



Adults and Safer City Scrutiny Panel

Tuesday, 28 January 2020

Dear Councillor

ADULTS AND SAFER CITY SCRUTINY PANEL - TUESDAY, 28TH JANUARY, 2020

I am now able to enclose, for consideration at next Tuesday, 28th January, 2020 meeting of the Adults and Safer City Scrutiny Panel, the following reports that were unavailable when the agenda was printed.

Agenda No	Item
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| 6 | <u>Cllr Linda Leach Cabinet Member Adults /Cllr Jasbir Jaspal, Cabinet Member Health (to follow) (Pages 3 - 16)</u> |
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[Cllr Jasbir Jaspal, Cabinet Member Health, presentation on key priorities]

If you have any queries about this meeting, please contact the democratic support team:

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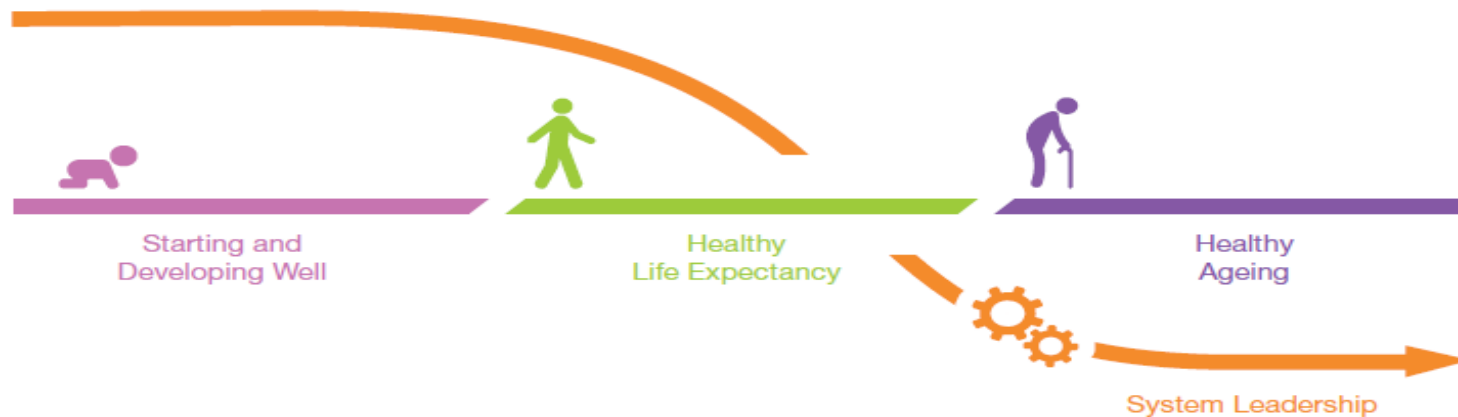
Address Democratic Support, Civic Centre, 1st Floor, St Peter's Square,
Wolverhampton WV1 1RL

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Living Longer Lives Locally

Public Health is about helping people to live well for longer throughout their life journey, using system leadership as the vehicle to join up priorities and make the biggest difference we can.

