

Forest Heath District Council

(This report is a key decision. This report has been subject to appropriate notice of publication under the Council's Access to Information Rules)

Report of the Portfolio Holder for Health, Leisure and Culture

CABINET

5 MARCH 2013

CAB13/072

SUFFOLK HEALTH AND WELLBEING STRATEGY (Key Decision Reference: FEB13/03)

1. Summary and reasons for recommendation(s)

- 1.1 Under the Health and Social Care Act 2012 Suffolk County Council is required to establish a Health and Wellbeing Board for Suffolk and, with Clinical Commissioning Groups, has a duty to produce a Joint Health and Wellbeing Strategy (JHWS) for the county. Although not statutory partners the contribution of Suffolk District Councils to local communities, for example, housing, licensing, planning economic development, leisure etc, is recognised as being a key factor in the health and wellbeing of Suffolk residents. Suffolk District Councils have four seats on the Board representing Ipswich, plus the three sets of shared service paired authorities. The current West Suffolk representative is Cllr Mildmay-White, who took over the position from Cllr Hirst at Forest Heath in October. Representation rotates annually between the two Portfolio Holders.
- 1.2 The Suffolk Health and Wellbeing Board (SHWB), which has been meeting in shadow form for over a year, becomes statutory from April 2013 and the JHWS will guide the work of the Board. It is important that all those with representation on the Board, including Forest Heath, agree the content of the JHWS and contributes to its implementation through the council's service delivery where appropriate in terms of meeting local need and matching the policies and resources of the individual partner organisations.

2. Recommendation(s) to Council

- 2.1 **To agree the Joint Health and Wellbeing Strategy developed by Suffolk's Health and Wellbeing Board attached at Appendix One as part of the Forest Heath policy framework.**
- 2.2 **To agree that Forest Heath will contribute to the implementation of the Joint Health and Wellbeing Strategy through its service delivery mechanisms (where appropriate in terms of meeting local need and matching the policies and resources of the council), and through membership of the Suffolk Health and Wellbeing Board which has the statutory duty to produce the Strategy and Joint Strategic Needs Assessment.**

Contact details	Portfolio Holder	Lead officer
Name	Councillor Warwick Hirst	Davina Howes
Title	Portfolio Holder for Health, Leisure and Culture	Head of Policy, Communications and Customers
Telephone	01638 664252	01284 757070
E-mail	warwick.hirst@forest-heath.gov.uk	davina.howes@westsuffolk.gov.uk

3. Corporate priorities

- 3.1 The recommendation(s) meet the Council's Strategic Plan aim of 'stronger, more active communities'.

4. Background

- 4.1 The Health and Social Care Act 2012 establishes Health and Wellbeing Boards as a forum where key leaders from the health and care system work together to improve the health and wellbeing of their local population and reduce health inequalities.
- 4.2 Each top tier and unitary authority will have its own Health and Wellbeing Board. Board members will collaborate to understand their local community's needs, agree priorities and encourage commissioners to work in a more joined up way. As a result, patients and the public should experience more joined up services from the NHS and local councils in the future.
- 4.3 Health and Wellbeing Boards are a key part of broader plans to modernise the NHS to:
- Ensure stronger democratic legitimacy and involvement
 - Strengthen working relationships between health and social care, etc
 - Encourage the development of more integrated commissioning of services.
- 4.4 The Boards will help give communities a greater say in understanding and addressing their local health and social care needs, and have the following specific responsibilities:
- (a) Health and Wellbeing Boards will have strategic influence over commissioning decisions across health, public health and social care.
 - (b) Boards will strengthen democratic legitimacy by involving democratically elected and patient representatives in commissioning decisions alongside commissioners across health and social care.
 - (c) The Boards will also provide a forum for challenge, discussion and the involvement of local people.
 - (d) Boards will bring together clinical commissioning groups and councils to develop a shared understanding of the health and wellbeing needs of the community.
 - (e) They will undertake the Joint Strategic Needs Assessment (JSNA) and develop a Joint Health and Wellbeing Strategy for how these needs can

be best addressed. This will include recommendations for joint commissioning and integrating services across health and care.

(f) Through undertaking the JSNA and implementation of Health and Wellbeing Strategy, the Board will drive local commissioning of health care, social care and public health and create a more effective and responsive local health and care system. Other services that impact on health and wellbeing such as housing and education provision will also be addressed.

4.5 In terms of Board membership the Health and Social Care Act mandates a minimum membership of:

- One local elected representative
- A representative of local Healthwatch organisation
- A representative of each local clinical commissioning group
- The local authority Director for Adult Social Services
- The local authority Director for Children's Services
- The Director of Public Health for the local authority.

4.6 Local Boards will be free to expand their membership to include a wide range of perspectives and expertise, such as representatives from district councils and the charity or voluntary sectors. Detail of current membership is included in the Strategy.

4.7 Membership is not the only way to engage with the work of the Boards. All Boards regardless of their political or geographic make-up will be expected to ensure that the needs of local people as a whole are taken into account.

4.8 Boards will be under a statutory duty to involve local people in the preparation of Joint Strategic Needs Assessments and the development of joint health and wellbeing strategies. Each Health and Wellbeing Board will have a local Healthwatch representative member. Local Healthwatch will have a formal role of involving the public in major decision making around health and social care and its work is expected to feed into that of the Health and Wellbeing Boards.

4.9 All Health and Wellbeing Boards will be accountable to local people through having local councillors as members of the Board.

