

Joint Health and Wellbeing/ICP Strategy 2022-2030: Developing the Health and Wellbeing Strategy – timeline, co-production, engagement and consultation plan (Appendix B)

The overarching strategy was presented to the March meeting of the HWB for approval prior to public consultation. The initial development of the overarching strategy and targets has been done through two large stakeholder workshops on 6th October 2021 and 17th January 2022.

This paper sets out some more detailed information around the next steps for consultation and engagement for the overarching strategy and to enable the detailed development of the four priority chapters, their outcomes and action plans.

Timescales for development of overarching strategy

Date	
Oct 2021 – Feb 2022	Overarching strategy and targets developed based on system-wide workshops
Feb- Mar 2022	Socialised across system leads for comment and input
Mar 2022	Presented to whole system HWB sub-group formal meeting with request for approval around the engagement approach
May-Jun 2022	High level engagement activity underway within the integrated care system
Jul 2022	Formal consultation launched on the overarching strategy by the HWB/ICP. Engagement and consultation programme agreed
Jul – Sept 2022	Working with ICP engagement and public consultation programme delivered
October 2022	Final Overarching HWB Strategy

Consultation and engagement for strategy priorities

We envisage that the bulk of the detailed co-production, engagement and consultation work on the HWB/ICP Strategy will be done on the content and direction of each priority chapter, key outcomes and action plans. Stakeholder groups and styles of engagement will vary with each topic and this will need careful consideration by topic leads to enable meaningful engagement and co-production.

Timescales for development of the four priorities

Date	
Oct 2021 – Mar 2022	Four priorities agreed and system leads identified
Mar 2022	As above, priorities presented to HWB/ICP formal meeting as part of the overarching strategy, with request for approval for public consultation on strategy

Apr-Nov 2022	Development and co-production of the four priorities by priority leads, partners and stakeholders with engagement as appropriate for each priority area.
Aug 2022-Dec 2022	Priority chapters of the strategy presented individually in detail to HWB/ICP formal meetings with request for approval for public consultation. Order to be determined.
Sep-Jan 2023	Formal consultation on priority chapters individually
March 2023	Formal approval of full overarching strategy with priority chapters by HWB/ICP.

Development of priority chapters

Each of the four priorities will have two senior responsible officer leads with experience of the relevant area. They will take account of relevant work that is already underway or in development across the system and consider how this fits together and how the system could work better to influence the three main overarching goals (children’s outcomes, inequalities in premature mortality, and healthy life expectancy). The leads will also determine relevant indicators to monitor progress in each area.

A suggested structure for each of the four priority chapters:

- What is the scope for this priority and the overarching goal?
- Where are we now?
- What services and strategies are already in place (or development) across the system, including ICS work?
- What are we going to focus on (and how has this been decided)?
- Where can we get to with these areas of focus?
 - Bold ambitions for change that will prompt rethink of delivery and systems
 - How do these areas of focus contribute to overarching HWB priorities (healthy life expectancy, inequalities in premature mortality, and children’s outcomes)?
- How can we get there – what will we do differently?
 - What will change?
 - Monitoring success - quick wins and ambitious medium and longer term targets

Principles for developing each chapter

Each of these four priorities is very wide-ranging with enormous scope. No strategy can be successful if it tries to improve everything all at once, so choices will be necessary while developing each of the four priorities. The senior leads for each priority will be making these decisions, but there are several principles that should be followed while these four priorities are being developed:

- We should use evidence-based approaches wherever possible, and embed evaluation and learning from new initiatives
- There should be an emphasis on prevention and early intervention
- The strategy must identify and tackle inequality in wellbeing across our places and by deprivation
- Given these principles above, where possible the choice of topics to focus on within each priority should be informed by stakeholder and service user and resident input on what is most important.
- It should be clear how actions and outcomes from each of the four priorities contribute to the three overarching goals of the strategy as a whole (improving outcomes for children, reducing inequalities in premature mortality, increasing years lived in good health), while having their own short and medium term goals.
- The goals within each priority should reflect different starting points for our different places, and also encourage reduction in inequalities by deprivation and ethnicity. Some short term 'process' outcomes may be necessary but medium (~5 yr) and long (~10 yr) outcomes should be clearly linked to the three overarching goals.
- Each priority should explicitly include children and young people.

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