

HEALTH AND WELL-BEING BOARD

10 OCTOBER 2017

BI-ANNUAL PROGRESS REPORT FROM THE HEALTH IMPROVEMENT GROUP

Board Sponsor

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Author

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Priorities

Mental health & well-being

Being Active

Reducing harm from Alcohol

Other (specify below)

(Please click below
then on down arrow)

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

Information and assurance

Recommendation

1. The Health and Well-being Board is asked to:
 - 1) Consider and comment on progress made by the Health Improvement Group (HIG) between April 2017 and September 2017.
 - 2) Ensure that each organisation represented by the Board plays an active part in the delivery of the Joint Health and Well-being Strategy and fully participate in providing the necessary updates and information for the reporting of progress.

Background

2. The Health Improvement Group (HIG) has been asked to report bi-annually to the Health and Well-being Board (HWB). Since its last report to the Board, the HIG has

met twice, on 30 June 2017 and 20 September 2017. The Children's Families and Communities Directorate have been invited to join the HIG and will be representing at the meetings going forward.

3. The 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. The HIG regularly receives progress updates on District Health and Well-being Plans and considers local issues.

4. The Joint Health and Well-being Strategy was approved by the HWB in February 2016. The HIG is responsible for monitoring and tracking progress against the strategy. A summary of progress has been collated below and will be incorporated into the reports to the Board on an annual basis.

Summary of progress: Joint Health and Well-being Strategy 2016-2021

5. The Joint Health and Well-being Strategy, has identified three overarching priorities;

- Being Active at Every Age
- Good Mental Health and Well-being Throughout Life
- Reducing Harm from Alcohol at all Ages.

3. Three detailed action plans have been developed following a period of consultation and co-production with partners. The priority plans shape the direction and objectives of the work required to ensure the successful delivery the Health and Well-being Board's (HWB) three priorities. The priority plans were approved by the HWB in April 2017, below is a summary of activity and a range of performance indicators to measure progress against each priority. 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.

Being Active at Every Age

4. Focus groups include under-fives and their parents, older people, and populations with poorer health outcomes. The action plan has 4 objectives:

- *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.*
- *Encourage families, children and young people to start active lives and stay active throughout life, taking responsibility for their own health.*
- *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.*
- *Creating health promoting environments, supporting active spaces including the workplace. Encourage use of active, sustainable travel modes and green space for active recreation.*

5. A summary of progress against the objectives includes:

- Members of the Public Health Directorate are working with Public Health England in developing, planning and delivering behaviour change projects within Worcestershire using social marketing techniques.








- Campaigns including Public Health England's 'Active 10' One You Physical Activity campaign and the Change4Life 10 Minute Shake Up programme have been promoted across all schools and partners.
- The Walking for Health programme has supported a new health walk, the 'Stanmore House Strollers' from a GP Practice in Kidderminster. The Worcestershire Health walks programme currently offers over 25 walks from various locations across the County.
- Public Health have applied for county wide funding opportunities through Sport England focusing upon older people and physical activity as well as becoming a pilot site for a system wide approach to tackling physical activity. Unfortunately the application was unsuccessful although partnership work will continue with the Sports Partnership Herefordshire and Worcestershire, as well as District partners and stakeholders, to explore how best to carry the work forward aligning to the priorities of the Being Active Plan.
- NHS Health Checks: all but one practice in the county have now tendered for a contract. Solutions are currently being developed to ensure that patients of the practice that hasn't tendered are able to access the service at neighbouring practices. A Steering Group is now in place to support practices in the delivery of Health Checks and has been meeting regularly to explore problems and share best practice.
- Worcestershire Works Well continues to support healthy workplaces through the accreditation programme. The programme is working with over 95 businesses throughout the County and includes standards on healthy eating, physical activity, alcohol and mental wellbeing.

6. Performance indicators for the Being Active at Every Age priority are listed below (Table 1). The data shows that whilst participation in specific interventions is improving, more needs to be done to impact on physical activity levels across the wider Worcestershire population.

