

LDS/24/25
Health & Adult Care Scrutiny Committee
24 June 2024

LGA Prevention Matters Members Workshop - 21 May 2024

Health & Adult Care Scrutiny Committee

Report of the Director of Legal and Democratic Services

Please note that the following recommendations are subject to consideration and determination by the Committee before taking effect.

Recommendation

that the Committee be asked to share the learning from the LGA Prevention Matters workshop and inform the future Scrutiny work programme.

Background

The Local Government Association (LGA) has developed a one-day training workshop to enable Members to champion health improvement and prevention in their communities. It provides an opportunity to shift the focus from treating sickness to actively promoting health and wellbeing. The workshop considers the national and local context of prevention and reducing health inequalities. The *Prevention Matters* workshop provides an opportunity to consider practical issues affecting Devon policies and plans to improve the health and wellbeing of residents. The workshop builds on the Public Health [Annual Report](#) (2022-23) on prevention, and connect with the [Joint Health and Wellbeing Strategy](#), the work of the [Health and Wellbeing Board](#).

The following facilitators from the LGA attended:

- Cllr Sue Woolley – Chair, Lincolnshire Health & Wellbeing Board / Co-Chair, East Midlands Health & Wellbeing Board / Cabinet Member, Lincolnshire County Council for NHS Liaison, Community Engagement, Registration & Coroners
- Dr Tony Hill - Former Director of Public Health

The following Members of the Council attended:

1. Cllr Richard Chesterton
2. Cllr Iain Chubb
3. Cllr Alistair Dewhirst
4. Cllr Henry Gent
5. Cllr Ian Hall
6. Cllr John Hart
7. Cllr Linda Hellyer
8. Cllr Frank Letch
9. Cllr Pru Maskell
10. Cllr James McInnes
11. Cllr Andrew Saywell
12. Cllr Richard Scott
13. Cllr Margaret Squires
14. Cllr Sara Randall Johnson
15. Cllr Jeff Trail
16. Cllr Phil Twiss

17. Cllr Jeremy Yabsley
18. Cllr Carol Whitton

The Workshop

Cllr James McInnes, Cabinet Member for Integrated Adult Social Care and Health, welcomed Members to the workshop, before Steve Brown, Director of Public Health, Communities and Prosperity introduced the aims of the day's training.

The LGA facilitators led Members through a presentation on 'How elected Members can improve the health of their communities'. The session focussed on the following:

- To provide an opportunity to understand ways in which all Members can contribute to improving the health and wellbeing of local residents.
- To explore determinants of health and wellbeing and the factors that can lead to health inequalities as well as the policies looking to address health inequity.
- To look at the definition of prevention, why should we invest in prevention?
- To explore health and wellbeing, locally and nationally, and the role of council services and partner agencies in prevention.
- Look at the role of Members in championing health and wellbeing.

Why Focus on Prevention?

- Reduce demand
- Increase healthy life expectancy
- Reduce cost/savings across public service
- Drive improvement
- Happier, healthier communities

Marmot's Six Pillars

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

Health inequalities are differences between people or groups due to social, geographical, biological or other factors. These differences have a huge impact, because they result in people who are worst off experiencing poorer health and shorter lives. (NICE, 2016)

The determinants of health are the key drivers of health inequality:

- **Primary prevention** aims to prevent disease or injury before it ever occurs e.g. increasing physical activity, legislation on smoking in cars
- **Secondary prevention** aims to reduce the impact of a disease or injury that has already occurred e.g. screening to pick up disease early, aspirin for patients after heart attack
- **Tertiary prevention** aims to soften the impact of an ongoing illness or injury that has lasting effects e.g. chronic disease management programmes, support groups that allow members to share strategies for living well

Simon Chant, Consultant in Public Health, provided an overview of population health within the County Council footprint. Devon has hotspots of urban deprivation with the highest overall levels within the County Council area in Ilfracombe, with other urban hotspots including Exeter and Barnstaple. Many rural and coastal areas, particularly in North and West Devon also experience higher levels of

deprivation, impacted by low wages and a high cost of living. Significant health gaps exist in Devon; for example, the [Joint Strategic Needs Assessment](#) (JSNA) highlights a 15-year difference in life expectancy between Central Ilfracombe and Exmouth: Liverton, 75 years and 90 years respectively.

12 key challenges facing Devon were highlighted, some of which are common across other areas of the England, but others that reflect the unique characteristics of the County:

1. An ageing and growing population, with increasing long-term conditions, co-morbidity and frailty.
2. Climate Change.
3. Complex patterns of urban and rural deprivation.
4. Housing quality and affordability.
5. Economic Resilience.
6. Access to services including socio-economic and cultural barriers.
7. Poor health caused by modifiable behaviours and earlier onset of health problems in more deprived areas.
8. Varied education, training and employment opportunities, workforce availability and wellbeing.
9. Unpaid care and associated health outcomes.
10. Changing patterns of infectious diseases.
11. Poor mental health and wellbeing, social isolation and loneliness.
12. Pressure on services (especially unplanned care).

