
INVESTMENT IN HEALTH IMPROVEMENT

**Responsible Cabinet Member – Councillor Andy Scott, Health and Leisure Portfolio
Responsible Director – Miriam Davidson, Director of Public Health and
Lorraine O'Donnell, Assistant Chief Executive**

SUMMARY REPORT

Purpose of the Report

1. This report identifies a governance mechanism to enable the Council and partners to work together to achieve the health improvement outcomes in the sustainable community strategy (SCS) and local area agreement (LAA). The mechanism is for investment of NHS funding, through the Council as accountable body for the local strategic partnership (LSP), in projects and services to improve health.

Summary

2. The SCS and LAA both contain extremely challenging targets to improve the health of Darlington's residents. This builds on the work of the enquiry group on health improvement which found that Darlington people had lower than average life expectancy and a 13 year life expectancy gap between the healthiest and unhealthiest wards. Health inequalities therefore represent the largest challenge to achieving One Darlington.
3. Local area agreements offer localities the opportunity to pool and align funding to ensure that public spending is used in the most effective way to deliver improved outcomes for local people. A mechanism is proposed that has the potential to invest NHS resources, through the LSP, to projects and services with the potential to deliver greatest health improvement. This mechanism uses the learning gained from delivery of the pilot LAA to ensure that investment is clearly made on the basis of expected outcomes with clear accountabilities for delivery.
4. There are a number of areas where the PCT and Council have already invested in 2008/09.

Recommendation

5. It is recommended that members:
 - (a) note the continued development of effective partnership working through the PCT's willingness to engage in the spirit and practice of LAA joint working;
 - (b) agree the development of a mechanism by which the PCT can invest in partnership health improvement;
 - (c) request officers to report detailed proposals for the governance arrangements to deliver partnership health improvements

Reasons

6. The recommendations are supported by the following reasons:
 - (a) to improve the health outcomes of residents identified in the SCS and LAA;
 - (b) to strengthen further partnership working in Darlington.

Miriam Davidson
Director of Public Health

Lorraine O'Donnell
Assistant Chief Executive

Background Papers

One Darlington: Perfectly Placed
Local Area Agreement 2008-11

Miriam Davidson: Ext 2463
Lorraine O'Donnell: Ext 2013

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|----------------------------------|---|
| S17 Crime and Disorder | It is expected that this report will have a positive impact on community safety, for example through the potential to fund diversionary activities for young people and delivering the alcohol strategy. |
| Health and Well Being | This report has a direct positive impact on improving health and well being and tackling health inequality. |
| Sustainability | It is expected that this report will have a positive impact on sustainability, for example through the potential to encourage greater participation in walking and cycling. |
| Diversity | The funding mechanism proposed in this report encourages targeting of resources on areas of greatest health need. It will therefore have a positive impact on BME communities. |
| Wards Affected | The funding mechanism proposed in this report encourages targeting of resources on areas of greatest health need. It will therefore affect all wards with greatest impact on priority wards. |
| Groups Affected | The funding mechanism proposed in this report encourages targeting of resources on areas of greatest health need. It will therefore affect all groups with greatest impact on groups with greatest health needs. |
| Budget and Policy Framework | This report does not recommend any change to the Budget or Policy Framework. However it identifies additional resources, above the Council's budget to invest in health improvement. |
| Key Decision | This is a key decision. |
| Urgent Decision | This is not an urgent decision. |
| One Darlington: Perfectly Placed | This report will contribute directly to the implementation of the Sustainable Community Strategy including, though not exclusively the Healthy Darlington targets. It offers considerable potential to address the One Darlington priority. |

