

COUNCIL
12 SEPTEMBER 2019**REPORTS OF CABINET MEMBERS WITH RESPONSIBILITY
– CABINET MEMBER WITH RESPONSIBILITY FOR HEALTH
AND WELL-BEING**

Introduction

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 2018 and the period since then has been a busy one.
2. We continue to deliver our work in a challenging environment. The health and well-being of our residents is generally good, but there are significant variations within the population. Pressures on our services come from meeting the rising needs of a population with greater numbers of older people in poor health and the additional needs of people experiencing health inequalities. We continue to manage the annual reduction in our Public Health Ring-fenced Grant (PHRFG) which is allocated directly to us from central government.
3. I am politically responsible for a wide-ranging and complex programme of work which is shaped around meeting the statutory duties of the Council under the Health and Social Care Act 2012 regarding public health; the statutory duties of the Council under the Civil Contingencies Act 2004; and the statutory duties of the Council under the Crime and Disorder Act. We have clear governance in place around this work, and this is set out below. In order to give members a clear idea of the breadth and value of the work done within the Directorate, a table setting out financial information is attached as an Appendix.

Health and Well-being Board

4. I am chairman of the Health and Well-being Board, which is a statutory body, leading our strategic approach to improving health and well-being and strengthening integration between health and social care. The Board includes partners from the County Council; District Councils; NHS Commissioning bodies; NHS England; Worcestershire Healthwatch; the Voluntary and Community Sector; and a representative of Housing Authorities. The Board has three sub-groups, set out below, and receives annual updates from each.
5. Since my last report, the Board has approved its annual Joint Strategic Needs Assessment, which is a statutory requirement and produced by the Public Health Directorate. This comprehensive report summarises the health of our local population, reports progress against areas which have been identified as a priority by the Board, and highlights areas which may be of emerging concern. We have noted generally good health, pockets of poor health in particular lined to health inequalities, and emerging issues around antibiotic prescribing, air pollution, school readiness, educational

outcomes, and oral health. Each of these issues is subject to more detailed investigation, surveillance, and action where needed.

6. The Board received the Director of Public Health's annual report in September 2018: 'Prevention is Better than Cure'. This drew attention to the need for a refreshed, system approach to prevention as an investment for a healthier future and a means of improving outcomes and reducing demand. It also recommended that partners work differently with communities, so that people are helped to help themselves and each other through community asset building and a shared approach with our residents. These recommendations have been taken forward through the Prevention Board of the Sustainability and Transformation Partnership and progress is being made.

7. The Board has received regular updates on the use of our Better Care Fund, which is focused on promoting service integration and independent living.

8. The Board continues to receive annual updates from countywide strategies relating to health and well-being. For example, the Autism Strategy and the Carers' Strategy have recently been presented and I have been pleased to welcome service users to the Board at these meetings. There is a positive story of steady improvement in both areas and fuller the involvement of service users in service planning.

9. The Board has received regular updates on the NHS. As we move through a time of complex organisational change for the NHS, we have worked hard together as partners to produce a Sustainability and Transformation Plan, and the Board has now begun to consider the implementation of the NHS 10 year plan. We continue to champion the needs of Worcestershire residents in the context of a two county NHS system.

Health Improvement Group

10. This group has a focus on delivering health and well-being at District level. Membership includes elected members from each District Council; and others such as the NHS and VCS are also involved. In the last year the HIG has reviewed the Health and Well-being Plans from each District, and has shared good practice. It is an effective way to link the Health and Well-being Board to local work, and communication is two-way in this regard.

11. Districts have been delivering a range of programmes at work which bring to life the Board priority to empower others to take responsibility for their own and their families' health. For example: I was delighted to see that Bromsgrove has achieved recognition and registration as a Dementia Friendly Community; Malvern Hills have introduced Balanceability to introduce very young children to cycling; and Wyre Forest have produced an 'Activities for Older People' booklet.

12. Good practice updates have included topics such as improving health and well-being through licensing, and HIG was pleased to welcome a presentation from a local 'Men in Sheds' scheme, which brings together older men to share practical skills and work together on projects, with the result of reduced social isolation and a more resilient community. There are a number of successful projects in the county now with a new shed setting up in Worcester and interest in Evesham.

Health Protection Group (HPG)

13. This Group oversees health protection matters such as Emergency Planning and Preparedness; Regulatory Services; Immunisations and Screening; and Infection Control. Membership includes representatives from: the NHS; Public Health England; elected members from County and District councils; Worcestershire Regulatory Services, and the VCS. The HPG prevents and manages risks to health and ensures that all relevant partners work well together to achieve this.

