



PRCC.23 13/14

Prosperous Communities  
Committee

15 October 2013

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**Subject: Health and Wellbeing Strategy Update**

Report by:

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Purpose / Summary:

The purpose of this report is to provide members with an update of the councils work relating to health & wellbeing

**RECOMMENDATION(S):**

That members note the contents of this report

**IMPLICATIONS**

**Legal: NA**

**Financial : FIN/21/14 None**

**Staffing : NA**

**Equality and Diversity including Human Rights :**  
The report is divided into the themes of the Health & Wellbeing Strategy which has considered equality and diversity during its production.

**Risk Assessment : NA**

**Climate Related Risks and Opportunities : NA**

**Title and Location of any Background Papers used in the preparation of this report:**  
NA

**Call in and Urgency:**

**Is the decision one which Rule 14.7 of the Scrutiny Procedure Rules apply?**

*i.e. is the report exempt from being called in due to urgency (in consultation with C&I chairman)*

**Yes**

**No**

**x**

**Key Decision:**

*A matter which affects two or more wards, or has significant financial implications*

**Yes**

**No**

**x**

## **Executive Summary**

As of April 2013 the responsibility for Public Health moved from the NHS and returned to local government. Within the two tier system operating in Lincolnshire, the County Council now hold this responsibility. West Lindsey District Council is keen to support LCC and our Clinical Commissioning Groups to achieve their aims. This report summarises some of the work currently underway within West Lindsey under the five themes of the West Lindsey District Council Health & Wellbeing Strategy.

## 1. **Background**

- 1.1 The statutory responsibility for Public Health has now moved from the NHS and into Local Government. Within Lincolnshire, this sits within the upper tier of our two tier system i.e. Lincolnshire County Council.
- 1.2 LCC have formalised a county wide health and wellbeing board. The aim of this board is to improve the lives of local people by making it easier for health, adults and children's social care to plan and buy better services together - this is known as 'joint commissioning'.
- 1.3 Clinical healthcare services (such as hospitals, community nursing, physiotherapy etc) are commissioned and monitored by local Clinical Commissioning Groups (CCG's). There are 4 CCG's operating in Lincolnshire each taking responsibility for clinical healthcare services within the geographical location. The West Lindsey district is primarily served by Lincolnshire West CCG, however some of the eastern portion of our district which borders with East Lindsey is service by Lincolnshire East CCG. Each CCG is responsible for a health care budget of around £300 million.
- 1.4 The main providers of healthcare services in Lincolnshire (commissioned and funded by the CCG's) are:
  - United Lincolnshire Hospitals NHS Trust
  - Lincolnshire Community Health services NHS Trust
  - Lincolnshire Partnership Foundation NHS Trust

Primary care services (our local GP practices) are commissioned and monitored by a spate authority known as the NHS commissioning board.

- 1.5 We are currently developing relationship with all the above partners and establishing working arrangements and beneficial joint working opportunities for the benefit of our local residents.

## 2. **WLDC Health & Wellbeing Strategy – Update**

- 2.1 The WLDC Health and Wellbeing Strategy was published in 2012 and I have begun to piece together work that contributes to its aims and objectives. The strategy has 5 main themes and I will discuss each theme in turn during this report, providing an update of what work is happening within each area. The report gives the main activity but is not fully comprehensive with other work being developed alongside this.

### 2.2 **Theme 1) Reducing obesity**

- 2.2.1 WL is currently commissioned by Public Health Lincolnshire (hosted by LCC) to deliver a number of programmes that contribute to tackling obesity. I am pleased to report that the same level of funding has been granted to WLDC (£144,000) to continue these programmes throughout 2013/14.

Our work will include:

- Our Health Trainers supporting 200 people to make healthy lifestyle changes

- The GP exercise referral scheme delivered within our leisure centres which will support up to 750 people to take regular exercise
- Our health walks programme
- The FitKids programme which will support 40 families with children aged 7-11 classified as obese to live a healthier lifestyle
- Community cookery skills programmes which support people learn practical cookery skills and how to prepare healthy, nutritious food on a limited budget

2.2.2 I report that all the above programmes are performing well and in line with the expectation of the programme funders (LCC). Referrals from local GP Practices for the GP exercise referral scheme is at an all-time high demonstrating the value that local GP's see in this work.

