbeing?

The comments received considered a number of areas where respondents and their communities could help, a sample of which are mentioned below:

- Raising the aspirations and self worth of service users to enable positive lifestyle choices
- Participating in community meetings and becoming more involved in community projects
- Early intervention in support services
- Developing a focus on families and good parenting practices

- Offering advice and information to those in need and their families
- Better partnership working including with police and knowledge/training sharing with partner agencies

Q6b) What would you need to make this happen?

The respondents provided feedback on how these suggestions could be realised, a sample of which are mentioned below:

- The right people from the right organisations need to be involved to enable adequate support and partnership working between stakeholders
- Early intervention services
- Increase the involvement between statutory services and voluntary organisations
- Partnership working and information sharing between partner organisations
- Funding to help support the services needed to achieve the strategy
- Easy access to local agencies including the police to tackle the issues
- Good communication and up to date knowledge
- Appropriate local direction and strong leadership
- More flexible GP opening hours for those that cannot make traditional operating times

Q6c) What is already happening in your community/area in relation to improving health and wellbeing, that is proving to be successful?

Respondents highlighted ventures in their communities/areas which are having positive outcomes. A number are considered below however, it should be noted there were a significant number of other projects and services improving health and wellbeing which are not included.

- The drug services are being proactive
- An increase in the number of people cycling in Middlesbrough
- The use of 'health champions' in the workplace
- The ban on smoking in public places
- GP practices are providing more information and better services including better opening hours which are more convenient for people who work

- Provision of benefits advice and representation
- Early intervention/preventative support to young families
- Exercise classes in community centres

Q6d) Please provide any further comments relating to the Joint Health and Wellbeing Strategy.

There was a huge amount of support for the strategy as a whole. One respondent commented, "I believe that it is both aspirational and achievable and in light of the current Government cuts, it is even more important we all work together to make it happen."

Other comments included:

- Highlighting the need to be action based and outcome focused to enable tangible results
- Support for the focus on young people and families
- A need to emphasise the elderly within the strategy
- The need for a continuous focus on communication to ensure the public are aware of developments
- Welcome the consideration of housing as an important factor within health and wellbeing
- Suggestions for continuing consultation throughout the lifespan of the strategy

6. Workshop

An engagement workshop for the Joint Health and Wellbeing Strategy 2012-2022 was attended by 114 representatives from organisations engaging with the people of Middlesbrough including the local authority, NHS, voluntary and charity organisations, housing associations and community representatives.

6.1 Feedback from Table Discussion 1: The Vision – What Would Success Look Like

The full details of the questions considered during the discussion are provided in Appendix 3. The feedback from the first table discussion can be broken down into five topic areas.

6.1.1 Thoughts on the Vision

The feedback suggested broad support of the Vision with the focus on what the Vision needs to tackle and what issues it may encounter and therefore, need to overcome. The

improvement already made was acknowledged with a concentration on building on this.

The main trends were:

- The impact the spending cuts may have and therefore the need to spend money more wisely
- The importance of flexibility for patients especially in terms of enabling equal access to GPs
- Concerns over alcohol consumption and its significant impact on health and wellbeing in Middlesbrough
- The need for milestones to ensure progress towards achieving the Vision can be measured
- Many concerns appeared to focus on the negative impact central government policies will have on the Vision such as the Corporate Spending Review, challenging the 'benefit culture' and the increase in tuition fees
- The need for consistent messages across all agencies
- Importance of local charities and acknowledgment of their role in the Vision
- Agreement with the focus being on prevention rather than cure
- The need to make the Vision personal

6.1.2 In ten years – what will success look like?

Overall views from representatives aligned with the aims and priorities set out in the strategy. The key success indicators given were:

- Fewer obese children
- Higher education and employment levels
- People living longer, healthier lives
- More joined up services to improve outcomes for users
- Better community services signposting
- Less suicides and hospital admissions
- Getting the right balance between prevention and cure
- Increase in the current improving trends

- Cultural and behavioural change

6.1.3 Barriers

Participants were asked to discuss possible barriers to the achievement of the Vision. The main barriers were:

- Government cuts
- Engaging members of the public
- Working in partnership
- Getting people to value their health
- Meeting the needs of disabled users and those with mental health issues
- Difficulties of reaching whole families
- Unemployment
- Ensuring expectations are realistic
- Getting people to take responsibility for their own actions

6.1.4 What do we need to do?

The representatives were asked what they thought would be needed to implement the proposed vision. The main points were as follows:

- Organisations need to work in true partnership
- Strengthen information and communication around the strategy
- Work with whole families to promote the message
- Recognise the contribution the voluntary sector can make
- Understand and engage with different cultures
- Help people raise their aspirations
- Understand the problems at a community level
- Create a 'whole systems' approach, changing the way all sectors work
- Understand the causes rather than treating the symptoms
- Address the gap between Middlesbrough and the rest of the UK

6.2 Feedback from Table Discussion 2: Priorities within the Health and Wellbeing Strategy

The full details of the questions considered during the discussion are provided in Appendix 3. The results from the second discussion can be broken down into five topic areas, summarised below.

6.2.1 Suggested amendments to the strategy

- Make explicit the role of the Board in embedding the principles of the strategy
- The strategy needs to be measurable
- Timescales should be included
- Evidence is needed to support the framework

6.2.2 Ensure children and young people have the best health and wellbeing

There was support for the aims and priorities of the strategy. Groups highlighted the intention to tackle emotional health within the strategy as a strength of the approach. The groups acknowledged that three of the most significant barriers in this area were low aspirations, the impact of welfare reforms and a lack of support from parents. Educating parents, providing positive role models, encouraging sport and education more generally were discussed in a number of groups in terms of being crucial to achieving this aim. The role of schools in enabling this was highlighted. Influencing the underlying social causes was seen as central to this aim.

6.2.3 Reduce preventable illness/early deaths

Participants stated that the aim and associated priorities were appropriate. Groups also acknowledged that the way services are marketed needs to be considered to enable the intended recipients to be targeted and encourage them to seek help. It was highlighted that preventing illness is complex when people are difficult to reach or do not accept the help available. To overcome this it was suggested that there should be a focus on engaging the hard to reach and ensuring they have the knowledge and ability to access services.

6.2.4 Ensure high quality, sustainable and joined up health, social care and wellbeing services

The group feedback supported the aim and priorities whilst also highlighting the gaps and barriers to achievement of the aim. The main gaps discussed were the lack of specific reference to the voluntary sector and communities in the delivery of the aim and the lack of emphasis on individual responsibility. The group feedback contained key trends such as the need for early intervention to prevent the need for secondary services, reducing the demand on emergency services and ensuring flexible services that can be delivered in communities. To overcome this, a greater emphasis on partnership was suggested,

especially with GP's surgeries and primary healthcare services. Similarly, working with the community using a 'bottom up' approach was recommended.

6.2.5 Influencing social causes

The groups highlighted the positive aspects in this area such as the recent improvements in educational attainment and crime reduction. Discussions also focused on the role of the voluntary sector and the need to address social norms to improve the health and wellbeing within communities. This was considered the responsibility of everyone including members of the public.

7. Key Themes

Following consultation the following key themes regarding the draft Joint Health and Wellbeing Strategy emerged:

- Overall support for the Vision, aims and priorities contained within the draft strategy
- Concerns over how government cuts will affect the success of the strategy
- A need to understand how the strategy will ensure the social causes of ill health are addressed
- The necessity to move away from treatment towards investment in early intervention and prevention
- Emphasis on partnership working between organisations to enable delivery of the strategy with specific consideration of the role of the third sector