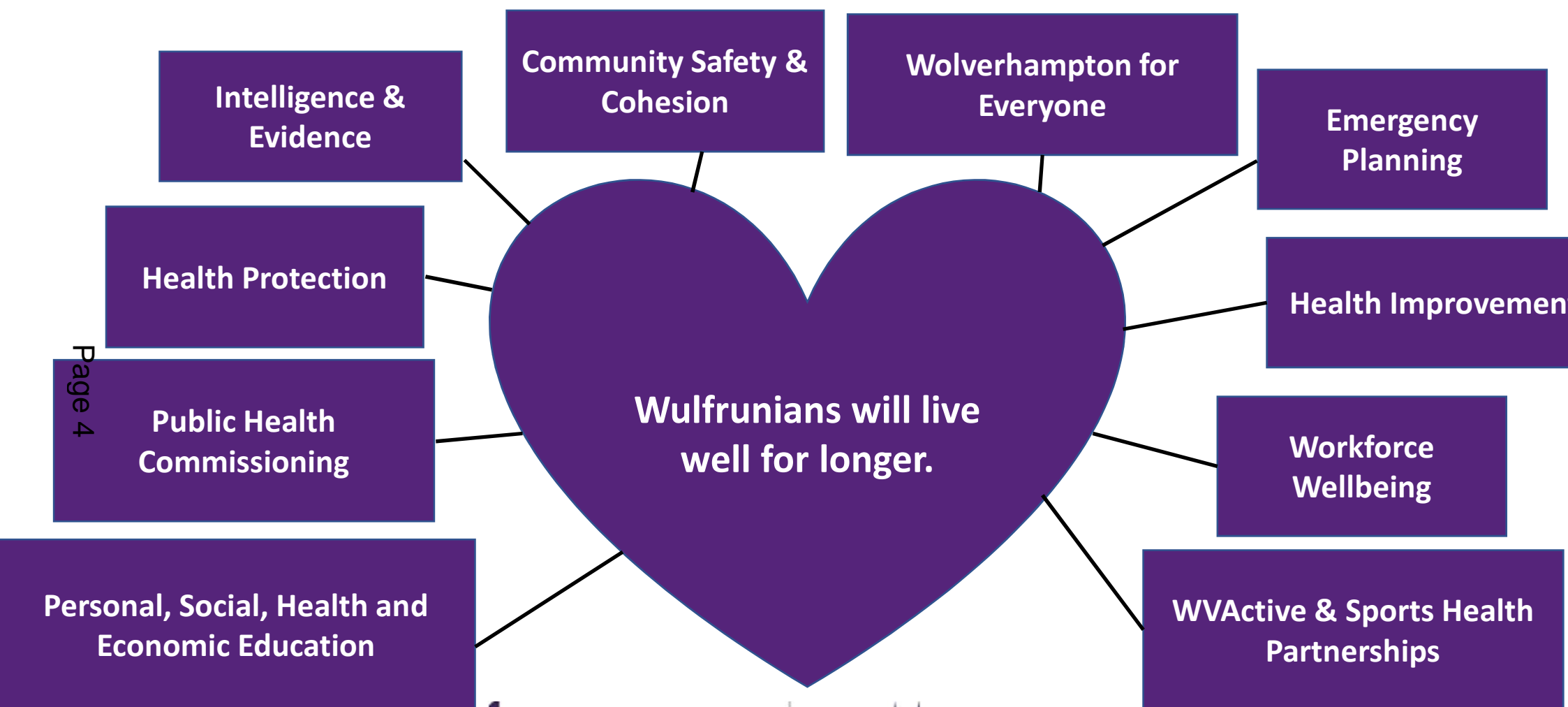


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By focusing on making sure that children have the best start in life and targeting the needs of people at critical periods throughout their lifetime we help to ensure that people can live healthier, longer lives, no matter where they are born, live or work.

Agenda Item No. 6

The Scope of Public Health



Achievements



Wolverhampton Substance Misuse Service

Wolverhampton was among the 15 Authorities in the country with the lowest results.

We are now one of the top performing authorities in the country.

Last year more people than ever gained employment during their treatment for substance misuse in Wolverhampton.



My First 6 Months as Cabinet Member



- Being clear about what our priorities are
- Doing the things we can have the biggest impact on really well
- Focusing on communities and a place based approach
- Strengthening Health and Wellbeing Together Board
- Continuing to embed Public Health in the organisation



My Personal Priorities

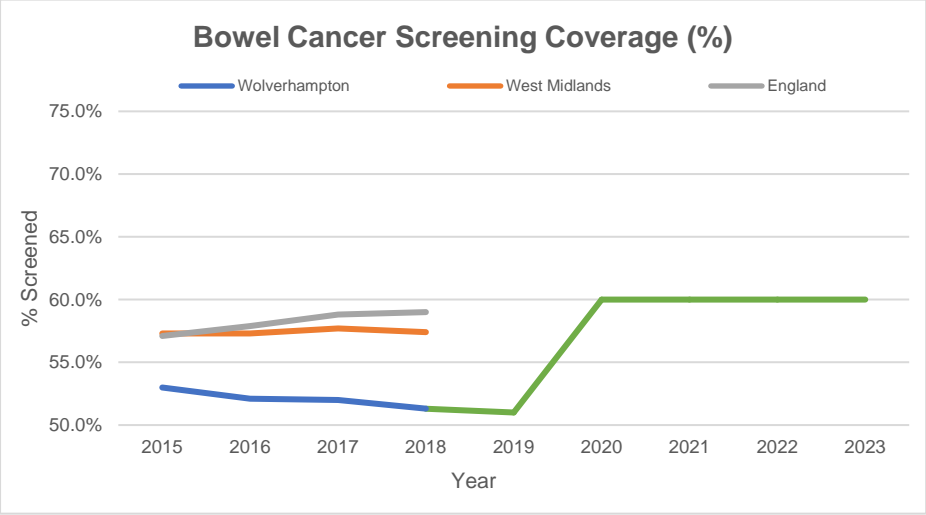
- To halt the year on year decline in the uptake of Cancer Screening programmes in Wolverhampton
- To continue to reduce the number of suicides
- To reduce the number of drug related deaths in the city
- To increase the number of people recovering from drug or alcohol misuse and get them back into employment, training or education
- To create greater cohesiveness between community groups
- To maximise the impact of the Health and Wellbeing Together Board



