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| <b>CABINET MEETING – 13 MARCH 2013</b><br><br><b>EXECUTIVE SUMMARY SHEET – PART I</b>   |
| <b>Title of Report:</b><br>The Transition from Shadow to Full Health and Wellbeing Board and the Health and Wellbeing Strategy  |
| <b>Author(s):</b> Report of the Executive Director of Health Housing and Adults Services  |
| <b>Purpose of Report:</b> The purpose of the report is to set out the steps necessary to transition the Sunderland Shadow Health and Wellbeing Board from Shadow status, by establishing the Board as a Council Committee and to ask Cabinet to endorse the Health and Wellbeing Strategy.  |
| <b>Description of Decision:</b><br>Cabinet is recommended to; <ul style="list-style-type: none"> <li>1. Recommend Council to                         <ul style="list-style-type: none"> <li>1.1 establish the Health and Wellbeing Board as a Council Committee;</li> <li>1.2 approve the terms of reference of the Health and Wellbeing Board;</li> <li>1.3 approve the Health and Wellbeing Board Procedure Rules and</li> <li>1.4 authorise the Head of Law and Governance to amend the constitution to provide for the proposed delegations to the Director of Public Health,</li> <li>1.5 Endorse the Health and Wellbeing Strategy</li> </ul> </li> </ul> <p style="padding-left: 20px;">as set out in the report</p> |
| <b>Is the decision consistent with the Budget/Policy Framework?</b> <b>Yes</b>  |
| <b>If not, Council approval is required to change the Budget/Policy Framework</b>   |
| <b>Suggested reason(s) for Decision:</b> <ul style="list-style-type: none"> <li>I. The establishment of the Health and Wellbeing Board as a Council Committee and the agreement of a Health and Wellbeing Strategy are requirements of the Health and Social Care Act.</li> </ul>   |
| <b>Alternative options to be considered and recommended to be rejected:</b><br>There are no alternative options to be considered as this is a statutory responsibility.   |

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| <b>Impacts considered and documented:</b><br>Equality <input type="text" value="Y"/> Privacy <input type="text" value="Y"/> Sustainability <input type="text" value="Y"/> Crime and Disorder <input type="text" value="Y"/> |                           |
| <b>Is this a “Key Decision” as defined in the Constitution?</b><br>Yes  | <b>Scrutiny Committee</b> |
| <b>Is it included in the 28 day Notice of Decisions?</b><br>Yes   |                           |

**REPORT OF THE EXECUTIVE DIRECTOR OF HEALTH, HOUSING AND ADULT SERVICES**

**The Transition from Shadow to Full Health and Wellbeing Board and the Health and Wellbeing Strategy**

**1.0 Purpose of the Report**

- 1.1 The purpose of the report is to set out the steps necessary to transition the Sunderland Shadow Health and Wellbeing Board from Shadow status, by establishing the Board as a Council Committee, and to ask Cabinet to endorse the Health and Wellbeing Strategy.

**2.0 Description of the Decision (Recommendations)**

- 2.1 Cabinet is recommended to;

1. Recommend Council to

- 1.1 establish the Health and Wellbeing Board as a Council Committee;
- 1.2 approve the terms of reference of the Health and Wellbeing Board;
- 1.3 approve the Health and Wellbeing Board Procedure Rules and
- 1.4 authorise the Head of Law and Governance to amend the constitution to provide for the proposed delegations to the Director of Public Health,
- 1.5. Endorse the Health and Wellbeing Strategy

as set out in the report

**3.0 Introduction/Background**

- 3.1 The Health and Social Care Act gives the local authority responsibility for 5 key areas of development –
- To establish a Health and Wellbeing Board
  - To complete a Joint Strategic Needs Assessment
  - To produce a Joint Health and Wellbeing Strategy
  - To set up a local Health Watch
  - To transition public health responsibilities.
- 3.2 The Shadow Health and Wellbeing Board has overseen the production of a Joint Strategic Needs Assessment (JSNA) and draft Health and Wellbeing Strategy, has provided a forum for discussing integrating commissioning plans with the Clinical Commissioning Group and Health and Social Care providers, and has overseen the commissioning of the local HealthWatch. This provides sound foundations for the transition into full Board to meet the requirements of the Health and Social Care Act.

