

AGENDA
HEALTH AND HOUSING POLICY
DEVELOPMENT AND REVIEW PANEL

Date: Thursday, 17 January 2013

Time: 6:00 pm

Venue: Collingwood Room - Civic Offices

Members:

Councillor Mrs M E Ellerton (Chairman)

Councillor T G Knight (Vice-Chairman)

Councillors Miss S M Bell
P J Davies
N R Gregory
D L Steadman
Mrs K K Trott

Deputies: J M Englefield

G Fazackarley



1. Apologies for Absence

2. Minutes (Pages 1 - 4)

To confirm as a correct record the minutes of the Health and Housing Policy Development and Review Panel meeting held on 15 November 2012.

3. Chairman's Announcements

4. Declarations of Interest and Disclosures of Advice or Directions

To receive any declarations of interest from members in accordance with Standing Orders and the Council's Code of Conduct and disclosures of advice or directions received from Group Leaders or Political Groups, in accordance with the Council's Constitution.

5. Deputations

To receive any deputations of which notice has been lodged.

6. Preliminary Review of the Work Programme for 2012/13 and Draft Programme 2013/14 (Pages 5 - 10)

To consider a report by the Director of Community, which invites the Panel to review the outcome of the work programme for 2012/13 and finalise the draft work programme for 2013/14.

7. Disabled Facilities Grants - Annual Report (Pages 11 - 16)

To consider a report by the Director of Community on the Council's improvements to the delivery of the Disabled Grants Programme.

8. Fareham's Approach to Health and Wellbeing (Pages 17 - 24)

To consider a report by the Director of Community on the Government's Health reforms and the opportunities for the Council to engage with the Health Service and the role of the Panel in maintaining an overview of local health issues and priorities.

P GRIMWOOD
Chief Executive Officer

Civic Offices
www.fareham.gov.uk
Date Not Specified

**For further information please contact:
Democratic Services, Civic Offices, Fareham, PO16 7AZ
Tel:01329 236100
democraticservices@fareham.gov.uk**



FAREHAM BOROUGH
COUNCIL

www.fareham.gov.uk

Minutes of the Health and Housing Policy Development and Review Panel

(to be confirmed at the next meeting)

*Minutes of a meeting held on 15 November 2012
at the Civic Offices, Fareham*

PRESENT:

Councillor Mrs M E Ellerton
(Chairman)

T G Knight
(Vice-Chairman)

Councillors: Miss S M Bell, N R Gregory, D C S Swanbrow (deputising for D L Steadman) and Mrs K K Trott.

Also Present: Councillor B Bayford, Executive Member for Housing (Minute 1 and 8)

1. CHAIRMAN'S ANNOUNCEMENTS

The Chairman reminded members that the Panel had been renamed as the Health and Housing Policy Development Review Panel since health matters would now fall within its remit.

At the invitation of the Chairman, the Executive Member for Health and Housing, Councillor B Bayford addressed the Panel and briefly explained the background to government changes in the health services. He also informed members that he had recently been appointed as the Fareham representative to the Gosport and Fareham Clinical Commissioning Group.

Whilst both Hampshire County Council and many district councils had set up specific Health and Wellbeing Panels, it was intended that the Health and Housing Policy Development and Review Panel would act as Fareham Council's Health and Wellbeing Panel. From time to time the Panel would be asked to consider and comment on health strategies and priorities, thus

enabling the Executive Member to feed back the Panel's views to the Clinical Commissioning Group and/ or the Health and Wellbeing Board.

It was AGREED that the Director of Community prepare a report for submission to the next Panel meeting on 17 January 2013, which would explain the role, remit and responsibilities of the Panel as regard to health issues.

2. APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillor P J Davies and D L Steadman

3. MINUTES

It was AGREED that the minutes of the meeting of the Housing Policy Development and Review Panel held on 13 September 2012 be confirmed and signed as a correct record ([hsg-120913-m](#)).

4. DECLARATIONS OF INTEREST AND DISCLOSURES OF ADVICE OR DIRECTIONS

There were no declarations of interest made at this meeting.

5. DEPUTATIONS

There were no deputations made at this meeting.

