Rossendalealive BOROUGH COUNCIL

ITEM NO. C4

Subject: Health And Wellbeing Strategy

Status: For Publication

Report to: Cabinet

Date: 10th September 2008

Report of: Deputy Chief Executive

Portfolio Holder: Communities and Neighbourhoods

Key Decision: Yes

Forward Plan [x] General Exception [ ] Special Urgency [ ]

1. PURPOSE OF REPORT

1.1 The purpose of this report is to present a draft Health and Wellbeing Strategy for approval so that it can be published for wider consultation and development, thereby becoming the framework for health and wellbeing initiatives within Rossendale.

2. CORPORATE PRIORITIES

2.1 The matters discussed in this report impact directly on the following corporate priorities and associated corporate objective.

- Delivering Quality Services to Customers (Customers, Improvement)
- Delivering Regeneration across the Borough (Economy, Housing)
- Keeping Our Borough Clean and Green (Environment)
- Promoting Rossendale as a cracking place to live and visit (Economy)
- Improving health and well being across the Borough (Health, Housing)
- Well Managed Council (Improvement, Community Network)

The subject of this strategy is the protection and improvement of health and wellbeing. This is affected by all aspects of the activities of the Council and therefore related actions will contribute to the achievement of all the corporate objectives.

3. RISK ASSESSMENT IMPLICATIONS

3.1 There are no specific risk issues for members to consider arising from this report.

4. BACKGROUND AND OPTIONS

4.1 Rossendale suffers worse than average health and also demonstrates great health inequalities between geographical areas and sections of the community. This has resulted in Rossendale being identified as a Spearhead Authority, thereby benefiting from additional Government funding aimed at creating a healthier community.

4.2 The determinants of health are many and varied and each specific disease or condition is affected by many determinants. The remedy for poor health and wellbeing is therefore more sustainable if those underlying determinants of health are tackled. This will help to create a more sustainable environment in which people can live and which will support a healthier lifestyle.

4.3 Although much evidence has been gathered concerning the symptoms of poor health, the full picture is still not clearly understood. The object of this strategy is to ensure the data, information, concerns and suggestions of all parts of the community, including residents, their representatives, all health professionals and the community are included in order to develop meaningful and sustainable solutions to the current situation.

4.4 The aim is to encourage participation in the development of the strategy over the following three months followed by the adoption of an agreed strategy and action plan by February 2009. This can then be incorporated into service plans of participating organisations and be monitored and managed by the Health & Wellbeing Theme Group of the Rossendale Strategic Partnership.

COMMENTS FROM STATUTORY OFFICERS:

5. SECTION 151 OFFICER

5.1 Any costs incurred in relation to strategy development will be funded from existing Communities for Health resources. Initiatives resulting from this strategy will either be undertaken by partner organisations or be funded from similar Health and Wellbeing resources.

6. MONITORING OFFICER

6.1 No comments to note.

7. HEAD OF PEOPLE AND ORGANISATIONAL DEVELOPMENT (ON BEHALF OF THE HEAD OF PAID SERVICE)

7.1 A Health and Wellbeing Policy is being developed explicitly for Members and employees of the Council.

8. CONCLUSION

8.1 This draft strategy identifies a framework for prioritization and funding of projects and actions to protect and improve the health and wellbeing of the people of Rossendale

9. RECOMMENDATION(S)

9.1 That the Health and Wellbeing Strategy be approved for the purpose of consultation with a view to reporting the outcome of the consultation by February 2009.

10. CONSULTATION CARRIED OUT

10.1 This draft strategy and action plan have been developed in consultation with members of the Health and Wellbeing Theme group.

11. EQUALITY IMPACT ASSESSMENT

Is an Equality Impact Assessment required Yes

Is an Equality Impact Assessment attached Yes

12. BIODVIERSITY IMPACT ASSESSMENT

Is a Biodiversity Impact Assessment required No

Is a Biodiversity Impact Assessment required No

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Background Papers	
Document	Place of Inspection

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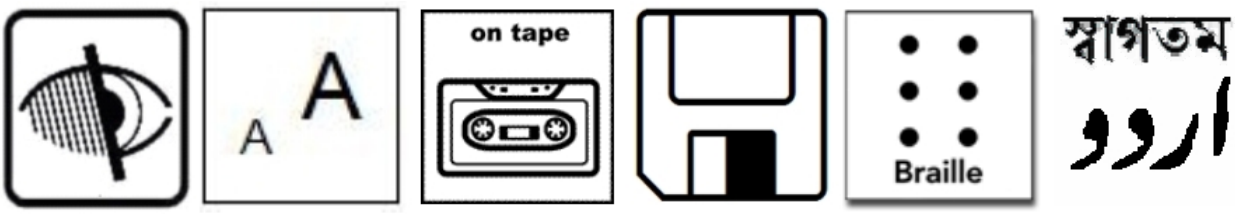
BOROUGH COUNCIL