Indicator	Period	Measurement	England	Worcs	Baseline (including period)	Trend (baseline compared to latest data)
Age-standardised rate of mortality from all cardiovascular diseases under 75	2013-15	PHOF	74.6	67.40 DSR per 100,000	69.4 (2012-14)	↓
% of children 4-5yrs classified as overweight or obese	2015-16	PHOF	22.1%	23.4%	22.7% (2014-15)	↑
% of children 10-11yrs classified as overweight or obese	2015-16	PHOF	34.2%	32.4%	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	2014-15	PHOF- WAY survey	13.9%	15.7%	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.	2014-15	Walking and Cycling Statistics	87.10%	86.6%	86.8% (2013-14)	↓
% of adults achieving 150 minutes of physical activity per week	2015	PHOF	57.0%	58.3%	No change (no updated data)	No change (no updated data)
% of adults classified as 'inactive'	2015	PHOF	28.7%	26.4%	No change (no updated data)	No change (no updated data)
Numbers of older people taking up strength & balance training (attended at least one class)	2016-17	Local data measures	NA	544	469 (2015-16)	↑
Numbers of people taking part in Health Walks	2016-17	Local data measures	NA	1595	916 (2015-16)	↑
Numbers of people training as volunteers for health walks	2016-17	Local data measures	NA	64	42 (2015-16)	↑

Table 1. Being Active at Every Age Performance Indicators

Key:

	Better than England Average		Increasing getting better
	Similar to England Average		Increasing getting worse
	Worse than England Average		Decreasing getting better
			Decreasing getting worse

Good Mental Health and Well-being Throughout Life

7. Focus groups include under- fives and their parents, young people, older people, and populations with poorer health outcomes. The action plan has 5 objectives:

- *Increasing mental health and wellbeing literacy of residents and frontline workers to better enable prevention, recognition and management of mental health and wellbeing and dementia.*
- *Promoting self-care and supporting the development of local community assets that build resilience, improve lifestyles and support good mental health and wellbeing throughout life*
- *Enabling those in need to access local support, services and activities to support their mental health and wellbeing*
- *Creating health promoting and dementia friendly environments to build resilience, improve lifestyle and support mental health and wellbeing*
- *Ensuring services prioritise and embed effective prevention and early intervention to support mental health and wellbeing and dementia*

8. A summary of progress against the objectives includes:

- Evidence based mental health and wellbeing and dementia training continues to be rolled out to frontline staff including Youth Mental Health First Aid, Moodmasters and Dementia Friends. Connect 5 training will be delivered in October 2017.
- Countywide promotion for Mental Health Awareness Week took place during May 2017. A promotional plan for World Mental Health Day in October 2017 has been agreed, the focus is mental health in the workplace.
- Stamping out Stigma in Worcestershire has recently developed, it is a network supported by Time to Change that aims to run events and activities that will raise awareness of mental health and challenge the stigma and discrimination faced by people with mental health problems across the county. The group will support Time to Change Champions (approx. 70 in Worcestershire). An application for a local Time to Change Hub is currently being discussed.
- An Emotional wellbeing toolkit was developed in May 2017 for schools, colleges and skills providers. The toolkit will be sent to private schools in Autumn term 2017.
- A number of Dementia Action Alliances have been developed across the county. Partners have been encouraged to sign up to local action alliances and support dementia friendly communities.
- A menu of universal and targeted programmes in Worcestershire has been agreed including the roll out of an online parenting course (Solihull Approach).
- Older Adult Mental Health Services are currently being re-designed and a Dementia Needs Assessment is underway.
- Mental Health has been identified as a STP priority. The mental health STP will drive forward change to address the mental health 5 year forward view. Analysis and interpretation of extensive data and intelligence will identify specific areas to target within the mental health system. The mental health STP will be rolling out a

mental health toolkit to help embed mental health across all other STP workstreams.

