

Health and Wellbeing Board

22 June 2017

Health and Wellbeing Board Annual Report 2016/17



Report of Peter Appleton, Head of Planning and Service Strategy, Durham County Council

Purpose of Report

1. The purpose of this report is to present the Health and Wellbeing Board with the Health and Wellbeing Board Annual Report 2016/17 (attached as Appendix 2) for agreement.

Background

2. The Health and Social Care Act 2012 required all upper tier local authorities to establish Health and Wellbeing Boards. The County Durham Health and Wellbeing Board was formally established as a committee of Durham County Council in April 2013.
3. This is the fourth Health and Wellbeing Board Annual Report, which outlines the achievements of the Board during its fourth year of operation. It also includes details of locality health and wellbeing projects which support the priorities of the Health and Wellbeing Board, as well as details of the future work for the Health and Wellbeing Board moving forward.

Achievements during 2016/17

4. The Annual Report outlines a number of achievements of the Health and Wellbeing Board over the past year, including:
 - Agreed an Oral Health Strategy for County Durham to address concerns raised by the Health and Wellbeing Board over significant variations in oral health across County Durham. The strategy will aim to:
 - Reduce the population prevalence of dental disease, specifically levels of dental decay in young children and vulnerable groups including our ageing population
 - Reduce inequalities in dental disease (statistics reveal over 60% of children have had experience of tooth decay in Woodhouse Close, Bishop Auckland compared to 6% in Chester-Le-Street South).
 - Ensure oral health promotion programmes are evidence informed and delivered according to identified need.

- County Durham's Better Care Fund 2016/17 is based upon maintaining stability and focuses on investing in a range of projects and service initiatives aimed at reducing inappropriate demand on A&E and Urgent Care, particularly for vulnerable, frail elderly patients at higher risk of admission. Examples include greater access and use of telecare by people in their homes and coordinated support to enable people to return home following a stay in hospital. As a result of this work the number of people whose transfer of care from hospital is delayed, is significantly lower than the national average.
- An Integration Board has been established as a sub group of the Health and Wellbeing Board to lead on our plans for Health and Social Care Integration to meet the government's target of achieving full integration by 2020, including:
 - Commitment from the NHS and partner agencies across County Durham to further develop integrated provision and commissioning is clear
 - A Director of Integration has been appointed to work as part of the Chief Officer team to ensure effective leadership and delivery of this agenda.
 - 'Teams Around Patients' (TAP) are being established in localities which will offer a range of coordinated services centred around groupings of GP practices. There will be 13 TAPs across the county.
 - An important function within the TAP will be to identify the most vulnerable adults who are a risk of significant deterioration in their health and wellbeing with a resultant admission to acute and/or permanent care settings. This is expected to be the top 2% of those people on GP lists who fall into that high risk group. Services will then focus upon enhancing health and wellbeing through proactive treatment, reablement and rehabilitation.
 - A request has been made for early adopters of the model to come forward and several nominations have been received. It is envisaged that the model will be rolled out fully throughout 17/18.
 - Consideration of the existing estate to better utilise community buildings within a TAP geography is currently underway.
- As part of 'Check4Life' (local implementation of the national Health Check programme) and the local NHS Diabetes Prevention Programme, a more targeted approach has been made in relation to identifying people most at risk of cardiovascular disease (CVD) and developing Type 2 diabetes, to offer them behavioural interventions designed to lower their risk.
- The Health and Wellbeing Board was one of only 14 Boards in England to achieve a rating of six out of six by National Energy Action in recognition of the action it is taking on tackling fuel poverty/cold-related ill health, making it one of the top performers nationally. The Board was

praised for adopting innovative practice such as the methods it uses to target at risk households for fuel poverty interventions.

- The Health and Wellbeing Board were one of six Boards to be shortlisted for the 2016 Local Government Chronicle Awards in the 'Effective Health and Wellbeing Board' category, by demonstrating how the Health and Wellbeing Board have been effective at influencing the health and social care agenda in the area.
- To support the 0-19 Healthy Child Programme in County Durham, a Healthy Child Programme Board has been established as a sub-group of the Health and Wellbeing Board to provide a specific focus on health issues affecting children, young people and families to reduce health inequalities and deliver improved health and wellbeing outcomes.
- The Healthy Weight Alliance, a sub-group of the Health and Wellbeing Board, has developed the healthy weight strategic framework to tackle obesity at a local level and County Durham has become a national pilot site for obesity reduction in Public Health England's three year programme into obesity systems, delivered by Leeds Beckett University.
- The Health and Wellbeing Board are continuing to support measures aimed at improving dementia diagnosis rates further, such as regular information and guidance for GPs and increasing the number of dementia friendly communities and activities across the county as part of the implementation of the Dementia Strategy.
- The Community Wellbeing Partnership, a sub group of the HWB, has seen the development of a range of programmes focusing on reducing social isolation and loneliness and its effects on health and wellbeing, including first contact schemes based on 'making every contact count' and 'social prescribing' which links people to non-medical sources of support within their communities to support mental wellbeing.

