

HEALTH AND WELLBEING STRATEGY, APPENDIX 2

Summary analysis of comments on the four consultation questions	
Consultation question 1 Do you think that the draft strategy provides a good description of the health and wellbeing issues that need to be addressed in Peterborough	
Issues raised	Response/Comment
1. Need an executive summary, easy read version	Agreed, an easy read version can be commissioned once the final strategy is approved.
2. Images in the strategy document are not representative	The images have been reviewed and are considered to be an appropriate and reasonable representation of the age span and population mix.
3. Make more reference to diversity of population	Diversity is referenced in the introduction and section 1- no further changes suggested
4. Reinforce importance of the difficult financial circumstances facing all public services	Agreed:, an additional reference has been included in the introduction (paragraph 4 page 3, after “best place to start”)
5. Insufficient reference to impact of poor housing and poverty on health and wellbeing, including need for supportive housing options to enable independent living	It is accepted that housing has an impact on achieving health and well being however it is important to recognise the role and accountability of other key strategic partnerships. The ownership by those partnerships of the HWB priorities is key. See amendment to bullet point 1, first text box.
6. Need to use up to date demographic data i.e 2011 census to present accurate picture of Peterborough, at all ends of the lifecycle	This has been done. Additional reinforcement of the demographic issues of particular concern has been included (see amendment to introductory paragraph, page 4 after “next ten years”)
7. Insufficient focus on youth poverty and young parent poverty	See 5 above. In addition, poverty and deprivation is referenced on page 4 with its impact on health and wellbeing clearly identified. No further changes suggested.
8. Financial uncertainties associated with migrant workers needs to be addressed	The migrant population is acknowledged with particular reference to the complexity of meeting health care needs. Financial uncertainty is an equally pressing matter for others within the Peterborough population. This point has been reinforced, with the amendment to bullet point 5 in the first text box.
9. Insufficient focus on contribution of the voluntary sector	Agreed, Strengthened reference in the introduction to reflect the importance of the voluntary sector contribution (amendment to para 7 page 3, beginning of paragraph in front of “partners represented on”)

10. The role and responsibility of the Health and Wellbeing Board needs to be more comprehensively described	There is already a description of the board in the introduction that captures the key relationships. The 2013 board development programme will be vital in elaborating those and other key relationships in more detail.
Consultation Question 2 Do you agree that a good case has been made for the five selected priorities?	
Issues raised	Comments/responses
1. Greater emphasis on early identification, referral and action, availability of a functioning care pathway, good signposting	These points need to be addressed by both commissioners and providers as they are the bedrock of service delivery, regardless of service type. They will need to be included in future service specifications.
2. Recognise carer support needs	There is reference to this on page 12. See page 7 for amendment which strengthens this, immediately before the text box at the end of para. 2. Again addressing carer needs and role should be a fundamental of good practice and should feature in future service specifications.
3. Ask users for their views about the quality and effectiveness of services	Will be built into commissioner/provider activity, specifications and contracts
4. Stronger focus on parenting support and teenage pregnancy in priority 1 and concern about impact of higher birth rates on maternity care	Referenced in priority 1 , key assumption to deliver the foundation of good health is to tackle the issues mentioned in the priority which includes teenage pregnancy and those aspects of health and wellbeing that impact upon life chances-eg good quality ante and post natal care etc
5. Recognise the impact of domestic violence in priority 1	There is specific reference to domestic violence. There is a key role for the Safer Peterborough Partnership. Similar issue to point 5 in Question 1 above, regarding the roles of all strategic partnerships
6. Need to ensure that the right mix of outcomes are agreed upon for assessing impact on priorities , (source, priority 1)	Agreed, this will need to be developed over the coming weeks. Also see amendment to page 9, priority iii, additions to bullet point 3 in "How it will be addressed"
7. Importance of referencing value of mental stimulation for older people and those with dementia (priority 3)	Agreed and should form part of service specifications for those services
8. Reference end of life care specifically(priority3)	Agreed that a message to commissioners re implementation progress on end of life care is more appropriate
9. Emphasise accident and falls prevention (priority3)	See amendment to page 9, para iii, bullet point 2 in "How it will be addressed", also see Question 4 point 6 below
10. Reference dementia care in an amended headline priority 3	See amendment referred to in point 6 above, reflecting a broader priority that focuses on physical, mental and

