

Wolverhampton City Council

OPEN INFORMATION ITEM

Health and Wellbeing Board

Date **1 MAY 2013**

Originating Service Group(s) **COMMUNITY**

Contact Officer(s)/
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Title **PROGRESS ON THE KEY PRIORITIES FROM THE HEALTH AND
WELL BEING STRATEGY (ALCOHOL AND CVD)**

RECOMMENDATION

That the Health and Wellbeing Board:

- Notes the progress made on the key priorities from the Joint health & wellbeing strategy in relation to phase 1 of the implementation plan for alcohol related admissions & mortality and cardiovascular disease mortality (Child Poverty is being reported in a separate paper)

1.0 Background

1.1 A paper was presented at the Shadow Health and Well Being Board meeting in January 2013 providing an update in relation to the JSNA and the draft Joint Health & Wellbeing Strategy. The Health & Wellbeing Task & Finish group are the responsible forum for driving this work stream forward.

1.2 The vision for the draft Joint Health & Wellbeing Strategy is to:

- i. Help people in our most disadvantaged communities to live longer;
- ii. Raise aspirations of population with a focus on children and deprived communities to increase motivation to make healthy choices and to
- iii. Use the environment (including the workplace) to improve people's health

1.3 The strategy includes three planned outcomes:

Increase life expectancy (by reducing mortality in under 75s)	Increase the number of years people live in good health	Target resources to support those families facing Child Poverty
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1.4 Phase 1 of the strategy details three priority outcomes for initial focus, these are:

- Alcohol related admissions and mortality
- Cardiovascular disease mortality
- Child poverty

1.5 These formed the basis of the Health and Wellbeing Board's short term plan which provided the first practical steps towards achieving the strategic goals. The Joint H&WB Strategy also provided an implementation plan for phase 1.

2.0 Update on progress

2.1 Appendices 1 & 2 detail the progress that's been made to date against the interventions detailed in phase 1 of the implementation plan for alcohol related admissions & mortality and cardiovascular disease mortality respectively. Progress in relation to the third priority outcome, child poverty, is provided in a separate paper.

3.0 Next steps

3.1 A separate paper is being presented that outlines proposals for both strategic and operational priorities of the Health & Wellbeing Board.

4.0 Financial Implications

- 4.1 It is not possible to quantify the financial implications associated with the consultation and implementation of the Health and Wellbeing Strategy. Actions arising from this Strategy will be delivered within the parameters of the existing budgets.
[AS/17042013/U]

5.0 Legal Implications

- 5.1 There are no direct legal implications arising from this report.
[FD/17042013/P]

6.0 Environmental Implications

- 6.1 There are no direct environmental implications arising from this report.

7.0 Equalities Implications

- 7.1 The broad aims and objectives of the Joint Health & Wellbeing Strategy are intended to reduce health inequalities. Opportunities for achieving positive equality implications should be considered and maximised and form the foundations for programmes and interventions implemented as a result of the JHWBS.

Appendix 1

Alcohol related admissions and mortality

Intervention Number	Action/intervention	Progress to date
1	Minimum Unit Pricing - Support local action to implement the national strategy such as minimum unit pricing and licensing policy to support recommendation 1 of the evidence base. The highest priority is to robustly engage in the national consultation around minimum pricing (when it starts) and to advocate a minimum unit price (MUP) of 50p.	<p>Public Health co-ordinated and submitted the Wolverhampton response to the Home Office Alcohol consultation (closing date of 6 February 2013).</p> <p>The consultation sought responses to 35 questions around 5 theme areas -</p> <ul style="list-style-type: none">• A Minimum Unit Price for Alcohol;• A ban on Multi-buy Promotions in the Off-trade;• Reviewing the Mandatory Licensing Conditions;• Health as a Licensing objective for Cumulative Impact policies;• Freeing up Responsible Businesses <p>The response was developed by Public Health and the (Licensing) Responsible Authorities Forum (a new forum that came as a direct result of the Wolverhampton Alcohol Strategy Action plan). A wide range of stakeholders and partners were consulted including the Safer Wolverhampton Partnership, the Strategic Alcohol Commissioning Group, Joint Commissioning Group for Substance Misuse, and the Alcohol Strategy Strategic Leads Group; as well as the Licensing Committee and Councillor Samuels.</p>