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Priority: To halt the year on year decline in the uptake of Cancer Screening programmes in Wolverhampton

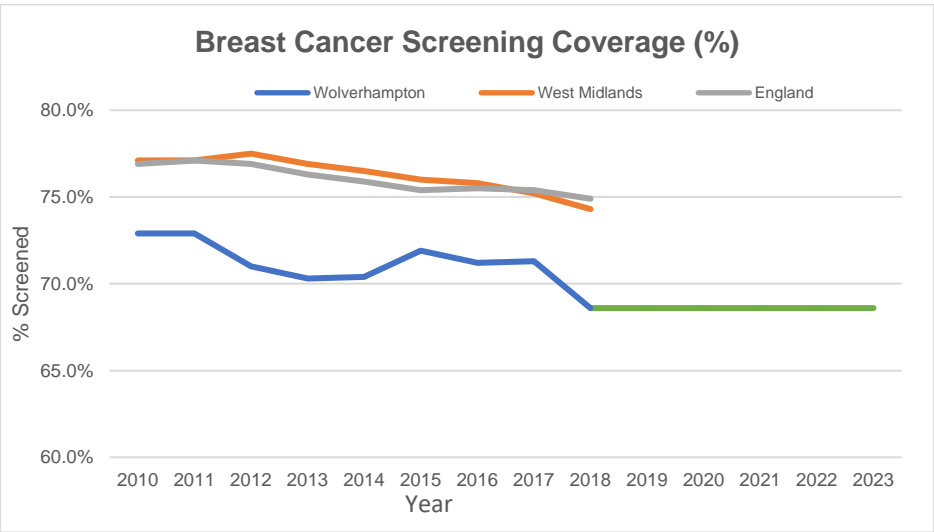
Cancer screening rates have been declining for the last five years. Although rates in Wolverhampton have continued to decline at a similar rate to other areas in the West Midlands and England, they are much lower, suggesting fewer people are taking up cancer screening across the City.



What do we know?

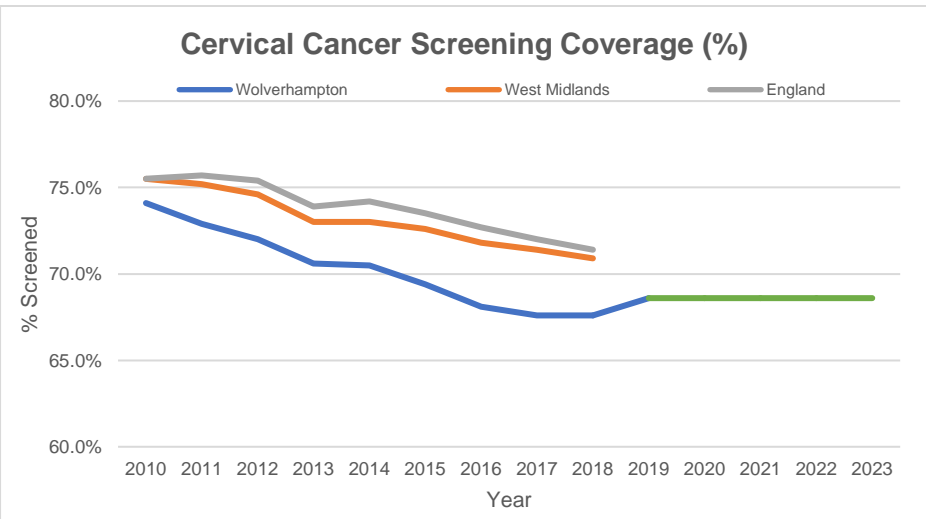
Bowel Cancer Screening

- In 2018, Wolverhampton bowel cancer screening reached its lowest rate in the last 5 years:
 - Wolverhampton = 51%
 - West Midlands = 57%
 - England = 59%
- The introduction of a more simplified at home testing kit hopes to increase screening rates. Pilot areas for the new kit demonstrated an increase of around 10% in completed kits returned.