- 3.3 It is proposed that the principles of the terms of reference for the Shadow Health and Wellbeing Board are carried forward and become the terms of reference for the Full Board, through incorporation in the Council's constitution (as detailed in Appendix 1). It is further proposed that the operation of the board should be supported by the introduction of Health and Wellbeing Board Procedure Rules. The draft Rules are at Appendix 2. The proposals reflect the arrangements adopted for the operation of the Shadow Health and Wellbeing Board and its successful operation throughout the 2012-2013 civic year.

#### **4.0 Establishing the Health and Wellbeing Board**

- 4.1 The Health and Social Care Act states that each local authority must establish a Health and Wellbeing Board (HWBB) for its area by April 2013. The Act states that the HWBB will be a committee of the local authority. It has a statutory minimum membership which brings together key NHS, public health and social care leaders in each local authority area to work in partnership. In relation to a Health and Wellbeing Board, the requirement for political balance on local authority committees is disapplied by regulations.
- 4.2 In order to establish the Health and Wellbeing Board as a Council Committee, it is necessary to set out the Board's terms of reference and it is proposed that these are supplemented by rules of procedure in the Council Constitution to reflect the approach taken to Board business by the Shadow Board. It is proposed that an additional Article should be included in the constitution. This sets out the membership of the Board, and is at Appendix 1.
- 4.3 The position in relation to Board Members' voting rights is established by the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013. The regulations were laid before Parliament on 8<sup>th</sup> February and come into force on 1<sup>st</sup> April. These provide that no Board Member is to be treated as a non-voting member of a Health and Wellbeing Board or sub-committee, unless the local authority which established the Board directs otherwise (ie that the particular Board member should not have voting rights). Before making such a direction the local authority must consult the Health and Wellbeing Board. It is proposed that all Board members should retain voting rights with the Chair having a casting vote.
- 4.4 The Health and Wellbeing Board will not have a scrutiny function. Responsibility for scrutiny of issues related to health and wellbeing will be retained by the Scrutiny Committee, supported by the work of relevant Scrutiny Panels. These will be primarily the Health Housing and Adult Services Panel, and the Health Wellness and Culture Panel, however all panels are likely to have a scrutiny input where cross-

cutting themes are under consideration, reflecting the whole systems approach to health and wellbeing.

## **5.0 The Health and Wellbeing Strategy**

- 5.1 The Health and Wellbeing Board is required to produce and adopt a joint Health and Wellbeing Strategy (HWBS) that covers NHS, social care, public health and potentially other wider health determinants such as housing by April 2013. In Sunderland the process of developing a HWBS was delegated by the Shadow Health and Wellbeing Board to a working group consisting of representatives across the Health and Social Care System and happened over a period of a year from January 2012.
- 5.2 The development of the HWBS comes in the context of large scale change to the way public services are being delivered and in an environment of reducing resources. Although a challenge, the changing environment also offers an opportunity to fundamentally review and improve the way agencies work with residents and communities in the future, and there is a growing recognition of existing but often untapped assets and potential within communities that can enhance and complement the public sector's offering. Consideration will need to be given to our relationship with communities and how services can be delivered in the future to make best use of all resources in order to achieve better outcomes.
- 5.3 In order to meet the challenges outlined above, the HWBS has been developed to take a whole systems and assets based approach to the improvement of health and wellbeing in Sunderland. The Strategic Objectives that have been set in the strategy are ambitious and challenging. To achieve them will require a considerable change in the way that services are developed, delivered and specifically how we engage with our communities to empower them to take control over the decisions affecting their health and wellbeing.
- 5.4 The HWBS (attached at Appendix 3) aims to describe the three main components of an assets based approach to health and wellbeing, namely:
- Design Principles – those ways of working which must underpin all commissioning decisions and ultimately ways of working for which the Board holds responsibility – including consideration of the Clinical Commissioning Group's commissioning plans
  - Assets – the core assets which can be built upon in Sunderland to impact on the health and wellbeing of residents
  - Strategic Objectives – the ultimate goals of the strategy which will focus the development of high level actions and commissioning plans that will follow.

