

**Adults Wellbeing and Health
Overview and Scrutiny Committee**

26th April 2010



Revised Health Improvement Plan

Report of Rachael Shimmin, Corporate Director, Adults Wellbeing and Health.

Purpose of the Report

1. To inform Scrutiny of the revised DCC Health Improvement Plan.

Background

2. The Council's first Health Improvement Plan was approved by Cabinet in October 2008. At that time a commitment was given to Cabinet to update the Health Improvement Plan following the advent of unitary status.
3. The revised Health Improvement Plan (Appendix Two) will be the corporate high level plan which sets a broad thematic direction of travel for the County Council in working with partners to improve health and wellbeing. The plan reflects feedback from the CAA, the Regional Health Strategy, Better Health, Fairer Health, LAA targets and local priorities directed by the Health and Wellbeing Partnership as well as NHS County Durham's public health delivery plan for 2010-2012.
4. Whilst this plan is a document for the County Council, we will discuss with NHS County Durham the scope for and added value in developing a joint strategy for health improvement, building on both this document and the NHS's 5 year strategic plan.
5. The Health Improvement Plan comprises ten thematic areas for improving health and wellbeing. Within the context of recognising the importance of the wider determinants of health for which the council has responsibility, the Plan identifies five priorities for addressing health inequalities. These are:
 - i. Tobacco Control
 - ii. Reducing the harm caused by alcohol
 - iii. Mental health and wellbeing
 - iv. Healthy Activity, Food and Nutrition
 - v. Tackling Poverty
6. These priorities have been selected using local evidence and detail from the Joint Strategic Needs Assessment, feedback from the National Support Teams for Health Inequalities as well as national good practice and NICE guidance. They have been agreed simultaneously with colleagues in NHS County Durham and the revision of the performance framework for the Health

and Wellbeing Partnership. They also reflect the key messages arising from the recently published Marmot Review of health inequalities “Fair Society, Healthy Lives”

7. The plan is intended to reflect the range of activity services across the Council are engaged in that impact upon the health of the local population and that address inequalities. As such, it will provide evidence for the next stage in the CAA process.
8. Consultation has taken place with partners, including representatives from AAPs, on the plan’s priorities, but we are designing an on-going, iterative programme of engagement relating to health improvement, so that communication about the updated Health Improvement Plan is the beginning of an on-going and dynamic process regarding public concerns and priorities about health.

Implementation

9. Each theme within the Health Improvement Plan will have a detailed action plan and all relevant service areas across the council have contributed to these. The plans incorporate Service Improvement Plan priorities and will be monitored via corporate monitoring arrangements. Health Improvement activity will be targeted towards specific geographic communities or population groups to ensure that inequalities of health are addressed at all times. Additionally it is proposed that there will be an annual report to Scrutiny and Cabinet on the implementation of this plan.
10. Co-ordination of the Health Improvement Plan and its associated thematic plans will be overseen by the internal Health Improvement Group which has representation from each of the relevant service areas, including corporate performance and the County Durham Partnership Manager.
11. Many of the DCC health improvement activities are undertaken in specific partnerships, and the value of the Health Improvement Group is that it will be working to ensure that duplication is avoided and opportunities for cross-council working are optimised.

Recommendations:

12. Scrutiny are asked to note and comment on the revised Health Improvement Plan prior to its submission to Cabinet in May.

Contact: Gerald Tompkins, Head of Social Inclusion 0191 383 317

Appendix 1: Implications

Finance

Staffing

n/a

Equality and Diversity

Accommodation

n/a

Crime and disorder

n/a

Sustainability

n/a

Human rights

The plan has been developed in accordance with statutory duties

Localities and Rurality

Work would ensure joint consultation in all areas where appropriate

Young people

Consultation

Health