**Richmond Health and Wellbeing Board- Consultation on the Joint Health and Wellbeing Strategy 2016-21.**

**Consultation Report, February 2016**

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# INTRODUCTION

This report presents the results for the consultation on the Joint Health and Wellbeing Strategy (JHWBS) 2016-21. The consultation ran from 2nd December 2015 until 21st January 2016, via the council’s consultation webpage (<https://consultation.richmond.gov.uk/public-health/hwb16>). Several comments were also received by e-mail or raised at meetings.
For the purpose of confidentiality, comments included in this report have been summarised and names of individuals have been removed.

Any comments or questions relating to this report or the JHWBS can be sent to PublicHealth@richmond.gov.uk

# NEXT STEPS – launch and further engagement

The JHWBS will be launched at the Health and Wellbeing Board’s (HWB) public meeting on 16th March 2016. This event will include a presentation on the strategy, how it influences council and Richmond Clinical Commissioning Group (CGG) priorities and a question and answer session with the board.

The JHWBS is a 5-year framework and further work is being done to plan how and when the HWB will address each of the initiatives. The HWB will use the event on the 16th March to further engage on these priorities and which should form the focus for 2016/17.

For more information visit [www.richmond.gov.uk/health\_and\_wellbeing\_partnership.htm](http://www.richmond.gov.uk/health_and_wellbeing_partnership.htm) or see the invitation in ***Appendix 1.***

# BACKGROUND INFORMATION

## The Health and Wellbeing Board

Richmond’s HWB brings together elected members and local leaders from across the health and social care system in order to improve the health and wellbeing of the local population and reduce health inequalities. The role of the HWB is to work together to understand the community’s needs and assets, agree strategic priorities and enable commissioners to work in a more joined up way to promote the health and wellbeing of residents.

Organisations represented on the board are; London Borough of Richmond upon Thames (including Adult and Community Services and Public Health), Richmond Clinical Commissioning Group (CCG), Healthwatch, Achieving for Children (AfC), Richmond Council for the Voluntary Sector (RCVS), and NHS England.

## The Joint Health and Wellbeing Strategy, 2016-21

The HWB have a duty to produce a JHWBS. This JHWBS (2016-21) is a high-level and overarching strategy that will enable the Health and Wellbeing Board to take action by championing key principles and selected initiatives across the health and social care system.

The theme of the JHWBS focuses on ‘prevention’ and ‘joined-up services’. This is considered throughout people’s lives (reflected in the main chapters: Start Well, Live Well and, Age Well), ensuring that the health and wellbeing of the Richmond population is considered from conception to end of life.

This strategy aims to be concise and purposeful, rather than a comprehensive review of all work across the health and social care system, focussing on initiatives where the HWB can have maximum impact.

## Strategy development and engagement

To develop this strategy the board engaged in a ‘learning by doing’ process, participating in facilitated seminars to draw out themes and priorities. Development of the strategy included:

* Equalities Impact Needs Assessment (EINA).
* Review of the JSNA including ‘The Richmond Story 2015-16’.
* Engagement in HWB ‘Listening Events’ in which members of the board invited members of the public and local organisations to share their views about local health and wellbeing. These were on the themes of ‘Healthy Lifestyles’ and ‘Health and Wellbeing for Children and Young People’.
* A review of previous engagement reports, including a thematic review of the rich engagement work undertaken to inform the Outcomes Based Commissioning Process over the past 18 months.
* A series of strategy working groups with HWB members and key council and CCG officers.
* Eight-week public consultation.

# ABOUT THE CONSULTATION

The engagement activities listed above informed the development of the draft JHWBS. An online consultation about the draft JHWBS was officially launched at the HWB meeting on 8th December 2015 and promoted by members and council officers. The consultation was hosted on the council consultation website from 2nd December 2015 and closed on the 21st January 2016; this incorporated an extension to the consultation period, following requests from partner organisations.

Promotion of the consultation included:

* Council, Achieving for Children (AfC), and Clinical Commissioning Group (CCG) stakeholder mailing lists (e.g. voluntary sector, patients/service user representatives, advocacy groups)
* Joint council and CCG press release
* Council social media promotion
* RCVS Voluntary sectors news bulletin
* Healthwatch news bulletin
* Promotion at stakeholder meetings; Health and Wellbeing Board, CCG Community Involvement Group, Health and Wellbeing Network, CCG Clinical Executive Team
* Mail out to attendees at the public Listening Events

Comments received during the consultation period have been used to inform the final JHWBS.

