Agenda Health and Well-Being Board

Tuesday, 25 April 2017, 2.00 pm County Hall, Worcester

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Health and Well-Being Board Tuesday, 25 April 2017, 2.00 pm, Council Chamber, County Hall

Membership

Full Members (Voting):

Mr J H Smith (Chairman)	Cabinet Member with Responsibility for Health and Well-being
Dr C Ellson (Vice Chairman)	South Worcestershire CCG
Ms J Alner	NHS England
Mr M L Bayliss	Cabinet Member with Responsibility for Children and Families
Mrs S L Blagg	Cabinet Member with Responsibility for Adult Social Care
Dr R Davies	Redditch and Bromsgrove CCG
Catherine Driscoll	Director of Children, Families and Communities
Mr S E Geraghty	Leader, Worcestershire County Council
Dr Frances Howie	Director of Public Health
Dr A Kelly	South Worcestershire CCG
Sander Kristel	Director of Adult Social Services
Clare Marchant	Chief Executive, Worcestershire County Council
Dr C Marley	Wyre Forest CCG
Peter Pinfield	Healthwatch, Worcestershire
Simon Trickett	Redditch & Bromsgrove & wyre Forest Clinical
	Commissioning Group

Associate Members

Mrs C CuminoVoluntary aCllr. Karen MayNorth WordCllr. Gerry O'DonnellSouth WordSupt Kevin PurcellWest Merce

Voluntary and Community Sector North Worcestershire District Councils South Worcestershire District Councils West Mercia Police

Agenda

Item No	Subject	Presenter	Page No
1	Apologies and Substitutes		
2	Declarations of Interest		

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ltem No	Subject			
3	Public Participation Members of the public wishing to take part should notify Legal and Democratic Services in writing or by e-mail indicating the nature and content of their proposed participation on items relevant to the agenda, no later than 9.00am on the day before the meeting (in this case 9.00am on 24 April 2017). Enquiries can be made through the telephone number/e-mail address below.			
4	Confirmation of Minutes To confirm the minutes of the meeting on 14 February 2017.		1 - 12	
5	Forward Plan and Related Actions Item for Decision	Frances Howie	13 - 20	
6	An Update on the Herefordshire and Worcestershire Sustainability and Transformation Plan Item for Consideration	Carl Ellson	21 - 28	
7	Health and Well-being Action Plans 2016-21 Item for Decision	Frances Howie	29 - 32	
7a	Good Mental Health and Well-being Throughout Life		To follow	
7b	Being Active at Every Age		33 - 42	
7c	Reducing Harm from Alcohol		43 - 58	
8	Bi-Annual Progress Report from the Health Improvement Group Item for Information and Assurance	Frances Howie	59 - 118	
9	Children and Young People's Plan Item for Decision	Catherine Driscoll	119 - 120	
10	Better Care Fund	Sander Kristel	To follow	
11	Worcestershire Safer Communities Board - Community Safety Agreement 2017/18 Item for Information and Assurance	Frances Howie	121 - 138	
12	Acute Hospital Services	Simon Trickett		
12a	Future of Acute Hospital Services			

ltem No	Subject	Page No
12b	Response to the CQC report	
13	Future Meeting Dates Dates for 2017	
	 Public meetings (All at 2pm) 11 July 2017 10 October 2017 	
	 Private Development meetings (All at 2pm) 13 June 2017 12 September 2017 7 November 2017 5 December 2017 	

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Health and Well-Being Board Tuesday, 14 February 2017 Council Chamber, County Hall -2.00 pm

2.00 pi		Minutes		
Present:		Mr J H Smith (Chairman), Dr C Ellson (Vice Chairman), Ms J Alner, Mrs S L Blagg, Dr R Davies, Catherine Driscoll, Jane Francis, Dr Frances Howie, Sander Kristel, Clare Marchant, Dr C Marley, Cllr. K May, Cllr. G O'Donnell, Peter Pinfield and Simon Trickett		
Also att	ended:	Bridget Brickley, Sarah Dugan, Jo Galloway, David Mehaffey, Gareth Robinson and Sarah Smith.		
Available papers		The members had before them the Agenda papers (previously circulated) which included the Minutes of the meeting held on 1 November 2016.		
		Copies of these documents will be attached to the signed Minutes.		
404	Apologies and Substitutes	Apologies were received from Marc Bayliss, Simon Geraghty and Anthony Kelly. CI Jane Francis attended for Supt. Kevin Purcell		
405	Declarations of Interest	None		
406	Public Participation	Graham Vickery contributed a comment and question after the Board had discussed the Ofsted inspection of Children's Services (see minute 414).		
407	Confirmation of Minutes	RESOLVED that the Health and Well-being Board agreed the minutes of the previous meeting on 1 November 2016 to be an accurate record of the meeting and were signed by the Chairman.		
408	Sustainability and Transformation Plan	Sarah Dugan updated the Board on the public engagement. To date there had been 120 events held and 897 responses. The public supported the general direction of STP and recognised that they had a responsibility for their own health but were asking to be pointed in the direction of trusted sources of information. There was a strong preference for accessing services through GP surgeries and for care to be delivered closer to home. Concerns were raised about the reduction in the numbers of community beds, the use of technology and transport; further work would be done in those areas.		



An STP delivery Board had been set up to drive delivery of the plan and they reported to the Programme Board as required.

The focus was still on four main themes of

- 1. Back office and infrastructure
- 2. Prevention and supporting self-care
- 3. Home, not hospital; a different modal of care
- 4. Reviewing how and when specialist services were used.

It was felt that further work was needed on how the golden threads of prevention, mental health and wellbeing, and children and young people fitted in with the work-streams.

The engagement would run until the end of February and once the responses had been analysed the document would be refreshed and presented to the Health and Well-being Boards, perhaps at a joint Herefordshire and Worcestershire meeting.

During the discussion various points were made:

- A hopper bus service between Worcestershire Royal and the Alexandra hospital had begun on 6 February and over 5 days had taken 192 people between the hospitals,
- More work was being done on the analysis of • community beds, checking whether the assumptions made about the length of stays were accurate. Different models were run using a 14 day stay for an aspirational plan and 20 days in the realistic plan. Work was being carried out to see how community and acute hospital services would need to be organised differently to enable the aspirational model to be achieved. Social care demands as well as hospital demands were being considered during the bed modelling exercise. Demand management would be important in achieving the aspirational targets. The reduction in community beds could only happen once community services were running at optimal capacity and efficiency,
- Healthwatch felt that more involvement was needed from patients, users and carers and more details regarding finances were required
- Transport between Evesham and Bromsgrove was an issue as there were no direct bus services
- Stroke services were being kept under review
- The Prevention Board had met and would oversee the programmes of digital inclusion, making every



		 contact count, social prescribing and lifestyle programme change. The Board would also ensure that prevention remained at the heart of the workstreams being looked at in the STP The current engagement was to ensure that the STP was moving in generally the right direction. More detailed work and specific consultation would be needed later in the process. RESOLVED that the Health and Well-being Board noted the progress on the development of the Sustainability and Transformation Plan and in particular noted the public engagement work.
409	Consultation on the Future of Acute Hospitalstarted on 6 Services in W 2017. There is comments or	Simon Trickett explained that public consultation had started on 6 January for the Future of Acute Hospital Services in Worcestershire and would run until 30 March 2017. There had been good engagement with lots of comments on transport and how transport and clinic times fitted together.
	Worcestershire	A final recommendation, following the consultation, would be presented to the Governing Bodies of the CCGs at the end of May. If the recommendations were accepted the implementation phase would begin.
		During the discussion it was pointed out that the public were worried whether the capacity would be available once the new model had been decided on. It was pointed out that part of the plan had been implemented already on a temporary emergency basis with the centralisation of maternity and paediatric services. For these plans to become permanent they needed £29 million of capital investment along with an additional 80 beds in Worcester and a reduction of those beds at Redditch.
		The Chairman's suggestion that the recommendation should use the word note rather than consider was agreed.
		RESOLVED that the Health and Well-being Board noted the report on the public consultation on the Future of Acute Hospital Services in Worcestershire.
410	Children and Young People's Plan Refresh	The CYPP was a high level strategic document which set out the ambition for children and young people's services across the Worcestershire Partnership. It would be judged by the outcomes of what young people achieved and how well the partners worked together.

There was a significant difference between the educational attainment of children in the County compared to vulnerable or looked after children.

A multi-agency approach between children's services and health, along with clear priorities was necessary. The Connecting Families Strategic Group suggested using their resources to focus on a multi-agency workforce plan.

It was agreed in 2015 that there would be a strategic sub group of the HWB to oversee partnership working. This group did not get off the ground so it was proposed that the Connecting Families Strategic Group be refreshed and clarify its aims. This would be a sub group of the HWB. The terms of reference have been finalised and Nathan Travis from the Fire Service would be the Chairman.

A draft plan would come to the Health and Well-being Board in April so feedback can be gained in May and June and sign-off can happen in July.

In the ensuing discussion the following points were clarified:

- The work of connecting families was good but was on too small a scale. Its work needed to be spread across the County
- It was crucial to listen to the voice of young people. This would happen through the Youth Cabinet, Children in Care Councils and going into schools;
- Obesity in children should be mentioned in the plan
- This plan could not be separated from the Ofsted report. The HWB had a strategic responsibility for health and well-being and should provide challenge and ensure things were being done. There was a large amount of information available regarding children's services e.g. JSNA and HWB members should consider what would be useful to them
- Worcestershire Safeguarding Children's Board was also involved
- GPs were a useful source of information and communication with them was key. The Connecting Families Group would play a key part in disseminating information. The CCG representatives on the HWB had a role in spreading information to GPs and onwards to families. However there was some concern



		amongst the GP practices that the reduction in the number of Health visitors meant that they were now not so confident that information was being passed on. However it was stressed that this paper was a strategic level document rather than dealing with how information would be spread on the ground.
		 RESOLVED That the Health and Well-being Board: Approved the proposals to refresh the Children and Young People's Plan (CYPP) for 2017 to 2021 and for the plan to act as framework for a whole-system response to improving outcomes for children, young people and their families; Approved the proposal to strengthen the already well-established Connecting Families Strategy Group and for this group to take responsibility for overseeing the implementation of the refreshed CYPP. This effectively replaced the proposed Children and Families Strategic Group which was never fully implemented; and Noted the timescales for consultation to inform the refresh of the Children and Young People's Plan which included seeking the views of children, young people and families and agreed that the plan will be completed by July 2017.
411	Acute Trust Performance	Frances Howie explained that this issue had first been considered by the HWB in May 2015 when concerns had been raised by routine monitoring and some whistle- blowing by staff. Action plans had been put in place but concerns were still live this winter and had culminated in risk summits in December and January following the CQC re-inspection in November, and the Section 29a enforcement notice. The Trust was now in the consultation period for the Future of Acute Hospital Services, Sustainability and Transformation planning was underway and there were high levels of scrutiny. It was the duty of the HWB to improve the health and well-being of the local population, lead integration, influence commissioning across the system and seek assurance about risks to the safety of the population.
		Sarah Smith from the Acute trust clarified that the CQC had not yet issued its report. Following the re-inspection in November a risk summit, convened by NHS Improvement had taken place at the recommendation of the CQC. Certain actions were taken immediately, such

as creating 2 extra medical wards from surgical wards, and capacity had been increased at Aconbury East to support patients who were ready to move on from their acute hospital stay. This enabled safety to be improved. There had been on-going communication with the CQC and a response was being prepared to the Section 29A letter detailing a rapid action plan covering: the safety and effectiveness of care, urgent care and patient flow, governance and safety. The immediate response to the CQC was required by 10 March.

During the discussion various points were made:

- In order to make the immediate changes and identify the priorities a programme team had been created with a Director of Performance. The Chairman had been honest with staff and stakeholders
- In order to reverse the public loss of confidence it would be necessary to follow through on the plan and show improvements,
- There had been a lot of changes in leadership, but now a new Chief Executive, Chief Nurse and Finance and Medical Officers had been appointed. This would support other levels of staff and help with morale
- The wider Health environment was being supportive
- In order to prioritise what needed to be done the actions required had been grouped into themes such as safety. Children's safeguarding risk management was being checked to ensure that the Trust was not becoming too used to risk. The CCG were also becoming more vigilant about safety and quality at Worcestershire Acute and twice monthly assurance meetings were now being held
- The number of hospital beds had fallen since the NHS had been created whilst population had risen. Bed capacity was a major issue with Worcestershire Royal sometimes running at 100% occupancy. Changes needed to be implemented by the STP to enable the NHS to cope with an increasing ageing population by increasing community services. Hospital is not the right place for frail people and necessary stays should be as short as possible. Capacity in terms of staffing was more of an issue rather than the physical number of beds
- The term frailty should be used rather than elderly
- Healthwatch were going to be doing some surveys with patients in hospitals



		 An environment of openness and transparency was being cultivated and the Trust wanted to hear from people who had specific concerns.
		It was accepted that a lot needed to be done and the improvements could only be started by 10 March deadline.
		It was agreed that once the Chief Executive had started she would be invited to attend a future HWB with the Chairman.
		 RESOLVED that the Health and Well-being Board: a) thank Sarah Smith and Gareth Robinson for attending the meeting to discuss the current situation at the Worcestershire Acute Hospital Trust, and b) invite the new Chief Executive to attend a future meeting of the Board to give a further update.
412	Worcestershire Adults Safeguarding Board	Following the Care Act the Local Authority had to set up an Adults Safeguarding Board with a core, multi-agency membership and set procedures in place. They had a person centred approach and were independent of the County Council. Jo Galloway, Chief Nursing Officer for Redditch and Bromsgrove and Wyre Forest CCG (representing Kathy McAteer, the Chairman of the Adult Safeguarding Board) and Bridget Brickley, presented details of the 2015-16 Adults Safeguarding Board Annual Report.
		The focus of the Board was on achieving outcomes for people who self-neglect and the role of the Board had been updated with 7 Strategic priorities decided.
		Following the CQC inspection the Chairman of the Safeguarding Board had requested that representatives of the CCGs and the Acute Trust attend the May meeting of the Safeguarding Board in order to give assurances regarding safety.
		Due to changes in classification of concerns under the Care Act, the number of cases had fallen. The number of cases had also reduced due to increased work on pressure sores and better understanding that the issue involved safety rather than safeguarding.
		The majority of concerns were raised by care agencies



		with most being physical abuse or neglect. Work was being done with health services to ensure they knew what to report and how to label the issue – for example some instances of physical abuse should actually be recorded as domestic abuse. Older women were most at risk. Improvements had been made in asking people what outcome they were looking for and concentrating on a person centred approach. One of the key risks for delivery included staff capacity.
		 During the discussion the following points were made; Working with the Safeguarding Children's Board was a priority, but further work was needed to ensure that roles were not being duplicated It was agreed that it would be helpful for both the Children's and Adult's Safeguarding Boards to attend the same HWB meeting to discuss the cross cutting issues,
		 Work was also being done on transitions It was important that people understood what constituted a safeguarding issue so that scarce resources could be used effectively.
		RESOLVED that the Health and Well-being Board considered cross cutting themes and agreed to refer issues either directly to The Safeguarding Board or through the next Joint Cross Cutting Issues meeting to be held between the Chairs of the four Boards.
413	Better Care Fund	Sander Kristel reported that the period 8 for the BCF was still underspent by the amount of roughly £700,000. There was good integration between health and social care and delayed discharges were currently at their lowest level.
		Planning was taking place for 2017/18 which included evaluation of the current activities. It had been hoped that the BCF for 2017/18 would be approved before the end of March but as the national guidance was yet to be received that was unlikely to happen.
		RESOLVED that the Health and Well-being Board noted the update on the Better Care Fund.
414	OFSTED Inspection of Services for	Catherine Driscoll updated the Board regarding the action plan which had been put in place since the Ofsted report on 24 January judged services to be inadequate.
	children in need of help and	The report contained 14 recommendations which have led to a wide ranging improvement plan being developed



protection, children looked after and care leavers

with 8 high level outcomes. County Council had agreed to further resources being made available to help with the improvements. Ofsted stated that they had seen improvements since their last visit but improvements were not progressing fast enough. Meetings at strategic level must constantly look at themselves to see what difference they are making to children and their families.

In the ensuing discussion the following points were made:

- The whole County Council was responsible for turning things around and all partner agencies had a responsibility to help with improvement. District Councils accepted they had an input, especially with housing. Meetings had taken place between Chief Executives and Leaders of local councils as well as with housing suppliers
- The District Council Representatives on the Board stated that they reported back to their own Executive Board briefings but not publically to the rest of the Council
- The Chairman allowed Councillor Vickery, who was not a Board Member to address the Board. Councillor Vickery pointed out that a question had been asked in Council on 9 February 2017 suggesting that the County Council should call for assistance from outside the Council. The suggestion was not accepted. He wondered how far you could expect individual councillors to take responsibility for the service to 700 children. He said he had concerns regarding the sub group of the HWB which never met; the Corporate Parenting Board which was not allowed to carry out scrutiny; the HWB which was not a scrutiny Board; and wondered how individual councillors were expected to exercise oversight? He felt there needed to be some clear instructions regarding what was expected from Councillors corporately and individually so there would be effective change
- In response the Chief Executive said that all Councillors have a Corporate Parenting responsibility even though they may sit on different Boards and have various responsibilities because of the roles they fill. It was suggested that the responsibilities for Councillors could be clarified in the induction for new Councillors after the election
- One of the Cabinet members responded that it depended on the individual Councillor and what was asked of them. Councillor Vickery knew the



		 responsibilities of constituency Councillors but could not come to terms with the Corporate responsibility being shared equally, regardless of their roles and experience which were not equal. Should the Board take on any actions? The Chairman responded that he was confident in the plan that had been put in place It was clarified that the HWB had the strategic overview and ensured the wider, system wide view from all Partners was considered rather than just the view of the County Council. The HWB did not have responsibility for Children's safeguarding, it was a strategic Board. The Chief Executive was clear that the response and all members needed to be engaged.
		RESOLVED that the Health and Well-being Board noted the update in relation to the recent Worcestershire Ofsted Inspection and the County Council's response regarding the Improvement Plan.
415	Development Session	 At the previous development session on 25 January it had been agreed that: Task and finish groups would be set up where necessary. The first one would be for housing, particularly the use of the BCF and the Disabled Facilities Grant The Board would look at the Forward Plan at the next meeting.
416	Future Meeting	Dates for 2017
	Dates	 Public meetings (All at 2pm) 25 April 2017 11 July 2017 10 October 2017 Private Development meetings (All at 2pm) 13 June 2017 12 September 2017 7 November 2017 5 December 2017

The meeting ended at 4:25pm

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Chairman



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HEALTH AND WELL-BEING BOARD 25 APRIL 2017

FORWARD PLAN AND RELATED ACTIONS

Board Sponsor

Frances Howie, Director of Public Health

Author

Tim Rice

Priorities	(Please click below then on down arrow)
Mental health & well-being Being Active Reducing harm from Alcohol Other (specify below)	Yes Yes Yes
Safeguarding Impact on Safeguarding Children Reports for both adult and children's safeguarding boards included in the plan	Yes
Impact on Safeguarding Adults	Yes

Impact on Safeguarding Adults Yes Reports for both adult and children's safeguarding boards included in the plan

Item for Decision, Consideration or Information

Decision

Recommendation

- 1. The Health and Well-being Board is asked to:
 - a) Agree the Forward Plan to February 2018 (Appendix 1),
 - b) Approve the proposal for a joint meeting of the Health and Wellbeing Boards for Herefordshire and Worcestershire in order to discuss the STP; and
 - c) Note the establishment of a Housing Task and Finish Group.

Background

2. At the last meeting of the Health and Well-Being Board, members received an update from the private development session of the Board, held on 25 January, to discuss the way the Board works in the context of maximising its' role as strategic leader of the health and social care system at a time of unprecedented challenge and change. The Board agreed to introduce regular thematic reviews of key areas including inequalities and prevention, and to focus on specific programme areas of the STP. It also decided to introduce Task and Finish groups where needed to focus on areas of particular challenge, with the first being on housing, the use and effectiveness of current and future funding streams.

3. The draft forward Plan is attached as Appendix 1. Board members are asked to comment, and note that this will now be brought regularly to Board for review.

4. Discussions on 14 March between senior officers, Chairs and Vice-chairs of the Health and Well-being Boards of Herefordshire and Worcestershire to consider the potential for joint discussions about the STP and possible joint working arrangements between the two Boards to ensure that a full process of review has taken place and the members of both Boards have considered the proposals and impact across the whole footprint.

5. It is now proposed to hold a meeting of the two Boards, initially in private, followed by a public meeting on the same day. This meeting will focus on the outcomes of the public engagement process; the refreshing of the plan; broad principles in oversight of the plan where aligned; areas for collective working; and areas where the impact of the plan may vary between the two counties. It is proposed that this meeting be convened in May, by which time the engagement process will have concluded and been analysed, and the plan will have been refreshed.

6. Discussions are currently underway with key statutory agencies and partners to consider the way in which housing services and strategic approaches to housing can better operate across the health and social care system. An initial meeting of key officers will be considering the scope and remit for this work and looking at the commissioned services, funding arrangements, statutory duties and outcomes that are currently being achieved. A focus for the work is likely to be the national Memorandum of Understanding (MoU) to improve health through the home. The MoU recognises the right home environment is essential to health and well-being throughout life, and that there has to be co-operation across housing, health and social care sectors to achieve this. The Board has already agreed to the MoU principles. An initial update report back will come to the Board in July.

Contact Points

<u>County Council Contact Points</u> County Council: 01905 763763 Worcestershire Hub: 01905 765765

Specific Contact Points for this report Name, Frances Howie, Director of Public Health. Tel: 01905 845533 Email: fhowie@worcestershire.gov.uk

Supporting Information

• Appendix 1 – Forward Plan

Background Papers

N/A

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Health and Well-being Board Forward Plan

Criteria for agenda items:

- Issue affects health and well-being and is relevant to local strategy
- Issue affects whole county except where they it relates to a particularly serious local problem or a particularly innovative local solution that may be generalizable at a later date
- New and emerging issues e.g. national policy and implications, horizon scanning, best practice elsewhere
- Topical issues of widespread public interest
- Key updates and assurances: safeguarding / health protection / health improvement / health and social care commissioning

	SUBJECT	REPORT FROM	HWB SPONSOR	PURPOSE – Decision/ Consideration/ Information	PRIORITY – Good MH/ Being Active /Reducing harm from Alcohol
11 July 2017	Carers Strategy	Louise Berry	Sander Kristel		
	Autism Strategy	Louise Berry	Sander Kristel		
	STP	David Mehaffey/ Sarah Dugan	Carl Ellson		
	Children and Young People's Plan	Hannah Needham	Catherine Driscoll		
	Housing task and finish group	Tim Rice	Frances Howie		
	BCF	Richard Keble	Sander Kristel		
	Director of PH report	Frances Howie	Frances Howie		

10 October 2017	Worcestershire Safeguarding Children's Board	Derek Benson	Catherine Driscoll		
	Worcestershire Safeguarding Adults Board	Bridget Brickley / Kathy McAteer	Sander Kristel		
	JSNA	Cameron Russell	Frances Howie		
	HIG bi annual plan	Debbie Tillsley	Frances Howie		
	Prevention Update	Frances Howie	Frances Howie		
Standing Items – Each meeting	STP	Frances Martin	CCG AOs		All
	Better Care Fund	Richard Keble	Sander Kristel		
	Future of Acute Hospital Services in Worcestershire	Carl Ellson / Simon Trickett	CCG AOs	Information and assurance	All
To be Scheduled	Health and Social Care Complaints System	SPG/ Well Connected			Choose an item.
	Social Impact Bond				
	Personalisation	Mari Gay Anne Clarke	Frances Howie	Consideration, comment and steer further action	
	DPH Inequalities report	(Feb 2018?)			

Annual Items	Autism Strategy (May)	Louise Berry	
	Carers Strategy (May)	Louise Berry	
	JSNA	Cameron Russell	
	HIG bi- annual – April and October	Debbie Tillsley	
	Health protection (bi-annual?)		
	Children and Young people sub group (bi-annual?)	Hannah Needham	
Development Meetings			
	Use of JSNA data by districts etc		
	Adult Social Care budget package (September?)		
Stakeholder Events			
	Children and Young People's Plan?		

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HEALTH AND WELL-BEING BOARD 25 APRIL 2017

AN UPDATE ON THE HEREFORDSHIRE AND WORCESTERSHIRE SUSTAINABILITY AND TRANSFORMATION PLAN (STP)

Board Sponsor

Dr Carl Ellson, Chief Clinical Officer SWCCG and Simon Trickett – Interim Chief Officer RBCCG and WFCCG

Author

Susan Harris

Priorities

Mental health & well-being Being Active Reducing harm from Alcohol Other (specify below) (Please click below then on down arrow) Yes Yes Yes

Item for Decision, Consideration or Information Consideration

Recommendations

- 1. The Health and Well-being Board is asked to:
 - a. Note the themes highlighted through the STP engagement exercise undertaken across Herefordshire and Worcestershire,
 - b. Note the publication of the "Next Steps on the Five Year Forward View" and the associated implications for Herefordshire and Worcestershire's STP; and
 - c. Consider the process and timescales for updating Herefordshire and Worcestershire's STP in relation to the above.