8. Recommendations

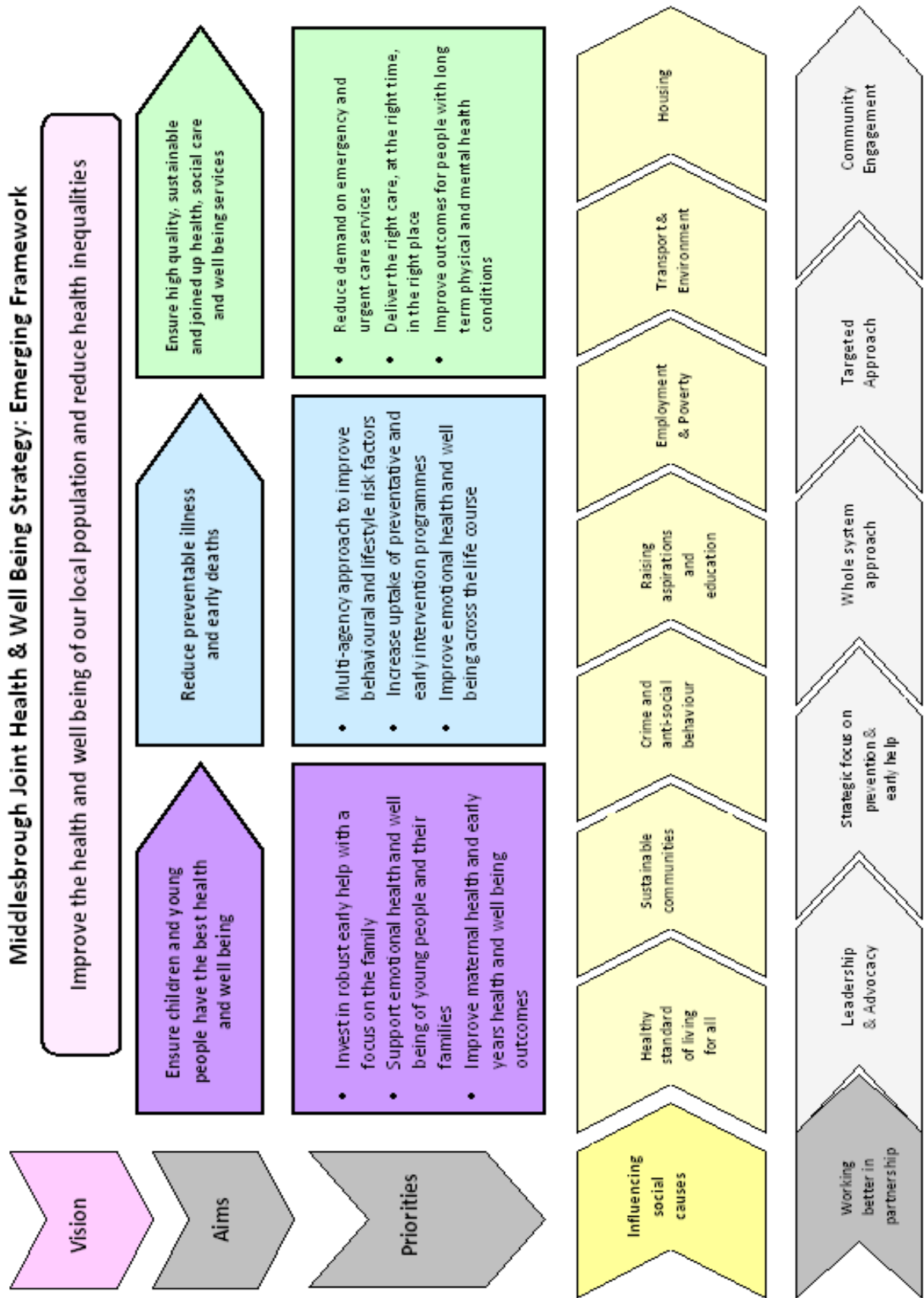
The results from the consultation support the following recommendations for Middlesbrough's Joint Health and Wellbeing Strategy 2012-2022:

- That the strategy remains outcomes focussed and that these be appropriately measured to ensure progress is being made
- That the targets contained within the strategy be monitored against the JSNA priorities
- Review the aims and priorities in the proposed strategy and amend the final version in line with the consultation findings
- The responses received regarding gaps in the current strategy be collated and incorporated into the final version

