 Overview & Scrutiny Committee 29 November 2016		Agenda Item No. 6
Title	Review of Health Scrutiny Sub-Committee	
For further information about this report please contact	Councillor Parkins Chair Health Scrutiny Sub-Committee Marianne Rolfe, Head of Health and Community Protection Marianne.rolfe@warwickdc.gov.uk Tel: 01926 456700	
Wards of the District directly affected	All	
Is the report private and confidential and not for publication by virtue of a paragraph of schedule 12A of the Local Government Act 1972, following the Local Government (Access to Information) (Variation) Order 2006?	No	
Date and meeting when issue was last considered and relevant minute number	Health Scrutiny Sub-Committee 22 November 2016	
Background Papers		

Contrary to the policy framework:	No
Contrary to the budgetary framework:	No
Key Decision?	No
Included within the Forward Plan? (If yes include reference number)	No
Equality Impact Assessment Undertaken	Yes

Officer/Councillor Approval		
Officer Approval	Date	Name
Chief Executive/Deputy Chief Executive	18/11/16	Andrew Jones
Head of Service	31/10/16	Marianne Rolfe
CMT		
Section 151 Officer	18/11/16	Mike Snow
Monitoring Officer	18/11/16	Andrew Jones
Finance		
Portfolio Holder(s)	18/11/16	Moira Ann Grainger
Consultation & Community Engagement		
Final Decision?	No	
Suggested next steps (if not final decision please set out below)		

1. SUMMARY

- 1.1. This report summarises the Council's current position in relation to Health and Wellbeing including the current delivery review and the achievements of the Health Scrutiny subcommittee in the last year.

2. RECOMMENDATIONS

- 2.1 That the Committee endorses the continued format of the Health Scrutiny Sub-Committee in order to ensure that the reviewed approach to Health and Wellbeing arrangements supported by the subcommittee can be held to scrutiny.
- 2.2 The committee note the achievements of the sub-committee and the council against the thematic priority of Health and Wellbeing.
- 2.3 That the Committee accepts this report in lieu of the Work Programme item 4 January 2017 and therefore authorises its removal from the Work Programme.

3. REASONS FOR RECOMMENDATIONS

- 3.1 Officers have been undertaking a multi-faceted review of the Council's approach to Health and Wellbeing which was reported to the Health Scrutiny & Overview Sub-Committee at their meeting on the 22nd November.
- 3.2 The Sub-committee agreed that the recommendations put forward by the officers are accepted and that the sub-committee continue to deliver the overview and scrutiny of the delivery of this thematic priority.
- 3.3 Significant achievements have been made by officers and the council in delivering against the Health and Wellbeing agenda as detailed in the Health and Wellbeing update given to the sub-committee on the 22nd November.
- 3.4 The Health and Wellbeing bodies provide their annual reports at this time of year and coinciding the reports would make assist the sub-committee in reporting the most current evaluation of Health and Wellbeing in both Warwickshire and the district.
- 3.5 The report required on the Overview & Scrutiny Committee Work Programme 4 January 2017 was to point the way forward for Health Scrutiny at this Council. This has been covered in this report.

4. BACKGROUND

- 4.1. Officers have been undertaking a multi-faceted review of the Council's approach to Health and Wellbeing and this has fallen at an advantageous time when many of the annual reports are being published by other Health and wellbeing partners.
- 4.2. There has been a compilation of the council's current delivery programmes which are impacting upon Health and Wellbeing. This was also submitted through the Health and Wellbeing Board Portfolio Holders for the Health and Wellbeing Board annual report, and it is aligned to the Warwickshire Health and Wellbeing Strategy.
- 4.3. Officers are certain that this does not fully encompass the contributions of the Council but it does form a baseline from which we can begin the comprehensive mapping exercise.
- 4.4. Officers have mapped the interrelationships between the documents that inform the various stakeholder bodies, other groups and proposed stakeholder bodies (Appendix 2). It is recognised that this is an extremely complex map and therefore have produced a simplified version as Appendix 3.
- 4.5. In addition to the priorities determined in documents and strategies to which we have regard have been mapped into appendix 4.
- 4.6. In addition to these documents the Director of Public Health produces an annual report which outlines what has been delivered against the areas that he considered priorities. The Director of Public Health's Annual Report 2016 was recently published. He has made a request to present this at Council in early 2017.
- 4.7. For the first time this report breaks down performance in health measures into the individual Districts referenced against national averages. This could allow us going forward to target resources, programmes and mechanisms at those areas where it is felt we can have the greatest impacts upon our residents.
- 4.8. The results of this review have led to a number of conclusions which officers believe will assist the Sub-Committee and Council to have a greater input into the health and wellbeing arrangements of Warwickshire and therefore improve the health and wellbeing of people who live in, work in and visit Warwick District.

