



Report of:	Meeting	Date	Item No.
Councillor Dave Walmsley, Lead Member for Health and Wellbeing	Council	26 July 2012	15

## HEALTH AND WELLBEING: LEAD MEMBER REPORT

### 1. Purpose of Report

- 1.1 To inform Cabinet of progress on key objectives and the current position on matters relating to Health and Wellbeing.

### 2. Current and Futures Issues

- 2.1 Summary information is included in Appendix 1 on the following key issues relating to Health and Wellbeing.

3. Any member of Council will be able to ask me a question or make a comment on the contents of my report or on any issue which falls within my area of responsibility and I will respond to any such questions or comments.

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**Lead Member for Health and Wellbeing: Progress Update July 2012**

**1. Purpose of Report**

- 1.1** To inform the Council on the background to the Health & Social Care Bill, to update the Council on Wyre's role and engagement in the new structures and to advise Council on emerging priorities from the Lancashire Shadow Health and Wellbeing Board.

**2. Current Issues**

- 2.1** The Health & Social Care Act received Royal Assent on the 27 March 2012. The Bill was first introduced to the House of Commons on the 19 January 2011 following the publication of the White Paper 'Equity & Excellence: Liberating the NHS' in July 2010.

- 2.2** Many aspects of the reorganisation began even before the Act finally passed into law.

- 2.3** It is clear that whilst some regard the reforms as highly controversial and indeed the parliamentary stage saw many clauses strongly contested, particularly those surrounding the perception of competition, there is now a good degree of support for the transfer of health improvement to local authorities.

- 2.4** The impact of the Bill on local government and democratic accountability.

- 2.5** The Act introduced a statutory requirement for all upper-tier local authorities to establish a Health & Wellbeing Board (HWB). Essentially the Health and Wellbeing Board has five key functions:

- To provide governance structure for local planning and accountability of health and wellbeing related services.
- To assess the needs of the local population and lead the statutory integrated strategic needs assessment (JSNA).
- To promote integration and partnership across areas through promoting joined-up commissioning plans across the NHS, social care and public health.
- To support joint commissioning and pooled budget arrangements, where all parties agree this makes sense.
- To review major service redesigns of health and wellbeing related services provided by the NHS and Local Government.

- 2.6** Those District Councils operating within an upper tier county council structure have no statutory requirement or duty placed on them by the Act.
- 2.7** Elected member representatives have been chosen to sit on the Shadow Lancashire Health and Wellbeing Board covering combined District Council footprints across Lancashire. Cllr Cheryl Little, Fylde District Council, has been chosen to represent the Fylde Coast District Councils (Fylde and Wyre).
- 2.8** The Bill also directs the formation of local GP consortia (Clinical Commissioning Groups) to take over commissioning responsibilities. They will be the main route for the funding of primary and secondary care and will directly control most of the NHS budget. They will have responsibility for assessing local health needs and providing a wide range of health care services. Eight shadow CCG's have been identified within Lancashire. In the interests of accountability NHS Lancashire is currently setting up a local office of the National Commissioning Board to which all eight CCG's will be invited to attend to ensure the County as a whole is fully represented in the commissioning process.
- 2.9** NHS Lancashire are also acutely aware that District Councils are a repository of much of the information required to inform and influence the strategy and objective setting processes of both the Health & Wellbeing Board at County level and also the local CCG's within their area with regard to health improvement and the social determinants of health and their impact upon health inequality.

Against this background there is a strong desire within NHS North Lancashire to form a Fylde & Wyre Health & Wellbeing Partnership. The Partnership intends adopting an asset based approach to health improvement.

There exists the potential to form a dedicated Overview & Scrutiny Group drawn from Members of both Fylde and Wyre District Councils, tasked with the periodic review of the working of the Partnership.

### **3. Future Issues**

- 3.1** The Bill has been the most significant health legislation since the creation of the NHS and as such many processes and structures have yet to be finalised. No doubt there will be numerous adjustments as the new system beds down.
- 3.2** A step change will be required to enable local government to embrace the transformation now underway in the health service. There is recognition and an acceptance by health leaders that numerous activities at a District level e.g. planning, housing,

licensing, community safety and leisure etc. all have a bearing on health & wellbeing.

**3.3** As part of the workforce reconfiguration process some NHS staff will/are being transferred to the LCC and it is not inconceivable that in due course some will work at a District level. As such, District Councils would then be in a strong position to influence both their H&WB and CCG's to the advantage and betterment of the people they serve.

**3.4** Outlined below is a summary of the purpose of the Lancashire Health and Wellbeing Strategy, under development by the Board, together with priority shifts in ways of working being proposed, priority health and wellbeing outcomes and early win interventions being investigated.

