

NEWCASTLE-UNDER-LYME BOROUGH COUNCIL

**EXECUTIVE MANAGEMENT TEAM'S REPORT TO THE
CABINET COMMITTEE**

Date 10 September, 2014

1. **REPORT TITLE** Update on the Borough Health and Wellbeing Strategy
- Submitted by:** Executive Director, Operational Services Dave Adams
- Portfolio:** Planning and Assets
- Ward(s) affected:** All

Purpose of the Report

The approval and implementation of the Borough Health and Wellbeing Strategy

Recommendations

That Cabinet

- a) Note the importance of the Health and Wellbeing Strategy and its bearing on the delivery of council services.
- b) Endorse the developing partnership approach and work to encourage all sectors of the local economy to consider their impact on health and wellbeing.
- c) Recognise that whilst health and wellbeing is a wide ranging and complicated area, it is weaved into all we do, but given our role in providing physical activity opportunities, confirm that the Council will lead on the production of a Borough Sport and Active Lifestyles Strategy.
- d) Approve the consideration of health and wellbeing implications, where relevant, either directly or indirectly in all future reports.
- e) Acknowledge that whilst some funding streams are looking vulnerable; confirm that Newcastle Borough Council will not be picking-up any shortfall.
- f) Note that the Better Care Fund (BCF) – referred to in this report and considered by Cabinet at its meeting in April 2014 – has been significantly changed by Central Government, thereby resulting in the need for a further sign off by this Council and the other districts/boroughs in Staffordshire. Cabinet will recall that the main reference to district/borough council responsibilities in the BCF is the Disabled Facilities Grant (DFG) – and it should be noted by Cabinet that this aspect of the BCF Plan for Staffordshire is largely unchanged in the revised Plan. Arrangements are being made for sign off and a separate report appears on this Cabinet agenda (September 2014)

Reasons

The commissioning plans of the North Staffs Clinical Commissioning Group (NSCCG), NHS England, and Staffordshire County Council must be informed by the Joint Strategic Needs Assessment (JSNA) and articulated via the Staffordshire Joint Health and Wellbeing Strategy. Where commissioning plans are not in line with the JSNA or Joint Health and Wellbeing Strategy then NSCCG, NHS England and Staffordshire County Council must be able to explain why. The purpose of developing a Borough Health and Wellbeing Strategy is to support this process and ensure that local health priorities are identified and resourced through the above process.

1. **Background**

- 1.1 The Health and Social Care Act 2012 places clear duties on first tier local authorities and Clinical Commissioning Groups (CCGs) to prepare a Joint Strategic Needs Assessment (JSNA) and Joint Health & Wellbeing Strategy through Health and Wellbeing Boards.
- 1.2 The JSNA is also used to inform other key strategies and plans, in particular the Borough Health and Wellbeing Strategy, which supports the County Health and Wellbeing Strategy and is one of three key strategies for the Borough, along with those for Economic Development and Community Safety. It should also be noted that districts/boroughs also produce an enhanced Joint Strategic Needs Assessment (eJSNA). The current eJSNA for Newcastle was developed in 2012 and is about to be refreshed. This too supports the development of the Strategy.
- 1.3 The Borough's Health and Wellbeing Strategy was approved for consultation in June 2013 and sent out to over 35 partner organisations. The responses received agreed with the priorities and approach, with the County Council Public Health team suggesting that actions should align to 'Living well in Staffordshire' – the Staffordshire Health and Wellbeing Board's 5 year plan 2013 to 2018 and in particular their twelve areas for action, which themselves are based on the six policy objectives established by the Marmot Review 'Fair Society, Healthy Lives'. This provides the definitive approach to what is commonly referred to as the wider social determinants of health. The wider determinants of health span an array of factors that impact on health and wellbeing, including access to good jobs, health services, housing, education, transport, as well as wider opportunities, such as leisure and volunteering. These wider determinants are particularly critical to reducing health inequalities.
- 1.4 In addition to the above, in October 2013 an event was organised to look at "a partnership approach for the delivery of health services in Newcastle-under-Lyme". In all, 40 people attended this event from a range of statutory, voluntary and community organisations from across the Borough. This event identified a number of key themes and actions, which have improved local understanding and coordination.
- 1.5 Since then, a mapping exercise has now been undertaken by Public Health and the Borough Council to determine which health and wellbeing activity/services are currently being delivered, or planned, across Newcastle-under-Lyme. This 90 page document captures information based on the Marmot policy objectives:
 - 1) Give every child the best start in life
 - 2) Enable all children, young people and adults to maximise their capabilities and have control over their lives
 - 3) Create fair employment and good work for all
 - 4) Ensure a healthy standard of living for all
 - 5) Create and develop healthy and sustainable places and communities
 - 6) Strengthen the role of ill health prevention
- 1.6 Marmot also identified that a focus on the wider determinants of health requires action across the life course to improve the conditions of daily life. Therefore the mapping exercise took into account the life course perspective of: Starting Well, Growing Well, Living Well, Aging Well and Ending Well, which compliments the Staffordshire Health and Wellbeing Strategy 'Living Well in Staffordshire'.
- 1.7 On completion of the 'mapping' activity a 'gapping' exercise is now being undertaken to highlight where there is a need for health and wellbeing services to be commissioned more