6. REVIEW OF THE WORK PROGRAMME FOR 2012/13

The Panel considered a report by the Director of Community which invited members to review the Panel's Work Programme for 2012/13 (copy of report [hsg-121115-r01-mge](#) circulated with the agenda).

It was noted that a report will be presented to the next meeting meeting on 17 January 2013 outlining the Panel's remit, role and responsibilities in relation to health matters (see minute 1 above).

It was AGREED that, subject to the inclusion of an item referred to above, the Panel's work programme for 2012/13, as set out in appendix A attached to the report, be approved.

7. FAREHAM'S TENANCY STRATEGY

The Panel considered a report by the Director of Community which invited the Panel's comments on the draft Tenancy Strategy for Fareham, prior to consultation and consideration by the Executive in February 2013 (copy of report [hsg-121115-r03-jsh](#) circulated with the agenda).

Members considered the draft tenancy strategy document in detail and discussed the various tenancy types specified in the report, particularly the

proposed introduction of a secure flexible tenancy. It was noted that the draft tenancy strategy had already been considered by the Housing Tenancy Board at its meeting on 12 November 2012. The comments of the Board and the Panel, together with other feedback, would be incorporated into a final report to be considered by the Executive at its meeting in February 2013.

It was proposed that the reference on Page 10, (second paragraph), to "a senior officer" be replaced with the words "Tenancy Services Manager".

It was AGREED that, subject to the replacement of the words "a senior officer" with the words "Tenancy Services Manager" on Page 10 of the draft document, Fareham's Draft Tenancy Strategy, attached as Appendix A to the report, be endorsed.

8. NOMINATION POLICY REVIEW

The Panel considered a report by the Director of Community concerning the draft revised allocations policy which had been developed following a review of the existing policy by an Officer/Member Working Group. The Senior Housing Options Officer also made a presentation which provided information on the purpose of the review; outlined the main proposed amendments, the possible implications of the introduction of a new policy and the next steps towards implementation (copy of report [hsg-121115-r02-eti](#) circulated with the agenda).

At the invitation of the Chairman, Councillor Bayford took part in the discussion on this matter.

The Panel was informed that the period of consultation on the draft Policy will take place from November 2012 to mid February 2013. The following individuals/organisations would be consulted:-

- (i) All applicants on the housing waiting list;
- (ii) Partner Housing Associations;
- (iii) Local agencies - Adult and Children's Services and Supporting People providers;
- (iv) Members of the public via the Council's website, Twitter and Facebook

Members asked various detailed questions of officers on the contents of the Housing Allocations Policy document attached as Appendix A to the report. Reference was made to page 22, paragraph 10.6 which stated :-

"Debts that remain unaddressed and are in excess of £2000 are likely to result in an applicant being excluded from the Housing Waiting List. However, each case will be assessed on its individual merits".

It was the Panel's view that the figure should be reduced to £500, so that a clear message is sent out as to the implications if a person is in debt to the

Council, although each case would be considered on its individual merit, taking all factors into account.

It was AGREED that,

- (i) the figure of £2000 in paragraph 10.6 (Page 22) of the draft allocations report be amended to £500; and
- (ii) subject to the amendment referred to above, the draft Allocations Policy detailed in Appendix A to the report, be endorsed.

9. DELIVERY OF NEW AFFORDABLE HOUSING - ANNUAL REPORT

The Panel considered a report by the Director of Community which outlined progress in the delivery of affordable housing since 2011 and progress made towards meeting the target of 500 homes by 2017 (copy of report [hsg-121115-r04-mst](#) circulated with the agenda).

It was AGREED that the Panel noted the current affordable housing programme and progress made towards the provision for 2013-2017.

(The meeting started at 6:00pm
and ended at 7:25pm)



Report to Health & Housing Policy Development and Review Panel

Date: **17 January 2013**

Report of: **Director of Community**

Subject: **PRELIMINARY REVIEW OF THE WORK PROGRAMME FOR
2012/13 AND DRAFT PROGRAMME FOR 2013/14**

At the meeting of the Panel on 14 March 2013, members will be asked to review the outcome of the work programme for the current year, 2012/13. Also at that meeting, the Panel will need to finalise the draft work programme for next year, 2013/14.