14. For example, we work with NHS colleagues to make sure that our immunisation and screening uptake remains good, and that risk is well-managed. Overall our rates are good, with the childhood immunisations for example being above the national average at all ages, but we make sure that we understand and address pockets of lower take-up. We collaborate with Public Health England to ensure that clear messages about the importance of immunisation are given, and that messages are adapted for target populations. National evidence shows that parents are far more likely to trust the NHS and their healthcare professional than they are social media, and so our public health nurses routinely promote immunisations with new parents as part of the health visiting and 0-19s prevention service.

15. Our Emergency Planning work is robust and reports into the HPG. We play a full part at strategic, tactical and operational levels to make sure that risk is minimized and that response plans are up to date and understood. We lead or participate in exercise to test our plans, and in this year we have taken part in an exercise using the scenario of animal disease outbreak. We have also reviewed our arrangements for humanitarian assistance in recovery phase, taking learning from the Kerslake Review following the Manchester Arena bombing in 2016. The Director of Public Health co-chairs the Local Health Resilience Partnership, taking forward the programme of work to keep our residents safe in the event of emergencies.

Children and Young People's Strategic Partnership Group

16. This Group was set up to develop and help implement Worcestershire's Children and Young People's Plan, further supporting successful delivery of the all-age Joint Health and Well-being Strategy. It brings together senior leaders from all relevant agencies to take a whole systems approach to improving outcomes for children and young people and met for the first time in October 2018, and is chaired by the Director of Public Health.

17. The Group has developed a dashboard against which progress can be measured and partners have committed to cooperate to solve areas of slower progress. I have noted the value of this Group in bringing people together so that there are no overlaps or gaps in the services we deliver to our children and young people, especially to the most vulnerable.

NHS Partnership

18. I make sure that this Council plays its full part to collaborate, where appropriate, with the NHS, working in close alignment to plan and deliver the right services for residents. The Council has a statutory duty to deliver specialist public health advice to the NHS and the Public Health Directorate discharges this duty at top level through the

STP Board and sub-groups, and more operationally through preparation of specialist intelligence to inform specific funding and funding policy decisions. At operational level, we have linked public health consultants and public health practitioners to primary care Neighbourhood Team, to make sure that public health and prevention is embedded. We play a full part in the Local Maternity System Board, and in the STP Prevention Board.

19. However, this partnership work does not detract from our focus on seeking assurance on performance. This year, I have met with senior leaders from the NHS to raise concerns about our local NHS services, and will continue this focus as we move through another cycle of NHS change.

Community Safety

20. As CMR for Health and Well-being I am politically responsible for the delivery of the Council's duty under Section 17 of the Crime and Disorder Act 1998 (as amended), which requires each Authority to exercise its functions with due regard and to do all that it reasonably can to prevent crime and disorder, anti-social behaviour, the misuse of drugs and alcohol and reduce reoffending. This is a corporate responsibility for all Council Directorates, although the corporate leadership sits with the DPH and the Health and Social Care Act 2012 gives some duties to the DPH in this regard too.

21. The Safer Communities Board takes strategic oversight of all these community safety matters and I present annually to the Overview and Scrutiny Performance Board. The discussion in the July 2019 meeting highlighted the wide range of our work, including tackling domestic abuse through the DRIVE programme, commissioned with the Police and Crime Commissioner to change perpetrators' behaviours, working with the police and agencies to review and implement the partnership approach to tackling serious and organised crime and ensuring an effective approach to Preventing violent extremism and supporting those who may be vulnerable and susceptible to negative influences. The Board was also briefed on the new and dynamic approach to disrupting and preventing child criminal exploitation and supporting young victims through the recently launched Worcestershire GET SAFE multi-agency approach.

22. Looking forward, the Council will be responding positively to the Government's soon to be enacted new duties to take a Public Health approach to tackling crime and serious violence and also its proposals requiring upper tier Local Authorities to oversee and commission accommodation for domestic abuse victims and their families.

Shaping Public Health and Prevention Services

23. In commissioning our public health services, we have had to manage reducing grant allocations from central Government. We have monitored our core services closely, such as public health nursing, sexual health, substance misuse, and NHS Health checks, to ensure that performance has been maintained despite reductions in funding.

24. I am pleased to report that our residents have continued to be served well by these services, and that we have reached large numbers. In focusing on prevention, it is important to identify problems as early as possible, and to deal with them effectively. We commission NHS Health checks for people aged 40 – 74, and the Healthy Child Programme for children and young people aged 0 – 2.5 years in order to identify potential problems at an early stage. These two programmes have performed highly

and have reached large numbers of their target populations. In 2018/19 94% of new births received a new-birth visit by their health visitor within 14 days. This continues to be higher than the national average of around 88%. In Worcestershire the percentage of children receiving a 2.5-year review by the age of 2.5 years also continues to exceed the national average. In 2018/19, 16,600 people received an NHS Health Check in Worcestershire. This represents 9.2% of the eligible population, which is significantly better than the England and West Midlands average.