9. Performance indicators for the Good Mental Health and Well-being priority are listed below (Table 2). Two measures are significantly worse in Worcestershire compared to the England average including:

- School Readiness: The proportion of children achieving a good level of development at the end of reception and who receive school meals has increased year on year and the gap has narrowed between national rates and rates within Worcestershire, although they remain significantly lower than England overall.
- Estimated Dementia diagnosis rate (aged 65 and over): A new indicator for 2017 has been created. The government have made a commitment to improve the numbers of people living with dementia and to ensure that they have a formal diagnosis. This is to make sure that people living with dementia and their carers receive appropriate support at an earlier stage to improve overall health and wellbeing. An audit of current diagnosis practice, and a Dementia Needs Assessment will help inform any changes that may be needed to increase the diagnosis rate.

Indicator	Period	Measurement	England	Worcs	Baseline (including period)	Trend (baseline compared to latest data)
Satisfaction with life measure (National Wellbeing Survey)	2014-15	PHOF (Public Health Outcomes Framework)	4.6%	3.3%	No change (no updated data)	No change (no updated data)
School Readiness: the percentage of children with free school meal status achieving a good level of development at the end of reception	2015-16	PHOF	54.4%	49.5%	45.7% (2014-15)	↑
Hospital admissions as a result of Self-Harm (10-24yrs)	2015-16	PHOF	196.5	190.0 DSR per 100,000	194 (2014-15)	↓
Referrals to Child and adolescent mental health services (CAMHS)	2016-17	Local data measures	NA	2479	2388 (2015-16)	↑
Diagnosis rate for people with dementia (aged 65+)	2017	PHOF	67.9%	61.0%	New indicator (no trend available)	New indicator (no trend available)
Health related quality of life for people with long-term conditions	2016-17	ASCOF (Adult Social Care Outcomes Framework)	0.757	0.737 (no significance levels reported)	0.828 (2014-15)	↓
% of adult social care users who have as much social contact as they would like to	2015-16	PHOF	45.4%	45.0%	50.5% (2014-15)	↓
Proportion of adults in contact with secondary mental health services in paid employment	2015-16	PHOF	67.2%	66.4%	69.5% (2014-15)	↓

Table 2: Good Mental Health and Well-being Throughout Life performance indicators

Key:

	Better than England Average
	Similar to England Average
	Worse than England Average

↑	Increasing getting better
↑	Increasing getting worse
↓	Decreasing getting better
↓	Decreasing getting worse

Reducing Harm from Alcohol at all Ages

10. Focus groups include middle aged, older people, and those from areas with poorer outcomes. The action plan has 4 objectives:

- *Provide clear information and advice and increase awareness of alcohol harm particularly amongst target populations*
- *Create a health promoting environment*
- *Promote self-help through brief intervention*
- *Commission specialist treatment for people with more complex needs requiring detoxification and relapse prevention*

11. A summary of progress against the objectives includes:

- In addition to the refreshed Your Life Your Choice website, information and campaigns are being spread across social media including Twitter and Facebook to deliver messages around healthy drinking from partners and national organisations.
- A Health and Wellbeing 'call to action' event is planned for 15th November at County Hall to debate and discuss alcohol related issues in Worcestershire. The event will involve national and local speakers as well as real life journeys and will actively involve the general public through local radio and social media.
- Public Health continues to exercise its role as a responsible authority under the Licensing Act 2003. Since September 2016, 60 alcohol licence applications for new or change of license have been scrutinised for comment under the licensing objectives. Licensees have been very co-operative in agreeing to add conditions to their license. One representation for refusal of an alcohol license has been submitted, we are awaiting the result of the licensing committee.
- Public Health is involved in a pilot with West Midlands Ambulance Service to supply data on pick –ups and transport to hospitals which supports the licensing process.
- Public Health supports the national Best Bar None responsible licensing scheme which is operating in Worcester City and Bromsgrove and is planned for rolling out Redditch and Malvern Hills. The multi-agency BBN initiatives are licensee run and aim to promote a responsible drinking environment under the licensing objectives.
- Swanswell are committed to enhancing the quality and capacity of their service delivery for alcohol treatments in Worcestershire. The provider has recently commissioned additional accredited training from the Royal College of GPs for all GPs on the GP shared care scheme. In addition, GPs are contracted now by Swanswell to complete alcohol detoxifications as well as providing screening and professional support.
- Following successful evaluations nationally, the Blue Light initiative is being introduced in Worcester as a partnership between national voluntary organisations: Alcohol Concern and Swanswell. Blue Light offers a positive message to professionals and service users, that change is possible for people with complex needs, who were unable to stop drinking alcohol dependently.

