

Report of Councillor Robertson, Portfolio Holder for Health

1. Background

In this statement I have highlighted some of the key achievements and challenges we face as we continue our attempts to improve the health and wellbeing of the population of Walsall with the help of our partners and key stakeholders across the economy.

2. Introduction

With health inequalities remaining a priority against our '*Staying Well, Living Well, Ageing Well*' agenda, as the number of older residents and younger children in Walsall increases and the impact of harmful lifestyle factors such as smoking, poor diet and alcohol misuse predominates, tackling these issues is an even greater challenge for all of us, especially at this time when we are developing a budget plan across the whole of the Council to meet savings efficiencies of £86m over the next 4 years.

3. Health Profile for Walsall

The health of people in Walsall is generally worse than the England average. Walsall is one of the 20% most deprived areas in England and around 27% (15,220) of children live in low income families. Life expectancy of both men and women is lower than the England average although there is an improving trend for both genders, with a 4½ year increase over the last 20 years. In the most deprived areas compared to least deprived, the life expectancy is 10 years lower for men and 7.2 years lower for women.

The teenage conception rate in Walsall is amongst the highest rates in the country, at 37.5 per 1,000 women aged between 15 and 17 years. Although infant mortality in Walsall is declining, it is one of the highest in the country, at a rate of 6.8 per 1,000 compared to 4 per 1,000 live births in England.

The proportion of people in Walsall who are inactive remains a huge challenge and the health consequences wide reaching. The percentage of physically inactive adults in Walsall has been steadily increasing and between 2013 and 2015 has increased from 30.7% to 36.7%, which is significantly worse than the West Midlands and England.

Diabetes prevalence is estimated to be 8.7% of the registered population (aged 17 and over) and is the highest in the West Midlands region. Around 90% of diagnosed diabetes cases are type 2, which are largely considered preventable, by exercise, weight loss and healthy eating.

Premature deaths (under 75 years) from cancer are rising in Walsall for both men and women, while England is showing a reducing trend. As cancer is the highest cause of death in under 75s it is important to reduce this rate with effective prevention programmes.

Director of Public Health Annual Report

Each year the DPH Annual Report sets out some examples of how services are being transformed across the Borough. Providing a summary across Public Health themes the 2015/16 Annual Report is structured to reflect four seasons of the year giving an account of the key challenges of Walsall's population in each season (shown below) with priority actions being taken to address each:

Spring	Mental Health
	Ageing Well
Summer	Men/Women's Health
	Environmental Health
Autumn	Children and Young People
	Smoking
Winter	Flu
	Substance Misuse
	Sexual Health

The Annual Report will be ready for publication during November/ December 2016.

4. Health and Wellbeing Board

The Health and Wellbeing Board (HWB) brings together key people from the local health and social care system and key partners through Walsall Clinical Commissioning Group (CCG), NHS England, the Council's Public Health, Adult Social Care and Children's services teams, councillors, local commissioners and Healthwatch Walsall. Recently membership has been extended to include the Police, Fire Service and Walsall Voluntary Action (WVA). The HWB is responsible for promoting greater integration and partnership working between the NHS and local government and has a statutory duty to produce a Joint Strategic Needs Assessment (JSNA) and a Joint Health and Wellbeing Strategy (HWS).

In addition to the Walsall Health and Wellbeing Strategy, the work of the HWB in the past year has covered a number of areas, including the Better Care Fund and pooled budget, the Sustainable Transformation Plan and Walsall Together, the Public Health Transformation Fund, CAMHS, Maternity Services at Walsall Healthcare Trust and updates from the various working groups including the Healthy Walsall Partnership.

Members of the HWB ensure they have a good understanding of the areas of work they discuss and oversee by attending half day development sessions on areas of work they identify during meetings. In the past year, topics chosen have included the induction of new members in the roles and responsibilities of the HWB, the role of the HWB in safeguarding children and vulnerable adults, current work streams and progress of the Better Care Fund, the

implications of the Site Allocation Document and the needs assessment and strategy relating to Children and Adolescent Mental Health.

The Health and Wellbeing Strategy is integral to the work of the HWB. The current Strategy has 19 priorities, each of which has identified measures of progress that are reported back to the HWB in the form of themed performance dashboards. Many of the 47 indicators have shown some improvement, these include - the number of people having NHS health checks, an increase in male life expectancy and an increase in the number of children in year 6 who are no longer overweight. However, further work is required to improve the following - physical activity amongst adults, the rates of cancer amongst under 75 year olds, infant mortality and the number of children in reception who are overweight. Task and Finish Groups, supported by the members of the HWB, continue to focus on key issues in relation to the above. In 2015/16 the topics identified were Infant Mortality and Diabetes and this work is ongoing.

