

REPORT TO	ON
SCRUTINY CABINET	30 August 2018 12 September 2018



TITLE	PORTFOLIO	REPORT OF
New Service Delivery Model of Preventative Health	Public Health, Leisure and Wellbeing	Director of Neighbourhoods and Development

Is this report a KEY DECISION (i.e. more than £100,000 or impacting on more than 2 Borough wards?)	No
Is this report on the Statutory Cabinet Forward Plan ?	Yes
Is the request outside the policy and budgetary framework and therefore subject to confirmation at full Council?	No
Is this report confidential?	No

1. PURPOSE OF THE REPORT

- 1.1 To inform Cabinet about the initial stages of development of a new service delivery model of preventative services. Including the proposal to establish a cross party member working group on Health and Wellbeing with the terms of reference to make recommendations to Cabinet on the Health and Wellbeing agenda.

2. PORTFOLIO RECOMMENDATIONS

- 2.1 To receive this report for information and express any feedback or suggestions that can help shape/inform the ongoing process.
- 2.2 Approve a Cross Party Working Group on Leisure, Health and Wellbeing managed by Democratic Services. The terms of reference for this group would be to make recommendations to the Cabinet on the Leisure, Health and Wellbeing agenda.

REASONS FOR THE DECISION

The reason for this decision is to position ourselves at the forefront of the discussion of re-shaping the debate on wellbeing and prevention. Moving away from a medical model of care based on the treatment of disease and towards a holistic view of the promotion of person-centred wellbeing and healthy lifestyle choices.

3. CORPORATE PRIORITIES

- 3.1 The report relates to the following corporate priorities:

Excellence and Financial Sustainability	
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Health and Wellbeing	✓
Place	

Projects relating to People in the Corporate Plan:

People	
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4. BACKGROUND TO THE REPORT

- 4.1 South Ribble Borough Council is committed in its Corporate Plan to wellbeing for all: promoting healthy living and improving the quality of life for our growing population into the future, improving awareness of dementia and of how to support people with dementia their families and supporting our aging population.
- 4.2 As a district council we are focused on improving quality of life and working to reduce problems for our residents and businesses one family, street and place at a time. As the local democratically elected representatives of our community we are well placed to be the foundations for collaboration and partnerships at a local level.
- 4.3 As a Council we are stepping up to offer an innovative solution through the development of a new service model to use our skills and network of connections with our communities to enable change with a democratic mandate to respond to our residents' needs and interests.
- 4.4 The Council's role within health services is as a significant influencer, but we can also help more directly to improve the stability of health through our roles as providers of key preventative services including housing, homelessness, leisure and environmental health. There is currently a lack of awareness in the Health sector of the value that district councils can bring to promote good health and wellbeing and prevention of ill-health.

4.5 The table below demonstrates the current evidence-base for the numerous benefits that districts bring to the health agenda:

	Homelessness prevention	Leisure, parks and green spaces	Corporate Projects	Advice (housing, benefits, employment, Environmental Health)	Home adaptations
Prevention Offer	2017/18 We prevented or relieved 380 homelessness cases.	Through provision of leisure, green links and green spaces districts prevent physical inactivity and mental health before they become a burden on acute health services.	Veterans Café Dementia Action Alliance MH2K project Workplace Health Project	We provide unique intelligence on the most hard-to reach and vulnerable people in local communities, helping partners target interventions.	We supported home improvement measures to keep 332 elderly or vulnerable people in their homes.

4.6 Reform is acutely needed within the current health and social care landscape. We have played a key role in preventing demand for health and social care through services such as benefits and housing. It is time now to position ourselves at the forefront of the discussion of re-shaping the debate on wellbeing and prevention. The most ambitious form of care aims to improve health by tackling the causes of illness and the wider determinants of health. We have a natural advantage with this model as we can draw on our experience of our commitment to better lives and reducing health inequalities in our communities.

4.7 Wider determinants of health are often described as ‘the causes of the causes’, factors exist which although are generally beyond the individuals control, can be improved upon with support from organisations such as the Government, Local Authorities and the NHS. These factors concern the environment, the economy, society and health as a whole and are generally interconnected with one another as shown in the model below.



