For publication

Health and Wellbeing Outcomes and Reducing Inequality

Meeting:	Community, Customer and Organisational Scrutiny Committee
Date:	*19 September, 2017*
Report by:	*Health and Wellbeing Manager*

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1.0 Purpose of report

1.1 To inform and update Members of the current projects and programmes being delivered to address the need to improve health and wellbeing outcomes and reduce inequalities.

2.0 Background

2.1 Previous reports to the Committee have identified the challenges facing our communities both in terms of health outcomes and wider health inequalities. There are a number of key actions being delivered around this agenda and these will be summarised in this report.

2.2 The core objectives of the Council plan include working with partners to improve the health and wellbeing of people in the borough and reducing inequality and supporting the more vulnerable members of our communities.

2.3 The plan also includes the following key actions:-

1. Continue to develop and deliver the Chesterfield Health and Wellbeing Partnership locality plan

2. Adopt a Health in All Policies approach to embed improved health and wellbeing outcomes in all Council policies and plans

3. Produce a Health and Wellbeing Strategy and supporting action plan

4. Further develop with partners local community-led actions for increasing participation in physical activity in our 7 most deprived neighbourhoods building on the community asset approach

5. Develop an approach for co-commissioning of VCS delivered services with our public health and CCG partners

6. Develop local initiatives to deliver the Derbyshire Physical Activity and Sports Strategy to engage more people in physical activity and sport

7. Develop and deliver programmes with partners to improve the health outcomes associated with the following topic areas within target groups:-

    - Falls prevention
    - Alcohol
    - Obesity.

2.4 The breadth of these actions in conjunction with the complexity of delivering population level change in areas where there are multiple medical, social, financial and environmental factors poses a significant challenge. The external influences and wider societal pressures impact these factors significantly and this highlights the key need for partnership working. The Chesterfield Health and Wellbeing Partnership already provides a very close and productive relationship with key partners such as public health, the Clinical Commissioning Group (CCG), the police and other partners including the voluntary and community sectors.

2.5 The Chesterfield Health and Wellbeing Partnership has established the following key objectives:-

- Social Capital
- Healthy Lifestyles
- Financial Inclusion
- Mental health and Wellbeing
- People

2.6 One of the working arrangements being led by the North Derbyshire Clinical Commissioning Group (NDCCG) is the Chesterfield Place Group. This is a wide partnership of the key agencies influencing health and social care and is charged with review and redesign of the system to deliver improved outcomes and reduced costs to address the finance gap within the wider health service. The approach adopted by this group is shaped by the Sustainability and Transformation Plan (STP) developed by the CCGs across Derbyshire for the NHS.

2.7 The STP is a place-based, multi-year plan built around the needs of local populations. STPs are expected to help drive a genuine and sustainable transformation in health and care outcomes between 2016 and 2021. They will also help build and strengthen local relationships, enabling a shared understanding of the desired outcomes for 2021 and the steps needed to achieve this.

3.0 Health profile and public health outcomes framework 2017

3.1 The Health Profile is an annual publication produced by Public Health England to summarise key health indicators in local authority areas and to facilitate analysis of local trends and comparison with regional and national averages to establish how 'comparatively healthy' an area is. The most recent 2017 profile was issued in July 2017 and a copy is attached to this report as Appendix A.

3.2 Public Health England also produces a more detailed analysis of key indicators, The Public Health Outcomes Framework. The outcomes in the framework reflect a focus not only on how long people live but also on how well they live at all stages of their life. The most recent local indicator summary was published in May 2017 and a copy is attached as Appendix B.

3.3 The following is a summary of the key issues that can be derived from the data:-

1. Life expectancy at birth is 78 years for men and 82.1 years for women, which is lower than the England average by 1.4 years for men and 1 year for women

2. There are still wide gaps between the outcomes in the most and least deprived areas of the borough

3. The life expectancy gap between the most and least deprived areas of Chesterfield has slightly improved for men to 9.6 years but has worsened for women and is 8.7 years

4. Obesity is significantly worse than the England average for both year 6 children and

5. adults standing at 20.7% and 73.4% respectively

6. Under 18 hospital admissions for alcohol has worsened and whilst there has been a slight improvement in hospital stays for adults due to alcohol harm both are still significantly worse than the England average

7. Hospital stays for self-harm have worsened and are significantly worse than the England average and the suicide rate has worsened

8. Hospital admissions for falls in people aged over 65 and hip fractures have worsened and are significantly worse than the England average.