This report contains details of the position of the Panel's existing work programme for the current year, in order to allow an early assessment of progress. It also gives some background information to assist members in drawing up the work programme for 2013/14.

RECOMMENDATION

The Panel is invited to give initial consideration to the outcome of the 2012/13 work programme and to the draft work programme for 2013/14.

INTRODUCTION

1. The outcomes from the work programme for the current year (2012/13) will be reviewed at the Panel's meeting on 14 March 2012. At the same time, it will be necessary for the Panel to finalise its work programme for the next municipal year (2013/14).
2. In order to assist the process, members are invited to consider both issues at this meeting.

REVISIONS TO WORK PROGRAMME FOR 2012/13

3. Members are requested to endorse the following revisions to the work programme for the current year:-
 - (i) A report on Fareham's approach to Health & Wellbeing be added to the agenda for 17 January 2013.
4. A copy of the updated Work Programme, incorporating the above revisions, is attached at Appendix A. It is suggested that the current work programme for 2012/13 is completed.

WORK PROGRAMME – NEXT YEAR 2013/14

Scrutiny Board Responsibilities

5. Members are reminded that the Scrutiny Board is generally responsible for:-
 - maintaining an overview of the discharge of the Council's Executive functions.
 - exercising the right to call-in, for reconsideration, any decisions made but not yet implemented by the Executive (and individual Executive Members) or key decisions made by officers in exercise of their delegated powers.
 - reviewing and/or scrutinising any decisions made or actions taken in connection with the performance of any of the Council's functions.
 - reviewing and/or scrutinising any matters affecting the strategic plans and financial affairs of the Council.
 - considering matters affecting the area or local people and, in so doing, reviewing and scrutinising the performance of other public bodies in the area.

Role of the Policy Development and Review Panels

6. The Policy Development and Review Panels are responsible for preparing their own work programmes. Those programmes should take account of the role of the Panels to:-
 - assist in the development and formulation of policy.
 - report and advise upon policies and proposals relating to their particular service interest.

- review the performance of services provided directly or indirectly by the Council.
7. There are six planned meetings of the Policy Development and Review Panels in the next municipal year, to deal with ordinary business.

Planning Next Year's Work Programmes

8. Members are invited to consider items for the draft work programme for 2013/14. It has previously been suggested that a few items of major significance be chosen.
9. In addition to any other matters which members may wish the Panel to look at, the Executive may decide it wishes the Panel to carry out specific tasks during the next municipal year.
10. At this stage, particular items which are known to be coming before the Panel during the next year are:-

<u>MEETING DATES FOR 2013/14*</u>	<u>ITEMS</u>
23 May 2013	Officer Presentation Covering:- <ul style="list-style-type: none"> • Introduction to the role of the Panel • Introduction to Key Staff • Achievements 2012/13 • Challenges and Priorities for 2013/14
18 July 2013	<ul style="list-style-type: none"> • Affordable Housing Programme • The Government's Green Deal
12 September 2013	<ul style="list-style-type: none"> • Local Health Priorities
14 November 2013	<ul style="list-style-type: none"> • Nominations Policy - Six monthly review
16 January 2014	<ul style="list-style-type: none"> • Welfare Reform - update • Housing Initiatives
13 March 2014	<ul style="list-style-type: none"> • Empty Homes - Update

***Dates confirmed at Council on 13 December 2012**

11. Other general items may arise during the year, such as responding to consultation requests by the Government.
12. Statutory strategies and policy framework items will need to be reported to any combination of the Review Panels, the Scrutiny Board, the Executive and the Council, as appropriate.

CONCLUSION

13. Members are invited to give preliminary consideration to the outcome of the Panel's work programme for the current year. In addition, members are asked to start drawing up an outline of a draft work programme for next year. Further consideration can then be given to these matters at the meeting on 14 March 2013.

Appendix A Health and Housing Policy Development and Review Panel Work Programme 2012/13

Background Papers: None

Reference Papers:

Health and Housing Policy Development and Review Panel 15 November 2012 - (Minute 6)

Report to Council –13 December 2012 – Schedule of Meetings 2013/14

Enquiries:

For further information on this report please contact Martyn George, Director of Community (Ext 4400).

