

Meeting of the Cabinet – 20th March 2019

Report of the Strategic Director People

Dudley's Health and Wellbeing Strategy - Annual Review

Purpose

1. This report provides an update for Cabinet on the work of Dudley's Health and Wellbeing Board in the implementation of the Joint Health and Wellbeing Strategy.
2. A tremendous amount of work has been taken forward over the last 18 months all of which is monitored through the Health and Wellbeing Board. This report concentrates on some of the highlights.

Recommendations

3. It is recommended that:-
 - The Cabinet note the progress that has been made in implementing the strategy.
 - The Cabinet reaffirm that all decisions will take account of the Health and Wellbeing Strategy goals and principles.
 - Cabinet Members individually act as champions and advocates for reducing loneliness and isolation, reducing the impact of poverty and promoting healthy weight.
 - The Cabinet continue to support and advocate for the four principles that set out the new way of working, particularly working differently with our communities to enable strong, connected, resilient communities.
 - The Cabinet ensure that all the Council's input to the Dudley Vision work will be guided by the priorities set out in the Health and Well Being Strategy.

Background

4. One of the key responsibilities of the Health and Wellbeing Board is to agree the health and wellbeing priorities for Dudley Borough and set out how they will be addressed within a Joint Health and Wellbeing Strategy.

5. Since March 2017, work was undertaken to refresh the Health and Wellbeing Strategy for Dudley to take us forward over the next five years (2017-2022). This was ratified by the Health and Wellbeing Board in December 2017.
6. The strategy identifies 3 goals:
 - Promoting Healthy Weight
 - Reducing the Impact of Poverty
 - Reducing loneliness and Isolation.
7. The strategy also identifies four principles that define how the system and its partners will work together and with our communities:-
 - A new relationship with communities
 - A shift to prevention
 - A stronger focus on joining up health and care services
 - A stronger focus on what the strategy has achieved
8. The key aim for developing new relationships with our communities is to empower people to be independent, self-reliant and well through growing strong, connected and resilient communities. This involves considering:
 - what we as organisations will do
 - what we can do together with communities
 - what individuals and communities can do for themselves and each other
9. Each goal is being sponsored by one of the Board's partnership groups which is responsible for developing a delivery plan to be implemented across all partners. The Board has two Alliances that involve all stakeholders and coordinate delivery across the system.
 - The Children and Young People's (C&YP) Alliance sponsoring healthy weight
The Adults Alliance sponsoring loneliness and isolation
 - The statutory Safe and Sound Board also sits within the health and wellbeing system and sponsors the strategy goal reducing the impact of poverty.
10. The C&YP Alliance and Adult's Alliance have also been responsible for taking forward how the new relationship with communities can be developed. The Adult's Alliance has done this by engaging with communities and listening to their stories. Out of this, seven community outcomes have been developed that are now underpinning all the work carried out under the Health and Wellbeing Strategy for adults. Our plan is to replicate this with the C&YP Alliance.

11. In all activity, the Health and Wellbeing Board is keen to maximise all available opportunities to link with wider initiatives. To help achieve this, Board Members have taken part in a joint workshop with input from the West Midlands Combined Authority (WMCA) and Sustainability and Transformation Partnership (STP) to explore ways the Board can both support and influence these agendas.

Annual Health and Wellbeing Conference

12. The Health and Wellbeing Annual Conference which took place on the 19th October focused specifically on how the system can take forward developing new relationships with our communities. The main purpose of the Conference was to gain a shared understanding of what a new relationship with our communities involves and how we can support it as a system.
13. The morning presentations and workshop focused on community resilience approaches. Many of our communities and people are already resilient, but we also know that too many people are lonely, and unable to reach their potential, so we want to ensure that everyone can benefit from this way of working.
14. Partners in public services, businesses and the voluntary and community sector in Dudley are already working hard to grow resilient communities. There is a strong voluntary, community and faith sector in Dudley which is already stimulating activity in communities and supporting and celebrating volunteering. The workshop focused on how we can add value to this and do more to empower people and communities, by making small changes to the way we work and approach people. It asked attendees to contribute to the narrative for community resilience; to think about what sorts of things can be done by individual workers, services and organisations to foster community resilience and to make a pledge of something they would do or offer. It asked strategic partners and commissioners to consider how they could invest and commission for community resilience.
15. The process identified a number of 'asks' of the system that would create a working environment and culture to support and encourage staff to work in this way. This included developing a focus on encouraging inclusive growth to build community economic value, and commissioning outcomes that support community resilience; breaking down barriers to make it easier for residents and communities to take things on; having a single information point for mapped community assets available; staff training and organisations agreeing to provide free spaces in buildings for groups to meet.
16. Since the conference these issues are being taken forward through the Council's community resilience transformation programme. This includes the development of a community wealth building commission working with 'anchor' agencies (big agencies that will be there even when the economy is struggling) to maximise the money spent locally and foster community

economic development through social value. A number of early wins will be explored including investment in the inclusive growth corridor.

