

Suffolk Health and Wellbeing Board

A committee of Suffolk County Council

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| Report Title: | The Contribution of Suffolk’s District and Borough Councils to Health and Wellbeing |
| Meeting Date: | 26 January 2017 |
| Chairman: | Councillor Tony Goldson |
| Board Member Lead(s): | Ian Gallin |
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What is the role of the Health and Wellbeing Board in relation to this paper?

1. The Health and Wellbeing Board is asked to acknowledge the contribution of Suffolk’s district and borough councils to health and wellbeing particularly the action being taken on the wider determinants of health as set out in this report. The Board is also asked to consider the recommendations relating to specific locality-based work identified in the main body of the report.
2. The paper outlines opportunities for improving health outcomes through the District and Borough’s contribution towards the implementation of the two Sustainability and Transformation Plans (STP) that cover Suffolk; the increased focus on prevention, self-care & independence and community based care; locality delivery models and development of the Alliance model of health and care.

Key questions for discussion:

3. The key questions for discussion are:
 - a) How can Suffolk’s Health and Wellbeing Board ensure there is effective engagement and co-production of outcomes in order to maximise the partners’ collective impact on the wider determinants of health?
 - b) What obstacles does the Board see to adopting these recommendations? What will the Board do to overcome these obstacles?
 - c) Considering the recommendations relating to specific locality-based work identified in the main body of the report, what barriers need to be unblocked to take this work forward? How can Board partners strengthen their

partnerships and collaborative efforts in these areas to facilitate better joined-up decision making and effective delivery for local communities?

- d) What impact does the Health and Wellbeing Board think these recommendations will have on health outcomes and performance?

What actions or decisions is the Board being asked to take?

4. As districts are a key partner in improving the relationship between the health and social care system and local communities across Suffolk the Board is asked to ensure there is effective and timely engagement with each of the district pairings and Ipswich Borough Council to include appropriate representation for these organisations on all relevant strategic partnerships, commissioning groups and other multiagency fora. (At present on several key groups that underpin the Board's outcomes there is only a single district representative or none at all).
5. The Board is asked to consider the recommendations relating to specific locality-based work italicised in the main body of the report in paragraphs 26, 31 and 34.
6. Suffolk Public Health is asked to work collaboratively with district and borough councils to explore the options for a locally prescribed evaluation framework and evidence base of what works in addressing the social determinants of health such as housing, leisure and community resilience – as outlined in this report.
7. Districts commit to be more proactive in collating the existing evidence on the health impact of their activities. For example, by investing in Health Impact Assessment (HIA) as recommended in the 2015 Kings Fund report *The district council contribution to public health: a time of challenge and opportunity*.
8. Recognise the contribution that the districts and boroughs can make towards the wider reforms facing the health and care sector, specifically the implementation of the STP; the increased focus on locality delivery models and community based care; and development of the Alliance model of health and care.

Brief summary of report

9. At their heart, district councils exist to support the health and wellbeing of their communities, whether that is through direct service delivery, economic development and planning, or wider support for their areas. There is strong evidence that strong social support networks, reducing isolation, community asset-building and formal and informal volunteering are all important in enabling citizens and communities to be healthy and resilient.
10. As elsewhere Suffolk's district and borough councils face key challenges, perhaps most significant of which is a fall in central government income (in the form of Revenue Support Grant). At the same time, there is increasing recognition that a focus on preventative measures will help to reduce current and future demand in the health care system but that financial pressures mean more resources are given to acute and crisis activities. However, recent reforms in the NHS and public health, devolution and localism are also creating opportunities to increase the district contribution to the health of our local communities with a particular emphasis on prevention and improving wellbeing. Suffolk's seven

district and borough councils therefore need to be more integrated in our county's local health and care systems, policy and decision-making.

11. This report does not seek to cover everything that district councils do. Rather it focusses on some critical areas that have particularly strong links with health outcomes: (i) housing; (ii) leisure (physical activity and sport); and (iii) community resilience.