- Review the Health and Wellbeing approach to ensure that it is clear and accessible to in order to ensure greater co-operation and partnership working with stakeholders. A draft version of that approach is included as appendix 4.
- Form an officer Health and Wellbeing Steering Group who will formulate action plans to drive forward the approach. This group to report back to the committee in order that the committee can provide scrutiny of the delivery of the approach.
- To consider whether the establishment of a joint south Warwickshire health scrutiny body (replicating North Warwickshire) would provide an effective means of scrutinising medical clinical primary and secondary healthcare in partnership with the Clinical Commissioning Group, Public Health and Healthwatch.
- That the role of the Sub-Committee is further explored to allow the group to engage in the scrutiny of the Council's performance in preventative health measures and tackling the social determinants of health. In addition, to provide support and feedback to those Members who sit on Health and Wellbeing Bodies, as representatives of WDC, and who are responsible for scrutinising the wider medical provisions of the NHS.

4.9 The Subcommittee were presented with the findings of the review and the achievements of the council as detailed in the health and wellbeing update report. The sub-committee accepted the recommendations listed in this report and commended the officers for the range of successful work being undertaken across the council in order to improve the health and wellbeing of those who live, work and visit Warwick District.

4.10 In addition to the sub-committee scrutinising the above activity the Subcommittee have undertaken the following work during the last year:

24 November 2015

This was the first meeting of the Health Scrutiny Sub-Committee during the municipal year 2015/2016.

The Sub-Committee received an update on the Air Quality Action Plan and the Council's Health & Wellbeing Strategy.

19 January 2016

The Sub-Committee welcomed a guest speaker from the Alzheimer's Society who explained the issues for people who lived with dementia and work being undertaken to help them. They were also informed about the work being undertaken by the Council in this respect, including the "Dementia Friends" initiative.

16 March 2016

The Sub-committee welcomed a guest speaker from the CCG who spoke about how they determined clinical requirements in relation to planning developments, and how the District Council could help.

WDC officers explained what this Council was doing to promote physical activity in the District.

5 July 2016

Officers explained the work being done to train staff in occupation safety and health.

Officers explained the "Skip and Chip" initiative to reduce the amount of fly-tipping.

