

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 23 rd 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

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	<p>Considers and decides upon a 10-year time frame for delivery of the next Health and Wellbeing Strategy.</p> <p>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.</p>
Other options considered/available	<p>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.</p>
Do Nothing	<p>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.</p>

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
<i>Mandatory:</i>		<i>Statutory Officer (or deputy)</i>	
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
<i>Deputies:</i>			
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		
<i>Mandatory:</i>		<i>Procurement Manager (or deputy) - if report requests approval to go to tender or award a contract</i>	
Lyn Hitchinson	Procurement Manager		
<i>Mandatory:</i>		<i>Data Protection Officer (or deputy) - if decision will result in processing of personal data; to advise on DPIA</i>	
Samantha Wootton	Data Protection Officer		
<i>Mandatory:</i>		<i>Equalities Officer – to advise on EQiA, or agree an EQiA is not required</i>	

Ellen McManus-Fry	Equalities & Engagement Officer	05/04/24	05/04/24
<i>Mandatory:</i>	<i>Assistant Director HR – to advise if report has potential staffing or workforce implications</i>		
Nikki Craig	Assistant Director of HR, Corporate Projects and IT		
<i>Other consultees:</i>			
<i>Directors (where relevant)</i>			
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
<i>Assistant Directors (where relevant)</i>			
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
<i>External (where relevant)</i>			
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

www.rbwm.gov.uk



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
--	-------------------------