Background

2. As previously reported, the STP builds upon local transformation work already in progress through Well Connected, the Future of Acute Hospital Services in Worcestershire and other local transformation schemes. The purpose of the STP is to develop the opportunities for local bodies to work on a more sustainable planning footprint in order to address the Triple Aim Gaps:

• <u>Health and Well Being</u> - The main focus of this work is on achieving a radical upgrade in illness prevention to reduce the long term burden of ill health – both from a quality of life perspective for individuals and a financial perspective for the health and care system.

- <u>Care and Quality</u> The main focus of this work is on securing changes to enable our local provider trust to exit from the CQC special measures regime and to reduce avoidable mortality across the system through more effective health interventions in areas such as cancer, stroke, dementia, mental health and improved maternity services.
- <u>Finance and Efficiency</u> The main focus of this work is on reducing unwarranted variation in the demand and use of services and securing provider efficiencies through implementing new approaches to care provision.

3. There are four key priorities identified in the November draft STP, alongside three programme enablers:

- Priority 1 Maximise efficiency and effectiveness
 - 1A Infrastructure and back office
 - 1B Diagnostics and clinical support
 - 1C Medicines and Prescribing
- Priority 2 Our approach to prevention and self-care
 2A Prevention
 - 2B Self Care
- Priority 3 Developing out of hospital care
 - 3A Developing sustainable primary care
 - 3B Integrated primary and community services
 - 3C The role of community hospitals
- Priority 4 Establish clinically and financially sustainable services
 4A Improving urgent care
 - 4B Improving mental health and learning disability care
 - 4C Improving maternity care
 - 4D Elective care
- Enabling Change and Transformation
 - 1 Workforce and Organisational Development
 - 2 Digital
 - 3 Healthy communities and the VCS

4. Throughout the STP process we have engaged on the direction of travel and post publication on the 21 November 2016 we have undertaken a period of formal public engagement on the full plan. This concluded at the end of February 2017 with ongoing further engagement with our workforce.

5. Overall the engagement has focused on some high level ideas and concepts, to ascertain initial views on the suggested direction of travel and key priorities identified. The engagement has been supported by a dedicated website (www.yourconversationhw.nhs.uk) where a number of documents have been made available including the full plan and a summary document, plus an online questionnaire. In addition to online information, events and drop in sessions have been held across the footprint where patients, carers and members of the public have been able to meet with members of the communications and engagement work stream to discuss thoughts, concerns and ideas and to complete a questionnaire. A

further opportunity to engage with the community has been presented by the consultation events on the Future of the Acute Hospital Services in Worcestershire. Across the footprint presentations have also been made at a number of community, voluntary and statutory sector meetings, groups and forums. Attendance at these groups has allowed us to share information, promote discussion and gather the views of various health and care groups/patient and carer groups, and also to gather the views of those considered seldom heard. Other comments have been received through letters, emails and enquiries.

6. By the end of the engagement period, 1195 public and patient engagement questionnaires had been completed and over 140 events had been attended in Worcestershire. There were 10,769 hits to the www.yourconversation website supported by social media activity.

7. A review of feedback half way through the engagement period indicated the need to enquire more deeply into two areas that Worcestershire respondents seemed concerned about – notably transport and the use of technology. To this end, a focused piece of work with a number of groups and individuals allowed us to explore these issues in more detail.

8. The STP public engagement has continued via the Future of Acute Hospital Services in Worcestershire consultation, and colleagues working on this consultation have linked this work with STP priorities. By week nine of the consultation, 50 drop in sessions and meetings of groups across Worcestershire and into Warwickshire had been attended and over 1490 people have been spoken to. The key themes raised by people that impact on the STP have been collated and have been included in the final engagement report.

9. The staff engagement around the STP began in February 2017 and it is continuing. The staff engagement work has focused on understanding what staff know about the STP and gathering their early views around the general direction of travel.

10. The engagement that has been undertaken through all these means has indicated general support for the direction of travel with some distinct key themes emerging from the public/patient engagement and the staff engagement. The key themes are as follows:

Out of hospital care

11. Many respondents support the idea of having well-publicised, local services provided by a range of health care professionals who are available at known community bases/health hubs. Decisions around which service/professional a patient should access should be made by clinical, not administrative staff. There is strong support for much routine, non-urgent and non-specialist care to be provided at home/in the community/out of hospital. Many respondents would like to see many more services provided locally and support the idea of local health teams caring for patients at home.

General Practice

12. Access to services at present is not straightforward and is more complex for particular groups. Many respondents believe that access to GP services needs to be changed with good support for the idea that some might see a professional other than a GP, and the proposal that GP appointments should be kept for those who really need them. Respondents support the suggestion that GPs should support local health teams and believe that more professional time should be allocated to those who need it. However, many do not support the idea of Skype being used for routine appointments.

Accident and Emergency services

13. A lack of 24/7 local options and out of hours GP services are seen as key contributors to the challenges being faced by A&E. Respondents want A&E to only treat those who need to be in A&E and many people support the proposal to re-direct people to more appropriate sources of treatment. Whilst some respondents feel that information could help in this regard and offer suggestions where and how this could be provided, others believe that the issue is more about education that needs to be provided at the point of access so that people start to learn what is provided where.

Prevention and self-care

14. Most people recognise they have a responsibility to look after their own health but currently, information about health and services and what people can do for themselves is difficult to access, sometimes contradictory, and often confusing. Respondents want clear information about all services/conditions provided in one trusted place or by trusted individuals or organisations that are known to them and their community. Some respondents recognise that information is not enough for those with entrenched or habitual behaviour, calling for health coaching/motivational interviewing support. Much more prevention and self-care information should be communicated through schools and workplaces.

Technology

15. Views on technology are mixed; some people like it, some do not, and this engagement would suggest that preferences do not reflect gender or age variables. However, in Worcestershire, it would suggest that preferences are linked to ethnicity, with minority ethnic groups much less supportive of technology than White British groups. The feedback indicates that overall, different people like different IT solutions. The perception of whether or not it is useful often depends on the service/groups it is being proposed for.

Transport

16. For the majority of people who responded through the Your Conversation engagement transport was not an issue but the data does suggest that transport remains a challenge for some particular groups. In Worcestershire this seems to include some patients in the North of the county, as well as some carers, both of whom indicate that they do not have access to transport options. Similar concerns were expressed by some Herefordshire residents who are concerned that they will not be able to access appointments when they no longer drive as there are reduced or no public transport options in some places. It is suggested that greater flexibility and a broader system response is taken to address the issues identified around travel and transport challenges.

Bed reductions

17. There is concern about reducing the number of beds, based on the view that beds are still needed and a lack of knowledge/understanding about the alternatives on offer. This was mainly relating to Community Hospital bed reductions.

Carers

18. If carers are going to be asked to do more and to become care partners, more work is required to identify, support, train and involve them. Many carers asked for breaks or respite periods.

Better use of resources

19. Many respondents were keen to offer views around how services could be made more efficient; including better use of resources like pharmacists, mobile units and community venues.

20. The patients and public engaged with expressed appreciation for the opportunity to be involved. They are now asking for more detail around the plan and the money, communicated in ways that resonate and are meaningful for them.

21. On 31 March NHS England published its *Next Steps on the NHS Five Year Forward View*, which sets out the NHS' main national service improvement priorities. While the *Five Year Forward View (FYFV)*, published in autumn 2014, set out why improvements were needed on the triple aim of better health, better care and better value, this document focuses on what is still left to be achieved in the next two years and how the *FYFV*'s goals will be reached. The document outlines the 'significant progress' that has been made since the publication of the *FYFV* and that the NHS has a 'viable and agreed' strategic direction. There is recognition that current demands on the NHS are higher than envisaged at the time of the FYFV's publication. Based on this, and with 2016/17 representing the first year of the NHS' five year Spending Review funding settlement, it is suggested that now is an appropriate time for review and revised action.

22. Within 'the constraints of the requirement to deliver financial balance across the NHS', the document outlines its priority areas as those which matter most to the public, including:

- 1. Improving A&E performance
- 2. Strengthening access to high quality GP services and primary care
- 3. Improvements in cancer services
- 4. Improvements in mental health services

23. In order to deliver these goals, the plan states it will work to accelerate service redesign locally and focus on the goals' 'enablers', namely the workforce, safer care, technology and innovation.

24. The document emphasises changes in the way care is delivered as being key to future stability and sustainability of health and social care, noting that as people live longer lives the system needs to adapt to their needs, helping frail and older people stay healthy and independent, avoiding hospital stays where possible. This will be delivered through better integration of GP, community health, mental health and hospital services, as well as more joined up working with home care and care homes. The document outlined the intention to accelerate this way of working through partnerships of care providers and commissioners in an area (Sustainability and Transformation Partnerships).

25. The document notes that some areas are now ready to go further and more fully integrate their services and funding, moving towards becoming Accountable Care Systems (ACS). Working together with patients and the public, NHS commissioners and providers, as well as local authorities and other providers of health and care services, these early Accountable Care Systems will gain new powers and freedoms to plan how best to provide care, while taking on new responsibilities for improving the health and wellbeing of the population they cover.

26. Post our engagement activity and the directions set out in the Next Steps on the Five Year Forward View, as well as the Operational Contract settlements for 17/18 and 18/19 we are in the process of updating our STP to reflect these changes. Each work programme is therefore reviewing the relevant section in the document and reflecting the changes as required this includes clarity around delivery governance and the phased implementation of national priorities across 17/18 and beyond.

27. This refreshed document is to be considered at the joint Health and Wellbeing session in May (date to be confirmed) and comments incorporated into the final document for formal sign off by CCG Governing Bodies and Trust Boards in the next cycle of public meetings. The final engagement report will be considered in full at the joint meeting alongside the proposed changes to the STP in line with the content of this briefing.

Legal, Financial and HR Implications

28. There are no specific legal, financial or HR implications associated with this paper, but there will be significant implications associated with the development of plans for each programme transformation area within the STP and their subsequent implementation. As these plans are developed these will be identified and reported in due course and dealt with through self-standing reports.

Privacy Impact Assessment

29. There are no specific issues to highlight at this stage

Equality and Diversity Implications

30. There are no specific issues to highlight at this stage

Contact Points

County Council Contact Points County Council: 01905 763763 Worcestershire Hub: 01905 765765

Specific Contact Points for this report Sarah Dugan, STP Chief Executive Lead Tel: 01905 681600 Email: sarahdugan@nhs.net

Supporting Information

31. A full copy of the plan and summary plan can be accessed through www.yourconversationhw.nhs.uk.

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HEALTH AND WELL-BEING BOARD 25 APRIL 2017

HEALTH AND WELL-BEING ACTION PLANS 2016-21

Board Sponsor

Dr Frances Howie, Director of Public Health, Worcestershire County Council

Author

Tim Rice, Senior Public Health Practitioner, Worcestershire County Council

Priorities Mental health & well-being Being Active Reducing harm from Alcohol Other (specify below)	Yes Yes Yes
Safeguarding Impact on Safeguarding Children If yes please give details	No
Impact on Safeguarding Adults If yes please give details	No

Item for Decision, Consideration or Information

Decision

Recommendation

- 1. The Health and Well-being Board is asked to:
 - 1. Agree the three Action Plans:-
 - 1) Good Mental Health and Well-being Throughout Life
 - 2) Being Active at Every Age
 - 3) Reducing Harm from Alcohol
 - (Appendices 1, 2 and 3 respectively); and
 - 2. Ensure that each organisation represented by the Board plays an active part in the delivery of the three plans and fully participate in providing the necessary updates and information for the reporting of progress against the plans.

Background

2. The Health and Well-being Strategy 2016 – 21(which was approved in February 2016), has identified three key priorities; Being Active at Every Age; Good Mental Health and Well-being Throughout Life and Reducing Harm from Alcohol at all Ages.

These priorities were selected, following a process of co-production, because they cause a high burden of avoidable disease; there is evidence-based knowledge about effective interventions; and they require partnership working to effect at-scale change. The Strategy also sets out the principles in approach and renews an emphasis on prevention.

3. Following the publication of the Health and Well-being Strategy 2016-21, further work has been undertaken to develop a specific Action Plan for each of the three priorities. This co-production has included a well-attended stakeholder event in the Summer of 2016, and discussion at a number of partner groups. These Plans will shape the direction and objectives of the work required over the next five year period to ensure the successful delivery the Board's three priorities.

Each plan gives the context to each of the Board's priority areas; the national and 4. local picture and specific objectives around which a range of proposed actions are focused. There is also a concise "Plan on a Page" contained within each of the three documents, which summarises the key points for delivery of each of the strategic priorities. Set out in each plan is a summary of evidence based actions that are underway or planned and progress against these will be reported to the HIG and the Board. Learning from the previous Health and Wellbeing Strategy, it is proposed that the monitoring of detailed action plans against each of the priorities, via a range of organisations, is unproductive and over- bureaucratic. It is intended to provide clearer information about progress against the key activities, including commissioned services. Governance and reporting against activities, including through commissioned services, is already well established for many of the actions in the three plans. To avoid duplication and over reporting, the outcomes from that current activity will be collected and incorporated into the update reports to the HIG and Board.

5. Taken together these three Plans set out a refreshed approach to tackling the main causes of avoidable disease in the county. Achieving progress in these three areas will play a major role in improving the health and well-being of our local population and in reducing the pressures on our challenged health and social care services.

6. Whilst it is recognised that significant work is already built into many operational working and plans, there is more to be done and it is critical that there is strong focus placed on the approach taken in the three Plans. Board members are reminded of the importance of making sure that their own organisations reflect the Board's three priorities in their own business and commissioning plans. They are also reminded of the shared commitment to provide leadership on the implementation of the Strategy.

7. It has been agreed that progress against the three priorities will be reported to the Health Improvement Group (HIG) on a regular basis. Regular reporting will be activity based, but annually there will be a report on the high level outcomes, as set out in the Strategy. These outcomes, mainly taken from the national Public Health Outcomes Framework, are the primary means by which the Board will consider the impact of its Strategy over time. Each Action Plan now includes the baseline data against which change can be measured. The first update on this will be to the HIG in September 2017, with the release of new national data. It should be noted that there is a time delay in national data publication and that meaningful change will not be measurable

for some years. In the meantime, the implementation of evidence based activity will be monitored and challenges to progress will be tackled.

8. The Plans will be kept under review and will be responsive to any significant changes which may include policy influences.

Legal, Financial and HR Implications

9. N/A

Privacy Impact Assessment

10. N/A

Equality and Diversity Implications

An Equality Relevance Screening has been completed in respect of these recommendations. The screening did not identify any potential Equality considerations requiring further consideration during implementation.

Contact Points

<u>County Council Contact Points</u> County Council: 01905 763763 Worcestershire Hub: 01905 765765

Specific Contact Points for this report Name: Dr Frances Howie, Director of Public Health. Tel: 01905 845533 Email: fhowie@worcestershire.gov.uk

Supporting Information

- Appendix 1 Good Mental Health and Well-being Throughout Life
- Appendix 2 Being Active at Every Age
- Appendix 3 Reducing Harm from Alcohol 2016- 21

Background Papers

N/A

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Worcestershire Health and Well-being Board

Being Active at Every Age Physical Activity Plan

2016-2021



Wyre Forest Clinical Commissioning Group



South Worcestershire Clinical Commissioning Group



Redditch and Bromsgrove Clinical Commissioning Group

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Plan on a Page;

Vision;	Worcestershire residents are healthier, live longer and have a better quality of life especially those communities and groups with the poorest health outcomes		
Meeting the challenge;	requires emphasis on prevention with action in the long term to impact upon the wider influences on health and well-being		
We will focus on;	increasing every day activity across the population, particularly within;		
	Under 5's and their parents	Older People	Populations with poorer health outcomes
To do this we will;	Work in partnership to develop local solutions, using national frameworks and best practice which encourages and empowers people of all ages and abilities to become more active. Focusing upon;		
1.	Provide clear information and advice to all ages through a county wide marketing campaign. To increase awareness, motivation, uptake and improve attitudes towards physical activity		
2.	Encourage families, children and young people to start active lives and stay active throughout life, taking responsibility for their own health.		
3.	Support those who have the poorest health outcomes and those who are the most inactive, including older people and those with a disability to lead active lives and increase physical activity.		
4.	Creating health promoting environments, supporting active spaces including the workplace. Encourage use of active, sustainable travel modes and green space for active recreation.		

Context

- Following a comprehensive development and consultation process, the Worcestershire Health and Well-being Board has agreed that its vision is that; Worcestershire residents are healthier, live longer and have a better quality of life, especially those communities and groups with the poorest health outcomes.
- 2. The Worcestershire Health and Well-being Strategy for 2016-2021 has identified 'Being Active at every age' as one of three areas of priority over the next five years. Following stakeholder consultation, it was prioritised because physical activity is an important component in health and well-being across all ages and being inactive is a major cause of ill health throughout life. The negative impact upon health of being inactive is both avoidable and reversible in some cases.
- 3. The purpose of this Being Active Plan is to shape direction and the objectives of work over the next five years to increase the number of people physically active within the County.
- 4. The six key principles of the Health and Well-being Board underpin the Being Active plan; these are outlined in the Health and Well-being Board Strategy. These principles ensure the plan will work in partnership to maximise the impact on health and well-being; empower individuals and communities; recognise local assets and strengthen communities; draw upon existing evidence; involve the community and be open and accountable about the progress we are making.
- 5. Creating a more active society, in which it is easier and more natural for people to be active than inactive will require action by a range of organisations and bodies over a significant period of time. In order to meet this challenge, it will require a renewed emphasis on prevention across all organisations with action in the long term to address the wider influences on health and wellbeing. The plan will seek to embed priorities into work plans through a wide range of organisations, championing the requirement for promoting physical activity to be part of everybody's business.
- 6. The Health and Well-being Board and Health Improvement Group will ensure that actions to implement this Physical Activity Plan align with the five approaches to prevention which are;
 - ✓ Creating a health promoting environment
 - ✓ Encouraging and enabling people to take responsibility for themselves their families and their communities
 - ✓ Providing clear information and advice
 - Commissioning prevention services (based on evidence of effectiveness and within funding available)
 - ✓ Gate-keeping services (services are targeted to the people who would benefit the most)

Physical Activity & Inactivity

- 7. Physical activity is an important foundation of health; it has the potential to significantly improve both physical and mental wellbeing, reduce all-cause mortality and improve life expectancy.
- 8. Being physically active has well evidenced and wide reaching health benefits to an individual, these include; reduced risk of cardiovascular disease, hypertension, diabetes and cancer; it also helps to manage chronic conditions as well as having a positive impact on mental health, reducing stress, anxiety and depression and potentially delaying the effects of Alzheimer's disease. It also

has a large impact on energy expenditure and balance, and it therefore a key determinant of weight control (WHO, 2015).

- 9. Physical activity is necessary for the development of basic motor skills and musculoskeletal development throughout childhood. Regular physical activity during early years provides immediate and long term benefits for physical and psychological well-being (Start Active Stay Active, 2011). In older adults physical activity helps to maintain health, agility and functional independence as well as creating social interaction, prevent falls and promote independence (WHO, 2015).
- 10. Physical inactivity has become one of the leading risk factors for ill-health, contributing to 1 in 6 deaths in the UK. Inactivity is achieving less than 30 minutes of activity per week, with more than 40% of women and 35% of men spending more than six hours a day desk-bound or sitting still, leading to poor health and well-being.

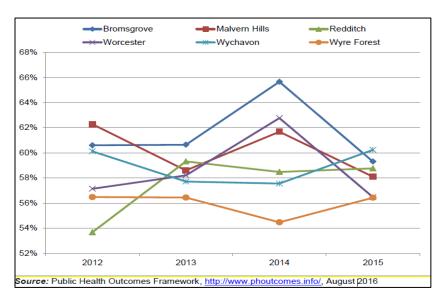
What is the national picture?

- 11. Physical inactivity not only has a consequence for health, it also places a substantial burden on the UK economy. Physical inactivity costs the UK economy approximately £7.4 billion a year, through the direct costs to the NHS of treatment of the consequences of inactivity to indirect costs of sickness absence and loss of productivity in the workforce.
- 12. Over the past 40 years physical activity has declined significantly in the UK, social and economic trends have 'designed' physical activity out of daily life, with increased use of motorised transport, reduction in walking and cycling and longer periods of time spent being sedentary. This has resulted in a 30% reduction in walking trips between 1995 and 2013 (EBAED, 2014).
- 13. Physical activity levels vary according to a number of factors including; income, gender, age, ethnicity, socioeconomic status and disability. People tend to be less physically active as they get older and levels of physical activity are generally lower among women than men. Physical activity levels are also lower among certain minority ethnic groups, among people from lower socioeconomic groups and among people with disabilities (Department of Health 2011). Just 23% of girls aged 5-7 meet the recommended levels of daily physical activity, by the ages 13 -15 just 8% do.
- 14. The Active People Survey (2013-2014) reported that just 18% of disabled adults regularly take part in Sport compared to 39% of non-disabled adults. Only 1 in 4 people with learning difficulties take part in physical activity each month compared to over half of people without a disability (Active People Survey, 2013).

What is the scale of the problem in Worcestershire?

- 15. When compared to the England national average, Worcestershire currently has similar rates of physically active adults at 58.3% and a significantly better rate of inactive adults at 26.4% compared to 55.1% and 30.9% respectively. However, the trend for both indicators in Worcestershire shows that performance is deteriorating (Public Health Outcomes Framework, 2016).
- 16. The graph overleaf shows the estimated percentage of physical active adults for each of the districts in Worcestershire from 2012-2015. It shows a varied picture of activity throughout the County but these levels are similar to those of the England national average of 57%.

Figure 1; Percentage of physically ACTIVE adults 2012-2015



17. The second graph below shows the estimated percentage of physically inactive adults of the District areas in Worcestershire from 2012-2015. It shows that all of the Worcestershire districts have a similar percentage to the England national average of 28.7% excluding Wychavon who has a significantly better score than the national average.

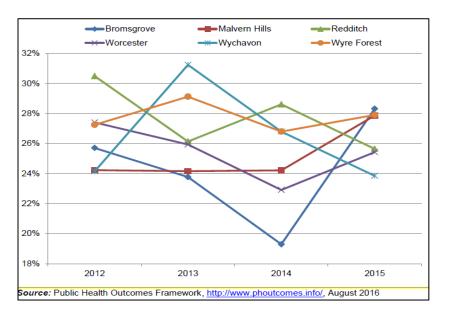


Figure 2; Percentage of physically INACTIVE adults 2012-2015

- 18. According to the Sport England Active People Survey, the sport and active recreation participation rates in Worcestershire increased from 21.7% for the period October 2005-October 2006 to around 24% in the period April 2015-March 2016. However, for the period April 2015 to March 2016, when asked how many days they had participated in sport and recreation over the previous four week period, 51.9% of adults in the county stated 'None'.
- 19. There is strong evidence to suggest that green spaces and the natural environment have a beneficial impact on physical and mental wellbeing and cognitive function through both physical access and usage. Utilisation of outdoor space for exercise/health reasons in Worcestershire has

gradually fallen from 24% to 15.5% over the period 2011-12 to 2014-15 this is despite above average green space available throughout the County.

Tackling the Problem – National Policy

- 20. The Chief Medical Officer recommends all adults should aim to be active daily and avoid long period of being sedentary. Over a week, activity should add up to at least 150 minutes (2½ hours) of moderate intensity activity in bouts of 10 minutes or more –one way to approach this is to do 30 minutes on at least 5 days a week. All children and young people should engage in moderate to vigorous intensity physical activity for at least 60 minutes and up to several hours every day.
- 21. In Public Health England's report, Everybody Active Every Day, strategy for action, it outlines four domains for action across at national and local level, these are;
 - active society: creating a social movement
 - moving professionals: activating networks of expertise
 - active lives: creating the right environments
 - moving at scale: scaling up interventions that make us active
- 22. These domains for action are supported in the Government Strategy; Sporting Future; A Strategy for a more Active Nation. This strategy outlines the importance of encouraging physical activity and the wide range of benefits an individual experiences for taking part. It highlights five key outcomes which are;
 - Physical well-being
 - Mental well-being
 - Individual development
 - Social and community development
 - Economic development
- 23. The Active Nation strategy stresses the role of all parts of Government to work effectively towards clear, shared outcomes to achieve impact. Locally this requires, Local Government, health professionals, workplaces, volunteers, leisure services, sports clubs, activity groups and stakeholders to work together in encouraging activity and working in partnership across the County.
- 24. Sport England, launched 'Towards an Active Nation' which set a new vision for the organisation following the Government commitment set out in Active Nation. It aims to tackle inactivity and engage as many people as possible, regardless of ability, background or age into sport and physical activity and contribute to the Governments five outcomes (listed above). The guidance, evidence and research of Sport England and the local support of the Sports Partnership Herefordshire and Worcestershire will help to shape and develop change and action in Worcestershire.
- 25. The Government has committed to tackling childhood obesity and improving physical activity over the next 10 years through the development of a Childhood Obesity Strategy, which outlined a multifaceted approach which includes using national legislation, nutritional guidelines, product innovation as well as the important role of the school in a child's life and in supporting children to achieve an hour of physical activity every day.

