

REPORT FROM: NEIGHBOURHOOD SERVICES MANAGER

TO: HEALTH AND SOCIAL CARE SCRUTINY PANEL

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HEALTH AND SOCIAL CARE ELEMENTS OF THE THEMATIC GROUPS ANNUAL REPORT

PURPOSE OF REPORT

To provide an update on progress of the Sustainable Communities Strategy Thematic Groups – June 2015 – June 2016 and note barriers to delivery.

RECOMMENDATION

That this Panel recommends the Executive arrange a seminar for all Members of the Council on these developments in the health field.

REASON

In view of the importance of the developments for the Council.

Background

1. The Executive agreed on May 16th 2013 to dismantle the Local Strategic Partnership (LSP) structure. It was agreed then that main theme groups which delivered the Pendle Sustainable Communities Strategy should continue and report progress to the Executive group of the Council.
2. Prior to the annual report being submitted to the Executive, it was considered by Scrutiny Management Team, where it was noted that a significant amount of content related to health and social care issues.
3. It was therefore agreed that the health and social care elements of the report be submitted to this Panel for information. This report will summarise progress since the last report in June 2015.

Health & Wellbeing

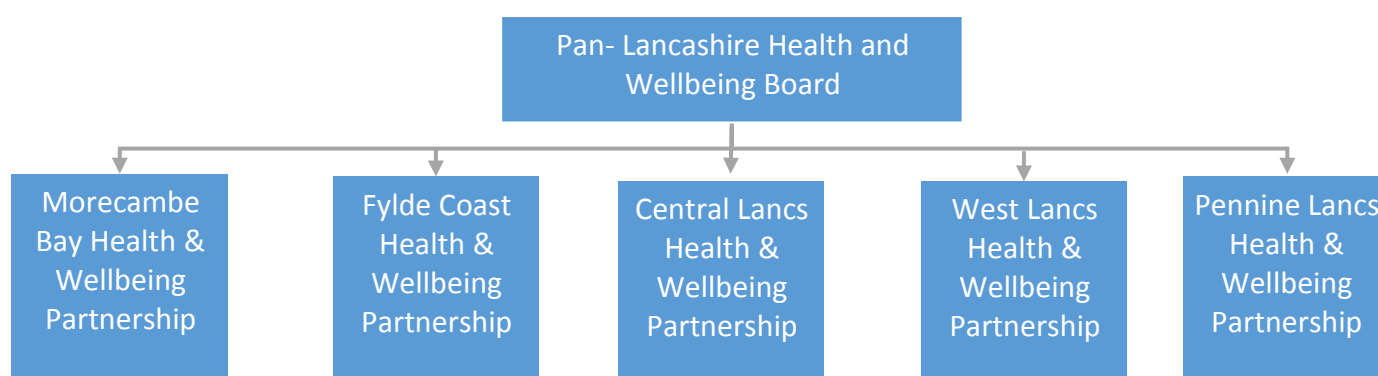
4. The health and wellbeing economy is currently undergoing significant changes which are likely

to impact on future planning and delivery of public services. Thus, as well as providing an update on health & wellbeing progress in Pendle, the report also includes an update of the Pan- Lancashire developments, to provide Members with an overview of the changing landscape and governance arrangements.

Pan- Lancashire developments

5. Discussions have commenced with Lancashire Leaders and Chief Executive's to review Health & Wellbeing Board (HWBB) governance across Lancashire, in light of the development of Healthier Lancashire, the Lancashire Combined Authority (LCA) and the Lancashire and South Cumbria change programme to be delivered through the Sustainability and Transformation Plan (STP). Healthier Lancashire is the vehicle through which the Lancashire and South Cumbria STP will be developed.
6. The case for change is based on the premise that the current health and social care system in Lancashire is not sustainable; for example, in Pennine Lancashire, it's anticipated that the shortfall in resources in the health & social care system is circa £250m over 5 years and 80% of health spend is currently in the hospital setting with only 12% within the community.
7. Government has introduced a new approach to help ensure that health and care services are built around the needs of local populations and are sustainable within their financial envelopes. To do this, every health and care system in England will produce a multi-year STP, showing how local services will evolve and become sustainable over the next five years.
8. As specified by government, Lancashire's STP will be delivered on a Lancashire and South Cumbria-wide footprint. This will be underpinned by five Local Delivery Plans (LDP) from the health and care economies, based around their transformation programmes.
9. A series of elected member workshops were held throughout June, across all areas, to provide an overview of the STP and allow for members to discuss the proposals in detail. It is now expected that a final iteration of the STP will be submitted to government in October 2016.
10. The upper tier authorities (i.e those with Health & Wellbeing powers) have been working with the Lancashire and South Cumbria programme and are now proposing a model for Health & Wellbeing Boards (HWBB) governance to oversee and influence the health and care system transformation.
11. It has been agreed that a voluntary collaboration of HWBB is developed that would offer effective system governance for the new health and care change programme and future delivery options. This would mean working towards a single pan- Lancashire HWBB and five local area health and wellbeing partnerships, based on local health economy footprints:

Pan-Lancashire Health Governance



12. Pennine Lancashire is identified within the Healthier Lancashire transformation programme, as one of five, distinct, local health and care economies, which will develop a place-based transformation plan, with a particular focus on integration and new models of care. This will effectively replace the existing East Lancashire Health & Wellbeing Partnership. It will be supported by a System Leaders' Forum, membership of which will include Dean Langton and the Leader, Cllr Iqbal.

Implications for Pendle Council

13. As a district council, we are well positioned to influence many of the wider determinants of health through our key functions and in our enabling role, supporting communities and influencing other bodies. With public sector resources shrinking, demand growing and health inequalities widening, the Health & Wellbeing Board and associated locality partnerships must acknowledge the multifaceted role of districts and be encouraged to integrate this into a 'whole-system' focus on preventative public health policy.
14. In continuing to deliver our core public health services from existing revenues, we must now seek new, pioneering ways of delivery to achieve more and produce better outcomes with fewer resources.
15. With the emerging, new health economy for Pennine Lancashire, we need to determine how best we can influence developments and be key players in developing and delivering the Local Delivery Plan. We also need to support the commissioning process as an identifier of local needs and use our expertise in a multitude of public health areas to be a potential provider, partner and sub-commissioner of public health interventions.
16. In response to this challenge, we have developed a Pendle Council Public Health Offer (Appendix 1) outlining the health gains associated with our core functions and how we contribute to these gains through the services we provide. This is now being replicated across all the East Lancashire districts with a view to presenting a consolidated East Lancashire District Health offer to the Pennine Lancashire Health & Wellbeing Partnership, as and when it is convened.

Pendle Health & Wellbeing Group

Progress

17. Pendle's Health and Wellbeing Group aims to support and advance, through collaborative working, improved health outcomes within Pendle, with an emphasis on reducing health inequalities.
18. Over the last 12 months, this group along with the wider redesign of public health at county level, has enabled significant progress to be made locally in a number of areas, including:
- **Influencing commissioners-** we have successfully mainstreamed the Pendle Genetic Outreach project, an infant mortality prevention project. This is now an ELCCG commissioned service has now been expanded to operate across East Lancashire.
 - **Delivering 'value added' initiatives-** a Pendle Dementia Action Alliance has been established to support the roll out of the Dementia Friends movement and support the creation of a dementia friendly Pendle. The Alliance has successfully drawn down funding from across the private and public sector to deliver a high profile Dementia Awareness Day

in May 2016 and to develop a Dementia Services directory. The Alliance plans to deliver further awareness events throughout Pendle in 2016/17.

- **Supporting community resilience-** we have started engaging with SPICE and LCC to consider a time credit scheme for volunteers to help build up our social capital infrastructure. The Spice Time Credit scheme support people in giving their time to strengthen communities and to design and deliver better services. An East Lancashire model is being proposed and discussions are currently underway with potential local spend partners to build up the range of local rewards for volunteers.
- **Understanding current health and wellbeing provision-** We have undertaken a mapping exercise to better understand the extent of current health and wellbeing provision in Pendle, identify service gaps and potentially contributing to future service commissioning.

19. Pendle's Health & Wellbeing Group, chaired by the former Health & Wellbeing portfolio holder, Cllr Whalley, has met quarterly and has allowed us to retain a local presence around health and wellbeing, with stronger links established to the wider health structures and processes (mainly the East Lancashire Health & Wellbeing Partnership). However, with the Lancashire health landscape currently under review with the likely transition to a larger health economy footprint (see above), it is proposed that we revisit Pendle's health structures and membership to ensure alignment with any emerging, integrated Pennine Lancashire model. Any changes to the Pendle arrangements will be driven by Pendle's Health & Wellbeing Group.

