

Worcestershire Health Improvement Group

REPORT TITLE: Joint Health and Well-being Strategy Annual Update

Date	4th December 2019
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Relevant Cabinet Member	Councillor John Smith
Relevant Officer	Rachael Leslie, Public Health Consultant
Recommendations	<p>The Health Improvement Group is asked to:</p> <ul style="list-style-type: none"> A) Note the progress to date on the delivery of the Joint Health and Wellbeing Strategy and associated action plans and the need to scale up prevention activities to achieve improvements in health and wellbeing and reduce health inequalities at scale. B) Ensure that each partner represented by the Health Improvement Group (HIG) continues to play an active part in the implementation of the strategy C) Support and drive continued and enhanced activity to achieve larger scale impact in the three priority areas.
Background	<ol style="list-style-type: none"> 1. The Health and Well-being Strategy 2016-2021, identified three overarching priorities to achieve the vision of the Board that: <i>Worcestershire residents are healthier, live longer and have a better quality of life especially those communities and groups with the poorest health outcomes.</i> These are: <ul style="list-style-type: none"> ○ Being Active at Every Age ○ Good Mental Health and Well-being Throughout Life ○ Reducing Harm from Alcohol at all Ages. 2. Three detailed action plans were developed following consultation and co-production with partners. The action plans shape the direction and objectives of the work required to ensure the successful delivery of the Health and Well-being Board's (HWBB) three priorities. 3. Taken together these three plans set out a focussed approach to preventing and tackling the main causes of avoidable disease in Worcestershire. Sustained progress in these three areas will improve the health and wellbeing of our local population and, in the longer term, reduce pressures on the local health and social care system. 4. 6 key principles underline the strategy: <ul style="list-style-type: none"> ○ Working in partnership. ○ Empowering individuals and families to take responsibility and improve their own health and well-being. ○ Recognising local assets and strengthening the ability of

Being Active at Every Age

- communities to look after themselves.
 - Using evidence of what works when developing plans for action.
 - Involving the public, patients, service users and carers and ensure that they have an opportunity to shape how services are organised and provided.
 - Being clear about the impact we expect from investment and action to improve health and well-being, and open about the progress we are making.
5. The action plans were approved by the HWBB in April 2017. An update of progress has been presented to the HIG in September 2017 and October 2018. This report provides a summary of activity and performance indicators to measure progress against each priority at year three. It should be noted that where there is a time delay in national data publication, progress may not be immediately measurable.
 6. Overall, progress has been made in each of the areas and against each of the objectives. Partners have worked hard to deliver activities to progress the action plan, however, larger scale systematic approaches are required to really make an impact on reducing risk of disease and reducing inequalities.
 7. Progress on the district plans which contribute to the Joint Health and Well-being Strategy are reported separately to the HIG and incorporated into the HIG bi-annual report to the Health and Well-being Board.
 8. **Being Active at Every Age**
This action plan focusses on under-fives and their parents, older people, and populations with poorer health outcomes. The action plan has four objectives and examples of progress against each objective is listed in Appendix 1:
 9. In Summary, progress has been made across all objectives including:
 - A new Healthy Start task and finish group has been set up to develop and deliver against a countywide action plan to increase the sign up and use of the Healthy Start programme. The Healthy Start programme promotes healthy eating in early years, offering eligible families free vouchers every week to spend on milk, plain fresh and frozen fruit and vegetables, and infant formula milk
 - The Sports Partnership have been commissioned to co-ordinate a programme of classes (Strong and Steady) to reduce the number of falls across the county. The new service commenced on 1st October 2019.
 - Various campaigns have been activity promoted across the county to increase physical activity and reduce sedentary behaviour including Change4life, Walking in Worcestershire, Active Ageing and Worc Girl Can.
 10. 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 achieve an increase in physical activity levels and impact on obesity levels as a preventative approach across the local population.

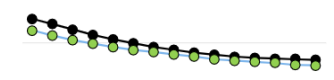




Indicator	Period	Measurement	England	Worcs	Baseline (Including period)	Trend
Age standardised rate of mortality from all cardiovascular diseases under 75	2015-17	PHOF	72.5	64.0 (DSR per 100,000)	69.4 (2012-14)	
% children aged 4-5 years classified as overweight or obese	2017-18	PHOF	22.4%	22.4%	22.7% (2014-15)	
% children aged 10-11 years classified as overweight or obese	2017-18	PHOF	34.2%	33.8%	30.5% (2014-15)	
Physical activity measures for children and young people - % of 15 year 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)	No change (No updated data)
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	87.1%	86.6%	86.8% (2013-14)	No change (No updated data)
% of adults achieving 150 minutes of physical activity per week.	2017-18	PHOF	66.3%	66.6%	68.3% (2015-16)	
% of adults classified as inactive	2017-18	PHOF	22.2%	21.1%	20.9% (2015-16)	
Numbers of older people taking up strength and balance training (attended at least one class)	2018-19	Local Data Measures	-	752	469 (2015-16)	Increase from 658 in 2017-18
Numbers of people taking part in health walks	2018-19	Local Data Measures	-	1374 (approx)	916 (2015-16)	8% increase compared to 2017-18
Numbers of people training as volunteers for health walks	2018-19	Local Data Measures	-	71	42 (2015-16)	Increased by 10 compared to 2017-18

Table 1. Being Active at Every Age Performance Indicators

Key:		Better than England Average
		Similar to England Average
		Worse than England Average

Good Mental Health and Well-being Throughout Life

11. Good Mental Health and Well-being Throughout Life

The groups in focus include under- fives and their parents, young people, older people, and populations with poorer health outcomes. The action plan has 5 objectives and examples of progress against each objective is listed in Appendix 1:

12. In Summary, progress has been made across all objectives including:

- Evidence based mental health and wellbeing training has been rolled out across the county including Youth Mental Health First Aid, Adult Mental Health First Aid, Self-Harm and Young People, and Moodmasters.
- Various campaigns have been launched to raise awareness of mental health and the support available including the PHE Every Mind Matters campaign linking to a suite of online resources, and the Worcestershire Health and Care NHS Trust 'Now We're Talking' campaign particularly targeting men in need to access the Worcestershire Healthy Minds Service.
- The HWBB committed to sign up to the Prevention Concordat for Better Mental Health which involves supporting a multi-agency refresh of the Mental Health and Wellbeing Plan

incorporating the prevention concordat requirements and findings from an updated Mental Health Briefing.

- Time to Change Worcestershire was established in March 2018 following a successful funding application endorsed by the HWBB as the Hub Host. A wealth of anti-stigma activity has been taking place including the recruitment of champions to campaign within their communities, local businesses signing the Employer's Pledge and the dissemination of champion funding to support local activity. Public Health have funded Time to Change activity for a further 3 years.

13. 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: Percentage of children with free school meal status (as a proxy measure for poverty) achieving a good level of development at the end of reception. Positively, 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. This indicator is particularly interesting as it highlights the inequality between richer and poorer families. School readiness is measured at the end of reception year and involves an assessment of a range of skills and abilities that prepare a child to learn at the earliest stage. Education is a strong predictor of health and wellbeing in later life and supporting families to prepare their children for learning is an early opportunity to tackle inequalities. Targeted work focussing on social mobility has been progressing in Wychavon which aims to contribute to increasing school readiness within an area of highest need.
- Estimated Dementia diagnosis rate (aged 65 and over): An early diagnosis of dementia enables people living with dementia, their carers and healthcare staff to plan accordingly and work together to improve health and care outcomes. Diagnosing dementia enables people, their families and carers to access support and therapies that may help them in their day to day lives. A new Dementia Strategy 2019-2024 has been developed for Herefordshire and Worcestershire which has been informed by the Dementia Needs Assessment, the Strategy builds on identification and diagnosis as well as prevention.

Indicator	Period	Measurement	England	Worcs	Baseline (Including period)	Trend
Satisfaction with life measure (National Wellbeing Survey)	2014-15	PHOF (Public Health Outcomes Framework)	4.6%	3.3%	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	2017-18	PHOF	56.6%	50.1%	45.7% (2014-15)	
Hospital admissions as a result of self-harm (10-24 years)	2017-18	PHOF	421.1	341.1 DSR per 100,000	409.9 (2014-15)	
Referrals to Child and Adolescent Mental Health Services (CAMHS)	2017-18	Local Data	N/A	3405	2266 (2016-17)	
Diagnosis rate for people with dementia (aged 65+)	2018	PHOF	67.9%	61.0%	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)	No change (No updated data)	
% adult social care users who have as much social contact as they would like to	2017-18	PHOF	46.0%	49.0%	50.5% (2014-15)	
Proportion of adults in contact with secondary mental health services	2014-15	PHOF	5.4%	4.0%	No change (No updated data)	

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

Reducing Harm from Alcohol at all Ages

14. Reducing Harm from Alcohol at all Ages

The groups in focus include middle aged people, older people, and those from areas with poorer outcomes. The action plan has 4 objectives and examples of progress against each objective is listed in Appendix 1:

15. In Summary, progress has been made across all objectives including:

- The Drug and Alcohol Service for Adults and Young People is being re-commissioned.
- Public Health have been working closely with licensing authorities in utilising its position as a responsible licensing authority under the Licensing Act 2003, in supporting district licensing authorities to promote responsible drinking, tackle alcohol related crime and disorder and encourage responsible alcohol consumption.
- The Blue Light initiative, which is based on the principles of effective multi-agency working, has been delivered successfully in Worcester City and Redditch throughout 2018/19. National evaluations of the blue light initiative have suggested the approach is effective at reducing demand on public services, helping to stabilise individuals and increasing engagement with treatment and other services. An evaluation of local delivery will be completed during 2019/20

16. Performance indicators for the Reducing Harm from Alcohol priority are listed below (Table 3).

- There has been a significant improvement in the percentage of those in treatment who successfully completed treatment since 2014/2015. This data has gradually improved over a two year period and the 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
Age standardised rate of mortality considered preventable from liver disease in those aged under 75	2015-17	PHOF	16.3	15.3 (DSR per 100,000)	15.2 (2012-14)	
Alcohol specific hospital admission - Under 18 year olds	2015/16 - 17/18	PHOF	32.9	31.9 (Crude rate per 100,000)	36.0 (2012/13-2014/15)	
Persons admitted to hospital due to alcohol-specific conditions	2017-18	PHOF	570	391 (DSR per 100,000)	446 (2014-15)	
Persons admitted to hospital due to alcohol-related conditions (Broad)	2017-18	PHOF	2224	2022 (DSR per 100,000)	1855 (2014-15)	
Persons admitted to hospital due to alcohol-related conditions (Narrow)	2017-18	PHOF	632	629 (DSR per 100,000)	641 (2014-15)	
% of those in treatment who successfully completed treatment	2017	PHOF	38.9%	45.5%	31.6 (2014-15)	

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

Wider Enablers of the Health and Wellbeing Strategy

17. Progress has been made in a number of other health improvement programmes that contribute to the delivery of the Joint Health and Wellbeing Strategy and associated priority action plans including:

18. Social Prescribing- primary care

The primary care based social prescribing pilot in 2018-2019 has been completed. Throughout the pilot which was extended to cease in June 2019 has received over 1,800 referrals across the six pilot sites. Of these, over 1,100 people have been supported by social prescribers connecting them to a range of local opportunities, groups and clubs for further support. The most common reason for referral identified by health care professionals in GP practices were;

- o Anxiety, stress, depression or low mood
- o Social isolation
- o Money, debt or finance

Of those who had pre and post intervention wellbeing scores recorded, the majority improved their sense of wellbeing following intervention by the social prescriber (using the Shortened Warwick-Edinburgh Mental Wellbeing Scale). Following the completion of the pilot, NHS England identified social prescribing link workers a key component of the implementation of the NHS Long Term plan and identified long term funding for the role within all Primary Care Networks (PCN). The CCG are working closely with PCN to build upon the pilot and implement the Social Prescribing Link Worker roles across the County working with local Voluntary and Community Sector organisations. Public Health are continuing to support the programme to continue to monitor the outcomes of the programme and Social Prescribers Network to support the implementation and development of the social prescriber roles in the County.

19. Social Prescribing- secondary care

The Public Health Directorate in partnership with the Health and Care

Trust, Acute Hospitals NHS Trust and Worcestershire Clinical Commissioning Groups are working in partnership to develop a model of Social Prescribing in Secondary Care. Funding awarded by Health Education England to the Public Health Directorate at Worcestershire County Council has enabled the development of a one-year pilot to test the impact of social prescribing in secondary care settings. 'Social Prescribing' uses referral and signposting through a trained social prescriber in a 1-2-1 patient centred, motivational discussion, to empower individuals to access non-medical services within the community which increase well-being and independence. This service aims to bridge the gap between health care professionals and the wider community provision of information, advice and support. The pilot will be based in the maternity hub in Kidderminster and within outpatient mental health services in Bromsgrove and Worcester City.

20. Staff Training - Making Every Contact Count (MECC)

The MECC programme for Worcestershire has been reviewed and re-developed working with the MECC Partnership and Herefordshire County Council to ensure a consistent offer across the STP footprint. The refreshed model consists of a 30 minute e-learning package and face to face skills training which is being rolled out through the Public Health team and through partner organisations including the NHS adopting a train the trainer approach. In Q1-2 (2019), over 450 frontline staff, volunteers and students have completed MECC e-learning. In addition, over 150 people have completed MECC skills training and 7 trainers have completed train the trainer. The MECC approach is being finalised within the Worcestershire NHS Trust's for internal staff and will be launched countywide over the upcoming months. Further engagement with MECC training and consistent use of its approach by all frontline staff across public sector and commissioned providers will realise the potential of brief opportunistic advice as a vehicle for behaviour change and population level health improvement.

21. Digital Inclusion

Digital connectors and digital champions continue to promote and deliver free training in digital confidence and skills at community venues across Worcestershire. Partners including the Worcestershire Advice Network are supporting individuals who may be affected by the move to Universal Credit to access digital skills training. Digitally included individuals have enhanced access to self help resources and information and advice.

22. Health Impacts Assessments (HIAs)

A Health Impact Assessment (HIA) is a process that identifies potential positive or negative mental and physical health impacts of proposed developments and encourages developers to consider mechanisms to mitigate any identified negative effects on health and wellbeing. Undertaking a HIA is not a statutory requirement, but it is recommended as good practice.

The Planning for Health in South Worcestershire, Supplementary Planning Document (SPD) was developed in partnership with the Strategic Planning team, the Directorate of Public Health and representatives from Planning Policy and Development Management teams within South Worcestershire Councils. The SPD provides guidance to local authority planning officers, applicants, relevant organisations and the wider community on delivering healthier developments. which recommends that planning applications should submit a HIA if for developments of 25 dwellings or more; employment sites of 5 hectares or more; retail developments of 500 square metres or more and hot food takeaways. A policy is being developed by Public

Health and Planning Officers that will strengthen the impact of the SPD in the south of the county. Wyre Forest District council is currently in the process of developing a health and wellbeing policy for its local plan. An ageing well technical research paper will be developed later this year, the paper will look at housing and development for an ageing population.

23. Health Checks

The NHS Health Check is a mandated Public Health service. Adults aged 40-74 are invited to a review of their health to spot early signs of stroke, kidney disease, heart disease, type 2 diabetes or dementia. Eligible patients are invited to receive an NHS Health Check every 5 years. In Worcestershire, the NHS Health Checks is delivered through GP practices. In 2018/19 9.2% of the eligible population in Worcestershire received an NHS Health Check, this is significantly better than the England average of 8.1%. Between 2014/15 and 2018/19 49.8% of eligible Worcestershire patients have received an NHS Health Check, which is significantly better than the England average of 43.3%. Maximising the number of people who receive an NHS health check and modify their lifestyles or receive other preventative treatment to reduce their risk of cardiovascular disease at a later stage will have a huge impact on healthy life expectancy and reduce the demand on wider services.

24. Integrated Wellbeing Model

An integrated wellbeing model or offer for supporting wellbeing is being developed across the county. Work is progressing to bring together and develop a holistic approach to access and support for mental wellbeing, lifestyle behaviours and wider determinants of health and wellbeing.

25. Worcestershire Works Well (WWW)

The WWW workplace accreditation scheme is open to local businesses across the county. The programme is commissioned by Public Health and delivered in partnership between Public Health, Herefordshire and Worcestershire Chamber of Commerce, Wellness Works, Sports Partnership Herefordshire and Worcestershire and Worcestershire Regulatory Services. There are currently 109 active businesses signed up to WWW across the county. 56% of businesses have reached at least level 1 accreditation (61/109 businesses). Increasing the number of businesses that provide healthy workplaces will support the working population of Worcestershire to live healthy lifestyles.

Partner responsibilities

26. Partner responsibilities can be found on page 15 of the Joint Health and Wellbeing Strategy (Appendix 2). To improve the health and wellbeing of Worcestershire residents, we need to continue to work together. Over the next 12 months, partners will continue to implement the strategy and priority plans and support the scaling up of activity and progress.

Conclusion

27. The implementation of evidence based activity will be monitored by the HIG and challenges to progress will be tackled. Plans will be kept under review and will be responsive to any significant changes which may include policy influences.

28. Activity based reporting will continue on a regular basis and an annual report on the high level outcomes will be produced and incorporated into the update to the HWBB to allow progress to be monitored over time.

Contact Points**County Council Contact Points**

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**Background
Papers**

Joint Health and Well-being Strategy
http://www.worcestershire.gov.uk/downloads/file/7884/worcestershire_health_and_well-being_board_-_joint_health_and_well-being_strategy_2016-21