**HEALTH & HOUSING POLICY DEVELOPMENT AND REVIEW PANEL
WORK PROGRAMME 2012/2013**

Date	Subject	Type of Item
24 May 2012	Review of the work programme 2012/13	Programming
	Collingwood House update	
	Broadlaw Walk update	
	Empty Homes Strategy	
19 July 2012	Review of the Work Programme 2012/13	Programming
	Collingwood House Update	
	Home Improvement Agency update	
	Review of the Council's Nominations Policy	Review
13 September 2012	Review of the Work Programme 2012/13	Programming
	Review of Homelessness Strategy	Review
	Collingwood House Update	
	Welfare Reform Update	
15 November 2012	Review of the Work Programme 2012/13	Programming
	Tenancy Strategy	
	Nomination Policy Review	Review
	Delivery of New Affordable Housing – Annual Report	
17 January 2013	Preliminary Review of the Work Programme 2012/13 and Draft Work Programme for 2013/14	Programming
	Disabled Facilities Grants – Annual Report	
	Fareham's approach to Health & Wellbeing	

14 March 2013	Final review of the Work Programme for 2012/13 and draft 2013/14	Programming
	Review of Incentive Payments to residents of under-occupied properties	Review

Unallocated Items



Report to Health and Housing PDR Panel

Date: **17 January 2013**

Report of: **Director of Community**

Subject: **DISABLED FACILITIES GRANTS - ANNUAL REPORT**

SUMMARY

This report outlines the Council's achievement in the delivery of Disabled Facilities Grants programme in 2011/12, the progress in delivering this year's programme and the challenges for 2013/14.

RECOMMENDATION

That members note the improvements made in the delivery of the Disabled Facilities Grants programme, the demand and progress made in delivering this year's programme and the challenges for 2013/14.

INTRODUCTION

1. Disabled Facilities Grants (DFG) are mandatory grants provided to enable a qualifying disabled person to live independently in their own homes. The grants are subject to a statutory test of financial resources which is prescribed by the Government. A one off grant enabling the adaption of a bathroom into a level access shower room can negate the ongoing costs associated with providing an expensive personal care package. There is also the added benefit of restoring a customer's dignity as they are able to attend to their own personal hygiene needs. The majority of DFG's are for disabled people who need a stair lift and or a level access shower. DFG's are also available for families with a disabled child and on occasions this necessitates a ground floor extension to provide a bedroom with an en-suite bathroom.
2. In 2011/12 the way we provided the DFG service was reviewed, with changes implemented with an aim to reduce the backlog of cases and to increase the speed of delivery. The other aim was to try and reduce the actual cost of materials for the installations.
3. This report reviews the current demand for DFG's and the number of DFG completions for the last financial year 2011/12 and the current year's programme up to 12th December 2012.

PROCEDURE and ROLES

4. All enquiries for a disabled facilities grant need to go via Hampshire County Council's Occupational Therapists (OTs) Service:
5. It is the role of the OT's to assess a disabled customer's needs, making a referral to the Local Authority where appropriate for grant funding to carry out essential adaptations to their client's home to facilitate independent living.
6. It is Fareham Borough Council's role to determine how best those needs can be met by adapting the property. The Council must be satisfied that the works are necessary, appropriate, reasonable and practical. The Council fulfils this responsibility by inspecting the property and preparing a schedule of eligible works as guidance for the applicant and their building contractor or agent. Fareham Borough Council is also responsible for processing the grant application and determining the amount of any grant to be awarded.
7. The Home Improvement Agency (In Touch) is there to provide advice and assistance to grant applicants acting as their agent, helping them to complete the grant application form, gather proof of ownership, income, savings and gathering estimates from reliable building contractors. The Home Improvement Agency will also arrange for the work to be carried out once the grant has been processed and approved by Fareham Borough Council.

