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AGENDA ITEM 7

COUNCIL
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REPORTS OF CABINET MEMBERS WITH RESPONSIBILITY

Report of the Cabinet Member with Responsibility for Health and Well-being

1. I would like to thank Council for this latest opportunity to report on matters relating to health and well-being. The last report on this was presented to Council in January 2016, and the period since then has been a busy one.

2. In July 2016, a new Public Health Directorate was formed, led by the Director of Public Health. This separation from the former Directorate of Adult Services and Health has enabled clearer focus on my priority to effectively deliver the Council's duties to improve the health and well-being of all our residents, paying due regard to narrowing health inequalities.

3. We continue to work in a challenging environment. The health of our population continues to be good in the most general terms, but there are significant variations within the population. Pressures on our services come from rising need, and in the context of limited finances. Our response has to be to work more strongly in partnership with others across the health and care system, and also to retain a clear investment in evidence-based prevention.

Health and Well-being Board (HWBB)

4. I am the Chairman of the Health and Well-being Board (HWBB) which continues to lead efforts to improve health and well-being and to integrate health and social care services, including agreement and oversight of the Better Care Fund. The HWBB includes Cabinet Members for Health and Well-being, Adult Social Care, and Children's Services; the Chief Executive, Directors of Public Health, Adults Services, and Children, Families and Communities; the Clinical Commissioning Groups' (CCG) Accountable Officers and Clinical Leads; elected members from the District Councils; West Mercia Police; the Voluntary and Community Sector; HealthWatch; NHS England and a representative of Housing Authorities. The Board has three sub-groups: the Health Improvement Group; the Health Protection Group; and the Children and Families Strategic Group. Each Group has membership from relevant partner organisations and there is strong engagement. Membership of Groups and the Board is reviewed on a regular basis and the invitation to the representative of Housing Authorities to the Board is the most recent change. I continue to keep membership under review.

5. The Board has an active programme of work. It meets in public quarterly; holds private development sessions; and leads public stakeholder events. The stakeholder events have been a useful way to work with partners to build a shared understanding of some of the main challenges to health, and all have been well-attended and focused on increasing knowledge and taking action. Recent topics have included: reducing the harm from alcohol; mental health and well-being; and social prescribing.

6. The Board receives updates on work to improve outcomes in its three priority areas:

- improving mental health and wellbeing
- increasing physical activity, and
- reducing the harm caused by alcohol.

7. Each of these priority areas relates to major causes of avoidable ill health and premature death, and is linked to outcome data suggesting a worsening situation, and/or one which is worse than would be expected for Worcestershire. I have been glad to see that a great deal of work is going on across the county to address these areas, and I have noted that the return on this work may not be seen for some time. I have been particularly interested in the work going on in Districts, which underlines how important it is for all our partners to consider the health impact of their work.

8. The Board receives an annual Joint Strategic Needs Assessment (JSNA), prepared by the Public Health Directorate. This is a very full report, bringing together a great deal of data to describe the health of our residents and highlight priorities for commissioners in the future. This report has allowed us to understand where we can best work together, and the need to target our resources at those areas and communities where outcomes are the poorest.

9. From this year's JSNA, key areas of note were:

- The population in Worcestershire is generally healthy compared to England. However, health inequalities remain and there are significant pockets of ill-health
- Local data shows that our most affluent Districts (Bromsgrove, Wychavon and Malvern Hills) on average experience the longest life expectancy, and the greatest proportion of life spent in good health
- A focus needs to be placed on more deprived populations to reduce inequalities in healthy life expectancy. Finding new ways to tackle lifestyle issues is essential – the majority of the population are now over-weight or obese, many are physically inactive, smoke, and/or drink too much. Diseases linked to these lifestyles such as stroke, coronary heart disease and diabetes are predicted to rise significantly in future years and this will bring significant new demands across health and social care
- Some data about children shows below average outcomes, including: excess weight in reception-age children; breast-feeding initiation and school readiness among children who qualify for free school meals
- There is a narrowing gap in key indicators between Worcestershire and England – we must ensure that Worcestershire remains significantly better than England for indicators such as cardiovascular disease and cancer mortality, and
- Other specific emerging issues being monitored and reviewed in more detail include infant mortality rates, drug misuse deaths, violent crime, homelessness and autistic spectrum disorder.