Devon Assets and Opportunities

- A highly effective and vibrant voluntary and community sector, with thousands of local organisations and a well-defined infrastructure including Voluntary, Community and Social Enterprise Assembly.
- Natural assets with national park, coastline, urban and rural parks and public infrastructure and projects supporting access for those with additional needs.
- A strong multi-tier network of parish councils, local authority districts and county council working collaboratively through 'Team Devon' arrangements.
- Opportunities include:
 - Realising the benefits of closer collaboration through the Devon and Torbay Devolution Deal.
 - Enhancing our roles in community development and as an 'anchor organisation'.
 - Following a 'health in all policies' approach making health and wellbeing a primary consideration.
 - 'Evidence-informed': following the evidence and making the economic case for prevention.
 - Using Population Health Management with for early intervention and prevention.
 - Utilising the South West's status as a Marmot region, tapping into available expertise and resources.

Issues Identified by Members

During facilitated discussion the following issues were identified by Members as being of particular concern to them from a health perspective:

- Water quality in the South West.
- Housing availability.
- GPs and over prescription of medication.
- Decrease in money going into Public Health and issues around funding to primary prevention.
- The need for a Health Charter for Devon.
- Second homes in rural areas.
- Lack of public transport.
- Home working and impact of changing demographic in Devon.

What can Members do to make a difference?

Members considered in turn what they could each do within their local area to:

- Bring an understanding of facts & figures on health and wellbeing to their division.

- Apply community knowledge to the decision-making process.
- Bring an understanding of policy context and current services.
- Consider how to best implement evidence-based interventions in their division.
- Support evidence-based interventions.
- Advocate for health and wellbeing.
- Help remove local barriers to good health and wellbeing.
- Help maximise communities (non-financial) resources for health and wellbeing (knowledge, people, networks).

Members identified the ways they could make a difference:

- Role of Members articulating Public Health messages and encouraging people to make their own positive health related decisions.
- Using locality budget to support sporting initiatives for young people.
- Use of JSNA tools in reporting to town and parish councils.
- Supporting tree planting schemes in their area and creation of new orchards.
- Raise health as an agenda item in parish and town council meetings.
- Reignite Community Speedwatch (conversation with Highways) and explore speed limit reductions in some villages.
- Work with district colleagues to improve local play parks in terms of both equipment and as a place where people can meet – maybe creating a ‘friends of play park’ group.
- Support local shops and community cafes.
- Work to improve local paths.
- Improving disabled access in local communities, including at Devon beaches and in terms of parking enforcement with dropped down curbs.
- Advocating fitness and wellbeing.
- Using the work of the Health and Adult Care Scrutiny Committee to help to remove barriers to health inequalities.
- Promoting active travel options.
- Supporting people to grow their own fruit and vegetables.
- Climate change prevention was also a health issue. Holding a carbon literature course at parish councils and trying to make it as inclusive as possible.
- Trying to use Community Infrastructure Levy money in an area for a new school to reduce the travel time children currently have so that ideally, they can walk and cycle.
- Encourage communities to exercise and to also use their local footpaths and walkways. Members should work with landowners and ask about putting in rights of way. Opportunities to explore with the Council’s Rights of Way officer.

Conclusion

Members thanked the LGA and officers for organising the Prevention Matters workshop. It was a well-attended and supported event.

The session helped Members understanding of their individual role in supporting the prevention agenda, as well as applying learning from the day with their local knowledge to help Members consider the next steps to improve health and well-being in their communities.

In response to the local themes and priorities discussed by Members in the workshop, the LGA has offered to support further work on this agenda using a ‘health in all policies’ approach. This will be explored further, and details will be shared in due course.

Options / Alternatives

The report is the summary of a Members training event. Scrutiny does not make decisions and this report does not propose any alternatives.

Consultations / Representations / Technical Data

As above, there are no specific considerations in regard to consultations, representations and technical data in this report.

Strategic Plan

The alignment of all Scrutiny activity with the Strategic Plan is detailed on the Scrutiny work programme. The issues raised in the report and the benefit of developing member knowledge and the 'critical friend' challenge of Scrutiny contribute to the Council achieving its strategic plan. Improving Member knowledge on key issues contributes to the Council's commitment to being a trust, inclusive and innovative Council. It ensures good decision making and that the Council listens and learns.

Financial Considerations

There are no specific financial considerations in this report.

Legal Considerations

There are no specific legal considerations in this report.

Environmental Impact Considerations (Including Climate Change, Sustainability and Socio-economic)

There are no specific environmental impact considerations in this report.

Equality Considerations

There are no specific equality considerations in this report.

Risk Management Considerations

The activity of Scrutiny Members visits contributes to the mitigations for:

Ineffective Member Scrutiny defined as: 'Due to ineffective scrutiny, the level and quality of service management may drop, leading to financial mismanagement or harm to staff and/or citizens and reputational damage e.g. Grenfell.

Member effectiveness defined as: 'Inadequate member effectiveness due to a lack of training, support and knowledge leads to a lack of challenge to corporate officers and/or poor decision making, resulting in a negative effect on the County's citizens (poor value for money, poor service delivery, harm, etc).

Electoral Divisions: All

Local Government Act 1972: List of background papers - Nil