Dahlgren and Whitehead 1991

- 4.8 Early intervention and prevention is a proven method for reducing costs of delivering services across the whole of public services, while improving outcomes at the same time. This is particularly the case where it is effectively targeted.
- 4.9 There is a clear evidence-based case that the Council providing key preventative services will reduce demand on social care and acute health services. To really make a difference we need to do this via a partnership to target and best serve the interests of local people at the heart of these discussions.
- 4.10 The evidence shows that individuals and communities experience better outcomes by receiving appropriate support before they become ill, and the delivery of such services generally tends to be less expensive than services provided in crisis situations or over long periods.
- 4.11 Policy and demographic changes are increasing the demand for services. Long-term factors, such as an ageing population, increases in chronic diseases and increasing population in South Ribble will continue to place pressure on public services, and will make it more difficult to maintain and improve outcomes for residents if we continue to deliver services in the current model.

5 DETAILED CONSIDERATIONS

- 5.1 The District Council's Network (DCN) recently published a 'Transformation in Localities' toolkit. It recognised that district councils, in order to achieve real change, require a coherent, whole system, whole society approach. We will need to mobilise the resources that our places have to offer, including our people, physical assets, schools, GPs and local businesses. Using all the resources at our disposal to enable and maintain physical and mental wellness, build resilience and aid recovery.
- 5.2 This work has already begun with 'Our Health, Our Care' and the Central Lancashire Prevention and Early Intervention Framework. The framework advocates a 'place based'

approach to strengthen and maintain physical and mental wellness as well as building resilience in communities and aiding recovery. The framework has been developed against the backdrop of national, regional and local plans and can be linked back to the Sustainability and Transformation Plans, STPs (Lancashire and Cumbria).

5.3 Place based prevention is grounded in an understanding of people, their motivations, aspirations and the impact of the physical and social factors that shape their lives:

- ▶ It is about creating a shared vision and objectives, reflecting the local context and the needs and wants of those population groups
- ▶ It recognises and makes the most of the assets and resources that exist within our communities
- ▶ It offers a workable scale to initiate and achieve real cultural shift, building on existing work and driven by those organisations closest to communities; namely district councils, primary care and locally based third sector groups
- ▶ It is not specific to a particular geography, it is about any 'place' that people identify with and what it means to them – whether it is a town, a neighbourhood or a street
- ▶ Place based prevention is rooted in enabling wellness and is the responsibility of every person, group and organisation in all settings, situations and pathways across the life course of an individual.

5.4 If we get ahead of the decline and improve the longer term wellbeing of our population, we need to move beyond addressing ill-health and start concentrating on a new model of maintaining wellness by addressing the wider determinants of health. This means focusing on activities that keep people healthy and active, able to recover well after periods of illness, and capable of doing as much for themselves as possible.

5.5 The work to develop this new model will focus on the benefits that could be delivered by having services focussed on early intervention and preventing demand for services arising in the first place. Integration and joint-working, with good data and intelligence sharing, would make early intervention more effective and efficient.

5.6 There are many factors that affect an individual's wellbeing and resilience, including age, lifestyle, community, housing, socio-economic status, family and support networks. With such a wide range of factors, it is unrealistic to think that any one sector or organisation could achieve significant change. South Ribble Borough Council has good working relationships with partners but at times they are fragmented, cumbersome and clunky in terms of both delivery of services for individuals. We therefore need to work to develop and strength our relationships with partners, to deliver an improvement to the health and wellbeing of our community.

5.7 **What we will be doing to develop a preventative model of health:**

- ▶ Hold a workshop with our partners to map out a preventative model of service delivery. Key partners would include: Lancashire Care Foundation Trust, The DWP, The Police, leisure partners and the voluntary sector. Work with partners 'Focusing the system on the individual' by facilitating partners coming together in the same location at the Civic Centre, sharing intelligence and co-ordinating our efforts.
- ▶ With approval of Cabinet establish a Cross Party Community Health and Wellbeing Working Group to help develop a new service delivery model of preventative services.