- 26. The Government have also launched the Cycling and Walking Investment Strategy to advocate creating healthy environments and promoting and building for active travel. It sets a long term goal for walking and cycling to be a normal part of everyday life, and the natural choice for shorter journeys such as the commute to school, college and work or leisure trips.
- 27. National public health campaigns such as 'Change 4 Life' and 'One You' continue to be promoted across the County. These campaigns offer a range of tools and resources for an individual, a family and professionals to tackle physical activity and healthy eating as part of a healthy lifestyle.

The Physical Activity Plan

- 28. There are a range of interventions and evidence to encourage physical activity outlined by national guidance and research including those explored previously; however, there is no one clear method, intervention or treatment which will result in effective long-term behaviour change therefore a multifaceted approach is required.
- 29. In order to respond to the challenges and barriers associated with increasing physical activity, this plan will continuously explore innovative approaches, learning from best practice and available evidence. The Plan aim to embed actions within local plans and will work in partnership with a wide range of organisations to achieve an integrated approach which engages audiences over the long term.
- 30. We will focus upon increasing everyday activity because this is a low or no cost option and because long-lasting behaviour change is most likely to be achieved by making changes to daily routines. We will focus attention on encouraging the most inactive and sedentary to become more active, including three focus groups highlighted by the Health and Well-being Strategy, these groups are the least likely people to be active and therefore need further encouragement and support to improve their engagement with activity, recreation and sport. These focus groups are;
 - Under 5s and their parents,
 - Older people
 - Populations with poorer health outcomes

Objectives

31. There are four over-arching objectives for this Being Active Plan these are;

Information and Awareness – Provide clear information and advice to all ages through a county wide marketing campaign. To increase awareness, motivation, uptake and improve attitudes towards physical activity Starting Active Lives – Encourage families, children and young people to start active lives and stay active throughout life, taking responsibility for their own health. Supporting People to be Active-Support those who have the poorest health outcomes and those who are the most inactive, including older people and those with a disability, to lead active lives and increase physical activity. Active Environments-

Creating health promoting environments supporting active spaces including the workplace. Encouraging the use of active, sustainable travel modes and green space for active recreation.

- 32. These four objectives were developed following stakeholder consultation in June 2016. Stakeholders suggested that work to improve physical activity levels should focus upon; the role of schools in children's activity; how we communicate the importance of physical activity across the population; the role of the workplace in adult health and well-being; early years settings in promoting activity from an early age; the use of green space and active travel and promoting physical activity within primary care settings.
- 33. Work to achieve these high level objectives will require a wide range of actions from a range of partners; include the scaling up of existing health and well-being programmes, such as the Worcestershire Works Well, Living Well, Health Checks, Social Prescribing, Health Impact Assessments and Health Chats programmes.
- 34. An example of actions to be undertaken against each of the four objectives is outlined in the table below. These actions will be reviewed on a yearly basis to monitor progress and to respond to challenges, remain appropriate and proportionate to the needs of the County. Where applicable, new actions will be agreed for the following year(s);

Information and Awareness

- Develop a high profile countywide campaign working with the Sports Partnership Herefordshire and Worcestershire and other partners, using existing tools and resources to increase awareness, motivation, uptake and improve attitudes towards exercise and physical activity
- Encourage signposting to local activity, the use of social prescribing and use of behavior change techniques by front line staff and health professionals
- Develop insight and use behaviour change techniques at scale to develop motivational cues and solutions to getting more active with target focus groups

Starting Active Lives

- Encourage healthy school environments, and the use of Healthy Schools programmes to have a whole system approach to health and well-being in schools.
- Encourage physical activity in school settings e.g. the 'daily mile' challenge
- Promote activity in 0-5 years with families through early years setting's
- Promote 'This Girl Can' building upon previous successes in partnership with the Sports Partnership Herefordshire and Worcestershire to encourage more women and girls into activity and sport

Supporting People to be Active

- Investigate access to and utilisation of local facilities and opportunities to exercise in areas where health is currently the poorest, developing community assets
- Increase uptake of falls prevention and Postural Stability Classes amongst older people
- Develop 'Health Walks' from GP practices and community points of interest with the Walking for Health scheme
- Improve signposting to physical activity opportunities by health professionals developing social prescribing to offer a range of activities to individuals

Active Environments

- Working with Worcestershire Works Well businesses to develop physical activity plans to encourage active workplace settings
- Promote the Workplace Challenge in partnership with the Sports Partnership Herefordshire and Worcestershire to improve workplace health
- Promoting sustainable methods of travel including walking and cycling making the best use of local cycle paths and infrastructure.

Implementation and governance

- 35. Multi-agency task groups will be established to deliver against the key objectives outlined above and improve communication across sectors and geographies. These groups will develop and implement operational plans to secure progress on aims and actions this will give a clear line of accountability for leading on each of the actions, with a timescale for implementation.
- 36. Progress against the plan's objectives will be reported to the Health Improvement Group on a regular basis, including performance indicators. The key performance indicators associated with the Being Active Plan are;

Performance Indicator	Measurement	Baseline
Age standardised mortality rate from all cardio-vascular diseases under 75 years of age	Public Health Outcomes Framework (PHOF)	69.4 per 100,000 2012-14
% of children 4-5 classified as overweight or obese	PHOF	22.7% 2014/15
% of children 1-11 classified as overweight or obese	PHOF	30.5% 2014/15
Physical activity measures for children and young people - % of 15year olds physically active for at least one hour per day seven days a week	PHOF – WAY survey	14.8% 2014/15
Cycling & walking travel measures for adults - Proportion of residents who do any walking or cycling, for any purpose, at least once per month by local authority.	Walking and Cycling Statistics	86.8% 2013/14
% of adults achieving 150 minutes of physical activity per week	PHOF	58.3% 2015
% of adults classified as "inactive"	PHOF	26.4% 2015
Numbers of older people taking up strength & balance training	Local data measures	TBC
Numbers of people taking part in Health Walks	Local data measures	916 2016
Numbers of people training as volunteers for health walks	Local data measures	42 2016

Strategies and Guidance;

- 1. NICE Physical Activity Overview http://pathways.nice.org.uk/pathways/physical-activity
- 2. UK Physical Activity guidelines Guidance from the Chief Medical Office (CMO) on how much physical activity people should be doing, along with supporting documents: https://www.gov.uk/government/publications/uk-physical-activity-guideline
- HM Government, Sporting Future: A new strategy for an active nation: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/486622/Sporting_ Future_ACCESSIBLE.pdf
- 4. Sport England: Towards an Active Nation, Strategy 2016-2021: https://www.sportengland.org/media/10629/sport-england-towards-an-active-nation.pdf
- 5. Public Health England, Everybody active, every day: an evidence-based approach to physical activity: www.gov.uk/government/publications/everybody-active-every-day-a-framework-to-embed-physical-activity-into-daily-life
- Public Health England, Everybody active, every day: what works, the evidence. Obesity and the environment: increasing physical activity and active travel: www.gov.uk/government/publications/obesity-and-the-environment-briefing-increasing-physicalactivity-and-active-travel
- World Health Organisation, Physical Activity Strategy for the WHO European Region 2016-2025: http://www.euro.who.int/__data/assets/pdf_file/0010/282961/65wd09e_PhysicalActivityStrategy_ 150474.pdf
- Department of Health, 2011, Start Active, Stay Active: A report on physical activity for health from the four home countries' Chief Medical Officers: http://www.gov.uk/government/uploads/system/uploads/attachment_data/file/152108/dh_12821 0.pdf
- 9. Worcestershire County Council Joint Health and Well-being Strategy 2016 to 2021 http://www.worcestershire.gov.uk/downloads/file/7051/joint_health_and_wellbeing_strategy_2016_to_2021

Data

- 10. Sport England Active People Survey Analysis Tool: http://activepeople.sportengland.org/
- 11. To find out more about Sport England's Active People Survey and the local area estimates of adult participation in sport and active recreation, see http://www.sportengland.org/research/about-our-research/about-our-research/what-is-the-active-people-survey/.
- 12. Public Health Outcomes Framework: http://www.phoutcomes.info/



Worcestershire Health and Well-being Board

The Reducing Harm From Alcohol Plan

2016-2021







South Worcestershire Clinical Commissioning Group



Redditch and Bromsgrove Clinical Commissioning Group

Plan on a Page

Vision;	Worcestershire residents are healthier, live longer and have a better quality of life especially those communities and groups with the poorest health outcomes		
Meeting the challenge;	Requires emphasis on prevention with action in the long term to impact upon the wider influences on health and well-being		
We will focus on;	Reducing alcohol harm across the population, particularly within		
	Middle aged and older people	Populations with poorer health outcomes	
To do this we will;	Work in partnership to develop local solutions, using national frameworks and best practice which encourages and empowers people of all ages to take responsibility for their own drinking; focusing on;		
1.	Provide clear information and advice and increase awareness of alcohol harm particularly amongst target populations		
2.	Create a health promoting environment in the work and leisure environment		
3.	Promote self-help through brief intervention		
4.	Commission specialist treatment for people with more complex needs requiring detoxification and relapse prevention		

Context

- 1. Following a comprehensive development and consultation process, the Worcestershire Health and Wellbeing Board has agreed that its vision is that; 'Worcestershire residents are healthier, live longer and have a better quality of life, especially those communities and groups with the poorest health outcomes'.
- 2. The Worcestershire Health and Wellbeing Strategy for 2016-2021 has identified 'reducing harm from alcohol at all ages' as one of three areas of priority over the next five years. The alcohol theme has been developed following stakeholder engagement and was chosen because alcohol misuse is a major cause of harm and poor health throughout life and the negative impact of excessive alcohol consumption is both avoidable and reversible in some cases.
- 3. The purpose of the Alcohol Plan is to shape the direction and objectives of work over the next five years, which will be undertaken with a range of partners and stakeholders to achieve a positive impact on reducing alcohol related harm in the County.
- 4. The six key principles of the Health and Well-being Board underpin the Alcohol plan; these are outlined in the Health and Well-being Board Strategy. The principles highlight the need to work in partnership to maximise the impact on health and well-being as well as, empowering individuals and communities, recognising local assets and strengthening communities, drawing upon existing evidence, involving the community and being open and accountable about the progress we are making.
- 5. Harm caused by alcohol is largely preventable; the aim of the Alcohol Plan 2016-21 is to reduce the harms caused by alcohol misuse and make Worcestershire a safer and more healthy place where less alcohol is consumed and where professionals are confident and well-equipped to challenge behaviour and support change.
- 6. The Plan focuses on middle aged and older people and those from areas with poorer health outcomes as evidence shows that rates of adult alcohol related hospital admissions and liver disease is increasing in Worcestershire for those aged over 40.
- 7. Creating a more responsible drinking culture, in which people are aware of the harms caused by alcohol and are encouraged and supported to take responsibility for their own wellbeing, will require co-production with a range of organisations and bodies over a significant period of time. Meeting the challenge requires a renewed emphasis on prevention across all organisations with action in the long term to address the wider influences on health and well-being.
- 8. The Health and Well-being Board and Health Improvement Group will ensure that actions to implement the Alcohol Plan align with the five approaches to prevention which are;
 - ✓ Creating a health promoting environment
 - ✓ Encouraging and enabling people to take responsibility for themselves their families and their communities
 - ✓ Providing clear information and advice
 - ✓ Commissioning treatment and relapse prevention services (based on evidence of effectiveness and within funding available)
 - ✓ Gate-keeping services (services are targeted to the people who would benefit the most)

Alcohol harm

- 9. Drinking is part of our culture and is reflected in how we socialise. Whilst many people drink responsibly, regular drinking above medical guidelines can lead to a number of alcohol related health issues, including cancer, liver disease and premature death. It can also affect personal relationships between families and friends, heighten social isolation and lower physical capacity. Alcohol can increase the likelihood of committing crime through reduced inhibitions that impact on anti-social behaviour, and crime and disorder within communities. Alcohol can also affect work and lead to lost productivity and ultimately to homelessness and isolation.
- 10. Alcohol is one of the major causes of avoidable ill-health in the UK. The health burden of alcohol misuse is massive, accounting for about 1 in 8 of all NHS bed days.

'Short term' risks are the immediate risks of injury and accident (sometimes fatal) linked to drinking, usually heavy drinking, on one occasion, often linked to drunkenness. They include:

- head injuries
- fractures
- facial injuries and scarring
- 11. Short term risks from heavy drinking also include alcohol poisoning and conditions such as heart disease. The risks of short term, or acute, injury to a person recently drinking, have been found to rise as much as 2- to 5-fold (or more) from drinking just 5-7 units (over a 3- or 6-hour period).
- 12. Drinking large amounts of alcohol for many years will take its toll on many of the body's organs and may cause organ damage. Organs known to be damaged by long-term alcohol misuse include the brain and nervous system, heart, liver and pancreas. Heavy drinking can also increase blood pressure and blood cholesterol levels, both of which are major risk factors for heart attacks and strokes. Long-term alcohol misuse can weaken the immune system, making people more vulnerable to serious infections. It can also weaken your bones, placing you at greater risk of fracturing or breaking them.
- 13. Liver disease is the only major cause of mortality and morbidity which is on the increase in England, whilst it is decreasing among our European neighbours. Most liver disease deaths are from cirrhosis (a hardening and scarring of the liver) or its complications people die from liver disease at a young age with 90% under 70 years old and more than 1 in 10 in their 40s.
- 14. Liver disease is the third biggest cause of premature mortality and lost working life however, most liver disease is preventable over 90% are due to three main risk factors: alcohol, viral hepatitis and obesity. People who live in the most deprived fifth of areas in England are more likely to die from liver disease than those who die in the most affluent fifth. Many hospital patients come from marginalised groups with unstable accommodation, many don't speak English and many may have difficulty attending or sticking to treatment because of addiction to alcohol and or drugs.
- 15. The Institute of Alcohol Studies state that lifestyle-behaviour is both a symptom and cause of health inequalities. Health inequalities are systematic differences in health between different social groups within a society. Lower socioeconomic status is associated with higher mortality for alcohol-attributable causes, despite lower socioeconomic groups often reporting lower levels of consumption. Alcohol can be seen as a contributing factor for almost 50% of the indicators within the Public Health Outcomes Framework for England. As such addressing alcohol-related harm could be a key route to improving public health and reducing general

health inequalities, because such behaviours are themselves shaped by the socioeconomic contexts in which people live and work.

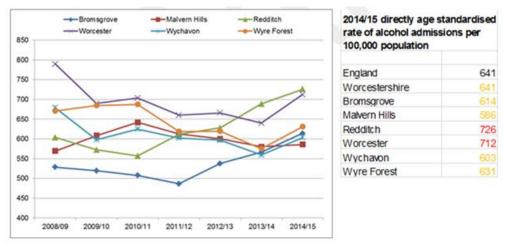
What is the national picture?

- Most adults in England drink alcohol more than 10 million people are drinking at levels that increase the risk of harming their health
- 5% of the heaviest drinkers account for one third of all alcohol consumed
- Alcohol is the leading cause of death among 15 to 49 year olds and heavy alcohol use has been identified as a cause of more than 200 health conditions
- Alcohol caused more years of life lost to the workforce than from the 10 most common cancers combined in 2015 there were 167,000 years of working life lost
- Evidence strongly supports a range of policies that are effective at reducing harm to public health while at the same time reducing health inequalities reducing the affordability of alcohol is the cost effective way of reducing alcohol harm (PHE2016).

What is the scale of the problem in Worcestershire?

16. The chart below shows the rate of hospital admissions for alcohol-related conditions (Narrow), all ages, directly age standardised rate per 100,000 population European standard population.

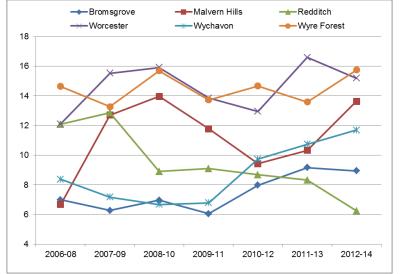
Chart 1. Rate per of Persons Admitted to Hospital for Alcohol-related conditions (Narrow definition) for Worcestershire Districts 2008/09 to 2014/15



Source: Public Health Outcomes Framework, http://www.phoutcomes.info/, June 2016

- The latest rates of persons admitted to hospital for alcohol-related conditions in Worcester (712 per 100,000) and Redditch (726) are significantly higher than that of the National average (641). However, the 2014/15 rate for Worcester is not as high as previous levels experienced in 2008/09.
- The rates for Bromsgrove have risen each year from, 2011/12 to 2014/15
- 17. The chart below shows the rate of alcohol-specific mortality per 100,000 population for each of the District areas in Worcestershire.

Chart 2. Rate of Alcohol-specific mortality for Worcestershire Districts 2006-08 to 2012-14

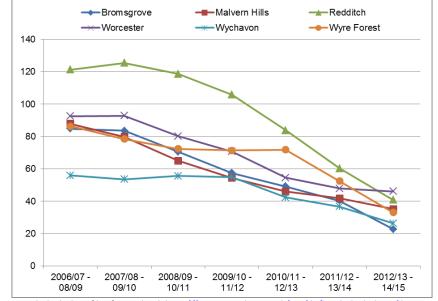


Source: Local Alcohol Profiles for England, http://fingertips.phe.org.uk/profile/local-alcohol-profiles, June 2016

It can be seen that;

- The latest rate of alcohol-specific mortality for Wyre Forest has the highest rate in the county and has increased from the previous year. It is now at its highest level over the time period.
- Bromsgrove, Malvern Hills, Worcester, and Wychavon have all experienced increasing rates of alcohol-specific mortality over the period 2006-08 to 2012-14.
- In contrast Redditch has experienced a decrease in its rate of alcohol-specific mortality over the period 2006-08 to 2012-14, and now has a significantly lower rate of alcohol-specific mortality than the other districts.
- 18. The chart below shows the rate of under-18s admitted to hospital for alcohol-specific conditions (narrow definition) per 100,000 population for each of the District areas in Worcestershire.

Chart 3. Rate of Under-18s Admitted to Hospital for Alcohol-specific conditions for Worcestershire Districts 2006/07-08/09 to 2012/13-14/15



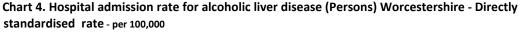
Source: Local Alcohol Profiles for England, http://fingertips.phe.org.uk/profile/local-alcohol-profiles, June 2016

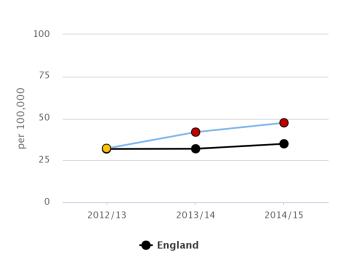
It can be seen that;

- The rate of under-18s admitted to hospital for alcohol-specific conditions has fallen considerably in every District over the time period.
- The rate of under-18s admitted to hospital for alcohol-specific conditions in Redditch is no longer significantly worse than the National average, as it was in previous years. The current rates for each District are now all similar to that of the National average.

Alcoholic Liver disease

- 19. Liver disease is one of the top causes of death in England. Most liver disease is preventable and much is influenced by alcohol consumption and obesity prevalence, which are both amenable to public health interventions.
- 20. Over the last decade, the number of liver disease-related hospital admissions in England has increased, placing an ever greater strain on the health service. Liver disease disproportionally affects the poorest and the most vulnerable in society and is a major factor in generating socioeconomic health inequalities.
- 21. In Worcestershire hospital admissions for alcoholic liver disease are rising, the chart below shows that the hospital admission rate for alcoholic liver disease in Worcestershire has risen since 2012/13 and is now significantly above the national average





Hospital admission rate for alcoholic liver disease (Persons) – Worcestershire

It can be seen that:

- The rate for alcoholic liver disease in Worcestershire has risen from 2012/13 to 2014/15 and is significantly higher than the national average
- 22. The chart below shows that Liver disease rates in Worcestershire are significantly higher than most of the West Midlands region and England.

Chart 5. Hospital admission rates for alcoholic liver disease (persons) directly standardised rate per 100,000

Area	Value		Lower Cl	Upper Cl
England	119.2		118.3	120.2
West Midlands region	122.0	н	119.1	125.1
Birmingham	149.0	⊢ ⊣	140.8	157.5
Coventry	118.7	H	105.9	132.5
Dudley	102.2	H	91.2	114.1
Herefordshire	56.5		46.6	67.9
Sandwell	114.2	اند <mark>سط</mark>	101.8	127.6
Shropshire	87.0	H	77.1	97.7
Solihull	74.1	H	62.9	86.7
Staffordshire	126.1	H	118.8	133.8
Stoke-on-Trent	135.3	Here and the second	120.5	151.4
Telford and Wrekin	157.6	H	138.4	178.9
Walsall	127.8	H	114.1	142.7
Warwickshire	88.1	H-4	80.4	96.3
Wolverhampton	191.2		- 173.5	210.2
Worcestershire	139.7	la de la constante de la const	130.3	149.6

Source: Calculated by Public Health England: Clinical Epidemiology Knowledge and Intelligence from data from the Health and Social Care Information Centre (HSCIC) - Hospital Episode Statistics (HES) and Office for National Statistics (ONS) -Mid Year Population Estimates

It can be seen that:

• Hospital admission rates for alcoholic liver disease in Worcestershire are significantly higher than many of the West Midlands region

Tackling the Problem - National Policy

- 23. There is extensive evidence as to what works in terms of both preventing and treating alcohol abuse. Guidance from the National Institute for Health and Clinical Excellence (NICE) about prevention (NICE 2010a) highlights three broad areas:
 - Price (introducing a minimum price);
 - Availability (making it less easy to buy alcohol);
 - Marketing (protecting children and young people from alcohol advertising).
- 24. NICE recommendations for professionals from health, regulatory services, and criminal justice agencies include:
 - Extensive screening for alcohol use at the front-line, so that all those who drink too much are identified by use of a validated screening tool;
 - Delivery by the front line professionals of brief interventions where indicated by the screening tool, giving brief, structured and motivational advice, and referral on to specialist services where needed (this can reduce weekly drinking by between 13 and 34%, with 8 interventions being needed to secure one effective outcome;
 - Development of cumulative impact policies by licensing professionals where an area is saturated with licensed premises;
 - Effective enforcement by regulatory professionals of underage drinking legislation.
- 25. Treatment models too are founded in a clear evidence base (NICE 2010b, Raistrick 2006) with a number of key themes:

- A 'stages of change' approach is recommended, where the place of the service user on the stages of change is identified so that the most appropriate treatment is delivered. The four stages are pre-contemplation (including relapse), contemplation, action, and maintenance;
- A stepped care model is recommended, whereby drinkers are initially offered the least intrusive and least expensive intervention that is likely to be effective the first treatment of stepped care should be motivational enhancement therapy, with effective treatment being often only a few sessions;
- Brief interventions in a range of settings are effective in reducing consumption for nondependent drinkers, and effects persist for up to 2 years, with later booster sessions being needed;
- The strongest evidence is for cognitive behavioural treatments, and involving friends or family in treatment is helpful.
- Self-help and mutual aid, often based on 12 step principles, are also effective both during treatment and in aftercare.
- Medical detoxification is usually straightforward and effective;
- 26. The Chief Medical Officers' guidelines for both men and women state that:
 - You are safest not to drink regularly more than 14 units per week, to keep health risks from drinking alcohol to a low level.
 - If you do drink as much as 14 units per week, it is best to spread this evenly over 3 days or more. If you have one or two heavy drinking sessions, you increase your risks of death from long term illnesses and from accidents and injuries.
 - The risk of developing a range of illnesses (including, for example, cancers of the mouth, throat and breast) increases with any amount you drink on a regular basis.
 - If you wish to cut down the amount you're drinking, a good way to help achieve this is to have several drink free days each week.
 - If you are pregnant or planning a pregnancy, the safest approach is not to drink alcohol at all, to keep risks to your baby to a minimum.
- 27. Studies have found that 75-85% of high-strength cider drinkers choose it because of its low price. At typically 7.5% ABV, three-litre bottles of these ciders, which contain the same amount of alcohol as 22 shots of vodka, can be bought for as little as £3.49. This equates to just 16p per unit.
- 28. An evidence review by Public Health England found that "Policies that reduce the affordability of alcohol are the most effective, and cost-effective, approaches to prevention and health improvement ... Implementing an MUP [minimum unit price] is a highly targeted measure which ensures any resulting price increases are passed on to the consumer, improving the health of the heaviest drinkers who experience the greatest amount of harm. MUP would have a negligible impact on moderate drinkers and the price of alcohol sold in pubs, bars and restaurants" (PHE 2015).
- 29. A Department for Education cost-benefit analysis found that every £1 invested saved £1.93 within two years and up to £8.38 long term.28 Specialist services quickly engage young people, the majority of whom leave in a planned way and do not return to treatment services. (Young people's drug, alcohol and tobacco use: joint strategic needs assessment (JSNA) support pack PHE 2015).

