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Subject:	Health and Wellbeing Funding	Status:	For Publication		
Report to:	Cabinet	Date:	3 <sup>rd</sup> December 2008		
Report of:	Executive Director - Business				
Portfolio Holder:	Communities and Neighbourhoods				
•	Key Decision: No   Forward Plan General Exception Special Urgency				

# 1. PURPOSE OF REPORT

1.1 To provide an update on progress being made in relation to funds provided for the purpose of improving health and reducing health inequalities in Rossendale.

# 2. CORPORATE PRIORITIES

- 2.1 The matters discussed in this report impact directly on the following corporate priorities and associated corporate objective.
  - Improving health and well being across the Borough (Health, Housing)

# 3. RISK ASSESSMENT IMPLICATIONS

3.1 All the issues raised and the recommendation(s) in this report involve risk considerations as set out below:

Funding programmes need to be correctly managed otherwise there is a potential risk the funding could be withdrawn. In addition in implementing the various projects there is a risk they will make little or no impact on reducing health inequalities. A robust performance management system is therefore in place to evaluate the success and monitor progress.

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# 4. BACKGROUND AND OPTIONS

- 4.1 The World Health Organisation (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.
- 4.2 Rossendale has been identified as a Spearhead Authority. This because it falls within the lowest fifth of local authorities for the following indicators:-
  - Male life expectancy at birth
  - Female life expectancy at birth
  - Cancer mortality rate among people aged under 75
  - Cardiovascular disease mortality rate among people aged under 75
- 4.3 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.
- 4.4 The determinants of health are many and varied and each specific disease or condition is affected by many determinants. These determinants are widely agreed to include the following broad areas:-
  - People's characteristics e.g. gender, age, hereditary factors
  - Lifestyle e.g. diet, physical activity, smoking, alcohol, drug use
  - Community factors e.g. contact with neighbours, friends, faith groups
  - Local economy e.g. employment, markets, financial situation
  - Activities of people with whom people comes into contact e.g. working, shopping, moving, playing, learning
  - Built environment e.g. buildings, places, streets, houses, the indoor environment
  - Natural environment e.g. air, water, land, natural habitats, the outdoor environment
- 4.5 These determinants either support or provide hazards to people's health. The impact of these factors will vary from person to person. Adverse effects can be evident in diseases or conditions, often dependent upon the individual's capacity to respond to those factors. Those people from less advantaged backgrounds will often suffer the consequences of ill health to a greater degree than people from advantaged backgrounds. This can become evident in health inequalities.
- 4.6 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

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healthier lifestyle. The Council and its partners carry out a wide range of activities that affect the determinants of health. In order to reduce health inequalities, extra work is needed in relation to those less advantaged sectors of the community. This has been supported by work recently published by the World Health Organisation's Commission on Social Determinants of Health in their report entitled "Closing the gap in a generation".

4.7 As a consequence of the Spearhead status, and the poor health and health inequalities associated with that status, a number of funding opportunities have occurred. These will enable this extra work to be commissioned and undertaken. The following sections provide an update on the funding sources, work undertaken and work planned.

## 4.8 <u>Communities for Health</u>

4.8.1 The introduction to the Healthy Communities publication states the following:-"Everyone knows that prevention is better than cure. Community and individual wellbeing is fundamental to health. Delivering the strategies in housing, social care, leisure, planning, environment and other key services that can underpin healthy communities is a vital challenge for local authorities. But the role of local authorities goes much further. They play a central role in reducing health inequalities and ensuring that health care, social care and health improvement strategies reflect local needs". The following details show what income has been received and how it has been spent so far:-

#### Income

Funds received from Department of Health in 2006-7 - £97,000 Funds received from Department of Health in 2007-8 - £50,000 **Total Income = £147,000** 

### Expenditure

Title of project & agencies involved	Brief aim of project	Total paid or committed	Current status
Help for Health project (REAL)	To provide structured group therapy in which patients with mental health issues can learn to understand and manage their various problems and to encourage and motivate and empower participants to return to realistic and meaningful functioning/ employment.	£20,000	Ongoing
Passport to Work Scheme (Environmental Health, Connexions, Burnley College)	To provide a group of 16-18 year old people from Rossendale, who are either unemployed, in temporary employment or have left full time education with limited exam success, with skills and knowledge in health & safety, customer service and building trade skills.	£8,500	One course completed. Two further planned
Health MOT (Environmental Health)	To assist in removing the barriers at work for those who wish to promote a healthy lifestyle by promoting a range of interventions which are identified by assessing through	£5,000	Ongoing

