

<b>Report to:</b>	<b>Health and Wellbeing Board</b>
<b>Relevant Officer:</b>	Traci Lloyd-Moore, Health and Wellbeing Board Development officer
<b>Relevant Cabinet Member</b>	Councillor Eddie Collett, Cabinet Member for Public Health
<b>Date of Meeting</b>	3 <sup>rd</sup> September 2014

## Health and Wellbeing Board Development Update – Joint Health and Wellbeing Strategy Revised Priorities

### 1.0 Purpose of the report:

1.1 To consider the four revised priorities identified at the Board’s last Away Day.

### 2.0 Recommendation(s):

2.1 To consider and agree the revised priorities.

### 3.0 Reasons for recommendation(s):

3.1 At the last Away Day, members of the Board identified four ‘key drivers’ to focus on over the longer term. These were presented to the Board in July together with the key outcomes of that session and the first iteration of an improvement plan. In order to further develop the improvement plan and to support initial arrangements for refresh of the Joint Health and Wellbeing Strategy in 2015, the Board is being asked to consider and agree the four drivers which are set out in section 5 of this report.

3.2a Is the recommendation contrary to a plan or strategy adopted or approved by the Council? No

3.2b Is the recommendation in accordance with the Council’s approved budget? Yes

3.3 Other alternative options to be considered:

There are no alternative options to be considered

#### 4.0 Council Priority:

4.1 The relevant Council Priority is  
“Improve health and well-being especially for the most disadvantaged”

#### 5.0 Background Information

5.1 The Health and Wellbeing peer challenge outlined six key recommendations which were discussed in detail at the Board’s last Away Day. One of the recommendations proposed the joining up of priority actions, with the Board asked to select the top three to focus on and deliver over the longer term.

5.2 In considering its future direction, Board members who attended the Away Day identified four key ‘drivers’ that would have the biggest impact against the 21 priorities set out in the current Joint Health and Wellbeing Strategy and for which the Board could most influence or add leverage to as a partnership. These are set out in the table below.

Driver/ Priority Area	Stabilising the Housing Market	Substance misuse alcohol drugs and tobacco	Social Isolation/ Community Resilience	Early Intervention
<b>Suggested Board Action or Role</b>	Work with partners to improve HMO stock via selective licensing	Address lifestyle issues by supporting education programmes and policy intervention e.g. Local EMRO	Address social isolation for all ages and build community resilience  Obtain clarity on partner contribution and ensure services are joined up	Encourage more upstream intervention at the earliest stage of life possible to make the most gains. Better Start being the catalyst for change.

5.3 The key actions and outcomes from the Away Day including the ‘drivers’ outlined above were used to shape an improvement plan, which the Board approved in principle, in July. In moving forward, and in order to finalise the improvement plan the Board are being asked to consider whether these are the right areas of focus for the next Joint Health and Wellbeing Strategy. Once agreed, the following key activities will be led by the Strategic Commissioning

Group:

Activity	Lead	When by
Undertake a review of priorities not yet considered through formal debate to support the transition from the current strategy to a revised version. These include: <b>Physical Activity, Substance Misuse, Dementia, Frail Elderly, Carers and Young Carers, Safeguarding and Domestic abuse, Long Term Conditions and Disabilities, Economy, Employment and Workforce, Education and Aspiration, Environment, Transport, Crime and Anti-Social Behaviour.</b> This will identify the leads responsible for the priority and a synopsis of the key strategies, plans, interventions or activities in place and provide the Board with an overall picture of how each priority is being addressed, with clarity and assurance around the governance, reporting and management arrangements. As the Board will not wish to lose sight of continuing progress and to be able to assess future impact against the four key drivers, consideration will need to be given to the how these connect with the 21 priorities; the level and frequency of assurance from leads that progress is being made and the type of performance management arrangements required	Strategic Commissioning Group	Oct 14
Undertake a full review of the actions, assigned leads and timescales set out within the improvement plan, making any changes as required.	Strategic Commissioning Group	Nov 14
To hold a development session, facilitated by the LGA on 3 <sup>rd</sup> December this will primarily focus on implementation of the improvement plan and the transition from the existing strategy to the new version.	LGA	Dec 14
Undertake a scoping exercise to identify the key actions and activities the Board will commit to undertake against each 'key driver' which will be supported by an assessment of spend across each one. A revised substructure to support delivery of the priorities will then need to be developed.	Strategic Commissioning Group	Spring 2015

5.4 Does the information submitted include any exempt information?

No

5.5 **List of Appendices:**  
None

6.0 **Legal considerations:**

6.1 None

**7.0 Equalities considerations:**

7.1 It is intended that reducing the number of strategic priorities will allow the Board to work with greater precision and achieve greater impact in tackling the key health challenges set out in the current Joint Health and Wellbeing Strategy, and as part of the refresh an equality impact analysis will be conducted.

**8.0 Financial considerations:**

8.1 None

**9.0 Risk management considerations:**

9.1 None

**10.0 Internal/ External Consultation undertaken:**

10.1 None

**11.0 Ethical considerations:**

11.1 None

**12.0 Internal/ External Consultation undertaken:**

12.1 None

**13.0 Background papers:**

13.1 None