- ▶ Establish an on-going dialogue and redefine the relationships between residents, community groups, businesses and service delivery organisations so that they can influence decisions and can help to define and shape a new service delivery model via the Community Strategy
- ▶ Encourage people to feel and to be part of their own solution, and communities to be more involved and supported. Empowering people and places with interventions that are 'done with' rather than 'done to' and enabling people to take responsibility for their own health and wellbeing.
- ▶ Explore through IT solutions how we can share and disseminate information relevant to all involved.
- ▶ Co-produce health and wellbeing outcomes in partnership with communities. Disseminate outcomes throughout the community as well as more widely.
- ▶ As well as publishing our own outcomes, to look for and learn from other examples of good practice to see how integrated delivery models have evolved.

5.8 How would our South Ribble look if we got the preventative model right?

- ▶ Communities will be healthy, empowered to help themselves and resilient to life's challenges
- ▶ People will have access to education, employment opportunities and appropriate housing in a safe environment.
- ▶ People will make valuable contributions and reap the rewards in terms of motivation, confidence and quality of life.
- ▶ When people do need support, either due to age or significant life events such as bereavement, strong community networks and self-care will be the natural first response.
- ▶ Interaction with public services will be time limited and in the most appropriate setting to address the individual's needs, with sustainable support that is offered as soon as possible.
- ▶ Public services become more sustainable if organisations because working together more effectively around functions that supported prevention and early intervention.

6 FINANCIAL IMPLICATIONS

6.1 None at this current time.

7 LEGAL IMPLICATIONS

7.1 Under the Health and Social Care Act 2012 (section 12) the council has a duty to take such steps as it considers appropriate to improve the health of people in its area. The Localism Act 2011 introduced the "general power of competence", i.e. that a local authority has power to do anything that individuals generally may do, including for, or

otherwise for, the benefit of the council, its area or people resident or present in its area. As with other council powers this power must be exercised reasonably.

8 HUMAN RESOURCES AND ORGANISATIONAL DEVELOPMENT IMPLICATIONS

- 8.1 This work will inform the Council's own Corporate Plan and priorities in the future which may have organisational development implications.

9 ICT/TECHNOLOGY IMPLICATIONS

- 9.1 None at this current time, but integration of ICT systems will be an important consideration.

10 PROPERTY AND ASSET MANAGEMENT IMPLICATIONS

- 10.1 Please see associated property and asset paper on the Agenda.

11 RISK MANAGEMENT

- 11.1 A risk log will be maintained on GRACE and summary of the key risks relating to success of the project are;

- ▶ Lack of engagement from stakeholders on attending workshops or responding to consultation methods
- ▶ Resources/Capacity will not allow for every single type of partner to be engaged and as a result key partners or ones crucial to success could be missed.
- ▶ Poor quality of feedback, outputs from consultation and engagement events

- 11.2 In managing the risk the project group will meet monthly too address any major issues that arise. Existing risks are mitigated with a clear budget set for the project as well as stakeholder assessment and identification to ensure we target key partners.

- 11.3 A range of consultation methods are also being used to gather a wide range of views and then cross referenced against knowledge of partners.

- 11.4 A key risk for the development of this service is the complexity that is currently in place in the way that services are managed, commissioned and delivered.

12 EQUALITY AND DIVERSITY IMPACT

- 12.1 None

13 RELEVANT DIRECTOR'S RECOMMENDATIONS

- 13.1 To receive this report for information and express any feedback or suggestions that can help shape/inform the ongoing process.

- 13.2 Approve a Cross Party Working Group on Leisure, Health and Wellbeing managed by Democratic Services. The terms of reference for this group would be to make recommendations to the Cabinet on the Leisure, Health and Wellbeing agenda.

14 COMMENTS OF THE STATUTORY FINANCE OFFICER

- 14.1 There are currently no financial implications at this stage in the process of developing the new service delivery model.

15 COMMENTS OF THE MONITORING OFFICER

15.1 There are no concerns or issues with this report from a Monitoring Officer perspective. Please see the Legal Implications section for details of the enabling legislation.

16 BACKGROUND DOCUMENTS

16.1 There are no background papers to this report

17. APPENDICES

17.1 There are no appendices to this report

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