- 5.5 To develop the broad acceptance of the strategy further into formal approval, the HWBS is being taken to the Boards and management organisations of partners throughout the whole health and social care system for review and for them to sign up to the three elements outlined above. Cabinet are recommended to endorse the Health and Wellbeing Strategy.

## **6.0 Director of Public Health**

- 6.1 As a consequence of the transition of public health responsibilities into the Council, it is necessary to make provision in the council delegation scheme to reflect the statutory duties of the Director of Public Health. The proposed additional delegation is at Appendix 4.

## **7.0 Reasons for the Decision**

- 7.1 The establishment of the Health and Wellbeing Board as a Council Committee and the agreement of a Health and Wellbeing Strategy are requirements of the Health and Social Care Act.

## **8.0 Alternative Options**

- 8.1 There are no alternative options to be considered as this is a statutory responsibility.

## **9.0 Impact Analysis**

**Equalities** – The establishment of a Health and Wellbeing Board and the approval of a HWBS will positively impact on the health and wellbeing of the residents in Sunderland as it moves to achieve the vision of Best Possible Health and Wellbeing for Sunderland....by which we mean a City where everyone is as healthy as they can be, people live longer, enjoy a good standard of wellbeing and we see a reduction in health inequalities. It is also anticipated that equality analysis will be carried out at action planning stage and on all commissioning and decommissioning decisions.

**Crime and Disorder** – The successful implementation of the Health and wellbeing strategy will reduce the impact of bad health behaviours including drug and alcohol use which will have a significant impact on crime and disorder.

**Privacy** – Privacy considerations that have been identified have been taken into account when planning for the transfer of information and arrangements for access to data..

**Sustainability** – the implementation of the Health and Wellbeing strategy will provide long term and sustainable improvements around health for the people of Sunderland.

## 9.0 Relevant Considerations/Consultations

- 9.1 The shadow Health and Wellbeing Board and the Clinical Commissioning Group have both reviewed and approved the strategy as it stands.

## 10.0 Recommendations

- 10.1 Cabinet is recommended to;

1. Recommend Council to

- 1.1 establish the Health and Wellbeing Board as a Council Committee;
- 1.2 approve the terms of reference of the Health and Wellbeing Board;
- 1.3 approve the Health and Wellbeing Board Procedure Rules and
- 1.4 authorise the Head of Law and Governance to amend the constitution to provide for the proposed delegations to the Director of Public Health,
- 1.5 endorse the Health and Wellbeing Strategy

as set out in the report

## 11.0 Background Papers

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| Healthy lives, healthy people : our strategy for public health in England<br><a href="http://www.dh.gov.uk/health/2011/07/healthy-lives-healthy-people/">http://www.dh.gov.uk/health/2011/07/healthy-lives-healthy-people/</a>   | DH 2010                                |
| Health and Social Care Act 2012<br><a href="http://www.dh.gov.uk/health/2012/06/act-explained/">http://www.dh.gov.uk/health/2012/06/act-explained/</a>   | DH 2012                                |
| Healthy lives, healthy people : improving outcomes and supporting transparency: A public health outcomes framework for England, 2013-2016<br><a href="http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_132358">http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_132358</a> | DH 2012                                |
| Fair Society, Healthy Lives<br><a href="http://www.instituteofhealthequity.org/Content/FileManager/pdf/fairsocietyhealthylives.pdf">http://www.instituteofhealthequity.org/Content/FileManager/pdf/fairsocietyhealthylives.pdf</a>   | Professor Michael Marmot February 2010 |

## 12.0 List of Appendices

- Appendix 1 – Amendments to the Council Constitution
- Appendix 2 – Sunderland Health and Wellbeing Board Procedure Rules
- Appendix 3 – Sunderland Health and Wellbeing Strategy
- Appendix 4 – Director of Public Health Delegations

## **Appendix 1**

### **Amendments to the Council Constitution**

#### **Article 12 – The Sunderland Health and Wellbeing Board**

##### **12.01 The Health and Wellbeing Board**

The Council will appoint a Health and Wellbeing Board to be known as the Sunderland Health and Wellbeing Board to discharge the functions set out in Section 194 of the Health and Social Care Act 2012.