17. The afternoon session focused on applying the community resilience approach to adversity and looked at adversity across the life-course and how the system can work to prevent Adverse Childhood Experiences (ACEs) and build resilience so that any negative consequences are minimised. The session raised awareness of the link between ACEs and poor health outcomes. It asked attendees and organisations to consider what they could contribute and also what the new ACE Co-ordinator roles that are being established within Dudley through Barnardos should be focusing on.
18. As a result a number of issues were identified to be taken forward by the ACE coordinators including identifying the key services and providing training and developing a training package that can be used across the whole system by all partner agencies.
19. The target group for the Conference were members of the Boards that make up the Health and Wellbeing Board governance system and all the associated sub-groups. A total of 364 people were invited. Overall 99 attended all or part of the day. 63(64%) completed the evaluation. The Conference was well received with the majority of people (87.5%) feeling positive about the Conference with the video's and case-stories being specifically commented on and seen as challenging, powerful, inspiring and thought provoking. Attendees also valued the networking time and being immersed in interesting conversations and ideas.

Promoting Healthy Weight:- a whole systems approach to obesity prevention

20. This work has focused on adopting a whole systems approach to obesity prevention (WSAOP) which recognises the complexity of tackling obesity and aims to create an environment and culture where adults and children have the opportunity to maintain a healthy weight. It builds collaboration across all sectors and communities taking the view that small actions when taken together will reinforce and support each other to achieve the long-term goal. The approach also prevents potentially effective interventions being confounded by other parts of the system.
21. Public Health England commissioned Leeds Beckett University to work with local authorities to develop the approach and as a result over the last year Dudley worked with the University to bring together key stakeholders to work together to identify and map the causes of obesity, highlight gaps, possible disruptors and prioritise actions.
22. This process identified four high level causal factors underpinned by community engagement that are informing the delivery plan for promoting healthy weight and the delivery plans of other working groups across the system:

- emotional health and wellbeing (postnatal depression, living alone, sleep disability)
- food availability (supply and demand, cooking in schools, poverty, technology)
- habitual physical activity (play, active travel, lighting, technology, Physical Education, safety)
- Parenting (role models, time, neglect, use of technology to pacify, safety)

23. Key highlights from the delivery plan include:

- The daily mile: This programme encourages schools to build physical activity into the school day, in a simple and cost free way. Proposals to expand the programme further have been developed.
- Walking to school programme: Insight work informed the future position for walking to school and the school crossing service. Air quality monitoring and continued support for campaigns to support and encourage walking, cycling and scooting to school are taking place.
- Healthy Pregnancy and the critical first 1000 days: pregnant women are particularly receptive to change their health behaviour so focusing on the antenatal stage, with preventative strategies, enables individual weight management for parents and positive strength based parenting strategies to offer the baby the best start in life. The first 1,000 days (the time spanning roughly between conception and the second birthday) is a unique period of opportunity when the foundations of optimum health, growth, and neurodevelopment across the lifespan are established
- Healthy Weight Campaign: Utilising the national change4 life campaign resource, the Fizz Free February campaign was delivered. This is to encourage parents/carers and their children to pledge to go without sugary fizzy drinks during February.
- A healthy weight campaign has also been launched, where the School Council, linking with their school nurse, develops a healthy weight campaign to share with their peers.

24. The Dudley vision for promoting healthy weight is built around community led solutions and next steps will involve checking out the causal drivers identified with our communities, and to co-design and co-deliver solutions to these.

25. In order to do this we will conduct a programme of deliberative enquiry with groups representing a cross-section of the communities most impacted by obesity. Deliberative enquiry is different from other forms of engagement as it gives participants time to consider and discuss an issue in depth before coming to a considered view. The aim is to create a social movement led by the community by having “the Big Conversation.”

