Public Document Pack

Notice of Meeting

Health and Wellbeing Board
Councillor Catherine Del Campo (Cabinet Member with responsibility for Adult Services and Health) (Chair)
Huw Thomas (Clinical Lead RBWM NHS Frimley ICB) (Vice-Chair)
Kevin McDaniel (Executive Director of Adult Services and Health)
Lin Ferguson (Executive Director of Children's Services and Education)
Tessa Lindfield (Director of Public Health for Berkshire East)
Jonas Thompson-McCormick (Deputy Director of Public Health)
Caroline Farrar (NHS Frimley ICB)
Charlotte Evans (Healthwatch East Berkshire)
Councillor Joshua Reynolds
Councillor Simon Werner
Councillor Helen Taylor

www.rbwm.gov.uk
Royal Borough of Windsor & Maidenhead

Tuesday 23 April 2024 3.00 pm
Council Chamber - Town Hall - Maidenhead & on RBWM YouTube

Agenda

Item	Description	Page
1	**Apologies for Absence** To receive any apologies for absence.	-
2	**Declarations of Interest** To receive any declarations of interest.	3 - 4
3	**Minutes** To consider the minutes and actions from the meeting held on 25th January 2024.	5 - 10
4	**Joint Health and Wellbeing Strategy Refresh** The current RBWM Health and Wellbeing Strategy runs until 2025. As a result of working with the Local Government Association, reviewing the function of the Health and Wellbeing Board, it has been identified that preparatory work should begin for the refresh of the strategy. The aim of this report is to outline the justification for developing the next Health and Wellbeing Strategy to run for a period of 10 years and to support the setting up of a working group to co-ordinate the development of the strategy. Reporting officers: Jonas Thompson-McCormick - Interim Director of Public Health Claire Lowman – Service Lead for Public Health	11 - 20

5	**Health Effects of Climate Change** To receive a presentation on the links between public health and climate change along with the effect that this can have on the health of residents. Reporting officers: Georgia Carless – Public Health Programme Officer James Thorpe – Sustainability and Climate Service Lead	Verbal Report
6	**StreetTag** At the last Board meeting in January, the StreetTag project was mentioned and it was suggested that a presentation on the roll out of the project would be useful. Further information on the StreetTag project can be found by clicking here. Reporting officers: Samir Sawhney - Sport, Leisure and Health Development Officer Michael Shephard - Sport and Leisure Service Manager	Verbal Report
7	**Better Care Fund** To receive an update on the Better Care Fund. Reporting officer: Prince Obike – Integrated Care Transformation Senior Manager	Verbal Report
8	**Housing** To receive an update on the Housing team. Reporting officer: Trevor Pask - Housing Strategy and Inclusion Manager	Verbal Report
9	**Update on Sexual and Reproductive Health Services** To consider an update on sexual and reproductive health services. Reporting officer: Rebecca Willans - Consultant in Public Health	Verbal Report
10	**Future Meeting Dates** • Tuesday 16th July 2024 • Tuesday 8th October 2024	-

By attending this meeting, participants are consenting to the audio & visual recording being permitted and acknowledge that this shall remain accessible in the public domain permanently.

Please contact Mark Beeley, 01628 796345 / mark.beeley@rbwm.gov.uk, with any special requests that you may have when attending this meeting.

Published: 15th April 2024

MEMBERS' GUIDE TO DECLARING INTERESTS AT MEETINGS

Disclosure at Meetings

If a Member has not disclosed an interest in their Register of Interests, they **must make** the declaration of interest at the beginning of the meeting, or as soon as they are aware that they have a Disclosable Pecuniary Interest (DPI) or Other Registerable Interest. If a Member has already disclosed the interest in their Register of Interests they are still required to disclose this in the meeting if it relates to the matter being discussed.

Any Member with concerns about the nature of their interest should consult the Monitoring Officer in advance of the meeting.

Non-participation in case of Disclosable Pecuniary Interest (DPI)

Where a matter arises at a meeting which directly relates to one of your DPIs (summary below, further details set out in Table 1 of the Members' Code of Conduct) you must disclose the interest, **not participate in any discussion or vote on the matter and must not remain in the room** unless you have been granted a dispensation. If it is a 'sensitive interest' (as agreed in advance by the Monitoring Officer), you do not have to disclose the nature of the interest, just that you have an interest. Dispensation may be granted by the Monitoring Officer in limited circumstances, to enable you to participate and vote on a matter in which you have a DPI.