#### Exercise on Referral – Quarter 1

<b>No of referrals received ytd</b>	<b>Quarter 1 Target</b>	<b>Number of referrals received same period 2012/13</b>
352	187	168

#### Health Trainers – Quarter 1

<b>No of new starters ytd</b>	<b>Quarter 1 Target</b>	<b>Number of new starters for same period 2012/13</b>
64	50	53

#### Walking Programme – Quarter 1

<b>Total attendance</b>	<b>Quarter 1 Target</b>	<b>Total attendance for same period 2012/13</b>
2284	2000	2074

2.2.3 I will point out however that LCC are currently conducting a review of these services within all Lincolnshire districts. We are cooperating with our Public Health colleagues at LCC and taking a proactive role as part of this process. The review will determine the future of these programmes and available funding in 2014/15 and beyond. I will keep Members up to date with this process as developments occur.

## **2.3 Theme 2) Dementia**

2.3.1 With an aging population significant increases in the rates of dementia are expected within the forthcoming years.

2.3.2 The Clinical Commissioning Groups (CCG's) are responsible for the clinical treatment services available for those with dementia. We have had discussions with our CCG's who inform us that they are currently re-working the dementia care pathway with the intentions of making earlier diagnosis. There is no cure for dementia, but earlier diagnosis before the condition has become too severe allows patients and their family greater time to plan and prepare for their future needs.

2.3.3 Through discussion it has been suggested that WLDC may wish to facilitate a 'dementia friendly' community model within the district. The model has numerous elements and involves the training of local people, businesses,

volunteers and staff to have more awareness and understanding of people suffering with dementia so that they can support sufferers practically. We are currently investigating the feasibility of this option with the Alzheimer's society. This may also be one element of a WL 'Health Champions' model which I discuss further under theme 4.

## **2.4 Theme 3) Living a Healthy Lifestyle**

- 2.4.1 This theme overlaps with theme 1, but also covers wider lifestyle initiatives other than those relating to obesity.
- 2.4.2 WLDC are currently involved with the roll out of a national programme known as 'Make Every Contact Count' (MECC). MECC is an NHS initiative that looks to promote healthy lifestyles to members of the public at every opportunity. We are now in a process of training a number of our frontline staff so that they are able to offer very brief advice and signposting to services that can support people to lead a healthier lifestyle.
- 2.4.3 We are also making progress with our workforce health and wellbeing programme. All district councils have received funding from LCC through the 'iCount' programme. The programme aims to improve the health of public sector employees and reduce the number of working days lost through sickness and ill health. I am leading a small project team that will begin to implement actions within the next two months. A whole host of activities and information will be made available to all staff to help them stay healthy.
- 2.4.4 The investments in Gainsborough Leisure Centre will increase capacity and opportunity for local people to become active and we are reviewing the provision of sport development currently provided through Lincolnshire Sports Partnership in order to maximise impact. WLDC have developed a Leisure Strategy which will focus on the delivery of enhanced opportunity within the district for communities to take part in regular forms of exercise and activity. This will culminate in the development of a Community Sport and Physical Activity Network (CSPAN) which will give local stakeholders a key role in developing local activity.
- 2.4.5 We are also having discussions with Public Health colleagues about the current uptake of cancer screening programmes and NHS health checks both of which hold significant opportunity to prevent life threatening disease or give early diagnosis leading to early treatment, clinical management and improved prognosis. We will support our partners to increase the uptake of such programmes.
- 2.4.6 WLDC are also provided with funds from LCC to improve education around healthy eating and basic cookery skills. We have commissioned two providers (Gainsborough College and Cook Connect) to deliver educational and practical cookery skills courses to specific target groups. For example, through working in partnership with the local Disability Network we have commissioned Cook Connect to deliver two practical cookery skills courses to group of people who have disabilities and mental health conditions. Sheffield Hallam University will be conducting a case study evaluation on these programmes to gain feedback from those who participated.