# RESPONSES

The online consultation received a total of 27 responses, of which 13 said they responded on behalf of an organisation (e.g. a voluntary sector or community group) and 13 represented the response of an individual (e.g. service-user, carer, resident). 1 did not provide a response to this question.

Of the 27 online responses:

* 14 were female, 9 were male, and 4 did not answer
* 17 said they do not have a disability, 7 said they do, and 3 did not answer
* Respondents also indicated their age group:

|  |  |
| --- | --- |
| Under 18 | 0 |
| 18-24 | 0 |
| 25-34 | 3 |
| 35-44 | 3 |
| 45-54 | 6 |
| 55-64 | 9 |
| 65-74 | 2 |
| 75-84 | 0 |
| 85-90 | 1 |
| 90+ | 0 |

In addition, we received **6 responses** through other means, such as e-mail, from key stakeholder and members of the public.

# RESULTS

## The Clarity of the Document

The majority of people felt that the strategy was easy to understand (20 respondents, 1 did not answer) and that it clearly described the role of the HWB (22 respondents, 1 did not answer).

Respondents were asked whether the strategy achieved its purpose to be:

* To be concise and purposeful (i.e. rather than attempt to be exhaustive, the strategy identifies key projects where the board can have maximum impact);
* To be a tool that will enable the HWB to champion key principles and initiatives;
* To be a framework for other strategies and commissioning plans across health and social care in Richmond.

17 respondents said it did and 2 did not answer.

## Direction of Travel in Start Well, Live Well, and Age Well.

The majority of respondents agreed with the direction of travel for each chapter, with most support being received for the Live Well chapter.

A significant proportion of respondents in each case neither agreed or disagreed. Several comments indicate that this was due to a respondent having an interest or expertise in a specific area (e.g. children’s services), and only feeling able to comment on that area. Other comments indicated that whilst respondents did not disagree, they would of liked specific issues or conditions (e.g. dementia) emphasised more.

For all top-line results see ***Appendix 2.***

# COMMENTS

As well as being asked for ‘check box’ answers (e.g. Agree/Disagree), respondents were asked to give comments on why they chose an answer. The consultation provided space to leave comments on why respondents chose particular answers to:

* Whether they agreed or disagreed with the direction of travel in the Start Well, Live Well and Age Well chapters.
* The clarity of the role of the HWB described in the strategy
* Whether the strategy achieves its desired purpose
* Ease of understanding information

There was also an opportunity to leave any additional or general comments about the draft strategy.

***Supportive Comments***

Comments of support for the JHWBS particularly related to:

* Inclusion of carers
* The focus on prevention
* The focus on Children and Young People through ‘Start Well, Live Well, Age Well’
* The focus on perinatal support and maternal mental health
* Focus on early intervention and prevention to support families
* The focus on the interdependency of emotional wellbeing and physical health

Examples of comments included:

* *“Preventative approach is important. And balance between identification and ensuring services are in place and have appropriate capacity to meet identified needs”*
* *“We support the direction of the revised strategy and the priorities for the different age ranges set out in the document. We particularly support a focus on the health and wellbeing of children and young people and hope that this will have the anticipated benefit to provide a better start in life to Richmond's vulnerable young people.”*
* *“Yes, there is vast need to focus on prevention, early intervention and shared decision making to prevent/reduce/delay the need for care and protect/support the carers.”*
* *“Transformational initiatives are useful- and give a clear indication of priorities the board will focus on”*
* *“I am delighted to see such a strong focus on children as well as adults”*
* *“We like the spectrum from starting well, living well and aging well. This helps to include all communities and make everyone feel equally valued.”*

***Areas for improvement***

The feedback through the consultation was generally positive and a number of areas for improvement were suggested. Suggested areas for improvement often included the development of the ideas which are presented throughout the document to more explicitly focus on the needs of specific needs/conditions or client groups, as well as a want for more detail on specific actions on how initiatives would be implemented.

The areas mentioned are all important issues that the HWB fully support and are captured in spirit of the ‘actions the board will take’ and ‘transformational initiatives’. It will be fed back that the JHWBS reflects a change in approach in which the HWB sets an overarching direction of travel for the system. Therefore this strategy is a tool that will act as an umbrella for other action plans, which will outline the specific issues and delivery plans not always explicitly mentioned individually in the JHWBS. Following the consultation, work has been done to make this purpose clearer in the introduction and reflected in the forewords, and a map of how the JHWBS links with other strategies and plans was included to demonstrate its breadth.

