

SHROPSHIRE HEALTH AND WELLBEING BOARD

Meeting Date: 3rd March 2022

Paper title: Shropshire 2022-2027 Joint Health and Wellbeing Strategy

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1. Summary

- 1.1 Health and Wellbeing Boards (HWBB) have a statutory duty to develop a Joint Health and Wellbeing Strategy (JHWBS) for the local population. The draft strategy for the period 2022-2027, was developed through careful analysis of local and national data and reports, and insight from Board members via a series of workshops. The strategy sets the planned priorities for the next 5 years, explains why these have been chosen and describes what will be done to address these. The [draft JHWBS](#) was agreed at the HWBB meeting in July 2021.
- 1.2 The draft strategy went for public and stakeholder consultation using an on-line survey, and engagement through attendance at Partnership Board, committee meetings and groups. The report showing findings from this process is on the Council website.
- 1.3 172 people responded to the surveys. 85% as a member of the public, and 15% as a stakeholder, professional or 'other'. Additionally, 10 x Partnership Boards and focus groups provided feedback, which amounted to around 350 people being asked for their views.
- 1.4 The public and stakeholder survey, and engagement feedback showed clearly that the priorities are acceptable, and the right ones to move forward with. The survey was hosted on the Council website and identified a need to be clear that the strategy is a whole system responsibility, and not just Local Authority.
- 1.5 We are very grateful to Shropshire people, stakeholders and others who took time to complete the survey either online or on paper, and those who took time to speak to us and provide their views on the strategy.
- 1.6 Areas which have been identified as needing greater specific reference throughout the strategy are detailed in the table in the report section below and will form amends and additions to the final version which is in appendix 1. The findings will also need to be linked to current Strategies and Action Plans including: Economic, Shropshire, Telford & Wrekin 5-Year Mental Health Strategy, ICS priorities and the developing Shropshire Healthy Weight Strategy.

2. Recommendations

That the Board agrees the final 2022-2027 Joint Health and Wellbeing Strategy and take joint ownership for progression and implementation.

3. Report

- 3.1 Health and Wellbeing Boards (HWBB) have a statutory duty to develop a Joint Health and Wellbeing Strategy (JHWBS) for the local population. The draft strategy for the period 2022-2027, was developed through careful analysis of local and national data and reports, and insight from Board members. The strategy sets the planned priorities for the next 5 years, explains why these have been chosen and describes what will be done to address these. The draft JHWBS was agreed at the HWBB meeting in July 2021.
- 3.2 The draft strategy went for public and stakeholder consultation via an on-line survey, and engagement through attendance at Partnership Board, Committee meetings and groups. The report showing findings from this process is on the Council website. The public and stakeholder survey, and engagement feedback showed clearly that the priorities are acceptable, and the right ones to move forward with. We are very grateful to the public and stakeholders who gave their time and contributed to these findings.
- 3.3 Areas which have been identified as needing greater specific reference throughout the strategy are in brief:

Strategic priorities

- Reducing inequalities: Disabilities, housing, digital by default concern and impact of financial pressures.
- Improving Population Health: *Older people, health access/services, people's understanding of good health.*
- Working with and building strong and vibrant communities: *Variation in community strength; engagement with all groups; rural community inequity, public transport access equity*
- Joined up working: *Essential, accountable.*

Key priorities

- Healthy Weight & Physical Activity: Food and exercise costs
- Mental Health: Access and waiting times, stigma, normalizing, effect of living with someone with poor mental health
- Workforce: Low wages, fair pay, lack of opportunity, pressure/stress, and young worker loss.
- Children and Young People (CYP): More reference to SEND and physical disabilities

Key areas cited as missing

- Substance misuse, safe active travel and safe roads and greater reference to loneliness, and suicide prevention.

In terms of equality

- Recognition of the needs of LGBTQ+ groups, families of prisoners people with autism and people with learning and physical disabilities were highlighted as were racial equality and awareness and workplace discrimination.

'Enablers'

- amended to read 'What will help enable us to achieve our priorities'

Strategy vision

- modified from 'For Shropshire people to be the healthiest and most fulfilled in England' to '**For Shropshire people to be healthy and fulfilled**'. Although not strongly liked or disliked, comments said it was too competitive and unrealistic.

These are all further detailed in Fig.1 and will form amends and additions to the final version (appendix 1.) Key amendments/additions are in red text. The findings also link to current Strategies and Action Plans including: Economic, Shropshire, Telford & Wrekin 5-Year Mental Health Strategy, ICS priorities and the developing Shropshire Healthy Weight Strategy.