	psychological health, reflecting the importance of addressing wider mental health concerns such as depression and anxiety, as well as the important topic of dementia.
11. Amend the headline for priority 4, mental health to go beyond mental health promotion and early intervention	Agreed, now amended to “Enable good child and adult mental health through effective, accessible mental health promotion, early intervention and rapid response services to impact upon early signs of mental ill health or deterioration.” See page 10 priority iv
12 Amend priority 4, bullet point 1 “How it will be addressed” to include “targeted”	See amendment on page 10
Consultation Question 3:What, if any, alternative priorities should be included in this strategy?	
Issues raised	Comments/responses
1.More focus on the importance to health and wellbeing of access to well planned, public open space	See response to point 5 question 1 regarding the need to ensure that wider partnerships own and act on health and wellbeing strategic priorities.
2.Stronger focus required on substance/alcohol misuse	The importance of these issues are recognised and reflected in the priorities as issues to address. No further amendments suggested .
3.Focus on prevention to include specific reference to performance on levels of smear testing achieved (priority 2)	This is referenced in the linked outcomes attached to priority 2 on page 9, re screening programmes. No further amendments suggested .
4. Focus on meeting the needs of people with disabilities and mental health problems and other co-morbidities such as alcohol and substance misuse (priority 4)	This may be appropriate as a target priority issue to be explored in the next JSNA revision, in order to improve the knowledge and information base about these issues of co-morbidity. No amendments suggested for this strategy.
5.Include needs of those with acquired disabilities and also those with sensory impairments (priority 5)	As 4 above, this needs to be incorporated into planning for the next revision of the JSNA. No amendments suggested for this strategy
6.Insufficient reference to carers and carers support	See Question 2 point 2 above
7.Mental health should be seen as a cross cutting priority (priority 4)	There has been no broad based challenge to the retention of the mental health priority as a priority in its own right. No further amendments suggested.
8.More emphasis on loneliness and depression in older people not just focus on dementia (priority,3,4)	This is an issue of good access, referral, assessment and response by commissioned services. Priorities 3 and 4 have been amended to incorporate wider aspects of psychological wellbeing (see above, points 10 and 11 in Question 2 responses).
9.Insufficient resources in mental	The issue of the amount of resource

health promotion	allocated to particular themes is beyond the scope of the Strategy. However including it as a priority indicates the importance with which this issue is regarded.
10. Spend to save initiatives on mental health promotion/prevention need to be considered	Mental health promotion and early intervention are identified in the priorities.
11. Long term conditions such as Parkinsons, Multiple Sclerosis etc, need their own priority	This should be taken forward by the commissioners and providers responsible for the implementation of the National Service Framework for Long Term Conditions.
Question 4: Please add any other comments or views you would like to share about the health and wellbeing of the population of Peterborough	
Issues	Comments/responses
1. Robust arrangements for monitoring impact, outcomes, achievement are required	Agreed, need to consider board leadership, agreed outcomes, accountability agreements, adequate Health and Wellbeing Board infrastructure as part of the 2013 board development programme. Outcomes associated with the Health and Wellbeing Board strategic priorities are being drawn out from the national outcome frameworks by Public Health colleagues.
2. Describe how the HWBB and associated partnerships will work together	This can be addressed outside of the strategy, but it is important to articulate the new structures created by the Health and Social Care Act 2012
3. Access to affordable meeting places for groups	Whilst this is a relevant point it is at a level of detail that is beyond the scope of the strategy.
4. Access to nutritional specialists at the GP surgery	As above (point 3) but this could be considered within the work to address the obesity strategy
5. Focus on accidental injury and hospital admission	This could be included in the JSNA refresh and work on urgent care.