25. I am pleased to report continued improvement in our substance misuse services, which reach some of our most vulnerable population. We have seen a steady improvement since we placed this service with a different provider in 2016. Between December 2017 and November 2018, 812 service users accessed structured alcohol treatment in Worcestershire. 42.86% of these successfully completed treatment and did not re-present again for further treatment within 6 months. This is significantly better than the national average of 37.86%. During the same period, 1175 services users accessed treatment for opiate dependency and of those 8.26% successfully completed treatment achieving abstinence and did not re-present within 6 months. This is significantly better than the national average of 5.91%. This data does not include the increasing numbers of service users maintaining improvements in their treatment journey through substitute prescribing, accessing recovery services to improve their health, wellbeing, employment opportunities and community integration. The current contract for delivery of a substance misuse service will need reprocurring by the end of the financial year. The Public Health team has completed a data-driven and evidence-based needs assessment to ensure that the new service we commission further drives performance, improvements in wellbeing and reduces demand.

26. Our sexual health services continue to serve our population well and rates of conceptions for young people under 18 years in Worcestershire continue to reduce. Recently published data indicated that in 2017 this rate in Worcestershire was significantly lower than both the West Midlands and England average. In addition, the rate of new sexually transmitted infections in Worcestershire was also significantly lower than both the West Midlands and England averages in 2018. This is a reversal of the national trend which has shown an increase in the rate of new sexually transmitted infections since 2017.

27. We also commission more general prevention services, such as the Strength and Balance classes which play an important part in reducing the risk of falls. In 2018/19 more than 1100 service users were referred in to the strength and balance service. Of those that completed a course of exercise classes 78% showed that they had maintained or improved their timed 'up and go' score, which is a validated measure of functional fitness. The Health Walks programme also encourages local people to be physically active by taking part in volunteer led walks. In 2018/19 15 new walks were set up and 552 new walkers joined walks across the county. 10 of the new walks set up were located in areas of high deprivation.

28. We have invested in two areas of significant innovation: tackling loneliness and social prescribing. We have used the Public Health Grant to pilot new ways of working, and are starting to see strong results with impact for service redesign. The Reconnections service has supported over 1400 older people between May 2015 and June 2019. 64% of participants have reported a reduction in their loneliness score. Social prescribing investment has enabled NHS funding (local and national) to be drawn into an innovative approach to meeting the social needs of people who visit their GPs

with non-medical problems. Again, early data shows promise with over 1100 people being supported by the social prescribing pilot between 2018 and 2019. Of those who had pre and post wellbeing measures taken, 73% improved their sense of wellbeing following a social prescribing intervention.

Public Health Investment in Wider Council Services

29. I continue to support investing in maximising the health impact of wider Council services, as reported to Council in the budget report at its February 2019 meeting. This is important in strengthening our approach to prevention and in making sure that our most vulnerable populations are well served.

30. For example, we invest in Early Help Services for Children and Young People, and commission a fully integrated, evidence-based 0-19s Prevention Service, which includes Early Help as well as public health nursing and our Healthy Child Programme. This makes sure that families can benefit from an integrated approach which delivers a service to all, and additional services to those who need them most.

31. We also invest in prevention services for Older Adults, including Information and Advice services; carer's support; household adaptations and repairs; and we contribute to the core payments for all Extra Care Housing residents, enabling a health and well-being offer in those settings. In all these areas, our aim is to enable people to live independently for as long as possible, taking responsibility for their own and their families' health.

32. We have also used the PHRFG to support libraries, which play such an important part in enabling residents to live well. This includes the Books on Prescription scheme, where in the last financial year 7,635 books were borrowed on topics such as carers, dementia, and mental health and well-being for adults and children and young people.

33. Investment in Council Trading Standards services has meant that a greater level of public protection can be afforded. Our focus is on health and well-being and this year tobacco control measures such as reducing illicit tobacco supply have been delivered proactively and in a timely way. Other work, such as on doorstep 'scams' helps people to feel safe in their own homes, and more widely health is protected by the on-going work on food safety and standards.

34. Investing in the Council Planning team ensures that health impact assessment can underpin development in the County. This is key as we move into a phase of ambitious growth and can make sure that the built environment makes a healthy place for our people.

Current Spend

35. A detailed breakdown of current Public Health budget and spend is attached as an Appendix.

Finally

36. I would like to thank the previous Director of Public Health, Dr Frances Howie, for her hard work and am delighted to welcome Dr Kathryn Cobain as interim Director. I would also like to thank 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.

John Smith
Cabinet Member with Responsibility for Health & Well-being