

# Health Scrutiny Sub-Committee

Wednesday 14 March 2018

---

A meeting of the above Sub-Committee will be held at the Town Hall, Royal Leamington Spa on Wednesday 14 March 2018 at 6.00pm.

## Membership:

	Councillor Parkins (Chair)
Councillor Mrs Cain	Councillor Mrs Knight
Councillor Mrs Falp	Councillor Mrs Redford

## Co-opted Membership:

Councillor Quinney

## Emergency Procedure

At the commencement of the meeting, the Chairman will announce the emergency procedure for the Town Hall.

## Agenda

### 1. Apologies and Substitutes

- (a) to receive apologies for absence from any Councillor who is unable to attend; and
- (b) to receive the name of any Councillor who is to act as a substitute, notice of which has been given to the Chief Executive, together with the name of the Councillor for whom they are acting.

### 2. Declarations of Interest

Members to declare the existence and nature of interests in items on the agenda in accordance with the adopted Code of Conduct.

Declarations should be entered on the form to be circulated with the attendance sheet and declared during this item. However, the existence and nature of any interest that subsequently becomes apparent during the course of the meeting must be disclosed immediately. If the interest is not registered, Members must notify the Monitoring Officer of the interest within 28 days.

Members are also reminded of the need to declare predetermination on any matter.

If Members are unsure about whether or not they have an interest, or about its nature, they are strongly advised to seek advice from officers prior to the meeting.

3. **Minutes**

To confirm the minutes of the Health Scrutiny Sub-Committee meeting held on 16 January 2018. **(Pages 1 - 7)**

4. **Health and Wellbeing Update (Objective 3)**

To consider a report from Human Resources. **(Pages 1 - 6)**

5. **Update on the South Warwickshire Health and Wellbeing Partnership**

To consider a report from Health & Community Protection. **(Pages 1 - 22)**

6. **Review of the Work Programme & Forward Plan**

To consider a report from Democratic Services. **(Pages 1 - 7)**

7. **Warwickshire County Council's Adult Social Care & Health Overview & Scrutiny Committee**

To receive a verbal update from Councillor Mrs Redford on work being undertaken by the WCC Adult Social Care & Health Overview & Scrutiny Committee.

Published on 6 March 2018

General Enquiries: Please contact Warwick District Council, Riverside House, Milverton Hill, Royal Leamington Spa, Warwickshire, CV32 5HZ.

Telephone: 01926 456114  
E-Mail: [committee@warwickdc.gov.uk](mailto:committee@warwickdc.gov.uk)

Enquiries about specific reports: Please contact the officers named in the reports.

You can e-mail the members of the this Sub-Committee at  
[HealthScrutinySC@warwickdc.gov.uk](mailto:HealthScrutinySC@warwickdc.gov.uk)

Details of all the Council's committees, councillors and agenda papers are available via our website [www.warwickdc.gov.uk/committees](http://www.warwickdc.gov.uk/committees)

**Please note that the majority of the meetings are held on the first floor at the Town Hall. If you feel that this may restrict you attending this meeting, please call (01926) 456114 prior to this meeting, so that we can assist you and make any necessary arrangements to help you attend the meeting.**

**The agenda is also available in large print, on request, prior to the meeting by calling 01926 456114.**

# Health Scrutiny Sub-Committee

Minutes of the meeting held on Tuesday 16 January 2018 at the Town Hall, Royal Leamington Spa at 6.00 pm.

**Present:** Councillor Parkins (Chairman); Councillors Mrs Falp, Mrs Knight and Mrs Redford.

**Also Present:** Councillor Thompson.

## 14. **Apologies and Substitutes**

- (a) An apology for absence was received from Councillor Quinney; Councillor Mrs Cain had sent an apology for absence via email which was not read until after the meeting; and
- (b) There were no substitutes.

## 15. **Declarations of Interest**

There were no declarations of interest.

## 16. **Minutes**

The minutes of the meeting held on 21 November 2017 were taken as read and signed by the Chairman as a correct record.

## 17. **Embedding Health and Wellbeing Strategically**

The Sub-Committee considered a report from Health & Community Protection which provided an update on how health and wellbeing had been embedded at a strategic level.

The Health and Wellbeing (HWB) Approach detailed the Council's three priorities:

- to embed HWB at a strategic level;
- to promote HWB to the wider community (Warwickshire Health and Wellbeing Strategy priorities as sub-headings to this priority); and
- to address the HWB of our staff.

The report focussed upon the delivery of objective one – to embed health and wellbeing at a strategic level.

There were four main actions which had been identified as being important to ensure that this objective could be delivered:

- ensure our policies, strategies, plans, projects and key decisions address HWB;
- engage and enable staff / elected members to incorporate HWB into their roles;
- ensure that we were working in partnership to deliver HWB objectives; and

## **HEALTH SCRUTINY SUB-COMMITTEE MINUTES (Continued)**

- ensure that the HWB arrangements between stakeholders were working correctly and that feedback loops were established.

In June 2017, the Sustainable Communities Strategy was integrated into the Fit for the Future programme to form the new priorities for the Council.

As a result, the Council's reports template was changed to integrate the Fit for the Future table, which allowed officers to demonstrate the contributions that the subject matter of the report made towards the priority themes of the Council.

Officers were drafting guidance documents to help authors of reports have an overview of all of the relevant supporting strategies and their priorities, in order to effectively demonstrate in the report the contributions that were being made by the proposals of the report.

Officers had formed a Health Officer Group which mapped the contributions of the service areas to the health and wellbeing approach of the Council, and to the wider Warwickshire Health and Wellbeing strategy (and this was detailed in the annual update to the Sub-Committee on 21 November 2017).

This had allowed officers to collaborate better, integrate health and wellbeing factors into specific projects which were being undertaken. e.g. fuel poverty in Lapworth.

These measures were being further progressed by providing staff training in 2018 in 'making every contact count'; this would enable officers to signpost routinely, where appropriate, to key health messages and support.

The Council had reaffirmed lines of communication and created challenges where there had previously been none, in order to ensure that Councillors representing the Council on health committees, health and wellbeing boards or oversight groups were able to have a two way communication to support their roles.

A South Warwickshire partnership had been formed (as detailed previously in the annual update report to the Sub-Committee in November 2017).

Warwick District Council was part of the working group which was reviewing the Joint Strategic Needs Assessment (JSNA) methodologies. As part of the JSNA, a profiling tool had been created which collated all of the data held about areas (down to super-output area size geographies).

This profiling tool allowed officers, the Council and decision makers, to consider the available evidence of the health of a geographical area in order to target resources effectively. This tool had been used as part of the evidence which had shaped the upcoming proposals for the voluntary service contracts to be put out for tender in spring 2018.

The JSNA tool had been introduced to all service areas through the health officers' group, and it was proposed that service areas used the tool to continue to use the evidence contained within it to evidence the need and help to target Council resources.

## **HEALTH SCRUTINY SUB-COMMITTEE MINUTES (Continued)**

The JSNA tool had been used to help demonstrate the priority areas for the Council's own Health and Wellbeing Strategy moving forward and would help to shape the focus of the South Warwickshire partnership group.

In 2018/19, the JSNA would conduct place-based profiles which would further map specific issues, with the identified geographies of populations of 30-50,000 people.

The Council would continue to work towards the integration of formal Health Impact Assessments in 2018/19 for all major decisions.