Main themes for improvement included:

* Whilst it sets out the priorities, more detail was requested on how the strategy will be implemented and monitored
* Some felt there was too much jargon and difficult language
* Young carers were not mentioned explicitly along with carers
* Stronger themes relating to the environment as key in supporting health and it was felt more should be done to support active travel and road safety
* Specific actions on supporting diagnosis, treatment and living after cancer should be included
* More on the role of partners; schools, voluntary sector, TfL.
* The importance of engagement and co-production should be better emphasised

## Comments from other sources

The comments received from other sources including formal consultation responses from two stakeholders, as well as general comments on the strategy. These general comments tend to highlight specific areas respondents feel the strategy has missed out e.g. Cancer. The formal responses outlined general agreement from both organisations relating to the direction of travel the board is proposing across all three chapters. Key messages for improvement were: to emphasise the importance of co-production across the health and social care sector to deliver on the aims of the HWB; more detail on how the Board can implement progress in the current economic climate; and the need to produce an easy read version of the strategy, so that it is accessible to all.

# ACTIONS TAKEN

A summary table of comments which suggested a change or improvement is available in ***Appendix 3***. Where appropriate feedback relating to how the final JHWBS has taken comments in to consideration is included.

In summary, the main changes to the draft following consultation included:

* Inclusion of an executive summary (a summary version of the strategy that is more accessible to a wide audience will also be developed)
* Links to more information about the accountability of the board and engagement framework
* A map of links to other strategies and plans
* Reference to carers of all ages, and young carers
* Additional reference to the importance of coproduction at all levels
* More clarity on the role of the strategy in forewords and introduction
* More information on monitoring and review of the strategy
* Clarity on the intended audience
* Information on the Equalities Impact Needs Assessment carried out, and the consideration given to protected characteristic, e.g. ethnicity
* Inclusion of the Cancer Strategy and living beyond cancer as a championed initiative
* The inclusion of a glossary for more ‘jargon’ terms

# APPENDIX 1- LAUNCH OF THE JOINT HEALTH AND WELLBEING STRATEGY


# APPENDIX 2- TOP-LINE RESULTS

## Role of the HWB

*Question 1: Does the strategy clearly describe the role of the Health and Wellbeing Board?*

|  |  |
| --- | --- |
| Response  | Number of respondents  |
| Yes | 22 |
| No | 4 |
| Not Answered | 1 |

*Question 2: The purpose of the strategy is:*

* *To be concise and purposeful (i.e. rather than attempt to be exhaustive, the strategy identifies key projects where the board can have maximum impact);*
* *To be a tool that will enable the HWB to champion key principles and initiatives;*
* *To be a framework for other strategies and commissioning plans across health and social care in Richmond.*

*Do you think the strategy achieves this purpose?*

|  |  |
| --- | --- |
| Response  | Number of respondents  |
| Yes | 17 |
| No | 8 |
| Not Answered | 2 |

## Start Well, Live Well, and Age Well chapters

*Question 3: Considering the Start Well chapter, do you agree with the direction the board is proposing to take over the next five years?*

|  |  |
| --- | --- |
| Response  | Number of respondents  |
| Agree | 15 |
| Neither Agree or Disagree | 9 |
| Disagree | 2 |
| Not Answered  | 1 |

*Question 4: Considering the Live Well chapter, do you agree with the direction the board is proposing to take over the next five years?*

|  |  |
| --- | --- |
| Response  | Number of respondents  |
| Agree | 17 |
| Neither Agree or Disagree | 5 |
| Disagree | 3 |
| Not Answered  | 2 |

*Question 5: Considering the Age Well chapter, do you agree with the direction the board is proposing to take over the next five years?*

|  |  |
| --- | --- |
| Response  | Number of respondents  |
| Agree | 13 |
| Neither Agree or Disagree | 8 |
| Disagree | 3 |
| Not Answered  | 3 |

## Easy to understand

*Question 6: Did you find the information easy to understand?*

|  |  |
| --- | --- |
| Response  | Number of respondents  |
| Yes | 20 |
| No | 6 |
| Not Answered | 1 |

