Rossendale

Subject:	Health a	and Wellbei	ing Update	Status:	For Pul	olicat	ion
Report to:	Cabinet			Date:	27 th No	vemt	per 2019
Report of:	Commu	nities Tean	ſ	Portfolio Holder:	Commu	unitie	s and Customers
Key Decision:		Forward F	Plan	General Exception		Spe	cial Urgency
Equality Impac	t Assess	ment:	Required:	No	Attache	ed:	No
Biodiversity Im	pact Ass	sessment	Required:	No	Attache	ed:	No
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1.	RECOMMENDATIONS
1.1	Cabinet to note the information on the role of district councils in contributing to the health and wellbeing of local people.
1.2	Cabinet to note the information about health structures, partnerships and priorities in Rossendale and across East Lancashire.
1.3	Cabinet to note specific health and wellbeing projects in which the council is a delivery partner.
1.4	Cabinet to ensure representation and attendance at key local health partnerships to influence services and secure resources for the borough and improve the health and wellbeing of local people.

2. PURPOSE OF REPORT

2.1 To update members on the latest health and wellbeing initiatives, projects and partnerships operating within Rossendale and/or affecting Rossendale and encourage member involvement in relevant partnerships and projects.

3. CORPORATE PRIORITIES

- 3.1 The matters discussed in this report impact directly on the following corporate priorities:
 - A proud, healthy and vibrant Rossendale: our priority is to ensure that we are creating and maintaining a healthy and vibrant place for people to live and visit.

4. RISK ASSESSMENT IMPLICATIONS

4.1 There is a reputational risk to the council if Senior officer and member contribution to the health agenda is not developed further.

5. BACKGROUND AND OPTIONS

5.1 Role of District Councils

5.1.1 The expectations of local government to deliver on health outcomes have increased enormously in the last decade with a recognition that no one organisation can effect lasting change on its own. The Prevention and early intervention agenda is critical to addressing physical and mental health issues in partnership. The pace of change is fast with NHS England driving transformational and sustainable change across the health and social care system.

The health of local residents is primarily determined by factors other than health care. District councils have a key role to play in keeping people healthy with a distinct, local role in

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service provision, economic development, planning and helping to shape and support communities. We are in a good position to influence many of these factors through our key functions and wider role supporting communities and influencing other bodies.

Rossendale Borough Council is already committed to improving the health and wellbeing of its residents as reflected in the corporate priority, A proud, HEALTHY and vibrant Rossendale.

The council's contribution to health is via three separate channels – how we Influence, how we enable and what we deliver.

5.1.2 **INFLUENCE** – Rossendale council has a well established Health and Wellbeing partnership which meets quarterly and has members from a wide variety of organisations including Department of Work and Pensions, NHS, East Lancs Clinical Commissioning Group, Rossendale Leisure Trust, Citizens Advice, Raft, The Greenhouses, the hospice and local councillors. Using public health data and local knowledge, it sets priorities for the partnership.

Council Officers and the Portfolio Holder for Health are members of the Primary Care Network (Community) established formally in July 2019 as part of the overall NHS agenda for England. See para 5.2.1 for more detail of Rossendale's Primary Care networks.

Officers also attend district health leads meetings at County Hall and East Lancs health leads meetings chaired by Dean Langton, Chief Executive of Pendle borough council. Through these channels Rossendale Council is able to keep up to date with health changes, plans and initiatives, can influence them and ensure Rossendale gets its fair share of resource.

- 5.1.3 **ENABLE –** functions of district councils which enable improved health include;
 - Economic Development . A strong local economy is associated with a wide range of better health outcomes. Bringing jobs and investment into the borough is vital e.g. Rossendale Works project, THI Bacup, Future High Streets.
 - Planning influences health and wellbeing through the local plan and influencing more affordable homes and appropriate use of Section 106 monies. Evidence suggests that the spatial environment affects people's physical and mental health. Planning can, for example, encourage active commuting through cycle lanes and it can restrict access to unhealthy food outlets.
 - Community Engagement district councils play an important role in strengthening social networks and community centred approaches to health and these approaches have been shown to have strong and direct links to health e.g. Living Well, Living Better project and its legacy which addressed issues of isolation and loneliness.
- 5.1.4 **DELIVER –** Many district council services have a direct impact on the health of local people.
 - Housing housing advice and homelessness, rogue landlord schemes, disabled facilities grants, influencing private sector landlords, working on bringing empty properties back into use, commissioning affordable warmth schemes and home improvement services for the most vulnerable. Access to good quality housing is critical to good mental and

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physical health.