SERVICE IMPROVEMENTS

8. A county-wide procurement exercise was carried out in 2011 in partnership with Hampshire County Council (HCC) and the other Hampshire District/Borough Councils which resulted in a single supplier being awarded a contract to supply all bathroom equipment including shower formers, screens and grab rails. The increased buying power has resulted in a decrease in the average cost of the

materials across the county of approximately £420 per case

9. The other major improvement over the last couple of years has been in the working relationship with, the Home Improvement Agency (In Touch) and with HCC's Occupational Therapists (OT) department. This new partnership approach has resulted in a significant reduction in the waiting times for grant funded adaptations to be carried out.
10. In the past, there were occasions when a customer had to wait up to a year before an OT would visit them to assess their needs and make a referral to the Council for a DFG. When a referral was made the average time that a customer would have to wait before the adaptation was completed was over 29 weeks. This meant that some customers were waiting an average of 18 months from the date of their request for essential adaptations to be completed. As a result of the changes that have taken place the average time taken from the date of request to a completed case has been reduced to an average of 9 months, so far in 2012-13, reducing the time taken by an average of 9 months compared to the same period last year.
11. The major difficulty with managing the budget is that at any moment in time there are around 70 pending cases. A case that may have entailed a significant amount of work, with resources allocated could be cancelled at any time potentially leading to a budget under spend. Conversely, working on too many cases expecting that there will be cancellations could lead to overspending the budget. We also have to be mindful of requests from OTs to bring forward priority cases which will require funding.

The breakdown of the number of DFG cases completed in 2011-12 is shown in the following table:

Disabled Facilities Grants 2011-12 all completed cases.			
<i>Tenure</i>	<i>Number</i>	<i>Value £</i>	<i>Av. cost per case</i>
Owner Occupier	57	£300,903	£5,279
Private Rented	5	£ 20,625	£4,125
Housing Assoc.	4	£ 10,559	£2,639
Children DFG cases			
Owner Occupier	6	£131,230	£21,871
	Contribution from Children's Services for a special case	(£10,000.00)	
TOTAL	72	£463,317	£6,435

CURRENT DEMAND FOR DFG'S 2012-13

The current demand for DFG's in 2012/13 (up to 12 Dec 2012) is set out in the table below:-

Description	Output
Number of cases referred by OT's	134
Number of cases pending (awaiting inspection and preparation of a schedule of eligible works)	46
Number of cases where application is pending (i.e. paperwork is with applicant for completion and they are gathering proof of ownership, income and savings, builders quotes etc, with the assistance of In Touch)	22
No of grants approved	21
Value of grants approved (inc on site)	£177,242
No of cases where building works are on site	13
Value of works on site	£136,007
No of grants completed	71
Value of completed grants	£388,514
Average time taken from referral to completion	22 weeks
Average cost of DFG (completed cases)	£5,472

FINANCIAL IMPLICATIONS

12. The DFG programme is funded through a Government grant of £250,000 per annum from the Department of Communities and Local Government (CLG) together with £170,000 from the Council's own capital programme. Due to the difficulties encountered during the last financial year there was a carried forward amount of £235,702 which gives a total budget for 2012/13 of £655,702.

13. Although the average cost of a DFG has reduced this year, the demand for DFG's has risen. If the current trend in the number of OT referrals continues, demand is set to increase by 36% on the previous year. This is likely to place an additional demand on the DFG grant budget in 2013/14, with the risk that some cases may have to be deferred until the following financial year. Fortunately, the Council has just received confirmation that we have been allocated an additional one-off payment of £75,000 from CLG which is being set aside for next year's DFG programme.

RISK ASSESSMENT

14. There is a risk that if there are not sufficient resources available to meet the demand for DFGs then disabled people may have to wait longer for their adaptations to be carried out. If this was the case Officers would work closely with OT's to prioritise those with the most urgent needs for the adaptations to be carried out.

CONCLUSION

15. Over the past year there have been significant improvements in the operational procedures for DFG whilst also achieving a reduction in the overall cost of the adaptations themselves. However, the increase in referrals for DFGs, due in some part to the ageing population and greater awareness of the help available, is likely to continue to add pressure to the Council's budget without any increase in central government funding. This could result in longer waiting times for an adaptation to be carried out and therefore reduced customer satisfaction.
16. There is also an added uncertainty as CLG may be using a new funding model to calculate the amount of grant awarded to Local Authorities for DFG expenditure in 2013-14 which may result in the Council coming under greater pressure to meet any shortfall in funding.