- 30. The National Alcohol Strategy was published in 2012 and outline's the government's ambitions in addressing alcohol-related harm. The strategy includes a number of interventions including the development of a minimum price for alcohol and a ban on alcohol sales offers and multibuys.
- 31. A number of high impact changes were identified by the Department of Health in Signs for Improvement (2009) highlighting interventions that have the greatest impact on reducing the harm caused by excessive drinking. They include:
 - Work in Partnership
 - Develop activities to control the impact of alcohol misuse in the community
 - Influence change through advocacy
 - Improve the effectiveness and capacity of specialist treatment
 - IBA Provide more help to encourage people to drink less
 - Amplify national social marketing priorities
- 32. Recently, the House of Commons Health Committee report 'Public Health post 2013 (2016), recommended that local authorities be given greater powers to directly improve the health of local communities and reduce health inequalities by including health as a consideration in licensing. It also points to the crucial importance of improving the wider determinants of health such as housing, employment, work and education and embedding health and wellbeing in local communities across all policies.

What is Worcestershire doing now?

- 33. Countywide a range of initiatives and services to prevent and treat alcohol abuse are in place and a number of different agencies contribute to this. Worcestershire Public Health spends approximately £4m on prevention and treatment services and also funds related services such as domestic abuse and homelessness.
- 34. Local authorities have lead responsibility for commissioning specialist drug and alcohol treatment services for their local community. In Worcestershire, the Acute Trust also provides alcohol liaison nurses based in the emergency department of local hospitals. Since April 2015 Worcestershire has commissioned Swanswell Charitable Trust, to provide specialist treatment services for people experiencing drug and alcohol problems. Services for adults and young people are provided in community and primary care settings in partnership with local GPs and Pharmacists. Swanswell also work closely with the police, District Councils and local schools/colleges to deliver key harm reduction messages to children and young people, focussing on prevention.
- 35. A key element in the Swanswell service is the development of volunteers and peer mentors in the local community to provide additional support for people leaving specialist treatment to help them maintain recovery. They work closely with voluntary groups such as Alcoholics Anonymous and SMART recovery. Swanswell are currently piloting a project Blue Light in 2 areas of Worcestershire initially, in partnership with the national charity Alcohol Concern. The aim is to engage vulnerable people who are alcohol dependent, isolated and have not been successfully engaged in services.

- 36. The treatment service is actively linking with Worcestershire Health & Wellbeing Board areas of focus including addressing alcohol related liver disease, reducing alcohol related offences and tackling intergenerational alcohol abuse.
- 37. The Strategic Substance Misuse Oversight Group which comprises of partners including police, Children's Services, probation, District Councils, Department of Work and Pensions and the Police and Crime commissioner, provides oversight and strategic support for the alignment and delivery of health, well-being, criminal justice and community safety objectives in relation to reducing substance misuse in Worcestershire. The group also ensures effective communication and productive joint working arrangements between key agencies and stakeholders in Worcestershire and the West Mercia Local Authority area.
- 38. The Safer Communities Board (SCB) provides strategic leadership for all community safety work across the county and is responsible for producing an annual Community Safety Agreement and action plan. The Board oversees the activities of the Strategic Oversight Group, It also oversees planning and delivery of local community safety priorities through the North and South Community Safety Partnerships.
- 39. North and South Worcestershire Community Safety Partnerships are working alongside voluntary and statutory sector partners, including Swanswell, to raise awareness of alcohol and its effects in schools and the wider community. They are also tacking alcohol related anti-social behaviour by implementing Public Spaces Protection Orders on areas with problematic alcohol consumption and disorder
- 40. West Mercia Police are actively working to tackle alcohol related crime and anti-social behaviour, and delivering preventative educational messages in school and colleges. As a responsible licensing authority under the Licensing Act 2003, West Mercia Police are working with licensed premises and other partners such as Public Health and Worcestershire Regulatory Services to promote responsible licensing.
- 41. A number of voluntary sector organisations are involved in work to tackle alcohol relate harm and assist those who are affected by alcohol. These include Street pastors who are trained volunteers from local churches operating in town and city centres across the county in response to the needs in local communities caused by crime, antisocial behaviour & vulnerability of those who've been out at bars & clubs late at night.
- 42. Liver disease constitutes the third commonest cause of premature death in the UK, in Worcestershire data shows that alcohol admissions for liver disease are steadily rising. The importance of prevention and early engagement is critical in educating and influencing people to make sensible decisions about their lifestyle and avoid alcohol related illness. Public Health is working with partners in improving liver health, looking at what works and what can be improved and how we get the right messages to the right people.
- 43. The Department of Health has highlighted the key role of local authorities in both commissioning and delivery of the Making Every Contact Count (MECC) behaviour change approach in local areas. Health chats is embedded into first year modules for Student Nurses at the University of Worcester and there is an online Every Contact Counts tool available that staff at the acute trust can access.

- 44. There are four school nurse teams covering Worcestershire, school nurses organise a variety of support for children and young people with additional multiple needs. They provide support and guidance to schools on public health issues, brief interventions and health promotion such as alcohol, sexual health and emotional health and well-being needs. They influence and champion health promoting activities and programmes both in and out of school and work closely with other professionals and local communities.
- 45. Worcestershire Acute Hospitals NHS Trust has an Alcohol Liaison Nurse Service (ALNS) across two hospital sites, with two full-time ALNs providing screening, case management support, brief interventions (BI) and referrals into community treatment services.

The Reducing Harm from Alcohol Plan

- 46. In order to respond to the challenges and barriers associated with reducing the consumption of alcohol, the plan will explore innovative approaches, learning from best practice and available evidence. Partner organisations taking action is key to achieving the objectives of the plan.
- 47. We will focus on providing up to date information and advice and providing environments where people can enjoy themselves without causing harm to their health. We will focus attention on groups highlighted by the Health and Well-being Strategy which are;
 - Middle aged and older people
 - Populations with poorer health outcomes
- 48. The Alcohol plan will also be mindful of the evidence and data regarding younger people and the strategy will respond to any changes in the current situation.

Objectives

49. There are four over-arching objectives for Worcestershire Alcohol Plan 2016- 2021, these are;

Providing clear information and advice -Provide clear information and advice to all ages through social media and other mechanisms. To increase awareness and prevent harm, particularly in middle aged and older people and those with poorer health outcomes

Creating a health promoting environment with partners -Lead and support work with partners in tackling alcohol related issues

Promoting self-help through brief intervention -Develop and enhance the skills of professionals to enable them to provide brief interventions for those with alcohol related issues

Commissioning specialist treatment for people with more complex needs requiring detoxification and relapse prevention -

Ensure that commissioning meet s the needs of individuals and their families to support their recovery journey

- 50. These four objectives were chosen following stakeholder consultation in June 2016. The objectives focus upon improving the way we communicate and promote healthy and responsible drinking to the residents of Worcestershire. The objectives also reflect the priorities of the Health and Well-being Strategy and the Sustainability and Transformation Plan as well as highlighting the importance of the wider determinants of health in promoting and encouraging activity to reduce alcohol harms.
- 51. Work to achieve these high level objectives will involve a wide range of actions from partners, including existing health and well-being programmes, such as Worcestershire Works Well, Health Checks and Health Chats programmes.
- 52. An example of actions to be undertaken against each of the four objectives is outlined in the table below. These actions will be reviewed on a yearly basis to monitor progress and to respond to challenges, remain appropriate and proportionate, where applicable, new actions will be agreed for the following year(s);

Providing clear information and advice

- Use behavioural insights to gain knowledge of what messages would work and how we access middle aged and older people/populations, particularly those with poorer health outcomes, to promote behavioural change
- Actively promote national campaigns such as Alcohol Awareness Week, via campaigns and social media

Creating a health promoting environment

- Develop a bank of data to inform public health alcohol interventions
- Develop DPH role as a responsible licensing authority
- Develop a toolkit for DPH licensing
- Support schemes that promote responsible licensing such as Best Bar None
- Promote healthy workplaces through Worcestershire Works Well
- Work with the PCC and other partners to utilise the principles of recent guidance on tackling street drinking
- Address the wider determinants of health that affect populations affected by alcohol abuse, such as housing, education, employment

Promoting self-help through brief intervention

- Train peer supporters to deliver health messages in settings such as schools and treatment services
- Develop Health Chats alcohol brief intervention training
- Work with the university to train student nurses in delivering brief interventions
- Engage residents in initiatives that challenge behaviour and promote change

Commissioning specialist treatment for people with more complex needs requiring detoxification and relapse prevention

- Ensure effective partnership working and clear care pathway through the treatment system
- Ensure routine health interventions, such as the health checks programme; support work of alcohol liaison nurses and opportunities in elective and emergency hospital services robustly

address alcohol intake through screening, delivery of a brief intervention, and sign-posting into specialist service where appropriate.

- Engage with housing providers to ensure appropriate and safe accommodation is available at different points in a client's journey;
- Review the intervention pathways for offenders at all levels of the criminal justice system, to ensure that a full and supported route into sensible drinking is promoted for all those who need it, with the full involvement of the recently elected Police and Crime Commissioner.
- Ensure effective pathway between DWP and treatment providers to maximise opportunities for employment to assist in recovery
- Maximize opportunities for peer mentors and volunteers, building community capacity to sustain an alcohol free lifestyle
- Implement the Blue Light project targeting treatment resistant drinkers

Implementation and governance

The Plan was agreed by Heath & Wellbeing Board partners and as such there is a requirement for them to embed the objectives in their business planning and practice.

- 53. The Substance Misuse Oversight Group reports to the Health & Wellbeing Board, it is a multiagency group chaired by the Director of Public Health which meets quarterly in order to implement substance misuse initiatives using a partnership approach. The Plan also seeks to work closely with the Community Safety Partnerships and the Police and Crime Commissioner in tackling alcohol abuse and preventing alcohol related crime and disorder.
- 54. Progress against the plan's objectives, including monitoring and evaluation of those partner initiatives that impact on the high level performance indicators, will be reported to the Health Improvement Group on a regular basis. The first annual report against performance indicators will be reported to the HIG in September 2017.
- 55. The key performance indicators from the Health & Wellbeing Strategy that are associated with the Alcohol Plan are:

Performance Indicator	Measurement	Baseline
Age standardised mortality rate from liver disease in those under 75 years of age	Public Health Outcomes Framework (PHOF)	15.2 2012-14
Alcohol-specific hospital admissions - under 18 year olds	PHOF	34 2012/13 - 14/15
Persons admitted to hospital due to alcohol – specific conditions	РНОГ	286 2014/15
Persons admitted to hospital due to alcohol – related conditions (broad).	PHOF	1080 2014/15

Persons admitted to hospital due to alcohol –	PHOF	377
related conditions (narrow)		2014/15
% of all those in treatment who successfully	PHOF	31.6%
completed treatment		2014/15
Violence against the person with Injury	WMP	3.0% per
		1,000
		population
		2015/16
Baseline = Age-standardised rate 100,000 popula	tion	

Evidence, Strategies and Guidance

- The Public Health Burden of Alcohol and the Effectiveness and Cost-Effectiveness of Alcohol Control Policies - An evidence review (PHE 2016) http://www.worcestershire.gov.uk/homepage/109/joint_strategic_needs_assessment
- LAPE 2012, Local Authority Alcohol Profiles for England: www.lape.org.uk
- 3. NICE 2010a 'Alcohol use disorders: preventing harmful drinking' NICE PHG 24.
- 4. NICE 2010b 'Alcohol use disorders: diagnosis and clinical management of alcohol related physical complications ' NICE CG 100.
- 5. The Government's Alcohol Strategy 2102 http://bit.ly/1GyJ77N
- 6. Public Health and the Licensing Act 2003 http://www.nta.nhs.uk/uploads/phe-licensing-guidance-2014.pdf
- Using licensing to protect public health: From evidence to practice (August 2014) Alcohol Research UK <u>http://alcoholresearchuk.org/alcohol-insights/using-licensing-to-protect-public-health-fromevidence-to-practice-2/</u>
- Fair Society, Healthy Lives, The Marmot Review (2010) <u>http://www.instituteofhealthequity.org/projects/fair-society-healthy-lives-the-marmot-review</u>
- 9. Institute of Alcohol Studies: Alcohols impact on emergency services (October 2015) http://www.ias.org.uk/uploads/IAS%20report%20low%20res.pdf
- 10. Our Invisible Addicts, Royal college of Psychiatrists 2011 http://www.rcpsych.ac.uk/files/pdfversion/cr165.pdf
- 11. UK Chief Medical Officers' Alcohol Guidelines Review 2016

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/489795/s ummary.pdf

 PHE, Young people's drug, alcohol and tobacco use: joint strategic needs assessment (JSNA) support pack Good practice prompts for planning comprehensive interventions in 2016-17 (2015)

http://www.nta.nhs.uk/uploads/jsnasupportpackpromptsyoungpeople2016-17.pdf



HEALTH AND WELL-BEING BOARD 25 APRIL 2017

BI-ANNUAL PROGRESS REPORT FROM THE HEALTH IMPROVEMENT GROUP

Board Sponsor

Dr. Frances Howie, Director of Public Health

Author

Deborah Tillsley, Directorate of Public Health

Priorities	(Please click below then on down arrow)
Mental health & well-being Being Active Reducing harm from Alcohol Other (specify below)	Yes Yes Yes
Safeguarding Impact on Safeguarding Children If yes please give details	No
Impact on Safeguarding Adults If yes please give details	No

Item for Decision, Consideration or Information

Information and assurance

Recommendation

1. The Health and Well-being Board is asked to consider and comment on progress made by the Health Improvement Group (HIG) between November 2016 and March 2017.

Background

2. The HIG has been asked to report bi-annually to the Health and Wellbeing Board. Since its last report to the Board, the HIG has met twice, on 14 December 2016 and 22 March 2017. Attendance continues to be good, with a broad representation of stakeholders and partners, although not every District is represented by its elected member lead at every meeting, and NHS acute representation is absent. The Care Trust and CCG have recently strengthened input.

Summary of progress: Health and Well-being Strategy priorities strategic plans

3. The HIG has received updates on the emerging strategic plans which drive the delivery of the Health and Well-being Strategy 2016-21. These plans were developed following a period of consultation and co-production with partners, and are meant to give a high level steer to the work to tackle the three priorities of the Strategy:

- Reducing harm from alcohol with a focus on middle aged and older people and those from areas with poorer outcomes
- Being Active with a focus on under-fives and their parents, older people, populations with poorer health outcomes
- Good mental health & well-being throughout life with a focus on underfives and their parents, young People, older People, populations with poorer health outcomes.

4. The Health Improvement Group (HIG) leads and ensures progress of action to improve health and well-being, focusing on health inequalities and the wider determinants of health and well-being in Worcestershire. Its role is also to promote and champion community leadership and public understanding of health and well-being and to ensure effective and efficient sharing of health and well-being information across member organisations, including information about the priorities and activities of the Health & Wellbeing Board.

5. The HIG regularly receives progress updates on District Health and Wellbeing Plans and considers local issues. Progress on the district and strategic plans includes progress against the performance indicators in the Health and Well-being Strategy. The indicators which are gathered from a variety of sources are the key measures of success for the district and strategic plans against the Health & Wellbeing Strategy. The first update of the strategic performance indicators against baselines will be presented to the HIG in September 2017.

Summary of Progress: District Health and Well-being Plans

6. Since the bi-annual progress report to the Board in November 2016, three Districts (Bromsgrove, Malvern Hills and Worcester City) have presented the District Health and Well-being Plans to the HIG. The district plans are led by elected members who hold the health and well-being portfolio locally and demonstrate breadth of activity taking place locally to improve the health and well-being of residents, with a focus on the Health and Well-being Strategy's three key priorities. The outcomes from these are illustrated in the plans and performance information in the attached appendices.

Bromsgrove District Council Health & Wellbeing Plan

7. The Bromsgrove Health and Wellbeing Plan was developed by the Community Wellbeing Theme Group which sits under the District Local Strategic Partnership. Key priorities include: Improve mental wellbeing

- Raise awareness of and support the Wellbeing Hub and the wider Worcestershire Healthy Minds Service to ensure local demand is met and ensure links with Social Prescribing.
- Ensure partner agencies have the opportunity to engage and be consulted on the Secondary Care Mental Health Transformation and provide feedback following consultation.
- Promote and support initiatives and training including:
 - 'Time to Change' initiative which aims to reduce stigma around mental health;
 - Mental Health First Aid (MHFA) and Youth Mental Health First Aid (YMHFA) two day training that is available to partners at a subsidised cost of £45.
 - (Your Life Your Choice Worcestershire website; and
 - 5 ways to Wellbeing using Bromsgrove & Redditch website: www.wellbeinginpartnership.co.uk

Reduce harm from alcohol

 Raise awareness of local service provision which aims to reduce the harm from alcohol to enable partners to: consider how agencies can support and enhance existing provision; and support Public Health and Redditch & Bromsgrove CCG in addressing alcohol related issues highlighted in the Bromsgrove Health and Wellbeing Profile.

Increase physical activity

- Raise awareness of services being delivered locally (across all ages) which increase physical activity for partners to identify ways other partners can enhance existing provision and highlight any barriers impacting on delivery.
- Consider Government 'Childhood Obesity: A plan for action' and identify any relevant local actions.
 Promote initiatives and deliver training encouraging healthy lifestyles including: 'One You' Public Health England campaign; Worcestershire Works Well Accreditation Scheme; Health Chat Training;
- Eating Well on a Budget Training; and Worcestershire Welcomes Breastfeeding Initiative

8. Details of Bromsgrove District Council Community Wellbeing theme Group Action Plan 2016/21 can be seen at Appendix 1

Malvern Hills District Council

9. A detailed presentation to the HIG on 22 March set out a clear programme of activity in relation to the Board's three strategic priorities and a performance report for Quarter 3 (Appendix 2), highlighted progress and outcomes against the priorities. This was acknowledged as a very positive example of how the Board's priorities are being embedded and making a difference at local level. Examples of work undertaken include:

Good mental health and well-being throughout life

• An Older Persons Showcasing Event held in Tenbury on 10th October, to coincide with world mental health day. The theme of the event was dementia

awareness and there was a dementia friends session held along with health checks (40-74 years). There were over 25 service providers in attendance and over 50 attendees.

- Dementia Advice Service: Support people living with dementia or memory loss, and their family and friends:-South Worcestershire Rural Communities Project: delivered to reduce social isolation and loneliness for our most vulnerable residents
- Reconnections: Reduce feelings of loneliness and social isolation in the 50+ population by reconnecting them with activities and interests in their local communities.

Being Active at every age

- Five new Sportivate programmes (10 to date) were delivered to 40 participants (108 to date), including Indoor Kayaking, Squash, Zumba, Street Soccer and Weights for Women.
- The October half term holiday play scheme ran for 5 days and saw a total of 177 visits from 111 different children. In addition a 4 day Christmas holiday camp saw 172 attendances from 79 different children.
- Orienteering based 'Xplorer' events were introduced during the quarter by Freedom Leisure, in partnership with Malvern Hills District Council and Action for Children.

Reducing harm from alcohol at all ages

- A different marketing approach is being developed to target a new audience, following innovative work in a disadvantaged part of the District. This has involved close working with the SWCCG, who provided funding and a social media video has been commissioned through Free Radio, targeting middle aged women, following focus group discussion. Peer mentor support for recovering alcoholics is now being provided through the Relapse Prevention Group and the Resource Cafe, which is led by the Public Health commissioned Swanswell treatment service. Participation figures to be provided within the quarter 4 report.
- In response to local concerns about young people associating with older adults who are known heavy drinkers and drug takers, Swanswell have provided outreach work with those young people and followed this up with support and advice at Tenbury High School as part of the PHSE curriculum.

Worcester City Council

10. Worcester City strategic plan for the next five years is detailed in a cross party "City Plan: Building a successful future on 2,000 years of history". This plan is the councils shared vision for a future Worcester not just about its activities but about how the council hope residents and stakeholders can pull together to create a successful, vibrant and sustainable Worcester. This is a significant step change as the Council are now putting the health and well-being agenda at the heart of their corporate policy approach for the first time. This is fully reflecting the Board's three corporate priorities and will contribute to meeting the aims of the Health and

Well-being Strategy.

11. Actions detailed in the plan include:

Improving mental health and wellbeing

- Digital inclusion Enable Worcester City residents to become digitally included.
- Parenting groups and parenting courses
- Home from Hospital enable older people to live independently
- Aids & Adaptations enable older people to live independently

Increasing physical activity

- Multi skill sports community programme To increase participation in a range of sports, enabling people to try new and sustain participation in sports and sporting activities
- School sport and physical activity To increase physical activity levels across Children and Young People in schools through the Worcester PE & School Support Network in improving their PE and Sport Offer.
- Provide a programme of Fortis Living on Tour activities to run in school holidays which encourage getting active and promoting wellbeing
- Sportivate enable lifelong participation for 11-25 year olds to take part in physical activity

Reducing harm from alcohol

- Alcohol awareness Campaign Increase awareness of the harm of drinking too much alcohol
- Worcestershire works well -Enable employers to promote health and wellbeing of employees
- Alcohol education sessions To increase awareness of young people on risks of drinking too much alcohol
- Best Bar None Promote responsible operation and management of premises serving alcohol

12. Progress against the priority areas can be seen in Worcester City Health and Wellbeing Plan 2017-2019 (Appendix 3), again focusing on the three key priorities

General items

13. Since its November report, the HIG has also discussed and considered the following:

• Sustainability Transformation Plan (STP): A briefing on the progress of the workstreams and the next steps for the STP was presented by Sue Harris from the Health and Care Trust. Since November, views from the general public have been sought through various means, including events, roadshows and online. Feedback is now being collated and there will be formal consultation on changes as and when required. The final report goes to the HWBB in May. Members were asked to contribute to the consultation.

- South Worcestershire Healthier You: A report on the initial progress of the new NHS Diabetes Prevention programme by Helen Southall from the CCG. This is an NHS Diabetes Prevention programme that has been developed collaboratively by NHS England, Public Health England and Diabetes UK. Those referred onto the programme will get tailored, personalised help to reduce their risk of Type 2 diabetes including education on healthy eating and lifestyle, help to lose weight and bespoke physical exercise programmes, all of which together have proven to reduce the risk of diabetes. There are increasing numbers of GP practises signed up to the scheme and referrals are on course to meet year one targets.
- Ofsted inspection of services for children in need of help and protection, children looked after and care leavers: Frances Howie briefed the Group on the recent inspection and the challenges that have been highlighted within the report. A comprehensive Service Improvement Plan is now in place and all members of HIG committed to make sure that they r the organisation they represent contribute strongly, where appropriate, to the delivery of the Service Improvement Plan.
- Worcestershire Works Well: Andy Boote, Public Health Practitioner updated the HIG on progress to date of the Worcestershire Works Well (WWW) initiative which aims to support health promoting workplaces. In the financial year 2015/16, 25 new businesses signed up to the WWW initiative. At this point the conversion rate from sign up to accreditation was 46%. At the end of the financial year there were 78 active businesses with 25,000 employees and all members of HIG agreed to promote the initiative in their local areas.
- Air Quality: Mark Cox, Worcestershire Regulatory Services, presented the current priority actions for each Air Quality Management Area in the county and welcomed any assistance that Members can give to progression of actions to resolve poor air quality. It was noted that these areas remain of concern and that air quality can be improved through active management as set out in the plans. District members of HIG agreed to make sure they supported giving this work a priority locally.
- **Strategic Drug Plan:** Deborah Tillsley, Public Health practitioner presented progress against the three key objectives for the third and final year of the current Strategic Drug Plan. These included:
 - Early prevention and self-help significant Facebook and Twitter messaging and campaigns, use of the Health Chats programme to provide messages on drugs and alcohol and targeted prevention work at University Fresher's week.
 - Improving treatment challenging data on the treatment service but positive signs emerging, work on dual diagnosis progressing with an agreed Memorandum of Understanding being agreed with the Health Trust and Swanswell and 32 GP practises now signed up to shared care treatment services.

