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To: Swale Health and Wellbeing Board – 19<sup>th</sup> November 2014

Subject: **Swale Health and Wellbeing Board Priorities**

Classification: Unrestricted

**Summary:**

This report sets out suggested local health and wellbeing priorities for the Swale Health and Wellbeing Board for 2015.

**Recommendations:**

The Health and Wellbeing Board is asked to:

- 1) Agree to the priorities outlined in this report; and
- 2) Agree to the Health Improvement Partnership developing an action plan to deliver these

## **1. Introduction**

1.1. In July 2014, the Kent Health and Wellbeing Board tasked local Health and Wellbeing Boards with developing local action plans to implement the Joint Health and Wellbeing Strategy.

1.2. Representatives from Swale Borough Council, Swale CCG and Kent Public Health met in October to discuss potential health and wellbeing priorities for the Board to focus on and drive delivery towards.

## **2. Background**

2.1. The suggested health and wellbeing priorities are based on the outcomes set out in the Joint Health and Wellbeing Strategy. However, it has a wider remit and also considers the priorities and outcomes of other key strategic health documents including CCG commissioning plans, Mind the Gap the Kent Health Inequalities Action Plan and Think Housing First, the Kent Housing and Health Inequalities Plan.

2.3. Data provided by the Joint Strategic Needs Assessment local assurance framework for Swale was used to identify areas where Swale is under-performing compared to Kent and/or national averages. Relevant indicators will be taken from this and other existing performance monitoring data i.e. housing falls prevention data, to monitor progress against the priorities. Where indicators do not currently exist, these will be developed by the Health Improvement Partnership in consultation with relevant partners.

## **3. Priorities**

3.1. Suggested priorities have been developed based around the themes of the Joint Health and Wellbeing Strategy, but also include the key cross-cutting issue of housing. Priorities will be reviewed at the end of the year and may be revised depending on the progress made.

3.2. The suggested priorities for the Board for 2015 are:

1) Improve child and maternal health

- Reduce the number of pregnant women with a smoking status at the time of delivery
- Increase breastfeeding initiation rates and continuation at 6-8 weeks
- Decrease levels of childhood obesity
- Reduce under-18 conception rates

2) Reduce health inequalities

- Reduce rates of premature mortality
- Increase the level of NHS Health Check take-up
- Decrease the proportion of adults with excess weight
- Increase the proportion of physically active adults

3) Support people with mental health issues, including dementia, to “live well”

- Reduce stigma surrounding mental health issues, including dementia, amongst local businesses and communities
- Improve emotional resilience and wellbeing amongst children and young people
- Reduce the numbers of people attending A&E for mental health crisis support
- Reduce the time spent in hospital for patients with a diagnosis of dementia

4) Reduce the impact of housing on health

- Improve access to GP services for homeless households in temporary accommodation
- Improve identification of people in housing need who have mental health issues
- Reduce the number of falls within the home amongst people over-65
- Reduce the number of excess winter deaths

**4. Next steps**

4.1. The first meeting of the Health Improvement Partnership (HIP) is due to take place in December. Subject to the Board’s agreement, the HIP will develop an action plan to deliver the agreed priorities and set baselines for indicators as necessary. This will be brought back to the Board in January.

4.2. Following agreement to the action plan, progress against the actions and the agreed indicators will be monitored by the Board on a quarterly basis. Priorities will be reviewed at the end of the year and revised as necessary.