Where you have a DPI on a matter to be considered or is being considered by you as a Cabinet Member in exercise of your executive function, you must notify the Monitoring Officer of the interest and must not take any steps or further steps in the matter apart from arranging for someone else to deal with it.

DPIs (relating to the Member or their partner) include:

- *Any employment, office, trade, profession or vocation carried on for profit or gain.*
- *Any payment or provision of any other financial benefit (other than from the council) made to the councillor during the previous 12-month period for expenses incurred by him/her in carrying out his/her duties as a councillor, or towards his/her election expenses*
- *Any contract under which goods and services are to be provided/works to be executed which has not been fully discharged.*
- *Any beneficial interest in land within the area of the council.*
- *Any licence to occupy land in the area of the council for a month or longer.*
- *Any tenancy where the landlord is the council, and the tenant is a body in which the relevant person has a beneficial interest in the securities of.*
- *Any beneficial interest in securities of a body where:*
  a) that body has a place of business or land in the area of the council, and
  b) either (i) the total nominal value of the securities exceeds £25,000 or one hundredth of the total issued share capital of that body ***or*** *(ii) the total nominal value of the shares of any one class belonging to the relevant person exceeds one hundredth of the total issued share capital of that class.*

Any Member who is unsure if their interest falls within any of the above legal definitions should seek advice from the Monitoring Officer in advance of the meeting.

Disclosure of Other Registerable Interests

Where a matter arises at a meeting which ***directly relates*** to one of your Other Registerable Interests (summary below and as set out in Table 2 of the Members Code of Conduct), you must disclose the interest. **You may speak on the matter only if members of the public are also allowed to speak at the meeting** but otherwise **must not take part in any discussion or vote on the matter and must not remain in the room unless you have been granted a dispensation**. If it is a 'sensitive interest' (as agreed in advance by the Monitoring Officer), you do not have to disclose the nature of the interest.

Other Registerable Interests:

a) any unpaid directorships
b) any body of which you are a member or are in a position of general control or management and to which you are nominated or appointed by your authority
c) any body
(i) exercising functions of a public nature
(ii) directed to charitable purposes or
(iii) one of whose principal purposes includes the influence of public opinion or policy (including any political party or trade union)

of which you are a member or in a position of general control or management

Disclosure of Non- Registerable Interests

Where a matter arises at a meeting which ***directly relates*** to your financial interest or well-being (and is not a DPI) or a financial interest or well-being of a relative or close associate, or a body included under Other Registerable Interests in Table 2 you must disclose the interest. **You may speak on the matter only if members of the public are also allowed to speak at the meeting** but otherwise **must not take part in any discussion or vote on the matter and must not remain in the room unless you have been granted a dispensation**. If it is a 'sensitive interest' (agreed in advance by the Monitoring Officer) you do not have to disclose the nature of the interest.

Where a matter arises at a meeting which ***affects*** –

a. your own financial interest or well-being;
b. a financial interest or well-being of a friend, relative, close associate; or
c. a financial interest or well-being of a body included under Other Registerable Interests as set out in Table 2 (as set out above and in the Members' code of Conduct)

you must disclose the interest. In order to determine whether you can remain in the meeting after disclosing your interest the following test should be applied.

Where a matter (referred to in the paragraph above) ***affects*** the financial interest or well-being:

a. to a greater extent than it affects the financial interests of the majority of inhabitants of the ward affected by the decision and;
b. a reasonable member of the public knowing all the facts would believe that it would affect your view of the wider public interest

You may speak on the matter only if members of the public are also allowed to speak at the meeting but otherwise **must not take part in any discussion or vote on the matter and must not remain in the room unless you have been granted a dispensation.** If it is a 'sensitive interest' (agreed in advance by the Monitoring Officer, you do not have to disclose the nature of the interest.

Other declarations

Members may wish to declare at the beginning of the meeting any other information they feel should be in the public domain in relation to an item on the agenda; such Member statements will be included in the minutes for transparency.

