



AGENDA ITEM: 10

SUMMARY

Report for:	Cabinet
Date of meeting:	29 May 2014
PART:	1
If Part II, reason:	

Title of report:	Health and Wellbeing Policy Statement
Contact:	<p>Cllr Neil Harden, Portfolio Holder for Residents and Regulatory Services</p> <p>Author/Responsible Officer</p> <p>Steven Baker, Assistant Director (Chief Executive's Unit)</p>
Purpose of report:	To propose that the Council adopt the attached Policy Statement setting out the Council's general approach to health and wellbeing.
Recommendation	That Cabinet recommends to Council that the Health and Wellbeing Policy Statement as set out in the report be adopted.
Corporate objectives:	<p>Building Community Capacity: The policy statement proposes an approach for the Council which will improve health outcomes for Dacorum's communities and mitigate some aspects of deprivation.</p> <p>Dacorum Delivers: The policy statement proposes an approach which will improve service delivery by helping the Council work more effectively both internally and with its partners.</p>
Implications:	<u>Financial</u>
'Value For Money Implications'	Work to implement the policy statement would take place within business as usual, but it does have potential implications for the future use of resources (see value for money).

	<p><u>Value for Money</u></p> <p>The policy statement indicates a direction of travel which would aim to maximise the use of resources by helping the Council target its services more efficiently and by supporting effective ways of joint working to solve problems.</p>
Risk Implications	None
Equalities Implications	Adopting a health and wellbeing policy offers the potential for the Council to address health inequalities between different demographic groups more effectively, mitigating some of the negative consequences of inequality.
Health And Safety Implications	None
Monitoring Officer/S.151 Officer Comments	<p>Monitoring Officer:</p> <p>This is a report prepared by the Monitoring Officer</p> <p>Deputy S.151 Officer</p> <p>There are no budgetary implications arising directly from the recommendations in this report.</p>
Consultees:	<p>Councillor Neil Harden (Portfolio Holder, Residents and Regulatory Services)</p> <p>Councillor Graham Sutton (Chair, Health in Dacorum Committee)</p> <p>Health in Dacorum Committee meeting held on 2 April 2014</p> <p>Health and Wellbeing Corporate Working Group</p>
Background papers:	<p>The Health and Social Care Act 2012</p> <p>District Action on Public Health</p>
Glossary of acronyms and any other abbreviations used in this report:	

BACKGROUND

1. The Health and Social Care Act 2012 (the Act) came into force on 31st January 2013.
2. The Act requires county councils and unitary authorities to set up Health and Wellbeing Boards, in partnership with the NHS, to improve the health and wellbeing of the people resident in their areas. It also transferred Public Health responsibilities to these authorities.

3. The role of district councils in health and wellbeing in two-tier areas is generally unspecified in the current reforms. District council services are identified as having an impact on key determinants of health but there is little detail as to how the relationships between districts and other local partners could work in practice. This pattern is being played out again at national policy level in relation to the Better Care integration agenda. The district role is seen as being open to local definition.

THE HERTFORDSHIRE CONTEXT

4. Hertfordshire County Council has its own Health and Wellbeing Strategy (agreed in February 2013), which identifies nine priorities which fall into three broad categories, namely-

Healthy Living

- Reducing the harm caused by alcohol
- Reducing the harm from tobacco
- Promoting healthy weight and increasing physical activity

Promoting Independence

- Fulfilling lives for people with learning disabilities
- Living well with dementia
- Enhancing quality of life for people with long term conditions

Flourishing Communities

- Supporting carers to care
- Helping all families to thrive
- Improving mental health and emotional wellbeing

5. The County Council also has a separate Public Health Strategy (agreed in December 2013) which further develops work around three of the nine priorities above - alcohol harm reduction, reduction in tobacco use, and healthy weight management, as well as cross cutting themes relating to partnership working and health inequalities.
6. The priorities for each strategy are now being developed into implementation plans with engagement taking place across the County.