# APPENDIX 3- TABLE OF COMMENTS AND RESPONSE/ACTION TAKEN

| **Comment relates to (Question/Topic)** | **Comment Summary**  | **Response/Action Taken**  |
| --- | --- | --- |
| Consultation period  | * Request to extend the consultation as it partially runs over the Christmas period
 | The consultation period was extended to 8-weeks and closed on the 21st January 2016. |
| Consultation and engagement  | * Not enough engagement took place - only two listening events were held which were specifically focused.
 | As well as holding two listening event, drafting the strategy included a review of previous consultation data. The HWB’s engagement is ongoing, and the council and CCG will continue to engage with residents and service users to inform commissioning and service design. Following consultation, a link to the HWB’s engagement framework has been added. This outlines the responsibility of the HWB partner organisations. See:<http://www.richmond.gov.uk/health_and_wellbeing_partnership.htm>.  |
| Role of the HWB described in the strategy  | * Structure in Picture format
* Set out board responsibilities and accountability
* Add board relation to LSCB
 | Following consultation, a diagram has been added to show how the JHWBS fits with other strategies and plans across the council and CCG. A link to more information about the responsibilities and accountability of the board has been added and can be found at: <http://www.richmond.gov.uk/health_and_wellbeing_partnership.htm>. The LSCB has been referenced in the introduction.  |
| General comment/ all chapters Resources and specific actions  | * Not clear how this will be achieved
* Does not lay how/where it will be done and resources required.
 | The introduction outlines how the HWB has a role to play in ‘championing’ key actions and initiatives. The strategy is a tool that will enable systems leaders to set a direction within their own and partner organisations (see ‘About the Strategy’). A map which demonstrates the JHWBS’s links with other strategies and plans has been added.Following consultation, we have added more detail to the monitoring of the JHWBS and how the HWB will assess its impact (see ‘About the Strategy’.) This will include the development of a ‘score card’ to measure specific outcomes.  |
| The JHWBS meets its purpose as defined\*Specific detail  | * Areas of focus are clearly highlighted
* Could still include more detail on specific priorities e.g. specific conditions
 | Following consultation more examples of long-term conditions have been referenced in the glossary. The strategy is a tool that will enable systems leaders to set a direction within their own and partner organisations (see ‘About the Strategy’). It influences other plans and strategies that focus on more specific areas; a diagram has been added to show how the JHWBS fits with other strategies and plans across the council and CCG. |
| Clarity of the strategy Jargon and language  | * A lot of acronyms and jargon
* A lot of council speak
* Language is not accessible to many potential readers
* A glossary of terms could be helpful
 | Care was taken to make the draft strategy as accessible and jargon-free as possible, whilst retaining a document which is meaningful and at a level of detail to be useful to officers, commissioners and elected members. Following consultation we have reviewed the strategy to reduce jargon as much as possible. A glossary has been included to help with this, which will also give additional information where issues are unclear. The phrase ‘systems leader’ has been altered where possible.  |
| Role of the HWB described in the strategy | * There is a lack of awareness of the HWB;
* suggest advertising it in medical centres, e.g. pharmacies, GPs
 | The HWB hold 4-5 public meetings per year, last year 2 of these were public ‘Listening Events’ aimed at raising awareness of the board and giving the board the opportunity to listen to the views of residents .These will continue. Ways of linking up with partners and increasing attendance from the general public are being considered. They will be advertised on: <http://www.richmond.gov.uk/health_and_wellbeing_partnership.htm>.  |
| Role of the HWB described in the strategyAudience  | * The audience for this strategy is not clear
* Many lay people may not fully understand or act upon it
 | Following consultation, more clarity has been added on audience- The primary audience for the JHWBS is the HWB, local leaders, officers and commissioners as systems leaders who are responsible for its delivery. However, care has been taken to make the strategy as accessible as possible and we trust it will also be useful for residents and partners, such as the voluntary sector and schools, in understanding priorities and how all partners can contribute to health and wellbeing. For families and individuals who may receive services the impact of the strategy should be felt ‘on the ground’, whether or not they are aware of the JHWBS. |
| General comments/ role of the board Targeting of budget/reduced budget  | * Money and services are not being targeted most appropriately for maximum effect.
* Concern on how the local authority and CCG will be able to ensure progress with implementation in a very tight financial environment.
 | The report purposefully ‘champions’ a small number of initiatives where the board feels it can have maximum impact. An aim of the strategy is to address some of the budget pressures, supporting integrated working to bring out synergies and efficiencies across health and social care. Particularly, the Live Well chapter draws on cost-effective universal interventions, whilst supporting target individual approaches for the most vulnerable or at-risk.  |
| The JHWBS meets its purpose as defined\*Concise and purposeful | * Whilst being concise it loses detail
* This has led to phrases that are difficult to understand e.g. ‘seek to amplify’, ‘place level approaches’.
 | The JHWBS sets a direction for health and social care that will influence more detailed planning. Following consultation, a diagram of links with other strategies has been added to demonstrate this. Phrases have been amended and care taken to remove jargon where possible.  |