Reducing the Impact of Poverty

26. This work is in the early stages and has focused on defining the starting point for Dudley. A poverty baseline analysis for the Borough has been completed. An executive summary is available on <https://www.allaboutdudley.info/>. The analysis shows that there are significant levels of poverty in Dudley. Dudley's position against most indicators of poverty, or the factors that most influence poverty levels, show that the extent of poverty is lower in Dudley than in the West Midlands region as a whole, but is higher than the national average. Poverty is also not evenly spread across the Borough, but is concentrated in the central and eastern parts of the Borough.
27. The root causes of poverty are greatly influenced by national government policy, economic and societal factors, thus there is a limit to what can realistically be achieved at a local level. Nonetheless there is a range of actions that are already being taken locally and more that can be done to increase resilience to the impact that poverty has on health and wellbeing. The baseline analysis suggests that at a local level, there are three main areas on which to focus to prevent and reduce the impact of poverty on health and wellbeing. These are:
 - Maximising household income; minimising outgoings - with the aim to reduce absolute and relative poverty by raising housing income and ensuring that everyone can benefit from growth and regeneration, through inclusive growth approaches
 - Building community resilience with the aim to increase resilience to the effect that poverty has on health and wellbeing, through community outcomes, such as a sense of purpose, autonomy, community connections, a sense of pride in the neighbourhood, good relationships and continually learning and developing skills.
 - Tackling child poverty with the aim to improve the life chances of children in poverty compared to children not living in poverty, with a particular focus on improving the education and skills gap.
28. Preliminary scoping of stakeholders identifies that a number of agencies across the Borough, public, voluntary and community, and private, are already actively working to help those in poverty and provide a range of resources to give support and information. Whilst there are links made between some of these assets, there is likely to be scope both for better coordination and joint working, and for a better understanding of their contribution towards reducing the impact of poverty.
29. There are also a number of agencies who impact on poverty even if this is not their primary goal e.g. schools and colleges aiming to improve educational attainment but this in turn, gives their students better employment prospects thus impacting on poverty.

30. Therefore in order to be most effective, work to reduce the impact of poverty has to be conducted on a partnership basis across the Borough. Opportunities should also be taken to link with wider initiatives or with changes in Government policy such as with the West Midlands Combined Authority on an inclusive growth corridor which aims to ensure that investment along the Brierley Hill Metro Extension benefits the disadvantaged communities along the route.
31. Next steps include to deliver an engagement plan with stakeholders and communities to better understand the assets in the Borough that can contribute to mitigating the impact of poverty on health and wellbeing; to identify what agencies feel could be done better or differently; to begin to draw together some initial priority actions for each of the three areas outlined above and identify some early wins. This will involve a number of small events and one-to-one conversations. A multi- agency project group is being set up to lead this work and draw up the subsequent delivery plan.

Reducing Loneliness and Isolation

32. A steering group has been set up to lead this work, which provides an opportunity to raise awareness, share learning and coordinate action across the system.
33. An e-learning module to raise awareness of the impact loneliness and isolation has been developed and is being launched across the Borough. The training can be accessed by staff, organisations and individuals across communities. There are no restrictions in terms of accessing the training so as many people as possible can access the training. Since November 2018, 414 people have completed the training, a further 237 people are in the process of completing the course and 76 people have registered to undertake the course but have not yet commenced the training.
34. A recognised measurement tool – the UCLA (University of California, Los Angeles) loneliness scale is to be used for organisations to gather information; measure the difference their interventions have made and to pull the data sources together. The data on outcomes will be developed and available in the coming months, building a visual picture to demonstrate some of the activities and outcomes, with an ambition to demonstrate scale.
35. There are a number of initiatives happening across the Borough to connect individuals and communities; for example the “Pleased to Meet You Campaign”, use of community venues to bring people together, the Living Well Feeling Safe out and about Events 19/20 will target the Loneliness and Isolation Hot Spots.
36. Dudley’s Community Information Directory (DCID) is being developed so that it supports community resilience, and enables connecting conversations. DCID will also be established as a website and app. The development of this is out to tender with plans to have a contract in place with the successful bidder by 1st April 2019. Work is likely to be ongoing

until March 2020 with engagement work and testing planned throughout the development to ensure it is user friendly. Training is also in development on 'Connecting Conversations' to enable people to use the DCID platform to have strength-based conversations with people and signpost them to local community assets and other support. The new platform will include a wider range of community assets and also case studies/stories to encourage people to set up their own projects and connect with people/groups in their community.

Cross Cutting Themes

37. We recognise there are a number of local cross cutting themes that impact on all 3 strategic goals. This includes:
- the emotional health and wellbeing of adults and C&YP and
 - community safety- a key priority identified as being violent crime.

