

Health Overview & Scrutiny Sub Committee – 16th January 2018

Agenda Item No. 5

Title: Health and Wellbeing Priorities and Action Plan 2018-20

For further information about this	Marianne Rolfe
report please contact	Head of Health & Community Protection
	01926 456700
	Marianne.rolfe@warwickdc.gov.uk
	Bernadette Allen
	Localities and Partnership Teams
	01926 456020
	Bernadette.Allen@warwickdc.gov.uk
Wards of the District directly affected	All
Is the report private and confidential	No
and not for publication by virtue of a	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?	
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	03/01/18	Andrew Jones
Executive		
Head of Service	03/1/18	Marianne Rolfe
CMT	03/01/18	Andrew Jones
Section 151 Officer		
Monitoring Officer		
Finance		

Portfolio Holder(s)	03/01/18	Councillor Andrew Thompson
Consultation & Community	Engagement	
Final Decision?		No
Suggested next steps (if not final decision please set out below)		

1. SUMMARY

The report outlines the Health and Wellbeing Strategic approach and action plan for 2018-20

2. RECOMMENDATION

2.1 That the committee support the updated health and wellbeing strategic approach and action plan for 2018-20

3. REASONS FOR THE RECOMMENDATION

3.1 To provide the Committee with details of the health and wellbeing priorities and action plan for 2018-20

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.

FFF Strands		
People	Services	Money
External		
Health, Homes, Communities	Green, Clean, Safe	Infrastructure, Enterprise, Employment
 Intended outcomes: Improved health for all Housing needs for all met Impressive cultural and sports activities 	 Area has well looked after public spaces All communities have access to decent open space 	 Intended outcomes: Dynamic and diverse local economy Vibrant town centres Improved performance/

Cohesive and active communities	 Improved air quality Low levels of crime and ASB 	 productivity of local economy Increased employment and income levels
Impacts of Proposal		
details on the interventions being delivered by the	Elements of cross over in this objective in the delivery of the council Health and Wellbeing approach	None
Internal		
Effective Staff	Maintain or Improve Services	Firm Financial Footing over the Longer Term
 All staff are properly trained 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 	 Focusing on our customers' needs Continuously improve our processes Increase the digital provision of services 	 Better return/use of our assets Full Cost accounting Continued cost management Maximise income earning opportunities Seek best value for money
Impacts of Proposal		
Ensuring that Staff Health and Wellbeing is provided for	Ensuring that the Health and wellbeing interventions are built	None

into service delivery	

- 4.2 Supporting Strategies: Each strand of the FFF Strategy has several supporting strategies and the relevant ones for this proposal are the 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 by this report.

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 Health and Wellbeing Approach details 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)
 - To address the HWB of our own staff
- 8.2 This report seeks to obtain approval of the Health and Wellbeing Strategic approach in appendix 1.

- 8.3 Within the Health and Wellbeing Approach (Appendix 1), the Health and Wellbeing priorities for 2018-20 are identified. These have been identified as through review of the Director of Public Health Report, Health and Wellbeing Board priorities and use of the Joint Strategic needs Assessment for the district.
- 8.4 The Director of Public Health Annual report has highlighted key performance measures for the Warwickshire population and allows comparisons between the districts and boroughs (appendix 1 Section 2). The values are coloured to indicate statistical importance compared to England
- 8.5 The Health and Wellbeing Board through a series of workshops have agreed to focus on a number of specific areas. Namely;
 - 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
 - Adding value to acute service design
- 8.6 The Joint Strategic Needs Assessment profiling tool highlighted a number of statistics which have helped to shape the priorities and actions detailed in the councils own Health and Wellbeing Approach. i.e. Percentage of persons living in rented accommodation, Number of persons in receipt of support packages, Percentage of persons finding it difficult on their current income, self-harm admissions, persons admitted to hospital as emergencies which should not require admission, number of suicides, number of persons with long standing illnesses or disabilities and the heat map of these statistics.