5. Key issues

5.1 District councils are seen as having a significant role to play in the health and wellbeing of their local communities for the following reasons:

(a) Democratic representation – district councillors are represented on various outside organisations including Health Scrutiny Committees. In addition local councillors are becoming a first point of contact for their constituents seeking advice/signposting on a wide range of issues.

(b) Appropriate housing is seen as a key determinant of health and wellbeing.

(c) Leisure and cultural activities contribute to the health and wellbeing of individuals.

- (d) Licensing has an obvious impact on health and wellbeing particularly in terms of the night time economy.
- (e) Planning is another key service area that contributes to the health and wellbeing of individuals and communities in terms of design principles, appropriate infrastructure and transport implications etc.
- (f) Economic development – employment is another key factor affecting the health and wellbeing of individuals.

5.2 The JHWS was approved by the Suffolk Health and Wellbeing Board (SHWB) at its meeting on 14 December 2012 and is attached at Appendix One. It is an overarching 10 year strategy. As such it does not aim to encompass every aspect of health and wellbeing, but to provide a focus for the many public, voluntary and community sector groups, businesses and third sector bodies which contribute to the health and wellbeing of residents in Suffolk. The JHWS comes with commitment from the Board to review its action plan annually.

5.3 The JHWS is based around four strategic themes:

- every child in Suffolk has the best start in life;
- Suffolk residents have access to a healthy environment and take responsibility for their own health and wellbeing;
- older people in Suffolk have a good quality of life; and
- people in Suffolk have the opportunity to improve their mental health and wellbeing.

5.4 The four themes were selected based on the State of Suffolk 2011 report and other key data which forms the current JSNA. The JSNA data is available on a dedicated page on the Suffolk Observatory at www.suffolkobservatory.info/jsna.aspx. A programme of further data gathering and assessments is being drawn up to keep the JSNA current.

5.5 Outcome frameworks which draw on national and local measures will be used to disaggregate the four broad themes into measureable actions with the early priorities under each theme having been identified via a stakeholder event held in September. Once adopted by the Board both Suffolk County Council and the Clinical Commissioning Groups (CCGs) in Suffolk must have regard to both the JSNA and JHWS in their commissioning plans.

5.6 District councils have played an active role in the development of the JHWS. District council representatives have been involved in task and finish groups working on both the JSNA and JHWS. District councils presented in support of the second theme at the stakeholder event and have commented on the draft strategy as it has evolved.

5.7 Now the JHWS has been approved by the Board each partner on it is taking the JHWS through its own decision making process in readiness for the Board assuming its full statutory role on 1 April 2013.

6. Other options considered

6.1 There is no statutory requirement for districts to have regard to the Strategy. However if the Council wishes to influence the health provision within Suffolk by

membership of the SHWB the authority is in a much stronger position to do so having been actively involved in developing and implementing the strategy.

7. Community impact

7.1 Crime and disorder impact *(including Section 17 of the Crime and Disorder Act 1998)*

7.1.1 The close link between health and community safety issues is well recognised as is the link between offending and a variety of health issues. From April 2013 both the Chief Constable and the Police and Crime Commissioner will be members of the Board which should improve co-ordination of community safety and health and wellbeing services.

7.2 Diversity and equality impact *(including the findings of the Equality Impact Assessment)*

7.2.1 The strategy is explicit in seeking to reduce health inequalities.

7.3 Sustainability impact *(including completing a Sustainability Impact Assessment)*

7.3.1 The Strategy recognises the value of access to open space, of integrated cycle and footpaths to encourage physical activity/as a viable alternative to using a car. It also recognises the need to address fuel poverty and ensure air quality remains high.

8. Consultation *(what consultation has been undertaken, and what were the outcomes?)*

8.1 The Board has developed the Strategy in consultation with a wide range of stakeholders. Over 150 organisations attended a stakeholder event in September 2012 which encouraged comments on a draft strategy. Comments have also been sought via an on-line discussion site and direct to the Director of Public Health at Suffolk County Council. The Forest Heath and St Edmundsbury Portfolio Holders for Health and Wellbeing made a joint response to the consultation and several elements of that response were directly incorporated into the strategy. Healthwatch Suffolk, the newly emerging body to represent patient views, is a member of the Board and has had the opportunity to comment on the strategy in draft form.

9. Financial and resource implications *(including asset management implications)*

9.1 By adopting the JHWS as part of the policy framework for Forest Health the council is undertaking to use its existing resources to help deliver the strategy and to have regard to its priorities in its service planning and service delivery.

9.2 The Strategy's adoption offers the opportunity to work with the West Suffolk Clinical Commissioning Group and encourage them to commission services from the Council, from partnerships which the council is involved with or from the voluntary and community groups to which the council contributes funding.

10. Risk/opportunity assessment (*potential hazards or opportunities affecting corporate, service or project objectives*)

Risk area	Inherent level of risk (before controls)	Controls	Residual risk (after controls)
The SHWB does not add value	Medium	Engagement at Member and Officer level to influence the direction of the Board	Low

11. Legal and policy implications

11.1 As indicated at 5.1 above there is no statutory requirement for districts to have regard to the Strategy.

11.2 The policy direction of the strategy emphasises an asset-based approach to working with communities on health issues, more integrated commissioning and a greater emphasis on prevention. This emphasis is in line with the existing policy direction of the Council.

12. Ward(s) affected

11.1 All

13. Background papers

13.1 Papers of the Suffolk Health and Wellbeing Board meetings of 13 June and 12 December 2012.

14. Documents attached

14.1 Appendix One – The Suffolk Joint Health and Wellbeing Strategy