

BRECKLAND DISTRICT COUNCIL

Report of: Paul Claussen, Executive Member Place

To: Overview and Scrutiny Commission, 27th September 2018
Cabinet, 16th October 2018

Author: (Steve James, Communities & Environmental Services Manager)

Subject: Health and Wellbeing

Purpose: To discuss the Joint Health and Wellbeing Strategy for Norfolk and Waveney and the role the Council has in its delivery

Recommendation(s):

- 1) That Cabinet agrees the formal sign off of the Joint Health and Wellbeing Strategy
- 2) That Cabinet notes the current position of the Sustainability and Transformation Partnership
- 3) That Cabinet agrees to the development of a more formalised approach to Health and Wellbeing within the Council

1.0 BACKGROUND

- 1.1 The Health and Social Care Act of 2012 instigated significant changes in the commissioning and delivery of Health and Social Care in the UK. As a result of this a number new bodies were formed to take on responsibilities for different aspects of the system, such as Health and Wellbeing Boards and Clinical Commissioning Groups (CCG's).
- 1.2 This also saw the creation of Public Health England as a national entity with responsibilities of Public Health locally moving to Local Authorities (Norfolk County Council) in 2013. As this has become established over the past 5 years there has been a desire to further integrate services to provide a person centred approach culminating in the production of the Joint Health and Wellbeing Strategy for Norfolk and Waveney.
- 1.3 In 2016, NHS organisations and local councils came together to form Sustainability and Transformation Partnerships (STPs) covering the whole of England, and set out their proposals to improve health and care for patients.
- 1.4 STPs are five-year plans covering all aspects of NHS spending in England. Forty-four areas have been identified as the geographical 'footprints' on which the plans are based, with an average population size of 1.2 million people (the smallest covers a population of 300,000 and the largest 2.8 million). A named individual has led the development of each STP. Most STP leaders come from CCGs and NHS trusts or foundation trusts, but a small number come from local government.
- 1.5 In Norfolk and Waveney, the STP has five strategic work streams:
 - Primary and community care
 - Mental health
 - Acute transformation

- Cancer
- Urgent and emergency care

1.6 There are also four cross cutting work streams which are:

- Communications and engagement
- Digital
- Workforce
- Estates

1.7 Currently, £2.6 billion is spent on health and social care in Norfolk and Waveney every year and the STP also recognises that growing financial challenges in different parts of the NHS can't be addressed in isolation. Instead, providers and commissioners are being asked to come together to manage the collective resources available for NHS services for their local population.

1.8 In order to achieve the strategic ambition for integration, Norfolk and Waveney STP is working to become an Integrated Care System (ICS); this is an evolution of the existing partnership arrangements and brings about a new type of even closer collaboration. In effect this will mean NHS organisations, in partnership with local councils and others take collective responsibility for managing resources, delivering NHS standards, and improving the health of the population they serve.

1.9 In February, Norfolk and Waveney's STP Group outlined its ambitions for closer working in its expression of interest to become an ICS. So far it has received encouraging feedback from NHS England, who has advised that they want to work with the STP Group over the next six to twelve months so that they can be fully prepared and ready to become an ICS.

2.0 **NORFOLK AND WAVENEY HEALTH AND WELLBEING STRATEGY**

2.1 Norfolk Health and Wellbeing Board (HWB) commenced the refresh of its new Joint Health and Wellbeing Strategy in December 2017. A final draft version of the Strategy was presented to the HWB in July 2018 (Appendix A) which set out the vision, priorities and values. Following subsequent agreement of these at the next HWB in October 2018, they will move into an implementation phase that will see the development of an implementation plan, development of an outcomes framework and understanding the actions HWB partners will take in delivering the Strategy.

2.2 It was considered important that there was clear strategic alignment between the HWB and its Joint Health & Wellbeing Strategy and the STP. As such the Strategy will help form the links and connections across the wider system, as part of the system interface with the STP.

2.3 The overarching vision and priorities for the Strategy align to the STP and its ambition for Norfolk and Waveney to become an ICS and are as follows:

- A single sustainable system

HWB partners taking joint strategic oversight of the health and wellbeing and care system – leading the change and creating the conditions for integration and a single sustainable system

- Prioritising prevention

A shared commitment to supporting people to be healthy, independent and resilient throughout life. Offering our help early to prevent and reduce demand on specialist services

- Tackling inequalities in communities

Providing support for those who are most vulnerable in localities using resources and assets in localities to address wider factors that impact on health and wellbeing

- Integrated ways of working

Collaborating in the delivery of people centred care to make sure services are joined up, consistent and makes sense to those who use them.

2.4 As a member of Norfolk's Health and Wellbeing Board we have been asked, along with all partners, to seek formal sign up to the Joint Health and Wellbeing Strategy. This will recognise the work already undertaken as part of the wider health system as well as providing opportunities to develop new and improved ways of working to benefit the health and wellbeing of our residents.