 Reducing the impact of drugs on crime and disorder – wide ranging support with the Police NPS campaign in December 2016, partnership support at the Police Drug Alliance Strategy group and new focus on drug driving with 746 "wipe" tests on drivers between April – November 2016, resulting in 407 positive tests and 426 arrests.

14. The Drugs plan will be reviewed when the reviewed Home Office Drug Plan is published in 2017.

Legal, Financial and HR Implications

15. As appropriate

Privacy Impact Assessment

16. As appropriate

Equality and Diversity Implications

N/A

Contact Points

<u>County Council Contact Points</u> County Council: 01905 763763 Worcestershire Hub: 01905 765765

Specific Contact Points for this report Name, Dr. Frances Howie, Director of Public Health Tel:: 01905 845533 Email: fhowie@worcestershire.gov.uk

Supporting Information

- Bromsgrove District Council Community Wellbeing theme Group action Plan 2016/21 (Appendix 1)
- Malvern Hills District Health and Well-being Plan 2016-2021 Performance Report (January 2017) (Appendix 2)
- Worcester City Health and Wellbeing Plan 2017-2019 (Appendix 3)

Background Papers

N/A

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Appendix 1

HIG Meeting 14/12/16 Agenda item 3



Community Wellbeing Theme Group

Draft Action Plan



Contents

Section A: Health and Wellbeing	Pages 3-4
Section B: Children and Young People	Pages 5-7
Section C: Ageing Well	Pages 8-11
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Acronyms	Page 14



The six key principles which underpin the Worcestershire Health and Wellbeing Strategy 2016-21 have been adopted and this Action Plan is split into the following three sections:

Section A. Health and Wellbeing

Section B. Children and Young People

Section C. Ageing Well

Key Priorities:

- Improve mental wellbeing
- Increase physical activity (including inactivity)
- Reduce harm from alcohol

✓ Work in Partnership
 ✓ Empower individuals and families

Key Principles:

- ✓ Take local action
- ✓ Take actions that are achievable
- ✓ Involve people
- ✓ Be open and accountable

Plus - Local	Campaigns
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Action	Review/Due Date	Contact(s)	Links to Strategies / Profiles / Briefings / Needs Assessments
Improve mental wellbeing			
 Raise awareness of and support the <u>Wellbeing Hub</u> and the wider <u>Worcestershire Healthy Minds Service</u> to ensure local demand is met and ensure links with Social Prescribing. 	November 2016	RBCCG, Liz Altay, WCC & Della McCarthy	 <u>Worcestershire Joint Health and</u> <u>Wellbeing Strategy 2016-2021</u> <u>Bromsgrove Health and Wellbeing</u> <u>Profile 2016 and Exec. Summary</u>
 Ensure partner agencies have the opportunity to engage and be consulted on the Secondary Care Mental Health Transformation and provide feedback following consultation. 	November 2016	Zelda Peters, WHACT & Della McCarthy	 Worcs Primary Care Mental Health Needs Assessment 2015
 3. Promote and support initiatives and training including: '<u>Time to Change</u>' initiative which aims to reduce stigma around mental health; Mental Health First Aid (MHFA) and Youth Mental Health First Aid (YMHFA) 2 day training that is available to partners at a subsidised cost of £45 (see appendix); <u>Your Life, Your Choice</u> Worcestershire website; and <u>5 ways to Wellbeing</u> using Bromsgrove & Redditch website: <u>www.wellbeinginpartnership.co.uk</u> 	November 2016	Angie Roberts, WCC For training dates and to book a place on MHFA, email: <u>L&Dbookings@worcestershire</u> <u>.gov.uk</u> Or for YMHFA email: <u>chswforceandparcdev@</u> <u>worcestershire.gov.uk</u>	 Worcestershire Briefing on Mental Health 2015 (JSNA) Worcestershire Briefing on Self Harm 2015 (JSNA) Safeguarding Adults – Information for Professionals Viewpoint Residents Survey 2015 Link to other JSNA briefings



Action	Review/Due Date	Contact(s)	Links to Strategies / Profiles / Briefings / Needs Assessments
 Increase physical activity (including inactivity) Raise awareness of services being delivered locally (across all ages) which increase physical activity for partners to identify ways other partners can enhance existing provision and highlight any barriers impacting on delivery. 	January 2017	Catherine Aldridge, BDC	 <u>Worcestershire Briefing on</u> Physical Activity 2016 (JSNA) <u>Worcestershire Joint Health and</u> Wellbeing Strategy 2016-2021
 (Same action included within Children and Young People Section) Promote initiatives and deliver training encouraging healthy lifestyles including: 'One You' Public Health England campaign; Worcestershire Works Well Accreditation Scheme; Health Chat Training; Eating Well on a Budget Training; and Worcestershire Welcomes Breastfeeding Initiative. 	January 2017	Angie Roberts, WCC	 Bromsgrove Health and Wellbeing Profile 2016 and Exec. Summary Viewpoint Residents Survey 2015 Worcs. All Age Prevention Policy Link to other JSNA briefings
Action	Review/Due Date	Contact(s)	Links to Strategies / Profiles / Briefings / Needs Assessments
Reduce harm from alcohol 1. Raise awareness of local service provision which aims to reduce the harm from alcohol to enable partners to: - consider how agencies can support and enhance existing provision; and - support Public Health and RBCCG in addressing alcohol-related issues highlighted in the Bromsgrove Health and Wellbeing Profile.	March 2017	Swanswell & Angie Roberts, WCC & RBCCG	 Worcestershire Briefing on Alcohol 2016 (JSNA) Worcestershire Joint Health and Wellbeing Strategy 2016-2021 Bromsgrove Health and Wellbeing Profile 2016 and Exec. Summary Link to other JSNA briefings
Local Campaigns	Date	Contact	Links
1. Stroke Awareness & <u>NHS Act FAST</u>	May 2017	Stroke Association & Angie Roberts, WCC	Health and Wellbeing Campaign Planner 2016-17
 Alcohol Awareness Campaign & Dry January Movember Awareness Month - <u>www.uk.movember.com</u> Mental Health 	Nov-Dec 16 & Jan 17 1-30 November Jan & Feb 2017	Angie Roberts, WCC Angie Roberts, WCC Angie Roberts, WCC	



Section B. Children and Young People Key Priorities • Support and reduce NEETs (Not in Education, Employment or Training) • Improve mental wellbeing • Increase physical activity (including inactivity) Plus - Local Campaigns		 Key Principles: ✓ Work in Partnership ✓ Empower individuals and families ✓ Take local action ✓ Take actions that are achievable ✓ Involve people ✓ Be open and accountable 	
Action	Review/Due Date	Contact(s)	Links to Strategies / Profiles / Briefings / Needs Assessments
Support and reduce NEETs 1. NEET Solution Panel to continue to help lower the number of NEETs in the District by: focussing on individual cases; and identifying if cases brought forward are within the known NEET figure or are hidden/unknown NEETs. Focus initially on 16-18 year old and RONIs (Risk of NEET Indicator) but also NEETs aged 19+ 	Updates to Theme Group quarterly or sooner if Panel requires support	Judith Willis, BDC & Paul Finnemore, WCC	 ? Worcestershire NEETs Strategy ? Worcestershire County Council Internal Audit Report on NEETs (2014) Worcestershire Early Help Needs Assessment 2015
 2. NEET Solution Partnership Panel, with the support of the Theme Group, to: encourage additional representatives to join and support the work of the Panel, in particular local schools, college and job centre; and Identify any barriers where the Theme Group or other partners can assist. 	November 2016	Judith Willis, BDC & Della McCarthy	 <u>Worcestershire Children and Young</u> <u>People Plan 2014-17</u> <u>Safeguarding Children –</u> <u>Information for Professionals</u> <u>Link</u> to other JSNA briefings
3. Raise awareness and consider the impact on NEETs locally following commissioning/implementation of changes to the provision of targeted family support and support to young people at risk of becoming NEET.	November 2016	Debbie Herbert & Paul Finnemore, WCC & Judith Willis, BDC	



Action	Review/Due Date	Contact(s)	Links to Strategies / Profiles / Briefings / Needs Assessments
Improve mental wellbeing			
 Theme Group to be kept informed of the work of the Worcestershire Emotional Wellbeing and Mental Health Partnership Board (EWMHP)*, and in particular of new opportunities and initiatives that relate to Bromsgrove District. *Worcs. EWMHP advises and informs commissioning and provision of services and oversees the governance of the Worcestershire Transformation Plan for the Emotional Wellbeing and Mental Health of 0-19s (also known as the CAMHS Transformation Plan). Raise awareness and consider the impact locally of commissioning/implementation of: integrated 0-19 prevention service (Starting Well) which includes early help, school nurses, health visitors and other providers; and Parenting and Family Support Providers (currently Early Help Providers). 	November 2016 September & November 2016	Geoff Taylor-Smith, YMCA Liz Altay, WCC (Public Health) & Debbie Herbert, WCC (Vulnerable Children and Families) & Judith Willis, BDC	 Worcestershire Transformation Plan for Children and Young Peoples Emotional Wellbeing and Mental Health (also known as 'CAMHS Transformation Plan') Bromsgrove Early Years 2016 District Profile Worcs. All Age Prevention Policy JSNA Worcestershire Documents: Mental Health Briefing 2015 Early Help Needs Assessment 2015 and Early Help Briefing 2015 Self-harm Briefing 2015
 3. Bromsgrove Children and Young People Provider Group (set up Sept 2016) continue so that local providers on the ground can come together to: Ensure co-ordination of activities and share resources/information for the benefit of children and young people locally; Collectively and directly engage with children and young people to find out their views; and Base all decisions /actions on the views of children and young people. 	November 2016	Kate Higginson, BDHT & Sarah McIntosh/Wendy Thompson, BDC & Della McCarthy	 Other JSNA Document Downloads (incl. briefings on Homelessness, Learning & Disabilities etc) Plus: Worcestershire Children and Young People Plan 2014-17 2016 Redditch and Bromsgrove CCG Profile Safeguarding Children – Information for Professionals



Action	Review/Due Date	Contact(s)	Links to Strategies / Profiles / Briefings / Needs Assessments
Increase physical activity (including inactivity)			
 See action point above – set up Bromsgrove Children and Young People Provider Network 	-	-	 Worcestershire Briefing on Physical Activity 2015 (JSNA) Worcestershire Briefing on
 Raise awareness of services being delivered locally (across all ages) which increase physical activity for partners to identify ways other partners can enhance existing provision and highlight any barriers impacting on delivery. (Same action included within Health and Wellbeing Section) 	January 2017	Catherine Aldridge, BDC	 Worcestersmie Briening on Childhood Obesity 2015 (JSNA) Bromsgrove Early Years 2016 District Profile Worcs. All Age Prevention Policy Link to other JSNA briefings
3. Consider Government's ' <u>Childhood Obesity: A plan for action</u> ' and identify any relevant local actions.	January 2017	Liz Altay, WCC & John Godwin, BDC	
Local Campaigns	Date	Contact	Links
1. Mental Wellbeing	Jan & Feb 2017	Angie Roberts, WCC	Health and Wellbeing Campaign Planner 2016-17



Section C. Ageing Well

Key Priorities

- Improve dementia awareness
- Tackle fuel poverty and reduce excess winter deaths (EWD)
- Falls prevention and increase physical activity
- Address social isolation and loneliness and promote ageing well
- Improve stroke awareness
- Identify 'hidden' carers and promote support

Plus - Local Campaigns

Key Principles:

- ✓ Work in Partnership
- ✓ Empower individuals and families
- ✓ Take local action
- \checkmark Take actions that are achievable
- ✓ Involve people
- ✓ Be open and accountable

Action	Review/Due Date	Contact(s)	Links to Strategies / Profiles / Briefings / Needs Assessments
Improve dementia awareness			
1. To form a <u>Local Dementia Action Alliance</u> (LDAA) across <u>Redditch and Bromsgrove</u> and develop action points.	First meeting on 18 November 2016	Jan Little, Alzheimer's Society	 <u>Worcestershire Joint Health and</u> <u>Wellbeing Strategy 2016-2021</u> Bromsgreye Health and Wellbeing
 2. Improve Dementia Awareness: by increasing the number of local organisations/partners accessing <u>Dementia Friends</u> information sessions; by promoting <u>Dementia Friends Champion</u> training; and through the <u>Worcestershire Works Well</u> Scheme. 	November 2016	Angie Roberts, WCC	 Bromsgrove Health and Wellbeing Profile 2016 and Exec. Summary 2016 Redditch and Bromsgrove CCG Profile North Worcestershire Community Safety Partnership / Safer
3. Register Bromsgrove as working towards becoming a <u>Dementia Friendly Community</u> .	March 2017	Chair of LDAA (to be appointed)	Bromsgrove - <u>Safe Place Scheme</u>
Action	Review/Due Date	Contact(s)	Links to Strategies / Profiles / Briefings / Needs Assessments
Tackle fuel poverty and reduce excess winter deaths (EWD)			
 Bring together relevant partners to review and update a local Cold Weather Plan (CWP) for Bromsgrove annually. 	September 2016	Angie Roberts, WCC	 <u>NHS England Cold Weather Plan</u> <u>Worcestershire Joint Health and</u>



		-		
2.	To support new 'Winteraction' initiative to reduce fuel poverty, reduce falls, tackle social isolation and loneliness and to increase resilience of the older population. Ensure links with Better Environment Theme Group to avoid	November 2016 November 2016	Alison Schofield, Age UK (Bromsgrove, Redditch & WF) Alison Schofield, Age UK,	Wellbeing Strategy 2016-2021 Bromsgrove Health and Wellbeing Profile 2016 and Exec. Summary 2016 Redditch and Bromsgrove
	duplication of actions and identify joint actions e.g. via Winteraction Initiative.		Rachel Jones, AoE Angie Roberts, WCC & Della McCarthy	CCG Profile
Acti	on	Review/Due Date	Contact(s)	Links to Strategies / Profiles / Briefings / Needs Assessments
Falls	s prevention and increase physical activity		•	
	To reinvigorate the Bromsgrove Local Falls Group and raise awareness of the Worcestershire Falls Pathway locally.	November 2016	Angie Roberts, WCC	 Worcestershire Joint Health and Wellbeing Strategy 2016-2021
2.	 Ensure PSI / mobility / strength and balance classes: target populations who are at risk of falling; support independent living; meet need and are accessible across the District; and are effectively promoted. 	November 2016	Hayley Gwilliam, BDC	 Bromsgrove Health and Wellbeing Profile 2016 and Exec. Summary 2016 Redditch and Bromsgrove CCG Profile NHS Worcestershire Falls Strategy
3.	Identify local opportunities to engage with older people where WCC 'Behavioural Insights', which aims to identify barriers preventing older people being physical active, can be used.	November 2016	Angie Roberts, WCC	
4.	To support new 'Winteraction' initiative (as stated above).	-	-	
Acti	on	Review/Due Date	Contact(s)	Links to Strategies / Profiles / Briefings / Needs Assessments
Add	ress social isolation and loneliness and promote ageing well			
	To support new 'Winteraction' initiative (as stated above).	-	-	<u>Worcestershire Ageing Well</u> <u>Strategy 2012-17</u>
	 Raise awareness of activities and local services available by: Producing the 'New Horizons' (formerly 'Twilight Highlight') leaflet bi-annually; Reviewing and considering new ways to promote services 	November 2016	Angie Roberts, WCC & Communications Team BDC	 <u>Worcestershire Joint Health and</u> <u>Wellbeing Strategy 2016-2021</u> <u>Bromsgrove Health and Wellbeing</u>



- Promoting Your Life, Your Choice Worcestershire website. - </th <th></th> <th>•</th> <th></th> <th></th>		•		
3. Io support local digital inclusion initiatives and link to the Bromsgrove Digital Inclusion Partnership Group. Ashiea Green & Rachel Hooth, BDHT • Worcs. Digital Skills Info 4. Ensure a two-way communication between Bromsgrove Partnership's Ageing Well Group and the Worcestershire Loneliness and Isolation Action Group. 21 November 2016 Alison Schofield, Age UK (Bromsgrove, Redditch & WF) & Angle Roberts, WCC • Worcs. Loneliness Plan 3 5. Provide community physical activity sessions which: - meet need and are accessible across the District; • November 2016 Hayley Gwilliam, BDC • NWCSP / Safer Bromsgrove - Burglary and Home Se 6. remet need and are accessible across the District; • promote social cohesion; and • are effectively promoted. Links to Strategies / Profile / Needs Assessment 1. Improve stroke awareness 1 Improve stroke awareness through promotion of: September 2016 Christy Weatherby, Life After Stroke Centre (LASC) & Angie Roberts, WCC • Bromsgrove Health and Profile 2016 and Exec. Setting awareness. 2. To work with Bromsgrove Engagement and Equalities Forum to develop links with local minority groups to improve stroke awareness. November 2016 Angie Roberts, WCC, Christy Weatherby, Life After Stroke Centre (LASC) & Emily Payne, BDC Ensity Payne, BDC Action Review/Due Date Contact(s) Links to Strategies / Profile / Needs Assessment 1. Unsynce stroke awareness. November 2016				 <u>Profile 2016</u> and <u>Exec. Summary</u> <u>2016 Redditch and Bromsgrove</u>
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	 local demographic of carers and their needs; and 	November 2016	Angie Roberts, WCC	 Worcestershire Carers Strategy 2015-20



2.	Invite representative from Worcestershire Carers Association to join the group and identify ways the Ageing Well Group can assist in identify carers and promote support for carers.	November 2016	Angie Roberts, WCC & Worcestershire Carers Association	
Loc	al Campaigns	Date	Contact	Links
1.	Stroke Awareness & <u>NHS Act FAST</u>	Jul, Aug & Sept 2016	Stroke Association &	Health and Wellbeing Campaign
	(National Stroke Awareness – May 2017)	& May 2017	Angie Roberts, WCC	Planner 2016-17
2.	Warmer Winter – Keep Warm and Save Money Events	Nov 2016 - Mar 2017	Kath Manning, BDC/RBC	
	(incorporating the 'Stay Well This Winter' campaign)	Oct 2016 - Feb 2017	Angie Roberts, WCC	
3.	Pensioners Day	25 Nov 2016	Sajid Javid MP	
4.	Mental Health	Jan & Feb 2017	Angie Roberts, WCC	
5.	Digital Inclusion - Get Online Week – <u>www.getonlineweek.com</u> - Stakeholder Event	17-23 Oct 2016 Feb 2017	Ashlea Green / Rachel Tooth, BDHT	
6.	Alcohol Awareness Campaign & Dry January	Nov & Dec 2016 Jan 2017	Angie Roberts, WCC	



General Information

Mental Health First Aid (MHFA) and Youth Mental Health First Aid Training (YMHFA)

Following a very successful pilot of MHFA and YMHFA training sessions for partners in Bromsgrove in 2014 using funding allocated to the Theme Group, WCC rolled out subsidised training to partners across Worcestershire. To find out when the next training is and to book, for MHFA please email: <u>L&Dbookings@worcestershire.gov.uk</u> or for YMHFA please email: <u>chswforceandparcdev@worcestershire.gov.uk</u>. Additional local dates could be added, subject to demand, via Angie Roberts. Please contact Angie at: <u>angie.roberts@bromsgroveandredditch.gov.uk</u>

Time to Change Pledge

Bromsgrove District Council and Worcestershire County Council have signed the 'Time to Change' Pledge. The initiative aims to reduce stigma around mental health. All partners are encouraged to support this initiative. For further details/advice on the initiative please contact Angie Roberts: <u>angie.roberts@bromsgroveandredditch.gov.uk</u> or you can visit their website: <u>www.time-to-change.org.uk</u>

Worcestershire 'Healthy Minds' and 'Wellbeing Hub'

Worcestershire Wellbeing Hub is part of the Worcestershire Healthy Minds Service which is the Enhanced Primary Care Mental Health Service.

- Worcestershire Healthy Minds is a community based mental wellbeing service that provides support to people aged 16 and over who are experiencing difficulties such as stress, anxiety, low mood or depression. For further information go to: www.hacw.nhs.uk/healthyminds
- Worcestershire Wellbeing Hub is the community wellbeing element of the Worcestershire Healthy Minds service. It provides information and signposting for wellbeing services provided by the voluntary and community sector and takes bookings for certain moodmaster courses. It also offers a Peer Support service. Further information can be found online, including a directory of services: <u>www.hacw.nhs.uk/wellbeinghub</u>

Social Prescribing

Following a small pilot that commenced in May 2014, 'Social Prescribing' was rolled out to all GP practices across Bromsgrove and Redditch early 2015. It is a mechanism which enables GPs and other health professionals to refer patients to non-NHS services provided by VCS and other statutory agencies. Partner agencies/services included are based on the issues people raise at GP appointments which include mental wellbeing. Please note that the Worcestershire Health and Wellbeing Stakeholder Event on the morning of 14 December 2016 will be focussing on the future of Social Prescribing in Worcestershire, including Bromsgrove and Redditch.

Local Dementia Action Alliance (LDAA)

A LDAA brings together regional and local members to improve the lives of people with dementia in their area. They are seen as the local vehicle to develop <u>dementia friendly communities</u>. A LDAA for Bromsgrove and Redditch is in the process of being set up.

Appendix



Alcohol and Drug Misuse

- <u>Swanswell</u> is a National Alcohol and Drug Charity which was commissioned by WCC to deliver alcohol and drug service from 1 April 2015. Swanswell run recovery drop-ins sessions and mutual support groups locally in Bromsgrove. For further information or to refer please email: worcsadmin@swanswell.org or Tel: 0300 303 8200.
- <u>Alcoholics Anonymous (AA)</u> "Alcoholics Anonymous is a fellowship of men and women who share their experience, strength and hope with each other that they may solve their common problem and help others to recover from alcoholism. The only requirement for membership is a desire to stop drinking. There are no dues or fees for AA membership; we are self-supporting through our own contributions. AA is not allied with any sect, denomination, politics, organization or institution; does not wish to engage in any controversy; neither endorses nor opposes any causes. Our primary purpose is to stay sober and help other alcoholics to achieve sobriety." (Taken from AA website) There are meetings worldwide including in Bromsgrove! Further information can be found on the website: www.alcoholics-anonymous.org.uk. Or email: gso@alcoholics-anonymous.org.uk or Tel: 01904 644026
- <u>Al Anon</u> Al-Anon Family Groups is a community resource to which professionals can refer clients for support if they are dealing with a problem drinker. Al-Anon provides support to anyone whose life is, or has been, affected by someone else's drinking, regardless of whether that person is still drinking or not. <u>Further information on Al Anon for professionals can be found here.</u> Or email: <u>enquiries@al-anonuk.org.uk</u> or Tel: 020 7593 2070
- <u>Narcotics Anonymous (NA)</u> NA is a non-profit fellowship or society of men and women for whom drugs had become a major problem. NA is made up of recovering addicts who meet regularly to help each other stay clean. This is a program of complete abstinence from all drugs. There is only one requirement for membership, the desire to stop using <u>Further information on NA for professionals can be found here</u>. Or email: <u>pi@ukna.org</u>

Healthy Eating

WCC developed a new training course in 2014/15 aimed at delivering 'Eating well on a budget'. Five 'Train the Trainer' sessions delivered by HICs across Bromsgrove and Redditch for partner agencies and were positively evaluated. If you are interested in the train the trainer healthy eating on a budget training, please contact Angie Roberts for more information: <u>angie.roberts@bromsgroveandredditch.gov.uk</u>

Physical Activity

Below are just some of the activities the Sports Development Team at Bromsgrove District Council is delivering. For further information, please contact Catherine Aldridge: <u>Catherine.Aldridge@bromsgroveandredditch.gov.uk</u>

- Sportivate Various activities including handball and dance across Bromsgrove targeting young non/semi-sporty people aged 11-25yrs.
- Community Gymnastics Sessions provides affordable access to essential development of physical literacy for children.
- The Age Well Pump Prime Project Nordic Walking, Zumba Gold, Tai Chi, Stretch and Tone, and Fitness Yoga sessions.
- A Walking for Wellness group in Sanders Park.
- Seated Tai Chi class at Amphlett Hall.
- Falls Prevention Strength and Balance Classes currently in Wythall, Hagley and three in Bromsgrove Central. Self-referrals now accepted.
- Activity Referral at the Dolphin Centre.

Updated October 2016



Health Chats

<u>Health Chat Sessions</u> are aimed at front-line staff to enable them to promote health through 'health chats' (brief interventions) with their clients. Health Chats training sessions last 3 hours and are alternate months in Bromsgrove and Redditch. "Train the Trainer" sessions are delivered on demand. For further information and / or book a free place please email: <u>HWBAdmin@worcestershire.gov.uk</u>. (National online version: "Make every contact count").

