

Committee: Health and Wellbeing Board

Date: 23 June 2015

Wards: All

Subject: Merton Health and Wellbeing Strategy 2015-18

Lead officer: Kay Eilbert, Director of Public Health

Lead member: Councillor Caroline Cooper Marbiah, Cabinet Member for Adult social Care and Health

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

Recommendations:

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1. To receive the refreshed Merton Health and Wellbeing Strategy 2015-18
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1 PURPOSE OF REPORT AND EXECUTIVE SUMMARY

- 1.1. This report outlines the Health and Wellbeing Strategy 2015-18 and presents a one page summary for information and circulation.

2 DETAILS

- 2.1 Members of the Board will recall that they discussed the direction of the refreshed Strategy at the development session in January and again at the informal seminar in March. It was agreed that the Strategy should be more focussed on fewer outcomes with a clear delivery plan.

- 2.3 The Health and Wellbeing Strategy 2015-18 prioritises the most significant influences on health as well as good health. Our vision is:

A fair share of opportunities for health and wellbeing for all Merton residents.

This means we will halt the rise in the gap in life expectancy between areas within Merton.

- 2.4 The Strategy has five key priorities which together create a place for a good life in Merton:

Theme 1 Best start in life – early years development and strong educational achievement.

Theme 2 Good health – focus on prevention, early detection of long-term conditions and access to good quality health and social care

Theme 3 Life skills, lifelong learning and good work

Theme 4 Community participation and feeling safe

Theme 5 A good natural and built environment

- 2.5 Each theme sets out a number of outcomes with three year targets. The draft delivery plan details actions against each outcome, with baselines, one year

targets, lead officer and governance lead. The Delivery Plan 2015/16 will be available online and the link will be circulated with the minutes of this meeting.

The Health and Wellbeing Strategy 2015-18 has been circulated to members of the Health and Wellbeing Board and a printed version will be available at the meeting.

- 2.6 Following comment and agreement by the Health and Wellbeing Board and Merton Council Cabinet, the Health and Wellbeing Strategy was launched at the Mitcham Fair on 13 June. A one page summary of the Strategy was circulated at the event which will also be distributed at the meeting. Partners are encouraged to share and promote this summary as widely as possible, within their own organisations and with contacts.

2.7 NEXT STEPS

Each of the priorities will report on progress to the Health and Wellbeing Board and this reporting schedule will be included in the forward plan. The Delivery Plan will be updated on an annual basis.

3 ALTERNATIVE OPTIONS

- 3.1. It is a statutory requirement for all Health and Wellbeing Boards to produce a joint Health and Wellbeing Strategy based on the Joint Strategic Needs Assessment and wider data

4 CONSULTATION UNDERTAKEN OR PROPOSED

- 4.1. A consultation event was organised by Healthwatch for the refresh of the Health and Wellbeing Strategy. Health and Wellbeing Board partners have been closely involved in the development of the Strategy.

5 TIMETABLE

- 5.1. The Health and Wellbeing Strategy will run to 2018 with the Delivery Plan being updated on an annual basis.

6 FINANCIAL, RESOURCE AND PROPERTY IMPLICATIONS

- 6.1. The Health and Wellbeing Board is supported by the Public Health team

7 LEGAL AND STATUTORY IMPLICATIONS

- 7.1. The Health and Wellbeing Board is a statutory committee of the Council and must deliver a Joint Strategic Needs Assessment, a Health and Wellbeing Strategy and integration of health and social care

8 HUMAN RIGHTS, EQUALITIES AND COMMUNITY COHESION IMPLICATIONS

- 8.1. The Health and Wellbeing Board has prioritised health inequalities within Merton

9 CRIME AND DISORDER IMPLICATIONS

- 9.1. One of the themes of the health and wellbeing strategy – Community Participation and Feeling Safe involves a focus on crime and perceptions of crime, especially in the more deprived part of the borough.

- 10 RISK MANAGEMENT AND HEALTH AND SAFETY IMPLICATIONS**
None
- 11 APPENDICES – THE FOLLOWING DOCUMENTS ARE TO BE PUBLISHED WITH THIS REPORT AND FORM PART OF THE REPORT**
None
- 12 BACKGROUND PAPERS**
- 12.1. None

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