2016/17 Priorities

20. The Pendle Public Health Assessment identified the following health themes as 2016/17 priorities for Pendle:

- *Tackling the increasing rates of obesity-* obesity appears to be increasing at a more rapid rate than the national average, particularly amongst year 6 children.
- *Increasing physical activity levels-* physical activity rates are declining more significantly than the national average.
- *Reducing smoking* – despite the falling rate, smoking related deaths remains higher than the national average
- *Reducing infant mortality-* infant deaths still remain significantly above the national average.
- *Improving mental wellbeing-* suicide rate in Pendle is higher than the national average and appears to be increasing more significantly than the national rate.

21. Through discussions with LCC's Director of Public Health, the following workstreams have been identified for future collaborative partnership working:

- Dementia friendly communities
- Lancashire Wellbeing Service
- Building community resilience- time credit scheme

Future challenges

- Influencing the emerging Pennine Lancashire Transformation Programme
- Ensuring prevention public health policy remains central to local delivery and investment.

IMPLICATIONS

Policy: all are priority policy action areas for the Borough Council and its partners. If all 4 theme groups deliver they will make a significant contribution to the Council's overall strategic objectives.

Financial: no direct implications from this report. Each Theme group is currently attracting funding into Pendle to deliver actions or support delivery.

Legal: The groups help the Council deliver its legal responsibility

Risk Management: None

Health and Safety: None

Sustainability: the theme groups aim to produce healthy, safe, economically sustainable communities in Pendle

Community Safety: The CSP fulfils the Borough's statutory responsibility under the 1998 Crime and Disorder Act

Equality and Diversity: the theme groups operate within the Council's equality and diversity policy

APPENDICES: Pendle Council Public Health Offer

1. Housing

Access to good-quality housing is critical to good mental and physical health. Poor housing conditions are estimated to cost the NHS £2 billion every year and cost the wider economy even more. Yet improving poor homes pays back quickly in reduced costs across the public sector. District councils have a direct role in this, and also through our enforcement powers around the condition of private rented housing.

Our work on housing advice and reducing homelessness are also likely to pay back in terms of finance, as well as health. On average, homeless people's health costs are four times those of non-homeless people, costing the NHS an additional £85 million annually.

The Building Research Establishment (BRE) estimates that the first year treatment costs to the NHS of leaving people in the poorest 15 per cent of housing stock in England are around £1.4 billion per year due to falls, dampness, pests, water supply, sanitation, excess cold and overcrowding, among other hazards. For example, among the over 65s, falls and fractures occurring in the home account for 4 million hospital bed days each year in England, costing £2billion. (The standardised admission ratio for emergency hospital admissions for hip fracture in those aged 65 and over is 102 in Pendle, slightly higher than the England rate of 100).

In Pendle, we are instrumental in controlling, minimising and preventing poor housing conditions by:

- Helping to facilitate access to social housing to residents who need it
- Deliver the Councils statutory homelessness function by investigating all homelessness enquiries, securing temporary accommodation, seeking re-housing and ensuring an out of hours service is in place.
- Managing Refuge accommodation scheme for women fleeing or at risk of domestic abuse
- Facilitating Pennine Lancashire Mental Health & Housing Project, a joint initiative to provide assessment advice and assistance to individuals at risk of homeless or whose discharge from psychiatric in-patient units may be delayed by lack of appropriate housing.
- Regulating landlords in the private rented sector. This includes a legal obligation to inspect properties on request, license Houses in Multiple Occupation (HMOs) to ensure that they are safe to inhabit, and provide guidance on how to remedy hazards such as damp and mould or fall or trip hazards that could have negative connotations for health. We are considering areas of the Borough for selective and additional licensing schemes.
- Investigating and taking action, including prosecutions, against landlords for harassment and illegal eviction.
- Allocating the Disabled Facilities Grants to fund adaptations to enable residents to stay in their own homes for as long as possible and avoid hospital admissions.
- Working with LCC and other partners to improve the condition of the housing stock and the health conditions of residents.

2. Environmental Health

Most aspects of environmental health services are likely to have an impact on health. For example, air and noise pollution are both associated with a number of negative health outcomes, while food-borne diseases can result in hospital visits and time off work.

Many of the Environmental Health functions are statutory, and at present there is little published evidence on the effectiveness or cost-effectiveness of environmental health interventions. In a period when spending is being cut we acknowledge that this kind of evidence is urgently required to better inform difficult decisions about local priorities and to ensure value for money.

