

CHESHIRE EAST COUNCIL

Cabinet

Date of Meeting:	3 November 2009
Report of:	Strategic Director, People
Subject/Title:	A Corporate Approach to Health Improvement and Reducing Health Inequalities
Portfolio Holder	Councillor Andrew Knowles (Health and Wellbeing)

1.0 Report Summary

- 1.1 The purpose of the report is to advise Members of emerging sub-regional and Cheshire East structures linked to Health and Wellbeing and to inform members of proposals to help the Council move towards improving health and reducing health inequalities across the communities of Cheshire East. This will also ensure that the Council is contributing to the LSP's priorities around the need to improve health and reduce health inequalities. The Head of Health and Wellbeing is tasked with ensuring that there is a corporate recognition of each service's contribution to improving the health of the people of Cheshire East and reducing the health inequalities that exist between different communities.
- 1.2 A collaborative approach is now needed to ensure a cohesive approach to improving the health and well being in our communities. A Health Improvement and Reducing Health Inequalities Strategy is to be drafted under the auspices of the Local Strategic Partnership's Health and Wellbeing Thematic Sub Group. A Cheshire East Council Working Group (engaging all appropriate Services) will be established to contribute to the drafting of the Strategy and to develop the Council's action plan in response to the Strategy.

2.0 Decision requested

- 2.1 That Members support the whole system approach to health improvement and reducing health inequalities and the development of a Health Improvement and Reducing Health Inequalities Strategy through the LSP's Health and Wellbeing Thematic Partnership.
- 2.2 That Members support the establishment of a Cheshire East Council Health Improvement and Reducing Health Inequalities Working Group to contribute to the Strategy Development and to develop and take ownership of the Council's action plan in response to the Strategy.

- 2.3 That the Director of Public Health is made an honorary joint appointment between Cheshire East and the PCT.

3.0 Reasons for Recommendations

- 3.1 To raise the awareness of Members of developments in relation to Health and Wellbeing in the sub-region and within Cheshire East.
- 3.2 To advise Members of the development of a Health Improvement and Reducing Health Inequalities Strategy and the need for a cross Council working group to be established to contribute to the drafting of, and response to that Strategy.
- 3.3 To further encourage and foster joint working between Cheshire East and the PCT

4.0 Wards Affected

- 4.1 All

5.0 Local Ward Members

- 5.1 N/A

6.0 Policy Implications including - Climate change - Health

- 6.1 The Council has identified within the Corporate Plan a number of priorities that impact upon the health and wellbeing of local people. These include:

- Encouraging healthier lifestyles;
- Targeting drug and alcohol abuse;
- Improving road safety;
- Managing waste

All Services need to consider their impact upon these priorities, as a failure to do so weakens the potential outcomes that can be achieved.

- 6.2 As part of the Comprehensive Area Assessment there is an expectation that the Authority and the PCT are taking a strategic approach to health improvement and reducing health inequalities (contributing to achieving the objectives identified in the Sustainable Community Strategy). The main areas of focus for the Audit Commission are our understanding of and response to the health inequalities, with our partners. This will include the approach to the Joint Strategic Needs Assessment and our joint ownership of key health indicators through the Local Strategic Partnership's Health and Wellbeing Thematic Sub-Group. Failure to demonstrate a joined up approach across the two organisations and within the Authority may impact upon the outcome of the Assessment.

- 6.3 The initial CAA findings have highlighted our approach to health inequalities and our impacts in narrowing the gap as areas that will be monitored in the future.

7.0 Financial Implications for Transition Costs (Authorised by the Borough Treasurer)

- 7.1 N/A

8.0 Financial Implications 2009/10 and beyond (Authorised by the Borough Treasurer)

- 8.1 There are no direct short term financial consequences, but the work to develop a Health Improvement Strategy will provide an opportunity for Service's to consider how they resource activities that have outcomes impacting upon the reduction of health inequalities.

9.0 Legal Implications (Authorised by the Borough Solicitor)

- 9.1 Improving people's health and reducing health inequalities are national Government priorities, with a number of key white papers in recent years highlighting the role of local authorities in contributing to these objectives and requiring new approaches to improve outcomes (for example 'Choosing Health: making healthy choices easier' - Department of Health (DoH) 2004; 'Our Health, Our Care, Our say: a new direction for community services' - DoH 2006 and 'The Children's Plan' - Department for Children, Schools and Families 2007). In addition Section 116 of the Local Government and Public Involvement in Health Act (2007) places a duty on upper-tier local authorities and Primary Care Trusts to undertake Joint Strategic Needs Assessments. The duty commenced on 1st April 2008.
- 9.2 The statutory guidance emphasises that the JSNA should be taken into account by the local authority and its partners in preparing the Sustainable Community Strategy, as part of a strengthened commitment to local priorities. The issues identified by the JSNA will inform the priorities and targets set by the Local Area Agreement, the delivery agreement for the Sustainable Community Strategy.

