

**REPORT TO:** CABINET OVERVIEW WORKING GROUP

**DATE:** 12 APRIL 2018

**TITLE:** HEALTH AND WELLBEING STRATEGY – FINAL REPORT

**LEAD OFFICER:** JANE GREER, HEAD OF COMMUNITY WELLBEING (01279) 446406

**CONTRIBUTING OFFICERS:** LOURDES MADIGASKERA, PUBLIC HEALTH IMPROVEMENT PRACTITIONER (01279) 446085

MAUREEN PEARMAN, COMMUNITY, LEISURE AND CULTURAL SERVICES MANAGER (01279) 446095

**RECOMMENDED that** the Working Group recommends to Cabinet that:

- A** The Health and Wellbeing Strategy, attached as Appendix A to the report, be approved.

## **BACKGROUND**

1. On 31 January 2017, the Scrutiny Committee referred its review of health and wellbeing in Harlow to the Overview Working Group with a view to developing a Health and Wellbeing Partnership Strategy through the Council's Health and Wellbeing Board. Since then the Overview Working Group has met and agreed the consultation process for the developing the Strategy with wider partners (see Appendix B).
2. The Strategy was then taken to consultation. The consultation was completed and delivered to:
  - a) All of the health and wellbeing subgroups;
    - i) Early Help and Startwell
    - ii) Bewell, Staywell and Workwell
    - iii) Agewell
  - b) The Harlow Youth Council;
  - c) The Public Health Officers Group;
  - d) Heads of Service; and

- e) Widerpartners which included (Essex County Council – Public Health Team, West Essex CCG).
3. A consultation framework was developed and agreed by the Overview Working Group (see Appendix B) in order to conduct a consistent approach to consulting with partners.
4. All comments and recommendations were reviewed and assessed. Where appropriate recommendations were included in the strategy or will be included in the action plans.

## **ISSUES/PROPOSALS**

5. The four strategic priorities were agreed by all of the sub-groups. It was recognised that there are health and wellbeing issues that cut across all age groups for example; loneliness, social isolation, obesity, physical inactivity, sexual health, mental health, healthy relationships, winter pressures and nutrition - these issues have been highlighted in the Strategy. These strategic priorities offer a 'whole life course' approach to promoting health and wellbeing. The life-course approach was commended for offering a holistic approach.
6. From the feedback captured through consultation, the recommendations were reviewed and evaluated to be included in the final Strategy. Due to the wide range of partners involved in the consultation process, recommendations were either included in the Strategy, or will be incorporated as part of the wider delivery plan and associated action plans.
7. Livewell branding has now been adopted and launched across Essex. The consultation process identified that as this is a partnership document the only logo that needed to be included was the Livewell logo.
8. To address the consultation feedback, it was agreed by the Overview Working Sub-Group that an Internal Public Health Officers Group (see Appendix C) would be established in order to assist with the delivery of the Health and Wellbeing Partnership Strategy, with a focus on joining up all of the Council's departments with a Public Health element. This would then assist with addressing the wider determinants of health associated with housing, planning, economic development, licensing and environmental health. The Public Health Officers Group will develop its own action plan detailing what the Council will be delivering on health and wellbeing.
9. The final Health and Wellbeing Partnership Strategy once approved by Cabinet will then be taken to the Harlow Health and Wellbeing Board for endorsement by wider partners. Following this the Strategy will be launched in July 2018 alongside the Livewell branding. This version will also include graphics that could not be completed in time for this meeting.
10. Partners have agreed that this should be a ten year strategy, which is refreshed every two years by the Harlow Health and Wellbeing Board. It was agreed that

the action plans would be updated every year and an annual report would provide an update on how health and wellbeing is progressing and being delivered in Harlow.

11. The Strategy is informed by Public Health England District Profile Data and the Joint Needs Assessment (JSNA) provided by Essex County Council. This health profile for Harlow is designed to help local government and health services understand health inequalities, priority areas and community's needs.

## **IMPLICATIONS**

### **Place (Includes Sustainability)**

None specific.

**Author: Graeme Bloomer, Head of Place**

### **Finance (Includes ICT)**

There are no specific financial implications resulting from the report. Should there be any requirement for any additional funding to implement and/or support any of the initiatives they will either be met from within existing budgets or be subject to the normal annual budget process.

**Author: Simon Freeman, Head of Finance**

### **Housing**

As contained within the report.

**Author: Andrew Murray, Head of Housing**

### **Community Wellbeing (Includes Equalities and Social Inclusion)**

As contained within the report.

**Author: Jane Greer, Head of Community Wellbeing**

### **Governance (Includes HR)**

There are no legal or human resources implications at this time, as the strategy is developed care must be taken to ensure that the Council's duty under the Equality Act 2010 is taken into account.

**Author: Amanda Julian, Legal Services Manager**

## **Appendices**

Appendix A – Final Health and Wellbeing Partnership Strategy 2018-2028

Appendix B – Consultation Framework for the Harlow Health and Wellbeing Strategy and Summary of the key comments and recommendations

Appendix C – Draft Terms of Reference for the Internal Public Health Officer's Group

## **Background Papers**

None.

## **Glossary of terms/abbreviations used**

JNSA – Joint Needs Assessment

SMART – Specific, Measurable, Attainable, Realistic, Timely