effectively or to be commissioned for the first time. This process links clearly with a wider piece of work which has been led by the Chief Executive of Tamworth BC (Tony Goodwin) and which has been commissioned by the Staffordshire Health and Well Being Board. The full report on this work can be found at Appendix xx to this report, but focused on the strategic role to be played by districts/boroughs in the development of the well-being aspect of health and well-being (assuming that the 'health' part is covered by clinical agencies in the main) and also both the commissioning arrangements needed to be in place in each borough/district area and the role of providers (including borough/district councils). The 'mapping/gapping' exercise will allow local partners to more effectively commission well-being in Newcastle based around the 'Goodwin Review' outlined above.

2. **Issues**

- 2.1 In June 2013, the Government announced that it would be allocating £3.8 billion to a pooled budget in 2015/16, initially called the Integration Transformation Fund, now called the Better Care Fund (BCF). The BCF will support the aim of providing people with the right care, in the right place, at the right time, including a significant emphasis upon care in community settings, with the express aim of reducing admissions and readmissions to secondary care and alleviating pressures on the acute sector.
- 2.2 As a second tier local authority we largely do not get to access BCF directly and therefore will need to rely on the County Council and the NSCCG to fund the health priorities in our Borough Health and Wellbeing Strategy. Despite this, however, the Government has ordered that the overall pan-Staffordshire budget for the Disabled Facilities Grant (DFG) be included in the BCF from April 2015 onwards. As Members are aware, borough/district councils have a statutory duty around DFGs and, therefore, it is important that it is clear as to what is happening with DFG budgets as a result of BCF. At present, it has been confirmed that DFG funds transferred to BCF will continue to be given to district/borough councils up to the end of 2015/16. Beyond that date, no assurance has been provided around future DFG funding.
- 2.3 Members will recall that Cabinet considered the BCF in April 2014 following previous consideration from Scrutiny. Cabinet decided to support signing up to the BCF at that point with the proviso that this would only last until April 2016, unless further assurances over future DFG funding are received. Since that time, however, the Government has made a number of significant changes to the BCF, including the introduction of targets around the reduction of people going into acute care which have to be met before elements of funding can be released.
- 2.4 As a result of these changes, a revised BCF Plan has been drawn up for Staffordshire and a renewed sign-off is being requested from all partners including district/borough councils. The process for sign off is being governed by deadlines set nationally, so a decision whether to sign up to the new Plan is considered as a separate report on this Cabinet agenda. If approved, arrangements will be made for the Leader of the Council (as was the case in April) to sign up to the Plan on behalf of the Council. Updates will provided to Members as this process is worked through.
- 2.5 It should be noted that, although DFGs are currently the only area of district/borough council activity to be a part of the BCF, work is currently ongoing to develop integrated commissioning (i.e. commissioning undertaken by a number of organisations working together) across a range of different areas of activity including caring for frail and/or elderly people; dealing with drugs/alcohol and helping people to live independent lives at home. The Head of Business Improvement, Central Services and Partnerships is a member of the Integrated Commissioning Executive Group (ICEG) on behalf of the Council and has been a part of the discussions on these areas of work. It is hoped that, given the work done by Tony Goodwin and the desire to reduce costs, that this Council will be seen as a potential provider