Estimates suggest that the health costs of man-made air pollution in 2005 could have been up to £20 billion, with estimated average reductions in life expectancy across the United Kingdom of up to 6–8 months. That represents a greater impact on life expectancy than passive smoking and car accidents put together. The health impacts of environmental noise include sleep disturbance, annoyance and stress,

tinnitus, cognitive impairment and hypertension. Initial estimates from 2008 suggest that the cumulative UK-wide impact of noise pollution on health is in the region of £2 billion to £3 billion per year (DEFRA 2008).

Enforcing the smoking ban in public places means that exposure to second-hand smoke, which increases the risk of non-smokers developing lung cancer and heart disease by 25 per cent in the long term, continues to be minimised. Research shows that the legislation has led to sizeable improvements in air quality and, in some instances, in health – for example, of employees working in places where smoking was prevalent before the ban.

Our role in environmental health is potentially vast, covering functions such as monitoring and managing local air quality, noise nuisance, food safety, enforcing the smoking ban, ensuring compliance with occupational health and safety regulations, pest control, and health protection. Each is multi-faceted in itself. For example, food safety encompasses not only the prevention of illnesses caused by bacteria and viruses, but also the avoidance of harm from contaminated food. Through the food safety function, we ensure the availability of safe and nutritious food, encourage and promote compliance with food legislation whilst also promoting accurate food labelling and healthier, affordable, accessible alternatives.

We continue to provide essential interventions that protect communities from environmental hazards and also provide local intelligence to inform the health protection elements of Health & Wellbeing Strategies. We are vital partners in emergency planning and delivering comprehensive interagency plans to respond to major public health incidents in disease control and environmental contamination.

3. Economic development

Stable and fulfilling employment is a prerequisite for good health and our role in economic development and job creation will be invaluable to making improvements in the wider public health indicators. We applaud the intention to better integrate economic development in Healthier Lancashire via the Combined Authority and hope this is then reflected in Lancashire's Health & Wellbeing Strategy as a means of taking a more holistic and 'whole system' approach to addressing the wider determinants.

We, along with our partners, lever significant investment into large-scale regeneration programmes, which transform local communities and deliver employment opportunities for residents. The introduction of the Community Infrastructure Levy and New Homes Bonus has strengthened local growth agendas and the importance of district councils in facilitating the economic conditions for better health outcomes. Joining with partners in Lancashire's Local Enterprise Partnership and Lancashire's Combined Authority, we can help deliver a new phase of collaboration with the private sector on regional growth and devolved budgets in infrastructure, housing and transport.

As a district, we facilitate the local conditions for sustainable economic growth, job creation and rising living standards by:

- Working with PEARL 2 to develop and deliver a programme of housing and economic projects.
- Facilitating the growth of existing businesses, attracting new investment and thereby increasing wealth and employment opportunities for local people.
- Regenerating the Borough's town centres by stimulating new retailing, leisure and office developments and enhancing the quality of the built environment, streets and public spaces.
- Facilitating the improvement of vacant/derelict sites and buildings and where possible bring them back into productive use.

We recognise that how we plan and deliver economic development is often as important to long-term health and wellbeing as the service itself. For example, the benefits of economic development need to be distributed evenly in the community while taking into account important trade-offs with other health promoting roles, such as access to high-quality green spaces.

4. Parks and Leisure

Access to quality green space provides physical and mental health benefits, social interaction and integration, and a space for physical activity and play. Leisure facilities and greenspace can help increase physical activity, healthy eating and general wellbeing through open, environmentally clean surroundings.

Physical inactivity is one of the biggest health challenges facing us as a nation. Across the 14 Lancashire unitary and district authorities, an average of 49% of adults are estimated to be physically inactive. In April 2013, Sport England estimated that the cost of physical inactivity in Lancashire to be £22,613,330. In Blackburn with Darwen it was estimated at £3,206,550 and Blackpool £3,462,810.

Nationally, Sport England suggests that the economic value of sport is around £11 billion every year, of which around £1.7 billion is related to avoidable NHS costs. Innovative reduced-cost schemes and free access to leisure services suggests that up to £23 in value is created for every £1 invested.

Well over half the adult population in England (64%) are now living with excess weight. In Lancashire the figure rises to 68%. Being obese confers significant harm to adults and children in terms of health, employment and life expectancy. Severe obesity reduces life expectancy by around 8–10 years – the same reduction as a lifetime of smoking. Obese and overweight individuals also use more health and social care services; costs to the wider economy have been estimated at £27 billion, encompassing costs to the NHS, social care and days off due to sickness.