3.4 Much of the work programme undertaken by the Chesterfield Health and Wellbeing Partnership and the Chesterfield Place Group is focussed on addressing these fundamental health issues and driving improved outcomes.

4.0 **Falls prevention**

4.1 The Health Profile highlights that the levels of falls and hip fractures amongst the over 65s in Chesterfield is significantly

worse than the England average. Falls are a major cause of hospitalisation and subsequent mobility impairment and the following summarises some key facts about falls:-

- One third of over 65s will fall annually
- Falls are the greatest cause of emergency hospital admissions
- 10% of all over 65s who fracture their hips will die within 30 days and 30% will die within 1 year
- 50% never regain their current mobility
- The ageing population means that incidence will increase by 50% by 2030.
- Falls account for 40% of ambulance call-outs to homes for people over 65yrs.

4.2 A small group involving staff from the CCG, local NHS providers, public health and the Council has met to establish an approach to improve the outcomes in this area. The group have mapped the existing service provision around falls and a new clinical pathway for falls has been developed across Derbyshire. The Chesterfield group are working on a programme of work focussing on fall prevention addressing the following concerns:-

- The need to understand the local data more fully to prioritise and target the Chesterfield response for falls (including the opportunity to work more closely with public health on a local project).
- Based on the data what are our local priorities?
- Who are the people who might identify somebody at risk of falling? And what do they need to know?
- What is the local 'offer' for Falls?
- How do we encourage / facilitate greater take up of Strictly No Falling Classes?
- How do we better engage individuals / communities to better understand falls risks and how to reduce them?

5.0 **Obesity and inactivity**

5.1 There is a wide range of work being undertaken on addressing inactivity (initially focussing on the most deprived areas of the borough) and some wider activities on tackling obesity. The Committee has previously received a number of briefings on the

work being delivered by Press Red in the 7 most deprived neighbourhoods:

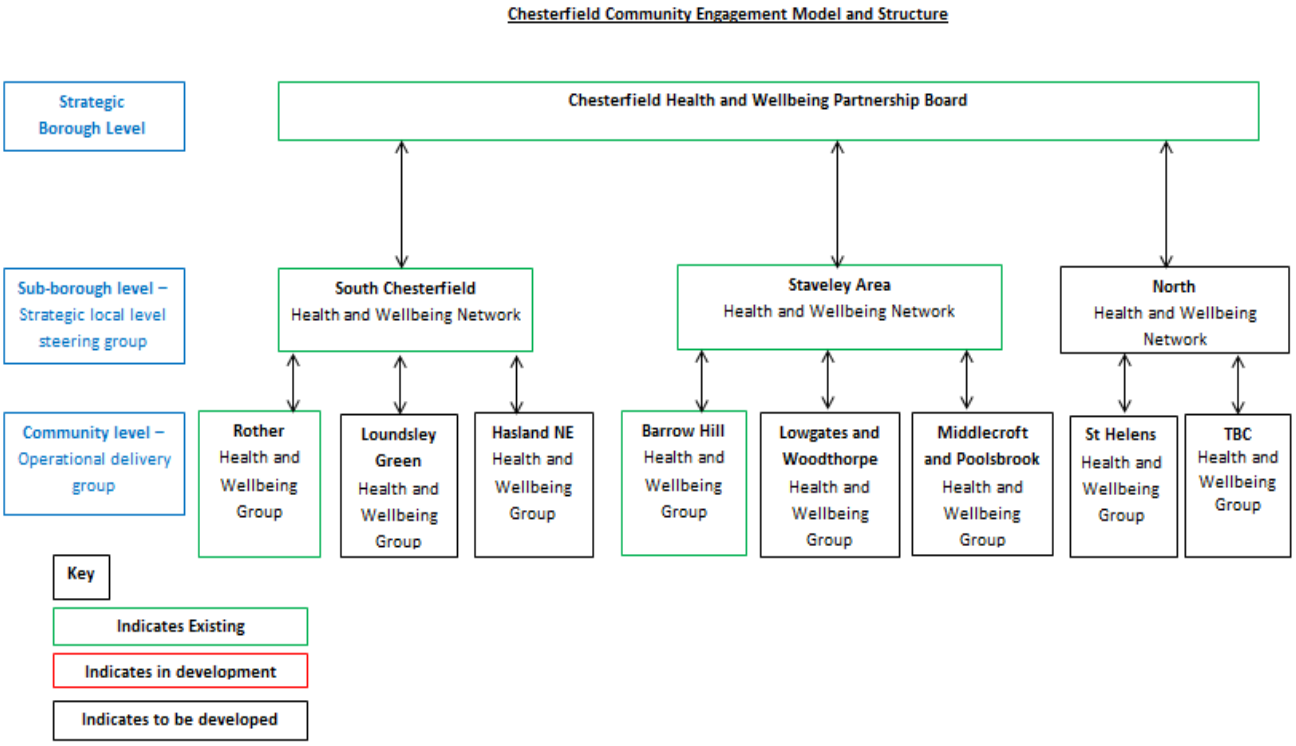
- Rother
- Hasland NE
- Loundsley Green
- Barrow Hill
- Lowgates and Woodthorpe
- Middlecroft and Poolsbrook
- St Helens.

