Report to Health and Overview Scrutiny Committee (HOSC) - 4 February 2016

<u>'The District Council Contribution towards Health and Wellbeing in Oxfordshire'</u>

Background

- 1. Oxfordshire is currently in discussion with Government with regard to a Devolution Proposal for Oxfordshire. The proposal has three key strands:
 - Planning Infrastructure and Housing
 - Business and Skills
 - Health and Social Care
- 2. The proposals, in particular for Health and Social Care element, are still at an early stage of development.
- 3. At the HOSC meeting in December 2015 there was a discussion about the Devolution proposals and as a result it was requested that there be an item at this meeting, to consider the Oxfordshire district council roles in health and wellbeing.

The Health and Wellbeing Board Priorities

- 4. A summary of the priorities for the Oxfordshire Health and Wellbeing Strategy is set out in Annex 2. The delivery of these priorities are overseen by the:
 - Children's Trust Partnership
 - Joint Management Groups (for Older People, Mental Health etc)
 - Health Improvement Board
- 5. The district councils clearly have a role in delivering some of these priorities but this is very much in its infancy of being defined. There has not as yet been a meaningful discussion about what this may involve and how this will be funded. It is therefore opportune that a recent report has been produced by the Kings Fund which makes a number of recommendations in taking this area of work forward.

The Kings Fund Report

6. The District Council Network (DCN) commissioned the Kings Fund by to undertake an assessment of the role of district councils in improving the health of their citizens and communities. The report 'The District Council contribution to public health: a time of challenge and opportunity' was published in 2015. It focuses on district councils' role in promoting public health through some of their key functions and enabling roles. The link to this report is below.

http://www.kingsfund.org.uk/sites/files/kf/field/field_publication_file/district-council-contribution-to-public-health-nov15.pdf

- 7. The report highlights both the current contributions of districts to the health and wellbeing of our communities and the potential for even greater district impact on local health outcomes.
- 8. District Councils have a long and proud history of providing public health services and supporting positive health outcomes for our communities. Recent proposals for devolution emphasise the need for clarity and recognition of the roles districts play in ill-health prevention, and greater understanding of the opportunities for increased collaboration and integration presented by devolution.
- 9. The key messages and recommendations presented by the report provide a direction of travel for establishing districts in the mainstream of health and social care policy for the future.
- 10. The report provides case studies illustrating some of the innovative and collaborative approaches taken by districts and providing examples of the possibilities for district-led innovation (including the Ladygrove 'loop' a 2.4 mile integrated walking, running and fitness route developed by South Oxfordshire).
- 11. The district councils in Oxfordshire all provide core services which support health and well- being. They also provide a variety of other services, primarily aimed at the different needs within their communities. Therefore there is not a 'one way' of doing things. Annex 1 provides a summary of the various activities that are provided by district councils across the county.

The district council offer to public health



(Fig 1: Kings Fund Report: The District Council contribution to public health: a time of challenge and opportunity 2015)

The Core District Functions

12. The core district council functions include:

- Housing, in particular affordable housing: housing costs "are the most important factor in the relationship between housing and poverty" and, as is widely recognised, the demand for affordable housing is a significant issue in many areas of the country – and especially in Oxfordshire.
- <u>Reducing homelessness</u> on average homeless people's health costs are four times those of non-homeless people.
- Home adaptations: With almost half of all accidents occurring in the home, home adaptations to mitigate against trips and falls provide significant potential savings to the health services: for example, the hospital cost of a hip fracture is over £16,000 in the first two years.
- <u>Leisure services</u> provided by districts are a central element. Sport
 England's analysis estimates annual savings of £1.7bn to the NHS
 through sport, along with wider benefits to the economy an innovative
 use of green spaces through schemes such as walks to health, park
 runs, and green gyms all provide significant health benefits, with
 access to green spaces being recognised as important to mental as
 well as physical health. Some district councils have arts and cultural
 services which can also provide significant benefits for health and
 wellbeing.
- Environmental Health including functions such as monitoring and managing local air quality, noise nuisance, food safety, enforcing the smoking ban, ensuring compliance with occupational health and safety regulations, pest control, and dealing with contaminated land, among others.

