

HEALTH AND WELLBEING BOARD

26 SEPTEMBER 2023

JOINT LOCAL HEALTH AND WELLBEING STRATEGY: YEAR ONE UPDATE

Board Sponsor

Clr Karen May, Cabinet Member with Responsibility for Health and Wellbeing

Author

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Priorities

This report is relevant to the following Joint Local Health and Wellbeing Strategy priorities:

- | | |
|--|---|
| <input checked="" type="checkbox"/> Prevention & inequalities | <input checked="" type="checkbox"/> Homes, Communities & Places |
| <input checked="" type="checkbox"/> Mental Health & Wellbeing | <input checked="" type="checkbox"/> Jobs & Opportunities |
| <input checked="" type="checkbox"/> Healthy Living at All Ages | |

Safeguarding

This report does not have a direct impact on safeguarding children or adults.

Item for Decision, or Information & Assurance

- | | |
|-----------------------------------|---|
| <input type="checkbox"/> Decision | <input checked="" type="checkbox"/> Information/assurance |
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Recommendation

- 1. The Health and Wellbeing Board is asked to note and receive assurance that good progress is being made in delivering the Joint Local Health and Wellbeing Strategy (JLHWS) with further plans in place as we move into the second year of the Strategy.**

Executive Summary

2. The JLHWS outlines the Health and Wellbeing Board's commitment to improve mental health and wellbeing, supporting people to live well in good health for as long as possible, particularly those who have poorer health outcomes. The Health and Wellbeing Board champions the collective action required to ensure children to have the best start in life, young people will have hope and aspiration for the future, and residents live longer, more independent lives in good health, with fewer people going on to need care and support.
3. Worcestershire health and care partners are making strides in delivering the JLHWS. There is a real shared purpose to ensure good mental health and wellbeing for those who live and work in this county, with a focus on addressing health disparities and ensuring increased preventative action. Some of our data

demonstrates a move in the right direction; however, we recognise there is always more to do, and health is a long-term investment for the future population and prosperity of our residents and communities.

4. Since the JLHWS has been implemented in this first year we have already seen a number of successes, including the following:
 - Joint work with Public Health and midwifery teams has led to a drop in the number of pregnant women smoking.
 - Improvements in the number of young people engaging in physical activity programmes, with four of the six most active areas in the region being in Worcestershire.
 - Substantial improvements around substance misuse; successfully engaging with those leaving prison with a drug and alcohol need and supporting them to access community drug and alcohol provision.
 - Extensive work aimed at combatting loneliness and social isolation was featured as a best practice example in The Municipal Journal - with recent data showing that it is having a positive impact.
 - A new Public Health grant scheme for schools has been launched, which will enable them to innovate and create new ways of improving physical or mental health within their communities.
5. Work going forward will include a number of new innovations and initiatives aligned to the Health and Wellbeing Strategy. For example, we will be transforming health improvement services to provide a more integrated approach to support healthy ageing. We will also aim to enhance a system wide approach to early years support through our Best Start in Life (BSIL) Partnership, provide new opportunities for children and adults to become more physically active and implement a range of new initiatives to improve community safety.

Background

6. Following the detailed consultation in the Spring of 2022, the Health and Wellbeing Board agreed that the JLHWS would be developed with one priority of good mental health and wellbeing, supported by action on the wider determinants of good mental health: Healthy living at all ages; Safe, thriving, and healthy homes, communities and places; and Quality local jobs and opportunities.
7. The JLHWS focuses on early intervention and prevention as well as focusing action on the wider determinants of health and tackling health inequalities through collective action and partnership working.
8. A range of outcomes and indicators are being used to measure the impact of this JLHWS. This is a mix of local data, engagement, feedback, and case studies. The framework set out in the main strategy document will be monitored by the Health and Wellbeing Board and will continue to be updated to ensure it uses the most relevant and best quality data available.
9. The year one update for the Strategy takes three forms. In addition to this paper for the Health and Wellbeing Board to consider, an accessible public facing document shares much of the positive outcomes and initiatives that have taken place or been developed since the launch of the Strategy, as well as noting

considerations for the future. This document is available in **Appendix One**. In **Appendix Two**, an up-to-date copy of the outcome's framework is available showing the available data from several sources which over time will monitor progress upon various aspects of health. Please note, many of these measures have not been updated since the framework was created due to the reporting cycle. These will be monitored as they update and the case studies and reports of other activities will continue to show the progress made within the community.

Being Well Strategic Group

10. The purpose of the Being Well Strategic Group (BWSG) is to give oversight and to coordinate the JLHWS priorities and subsequent action plans; and act as a wider forum that brings together partners across Worcestershire to address health and care issues, specifically considering opportunities for further integration and collaborative working.
11. Since the launch of the JLHWS, the BWSG has come together to discuss the landscape and opportunities to tackle issues outlined within the strategy. This includes deep dives focusing on tackling loneliness and isolation, housing and health, and digital inclusion. This has supported the work to develop action plans to deliver the JLHWS.
12. In addition, the BWSG has also discussed the role of the voluntary and community sector in improving mental health and wellbeing, programmes to increase screening updates through the Primary Care Networks, the District Collaboratives showcase and the strategic intent of the Health Inequalities Personalisation and Prevention Group.

Achievements to date

13. There are several achievements during this first year period, some of these are outlined in the supporting document (**Appendix One**), a few of the key activities are explained further below.
14. To better understand current and future mental health needs across Worcestershire, a **Joint Strategic Mental Health Needs Assessment** has been completed. The needs assessment is a process that helps local authorities, the NHS and other partners understand the current and future health and wellbeing needs of their local population. The Mental Health Needs Assessment examined levels of mental health and wellbeing in Worcestershire and the factors which influence these. The development of this needs assessment was supported by a steering group consisting of representatives from Public Health, Adult Social Care, healthcare (mental health and primary care), and the Voluntary Community and Social Enterprise (VCSE) sector including Healthwatch Worcestershire. Through engagement activity we have also heard from people in Worcestershire via surveys and focus groups, as well as engagement work by a range of organisations, and this has highlighted the central importance of mental health and wellbeing in people's lives.
15. Across the country, the pandemic and ongoing cost of living pressures have contributed to lower levels of wellbeing and growing numbers of people experiencing mental health challenges. Encouragingly these show some improvement in the most recent data. The majority of the population of Worcestershire experience good levels of wellbeing whilst a small proportion

experience low wellbeing. This reinforces the need for targeted approaches to support those with the lowest wellbeing.

16. The assessment showed that people who experience mental health challenges are more likely to also have worse physical health. As part of recovery from mental health conditions, there are opportunities to support healthier lifestyles and access healthcare where needed. It also demonstrated the importance of having a healthy childhood, to help prevent mental health conditions during childhood and throughout life.
17. Ten recommendations for further consideration were made by the report and a full copy of the report is available on the [JSNA website](#). The BWSG has reviewed the recommendations and will be considering a plan of action to deliver against these and will help guide the focus of the JLHWS.
18. **Tackling Loneliness and Isolation.** Recent data from the Active Lives Survey in England (2021/22) found that 4.7% of adults (aged 16+) in Herefordshire and Worcestershire report feeling lonely “often/ always” in comparison to the national average of 6.8%. However, we know from talking to our communities that the COVID-19 pandemic increased loneliness and isolation across all age groups but particularly in the elderly, rural and young people.
19. Community initiatives and groups across the county work collaboratively with a range of partners to offer a range of activities at local level to help combat loneliness and isolation. These groups have far reaching benefits for health, such as, reduced medication use or fewer instances of falls. District Collaboratives have supported local initiatives and social activities across our communities. In addition, an updated **Stay Connected Pledge** encourages organisations to take steps to help people feel more connected. Signatories include the Chamber of Commerce, sports organisations, district councils, and Voluntary and Community Sector organisations such as Age UK, Onside Advocacy, and the Worcestershire Association of Carers.
20. A mapping and **road map of all mental health and wellbeing services/provision for children and young people (CYP)** and families has been completed following the recommendation from the mental health and children’s mental health scrutiny report. This will be added to the [Virtual Family Hub](#) to create a single online point of access across the system. The Virtual Family Hub will be developed to access by locality and theme.
21. A countywide task & finish group has also commenced to develop the **Worcestershire Family Hub** work plan and **Start for Life Offer**. During this workplan, partners are reviewing the current family hub offer within each district, based on the national framework, and developing an action plan to reflect required developments to expand and enhance the local offer for families. The Start for Life offer will also be mapped and published (first 1001 days) as part of the Family Hub workplan.
22. Multiagency commitment to supporting and promoting **whole school approaches** to mental health has been achieved. A whole-school approach involves all parts of the school working together and being committed to improving mental health and wellbeing with support from senior leaders, teachers and school, staff. Action planning for implementation across schools has commenced.

23. Worcestershire Acute NHS Hospitals Trust have worked with the University of Worcester to contribute to a debate as part of their '**Green week**'. Part of this supported the improved use of public transport to help medical and nursing students get to our hospital and improve air quality by reducing use of the car. The Trust has also contributed to reducing **carbon to net zero** by eliminating use of certain anaesthetic gases (desflurane) thereby improving the air quality for our population.
24. The Westlands estate near Droitwich suffers from significant stigma and disconnect; however, the area is rich in community spirit and action. The Westland Estate as has benefitted from a multi-agency approach to taking **an asset-based community development approach** supported by a modest investment. This estate is located within the West Droitwich Census Ward and has a Healthy Life Expectancy that is 11 years lower than in the nearby Droitwich South-East Ward (ONS, 2023). A notable example of this is the Droitwich Wellbeing Hub (the Hub), which coordinates and delivers initiatives to support residents' mental wellbeing. The Hub works in partnership with the VCSE, Primary Care Network (PCN), The Starting Well Partnership, the First School and wider service providers. The one-off Community Grant has been allocated to support the running costs of the hub as well as other wider co-produced place-based wellbeing initiatives. These initiatives will be identified and developed by residents, taking an asset-based approach to enhance community connectedness and enable communities to develop local sustainable solutions to improve mental wellbeing.
25. Through the '[Now We're Talking](#)' website the **Professional Portal** has been launched, the site is to support Housing, Homelessness and Mental Health professionals to access free online training around mental health and wellbeing, raise awareness of self-care and provide resources to support employees. The site also links to resources useful for resident or patients to access such as online access to online chats, forums and programmes designed to improve wellbeing with topics around body image, panic, Covid-19, depression, anxiety and many more. The aim of the page was to have information in once space linking to its original source.
26. To improve mental health and wellbeing for those **experiencing homelessness** or those at threat of homelessness BDHT (Bromsgrove District Housing Trust) and Bromsgrove District Council, Wyre Forest District Council, Wychavon District Council and Malvern Hills District Council are funding **Housing Community Mental Health Link Workers** who will be hosted by Onside Advocacy and be co-located with the Neighbourhood Mental Health Teams and the Housing Options teams to provide early intervention for those struggling with their mental health. These posts have been recruited in Bromsgrove and Wyre Forest. They will assist with care navigation, understanding services available including self-help tools and strategies to manage anxiety, depression, and sleep disturbance along with access to support networks within the community.
27. Whilst liaising with partners it was highlighted that operational teams could benefit from relationship building, education and collaborative working around mental health, housing, and homelessness. In Bromsgrove a **mental health housing group** has been established in April 2023 including partners from; housing associations, neighbourhood mental health teams, adult social care, VCSE organisations, district councils, police, GPs and PCN managers, drug and alcohol services and housing options teams. The aim of this groups is to understand services, resources and build relationships at a local level to support one and

other in meeting the needs of the local population, as well as understanding gaps in provision. The aim is to roll this out across the County with dates already identified for Redditch, Wychavon and Wyre Forest with Malvern Hills and Worcester City to follow shortly.

28. Funding has been sourced to recruit a **Homeless Lead with the Emergency Department** based around guidance from NHS England (NHSE) on 'Supporting people experiencing homelessness and rough sleeping'. The Housing Hospital Discharge Group was established in May 2023 between District Council housing options team, Onward Care Team and community hospitals gathering data on housing tenure, reason for admission, local connection district, duties owed by local housing authorities and barriers to discharge. This data had not previously been collected.
29. The Acute NHS Trust has looked to **reduce waiting lists** based on clinical need and inequalities. The Trust is also working closely with multiagency partners to see how we can **harness our understanding of hospital attendees** to inform prevention strategies e.g., homelessness and falls, to design and build services together. In addition, and working closely with the Health and Care Trust, specialist staff have been deployed to support a **reduction in tobacco dependency** through an in-house advisory service for inpatients.
30. Alongside these key activities we have seen the development of other relevant strategies and plans to improve health across the County that will contribute to delivery of the JLHWS. These include working with the development of:
 - Carer Friendly Worcestershire 2021-2026
 - All-age Autism Strategy (development)
 - Learning Disability Strategy (development)
 - Environmental Infrastructure Plan
 - District Collaborative Priorities (across Worcestershire)
 - Worcestershire Domestic Abuse Strategy
 - Worcestershire Housing Strategy

Impact on health disparities

31. In addition to the activities outlined above which target inequalities, the BWSG creates an opportunity for partners from across Worcestershire to share positive learning and support the integration of tackling health inequalities and disparities throughout our work to achieve the strategy. Work to address disparities is interwoven within all workstreams and in the plans existing and to be developed.
32. The NHS Herefordshire and Worcestershire (H&W) five-year joint forward plan, outlines the strategic intent of the Integrated Care System (ICS) which is to make addressing health disparities everyone's business. This will be achieved by creating the environment where services support early intervention and prevention. Thus, reducing demand and long-term reliance on the health and care services and avoidable expenditure making services more sustainable. Milestones over the next three years have been agreed within key change programmes at a system level. This includes:
 - Workforce training and representation
 - Planning and programme oversight
 - Finance
 - Data and population health management

- Clinical and medical contracting and commissioning
 - Engagement insight and communication
33. The development of a system level Health Inequalities, Prevention and Personalised Care Board, is supported by senior level representation from across the system including Public Health, VCSE, Healthwatch, Primary Care, PCNs, providers and ICS programme leads. It is developing a dashboard, to bring together the agreed deliverables into a single view will track against trajectories.

Future Objectives

34. No single group or organisation can address all the factors that influence mental health and wellbeing. It is important to work together across health and social care, Public Health, and the VCSE sector, as well as with communities themselves. To continue to deliver the ambitions and priorities of the strategy ongoing commitment and resources are required in order to deliver sustained change.
35. As the programme moves into the second year of development it is suggested that the following activities will take place (but is not limited to):
- refreshed Loneliness and Social Isolation Action Plan;
 - refreshed Suicide Prevention Strategy for Worcestershire; and
 - input into the refreshed Domestic Abuse Strategy action plan.
36. A **Best Start in Life** (BSIL) Partnership has been launched. The BSIL Partnership focuses on the development of a systemwide, preventative approach during the early years (0-5) to improve outcomes for children and families. Following a planning workshop in June, the first Partnership meeting will be held on 21st September 2023 to scope and progress action plans including the mental health and wellbeing needs of children, young people, and families.
37. The new **Homeless Lead post**, the **Housing Hospital Discharge Group** and the implementation of the NHSE guidance will all form part of the **Homeless in Hospital Pathway** which is currently in development. Workforce education within our Acute hospitals around the pathway and the Duty to Refer will follow. Hospital admissions data for falls across the county is being mapped over social housing stock to identify any hotspot areas, with the aim to work with Housing Associations and District Councils to establish a housing related approach to assisting with falls prevention through property condition and/or aids and adaptations.
38. To maintain the Health and Wellbeing Board's commitment to mental health and wellbeing, we are renewing our signature to the **Prevention Concordat for Better Mental Health** Consensus Statement. The Prevention Concordat is an initiative which aims to facilitate local and national action to prevent mental health problems and promote good mental health and wellbeing. By signing the concordat, organisations declare their endorsement of the consensus statement and agree to put effective prevention planning arrangements in place.
39. In response to findings from community engagement work, a **new 'Healthy Worcestershire' Programme** is currently being designed that will seek to integrate support for improving strength and balance, lifestyle advice, healthy eating, community safety and social connectedness under one convenient service for our residents. This programme will be delivered in the heart of communities and combine professionally led, evidence programmes with community enablement and development work. The result will be an accessible service that is

designed around the integrated needs of residents, rather than requiring them to take different health improvement issues to different services, organisations and locations.

40. First, these sessions will incorporate an evidence-based physical activity programme targeted towards improving strength and balance. The focus will be on preventing falls and maintaining participants' mobility, health and confidence. The group-based sessions will be interactive, led by an appropriately trained professional and supplemented with lifestyle advice including support with weight management and for other positive health behaviours.
41. Second, the sessions will also incorporate a strong focus on community safety, including advice and sessions on how to avoid fraud, doorstep crimes and internet-based scams. These sessions will be tailored to the local area based on up-to-date intelligence from the Police, Trading Standards and Community Safety Partnerships.
42. Third, the emphasis within both the health and community safety elements of the programme will be on building social connections. The sessions themselves will be enjoyable, incorporating activities that provide a positive experience for attendees so that they will want to keep coming back having created friends and social networks with other attendees.
43. In addition, social prescribing techniques will be utilised which signposts participants to other local community activities and projects, such as walking groups, arts and music projects or volunteering opportunities. Taking an asset-based approach grants will be made available by Public Health to help facilitate the local community, build and enhance the choice of community activities available in each area where sessions take place.
44. The Healthy Worcestershire programme will blend the efficiency of a county-wide approach with significant tailoring and ownership at a local community level. This will be reflected in the branding and promotion of the programme as well as the content and focus of the sessions themselves.
45. Care will be taken to work with the local community utilising their strengths and assets and compliment rather than compete with existing local activities and groups. The provision of grants in addition to the structured programme will support this aim.

Contact point and partnership working

- Dr Tanya Richardson, Consultant in Public Health, trichardson@worcestershire.gov.uk
- Lucy Chick, Senior Public Health Practitioner, lchick@worcestershire.gov.uk

46. Several partners were consulted in the development of the year one progress report as well as continued collaborative working to achieve the priorities and aims of the strategy, these include but are not limited to representatives from:
 - Voluntary Community Sector Alliance
 - District Collaboratives
 - District Councils
 - Primary Care Networks
 - Integrated Care Board

Background Papers

47. In the opinion of the proper officer Dr Tanya Richardson, Public Health Consultant, the following are the background papers relating to the subject matter of this report:

- **Appendix One** - Joint Local Health and Wellbeing Board Strategy, Year One progress report
- **Appendix Two** - Joint Local Health and Wellbeing Board Strategy Outcomes Framework (2023/2024 update)

Appendix Two: Outcomes Framework

Measure	Data Set	Description	Value	Year	Next Release	Updated in 2023
Adult wellbeing	ONS Personal wellbeing	Anxiety	3.08	2021-22	TBC (expect late Oct 2023)	No
		Happiness	7.45	2021-22	TBC (expect late Oct 2023)	No
		Life Satisfaction	7.52	2021-22	TBC (expect late Oct 2023)	No
		Worthwhile	7.73	2021-22	TBC (expect late Oct 2023)	No
Adult mental health	QOF Depression incidence and prevalence	QOF prevalence (18+)	14.9%	2021-22	TBC (expect Sept 2023)	No
		Incidence	1.6%	2021-22	TBC (expect Sept 2023)	No
Child mental health	OHID , Source: Department for Education Special educational needs	% of school pupils with Special Educational Needs (SEN) who are identified as having social, emotional, and mental health as the primary type of need	2.7%	2021-22	Jun-23	No
Measure	Data Set	Description	Value	Year	Next Release	Updated in 2023
Best start in life	Early years foundation stage profile	% of children achieving a good level of development at the end of reception	65.0%	2021-22	TBC (expect Nov 2023)	No
	Early years foundation stage profile	% of children with free school meal status achieving a good level of development at the end of reception	45.8%	2021-22	TBC (expect Nov 2023)	No
	Health visitor service delivery metrics experimental statistics	% of infants who are totally or partially breastfed at age 6-8 weeks old	47.6%	2021-22	TBC (expect Nov 2023)	No
	National Child Measurement Programme	% of children aged 4-5 years classified as healthy weight	78.9%	2021-22	TBC (expect Nov 2023)	No
Healthy behaviours	Active Lives data tables	% Physically active adults	68.5%	2021-22	Published biannually. Last published Feb 2023. Update expected Aug 2023	No

	Active Lives data tables	% Physically active children and young people	50.0%	2021-22	Published annually. Last published Dec 2022. Update expected Dec 2023	No
	PHOF: Smoking	Smoking prevalence in adults (18+)- current smokers (APS)	14.0%	2021	11 July 2023 then quarterly	No
	OHID: Alcohol related admissions	Admissions per 100,000	523	2021-22	Published annually. Last published Sept 2022. Expect Update Sept 2023	No
Loneliness	PHOF: Loneliness	% Adults (16+) who feel lonely 'often/always' or 'some of the time'	22.5%	2019-20	Last published April 2021.	No
	Active Lives data tables	% Adults (16+) who feel lonely 'often/always' (Herefordshire and Worcestershire combined)	4.7%	2021-22	Published annually. Last published April 2023. Next updated expected April 2024	New & updated
Overall health	ONS Health State Life expectancy	HLE at birth - Male	65.3	2018-20	TBA. Previous release was March 2022	No
		HLE at birth - Female	66.2	2018-20	TBA. Previous release was March 2022	No
Education	GOV.UK NEET and participation	% 16–17-year-olds not in Education, Employment or Training (or unknown activity)	6.50%	AD year 2022-23	Published 6th July 2023, next update 2024	Updated
Employment	Nomis Claimant count by sex and age	% Unemployed	3.0%	Apr-22	Figures updated on Nomis monthly but also updated here on day of release	Updated
Income	Nomis: Gross weekly pay	Median gross weekly pay (full time, male and female)	£622.80	2022	TBA. Data from Annual Survey for Hours and Earnings (ASHE). Last released Oct 2022. Expect update Oct 2023	No
	GOV.UK Children in low-income families	% children in relative low -income households (under 16s)	18.0%	2021-22	TBA. Last update was March 2023 so can expect next update March 2024	No
Deprivation	PHOF: Deprivation score (IMD)	IMD 2019 score	18.1	2019	Timetable for updating the 2019 IMD has still not been released	No
Natural environment	Viewpoint: Use of parks and open spaces	% panel members accessing parks/open space >5x per year	65%	2022	Viewpoint survey results normally published each July	No
	Defra: Modelled background pollution data	Annual concentration of fine particulate matter (PM 2.5) micrograms/m3	6.3	2021	Data updated annually, at the end of Sept	No

Homes	GOV.UK Statutory homelessness in England	Households owed a duty under the Homelessness Reduction Act	1,322	2021-22	Last updated Sept 2022/ Expect update Sept 2023	No
Community	Viewpoint: Volunteering	% panel members volunteering in previous 12 months	41%	2022	Viewpoint survey results normally published each July	No
	Viewpoint: Strength of belonging	% Fairly or very strong belonging to local area	75%	2022	Viewpoint survey results normally published each July	No
	Viewpoint: Local area satisfaction	% Fairly or very satisfied with local area	80%	2022	Viewpoint survey results are normally published each July	No
Crime and safety	GOV.UK Police recorded crime and outcomes open data tables	Violence offences per 1000 population	28.9	2021-22	Data for end of financial year is released each July and the next release is scheduled to be July 2023. Quarterly data released each quarter however if rolling yearly estimates are required / useful.	No

Other notable Indicators from the Public Health Outcomes Framework include (for Worcestershire):

Indicator	Period	Rate	England Average	Rating compared to England Average (Green, Amber, Yellow).
Adults in contact with secondary mental health services who live in stable and appropriate accommodation	2020/21	65%	58.0%	GREEN
Gap in employment rate between those with a physical or mental long term health condition (aged 16-64) and the overall employment rate	2021/22	4.3	9.9	GREEN
Premature mortality in adults with severe mental illness (SMI)	2018-20	81.6	103.6	GREEN
Excess under 75 mortality rate in adults with severe mental illness (SMI)	2018-20	341.7%	389.9%	GREEN
The percentage of the population with a physical or mental long term health condition in employment (aged 16-64)	2021/22	71.9%	65.5%	GREEN
The percentage of the population who are in contact with secondary mental health services and on the Care Plan Approach, that are in paid employment aged 18-69)	2020/21	15%	9.0%	GREEN