of services in the future as well as being a part of the commissioning process. Further updates will be provided to Members when available.

- 2.6 Whilst we as partners are all working to agreed priorities from the JSNA, and the role of the Council's Health and Wellbeing Scrutiny Committee is well established, pressure on public spending does put health and social care at risk. Along with this, on occasions, comes pressure for the Council to contribute or pick up some of the shortfall. It is clear that the BCF, for instance, will not be made up of 'new' sources of finance, but will be made up of existing funding and it is also clear that the level of this funding will be reduced in future years.
- 2.7 In addition to these factors, there are several other issues for the Council to consider, in ensuring that the Borough benefits from the appropriate public health and NSCCG spend and that we in turn give full consideration to health and wellbeing implications as we make decisions and commit our own resources.
- 2.8 A key development in terms of the role of districts/boroughs in developing work around health and well-being is the review of 'locality working', commissioned by the Health and Well-Being Board and led by the Chief Executive of Tamworth BC (Tony Goodwin). This review is referred to earlier in this report, and the full report on this can be found at Appendix xx. In essence, the review found that districts/boroughs were not being considered as a matter of course when it came to developing strategic approaches to health and well-being and commissioning decisions were being taken that lacked the necessary sensitivity to issues in local areas such as Newcastle under Lyme. The approach which has been agreed, therefore, is for districts/boroughs to be a part of the strategic picture at all times and for both local commissioning approaches to be established at borough/district level and for all agencies from all sectors to be seen as potential providers.
- 2.9 Although held prior to the 'Goodwin Review', a number of issues linked with the findings outlined above were raised at workshops at the October partnership event. The event specifically explored:
- 1) What are local agencies doing, or what should local agencies be doing as a part of the local Partnership around health and wellbeing that it wants to start / stop / continue?
 - 2) How can local partners work better together?
- 2.10 A number of **key themes** emerged from these workshop sessions, namely:
- **Strategic alignment** - particularly the use of local data/intelligence, alignment of strategies, the integration of health and wellbeing into a single strategic framework for the Newcastle Partnership, a focus on the wider determinants of health/health inequalities, and a focus on prevention
 - **Partnership working** - ensuring the efficiency of partnerships, including putting in place the necessary resources, capacity and finances to deliver shared objectives
 - **Community engagement/ development** – providing the opportunity for local organisations to play a key role in the delivery of community development approaches
 - **Awareness of services** - clarification and communication of the availability (or otherwise) of services

- **Additional issues** - equality/consistency of universal services and sharing feedback from the Health Event