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	interviews and questionnaires those areas of need identified by the employees themselves.		
Employment of temporary Healthy Workplace Officer (Environmental Health)	To identify good practice in developing healthy workplaces and using the workplace as a health promoting setting. To organise, promote and implement a range of initiatives working with colleagues form other agencies and businesses themselves.	£31,500 (Jan 2008- March 2009)	Ongoing
Project Support	To ensure evaluation and continued delivery of all health related projects.	£31,000 April 2009 – July 2010)	Planned
Access to Leisure	Project targeted at groups relating to specific health inequality areas with links to Active People funded project (see below)	£40,000	Planned
Energy Efficiency Promotion (Environmental Health, Housing Strategy,)	To develop and promote a domestic energy efficiency scheme through hiring and staffing a promotional vehicle to bring the project to the attention of the community close to their homes, together with promotional materials.	£1,000	
	Total expenditure	£147,000	

# 4.8.2 East Lancs. PCT Funding

In 2008, the ELPCT agreed to award Rossendale Borough Council a total of **£156,000** for the purpose of advancing a number of schemes aimed at protecting and improving health.

The funds are allocated for the following projects and all are due to commence in 2009:-

Title of project & agencies involved	Brief aim of project	Total paid or committed
Affordable warmth (RBC)	To provide funding for home energy efficiency, reduce fuel poverty and reduce carbon dioxide emissions	£40,000
Alcohol – Intervention training (ELPCT)	To provide brief intervention training for tier one workers i.e. front line staff or managers. Perhaps delivered across East Lancashire	£15,000
Small Grants Scheme (LSP)	To provide a small grant scheme administered by the LSP Health & Wellbeing Group	£4,000
Healthy Eating (Food Forum)	To encourage healthy eating through the development of the plots, pots and pans project and other healthy food initiatives	£20,000

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Workplace Health (RBC)	To develop and implement work place health initiatives both within the Council and throughout the Borough	£20,000
Active People (RLT)	To encourage physical activity within target groups and communities – project is linked to Access to Leisure programme listed above	£18,000
Joint Working (ELPCT)	Ringfenced 25% for joint working	£39,000
	Total expenditure =	£156,000

### 4.8.3 LifeChecks Scheme

The LifeCheck initiative, led by the Department of Health (DH) involves the promotion of a web-based information system aimed at providing one-to-one resources for people to answer questions and obtain tailored information that will help them improve their lifestyle and thereby their health. The DH have provided £70,000 to all Spearhead Authorities to promote the roll-out of the initiative in their areas.

Initially, two products have been launched aimed at Early Years (5-8 months) and Teens (12-15 years) and will be launched Nationally early in 2009. A third product, aimed at Mid-life (40-60 years) will be piloted next year with the intention of being launched in mid 2009. Further products, covering other age groups, are proposed for introduction in later years.

Local Authorities have been granted the funds in order to promote the initiative locally. This initiative will complement work on the Healthy Workplace Scheme, other Communities for Health initiatives, the ELPCT SMYL campaign and a range of Government initiatives e.g. Obesity4Life and the forthcoming Cardiovascular campaign.

Initiatives are being developed alongside other Pennine Lancashire Authorities and the ELPCT to make best use of resources. The following initiatives are currently being developed to implement the LifeCheck scheme in Rossendale.