Worcestershire Welcomes Breastfeeding

- Worcestershire Welcomes Breastfeeding scheme aims to normalise breastfeeding. 2015 JSNA figures indicate that the "breastfeeding" initiation rate across Bromsgrove has reduced from 77% in 2009/10 to 70% in 2012/13 and breastfeeding status at 6 weeks has declined by 2% to 48% since 2010. Angie Roberts can provide resources to volunteers as needed. Please email: <u>angie.roberts@bromsgroveandredditch.gov.uk</u>
- Breastfeeding Baby Bistro at Bromsgrove Children Centres to encourage mothers in breastfeeding longer. Also contributes to reducing childhood obesity.

Worcestershire Works Well (WWW)

WWW is a free accreditation scheme designed to enable employers to improve health and wellbeing of their workforce. WCC is the local provider of the "Workplace Wellbeing National Charter" launched June 2014 and WWW is being aligned. WWW has been given a Royal Society for Public Health (RSPH) Award. Additional funding for WWW given for Bromsgrove and Redditch specifically. To sign up or for further information please contact: enquires@worcestershireworkswell.co.uk or angie.roberts@bromsgroveandredditch.gov.uk

Safe Place Scheme

The Safe Place scheme gives vulnerable people a short term 'Safe Place' to go if they are feeling threatened when out and about in their local town. A directory of safe places of Bromsgrove can be found at: www.ourway.org.uk/safe-place-scheme. It's very simple to become a 'safe place' and if you would like further information please contact Caroline Jones: caroline@ourway.org.uk/safe-place-scheme. It's very simple to become a 'safe place' and if

<u>Acronyms</u>

- BDC Bromsgrove District Council CWP – Cold Weather Plan CYPP – Children and Young People Plan DAA – Dementia Action Alliance EH – Early Help EPMHCS – Enhanced Primary Mental Health Care Service EWD – Excess Winter Deaths HACW – Worcestershire Health and Care NHS Trust HIC – Health Improvement Co-ordinator HWBB – Health and Wellbeing Board (Countywide)
- JSNA Joint Strategic Needs Assessment* LAPE – Local Alcohol Profiles for England LDAA – Local Dementia Action Alliance NEET – Not in Education, Employment or Training OPSG – Older People Sub Group PH – Public Health POWCH – Princess of Wales Community Hospital PSI – Postural Stability Instruction RBC – Redditch Borough Council RBCCG – Redditch and Bromsgrove Clinical Commissioning Group
- RONI Risk of becoming NEET Indicator RSPH – Royal Society for Public Health SDO – Strategic Development Officer at County Council SPA – Single Point of Contact WCC – Worcestershire County Council WRS – Worcestershire Regulatory Services YLYC – Your Life, Your Choice *All partners are able to access all JSNA information including the Data Mapping Tools –

www.worcestershire.gov.uk/jsna

Updated October 2016

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Bromsgrove Your District Your Future Partnership





Malvern Hills District Health and Well-being Plan 2016-2021 – Q3 Performance Report

12th January 2017

1. Purpose of Report

1.1 To report on the Malvern Hills Health and Well-being Partnerships performance during the period 2016/17 quarter three, against the delivery of the Malvern Hills District Health and Well-being Plan 2016-2021.

2. Recommendations

The **Chairman of the Malvern Hills Health and Well-being Partnership** and Malvern Hills District Council **Portfolio Holder for Healthier Communities** recommends that:

i. The impact of effective partnership working and the achievements within this performance report be noted;

3. Good mental health and wellbeing throughout life

- 3.1 **5 Ways to Wellbeing:** Improve mental health and wellbeing by connecting, being active, taking notice, learning and giving:-
 - (i) An Older Persons Showcasing Event was held in Tenbury on 10th October, to coincide with world mental health day. The theme of the event was dementia awareness and there was a dementia friends session held along with health checks (40-74 years). There were over 25 service providers in attendance and over 50 attendees.
 - (ii) The next Health Chats training and a mental health campaign is being planned for quarter 4.
- 3.2 **Dementia Advice Service**: Support people living with dementia or memory loss, and their family and friends:-
 - This service was only provided during October and November; however still saw a good number of referrals, with 115 new referrals within the quarter (632 to date) and a total of 2198 clients actively supported, against a target of 2000 people.
- 3.3 **South Worcestershire Rural Communities Project:** delivered to reduce social isolation and loneliness for our most vulnerable residents:-

- (i) The South Worcestershire Rural Crime Prevention programme was promoted at the last Malvern Hills Parish and Town Council Conference.
- (ii) Two additional door knocks were carried out in Kempsey during Q3. 14 partners have now supported the delivery of this programme which has seen a total of 13 door knocks completed, to 635 households, resulting in 139 referrals
- 3.4 **Reconnections:** Reduce feelings of loneliness and social isolation in the 50+ population by reconnecting them with activities and interests in their local communities:-
 - (i) 162 new referrals made within the quarter (662 to date) against a target of 391 people being supported
- 3.5 **Malvern Hills Volunteering:** To support and promote volunteering across the district, by supporting volunteers, and organisations that offer volunteering opportunities:-
 - (i) The bi-annual Volunteering Forum was held in October and was attended by approximately 30 organisations
 - (ii) The Council delivered the districts inaugural 'Our Malvern Hills Community Awards' in December. This successful event saw over 60 nominations across the six categories and had 115 guests attend the event. Attendee feedback was very positive, with good levels of additional press and social media coverage
- 3.6 **Digital Inclusion:** To support local residents to self manage conditions by having access to online services:-
 - A further 41 gateway clients (116 to date) have made visits to the Prospect View Digital Hub, against a target of 200 client visits. The issues predominantly covered include welfare rights (sickness and disability benefits) Employment, housing and health & community care.
- 3.7 **Community First Aid:** To ensure residents have the knowledge of how to keep themselves and members of their community safe:-
 - All five Essential First Aid Courses were delivered in quarter three, with a total of 51 participants attending sessions in Malvern, Tenbury, Martley and Upton.
- 3.8 **Mental Health Awareness** To raise awareness of mental health issues, in particular self harm, and to support people to gain further specialist support:-
 - (i) The Selfie Where's the Harm production has been shortlisted for the Local Campaign of the year award by the Local Government Chronicle.
 - (ii) The Council is continuing to work on the production of professionally produced DVD and the subsequent distribution to schools across the district.
- 3.9 **Malvern Hills Early Help:** Deliver low level mental health support groups for young people and new parents with post natal depression:-
 - (i) Delivered six sessions to 32 individual participants, cumulating in 22 sessions and 98 participants to date

4. Being active at every age

- 4.1 Sportivate: To increase the number of inactive 11-25 year olds playing sport:-
 - 5 new Sportivate programmes (10 to date) were delivered to 40 participants (108 to date), including Indoor Kayaking, Squash, Zumba, Street Soccer and Weights for Women. Against targets of 146 participants and 7 programmes.
- 4.2 **Planning for Health Supplementary Planning Document (SPD):** Part of the Planning Policy Framework relating to the South Worcestershire Development Plan:-
 - A draft Planning for Health Supplementary Planning Document (SPD) has been approved for an Eight Week public consultation, running from Friday 2 December 2016 to Friday 27 January 2017.
- 4.3 YMCA Active Holiday Play Scheme: To provide activities during the holidays:-
 - The October half term holiday play scheme ran for 5 days and saw a total of 177 visits from 111 different children. In addition a 4 day Christmas holiday camp saw 172 attendances from 79 different children
- 4.4 **Freedom Leisure Holiday Activity Programme:** Deliver holiday programmes to 5-14 years:-
 - A one day 'fun day' was held at Sport Dyson Perrins over the Christmas period to help parents wishing to undertake last minute Christmas shopping. The day was very successful with 80 children attending.
 - (ii) The targets for this objective have been exceeded.
- 4.5 Activity Programme for targeted less active groups: Including older adults, women and girls, people with disabilities and people on low income
 - (i) Orienteering based 'Xplorer' events were introduced during the quarter by Freedom Leisure, in partnership with Malvern Hills District Council and Action for Children. The family fun orientated activities in Priory Park, have seen 92 participants take part across two events. A further 67 participants have taken part in a special Pickersleigh adaptation based at Malvern Town Football Club delivered with the support of Fortis Living and the Big Pickersleigh Group.
- 4.6 **Develop Outreach Programmes using the Activity Bus :** Deliver programmes and support events across the district with a focus on rural areas and deprived areas
 - During this quarter the newly branded Community Bus accompanied the team on a number of outreach events. Including, Xplorer (as details above), a Halloween event with Fortis, a Santa Climb at Sport Martley, and a Children in need Cycle event (raising over 1K for the charity). Attendance for these events reached a combined 260.

5. Reducing harm from alcohol at all ages

- 5.1 **Alcohol Awareness and Education:** To raise awareness of the risks of drinking excess alcohol and to reduce consumption:-
 - (i) Following a mid year reflective evaluation of the impact seen from the three actions aligned to the delivery of this objective. A different marketing approach is being developed to target a new audience. This will see a social media video being commissioned through Free Radio, that targets all of the

Malvern Hills, but with a particular focus on the middle class and middle aged women. The aim is to launch the video during Q4, January/February 2017.

- 5.2 **Peer mentor support:** Identify and support individuals who are drinking at levels harmful to their health:-
 - Following the confirmation of funding, peer mentor support is now being provided through the Relapse Prevention Group and the Resource Café. Participation figures to be provided within the quarter 4 report.
 - (ii) Following the confirmation of funding to provide a peer support programme to young people in Tenbury, planning is underway to deliver this event, hopefully in quarter 4.

6. Concerns or Risks

6.1 No concerns or risks have been identified by partners of the Health and Well-being Partnership during this period. However, projects will be reviewed in detail during quarter four, as part of an annual review of the action plan.

7. Conclusion

7.1 As reported herewithin, the Malvern Hills Health and Wellbeing Partnership continues to deliver positive outcomes across the district, with many of the projects identified within the Malvern Hills District Health and Well-being Plan 2016-2021 on course to achieve the annual targets.

8. Report Author

Mark Hammond Contracts and Performance Manager Malvern Hills District Council

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Worcester City Health and Wellbeing Plan

Appendix 3

2017-2019

Logos: Worcester City Council, Worcestershire County Council

Foreword

It gives me great pleasure to introduce Worcester City Council's Health Improvement Plan for 2017-19. This plan is a combined commitment from a wide range of people and organisations to take steps to improve the health and well-being of local residents.

District Councils do not have a statutory responsibility for health services. However, we are responsible for (amongst other things) approving new housing developments, deciding when shops and pubs can sell alcohol, looking after parks and green spaces, measuring air pollution levels and providing swimming and sports facilities. These decisions all have a significant impact on the quality of people's lives. We want to have a **positive** impact on health and well-being, to make it easier for people to make healthy choices and to enjoy being active and well in Worcester.

The new cross party Worcester City Plan 2016-21 has 'a healthy active city' as a key aspiration for the first time. This Health Improvement Plan provides more detail of the actions that will help deliver this. It is a collaborative effort from Worcester City Council officers, Public Health staff, partners across the city, the voluntary sector and local enthusiasts.

I want to thank everyone for their contributions to this plan and for their commitment to making a difference. Together, we **can** build a healthy active city where everyone has the opportunity to be as fit and healthy as they can be.

Lynn

Lynn Denham

Cabinet Member Sustainable Communities Councillor Cathedral Ward Worcester City Council

Cllr Lynn Denham

I am delighted to support this plan. Our County Health and Well-being Strategy sets a strategic vision of residents being healthier, living longer, and having a better quality of life. The City Council has a key part in making this a reality, and this plan sets out what will happen in Worcester City. I am particularly pleased to see how many different colleagues across the system are planning to work together to achieve a healthier Worcester, and how much progress has been made in recent years. Although people here are generally in good health, we must be able to target efforts where there are pockets of ill-health, and take a broad approach to tackling unhealthy lifestyles which are rapidly becoming the norm. This plan takes a comprehensive approach to improving health and I am sure that it will have impact.

frances &thane

Dr Frances Howie

Director of Public Health Worcestershire County Council

Executive summary

Worcester is a University and Cathedral City at the heart of the County of Worcestershire. It has about 100,400 residents and overall their health is good, either better than or similar to the English average. For example, rates of teenage pregnancy and numbers of pregnant women who smoke are below the national average. Life expectancy (79 years for men and 83 years for women) is as good as the national average.

However, health inequalities exist in Worcester City and the difference in some health outcomes between the most and least deprived sections of the city may be widening. For example, life expectancy is 11 years less for men in the most deprived parts of the city than it is in the least deprived areas, and the gap for women is 6 years. There are well known links between social deprivation and poor health, and the health of children living in poverty needs to have a focus. Although the rates of poverty are not high in comparison to other places, there are 3,200 children in the City who live in low income families. The percentage of low birth weight births and children achieving a good level of development by age 5 is worse in the city compared to the national average. These are known to be linked to social deprivation and underline the need to focus on the 3,200 children who are living in low income households.

As elsewhere, illness associated with unhealthy lifestyles is significant. Being physically inactive, smoking, drinking too much, and eating too much food which is high in salt, fat and sugar is as common in Worcester as it is elsewhere in the county. Indeed, some of these behaviours are more prevalent in Worcester City than they are elsewhere. Unless these issues are tackled, the burden of avoidable disease will continue to rise, and services will become increasingly pressured.

The city of Worcester is served by both Worcestershire County Council and Worcester City Council. Both Councils are committed to improving the health of local residents, and both have strategies and plans to achieve this. The County Council sets a broad strategic framework through its Five Year Health and Well-being Strategy and the City Council has produced a Five Year Strategic Plan setting the direction for Worcester to develop as a healthy and active city.

The Worcestershire Health and Wellbeing Board has recently adopted a five year Joint Health and Wellbeing Strategy which outlines 3 main health priorities for the county.

These three overarching priorities are to:

- improve mental health and wellbeing,
- increase physical activity,
- reduce harm from drinking too much alcohol.

These priorities were chosen on the basis of published data about local health, and following public consultation. Meeting the priorities within this plan would mean there would be a significant and lasting improvement to health in the City. The Health and Well-being Strategy also has a strong focus on prevention and action in these three areas can prevent ill-health from developing, as well as preventing health needs from getting worse.

Mental health is inextricably linked with physical health. Although evidence from the National Wellbeing Survey suggests that greater proportions of people in Worcester are generally satisfied with life, there are some areas that Worcester can improve on. The prevalence of common mental disorders such as depression and anxiety is increasing in Worcester City and many cases go undiagnosed. Many people do not seek treatment; either due to difficulty in recognising anxiety disorder or due to the stigma attached to mental illness. Campaign work to prevent mental ill health and build resilience is key, and some campaigns focussing on the '5 ways to well-being' and tackling stigma are proven to have impact.

Increasing physical activity will prevent a significant amount of disease. However, the estimated percentage of physically active adults in Worcester City has fallen since 2014 and we now have the lowest proportion of 35 to 54 year olds participating in sport or activity in the County. The number of physically inactive adults in Worcester City has increased. It is estimated that 70 deaths in Worcester City could be prevented per year if people undertake the UK Chief Medical Officers recommended levels of physical activity. Effective utilisation of the wide range of facilities in the city, outdoor spaces and green spaces for exercise and health would all reduce the health risks of Worcester residents.

Drinking too much alcohol is a contributing factor to hospital admissions and early deaths from a range of conditions. Although the rate of hospital admission for alcohol related conditions in Worcester has decreased in 2014/2015 compared to 2008/2009 levels, but it is still higher than for the other districts across the county. These rates can be reduced by evidence based, prevention activities at a local level.

Worcester City Council has adopted a cross party, strategic plan for the next five years 'Building a successful future on 2,000 years of history(2016-2021) '. The City Plan has five interconnected themes, one of which is to become a "healthy and active" city. In order to enable residents in the city to be healthier, additional local priorities have been identified by the City Council.

Planning a healthy City also requires us to consider emerging themes, where problems may develop, or where we need a greater understanding. There are three of these, drawn from local data:

- Outcomes and access to services for the Black And Minority Ethnic (BAME) population. Worcester has seen a near doubling in the proportion of the BAME population from 2001 to 2011. We know that a higher than average proportion of BAME population in Worcestershire has a long-term limiting condition. This issue requires further in-depth exploration;
- Statutory homelessness in Worcester city remains an area of concern and one where trends have not significantly improved in recent years. The links between good housing and health are well known and we need to carry out more work to understand how best to make a difference;
- Air pollution. This is a clear and avoidable cause of disease, death and disability, and there are two air quality management areas in the City. It will be important to ensure that these are given priority, thereby benefitting the health of local residents.

The visions set out by the joint Health and Wellbeing Strategy and Worcester City Plan can only be achieved by bringing together organisations from the public, private, voluntary and community sectors and enabling them to work in partnership. The Health and Wellbeing Partnership in Worcester City provides the forum for organisations working together to improve the health and wellbeing needs of the people of Worcester City.

Although the County Strategy is a five year one, the Worcester City Action Plan will be a two year plan (2017-2019) which will be refreshed in 2019. The Partnership is responsible for the plan, and all members of the Partnership will contribute to its effective delivery and oversight.

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Introduction

Health and well-being is influenced by a range of factors over the course of people's lives. These factors are related to people's surroundings and communities as well as their own behaviours. Collectively they have a much greater impact on health and well-being than health and social care services. To improve health and wellbeing, these factors need to be positively influenced.

Consequently, all partner organisations servicing the health and wellbeing needs of the people of Worcester need to work together and drive joined up action in order to bring about positive change and thereby an improvement in the health of the people of Worcester.

The Worcester City Health Improvement plan shows the collective response of all partner agencies to the identified priorities of the Joint Health and Wellbeing Strategy(2016-2021) and details how local services are working to deliver on these priorities whilst continually monitoring and responding to local needs and demands.

Worcestershire Joint Health and Wellbeing Strategy

Worcestershire 's Joint Health and Wellbeing Strategy is a statement of the health and wellbeing board's vision and priorities for 2016-2021 based on the Joint Strategic Needs Assessment and public consultation.

The vision of the Board is that:

Worcestershire residents are healthier, live longer and have a better quality of life especially those communities and groups with the poorest health outcomes.

The six key principles that underpin this strategy include

- working in partnership,
- empowering individuals and families,
- taking local action,
- using evidence in decision-making,
- involving people and
- being open and accountable.

The board will ensure that actions to implement this strategy align with our five approaches to prevention:

• Creating a health promoting environment by developing and enforcing healthy public policy and taking health impact into account systematically in decision-making.

• Encouraging and enabling people to take responsibility for themselves, their families, and their communities by promoting resilience, peer support and the development of community assets.

• Providing clear information and advice across the age range, so that people make choices that favour good health and independence.

• Commissioning prevention services for all ages based on evidence of effectiveness and within the funding available.

• Gate-keeping services in a professional, systematic and evidenced way, so that services are targeted to the people who would benefit most, regardless of their personal characteristic or circumstances.

The Worcestershire Health and Well-being Board have identified three key health and well-being priorities for 2016-21.

Mental health and well-being throughout life - The focus will be on building resilience to improve mental well-being, and dementia. There will be four focus groups;

- Under fives and their parents,
- Young people,
- Older people and
- Populations with poorer health outcomes.

Key documents that support this priority:

- Worcestershire Mental Health & Suicide Prevention Plan 2016-21
- South Worcestershire Clinical Commissioning Strategy 2013-18
- Worcestershire Children and Young People's Plan 2014-17

Being active at every age - The focus will be on increasing everyday physical activity. There will be three focus groups;

- Under fives and their parents,
- Older people and
- Populations with poorer health outcomes.

Key documents that support this priority:

- Worcestershire Physical Activity Plan 2016-2021
- Sport Partnership Herefordshire & Worcestershire Business Plan 2016

Reducing harm from drinking too much alcohol – The focus will be on reducing consumption of alcohol and risky behaviour. There will be three focus groups;

- Middle aged,
- Older people and
- Populations with poorer health outcomes.

Key documents that support this priority:

- Worcestershire Alcohol Plan 2016-2021
- South Worcestershire Community Safety Partnership Strategic Assessment 2016-17

In addition to the county priorities it is recognised that there are local areas of need, which are highlighted in the Worcester City Health Profile (Annex 1). The health and wellbeing partnership will continuously monitor and respond to these identified needs

Worcester City Council-

Worcester City's strategic plan for the next five years is detailed in a cross party "City Plan: Building a successful future on 2,000 years of history". This plan is the councils shared vision for a future Worcester not just about its activities but about how the council hope residents and stakeholders can pull together to create a successful, vibrant and sustainable Worcester.

There are five overlapping and interconnected themes that include

- 1. Stronger and connected communities
- 2. A prosperous city
- 3. A healthy and active city
- 4. A heritage city for the 21st century
- 5. Strengthening and sustaining our assets

The strategic vision for Worcester City as a healthy and active city is

We want our city's residents to have a good start in life, enjoying healthy and fulfilling lives, through to a dignified end. We want people to have the opportunity to be as fit and healthy as they can be by using all of Worcester's assets, from the excellent new swimming pool at Perdiswell to our green spaces, to improve their wellbeing. Worcester will become an inspirational sporting city, hosting regular national and international competitions and boosting grassroots participation for people of all abilities.

For residents this would mean

People, families and communities will be able to make the best choices they can in relation to their own health. Health services being provided at home or as close to home as possible. Technology is utilised to maintain independent living for as long as possible and people are actively engaged within their neighbourhood. Worcester's many successful sports clubs will provide inspiration to people to use state of the art fitness and leisure facilities to be active and healthy.

Worcester City council provides strategic leadership to the Health and Wellbeing Partnership and has overview of this action plan.

Looking Back - the Healthy Worcester Action Plan 2013-2016

The Healthy Worcester Partnership has met regularly during the last year and has supported delivery against the Action plan. Key achievements have included

Older people and management of long-term conditions

Worcester community transport

11,199 single journeys were undertaken – of these, 10,080 journeys for people physically unable to use the bus and 1748 journeys for people able to use the bus but no appropriate bus available.

Extend sessions (strength and balance classes) in community centres

96 Extend sessions have been delivered in Ronkswood, Tolly and Dines green community centres.

Home to hospital

402 clients have been supported by the home to hospital scheme

Foot care for older people

222 foot care clinics were organised providing foot care to 1162 people.

Mental health and wellbeing

Volunteering projects

A large number of volunteers have been recruited, trained and supported by partner organisations on a range of projects including health, social activities and projects working with children and young people.

No Second Night out

During the winter months, the No Second Night out project prevented 16 people from spending a second night out in the cold and supported 5 entrenched rough sleepers

Counselling services

85 people benefitted from free counselling sessions offered by Early Help services

Crush and charm programmes

26 Young people have undertaken the CRUSH programme in partnership with Women's Aid. 10 young boys aged 13-14 years have undertaken CHARM training in respectful masculinity.

Strengthening healthier communities -time to talk project

Times to talk services were successfully delivered from 2 GP practices in the areas of deprivation in Worcester city.

Worcestershire Works Well (Employee health accreditation scheme)

In Worcester City, currently there are 23 businesses working towards achieving WWW. To date, this includes:15 businesses that have achieved level 1 accreditation

6 businesses that have achieved level 2 accreditation

1 business has achieved level 3 accreditation

Obesity

<u>Cooking courses by HOW college Worcester</u> 6 course run A total of 35 people benefitted 3 Eating well on a budget courses were run in Worcester city with 36 frontline staff participating.

Breastfeeding support

A total of 52% of parents accessing children centre services have received breastfeeding support –this equates to 730 parents in 2015.

Alcohol

Swanswell:

There are specialised alcohol recovery clinics in Worcester run by experienced medics and supported by substance misuse workers .Swanswell carry out targeted work with individuals with a completion rate of 5.7% in 2016 across the county.

Bromyard Road project

Residents receive support for alcohol addiction and residing at the property on Bromyard road have taken up volunteering opportunities and actually secured employment and moved on to their own tenancy.

Health Chats

4 health chats sessions in the previous year with 59 people trained

Worcester City health profile

Worcester City demographics

Worcester City contains one of the largest urban areas in Worcestershire, so has very different health and social parameters to the rural parts of the county.

- The population totalled 100,400 people at the 2014 census and 17% of the county's population live in Worcester
- In general Worcester has a younger population than Worcestershire as a whole, but it should be noted that Worcestershire has an older age profile than is seen across the whole of England. 60% of the Worcester population is under the age of 45, compared to 52.2% of the total population in Worcestershire, however it is more comparable with that of the England average of 57.5%. In contrast, the 65+ age group accounts for 15.6% of the total population in Worcester, compared to 20.5% of the population in Worcestershire, and 17.3% in England.
- There is a correspondingly higher proportion of younger people living in the district, particularly in the 0-24 age group, due to the student population. They represent 32% of the total population in the city, compared with a 28% county average.
- Worcester has the lowest average life expectancy of all of the Worcestershire districts for males and second lowest for females, however, neither is significantly lower than the England average.
- Of the six districts of Worcestershire, Worcester has the third largest percentage of its population in the most deprived quintile at 17.1%.