Taking part in regular sport confers a range of health benefits, which can help prevent physical and mental health problems and lead to reduced health care costs. Increased physical activity can also help reduce crime and antisocial behaviour, such as drink-driving, taking drugs, recidivism and shoplifting, particularly among young men, as well as contributing to social capital and connectedness within communities.

We provide access to green spaces, maintaining 11 parks and 13 playing pitches throughout Pendle. We commission Pendle Leisure Trust (PLT) to deliver the leisure function. We are working with our Town and Parish councils to continue to retain in public ownership a range of sports fields, play areas, parks, allotments and natural landscapes.

PLT provide the services within our leisure centres, sports development and weight loss programmes, targeting specific groups by their age, health needs or socioeconomic group to boost physical activity rates.

We organise Pendle's annual Walking Festival in August, have initiated the Parkrun in Alkincoates park, developed health walks and theme trails in parks and work closely with PLT to deliver the Up & Active programme in greenspace settings. We are implementing a cycling strategy, developed a cycling hub, helped deliver high profile cycling events in the Borough and continue to improve and promote Pendle's cycleways.

5. Planning

The National Planning Policy Framework has a section on promoting healthy communities, which states that the planning system can play an important role in facilitating social interaction and creating healthy, inclusive communities. This includes measures aimed at reducing health inequalities, improving access to healthy food and reducing obesity, encouraging physical activity, improving mental health and wellbeing, and improving air quality to reduce the incidence of respiratory diseases. The framework requires planning authorities to work with public health leads and health organisations to develop a robust evidence base that takes into account future changes and barriers to improving health and wellbeing.

Examples of the impact of particular aspects of planning – including encouraging physical activity or active commuting through the design of healthy, active places and creating an adaptable environment that supports active ageing – include:

- If good planning processes in a community of 100,000 led to walking and cycling increases of 1.75 per cent and 3.5 per cent a year respectively, the overall benefits are likely to outweigh the costs 60-fold for walking and 168-fold for cycling (Powell *et al* 2011).
- Researchers modelling the impact of increasing cycling levels eightfold and doubling the average daily distance walked on direct NHS costs relating to a number of diseases reported that within 20 years, savings of around £17 billion (2010 prices) were possible (Jarrett *et al* 2012).

With our planning duties and powers, we shape the economic futures of communities. We are well placed to see at first hand the health benefits of the delivery of quality housing, economic development, attractive environments and job creation. Effective and timely planning policy can act as a platform for private sector

growth and job creation, optimising economic, environmental and social outcomes. Our Core Strategy is instrumental in guiding this, as is our Green Infrastructure Strategy.

6. Community Safety and Licensing

The impact of crime and fear of crime on health and well-being is well documented and is particularly emphasised in areas of deprivation and upon vulnerable individuals. Exposure to crime and anti social behaviour in all its forms is a wider determinate of health contributing to anxiety and mental illness and can undermine the confidence of whole communities. In some instances it can result in serious physical injuries and long term problems. The Borough leads the Pendle Community Safety Partnership and through its priorities and partnership working help to reduce the negative impact of crime on both communities and individuals. By working collaboratively, both locally and across East Lancashire, we directly address a number of issues which cause concern (to health colleagues):

- Support vulnerable victims of anti social behaviour (482 victims supported since 2010)
- Domestic Violence – including the provision of hostel facilities for those escaping violence
- Reduce re-victimisation of victims of burglary and other crimes
- Casualty reduction – with an aim to reduce child pedestrian casualties of road accidents
- Supporting agencies and communities to tackle substance misuse and aid recovery of users
- Implement the Council's policies on Licensing and Gambling which can help support Health & Wellbeing Boards to measure the health impacts of granting alcohol licences and shaping local licensing policy.
- Licence premises for the sale of alcohol and work with retailers to promote responsible drinking and reduce the sale of high strength alcohol.
- Piloting Transforming Lives through the Anti Social behaviour risk Assessment Conference – seeking coordinated resolution of individuals with complex needs and demands on agencies.
- Promote early intervention opportunities for families and young people
- Weekly Environmental Visual Audits in priority areas to remove fly-tipping and highlight accumulations of rubbish in yards for enforcement action
- A Dog Warden service that promotes responsible dog ownership relating to fouling; noise and nuisance
- Community Protection investigation and enforcement to problem solve issues that are detrimental to the quality of life of residents

7. Employment & Welfare

As a district, we process housing benefit and council tax support, and can signpost individuals to debt advice, credit unions and budgeting help. For the vulnerable in society and those falling on hard times, such services have a fundamental impact on the wider determinants of poor health. We are at the forefront of delivering key elements of the Welfare Reform Act, particularly Universal Credit and Council Tax Support.