Background – Policy and Legislative Context

12. The coalition government's reforms to the public health system in England (part of the Health and Social Care Act 2012) reflected the recognition that much of what keeps us healthy lies outside the NHS and social care system and that local government needed stronger responsibility, funding and support to commission and provide relevant services and to offer wider support to individuals and local communities to be as healthy as they can and take greater responsibility for their own health and wellbeing.
13. Alongside public health reform are wider policy reforms that affect the district council role in public health. Central among these is the move towards more devolution and localism both of which open up significant opportunities, and some challenges, for local government generally and district councils in particular.
14. Devolution in Suffolk offers the prospect of much greater local co-ordination of funding pots, powers and service delivery. The decision to devolve business rates to local areas also affects economic development, with consequences for health. Both of these developments build on the Localism Act 2011 which provided a general power of competence for local authorities and gives local communities more power over neighbourhood-level plans, which councils are obliged to support; this provides an excellent opportunity for neighbourhood level planning to include a greater emphasis on health and wellbeing and use of community assets.
15. Local authorities are also under obligations to demonstrate that they are delivering 'social value' (Public Service (Social Value) Act 2012) – that is, that they have considered the social, environmental and economic impacts of their commissioning decisions. This supports their contribution to public health, as social value often impacts on the wider determinants of health.
16. How other reforms are implemented – in areas that fall under district council responsibility and more broadly – will also affect the health of local communities. One such area is planning policy and practice. The purpose of the planning system being to contribute to achieving sustainable development, playing a core role in creating '*a high quality built environment, with accessible local services that reflect the community's needs and support its health, social and cultural wellbeing*' (DCLG, 2012).
17. Planning underpins – or at least interacts with – most district council functions. It is therefore best viewed not as an intervention in itself but as an enabler. For example, designing in green spaces and connections for active travel, such as cycle paths, aspects of urban design and restricting traffic can all play a crucial role in promoting physical activity and healthier living. The physical structure of homes, neighbourhood infrastructure and the community – by which we mean the social environment, population and services in a neighbourhood – all fall

under planning's sphere of influence, and all have a profound effect on physical, social and mental health and wellbeing.

What are Suffolk's districts currently doing that contributes to health?

18. **Housing.** Housing is recognised as a key pillar of the Board's ambitions around prevention and early intervention and Suffolk's Health and Housing Charter sets out the way in which the county's housing sector contributes to wider health and care outcomes. District council housing teams play a key role in the provision of specialist housing for older people and home adaptations to help maintain independence, meeting the needs of young people and vulnerable adults, preventing homelessness, providing affordable housing, enforcing standards in the growing private rented sector, providing practical support to create warm and energy efficient homes, and raising awareness of housing's role in tackling mental health and the issues of social isolation and loneliness.
19. **Place Shaping and Planning.** Suffolk's district and borough councils perform a key place shaping role. The councils produce Local Plans that set out where different kinds of development should be located to meet the needs of the whole community. Local plans contain policies to guide new housing, business development and infrastructure and involve working closely with the community and businesses to identify and plan for the needs of the area. The Duty to Cooperate ensures greater join up between land use planning and other dimensions of place shaping. We also work with public health bodies to understand the health of the local community, including how the community might change in the future and design places to improve health and well-being – better health can be 'designed into' new developments.
20. District councils also produce Supplementary Planning Documents (SPDs) that set out more detailed information in support of existing policies contained in a Local Plan. Across Suffolk SPDs exist regarding the provision of open space and sports and leisure facilities and are a material consideration in planning applications.
21. **Leisure Services.** All of Suffolk's district councils currently provide leisure services, either directly or indirectly through commissioned providers (operators). These include swimming pools, sports halls and playing pitches as well as the management of parks and open spaces. In offering these services, district councils are increasingly seeking to commission for health and wellbeing outcomes as well as ensuring well managed cost-effective operations.
22. Districts are increasingly looking at initiatives that encourage physically inactive people, those from disadvantaged groups or with clinical 'risk factors' to become more active through participation in a range of tailored programmes and initiatives. There are also wider opportunities to co-locate health prevention or clinic services at leisure centres. Examples of this include midwifery clinics being held at Bury St Edmunds Leisure Centre and early years/children centre services being based at Hadleigh Pool and Leisure.