##### **12.02 Composition**

Membership of the Sunderland Health and Wellbeing Board will be:

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| Leader of the Council (Chair)  |
| Cabinet Secretary (Vice Chair)   |
| Health Housing and Adults Services Portfolio Holder                          |
| Public Health and Wellness Portfolio Holder                                  |
| Childrens Services Portfolio Holder  |
| Opposition Member  |
| Executive Director of Health, Housing and Adults                             |
| Executive Director for Children's Services                                   |
| Director of Public Health  |
| Chief Officer – Clinical Commissioning Group                                 |
| Chair Clinical Commissioning Group   |
| Member Clinical Commissioning Group  |
| HealthWatch representative (to be confirmed by HealthWatch on commissioning) |
| Chair – Sunderland Partnership   |
| Chief Executive of the NHS CB Local Area Team (or representative)            |

##### **12.03 Role of the Board**

The Sunderland Health and Wellbeing Board ('the Board') will have the following statutory roles and functions under Section 194 of the Health and Social Care Act 2012:

- To assess the broad health and wellbeing needs of the local population and lead the statutory joint needs assessment (JSNA)
- To develop a joint high-level health and wellbeing strategy that spans NHS, social care, public health and potentially other wider health determinants such as housing
- To promote integration and partnership across areas through promoting joined up commissioning plans across the NHS, social care, public health and other local partners
- To support lead commissioning, integrated services and pooled budgets
- To ensure a comprehensive engagement voice is developed as part of the implementation of Health Watch.



The following will be the additional responsibilities of the board:

- To lead in the significant improvement in outcomes as a result of joint planning and commissioning of services across agencies.
- To provide a leadership role in the health and social care system whilst recognising that it is the responsibility of the Board's constituent bodies to ensure priorities are taken through their own governance arrangements.
- To prioritise and monitor implementation against the Objectives identified in the Health and Wellbeing Strategy and refresh as required;
- To request regular assessment of needs in the area, identify shared priorities for action and specific outcomes on the basis of those needs and to develop and comply with appropriate information sharing arrangements;
- To recommend the commissioning of services, resource allocation to achieve the outcomes and indicators the Board requires, through the prioritisation and recommendation of proposals in the constituent partners' budget setting rounds;
- To ensure that there is active user and public involvement in decision-making and developments of services;
- To ensure that all initiatives are carried out in a framework that promotes equalities and celebrates diversity;
- To ensure that activities promote a positive image of the City and the local community;
- To support and influence service developments and change that will enhance the general well being of the City

#### **12.04 Specific functions**

In carrying out its role the Board may

- Establish sub-committees and task groups
- Commission and receive reports from its sub-committees and task groups to take up additional work on research of policies, service improvement and local needs;
- Invite appropriate representatives and bodies to give evidence.

## **Appendix 2**

### **Sunderland Health and Wellbeing Board Rules of Procedure**

#### **1. Conduct.**

Members of the Board are expected to subscribe to and comply with any Code of Conduct applicable to them in respect of the role to which they are appointed or in which they are employed by their nominating organisation.

#### **2. Meetings of the Health and Wellbeing Board.**

The Board shall meet at least quarterly. Board meetings shall be advertised and held in public and be administered as a Council Committee in accordance with the Access to Information Procedure Rules, and, subject to the provisions of these Rules, which will prevail in the event of inconsistency, with the Council Procedure Rules.

#### **3. Public Participation.**

Apart from those meetings held in private session, a period of 15 minutes at the start of each meeting shall be set aside for members of the public to address the Board on matters within the purview of the Board.

#### **4. Special Meetings**

The Chair will be required to convene a special meeting of the Board if s/he is in receipt of a written requisition to do so signed by no less than three Members of the Board. Such requisition shall specify the business to be transacted and no other business shall be transacted at such meeting. The meeting must be held within seven working days of the Chair's receipt of the requisition.

#### **5. Chair.**

The Leader of the Council will chair the board.