HEALTH & WELL-BEING STRATEGY

2008/18



ROSSENDALE HEALTH And WELLBEING STRATEGY

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Version 2.2 – 14 August 2008
Philip Mepham
Environmental Health Manager

1. CONTEXT FOR ACTION

The following are some of the initiatives that create the need for a Health & Wellbeing Strategy:-

Strong and Prosperous Communities – The Local Government White Paper

The Local Government Act 2000 introduced the power of wellbeing, which enables Councils to undertake health responsibilities whether jointly, or acting on their own. This power makes it possible for Councils to take an integrated approach to improving health and reducing inequalities in all their functions.

This wellbeing power creates a number of opportunities and:

- is a wide ranging power, which allows the Local Authority to do anything that it considers achievable economically, socially or environmentally in its area,
- can be exercised in relation to, or for the benefit of, the whole or any part of the area, and
- applies to individuals living, working and visiting in the area, and to local organisations.

Are We Choosing Health? – The impact of policy on the delivery of health improvement programmes and services – Healthcare Commission & Audit Commission. July 2008.

This study found that, although there have been significant improvements across England in relation to the 'big killers' (cancer and coronary heart disease), there has not been consistent improvement across health topics or geographical areas and populations. The gap between life expectancy amongst males and females and between manual and non-manual groups has increased over the past 20 years with non-manual groups living longer. The review confirmed that a renewed drive was needed from Government, Local Councils and healthcare organisations, with the wider society and individuals taking more responsibility for their own health. They made recommendations for a number of consistent components that contribute to improving the development and delivery of health improvement programmes and service outcomes. These are briefly:-

- clear, consistent, ambitious and measurable objectives
- relevant, reliable and up-to-date information
- consistent focus across the NHS and Government
- putting the evidence of 'what works' into practice
- resources, capability and capacity
- commissioning for local need
- clear accountability for commissioning and delivery.

Lancashire Area Agreement 2008 – 2011

One of the Key priorities of the LAA is Health and Wellbeing. Although health & wellbeing is affected by the majority of issues related to the agreement, some National Indicators are explicitly connected with Health & Wellbeing with baseline and targets, with Rossendale's targets, as follows:-

Indicator	Baseline	2008/09	2009/10	2010/11	Lead partner
NI 39 – alcohol-harm related hospital admission rates	1675 (06/07)	1960.43	2091.41	2210.23	PCTs
NI 119 – Self-reported measure of people's overall health & well-being	74.9% (2007)	75.9%	76.9%	77.9%	PCTs
NI 120 – All-age all cause mortality rate (rate per 100,000 population)	771 males 545 females (2006)	724 males 519 females	702 males 506 females	681 males 494 females	PCTs
NI 123 – 16+ current smoking rate prevalence (number of 4-week quitters per 100,000 population)	924 (04/05 – 06/07)	934	943	953	PCTs
NI 124 – people with a long-term condition supported to be independent and in control of their condition	Survey data expected July 2008	Survey data expected July 2008	Survey data expected July 2008	Survey data expected July 2008	County Council PCTs
NI 139 – People over 65 who say they receive information, assistance and support to exercise independence and choice					
NI 156 – Number of households living in temporary accommodation	260 (2004)	188	131	106	District Councils
NI 187 – Tackling Fuel poverty					

County-wide targets have been developed through the theme partnerships with input from various agencies and Authorities.

Sustainable Community Strategy 2008-2018

One of the overarching principles of the SCS is to reduce inequalities both between Rossendale and other areas and between different parts of Rossendale. The priority outcomes all relate to the health and wellbeing of residents of Rossendale either directly or indirectly. The following outcomes have been specifically expressed:-

Outcome 1 – people who live here will experience increased health and mental wellbeing.

Outcome 2 – measurable progress on reducing the gaps in health inequalities between the people of Rossendale and the rest of England.

Outcome 3 – by 2018 Rossendale will have one of the most physically active communities in the UK.

Outcome 4 – we will have reduced outward migration to maintain a balance in the population demographic.

Outcome 5 – Rossendale will continue to be one of the safest Boroughs in Lancashire.

Outcome 6 – People who live here will get on well together and experience a sense of belonging within an active community.

Outcome 7 – Rossendale will have substantially reduced its average carbon footprint with people taking responsibility for their impact on our world.