HEALTH AND WELLBEING BOARD

Thursday 25 January 2024

Present virtually: Councillor Catherine Del Campo (Chair), Huw Thomas (Vice-Chair), Kevin McDaniel, Lin Ferguson, Jonas Thompson-McCormick, Joanna Dixon, David Mphanza and Councillor Simon Werner

Also in attendance virtually: Councillor Helen Price, Councillor Amy Tisi, Emma Boswell, Carol Deans and Nigel Foster

Officers in attendance virtually: Mark Beeley, Pauline Peters, Georgia Careless, Claire Lowman, Prince Obike, Sue Foley, Charlotte Littlemore and Trevor Pask

Apologies for Absence

Apologies for absence were received from Councillor Reynolds, Tessa Lindfield, Councillor Taylor, Amanda Gregory and Caroline Farrar.

Declarations of Interest

There were no declarations of interest received.

Minutes

Mark Beeley, Principal Democratic Services Officer – Overview and Scrutiny, took the Board through the actions from the last meeting.

David Mphanza, NHS Frimley, gave an update on the action which had been assigned to Stephen Dunn at the last meeting. The Frimley ICB messaging regarding St Marks Hospital had been focused on ‘making the right choice’. The preference was for patients to contact their local GP or NHS 111 where they could be signposted depending on the need.

Trevor Pask, Housing Strategy Enabling and Projects Manager, commented on the action around the rough sleeper Berkshire coordinator. He understood that the Assistant Director of Housing and Public Protection had met with Directors from across Berkshire and there was agreement that the post would go ahead.

AGREED UNANIMOUSLY: That the minutes from the meeting held on 10th October 2023 were approved as a true and accurate record.

Children and Young People's Partnership Action Plan

Pauline Peters, Senior Transformation Lead – Children and Young People at Frimley ICB, provided a presentation on the children and young people’s partnership action plan. She highlighted the exception reports in each priority area. For ‘be healthy’, there was one medical centre which was not achieving the target for immunisation take up. Support from Frimley ICB had been offered and there had been some increase and the centre was now at 85%. Access needed to be improved for mental health services for children in care and vulnerable care leavers. An application had been made for funding from the Better Care Fund which had been

successful. For ‘be safe’, there were three streams currently rated green. ‘Be skilled’ had a couple of areas of exception reports which were around improving childhood development at two years old and providing high quality support mainstream provision for most children with SEND. On ‘financially secure’, exception reporting was based around improving outcomes for children leaving care. The final priority was ‘be heard’, all workstreams in this area were progressing well and there was no exception reporting.

The Chair thanked Pauline Peters for the presentation and the depth of the report.

Lin Ferguson, Executive Director of Children’s Services and Education, said that she chaired the children and young people’s strategic partnership and thanked Pauline Peters for her work on the children’s plan. The exception reporting helped to identify area where improvements were needed but the dashboard also showed areas of good progress. The SEND strategy was a partnership strategy and not just delivered by Achieving for Children.

Huw Thomas, Place based Clinical Lead for Royal Borough of Windsor and Maidenhead, said that there could be further opportunities to feed into the ‘be heard’ workstream as the ICB children and young people’s board were interest in speaking to young people. On the immunisation target, he asked if there was any learning from the case of the GP which had been off target on immunisation rates.

Pauline Peters responded that learning and good practise could be provided and shared with the Board. There was a system wide youth board in place for the ‘be heard’ workstream but work had been prohibited due to internal restructuring in the ICB.

ACTION – Pauline Peters to share best practise and learning from the exception reporting on the immunisation rates target.

The Chair asked if this best practise was shared with other GP surgeries.

Pauline Peters confirmed that there was a monthly meeting where this could be shared.

Kevin McDaniel, Executive Director of Adult Services, Health and Communities, asked if there was shared learning which was also applicable to adult services, in regards to mental health.

Pauline Peters felt that shared learning would be useful around transition from children’s services to adult services. A transition pack had been produced which could be shared.

ACTION – Pauline Peters to share the Berkshire Healthcare Foundation Trust transition pack with the Board.

The Chair noted the reference to funding being received from the Better Care Fund but there had been a number of references across different workstreams.

Pauline Peters clarified that it was around access to services for children who had complex needs, the funding would allow the wellbeing team to increase in size and resource.