- Leisure and green spaces maintenance and development of parks and open spaces e.g. cycle way, Stubbylee park pump track and playground. Physical inactivity is one of the biggest health challenges facing us as a nation. In Rossendale over 20% of our residents do less than half an hour's physical activity a week.
- Environmental health air and noise pollution, food hygiene in take aways and restaurants, pest control, contaminated land, housing conditions.

The King's Fund has undertaken a lot of research in this area and recommends that district councils need to:

- Ensure their actions have a positive effect on public health
- Ensure their actions are cost effective and, where possible, offer a positive return on investment understand the cost effectiveness of e.g. environmental health interventions
- Take on a more enabling role in the health of their citizens and communities e.g. focus on connecting people to community resources, information and social activities
- Innovate in services and in their delivery.

The council also takes the health of its staff seriously and supports public health initiatives where it can. There is currently a healthy lifestyle club, a running club and subsidised yoga for staff to engage with and the council has supported the White Ribbon Campaign - outlawing violence against women and the recent Suicide Prevention Day.

5.2 CURRENT HEALTH STRUCTURES, AIMS, PRIORITIES, LOCAL ORGANISATION

5.2.1 STRUCTURES AND MEMBERSHIP

At the top of the health structures is Lancashire and South Cumbria Integrated Care Partnership and under that there are 5 Integrated Health and Care Partnerships, one of which is Pennine Integrated Health and Care Partnership, which covers Rossendale. Membership of this is East Lancashire Hospitals Trust, East Lancs Clinical Commissioning Group, Blackburn with Darwen Clinical Commissioning Group, Lancashire Care Foundation Trust, Lancashire County Council, Blackburn with Darwen council.

Both BwDCCG and ELCCG have a Local Care Partnership. The ELCCG Local care partnership has an East Lancs District councils' representative which is currently Dean Langton, Chief Executive, Pendle Borough Council.

The ELCCG Local Care Partnership consists of 9 Primary Care Networks(PCNs) of which Rossendale has 2, West and East. Rossendale East PCN covers a population of 31K and the Rossendale West PCN a population of 39K. PCNs were formalised from 1.7.19.

Each PCN has a clinical lead, West is Dr. Abdul Mannan from Haslingden and East is Dr. John O'Malley from the Irwell practice in Bacup.

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In Rossendale the 2 PCNs meet monthly as one. Every other month the first hour of the meeting is known as PCN Community and the membership includes RBC, Rossendale Leisure Trust, Police, Fire and Rescue, Patient representatives, Children and Families wellbeing service and Burnley, Pendle, Rossendale Council for Voluntary Services, as well as local G.P.s, Practice Managers and other medical professionals. The current chair of the PCN Community is Ken Masser, RLT. Rossendale council representatives are Stephanie Thornton/Alison Wilkins and there is a place for the portfolio holder for Health and Communities Cllr. Steve Hughes and the Health Champion, Cllr. Sue Brennan.

Current work includes oversight and governance of the Together an Active Future Sport England pilot, led by Rossendale Leisure Trust, which will bring c£330k into Rossendale in the next 12 months to encourage people to be more active. Another piece of work is the provision of information on support service available to help avoid excess winter deaths.

Rossendale Health and Wellbeing partnership is seen as the consultation and engagement arm of the PCNs – the exact nature of the relationship and the joint setting of priorities for Rossendale is being explored.

5.2.2 AIMS OF THE NEW STRUCTURES

The Pennine Lancashire Integrated Health and Care Partnership has a branding of 'Together a Healthier Future'. It is closely aligned to the NHS long term plan whose aims which relate to district councils include:

Strengthening neighbourhoods aligned to Primary Care Networks WITH:

A strong focus on meeting the needs of local populations working in partnership with local authorities

5.2.3 **PRIORITIES**

Each of the Rossendale PCNs have an Annual Plan (Maturity Matrix) which includes details of the practices in each area, demographic information, health information, vision and values, engagement plans and actions to be completed.

Neither of the Rossendale PCNs have developed a formal action plan as such and their initial focus has been securing membership, identifying leadership and putting in place a couple of necessary work streams. More things will emerge, but from the documentation published by NHS England concerning PCNs in due course.