Outcome 8 – Housing conditions in Rossendale will meet the average levels for Lancashire and the level of affordable housing will meet the needs of local people.

Outcome 9 – Residents will agree that Rossendale has clean and well maintained town centres providing the leisure, retail and cultural services they would expect to access locally.

Outcome 10 – Rossendale will protect and enhance its natural and built heritage which will be recognised as an outstanding resource by visitors and residents.

Outcome 11 – We will create an environment where every adult and child will have the opportunity to achieve their potential in education and employment – being able to access the right level of training and higher education for their own fulfilment.

Outcome 12 – We will have doubled the size of our visitor economy by transforming our activity-based leisure, cultural and retail offer. We will alos hove encouraged the further development of our increasingly vibrant business services sector.

Outcome 13 – We will have created opportunities for people from all parts of Rossendale to benefit from the Borough's prosperity.

Outcome 14 – We will have created opportunities to encourage a shift in transport modes towards sustainable and active travel. We will also seek to further improve transport connectivity between the East and West of Rossendale and to our moorland.

Rossendale Corporate Plan 2007-2010

This is currently being revised and updated. The existing Plan covers many priorities affect Health and Wellbeing indirectly but Corporate Priority 5 is directly concerned with improving health and well-being across the Borough.
The Council is working to achieve the following outcomes for its customers and communities:-
1. Increased life expectancy
2. Increased levels of activity by people living in the borough
3. Improved well-being of local communities.

Million Years Commitment

The East Lancashire Health and Wellbeing Partnership Board have launched a health awareness campaign as part of its collective aspiration to save a million years of life in East Lancashire by 2011. Two campaigns have already been launched promoting sensible alcohol consumption and highlighting the consequences of poor heart health.

2. WHAT IS HEALTH & WELL-BEING?

The WHO definition of health is “a state of complete physical, mental and social well-being and not merely the absence of disease and infirmity”.

Well-being is more difficult to define, but could be said to be “a feeling of being safe and secure, free from stress and comfortable with life and the local environment”.

From these definitions it can be seen that a very wide range of issues will affect people’s health and well-being. As a general point made by the recent Kings Fund report, if people are engaged in the community and able to get about, they will stay fitter for longer.

The determinants of health can be described under 8 main headings:

1. People - Age, sex and hereditary factors
2. Individual lifestyle factors
3. Community
4. Local economy
5. Activities
6. Built Environment
7. Natural Environment
8. Global Ecosystem

The individual inherits the characteristics in Heading 1. without any choice and has progressively less control over the health determinants that follow. The Council and its partners, either working alone or together, can affect issues under those following headings.

3. WHAT ARE HEALTH INEQUALITIES?

These are the differences in health outcomes or life expectancy experienced by different groups within the community. The reasons for these differences are complex. They are linked to people's social circumstances, personal behaviour affecting health and access to services. All the factors that lead to health inequalities are imperfectly understood. Local action on economic, social and environmental inequalities can make a difference.

In Rossendale, there are marked health inequalities between men and women, people living in different geographical areas, different ethnic groups and people of different socio-economic groups.

The health of people in Rossendale is amongst the fifth worst in England. Rossendale has therefore been identified as a Spearhead Authority as it is in the bottom fifth areas in relation to male life expectancy, female life expectancy, cancer mortality rate and circulatory disease mortality rate.

4. WHAT IS THE CURRENT STATE OF HEALTH & WELL-BEING OF ROSSENDALE?

The current state of Rossendale can be assessed by reference to a number of sources. Data and information concerning mortality and morbidity will point towards the symptoms of the state of health and wellbeing of the community as it has been in the past. Data and information concerning the state of the environment, culture, economy, levels of knowledge and capacity of society and the levels of available resources will point towards the degree to which health and wellbeing can be preserved or enhanced in the future. A wide range of information sources can therefore be used to develop this strategy.

A. Rossendale Health Profile 2008

The Health Profile produced by the North West Public Health Observatory in 2008 provides a snapshot of health in the area and reveals the following:

The health of people in Rossendale is generally worse than, or similar to, the England average. For example, children's tooth decay, the estimated percentage of adults who binge drink and male and female life expectancy are significantly worse than the England average. The percentage of people recorded with diabetes, the rate of hip fracture in the over 65s and the early death rate from cancer are similar to the England average. A few indicators are better than the England average, including deprivation.

Over the last ten years there has been a large decrease in the early death rate from heart disease and stroke. However, the rate is still significantly worse than the England average. Around 74 people each year die early from heart disease and stroke.

The estimated percentage of adults who smoke is similar to the England average, and smoking kills around 123 people each year.

The rate of recorded violent crime is significantly better than the England average.