Wider determinants of health

• Employment in Worcester is at 77.8%, above both the regional and national averages based on the ONS 2013 mid-year estimates

- Worcester City has a higher proportion of housing which is privately rented compared to other districts in the county, at just over 15%. This might be expected with the greater proportion of flats in this area, closely correlated with the age profile of the student population (Housing quality and availability is considered to still be a key wider determinant of health according to the World Health Organisation 20111).
- The rate of pupils achieving 5 or more GCSEs in Worcester is currently below the Worcestershire and National average; however it is not significantly different to the regional average.
- In socioeconomic terms, there is a high proportion of 'hard pressed' households in Worcester City, higher than the Worcestershire average. In Worcester 20% of households are identified as 'hard pressed' compared to the county figure of 16%.
- Worcester City does have a lower proportion of residents reporting long term limiting illness compared to the rest of the County.

The Health of Worcester at a Glance

2016 PHOF Worcester Health Profile

The Association of Public Health Observatories (APHO) produces annual health profiles for every local authority area. These profiles help to provide a snapshot of the overall health of the local population and highlight potential problems through comparison with other areas and with the national average. In 2016, the Worcester Health Profile identified the following:

- The health of people in Worcester is generally similar to the England average.
- About 17% (3,200) of children live in low income families.
- Life expectancy is 10.8 years lower for men in the most deprived areas of Worcester than in the least deprived areas.
- In Year 6, 18.0% (179) of children are classified as obese.
- The rate of alcohol-specific hospital stays among those under 18 was 46.1 per 100,000 population. This represents 10 stays per year.
- The rate of alcohol-related harm hospital stays is 712 per 100,00 population, worse than the average for England. This represents 664 stays per year.
- The rate of self-harm hospital stays is 207.2 per 100,000 populations. This represents 217 stays per year.

- The rate of smoking related deaths is 276 per 100,000 populations. This represents 136 deaths per year.
- Rates of people killed and seriously injured on roads are better than the national average
- The rates of TB are lower than the national average
- The rate of statutory homelessness is worse than average.
- Rates of violent crime and long term unemployment are better than average.

A 'spine chart' health summary showing the difference in health between the area and the average for England for 32 indicators can be seen in the table below.

The chart below shows how the health of people in this area compares with the rest of England. This area's result for each indicator is shown as a circle. The average rate for England is shown by the black line, which is always at the centre of the chart. The range of results for all local areas in England is shown as a grey bar. A red circle means that this area is significantly worse than England for that indicator; and a green circle shows that the area is significantly better than England, however this may still indicate an important public health problem; yellow circles show that the area is not significantly different from the national average.

Worcester spine chart for key health indicators 2016

Signif	cantly worse than England average		a series of	-	a average		England average	-
) Not si	gnificantly different from England average		England		ф.:-			Englar
) Signif	canty better than England average					isth centle	75th Percentile	
Not co	ompared				1100		0.35923016	
8 8		Period	Local No	Local	Eng	Eng	25221321	Eng
Domain	Indicator		total count	value	value	WORK	England Range	best
	1 Deprivation score (IMD 2015) #	2015	n/a	19.9	21.8	42.0	0	5.0
1902	2 Children in low income families (under 16s)	2013	3,160	16.6	18.6	34.4	• O	5.9
oommunisee	3 Statutory homelessness+	2014/15	245	\$.7	0.9	7.5	• •	0.1
	4 GCSEs achieved†	2014/15	545	57.5	57.3	41.5	• •	76.4
5	5 Violent onme (violence offences)	2014/15	n/a	11.6	13.5	31.7	10	3.4
	6 Long term unemployment	2015	242	3.7	4.6	15.7	+ O	0.5
	7 Smoking status at time of delivery	2014/15	131	12.0	11.4	27.2	0 Q	2,1
young people's heath	8 Breastfeeding initiation	2014/15	945	72.7	74.3	47.2	+ O	92.9
Cod D	9 Obese children (Year 6)	2014/15	179	18.0	19.1	27.8	O	9.2
a a c	10 Alcohol-specific hospital stays (under 18)	2012/13 - 14/15	29	45.1	36.6	104,4	0 10	10.2
	11 Under 18 conceptions	2014	45	27.4	22.8	43.0	0	5.2
N. S. S.	12 Smoking prevalence in adults+	2015	n/a	22.4	16.9	32.3	0	7.5
Adults'	13 Percentage of physically active adults	2015	n/a	56.5	\$7.0	44.8	d	69.8
and the	14 Excess weight in adults	2012 - 14	n/a	65.4	64.6	74.8	d	46.0
1.50	15 Cancer diagnosed at early stage #	2014	217	52.9	50.7	36.3	0	67.2
	16 Hospital stays for self-harm	2014/15	217	207.2	191.4	629.9	0	58.9
poor health	17 Hospital stays for alcohol-related harm	2014/15	664	712	641	1223	•	374
and po	18 Recorded diabetes	2014/15	6,383	6.6	6.4	9.2	+ •	3.3
	19 Incidence of TB	2012 - 14	21	7.0	13.5	100.0	«(o)	0.0
Disease	20 New sexually transmitted infections (STI)	2015	503	750	815	3263	0	191
0 .	21 Hip fractures in people aged 65 and over	2014/15	110	671	571	745	0 01	361
-	22 Life expectancy at birth (Male)	2012 - 14	n/a	78.9	79.5	74,7	01	83.3
	23 Life expectancy at birth (Female)	2012 - 14	n/a	83.1	83.2	79.8	Ø	86.7
8	24 Intart mortality:	2012 - 14	22	5.6	4.0	7.2	0 1	0.6
D man of	25 Killed and seriously injured on roads	2012 - 14	59	19.6	39.3	119.4	10 0	9.9
Caus	26 Suicide ratet	2012 - 14	31	11.6	10.0	_		
5	27 Deaths from drug misuse #	2012 - 14	17	x2	3.4	_		
	28 Smoking related deaths	2012 - 14	409	276.2	274.8	458.1	0	152.9
epedancy	29 Under 75 mortality rate: cardiovascular	2012 - 14	190	83.5	75.7	135.0	01	39.3
	30 Under 75 mortality rate: cancer	2012 - 14	340	145.2	141.5	195.6	0	102.9
3 -	31 Excess winter deaths	Aug 2011 - Jul 2014	164	22.4	15.6	31.0	• 4	2.3

Health profile 2016 for Worcester City highlighted 3 main areas that the city was worse than the national average

- Hospital stays for alcohol related harm
- Recorded diabetes
- Statutory homelessness

APHO – Changes over time

In general the number of issues highlighted in the APHO for Worcester over the last 8 years has seen a decrease ; levels of violent crime and teenage pregnancy (under 18) which were flagged as being significantly worse than the England average since 2006/07 till 2013/2014 has improved and is now similar to English average.

Alcohol specific hospital stays for under 18 year olds was added as a new indicator in 2012 and was showing as significantly worse than the England average in both 2012 and 2013, however, by 2014 Worcester was not performing significantly worse than the England average for this indicator.

Hospital stays for self-harm was a new indicator in 2011 and Worcester has performed worse than the England average in this indicator since its introduction in the profile. However in 2015/2016, the rates have now become similar to the English average although it is too soon to say whether this will be a sustained improvement.

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Action Plan

	Project title/Objectives	Actions	Performance targets/milestones	Lead officer/organisation
	Priority 1: Mental health and wellbeing through	nout life		
1.	Five ways to wellbeing Enable Worcester City residents to improve their health and wellbeing promoting the "five	Deliver health chats training.	Deliver 2 sessions –train at least 30 people.	Remya Rajendren Worcestershire County Council
	ways to wellbeing."	Plan and deliver a mental health campaign locally.	Deliver a social media campaign to attract 100 followers. Campaign information distributed to all partners	
		Host an annual "Wise and Well event for people over the age of 50 years	Provide information on services to 100 people over the age of 50 years.	
		To promote and encourage volunteer activity through monthly gardening groups in public open spaces.	To enable five groups per month across the City with an average attendance of 60 people per month. To promote gardening groups in City Life to encourage wider participation.	Warwick Neale Worcester City Council
		To promote the benefits of having an allotment, both for healthy eating and exercise.	To increase the percentage of allotments rented from 92% to 95%.	
		Provide opportunities for local communities to take the lead in Community garden projects, aimed at developing relationships with others within the community and	Run a programme during the spring and summer for engagement in community gardens	Gemma Boulton Fortis Living

		improving physical and mental wellbeing		
		Provide a range of volunteering opportunities	Ensure that at least 300 tenants are involved in	Gemma Boulton Fortis Living
		for adults and teenagers, aimed at developing relationships with others within the community and improving physical and mental wellbeing	volunteering activities	
2.	Dementia Awareness sessions	Deliver dementia friends	Provide at least 4 dementia	Gill Read
	Promote awareness of dementia among Worcester city residents.	session In the community.	friends sessions.	Alzheimer's Society
3.	Worcester City dementia Action Alliance Make the city more inclusive for residents living with dementia	Bring together partners to form the Worcester city Dementia action alliance.	Launch the alliance Deliver on an action plan agreed by the partners.	Remya Rajendren Worcestershire County Council
4.	Dementia Advice Service	Advice and Information for people living with Dementia, their friends and family	Provide tailored advice and support to enable people to live well with Dementia	Gill Carter Age UK Herefordshire & Worcestershire
	Project title/objectives	Actions	Performance targets /milestones	Lead officer/organisation
5.	Reconnections Improve mental health and wellbeing of socially isolated and lonely over 50s	Provide personalised support to people over 50 to reduce their feelings of loneliness and enhance their wellbeing.	Provide the service to 1200 individuals every year	Sophie Pryce Age UK Herefordshire & Worcestershire
6.	Digital inclusion Enable Worcester City residents to become	Enable GP surgeries and pharmacies to support	4 GP surgeries 3 Pharmacies	Remya Rajendren Worcestershire County

	digitally included.	people to access online services.		Council
		Support residents to access online services in a social setting.	150 service users	Tim Marsh Fortis Living
		Provide skills and knowledge in a social setting to support older people to safely access the internet and use digital technology	Accommodate 1116 clients every year	Jane Longmore Age UK Herefordshire & Worcestershire
7.	Parenting groups and parenting courses Provide parenting support to families	Deliver parenting courses 1:1 family support to parents, children and young people	300 parents 350 individual packages	Vanessa Cole Parenting and family support- South Worcestershire - Action For Children
8.	Home from Hospital Enable older people to live independently	Provide tailored services and support for up to 6 weeks to support older people returning home from hospital	 Provide the service to 1000 individuals pa 	Annette Cummings Age UK Herefordshire & Worcestershire
9.	Aids & Adaptations Enable older people to live independently	Provide minor aids and adaptations such as grab rails to support people to remain independent in their own homes	Complete all adaptions within 10 days of referral	Sharon Dore Age UK Herefordshire & Worcestershire
10.	Handyperson Enable older people to live independently	Provide a professional DIY service to maintain people's homes and keep them safe and secure	Provide the service to 840 clients pa	Sharon Dore Age UK Herefordshire & Worcestershire
11.	Emergency heating Helping to alleviate the issues caused by lack of	Loan out heaters in the event heating fails or that it is not	• Provide heaters to people over the age of 50 years	Age UK Worcester and district

	warmth in the home	sufficient enough to heat up the home.	living within Worcester district	
12.	Foot care Promote foot health of older people in the city	Provide toe nail cutting and podiatry services to older people who are unable to manage their own foot health.	 Provide 2400 appointments per year 	Jo Lobodzic Age UK Herefordshire & Worcestershire
13.	Homeless Healthcare Centre	To provide a range of health care services for homeless people in Worcester	• To monitor the amount of sessions put per quarter and levels of access	Mel Kirk Maggs Day Centre
14.	Bereavement Support -South Worcestershire Support recently bereaved residents	Provide free service to those who are recently bereaved by sudden or unexpected death and may need support to help with feeling or practical issues and are registered with a South Worcestershire GP.	Provide service to service users?	Alice Spearing St Richard's Hospice
15.	Living Well Days: Equip people with ways to information to increase their wellbeing.	A 6month pilot project to provide flexible courses for people life-limiting illnesses to help them feel good, boost confidence and increase.	Provide service to 50% of current service users	Alice Spearing St Richard's Hospice
16.	Worcester Community Trust snack and chat	Lunch clubs for the over 50s in areas of highest need providing healthy food and social contact	100 lunch clubs a year serving 2000 lunches	Worcester Community Trust – Sharon Amos

17.	Worcester Community Trust youth work	Youth clubs promoting healthy cooking, sexual health, confidence and self esteem and social contact	1000 sessions a year (20000 contacts with young people)	Worcester Community trust – Cheryl Fereday
18.	Supported Access to information and advice The service will focus on early intervention and prevention ensuring in particular that vulnerable adults have their advice and information needs met	Helping people understand how care and support services work locally ,the care and funding options available and how they can access care and support services	To assist 9000 people over 2 years	Pippa Norfolk Worcestershire Advice Network
19.	Worcester Community Trust – Community Connectors(dependant on funding) Drop in support sessions for the socially isolated of any age	Provide drop in sessions for the socially isolated to improve mental health and wellbeing and peer group support Provide health education projects with trainee GPS	100 sessions a year in areas of highest need2 projects per year	Worcester Community trust – Helen Scarrett
20.	Worcestershire McMillan Citizens advice	Helping people affected by cancer as a patient, family member or carer	Provide advice to maximise income in order to assist health and wellbeing during treatment and recovery	Geraint Thomas Worcester CAB&WHABAC
21.	Worcester Community Trust – healthy cooking	Cooking courses at DG Den for those with learning disabilities, with young families, through the DAWN project (domestic abuse)	8 courses per year	Worcester Community Trust – Cheryl Fereday

	Priority 2:Increasing physical activity			
22.	Multi skill sports community programme To increase participation in a range of sports, enabling people to try new and sustain participation in sports and sporting activities	Enable more people to access holiday and out-of- school community and leisure sport provision to improve quality of life.	April – March 2017 8,000 April – March 2018 8,000	Mathew Rogers Freedom Leisure
23.	School sport and physical activity To increase physical activity levels across Children and Young People in schools through the Worcester PE & School Support Network in improving their PE and Sport Offer.	Developing sustainable sporting opportunities, linking schools to community sports clubs. Supporting schools to allocate their Sports Premium funding and Implement outcomes required through Sports Partnership funding.	April – March 2017 8,000 April – March 2018 8,000	Mathew Rogers Freedom Leisure
24.	Provide a programme of Fortis Living on Tour activities to run in school holidays which encourage getting active and promoting wellbeing	Plan and deliver local events in Fortis communities during the school holidays	Hold at least 50 community events each year	Gemma Bolton Fortis Living
25.	Sportivate Enable lifelong participation for 11-25 year olds to take part in physical activity	Developing an innovative offer for 16-25 year olds to increase physical activity. Supporting partners to make their own applications and submitting 2 x 6 monthly applications to the Sports Partnership to secure Sportivate funding.	April – March 2018 3000 participants April – March 2018 400	Mathew Rogers Freedom Leisure

26.	Community and Club programmes	Developing specific sporting	April – March 2017	Mathew Rogers
	Enable participation in sports at community	pathways from a community	200	Freedom Leisure
	level.	level through coach and		
		satellite clubs development	April – March 2018	Emma Gardner
			200	Sports Partnership
				Herefordshire and
				OWrcestershire
27.	Living Well Service	Work with people supporting	Achieve 10% increase in	Jayne McCullough
	Promote healthy lifestyle and self-care for	them to adopt a healthier	referrals	Worcestershire Living Well
	people most in need.	lifestyle.		Service
		Build community capacity		
		through development of peer		
		support and volunteer		
		activity		
28.	Strength and balance classes	Increase uptake of the	Participation: 250 referrals	Emma Gardner
20.	To enable older people to live independently	strength and balance classes		Sports Partnership
	and reduce their risk of falling	strength and balance classes		Herefordshire and
				Worcestershire
29.	Loving Later Life	Working in partnership with	Hold a programme of scheme	Gemma Bolton
	Provide a programme of activities for over 55's	colleagues from Supported	based activities	Fortis Living
	helping to target social isolation and promote	Housing and Extra Care		
	being active at every age	Services to provide activities		
		to keep tenants fit and		
		active, we will source		
		external funding to provide		
		these activities		
30.	Planning for Health Supplementary Planning	To produce a Supplementary	Six week public consultation	Martha Dziudzi
	Document	Planning Document that	on the draft SPD in	Worcestershire County
	Encourage built of health promoting	provides further guidance on	November.	Council
	environment.	health related policies in the		Planning team
		South Worcestershire	Adopted SPD early 2017.	Worcester City Council

		Development Plan.		
31.	Walking for health Encourage walking as a form of physical activity	To increase the number of people taking up health walks and training as health walk volunteers	An increase of 10% in the number of walkers from previous years	Lynn Yendell Worcestershire County Council
32.	Walking programmes	To increase the number of people who participate in the walks programme and in the social events	An increase of 10% in the number of active walkers from the previous year.	Cliff Dimond Worcester Ramblers
33.	Disability sports Worcester: Improving and enabling people with disabilities to access opportunities to increase physical activity	Deliver wide range of sport activities for people with disabilities in a number of venues across the city	No of groups: 15 No of people to engage with: 130	Andy Wheeler
34.	Healthier food choices To increase access to healthier food choices	To encourage businesses to signup to the healthier food choices scheme	To have at least 10 businesses signup in Worcester city	Worcestershire Regulatory Services
35.	Active Ageing Promote physical activity for the over 50 year olds	Design and deliver a physical activity programme to encourage the over 50 year olds to increase physical activity based on behaviour insights.	To support 50 inactive over 50s to take up physical activity.	Worcester City Council and Freedom Leisure
	Priority 3 : Reducing harm from alcohol			-
36.	Alcohol awareness Campaign Increase awareness of the harm of drinking too much alcohol	Plan deliver and evaluate a campaign to reduce harm from alcohol in Worcester city over the festive period	Hold one awareness raising session for frontline workers on harm from alcohol Deliver campaign material to at least 40 businesses.	Department of Public health Worcestershire County Council

37.	Worcestershire works well Enable employers to promote health and wellbeing of employees	Encourage local businesses to sign up to WWW	At least 4 new businesses to sign up to the scheme every year 50% to reach level1	Worcestershire County Council
38.	Alcohol education sessions To increase awareness of young people on risks of drinking too much alcohol	Plan, deliver education on alcohol awareness, harms, prevention to students in College, University, Schools and Youth Venues	Approximately 800 Students/Young people	Ann Nicholls Detached Youth Team CSP – Worcester City Council
39.	Best Bar None Promote responsible operation and management of premises serving alcohol	Encourage premises to signup to best bar none scheme	At least 10 bars to achieve BBN status	Night Safe Worcester city.
	Local Health Needs			
40.	Air Quality To help to improve air quality and reduce effects of poor air quality on health	Engage and work with partners to plan ways to reduce ill effects of poor air quality on health	Facilitate setup of pilot projects to reduce ill effects of poor air quality on health in a selected air quality management zone in the city	Chris Poole Worcestershire Regulatory Services Remya Rajendren Worcestershire County Council
41.	Health outcomes for BAME groups	Identify, understand and address differences in health outcomes in BAME groups in Worcester city	Understand and address the reasons that contribute to differences in health outcomes in the city's BAME population groups.	Helen Perry Smith South Worcestershire CCG Remya Rajendren Worcestershire County Council
	Preventing Homelessness			
42.	Smart move	To help single homeless people including childless couple who are homeless or at risk of homelessness to secure	Provide rented sector access schemes aimed at the prevention of homelessness	Dave George Worcester CAB&WHABAC

43.	Smart lets	 and maintain accommodation, advice, assistance and financial help such as deposit guarantee bond. Letting agency offering a range of services to landlords including fully leasing properties, rent collection and repair services and matching tenants to landlords 	Increasing the availability of private rented accommodation to people on low income	Dave George Worcester CAB&WHABAC
44.	Money Management and budgeting	Helping people to budget save money reduce expenditure and maximise income .providing advice on energy and practical assistance to find best deals	To provide people with necessary skills around money management and reduce fuel bills	Steve Hemming Worcester CAB&WHABAC

Performance management

The governance of the Healthy Worcester partnership plan is the responsibility of the Healthy Worcester Partnership. It comprises of key partners with a responsibility for health and well-being. The plan requires partners' contribution to delivery, and demonstrates a commitment to joint working to tackle complex issues of health and well-being. It is an expectation that all partners contributing to this plan have effective safeguarding policies and procedures in place.

The plan will be monitored on a quarterly basis at the Healthy Worcester partnership meetings and reviewed on an annual basis. Annual progress reports will be produced to show progress against the plan. This will be reported to the Joint Worcestershire Health and Well-being Board, via the Health Improvement Group, as well as Worcester City Council overview and scrutiny committee. The plan itself will be refreshed after two years.

Acknowledgements We would like to acknowledge the following for their contributions to this Health and Well-being Plan for Worcester City:

	Ot Disharda Llassias
Alice Spearing	St Richards Hospice
Andy Cross	Nightsafe Worcester
Ann Nicholls	Worcester City council
Chris Reed	Fortis Living
Cliff Dimond	Worcester Ramblers
Cllr Lynn Denham	Cabinet Member for Sustainable Communities,
	Worcester City Council
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Helen Scarret	Worcester Community Trust
Jane Longmore	Age UK Herefordshire and Worcestershire
Jayne McCullough	Independence Trust
Mark Cox	Worcestershire Regulatory Services
Mathew Rogers	Freedom Leisure
Maureen Oliver	Worcestershire Association of Carers
Remya Rajendren	Worcestershire County Council
Richard Dilworth	University of Worcester
Warwick Neale	Worcester City Council

Worcester City Health and Well-being Plan 2017 - 2019

For further information about the Worcester City Health and Well-being plan or the Worcester City Health and Well-being partnership please contact:

Worcester City Health Improvement Co-ordinator The Guildhall, High Street, Worcester, WR12EY 01905 721143

The Worcester City Health and Well-being plan will be located on the health page of the Worcester City Council website: www.worcester.gov.uk



HEALTH AND WELL-BEING BOARD 25 APRIL 2017

CHILDREN AND YOUNG PEOPLE'S PLAN

Board Sponsor

Catherine Driscoll

Author Hannah Needham

Priorities	(Please click below then on down arrow)
Older people & long term conditions Mental health & well-being Obesity Alcohol Other (specify below)	No Yes Yes Yes Educational attainment
Groups of particular interest Children & young people Communities & groups with poor health outcomes People with learning disabilities	Yes Yes Yes
Safeguarding Impact on Safeguarding Children If yes please give details	Yes
Impact on Safeguarding Adults If yes please give details	Yes

Item for Decision, Consideration or Information

Decision

Recommendation

- 1. The Health and Well-being Board is asked to:
 - a) Note the emerging priorities and content of the new Children and Young People's Plan (CYPP)
 - b) Approve the look and feel of the new Plan
 - c) Discuss and approve the consultation and engagement plan leading up to approval of the new CYPP in July 2017

Background

2. On the 14 February the Board approved the proposals to refresh the Children and Young People's Plan (CYPP) for 2017 to 2021 and for the plan to act as framework for a whole-system response to improving outcomes for children, young people and their families.

3. A presentation will be tabled at the Board to update on the progress since the 14 February and outline the emerging priorities and look and feel of the plan. The presentation will also include the consultation and engagement plan ahead of final approval in July 2017.

4. A review of other local authority areas children and young people's plans has been carried out to generate learning and ideas. Two examples are provided in the background papers.

Legal, Financial and HR Implications

5. None at this stage

Privacy Impact Assessment

6. None at this stage

Contact Points

<u>County Council Contact Points</u> County Council: 01905 763763 Worcestershire Hub: 01905 765765

Specific Contact Points for this report Hannah Needham, Assistant Director, CFC Tel: 01905 843658 Email: HNeedham@Worcestershire.gov.uk

Supporting Information

Background Papers

In the opinion of the proper officer (in this case the Director of Children, Families and Communities) the following are the background papers relating to the subject matter of this report:

- HWBB CYPP refresh and Governance V5
- Essex Children and Young People's Plan
- Leeds Children and Young People's Plan



HEALTH AND WELL-BEING BOARD 25 APRIL 2017

WORCESTERSHIRE SAFER COMMUNITIES BOARD – COMMUNITY SAFETY AGREEMENT 2017/18

Board Sponsor

Dr Frances Howie, Director of Public Health, Worcestershire County Council

Author

Tim Rice, Senior Public Health Practitioner, Worcestershire |County Council

Priorities

Mental health & well-being	Yes
Being Active	No
Reducing harm from Alcohol	Yes
Other (specify below)	
Community Safety	

Safeguarding

Impact on Safeguarding Children Yes If yes please give details The CSA 2017/18 has safeguarding (children and adults) as a priority area.

