Committee: Health and Wellbeing Board

Date: 27th January 2015

Wards: All

Subject: Health and Wellbeing Strategy Refresh 2015

Lead officer: Dr Kay Eilbert, Director of Public Health Lead member: Councillor Caroline Cooper Marbiah

Forward Plan reference number:

Contact officer: Clarissa Larsen, Health and Wellbeing Board Partnership Manager

Reason for urgency Pursuant to Access to Information regulations, the Chair has approved the late submission of this report for the following reason:

This report provides draft outcomes from all partners for the Health and Wellbeing Strategy which are required for discussion and agreement by the HWB to allow progress to schedule of the Strategy.

Recommendations:

- A To agree and support the draft outcomes for the Health and Wellbeing Strategy
- B To consider the focus of the Strategy on inequalities and which outcomes should form the key priorities for the Health and Wellbeing Strategy for the year ahead.

1. PURPOSE OF REPORT AND EXECUTIVE SUMMARY

To consider and agree the proposed draft outcomes, against each of the five themes for the refresh of Merton Health and Wellbeing Strategy 2015-18. To further consider the focus of the Strategy on inequalities and which of the draft outcomes should provide the key focus for the Health and Wellbeing Board in the year ahead.

2 BACKGROUND

2.1 Members will recall that the last meeting of the Board agreed an approach to the refresh of the Health and Wellbeing Strategy around the five themes that make up a good life in Merton.

Theme 1	Best start in life - early years and achieving a strong educational
	base for children and young people

- Theme 2 Good health preventing illness, ensuring early detection of illness and accessing good quality healthcare.
- Theme 3 Good life skills, lifelong learning and good work.
- Theme 4 Community participation and feeling safe

Theme 5 A good built and natural environment

The Health and Wellbeing Strategy Task Group has been meeting as a partnership group between the Council, CCG and voluntary sector to forward the Strategy. A lead officer/officers for each theme has produced draft agreed outcomes with a number of actions and indicators to deliver them.

2.2 The Strategy refresh is in line with the evidence in the new JSNA, feedback from the Health and Wellbeing Peer Challenge, the Merton Partnership Conference on Health Inequalities 2013 and the focus on inequalities, prevention and integration specifically through the Better Care Fund.

3. DETAILS

Draft Outcomes and Key Priorities

- 3.1 Draft outcomes have been identified and agreed by a lead officer or joint leads for each theme. Following discussion at the November Health and Wellbeing Board and the December HWB Strategy Task Group it was agreed that outcomes, actions and indicators should, as far as possible, focus on areas that need improvement in Merton, tackle health inequalities across the borough and be ambitious but realistic in the context of financial pressures.
- 3.2 It has also been suggested that a small number of outcomes should be agreed as top priorities for the Health and Wellbeing Strategy for the year ahead, to provide a real focus for the work and collaborative leadership of the Health and Wellbeing Board
- 3.3 The wider list of outcomes below are currently being developed by relevant lead officers with actions, indicators, baselines, trajectories and governance lead by the relevant Board collaboratively with the HWB. This is work in progress and full details are being developed for each priority theme for the Delivery Plan template included in Appendix 1

Draft outcomes to date are proposed as:

Theme 1 Best start in life – early years and achieving a strong educational base for children and young people

Proposed draft outcomes

- 1.1 All babies have the best start in life.
- 1.2 Promoting the emotional wellbeing and resilience of our children and young people.
- 1.3 Promoting healthy lifestyles and choices.
- 1.4 Helping children and young people fulfil their educational potential.

Theme 2: Good health – preventing illness, ensuring early detection of illness and accessing good quality healthcare.

Proposed draft outcomes

- 2.1 Embed prevention into local public policy and make health everyone's business to ensure that influences on health make a positive impact
- 2.2 Promote and support healthy settings such as workplaces and schools that enable individuals to make healthy choices
- 2.3 Make every contact count, embedding prevention of ill health into the day to day role of frontline staff
- 2.4 Enable and increase the number of adults making healthy life choices, including taking up clinical prevention services.
- 2.5 Develop health services that meet the needs of residents of East Merton.
- 2.6 Reduce Accident and Emergency attendances and emergency admissions for long-term conditions, such as diabetes and deliver care in the most appropriate location.
- 2.7 Raise awareness of dementia prevention and enable those with dementia and their carers to have access to good quality, early diagnosis and support.
- 2.8 Ensure people with mental health issues have access to timely assessment, diagnosis, treatment and long term support for both mental and physical health.
- 2.9 Improve mental wellbeing including among the frail and elderly.
- 2.10 To work with commissioners of Primary Care to ensure that services are accessible to the public in a way that is convenient to them.

