Report to	Cabinet	**Item**
	04 November 2015	9
Report of	Executive head of strategy, people and neighbourhoods	
Subject	Healthy Norwich action plan	

KEY DECISION

Purpose

To consider proposals to progress the council's joint work with NHS Norwich Clinical Commissioning Group and public health to deliver a *Healthy Norwich action plan*.

Recommendation

To approve the action plan programme.

Corporate and service priorities

The report helps to meet the corporate priority "A healthy city with decent housing".

Financial implications

None – activity to be met from within existing budgets

Ward/s: All wards

Cabinet member: Cllr Harris – Deputy leader, housing and wellbeing

Contact officers

Russell, O'Keefe - Executive head of strategy, people and neighbourhoods	01603 212908
Phil Shreeve - Strategy manager	01603 212356

Background documents

None

Report

1. Cabinet agreed to sign up to the World Health Organisation *Healthy cities initiative* on 11 July 2012. An update report was taken to the scrutiny committee on 20 March 2014 which outlined the initiative from a local perspective as a partnership between the city council, public health and the NHS Norwich Clinical Commissioning Group

2. As a key priority for the council, activity since March has focussed on drawing together a refreshed action plan for the remainder of 2015-16.

3. There is neither new money nor additional staff available for this work. However in the recent past some alignment of, for example, grants and one-off monies has been used to co-commission services or support voluntary organisations.

4. A similar approach has been taken to the *Reducing inequalities action plan*, whereby the focus has been to align existing workloads and tweak as appropriate to avoid duplication and gain extra through a shared focus. The *Reducing inequalities action plan* shows a similar way of thinking and the overlap between financial and social inequality is well understood. The focus has been to consider key determinants of poor health and broader social inequalities and understand where working together adds to each partner's core activity without replicating it.

5. Whilst this is a long plan, it also means that if a small number of activities slip or need to be dropped the overall delivery will not necessarily suffer in the way that, for example, three of only eight actions slipping would.

6. The Healthy Norwich partnership is reviewing its focus on the three current priority areas (affordable warmth, smoking cessation and healthy weight and exercise) to consider a more targeted focus for the future. This ties in with the approach outlined in the reducing inequalities report.

7. Ongoing changes and prioritisation will be undertaken by the executive head of strategy, people and neighbourhoods in consultation with the portfolio holder for housing and wellbeing

8. A draft action programme of activities is included at appendix 1.

Integrated impact assessment

NORWICH
City Council

The IIA should assess **the impact of the recommendation** being made by the report
Detailed guidance to help with completing the assessment can be found here. Delete this row after completion

Report author to complete	
Committee:	Cabinet
Committee date:	04 November 2015
Head of service:	Russell O'Keefe
Report subject:	Reducing Inequalities Action Plan
Date assessed:	20 October 2015
Description:	

	Impact			
Economic (please add an 'x' as appropriate)	**Neutral**	**Positive**	**Negative**	**Comments**
Finance (value for money)	☐	☒	☐	Better working across services and other organisations and involving residents should reduce duplication and improve community self reliance
Other departments and services e.g. office facilities, customer contact	☐	☒	☐	Cross organisational working reduces duplication and wasted effort
ICT services	☒	☐	☐	
Economic development	☐	☒	☐	Improved health and general well being should support economic activity, reduce days lost as sick and improve productivity
Financial inclusion	☐	☒	☐	
Social (please add an 'x' as appropriate)	**Neutral**	**Positive**	**Negative**	**Comments**
Safeguarding children and adults	☒	☐	☐	
S17 crime and disorder act 1998	☒	☐	☐	
Human Rights Act 1998	☒	☐	☐	
Health and well being	☐	☒	☐	

	Impact			
Equality and diversity (please add an 'x' as appropriate)	**Neutral**	**Positive**	**Negative**	**Comments**
Relations between groups (cohesion)	☒	☐	☐	
Eliminating discrimination & harassment	☒	☐	☐	
Advancing equality of opportunity	☐	☒	☐	Improved health and well being should enable more people to participate in and take advantage of a wider range of social and economic opportunities
Environmental (please add an 'x' as appropriate)	**Neutral**	**Positive**	**Negative**	**Comments**
Transportation	☐	☒	☐	Part of the actioning planning is designed to make better use of active travel options
Natural and built environment	☐	☒	☐	Work on food grwoing and active travel for example should benefit the wider natural and built environment
Waste minimisation & resource use	☒	☐	☐	
Pollution	☒	☐	☒	More diverse environments could mitigate some elements of pollution
Sustainable procurement	☒	☐	☐	
Energy and climate change	☐	☒	☐	See above

	Impact			
(Please add an 'x' as appropriate)	**Neutral**	**Positive**	**Negative**	**Comments**
Risk management	☒	☐	☐	

Recommendations from impact assessment
Positive
Targeted activity encompassing a wide range of health, social and broader economic support are probably more likely to deliver longer term benefits for residents
Negative
Neutral
Issues
Use of existing resources as well as the changing nature of our own and parrtner organisations to, for example, budget pressures will always present the potential for reduced impact

