



**Start Well, Live Well, Age Well:**

**West Sussex Joint Health and Wellbeing  
Strategy 2019 – 2024**

**Consultation report**

# Joint Health and Wellbeing Strategy Consultation report

## Background

The HWB launched its draft Joint Health and Wellbeing Strategy (JHWS) for consultation to seek views from stakeholders across the county. The draft Strategy set out the HWB's vision and key priorities and how it will work to achieve these.

The consultation ran from 3 December 2018 to the 27 January 2019. We are grateful to all the organisations and individuals who took the time to respond and we have carefully considered all the points raised. This document summarises the main points that emerged from this consultation, and gives the HWB's response.

## What we did

The consultation on the draft Strategy was published on the West Sussex County Council (WSSCC) 'Have Your Say' consultation hub and was advertised on various websites, including the HWB and JSNA websites and Healthwatch. In addition, stakeholders were also informed of the consultation via email, press releases in local media, and local organisational news bulletins. Access to the draft strategy and response questionnaire was also provided through free online access in West Sussex libraries.

Overall, 194 responses were received as part of the consultation. Of these, 189 responses were submitted using the response questionnaire and the remaining 5 responses were sent as feedback via email. For analysis, only the 189 responses were included in the quantitative analysis and the comments from the 5 other responses were only included in the qualitative analysis in the most relevant sections.

## Types of respondents

Respondents were asked

*Are you answering:*

- a) As a member of the public*
- b) As an individual in a professional capacity?*
- c) On behalf of an organisation?*

The results were as follows:

- 126 responses (65%) were from members of the public
- 47 (24%) responses were from professionals
- 21 (11%) responses were from organisations

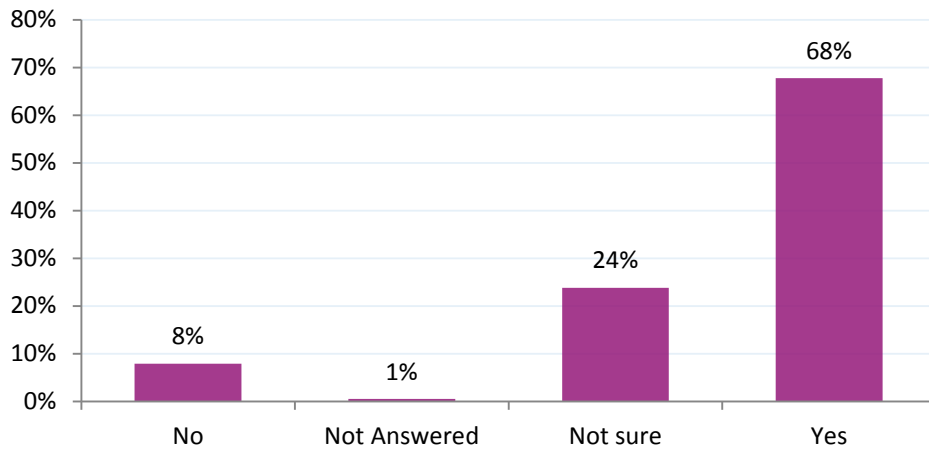
A list of organisations and professionals who responded or were represented in the responses is included in the appendices. Also, the demographic profile of respondents is also included in the appendices.

The structure of the consultation meant that in most cases, those who responded 'No' to some of the questions were asked to explain their rationale in a free text box. Those who responded positively were not asked to clarify, however, some of them opted to further comment on their responses and these are included in the analysis.

## Q2: Does the strategy clearly describe the role of the Health and Wellbeing Board

The majority of respondents (68% n=128) answered 'yes', 24% (n=45) weren't sure, and 8% (n=15) responded 'no' as shown in Figure 1.

Figure 1: Does the strategy clearly describe the role of the HWB?

