

Health and Wellbeing Board

21 January 2016

Health and Wellbeing - Area Action Partnership Links



Report of Andy Coulthard, Area Action Partnership Coordinator, Assistant Chief Executive, Durham County Council

Purpose of Report

- 1 The purpose of this report is to provide an update in relation to the work taking place to enhance the interface between Area Action Partnerships (AAPs) and the Health and Wellbeing Board to improve the alignment of AAP developments and investments and the priorities of the Partnerships.

Background

- 2 The last report on the work of AAPs was presented to the Health and Wellbeing Board on 14 May 2015. This report forms part of a six monthly update to the Board that reviews joint working between health and wellbeing partners and the 14 AAPs.

Community Wellbeing Partnership

- 3 The May 2015 report highlighted the actions carried out by a working group including colleagues from Durham County Council (DCC), Clinical Commissioning Group (CCG), AAPs and the Voluntary and Community Sector (VCS) in relation to improving AAP/VCS interface with the Health and Wellbeing Board as well as the Children and Families Partnership.
- 4 These actions naturally aligned themselves with the work of the Community Wellbeing Partnership (CWP). So to avoid duplication and improve joint working the outstanding actions from the plan were amalgamated into the agenda of the CWP.
- 5 As a part of these actions the CWP have started to examine a communications strategy which interlinks with the Health and Wellbeing Board's strategy and those of the other partners. AAPs have become key communication conduits accessed by CCGs (Urgent Care and Patient Transport), Public Health (Smoking and Mental Health support) and our third sector partners (Wellbeing for Life and various social inclusion schemes). Mid Durham AAP have recently produced a multi service info byte leaflet aimed at older people support provision, whilst several AAPs have developed local information or what's on guides which again promote a variety of health and wellbeing services. The AAPs have been working with the Locate website team to help update and promote the site with partners and residents.

- 6 The potential to develop joined up funding bids or progress existing projects through external funding streams is also part of the CWP agenda. Funds such as the Big Lotteries 'UK accelerating Ideas' pilot, the Coalfields Community grant and the recent release of a the Virgin Money Fund have all being circulated to partners for potential access. We are aware of several AAP supported projects seeking to access these funds. AAPs are also seeking to use these external funding pots to match against the £10K Public Health funding allocated to each Board as well as the Durham Dales, Easington and Sedgefield (DDES) CCG funds aligned to their associated AAPs. This enables the AAP to work with partners to develop larger and more accessible schemes which can last longer so that greater impact can be measured.

Wellbeing for Life

- 7 There are several delivery programmes which come under the umbrella of 'Wellbeing for Life'. The Wellbeing in Targeted Communities programme has specific links to several AAPs including Mid Durham (Older People), Stanley (Tobacco), Bishop Auckland & Shildon and East Durham Rural Corridor (General Health), with an overarching remit of supporting those with learning disabilities, mental health issues, travellers and armed forces personnel and veterans. The various consortium partners have all established good working relationships with their respective AAPs and are working together to promote the schemes across the targeted villages. Where possible existing services are being linked up to the programme and if gaps are identified then potential support is being looked at collectively to address the gap.
- 8 The overall Wellbeing for Life Service has started to work with existing health and wellbeing groups in the 3 hub areas to look at local delivery and direction. In the North the service is linking into the Community Health Alliance alongside their associated local working groups. In the East the service will link in to the Healthworks steering group, whilst in the South the link will be with the CCG commissioned Health Networks, ensuring an all-round joined up approach. AAPs are represented at all of these groups.

Health and Wellbeing as an AAP priority – Measuring Outputs

- 9 10 AAPs have identified health as a priority. In addition to this Mid Durham, Bishop Auckland and Shildon (BASH), Trimdon and Stanley AAP's, as previously indicated in paragraph 7, are taking part in the Wellbeing in Targeted Communities pilots. Therefore all 14 AAPs have a work stream linked to health and wellbeing.

- 10 As part of the AAP project development process all projects are asked to complete a '**What Difference Will Your Project Make**' section – This enables applicants to identify the main project Outcomes and Milestones as well as Performance Indicators that are grouped under the 'Altogether Themes' of the Council. The information gathered is then used to track how funding is aligned to the Altogether Themes and projects are monitored on their delivery against these stated outputs and indicators throughout the delivery of the project.
- 11 Appendix 2 lists the performance indicators from AAP funded projects (both Area Budget and Neighbourhood Budget) from 2013/15 which relate to Health and Wellbeing. These outputs include achieved and forecast figures that are factual as of September 2015.