THE DACORUM CONTEXT

7. We know from local evidence that Dacorum is not particularly distinctive from the rest of Hertfordshire when examined at district level. This suggests that Dacorum's overall strategic priorities are unlikely to differ significantly from the rest of the districts in Hertfordshire.
8. However, when the analysis drills down to smaller area levels (sometimes referred to as 'Lower Super Output Areas') it is clear that this masks huge variation within the Borough of Dacorum. This suggests that Dacorum might be able to use its influence most effectively by using its local knowledge and place-shaping role to influence where, and how, services might be most effectively delivered.

HOW MIGHT THIS WORK IN PRACTICE?

9. The Public Health priority on tobacco control is intended to effect a reduction in the levels of lung cancer and other respiratory diseases. We are able to access data at small area level on the prevalence of conditions such as lung cancer, respiratory disease mortality, and emergency admissions for Chronic Obstructive Pulmonary Disease (COPD). This gives us an idea of where the greatest impact of smoking is likely to be taking place as levels of these conditions are likely to be higher in those areas.
10. We can advise on which of our own services are present in those areas and which could be delivery routes for tobacco control messages, such as the Council's housing stock, or our adventure playgrounds. Both Members and frontline staff working with people in those areas have on-the-ground knowledge which can be used to advise which tobacco control measures are most likely to work. For example, they may know whether or not people in that area tend to engage with statutory services and are likely to respond to a direct campaign from the NHS, or whether they do not tend to engage and the campaign would be better delivered by a community or voluntary organisation.
11. We can look at which of our services contribute to smoking reduction, such as environmental health enforcement action, and coordinate these with tobacco control campaigns to increase the impact.
12. We can also look at other, non-smoking-related factors present in those areas which may be exacerbating those levels of disease, for example, air pollution as picked up by our air quality monitoring services or indicators of cold housing stock, and take action on these to contribute to the overall outcome.
13. We can combine all these into a working arrangement with our partners which would bring all organisations together to improve this outcome for the community.
14. This would not require the commitment of extra resources so much as the strategic redeployment of existing ones to areas where they will be most effective.
15. The Council, as yet, does not have a corporate policy on how it will seek to improve the health and wellbeing of the residents of Dacorum. Set out below is a short, but concise, policy statement which makes clear that the improvement of residents' health and wellbeing is a corporate objective of the Council and that it will seek to achieve this by working in partnership with the County Council, NHS organisations, the community and voluntary sector and any other interested parties.
16. How will the Council benefit from this approach?

The Council will benefit from

- Improved outcomes for the community by increasing the impact of any given intervention

- More seamless joint working for residents
 - Efficiencies by coordinating service delivery with other agencies
 - Efficiencies by targeting its own work more effectively
 - The advantages of being a proactive partner – the County Council's Better Care integration agenda makes it clear that district councils will need to engage around this agenda in any case, but being an active participant places the Council in a better position to realize the benefits of involvement.
17. The Health and Wellbeing Policy Statement was considered by the Health in Dacorum Committee at its meeting on 2 April 2014. The Committee resolved to recommend the policy statement to Cabinet for approval.

ANNEX

HEALTH AND WELLBEING POLICY STATEMENT

The Council will seek to improve the health and wellbeing of all Dacorum's communities, following the Hertfordshire Health and Wellbeing Board's definitions, where -

'health' means a state of complete physical, mental, social well-being, not just the absence of disease or infirmity'

'wellbeing' means a contented state of being happy and healthy'

The Council will seek to reduce health inequalities across the Borough, following the Hertfordshire Public Health Strategy's definition, where:

'we narrow the gap in life expectancy and health between the most and the least healthy'

and will do so by improving outcomes for the least healthy.

The Council will work in partnership with NHS organisations, the County Council, the voluntary and community sector and with any other interested parties to achieve this, and will use its local knowledge and place-shaping role to influence where and how its own and partners' services are delivered to maximise the benefit for Dacorum's communities.

The Council will embed these principles into service planning and delivery.