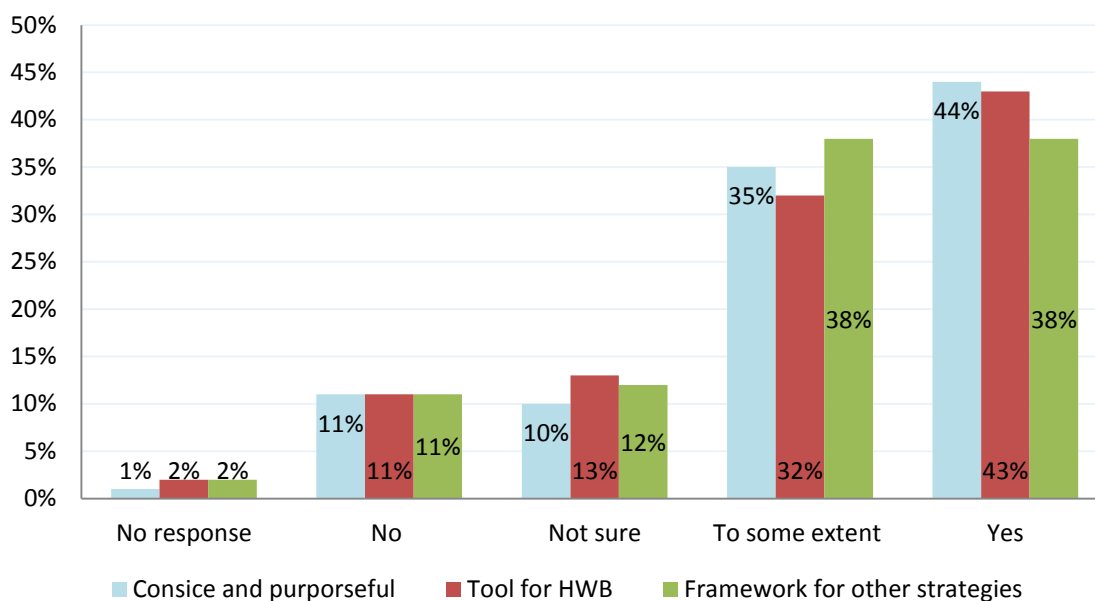


## Q3: Did the strategy achieve its purpose to be

- I. concise and purposeful
- II. a tool that will enable the HWB to champion key principles and initiatives
- III. a framework for other strategies and commissioning plans across health and social care in West Sussex.

Most people responded 'yes' or 'to some extent' to this questions. 11% felt that the strategy did not achieve any of its three stated purposes (Figure 2).

Figure 2: Did the Strategy achieve the purposes set out?



#### Q4: Considering our goals in Starting Well, do you agree with the direction the board is proposing to take over the next five years?

The majority of responses (58% n=109) agreed with the proposed direction for Starting Well 28% (n=52) agreed to some extent and 6% (n=12) disagreed (Figure 3).