The Chair commented on the recognition of children who were neurodiverse but had not been diagnosed and it was good to see that this need had been considered. She asked what support the Health and Wellbeing Board could give.

Pauline Peters said that questions, suggestions and challenges from members of the Board were really useful.

Lin Ferguson added that the Board could help ensure there were seamless and integrated services.

Schools and Colleges Suicide Postvention Protocol

Sue Foley, Consultant in Public Health - Children, Young People and Families and Suicide Prevention, explained that she was requesting that the Board approved the RBWM postvention protocol for suspected suicides across all schools and further education colleges. The main purpose of the protocol was to ensure that school leaders who were affected by a suspected suicide were prepared. The protocol contained programmes which helped to lower the risk of those affected by the suicide and consisted of a number of key steps which were to be followed.

The Chair said that the scripts were a useful resource but considered whether in some of the scripts the word 'suicide' was removed, in case this was not appropriate.

Sue Foley said that it had been decided that suicide should be referred to if this was factually correct, she would take it back to the task and finish group to confirm the decision.

ACTION – Sue Foley to raise the word 'suicide' being used in the scripts with the task and finish group and make the amendment if the Group agreed.

Councillor Price mentioned an organisation which had been set up called Notice Productions.

Sue Foley explained that they put together videos for schools, for example around vaping, which were a useful way to circulate key messages.

Councillor A Tisi said that the protocol would be invaluable to teachers across the borough and help to keep young people safe.

AGREED UNANIMOUSLY: That the Health and Wellbeing Board approved the RBWM postvention protocol for suspected suicides.

Whole System Approach to Healthy Weight: Children and Families

Sue Foley provided some background to the system approach to healthy weight, specifically on children and families. Childhood obesity was a major public health priority and children who were overweight were more at risk of high blood pressure, high cholesterol, diabetes and other long term conditions. This area was targeted in the 'be healthy' part of the children and young people's plan and aimed to reduce the proportion of overweight children in the borough. RBWM was different to the national trend in that some of the wards which had high areas of obesity were not deprived areas. Research showed that there were over 108 causes and 300 interconnections which caused children to be overweight and obesity. Sue Foley suggested that the Board provided secondary oversight of the whole system approach to wealthy weight and that regular updates were delivered.

Councillor Price suggested some links could be made with Abri and Councillor Grove, who was working on a walled garden for fresh fruit and vegetables in her ward.

The Chair asked how the team approached speaking to families and young people about their weight, particularly as it could be a sensitive topic.

Sue Foley said that the correct signposting needed to be shared and improvements could be made to this process.

Kevin McDaniel queried what needed to be done in the short and medium term to ensure that the 2030 target was back on track and could realistically be achieved.

Sue Foley felt that the phases and set up of the whole system approach would help to show progression.

David Mphanza commented that in Datchet, Horton and Wraysbury there were low levels of immunisation rates and that working smarter together to look at more holistic intervention could be beneficial.

Councillor A Tisi asked if the public health project called street tag was used in RBWM.

Sue Foley confirmed that the programme had been funded and was being started in some Windsor schools.

Jonas Thompson-McCormick, Head of Public Health at RBWM, added that the project ran over a school term and encouraged families to get involved and explore cultural parts of the borough. Public Health were working closely with the Place directorate and this could be explored as an item for a future Board meeting.

AGREED UNANIMOUSLY: That the Health and Wellbeing Board agreed to provide secondary oversight to the whole system approach to healthy weight for children, young people and families.

Frimley Hospital Update

Nigel Foster, Senior Project Officer for the new hospital project at Frimley, Emma Boswell, Director for Partnerships and Engagement at Frimley, and Carol Deans, Director of Communications and Engagement at Frimley, provided some context to the Frimley Health NHS Foundation Trust.

Frimley Park Hospital had been built in the 1970s and was the biggest hospital in NHS Frimley in terms of the number of operating theatres. However, the current capacity of the hospital was not meeting current requirements and demands. There was also the issue of RAAC concrete which was present in the building and was a major issue. The hospital had been carefully operating to ensure that it remained open, with around £6 million a year being spent on safety inspections and completed remedial work. Nationally, there was a scheme to replace around 19 hospitals and Frimley Park was one of the largest hospitals being replaced. The new hospital was planned to be open by 2030 and was estimated to be 130,000 metres squared, which would be twice the size of the current Frimley Park facility.