10. The HWB has received regular updates on the use of our Better Care Fund (BCF), and expenditure is agreed with our Clinical Commissioning Groups. The fund is used to promote service integration to improve outcomes and examples of recent work include the opening of the Worcestershire Step-down Unit, and recruiting Social Workers on

Acute wards to improve Patient Flow. This has also improved the Acute hospital delays by more than half since 2015.

11. The HWBB remains committed to co-producing services with users and carers, and has demonstrated this through development of its Autism Strategy, a Carers' Strategy and a Learning Disabilities Strategy. The Board has continued to receive updates on progress of these on an annual basis, and I have been glad to hear some positive feedback from service users who have addressed the Board.

12. We have seen some significant changes to our local health services in the last few years, in particular in the siting of emergency surgery, maternity and children's services. These changes were essential in order to protect patient safety, but I am very aware that major improvement challenges remain. I regularly invite the chief executive of the Acute Hospitals Trust to discuss improvement plans at the HWBB Board and I also make sure that the Chairman of HOSC can participate there too.

13. We have recommissioned the HealthWatch service in the last two years, and the service stayed with the same provider. I have been glad to ensure that HealthWatch are active contributors to the work of the HWBB.

Health Protection

14. The Council has a duty to seek assurance that arrangements are in place to protect the health of the public from communicable diseases and other threats. This assurance role means that officers are involved in oversight of performance of services such as vaccination and immunisation; and screening. This performance is reported to the HWBB Health Protection sub-group, which also receives reports on preparedness and response arrangements for health and other emergencies and on arrangements for testing our plans.

15. Overall, uptake of immunisation and screening programmes is in line with or slightly above national averages, and I have taken a particular interest in increasing the flu immunisation rates which play such an important part in reducing the pressures on people and systems during the winter months. We are in discussion with colleagues from NHS England and the CCGs about how best to promote higher uptake in those areas where it is lowest, and about how to improve our overall performance to being amongst the best. I am keen to make sure that we have a good understanding of variation across the County, and to advocate for improved performance in areas with lowest coverage.

Community Safety

16. I am responsible for the delivery of the Council's duty under Section 17 Crime and Disorder Act 1998, to exercise its functions with due regard to, and do what it reasonably can to prevent crime and disorder, anti-social behavior, the misuse of drugs and alcohol and reduce offending. I attend the Safer Communities Board which takes a leadership and strategic role for oversight of partnership community safety activity and delivery against a range of actions through its annual Community Safety Agreement. I regularly attend both the North and South Community Safety Partnerships which are responsible for the delivery of local community safety objectives, and this provides me with a good oversight of the partnership working between District Councils and statutory partners. Additionally, I meet with the Chairs of both Adults' and Childrens' Safeguarding Boards

and the Safer Communities Board on a regular basis to ensure close co-operation on our respective business plans. The Director of Public Health has corporate responsibilities for the Council's community safety role so I am well briefed on this portfolio. Our teams support the key governance and operational groups that focus on community safety priorities across the county.

17. We continue to support the Childrens' Safeguarding Board focus on the challenges of domestic abuse as it affects children and young people, we have led on Domestic Homicide Reviews, completed very successful promotions of the annual 16 days of action against domestic abuse and supported the Police Crime Commioner's (PCC) bid to the Home Office for a programme to work with domestic abuse perpetrators. There has in particular been further strengthening of our work under Prevent to challenge the risks of radicalisation and we have county wide plans in place to work with the police and partners to join up this work. We have reported to both Safeguarding Boards on progress with Prevent work and how the Channel Panel has managed its referrals. This has also involved briefing members on Prevent work and we have just launched a new awareness raising programme for all council staff on their Prevent responsibilities. We work very closely across the system, and in particular with the PCC, supporting his work with victims of crime, reducing offending, tackling cyber-crime and securing opportunities for joint commissioning. The team also supports the work of members and the operation of the Police and Crime Panel which scrutinises the PCC and his strategic plan delivery.

18. Annual community safety reports are presented to the Overview and Scrutiny Performance Board, with the latest being in September 2017. These reports setting out full details of the work of the Council and its key partners.

Prevention

19. The Council has identified the importance of prevention in ensuring the best possible future for all our residents. We have agreed that our approach should be based on: developing healthy public policy; encouraging and enabling individuals, families and communities to take greater responsibility for their health and well-being; and commissioning effective prevention services.