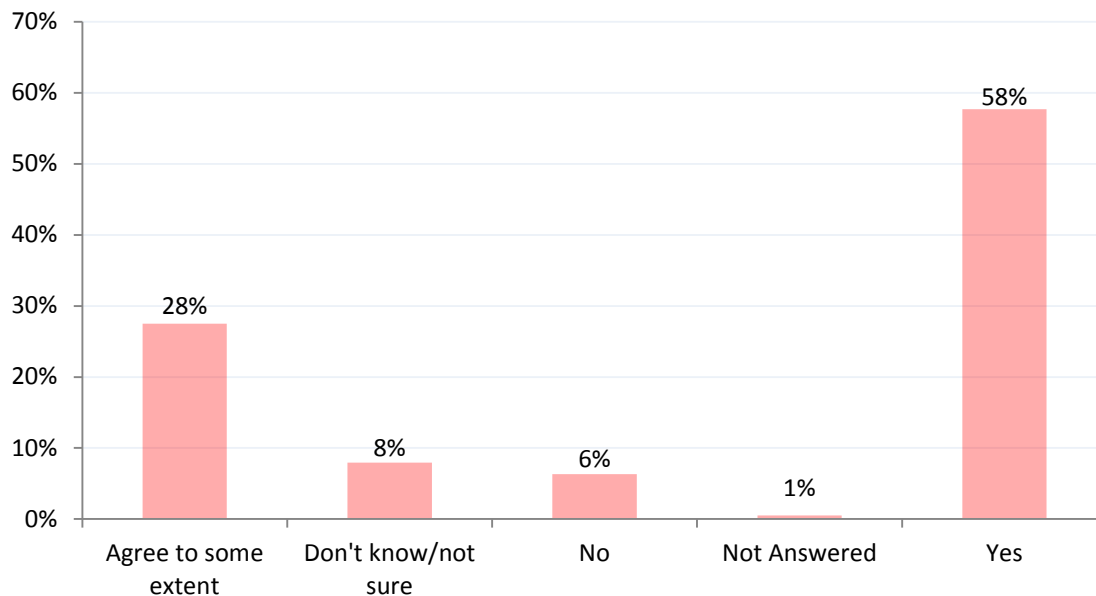


Figure 3: STARTING WELL - Do you agree with the proposed direction for the next 5 years?

#### Comments received from respondents

Analysis of the comments identified the following themes:

- Lack of clarity and details on how the goals will be funded and implemented
- Lack of clarity on the purpose of the strategy
- Some initiatives have not been included
- Gaps that respondents felt were not included in the strategy. The main gaps or areas identified by respondents as missing or not well covered by the Starting well goals were:
  - mental health support and provision for young people
  - inequalities
  - impact of an adult's mental health on children
  - transgender young people
  - childhood obesity and physical activity
  - disabled children and their families
  - Smoking in pregnancy

**Table 1: Some of the comments from respondent responding to Q5a**

*“There is no indication as to how you will identify funding to achieve your goals”*

*I think that the Starting Well strategy has made a fundamental mistake in not including specific goals around transgender young persons. Transgender young persons (including those questioning) have incredibly high levels of self-harm and mental health issues, and suicide, and likely to suffer bullying...”*

*“The goals are not specific enough (SMART) and there is NO How?”*

*“The strategies do not go far enough considering the evidence of demographics and outcome across the county and its wealth. YP MH services have been cut yet we have some of the highest incidence of attendance at A&E for DSH in the country”*

*“I currently have a 10 year old disabled child practically house bound due to her father’s caring needs impacting on her. Nobody cares...”*

*“for the health of everyone in West Sussex by reducing air pollution, it would be good if the transport is not car dependent so it would be good to make sure that frequent affordable public transport is available”.*

*“The Board notes the HWB Strategy identifies a number of key issues and challenges which implicitly speak to the neglect agenda; however we would suggest this data on neglect and the prevalence is stated more overtly within the strategy”.*

*“We welcome the focus on mental health and wellbeing but would like to see an emphasis on eating disorders and self-harm these are growing issues for young people”...*

*“No real mention of disability in childhood and the issues faced by disabled children and their families, particularly in transition where there is no replacement for the community paediatrician”*