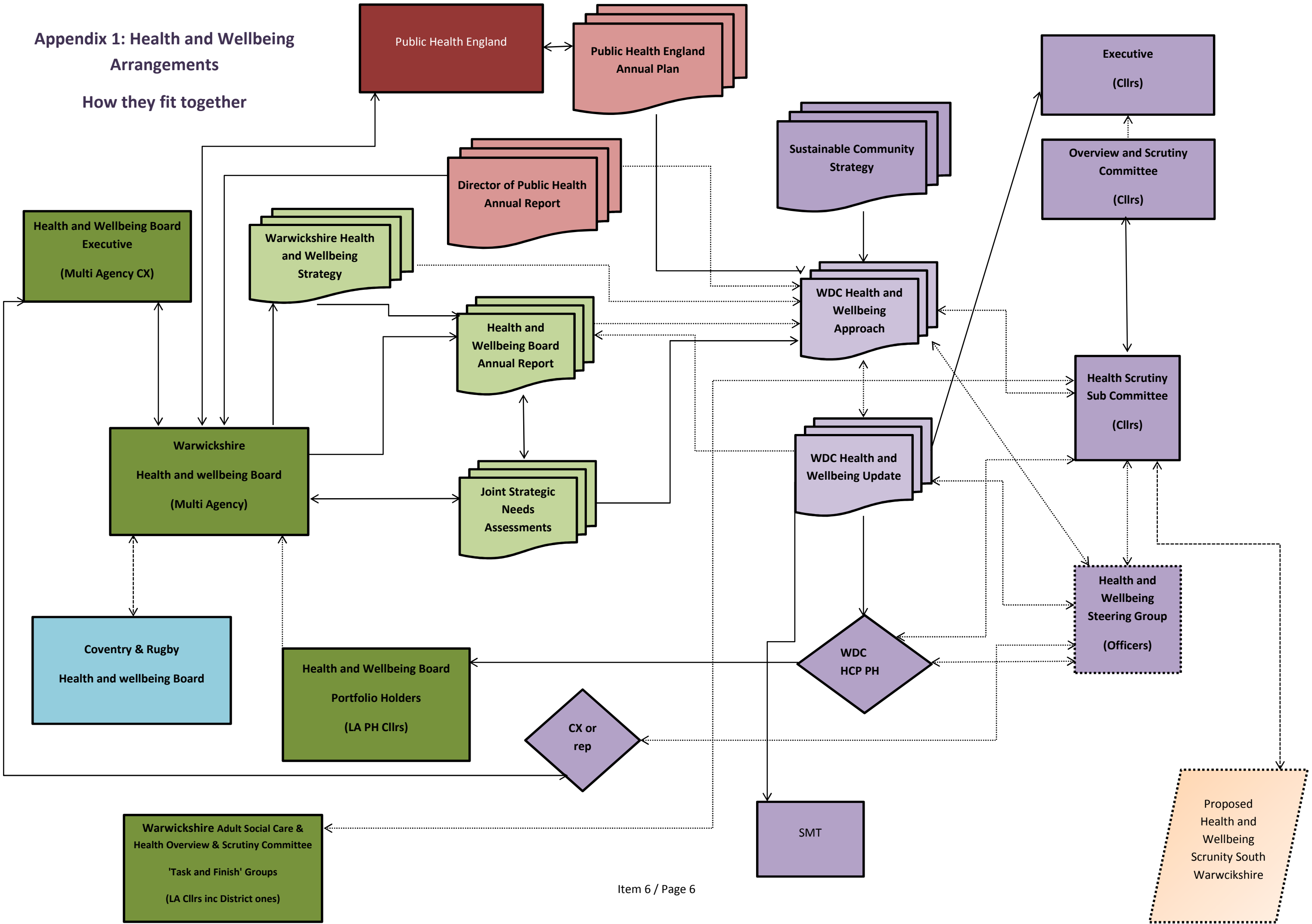
24 August 2016

The Sub-Committee reviewed progress with the Council's smoking policy and work being done at the Council's parks and leisure centres to promote physical activity and wellbeing.

The Sub-Committee asked officers to bring back proposals to ensure it did more scrutiny work of health and wellbeing initiatives at the Council and how it could effect the work being done at County level.