20. We have made progress in all of these areas. For example, to develop healthy public policy we have produced a Supplementary Planning document to ensure that health impact assessment will underpin development in the County; created a Health Impact Assessment Toolkit; and promoted the consideration of the health consequences of licensing applications.

21. To encourage people to take greater personal responsibility for their own health, we have made significant progress in the wider availability of good information, tailored to meet the needs of those who can experience difficulty in finding this. We have further developed the Your Life Your Choice website as an excellent source of information; strengthened the role of libraries in information giving; and significantly increased access to training in the use of the internet, creating new venues and a network of digital volunteers. Through the Go On Worcestershire partnership, for example, from September 2015 to September 2017 we supported over 11,800 digitally excluded residents to use the internet. We have also promoted Health Walks, currently 256 volunteer walk leaders support 38 walks a week across the county. We have further matured volunteer health champions, including promoting the uptake of training as Dementia Friends. We now have 17,606 Dementia Friends in Worcestershire, nine

Local Dementia Action Alliances and two more in development. We have worked with the Diocese of Worcester to support the development of Dementia Friendly churches, and have collaborated with our health champions to deliver a range of public facing communications campaigns throughout the year, including the Public Health England One You campaign, which has evaluates well

22. In commissioning effective prevention services we have had to use resources wisely. The Public Health Ring-fenced Grant (PHRFG) has been reduced and in 2015 Cabinet, following consultations, we made hard decisions about a reprioritisation of spend. For example, there have been reductions to spend on drug and alcohol services; smoking cessation services; sexual health services; and services for public health nursing. I have made sure that the performance and outcomes of these services are closely monitored by our staff, so that the impact of innovation and service redesign is well understood. I can report that there has been no evidence that reductions in spend have resulted in reduced outcomes. Indeed, in some areas, such as drug and alcohol services, there are further signs of improvement for service users achieving abstinence and completing treatment in Worcestershire. This has increased above the national average for England for the first time in many years. The Service was subject to Scrutiny from HOSC earlier this year who made positive recommendations about its effectiveness. We have reached large numbers of residents through our prevention services. For example, 748 have attended strength and balance classes in 2016-7; 2,458 have attended specialist drug and alcohol services; 146 have attended behaviour change services in disadvantaged areas; 18,105 have received an NHS health check; and there were 11,102 attendances at Sexual Health clinics in 2016/17. Our universal prevention services are comprehensive: for example, in 2016/17 over 11,000 children from Reception and Year 6 were weighed and measured, representing 97% of the cohort, which is above the national performance average for measurements; and our post-natal developmental reviews also exceeded national performance figures.

23. In this reporting period we have recommissioned some of these services so that they are more strongly focused on prevention and on targeting people with the greatest needs. For example, in the school nursing service we have introduced targeted health reviews in Reception year for some schools located in more disadvantaged areas and extended "Time 4U" drop in sessions in some High Schools. In sexual health services we have enhanced the range of digital advice, support and on-line testing services and identified additional sexual health nursing outreach for targeted vulnerable groups. The introduction of a telephone advice service and clearer skill mix in health visiting services has meant that experienced Health Visitors have been able to provide more intensive home visiting support for those families in need whilst better utilising nursery nurses to undertake some of the routine universal health reviews for other families. We have sought innovation too and an example is our work with the pregnancy stop smoking service, where we have been piloting an additional and hard hitting intervention for women still smoking during their dating scan which is seeing promising results.

Working with the NHS

24. We are continuing to work closely with health colleagues across the system, and to seek to integrate health and care services where this can bring an improvement for patients, for example through integrated neighbourhood teams. During the last two years we have collaborated strategically on the production of a Sustainability and Transformation Plan, contributing data and intelligence to an understanding of priorities,

and bringing discussion of the plans to the HWB Board. I have recently supported invitations to an all-member briefing on STPs, and look forward to good attendance.

Finally

25. I would like to thank the Director of Public Health for her hard work and all the Public Health staff for their support in the face of significant pressures, as well as my Cabinet colleague Cllr Adrian Hardman with whom I work closely.

Cllr John Smith OBE

Cabinet Member with Responsibility for Health and Well-being