12. Performance indicators for the Reducing Harm from Alcohol priority are listed below (Table 3). The percentage of those in treatment who successfully completed treatment for 2015-16 was significantly worse in Worcestershire compared to the England average, the current alcohol data for Swanswell demonstrates an improvement in uptake and successful completions of detoxifications for people to achieve abstinence and discharges alcohol free

Indicator	Period	Measurement	England	Worcs	Baseline (including period)	Trend (baseline compared to latest data)
Age standardised rate of mortality considered preventable from liver disease in those aged under 75	2013-15	PHOF	18.0	16.6 DSR per 100,000	15.2 (2012-14)	↑
Alcohol-specific hospital admission – under 18 year olds	2013/14-2015/16	PHOF	37.4	30.4 Crude rate per 100,000	36 (2012/13-2014/15)	↓
Persons admitted to hospital due to alcohol-specific conditions	2015-16	PHOF	583.2	435.2 DSR per 100,000	446 (2014-15)	↓
Persons admitted to hospital due to alcohol-related conditions (broad)	2015-16	PHOF	2179.3	1942.6 DSR per 100,000	1855 (2014-15)	↑
Persons admitted to hospital due to alcohol-related conditions (narrow)	2015-16	PHOF	646.6	624.4 DSR per 100,000	641 (2014-15)	↓
% of those in treatment who successfully completed treatment	2015-16	PHOF	38.4	26.0%	31.6 (2014-15)	↓

Table 3: Reducing Harm from Alcohol at all ages performance indicators

Key:

	Better than England Average
	Similar to England Average
	Worse than England Average

↑	Increasing getting better
↑	Increasing getting worse
↓	Decreasing getting better
↓	Decreasing getting worse

Summary of Progress: District Health and Well-being Plans

Wychavon Health & Wellbeing Partnership Plan

13. The Wychavon Health & Wellbeing Partnership Plan 2016-2020 uses current evidence and the strategic priorities of Wychavon District Council as well as the priorities of the Joint Health and Well-being Strategy to outline key themes to improve the health of the people of Wychavon. Key themes identified in the plan include Smoking in Pregnancy; Homelessness; Achieving a Healthy Weight; Mental and Emotional Health; Reducing Alcohol Consumption and Access to Services in Rural Areas. Examples of work undertaken include:

Mental and Emotional Health

- Dementia Friendly Communities: Communities in Wychavon have made great strides with creating dementia friendly communities. A number of successful Dementia Action Alliances have been set up including Evesham and Ombersley. Evesham DAA has 15 organisations signed up.
- Droitwich Spa Meeting Centre: The Meeting Centre Advisory Board has set up a charity and is working on developing a financial model to ensure that the Centre can remain open by identifying sources of funding following the withdrawal of funding by the Alzheimer's Society.

Achieving a Healthy Weight

- The Sport & Leisure facility investment: A number of small scale projects have been delivered in various parishes, e.g. play and fitness equipment in Crowle through Wychavon's New Homes Bonus scheme and utilising s106 funding.

Planning Permission has been given for a £3 million extension for a 'Wellbeing Centre' at Evesham Leisure Centre.

- There has been a number of Get Wychavon Active Projects (39) and Sportivate (25) Projects delivered across the district.

Reducing Alcohol Consumption

- Insights work has been collected in partnership with Swanswell, via a focus group with people recovering from alcohol dependency and via an outreach event at Evesham market. This event aimed to raise awareness about maintaining low alcohol consumption after Dry January, alcohol units and calories in alcoholic drinks.

Redditch Partnership Health and Wellbeing Plan

14. The Redditch Partnership Health and Wellbeing Plan is currently being refreshed. The Redditch Profile is being developed to understand community needs. A Stakeholder workshop is planned to take place on 12th October to specifically concentrate on mapping the assets of Redditch and looking at ways of harnessing the assets more effectively for better health outcomes. This work will be used to inform the new action plan for Redditch.