Public and staff engagement events had been held between 24th November 2023 and 7th January 2024 which were designed to allow the team to hear what residents and staff wanted taken into account as potential sites were considered. Over 3,400 people responded online and the location of responders broadly matched the location of Frimley Park hospital. Initial scoping had been undertaken on potential sites and considering which of these were viable from the engagement criteria.

The Chair considered the relevance of the new proposed hospital to people in RBWM and what input Frimley wanted.

Carol Deans said that while RBWM only had 3% of patients attend Frimley Park, this was still a significant number and it was important to keep RBWM residents up to date on the project as it progressed.

Better Care Fund Update

Prince Obike, Integrated Care Transformation Senior Manager, provided the regular update on the Better Care Fund (BCF) and suggested that the Board could shape what was shared as part of his regular update on the BCF.

The Chair suggested that it would be interesting to hear progress on projects which had received money from the Innovation Fund.

Kevin McDaniel said that the priorities of the BCF could be discussed by Board members at an upcoming workshop which would take place with the Local Government Association. The BCF was significant in getting patients out of hospital and back into their own homes, ensuring that they did not need to be readmitted into hospital.

Huw Thomas asked if projects in receipt of the Innovation Fund received further funding at each stage or if it was one pot of funding before the project was designed to be self-sustaining.

Prince Obike confirmed that it was a one-off grant.

Housing

Trevor Pask updated the Board on the housing situation, with the team under significant pressure. Currently there were 267 households in temporary accommodation with 66% of these in placements outside of the borough. There were 722 households on the social housing waiting list, of which 653 were wanting mainstream social housing. On homelessness, there were 657 current cases of which 146 were in temporary accommodation, while there were 55 Ukrainian refugee households receiving support.

Update on work with the LGA

Georgia Careless, Public Health Programme Officer, explained that since the last meeting, a desktop exercise on local strategies and 1 to 1 interviews with members of the Board had taken place. The themes identified would be used in a collaborative workshop to consider the key functions of the Board.

Claire Lowman, Service Lead for Public Health Strategies, added that the workshop would consider a shared view of the distinctive role of the Board in relation to RBWM and ICS systems. The work would also prepare for a refresh of the Heath and Wellbeing Strategy which needed to take place by the end of 2025.

The Chair considered whether it was worth holding meetings of the Board in person, with the option to also join virtually.

ACTION – Mark Beeley to consult with Board members to understand the preference for either in person or fully virtual meetings.

JSNA Update

Charlotte Littlemore, Service Lead for Public Health Programmes, provided an update on the Joint Strategic Needs Assessment. The JSNA was delivered through a joint website with Bracknell Forest and Slough, which brought together a library of resources to help assess the health, care and wellbeing needs of communities and inform local decision making. Topic packs included the latest national and local data and considered opportunities and challenges that had been identified. The 2024 JSNA People and Place summaries would be published shortly and there were also a number of topic packs which would also be available.

Kevin McDaniel felt that it was important for colleagues in other service areas to be aware of the JSNA data and used it to inform decisions that were made.

The Chair suggested that a JSNA prompt could be included in the EQIA templates for council reports.

ACTION – Mark Beeley to explore whether reference to the JSNA could be included as part of the EQIA section on report templates.

Future Meeting Dates

The next meeting would take place on Tuesday 23rd April 2024.

The meeting, which began at 3.00 pm, finished at 5.15 pm

Chair…….

Date…….....

Report Title:	Refresh of the Health and Wellbeing Strategy by 2025
Contains Confidential or Exempt Information	No
Cabinet Member:	Councillor del Campo, Cabinet Member for Adult Services, Health and Housing Services
Meeting and Date:	Health and Wellbeing Board 23rd April 2024
Responsible Officer(s):	Kevin McDaniel, Executive Director of Adult Social Care and Health and Jonas Thompson-McCormick, Interim Director of Public Health
Wards affected:	All

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REPORT SUMMARY

The current RBWM Health and Wellbeing Strategy runs until 2025. As a result of working with the Local Government Association, reviewing the function of the Health and Wellbeing Board, it has been identified that preparatory work should begin for the refresh of the strategy.