Specific locality-based work in Suffolk that impacts on health – four current examples

23. **Housing and Health charter – Think Big Initiative.** The Housing and Health Charter was launched by the Suffolk Health and Wellbeing Board in July 2015. The Charter recognised the significant contribution that Suffolk’s district and borough councils can make to community health and care. The Charter is primarily a tool to promote a more efficient and effective whole system approach to housing, health and care.
24. The Think Big initiative is aimed at developing an effective approach to achieve the ambitions set out in the Charter. Since Autumn 2015 there have been three successful events bringing together key stakeholders in the health, care, district authority and voluntary sectors, to develop ideas and a whole system approach.
25. The Think Big Initiative produced a number of areas where better understanding of roles and constraints could lead to better joint working. There is now a clear need to focus on key areas where housing can demonstrate the positive impact it can have. The ideas from these sessions are ready to be considered for implementation, but for these to be successful there needs to be a whole system focus on delivery. Examples include:
 1. **Non elective admissions** continue to put a strain on hospital resources and areas where housing can help is through allocation of more appropriate accommodation, fall prevention work by providing adaptations and addressing housing conditions that impact on health such as lack of adequate heating and poor insulation.
 2. **Delayed Transfers of Care** is another area where better joint working and use of existing resources can make a positive impact. Housing Officers can attend hospitals to give advice on discharge arrangements and advice on whether a move to more appropriate accommodation would be feasible in order to avoid re-admission. There is also scope for more flexible use of existing Sheltered and Very Sheltered accommodation to reduce delayed transfers of care.
26. The Charter was originally developed by the Suffolk Strategic Housing Partnership on behalf of the Health and Wellbeing Board. However, since then new governance structures have emerged and the Health, Care and Safety Joint Commissioning Group is now the key forum that brings these sectors together. ***Consequently, it is recommended that the Health, Care and Safety Joint Commissioning Group formally takes on the responsibility for overseeing progress on implementing the Charter on behalf of the Board.***
27. **Leisure, Sport and Physical Activity Strategy – exploring joined-up commissioning for outcomes.** Suffolk’s Most Active County (MAC) programme is an excellent example of how joined-up commissioning, collaboration and engagement with District and Borough councils can positively impact on the health and wellbeing of local communities. The programme, guided by a multi-agency advisory group (MACAG), has enabled investment of around £1.5million from Sport England into locality based projects in the past three years, ranging from supporting leadership and insight across the sector, through to the development of built sports facility and playing pitch strategies, through to projects testing and evaluating the health improvement outcomes for communities with long term health conditions, including people with disabilities. The MAC, with the key support of District and Borough Council’s engagement,

collaboration and delivery, has positioned Suffolk to apply for Local Delivery Pilot status in 2017 within Sport England's new strategic investment plan.

28. Babergh and Mid Suffolk Councils are currently developing their new Vision and Mission statement for leisure, sport and physical activity to provide guidance and inspiration as to what they are focused on achieving over the next five years. Both the Vision and Mission will be 'health checked' against the Councils' joint strategic plan refresh and its five priority strategic outcomes, Suffolk's Joint Health and Wellbeing Strategy (which the joint councils have adopted as part of their respective policy frameworks) as well as being closely aligned to Sport England's new strategy '*Towards an Active Nation*'
29. Following a recent series of workshops, the joint Councils have developed the following emerging (draft) priorities to help frame their future approach to Leisure, Sport and Physical Activity:
 - To support and enable increased levels of sport and physical activity participation across Babergh and Mid Suffolk to support the improvement of health and well-being within our communities, particularly those from disadvantaged groups.
 - Increase the number of young people and families across the district to access community leisure facilities, with specific reference to those families classed as Troubled Families, and those from low socio-economic groups.
 - Increase employment prospects for those from low socio-economic groups by offering volunteer based training initiatives in sport and physical activity.
 - Increase the frequency that older people are taking part in physical activity and sport ensuring that healthy lifestyles are promoted and social isolation is reduced through engagement.
 - Increase the volunteer base across Babergh and Mid-Suffolk.
 - Engage directly with mental health services to join up care through sport and physical activity.
30. The joint Councils are keen to work with partners to sustainably provide the infrastructure for Leisure, Sport and Physical Activity within Babergh and Mid-Suffolk.
31. Similarly, the joint councils in West Suffolk (Forest Heath and St Edmundsbury) have developed in partnership with others, including Public Health a 'promoting physical activity framework'. Through this framework, the West Suffolk Councils set out the commitment to enable and encourage people to lead active lives thereby increasing activity levels across West Suffolk. This will lead to improved health and wellbeing for our communities resulting in less reliance on health care services. The framework also sets out the expected outcomes and how, with partners, the Councils can use their role to increase participation in physical activity across West Suffolk. ***Consequently, it is recommended that the Board explores the opportunities for joining-up district commissioning intentions in these areas with commissioning partners in Ipswich and East and West Suffolk Clinical Commissioning Groups and Suffolk County Council.***