Shared Work

- 12 AAPs have, and will be working closely with our Culture and Sport colleagues to help shape and consult on the development of a Physical Activity Strategy for County Durham. As part of this, and linked to simple localised 'quick wins' the Public Health funding linked to AAPs has been targeted at addressing solutions to getting residents more physically active and improving their mental wellbeing. An update on how the AAPs have delivered on the Public Health funding will be provided in the next AAP Health and Wellbeing Report.
- 13 The AAPs and especially East Durham Rural Corridor have worked closely with Public Health and Relate North East colleagues to develop the Suicide Safer Communities website; www.suicidesafercommunities.uk
- 14 Staff and members of all 14 AAPs attended and supported the 2015 Big Tent Event. Support was provided through a variety of means – promotion of AAP work, input into each workshop theme and support in facilitation and note taking.
- 15 The AAPs are working with the Prevention Task and Finish Group to examine how AAPs can support, the currently in development, Prevention Plan.

Emerging Issues for Health and Wellbeing

- 16 Examples of emerging issues identified through AAP Task and Finish groups in 15/16 include:
 - Mental health and emotional wellbeing of children and young people, including suicide, self-harm, safeguarding and personal safety.
 - Risky behaviour of young people, including underage drinking and the use of energy drinks.
 - Increase in food poverty, use of Foodbanks, and holiday hunger; as well as availability and affordability of opportunities for children and young people.
 - Transport issues related to access to health services including GPs, pharmacists, dentists.

- 17 The AAPs will explore these further with the CWP and examine how local examples of good practice could be extended and delivered county wide. Examples such as the Social Resource Centres Health Appointment Car scheme (with current funding from Public Health due to finish March 2016) is a prime example. However, there are a variety of other schemes which tackle social isolation, mental health and general wellbeing which are in danger of being lost if we do not collectively discuss.
- 18 Another emerging issue for discussion at the CWP is communication between services. This needs to be linked to the communications plan, previously mentioned, so that officers/workers delivering the services on the ground can be made more aware of what other services are available to them and the people they are working with. Recent discussions with partners such as police, fire, housing and the voluntary sector, alongside the whole Wellbeing for Life service, has highlighted a lack of understanding of a variety of services available. Durham Community Action as part of the Wellbeing for Life programme are seeking to tackle this issue with a series of events aimed at paid workers, volunteers and community residents. Each grouping will come together to discuss and highlight their services delivery. Paid workers met last November (this included AAP representatives) with events planned during December and January for the other 2 groupings. The outcomes from these will be examined with the hope of developing and delivering them in the future across the county.

Recommendations

19 The Health and Wellbeing Board is recommended to note:

- The work that is taking place.
- The improved alignment of work of the AAP's to the Health and Wellbeing Board.
- That work will progress through the Community Wellbeing Partnership.
- The impacts being made on Health and Wellbeing targets by the AAPs. (Appendix 2)
- The emerging issues and the need to collectively address these.

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Appendix 1: Implications

Finance

Not applicable

Staffing

Not applicable

Risk

Not applicable

Equality and Diversity / Public Sector Equality Duty

Not applicable

Accommodation

Not applicable

Crime and Disorder

Not applicable

Human Rights

Not applicable

Consultation

Not applicable

Procurement

Not applicable

Disability Issues

Not applicable

Legal Implications

Not applicable

APPENDIX 2

Performance Indicators for AAP's Area Budget 2013/15

Ref	Performance Indicator	13/14 Forecast	13/14 Monitored to date	14/15 Forecast	14/15 Monitored to date	15/16 Forecast
CYP5	No of C&YP involved in health improvement initiatives	3560	3745	4891	1268	510
AH1	No of people involved in initiatives aimed at improving health	9567	536	203	180	0
AH2	No of people involved in initiatives aimed at improving wellbeing/mental health	5736	35	1254	6	1
AH5	No of people benefitting from schemes aimed at reducing health inequalities and early deaths	0	0	692	228	0
Totals	No of people only	18,863	4,316	7,040	1,682	511

Totals for 13/15 Forecast: 26,414 residents

Totals for 13/15 Monitored to date: 5,998 residents

APPENDIX 2

Performance Indicators for AAP's Neighbourhood Budget 2013/15

Ref	Performance Indicator	13/14 Forecast	13/14 Monitored to date	14/15 Forecast	14/15 Monitored to date	15/16 Forecast
CYP5	No of C&YP involved in health improvement initiatives	1714	710	1845	109	2220
AH1	No of people involved in initiatives aimed at improving health	3786	505	1093	0	0
AH2	No of people involved in initiatives aimed at improving wellbeing/mental health	3130	641	490	3	8
AH4	No of schemes aimed at improving the quality of life, independence, care and support for people with long term conditions	0	1	10	25	2
AH5	No of people benefitting from schemes aimed at reducing health inequalities and early deaths	0	73	157	0	0
Totals	No of people only	8,630	1,929	3,585	112	2,228

Totals for 13/15 Forecast: 14,443 residents

Totals for 13/15 Monitored to date: 2,041 residents