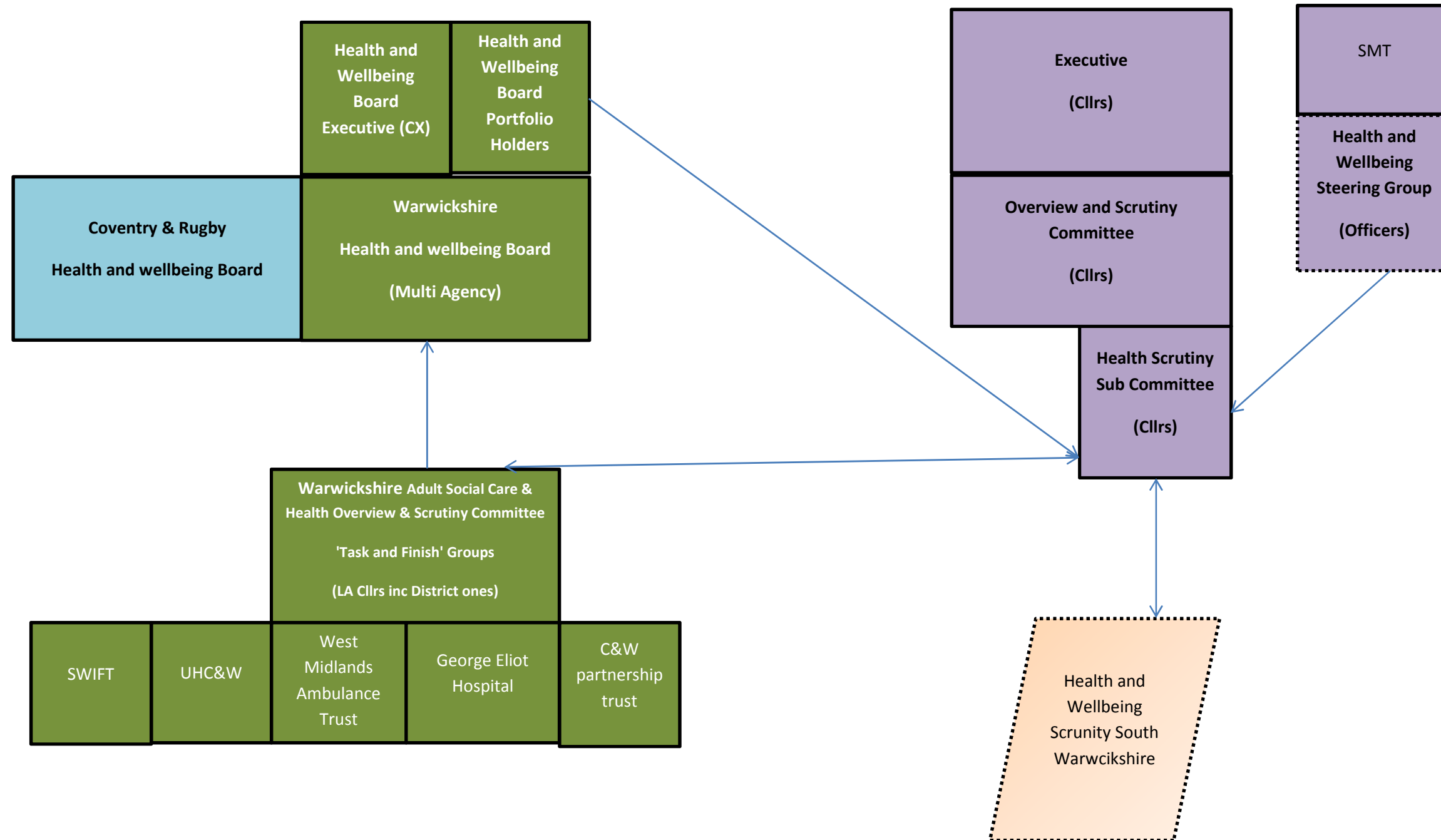
Appendix 1: Health and Wellbeing Arrangements

How they fit together



Appendix 2: Health and Wellbeing Arrangements (Grouped by organisation)

How they fit together



Warwickshire Health and Wellbeing Strategy	Joint Strategic needs Assessment	Public Health England Annual plan for 2015/16	WDC Current Health & Wellbeing Approach	Sustainable Community Strategy priorities for theme.
Ensure the best possible start in life for children, young people and their families	Looked after children	Protecting the Public's health	To embed H&WB at a strategic level	Increasing opportunities for everyone to engage in sport, the arts and cultural activities
Support young people who are most vulnerable and ensure that their transition to adulthood is positive	Educational attainment of disadvantaged children	Reducing smoking and harmful drinking	To address the H&WB of our own staff	Supporting independent living and decent housing for all
Enable people to effectively manage their physical and mental health	Vulnerable Children	Tackling childhood obesity	Promote Health & Wellbeing in the wider district	Reducing obesity, particularly in children, & improving health outcomes generally by encouraging the availability & choices for healthy eating
Ensure that persons with disabilities have the same choice, control and freedom as any other individual	Mental Health (Adults & Children)	Reducing dementia risk		Reducing exposure to tobacco smoke
Provide additional support to other vulnerable persons	Dementia	Ensuring that every child has the best start in life		Discouraging drug and alcohol misuse
Enable older persons to remain in their homes and to live healthy lives for as long as possible	Cancer	Improving workplace health and wellbeing		Promoting and engaging in robust equality and disability policy
Take an asset based approach to working which values communities and the range of assets they have	Cardiovascular disease	Establish prevention programmes that reduce growth in NHS activity & improve outcomes: atrial fibrillation, hypertension, falls in the elderly, smoking in pregnancy, diabetes & alcohol harm.		
Work in partnership with communities to build capacity and support them to increase their resilience, enabling them to better care for themselves within the community	Weight management	Support individual and social behavioural change		
Empower individuals to take control and responsibility for their own and the communities health and wellbeing	Smoking/ Smoking in pregnancy	Ensure that the public health system is able to tackle today's challenges and is prepared for those emerging in future		
Ensure that the infrastructure for public services and resources are effectively accessible and tailored to those communities that need it most.	Substance misuse & alcohol			
Facilitate communities to take ownership of shaping and transforming local services	Young carers and adult carers			
Improve the educational attainment and access to learning at all ages				
Facilitate communities to expand social capital and neighbourliness, building an increase resilience				
Support people to remain healthy and independent in their own homes for longer				
Improve accessibility and visibility of front door to support people to make the right choice the easiest choice informed by the customer journey			Appendix 3: Priorities mapping	
Improved care co-ordination in the community for high risk/cost patients				
Improved data sharing, IT infrastructure and health and social care governance				
Improve partnerships across the wider social determinants of health				