9. Next Steps

- The final draft strategy which incorporates the feedback from the consultation process will be presented to the Health and Wellbeing Board on the 24th October
- Once the Strategy is agreed further work is needed to ensure there is a robust mechanism to implement, deliver and manage the delivery of the strategy that will provide assurance to the Health and Wellbeing Board that progress is being made. This includes:
 - A robust performance management framework (which builds on the public health, health, social care and children's national outcome frameworks) to monitor the success of the strategy. This will include identifying key performance measures and targets
 - A work programme to run alongside the strategy which will identify the key actions to be undertaken
 - An implementation framework which identifies the appropriate mechanism and governance arrangement to deliver the strategy – this may include identifying key members of the Health and Wellbeing Board as champions of key issues
 - A process for ensuring the commissioning intentions of key organisations are aligned with the priorities set out in the strategy

Appendix 1





Middlesbrough Joint Health & Well Being Strategy

Survey

Introduction

This is your chance to help shape the Health and Well Being Strategy for Middlesbrough.

What is the Joint Health and Well Being Strategy?

The Joint Health and Well Being Strategy is being developed on behalf of the Middlesbrough Health and Well Being Board which is made up of members from NHS, social care, public health and the local authority.

Once finalised, the strategy will set out the long-term vision for improved health and well being in Middlesbrough and how it will respond to the priorities identified in the recent Joint Strategic Needs Assessment – an analysis of local population health needs.

The Health and Well Being Board will work with partners to align policies, services, resources and activities with the strategy. This will enable joined up action to tackle issues that will benefit from multi-agency working.

Why are we consulting on this?

We need to make sure that the aims and priorities we put in place are right and that the strategy takes into consideration the views of a wide range of people and partners across Middlesbrough. We are seeking views on the emerging vision, aims and priorities, which can be seen over the page.

We would like to thank you for taking part in this consultation. Your views will be collated at the end of the consultation and will shape the final strategy.

Middlesbrough Joint Health & Well Being Strategy: Emerging



| | | | |
|--------------------------|--|---|--|
| <p>Vision</p> | <p>Improve the health and well being of our local population and reduce health inequalities</p> | | |
| <p>Aims</p> | <p>Ensure children and young people have the best health and well being</p> | <p>Reducing preventable illness and early deaths</p> | <p>Ensure high quality, sustainable and joined up health, social care and well being services</p> |
| <p>Priorities</p> | <ul style="list-style-type: none"> ▶ Invest in robust early help with a focus on the family ▶ Support emotional health and well being of young people and their families ▶ Improve maternal health and early years health and well being outcomes | <ul style="list-style-type: none"> ▶ Multi-agency approach to improving lifestyle choices ▶ Increasing uptake of preventative and early intervention programmes ▶ Improving emotional health and well being across the life course | <ul style="list-style-type: none"> ▶ Reducing variation in the management of patients with long term conditions ▶ Integrated health and social care services for people with long term conditions ▶ Delivering the right care, right time, right place ▶ Care closer to home ▶ Supporting independence, reablement, designing care around the patient ▶ Delivery of sustainable services |



THE SURVEY

About you

Are you?

- A representative from a partner organisation
 - A member of staff in an NHS organisation
 - A member of staff working in other statutory services
 - Representative of a voluntary and community sector organisation
 - A local resident of Middlesbrough
 - Other
-

1. The Vision

Improve the health and well being of our local population and reduce health inequalities

1a) To what extent do you agree or disagree with the vision for Middlesbrough?

- Strongly Agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly Disagree

1b) If you disagree with the vision, please explain why or provide further comments:

2. Strategic Aims

1. Ensure children and young people have the best health and well being

2. Reduce preventable illness and early deaths

3. Ensure high quality, sustainable and joined up health, social care and well being services

2a) To what extent do you agree or disagree with the above strategic aims as suitable headline areas of work to improve health and well being in Middlesbrough?

