

Cabinet

16th November 2011



County Durham Health and Wellbeing Partnership: Altogether Healthier Delivery Plan Report – County Durham Health Inequalities Strategy

Report of Corporate Management Team

Report of Rachael Shimmin, Corporate Director, Adults Wellbeing and Health

Report of Lucy Hovvels, Portfolio Holder for Safer and Healthier Communities

Purpose of the Report

1. The purpose of this report is to update Cabinet on the refresh of the Altogether Healthier Delivery Plan (2011-2013), which represents the Health Inequalities Strategy for County Durham. This was approved by the Health and Wellbeing Partnership on 19 July 2011.

Background

2. The Health and Wellbeing Partnership Delivery Plan is to be implemented within the context of the progress of the Health and Social Care Bill and the Public Health White Paper 'Healthy Lives, Healthy People' 2010 which propose transferring some Public Health responsibilities to Local Authorities in 2013.
3. This is the second version of the Health and Wellbeing Partnership (H&WBP) Delivery Plan which was previously agreed by Cabinet on 6th October 2010. The Delivery Plan embodies the Partnership's Strategy to reduce Health Inequalities across County Durham by:
 - Identifying three headline priorities which are: Improving Life Expectancy, Reducing Health Inequalities and Improving Mental Health and Wellbeing, and clearly aligning delivery programmes to them;
 - Detailing roles and responsibilities of partners and their contributions to achieving specific targets; and
 - Linking with other current strategies and action plans to ensure consistent reporting on performance.
4. The local Health Profile for County Durham which was considered by Cabinet in September 2011 detailed that life expectancy for men and women in County Durham is lower than the England average, arising predominantly from early death rates from heart disease and cancer. Therefore priorities identified in the Delivery Plan and associated higher level performance indicators in the Sustainable Community Strategy (SCS), are:

- Mortality rate from all circulatory diseases at ages under 75
 - Mortality rate from all cancers at ages under 75
 - All-cause mortality rate at ages under 65
 - Smoking attributable mortality
 - Rate of hospital admissions per 100,000 for alcohol related harm
5. The Delivery Plan details the actions which will support progress against these high level indicators as well as other relevant health objectives. The plan contains a comprehensive suite of delivery programmes which tackle reducing mortality from Coronary Vascular Disease, and Cancer as well as reducing the harm caused by drugs and alcohol, reducing obesity and increasing social inclusion, reducing suicide and maximising independence; some examples of the work which will be delivered include:
- Extensive NHS Health Checks to reduce mortality from Coronary Vascular Disease, with Health Checks continuing to be available in community settings such as the DCC Wow Truck (a mobile gym): this work is planned to ensure that adults who do not wish to attend their GP surgery can still access Health Checks
 - Improving awareness of cancer symptoms through community outreach led by the Talking About Cancer services: The aim of this service is to provide advice and information about cancer signs and symptoms in local community settings.
 - Tailored communications across County Durham to uplift national 'Be Clear on Cancer' campaigns.
 - New service models to support recovery from substance misuse and assist adults to become abstinent
 - Working with the North of England Tackling Illegal Tobacco Control Programme and the Get Some Answers Campaign to encourage sharing of intelligence on illegal tobacco. This activity is essential to reducing the supplies of cheap and illicit tobacco often accessed by children and young people
 - Increasing the uptake of physical exercise by developing legacy gyms which are led by volunteers and local people
 - Improving mental health and wellbeing through access to arts and supporting male mental health with 'mens sheds' projects and enhanced access to debt advice.

A copy of the full delivery plan has been placed in the Members' Library.

6. Five locality based Health Networks have been operational since March 2010; working in conjunction with AAPs, they are providing the opportunity to target delivery in the communities of greatest need as identified in the Joint Strategic Needs Assessment. They are instrumental in taking forward specific initiatives at local level. Their plans include establishing services to reduce social isolation, delivering a community programme to support pregnant women to stop smoking, developing community gardens and peer support for breastfeeding. Key areas of their action plans are reflected in the Delivery Plan.

Performance Framework

7. The H&WBP has agreed a performance framework (currently led by NHS County Durham) to monitor progress towards the Altogether Healthier priorities established within the SCS. Performance is measured on a quarterly basis against the SCS basket of indicators, local proxy measures and delivery plan objectives.
8. DCC contributions to the Altogether Healthier Delivery Plan are provided across the council and built into service plans as appropriate. These are then monitored through the Council's performance system as well as being reported to the H&WBP.

Challenges

9. Associated with the changes arising from the Health and Social Care Bill and Public Health White Paper are the creation of Clinical Commissioning Groups and the advent of the Health and Wellbeing Board, which will be responsible for a new Health and Wellbeing Strategy for the County. There will also be a new NHS Outcomes Framework which covers the domains featured in the H&WBP Delivery Plan. Future arrangements for the H&WBP Delivery Plan will therefore need to be worked through in light of these changes. Project management approaches are already in place to address these challenges.
10. The Local Authority and PCT will need to ensure that through this period of change focus is retained on the implementation of the plan. The Health and Wellbeing Partnership will continue to monitor performance and agree corrective actions as required.

Recommendations

11. Cabinet is requested to:
 - Receive the Altogether Healthier delivery plan for information.
 - Note that this will remain as the Council's strategy on health inequalities until new arrangements for the Health and Wellbeing Strategy are put in place.

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Appendix 1: Implications

Finance

The plan does not present any direct DCC implications at present – further details about financial issues arising from the ring fenced grant for local authority public health services are awaited

Staffing

The Plan will be implemented using existing resources.

Risk

The advent of CCGs, may cause risks to the delivery of the plan.

Equality and Diversity/Public Sector Equality Duty

The plan has been reviewed using the Equalities Impact Assessment screening tool. A completed EIA is attached. Some elements of the plan relating to specific actions undertaken by DCC have already been impact assessed as separate initiatives, for example the Sports and Leisure Strategy. The EIA has identified some gaps relating to Gypsy and Traveller communities and faith groups. A Health Needs Assessment has recently been completed by Public Health on Gypsies and Travellers and an action plan is being developed in response. Further work will take place in respect of faith groups to ensure the next iteration of the delivery plan addresses these.

Accommodation

No adverse implications.

Crime and disorder

No adverse implications. Alcohol Reduction and Substance Misuse are key components of the Health and Wellbeing Partnership Delivery Plan.

Human rights

The proposals are compliant with Human Rights legislation.

Consultation

The refresh process has been subject to a detailed consultation process.

Procurement

No adverse implications

Disability Issues

Health and Wellbeing is the focus of this report, therefore the majority of services covered are universal population wide services and include those with disabilities.

Legal Implications

No adverse implications