Background Papers: None

Reference Papers: None

Enquiries:

For further information on this report please contact Giles Hearn. (Ext 4404)

This page is intentionally left blank



Report to Health and Housing PDR Panel

Date: **17 January 2013**

Report of: **Director of Community**

Subject: **FAREHAM'S APPROACH TO HEALTH AND WELLBEING**

SUMMARY

This report outlines the Government's Health reforms summarising the key changes to the organisational structure of the National Health Service (NHS) and the role of the new organisations. The report also describes the opportunities for Fareham Borough Council (including this Panel) to engage with the Health Service and the role of this Panel in maintaining an overview of local health issues and priorities.

RECOMMENDATION

The Panel is asked to:

- (1) note the Government's reforms to the National Health Service.
- (2) note how Fareham Borough Council's services impact on the health and wellbeing of residents and visitors.
- (3) note the remit of the Panel has been extended to include maintaining an overview of local health issues and priorities.
- (4) note how the Council is represented on the various Health bodies.
- (5) note how the Panel can make representations to the Hampshire Health & Wellbeing Board and the Fareham & Gosport Clinical Commissioning Group about local health issues and priorities via the Council's appointed representative.

INTRODUCTION

1. This report outlines the Government's Health reforms summarising the key changes to the organisational structure of the National Health Service (NHS) and the role of the new organisations. The report also describes the opportunities for Fareham Borough Council (including this Panel) to engage with the newly reformed Health Service about local issues and priorities.

THE GOVERNMENT'S HEALTH REFORMS

2. The Health and Social Care Act 2012 abolishes the NHS Primary Care Trusts (PCTs) and Strategic Health Authorities (SHAs) by April 2013.
3. Instead, local Clinical Commissioning Groups (CCGs) made up of General Practitioners (GPs), hospital doctors and nurses and other specialists, will take charge of commissioning services for their local population

NHS South of England

4. As part of the Government's plans to reform the NHS, the 10 strategic health authorities in England have been merged into four strategic health authority clusters, of which NHS South of England is one. Strategic health authorities will no longer exist from 1 April 2013.
5. One of the key roles for NHS South of England in 2012/13 is to prepare the NHS for the changes proposed in the Government's Health and Social Care Bill.

Public Health England

6. A new body called Public Health England will be established by April 2013 and will work to improve public health and reduce health inequalities between the richest and poorest. Public Health England will be an executive agency of the Department of Health, and will have the operational autonomy to advise Government, local authorities and the NHS in a professionally independent manner.

Healthwatch

7. Healthwatch will be the new consumer champion for health and social care providing authoritative evidence based feedback to organisations responsible for commissioning or delivering local health and social care services.

Clinical Commissioning Groups (CCGs)

8. From April 2013, CCGs will replace Primary Care Trusts (PCTs) as the main commissioners of healthcare services across the country.

Health & Wellbeing Board

9. Each county/unitary authority will have its own health and wellbeing board. Board members will collaborate to understand their local community's needs, agree priorities and encourage commissioners to work in a more joined up way. As a result, patients and the public should experience more joined-up services from the NHS and local councils in the future.

10. Health and wellbeing boards are a key part of broader plans to modernise the NHS to:
 - ensure stronger democratic legitimacy and involvement
 - strengthen working relationships between health and social care, and,
 - encourage the development of more integrated commissioning of services.
11. The boards will help give communities a greater say in understanding and addressing their local health and social care needs.
12. From April 2012, Health and Wellbeing Boards will be operating in shadow form during 2012-13. Boards will take on their statutory functions from April 2013. The Health and Social Care Act mandates a minimum membership of:
 - one local elected representative
 - a representative of local Healthwatch organisation
 - a representative of each local clinical commissioning group
 - the local authority director for adult social services
 - the local authority director for children's services
 - the director of public health for the local authority
13. Local boards will be free to expand their membership to include a wide range of perspectives and expertise, such as representatives from the charity or voluntary sectors.
14. Membership is not the only way to engage with the work of the boards, all boards regardless of their political or geographic make-up will be expected to ensure that the needs of local people as a whole are taken into account.
15. Boards will be under a statutory duty to involve local people in the preparation of Joint Strategic Needs Assessments (JSNA) and the development of joint health and wellbeing strategies.
16. Each Health and Wellbeing Board will have a local Healthwatch representative member. Local Healthwatch will have a formal role of involving the public in major decision making around health and social care and its work is expected to feed into that of the Health and Wellbeing Boards. All Health and Wellbeing Boards will be accountable to local people through having local councillors (from county/unitary authorities) as members of the board.
17. Health and Wellbeing Boards are at the heart of the plans to transform health and care and achieve better population health and wellbeing.
18. Leaders from across the local community will come together in Health and Wellbeing Boards. They will have a collective focus – to improve services for the whole community so individuals and communities are able to live healthier lives, and have a better experience of the health and care system.
19. The Joint Strategic Needs Assessment (JSNA) and Joint Health and Wellbeing Strategy are the key to putting localism into action.