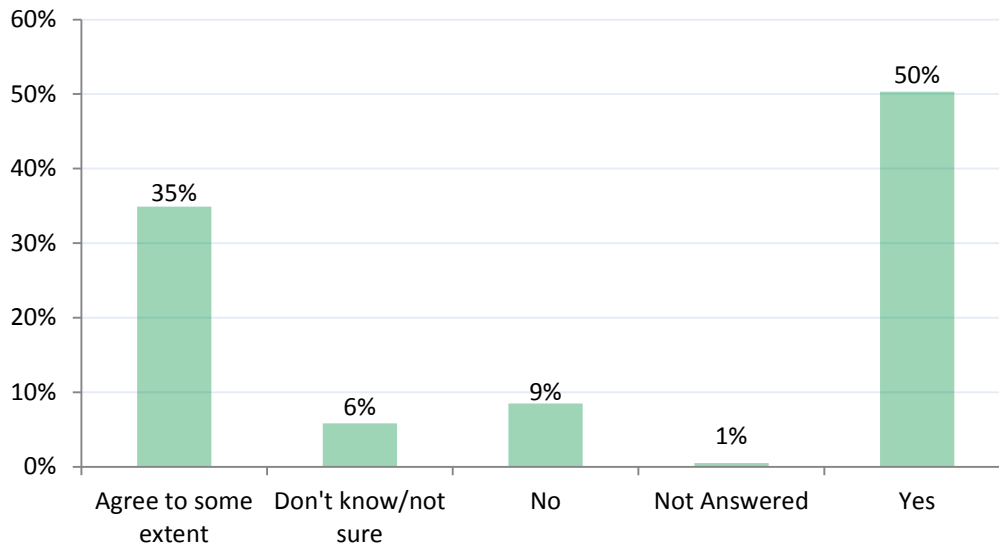
*What are your goals for tackling childhood obesity in W Sussex. What provision is there in W Sussex for helping these children who are overweight?*

*“I was encouraged to see mention of Adverse Childhood Experiences (ACEs) on p.8 of the document... Raising awareness in all partner agencies about ACEs and their impact on health and wellbeing is a good start. Implementing screening for ACEs should also be considered”.*

### Q5: Considering our goals in Living and working well, do you agree with the direction the board is proposing to take over the next five years?

Half of the respondents (50% n=95) agreed with the direction the Board is proposing for Living and Working Well, 35% (n=66) who 'agreed to some extent' and 9% (n=16) disagreed (Figure 4 below)

Figure 4: LIVING AND WORKING WELL - Do you agree with the proposed direction for the next 5 years?



#### Comments received from respondents

The analysis of key themes from the comments showed similar emerging themes to those in Starting Well. The main emerging themes for Living and Working well were:

- Lack of clarity and details on how the goals will be funded and implemented
- Lack of clarity on the purpose of the strategy
- Need to emphasise personal responsibility for health and wellbeing
- Need to ensure partnership working and links with other strategies and organisations
- Prioritising prevention
- Gaps respondents identified as missing or not well covered by the Living and Working Well goals were:
  - Vulnerable and high risk groups such as those with learning disabilities, with mental health problems, disabled people and carers
  - Affordable housing and housing support
  - Promoting healthy lifestyles through physical activity, reducing pollution and encouraging cycling
  - Wider determinants impacting on health and wellbeing i.e. financial worries, employment, access to services
  - Social prescribing initiatives for people under 65

**Table 2: Some of the comments from respondents in regards to Q5b**

*“The goals look fine, but the succeeding pages do not indicate how the goals are to be monitored or achieved”*

*“... The strategy mentions traffic incident related deaths but fails to mention air pollution and the stress caused by traffic volumes. There needs to be a strong commitment to 'living streets' where people, not motor vehicles, predominate”*

*“...Reliance on alcohol and drugs significantly affects all and significantly in the younger people, and leads to mental health problems later on. NHS Sussex Partnership need to be involved more in developing support mechanisms for adults or there will be drop off for those younger people who may have done well”.*

*“The aims are fine - but what will be the action? For instance, the recent cuts on housing support and the shortage of social housing hardly fill me with optimism”.*

*“... I think that obesity, physical activity (Healthy Lifestyles), mental health and working well should be specified. Active Travel and working with the Chamber of Commerce/ working with local businesses to advocate workplace health and wellbeing could be included here”.*

*“There is very strong evidence that health and well-being outcomes should be at the heart of economic and transport policies. That requires considerable innovation and change, but this strategy does not present that as a necessary and urgent priority, nor does it set out the costs of failing to address these systemic issues”.*

*“I agree with the content included, however there is a gap for people with learning difficulties...”*