In response to questions from Members, the Head of Health & Community Protection advised that:

- Councillors could be provided with training as well as staff;
- Progress in making headway with the South Warwickshire Health & Wellbeing Partnership had proved slower than anticipated because the local authority in Stratford on Avon had only signed up to the partnership five months ago. It was hoped to make progress in the early part of 2018 but one hindrance to this was that the parties had not yet agreed priorities.
- It was still possible that the SW Health & Wellbeing Partnership would not work; it was proving very difficult to get stakeholders to the table with the number of parties involved. It would need a year before it might be operational and to merge the work of the Health Scrutiny Sub-Committee into this, might require further time beyond that.
- Place based profiling would not be available for two years, but the JSNA tool was being used now to determine the priorities for the District.

**Resolved** that the report be noted.

### **18. Health and Wellbeing Priorities and Action Plan 2018-20**

The Sub-Committee considered a report from Health & Community Protection which outlined the Health and Wellbeing Strategic Approach and Action Plan for 2018-20 and sought approval for these.

The Council's Health and Wellbeing Approach had three priorities which had been explained in minute 17 above.

Appendix 1 to the report gave details of the Council's strategic approach to Health and Wellbeing 2018-20 and within these, the priorities for 2018-20 were identified. These had been identified through review of the Director of Public Health report, Health and Wellbeing Board priorities and the use of the Joint Strategic Needs Assessment for the District.

The Director of Public Health's annual report had highlighted key performance measures for the Warwickshire population and allowed comparisons between districts and boroughs (detailed in appendix 1, section 2 of the report).

## **HEALTH SCRUTINY SUB-COMMITTEE MINUTES (Continued)**

The Health and Wellbeing Board, through a series of workshops, had agreed to focus on a number of specific areas:

- making prevention everybody's business (including out of hospital, Public Health and community capacity elements);
- improving housing and wellbeing;
- ensuring early help for vulnerable children;
- integration and co-location of services; and
- adding value to acute service design.

The Joint Strategic Needs Assessment profiling tool highlighted a number of statistics which had helped to shape the priorities and actions detailed in the Council's own Health and Wellbeing Approach, i.e. percentage of people living in rented accommodation, number of people in receipt of support packages, percentage of people finding it difficult on their current income, self-harm admissions, people admitted to hospital as emergencies which should not require admission, number of suicides, number of people with long-standing illnesses or disabilities and the heat map of these statistics.

Section 3 of appendix 1 gave details of the action plan, within each of the Council's three priorities of the Health & Wellbeing Approach.

In response to questions from Members, the Head of Health & Community Protection advised that:

- where the Action Plan showed training for staff, this also included Councillors. The Action Plan would be amended to change "staff" to "staff and Councillors". This would ensure that all Councillors knew they were included;
- Councillors would be provided with front-line training for mental health – ref 2.6 on the Action Plan;
- Much of the work had already been covered to encourage breast feeding in the District, but when it was ready to roll out, it would be presented for scrutiny;
- A directory of services to support HWB, Councillors and community in their roles would help various organisations involved give young people access to services;

### **Resolved that**

- (1) the updated health and wellbeing strategic approach and action plan 2018-20 is supported;
- (2) Item 2.11 on the action plan "Empower communities to deliver support to tackle mental health and suicide rates and social isolation" is put on the Sub-Committee's Work Programme for the first meeting in the 2018/19 municipal year;
- (3) Item 2.15 on the action plan "Improved housing conditions in which residents live" is put on the Sub-Committee's Work Programme

## **HEALTH SCRUTINY SUB-COMMITTEE MINUTES (Continued)**

for the first meeting on the 2018/19 municipal year; and

- (4) Members will receive a demonstration of the profiling tool before the next meeting.

### **19. Review of the Work Programme & Forward plan**

The Sub-Committee considered a report from Democratic Services which informed it of its work programme for 2018 and the current Forward Plan for February to April 2018.

The Committee Services Officer was asked to find out why neither Councillor Mrs Falp nor Councillor Mrs Knight were receiving invitations to the Health & Wellbeing outside bodies on which they represented the Council. The response would be sent to them by email.

The Members then considered their Work Programme for the coming months and the Forward Plan.

The Committee Services Officer informed Members that in respect of the item on the Work Programme concerning policy on regulating the Private rented sector, she had received a response from the Housing Strategy & Development Manager that the Council was still waiting for the Government to commence various provisions in the Housing & Planning Act 2016 and publish regulations. Therefore, the Council could not develop a policy until it had received this guidance. The Government had not announced a timetable for the work, but it was unlikely that the work would be done until the new municipal year.

**Resolved** that there be no amendments made to the Work Programme other than those added under minute 18.

### **20. Updates from Councillors sitting on Outside Bodies dealing with Health & Wellbeing**

#### **Warwickshire County Council's Adult Social Care and Health Overview & Scrutiny Committee**

Councillor Mrs Redford confirmed that she had sent Members the minutes from the last two meetings of the Adult Social Care and Health Overview and Scrutiny Committee (OSC) which had been held at the County Council in September and November 2017. She informed Members that she was participating in a Task & Finish Group reviewing GP Services. The Adult Social Care and Health OSC had also agreed that a Task and Finish Group was established to review the new CAMHS (Child and Adolescent Mental Health Service) service. The Adult Social Care and Health OSC would be working jointly with the Children and Young People Overview & Scrutiny Committee on this Task & Finish Group.

Councillor Mrs Redford advised that she would send Members of the Health Scrutiny Sub-Committee agendas and minutes for the Adult Social Care and Health OSC ahead of the Sub-Committee's meetings to allow the Members

## **HEALTH SCRUTINY SUB-COMMITTEE MINUTES (Continued)**

the opportunity to contribute to the initiatives the County Council's Committee was progressing.

### **Warwickshire County Council's Health and Wellbeing Board**

Councillor Thompson, Portfolio Holder Health & Community Protection informed Members that:

- This was the fourth year of the Health & Wellbeing Strategy. 93 outcomes had been highlighted in the report, which were split into 22 areas.
- Five of the priority areas identified for 2017/18 impacted on housing, and these were areas that the District Council could impact.
- The Joint Strategic Needs Assessment (JSNA) had featured heavily on the agendas, and the JSNA had now been categorised into geographical areas. At the last meeting of the HWB, all interested parties had agreed to push forward with pilot JSNAs, with the exception of Nuneaton Council.
- Councillor Thompson along with Rugby Borough Council was pushing for a pharmaceutical needs assessment to be conducted because of the huge growth of housing in their respective Councils' boundaries.

Councillor Thompson would send Members links to papers for the HWB meetings so that they could raise any issues affecting the District with him.

Members expressed concerns that they still felt that the Health Scrutiny Sub-Committee was not allowing them to affect health and wellbeing issues within the District. Officers explained that the District Council did not lead on some of the health and wellbeing issues which Members wished to debate; these were done at a higher level. For instance, the provision of GP services was discussed at County Council level and the District Council could not have much impact because it did not have the power. The purpose of the Health Scrutiny Sub-Committee was to scrutinise the areas that the District Council directly could affect and the work being done in these areas was spelt out in the Action Plan detailed at minute 18. It was suggested to Members that they choose to scrutinise areas of work on this Action Plan and if they wished to do this in any depth, then a Task & Finish Group could be established on the authority of the Overview & Scrutiny Committee. Officers suggested that Members may wish to focus on particular aspects of work on the Action Plan because trying to cover a whole subject matter in its entirety may prove too difficult for the Sub-Committee with four meetings a year.