The aim of this briefing is to outline the justification for developing the next Health and Wellbeing Strategy to run for a period of 10 years utilising a *"futures thinking"* approach **(1)** with milestones set through an action plan (the previous strategy covers a period of 4 years from 2021-2025 and does not have an action plan).

Several other local authorities have adopted a long term view for their health and wellbeing strategies, allowing them to plan and respond to unfair differences in quality of life and healthy life expectancy, taking a focus on prevention and early intervention, considering the wider social determinants of health, and designing a system to fit around people and communities. The Health Foundation report 'Health in 2040' **(2)** outlines the impacts of an ageing population and demand for health and social care services. 1 in 5 of the adult population will be living with major illness by 2040, with much of the projected growth relating to conditions mainly managed by primary care and in the community, namely type 2 diabetes, chronic pain, anxiety and depression. Understanding the scale and impact over the long-term is key to producing an effective strategy and planning for the future.

Resources required includes capacity from the public health team to co-ordinate strategy development, capacity to undertake the health intelligence requirements, funding for stakeholder engagement, and design and publication costs. However, it is likely that efficiencies in resources will be found by extending the term over which the strategy runs.

The benefits to residents, communities, the Council and wider stakeholders are that a longer term strategy builds collaborative working relationships, has the time to build on community assets and strengths, supports participation from all ages and diversity, responds to unfair different in quality of life and healthy life expectancy, and sets ambitious but achievable milestones to positively influence health in both current and future generations.

As part of the emerging Council Plan, a 'health promoting Council approach' is being proposed. This requires long-term action across Council teams and collaboration

with partners across the Borough. The framework takes a long-term view across the dimensions of healthy places/spaces, healthy communities and healthy settings, with aims to influence the wider determinants of health. This would align with the proposed 10-year term for the health and wellbeing strategy.

1. DETAILS OF RECOMMENDATION(S)

RECOMMENDATION:

That Health and Wellbeing Board notes the report and:

- **Considers the evidence and decides upon a 10-year time frame for delivery of the next Health and Wellbeing Strategy**

- **Supports the setting up of a working group to co-ordinate the development of the strategy**

2. REASON(S) FOR RECOMMENDATION(S) AND OPTIONS CONSIDERED

Options

Table A: Options arising from this report

Option	Comments
This is the recommended option	Considers and decides upon a 10-year time frame for delivery of the next Health and Wellbeing Strategy. The key risk would be sustaining political support beyond the current administration. However, this can be mitigated by gaining cross-organisational support and buy-in for the approach.
Other options considered/available	Maintain the current 4-year timescale for delivery of the Health and Wellbeing Strategy. The key risk is that this does not support a futures thinking/next generation view to make a significant impact on health.
Do Nothing	Producing a Health and Wellbeing Strategy is a statutory requirement of Health and Wellbeing Boards. Therefore, when the current strategy runs out in 2025 a refreshed strategy needs to be in place, it is the timescale of this strategy which needs a decision.

A longer-term strategy builds collaborative working relationships, has the time to build on community assets and strengths, respond to unfair differences in quality of life and healthy life expectancy, and sets ambitious but achievable milestones to positively influence health in both current and future generations.

The approach aims to balance immediate and short-term needs in the population with the ability to meet long term needs in the future.

3. KEY IMPLICATIONS

Table B: Key Implications

Outcome	Unmet	Met	Exceeded	Significantly Exceeded	Date of delivery
A 10-year health and wellbeing strategy is adopted	January 2026	December 2025	October 2025	n/a	October 2025

4. FINANCIAL DETAILS / VALUE FOR MONEY

Producing a Health and Wellbeing Strategy is a statutory requirement of Health and Wellbeing Boards. Capacity from within the existing public health will support co-ordination of writing of the strategy. Additional costs may arise from stakeholder engagement methods if different from 'business as usual' communications and engagement. Specific health intelligence requirements which require additional capacity and analysis are another cost consideration. However, where possible existing health intelligence sources will be utilised such as the Joint Strategic Needs Assessment. Any additional activities will be funded from the Public Health Grant.

5. LEGAL IMPLICATIONS

Producing a Health and Wellbeing Strategy is a statutory requirement of Health and Wellbeing Boards. The term over which it runs is a local decision.