*“Would like a higher emphasis on affordable housing”.*

*“It is essential that more people take greater control of their own health...”*

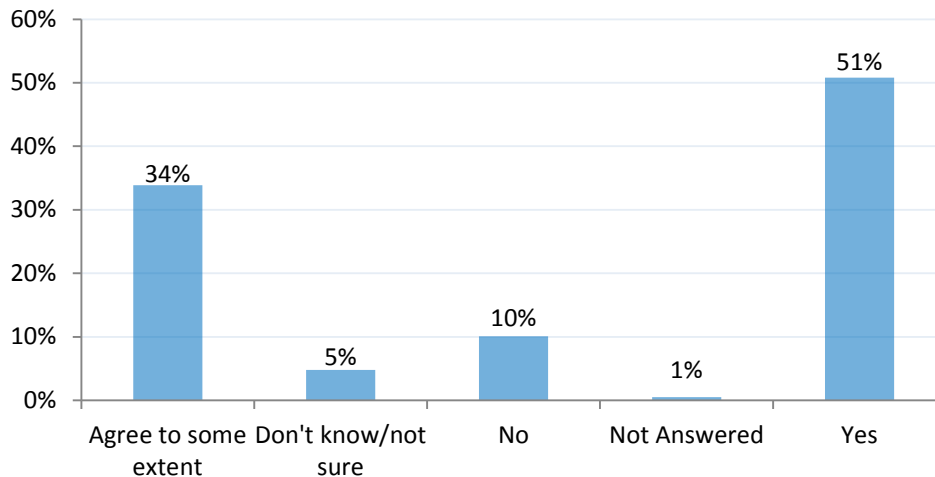
*“it does not really emphasise mental and physical health and the importance of dealing with both”*

*“External factors such as financial concerns (debt and welfare reform issues) affecting a person mental health and wellbeing are not taken into consideration at all within this section of the strategy”.*

## Q6: Considering our goals in Ageing Well, do you agree with the direction the board is proposing to take over the next five years?

Just over half (51% n=96) of respondents agreed with the direction the Board is proposing for Ageing well, 34% (n=64) agreed to some extent, and 10% (n=19) disagreed (Figure 5).

Figure 5: AGEING WELL - Do you agree with the proposed direction for the next 5 years?



### Comments received from respondents

Once again, responses were analysed and key themes emerged, most of which are similar to those identified in Starting Well and Living and Working Well:

- Lack of clarity and details on how the goals will be funded and implemented
- Lack of clarity on the purpose of the strategy
- Working in partnership with local business, voluntary and community organisations
- Gaps or issues that respondents perceived as missing or not well covered by the Ageing Well goals were:
  - End of life care
  - Residential and nursing home care issues
  - Transport support for the elderly
  - Carers
  - Mental health support for older people, including dementia;
  - Vulnerable and high risk groups such as people with disabilities, learning disabilities
  - Social isolation
  - Inequalities across the county;
  - Helping older people maintain their independence through support with physical activity, adult education
  - Support for older people from scams and fraud
  - Support at times of crisis



**Table 3: Some of the comments from respondents in regards to Q5c**

*“There are areas in the County where premature adult death rates are notable and this strategy does not address this”*

*“It is a good goal but is it achievable?”*

*“Having to rely on private motor vehicles for transport is not an option for many older people as their faculties deteriorate. Much better local public transport is required, in conjunction with deterrence of excessive motor car use, to facilitate broader social interaction”*

*“There is not enough support for the carers. Even the policies in place now are mostly paper policies, in practice nothing happens”...*

*“I would like to see a specific goal around protecting older vulnerable people from scams and frauds. It is a wide spread issue which particularly targets those who are already experiencing isolation”...*

*“The objectives are fine, but what will the action be as a result? ...I suspect that my night driving will soon be limited, certainly after dark, which leads me to ask how far public transport will truly serve the needs of the elderly. I totally take the point about independence - having run my own life for over fifty years now, to give up that independence will come very hard”...*

