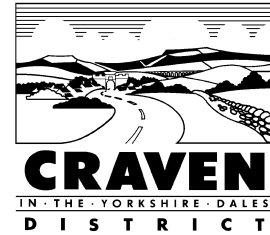


## Policy Committee – 1 November 2016

# THE ROLE OF CRAVEN DISTRICT COUNCIL IN PUBLIC HEALTH



## Lead Member – Councillor Foster

Report of the Chief Executive

Ward(s) affected: All

1. **Purpose of Report** – To recognise the importance of an effective policy towards improving public health and to highlight the important role that the Council plays in relation to public health
2. **Recommendations** – Members are recommended to:
  - 2.1 Note the importance of the Kings Fund Report on the role and contribution made by District Councils to public health.
  - 2.2 Give clear leadership and appoint the Leader of the Council and Chief Executive as the leads for taking forward this work.
  - 2.3 To support the District Council's Network investigation into more effective evaluation methodologies of health related projects and initiatives which should include an element of return on investment.
  - 2.4 To support Craven being considered as a pilot for the Healthy Towns and Villages Network set up by the DCN Taskforce.
  - 2.5 Support setting up a Health and Wellbeing Leaders Forum for Craven, including the CCGs and North Yorkshire County Council, to ensure the District Council can contribute to further improving public health and that there are no gaps in provision.
  - 2.6 Approve the action plan detailed at paragraph 3.7.1

### 3 **Report**

#### 3.1 **Background**

The public's health is determined by a number of factors other than health care. There is a complex interaction between individual characteristics, lifestyle and the physical, social and economic environment in ensuring a healthy population.

The scenario described in the NHS Five Year Forward Plan provides a stark warning on the urgent need to change human behaviour and improve public health: If the nation fails to get serious about prevention then recent progress in healthy life expectancies will stall, health inequalities will widen and our ability to fund new beneficial treatments will be crowded out by the need to spend billions of pounds on wholly avoidable illness.

### **3.2 Craven's Context**

- 3.2.1 Craven is in a good position. According to Public Health England's profile of Craven in 2016 the health of people in Craven is generally better than the England average and life expectancy for both men and women is higher than the England average but there are still distinct challenges ahead for the district.
- 3.2.2 The 2015 Index of Multiple Deprivation identifies 2 Lower Super Output Areas out of a total of 32 within the district which are amongst the 20% most deprived in England. Both of these are in the Skipton South ward and 2,200 people live in these areas. Life expectancy in these areas is 7.1 years lower for men and 2.9 years for women.
- 3.2.3 Craven also has an ageing population which is likely to result in increased pressure on NHS, social care and district resources.
- 3.2.4 The importance of mental health can also not be underestimated, according to the NHS, one in four people will have a mental health issues at some point in their lives. The government's strategy on mental health: 'No Health without Mental Health' (2011) states that good mental health and resilience are fundamental to our physical health, relationships, education, training, work and to achieving our potential. In addition an ageing population may be more at risk of feelings of loneliness and social isolation; recent research indicates that this can lead to a huge impact on NHS budgets and increased risk for early mortality..
- 3.2.5 Fuel poverty rates are similar to national levels although rates are higher in some of the more rural parts of the district. Linked to fuel poverty, excess winter mortality suggests a deteriorating picture across the district with a sustained increase in the excess winter death index from 2009 to 2014 from 7.7 to 22.4, and is now above (although not significantly so) the national average of 15.6.
- 3.2.6 Finally the rate for killed and seriously injured (KSI) casualties on England's roads in Craven is amongst the highest in the County and is significantly worse than the national average at 92 per 100,000 compared to 40 per 100,000.
- 3.2.7 Local priorities in Craven therefore include ageing well (reducing excess winter deaths, loneliness and isolation) fuel poverty with the associated winter health issues and falls in those aged 65 and over, starting well (improving school readiness, reducing childhood obesity, reducing injuries) and living well (reducing alcohol and substance misuse, reducing obesity and reducing smoking)

- 3.2.8 Key delivery mechanisms included in the 2016 Council Plan are to establish a Health and Well Being Leaders Forum and identify a number of projects to tackle health inequalities across the district.
- 3.2.9 It is therefore important to establish appropriate base line health data to identify gaps and priorities, as shown in the action plan in 3.7.1. A further suggested action is that the council progress to becoming a Dementia Friendly Authority. This best practice, which has already been demonstrated in a practical way by a local doctor's surgery and by the rebranding of the Town Hall incorporating features deemed as dementia friendly. The council has also hosted a national dementia conference and worked with Pioneer Projects on the current on the current exhibition in the gallery called 'Artyfacts'.