#### **6. Absence of Members and of the Chair.**

If a member is unable to attend a meeting, then the relevant Constituent Member shall, arrange for the attendance of a representative on their behalf. Such representative shall not be entitled to vote.

**7. Quorum.** One quarter of the membership shall form a quorum for meetings of the Board. No business requiring a decision shall be transacted at any meeting of the Board which is inquorate. If it arises during the course of a meeting that a quorum is no longer present, the Chair shall either suspend business until a quorum is re-established or declare the meeting at an end. Remaining business shall be considered at the next meeting of the Board, or at an earlier special meeting convened for that purpose.

**8. Adjournments.** By the decision of the Chair of the Board, or by the decision of a majority of those present at a meeting of the Board, meetings of the Board may be adjourned at any time to be reconvened at any other day, hour and place, as the Board shall decide.

**9. Order at Meetings.** At all meetings of the Board it shall be the duty of the Chair to preserve order and to ensure that all members are treated fairly. S/he shall decide all questions of order that may arise.

**10. Suspension/disqualification of Members.** At the discretion of the Board, any Constituent Member may be suspended from the Board or disqualified from taking part in any business of the Board if it:

a) Fails to provide a representative member to attend at least three meetings of the Board in any year, without leave of the Board or of the Chair;

b) Their representative(s) conducts her/himself in a manner prejudicial to the best interests of the Board and its objectives, and the Constituent Member refuses to appoint an alternate member to attend in her/her place.

**11. Information and Advice.**

The Board may seek any information it requires from any employee of a Constituent Member and all Constituent Members and members are required to co-operate with any reasonable request made by the Board.

The Board may obtain independent professional advice and secure the attendance of advisers with relevant experience and expertise if it considers this necessary. The costs, if any, of obtaining such third party advice shall be shared among the constituent organisations as agreed between them.

The Board shall receive written and oral evidence from senior staff, and other partners, as appropriate. The Board shall seek to ensure there is an acceptable balance between the value of the information it receives and the time and other costs it takes to acquire and process it.

**12. Review.**

The Board will annually review the operation of these Rules and the effective working of the Board. The Board may make recommendations to Council for amendments to these Rules where this is required to achieve most effective operation of the Board.

## Appendix 3

# SUNDERLAND'S JOINT HEALTH AND WELLBEING STRATEGY

## VISION

Our vision is to have the:

**Best possible health and wellbeing for Sunderland**

**....by which we mean a city where everyone is as healthy as they can be, people live longer, enjoy a good standard of wellbeing and we see a reduction in health inequalities.**

Faced with reducing public resources and increasing demand and expectations many current ways of delivering services are recognised as no longer appropriate. Large scale changes to the way public services are being delivered are well under way. Although challenging, the changing environment offers an opportunity to fundamentally review and improve the way agencies engage with residents and communities in the future. There is also growing recognition of existing but often untapped assets and potential within communities that can enhance and complement the public sector's offering.

Consideration will need to be given to relationships between agencies and the communities they serve and how services can be delivered in the future to make best use of all resources in order to achieve better health and wellbeing outcomes. Ultimately we want to enable and support individuals, families and communities in Sunderland to enjoy much better health and wellbeing, with less reliance on the public sector in the longer term. This involves recognising and being responsive not only to local needs but also to community strengths and exploring how these can be better harnessed to help address the challenges faced. By building on and utilising the resources and energy of our communities, we can support people to take greater control of their lives to bring about better health and wellbeing outcomes that matter to them, their families and communities.

The Health and Wellbeing Strategy, Community Resilience Plan and the Strengthening Families will come together to forge a new way of working for the benefit of the people of Sunderland.

## DESIGN PRINCIPLES

We have established a set of design principles that will underpin our new approach to health and wellbeing and upon which action planning and ultimately commissioning throughout the health and social care system will be built. These design principles are:

- **Strengthening community assets**

By recognising everyone has a valuable contribution to make, we will empower individuals, families and communities, increasing their capacity to be involved, including in the co-production of services. This will enable residents to mobilise and build on existing community strengths and potential to help them address their own, their family's and their community's needs. This asset-based approach does not ignore needs – instead, it distinguishes between those needs that can best be met by families and friends, those best met by communities working in partnership with public services, and those that can only be met by public sector providers.