*“Social prescribing should be more prominent across living well and ageing well - both areas”.*

*“...What about poor, elderly people with no relatives? I've been to some really grim old people's homes in my time that I would never want my parents or myself to end up in, especially in less affluent areas”.*

*“This does not take account for middle aged people aging well if they have disabilities”*

*“With an increasingly ageing population we are going to see a rise in the number of unpaid carers, a priority should be to find ways to support unpaid carers. The language of the document needs to change so that it doesn't take advantage of the families and voluntary sector but is seeking ways to support it as they see the value in it”...*

*“Dementia, Care for Carers and social isolation are key issues for the elderly. There is no mention of dementia in the Strategy”...*

### **Q7. Do you have any further comments about the contents of the strategy?**

All respondents were given an opportunity to feedback on any other aspect of the contents of the strategy. A number of respondents, 128, gave some general feedback on the strategy. The main themes that emerged from the comments and feedback given were similar to comments in previous questions. The key themes were:

- Lack of clarity of the strategy's purpose, and the language used
- Lack of details on the strategy's objectives and how it will be implemented, monitored and funded

- Need to ensure integration of services and partnership working across all sectors
- Lack of details on the impact of future population increase
- Initiatives to include in the strategy
- Perceived gaps or issues that respondents felt were not included or well covered in the strategy overall were similar to those identified in the previous themes:
  - Poverty, including pensioner poverty
  - Vulnerable and high risk groups such as the disabled, those with mental health problems, learning disabilities and refugees/migrant workers, the most deprived, carers, those out of education and employment
  - Transport issues, including walking and cycling
  - Residential and nursing care provision
  - Affordable housing and housing issues
  - Engagement with service users and members of the public, including communicating the strategy
  - Promoting healthier lifestyles, i.e. physical activities, childhood obesity, sugar reduction
  - Inequalities
  - Mental health support for young people
  - Services commissioned by NHSE such as radiotherapy
  - Air quality and climate change
  - Planning new housing to incorporate community hubs
  - Oral health
  - Addiction problems, such as alcohol, drugs, and gambling

**Table 4: Some of the comments from respondents in regards to Q6**

*"we welcome the preventative and lens thrust of the proposed strategy, which shifts us away from treatment towards independence, self-help and personal empowerment".*

*"Language still reads a bit like "doing to" rather than with at times... e.g. page 4 the call to action should be for us all - communities too".*

*"I wondered if there is a plan to revise in light of the publication now of the Long Term Plan? ... We were pleased to see there is mention of immunisations/screening uptake needing improvement..."*

*"It would also be useful to have clarity about how the HWB will share reports which detail the impact of these initiatives with its Strategic Partners, including the West Sussex Local Safeguarding Children Partnership..."*

*"One area that we believe could benefit from strengthening is preparing and having a good death... we believe the strategy could be strengthened with more concrete actions to enable people prepare for a good death and ensure we are collectively supporting people in bereavement."*

*"I am not sure if we are to assume that people with disabilities and other minority groups are included but I think it should be made clearer that they are and will be considered in how the goals are reached".*

*"...Lifelong housing is key to the future security and well-being of older and people with disabilities..."*

*"I find it is a good step forward on keeping people out of hospital".*

*"...Teachers do not have the time to improve children's emotional well-being and our service is invaluable but not recognised in your strategy".*

*"One thing we would like to have seen is a reference to Local Community Networks (LCN's). They operate at a more local level than the district wide W&H Partnerships..."*

*"There are a number of areas where National Park strategy and priorities align with those of the HWBs. We would welcome further and deeper collaboration to fully realise these opportunities going forward".*

*"The consultation draft of the strategy articulates the goals broadly and provides examples of the measures that will be monitored. What it doesn't yet provide is detail about the HWB's ambitions for its priorities".*

*"we would be very happy to continue to work closely with the Health & Wellbeing Board and WSCC officials as a willing partner in the mobilisation of this strategy from 2019 to 2024".*