Initiative	Purpose	Approximate cost
Establish and operate a local steering group	To ensure that all available knowledge and communication links are utilised for the promotion.	£2,000
Directory of local facilities	To provide a local link for people using the software to be able to find out what facilities are available locally.	£1,000
Develop a Marketing Plan and promotional materials	To co-ordinate the publicity and promotion of the campaign. This will be a joint activity with other Pennine Districts and ELPCT.	£10,000
Identify a range of outlets where IT facilities can be installed	To make the initiative available as widely as possible but ensuring privacy, safety and accessibility for all.	£10,000

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Purchase and equip a mobile promotional unit (projected lifespan 3-5 years)	To provide access to the LifeCheck Initiative to all areas of the community where IT facilities cannot be readily made available on permanent premises. This facility can be used for a wide range of other purposes and further LifeCheck products in the future.	£20,000
Provision of one-to- one support at IT facilities	Experience on pilot projects elsewhere indicates that use of the product is best achieved where there is the provision of one-to-one support to help overcome IT, language or literacy issues and to help explain what the information means.	£25,000
Monitoring and Evaluation	To check the take-up of the scheme locally and feedback to DH on success.	£2,000

There is a strong likelihood that, should the initiative be a success nationwide that additional products will be designed and delivered and that further funding may become available.

4.8.4 Schemes have been designed specifically to target areas of greatest health inequality. Some work e.g. Health MOT has been piloted in other businesses in order to ensure the process works. Monitoring and evaluation is built into each scheme so that we can quantify the difference that has been made.

The schemes funded as described in this report are integral to the implementation of the Council's Health and Wellbeing Strategy. In order to ensure transparency of use of funds and of the achievements made, it is proposed to report to a meeting of the Council's Scrutiny Committee annually.

## 4.9 <u>Governance</u>

In order to ensure that initiatives are co-ordinated, provide value for money and are designed and implemented in accordance with best practice, the schemes within the scope of this report will be overseen by a subgroup of the Health and Wellbeing Theme Group of the Local Strategic Partnership. Regular overview of the schemes will be undertaken and outcomes reported both to the LSP Board and also, in relation to individual projects undertaken by the Council, to the Executive Management Team. In addition feedback on the achievement of the health and wellbeing strategy will include updates on projects delivered.

#### 4.10 Health Impact Assessment Process

In order to ensure that health and wellbeing are protected and improved in the future and health inequalities continually reduced, an approach is needed to make sure future policies and strategies do not contradict this aim. By designing and implementing a Health Impact Assessment process, this will enable the potential health risks and benefits entailed in any development, policy or strategy to be identified and the health dimensions of those decisions to be understood. This will emphasise the need to:-

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- Work towards sustainable development
- Aim for fairness and equity for all
- Target disadvantaged and marginalized groups
- Encourage the full participation of those likely to be affected by the policy, programme or project.

The recently approved Health Campus project was subject to a Health Impact Assessment process and the learning achieved through that process will inform the design of a Council process. A report will be presented in the future detailing the process.

# **COMMENTS FROM STATUTORY OFFICERS:**

## 5. SECTION 151 OFFICER

5.1 Financial implications have been noted in the report and indicate that expenditure equates to available resources.

## 6. MONITORING OFFICER

6.1 No Monitoring Officer comments.

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

7.1 There are no HR implications.

# 8. CONCLUSION

8.1 A number of funding opportunities have become available. These can be used for interrelated projects all aimed at protecting and improving health and enabling people to take more responsibility for their own health and that of those for whom they provide care.

## 9. **RECOMMENDATION(S)**

9.1 That the progress being made in use of funding for health initiatives be noted.

# 10. CONSULTATION CARRIED OUT

10.1 Consultation has been undertaken with the Health and Wellbeing Forum of the LSP, with the Public Health lead of the ELPCT and with other Authorities and the Department of Health in relation to the LifeCheck initiative.

## 11. EQUALITY IMPACT ASSESSMENT

Is an Equality Impact Assessment required No

Is an Equality Impact Assessment attached No

## 12. BIODVIERSITY IMPACT ASSESSMENT

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Is a Biodiversity Impact Assessment required No

Is a Biodiversity Impact Assessment attached No

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Background Papers				
Document	Place of Inspection			
Health Profile 2008. Rossendale. North West Public Health Observatory Closing the gap in a generation. Commission on Social Determinants of Health. Final Report. WHO 2008. Building Healthy Communities. Improvement and Development Agency for local government. Healthy Communities Flyer. 2008 Saving a Million Years Life (SMYL) – see www.savingamillionyears.eastlancspct.nhs.uk	Environmental Health Service Stubbylee Hall Stubbylee Lane Bacup OL13 0DE			

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