| Role of the HWB described in the strategyChampioning engagement and coproduction  | * Does not reflect the contribution local residents make in informing policy, highlighting unmet needs and influencing commissioning.
* Little reference to the "village" network and the importance of locally focussed engagement.
* Potential role of the Health and Wellbeing board to enable co-productively at all levels.
* Could describe a vision where co-production is applied at operational and strategic levels including the board itself.
 | The HWB recognises the vital contribution that residents and service-users can make to informing policy and commissioning through co-production. The HWB see engagement and coproduction as an essential part of delivering the strategy. Following consultation this has been referenced as part of the introduction, and a link to the HWB’s engagement framework has been added. This outlines the responsibility of the HWB partner organisations. See: <http://www.richmond.gov.uk/health_and_wellbeing_partnership.htm>.   |
| General comment  | * It is really important to involve service users and carers in all stages of draft, consultation and decision making with appropriate representation at board meetings.
* Important to involve the patient in all care plans and decision making
 | The HWB understand the importance of engagement and it is helpful to be reminded of this. The HWB see engagement and co-production as an essential part of delivering the strategy. The JHWBS is an ‘umbrella’ for other strategies, commissioning and action plans for implementation, all of which will have their own engagement processes. Many, such as the Dementia Strategy, include coproduction through development, e.g. having service-user/carer representation on steering groups. Following consultation this has been referenced as part of the introduction, and a link to the HWB’s engagement framework has been added. This outlines the responsibility of the HWB partner organisations. See:<http://www.richmond.gov.uk/health_and_wellbeing_partnership.htm> |
| Role of the HWB as described in the strategy Smaller organisation and voluntary sector  | * Would like more emphasis on how smaller organisations are tied in to delivery of health and wellbeing
* Role of voluntary sector, including national organisations doesn't get much of a mention.
 | The JHWBS is a strategy that provides local authority and local NHS with a set of local priorities to inform commissioning plans for health and social care going forward. The stagey sets out a shift towards community and place level prevention, which includes the vital role small and voluntary organisations have to play, and the role of the Council to engage with them through partnerships. Following consultation, the voluntary sector was referenced in a section about ‘Audience and Partners’ in ‘About the Strategy’.  |
| Role of the HWB as described in the strategy  | * How is specialist commissioning going to be done and link in with the local CGG and the HWB?
 | Specialist commissioning is undertaken by NHS England. The Richmond CCG Operation Plan will set out commissioning arrangements. It is a statutory duty of the CCG to take note of the JHWBS in its commissioning plans.  |
| The JHWBS meets its purpose as defined\*/ Start Well chapter Role of schools  | * Not enough emphasis on preventive work and the central role schools can have (example of adolescence mental health given)
* School nurses not well placed to deliver what is needed
* Disappointed on the lack of action for healthy schools and activity in schools
 | The HWB recognise the important role that schools have to play in prevention and starting well, and references schools as a fundamental partner. The strategy and ‘Start Well’ set out a shift to a more preventative approach; the transformation plan for Emotional Wellbeing and Mental Health in young people centres on prevention through schools and community settings. Schools are now also referenced in the new ‘Partners’ section in ‘About the Strategy’.  |
| General CommentAlcohol consumption  | * More work should be done to reduce excessive drinking
* This affects children as well as adults
 | This is a valid issue. Substance misuse is an important issue and demonstrates how the JHWBS links with other strategies and plans. Following consultation a map of these links including the Substance Misuse Strategy, has been added.Creating an environment which promotes healthy behaviours (including not drinking too much alcohol) and supporting a whole-systems approach to prevention is a priority of the strategy. The Strengthening Families initiative referenced in Start Well is also important in relation to this issue. More about this can be found in the Annual Report of the Director of Public Health: <http://www.richmond.gov.uk/annual_public_health_report>  |
| Direction of travel in the Start Well chapterCAMHS programme  | * It would be helpful to add Championing the Transforming CAMHS programme
 | This is already included as a key element of the Transformation Plan referenced under ‘Promote Resilience and Emotional wellbeing through a Whole Systems Approach’. This has been made clearer and added to the glossary.  |
| Direction of travel in the Start Well chapterWhole family approach  | * There is a need to ‘Think Family’ – impact of environment and parenting on start well
* Need greater synergy between adult and children's services when commissioning services. E.g. alcohol and substance misuse and domestic violence support need to include the needs of children effected
* Suggest referencing domestic violence specifically
 | The HWB support the importance of ‘thinking family’ and the JHWBS has a main theme of ‘joined up services’.‘A whole-family approach’ was an important theme to come out of the listening events and was incorporated into the strategy. Particularly in the actions to ‘promote positive conditions and places for children, young people and families to grow, learn, work, and play, and be safe’, and is demonstrated in the Strengthening Families initiative which supports families with a range of complex needs (domestic violence is incorporated here). Additionally, Early Years Pathway also discusses a ‘joined-up approach to family health and wellbeing’,  |