Breast Cancer Screening

- In 2018, Wolverhampton breast cancer screening rates reached their lowest:
 - Wolverhampton = 68.6%
 - West Midlands = 74.3%
 - England = 74.9%
- There has been a delay in the breast screening programme in Wolverhampton that has seen an increase in waiting times. This has now been resolved and extra support from the CCG, RWT and NHS England has seen a system change to prevent this from happening again. As a result, we anticipate this rate may decrease before it increases again.



Cervical Cancer Screening

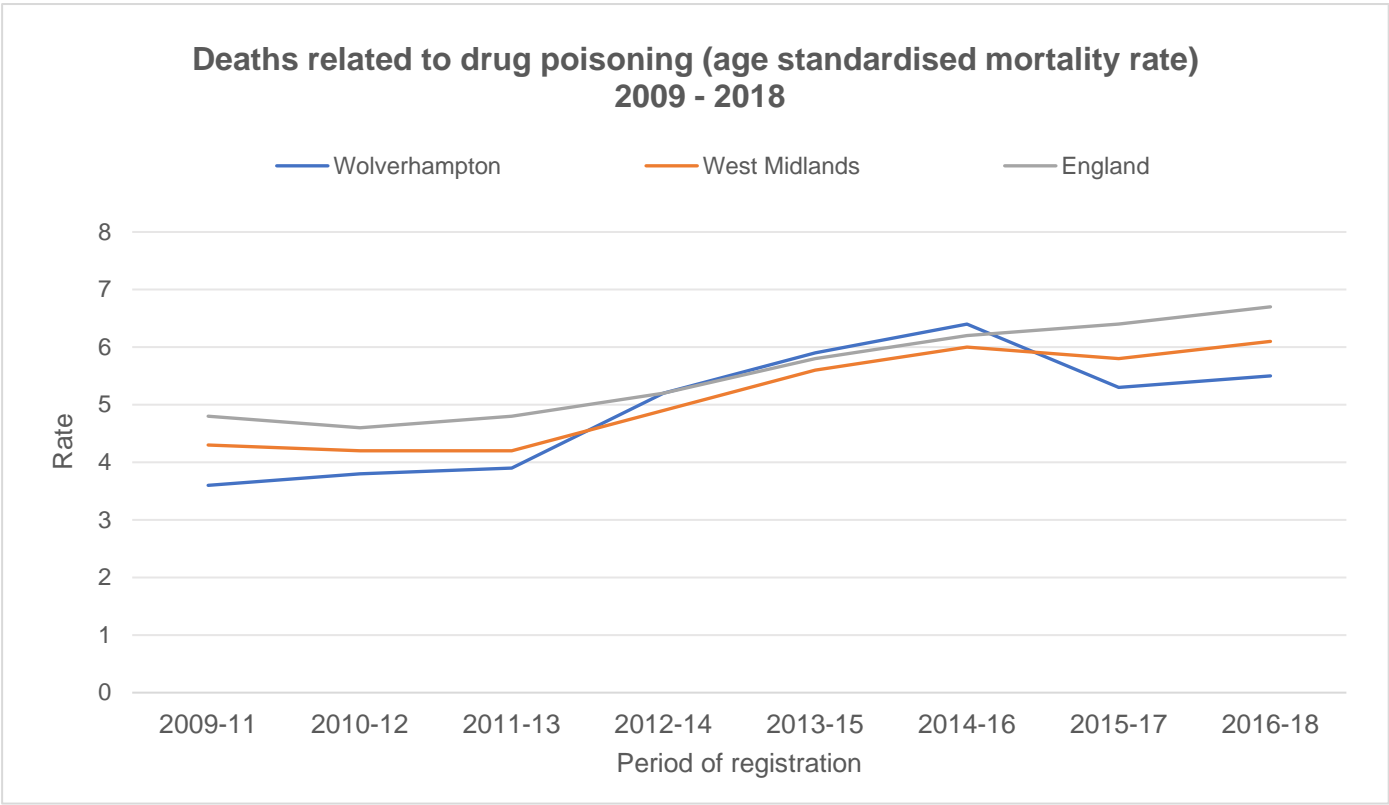
- Cervical screening follows the same trend line as both West Midlands and England average, however the rates have been consistently lower locally:
 - Wolverhampton = 67.6%
 - West Midlands = 70.9%
 - England = 71.4%
- Whilst the rates locally are lower, the gap between Wolverhampton and England is smaller than the other cancer screening programme