General items

Since its April report, the HIG has also discussed and considered the following:

- Sustainability Transformation Plan (STP) and Prevention: A presentation of the vision, challenges around health and wellbeing and approach to prevention, self-care and promoting independence was given by Frances Howie. A Prevention Board has been set up, under the chairmanship of Simon Harisnape, the chief executive of Herefordshire CCG. There are 4 at scale delivery platforms for transformational work on prevention:
 - MECC training to frontline staff (current package in Worcestershire, known as Health Chats, being revisited over the summer)
 - Digital Inclusion
 - Social Prescribing
 - Behaviour change programmesThe Board has also produced a checklist so that each clinical areas can check whether or not it is robustly embedding other, specific, prevention work.
- Oral Health: Dr Kathryn Cobain gave a presentation on Oral Health as WCC has a statutory responsibility around oral health promotion. A discussion took place on what we can do in Worcestershire to improve oral health including empowering communities, providing consistent messages and focussing on areas of highest need.
- Children and Young People's Plan (CYPP): Hannah Needham, Assistant Director, Children's, Families and Communities briefed the Group on the development of their new plan at the June HIG meeting. The intention for this new plan is for it to be owned by all agencies working with children, young people and families in Worcestershire. The HIG hoped that there would be clear reference to the Health and Well-being Strategy and its

principles and priorities, and specific reference to health outcomes and health inequalities.

In addition to the plan, Hannah Needham presented a companion document to the CYPP at the September HIG meeting. This document provides clarity on the relationship between the CYPP and the Joint Health and Well-being Strategy and the role of the Health and Wellbeing Board and its sub-groups. It also clarifies the more detailed work plan for implementing the CYPP and what performance measures will be used to demonstrate impact and success.

- Charter for Homeless Health: The Homeless Health Charter (HHC) was signed by the Chair of the Health and Wellbeing Board in February 2016, on behalf of the Board membership. The HIG received an update report on the progress made in the implementation of the Charter principles, by focusing on the three key areas; identify need, provide leadership and commission for inclusion.
- Digital Inclusion: The HIG received an update on the Digital Inclusion Strategy. The current model of delivery for digital inclusion with the use of Digital Connectors and Digital Champions has proved to be effective. There has been 6957 digitally excluded individuals supported in Worcestershire and 214 volunteer digital champions recruited. A number of GP practices (13) and Healthy Living Pharmacies have participated in the Digital Inclusion project 'Get-ON with IT'.
- Worcestershire Fuel Poverty Plan: The HIG approved the Worcestershire Fuel Poverty Plan which has been developed by the Warmer Worcestershire Network. The Warmer Worcestershire Network is a partnership between public and third sector organisation all working together to tackle the issue of cold homes and the impact this can have on an individual's health. The Plan follows the National Institute for Health and Care Excellence (NICE) guidance quality standard for preventing excess winter deaths and illness associated with cold homes. The plan will run for 5 years with an annual review each September and a 6 month progress check after each winter.
- Health and Well-being Board Alcohol Stakeholder Event: At its meeting in April, the Health and Wellbeing Board requested that an event be held on its priority area 'Reducing the Harm from Alcohol at All Ages'. Dr Kathryn Cobain briefed the HIG on the plans for the event and invited discussion and comments from the group. The event is scheduled to be held on the morning of Wednesday 15th November from 9.00 am to 1.30 pm in the Council Chamber, County Hall. The focus is on those who do not fit into the stereotypical heavy drinking profile.
The vision is that local community events would be held throughout the week as national Alcohol Awareness Week commences on 13th November. These community events could then feed into the event at County Hall. Key note speakers secured to date include national and local experts from Public Health England (PHE), CCG, Police, NHS, Dentistry, Street Pastors and those who work in the licensed trade.

Legal, Financial and HR Implications

15. As appropriate

Privacy Impact Assessment

16. As appropriate

Equality and Diversity Implications

N/A

Contact Points

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