20. Refreshing the JSNA and developing the joint Health and Wellbeing Strategy over the coming months will provide local partners including Clinical Commissioning Groups (CCGs) with a jointly-agreed and locally determined set of priorities on which to base their commissioning plans within the reformed health and care system going forward.

Hampshire County Council's Health & Wellbeing Partnership Board

21. The Partnership Board exists to provide a platform for partners to work better together to deliver the necessary changes required to ensure that everyone in Hampshire are able to benefit from improvements in health and well-being.
22. It operates as a thematic partnership within the context of the sustainable community strategy, being formally accountable to the Hampshire Senate.
23. The Board is responsible for undertaking a Joint Strategic Needs Assessment (JSNA). The Board is currently meeting in shadow form, but from April 2013, the Health & Wellbeing Board will become a committee of the County Council and will meet in public.
24. Most District Councils in Hampshire have established a District Health and Wellbeing Partnership Board. To date, Fareham is unique in not doing so, preferring to use the Health and Housing Policy Development and Review Panel to fulfil the role.
25. Lead Councillors representing Borough or District Council Health and Wellbeing Partnership Boards meet quarterly to share information, receive feedback and influence the work programme of the Hampshire Health & Wellbeing Partnership Board.

Fareham & Gosport Clinical Commissioning Group

26. The Fareham and Gosport Clinical Commissioning Group (FGCCG) is a group formed from 21 GP practices based in Fareham and Gosport and has a delegated £167million budget covering acute hospitals, community services and prescribing services for a population of nearly 200,000 people.
27. The FGCCG is responsible for implementing more local health care in centres that are closer to patients' home. The overall aim of the FGCCG is to provide health care services that are designed to meet Fareham and Gosport needs.
28. For example, the FGCCG region contains a high area of deprivation and deaths from cancer or smoking related diseases are above the national average. Other priority areas include child obesity, teenage pregnancy and alcohol related harm.
29. The current policy for involvement and engagement includes:
- Duty to involve – section 242 of the NHS Act 2006
 - Operating Framework
 - Requirements within the NHS Constitution
 - Health and Social Care Act 2012
 - Equity and Excellence: Liberating the NHS.

30. Clinical Commissioning Groups will also be required by law to:
- involve the public in the planning and development of services
 - consult on their Commissioning Plans
 - report on involvement in Annual Report
 - have two lay members on their governing body
 - have due regard to the findings from local Healthwatch
 - consult Local Authorities (county/unitary authorities) about substantial service change
 - have regard to the NHS Constitution in carrying out their functions
 - act with a view to secure the involvement of patients in decisions about their care
 - promote choice
 - reduce inequalities between patients with respect to outcomes achieved.
31. The Fareham and Gosport Clinical Commissioning Group held its inaugural meeting of the Governing Body in public at Ferneham Hall on Wednesday 9th May 2012.
32. Fareham & Gosport Clinical Commissioning Group aspires to be amongst the best performing CCGs nationally, commissioning high quality, effective care for patients, their carers and their communities.
33. Richard Samuels has recently been appointed as the Chief Officer for the Fareham & Gosport CCG and attended a meeting of the Scrutiny Board on 27 Sept 2012 to introduce himself and outline the role of the CCG. The Scrutiny Board expressed disappointment that there was no democratically elected member from Fareham on the F&GCCG Governing Board and invited Richard to consider requesting the Council to appoint a representative to the Governing Board. Following the Scrutiny Board meeting, F&GCCG wrote inviting the Council to appoint a representative to the F&GCCG Board.