Key things I want to see happen

- Understand the complexities within each screening pathway to enable us to influence change
- Implement learning and best practice from areas that have improved cancer screening rates in their local area
- Work with key partners to influence cancer screening rates including NHS England, Wolverhampton CCG, Royal Wolverhampton Trust and primary care
- Work with the Cancer Strategy Group (working group includes CCG, Cancer Research UK and Health Watch) to review current screening programmes and provide better quality data
- Influence the development of the CCG’s local incentive scheme, “QOF plus”, to include cancer screening, helping primary care to focus on this area of work
- Work with Primary Care Networks across the City to raise the profile of cancer screening, utilising data sets and new ways of work such as out of hours weekend clinics
- Pilot Cancer screening flash cards with Primary Care Network Clinical Directors providing them with an overview of data for all three cancer screening programmes for patients in their practice cohort.

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Priority: To reduce the number of drug related deaths in the city



Source: ONS

What do we know?

- Overall drug related deaths nationally are rising
- Wolverhampton’s number and rate of deaths have reduced since a peak during 2014-16 where our drug death rate was higher than West Midlands and England
- Locally, both drug poisoning and drug misuse death rates are lower (5.5 and 4.0) than both the West Midlands (6.1 and 4.5) and England (6.7 and 4.5) rates
- During 2016-18, there were 42 people that died from drug poisoning and 31 from drug misuse
- Wolverhampton has the 8th highest drug misuse death rate in the West Midlands.

Key things I want to see happen

- To reduce drug related deaths during 2020-21 by 20% (note time delay in official ONS registrations – likely to be shown in 2022 data)
- To achieve this, I would like to see the following:
 - Increase in the number of people receiving treatment for Opiate Substitution Therapy (OST)
 - Increase in Naloxone provision to prevent deaths from opiate overdose
 - Introduction of a formal drug alert early warning system across Wolverhampton
 - Introduction of a drug related death panel (requires coroner input).
- To be able to produce a demographic and socio-demographic breakdown of deaths in Wolverhampton
- To undertake segmentation analysis to identify those most at risk. This will include reviewing those who have been in treatment for >6 years to ensure that their care plan remains optimal.

Drug poisoning deaths include accidents, suicides and assaults involving drug poisoning, as well as deaths from drug abuse and drug dependence.

Drug misuse deaths include:

- Deaths where the underlying cause is drug abuse or drug dependence
- deaths where the underlying cause is drug poisoning and where any of the substances controlled under the Misuse of Drugs Act 1971 are involved.

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Priority: Health & Wellbeing Together Board



What do we know?

- Statutory board established under the Health and Social Care Act 2012.
- Provides strong local leadership for the improvement of the health and wellbeing of the population of Wolverhampton.
- Encourages an ethos of integration and partnership in the planning, commissioning and delivery of services.
- Membership includes, Council, CCG, West Midlands Police, Fire Service, University of Wolverhampton, Third Sector Partnership, Healthwatch, Royal Wolverhampton Trust, NHS England, Wolverhampton Safeguarding Partnership, Black Country Partnership NHS Foundation Trust
- New Joint Health & Wellbeing Strategy adopted in January 2019, following consultation with over 1,200 responses from people living or working in the city.
- Strategy priorities are: Growing well, Living well and Ageing well.

Activity since May 2019

- First action as Board Chair – Board strategy day in July 2019 to enhance partnership working and maximise impact of the board.
- Strengthened the relationship between Health and Wellbeing Together Board with the Children and Families Together Board to ensure a coordinated approach to delivering the Growing Well priority areas
- Established a 5G working group to maximise benefit to Wolverhampton from participation in the 5G testbed pilot and develop local health and social care options for discussion with West Midlands 5G.