Around 6 out of 10 mothers initiate breast-feeding, which is significantly worse than the England average.

B. East Lancashire Lifestyle Survey

In April 2006 the Public Health Network carried out a survey of residents across East Lancashire. The survey was intended to assist in health needs assessment and highlight health inequalities and their relation to community 'capital' (access to social, collective and economic resources). It was also undertaken to provide a baseline for monitoring future changes in residents' health. The survey was undertaken by David Lamb of the East Lancashire Public Health Resource and Information Centre.

The survey assessed people's self assessment of lifestyle issues, their personal health and perceptions of locality issues. Comparisons were available between parts of Rossendale and parts of other East Lancashire Authorities and East Lancashire as a whole.

C. The State of Rossendale – a presentation to Rossendale Council on 12th June 2008.

This presentation, on the state of Rossendale as a whole district, revealed in broad terms as indicated by measures collected by the Government from a range of sources, that the area compared unfavourably with other Lancashire and neighbouring metropolitan districts, in relation to economic performance, industrial structure, labour market, deprivation, health, aspects of the natural and built environment and local services and amenities.

D. Other Surveys And Data

A range of surveys and measures relating to specific issues and undertaken locally. Information will be gleaned from a range of sources. These include the following:

i) House Condition Survey
ii) Economic surveys
iii) Levels of health literacy
iv) State of the environment
v) Levels of health facilities available
vi) NICE Guidance on Community Engagement
vii) Work to improve the collection and analysis of data and information concerning accidents and their causes.

5. WHY HAVE A STRATEGY?

The main reason why a strategy is needed is to ensure the following factors are effectively co-ordinated and targeted:

a) The Lyons inquiry into Local Government recommended that the Council should have a stronger and more explicit role as convenor in the realm of health and well-being. Also it should exercise leadership and develop a convening role by identifying "a direction of travel, articulate a sense of the future and enthuse others to be part of a common mission".

b) The Local Government White Paper – Strong and Prosperous Communities will create a sustainable framework for local action on health and well-being so that partnership working is strengthened and there is greater clarity over who is responsible for agreeing and delivering local health and well-being targets.

c) Legislation is being introduced to establish a new statutory partnership for health and well-being under the LSP. PCTs and the Council will be obliged to cooperate. The White Paper envisages responsibilities to include agreement of shared outcomes, a common assessment framework, single budgets (where appropriate), joint commissioning and planning and the delivery of joint LAA targets, the development, implementation, monitoring and evaluation of reports, a consistent approach to patient and public involvement and support for high quality personalised provision.

d) The Kings Fund report (by Wanless et al) published in 2007 says that Local Authorities are natural public health leaders – they have a place-shaping role. Overall the review finds that the population is a long way short of the "fully engaged" scenario – this is well short of Wanless's original recommendation. Another recognition is that it is difficult to determine what has been achieved by virtue of public health expenditure.

e) Local Government and Public Involvement in Health Act requires Local Authorities and PCTs to produce a Joint Strategic Needs Assessment (JSNA) of the health and wellbeing of their local community. This is the responsibility of Upper Tier Authorities and Lancashire County Council have decided that their JSNA will be in the form of a web-site containing data that can be searched as and when required.

f) The LifeCheck initiative is to be implemented by the Local Authority. Funding has been provided for local authorities to determine how to undertake the scheme's promotion. Those leading the initiative envisage that a total of 14 life stages will eventually become involved and that these initiatives are best co-ordinated with other local initiatives and facilities.

g) Revision of access to health facilities within Rossendale through the Health Campus project.

h) Implementation of the Information Gateway.

i) The Local Authority, as a significant employer within Rossendale, needs to ensure the wellbeing of its employees, thereby acting as a local exemplar of good practice.

This strategy is based on the premise that in order to improve and protect people's health and wellbeing in a sustainable way, action must be targeted primarily at the

causes of health inequalities i.e. the underlying determinants of health. However, in the short term (say between 2008-2011) action should also be taken to deal with the symptoms of those determinants i.e. diseases and conditions displayed by people in order to achieve short-term targets. In this way, short-term gains in health status would be supported by longer-term gains (say between 2008-2018) in health and wellbeing in a sustainable way.

This strategy will enable a single Vision, aims and objectives to be agreed which will ensure action is co-ordinated within the area regardless of means of delivery and the opportunites for the economic and effective use of resources is maximised. The Health and Wellbeing Theme Group of the Local Strategic Partnership will fulfil that role in the future and be involved in prioritising the allocation of identified funding to promote the aims of this strategy. This is, in effect, the JSNA for Rossendale.