2.11 Following the partnership event a number of actions were identified:

- The findings from the event were reported to the Newcastle Partnership Delivery Group (PDG) in order to establish the next steps – this was done and has also been linked to the Tony Goodwin piece of work.
- A Health and Wellbeing Task and Finish Group was created, specifically to deliver on the key themes that emerged at the Health Event (highlighted above)
- A focus was agreed on the development of early intervention/preventative activity, in line with the shared strategic objectives of partners.
- The strategic alignment of organisational plans and priorities through the “golden thread” document is being developed, highlighting the health and wellbeing strategic objectives of all partners.
- As part of the strategic alignment development process, cross cutting key themes have been identified including: early intervention/prevention, empowerment, partnerships, and prosperity – thereby mirroring feedback from the Health Event and demonstrating that a new overarching strategy is not necessarily required.
- A health and well-being mapping exercise has been undertaken to determine which health and wellbeing activities/services are being commissioned/delivered locally in the Borough of Newcastle-under-Lyme. A total of 30 responses were received from a wide range of partners giving a rich picture of health and wellbeing activity in Newcastle. The mapping exercise was split into six sections, reflecting the six policy objectives identified in the Marmot Review ‘Fair Society, Healthy Lives’.
- The Food Poverty and Health Funding 2014 was launched (through the Newcastle Partnership) in February. This funding is for community groups, voluntary organisations, social enterprises and Locality Action Partnerships to deliver community-based food poverty and health projects in order to improve access to healthy, affordable food in disadvantaged areas. Three projects were successful in gaining funding - Greater Chesterton LAP, St Luke’s PTFA and Brighter Futures. Some of this funding has already been reduced/ withdrawn for next year.
- The ‘Working Together to Improve Health and Wellbeing Outcomes Event’ took place on 25th March 2014. Newcastle and Staffordshire Moorlands community and voluntary sector partners were involved in shaping the priorities and outcomes included in the Public Health Commissioning Prospectus for Newcastle-under-Lyme.
- Staffordshire Public Health and the Newcastle Partnership launched the Commissioning Prospectus for Newcastle-under-Lyme 2014–2015 – A Partnership Approach to Improving Health and Wellbeing Outcomes on 8th April 2014. This funding is for community groups, voluntary organisations, social enterprises and Locality Action Partnerships to deliver on five priority areas: Starting Well, Growing Well, Living Well, Ageing Well, and Vulnerable Areas and Communities. The closing date for applications was the 20th May 2014.

Next Steps

- The Chief Executive of Tamworth attended the Borough's Partnership Delivery Group in July 2014 to set out the findings of his review. These findings have been incorporated into the review work being done on the work of the Newcastle Partnership (see below).
- A 'gapping' exercise is currently being undertaken to accompany the health and wellbeing mapping exercise (see above). This will be used to influence and inform future commissioning intentions by utilising the local need intelligence gained.
- A review of the Newcastle Partnership structure and constitution is currently ongoing, with the potential establishment of a local commissioning group (based on the existing Partnership Delivery Group). As part of the reviewed structure one option being considered, together with the creation of a single commissioning 'pot' for partners, is to use this local commissioning board in jointly commissioning services against the key partnership priorities in the Borough
- As already mentioned, and linked with the above point, a number of pieces of work are being developed under the heading of 'integrated commissioning' on a Staffordshire-wide basis. The key issue behind this work – which seeks to bring together health and social care – is to save money or stretch resources through less focus on acute care and more on prevention/early intervention. There are a number of groups in place overseeing this work, primarily the Integrated Commissioning Executive Group (ICEG) which has been charged by the Health and Wellbeing Board with progressing work in certain areas such as older people, mental health and learning disabilities. A central part of this agenda is the Better Care Fund, which the Council has signed up to until the end of the 2015/16 financial year and which is about creating a single commissioning pot which includes the Disabled Facilities Grant from a district/borough council perspective. The Council is represented on ICEG and other related integrated commissioning groups.
- Completion of the pilot for local commissioning through the Commissioning Prospectus for Newcastle-under-Lyme 2014–2015 – A Partnership Approach to Improving Health and Wellbeing Outcomes
- To develop links with the Stoke and Staffordshire Local Enterprise Partnership (LEP) in order to ensure that work done under the auspices of the LEP feeds into the health and wellbeing agenda, given the clear links between economic stability and good health
- To establish links between LAPs and the NHS Patient Participation Service.
- To encourage wider participation by key partners commissioned to deliver health and wellbeing services locally.
- To involve young people in consultations in order to influence service development (in relation to an 'Awards for All' bid through the National Lottery)
- Building Resilient Families and Communities – greater development of criteria to cover health and wellbeing factors via the localisation of national guidance

