REPORT FOR: HEALTH AND WELLBEING

**BOARD** 

**Date of Meeting:** 19 June 2013

Subject: Health and Wellbeing Strategy

Implementation Plan

**Responsible Officer:** Dr Andrew Howe, Director of Public Health

Exempt: No

Enclosures: Health and Wellbeing Strategy

Implementation Plan

## **Section 1 – Summary and Recommendations**

This report sets out to update the Health and Wellbeing Board on the Health and Wellbeing Strategy Implementation Plan for 2013-16.

#### **Recommendations:**

The Board is requested to:

- Accept the implementation plan.
- Following the HWB, on the advice of the Legal Department, both the strategy and the implementation plan then be sent to Council for information only.



## **Section 2 – Report**

#### **Background**

In June 2012, the Shadow Health and Wellbeing Board accepted the Health and Wellbeing Strategy 2013-2016. The strategy was drawn from the joint strategic needs assessment and, following extensive consultation with local stakeholders, identified seven key priority areas for action:

- Long-term conditions
- Cancer
- Worklessness
- Poverty
- Mental health and wellbeing
- Supporting parents and the community to protect children and maximise their life chances
- Dementia

The attached implementation plan describes at high level the actions that Health and Wellbeing Board (HWB) partners are taking and are planning to take over the lifetime of the strategy to address these priorities. Some of the actions were already captured in existing strategies and action plans, which support delivery of the HWB agenda. For others, partners took account of the HWB strategy while developing their own strategies and action plans to ensure coherence and consistency and that the health and wellbeing priorities were addressed.

The HWB agreed to structure the strategy around the pathway of care – from Primary Prevention: Maternal Health and Early Intervention, through Primary Prevention, involving lifestyles and community; early detection, services and interventions; secondary prevention; to dignity and choice at the end of life. Therefore, the implementation Plan is structured along the same lines. The approaches used are evidence-based and grounded on the needs of the local population, as described in the JSNA, dealing with the social determinants of health and not just health services. The plan demonstrates that the strategy can only be delivered by everyone working together.

This is a three year implementation plan, so actions for year 1 are more fully developed than for subsequent years. The equality impact assessment is still to be completed, so this flexibility in the plan allows the opportunity to amend it in response to the EqIA findings and other opportunities that arise.

## **Financial Implications**

The plan will be delivered within the available financial resources of the partner agencies. If the financial resources available were to reduce then the plan would need to be refined accordingly.

Financial and other resources required to implement the strategy have been largely accounted for in existing strategies and action plans. Some of the plans have still to be fully developed and will be subject to full business cases

being produced and submitted to the appropriate committee within the relevant partner organisation. E.g. some public health programmes have been outlined in the 2013/14 commissioning intentions, but are subject to detailed business cases and project plans being produced during the course of the year. Detailed plans for subsequent years from Public Health and other partners will need to be revisited and further developed to take account of changes and to plan the detailed resource implications for each financial year.

### **Risk Management Implications**

Risk included on Directorate risk register? No

Separate risk register in place? No

The risks associated with the separate objectives and actions have been identified and controls put in place by the relevant strategy groups and project boards. These risks have been captured in separate risk registers in HWB partner organisations and council directorates.

#### **Equalities implications**

Was an Equality Impact Assessment carried out? Yes – in progress

An Equality Impact Assessment has been started and is still in progress: not all groups have been consulted yet. Once the consultation is complete the EqIA will be circulated to partners with the implementation plan, so that actions can be amended to mitigate the negative impacts and maximise any positive ones.

## **Corporate Priorities**

As a partnership strategy, the Harrow Health and Wellbeing Strategy incorporates not only the Council's corporate priorities, but also partner agencies' and key national priorities. These are indicated in the Implementation Plan.

## **Section 3 - Statutory Officer Clearance**

Name: Simon George	X	Chief Financial Officer
Date: 5 June 2013		
		on behalf of the*
Name: Linda Cohen	X	Monitoring Officer
Date: 10 June 2013		

# Section 4 - Contact Details and Background Papers

**Contact:** Sandra Husbands,

Consultant in public health medicine

020 8420 9521

## **Background Papers**:

Harrow Health and Wellbeing Strategy Implementation Plan

If appropriate, does the report include the following considerations?

1.	Consultation	YES
2.	Corporate Priorities	YES / NO