| Direction of travel in the Start Well chapterAccess to strategy  | * Integrated services for identifying families and young is supported. The strategy does not explain how those who do not have access to it will understand the links.
 | The JHWBS is a framework that will be used by systems leaders to influence the way services are designed and commissioned. It outlines key initiatives and principles that the leaders will champion and embed in the ways their organisations work. For families and individuals who may receive services the impact of the strategy should be felt ‘on the ground’, whether or not they are aware of the JHWBS.  |
| Direction of travel in the Start Well chapter/ Purpose of the strategy Carers of all ages  | * Carers are only mentioned in the Age Well chapter, not in Start Well or Live Well
* Add young carers to guiding principle 3
* I wanted to highlight the needs of parent/carers of disabled children. Their needs seem to fall between adult and children's services
 | Carers are included in the Age Well chapter as people are more likely to become carers later in life. The HWB understand that carers can be any age and following consultation, this has been made clear wherever carers are referred to. Addressing the needs of young carers is integral to the direction of travel for children and young people. We have added caring explicitly into the action “Ensure all children and young people feel included and not stigmatised; and empowered to meet their aspirations”. The Start Well chapter also references the need or a whole family approach to prevention.  |
| Direction of travel in the Start Well chapterSexual health  | * No mention of sexual and reproductive health for young people or contraceptive services for older women
* Nothing about unwanted pregnancy
 | Sexual health is an important aspect and is reflected in the shift towards a whole systems approach. This strategy is a tool that will act as an umbrella for action plans across the system, which will address the specific issues not always explicitly mentioned in the JHWBS. Following consultation, a diagram was added to show how the JHWBS fits with other strategies and plans across the council and CCG. You might be interested to see the council’s Sexual Health Commissioning Strategy (2014-18) (Cabinet, November 2014 <http://cabnet.richmond.gov.uk/> )  |
| Direction of travel in the Start Well chapterRisky behaviour  | * Add information about risky behaviour in young people as seen in JSNA newsgflash
* Issue of self-harm and sexual exploitation could be referenced under mental health.
 | Reference to the statistics on risky behaviour have been added to the Start Well chapter. The issue of self-harm is integral to the initiative around Emotional Wellbeing and Mental Health. This has now been explicitly referenced in the case-study. Sexual exploitation is an important issue for emotional wellbeing, and captured in JHWBS’s links with other strategies and plans, a map of this has been added.  |
| Direction of travel in the Start Well chapter and Live Well chapter Long-term conditions | * More emphasis on children with long-term conditions
* Early diagnosis and management can make a big difference to quality of life
 | The JHWBS is about supporting all and the HWB understand the importance of supporting those with long-term illnesses and disabilities. This is covered in the action “Ensure all children and young people feel included and not stigmatised; and empowered to meet their aspirations- regardless of social and cultural background, caring responsibilities, or disability and mental health difficulties.” Health Checks are championed in the ‘Live Well’ chapters, supporting early diagnosis and prevention of long-term conditions.  |
| Direction of travel in the Live Well chapterBlack and Ethnic Minorities  | * High risk groups such as BME need attention as they are 6 times more likely to suffer from chronic disease
* Statistics for BME are missing
 | The Livewell chapter discusses preventative services that support an environment in which the healthy choice is the easy and preferred choice. This universal approach will have a positive impact for all residents. However, the chapter does acknowledge that targeted approaches are required for more vulnerable groups. An Equalities Impact Needs Analysis (EINA) was carried out to inform the strategy, which assesses the possible impact of the strategy on the nine protected characteristics, including ethnicity. Following consultation, a section on this was added. See: <http://www.richmond.gov.uk/acs_eina_reports>  |
| Direction of travel in the Live Well chapterRole of partners  | * Does not define how major partners, (TfL or Highways Engineers) are brought in to help achieve Active Travel ambitions
 | Specific action will be picked up in subsequent action plans and initiatives that the JHWBS will influences. Following consultation a diagram has been added to show how the JHWBS fits with other strategies and plans across the council and CCG- e.g. Integrated Transport Plan.  |
| Direction of travel in the Live Well chapterLearning and volunteering  | I would like to see the following added* Developing the use of community learning to reach a wide range of local residents
* working with voluntary sector partners including RCVS to champion volunteering
 | Learning and volunteering are important aspects of the ‘5 ways to wellbeing’ and the HWB understands their importance in keeping people healthy. The strategy is a tool that influences other plans and strategies that focus on more specific areas. A diagram has been added to show how the JHWBS fits with other strategies and plans across the council and CCG. |
| Direction of travel in the Live Well chapter and Age Well Cancer  | * Little reference to living with and beyond cancer as an issue
* Suggests greater focus on the impact of cancer
* How the HWB can support the commissioning and provision of services needed to improve the outcomes for people with cancer in Richmond.
 | Following the consultation, living with and beyond cancer have been added to the initiatives outlined in the strategy. It now appears in ‘Live Well’ relating to workplace health and supporting recovery from cancer and other long term conditions. The Cancer Strategy is also a ‘Transformational Initiative’ that is referenced in the Age Well chapter.  |