Theme 3 Good life skills, lifelong learning and good work. Proposed draft outcomes

- 3.1 Continue to reduce the number of JSA claimants and residents who are economically inactive.
- 3.2 To support residents through targeted initiatives to improve their soft skills to facilitate their chances of finding employment.
- 3.3 Encourage skills provision in growth sectors.
- 3.4 Support local employers through business engagement activities to identify their business needs that will lead to local employment/ apprenticeship/ traineeship opportunities.(the Economic Wellbeing Group works closely with Merton Chamber of Commerce to understand what our local businesses want from their employees).
- 3.5 Provide opportunities for more people to make a positive contribution to their own wellbeing through access to adult learning and development of skills.

Theme 4 Community participation and feeling safe

Proposed draft outcomes (Safer Merton is also developing additional outcomes on this theme)

- 4.1 Metropolitan police will consider both higher crime and higher fear of crime data in the deployment of local resources to areas of the borough in order to increase police visibility in these areas.
- 4.2 Metropolitan police will continue to work with partners through the LMAP to identify and address local crime, anti social behaviour issues or perception of crime issues.
- 4.3 Increase volunteering in the borough.
- 4.4 Increase activity of community groups in levering funds into Merton for work around health and wellbeing.
- 4.5 Build capacity across community groups to enable them to partner the public sector on health and wellbeing work.

Theme 5 A good natural and built environment Proposed draft outcomes

- 5.1 Embed positive health and wellbeing outcomes within major developments by making positive health impacts a condition of granting planning permission in Merton.
- 5.2 Help tackle fuel poverty by promoting and managing collective energy switching programmes for Merton's residents.
- 5.3 Increase the number of street trees and trees in parks.
- 5.4 Provide opportunities for local communities to grow food to help encourage a healthy diet, community co-operation and local enterprise.
- 5.5 Achieve the affordable housing targets set in our Local Plan.
- 5.6 Explore the need for a social landlord register.

4. Next Steps

It is suggested that the Health and Wellbeing Strategy will run for three years 2015 to 2018 with regular updates to the Health and Wellbeing Board with particular focus on the agreed key priorities.

As reported to the last Health and Wellbeing Board, HeatlhWatch is holding an engagement event on the HWB Strategy on Thursday 5 February 2015 at Vestry Halls, Mitcham

It is planned, subject to agreement, to bring a draft strategy to the March meeting of the Health and Wellbeing Board.

5. ALTERNATIVE OPTIONS

It is a statutory requirement that Health and Wellbeing Boards have a Health and Wellbeing Strategy based on the Joint Strategic Needs Assessment.

6. CONSULTATION UNDERTAKEN OR PROPOSED

HealthWatch will hold an engagement event as reported. This is supported by partners' own engagement.

7. TIMETABLE

The refreshed Health and Wellbeing Strategy will be for three years 2015 to 2018.

8. FINANCIAL, RESOURCE AND PROPERTY IMPLICATIONS

None for the purpose of this report.

9. LEGAL AND STATUTORY IMPLICATIONS

The production of a Health and Wellbeing Strategy is statutory for each Health and Wellbeing Board.

10. HUMAN RIGHTS, EQUALITIES AND COMMUNITY COHESION IMPLICATIONS

Addressing health inequalities is a core, cross cutting principle of the Health and Wellbeing Strategy.

11. CRIME AND DISORDER IMPLICATIONS

None for the purpose of this report.

12. RISK MANAGEMENT AND HEALTH AND SAFETY IMPLICATIONS

None for the purpose of this report.

APPENDICES – THE FOLLOWING DOCUMENTS ARE TO BE PUBLISHED WITH THIS REPORT AND FORM PART OF THE REPORT

Appendix 1 – template for Delivery Plan

BACKGROUND PAPERS

Merton Health and Wellbeing Strategy 2013/14

http://www.mertonpartnership.org.uk/hwb strategy final web ready.pdf

Appendix 1 – Delivery Plan Template, Health and Wellbeing Strategy 2015-18

EXAMPLE

Priority Theme 1: Best start in life – early years and achieving a strong educational base for children and young people.

Why is this important?

Short explanation of why the theme is a key determinant of health.

utcomes

(a small number of outcomes that can be delivered through actions that can be evaluated by indicators of success)

- 1.1 All babies have the best start in life.
- Promoting the emotional wellbeing and resilience of our children and young people. 1.2
- 1.3 Promoting healthy lifestyles and choices.
- 1.4 Helping children and young people fulfil their educational potential.

Delivery Plan Priority 1

Outcome 1.1 – All babies have the best start in	est start in life					
Action	Indicator	Baseline	Trajectory	Reporting cycle	Lead Officer Governance Lead	Governance Lead

List of actions that will deliver			
outcome 1.1			

This page is intentionally left blank