5.2 The Press red approach is based on delivery of community-based interventions focussed on inactivity and the underlying causes and has 6 key phases:-

1. Desk-based evidence review
2. Asset mapping (physical and community
3. Community engagement
4. Community consultation
5. Develop local action plan
6. On-going review and consultation

5.3 The first roll out of the programme was in Rother and this has delivered significant successes although with many challenges along the way. The second phase has commenced in Barrow Hill and is developing well. One of the key issues identified in piloting this approach is the time taken to develop community capacity. As a result we are now amending the approach and Press Red are to provide us with outputs from Phases 1 and 2 above for the 7 areas.

5.4 This data will then be used to inform local delivery plans. A framework has been developed to allow some governance for this local approach but ensuring that the community is the centre and leads on this work. The current structure for the approach being taken is detailed below.



5.5 This approach of community asset mapping and community-led delivery has been carefully evaluated and it is proposed to apply the concept on a wider basis.

5.6 Chesterfield is part of a partnership across Derbyshire working to build a 'whole-system' approach to engaging more people in regular physical activity — one that recognises the contribution that all partners make to the development of sport and physical activity, putting the individual at the centre and responding to their needs. This approach and commitment is clearly set out in Towards an Active Derbyshire, the Derbyshire physical activity and sport strategy that partners in Derbyshire have developed collaboratively.

5.7 Sport England is keen to test new ideas and ways of working which could lead to transformational change across the whole system, particularly increasing levels of participation by under-represented groups. They are supporting an investment programme - The Local Delivery Pilot - which aims to change the way sport and physical activity is offered in communities and assess if a behaviour change approach to tackling inactivity is successful, especially in getting more underrepresented groups more active.

5.8 The Local Delivery Pilot aims over the next four years to work in 10 pilot locations with a total budget of £130 million available. Having aligned key organisations across Derbyshire united by the ambition to increase physical activity levels a bid has been submitted. The approach is grounded in the belief that in order to develop sustainable systems whereby people continue to enjoy active lifestyles beyond a funded programme, we need to work with the people to enable them ultimately, to create opportunities for themselves, by themselves. Co-production will be integral to this pilot.

5.9 The bid has prioritised 18 communities across Derbyshire including Staveley (12,318) and Loundsley Green (3,819) in Chesterfield. The bid has been submitted by the Community Sports Trust (CST) and is supported by all of the key systems organisations. Derbyshire was successful in being selected as 1 of 19 places out of 113 applications to progress to stage 2 of the application process and it is expected that 10 places will be chosen to be part of the LDP Pilot. The second stage assessment will take place on 4th October.