Agreement has been secured for each PCN to employ a Social Prescribing link worker, 2 for Rossendale. The role of these workers will be to connect patients with non clinical wellbeing services, particularly those delivered through the voluntary, community and faith sectors.

Later in this year work will being to look at **tackling Neighbourhood inequalities** which will involve the local authority and other partners.

5.3 CURRENT HEALTH INITIATIVES AND PROJECTS WHICH ROSSENDALE COUNCIL IS INVOLVED IN:

5.3.1 Healthy Place, Healthy Future. Blackburn with Darwen and East Lancashire local authorities have been successful in a bid for funding to address childhood obesity. Work areas include:

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Creating a social movement for improved health and wellbeing in some of the most deprived communities: Greater awareness of the impact of advertising on food choices; Improved access to affordable healthier food choices for all; consideration of location of takeaways; Greater involvement of local businesses in improving the health of local residents through social responsibility. The programme will also include training for members on health related issues.

- 5.3.2 Together an Active Future a Sport England pilot across Pennine Lancashire looking at the reasons for physical inactivity and ideas for helping people to become more active. The Communities team is part of the steering group for this work an initial plan has been submitted end August 2019. Funding for Rossendale for this work is around £330k initially with the possibility of more for roll out of successful ideas.
- 5.3.3 Summer holiday food project this issue is the subject of an Overview and Scrutiny review. A pilot project was developed by the Communities team with 6 local schools to encourage some of our most vulnerable families to register for help with food over the summer holidays. We worked with 50 families and over 100 children in a variety of different ways and an evaluation report has been produced to inform future work.
- 5.3.4 East Lancs health leads group- a newly formed group led by the Chief Executive of Pendle council to ensure the smooth introduction of work between local authorities and primary care networks to maximise resources and services for our areas.
- 5.3.5 Healthy weight declaration an initial audit is being carried to capture what activities, influenced, enabled or delivered by district councils already contribute to this. Councils are being asked to sign the Healthy Weight Declaration.
- 5.3.6 CLAHRC (Collaboration for Leadership in Applied Heath Research and Care) Project- this project focuses on Worsley ward in Haslingden and is part of a partnership led by North West Universities and partners, including Rossendale Borough Council. The overall aim is to address health inequalities working with local residents across the North West. In Haslingden a group of Resident Advisors has worked with partners including the Communities Team to look at issues impacting on loneliness and social isolation and some environmental issues. The group has recently produced an animation that details the results of their local consultation on transport issues, and have held a workshop with transport partners to see how some of these issues can be addressed.
- 5.3.7 Rossendale Works Rossendale Works helps people who are job ready to seek placements and employment. Now that work is complemented by Rossendale Futures, which provides a holistic approach to improving participants' wellbeing by offering free activities. In the first 12 months, Rossendale Works helped 80 people into activities, 27 into employment, 32 into placements. Many more were also engaged in community activities. In Bacup, the project introduced chill and chat sessions at Shenkido Yoga, boxing and snooker at the A, B and D Centre and is in negotiation with Pioneer Community Health Studio about multi-weights sessions.
- 5.3.8 The Hyndburn, Ribble Valley and Rossendale Children's Partnership is led by Rossendale

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council's communities team. They have recently organised, and received very positive feedback for, a workshop to consider Preventable deaths in children under 1 following the publication of figures showing 37 preventable deaths in the past 3 years.

COMMENTS FROM STATUTORY OFFICERS:

6. SECTION 151 OFFICER

6.1 Any financial implications will be contained within existing budget resources.

7. MONITORING OFFICER

7.1 No additional comments.

8. POLICY IMPLICATIONS AND CONSULTATION CARRIED OUT

8.1 A Proud, healthy and vibrant Rossendale is one of the Council's 3 corporate priorities. There is increasing recognition of the wider determinants of health - a diverse range of social, economic and environmental factors which influence people's mental and physical health. Factors such as the quality of the built and natural environment, educational attainment, income, employment and crime all affect people's health and wellbeing. There is a recognition that no one organisation can effect lasting change on its own and local government, including district councils, have a key role to play to deliver on health outcomes.

9. CONCLUSION

9.1 It is essential that Rossendale Borough Council engages with the emerging local health partnerships and priorities to influence services and secure maximum resources for the borough to begin to address health inequalities and help identify early interventions and prevention projects to be delivered jointly with partners.

No background papers

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