The District Council's Enabling Role

- 13. Alongside the fundamental contributions made by services such as these, the report also highlights the importance of the enabling roles provided by district councils, specifically in three main ways:
 - <u>Planning:</u> the impact of planning and sustainable development of neighbourhood infrastructure has a significant bearing on physical, social and mental health. Through taking into account factors such as open space, air quality, connectivity, active commuting and so forth planning plays a crucial enabling role in local health outcomes.
 - <u>Economic development</u>: the importance of a strong local economy to health outcomes is identified by the report, particularly through the benefits of employment for the health of individuals, families, social networks and communities. District councils' key role as drivers of growth is thus central to this relationship.
 - <u>Engagement with communities</u>: Supporting social capital by strengthening social networks and community centred approaches to health, particularly through greater volunteer involvement in health care support

Current funding for health and wellbeing activities

- 14. District Council funds originate from two main sources a grant from central government and locally generated income through Council Tax. Securing additional income is increasingly reliant on the New Home Bonus and the business rates retention scheme. A number of grants and sources of income are available for specific purposes. The ongoing switch in the source of revenue has important effects on district councils and their actions.
- 15. Because of recent changes in budgets the district councils in Oxfordshire are dependent upon funding from Oxfordshire County Council to deliver Supported Housing to those who are homeless or at risk of homelessness and the Disabled Facilities Grant. Any reductions in these funding will have significant impact on health.
- 16. Whilst the reduction in Government grant increases uncertainty (and the need to generate more income to compensate) it also means that district councils have more influence over their revenue and this incentivises activities such as planned house building and economic development. This activity and how it is planned will have a knock on effect on health.

The Kings Fund Report: Key findings for future development

- 17. Public health reform and localism create opportunities for districts' contributions to health and wellbeing to be more integrated and embedded in future public health systems.
- 18. The report recommends that to assist in this integration, districts require a more robust evidence base of return on investment from their actions on public health, in order to influence and inform health policy decisions.
- 19. In order to achieve this integration into mainstream health policy, the report sets out three key factors for districts to focus upon:
 - To continue to lead innovation in services and their delivery
 - To strengthen their enabling role in the health of their communities
 - To better demonstrate effectiveness and return on investment
- 20. A key recommendation in the report is that the Clinical Commissioning Groups (CCGs) and county councils should include district councils when discussing alignment as one key part of the 'out-of-hospital care' system and to ensure that district councils are a key partner in improving the relationship between the health and social care system and the community.
- 21. In Oxfordshire we are well set for district councils to play a coordinated role in delivering health and wellbeing. Oxfordshire Health and Wellbeing Board has two District Council Executive Board Members represented on the Board and there is an Oxfordshire Health Improvement Board which includes all of the District Councils and which is Chaired and Vice Chaired by the District Councils.

- 22. District Councils are also developing links with their Clinical Commissioning Locality Groups, to better understand their needs and to look at how district services may be better used, for example social prescribing. These connections will be valuable as a precursor to the changes being proposed.
- 23. District councils also work closely with Oxfordshire Sports Partnership and the Oxfordshire Arts Partnership which support the delivery of sports and cultural activities using external funding.

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Partnership Development Manager
On behalf of Oxfordshire District Councils

13 January 2016

Annex 1

Summary of Priorities for the Oxfordshire Health and Wellbeing Strategy

Children's Trust

Priority 1: All children have a healthy start in life and stay healthy into adulthood

Priority 2: Narrowing the gap for our most disadvantaged and vulnerable groups

Priority 3: Keeping all children and young people safe

Priority 4: Raising achievement for all children and young people

Joint Management Groups (for Older People, Mental Health etc)

Priority 5: Working together to improve quality and value for money in the Health and Social Care System

Priority 6: Living and working well: Adults with long term conditions, physical or learning disability or mental health problems living independently and achieving their full potential

Priority 7: Support older people to live independently with dignity whilst reducing the need for care and support

Health Improvement

Priority 8: Preventing early death and improving quality of life in later years

Priority 9: Preventing chronic disease through tackling obesity

Priority 10: Tackling the broader determinants of health through better housing and preventing homelessness

Priority 11: Preventing infectious disease through immunisation

Health Improvement Board some key activities undertaken in 2015-16

A Healthy Weight Strategy and Action Plan has been agreed which is currently in the process of review. The district councils have undertaken a thorough review of the services that they provide. An Action Plan is in the process of being drafted and this is likely to include a number of actions for district councils.

The **Public Health Campaigns** report: looking at how the members of the Board can support public health campaigns. As a result district councils have agreed to support these campaigns on websites, newsletters and through the local community partnerships and health groups.