- Development of a directory of services for Newcastle using information gained through the health and wellbeing mapping exercise, with possible links to Staffordshire Cares/Market Place (formally Purple Pages) and Let's Work Together
 - To explore the development of targeted locality prevention and early intervention work in Holditch by looking at innovative ways of commissioning
 - To ensure that this agenda is communicated to elected Members in Newcastle-under-Lyme via the NULBC Health and Well-Being Scrutiny Committee from June 2014 onwards.
- 2.12 Those services currently provided by this Council have also been mapped and are appended to this report. The appended table shows the contribution made to the Council's Healthy and Active Community priority by grouping services according to their contribution to health improvement, the wider determinants of health and health protection. Clearly over these areas the Council has most control but the challenge now is how we continue to make significant contributions to health and wellbeing at the same time as reducing our overall resources and size. It is proposed therefore that the Council considers the health and wellbeing implications of decisions and in resource allocation.
- 2.13 In addition to Council services, the mapping exercise has illustrated that an even greater contribution is made by partner organisations, including the third sector. In fact there is already too much activity for the Council to effectively monitor and manage.
- 2.14 Not only does partnership working impact positively, certain sectors are also contributing to the health economy. Most significantly the value of sport in terms of the wider economic impact on health in the Borough is £43.6m (Sport England).
- 2.15 The Health and Wellbeing Strategy is one way to ensure the impact of spending reductions on health is minimised through new and innovative means. Many of the links and approaches being developed are illustrated in the appendix to this report in the table 'Newcastle under Lyme Health and Wellbeing Strategy and Action Plan – on a page'
3. **Options Considered**
- 3.1 In simple terms the Council can either approve the implementation of the Health and Wellbeing Strategy and associated actions or it can choose not to. In endorsing the strategy and approach outlined is likely to lead to more positive local health outcomes.
4. **Proposal**
- 4.1 The Cabinet note the importance of the Health and Wellbeing Strategy and its bearing on the delivery of council services. That to minimise the effect of reduced public sector resources that the partnership approach being developed be supported along with encouraging the contribution from all sectors of the local economy.
- 4.2 Given the importance of sport to the local health economy and the established role of physical activity in improving individual health, it is proposed that the Council leads on the production of a Borough Sport and Active Lifestyles Strategy to maximise these benefits for our local communities.

4.3 It is also proposed that the Council considers health and wellbeing implications, where relevant, either directly or indirectly in all all future reports.

5. **Reasons for Preferred Solution**

5.1 The purpose of developing a Borough Health and Wellbeing Strategy is to support the NHS and Public Health process and ensure that local health priorities are identified and resourced through the above process.

6. **Outcomes Linked to Sustainable Community Strategy and Corporate Priorities**

6.1 There will be a positive impact on those areas relating to health improvement.

7. **Legal and Statutory Implications**

7.1 As detailed in the report.

8. **Equality Impact Assessment**

8.1 Equality Impact Assessments have been undertaken as part of the process for developing the Joint Strategic Needs Assessment.

8.2 One of the key aims of the strategy is to ensure the higher levels of ill health faced by some less well-off communities are reduced.

9. **Financial and Resource Implications**

9.1 The Health and Wellbeing Strategy has been developed in line with the Council's Medium Term Financial Strategy.

9.2 Officers will be monitoring the progress of the ICEG and DFG so that the Council can assess implications on services budgets and make necessary decisions.

10. **Major Risks**

10.1 No direct implications

11. **Sustainability and Climate Change Implications**

11.1 Carbon emissions will be reduced as a result of measures to tackle fuel poverty and encourage active travel.

12. **Key Decision Information**

12.1 This report is in the forward plan

13. **Earlier Cabinet/Committee Resolutions**

13.1 The Borough Health and Wellbeing Strategy was approved by Cabinet in May 2013.

14. **List of Appendices**

14.1 A healthy and active community paper

14.2 Newcastle under Lyme Health and Wellbeing Strategy and Action Plan – on a page

15. **Background Papers**

15.1 Newcastle under Lyme Health and Wellbeing Strategy

15.2 Mapping of Health and Wellbeing Activity/Services across Newcastle under Lyme.