### **1: Purpose of the strategy**

#### *Working together .....*

- Achieve shifts in the way that partners work; resulting in more effective collaboration and greater impact on health and wellbeing in Lancashire.
- Learn the lessons arising from this collaboration to strengthen future working together.

#### *Achieving results....*

- Deliver improvements in 'priority outcomes' in Lancashire.
- Deliver 'early wins' i.e. specific areas for action that will help deliver the priority outcomes whilst 'modelling' desired shifts in the ways that partners work together.

### **2: Priority shifts in ways of working**

The following shifts in the ways that partners work have been identified as necessary.

Table 1: Priority shifts in the ways that partners deliver services.

- Shift resources towards interventions that prevent ill health and reduce demand for acute and residential services.
- Build and utilise the assets, skills and resources of our citizens and communities.
- Promote and support greater individual self-care and responsibility for health; making better use of information technology and advice.
- Commit to delivering accessible services within communities; improving the experience of moving between primary,

hospital and social care.

- Make joint working the default option; pooling budgets and resources to focus on priority outcomes, commissioning together on the basis of intelligence and evidence; sharing responsibilities for service delivery and combining services in the most effective way; sharing risk.
- Work to narrow the gap in health and wellbeing and its determinants.

### **3: Priority Health and Wellbeing outcomes**

Below are the 'priority outcomes' proposed for the strategy in Lancashire, informed by intelligence from the Lancashire Joint Strategic Needs Assessment.

Table 2: Priority health and wellbeing outcomes in Lancashire.

#### *Maternal and child health....*

- To provide accessible and effective support and services to expectant mothers and their families.
- To promote and safeguard the health and wellbeing of pre-school age children.

#### *Mental Health & Wellbeing....*

- To promote emotional health & wellbeing in children and adults.
- To support people of all ages who are affected by mental health play a full and active role in society.

#### *Long term conditions....*

- To reduce the incidence of, and mortality from, long term conditions.
- To improve quality of life for people with long term conditions and their carers.

#### *Improve health and independence of older people....*

- To increase healthy life expectancy for those aged 65 and above.
- To support older people and their carers to play a full and active role in society.

### **4: Delivering early win 'Interventions '**

It is proposed that the strategy must emphasize the delivery of 'concrete' interventions (services, sets of services, pathways) where partners will get significant and demonstrable results and through which the Board can test out and learn from new ways of working.

"Interventions" are those which are described as 'cannot fail'. These interventions are highlighted with Lancashire having a moral duty to get these interventions right for the people of Lancashire.

**Interventions proposed:-**

- Identify those who are at risk of admission into hospital and provide appropriate intervention.
- Holistic support to those vulnerable families (from first pregnancy).
- Early response to domestic violence.
- Support for carers (of dementia patients).
- Address loneliness in older people.
- Affordable warmth to those who need it most.
- Alcohol liaison nurses.
- Healthy Weight – environmental measures.
- Tackling smoking in pregnancy.
- Self-care – encourage people to take control of their own health & wellbeing.

**3.5** The Board are now inviting partners from across the county to engage in developing the strategy, early interventions and are asking partners to specify the contributions they could make. The board recognise that work is already being carried out in certain outcome areas and this will be accelerated and enhanced in order to add value.

**3.6** Mark Broadhurst has been nominated the Lancashire Local Authority Health Lead representative on a cross cutting group looking at the long term conditions priority outcome. This work is due to start in Oct/Nov 2012. Mark has also been involved in early work intervention planning around the affordable warmth intervention.

**3.7** Whilst on the Health & Wellbeing circuit I became aware in January 2012 that the Senior Public Health Improvement Team for North Lancashire was in the process of issuing an invitation for external bodies to tender for a Citizen's Jury Project. They had identified that within the Lancaster and Wyre Council boundary there were certain Wards where alcohol specific hospital admissions were significantly higher than the national average. It was intended that the project would have a 'task group' function involving significant public consultation with ensuing recommendations. The successful bidder would be given access to a grant of £15K to facilitate the project.

**3.8** I subsequently met with our Community Safety team and whilst we felt we had the necessary skills to proceed we could not convince ourselves that we had sufficient spare capacity within the Council to tender for the project with the degree of confidence such an

undertaking required.

- 3.9** The Health Improvement Team fully understood our dilemma. Nevertheless a successful bidder has since emerged from the subsequent short list who is fully aware of our continuing interest and Lancaster have confirmed to me that we will be involved in this project (one way or another) when it starts in the late Summer. It is expected that in due course the project recommendations will encompass issues surrounding crime & disorder, domestic abuse, children, young people & families and the community in general.
- 3.10** The Wards in question are Rossall, Pharos and Mount.