		<p>The Home Office proposed a 45p MUP, but Wolverhampton argued that a 50p MUP is the appropriate level at which the MUP should be set, on the basis that the evidence clearly demonstrates that it maximises health and other social benefits without overly disadvantaging responsible drinkers.</p>
2	<p>Licensing Act - The change to the Licencing Act 2003 beginning in April 2012 allows health bodies to make representation to the licensing process. Promote the use of this responsibility within the health economy of Wolverhampton to optimise the opportunities this provides. Review the impact that health input into licensing committee is having and how this can be as influential as possible in bringing problematical licensed process to the attention of the local licencing committee for review.</p>	<p>Public Health attends the licensing committee and has gained support from this forum for the Wolverhampton Alcohol Strategy. The next update is due in May 2013.</p> <p>Public Health continues to use its current powers as a Responsible Authority to make objections to licensing applications were appropriate (and supported a health-related licensing objective in the consultation response)</p>
3	<p>Mainstreaming parts of Keep it Safe - Mainstream schemes such as taxi marshalling and the Safe Haven from the 'Keep It Safe' Campaign</p>	<p>Work is on-going to mainstream aspects of the 'Keep it Safe' campaign, for example during 212/13 the Taxi Marshall scheme has been very active. This campaign has been running successfully year on year since 2009.</p>

Appendix 2

Cardiovascular disease mortality

Intervention number	Action/intervention	Progress to date
4	Workplace Health Initiative - Expand the offer of Workplace Wellbeing support from the Healthy Lifestyle Service. The Healthy Lifestyle Service will work with Regulatory Services to systematically identify employers to offer support to.	<p>Public Health organised for City Services to receive an offer from the Healthy Lifestyle Service. 151 members of staff received Health Checks and 35 are receiving support from the Healthy Lifestyle Service to make lifestyle changes.</p> <p>A project has been planned by Public Health and Regulatory Services to offer private employers the opportunity to offer Health Checks to their employees. A pilot site has been identified and resources developed. This project is currently on hold until Public Health recruit to vacancies.</p>
5	Public Health input into planning processes	<p>Meetings have been held between Public Health and the Local Authority Planning team. There is a willingness to work together but no practical ways forward have been identified as of yet.</p> <p>Public Health contributes to the Health Scrutiny Panel Capital Programme sub-group. Data analysis has been undertaken to support the work of Prop Co in developing option appraisal for health builds.</p>

6	Council/ CCG wide Healthy Lifestyle Policy Council/ CCG wide policy on procured service having policies around healthy lifestyles that will promote smoke-free areas, healthy food choices and active travel.	No progress has been made on this action. Resources need to be identified to progress this.
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OPEN INFORMATION ITEM

Health and Wellbeing Board

Date **1 MAY 2013**

Originating Service Group(s) **EDUCATION AND ENTERPRISE**

Contact Officer(s)/
Telephone Number(s) **KEREN JONES
(55) 5410**

Title **PROGRESS ON THE CHILD POVERTY STRATEGY**

RECOMMENDATION

That the Health and Wellbeing Board:

- notes the content of the report including proposed principles and draft outcomes under each building block.

1. Brief Summary

1.1. The report presents an overview on the progress of the revision of Wolverhampton's Child Poverty Strategy focusing on a number of principles and draft outcomes under each building block. The purpose of this report is to seek feedback on principles and draft outcomes which will influence priority SMART actions which will become the implementation plan for the Revised Child Poverty Strategy and Children and Young Peoples Plan.