### **3.3 Role of District Councils**

- 3.3.1 District Councils have a key role to play in helping to keep everyone healthy both through key functions provided through direct service provision and in their wider role supporting and enabling communities and influencing other bodies.
- 3.3.2 Core functions delivered directly in relation to the wider public health and supporting the local population include:
- housing
  - environmental health
  - leisure
  - green spaces
- 3.3.3 Enabling functions delivered by district councils include:
- Economic development including tourism
  - Community development
  - Planning
  - Community Safety partnership
  - Sports/arts development
- 3.3.4 Districts are also responsible for a much wider set of services –they are the billing authority responsible for administering Council Tax and Council Tax support and for designing support schemes. They are also responsible for waste collection services, processing benefits and other key support services.

Other local government functions like social care, education, public transport, libraries and fire and rescue services often work with and alongside these teams on specific programmes or where services, functions and objectives overlap. They therefore have an important influencing role as well as direct service provision.

### **3.4 The District Council's Network Report**

- 3.4.1 The District Council's Network (DCN) is a cross-party network representing all 201 District Councils and a special interest group of the Local Government Association and provides a single voice for District Councils' interests within the LGA.

3.4.2 In 2015 the DCN commissioned the King's Fund, an independent charity working to improve health and health care to research and report on the District Council's contribution to the understanding, assessment and development of the role of district councils in improving the health of their residents, and communities. The report focuses on the district councils' role in promoting public health through some of their key functions and enabling roles as mentioned above. The report was published in January 2016 entitled 'The District Council Contribution to Public Health: a time of challenge and opportunity'. The full document can be accessed via:

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

3.4.3 The document provides a useful summary of the role of district councils in terms of the public health agenda and highlights the value of services provided. The DCN report contains 10 recommendations for future action and these are listed in Appendix A to this report.

3.4.4 A Public Health Taskforce has been set up by the District Council Network which will test the district council offer on key health issues; dementia, obesity, diabetes and mental health. One of the projects to be developed is a Healthy Towns and Villages Network based on World Health Organisation and healthy cities model with a number of pilot authorities (including Craven) put forward as inaugural members

### **3.5 The Craven Perspective**

3.5.1 The Council offers a range of services and projects to protect and improve public health in the community. The Council Plan 2016 – 2019 makes it very clear that the Council is committed to facilitating economic growth through Craven and improving the quality of life for Craven residents through the Council Priorities; Enterprising Craven and Resilient Communities. An overview of how Craven Services contribute to the health and wellbeing of its residents can be found in Appendix B.

### **3.6 Craven's Strategic Role**

3.6.1 District Councils across the UK are beginning to appreciate their role in the health and wellbeing agenda but there is still work to do to play their part and begin to influence and shape local public health systems. Craven District Council is a member of the North Yorkshire Health and Wellbeing Board although the input from districts has tended to have more of a housing rather than cross council focus and there is a focus on North Yorkshire as a whole.

3.6.2 The Government this year has published a new cross governmental strategy: Sporting Future: A new Strategy for an Active Nation which is aimed at tackling flat lining levels of sport participation and high levels of inactivity in this country. In Craven our activity rate of 37.2% is higher than both the English average of 36.1% and the Yorkshire and Humber average of 35% but has steadily declined since it peaked at over 40% in 2011/12. The strategy redefines what success in sport means with a focus on the benefits sport can bring to people and society, outcomes that align with our own focus on health and wellbeing. These outcomes are physical

wellbeing, mental wellbeing, individual development, social and community development and economic development.

- 3.6.3 Taking the lead the government's strategy Sport England have published their own strategy Sport England: Towards an Active Nation and again focusing on the same outcomes. The primary focus is on tackling inactivity and piloting local delivery and will require a coalition of partners, some of whom may not have worked together before. Underrepresented groups who are less likely to take part regularly in sport will be targeted including women, lower socio economic groups, older people, people from particular ethnic groups, disabled people and those with long term conditions. There will be a new dedicated fund to tackle inactivity.
- 3.6.4 The LGA have just published 'Health in All Policies, a manual for local government' which is a collaborative approach to improving the health of all people by incorporating health considerations into decision making across sectors and policy areas. The emphasis throughout the report is on collaborative and partnership working to address health inequalities.
- 3.6.5 Here in Craven there is a challenge for leadership across the spatial footprint. Those responsible for health and wellbeing cover wide spatial areas and often with a thematic focus (e.g. there are two CCGs covering the Craven area). Only Craven District Council has a spatial footprint for this area alone and has a unique role in lobbying for health and wellbeing provision on behalf of its residents and holding responsible bodies accountable for their own provision.
- 3.6.6 The NHS are also starting to take more of a place based view but on a much larger scale. Sustainability and transformation plans (STPs) were announced in the NHS planning guidance published in December 2015. STPs are five-year plans covering all areas of NHS spending in England. NHS organisations in different parts of the country have been asked to come together to develop 'place-based plans' for the future of health and care services in their area. Draft plans were submitted in June 2016, and final plans are expected to be completed in October. A total of 44 areas have been identified as the geographical 'footprints' on which the plans will be based and at the time of writing this report discussions are still being held as to which STP area Craven will fit in. With an average population size of 1.2 million people (the smallest area covers a population size of 300,000 and the largest 2.8 million). The proposed scope of STPs is broad but initial guidance is asking that they look at covering three headline areas: improving quality and developing new models of care; improving health and wellbeing; and improving efficiency of services. Leaders have been asked to identify the key priorities for their local area to meet these challenges and deliver financial balance. While the guidance focuses mainly on NHS services, STPs must also cover better integration with local authority services.