MAIN REPORT

Information and Analysis

7. Darlington Borough Council has a duty (alongside key partners) to deliver the objectives adopted within the Sustainable Community Strategy (SCS) One Darlington – Perfectly Placed. A number of challenging targets will be delivered through the 2008-2011 Local Area Agreement (LAA).
8. Darlington PCT, Darlington Borough Council and other key public, voluntary and private sector partners have a crucial role in delivering the SCS. Achieving the stretch targets in the LAA requires a concerted, joint approach to deliver a range of measures to improve health and tackle health inequalities.
9. The PCT have approved additional investment of £1.52 million in 2008/09 to facilitate a programme of joint measures. The aim of this and future anticipated investment is that by 2013 health inequalities between Darlington and the rest of England are reduced and that for specific areas or conditions, Darlington would have achieved the same as, or better than, the England average.
10. The work commissioned and funded by the PCT in 2008/09 is clear evidence of commitment to shared health service and local authority priorities. The opportunity now is to build on that with a formalised structure of joint commissioning.

Governance Arrangements

11. The PCT and the Council, as accountable body for the LSP, would benefit from the establishment of a mechanism that facilitates the identification of investment for health improvement that is subsequently allocated in a transparent way to projects and services that can clearly demonstrate added value. Such a proposal is outlined below.
12. The proposed mechanism builds on learning gained from delivery of the pilot LAA to ensure that investment is clearly made on the basis of expected outcomes with clear accountabilities for delivery.
13. The proposed arrangement has a number of stages:
 - (a) the PCT (and other partners) identify through their service and financial planning cycle, potential resources available for health improvement on the basis of the joint strategic needs assessment (JSNA) for Darlington;
 - (b) so far as possible, plans will cover more than one year to maximise value derived from those resources
 - (c) these resources will from 2009/10 constitute a ‘health improvement’, LAA-type account held by the local authority for allocation each year during the life-time of the LAA;
 - (d) at least annually, the Health portfolio lead will report to Cabinet on the indicative areas for investment of the health improvement fund under the full scrutiny of the Health and Well-being Committee. In subsequent years, the reports will include progress against targets for health improvement;

- (e) as accountable body it is the Council that will formally decide the allocation of funding, though it is vital that partner organisations are actively and fully involved in the allocation and management of resources;
- (f) drawdown of funding will be conditional on the completion of a PID that has been approved by the Healthy Darlington theme group. This ensures that all projects and services supported are clearly in strategic alignment with the SCS and LAA and are clear on how proposed funding will lead to measurable improvement in the health of Darlington people.

14. Partnership working offers major benefits to the health improvement agenda. All partners must, however, ensure that the governance arrangements also protect the legitimate interests of each organisation. Key potential risks include the creation of commitments that extend beyond available funding and inability to achieve targets. Governance arrangements must address such concerns, without preventing achievement of the potential benefits. More work is needed to finalise details of the governance framework. A further report will be brought to a future Cabinet meeting for Members to approve the details.

Health Improvement Investment Programme

15. The nature of the challenge to tackle health inequalities requires ongoing investment on health improvement. Investment made by the PCT in 2008/09 includes:

| Commitment | Investment |
|---|-------------------|
| Alcohol | £154k |
| Obesity (including the investment in a wide range of targeted grassroots sports initiatives) | £595k |
| Workforce health – in recognition that the majority of the Council’s employees live in the borough and as a large employer, the Council can target health improvement measures in an effective way. | £250k |
| Smoking/tobacco control | £40k |
| Mental health (including social prescribing e.g. on arts activities). | £90k |
| Sexual health (including measures to reduce teenage pregnancies). | £30k |
| Fuel poverty | £20k |
| Health needs assessment (including building on the Council’s experience of social marketing to understand and influence healthy lifestyle choices) | £280k |
| Joint Commissioning (including strengthening the integration of health and social care for vulnerable people). | £65k |
| Total | £1524k |

Conclusions

16. The governance mechanism proposed offers the opportunity to focus and prioritise resource for greatest health gain and health improvement over the lifetime of the LAA. This is tangible evidence of the benefits of the PCT and Council's joint commitment to delivering One Darlington.

Outcome of Consultation

17. Extensive consultation shaped the health improvement aspirations articulated in the SCS and LAA. This report directly supports the outcomes of the consultation and enquiry group process.