6.0 Sheffield City Region (SCR) early intervention employment pilot

6.1 Employment is a key wider determinant of health. There a number of work streams within the SCR programmes addressing employment under the direction of the Skills, Employment and Education Board of SCR. SCR have recently secured £5 million from the Department for Work and Pensions to support 3000 people across the SCR over a 5 year period.

6.2 The Early Intervention Employment Pilot is designed to provide intensive support to residents who are unemployed with multiple and complex barriers which will mean they are going to be unemployed for a long time, the aim being to support them to find and keep work. The pilot will provide focussed and tailored support of up to 18 months to the individual early in the benefit claim procedure and will be delivered through an independent support service working across local areas.

6.3 The following is a selection of key issues around the health and employment characteristics of Chesterfield:-

- Health and disability is a major concern for Chesterfield Borough. The Borough is ranked the 25th most deprived in England for this domain and half of the LSOAs falling within the 20% most deprived within England.
- Economic inactivity in Chesterfield is higher that the regional and national average at 26.9%. Of the 17,300 individuals classed as inactive, 33.1% (5,700) are attributed to long term sickness. This is significantly higher than regional and national averages.
- 7340 (11.2%) individuals in Chesterfield are in receipt of out of work benefits compare to regional and national averages of 8.1% and 8.4%. Within this there are 3 statistical groups which remain at stubborn levels:
- ESA – 8.8% (5770) compared to regional and national averages of 6% and 6.1%
- Disabled – 1.2% (800) compared to regional and national averages of 0.7% and 0.8%
- Carers – 2.3% (1500) compared to regional and national averages of 1.8% and 1.2%.

6.4 The pilot will be delivered by focussed use of existing services in a more co-ordinated manner ensuring more effective outcomes for the individual. This approach will save money in the long term to local and national services in the more effective delivery of support resulting in bigger outcomes and return from investment and, critically, more people in the borough in work. The partners essential for making the pilot work are already part of the existing Health & Wellbeing Partnership group.

6.5 The pilot will be delivered through the provision of key worker support to work within the existing service framework to 'unblock' the system and provide better outcomes. In order to ensure local characteristics are fully reflected it is proposed to create a number Local Integration Boards (LIB) across SCR which are central to the delivery of the pilot. It is anticipated that tenders will be issued shortly for this work with an expectation that the pilot should commence early in 2018.

6.6 This pilot is providing a novel and customer-centred access to key services for individuals with complex barriers to employment and

is expected to support over 400 Chesterfield residents. Although there are some challenges in implementing this pilot in terms of resource and fostering effective partnership working the aim is to provide significant benefit and outcomes for residents and pilot a new way of working that hopefully can be expanded in future into a more mainstream approach achieving more cost effective and sustainable outcomes for the individuals concerned.

7.0 **Universal Credit**

7.1 Universal Credit (UC) is a means-tested benefit which is intended to replace a wide range of existing means-tested benefits that top-up existing income (including Housing Benefit) The introduction of UC is being phased across the country and is proposed that the full service UC will begin in the Chesterfield area in November 2017 and in Staveley in April 2018.

7.2 The introduction of UC has been punctuated by many issues and problems. Many claimants are financially worse off than under the old system and as there is no 'transitional protection' for the claim the claimant will lose money straight away and there are protracted delays in receiving any payments under the scheme. The issue was identified by the Chesterfield Health and Wellbeing Partnership as posing significant risks to our residents and a working group has been established to address some of the key issues as follows:-

- Engagement with claimants and Communication
- Proactive early support
- Digital Inclusion for claimants
- Bank Account support and advice
- Budgeting advice and training
- Other Support Services for claimants

8.0 **Recommendations**

8.1 That the Committee notes the current work towards addressing health and wellbeing challenges and reducing inequality and considers any observations and recommendations that would support the continuing work in this area.

Document information

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Background documents These are unpublished works which have been relied on to a material extent when the report was prepared.
This must be made available to the public for up to 4 years.

Appendices to the report	
Appendix A	Health Profile 2017 – Chesterfield district
Appendix B	Local indicator summary – Public Health Outcomes Framework