6. RISK MANAGEMENT

Table C: Impact of risk and mitigation

Threat or risk	Impact with no mitigations in place or if all mitigations fail	Likelihood of risk occurring with no mitigations in place.	Mitigations currently in place	Mitigations proposed	Impact of risk once all mitigations in place and working	Likelihood of risk occurring with all mitigations in place.
There is a risk that the detail needed for a	Moderate 2	Unlikely – more probable	Starting work on new strategy 20	A detailed workplan	Minor 1	Very unlikely – only a

longer-term strategy could result in a delay in publication		to not happen than to happen	months before the current document expires	to identify milestones. Share the workload between a number of members of the public health team		small chance this will occur

7. POTENTIAL IMPACTS

Equalities. An Equality Impact Assessment is available as Appendix A.

Climate change/sustainability. There are no significant impacts in relation to this issue

Data Protection/GDPR.

A Health Intelligence function for the public health team is currently being and Information Governance requirements in relation to this work will be met.

8. CONSULTATION

The decision on the length of the strategy lies with the Health and Wellbeing Board.

Stakeholder and community engagement activities will take place on the detail of the strategy.

TIMETABLE FOR IMPLEMENTATION

Implementation date if not called in:

Table D: Implementation timetable

Date	Details
May 2024	Working group to be set up which reports into the Health and Wellbeing Board.
October 2024	Workshop facilitated by the Local Government Association
2025	Stakeholder and community engagement activities
October 2025	A 10-year Health and Wellbeing Strategy is adopted by the Board

APPENDICES

This report is supported by one appendix:

- Appendix A – Equality Impact Assessment

BACKGROUND DOCUMENTS

This report is supported by 2 background documents:

(1) **Future Generations**: https://www.futuregenerations.wales/

The Future Generations approach supported by *'The Well-being of Future Generations (Wales) Act 2015'* aims to protect the interests of those not yet born using long-term thinking. In relation to health the result is that public bodies are working together to address the causes of health inequalities and ill health.

(2) The Health Foundation report 'Health in 2040' Health in 2040: projected patterns of illness in England - The Health Foundation

It has been recognised for some time that an ageing population will increase the demand for health and social care services. However, this report provides an idea of the scale and challenges ahead. 1 in 5 of the adult population will be living with major illness by 2040, with much of the projected growth relating to conditions mainly managed by primary care and in the community, namely type 2 diabetes, chronic pain, anxiety and depression. The aim of this report is to support policymakers in their preparation for the future to understand the scale and impact over the next two decades.

CONSULTATION

Name of consultee	Post held	Date sent	Date returned
Mandatory:	*Statutory Officer (or deputy)*		
Elizabeth Griffiths	Executive Director of Resources & S151 Officer	09/04/24	JM signed off as deputy
Elaine Browne	Deputy Director of Law & Governance & Monitoring Officer	09/04/24	11/04/24
Deputies:			
Julian McGowan	Senior Business Partner & Deputy S151 Officer	11/04/24	12/04/24
Jane Cryer	Principal Lawyer & Deputy Monitoring Officer		
Helena Stevenson	Principal Lawyer & Deputy Monitoring Officer		
Mandatory:	*Procurement Manager (or deputy) - if report requests approval to go to tender or award a contract*		
Lyn Hitchinson	Procurement Manager		
Mandatory:	*Data Protection Officer (or deputy) - if decision will result in processing of personal data; to advise on DPIA*		
Samantha Wootton	Data Protection Officer		
Mandatory:	*Equalities Officer – to advise on EQiA, or agree an EQiA is not required*		

Ellen McManus-Fry	Equalities & Engagement Officer	05/04/24	05/04/24
Mandatory:	*Assistant Director HR – to advise if report has potential staffing or workforce implications*		
Nikki Craig	Assistant Director of HR, Corporate Projects and IT		
Other consultees:			
Directors (where relevant)			
Stephen Evans	Chief Executive	09/04/24	
Andrew Durrant	Executive Director of Place	09/04/24	15/04/24
Kevin McDaniel	Executive Director of Adult Social Care & Health	09/04/24	
Lin Ferguson	Executive Director of Children's Services & Education	09/04/24	09/04/24
Assistant Directors (where relevant)			
Rebecca Hatch	Assistant Director of Strategy & Communications	09/04/24	
Chris Joyce	Assistant Director of Placemaking Partnerships and Sustainability	11/04/24	11/04/24
External (where relevant)			
N/A			