Members were informed that they should liaise with Councillors Mrs Redford and Thompson if they felt there were areas requiring work that only the County Council could do.


It was agreed that in the Municipal Year 2018/19, the Sub-Committee would focus its attention on housing and mental health issues (items 2.11 and 2.15 on the Action Plan). Appropriate guest speakers would be invited to meetings but these invitations would not be for general coverage of these topics, but for information on very specific issues that the Sub-Committee wished to focus upon.



**HEALTH SCRUTINY SUB-COMMITTEE MINUTES (Continued)**

(The meeting finished at 7.33 pm)

CHAIR  
14 March 2018

 <b>Health Overview &amp; Scrutiny Sub Committee – 14th March 2018</b>		<b>Agenda Item No. 4</b>
<b>Title</b>	<b>Health and Well-being Update (Objective 3)</b>	
<b>For further information about this report please contact</b>	Karen Weatherburn, Learning & Development Officer <a href="mailto:Karen.weatherburn@warwickdc.gov.uk">Karen.weatherburn@warwickdc.gov.uk</a>  Tracy Dolphin, HR Manager <a href="mailto:Tracy.dolphin@warwickdc.gov.uk">Tracy.dolphin@warwickdc.gov.uk</a>	
<b>Wards of the District directly affected</b>		
<b>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?</b>	No	
<b>Date and meeting when issue was last considered and relevant minute number</b>	N/A	
<b>Background Papers</b>	Nil	

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

Officer/Councillor Approval		
Officer Approval	Date	Name
Chief Executive	19.2.18	Chris Elliott
CMT	22.2.18	Bill Hunt & Andy Jones
Section 151 Officer	19.2.18	Mike Snow
Monitoring Officer	22.2.18	Andy Jones
Finance	19.2.18	Mike Snow
Portfolio Holder(s)	22.2.18	Councillor Mobbs
Consultation & Community Engagement		
Consultation with Workforce Steering Group and Unions as part of ongoing updates.		
Final Decision?		Yes/No
Suggested next steps (if not final decision please set out below)		

## 1. **Summary**

- 1.1 The report provides an update on our co-ordinated approach to Health & Wellbeing for WDC employees

## 2. **Recommendation**

- 2.1 That the Health Overview & Scrutiny Sub-committee note the report.

## 3. **Reasons for the Recommendation**

- 3.1 To provide an update of the work being undertaken to achieve objective three of the overall approach to the Council's health and wellbeing.

## 4. **Policy Framework**

### 4.1 **Fit for the Future (FFF)**

The Council's FFF Strategy is designed to deliver the Vision for the District of making it a Great Place to Live, Work and Visit. To that end amongst other things the FFF Strategy contains several Key projects.

The FFF Strategy has 3 strands – People, Services and Money and each has an external and internal element to it. The table below illustrates the impact of this proposal if any in relation to the Council's FFF Strategy.

<b>FFF Strands</b>		
<b>People</b>	<b>Services</b>	<b>Money</b>
<b>External</b>		
<b>Health, Homes, Communities</b>	<b>Green, Clean, Safe</b>	<b>Infrastructure, Enterprise, Employment</b>
<u>Intended outcomes:</u> Improved health for all Housing needs for all met Impressive cultural and sports activities Cohesive and active communities	<u>Intended outcomes:</u> Area has well looked after public spaces All communities have access to decent open space Improved air quality Low levels of crime and ASB	<u>Intended outcomes:</u> Dynamic and diverse local economy Vibrant town centres Improved performance/ productivity of local economy Increased employment and income levels
<b>Impacts of Proposal</b>		
By ensuring our internal approach to health and wellbeing is robust will correlate with our external approach	None	None
<b>Internal</b>		
<b>Effective Staff</b>	<b>Maintain or Improve Services</b>	<b>Firm Financial Footing over the Longer Term</b>
<u>Intended outcomes:</u> All staff are properly trained	<u>Intended outcomes:</u> Focusing on our customers' needs	<u>Intended outcomes:</u> Better return/use of our assets

All staff have the appropriate tools All staff are engaged, empowered and supported The right people are in the right job with the right skills and right behaviours	Continuously improve our processes Increase the digital provision of services	Full Cost accounting Continued cost management Maximise income earning opportunities Seek best value for money
<b>Impacts of Proposal</b>		
Ensuring Staff Health and Wellbeing is provided for	By ensuring our own internal approach is robust will support staff to provide services in a healthy environment	Full review of training and development to support health and wellbeing to seek best value for money

## 4.2 **Supporting Strategies**

Each strand of the FFF Strategy has several supporting strategies and the relevant ones for this proposal are Health and Wellbeing Approach. This report demonstrates the interventions being undertaken across the council to deliver the councils approach.

## 4.3 **Changes to Existing Policies**

There are no proposed changes to existing policies proposed in this report.

## 5. **Budgetary Framework**

- 5.1 The health and well-being agenda is regularly reviewed, where further support for resources are identified budgetary implications may apply

## 6. **Risks**

- 6.1 By not meeting the objective risks impacting on the health and well-being of our own staff and the consequences on service delivery.

## 7. **Alternative Option(s) considered**

- 7.1 Not to deliver the priorities identified and consider alternative approaches. This has been discounted based on the deliberations of the HOG group.

- 7.1 None

## 8. **Background**

- 8.1 The *Health and Wellbeing Approach* details the Council's three priorities

1. To embed HWB at a strategic level
2. To promote HWB to the wider community (Warwickshire Health and Wellbeing Strategy priorities as sub-headings to this priority)
3. To address the HWB of our own staff (this report focuses upon the delivery of this objective)

- 8.2 There are four main actions which have been identified as being important to ensure that this objective can be delivered:
1. Ensure our policies, strategies, plans, projects and key decisions address HWB
  2. Engage & enable staff / elected members to incorporate HWB into their roles
  3. Ensure that we are working in partnership to deliver HWB objectives
  4. Ensure that the HWB arrangements between stakeholders are working correctly and that feedback loops are established

The actions identified in 8.3 – 8.12 address these objectives.