32. **Shaping and delivering the Community Resilience model.** From the Marmot Review, we know that building resilience within individuals, families and communities and ensuring that the full range of assets within those communities are fully utilised can improve outcomes across the board, including by mitigating against the negative impacts of unemployment and low wages and improving health and wellbeing. Individual, family and community resilience are the building blocks of our system-wide drive to encourage people to take greater responsibility, both for themselves and for others in their community.
33. Each district and borough has community resilience as one of their key strategic priorities. Personal, family and community resilience is also recognised as a key priority within a number of county-wide strategies, including the Prevention Strategy, Family 2020 Strategy and the STP.
34. In Suffolk, districts are working with partners to establish multiagency teams focussed on building community resilience and leading early intervention and prevention activity from within communities. Whilst these arrangements are evolving differently in each locality to reflect local needs, the overarching ambition is the same and teams from County (Localities and Partnerships team) and District Councils together with a range of other partner organisations are developing an integrated approach to deliver four core outcomes:
- i) Reduce health inequalities through improved mental and physical health and well-being with individuals and families better able to take responsibility for their own health and well-being.
 - ii) Individuals, families, and communities that can do more for themselves and can access early support to maintain or regain their independence.
 - iii) Resilient, connected and inclusive communities that support those who are vulnerable, in need, or at risk of becoming so.
 - iv) A strong voluntary and community sector, encouraging a wide range of formal and informal networks, providing support to enable strong communities, working effectively alongside the public sector and attracting additional resources both from within and from outside Suffolk, by enabling people to make a difference to those in need.

Consequently, the Board is asked to note the approach to building personal, family and community resilience and delivering the four core outcomes above and to encourage all Board partners to fully and pro-actively support and work through/with these new arrangements.

35. Right across Suffolk there are also numerous examples of place-based working that demonstrate the impact of an integrated approach to supporting community resilience on improving health and wellbeing and reducing demand on the system.
36. One notable example is the 'Solutions' social prescribing pilot developed under the auspices of Lowestoft Rising. 'Solutions' involves the local Citizens Advice Bureau (CAB) providing a non-medical triage appointment system within the two GP practices housed at Kirkley Mill (the catchment area of which includes one of the most deprived neighbourhoods in the country) and referring people to specialist afternoon clinics provided by a range of Voluntary and Community Sector (VCS) partners. The purpose is to ensure that people receive the practical help and support that they need as early as possible and thus reduce demand on the health system. Another example is St Edmundsbury's support to establish

and maintain the Drop-In centre in Bury St Edmunds which is a local charity working to support homeless and vulnerable people in the area.

37. The above are just a couple of specific examples, but the community teams based in each district and borough council have daily engagement with a whole range of voluntary and community groups, residents' associations, sports clubs and so on. Many of these groups provide a range of activities and services which build community resilience and improve health and wellbeing at a very local level, for example, lunch clubs and Men's Sheds in villages which help to reduce social isolation and loneliness.

Measuring impact

38. The above examples provide an overview of the district and borough's important contribution of wider determinants of health. This contribution is recognised at both a national and local level but what is more difficult is to measure the impact and create a solid body of evidence to assess the impact on individual and community wellbeing. District councils have therefore committed to undertaking Health Impact Assessments in order to have a more robust mechanism for gathering evidence.
39. The Board has already agreed a draft performance framework to measure the outcomes of the Health and Wellbeing Strategy and districts and boroughs have contributed to these discussions. We would welcome further collaborative working with Public Health to further develop an evidence base on local health economics of district council functions which address the wider determinants of health, including housing, leisure and community resilience.
40. Recognition of the theory of change underpinning the activity and evidence of inequalities, or the effect of an intervention for different social groups, should also be considered alongside economic measures.