Confirmation relevant Cabinet Member(s) consulted	Cllr Del Campo, Cabinet Member for Adult Services, Health and Housing Services	Yes

Report Author: Claire Lowman, Service Lead – Public Health Strategy
claire.lowman@rbwm.gov.uk

Appendix A - Equality Impact Assessment

For support in completing this EQIA, please consult the EQIA Guidance Document or contact equality@rbwm.gov.uk

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1. Background Information

Title of policy/strategy/plan:	Health and Wellbeing Strategy
Service area:	Public Health
Directorate:	Adult Social Care, Health and Housing

Provide a brief explanation of the proposal: • What are its intended outcomes? • Who will deliver it? • Is it a new proposal or a change to an existing one?
Producing a Health and Wellbeing Strategy is a statutory requirement of Health and Wellbeing Boards. Therefore, when the current strategy runs out in 2025 a refreshed strategy needs to be in place. The proposed change is that the term of the strategy is extended to 10 years (from its current 4 years). The public health team will co-ordinate the development of a new strategy.

2. Relevance Check

Is this proposal likely to directly impact people, communities or RBWM employees? • If No, please explain why not, including how you've considered equality issues. • Will this proposal need a EQIA at a later stage? (for example, for a forthcoming action plan)
Extending the term of the strategy aims to have positive consequences for residents and communities in RBWM as it will allow the time to address the issues underlying health inequalities which evidence shows requires a future generations approach. A full EQIA will be required when developing the content of the strategy.

If 'No', proceed to 'Sign off'. If unsure, please contact equality@rbwm.gov.uk

3. Evidence Gathering and Stakeholder Engagement

Who will be affected by this proposal? For example, users of a particular service, residents of a geographical area, staff
To follow – a full EQIA will be required when developing the content of the strategy.
Among those affected by the proposal, are protected characteristics (age, sex, disability, race, religion, sexual orientation, gender reassignment, pregnancy/maternity, marriage/civil partnership) **disproportionately represented?** For example, compared to the general population do a higher proportion have disabilities?
What engagement/consultation has been undertaken or planned? • How has/will equality considerations be taken into account? • Where known, what were the outcomes of this engagement?
What sources of data and evidence have been used in this assessment? Please consult the Equalities Evidence Grid for relevant data. Examples of other possible sources of information are in the Guidance document.

4. Equality Analysis

Please detail, **using supporting evidence**:

- How the protected characteristics below might influence the needs and experiences of individuals, in relation to this proposal.
- How these characteristics might affect the impact of this proposal.

Tick positive/negative impact as appropriate. If there is no impact, or a neutral impact, state 'Not Applicable'

More information on each protected characteristic is provided in the Guidance document.

	Details and supporting evidence	Potential positive impact	Potential negative impact
Age	To follow – a full EQIA will be required when developing the content of the strategy.		
Disability			
Sex			
Race, ethnicity and religion			
Sexual orientation and gender reassignment			
Pregnancy and maternity			
Marriage and civil partnership			
Armed forces community			
Socio-economic considerations e.g. low income, poverty			
Children in care/Care leavers			

5. Impact Assessment and Monitoring

If you have not identified any disproportionate impacts and the questions below are not applicable, leave them blank and proceed to Sign Off.

What measures have been taken to ensure that groups with protected characteristics are able to benefit from this change, or are not disadvantaged by it? For example, adjustments needed to accommodate the needs of a particular group
To follow – a full EQIA will be required when developing the content of the strategy.
Where a potential negative impact cannot be avoided, what measures have been put in place to mitigate or minimise this? • For planned future actions, provide the name of the responsible individual and the target date for implementation.
How will the equality impacts identified here be monitored and reviewed in the future? See guidance document for examples of appropriate stages to review an EQIA.

6. Sign Off

Completed by: Claire Lowman, Service Lead – Public Health Strategy	**Date**: 05/04/2024
Approved by: Jonas Thompson-McCormick, Interim Director of Public Health	**Date:** 09/04/2024

If this version of the EQIA has been reviewed and/or updated:

Reviewed by: Ellen McManus-Fry	**Date**: 05/04/2024