Support to the voluntary and community sector is vital to ensuring local people have access to the local support networks they need to develop financial literacy, deal with debt and financial problems and avoid mental health issues. As such, we currently provide core funding to Pendle and Burnley Citizens Advice Bureau.

Through our business support team, we work with businesses to provide the right local conditions for growth to help reduce unemployment, which can be a symptom and cause of poor health.

8. Policy & Performance

Recognising the need for a strategic approach to public health and intensifying efforts to work in partnership with key local stakeholders, we're engaged with the existing East Lancashire Health & Wellbeing Partnership, and have embedded the goals of the Partnership's goals into the Service planning process 2015/16. We've attempted to influence Lancashire's Better Care Fund, advocating a more preventative and integrated model and stated our willingness to harness potential co-location opportunities with the CCG and LCC. To initiate commissioning discussions, we have undertaken a mapping exercise of all Pendle public and voluntary health promoting services (see Appendix 3) to better understand and enable a comprehensive overview on current service provision and gaps.

Health & Social Care Scrutiny Panel and Member Champions recommendations are also delivering health outcomes such as Pendle's commitment to dementia friendly communities and the Local Authority Mental

Enabling communities

Beyond delivering the core functions outlined above, we believe that district councils have enabling roles that underpin good public health. These affect and shape how other functions are delivered and therefore their impacts on health.

District councils have an important role to play in supporting social capital by strengthening social networks and community-centred approaches to health, potentially through enabling greater volunteer involvement. Such approaches can have strong and direct links to health, being as powerful predictors of mortality in older populations as common lifestyle risks, such as moderate smoking, obesity, and high cholesterol and blood pressure. They are also important in determining or averting health behaviours as well as resilience to, and recovery from, illness.

Our community enabling function is mainly delivered through our Neighbourhoods Service which engages residents in locality working to improve quality of life and the local built environment. It includes developing links with community groups to assist in the transfer of community assets to ensure the continuation of local facilities, providing volunteering opportunities for community clean ups, Friends of Park groups and linking with partner organisations to build capacity of residents to become more involved in decisions that affect their area.

Pendle District Council- our pledge to the Pennine Lancashire Transformation Programme

As outlined above, through our core functions, we contribute significantly to the health of Pendle residents. We believe that the emerging local health economy now offers even greater scope to maximise our contribution. *We strongly advocate that district councils are integral to the local health and social care policy as our contribution will significantly benefit the shared objectives of the Pennine Lancashire Transformation Programme.*

Whilst we intend to develop specific recommendations for each of the functions outlined above (which we will do through our service planning process), at this stage we believe there is a more pressing demand to corporately voice our commitment and influence the Pennine Lancashire Transformation process, ensuring East Lancashire districts are key to the emerging systems and change. Our proposed Offer to the emerging Pennine Lancashire Transformation Programme is thus:

1. Formally acknowledging our commitment to public health through our service planning process.
2. Highlighting local health needs, priorities and mapping existing service provision to influence future commissioning (see Appendix 2).
3. Exploring opportunities for redesigning PBC services and resources to deliver preventative measures and promote good health.
4. Offer opportunities for delivering and co-locating services with health and social care providers, whether public, private or voluntary.
5. Deliver commissioned ELCCG and LCC/ BwD services directly (i.e Transforming Lives, Affordable Warmth) given our experience of working in local communities and identifying hard to reach communities.
6. Continue to advocate for and support our Members in the on-going negotiations around devolution, it's opportunities for long term health improvement and its implementation.
7. To work with EL district partners to identify good practice and opportunities for synergy and shared service initiatives.
8. Consider opportunities for pooling budgets and resources with other public sector bodies to maximise joint working and public health gains for Pendle residents.
9. Facilitate a 'One Public Service' vision for Pendle.

We advocate that Lancashire's Combined Authority Health & Wellbeing Board draws on district services, assets and officer expertise as a potential source of place shaping, public health delivery, integrated public services, commissioning and intelligence gathering to support the development of a more enabled and healthier Lancashire.