2. Background

2.1. Child Poverty is a significant priority for Wolverhampton, being one of the four top priorities in Wolverhampton's City Strategy and the Corporate Plan, with the aim of having no more than 10% of our families in poverty by 2026. Almost one third of children in Wolverhampton are growing up in poverty and we currently rank 18th nationally in terms of the percentage of under 16's growing up in poverty (Child Poverty Ranking 2010). Helping children overcome poverty will make a huge difference to their lives and the lives of their families, communities and society. It is an opportune time to review the strategy in light that Wolverhampton has seen an increase in Child Poverty at a time when nationally relative child poverty has decreased. It is proposed that the revised Child Poverty Strategy will retain the four building blocks in the original strategy.



3. Current Position

3.1. To date, the revision of Wolverhampton's Child Poverty Strategy has been informed by the revision of the Child Poverty Needs Assessment led by PCT and completed November 2012 and mapping of existing services and their contribution to tackling child poverty in December 2012. In addition, the

revision has also been informed by the findings of the Welfare Reform Impact Assessment launched 28 February 2013.

3.2. In addition to the retention of the four building blocks, our aim is to refocus interventions away from crisis interventions (high cost interventions) to prevention (prevent families falling into crisis and support families out of poverty) and break the cycle for future generations under each of the building blocks.

3.3. A stakeholder workshop was held on 14 January 2013 to review gaps in provision, issues and opportunities in light of the service review and identifying priority outcomes, followed by a further working group meeting in February. The working group felt that at a time of reducing public sector resources, the Strategy should focus on prevention and breaking the cycle to avoid high need high cost crisis intervention and cannot be about commissioning additional services or re-inventing the wheel. It is crucial that we embed child poverty principles in strategy development, service delivery and commissioning. Attendees suggested a number of principles and an outcomes approach to identifying priorities. Principles to be considered:

- **Targeting:** Can we focus service delivery on the 6 wards and groups most vulnerable to child poverty and welfare reform?
- **Prioritising:** Can we prioritise Council and other services at families with children?
- **Impact and Value for money:** How can we better focus activities on those with greatest impact and maximise impact for existing funded provision?
- **Evidence based commissioning:** Consistently review what we do so that commissioning is based on evidence on what works.

3.4. Although the Child Poverty Needs Assessment indicated a focus on workless families, we need to revise our approach in light of findings from the welfare reform work since 50% of those affected are expected to be in employment. We must also look at maximising take-up of funded provision, learning from what works and rolling out where appropriate, seeking funding where available to enhance services and fill gaps in provision. We anticipate the child poverty delivery will be embedded in existing strategies and governance arrangements under the four building blocks.

4. Way Forward

4.1. Draft outcomes have been developed for each building block as set out below. The working group met on 15 April to refine these outcomes and develop into a series of SMART delivery actions beneath each outcome,

which will form the basis of the Child Poverty Strategy Implementation Plan and Children and Young Peoples Plan.

Building Blocks	Outcomes
Financial Inclusion	<ul style="list-style-type: none"> • Raised awareness of poverty and impact of Welfare Reform changes • Reduced demand for crisis support • Increased capacity to cope with increased demand • Increased residents ability to cope with income changes resulting from Welfare Reform • Breaking the cycle by targeted support at those most vulnerable to debt to avoid associated negative impacts
Employment and Skills	<ul style="list-style-type: none"> • Increased take-up of nationally funded support available to support families into employment • Improved connectivity between local Wolverhampton residents and jobs available now and in future • Create opportunities by Leading by Example • Address In-work Poverty • Embed Economic Inclusion principals within relevant strategies to create quality jobs for local people
Early Intervention, Health & Educational Attainment	<ul style="list-style-type: none"> • Increased focus on Early Intervention • Reduced Health Inequalities • Improved Educational Attainment
Housing and Neighbourhoods	<ul style="list-style-type: none"> • Reduced possessions in the private sector and associated homelessness • Develop self-reliant communities • Improved quality of existing housing stock including reduced Fuel Poverty

4.2. Consultation on outcomes under each building block is underway with leads for each area and a report is being taken to Wolverhampton City Council's Corporate Delivery Board to seek feedback from senior management within the Council. Based on these discussions, a final draft Strategy and Implementation Plan will be produced in May 2013. Overall signoff of the Strategy will be through the Children's Trust, Wolverhampton Partnership and Council's approval structure.