Appendix 4; Draft - Warwick District Strategic Approach 2016-2018

Our priorities	Objectives	Indicators	What success looks like
<p>To embed H&WB at a strategic level</p>	<ul style="list-style-type: none"> • Ensure our policies, strategies, plans, projects and key decisions address H&WB • Engage & enable staff / elected members to incorporate H&WB into their roles • Ensure that we are working in partnership to deliver HWB objectives • Ensure that the H&W arrangements between stakeholders are working correctly and that feedback loops are established. 	<ul style="list-style-type: none"> • Percentage of major decisions subject to health impact assessments (HIA) • Percentage of major plans & projects considering health throughout the process • Percentage of staff and elected members receiving information and training on HIA 	<p><i>By 30th September 2017:</i></p> <ul style="list-style-type: none"> • An HIA process has been put in place for key decisions • staff and elected members have received relevant information and training, and plans are in place for the ongoing identification of training needs • the communication channels for health and wellbeing arrangements are established and working well • the feasibility of a south Warwickshire well and wellbeing group has been determined. <p><i>By 30th September 2018</i></p> <ul style="list-style-type: none"> • Every key decision, policy strategy and plans is subject to HIA
<p>Promote Health & Wellbeing in the wider district</p>	<ul style="list-style-type: none"> • To ensure that we are contributing towards the outcomes of the Warwickshire Health and Wellbeing Board Strategy. (Promoting independence; community resillance; integration and working together). • To have direct and or in direct contributions towards the health indicators of warwick residents. • To map the contributions that the District Council can have both directly and indirectly on the health of warwickshire through the routine service delivery. 	<p>Director of public health annual report</p> <p>Health performance indicator statistics</p> <p>Focus on children, obesity, mental health, dementia, cancer. Cardiovascular disease, weight management, smoking, substance misuse, alcohol, carers.</p>	<p>[To be further populated when Council's H&WB Steering Group has met and provided input.]</p> <p><i>By 30th September 2017</i></p> <ul style="list-style-type: none"> • Contributory activities towards the reduction in the health performance indicators for Breastfeeding Initiation, Early Cancer diagnosis, Suicides rate • Contributory activities towards Continuing Improvement with respect to indicators, relevant to residents of district; Alcohol consumption in under 18s, Infant mortality, Road deaths and injuries, Smoking related deaths, Cardiovascular disease, Under 75 cancer deaths, Excess winter deaths • Contributory activities towards Improvements in other health indicators and needs outlined in the joint strategic needs assessment.
<p>To address the H&WB of our own staff</p>	<ul style="list-style-type: none"> • To deliver the health and wellbeing elements of the People Strategy • To reinforce the health champions role. 	<p>Continuous Improvement with respect to assessments against the Workplace Wellbeing Charter</p> <p>Delivery of special projects which contribute to one of more of the priorities of the documents to which we have regard.</p>	<p><i>By September 2017: (taken from people strategy actino plan)</i></p> <ul style="list-style-type: none"> • Developed a Health, Work and Wellbeing Action Plan detailing • Health and wellbeing information is cascaded to all employees • Sign posting to support services and the development of an intranet health and wellbeing portal improved • The approach to preventing stress and raise mental wellbeing awareness enhanced. • Current policies reviewed to encompass mental wellbeing • Developed and embedded a Physical Activity Statement • Developed and embedded a Healthy Eating Commitment statement