- **Prevention**

A greater emphasis will be placed on customer insight, local intelligence and experience to effectively identify risks to health and wellbeing and to work within communities to prevent people developing problems.

- **Early intervention – actively seeking to identify and tackle issues before they get worse**

We know that early intervention with children, young people, adults and carers can reduce more complex health issues in the longer term. Identifying and tackling issues at an early stage whenever they occur throughout an individual's life can prevent them escalating into more problematic and complex needs.

- **Equity – providing access to excellent services dependent on need and preferences, that are also based on evaluated models and quality standards**

The conditions in which people are born, grow, live, work and age are responsible for the avoidable differences in their health. Equity in health means everyone being able to achieve their full health potential regardless of their personal circumstances. To achieve this there needs to be fair distribution of resources and opportunities for health as well as fairness in the support offered to people when they are ill.

Health inequalities exist both within Sunderland's communities, and between Sunderland and England. These health inequalities are often related to obesity, alcohol related diseases and smoking rates. We know that we have particular communities where these health inequalities are most evident and we need to address this.

- **Promoting independence and self care – enabling individuals to make effective choices for themselves and their families**

The increasing emphasis on personalisation of services and of individual health and care budgets means that we must focus on creating alternative

types of services that can be sustained within the community. We will continue to support our most vulnerable individuals, families and communities. Wherever possible and appropriate, our interventions will enable and re-able people to live their lives effectively without the need for recurring agency support.

- **Joint Working – shaping and managing cost effective interventions through integrated services**

Working together to make best use of our strengths and assets so that we can provide flexible and tailored services that respond to local conditions and focus on what matters to residents to achieve more for our communities.

- **Address the factors that have a wider impact on health – education, housing, employment, environment, and address these proportionately across the social gradient**

Differences in people's health result from differences in the opportunities that people are able to take advantage of during their lives. A government commissioned independent review of health inequalities identified a number of social determinants which increase inequalities in life expectancy across the life course. The review identified six key objectives to reduce health inequalities caused by these determinants. These are:

- Give every child the best start in life
- Enable all children, young people and adults to maximize their capabilities and have control over their lives
- Create fair employment and good work for all
- Ensure healthy standard of living for all
- Prevent ill health
- Create and develop healthy and sustainable places and communities.

To see a sustainable improvement in life expectancy for all of the population, including a reduction in inequalities, the wider determinants of health need to be addressed – this includes a major focus on achieving the best start in life to break the cycle of health inequalities.

- **Lifecourse – ensuring appropriate action throughout an individual's life with a focus on early years and families**

Intervention and support should be available throughout our lives, recognising that triggers for crisis can occur at different points in people's lives (particularly at key transition points). It is important that we set in place the foundations in early years and encourage families to play a strong role in developing their own resilience whilst also recognising and responding to the changing needs of individuals as they age.

## ASSETS

There are community and individual assets that we share and that need to be developed, nurtured and supported including:

- the practical skills, capacity and knowledge of local residents
- the passions and interests of local residents that give them energy for change
- the networks and connections – known as ‘social capital’ – in a community, including friendships and neighbourliness
- the effectiveness of local voluntary and community sector organisations
- the resources of all agencies to support a community, including public, private, voluntary and community sector organisations, local schools or faith groups.

There are interdependencies between these and a number of strategic assets which come together to make Sunderland unique – these should be built on where they exist and be improved and developed where they are weaker or missing. These are:

- **Strong and stable family and community relationships**

Sunderland is characterised by low movement of people – families and communities are relatively stable and as such there are opportunities to harness the involvement of the wider family, including older people, to provide support and promote healthier choices and healthy lifestyles

- **The coast and countryside and a passion for sport and activity**

Sunderland has an attractive coast and easy-to-reach countryside and urban green spaces that provide opportunities for promoting an active lifestyle. The city’s passion for sport and exercise should be nurtured and developed to ensure broader involvement with more wide reaching health impacts.