## **2.5 Theme 4) Supporting Communities to Become Self Sustaining for Health**

- 2.5.1 A great deal of WLDC's work already contributes to this theme. It is well known that people who have greater amounts of disposable income usually have better health outcomes. The council's economic growth agenda helps to create jobs for local people. Our benefits advisors support people to access financial entitlements and our housing support services ensure that people have a home and prevent homelessness. Recent changes to the welfare system and the introduction of the Universal Credit will result in a significant change affecting many families and individuals. Two of the most significant changes to the benefit system is the way in which applications are all made online and that payments of the Universal Credit benefit will be in a single monthly transaction to one member of each household. Our benefits teams are piloting a number of initiatives to support people with online applications and money management to help those claiming and receiving the Universal Credit adapt to these new changes.
- 2.5.2 We are also looking into the feasibility of developing a West Lindsey Health Champions network. The Health Champions concept is a community development model which empowers local people to support themselves and others with regards health. I have asked the Lincolnshire Knowledge and Research Services (LCC) to conduct a literature review in order to assess the evidence of effectiveness of such an approach.
- 2.5.3 Our priority neighbourhoods (such as the ex-MOD communities) are areas of particular focus. Despite anecdotal evidence suggesting these areas face significant health issues, there is no single report which captures all available evidence in a robust methodological approach. We have enjoyed success to date in convincing the Public Health department and our local CCG's that further investigation is needed into the health needs of these communities. A rapid appraisal health assessment will be conducted in order to establish the health needs of these discrete populations and involve both statistical health information as well as qualitative research gaining the views and perspectives of community members themselves. A robust assessment of this kind will then form an evidence base for the future commissioning and design of health services within these areas.

## **2.6 Theme 5) Children and Young People**

- 2.6.1 I have already discussed the FitKidz programme under theme 1 which targets overweight and obese children to help improve their health and lifestyle habits.
- 2.6.2 I have also developed relationships with two key stakeholders in terms of child health service provision, namely Lincolnshire County Council Children Services and Lincolnshire Community Health Services NHS Trust. These partners are the two main stakeholders in terms of child health and social care service delivery.
- 2.6.4 One identified area for improvement is the low breastfeeding rates within our district. We are the only district not to have a volunteer support system currently operational for mothers wishing to breastfeed and rates of breastfeeding are some of the lowest in the county.
- 2.6.4 To address this, I am working with these partners to set a vision of supporting WL children centres to achieve the prestigious UNICEF Baby Friendly Initiative (BFI) accreditation. BFI involves a sequence of rigorous inspection to ensure that our children centres are delivering breast feeding support in line

with international best practice. Evidence suggests that areas which receive the BFI accreditation have significantly higher breastfeeding rates leading to improved long term health outcomes.

- 2.6.5 Achieving BFI accreditation (which is a 3-4 year process) will have significant impact on the future long term health of children living within our district and also incorporates many other concepts such as parenting skills.

### **3. Special Projects**

- 3.1 Mental health runs throughout all of the themes and work streams discussed within this paper. We have been holding conversations with a number of providers of mental health services to see how can work together to enhance mental health and provide services for those who require support. Such work may focus on reducing loneliness and isolation or developing confidence and self-esteem through engaging with voluntary organisations or participating in voluntary work.
- 3.2 We have been asked by LCC to pilot a programme of initiatives that support people to remain independent and within their own home for as long as possible. The 'independent living' project will target those who are at risk of falls and serious injury or hospitalisation to offer adaptations to their living accommodation or more suitable accommodation.

### **4. Final Comments**

- 4.1 We are working within a complex and evolving environment. The healthcare economy has undergone the largest and most significant change in its history. The main partners such as LCC and the CCG's are now beginning to show their intentions and we are working to develop close relationships with these partners.
- 4.2 The work highlighted in the report gives the main headlines of work currently underway.