Figure 1: At a glance - Key changes/additions that should be considered in the strategy

<p style="text-align: center;"><u>Strategic priorities</u></p> <ul style="list-style-type: none"> • Reducing inequalities: Disabilities – recognizing needs of people with learning and physical disabilities. E.g., Fair access to employment; physical activity facilities. Housing - high cost and rental, stress of homelessness and temporary accommodation. Digital by default having potential to make inequalities worse. Financial: wages and income. Recognize needs of LGBTQ+ groups. • Improving Population Health: Older people including healthy ageing and Dementia support. Health access/services cited including reduction or loss of face-to-face appointments, equity across county, and in reducing inequality. Understanding of good health (health literacy) good health promotion. Women’s health including menopause. • Working with and building strong and vibrant communities: Variation in community strength; engagement with all groups; rural community inequity, Public transport access equity and traffic reduction. • Joined up working: Essential. A personalized approach; sharing resource equally - pooled budgets; accountability; knowledge (including staff knowledge) and experience. 	<p style="text-align: center;"><u>Other key issues missing</u></p> <p>Some are already covered in the strategic and key priority findings, such as disability and housing, but others of note are:</p> <p>Substance misuse - raised highest as an omission in the surveys. Safe active travel and safe roads (cycling, walking, noise pollution) - following closely.</p> <p>Greater reference to loneliness, and suicide prevention</p>
<p style="text-align: center;"><u>Key priorities</u></p> <ul style="list-style-type: none"> • Healthy Weight & Physical Activity: Complexity; food and exercise costs; knowledge; active travel; services to refer in to; medications and weight gain. • Mental Health: Access and waiting times for adult and children; transition; Effect on other conditions; role of physical activity, buddying, arts, social groups in helping; linking to other services; reducing stigma and normalizing - OK to be sad sometimes; Effect of living with someone with poor mental health: Carers and partners/family members/CYP; 24-hour support when out of hours can often be the worst time for people with MH difficulties. • Workforce: Low wages, fair pay, lack of opportunity, pressure/stress, and young worker loss. Thrive at Work - suitable for SMEs? (Small, Medium, Enterprises). Low wages and unemployment impact on poorer health. • Children and Young People (CYP): Use findings from Youth Consultation report (ssyf.net) to help inform, more reference to SEND and physical disabilities and Transition stage from Child to adult. Support for parents and CYP. Mental health features highly and is included in that section. 	<p style="text-align: center;"><u>Enablers</u></p> <p>The term ‘Enablers’ was disliked by some and re-wording of this term and describer needs to be considered.</p> <p>More information in the strategy about: how the work will be funded, planned, committed to by partners, delivered and monitored; communications and Engagement.</p> <p style="text-align: center;"><u>Strategy vision comments</u></p> <p>Most said it was liked, but significant number, no or maybe, with the competitive element, and unrealistic being cited.</p> <p>It is worth considering re-visiting this strapline.</p> <p style="text-align: center;"><u>Other comments about the strategy to note</u></p> <ul style="list-style-type: none"> • Keep simple and keep reviewing priorities • Honesty, health is not a tick box exercise • A lot of thought has obviously gone into this, but the difficulty will be implementation <p style="text-align: center;"><u>Equalities</u></p> <p>All Health and Wellbeing Board partners are committed to equality. Responses from the surveys and engagement highlighted recognition of the needs of:</p> <ul style="list-style-type: none"> • LGBTQ+ groups • Families of prisoners • People with autism • People with learning and physical disabilities <p>And</p> <ul style="list-style-type: none"> • Racial equality and awareness • Workplace discrimination

4. Next steps

- 4.1 Healthy Lives steering group meetings have re-started, and a project management approach will be used. Key focus areas from the strategy priorities are to be finalised, but currently include the prevention elements of; healthy weight and physical activity, mental health, children and young people – Trauma Informed workforce, Social Prescribing and food insecurity. Reporting will come back to the Health and Wellbeing Board.
- 4.2 A project management approach to monitoring progress of the strategy will be used following final approval of this strategy. This will include use of action plans, planned timescales, reporting to Boards, use of metrics and a Risk Assessment log.
- 4.3 Health and Wellbeing Board forward agenda planning will ensure papers relating to the priorities will be brought to the meetings to monitor progress and identify issues that may affect strategy implementation.

5. Risk assessment and opportunities appraisal

(NB This will include the following: Risk Management, Human Rights, Equalities, Community, Environmental consequences and other Consultation)

- 5.1 Risks have been identified as pressures on the system with COVID-19 recovery affecting priority progression and systems not joint working effectively. This will be mitigated by the term of the strategy i.e. 5 years, giving a longer lead time for implementation and progression. Steering groups including Healthy Lives, Shropshire Integrated Place Partnership (ShIPP) and the Joint Commissioning Group are multi agency and promote this joint working approach which will be a benefit.
- 5.2 A project management approach to the strategy including use of action plans, planned timescales, reporting to Boards, use of metrics and a Risk Assessment log will enable risks to strategy implementation to be identified early.

6. Financial implications

- 6.1 The new HWBB strategy is a system responsibility, which the Board has committed to. There are no immediate financial implications, and implementation will be met through current system funding streams and strategies. Funding for any additional development work would be discussed and agreed at system level. The strategy's implementation will support strategic planning and commissioning for the system.

7. Climate Change Appraisal

- 7.1 There are no immediate impacts on climate change in agreement of this strategy, however any potential impacts will be reported on.

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) or your organisational lead e.g. Exec lead or Non-Exec/Clinical Lead

Cllr Simon Jones, Portfolio holder for Adult Social Care and Public Health
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Appendices Appendix A: Shropshire Joint Health and Wellbeing Strategy 2022-2027
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