10.0 Risk Management

- 10.1 Failure to effectively develop a corporate approach to health improvement and a joint strategic approach with the PCT may have a negative impact upon the Comprehensive Area Assessment. Additionally there is a risk that the resources of the two organisations are not used as effectively as they could be and that potential efficiencies are missed.

11.0 Background and Options

- 11.1 It is clear that improving health and reducing health inequalities can only be achieved through effective partnership working, particularly

between directors of public health, and across local authority departments (with for example children's services, housing, adult social services, planning, environment health, leisure, policy and performance and transport all having significant roles and responsibilities). At the sub regional level this has been recognised by the Cheshire and Warrington Sub Regional Leadership Board by the setting up of a Health and Wellbeing Commission (one of seven Commissions set up to ensure a joined-up approach to key agendas across Cheshire and Warrington (see Appendix 1). Cheshire East is leading this Commission with the Fire and Rescue Service.

- 11.2 Within Cheshire East the Local Strategic Partnership structure includes a Joint Strategic Needs Assessment Steering Group and a Health and Wellbeing Thematic Partnership, both including Council and PCT officers (see Appendix 2). This provides the framework for a whole system approach to health improvement and reducing health inequalities. The Joint Strategic Needs Assessment Steering Group will commission a whole system Health Improvement and Reducing Health Inequalities Strategy. This work will be undertaken through the LSP structure, with the JSNA Steering Group and the Health and Wellbeing Thematic Partnership leading the work, but with input from the other sub groups also required. It will be important to link the strategy development to the local needs identified at the Local Area Partnerships and ensure that there is an ownership of health related issues at the LAPS.
- 11.3 Within the People Directorate a Health and Wellbeing Service has been formed that embraces the culture, leisure, green spaces and health improvement teams inherited from the County Council and the three District Councils. However, an underlying principal of the creation of the new unitary authority is that through People and Places and a strong relationship with the PCT, health improvement sits at the heart of the agenda and is not placed within the Health and Wellbeing 'box'. Consequently it is proposed that the Council's contribution to the development Health Improvement and Reducing Health Inequalities Strategy, requires the setting up of a cross cutting Working Group, including colleagues from Health and Wellbeing, but also from other Services across the Council that impact upon people's health (examples as listed in 11.1 above). This work will be led by the Head of Health and Wellbeing and will involve co-ordinating the Council's contributions to the Strategy and ensuring that once adopted, the Council effectively directs service provision towards the priorities in the Strategy. The product of this will be a Council Action Plan that identifies Cheshire East's response to the Strategy
- 11.4 The opportunities for a whole Council approach to health improvement and reducing health inequalities cover a number of key areas.

Priorities already identified through the PCT and the corporate planning process include:

- Reducing health inequalities;
- Tackling obesity;
- Improving mental health and wellbeing;
- Promoting sexual health;
- Encouraging the sensible drinking of alcohol and
- Creating a smoke free environment.

Different service areas can contribute to each of these. Many of the ideas are simply common sense solutions (for example introducing healthy eating options into leisure and community centre catering facilities and vending machines and actively promoting cycling through introducing cycle routes and cycle storage facilities). However there is a need for a strategic approach at the highest level with for example, the strategic health authority, PCT, industry, private and voluntary sectors and local authorities combining resources to promote physical activity. There is also a need to consider the health of the workforce and their families.

- 11.5 The Council's Health Improvement and Reducing Health Inequalities Strategy Working Group will be made up of officers from across services. Its role will be to understand and communicate more widely the whole system contribution to health improvement and reducing health inequalities that the Council makes. It will need to analyse the evidence available in relation to the health needs of Cheshire East communities and develop an understanding of how the different services can and do contribute to improving people's health and reducing the health inequalities that exist between different communities. As the Strategy is developed, actions to respond to the Strategy's priorities will be identified, targeted at communities in most need (identified through the Joint Strategic Needs Assessment) with clear outcomes to ensure that there are measurable impacts that can be demonstrated during the Comprehensive Area Assessment, and more importantly, that genuinely improve the health and wellbeing of our residents.
- 11.6 As part of the work, consideration will be given to how to effectively communicate the impacts being made in response to the Strategy. This may be through an annual health conference to share information about projects underway and the difference they are making to People's health.
- 11.7 Within Health and Wellbeing and in conjunction with the PCT further work will be undertaken around developing a physical activity strategy (in response to the national strategy 'Be Active, Be Healthy' launched in March 2009). This will build upon the clear evidence that increased levels of active recreation improve health and help to prevent ill health, thus reducing the pressure on the National Health Service.

- 11.8 Finally, the Strategic Director People and the Chief Executive of the PCT have discussed making the Director of Public Health an honorary joint appointment, providing the post holder with the opportunity to attend Corporate Management Team meetings and fostering more effective joint working.

12.0 Overview of Year One and Term One Issues

- 12.1 There are no critical issues

13.0 Access to Information

The background papers relating to this report can be inspected by contacting the report writer:

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