Emotional Health and Wellbeing

38. Emotional health and wellbeing is fundamental to the delivery of all 3 goals and both Alliances are driving this agenda.
39. In relation to adults, a strategic health needs assessment has been completed that looked at the data, service provision and stakeholder and community views to identify a set of priorities for the Borough in terms of adult emotional health and wellbeing. A system wide strategy has been developed and an action plan is in development to take the recommendations forward.
40. One of the key recommendations within this is to work towards the WMCA zero suicide ambition. In December we launched a Dudley based single online information point for information, advice and support on suicide – www.reachoutdudley.co.uk – and promoted this through a Borough wide 'Reach Out' campaign which includes personal stories from Dudley residents.
41. In relation to children and young people, a transformation programme is underway which began with needs assessment and engagement with partners, children, young people and families in 2014 and 2016. This needs assessment informed the development of a Children and Young People's Emotional Health and Wellbeing Strategy adopted by partners in 2018. A workforce development analysis has been undertaken to identify the skills and capacity in the local system.
42. A key gap identified by the assessment was in preventative and early intervention services, particularly those targeting key groups at high risk of poor mental health. Following this, a number of services have been developed to bridge this gap:

43. For example, the Council and CCG have jointly invested in an Emotional Health & Wellbeing Support Team (EHWT) to support schools and school nurses (SNs) in delivering their universal role, and also provide a 'hands on' non stigmatising support service for C&YP. The team also includes primary mental health workers to deliver evidence based IAPT interventions for C&YP. An integrated "Tier 2" Positive Steps service became fully operational in September 2017 and is provided by the CAMHS service to deliver therapeutic interventions and to support universal staff and school nurses. A GP Liaison Specialist Team is also in place to support GPs and offers a triage service working together with the young person and their families to decide on the best support for the young person.
44. The partnership has developed closer relationships with local Voluntary Sector providers in recognition that the sector is such an important part of the system in Dudley. The sector is commissioned to provide support to priority groups, including victims of child sexual exploitation and LGBTQ and has developed capacity to meet the needs of Black and Minority Ethnic (BME) children and young people.
45. The next stage of the transformation process to deliver emotional health and wellbeing outcomes is a workshop to take place in April 2019 to bring a wide range of stakeholders together. The purpose will be to identify the action to be taken to ensure that the whole emotional health and wellbeing system for children and young people is coherent and effective in achieving the outcomes set out in the Strategy.

A Public Health Approach to Violence Reduction

46. Although Dudley remains the safest place in the Black Country, violent crime is following the national trend and is on the increase. In recent months there has been interest in applying a public health approach to violence reduction following a number of Government announcements. Dudley plans to apply the learning from this to its local violent crime reduction plans.
47. A traditional PH approach to violence reduction focuses on understanding what is driving violence and how to reduce these factors, alongside public experience and perception. It takes a population approach, not just a focus on high risk individuals and looks to tackle upstream drivers and the wider determinants violence as well as downstream consequences
48. Recent media coverage has added a further dimension to this by describing a PH approach that treats violence like a public health epidemic where it spreads from person to person and must be both contained and prevented. This involves mapping where it is occurring to see where it clusters and then working with those at risk and using violence to change their behaviour and shift group norms using credible messengers – peers.
49. In Dudley a multiagency Violence Reduction Group exists within the health and wellbeing governance structure. There is some work already established in Dudley, so elements of a PH approach are already in place and a

Strategic Assessment for “crime and disorder” has been completed, which gives some insight into the scale and scope of violence within Dudley. It is planned that this group looks to develop an overarching violence reduction strategy for the Borough based on the PH approach.

Finance

50. The joint health and wellbeing strategy is being delivered within existing resources across the health and wellbeing system.

Law

51. Under the Health and Social Care Act 2012, Health and Wellbeing Boards are required to undertake a local assessment of the current and future health and wellbeing needs of the Borough through a Joint Strategic Needs Assessment (JSNA) process, and produce a Joint Health and Wellbeing Strategy setting out how it intends to meet the key needs.

Equality Impact

52. The new way for working with our communities is designed to reduce health inequalities and inequity and promote inclusion.

Human Resources/Transformation

53. Developing a new way of working with our communities requires a cultural change that needs to be supported and embedded by the Council’s organisational development and transformation plan.

Commercial Implications

54. The community wealth building commission has the potential to have a positive impact on the health and wellbeing strategy goals.

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