Working in partnership and alignment: building on our experience

41. As the tier of local government that is closest to communities through our impact on housing, leisure, community development and so forth and combined with our collective knowledge, understanding and track record in delivering local priorities, we have a central role to play in any future devolved health care models in the county.
42. Our enabling roles in areas such as planning, economic development and community-centred approaches such as volunteer involvement all have a significant impact on health and wellbeing outcomes, and it is through a more integrated locality-based approach to all of these factors (and their relationship with economic growth) that the success of further devolved powers to the county may ultimately depend.
43. Both STPs covering Suffolk include a strong emphasis on self-care, independence, community based care and tackling social isolation. Districts and boroughs can help form the backbone of a strong public sector locality infrastructure across the county with a focus on population health systems; through wider strategic integration of their services, help manage demand for health and social care; and provide wider social support and community engagement in collaboration with local voluntary and community sector organisations.

44. District councils were involved in the development of the early adopter sites for Connect. With the recent emergence of the community resilience arrangements across the whole of the county (pooling of community engagement resources) there is now the potential for even greater collaboration and joining-up of services and support. This will be essential as the thirteen Connect sites are rolled out across the county.
45. Furthermore, given districts major role in the commissioning and provision of leisure services, physical activity and sport we believe there is more that can be done by partners in Suffolk to link more proactively with districts to help people remain healthy and active, including supporting NHS England's major push on diabetes prevention.
46. District and borough councils clearly, therefore, have an important contribution to make to the delivery of a number of the key reforms now underway including: Sustainability and Transformation Plans; Proactive and Reactive workstreams, creation of Alliance Models; implementation and expansion of Connect; and the development of local delivery models being explored by the Suffolk Transformation Academy and the Health, Care and Safety Joint Commissioning Group. District and boroughs look forward to working alongside partners to continue to bring their influence to bear and make a substantive contribution to delivery.

Key Questions

47. How can Suffolk's Health and Wellbeing Board partners (particularly health and care commissioners and providers) improve the way they engage with, and co-produce outcomes with, Suffolk's districts and boroughs to maximise their collective impact on the wider determinants of health?
48. Considering the recommendations relating to specific locality-based work identified in the main body of the report, what barriers need to be unblocked to take this work forward? How can Board partners strengthen their partnerships and collaborative efforts with districts in these areas to facilitate better joined-up decision making for local communities?
49. What additional role can Board member organisations play in relation to the opportunities and challenges identified in this report?

Actions/decisions recommended

50. As districts are a key partner in improving the relationship between the health and social care system and local communities across Suffolk the Board is asked to ensure there is effective and timely engagement with each of the district pairings and Ipswich Borough Council to include appropriate representation for these organisations on **all** relevant strategic partnerships, commissioning groups and other multiagency fora. (At present on several key groups that underpin the Board's outcomes there is only a single district representative or none at all).
51. The Board is asked to consider the recommendations relating to specific locality-based work italicised in the main body of the report in paragraphs 26, 31 and 34.
52. Suffolk Public Health is asked to work collaboratively with district and borough councils to explore the options for a locally prescribed evaluation framework and evidence base of what works in addressing the social determinants of health such as housing, leisure and community resilience – as outlined in this report.

53. Districts need to be more proactive in collating the existing evidence on the health impact of their activities. For example, by investing in health impact assessment (HIA) as recommended in the 2015 Kings Fund report *The district council contribution to public health: a time of challenge and opportunity*.
54. Recognise the contribution that the districts and boroughs can make towards the wider reforms facing the health and care sector, specifically the implementation of the STPs; the increased focus on locality delivery models and community based care; and development of the Alliance model of health and care.

Why this action/decision is recommended

55. It is important that the potential for Suffolk's seven district and borough councils to contribute to better health outcomes is recognised. This is more than just integration into the county's local health and care systems, policy and decision-making. A different, complementary approach needs to be embraced if their collective impact is to be maximised. Lack of sufficient involvement of districts and borough councils means that only partial solutions to the challenges facing the health and care system, particularly in terms of early intervention and prevention, are likely to be developed.

Alternative options (if appropriate)

56. None

Who will be affected by this action/decision?

57. Suffolk's Health & Wellbeing Board, and, via the Board, potentially the Suffolk 'system' as a whole, and the residents of Suffolk.

Sources of further information

The district council contribution to public health: a time of challenge and opportunity.
A report by The Kings Fund, 2015.

<http://www.kingsfund.org.uk/publications/commissioned/district-council-contribution-public-health>

<http://www.kingsfund.org.uk/audio-video/district-councils-contribution-public-health>