- 8.3 Officers have formed a Health Officer Group which maps the contributions of the service areas to the Health and Wellbeing approach of the council, and to the wider Warwickshire Health and Wellbeing strategy (as detailed in the annual update to the committee). Within the Health & Wellbeing Officers group we are renewing the Health Champions role to ensure we all work together for the benefit of WDC.
- 8.4 MECC – ‘making every contact count’; training to be planned in 2018 to enable officers to sign post, where appropriate, key health messages and support. The aim is to embed the MECC culture so it becomes second nature at all times.
- 8.5 Utilising funding provided, we are working in conjunction with Public Health Warwickshire to deliver Mental Health First Aid Lite (half day course) to front facing staff and people managers. This will provide support, knowledge and skills to both WDC residents and our own staff relating to mental health awareness. Following this, further training for other staff and elected members will be planned.
- 8.8 Our intranet ‘Health and Wellbeing’ page has been developed to provide informative and interactive articles and signposting for users. We are monitoring the use of the page and from May 2017 it has achieved 375 views with an average of just over a minute spent reviewing it. The page gives links to Wellbeing Articles provided by external partners and colleagues, useful websites e.g. Breathing Space, Everyone Active, following the “five ways to wellbeing” principles of ‘Give’, WCC Wellbeing Portal and CSW Sport to name a few. We have also started a Health Events Calendar from information provided by colleagues on different events within the district.
- 8.6 We are in the process of recruiting additional volunteer Employee Support Officers (ESO’s) to enable the team (4 at present) to further support/signpost staff with both work-related and personal issues. The ESO scheme has now been in place for 10 years and has provided invaluable support to our staff. All new ESO’s will receive training related to the role.
- 8.7 We continue to provide ‘Flu’ jabs at a reduced rate for all staff. 51 staff/councillors received this inoculation in 2017 which is an increase from 27 in 2016 and 38 in 2015. Linking with this, we are also ensuring relevant Health messages are highlighted to staff via the intranet e.g. ‘Preventing the spread of flu’.
- 8.8 Following the five ways to wellbeing principle of ‘Give’, we encourage staff to share the volunteer and charity work they have undertaken in their own time.

We promote this on our intranet to demonstrate the different types of activities that individuals could take part in, but may not have considered.

- 8.9 On 26th September 2017 we held an exciting and inspirational 'Health & Wellbeing Event' inviting all WDC staff and Councillors. Highlights from the event include: 'Everyone Active', who undertook a total of 60 fitness assessments with many people surprised at their physical 'internal age'. The community dietician emphasised data relating to hidden sugar content; 'Walking for Health' shared information of their energising walks; we found out from the Arts team 'What's on' at the Spa Centre/Pump Rooms. Safer Communities provided an update from their 'Your town, Your choice' roadshows delivered within the district and CSW Sport undertook a 'Wellbeing' survey.
- 8.10 Continual promotion of health and wellbeing events;
- Culture – we promote the events and activities at the Spa Centre, the Art Gallery and Museum to demonstrate that we offer a wide choice of options for staff to improve their well-being e.g. exhibition openings and creative workshops that they can take part in.
  - Everyone Active joined us on the 15th December 2017 as part of the Christmas Jumper fundraising event to encourage staff to sign up for membership. They also ran a Spin-a-thon on Saturday 27th January 2018 to raise money for Mind & Macmillan
  - Health Testing - 10 men took part in the PSA (Prostate-specific antigen) testing for men over 45 from the Graham Fulford Charitable Trust with many women taking information leaflets for male friends and relatives.
- 8.11 Within learning and development our comprehensive calendar of learning opportunities staff promotes the benefits to staff to "keep learning", in addition we offer a range of courses which will enhance the feeling of goodwill for staff as they carry out their work, such as lone working, dealing with aggression, IOSH Managing Safely & IOSH Working Safely.
- 8.12 Following the award of the Health & Wellbeing Charter in 2016 we are reviewing our activities and practices to enable us to successfully renew this during 2018. Future plans include:
- a. Planning priority awareness and Health Check events for WDC staff and Councillors throughout 2018.
  - b. 'Everyone Active' to return during March/April to review how our 'internal ages' have developed.
  - c. An inspirational Health & Wellbeing blog featuring stories from staff and Councillors on what Health & Wellbeing activities they have taken part in or accomplishments to celebrate. Publicise key messages e.g. Duncan Selbie (Chief Executive of Public Health England) 'Friday Message'.
  - d. Introduce internal wellbeing challenge events e.g. the 'Virgin Pulse Global Challenge'. This is under review based on costs and considering the increase of individuals 'owning' their own step/exercise tracking device.
  - e. Training on Health & Wellbeing related subjects as part of the standard Learning & Development opportunities.
  - f. The Community Partnership team are currently promoting opportunities for staff to undertake Health Walks from RSH during lunch breaks.
  - g. Considering opportunities to build on the success of the staff "table tennis leagues" and to consider other activities in the workplace to encourage activity during the working day.

- h. To ensure Health & Well-being of staff is an integral part of the HQ Relocation prior, during and following the move.
- i. Work with our change partners/project group to review our approach and continually assess and implement innovative ways of promoting and implementing health and well initiatives.

## 9.0 **Governance**

- 9.1 Employee Well-being is one of the key themes of the People Strategy and the associated action plan. This is monitored and reported back to the Workforce Steering Group (comprising of SMT and sponsored by Chris Elliott); the People Strategy Steering Group; and as part of the People Strategy update report to Employment Committee. The HOG group also regularly reports updates to SMT and Health Overview & Scrutiny Sub Committee.



## Health Overview & Scrutiny Sub Committee – March 2018

## Agenda Item No. 5

### Title: Update on the South Warwickshire Health and Wellbeing Partnership

#### For further information about this report please contact

Marianne Rolfe  
Head of Health & Community Protection

01926 456700  
[Marianne.rolfe@warwickdc.gov.uk](mailto:Marianne.rolfe@warwickdc.gov.uk)

Liz Young  
Community Partnership Team Manager

01926 456019  
[Liz.young@warwickdc.gov.uk](mailto:Liz.young@warwickdc.gov.uk)

#### 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

#### Background Papers

Nil

#### 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 and Sustainability Impact Assessment Undertaken

Yes

### Officer/Councillor Approval

Officer Approval	Date	Name
Chief Executive/Deputy Chief Executive	N/A	Andrew Jones
Head of Service	02/03/2018	Marianne Rolfe
CMT	N/A	
Section 151 Officer	N/A	
Monitoring Officer	N/A	
Finance	N/A	Mike Snow



Portfolio Holder(s)	02/03/2018	Councillor Andrew Thompson
<b>Consultation &amp; Community Engagement</b>		
<b>Final Decision?</b>		No
<b>Suggested next steps (if not final decision please set out below)</b>		

## **1. SUMMARY**

- 1.1 The report provides an update on the work of the South Warwickshire Health and Wellbeing Partnership referred to as 'the Partnership'.

## **2. RECOMMENDATIONS**

- 2.1 That the committee note the report
- 2.2 That the committee considers how the Council's health scrutiny function will be fulfilled as it has become clear that the Partnership will not carry out this role.

## **3. REASONS FOR THE RECOMMENDATIONS**

- 3.1 The report provides an update on the work being undertaken to achieve Objectives1 & 2 of the Council's Health and Well Being approach which are 'To embed HWB at a strategic level' and 'To promote HWB to the wider community'.
- 3.2 The terms of reference (Appendix 2) stipulate that the purpose of the Partnership is to:
- Align the strategic direction of the various partners
  - Agree and prioritise shared actions to address local needs across Warwick and Stratford Districts
  - Improve health and reduce health inequalities
- 3.3 It's been agreed by the Partnership that the membership of the group should replicate the same partnership arrangements in the north of the County and include the Portfolio Holder/s and the health lead officers from the key partner agencies. This does not include the scrutiny function which the group believe is delivered by the County Joint Health Scrutiny Committee otherwise known as the Adult and Social Care Committee

## **4. POLICY FRAMEWORK**

### **4.1 Fit for the Future (FFF)**

The Council's FFF Strategy is designed to deliver the Vision for the District of making it a Great Place to Live, Work and Visit. To that end, amongst other things, the FFF Strategy contains several Key projects. This report shows the way forward for implementing a significant part of one of the Council's Key projects.

