

Meeting:	Adults and wellbeing scrutiny committee
Meeting date:	Tuesday 2 October 2018
Title of report:	Public health: update and plans
Report by:	Director of public health

Classification

Open

Decision type

This is not an executive decision

Wards affected

(All Wards);

Purpose and summary

To review prevention strategies and outcomes to include NHS health checks and plans for distribution of 'flu vaccinations for the winter season.

Public health delivers a range of services and activities, including those that are mandated or conditions of the public health grant as well as those developed according to local need and priorities. Achievements of the previous year include ActiveHere which has supported a 1000 inactive people to start, and importantly maintain, weekly physical activity. In addition the Healthy Lifestyle Trainer Service has helped 2,500 people make positive lifestyle changes such as give up smoking, improve weight management and reduce alcohol consumption. There has also been successful implementation of a new way of working in the drug and alcohol service which is now an integrated, recovery focused service. Key areas of focus for 2018/19 have been identified. Broadly these fall into four categories:

- i) Improving public health through the wider council and other Herefordshire assets (e.g. health in all policies, embedding Making Every Contact Count (MECC), healthy living network);
- ii) Ensuring good health protection (e.g. work to improve HPV and 'flu vaccine uptake, and vaccine uptake by vulnerable groups, improvements to the health protection service);
- iii) Topic specific needs assessments, strategy development and action plans (e.g. alcohol, oral dental health and childhood obesity); and
- iv) Improvements in commissioned services (e.g. NHS Health Checks review, improved

outcome measures for public health nursing service).

These public health activities directly contribute to the priorities identified in Herefordshire Council's corporate plan to enable residents to live safe, happy and independent lives and to keep children and young people safe and give them a great start in life.

Recommendation(s)

That:

- (a) the committee determine any recommendations they wish to make to the executive and/or responsible health bodies to improve the effectiveness of public health strategies and plans; and**
- (b) the committee members consider how they can support the public health work.**

Alternative options

1. There are no alternative recommendations; it is a function of the committee to make reports or recommendations to the executive with respect to the discharge of any functions which are the responsibility of the executive and to review and scrutinise any matter relating to the planning, provision and operation of the health service in its area and make reports and recommendations to a responsible person on any matter it has reviewed or scrutinised.

Key considerations

2. Public health has a valuable contribution to make to Herefordshire residents and the council. Public health aims to improve the health and wellbeing of residents and reduce health inequalities. Public health interventions can lead to reduced costs to society, including through reduced health and social care costs. For example, return on investment estimates indicate that for every £1 spent on drug and alcohol services, society saves £2.50 in reduced NHS and social care costs and reduced crime (further examples on return on investment are given in the presentation attached at appendix 1).
3. Public health works to prevent health problems developing in the first place (primary prevention), stop health problems from getting worse (secondary prevention) and reduce the impact of disease on people's health and wellbeing (tertiary prevention).
4. Health and wellbeing of the population is affected by a broad range of social determinants, including lifestyle behaviours, physical and social environments, education and employment, as well as our genetics and the health care we receive. The wider social determinants have a greater impact than genetics or healthcare.
5. Functions of public health include mandated services, services that are conditions of the public health grant and services and activities which are developed according to local need and priorities.
6. The breadth of activities include:
 - a. Commissioned services: Drug and alcohol service, Public Health Nursing Service (integrated health visiting and school nursing), Sexual health services, NHS

Health Checks, Smoking cessation (in-house), Healthy lifestyle training (in-house), Fit families and Postural stability

- b. Epidemiology: National Child Measurement Programme (NCMP), Oral health (5 year olds) survey
 - c. Understanding local need; strategy, policy and service development: Needs assessments including JSNA, service developments, developing and implementing strategies
 - d. Community/public engagement: Public health campaigns and communications, Healthy Living Network, Advice and guidance (WISH)
 - e. Contribution to health partnership working: Public health advice to CCG through core offer: needs assessments, governing body etc, STP work-streams, Public health input into panels: Child Death Overview Panel, Serious Drug Misuse Incident Panel, Individual Funding Request Panel.
 - f. Assurance/Challenge: Screening and immunisation
 - g. Health protection role
7. Local impact has been demonstrated through public health services and activities. Examples of which include the following (details given in Appendix 1: Public Health Plans and Update):
- a. ActiveHere: The programme met its target of engaging with 5% of the adult population of Herefordshire and for the number of inactive people still engaged at 3 months: 1,675 people started doing 1x30 mins of activity through the programme; 1,006 of which remained active at 3 months;
 - b. Drug and alcohol service: Implemented an integrated, recovery focused drug and alcohol service which has recently achieved improvements in outcomes. