

COUNCIL
14 JANUARY 2016**REPORTS OF CABINET MEMBERS WITH RESPONSIBILITY**

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

1. I would like to thank Council for this latest opportunity to report on matters relating to health and well-being. Once again 2015 has been a very busy year.

Health and Well-being Board (HWB)

2. The Health and Well-being Board (HWB) continues to lead efforts to improve health and well-being and integrate health and social care services, including agreement and oversight of the Better Care Fund. The HWB includes the Leader of the Council, the Cabinet Members for Health and Well-being and Adult Social Care, the Chief Executive and Directors of Adult Services and Health and Children's Services, the Clinical Commissioning Group (CCG) Accountable Officers and Clinical Leads, and members from the District Councils, West Mercia Police, the voluntary sector, Healthwatch and NHS England.

3. The HWB is currently consulting on Worcestershire's next Joint Health and Well-being Strategy for 2016-19. A first draft was developed with input from a wide range of partners and was approved by the HWB for consultation on 30 September last year. There have been consultation events, an Overview and Scrutiny panel and the draft Strategy is now available on the Council's website for comment. The HWB will consider feedback and a next draft on 9 February 2016. The draft Strategy maintains the vision and key principles from its predecessor in 2013-16, and proposes that the priorities for the next three years should be mental health and well-being throughout life, being active and helping people to drink less alcohol. This is because these:

- Have high direct and indirect economic costs both now and in the future;
- Affect people across all age groups;
- Relate to major causes of ill health and premature death;
- Are linked to good evidence of potential to improve outcome;
- Are of high importance to the local public;
- Are linked to data which suggests a worsening situation, and/or a situation that is worse than would be expected for Worcestershire;
- Show clear geographical and/or population inequalities in health and well-being outcomes;
- Need strong partnership working to improve outcomes; and
- Affect large numbers of people in Worcestershire, and these numbers will rise significantly if we do not deliver change.

Improving health and well-being

4. In the meantime work continues to implement the current Joint Health and Well-being Strategy and its associated strategic plans: the Alcohol Plan, Obesity Plan, Mental Well-being and Suicide Prevention Plan, Tobacco Control Plan and the Children and

Young People's Plan. This is overseen by the Health Improvement Group and the Children's and Families Strategic group.

5. Of particular note are:

- Overall health in the county remains good and improving. Life expectancy is above national averages at 79.8 years for men and 83.4 years for women, and mortality rates from heart disease and cancer, the main causes of death are lower. Smoking continues to decline with only 15% of the population still smoking. We may also be starting to turn the tide of adult obesity, although childhood obesity remains a concern, with a quarter of five year olds and a third of 11 year olds overweight or obese, which will have long term consequences for their health and well-being. In addition, the Director of Public Health's annual report confirmed that we have had some success in reducing health inequalities with overall mortality rates falling more steeply in the most deprived compared to the least deprived people between 2008 and 2012, although there remain significant differences in health outcomes between affluent and deprived areas.
- The Worcestershire Works Well scheme continues to recruit new employers who are keen to improve the health of their staff. We now have over 60 businesses with over 25,000 employees registered and the scheme has been awarded a Royal Society of Public Health award. The County Council has also been accredited as an employer.
- The new drug and alcohol service started in April 2015 and offers specialist treatment for people with substance misuse problems. The new Living Well service started at the same time and offers support for people to lead healthy lifestyles, focused on those parts of the county where health is poorest. Both services include recruitment and training of volunteers to support long-term behavior change, and have a strong emphasis on prevention.
- The Council took over commissioning of Health Visiting in October 2015, and we are planning to recommission this as part of a new 0-19 integrated prevention service to include school nursing and elements of the Council's Early Help services. This will streamline our provision and make sure we have an evidence based service with universal and targeted elements, the focus being to ensure early identification and effective resolution of problems. We will do all we can to make sure parents get good quality information and advice, so that they can more easily take responsibility for their own and their families' health and well-being.
- We continue to commission the mandated Health Checks programme for people aged 40–74 years and our performance is currently in line with the national averages. We will focus efforts to increase uptake on higher risk individuals so that those most likely to benefit can do. Also we will work with providers to ensure that effective lifestyle advice is offered at the time the Check is made.

6. In addition, all of our Districts have a Health and Well-being Plan and the HWB has been heartened to hear about the level of commitment and huge range of activities going on to improve health and well-being at a local level. These are discussed at the HWB's Health Improvement sub-group, which includes membership from the County

and District Councils, local NHS, housing providers, West Mercia Police, voluntary sector and Worcester University. In 2015 we heard about activities including Eating Well on a Budget training in Redditch, MoodMaster sessions for young people in Bromsgrove to help them cope with exam anxiety, the Parkrun in Wyre Forest, social activities for older people in Malvern, and drug and alcohol advice for schools in Worcester City.

Health protection

7. The Council has a duty to seek assurance that arrangements are in place to protect the health of the public from communicable diseases and other threats. These are overseen by the Health and Well-being Board's Health Protection sub-group, which receives regular updates on preparedness and response arrangements for health emergencies and our programme of training and testing our plans.

8. Overall uptake of immunisation and screening programmes is in line with or slightly above national averages, for example uptake of meningitis vaccination for infants is over 95% and uptake of breast cancer screening is nearly 80%. We are in discussion with colleagues from NHS England and the Clinical Commissioning Groups about how best to promote higher uptake in those areas where it is lowest.

Community Safety

9. The Council also has a duty to contribute to preventing crime and disorder. We have active Community Safety Partnerships (CSP) that bring agencies together to consider crime and disorder issues and co-ordinate the approach to resolving them. Highest priorities at the moment are antisocial behaviour, drug and alcohol related crime, reoffending and fear of crime. Increasingly we are joining up services with other partners - for example we are recommissioning domestic abuse services alongside West Mercia Police. I regularly attend both the North and South CSP's and see the excellent multi-ageing work undertaken.

The Council's approach to prevention

10. The Council has identified that a renewed focus on prevention is essential to preventing, reducing and delaying demand for social care, health and other public services. However in an era of limited public funding, we will have to broaden our approach to include developing a healthy environment; encouraging and enabling individuals, families and communities to take greater responsibility for their health and well-being; and providing information and advice as well as commissioning of prevention services.

11. We have made progress in all of these areas. The HWB has received a Technical Research Paper on Health and Planning, and we are working with planners to ensure that health impact assessment becomes embedded in their work. To this end, we have held three well-attended practice workshops and are finalising a toolkit to support their work.

12. The first version of our new website, Your Life Your Choice, was launched, which includes a range of information and advice for people about how to stay healthy and independent. Along with this we continue to implement our Digital Inclusion Strategy that offers support access to the internet for those who cannot get online themselves. We have been glad to establish a strong collaboration with partners including GPs, the

Department of Work and Pensions, social housing providers, and voluntary organisations. We have identified Digital Connectors in each local area and are supporting them with training materials so that they can in turn recruit and train Digital Champions: volunteers who will help others in their local area to access the resources of the internet.

13. We are also developing a cadre of Health and Well-being Champions, local people who can disseminate health improvement campaigns and information, and who are trained to offer lifestyle advice and help people find support in their communities. We now have a network of over 700 Health and Well-being Champions across the county. Finally we are training people as Dementia Friends and I am pleased to report that a number of elected members have taken advantage of this opportunity.

Public Health Ring Fenced Grant (PHRFG)

14. Our PHRFG was unfortunately reduced by 6.2% (£1.9m) in 2015/16, and we are expecting a 3.9% year on year reduction (totalling £10.4m) over the course of this Parliament. Identifying savings has not been easy, especially as the initial reduction came in-year. However, after extensive discussions with partners and providers of services I was able to make a decision on 25 November 2015 about the first £7.3m of savings. This included: savings to drug and alcohol and sexual health services, which will be achieved by service improvement; working with the CCGs to identify alternative funding for primary care mental health and child development services; and delegating funding for homelessness services down to District Councils. I can assure Council that we are confident that through working with our partners, innovation and careful service redesign we will be able to minimise any impact on people and communities, especially those most vulnerable.

Health and social care integration

15. We are continuing to integrate health and care services. We have seen good progress this year with the South Worcestershire Integrated Recovery Project, with recommissioning of Timberdine nursing and rehabilitation unit on schedule for April 2016, progressive integration of recovery at home services, and a plan for commissioning of recovery beds. In September 2015 we were visited by Ordem dos Enfermeiros, an organisation that represents nurses and midwives in Portugal, who came to learn from our practice in integrated care.

16. The HWB has received regular updates on the use of our Better Care Fund (BCF), and we are in the process of agreeing expenditure for next year with our Clinical Commissioning Groups. The Comprehensive Spending Review in November 2015 brought news that the BCF is going to increase by £1.5bn nationally after 2017/18. It also confirmed that the Government plans to integrate health and social care services by 2020, with each part of the country required to develop plans for this by 2017. Our track record as a National Integration Pioneer should mean that we are well prepared. The Pioneer programme is part of the wider Five Year Forward View New Care Models programme and so through this network we have access to support and shared learning.

17. The HWB remains committed to co-producing services with users and carers, and has demonstrated this through development and approval of an Autism Strategy, a Carers' Strategy and a Learning Disabilities Strategy over in the last year. We will be receiving updates on progress of these during 2016. Healthwatch Worcestershire

continues to be an active member of the HWB and we have received a number of useful reports from them during the year. We are currently recommissioning the service and will make sure that there continues to be a strong and effective patient and user voice in the county.

Future of Acute Hospital Services in Worcestershire

18. I am sure that colleagues will join me in expressing disappointment that the future of acute hospitals has still not been resolved - some four years after the review was first initiated. The last year has seen temporary changes made to emergency surgery, maternity and children's services. Whilst these have been essential in order to protect patient safety, it is unfortunate that the review has been so delayed that it has been necessary for these to proceed prior to public consultation. Worcestershire Leaders have recently written to the Clinical Commissioning Groups urging them to reach consensus as soon as possible on a preferred model that can be put to the public, in order that we have a safe and accessible model for all Worcestershire residents.

Finally

19. I would like to thank Dr Richard Harling and all of the staff in the Directorate of Adult Services and Health for their unstinting support in the face of relentless pressure, as well as my Cabinet colleague Cllr Sheila Blagg with whom I work very closely.

Marcus Hart

Cabinet Member with Responsibility for Health and Well-being