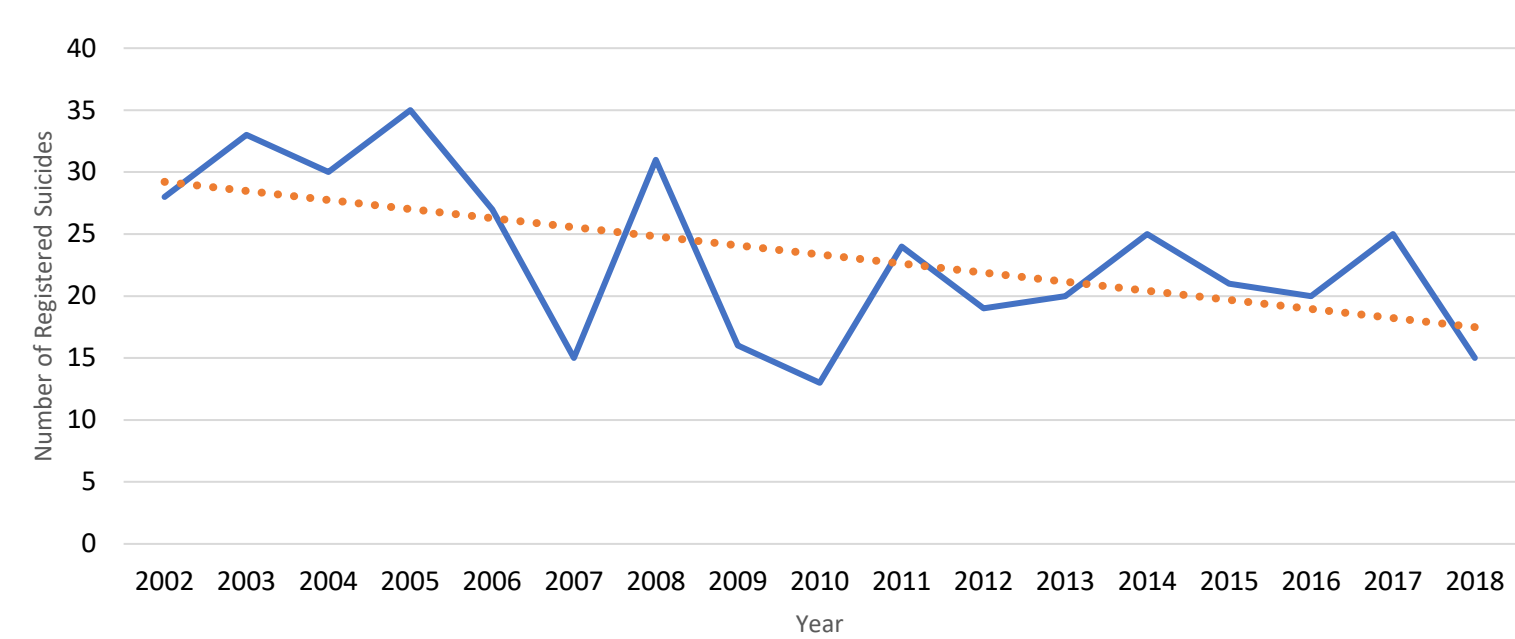
Key things I want to see happen

Continue to enhance collaboration and partnership working to deliver the priorities in the Joint Health & Wellbeing Strategy, in particular issues related to the workforce priority area, tackling alcohol and substance misuse across the whole system, focussed place-based activity to tackling health inequalities and deprivation at street and community level.

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Priority: To continue to reduce the number of suicides

Registered suicides in Wolverhampton 2002 - 2018



Source: ONS

What do we know?

- Overall, suicides in Wolverhampton has seen a downward trajectory since 2002 (since data has been routinely available)
- Locally, suicides reached a peak of 35 in 2005
- The lowest number of suicides was 13 in 2010
- In 2018, 15 suicides were registered – equivalent to a 40% reduction from the preceding year
- Wolverhampton suicide rate was significantly higher against West Midlands and England rates until 2008
- Since 2008, the Wolverhampton suicide rate (9 per 100,000 population) has broadly been in line with regional (9.7) and England averages (9.6).

Key things I want to see what happens

- Men continue to make up three quarters of all suicides. To address this, I want to adopt targeted approaches that help increase the mental wellbeing of men, as well as the population at large. This is something we have already started and are working in partnership with Wolves Community Foundation Trust to deliver the Head for Health project hosted at the Molineux.
- I want to further strengthen the role and governance of the Wolverhampton Suicide Prevention Stakeholder Forum to enable external funds to be drawn in and enable city wide mental wellbeing and suicide prevention campaign delivery.
- I want to establish a stronger relationship with the Black Country Coroner so that I can understand the circumstances of individuals who unfortunately take their life by suicide in a more timely manner. This will enable us to identify key issues and response more effectively. It will also allow us, and our partners, to support families and loved ones bereaved by the suicide.
- I would like us to note that recent legislative changes have meant that the standard of proof required for a suicide conclusion should be the civil standard (balance of probabilities) rather than the previous criminal standard (beyond reasonable doubt). As a result, it is likely we will see an increase in registered suicides.

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