The **Supported Housing Budget**: There has been a reduction by the County Council in the Supported Housing Budget. This has resulted in the need to redesign the provision of housing support services. Since then further cuts have been announced to this budgets and it is clear that this will need to be an urgent issue for the Board to address in the next few months.

The **Young People's Supported Housing Pathway**. It has been agreed that the Board will oversee the delivery of this service. This service is seeing a substantial increase in demand and has difficulty in identifying enough suitable accommodations for vulnerable young People. This will be an on-going priority for the Board.

District Council activities to Promote Health and Wellbeing January 2015

| Promoting healthy activities | Why are we doing it? | |
|---|--|--|
| Promoting healthy activities | willy are we doing it: | |
| Promoting health and active lifestyles | | |
| The provision of: parks, pitches, play areas, skate parks, swimming pools, street sports, ice-rinks and countryside provision. | To promote healthy and active lifestyles for all children and young people. To facilitate people to become more physically active in order to promote health and wellbeing. | |
| The provision of community facilities and community centres which may well be able to accommodate healthcare provision (e.g. new Rose Hill Community Centre in Oxford). | To promote access to health and wellbeing by enabling people to use services within their local communities. | |
| Targeted activities in sports centres and community venues(e.g. swimming and fitness classes) There is some subsided provision for families on low incomes. To encourage those who may not be able to afford it to access sports and activities. | To increase the number of people taking part in physical activity in order to preventing long term health conditions. | |
| Health Walks | To facilitate people to become more physically active in order to prevent/recover from long term conditions and obesity and to remain physically active for longer into old age. | |
| Dance for Young People and Older People | To enable, encourage and empower people to be physically active, learn new skills and enjoy the social aspect of dancing. | |
| Promoting volunteering and community engagement | | |
| Volunteering in the local area. | To help people to engage and benefit from volunteer activities which is one of the "Five Ways to Wellbeing". | |
| Community grants for services that directly or indirectly benefit vulnerable groups. | To promote healthy and active lifestyles for all. To increase the number of people who feel they are valued members of the community. | |
| Support to Oxfordshire Council for Voluntary Action / Oxfordshire Community First – to enable them to provide support to voluntary and community groups. | To support and advice voluntary and community groups who provide support people e.g. healthy lifestyle activities and economic inclusion. | |
| Grant funding to sports clubs and associations. | To promote healthy lifestyle activities and to strengthen communities through voluntary action. | |
| Raising awareness of local need and promotional | | |
| To actively engage with other agencies and partnerships, to promote local need and coordinate the delivery of services. | To ensure that local services meets local needs and reduce inequalities. | |
| Information dissemination of public health messages Working with partners to promote their public health activities and campaigns e.g. Fostering | To enable children, young people and families to access the services that they need. To promote healthy life styles and choices. | |

| and Carers Campaigns. | | |
|---|---|--|
| Employee Assistance Programs and Work Fitness | To improve the quality of life and to promote | |
| Schemes | healthy lifestyles amongst staff. | |
| Promoting access to education, training and employment | | |
| Working with partners to promote life-long | To improve life opportunities and promote | |
| learning, training and employment initiatives, | healthy lifestyles. | |
| especially for particularly vulnerable groups. | To promote financial inclusion and to mitigate | |
| Support to Job Clubs. | the impact of poverty on poor health. | |
| To work with partners to support NEETs the | To improve life opportunities. | |
| delivery of the NEETs/NILs Action Plan. | To promote financial inclusion and to mitigate | |
| delivery of the NEETS/NIES Action Flam. | the impact of poverty on poor health and diet. | |
| Provision of good quality housing | the impact of poverty on poor nearth and diet. | |
| Regulation of private sector housing and Houses | To ensure families and individuals live in | |
| in Multiple Occupation. | appropriate housing that is safe and not over- | |
| · · | crowded. | |
| Planning and Older People's Housing Strategy | To ensure that older people can access | |
| and Housing Allocations Policies. | appropriate housing. | |
| Provision of housing for people with special | To ensure a suitable pool and range of properties | |
| needs and Extra Care Housing | to people with physical disabilities and care | |
| | related needs related to aging. | |
| Sheltered accommodation | Provision of suitable accommodation to enable | |
| | older people to maintain independent living. | |
| Advice and information on housing choices | To ensure older people live in appropriate | |
| | housing and receive related support and | |
| | information to assist them to maintain | |
| | independent living and reduce the likelihood of | |
| | hospital admission. | |
| Support for Home from Hospital Scheme | Helps people to achieve full rehabilitation and | |
| | regain independence, also enables quicker | |
| | discharge from hospital. | |
| Occupational Therapists | To assess the need for and specify adaptations | |
| | for people with disabilities. | |
| Disabled Facilities Grants | To help provide adaptations for disabled people | |
| | which help them to stay in their own homes. | |
| Essential Repairs Grant for people living on lower | To help with home repairs and to enable people | |
| incomes living in private accommodation. | to remain in their own home. | |
| Licencing of Houses in Multi Occupation | To ensure those living in private rented | |
| | accommodation are living in safe, secure | |
| | accommodation and that they are not | |
| | overcrowded. | |
| Promotion of Affordable Warmth Initiatives | Reduced deaths from cold and reductions in fuel | |
| | poverty which is associated with poor health. | |
| Tenants at Risk Team working with the Thriving | Working with vulnerable families to prevent | |
| Families. | them from becoming homeless. | |
| Planning and transport | | |
| Ensuring adequate transport links, promotion of cycling and walking schemes | To promote healthy activities and wellbeing. | |
| To design sustainable communities and promote | To promote healthy lifestyles and ensure | |
| life- long housing | accommodation is suitable for older people and | |
| | those with disabilities. | |