| Direction of travel in the Live Well chapter | * A large number of the workers that you would target in the 'Midlife' Live Well campaign may not work in the borough
 | There is a London network of Livewell checks that Richmond is a part of. There is also a local offer for health checks through pharmacies, GPs and other outreach.  |
| Direction of travel in the Live Well chapterDiabetes  | * The HWB has a key role in promoting awareness of Type 2 diabetes, through the Strategy and the JSNA.
* And to make sure those most at risk of Type 2 diabetes are identified and targeted
* Recommend this being made more explicit in the Strategy to help prioritise this issue.
 | The JSNA includes a diabetes Needs Assessment, which is also referenced annually as part of the ‘Richmond Story’ <http://www.datarich.info/jsna>.Health Checks are championed in the ‘Live Well’ chapters, supporting early diagnosis and prevention of conditions such as diabetes.  |
| Direction of travel in the Age Well chapterCILS | * No reference to CILS contract
 | The strategy is a tool that will enable systems leaders to set a direction within their own and partner organisations (see ‘About the Strategy’). Therefore the strategy does not specifically mention contracts, but captures and champions some of the aims of CILS, e.g. promoting independence, tackling loneliness and isolation.  |
| Direction of travel in the Age Well chapterDementia Strategy  | * Dementia; description of what is being done, or is planned, could be enhanced, e.g. Dementia Strategy.
 | The HWB recognise the Dementia Strategy as an important piece of work. Not all initiatives are individually referenced in the JHWBS as the strategy sets an overarching direction of travel for the system. Therefore this strategy is a tool that will act as an umbrella for action plans across the system, which will address the specific issues not always explicitly mentioned in the JHWBS. A diagram has been added to show how the JHWBS fits with other strategies and plans across the council and CCG, which includes the Dementia Strategy.  |
| General comments Achievements section  | * The achievements section did not contain details for children and young people
 | The previous JHWBS did not cover health and wellbeing across a person’s life-time in the same way that the refreshed strategy does. The achievements provide a short summary of achievements of the last JHWBS (2013-16). The focus of this strategy was ‘integration of services’ that from a patient perspective are not joined-up. Transitions from children to adult services was identified as a priority for this theme. Like the current strategy, the previous strategy was not exhaustive of all activity taking place across the council and CCG. The refreshed strategy (2016-21), acknowledged the importance of including Start Well more explicitly, which is one of the reasons the life-course approach was used.  |
| General comments  | * What will be lost/gained from the previous strategy?
 | Please see section on ‘Strategic Theme’: “The HWB’s first Joint Health and Wellbeing Strategy (JHWBS), 2013-16, focused on the integration of services, identifying priority areas where improvements could be made through addressing the interfaces between organisations across health and social care. This refreshed strategy highlights the continuing commitment to integration through the theme of ‘supporting joined up services’ and aims to widen its reach to include ‘maximising prevention support’; championing approaches to help prevent, reduce, or delay residents’ need for care.” Please note that priorities set out in the first JHWBS continue to be embedded in local health and care.  |
| General comments- all chapters Active Travel  | * I would like to see more emphasis on daily transport habits and active travel, including walking and cycling access
* Particular issue of transport planning
* Doesn’t refer to relevant NICE guidance on active travel
* Failure to identify the importance of the built environment and the need for safe places to walk around and cycle
* Importance of road safety for active travel to promote physical activity
 | Active Travel is one of the ‘Transformational Initiatives’ referenced in the Live Well chapter. This chapter strongly draws on the importance of creating an environment that enables the healthy choice to be the easy and preferred choice. This includes infrastructure that supports active travel and people to access their communities and local amenities. More about this can be found in the Annual Report of the Director of Public Health. <http://www.richmond.gov.uk/annual_public_health_report> The Dementia Friendly Villages initiative in the Age Well chapter also emphasises the importance of place. Following consultation community toilet schemes have been added to this. The council is currently engaging with residents through the Village Planning process in the Hampton Hill area- the respondent may also wish to engage with this regarding issues of road safety. <http://www.richmond.gov.uk/village_plans>  |
| General commentLSCB partnership  | * Please reflect in the document the partnership and collaboration between the HWB and the LSCB
 | Following consultation, this has been added to the introduction.  |
| General commentMeasuring outcomes | * It would be helpful to know how and when performance will be reviewed and fed back.
* Should include specific achievable outcomes that can be measured
 | Following consultation, we have added more detail to the monitoring of the JHWBS and how the HWB will assess its impact (see ‘About the Strategy’.) This will include the development of a ‘score card’ to measure specific outcomes.  |
| General commentMental health  | * Concern about people with mental health difficulties living in the community who can get lost if not followed up on. Need help brought to them.
 | The HWB understands the importance of this issue. The Live Well chapter outlines the importance of connectivity and inclusion in the community that can be achieved through initiatives such as Village Planning. However, the strategy acknowledges the need for targeted services for the most vulnerable.  |
| Document easy to understand Document style | * Strategic documents are difficult to relate to day to day life on the ground.
* A summary document would be of great help