STATUTORY DUTY

34. There is no statutory duty or requirement for Borough or District Councils to attend or participate in county wide Health & Wellbeing Partnership Boards, to establish a local District Health & Wellbeing Board or to participate on the Clinical Commissioning Group. However, District & Borough Councils are in a unique position to represent the views and needs of their local communities.
35. A summary of the services provided by Fareham Borough Council which have a direct impact on the health and wellbeing of residents and visitors to the Borough is attached at Appendix A.

REPRESENTATION ON HEALTH GROUPS

36. Councillor Brian Bayford (Executive Member for Health & Housing) has been appointed as Fareham Borough Council's representative on the Fareham and Gosport Clinical Commissioning Group. Councillor Bayford is also the Council's "Lead" Member for Health issues and attends the District / Borough Council "Leads" Health and Wellbeing Partnership Board which provides an opportunity to receive

feedback from the Hampshire Health and Wellbeing Board and influence their future work programme.

ROLE OF THE PANEL

37. The remit of the Housing Policy Development and Review Panel has recently been extended to include responsibility for maintaining an overview of the local health needs and influencing local priorities.
38. The Panel may choose to fulfil this role by inviting the Director of Public Health, and or a representative of the Clinical Commissioning Group to attend future meetings and give a presentation or answer questions about their strategy, local needs and or local priorities.
39. In addition, the Panel may wish to make representations on local health needs and priorities via the Council's lead Member (Councillor Brian Bayford, Executive Member for Health & Housing). The Director of Community will be the lead officer on health issues and will be providing support to the Executive Member for Health and Housing and to the Health and Housing Policy Development and Review Panel as necessary.

CONCLUSION

38. The Government's reform of the National Health Service will result in new organisational structures affecting the delivery of local health services. Although there is no statutory duty for Borough or District Councils to engage or scrutinise the provision of local health services and or local health priorities, the Borough Council and its members are uniquely placed to represent local needs and influence local priorities for action.
39. Extending the role of this Panel to include health, provides an opportunity for the Panel and local councillors to comment on local health needs and priorities for action. The Panel will also fulfil an important role supporting the Executive Member for Health and Housing in his role as the Council's appointed representative on the Fareham & Gosport Clinical Commissioning Group and at the District "Leads" Hampshire Health & Wellbeing Partnership Meetings.

Background Papers:

APPENDIX A: Summary of FBC's services which impact on the Health & Wellbeing of the residents and visitors to Fareham.

Reference Papers:

Enquiries:

For further information on this report please contact Martyn George. (Ext 4400)

Summary of FBC's services which have an impact on the Health & Wellbeing of residents and visitors to Fareham.

Service provision:

- Air Pollution - Regulatory Services/Environmental Health
- Anti-Social Behaviour - Community Safety Partnership / Housing
- Burials/cemeteries - Community & Leisure / Streetscene; Portchester Crematorium Joint Cttee.
- Dog Control - Regulatory Services/Environmental Health
- Emergency Planning - CXMT
- Food Hygiene - Regulatory Services/Environmental Health
- Health Education - Not a priority, no investment
- Health Improvement - Leisure & Community Venues
- Housing - Decent Homes Standard / Building Services; Enforcement of Housing Standards in the Private Sector - Regulatory Services / Environmental Health; Housing Need - Strategic Housing & Planning; Housing Waiting List; Allocations Policy; Individual Housing Needs with medical issues - Medical & Welfare Panel.
- Infectious Disease Control - Regulatory Services/Environmental Health
- Leisure - Leisure Strategy & Capital investment in Leisure and community facilities; Parks & Open Spaces; Foreshore.
- Licensing - Regulatory Services/Environmental Health
- Noise Nuisance & Noise Control - Regulatory Services/Environmental Health
- Pest Control - Regulatory Services/Environmental Health; Streetscene/Refuse & Recycling
- Planning (Planning Policy; Core Strategy) - incl's Health Infrastructure
- Public Transport - HCC
- Safer Neighbourhoods - Community Safety Partnership
- Traffic Management - HCC

This page is intentionally left blank