The FFF Strategy has 3 strands: People, Services and Money – and each has an external and internal element to it. The table below illustrates the impact of this proposal, if any, in relation to the Council's FFF Strategy.

FFF Strands		
People	Services	Money
<b>External</b>		
<b>Health, Homes, Communities</b>	<b>Green, Clean, Safe</b>	<b>Infrastructure, Enterprise, Employment</b>
<u>Intended outcomes:</u>  Improved health for all Housing needs for all met Impressive cultural and sports activities Cohesive and active communities	<u>Intended outcomes:</u>  Area has well looked after public spaces All communities have access to decent open space Improved air quality Low levels of crime and ASB	<u>Intended outcomes:</u>  Dynamic and diverse local economy Vibrant town centres Improved performance/ productivity of local economy Increased employment and income levels
<b>Impact of Proposals</b>		
The recommendations seek to deliver interventions that will have a positive impact on health, homes and communities	The recommendations seek to deliver interventions that will have a positive impact on our environment	The recommendations seek to deliver interventions that will have a positive impact on our local economy
<b>Internal</b>		
<b>Effective Staff</b>	<b>Maintain or Improve Services</b>	<b>Firm Financial Footing over the Longer Term</b>
<u>Intended outcomes:</u>  All staff are properly	<u>Intended outcomes:</u>  Focusing on our	<u>Intended outcomes:</u>  Better return/use of

<p>trained</p> <p>All staff have the appropriate tools</p> <p>All staff are engaged, empowered and supported</p> <p>The right people are in the right job with the right skills and right behaviours</p>	<p>customers' needs</p> <p>Continuously improve our processes</p> <p>Increase the digital provision of services</p>	<p>our assets</p> <p>Full Cost accounting</p> <p>Continued cost management</p> <p>Maximise income earning opportunities</p> <p>Seek best value for money</p>
<b>Impact of Proposals</b>		
The recommendations seek to deliver interventions that will improve the effectiveness of our staff.	The recommendations seek to target services in the correct manner to ensure that they are fit for the future demands of those who live, work and visit.	The recommendations seek to ensure services are delivered to budget and help keep the Council on a firm financial footing.

## 4.2 Supporting Strategies

Each strand of the FFF Strategy has several supporting approaches; the relevant ones for this proposal include Health and Wellbeing and Sustainability. The proposals are in line with the Council's approaches and seek to underpin the Council's commitment as outlined in the FFF.

## 5. BUDGETARY FRAMEWORK

5.1 There are no specific budgetary requirements

## 6. RISKS

6.1 There are no risks proposed in this report

## 7. ALTERNATIVE OPTIONS CONSIDERED

7.1 None

## 8. BACKGROUND

8.1 The establishment of the Partnership has been a slow process but it's now starting to gather momentum, achieving consistent engagement of agencies and is gaining clarity and consensus in terms of shared priorities.

8.2 The Partnership's Strategy and Implementation Plan is detailed in Appendix 1.

8.2 The Partnership last met on 27 February 2018. Key items of discussions and outcomes were as follows:

8.3 **WCC Health and Well Being Board (HWBB)**

The HWBB and the Coventry and Warwickshire Partnership Trust Board (CWPT) are merging under an alliance concordat. The current action plan will be revised and updated with a strong emphasis on place, prevention and homelessness following a mapping of all transformation information.

8.4 **Update on various work streams:**

- i. **Making Every Contact Count (MECC)** – Kate Rai (Public Health) presented to the WDC Health Officers Group in January 2018. Plans in progress to roll out this training to our contractors, benefits staff, tenancy support and other key front line workers. Re-designed MECC online training is available to all as well as face to face courses. This has also been picked up via the Housing and Health Board. MECC needs to be embedded in our commissioned services, social prescribing programmes etc.
- ii. **Mental Health First Aid Training** – Springfield Mind has been commissioned by Public Health to deliver this. Various teams within Housing have been identified and Lisa Barker, WDC Head of Housing is overseeing this roll out. It will then be made available to other WDC front line staff later in the year.
- iii. **Homelessness** – Cllr Les Caborn informed the meeting that WCC has allocated £300k over 2 years to tackle the causes of homelessness (with a specific focus on drugs and alcohol). This will be a coordinated countywide strategic approach and to this end Lisa Barker is establishing a Homelessness Forum, reporting to the Housing and Health Board. Elements of the work programme are:

Creating an outreach post – going to a place of convenience for that individual – assessing needs and prescribing accordingly

'Homeless Link' – a health needs advice tool which can be used to assess the local homeless population and compare to county and national populations

## Map homelessness – statutory and transitional

There was much discussion within the meeting on this topic. Reference was made to the importance of public perception and the impact, negative and positive, of past campaigns 'Killing with Kindness' and 'Think before you give'. Campaigns need to offer solutions i.e. a better pathway. Up until now messages are confusing and the public are not sure how best to help.

All acknowledged this very visible problem is escalating with people coming into Stratford, Leamington and Warwick from further afield. Leamington's voluntary sector provision in particular for the homeless and rough sleepers is exceptional and this is the main reason numbers are increasing.

There is a lack of understanding of 'homelessness' with the exception amongst those who work at 'the coalface'. There is a need to distinguish between rough sleepers and homeless people as the remedies are different.

### iv. **Place based Joint Strategic Needs Assessment (JSNA)**

WDC is participating in the Joint Strategic Needs Assessment process. This assessment reviews the current situation and health & well being needs of individual places within Warwickshire. The needs assessment is used to support the public health priorities with evidence and allow the specific targeting of health and well being resources to address needs. This is the first time that the needs assessments will be conducted at a 'place' level (areas of populations 30-50,000 density) .

Wave 1 is about to be rolled out and for Warwick District this covers Leamington, Whitnash and Bishops Tachbrook. Each wave will take approximately 6 months to complete.

There will be a launch event in early April in each of the geography areas across the county however given the size and diversity of Warwick District's geographies there will possibly need to be a local event in each area to get maximum community engagement. The launch events coincide with the Out of Hospital Programme of Consultation and therefore there's a focus on the older, frailer population so extra effort will be required to engage other age groups.

The lead elected member (Andrew Thompson) and lead officer (Marianne Rolfe) who represent WDC on the JSNA Strategic Group

will oversee the Council's input into this process i.e. provision of local intelligence and information with the Community Partnership Team being the main facilitator.

Town and Parish Councillors will also need to be engaged in the process.

Emily Fernandez will circulate the table of shared indicators (Appendix 1) aligned to the Place Based Geographies highlighting the priority level of each indicator in each area.

Members asked to have input into the selection of geographies for Wave 2.

WDC expressed concern at the size of Leamington as one geography given that Atherstone, as a pilot, took a year to complete.

#### **8.4 Joint Healthy South Warwickshire Funding 2017/18**

Emily Fernandez provided a summary of how the current year's fund had been allocated:-

##### **Warwick District – 2 awards**

Amber Care Solutions 'Passport to Health' Project - working with targeted groups within the community to address lifestyle risks. They've been very successful in Nuneaton & Bedworth and Sutton Coldfield. Could be a good referral for GPs/Social Prescribing

Sydni – development of South Leamington Social Prescribing Service building on success of Sydenham SPP

##### **Stratford District – 1 award**

'Green Therapy' – outdoor version of social prescribing targeting socially isolated and those suffering from Dementia.