  | We have included case studies to try and demonstrate how the strategy may have an impact on the ground. Following consultation, we have added an executive summary. It is also intended that a summary, more accessible document be developed. We also intend to work with Young People who were engaged in the Listening Event to produce a young person’s version of the strategy. |
| Document easy to understandDocument style | * The document itself is less colourful/inviting than a lot of the other HWB marketing
 | This document is a consultation draft, following incorporation of feedback from the consultation and finalisation from the text, the design of the document will be further worked up.  |
| General CommentOutcomes based commissioning  | * Not enough about Outcomes Based Commissioning, as this is stated as an aim to develop.
 | As outlined in the ‘Context and Enablers’ section, the HWB is committed to championing an Outcomes Based Commissioning approach in commissioning. It forms the context in which the rest of the JHWBS will be delivered. It is also referenced as an initiative in the Age Well chapter |
| General comments  | * Difficulty in access to complementary and alternative therapies for carers
* Question about how the HWB can strategically support work like this which is preventative carried out by or through voluntary organisations
* Output focussed commissioning reduced potential for small voluntary sector market involvement
 | Prevention is a central theme that underpins the JHWBS, which a whole health and social care approach, which includes voluntary sector. We recognise there has been a move to an Outcomes Based Commissioning approach across services, which has included extensive engagement with patients and service-users. OBC providers are encouraged to consider how they work with the voluntary sector as key partners.  |
| General commentVulnerable groups | * It would be good to define the 'Hard to Reach/Seldom as they often have poorer health outcomes.
 | This has been added to the glossary.  |
| General commentAfC | * Note that AfC is currently not included in the scope for the Share Staffing Arrangement.
 | Following consultation, this has been clarified in the ‘Context and Enablers’ section.  |
| General comment Peer support  | * Notes the importance and effectiveness for peer support networks.
 | The strategy highlights the importance of creating place and community solutions and using initiatives such as Village Planning to support resilient communities.  |
| Achievements of the previous strategy Mental Health | * The funding for No Health without Mental Health training was stopped.
 | This statement has been amended; ‘No Health without Mental Health’ training was piloted across four South West London boroughs (Richmond, Merton, Kingston and Croydon) to ensure all staff are aware of the interfaces between mental and physical health. This training is currently being evaluated, and the next steps are to be decided in due course.  |

\* *The purpose of the strategy is:*

* *To be concise and purposeful (i.e. rather than attempt to be exhaustive, the strategy identifies key projects where the board can have maximum impact);*
* *To be a tool that will enable the HWB to champion key principles and initiatives;*
* *To be a framework for other strategies and commissioning plans across health and social care in Richmond.*