

Item 8 – Health and Wellbeing Update

As part of re-structuring the LSP the Uttlesford Health and Well Being Group replaced the Healthy Communities and Older People's Group in April 2012. The change was triggered by the creation of new statutory bodies and the reform of Public Health as part of the Health and Social Care Bill and in particular the formation of the Essex Health and Well Being Board.

The LSP reviewed what a local Health and Well Being Group could do?

- Know the local story (the JSNA)
- Generate options and priorities
- Build shared priorities
- Focus on outcomes
- Integrate commissioning
- Identify decommissioning
- Hold relevant bodies to account!

The role of the group is to achieve some of the objectives declared below:

- Improve Health and Wellbeing
- Facilitate democratic and community leadership
- Provide the local adhesive (inside and outside the council)
- Liaise with Public health, social care, health services, education, sport and leisure, housing, regeneration and spatial planning, crime and disorder.
- Develop a common script
- Get things done - be an action group, not solely a talking group and participate in projects
- Make partnerships work!

What work the group has done,

What the group has achieved (see Appendix A for list of current members)

1. The group's interim list of achievements is quite impressive when you consider the turmoil of the NHS/WECCG changes and the review being undertaken by ECC which includes attention to the future role of Adult Social Care. It tries to ensure that the public, statutory authorities and voluntary sector groups are kept informed about, share knowledge of and gain an understanding about the impact of the changes in health, social care, housing and wellbeing. This has to be achieved whilst changes in the manner of the delivery of these services are taking place and the Local Plan is undergoing review.

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It endeavours to maintain a constructive partnership with the other groups within the LSP.

2. Information from the last Census has been reviewed (Steve Rhenius) and circulated to every member and parish council on the composition of their community. **Particular reference has been made to the role and prevalence of 'unpaid carers'** The group has made good use of the statistical and technical evidence available to the group regarding housing development. It has played a part in developing a strategy, with the district council, to support residents with suitable accommodation and extra care as their needs develop, particularly with older persons and those with a disability.
3. It has scrutinised the ever changing remit faced by the Voluntary Sector in delivering services. It has identified where there are gaps remaining even when some have been commissioned. It helps focus on the needs of Uttlesford and attempts to disentangle them from the services for West Essex since the needs of Epping and Harlow are not identical with those of Uttlesford. Note that the King's Fund's ideas about community services propose the development of a simple pattern of services based around primary care and natural geographies and provided by a multi-disciplinary team.
4. It has promoted the first serious discussions by members of the group about OT support in the community and the delays incurred. It has opened a dialogue and further discussion with the CCG (Dr Alice Hodgkinson) on housing and support. Now Adult Social Care, Housing and Public Health are in discussion.
5. It has examined where services are not being provided and determined whether the group can apply leverage to achieve changes. The new Stroke programme provided by the Council and Leisure Services is very much the result of such leverage. The public is better protected as a result of such initiatives, but questions remain about why SEPT is not providing this service or at least contributing financially to it. It will also look to support other long term conditions with similar supportive projects.
6. It has examined the manner of the delivery of the new Mental Health Strategy in detail. This is of special interest to Uttlesford. There has only been an opportunity to examine the new strategy in outline where providers came along to the group to discuss their new strategy. More detail has been provided

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to the group regarding the commissioning of dementia services and the delivery, in Uttlesford, of services by the Alzheimer's Society. It has been opportune for the group to learn about these services at first hand because the DH has launched another initiative to address the problems posed by this condition. The importance of the budget for funding Transformation has been mentioned and the question how this will change in the future. The 'lead' officer has not been identified.

7. Support for the aims of the group developing the Frontline and the Timebank projects. These are projects to support community need and assist the more vulnerable members. Although the H & WB Group will not seek a role in delivering these services, some involvement will help the group to map what is happening on the ground, supplemented by feedback from the Voluntary Sector Board.
8. Ensure that the voice of Uttlesford is heard despite the low priority often afforded to Uttlesford because of our 'documented affluence'. It is especially important when highlighting our needs and priorities to ECC, the CCG and the Voluntary Sector. The group recognises this and is well placed to identify the issues. The 'Who Will Care' document is not being looked at elsewhere with such an independent input. Only close liaison with Healthwatch and the Essex Health and Wellbeing Board can ensure that Uttlesford's voice is heard. This is where good links must be established. It is likely that Uttlesford will be part of a pilot project to support the aims of the 'Who will care' action plan.
9. Continue to examine the priorities of the WECCG in detail.
10. In general identify with whom responsibility lies and when appropriate identify whom we can/should challenge. Establish constructive partnerships.
11. It will monitor and try to identify opportunities for work with various Council Departments and officers eg the Planning Department. Information gained from the Essex Planning Officers' Association (EPOA) linked to the UDC website will prove relevant. Issues have already been identified about 'joining up' of applications where fewer than 50 houses are not considered by the Estates Department, but may form an additional amount to those already approved.
12. There is no single point in the district council where these pieces of work are currently being examined; there is no

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repetition apparent. The relationship with the Scrutiny Committee merits review.

13. The group whilst independent complies with UDC's Corporate plan 'Effectively consulting with partners' and 'promoting equitable, diverse, and a healthy community'

What has changed or failed to develop as intended,

- a) A stronger need to raise the profile of the group.
- b) The loss of a real Public Health presence in Uttlesford
- c) Repeated re-structuring of the CCG
- d) A disappointing start for the Uttlesford Residents' Health Forum

What the group has planned for the year ahead.

Current Action List see Appendix B

Questions for the committee: - If there is anything you would like the scrutiny committee to scrutinise.

What are the Scrutiny Committees' expectations of this group? Given that new legislation requires Local Authorities to take a closed interest in Health and Well Being should the relationship between the committee and the group change? If so how should it change?