- Strongly Agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly Disagree

2b) If you disagree with the aims, please explain why or provide further comments:

3. Priorities

3a) To what extent would you agree or disagree that the following actions would help ensure children and young people have the best health and well being?

| Priority | Strongly Agree | Agree | Neither agree nor disagree | Disagree | Strongly disagree |
|--|----------------|-------|----------------------------|----------|-------------------|
| Invest in robust early help with a focus on the family | | | | | |
| Support emotional health and well being of young people and their families | | | | | |
| Improve maternal health and early years health and well being outcomes | | | | | |

3b) If you disagree with the priorities above, please explain why or provide further comments:

3c) To what extent would you agree or disagree that the following actions would reduce preventable illness and early deaths?

| Priority | Strongly Agree | Agree | Neither agree nor disagree | Disagree | Strongly disagree |
|---|----------------|-------|----------------------------|----------|-------------------|
| Multi-agency approach to improving lifestyle choices – physical activity, nutrition, alcohol, smoking and sexual health | | | | | |
| Increase uptake of preventative and early intervention programmes | | | | | |
| Improve emotional health and well being across the life course | | | | | |

3d) If you disagree with the priorities above, please explain why or provide further comments:

3. Priorities

3e) To what extent would you agree or disagree that the following actions would ensure high quality, sustainable and joined up health, social care and well being services?

| Priority | Strongly Agree | Agree | Neither agree nor disagree | Disagree | Strongly disagree |
|---|----------------|-------|----------------------------|----------|-------------------|
| Reduce demand on emergency and urgent care services | | | | | |
| Deliver the right care, at the right time, in the right place – especially for people with long term conditions | | | | | |
| Improve outcomes for people with long term physical and mental health conditions | | | | | |

3f) If you disagree with the priorities above, please explain why or provide further comments:

3g) Are there any key priority areas missing that you feel the Health and Well Being Board could add value / influence?

4. Influencing the social causes of poor health and well being

There is clear evidence that the environments in which people live (the economic, social and natural environments) have the greatest impact on achieving positive health and well being.

The Health and Well Being Board will have a key role in influencing partners to tackle the following targets to ensure the wider determinants of good health are addressed in line with the specific health and social care priorities of the strategy:

- Healthy standard of living for all
- Sustainable places and communities
- Crime and anti social behaviour
- Raising aspirations and education
- Employment and poverty
- Transport
- Environment
- Housing

4a) To what extent do you agree or disagree that the above priorities will impact on positive health and well being in line with the strategy?

- Strongly Agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly Disagree

4b) If you disagree with the priorities above, please explain why or provide further comments:

5. Working better in partnership

The Health and Well Being Strategy identifies key principles for the Health and Well Being Board to make sure that progress is made against the aims and priorities. The key ways of working are:

- Leadership and Advocacy – make health and well being everyone’s business and promote key health messages
- Strategic focus on prevention and early help – encourage early prevention and intervention including family centred approaches
- Whole System approach – deliver high quality, safe and integrated health and well being services which achieve the best outcomes for Middlesbrough
- Targeted approach – deliver appropriate intervention and support to improve the health and well being of the poorest and disadvantaged groups fastest
- Community Engagement – effective public engagement in the delivery of health and well being services and empower and enable communities to take responsibility for their own health

5a) To what extent do you agree or disagree that the above principles are appropriate to allow the Health and Well Being Board to achieve the vision and aims of the strategy?

- Strongly Agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly Disagree

5b) If you disagree with the priorities above, please explain why or provide further comments:

6. General questions

6a) How could you / your community help to achieve better health and well being?

6b) What would you need to make this happen?

6c) What is already happening in your community / area in relation to improving health and well being, that is proving to be successful?

6d) Please provide any further comments relating to the Joint Health and Well Being Strategy:

Personal details

The information you provide will be kept confidential

We will only use your answers to pull together anonymised statistical information.

Gender

Are you male or female

Male Female Prefer not to say

Age

Please indicate which of these age bands you fit into?

Under 16 16 - 24 25 - 34 35 - 44 45 - 54
 55 - 64 64+ Prefer not to say

Personal details continued

Disability

Do you consider yourself to be a person with a disability

(Under the Equality Act 2010 a person is disabled if they have a physical or mental impairment which has a substantial and long term adverse effect on their ability to carry out normal day to day activities)

Yes No Prefer not to say

Ethnicity

To which of these groups do you consider you belong to?