##### **Warwick and Stratford Districts – 1 joint award**

Heart of England Mencap 'Being Healthy' – targeting carers of adults with learning difficulties with a focus on wellbeing, nutrition etc.

It was suggested and agreed that JHSW funding for 2018/19, instead of going out to tender, should be used to directly support the delivery of the Partnership's shared priorities in conjunction with other funding streams e.g. suicide prevention money, homelessness funding.

## **8.5 Membership of the Partnership**

- 8.5.1 It was agreed that VCS input should be on a co-opted basis according to the priorities/themes the Partnership is focusing on.
- 8.5.2 There are a number of members on the Partnership that sit on the Third and Public Sector Advisory Group and therefore provide a consistent communication link.
- 8.5.3 It was agreed that GP representation on the Partnership would be advantageous.
- 8.5.4 It was agreed that elected member representation should comprise of the Portfolio Holders from WDC and SDC.



## APPENDIX 1



# **South Warwickshire Health and Wellbeing Partnership Strategy and Implementation Plan 2017-2019: *South Warwickshire Delivery of the Countywide HWB Strategy***



Stratford and Warwick Health and Wellbeing performance tables, the SWCCG JSNA Health profile and PHE Health profiles for Stratford and Warwick, were reviewed for indicators that identified both or either localities as performing similar or worse than the Warwickshire and England averages.

### Warwick & Stratford Health & Wellbeing Indicators

Indicator	Measure	Geography	Year 1		Year 2		Year 3		Warwickshire	England
Life expectancy at birth – Male	Years	Warwick	2011-13	80.5	2012-14	80.9	2013-15	81.1	80.0	79.5
		Stratford-on-Avon		80.7		80.9		80.9		
Life expectancy at birth – Female	Years	Warwick	2011-13	84.4	2012-14	84.5	2013-15	84.4	83.6	83.1
		Stratford-on-Avon		85.0		84.6		84.6		
Mortality from cardiovascular ( <i>under 75</i> )	per 100,000	Warwick	2011-13	65.1	2012-14	67.1	2013-15	65.7	67.8	74.6
		Stratford-on-Avon		58.1		58.1		57.2		
Mortality from cancer ( <i>under 75</i> )	per 100,000	Warwick	2011-13	127.0	2012-14	127.4	2013-15	126.1	130.6	138.8
		Stratford-on-Avon		113.1		126.1		125.1		
Infant mortality	per 1,000	Warwick	2011-13	3.4	2012-14	2.8	2013-15	3.3	4.4	3.9
		Stratford-on-Avon		3.9		4.3		4.7		
Smoking prevalence - adults ( <i>over 18s</i> )	%	Warwick	2013	19.0	2014	14.6	2015	9.8	12.1	16.9
		Stratford-on-Avon		14.2		11.5		11.9		
Hospital stays for alcohol-related harm	per	Warwick	2012-13	580	2013-14	631	2014-15	580	590	641

	100,000	Stratford-on-Avon Warwick		518		591		563		
Excess weight in 4-5 year olds	%		2013-14	17.5	2014-15	18.3	2015-16	20.8	21.3	22.1
		Stratford-on-Avon Warwick		18.6		19.5		19.1		
Excess weight in 10-11 year olds	%		2013-14	29.0	2014-15	26.8	2015-16	28.1	32.6	34.2
		Stratford-on-Avon Warwick		28.4		27.8		28.6		
Excess weight in adults	%		-	-	2012-14	61.0	2013-15	58.5	65.0	64.8
		Stratford-on-Avon county				65.3		63.7		
Utilisation of outdoor space for exercise/ health reasons	%	county	Mar 12- Feb 13	14.0	Mar 13- Feb 14	18.1	Mar 14- Feb 15	11.3	11.3	17.9
Excess under 75 mortality rate in adults with serious mental illness	ratio	county	2012-13	365.5	2013-14	423.0	2014-15	414.9	414.9	370.0
Smoking status at time of delivery	%	SW CCG	2013-14	8.3	2014-15	8.7	2015-16	7.7	-	10.6
Modelled prevalence of young people aged 16-17 who regularly smoke	%	Warwick	-				2009-12	14.6	14.9	14.7
		Stratford-on-Avon						15.8		
Dementia prevalence ( <i>all ages</i> )	%	SW CCG	2013-14	0.7	2014-15	0.8	2015-16	0.9	0.79	0.76
Suicide rate ( <i>persons</i> )	per 100,000	Warwick	2011-13	15.2	2012-14	16.6	2013-15	14.4	11.8	10.1
		Stratford-on-Avon		8.1		10.9		10.9		
Overall satisfaction of people who use services with their care and support	%	county	2013-14	62.6	2014-15	61.2	2015-16	66.7	66.7	64.4
Adult social care users who have as much social contact as they would like	%	county	2013-14	45.6	2014-15	41.1	2015-16	40.6	40.6	45.4

Self-reported wellbeing – people with a low happiness score	%	county	2013-14	9.2	2014-15	7.2	2015-16	6.5	6.5	8.8
Children in low income families <i>(under 16s)</i>	%	Warwick	2012	10.3	2013	10.2	2014	10.7	14.0	20.1
		Stratford-on-Avon		9.1		8.5		9.7		
Excess Winter Deaths Index <i>(all ages)</i>	ratio	Warwick	Aug 12-Jul 13	11.1	Aug 13-Jul 14	9.1	Aug 14-Jul 15	13.5	25.2	27.7
		Stratford-on-Avon		13.4		12.3		28.0		
Excess Winter Deaths Index <i>(over 85s)</i>	ratio	Warwick	Aug 12-Jul 13	16.0	Aug 13-Jul 14	25.4	Aug 14-Jul 15	29.9	30.4	40.1
		Stratford-on-Avon		15.9		3.2		26.4		
Hospital admissions caused by unintentional and deliberate injuries in children, aged 0–4	per 10,000	Warwick	2013-14	177.0	2014-15	173.6	2015-16	158.6	158.6	129.6
		Stratford-on-Avon		163.0		172.6		123.9		
Elective admissions for hip replacement	per 100,000	Warwick	2009-10	144.7	2010-11	122.6	2011-12	118.3	129.8	125.9
		Stratford-on-Avon		142.9		136.3		133.6		
Hip fractures in people aged 65+	per 100,000	Warwick	2012-13	452	2013-14	539	2014-15	432	576	571
		Stratford-on-Avon		507		554		558		
Killed or seriously injured on roads	per 100,000	Warwick	2011-13	35.8	2012-14	34.2	2013-15	36.1	55.8	38.5
		Stratford-on-Avon		74.4		76.2		77.4		
Provides unpaid care	%	Warwick	-		2001	9.8	2011	9.8	10.9	10.2
		Stratford-on-Avon				10.3		11.3		
Percentage of adults binge drinking in heaviest drinking day	%	county	-				2011-14	20.1	20.1	16.5