- **Employers providing access to a large proportion of the workforce and understanding of different communities**

The economy in Sunderland is characterised by a small number of large employers employing the majority of the workforce. By developing relationships with these employers we can tap into their understanding of the communities in which they operate and the people they employ to promote healthy workplaces and healthy lifestyles.

- **A vast number of contacts with residents through daily provision of a wide range of services**

Sunderland’s many businesses, organisations and support groups are in touch with residents across the whole range of service delivery. Integrating health improvement into these day-to-day contacts will reinforce and bring support to those people who need it so that every contact is a health contact.

- **At the leading edge of putting new technology to work in the public interest**

Sunderland is at the leading edge of using new technologies and making sure that the whole city can make best use of this resource. There is great

potential to use new technologies to enable people to take more control over their own health and wellbeing through technological solutions and by improving information sharing.

- **A huge variety of local businesses, organisations, partnerships and networks with a strong track record of effective delivery and providing support to vulnerable people**

We are starting from a strong position whereby there has been a long history of joint working to deliver real changes. We will build on this to ensure that the achievement of better health outcomes involves individuals, communities and providers.

The following Strategic Objectives describe how we will achieve our vision for health and wellbeing. Detailed action plans will be developed for each. Each strategic objective utilises one or more of the assets and applies all of the design principles.

## **STRATEGIC OBJECTIVES**

### **1. Promoting understanding between communities and organisations**

- 1.1. Increasing awareness of the services and support available to people in their community and assisting them to access these**
- 1.2. Services are responsive to community needs and assets, becoming co-produced where possible.**

If the health of local people is to improve then we must all pull together and play our part. Relationships between agencies and local people, including patients and service users, need to be much more dynamic and enable local people to have a much greater influence on which services are provided, as well as how and when they are provided. Equally, individuals and communities need to develop an understanding of the strengths that they have and can draw upon collectively, enabling them to take control of their own health.

If we do these things then we will all have a much better understanding of our own health needs and how best we can address these, either through our own endeavours or with the help of others if we need it. This will give us confidence in ourselves and in the services that we rely upon in times of need.



## **2. Ensuring that children and young people have the best start in life**

- 2.1. Encouraging parents and carers of children to access early years opportunities**
- 2.2. Supporting children and families throughout the whole of a child's journey, including the transition into adulthood.**

Many of us understand and acknowledge the influence (directly and indirectly) that families and schools have on the development and life chances of children and young people. These two important factors can have a huge impact upon the health, education and future employment opportunities of a child or young person.

To ensure a positive future for our children and young people there needs to be effective joint working across agencies and the wider family to encourage individuals and families to achieve their full potential by addressing their physical and emotional health issues. Schools in particular are in a position where they are able to support the physical and emotional development of their pupils and their immediate family.

## **3. Supporting and motivating everyone to take responsibility for their health and that of others**

- 3.1. Increasing emotional health and resilience of individuals, families and communities**
- 3.2. Frontline workers, volunteers and community leaders becoming aware of the main social determinants of health as well as the risks and opportunities and when and how services can be accessed**
- 3.3. Supporting people to make sustainable changes throughout their lives that will improve their health, utilising new technologies and methods of engagement with communities**
- 3.4. People (including young people) are aware of the importance of accessing long-acting health protecting interventions such as immunisation and screening and early presentation following the development of signs and symptoms of ill-health**
- 3.5. Making the healthy choice the easier choice.**

The most powerful influences upon how we behave come from our family and friends. They shape our knowledge, perspectives, experiences and preferences and as a consequence can either encourage or discourage us to lead a healthy lifestyle. It is important that we realise this affect on ourselves as well as the effect we can have on those around us.

However there are also a range of options open to agencies that can help to make a healthy lifestyle an easy option, for example this can be through health education, provision within schools, mentoring programmes, as well as providing good transport links and easy access

to the city's natural assets such as open and green spaces. Our agencies also need to consider how they can encourage and sustain people's interest in a healthy lifestyle through local and national events, cultural activities, and through Sunderland's major employers.