White

White
British
Irish
Any other white background please write here

Asian/Asian British

Indian
Pakistani
Bangladeshi
Any other Asian background please write here

Mixed ethnic groups

White & Black Caribbean
White & Black African
White & Asian
Any other mixed background please write here

Black or Black British

Black or Black British
Caribbean African
Any other black background please write here

Other ethnic groups

Chinese
Gypsy / traveller
Any other background, please write here

Prefer not to say

Thank you very much for taking the time to complete this survey

What we will do next

Your views will be used to inform the final version of the Joint Health and Well Being Strategy. The completed document will be published in December 2012 and copies will be available on the Middlesbrough Council website.

Please return survey to:

Freepost RRZH-AUYA-BJGH
Middlesbrough Council, PO Box 500, TS1 9FT

Or alternatively hand in to any Middlesbrough Council community centre/hub or library

BRIEFING NOTE FOR TABLE FACILITATORS

WORKSHOP TABLES AND LEADS

| Table | Lead | Table | Lead |
|-------|--|-------|--------------------------------------|
| 1 | Lindsay Johnson | 8 | Edward Kunonga |
| 2 | Mike Robinson (notes Cath Taylor) | 9 | Paul Wales |
| 3 | Christine Walker | 10 | Emma Thomas |
| 4 | Cllr Brenda Thompson (notes Edd Harford) | 11 | Diane Wallinger (notes Saadia Azam) |
| 5 | Henry Waters (notes Nigel Sayer) | 12 | Sue Perkin |
| 6 | Kathryn Warnock | 13 | Catherine Haigh (notes Susan Borrow) |
| 7 | David Jackson | 14 | Carol Hodgson |

TABLE DISCUSSION 1: THE VISION – WHAT WOULD SUCCESS LOOK LIKE

Facilitators should introduce themselves and their role to delegates on their table and ask individuals to introduce themselves.

Edward Kunonga will introduce the Vision as part of his presentation. The vision is:

'To improve the health and wellbeing of our local population and reduce health inequalities'.

If this vision is achieved in Middlesbrough by 2022:

- **More children and young people will lead healthy safe lives and achieve their full potential**
- **Less people will be dying prematurely from preventable causes**
- **More people will be living longer and healthier lives**
- **People will receive the right services, at the right time, in the right place**
- **There will be less people experiencing social deprivation**

Tables should discuss the following issues: (20 minutes are allocated for this discussion)

- How long do delegates think it would take to achieve the vision and its aspirations?
- What do people feel can be realistically achieved?
- What are the barriers to achievement and how can they be overcome?
- What would success look like? In ten years time what would the differences be / what would have changed if the Vision was achieved?
- Can delegates suggest a snappy mission statement (slogan) to support this Vision?

TABLE DISCUSSION 2: PRIORITIES WITHIN THE HEALTH AND WELLBEING STRATEGY

Edward Kunonga will discuss the Health and Wellbeing Strategy's Aims and Priorities

For this exercise facilitators will need:

- The draft Health and Wellbeing Strategy
- Strategy on a page document
- Links to other strategies document

Facilitators should:

- Give a brief overview of the **four aims:**

- **Ensure Children and young people have the best health and wellbeing**
- **Reduce preventable ill-health and early deaths**
- **Ensure high quality, sustainable and joined-up health, social care and well-being services**
- **Tackle the social causes of social health and wellbeing**

- Explain that the line across the bottom of the diagram depicts how the Health and Wellbeing Board will ensure delivery of these aims.
- **Groups should agree which aim to focus on first and can cover more than one aim in the time allowed** (we are wanting groups to cover different aims in case we fall short of time for groups to cover all).

Questions to be asked: (45 minutes are allocated for this discussion)

- Are the aims and priorities within them appropriate?
- Are there any gaps? (some of these gaps maybe being picked up elsewhere – see the links to other strategies document)
- What are the barriers to achievement and how can they be overcome?
- Looking at the actions the Board have agreed to take to ensure delivery of the Strategy (see bottom line on diagram) – is there anything missing that needs to be done?

Many thanks for agreeing to facilitate 😊