A new Health and Wellbeing Strategy (HWS) is being written to commence in 2017. In preparation for this work, a key focus at the start of this year was a review of the JSNA. Data has been updated in areas of public health, children's services and adult social care as well as including the wider determinant of health via partners including the police, housing and economic regeneration. This was completed in September 2016. In addition, a series of 'deep dive' reports are available on the Walsall Intelligence website that have been undertaken in the last year. Examples include – 'Adult Mental Health Needs Assessment 2016', 'Walsall Domestic Abuse Needs Assessment 2015' and 'Men's Health Review 2015'. Analysis of the current data gives us an updated overview of the key issues affecting the health and wellbeing of the people of Walsall. Many of these issues, such as obesity in children, remain the same but others are emerging issues including health and work, carers and emotional health and wellbeing. The new HWS will be taken to the HWB for approval in March 2017.

5. Partnerships across the Health and Social Care Economy in Walsall

The strategic Advisory Group (SAG) to engage with a representative range of service providers and partner organisations. Their remit is to identify the priorities of need in health and social care that should inform commissioning plans. There have been two meetings - and topics covered have included the needs and priorities identified by the HWB, the community Development agenda and the Sustainable Transformation plan (STP) for Walsall, Dudley Sandwell and Wolverhampton and delivery for Walsall.

We have been working with providers under the Healthy Walsall Partnership Board to transform services commissioned through the Better care Fund and overseen by the Joint Commissioning committee in the areas of:

- Demand management (staying well at home)
- Hospital Flow (rapid emergency assessment and treatment)
- Supported discharge (getting back home quickly and safely)
- Identifying people who are regularly admitted or are at high risk of admission to hospital, these people are supported with enhanced community health and care support
- Developed a rapid response service to prevent patients from being admitted into hospital if they become unwell but are safe to remain at home
- Developed a frail elderly Pathway in A & E to facilitate a quick turnaround for those who do not require an acute hospital admission
- A service to residential and nursing homes with recruitment of a nursing home manager who can undertake to assess residents who are at high risk of hospital admission
- A number of beds for patients who require supported discharge but are unsafe to return to their own home
- A major effort to reduce the number and length of stay for patients who are medically fit to discharge

Walsall Together Partnership- This brings together all our partners to produce sustainable change and improvement for the health and care of the people of Walsall.

Diabetes prevention has made a number of initiatives to develop an effective scheme of care for those suffering from this complaint.

Safeguarding in Walsall is an area attracting closer partnership working with much joined up working to improve outcomes following a Leadership summit.

HWB has closely monitored the progress of WHT in their action plan to improve maternity services.

We welcome the establishment of Healthwatch Walsall under new leadership and received the reports on GP performance, communications in A and E and hospital discharges and obesity. We look forward to working closely with Healthwatch as a critical friend in monitoring the delivery of health and social care in every corner of Walsall.

6. The Better Care Fund

To ensure rapid emergency assessment and treatment is that which keeps patients in hospital for only as long as necessary. The programme of work is overseen by the Joint Commissioning Committee reporting to the Health and Wellbeing Board.

7. Budgets

Budget Savings Option Plan

In acknowledging the organisation's 4-year savings plan, Public Health has submitted draft proposals for achieving efficiencies over several public health

programmes. In liaison with existing providers or through reprocurement at end of contract periods, savings would be identified through service redesign, reduction in scope of service delivery, different models and ways of working, income generation, reduction in contract value or decommissioning of services. Staff savings would be achieved by the removal of vacant posts, efficiency management (eg redesign/gap analysis; change in service delivery), structure redevelopment and review and continuous review of a new structure that came into force this year (Regulatory Services).

Transformation Fund

The Public Health Transformation Fund continues to provide a flexible financial investment, to the value of £2.2m and has helped support a number of initiatives to support a range of Council services which have a direct effect to improve the health of the population and delivery health protection and improvement. These initiatives have been closely monitored and considered in the context of the current four year budget plan. We continue to build on partnership working across the organisation to identify areas of investment and improvement. Regular performance reports relating to the Transformation Fund are reported to the Public Health Performance Board and the Health & Wellbeing Board.

Contracts

The Public Health team continues their 3 year re-commissioning plan. The implementation of the integrated drug and alcohol services has been successfully delivered, bringing together 4 organisations and their staff under a single provider agency offering a range of psychosocial and clinical services for both adults and young people. The recently re-commissioned Integrated Sexual Health service is now fully operational from a new service base with a focus on web technology to assist self testing supported by a network of primary care and voluntary sector organisations and look forward to working with the new lifestyles contract to promote the OneYou website and programme to tackle inactivity amongst Walsall residents. We are also well advanced in the process of re-commissioning Healthy Child services. I recognise that procurement of services requires a huge commitment to identify efficiencies whilst developing robust and worthwhile services that will have a positive impact on the service users.