Impact on Safeguarding Adults Yes If yes please give details The CSA 2017/18 has safeguarding (children and adults) as a priority area.

Item for Decision, Consideration or Information

Information and assurance

Recommendation

- 1. The Health and Well-being Board is recommended to:
 - a) Note the Community Safety Agreement (CSA) 2017/18, (see Appendix 1), in relation to the sharing of business plans between the Adults and Children's Safeguarding Boards, the Health and Well-being Board and the Safer Communities Board, and
 - b) To note the Health and Well-being Board's areas of interest in the CSA, in particular the impact of violence upon the physical, mental and emotional wellbeing of adults, children and young people, the misuse of alcohol and substance misuse and the radicalisation of vulnerable people.

Health and Well-being Board – 25 April 2017

Background

2. The Worcestershire Safer Communities Board (SCB) is responsible in a two tier Local Authority area to support and take a strategic oversight of community safety duties in relation to section 17 Crime and Disorder Act 1998 (as amended). The duty requires Responsible Authorities, (Local Authorities, Police, National Probation Service, Fire and Rescue and CCG's) to develop policy and operational approaches to prevent crime and disorder, combat substance misuse and reduce reoffending. The Board is statutorily required to produce an annual Community Safety Agreement (CSA) to reflect its role and activities. The SCB is chaired by the Director of Public Health and the Chairman of the Health and Well-being Board is also a member. The SCB has a number of sub-groups, one which provides an update report at each of the SCB meetings. The sub groups are:

- The Worcestershire Forum against Domestic Abuse.
- The Worcestershire Prevent Strategy Group.
- The Worcestershire Reducing Offending Strategy Group.
- The Worcestershire Substance Misuse Oversight group (also reports to the Health and Well-being Board).

3. The role of the Police and Crime Commissioner (PCC) has become very significant in relation to community safety commissioning and influencing partnership work and his data and performance frameworks across West Mercia have become the primary source of information for community safety purposes, with a focus on higher level outcomes and not on targets. Some community safety information is provided through the Public Health Outcome Framework, but this is not as timely as Police data and so is not utilised in its current format, although discussions are taking place with Public Health England (PHE) to consider a joint data production arrangement between West Midlands Police and PHE and whether this would be beneficial for Worcestershire.

The CSA bases its high level strategic actions upon consideration of the 4. annual strategic assessments carried out by the two Community Safety Partnerships (North Worcestershire and South Worcestershire CSP's), the PCC's Safer West Mercia Plan and other national guidance and legislation. The intention of the CSA is to complement and add value to existing activities and responsibilities and not to duplicate work by other Boards or agencies. National targets and indicators placed on the SCB were removed by the previous coalition Government and the focus of the SCB now, is to provide support, oversight and obtain reassurance primarily through the activity of its sub groups. Trends primarily based on crime data and information from sub groups and local Community Safety Partnerships are presented to the SCB, but detailed consideration of data takes place at Community Safety Partnerships and other groups. The CSA action plan reflects actions where the SCB and its sub groups can help strengthen and influence community safety work. For instance in 2107/18, it will oversee the coproduction of a new Domestic Abuse Strategy for Worcestershire.

5. Much of the SCB strategic work is directly relevant to the objectives of the Health and Wellbeing Board. The CSA priorities relating to domestic abuse, alcohol and substance misuse, reducing reoffending and harm reduction (including safeguarding and Prevent) are of significance in terms of improving population mental and physical health and well-being. It should also be noted that some of the

Health and well-being Board's members, (the Local Authorities, CCG's and Police,) are Responsible Authorities under the Crime and Disorder Act and have duties to support the reduction of crime and disorder and are also members of the SCB.

6. The Council's community safety function including, the management of the SCB, is subject to an annual scrutiny exercise by the Overview and Scrutiny Performance Board (OSPB), with the most recent meeting taking place on 13 Sept 2016. More detailed OSPB scrutiny exercises have also taken place on substance misuse and crime and harm against vulnerable people.

7. The CSA sets out a number of actions and activities where the SCB plays a strategic role and in 2016/17 these have included:

- Leading on the successful local implementation of the national white ribbon to raise awareness of domestic abuse
- Briefings on the Multi Agency Risk Assessment Conferences (MARAC)
- Briefings for Magistrates
- Embedding Child Sexual Exploitation work into community safety partnerships,
- Co-ordinating three domestic homicide reviews
- Assisting the Adult Safeguarding Board to better understand the impact of domestic abuse on older people
- Working with Swanswell, the substance misuse service to improve outcomes on effective co-operation with criminal justice and community safety partners
- Leading the Worcestershire Prevent group and the Channel Panel to manage individuals at risk of radicalisation.

8. The specific purpose of this report is to highlight the CSA to the Board as part of developing working arrangements between the chairs of the Health and Wellbeing Board and the Adults and Children's Safeguarding Boards. The Chairs have signed a joint protocol to support each other's work, primarily through consideration of each other's business plans or annual reports, with a specific focus upon reassurance on safeguarding responsibilities. The Chairs of these Boards also meet quarterly to consider areas of work and the opportunities for closer cooperation.

9. The SCB is due to become a fourth signatory to the Protocol, but has in the interim participated in the joint Chairs' meetings. The CSA has just been agreed by the SCB and it has been agreed that it would be helpful for the Health and Wellbeing Board to be made aware of CSA 2017/18, as part of the co-operative approach between key Boards.

10. The CSA is a brief high level strategic document, with a short action plan. It specifically highlights safeguarding within its key priority areas and there are relevant work streams in relation to domestic abuse, child sexual exploitation and Prevent. It also clearly sets out the governance arrangements in Worcestershire (and across West Mercia) for community safety.

11. The operation of the SCB and the drafting and implementation of the CSA are led by the Public Health team and so there is an embedded and cross cutting

approach to health and wellbeing and community safety in business planning, commissioning and operational activities.

Legal, Financial and HR Implications

12. N/A

Privacy Impact Assessment

13. N/A

Equality and Diversity Implications

An Equality Relevance Screening has been completed in respect of these recommendations. The screening did not identify any potential Equality considerations requiring further consideration during implementation.

Contact Points

<u>County Council Contact Points</u> County Council: 01905 763763 Worcestershire Hub: 01905 765765

Specific Contact Points for this report Name: Dr Frances Howie, Director of Public Health. Tel: 01905 845533 Email: fhowie@worcestershire.gov.uk

Supporting Information

• Appendix 1 Worcestershire Community Safety Agreement 2017/18

Background Papers

N/A

Worcester Safer Communities Board Community Safety Agreement 2017 to 2018

Document Details: Status: 0.1 Date: March 2017 Document Location: <u>http://www.worcestershire.gov.uk/info/20078/community_safety</u> Contact: Paul Kinsella

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1. Introduction:

1.1 Community Safety responsibilities are primarily set out under s.17 of the Crime and Disorder Act 1998. The Act details the requirement for Responsible Authorities (Local Authorities, the Police, Fire and Rescue Authorities, Clinical Commissioning Groups, the National Probation Service (NPS) and Community Rehabilitation Companies (CRC)), to develop policy and operational approaches to prevent crime and disorder, combat substance misuse and reduce reoffending.

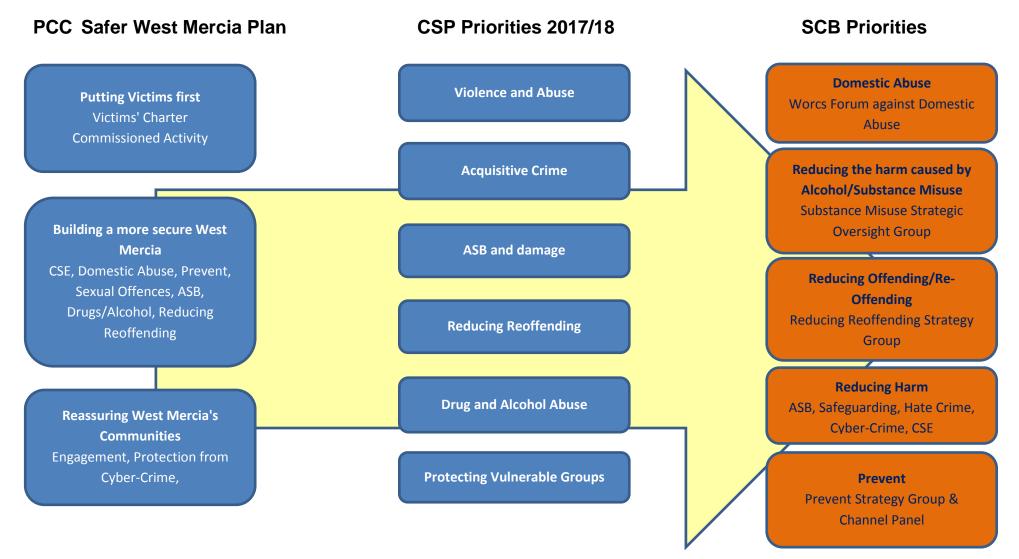
1.2 In two-tier Local Authority areas such as Worcestershire, there is a requirement to have in place a county strategy group and to publish a county Community Safety Agreement (CSA). In Worcestershire the strategic coordination of community safety takes place through the Worcestershire Safer Communities Board (SCB). The management and support of the SCB is led by Worcestershire County Council's (WCC) Public Health team (PH). The SCB now reports annually into the Worcestershire Public Executive Group (PEG).

1.3 This CSA and Action Plan (Appendix A) are high level strategic documents that reflect national and local priorities and take into account legislative and guidance changes that impact upon community safety, criminal justice and the wider roles and functions of public, private and voluntary sector organisations. The CSA highlights the strategic and cross cutting priorities across Worcestershire and these are delivered by joint working arrangements through a series strategic SCB sub groups, linkage to other statutory bodies such as Safeguarding Boards, the Health and Wellbeing Board (HWBB) and the commissioning of services such as substance misuse and alcohol and domestic abuse. The SCB and CSP's support other relevant strategic activity and for instance this will involve contributing to the forthcoming refresh of the Children and Young Persons Partnership Plan 2017-21.

1.4 Planning and operational delivery to tackle local community safety priorities takes place through the North and South Community Safety Partnerships, whose Strategic Assessments and Annual Plans are a key consideration for the completion of the CSA. There is a similar link to the West Mercia Police and Crime Commissioner's (PCC) "<u>Safer West Mercia Plan</u>" and there is a duty to co-operate with and consider the PCC's plans. The SCB supports the CSPs and ensures strategic oversight across the county, its priorities primarily being reflecting those of the CSPs and the PCC and this is illustrated in Table 1. Crime trends are monitored, but the detail and response to crime statistics is primarily dealt with at the local CSP level.

1.5 Appendix B sets out the overarching governance arrangements of Community Safety within Worcestershire and its link into the West Mercia area.

Table 1: Strategic community safety prioritisation in Worcestershire



2. SCB Priority areas:

2.1 Set out below are the key strategic priorities, with some highlight commentary, where the SCB, primarily through its sub groups, develops and supports practical outcomes, in tandem with other Boards and partnerships.

3. Domestic Abuse:

3.1 The Worcestershire Forum Against Domestic Abuse focuses upon preventing and reducing domestic abuse and encourages victims to report these crimes through targeted campaigns and information and the calls to the 24hour Domestic Abuse helpline are a reflection of the success of this approach. Calls for the last 12 months (to January 2017) are up 53% compared to the previous year. One area of challenge is that only 0.03% of those calls are from men. In respect of recording of domestic abuse crimes / incidents by the police we have seen a 3% decrease in incidents but a 16% increase in crimes. Trends are positive in respect of children repeatedly being exposed with an 8% reduction in children exposed 3+ times and an11% reduction in children being exposed 5+ or more times. However, the overall figure of children being exposed to domestic abuse has seen a 2% rise overall.

3.2 Multi Agency Risk Assessment Conference (MARAC) arrangements continue, with 502 high risk cases being discussed in 2015-16, a 56% increase on the previous year. The MARAC arrangements are currently subject to a review to ensure an effective response whilst dealing with the increased demand being placed on all agencies.

3.3 The last 12 months has seen the introduction of the Family Front Door which has embedded a daily domestic abuse triage, reviewing every domestic abuse incident within the preceding 24 hours.

3.4 The Forum has worked closely with its partners and the Safeguarding Boards and successes over the past 12 months include the launching of a Healthy and Respectful relationships toolkit for schools, the re-introduction of the Specialist Domestic Violence courts (SDVC), a second full day's conference for Magistrates around domestic abuse and Worcestershire being awarded National White Ribbon Status.

3.5 This year has seen the Forum support 3 domestic homicide reviews with the reports published on the respective community safety websites, with another 3 cases being referred. Developing a strategic approach to domestic abuse training and developing work with Housing Associations will be a focus into 2017.

3.6 The Forum will complete a review of its Strategy and Action Plans for 2017.

4. Alcohol and Substance misuse:

4.1 The new Health and Wellbeing Board Alcohol Plan 2016-21, which was coproduced with stakeholders including Police, PCC, elected members, Worcester University and voluntary sector organisations, sets a series of actions designed to promote responsible drinking, including work with licenced premises.

4.2 Swanswell Charitable Trust are commissioned by Public Health and deliver specialist drug and alcohol services for young people, adults and families in Worcestershire incorporating a recovery-focused outcome-approach incorporating prevention and early intervention. The service has proved effective at working within the criminal justice sector and assisting to reduce reoffending and helping people access employment and housing.

4.3 Novel Psychiatric Substances (NPS) and the health implications attached to their misuse continue to present an increasing challenge. The partnership is working with WM Police to publicise recent legislation and the dangers inherent in misusing these substances. We await a new Government Strategy on drugs and will consider our strategic response with key partners.

4.4 The Substance Misuse Strategic Oversight Group has full criminal justice and CSP representation included in its membership and is sighted on and supports community safety activity.

5. Reducing Re-offending:

5.1 CSPs have a statutory responsibility to reduce crime and re-offending in each area. Tackling crime is a partnership matter, with key local organisations working together to develop a new strategy.

5.2 The partners involved in reducing re-offending activity meet on a monthly basis at the One Day One Conversation (ODOC) meeting to discuss all individual offenders. Actions are issued in relation to the management of individuals and interventions are identified to support the individual offenders. Developing co-location arrangements continues to be a priority for all partners involved in Integrated Offender Management (IOM) programme. There is now a specific focus upon perpetrators of domestic abuse and serious and organised crime.

5.3 The Worcestershire Reducing Re-Offending Strategy Group now receives performance information on a quarterly basis and once endorsed by the group, forwards the information to the PCC as part of the CSP funding monitoring return. The existing performance indicators may require reviewing, by working with the Community Rehabilitation Company (CRC) in order to clarify their responsibilities around performance measurements relating to reoffending. Monitoring information focuses on the local Worcestershire ODOC performance.

5.4 For 2016 (January to December) individuals on the reoffending programme have re-offended as follows:

South Worcestershire has reduced from 24 individuals in January 2016 to 15 in December. North Worcestershire has reduced from 30 to 28 in the same period. While neither of these has been a consistent reduction with significant peaks and troughs, the general direction is positive.

6. Harm Reduction: (incorporating Anti-Social Behaviour, Safeguarding, Cyber Crime, Hate Crime and Child Sexual Exploitation)

6.1 ASB is prioritised and dealt with by the CSPs which are seeing a change in the profile to more "personal ASB" (a new approach to categorisation) with reducing neighbourhood ASB. The former may involve such issues as targeted ASB and online bullying and may be indicative of a generation spending more time at their computer keyboards. There is also a commensurate rise in broader cyber-crime.

6.2 Safeguarding is embedded into the working practises of the SCB partner agencies, but more formalised working arrangements with the Adults and Children's Safeguarding Boards and the HWBB will be put in place with the SCB becoming a signatory of a joint working protocol with those bodies.

6.3 Cyber Crime is the emerging threat as noted in the PCCs Plan. It is unclear at this time what the scale of the threat/risk is, as West Mercia Police are developing an understanding in conjunction with the national agency Action Fraud.

6.4 A new Digital Inclusion Co-ordinator post, hosted by Public Health, with PCC support, is bringing together work to enable more people to utilise the internet, working to meet the Police and PCC priority of raising awareness of cyber security and internet safety.

6.5 The Hate Incident Partnerships (HIP) continue to operate using the same principles as the MARAC process which is widely regarded as best practice in terms of enabling a multi-agency approach to data sharing and offering support to victims of hate incidents and hate crimes. In 2017/18 consideration will be given to how the North and South HIP's can potentially work more effectively together, with a view to delivering a focus on community tension monitoring.

6.6 The SCB and CSPs are actively supporting the Children's Safeguarding Board's plans on Child Sexual Exploitation (CSE) both through local operational activities with the Police and by ensuring that the strategic response to CSE is coordinated primarily through the CSE Action Plan, which is due to be reviewed and updated, following the recent Ofsted of WCC Children's services.

6.7 Prevent remains a priority within Worcestershire, focusing on training and awareness raising and ensuring that all partner agencies have access to training packages and have appropriate corporate policies in place.

6.8 The Worcestershire Prevent Strategy Group has developed a practical action plan which supports and oversees the work of Specified Authorities who are required to implement duties under the Counter Terrorism Act. A key focus is to raise awareness of the Prevent Agenda amongst community members and to show how partner agencies can work together to improve cohesion and integration.

6.8 This will be reviewed with the publication of the next Counter Terrorism Profile for Worcestershire in Spring 2017.

6.9 The SCB oversees the Channel Panel process which manages referrals of cases that may cause concern in terms of radicalisation. Prevent referrals now go via the MASH / Adult Safeguarding team prior to any cases reaching the Panel. Data relating to the Channel panel is restricted but verbally reported to the SCB and both Safeguarding Boards.

Appendix A CSA Action Plan 2017-18

The following actions will be monitored and the plan regularly reviewed and updated by the SCB through to March 2018

Theme	Action	Timescale	Lead
Domestic Abuse and Sexual Violence	Completion of revised Domestic Abuse Strategy and Action Plan	July 2017	WCC PH
	Recommissioning of the DA Service	July 2017	WCC PH
	Review of domestic abuse training requirements across the partnership	June 2017	WCC PH
Alcohol and Substance Misuse	Blue Light Project (Alcohol Concern) Iaunched	June 2017	Swanswell
Reducing Reoffending	Reducing Offending Strategy renewed and adopted	June 2017	Reducing Offending Strategy Group
Prevent	Review, update and continue to implement the Prevent Action Plan.	June 2017 (New CTLP)	WCC PH/PSG
Harm Reduction – Hate Crime	Review of current Hate Incident Partnership arrangements.	June 2017	WCC PH/CSP's
Harm Reduction - Cyber Crime	Awareness delivered by WCC/ West Mercia Police on Cyber security. 12 events by June 2017	June 2017	WCC Digital inclusion / WM Police

Child Sexual Exploitation	Contribute to the development and	ТВС	WCC PH/CSP's
	implementation of the new CSE action plan		
Other priorities	SCB to become signatory of Joint Working Protocol with the HWBB and two Safeguarding Boards	May 2017	WCC PH
	Community Safety Information Sharing Protocol refreshed and signed	June 2017	WCC PH
	Work with WM Police to coordinate and support a programme of campaigns	To March 2018	CSPs / WCC PH
	Review Partnership Governance	March 2018	WCC PH/CSP's

Appendix B

Worcestershire Community Safety Governance

Please note that this document does not provide an exhaustive list. These are the main groups currently working to deliver against community safety objectives, however, there are further operational groups, sub groups and task & finish groups also operating underneath some of the key partnerships.

Worcestershire Safer Communities Board - Chair: Dr Frances Howie, Director of Public Health WCC

Provide strategic co-ordination and support to community safety and criminal justice activity across Worcestershire. Responsible for the annual Community Safety Agreement and Action Plan. Takes responsibility on behalf of the wider community safety partnerships for those areas of activity that require a countywide and West Mercia area strategic response. Membership is comprised of the Chairs of the 2 CSPs and senior representatives from the Responsible Authorities (Local Authorities, Police, National Probation service, CRC, Fire & Rescue, Clinical Commissioning Groups), the Office of the PCC and the Chair of the Health & Well-Being Board.

Worcestershire Reducing Re-Offending Strategy Group - Chair: Sue Hanley, Redditch and Bromsgrove Councils

A subgroup of the SCB, this provides strategic guidance, support and co-ordination to the delivery of IOM work in Worcestershire. Responsible for the development and implementation of performance measures and evaluation, working in co-operation across West Mercia where required. Membership is comprised of representatives from the Responsible Authorities and other agencies who work directly with offenders from across the voluntary and community sector.

Worcestershire Domestic Abuse Forum - Chair: Tim Rice WCC PH

The Forums aim to reduce domestic abuse and sexual violence by strengthening inter-agency working, raising public awareness and changing attitudes. This is achieved through multi-agency meetings, policy development, lobbying, awareness raising campaigns and training. The Forum works closely with service providers to ensure that policy work is practice-based, consistent and up to date, and to provide resources to support the effective delivery of services. It also provides commissioning support and advice as required. Membership is comprised of representation from the Responsible Authorities plus key voluntary and community sector organisations and other key partners including service user representatives and staff from the University of Worcester.

Worcestershire Prevent Strategy Group (PSG) - Chair: Tim Rice, WCC PH

The PSG is a subgroup of the SCB and co-ordinates the partnership of Specified Authorities and the Police in their response to the Prevent agenda. It oversees the implementation of a strategic Prevent Plan

Worcestershire Channel Panel – Chair: Paul Kinsella, WCC PH

This statutory body ensures co-ordination of activity to prevent violent extremism in Worcestershire and provide interventions to individuals identified as being 'at risk' of engaging in behaviour associated with more extremist ideologies. Provides training to professionals to assist with the early identification and diversion of individuals and provides a proportionate response in line with the government's CONTEST agenda. Membership consists of all Specified Authorities.

Substance Misuse Strategic Oversight Group - Chair: Dr Frances Howie, Director of Public Health, WCC

This group reports to both the SCB and the HWBB. Its role is to support and provide advice and recommendations for the effective performance of substance misuse commissioned services, to meet health and well-being and community safety objectives within Worcestershire, to meet evidenced need. Membership is comprised of staff from WCC plus representatives from Responsible Authorities, National Offender Management Service, Housing, Public Health England, Youth Offending Services, NHS England, Job Centre Plus and the Office of the PCC.

North / South Worcestershire CSP - Chairs: Sue Hanley (North), Rose Rouse (South)

The statutory CSPs work to reduce crime and disorder, deliver projects to tackle the agreed county wide priorities of reducing reoffending, domestic abuse and sexual violence, harm reduction including anti-social behaviour, hate crime and preventing violent extremism and working to tackle drug and alcohol misuse. Priorities are established through an annual strategic assessment process identifying crime patterns and emerging issues. Membership comprises representatives from Responsible Authorities and other key partners including housing providers, victim support and other voluntary and community sector organisations.

West Mercia Community Safety Liaison Group - Chair: Andrew Gough, Shropshire County Council

The Group provides a West Mercia forum where relevant issues, relating to the Police and Crime Plan and other Crime Reduction and Community Safety Strategies, can be considered and co-ordinated. It provides an opportunity to identify, promote and discuss local best practice. Membership of the group is open to representatives of each of the five CSPs in West Mercia,

West Mercia Police & Crime Commissioner (PCC) – John Campion

Publicly elected in 2016 with a statutory role to ensure the policing needs of local communities are effectively met, bringing communities closer to the police, building confidence and trust in the system. PCC's aim to give the public a voice at the highest level, and give the public the ability to ensure their police are accountable. The PCC is also responsible for producing a Police and Crime Plan for their period of office and is accountable for the delivery of objectives within the plan. The PCC's Office oversees the Crime Reduction Board and Victims Board.

West Mercia Police & Crime Panel (PCP) - Chair: Cllr Brian Wilcox, Herefordshire County Council

The strategy body is responsible for scrutiny of the West Mercia PCC and performance against the West Mercia Police & Crime Plan 2016/21. Membership is comprised of 15 elected members representing each of the 10 Local Authorities of West Mercia plus 2 independent co-opted members. Worcestershire County Council is the host authority and administers the group.

West Mercia Crime Reduction Board- Chair Andy Champness OPCC

The West Mercia wide body responsible for overseeing crime reduction (Including reducing re-offending) .Membership comprises CSP leads from across West Mercia, Probation, IOM, CRC, YJS, police officers and the OPCC.

Worcestershire Health & Well-Being Board - Chair: Cllr John Smith WCC Cabinet Member for Health & Well-Being

The Health and Well-being Board oversees the system for local health commissioning. It leads on the strategic planning and coordination of NHS, Public Health, Social Care and related Children's Services.

Membership comprises senior representation from local authorities, clinical commissioning groups, NHS England, Healthwatch Worcestershire, West Mercia Police, Adult Social Care, Children's Social Care and the voluntary and community sector.





Cross cutting boards.