#### **4. Supporting everyone to contribute**

- 4.1. Understanding the health barriers to employment and training, and supporting people to overcome them**
- 4.2. Working together to get people fit for work**
- 4.3. Working with local businesses to ensure a healthy workforce**
- 4.4. Supporting those who don't work to contribute in other ways.**

Those of us that find ourselves unemployed will realise already the detrimental affect this can have on our health, indeed it is known that poorer health can be found amongst those who are unemployed for longest. The effects of poor health can be divided into the short-term (resulting from the immediate impact of unemployment) and the long-term more complex health impacts that can develop. The potential health and wellbeing impacts of unemployment are:

- Distress, anxiety and depression that may also impact upon other family members
- Worsening health behaviours in the form of increased smoking, increased alcohol consumption and a decrease in exercise.
- Financial problems that can reduce living standards, increase the likelihood of social isolation and lower self-esteem.

So it is important that agencies work together to build confidence and motivation and provide pathways into training and employment. But we must also work with employers so that they understand how the policies they implement can have a significant effect on both the health of their employees and their employee's families. Good health in this environment can be promoted through healthier working conditions and more flexible employment.

For those of us not in work there will be the opportunity to contribute to those communities that can benefit from our skills and talents. This will enable us to improve the lives of those around us and enable us to build community pride through a variety of volunteering opportunities.

#### **5. Supporting people with long-term conditions and their carers:**

- 5.1. Supporting self-management of long-term conditions**
- 5.2. Providing excellent integrated services to support those with long-term conditions and their carers**
- 5.3. Supporting a good death for everyone.**

We realise that carers and people with long term conditions can be experts in their care because they understand better than others the problems they encounter on a daily basis. Our agencies need to reflect on how they can work together and redesign their service provision in order to incorporate the preferences of patients and service users, as well as self-management of their condition where this is possible. We will ensure that this approach incorporates a range of services that are reliable, consistent and maximise the quality of life for those people with long-term conditions as well as their families and carers.

## **6. Supporting individuals and their families to recover from ill-health and crisis:**

- 6.1. Supporting individuals and families to have emotional resilience and control over their life**
- 6.2. Providing excellent integrated services to support people to recover from ill health and crisis**
- 6.3. Winning the trust of individuals and families who require support.**

Any of us may find ourselves in need of support in a crisis situation. This may result from ill health or injury where we are suddenly unable to undertake everyday tasks, or where our main carer's own health and ability to carry on caring has suddenly broken down. Where this is the case our agencies will identify the best ways of facilitating rehabilitation by working together through a mixture of appropriate integrated services.

## **Appendix 4**

### **Part 3 – Responsibility for Functions**

#### **5. Director of Public Health**

5.1 To exercise the functions of Director of Public Health in accordance with section 73A of the National Health Service Act 2006 and section 30 of the Health and Social Care Act 2012, including responsibility for;

- Writing the annual report on the health of the local population, required to be published under section 73B (5) & (6) of the 2006 Act and Section 31 of the 2012 Act
- Undertaking duties to take steps to improve public health as required under Section 73A(1) of the 2006 Act.
- Undertaking such other public health protection or health improvement functions that the Secretary of State delegates to Local Authorities either by arrangement or under regulations
- The provision of Healthy Start Vitamins (under the Healthy Start and Welfare Food Regulations 2005 ) for maternity or child health clinics
- Consulting and making decisions on Fluoridation Schemes
- To exercise the Council's functions in planning for, and responding to, emergencies that present a risk to public health
- Discharge the Local Authority responsibilities in relation to communicable and infectious diseases, including healthcare acquired infections.
- Under section 6C of the NHS Act 2006, for ensuring arrangements are in place for;
  - Ensuring appropriate access to sexual health services
  - The National Child Measurement Programme
  - The NHS Health Check Assessment

2. To be responsible for providing the Council's public health response to licensing applications, as a responsible authority under the Licensing Act 2003

3. To contribute to and influence the work of the NHS Commissioners, ensuring a whole system approach across the public sector and ensuring NHS commissioners receive the public health advice they need

4. To provide leadership, expertise and advice to Senior Officers and Elected Members on a range of issues from outbreaks of disease and emergency preparedness through to improving local peoples health concerns around access to health services.