Percentage who eat 5 portions or more of fruit & veg per day	%	county	-				2014-15	53.5	53.5	52.4
Breast cancer incidence rate	per 100,000	SW CCG	2012	198.0	2013	185.8	2014	190.2	-	173.4
Colorectal cancer incidence rate	per 100,000	SW CCG	2012	74.5	2013	77.5	2014	65.4	-	70.4
Prostate cancer incidence rate	per 100,000	SW CCG	2012	163.6	2013	186.2	2014	160.3	-	177.6
Stroke prevalence ( <i>all ages</i> )	%	Warwick	2012-13	1.7	2013-14	1.7	2014-15	1.8	1.8	1.7
		Stratford-on-Avon		1.9		1.9		2.0		
Recorded diabetes	%	Warwick	2012-13	5.0	2013-14	5.3	2014-15	5.4	6.1	6.4
		Stratford-on-Avon		5.1		5.3		5.4		
Statutory homelessness – households in temporary accommodation	per 1,000	Warwick	2013-14	0.2	2014-15	0.3	2015-16	0.3	0.7	3.1
		Stratford-on-Avon		0.4		0.5		0.7		
Proportion of all dependent children under 20 in relative poverty ( <i>living in households where income is less than 60 per cent of median household income before housing costs</i> )	%	Warwick	2012	9.9	2013	9.6	2014	10.4	13.5	19.9
		Stratford-on-Avon		8.6		8		9.4		
Proportion of children living in all out of work benefit claimants households	%	Warwick	2013	8.9	2014	8.1	2015	7.1	9.8	14
		Stratford-on-Avon		7.6		6.5		6.2		
Emergency Hospital Admissions for Intentional Self-Harm	Per 100,000	Warwick	2013-14	182.5	2014-15	141.2	2015-16	173.0	195.7	196.5
		Stratford-on-Avon		173.2		156.5		170.4		
Proportion of all mothers who breastfeed their babies in the first 48hrs after delivery	%	Warwick			2013/14	78.2	2014/15	69.1	72.1	74.3
		Stratford-on-Avon				76.7		74.3		

Proportion of all infants due a 6-8 week check that are totally or partially breastfed	%	Warwick			2013/14	54.3	2014/15	58.9	46.9	43.8
		Stratford-on-Avon				50.8		54.3		
Proportion of people (18+) in contact with mental health services when they access services for drug misuse	%	County	2013/14	14.2	2014/15	11.9	2015/16	14.2	14.2	22.1
Proportion of people (18+) in contact with mental health services when they access services for alcohol misuse	%	County	2013/14	16.8	2014/15	16.2	2015/16	15.9	15.9	20.8
Proportion of population aged 16+ with an eating disorder <sup>j</sup>	%	Warwick	2014	6.6	2015	6.5	2016	6.5	6.0	6.3
		Stratford		5.5		5.5		5.5		
Number of finished admission episodes <sup>ii</sup> with a primary diagnosis <sup>iii</sup> for 'eating disorder' <sup>iv</sup>	Number	SW CCG	2013-14	47	2014-15	60	2015-16	47	-	-
Proportion of adult social care users who have as much social contact as they would like	%	County	2013/14	45.6	2014/15	41.1	2015/16	40.6	40.6	45.4

■ The District/County is significantly worse than the England average  
■ The District/County is significantly similar to the England average  
■ The District/County is significantly better than the England average

<sup>1</sup> Estimated prevalence of eating disorders in the population aged 15+ produced by applying the age-specific estimates from the APMS to the mid-year population.

<sup>1</sup> A finished admission episode (FAE) is the first period of admitted patient care under one consultant within one healthcare provider. FAEs are counted against the year or month in which the admission episode finishes. Admissions do not represent the number of patients, as a person may have more than one admission within the period.

<sup>1</sup> The primary diagnosis is the first of up to 20 (14 from 2002-03 to 2006-07 and 7 prior to 2002-03) diagnosis fields in the Hospital Episode Statistics (HES) data set and provides the main reason why the patient was admitted to hospital.

<sup>1</sup> Includes anorexia, bulimia, overeating associated with other psychological disorders, vomiting associated with other psychological disturbances and other eating disorders

**In summary and of note:**

- Utilisation of outdoor space – Warwickshire is significantly worse than the England average.
- Dementia prevalence – Warwickshire is significantly worse than the England average and SWCCG is significantly worse than the England average.
- Suicide rate – Warwickshire is significantly worse than the England average, Warwick is significantly worse than the England average and Stratford is similar to the England average.
- Hospital admissions caused by unintentional and deliberate injuries in children aged 0-4 – Warwickshire is significantly worse than the England average, Warwick is significantly worse than the England average and Stratford is similar to the England average.
- Killed and seriously injured on roads – Warwickshire is significantly worse than the England average, Stratford is significantly worse than the England average and Warwick is similar to the England average.
- Stroke – Warwickshire is significantly worse than the England average.
- Proportion of all mothers who breastfeed their babies in the first 48 hours after delivery – Warwickshire is significantly worse than the England average, Warwick is significantly worse than the England average and Stratford is similar to the England average.

## **Warwick District Priorities**

**Breast feeding initiation**

**Early cancer diagnosis**

**Suicide Rates**

**Alcohol consumption <18**

**Infant mortality**

**Killed or seriously injured on roads**

**Injuries**

**<75 cancer mortality**

**Excess winter deaths**

## **Stratford District Priorities**

**Smoking**

**Financial Inclusion**

**Dementia Support**

**Stroke prevalence**

**Transport (rural)**

**Hospital access**

**Rural isolation**

**Fuel Poverty/Excess winter deaths**

**Homelessness**



## South Warwickshire Health and Wellbeing Partnership - Strategic Priorities and Implementation Plan Summary

Overarching Priority	Sub Priority	Strategic Link	Action for SWHWBP	Lead	Action Update
1. <b>Fuel Poverty/Excess Winter Deaths</b>		Place based JSNA			
2. <b>Lifestyle risks</b>	Smoking, alcohol consumption, increased physical activity	Place based JSNA, HWBB (prevention), STP			
3. <b>Reducing premature mortality and morbidity</b>	Early diagnosis, <75 mortality and stroke prevalence	Place based JSNA, HWBB (prevention), STP			
4. <b>Loneliness and social/rural isolation</b>	Transport and hospital access	Place based JSNA			
5. <b>Homelessness</b>		Place based JSNA, HWBB (prevention)			
6. <b>Mental health</b>	Suicide prevention	Place based JSNA, HWBB (prevention),			

	<b>and wellbeing</b>	and dementia	STP
7.	<b>0-5 early years</b>	Breast feeding initiation and preventing infant mortality, unintentional and deliberate injuries	Place based JSNA, HWBB (prevention)
8.	<b>Killed and seriously injured on roads</b>		Place based JSNA

## APPENDIX 2

### South Warwickshire – Joint Health & Wellbeing Partnership Group

#### Terms of Reference

##### 1. The role of the Group

**The purpose of the Group** will be to advance the health and wellbeing of local people and to encourage people and organisations who arrange for the provision of health and or social care services in the area to work a. in an integrated manner and b. closely with people and organisations who arrange for the provision of any health related services in the area.

It will take account of the joint strategic needs assessments at County and local level and consider how best to formulate and take forward a South Warwickshire Joint Health and Wellbeing Strategy and Commissioning framework including where appropriate, making recommendations to encourage the use of pooled resources where this will lead to better service delivery.

The Group will **aim to achieve its purpose** by aligning the strategic direction of the various bodies, prioritising actions and presenting clear plans of what will be done locally to address needs, improve health and reduce health inequalities.

Key to this will be:-

- Working to minimise duplication and where possible maximising the cost effectiveness of services by integrating business action plans;
- Co-ordinating of actions between partners and taking a joint approach to public communication on partnership issues including consultation in appropriate cases with service users and carers about service development which will affect them.