*" I think that the Air Quality Agenda could be more explicit within the strategy..."*

*"In wanting to reduce health inequality gap, need to provide health focused community support to the most disadvantaged to support self-management once medically optimised by GPs and hospital teams..."*

*"If the underlying systemic issues that give rise to unhealthy lifestyles are not addressed, that gap will only continue to widen. ... The transport infrastructure is systematically discouraging the behaviour that the health strategy wants to encourage; and it is creating health inequalities because children, women and older people are most likely to be discouraged from cycling".*

*"Though it is great the board is taking a more holistic approach to taking forward the health and wellbeing agenda, it's unclear how they are going to deliver it and how they will monitor what is going on across the county and how they will influence other strategies..."*

## HWB's response

The range of views expressed on the Strategy demonstrates the importance of clarifying the purpose of the Strategy and making the language jargon free.

As can be expected, a number of respondents highlighted some issues that they felt were missing and should be included as priorities. These responses were all considered and changes made where appropriate.

As the Strategy is high level, it is not intended to include all health and wellbeing issues across West Sussex as priorities, nor give detailed action plans for implementation. As noted in the Strategy, only a few key priorities were selected using evidence from the JSNA and, although the issues raised above are important, not all could be included in the Strategy as key priorities.

A number of respondents noted that the Strategy does not give details of implementation or clarify how these will be funded and monitored. The intention, as noted in the Strategy, is to develop a separate and more detailed plan (the "Place Plan") that will set out how these priorities will be met. It is also important to stress that the Strategy should not be considered as a stand-alone document as it links in with the work by other organisations, plans and strategies such as the Walking and Cycling Strategy, Transport Plan, Special Educational Needs and Disabilities Pathways, and Housing and Homeless strategies. The intention is that by taking a life-course approach (*Starting Well; Living and Working Well-Ageing Well*) the strategy aims to set the direction of travel, bringing together the many strategies and plans we have in place under one clear vision and purpose. As such, the delivery details of some of the issues raised will be expected to be included and addressed in their respective strategies. The Strategy appendices contain some of the key strategies and plans that provide links with the JHWS.

Some respondents felt that there should be a focus on individual responsibility for health and wellbeing. Whilst the Strategy notes that everyone has a role to play in prevention, including individuals, it is important that the wider determinants of health are addressed to enable and support people to make healthy choices. We use what is called the "COM-B model" which focuses on influencing behaviour change by changing these elements: Capability, Opportunity, Motivation (COM-B).

Having reviewed the responses, the following key changes have been made to the Strategy:

- High risk and priority population groups have been explicitly included in the Strategy particularly in relation to addressing health inequalities
- Provided some clarity that the Place plan will set out how the priorities will be delivered
- We have tried to simplify the language and included a contents page. A shorter summary document will also be produced
- Provided some clarity on the purpose of the Strategy and layout (i.e. purpose of the initiatives and links with other local strategies and plans)
- Referenced the NHS Long Term Plan
- Included more example initiatives
- Added a goal on the need for good quality end of life care

- Added more indicators in relation to healthy lifestyles
- Included some data on child neglect
- Clarified that some issues cut across the different life stages i.e. housing, environment, and mental health/wellbeing.

## Appendices

### *Appendix 1: Professionals and organisations*

Some professionals who responded provided their job titles. However, due to the nature of some professional roles, which can be personally identifiable, only a few examples are listed here. Where respondents stated the organisation they work for, it is also included below in the list of organisations represented.