| Grant aid to Shop Mobility / subsidised transport | To improve access to services. |
|---|--|
| schemes | |
| Community safety and safeguarding | The first of the second of the |
| Safeguarding awareness raising, reporting | To keep children and adults at risk safe from |
| incidents and concerns and the provision of | harm and to promote their health and wellbeing. |
| information, advice and training for staff and volunteers. | |
| Reduce fear of crime which is particularly | Target hardening of properties. Raised |
| prevalent amongst older people. | community awareness and reduced stress and |
| prevalent amongst older people. | anxiety. |
| Community safety advice and support. | Talks to community groups on personal safety. |
| To raise awareness about Child Sexual | To keep children and young people safe from |
| Exploitation, provision of information, advice | harm and to promote their health and wellbeing. |
| and support. | |
| OSCB and Multi-Agency Public Protection | To collate and share information on known |
| Arrangements (MAPPA) | offenders and to keep children and young people |
| | safe from harm. |
| To work with Domestic Violence, Alcohol and | To reduce the levels of domestic violence, to |
| Drugs Tactical Business Groups to support | improve the safety and health and wellbeing of |
| initiatives that address domestic violence. | families and children. |
| To work with other agencies to reduce human | To keep children and young people and their |
| trafficking and exploitation. | families safe from harm and to promote their health and wellbeing. |
| | nearth and wendering. |
| | |
| Night Safe | To reduce the numbers of children and young |
| | people who are under- age from drinking and |
| | smoking. |
| | To keep children and young people safe in the |
| | night time economy. |
| | To reduce alcohol related harm in the adult |
| | population including admissions to Accident and |
| | Emergency Dept for alcohol related injury or |
| Environmental Health | violence. |
| | |
| Licencing food safety and health and safety at | Ensuring that local restaurants and food outlets |
| work | provide food in a safe hygienic manner and to |
| Duraniana lianggian famala da la da da da da da | minimise work place accidents. |
| Premises licencing for alcohol and entertainment | To reduce the numbers of children and young |
| | people who are under- age from drinking and |
| Air Quality Management and reducing nellution | smoking. |
| Air Quality Management and reducing pollution | To reduce pollution and improve the quality of air and water. |
| and making sure water is safe | |
| Environmental protection, investigation of noise | To reduce noise pollution. To reduce |
| complaints | neighbourhood complaints and to improve the |
| | quality of life in communities and |
| Enforcement of smaking hans, health and enforcement | neighbourhoods To ensure safe work and leisure environments |
| Enforcement of smoking bans, health and safety at work regulations. | and reduce smoking related illness. |
| at work regulations. | and reduce smoking related lilless. |

| Identifying, preventing harmful effects from, encouraging regeneration and taking responsibility for returning contaminated land to a suitable standard. | To ensure land is not contaminated. |
|--|--|
| Pest control | To reduce mice and rat infestations and the spread of disease. |
| Resilience and Emergency Planning | To keep communities and individuals safe from serious harm. |