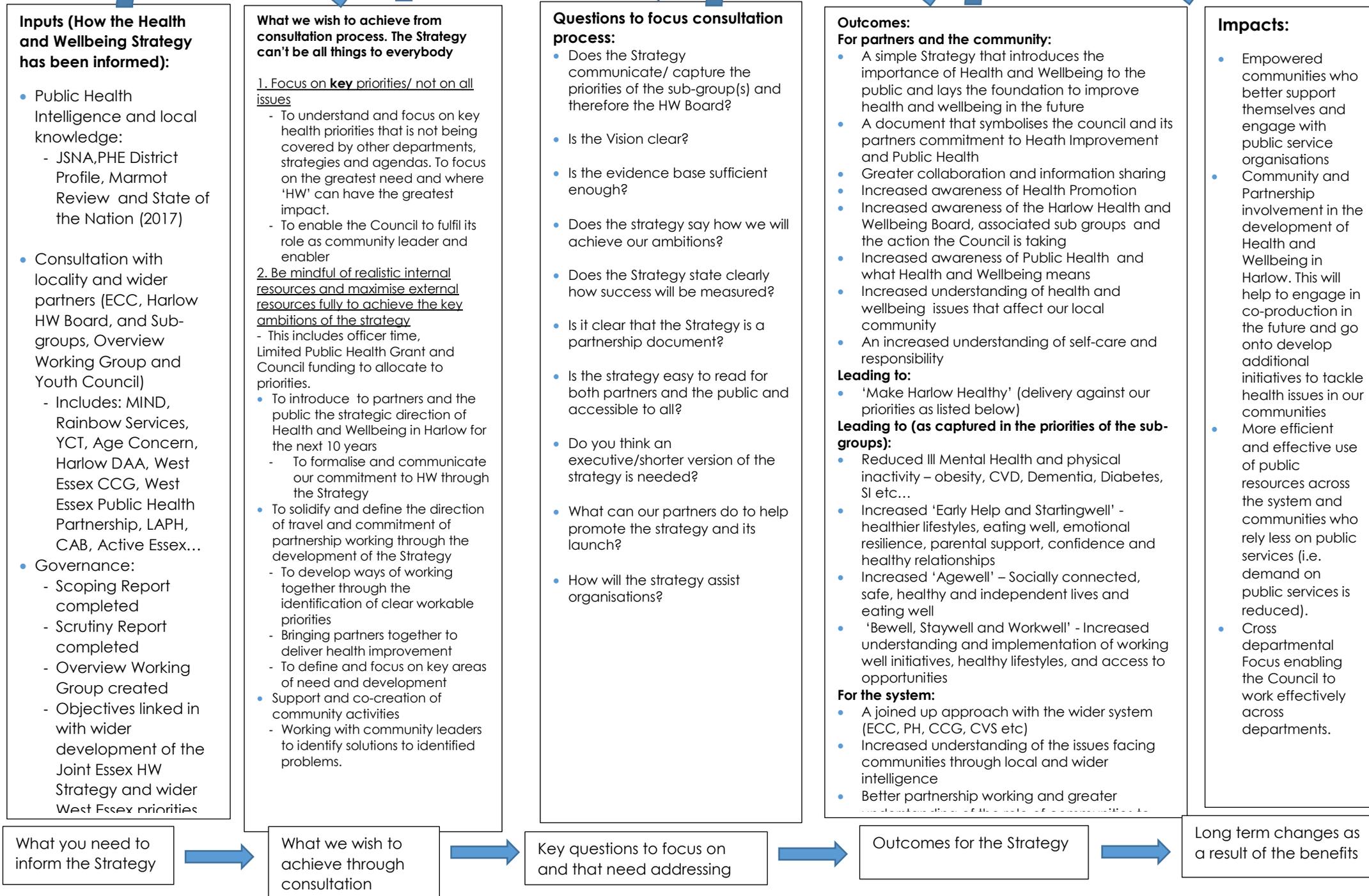


Appendix B



Consultation Feedback Summary

- Is strategy underpinned by JSNA? It is and the evidence base has been presented at all levels and stages in developing the Harlow approach to health and wellbeing.
- Harlow Youth Council agreed with priorities and felt that they related to the needs of children and young people. Mental Health was recognised to be a key priority especially as it is a key priority for the Youth Council themselves.
- Graph to illustrate how the Harlow Health and Wellbeing Partnership Strategy feeds into the wider system/ systems approach/landscape
- Important to refer to the Strategy as a Partnership document
- Livewell would be the partnership logo and branding for the document
- Could older people be referred to as seniors?
- Tag line for our strategy? This has now been added
- Replacing 'suffering' with 'living with . . . ' ensuring appropriate language is used
- Performance indicators were discussed and how we will measure success
- Discussion took place around the need or lack of need to include the action plans
- On the whole it was agreed that as this is a highly strategic document the action plans do not need to be included
- There was an emphasis to highlight the 'demand on services' which is why early intervention and prevention are key to promoting health and wellbeing
- Rephrasing of what 'livewell' means
- Strengthening our communities and Social mobility to be included in the strategy. This has now been included and is a theme throughout the strategy i.e addressing health inequalities, the wider determinants of health and creating opportunities.
- Background to be changed to 'Context'
- The local Public Health Officers Group will feed into the document and work moving forward – need to make reference to the group in the Strategy
- 'No increase in slips, trips and falls' discussion took place around changing the wording to 'minimise the risk of...'
- Page numbering needs attention
- On the whole the vision was felt to be clear.
- Education – Low percentage of children who are ready for school. CH shared how Harlow has improved since 2013 and now meets the national average. This has now been taken out of the strategy as national evidence is conflicting with local intelligence

- The group felt there should be a line advising that each sub-group has a set of priorities and an action plan.
- Asked if there is an overarching action plan that the sub-groups will feed into. LME advised there will be and there was discussion on whether it could be included in the document as an Appendix.
- Suggested that the first paragraph could be more powerful, stating that partners are working hard to maximise opportunities to work better together.
- To have a clear distinction between the work of 'health and wellbeing' and 'community safety'
- There was a question around figures. It was decided that figures would be updated the age the document and as these would change from year to year it was deemed better to provide an overview
- Ageing population – the language around this was not understood by some
- Be explicit about 'reducing' smoking, 'reducing drinking' etc
- Accessibility to be included as part of 'inclusion' of all peoples
- Large printed copies to be made available for those with sight difficulties