

Health and Wellbeing Board

4 July 2018

Health and Wellbeing Board Annual Report 2017/18



Report of Gordon Elliott, Head of Partnerships and Community Engagement and Amanda Healy, Director of Public Health County Durham

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 2017/18 (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 fifth Health and Wellbeing Board Annual Report, which outlines the achievements of the Board during its fifth 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 2017/18

- 4 The Annual Report outlines a number of achievements of the Health and Wellbeing Board over the past year, including key performance indicators which demonstrate improvements in the health of the population; developments in key programmes of work which have progressed the health agenda in the county; and, examples of initiatives which have taken place to achieve the strategic objectives in the Joint Health and Wellbeing Strategy.
 - An Integration Board has continued to lead on the plans for Health and Social Care Integration to meet the government's target of achieving full integration by 2020, including:
 - Jointly commissioned local services, for example: Carers' Services and the post diagnosis Autism Service.
 - An integrated senior leadership team is now in place, which will be led by a new role of Director of Integrated Community Services (when recruited), with responsibility for direct service

- delivery of NHS community and adult social care services on behalf of all partners.
- 'Teams Around Patients' (TAP) are operational across Durham, Dales, Easington and Sedgefield (DDES) and North Durham (ND) CCG areas. They are working in partnership to reduce avoidable admissions, permanent admissions to Care Homes, reduce delayed transfers of care and improve the health and wellbeing of older people and those with long term conditions.
 - The 'Wellbeing for Life' service has continued to deliver projects which are improving the health and wellbeing of the local population. They have adopted a multi-pronged approach to achieving their goals, focusing on one-to-one interaction, group sessions, increasing community capacity and training. For example – their Health Trainers work with people one to one, over 8 sessions, to set personal goals which may include eating healthier, being more active or stopping smoking.
 - The actions within the County Durham Oral Health Strategy are making good progress, with nurseries in the top 30% most deprived communities to implement tooth brushing schemes. The Health and Wellbeing Board have also agreed to the next stage of testing the feasibility of expanding the community water fluoridation scheme for County Durham.
 - The HWB received and approved the County Durham Joint Commissioning Plan 2017-2018 Special Educational Needs and Disabilities (SEND). The plan sets out Durham's joint commissioning priorities for 2017-2018 across education, health and care and details how each of these priorities will be taken forward. The HWB agreed to adopt the principles set out in the SEND 'Promise', which is a charter for young people with SEND presented by the eXtreme group (Investing in Children group made up of young people with special educational needs and disabilities).
 - The Healthy Weight Alliance have continued their work to halt the rise of obesity across the county by 2022. They have developed a strategic direction for this with 4 themes - leading by example, increasing play, give every child the best start in life and engaging the whole system. Linked to this is the work underway to deliver the Sugar Smart campaign across the county, which encourages local organisations to take varied actions to help their communities reduce their sugar consumption as part of their daily business.
 - The Dementia Action Alliance, chaired by the County Durham Fire and Rescue Service, has continued to deliver a variety of projects across the county with the aim of reducing the impact of dementia. This work, linked to the Dementia Advisor Service, the Alzheimer's Society and the AAPs is being delivered under the Dementia Friendly Communities umbrella.

- The HWB received a report on the Cancer Health Equity Audit 2017 and agreed to develop a strategic action plan to address the identified inequalities in cancer incidence and mortality. Health equity audit (HEA) is an important tool when considering how to reduce health inequalities and inequities in the provision of appropriate services. It identifies how fairly services or other resources are distributed relative to the health needs of different groups and areas.
- The Health and Wellbeing Board, with the Safe Durham Partnership and Local Safeguarding Children Board, has supported the work of the Foetal Alcohol Spectrum Disorder Group (FASD) to tackle the impact foetal exposure to alcohol before birth has with a focus on prevention and early intervention.
- Durham has been chosen by the Local Government Association (LGA) as one of the prevention at scale pilot sites, looking at improving the scale and pace of mental health prevention and early intervention initiatives.
- As part of the HWB statutory duties, we have agreed the recommendation of the County Durham Pharmaceutical Needs Assessment 2018-21, which has looked at the current provision of pharmacy services across County Durham.

Community Based Projects

- 5 A number of local community based 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. Examples include:
- Public Health and Durham County Council Education have rolled out a resilience programme for 75 schools in County Durham. Across the county we now deliver a flexible and responsive service 24/7, 365 days a year, for children and young people experiencing a mental health crisis.
 - The Macmillan Joining the Dots Programme, working with Durham Community Action and the Wellbeing for Life service, has been delivering the 'Coproductio n Volunteers' project for cancer sufferers and survivors. They have successfully recruited ten coproduction volunteers to the project. The volunteers have attended 'Joining the Dots' engagement events, analysed the issues and begun to develop solutions.
 - Each AAP has received £25,000 from the improved Better Care Fund (iBCF) to support community led initiatives which are designed to reduce social isolation. For example – Great Aycliffe and Middridge

AAP have established a 'Buddies Befriending' service which helps people to become more socially active.

Challenges

- 6 The Health and Wellbeing Board vision is to 'improve the health and wellbeing of the people of County Durham and reduce health inequalities'. As life expectancy continues to increase in County Durham, it is important to determine whether these additional years are being spent in good health or prolonged poor health and dependency. Healthy life expectancy at birth in County Durham is lower than the England average and there is substantial variation within the county.
- 7 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. For example – falls in the over 65's age group has significant impact upon people's quality of life and the costs to health and social care services increases substantially following a person suffering a fall, and incidences of falls in County Durham are above the national average.
- 8 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 incidences, and 50% of cancers could be avoided. This can be done by, for example, improving the numbers of women screened for cervical cancer to identify issues at an early stage, and provide an opportunity to improve the chances of successful treatment.
- 9 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. For example – the focus on 'children having the best start in life' will ensure that when a child is born they have the greatest possible opportunity to live a healthy life. This will be done by introducing interventions which reduce the numbers of mothers smoking whilst pregnant, improving breastfeeding rates and reducing the levels of excess weight in children of all ages by encouraging a more active lifestyle.

Future work of the Health and Wellbeing Board

- 10 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:
 - Produce a new Joint Health and Wellbeing Strategy from 2019. This will include a review of the priorities for the Health and Wellbeing Board, based on the evidence in the Joint Strategic Needs Assessment, to ensure a focus on improving the health and wellbeing of people in County Durham and reducing health inequalities.
 - Successfully enhance the quality of health and social care services by delivering the improvements being planned by the County Durham Integrated Care Board. This will include improving care quality,

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 Partnership engagement events.

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 Partnership Event and other engagement activities.

Procurement – The Health and Social Care Act 2012 outlines that commissioners should take regard of the Joint Strategic Needs Assessment and Joint Health & Wellbeing Strategy (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 Integrated Needs Assessment and Joint Health & Wellbeing Strategy.

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.

Appendix 2: Health and Wellbeing Board Annual Report 2017/18