Examples of professional roles reported included:

- Children’s social worker,
- Nurse,
- Health visitor,
- Primary school assistant principal,
- Respiratory physiotherapist,
- Diabetic nurse,
- Public health lead,
- Community development officer,
- Registered care home manager,
- Counselling
- Foundation Trust governor

<b>Organisations represented</b>
Adur and Worthing Councils
Arun and Chichester Citizens Advice
Arun District Council
Asperger’s Syndrome Self-Advocacy (ASSA)
Chichester in Partnership
Chichester District Council
Coastal West Sussex MIND
Community Pharmacy Surrey and Sussex
Crawley Borough Council
Davison CE High School
Sussex Community Foundation Trust
West Sussex Fire & Rescue Service
Education
GP surgery
Impact initiatives self-advocacy service
IPEH, West Sussex County Council
Local Community Networks
Local Primary School
Mid Sussex District Council
NHS England
NHS Coastal West Sussex CCG
NHS Crawley CCG and NHS Horsham and Mid Sussex CCG
Nyewood CE Infant School

Public Health England
Rother Valley Together
South Downs National Park Authority
St Richard's Hospital
Sussex Community NHS Foundation Trust
Sustainability Team, West Sussex County Council
Sustrans
Time 4 Children (Charity in Mid Sussex)
Trafalgar Community Infant School
West Sussex Affordable Warmth Partnership
Western Sussex Hospital Trust
West Sussex Safeguarding Children's Board
Western Sussex Hospitals NHS Foundation Trust
WI
WSSC LD Commissioning
West Sussex County Council

*Appendix 2: Demographic profile of respondents\**

<b>Age</b>	<b>Number</b>	<b>%</b>
16-24	3	1.6
25-34	1	0.5
35-44	13	6.9
45-54	37	19.6
55-64	50	26.5
65-74	51	27.0
75-84	11	5.8
Not Answered	12	6.3
Over 85	1	0.5
Prefer not to say	10	5.3
Total	189	100.0
<b>Sex</b>	<b>Number</b>	<b>%</b>
Female	103	54.5
Male	59	31.2
Not Answered	14	7.4
Prefer not to say	13	6.9
Total	189	100.0
<b>Ethnicity</b>	<b>Number</b>	<b>%</b>
Any other Ethnic Group (please	2	1.1

specify)		
Any other White background	5	2.6
Mixed/ multiple ethnic groups: White and Asian	1	0.5
Mixed/ multiple ethnic groups: White and Black Caribbean	1	0.5
Not Answered	14	7.4
Prefer not to say	18	9.5
White: English/Welsh/Scottish/Northern Irish/British	148	78.3
<b>Total</b>	<b>189</b>	<b>100.0</b>
<b>Religion</b>	<b>Number</b>	<b>%</b>
Any other faith or religion	5	2.6
Buddhist	4	2.1
Christian (including Church of England, Catholic, Protestant and all other Christian denominations)	80	42.3
No faith or religion	56	29.6
Not Answered	13	6.9
Prefer not to say	29	15.3
Unknown	2	1.1
Total	189	100.0
<b>Sexuality</b>	<b>Number</b>	<b>%</b>
Bisexual	2	1.1
Heterosexual/Straight	131	69.3
Homosexual/Gay/Lesbian	5	2.6
Not Answered	15	7.9
Other	1	0.5
Prefer not to say	35	18.5
Total	189	100.0
<b>Employment status</b>	<b>Number</b>	<b>%</b>
Full-time employed	63	33.3
Looking after home	2	1.1
Not Answered	12	6.3
Other	3	1.6
Part-time employed	22	11.6
Prefer not to say	11	5.8



Retired	58	30.7
Self-employed	9	4.8
Unemployed	1	0.5
Unpaid carer	4	2.1
Volunteer	4	2.1
Total	189	100.0
<b>Disability</b>	<b>Number</b>	<b>%</b>
No	129	68.3
Not Answered	17	9.0
Prefer not to say	12	6.3
Yes	31	16.4
Total	189	100.0
<b>Type of disability**</b>	<b>Number</b>	
Physical impairment	15	
Mental health issue	4	
Long term illness	21	
Sensory impairment	1	
Other	1	
Prefer not to say	14	

\*\* Some people reported more than one disability

\*Some figures do not add up to 100% due to rounding