Establishing a Craven Health and Wellbeing Leaders forum will give the strategic leadership needed for the area bringing representatives from agencies across the footprint of Craven to work together strategically and operationally to develop a focused action plan for the district to target health inequalities.

Benefits would include:

- Make it easier to initiate projects that match strategic priorities and unlock resources held by agencies
- Enable CDC to develop closer working relationships with the two CCGs and the County Council to develop further our contribution to improving public health and wellbeing.
- Holding agencies to account on behalf of Craven residents
- Clarity, awareness and purpose
- Focus purely on Craven residents and ensure equitable services are delivered in Craven
- Sharing of information at all levels e.g. depth of understanding by CDC of how providers are/are not meeting residents needs so gaps can be identified
- Harnessing all the resources (funding/staff/knowledge/services/local vol sector community owned assets
- Ideas for prototypes/projects/topics

One example to demonstrate the need for this sort of forum is the Crisis Care Concordat framework and the lack of projects offered in Craven. The Public Health England document set out prevention approaches through new care models but these models are often complex for delivery in partnership. There was confusion about where Craven sits in the Crisis Care Concordat framework e.g. North Yorkshire or West Yorkshire and as a result projects were not offered in this area.

### 3.7 Next Steps - Initial Action Plan

3.7.1 In order to take this work forward CDC needs to develop an awareness internally of the positive impact services have on health and wellbeing and consider the further contributions that could be made. A health and wellbeing workshop has already been held with officer who committed to supporting this work through an internal working group. If Members approve establishing a Leader forum this working group is established this group will be the way for service managers/relevant officers with the Leaders Forum.

There have also been a number of other recommendations made throughout the report and these are all summarised below.

Action	Who Responsible	By When
Establish Health and Wellbeing Leaders Forum to link with CCG and STP (already action in Council Plan)	Sharon Hudson	Feb 17
Establish appropriate base line health data to identify gaps and priorities	Sharon Hudson	Feb 17

Establish internal CDC health and wellbeing advisory group to link into Leaders Forum	Sharon Hudson	Nov 16
Progress becoming a Dementia Friendly Authority	Sharon Hudson	May 17
If chosen as a pilot support Craven as part of DCN Healthy Towns project.	Sharon Hudson	To be advised
Keep abreast of Policy changes and provide Member Briefing as appropriate	Sharon Hudson	On going

#### 4 **Implications**

- 4.1 **Financial Implications** – Officer time in supporting the work from within existing budgets
- 4.2 **Legal Implications** – These are set out in the body of the report.
- 4.3 **Contribution to Corporate Priorities** – This work contributes to the Council Priority Resilient Communities
- 4.4 **Risk Management**
- 4.5 **Equality Impact Assessment -**

The Council's Equality Impact Assessment Procedure **has not been** followed. Therefore neither an Initial Screening or an Equality Impact Assessment has been undertaken on the proposed policy, strategy, procedure or function to identify whether it has/does not have the potential to cause negative impact or discriminate against different groups in the community based on •age • disability •gender • race/ethnicity • religion or religious belief (faith) •sexual orientation, or • rural isolation.

Any new project identified as a result of the work will be subject to an Equality Impact Assessment.

5. **Consultations with Others** – Chief Executive, Planning Services, Property Services, Economic Development, Environmental Health and Housing, Marion Tweed-Ryecroft, Stronger ~Communities Manager, NYCC
6. **Access to Information : Background Documents** –

- Kings Fund Report – District Council Contribution to public health: a time of challenge and opportunity. (Jan 16)
- Delivering the Forward View: NHS planning guidance 2016/17-2020/21
- Sporting Future: A new Strategy for an Active Nation (Dec 15)
- Sport England: Towards and Active Nation (2016-2021)
- Craven Health Profile 2016 – Public Health England
- Health and Wellbeing Board North Yorkshire: Draft Joint Health and Wellbeing Strategy 2013-2018, 2015 update

7. **Author of the Report** – Sharon Hudson, Communications and Partnerships Manager, 01756 706246, [shudson@cravencdc.gov.uk](mailto:shudson@cravencdc.gov.uk)

Note : Members are invited to contact the author in advance of the meeting with any detailed queries or questions.

8. **Appendices** –  
Appendix A – Role of district councils in health and wellbeing, 10 recommendations from DCN  
Appendix B – Craven services and their contribution to health and wellbeing