The Group will **monitor progress against agreed actions** in local plans and against nationally set outcomes and seek to ensure that **action is taken to improve outcomes** where appropriate.

This will include agreeing an **annual work programme** and producing **annual reports** of progress in relation to the **agreed action plans**.

## 2. Membership of the Group

It will be for the constituent bodies to agree who their representatives will be, but based on attendance to date the following is proposed for consideration by partners.

- South Warwickshire Accountable Officer,
- South Warwickshire CCG Clinical Lead for Health & Wellbeing
- Stratford and Warwick District Council, Council Portfolio Holder for Health
- Stratford and Warwick District Council Chief Executive
- Stratford and Warwick District Council, Assistant Directors Leisure & Community Development and Housing.
- Warwickshire County Council, Strategic Commissioning, Service Manager. Integration Frail Elderly
- Warwickshire County Council , Public Health Consultant in Public Health
- Warwickshire County Council, Lead Commissioner for Public Health

Where decisions of the group will require resources to be committed by constituent bodies, group representatives will seek to obtain a decision on whether to the commit or otherwise of resources in a timely way.

### 3. Meetings

Meetings will take place at least 4 times a year on dates and times to be agreed annually.

**Agendas and supporting documents** will be issued at least one working week before each meeting with notes being produced and circulated within 10 working days of the meeting.

The Group will **report** to the local Community Partnership, CCG and where appropriate Warwickshire Health & Wellbeing Board.

The structure and membership and activities of the group will be **reviewed annually**


---

<sup>i</sup> Estimated prevalence of eating disorders in the population aged 15+ produced by applying the age-specific estimates from the APMS to the mid-year population.

<sup>ii</sup> A finished admission episode (FAE) is the first period of admitted patient care under one consultant within one healthcare provider. FAEs are counted against the year or month in which the admission episode finishes. Admissions do not represent the number of patients, as a person may have more than one admission within the period.

<sup>iii</sup> The primary diagnosis is the first of up to 20 (14 from 2002-03 to 2006-07 and 7 prior to 2002-03) diagnosis fields in the Hospital Episode Statistics (HES) data set and provides the main reason why the patient was admitted to hospital.

<sup>iv</sup> Includes anorexia, bulimia, overeating associated with other psychological disorders, vomiting associated with other psychological disturbances and other eating disorder

 <b>WARWICK DISTRICT COUNCIL</b>	<b>Health Scrutiny Sub Committee – 14 March 2018</b>	<b>Agenda Item No. 6</b>
<b>Title</b>	Review of the Work Programme & Forward Plan	
<b>For further information about this report please contact</b>	Lesley Dury, Committee Services Officer, 01926 456114 or <a href="mailto:committee@warwickdc.gov.uk">committee@warwickdc.gov.uk</a>	
<b>Wards of the District directly affected</b>	N/A	
<b>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?</b>	No	
<b>Date and meeting when issue was last considered and relevant minute number</b>	16 January 2018	
<b>Background Papers</b>	N/A	
This report is produced for Scrutiny meetings for governance purposes. It is part of the process for ensuring that the Council is held to account for the decisions it makes or may make.		

## 1. Summary

- 1.1 This report informs the Sub-Committee of its work programme for 2018 (Appendix 1) and of the current [Forward Plan March to June 2018](#)

## 2. Recommendation

- 2.1 Members consider the work programme and agree any changes as appropriate.
- 2.2 The Committee to; identify any Executive items on the Forward Plan which it wishes to have an input before the Executive makes its decision; and to nominate a Member to investigate that future decision and report back to the Committee.

## 3. Reasons for the Recommendation

- 3.1 The work programme should be updated at each meeting to accurately reflect the workload of the Sub-Committee.

## 4. Background

- 4.1 At each meeting, the Sub-Committee will consider its work programme and the Council's published Forward Plan and make amendments where necessary to its work programme.
- 4.2 Overview & Scrutiny Committee may request that the Sub-Committee undertakes areas of health Scrutiny.
- 4.3 Officers may present reports to the Sub-Committee to seek direction on their content.

- 4.4 Warwickshire County Council, as the lead authority for Health Scrutiny, can ask the District Council to undertake areas of health scrutiny.

**Health Scrutiny Sub-Committee**  
**Work Programme 2018**

**3 July 2018**

<b>itle</b>	<b>Where did item originate from</b>	<b>Format</b>	<b>Lead Officer</b>	<b>Membership of Task &amp; Finish</b>	<b>Next report date if applicable</b>	<b>Completion date</b>
WCC Adult Social Care & Health Overview & Scrutiny Committee		Verbal Report on meeting 24 January 2018 (next meeting 14 March 2018)	Cllr Mrs Redford		Each meeting	Ongoing
Empower communities to deliver support to tackle mental health and suicide rates and social isolation – Action Plan for Promoting Health and wellbeing in the wider district , ref 2.11	Health Scrutiny 16 January 2018	Written report	Marianne Rolfe			
Health Strategy Update		Written Report	Elizabeth Young / Bernie Allen		Each Meeting	Ongoing
Improved housing conditions in which residents live – Action Plan for Promoting Health and wellbeing in the wider district , ref 2.15	Health Scrutiny 16 January 2018	Written report	Lisa Barker			



**22 August 2018**

<b>Title</b>	<b>Where did item originate from</b>	<b>Format</b>	<b>Lead Officer</b>	<b>Membership of Task &amp; Finish</b>	<b>Next report date if applicable</b>	<b>Completion date</b>
WCC Health & Wellbeing Board meetings update		Verbal Report	Portfolio Holder		Each meeting	Ongoing
WCC Adult Social Care & Health Overview & Scrutiny Committee		Verbal Report on meeting 24 January 2018 (next meeting 14 March 2018)	Cllr Mrs Redford		Each meeting	Ongoing

**20 November 2018**

<b>Title</b>	<b>Where did item originate from</b>	<b>Format</b>	<b>Lead Officer</b>	<b>Membership of Task &amp; Finish</b>	<b>Next report date if applicable</b>	<b>Completion date</b>
Health & Wellbeing Annual Update Report		Written Report	Marianne Rolfe / Elizabeth Young/ Bernie Allen/ Portfolio Holder		November 2019	Annual report
Annual Status Report – Air Quality Management		Written Report	Matthew Shirley / Michael Jenkins		November 2019	Annual report
WCC Health & Wellbeing Board meetings update		Verbal Report	Portfolio Holder		Each meeting	Ongoing
WCC Adult Social Care & Health Overview & Scrutiny Committee		Verbal Report on meeting 24 January 2018 (next meeting 14 March 2018)	Cllr Mrs Redford		Each meeting	Ongoing
Feedback from other Councillors who sit on outside bodies concerning health & wellbeing		Verbal reports	Councillor Mrs Knight		Each meeting	Ongoing

**Items where a date is to be set**

- Care Quality Commission – external speaker
- Policy on Regulating the Private Rented Sector – Health & Wellbeing Aspects (Forward Plan 880) Pre-scrutiny work – *28/11/17 - Response from Ken Bruno on a delivery date – the Council is awaiting the Government to commence various provisions in the Housing & Planning Act 2016 and publish the regulations.*
- Cultural Services – Physical Activity promotion and development – agreed 21 November 2017