3.0 **THE ROLE OF DISTRICT COUNCILS IN HEALTH AND WELLBEING**

3.1 District councils, amongst all of their duties, have a number of functions (both statutory and discretionary) that directly influence the health and wellbeing of their communities:

Housing, Planning, Building Control, Environmental Services, Community Protection, Leisure, Food Safety and Licensing, Community Engagement, Waste Collection, Economic Development

3.2 The work we undertake in these areas affects health directly and indirectly and we need a coordinated approach to make the best of these opportunities. These are commonly referred to as the wider determinants of health.

3.3 We also have a unique set of capabilities that mean we are well placed to address these wider determinants of health:

- Place shaping

By ensuring planned economic growth and housing development, and ensuring good community facilities.

- Flexibility to deliver innovation

By being able to move quicker than County Council and Health & Social Care organisations due to size, scale allows swift changes to service delivery and small pilots for proof of concept

- Developing communities

Regular contact with our residents, able to advocate and reflect need to partners and hold data

- 3.4 With increasing opportunities for joint working and the benefits of the improved efficiencies that this can bring if undertaken effectively, it is timely to formalise an approach for the district. This process would involve using data led methods to identify strategic Health and Wellbeing priorities and would be utilised to inform the coproduction of a shared vision with associated delivery plan (as part of the Corporate Planning process) supported by key partners.
- 3.5 Whilst the formal proposal is still to be developed it is likely that this would involve the creation of a Strategic Board that would:
- Provide local leadership on health and wellbeing issues
 - Review evidence on local health needs and determine issues that need addressing
 - Monitor and support the implementation of the local health and wellbeing action plan (as part of the Corporate Plan)
 - Influence the commissioning process for the local area at a strategic level
 - Support the development and delivery of the Norfolk Health and Wellbeing Board and the Norfolk Health and Wellbeing Strategy
 - Act as a forum to identify areas of joint working
 - Champion the HWB aspirations of Breckland, disseminate best practice and acknowledge successful outcomes.
- 3.6 To support this group and ensure a joined up approach to delivery an Officer Group could be created that would:
- Provide local leadership on health and wellbeing issues
 - Provide evidence on local health needs and develop an operational Health and Wellbeing Action Plan to reflect the local issues.
 - Monitor and review progress of the implementation of the Breckland Health and Wellbeing Action Plan
 - Influence the commissioning process for the local area at an operational level
 - Identify partners for collaborative working to ensure efficient and effective delivery of the action plan
 - Report to the Breckland Health and Wellbeing Strategic Board
 - To champion the HWB aspirations of Breckland, disseminate best practice and acknowledge successful outcomes.
- 3.7 By formalising our approach to Health and Wellbeing, we will be able to clearly articulate our position in the health system. In doing so, we will be able to maximise our opportunities to add value to current and new activities whilst at the same time eliminate the risk of the existing statutory duties of other partners being transferred to us.

4.0 **OPTIONS**

- 4.1 Agree to the recommendations of the report
- 4.2 Agree to some of the recommendations of the report
- 4.3 Don't agree to the recommendations of the report

5.0 **REASONS FOR RECOMMENDATION(S)**

- 5.1 By agreeing to the recommendations of the report we will continue to be working in partnership to improve the health and wellbeing of our residents

6.0 EXPECTED BENEFITS

- 6.1 In formalising our approach to health and wellbeing we will be able to clearly articulate our position in the health system. In doing so, we will be able to maximise our opportunities to add value to current and new activities whilst at the same time eliminate the risk of the existing statutory duties of other partners being transferred to us.

7.0 IMPLICATIONS

In preparing this report, the report author has considered the likely implications of the decision - particularly in terms of Carbon Footprint / Environmental Issues; Constitutional & Legal; Contracts; Corporate Priorities; Crime & Disorder; Equality & Diversity/Human Rights; Financial; Health & Wellbeing; Reputation; Risk Management; Safeguarding; Staffing; Stakeholders/Consultation/Timescales; Transformation Programme; Other. Where the report author considers that there may be implications under one or more of these headings, these are identified below.

7.1 Corporate Priorities

- 7.1.2 Breckland Council, through the Corporate Plan, has four priorities that are intrinsically linked to the health and wellbeing of our residents. This is displayed explicitly in 'Enabling stronger, more independent communities' with the commitment to 'lead and support the Breckland Health and Wellbeing Partnership'.

7.2 Health & Wellbeing

- 7.2.2 This is picked up within the main body of the report.

7.3 Staffing

- 7.3.2 There is the opportunity to better join up our internal and external working that would enable us to derive greater value from existing and new activities.

8.0 WARDS/COMMUNITIES AFFECTED

- 8.1 This would affect residents across all of our Wards.

9.0 ACRONYMS

- 9.1 CCGs - Clinical Commissioning Groups
9.2 HWB - Health and Wellbeing Board
9.3 STP - Sustainability and Transformation Partnerships
9.4 ICS - Integrated Care System

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Key Decision: No

Exempt Decision: No

This report refers to a Discretionary Service

Appendices attached to this report:

Appendix A Joint Health and Wellbeing Strategy