Local Projects

5. A number of local projects across County Durham support the priorities of the Health and Wellbeing Board, which aim to improve the health and wellbeing of people in their local communities. Details of the projects, including those delivered by the Area Action Partnerships, are included in the Annual Report and include the following:
 - Derwent Valley AAP is working in partnership with If U Care Share to deliver a Suicide Prevention and Mental Health project in the area, targeted at the 14+ age group.
 - Smokefreelife County Durham has been running Quit and Get Fit programmes for smokers who want to quit. They can take part in

organised Zumba or Bootcamp sessions, as well as access specialist support and medications.

- The Durham CREE programme, based on the Australian Men in Sheds model, has reached out to people who may be isolated and vulnerable in the community. There are a number of CREEs across County Durham that can offer community based support and reduce social isolation.
- A number of dementia friendly projects which have been delivered across the county. These include Dementia Friendly Swimming which is run in conjunction with Durham County Council Culture and Sport Service and the Amateur Swimming Association.
- Chester-le Street AAP have been working with St. Cuthbert's Hospice and Cestria Housing to deliver the 'Everything in Place' project. The AAP have been providing support through the steering group. They have also delivered engagement sessions with local groups to promote the work of the project, and to raise awareness of the support people can get at the end of their life.

Challenges

6. One of the greatest challenges facing the health service and providers of adult social care is how to respond to an increasingly older population and its changing needs. There is a clear consensus that reorganising services around people with increasingly complex health and social care needs will improve outcomes for people.
7. In addition, a high proportion of Health and Social Care budgets are spent on treating ill health, yet 80% of heart disease, stroke and type 2 diabetes, and 50% of cancers could be avoided.
8. An integrated whole system approach will facilitate a move away from episodic ill health and care towards a greater emphasis on early intervention, prevention and promoting independence.

Future work of the Health and Wellbeing Board

9. There are a number of initiatives that the Health and Wellbeing Board will continue to take forward during the coming year to support this approach, including the following:
 - Undertake a review of the priorities for the Health and Wellbeing Board based on the evidence in the Joint Strategic Needs assessment (as part of the Integrated Needs Assessment) a 'one stop shop' for all strategic assessments to ensure a focus on improving the health and wellbeing of people in County Durham and reducing health inequalities;
 - Discuss spending plans and arrangements for additional adult social care funding, known as the Improved Better Care Fund, to address the

integration of health and social care and to alleviate pressures faced by the adult social care sector and NHS;

- Provide challenge on the Sustainability and Transformation Plans for County Durham to ensure that residents in County Durham will not be disadvantaged or experience any reductions in the availability of NHS services as a result of the Plans. Assurances will be sought in relation to ensuring that clear and specific funding arrangements are in place to support the STPs and that robust formal consultation arrangements and decision making processes are also in place;
- Agree a streamlined approach to the range of mental health and wellbeing strategies currently in place, through the development of focused plans on a page with key actions to ensure that resources are targeted to services which meet the needs of people in County Durham.
- As part of the statutory responsibilities of the HWB, agree the Pharmaceutical Needs Assessment which looks at the current provision of pharmacy services across County Durham, and whether there are any potential gaps to service delivery.

10. Further details of the Health and Wellbeing Board's future work are included in the Annual Report.

Next Steps

11. The Health and Wellbeing Board are requested to note the following key dates for the Health and Wellbeing Board Annual Report 2016/17:

- Cabinet receives HWB Annual Report 2016/17 for endorsement – **12th July 2017**
- Children and Young People's Overview and Scrutiny Committee receives HWB Annual Report 2016/17 for information – **28th September 2017**
- Adult, Wellbeing and Health Overview and Scrutiny Committee receives HWB Annual Report 2016/17 for information – **2nd October 2017**
- Durham Dales, Easington and Sedgefield and North Durham Clinical Commissioning Group Governing Body's receive HWB Annual Report 2016/17 for information – **October 2017**

Recommendations

12. It is recommended that the Health and Wellbeing Board:

- Approve the Health and Wellbeing Board Annual Report 2016/17 (Appendix 2).
- Agree future areas of work for the Health and Wellbeing Board as outlined in paragraph 9.

Contacts:

Andrea Petty, Strategic Manager – Transformation and Partnerships

Tel: 03000 267 312

Julie Bradbrook, Partnership Manager - Transformation and Partnerships

Tel: 03000 267 325

Appendix 1: Implications

Finance – Ongoing pressure on public services will challenge all agencies to consider how best to respond to the health, social care and wellbeing agenda.

Staffing – No direct implications.

Risk – No direct implications.

Equality and Diversity / Public Sector Equality Duty – The key equality and diversity protected characteristic groups are considered as part of the process to identify the groups/organisations to be invited to the Health and Wellbeing Board Big Tent Event.

Accommodation - No direct implications.

Crime and Disorder – The Integrated Needs Assessment (INA) provides information relating to crime and disorder.

Human Rights - No direct implications.

Consultation – Consultation on the priorities of the Health and Wellbeing Board is undertaken on an annual basis through the Big Tent Event and other engagement activities.

Procurement – The Health and Social Care Act 2012 outlines that commissioners should take regard of the INA (which incorporates the JSNA) and JHWS when exercising their functions in relation to the commissioning of health and social care services.

Disability Issues – The needs of disabled people are reflected in the INA and JHWS.

Legal Implications - The Health and Social Care Act 2012 places clear duties on local authorities and Clinical Commissioning Groups (CCGs) to prepare a JSNA and JHWS. The local authority must publish the JHWS. The Health and Wellbeing Board lead the development of the JSNA and JHWS.