8. Programmes

Health Protection - The Health Protection Forum is now established and meets 4 times a year. The first annual report from this group was presented to the Health and Wellbeing Board in October 2016. Cervical screening clinics for Council staff have been commenced and have been well received and further dates have been arranged. A bid for Latent TB Infection Screening which was joint working with the CCG has been successful and screening high risk groups is anticipated to start in earnest by April 2017. The flu season will be starting soon and the health economy have been working together to encourage high risk groups to get vaccinated. Clinics are being run in General Practices, Hospital Trusts, schools,

antenatal departments, special schools, council run day centres and the Glebe centre.

Tobacco Control - A new Tobacco Control Plan for Walsall 2016-2019 builds on the previous 2012-2015 plan and current activity that highlights the co-ordinated approach to tobacco control required in order to fully realise the improvements to the health and economy of Walsall and its residents. This includes a combination of ensuring effective regulation and enforcement, stopping the promotion of tobacco, making tobacco less affordable, promoting smoke-free environments, supporting smokers to quit and effective communications. Walsall Council has also signed up to the Local Government Declaration on Tobacco Control demonstrating a commitment by the Council to Tobacco Control activity.

NHS Health Checks - The free national cardiovascular prevention programme is well established in Walsall with an increase in uptake year on year since 2013. Out of a total eligible population of approximately 50,000, to date 34,192 people have been invited and 29,939 people have received a NHS Health Check. The NHS Health Checks are being run through GP Practices and four pharmacies in Darlaston, Aldridge, Blakenall and Chuckery. The programme was one of two Public Health initiatives to be awarded a Health Premium Grant by PHE of £81,800 for 2015/16. Collaborative work with Creative Development has also resulted in a poster being accepted by the *Getting Serious About Prevention 2017: Improving Cardiovascular Health Together* Conference in Manchester.

9. Partnership Working

A Public Health away day highlighted some key areas of work for the Public Health team that identified a more joined up approach to working across Economy and Environment and the wider Council:

- **Licensing/Council Applications**

Current work is underway with partners to establish how we embed Public Health in the:

- licensing process
- planning process
- other application processes across the Council

- **Workplace**

There is a wealth of published literature highlighting that improving the health and wellbeing of staff has a range of benefits to the individual and the organisation including reduced absenteeism and increased productivity. With the majority of staff living locally, Walsall Council is well placed to make a significant contribution to the health of the local population. It also has the opportunity to positively influence working practices of other local employers as an exemplar of workplace health for Walsall. We have already delivered a range of healthy workplace interventions for staff including:

- NHS Health Checks to over 70 members of staff and 10 Councillors who met this National programme's criteria (staff aged 40-70 with no pre-existing health conditions)
- Stop Smoking support – regular clinics available to staff
- Staff Bikes – purchase of bicycles to re-instate scheme to encourage physical activity amongst staff
- Step Jockey – a scheme to encourage use of stairs
- Staff walks – organised every Monday from Civic Centre
- Cervical Screening – now on offer to eligible female staff across the Council

- **Resilient Communities**

We look forward to tackling loneliness amongst the elderly with a making connections initiative. This work stream aims to enable people in Walsall to have the best chances in life - to live independently and to have active, prosperous and healthy lives. It aims to achieve this by building and strengthening community resilience through community development, we will start to develop a grassroots approach to preventing people becoming ill, addressing ill health early in communities rather than waiting until crisis occurs. This in turn will contribute to reducing preventable demand on acute and intensive interventions.

- **Different Ways of Working**

Much of the work of Walsall council has the potential to impact on the health and wellbeing of its residents. The Public Health team is looking at how we can further develop our health improvement programmes by increasing working with other teams across the council. There are several local examples of good practice of joint working, we are aiming to build on these to maximise population health improvements.

The Public Health team have been hugely successful in highlighting some of the work they have been doing throughout the year with 4 entries to the Public Health England Conference being accepted and an entry that shows '*something you can do*' to raise awareness of the NHS Health Check programme in Walsall to the Cardiovascular Diseases Conference to be held in February 2017. This provides an ideal opportunity to showcase some of the work being undertaken to tackle the impact lifestyle choices on the local population and raises Walsall's profile amongst its peers and partners. We have also developed an excellent interactive web site, along with the use of the social media to improve communications.

10. Conclusion

The Council faces many challenges in the current financial and economic climate and Public Health is no exception. However this offers many opportunities to explore different ways of working and I recognise the value of partnership working throughout the Council and with partners and service providers across the whole of the health and social care economy.

We remain committed in our efforts to work innovatively to seek alternative ways of fulfilling our requirements within the constraints of an ever-shrinking budget and I acknowledge that, in its re-commissioning of services and recognising the influences of working with partners, together we are rising to the challenge of achieving efficiencies whilst maintaining services in a continued effort to improve the health and wellbeing of the local population.

Councillor Robertson
Portfolio Holder for Health

4 November 2016