Workstream	Key Actions	Deadline	Progress
1. Providing civic leadership around health			
Assess key policies to try to maximise health benefit	Research policy appraisal tools which could be used to ensure policies, plans and budgets maximise health benefit	Sep-15	Initial research carried out
	Pilot recommended approach on key policy and share relevant learning with other partners	Dec-15	
Consider opportunities for procurement decisions to improve health benefits	Collate a list of major upcoming procurement/ contracts/ capital projects from across the partnership and identify opportunities for increasing their health impact (e.g. through tailoring to promote healthy food or deliver local employment)	Oct-15	Focused activity to plot key geographically-focused health inequality events/projects by each Partner has commenced. It is anticipated any significant contracts/procurement occuring in each locality will be identified/uncovered through this approach and joined up with the locality activity.
	Pilot building social/health value into one identified contract from each partner (with a view to rolling out across partners)	Mar-16	
	Review future commissioning and explore possible opportunities for joint commissioning of related services to provide a more joined up service for users, e.g. advice services	Mar-16	
Raise awareness about health, particularly inequalities, amongst staff and members	Deliver briefings and other activities to raise awareness about health amongst key staff and members	Nov-15	Initial scoping underway. Possibility of MECC (Making Every Contact Count) training from PH to be rolled out to all City Council public facing teams.
	Roll out awareness raising campaign to other partners to include key commissioners, members and staff	Mar-16	

Workstream	Key Actions	Deadline	Progress
Develop partnership evidence base against which to assess future priorities	Begin developing partnership evidence base combining information from all partners around key agreed topics	Nov-15	Build on data from Public Health on key challenges within Norwich
	Develop HN priorities and action plan 2016-18 based on compiled evidence	Mar-16	
Provide employee health support	Develop a simple checklist of suggestions/pledges for supporting and improving employees' health, building on current good practice within the partnership	Nov-15	Developing a spec/workplace offer of PH, NHS, Council, Voluntary sector health benefits/services available to local employers
	Review practices against this checklist and incorporate relevant pledges (to act as pilot for wider work with employers)	Jan-16	
2. Agreeing and cascading key health messages around core themes			
Deliver communications activity around key priority messages	Agree key communications message for each HN priority: • Reducing smoking – promote Take 7 Steps Out campaign to individuals and organisations • Physical activity – targeted message to increase physical activity amongst least active groups, e.g. Asian women, those with a disability • Fuel poverty – raise awareness around simplified referral routes	Aug-15	Fuel poverty message and initial proposal developed - to be presented at November steering group
	Develop a communications plan for each key message which utilises partnership networks and tools, e.g. staff, including GPs, health visitors and schools; intermediary organisations such as the voluntary sector; HONOR award recipients; partner websites and publications; newsletters; public	Nov-15	Currently testing the network and communication links with the community teams and some aspects of the Voluntary sector using a one off short term piece of funding for heating improvements

Workstream	Key Actions	Deadline	Progress
	information points; Future Radio and other media		
	Deliver communications plans around key messages	Mar-16	
Other communications activity such as making use of community media	Agree awareness day/week/month schedule and lead partner	Jul-15	Needs completing
	Work with Future Radio to deliver key health-related messages and information about service offered by grants recipients	Mar-16	http://futureradio.co.uk/radio-projects/healthy-norwich
3. Identifying opportunities to add or enhance positive health impacts of partners' existing activity			
Maximise joint working around key themes	Review activity around each of key priorities (smoking, healthy weight and affordable warmth) and identify opportunities for adding value through joint working	Nov-15	Fuel poverty discussion scheduled for November Steering Group. RH - 20.10.15. Undertaking activity to plot current partners activity in relation to each key areas. Intention to share at the November steering group.
	Attend appropriate external partnerships/county forums for priority areas	Ongoing	Ongoing
Work with employers to improve health of employees	Review Healthy Norwich pledge scheme and celebrate successes	Oct-15	Awaiting confirmation of original list of the HN pledges for each Pledging organisation. Intend to initially focus any follow-up activity on private sector businesses who signed up to HN as they maybe able to financially support the HN ambitions.
	Provide briefing on opportunities to support employers to HN Steering Group, building on learning from internal work (see above) and UKHCN – could include accreditation and award scheme (possible links with Active Norfolk Workplace Challenge)	Feb-15	

Workstream	Key Actions	Deadline	Progress
Deliver jointly funded 2015-16 VCSE sector grants programme	Arrange VCSE sector event for HN and other grants recipients	Sep-15	Voluntary sector provider day was held on 8th September
	Collate monitoring information for annual grants programme	May-16	HN Project evaluation reports are due back in April 2016
4. Joining up the supply of existing preventative health services to those who would benefit the most from accessing them			
Ensure referral and signposting routes optimised	Ensure key health prevention services (community gardens, health centres, sports facilities) are mapped on My Norwich	Dec-15	Initial review of My Norwich carried out - gaps to be analysed and additional information added over coming months
	Identify additional opportunities to improve existing referral and signposting to key prevention services, e.g. via Norfolk's Living Well, health trainers, Active Norfolk	Dec-15	
Consider options for a user-centred health and wellbeing portal	Scope possible benefits and options for combining the range of existing information into a single access point (including employment, money advice, etc.)	Mar-16	