6. WHO IS INVOLVED?

Rossendale Borough Council has the leadership role as well as being a key provider of services and place-shaper.
East Lancashire PCT covers five District Council areas including Rossendale.
Lancashire County Council is also a key provider of services with responsibilities in relation to education, transport, trading standards etc
The voluntary and faith sectors have a direct link to the needs of their communities and a capacity to deliver.

Many existing alliances contribute to the delivery of health interventions and include the following:

- Smokefree East Lancashire
- Alcohol Harm Reduction Partnership
- Sport and Physical Activity Alliance
- Rossendale Food Forum
- Mental Health Forum
- Teenage Pregnancy Partnership
- Children's Centres
- Action on Drugs
- Active Ageing Strategy
- New Health Inequalities worker post
- Rossendale Leisure Trust

A wide range of other organisations and individuals have the potential to influence determinants of health and include the following in relation to the key determinants of health:

a) Lifestyle – doctors, nurses, pharmacists, carers, social workers, health trainers, health promotion workers in a wide variety of settings.
b) Community – Religious leaders, community leaders, teachers
c) Local Economy – employers, businessmen, bankers
d) Activities – restaurant owners, caterers, transport planners, teachers, business owners, employers, engineers, scientists.

e) Built environment – architects, environmental health, traffic engineers, spatial planners, plumbers, builders.
f) Natural environment – waste management professionals, farmers, gardeners, landscape design, environmental activists.
g) Global ecosystem – political and global leaders, scientists, business leaders, civil servants.

7. WHAT SHOULD BE ACHIEVED?

Vision – That Rossendale shall have plans and actions in place to achieve a reduction in health inequalities both between Rossendale and the rest of England and within Rossendale by 2010 and that by 2012 Rossendale shall have achieved its share of a million years saved.

This is expressed as an overall Aim of increasing healthy life expectancy, reduced illness, improved wellbeing and decreased health inequalities.

Strategic Objectives – Increase life expectancy, reduce mortality from cardio-vascular disease, reduce mortality from cancers, reduce mortality from suicide and reduce infant mortality.

Aims - are expressed in terms of the health determinants as follows:

Aim No. 1 – To increase the opportunities for Rossendale residents to have a healthy lifestyle. – includes reference to tobacco use, alcohol abuse, physical activity, diet, sexual health and social behaviour.

Aim No. 2 – To encourage the development of an attractive, safe and socially desirable community environment – includes community safety, neighbourhood renewal, community cohesion, local facilities, access to green spaces, social activities etc.

Aim No. 3 – To reduce financial exclusion and enable people to obtain sufficient resources to afford the necessities of life for themselves and their families – includes work on fuel poverty and access to benefits, economic development activities, business support and advice etc.

Aim No. 4 – To increase the participation by key individuals and organisations in helping to deliver and reinforce the health messages and facilitate the pursuance of a healthy lifestyle – includes healthy workplace scheme, scheme to reduce mental ill-health, training, education, development and support of key individuals and professions to increase their capacity to facilitate health and wellbeing, accessible transport systems, tackling the 'obesogenic environment', promotion of Healthy Town initiative etc.

Aim No. 5 – To create and improve the built environment in order that it is conducive to the support of a healthy lifestyle – includes domestic energy efficiency measures, indoor pollution control, home maintenance, accident prevention, home adaptations, development and building control, health campus and other health facilities etc.

Aim No. 6 – To protect and improve the natural environment in order to provide a safe, accessible, attractive and interesting environment that will encourage outdoor activity – includes creation of allotments, green spaces and woodland, accessible footpath system, outdoor classrooms, permissive play areas, contact with agriculture etc.

Aim No. 7 – To adapt to and mitigate the effects of climate change on the health of people in Rossendale – flood protection, adverse effects of excessive heat and cold, forward planning, etc.

Actions – would be phrased in terms of issues that are aimed at the achievement of the objectives.

These will be identified after a review of the health and well-being needs, some of which have already been identified. The things that can be done fall into three main categories:

a) Those things we can control
b) Those things we can influence, and
c) Those things we can affect.

The priority of the action will be framed in terms of the level of power that a body has to achieve a change. Actions are more likely to be effective where control can be exercised, but actions would also be included which encourage people to make healthy choices and improve their own feelings of well-being by providing information, advice and support i.e. influence and affect, where appropriate.

8. MEASURES AND TARGETS, MONITORING AND REPORTING

These would be identified in terms of the short, medium and long term. They should be tied into the 198 indicators recently published and detailed under headings of the Sustainable Community Strategy and the Local Area Agreement. These headline indicators can be supplemented by local measures according to the particular needs of agencies and communities.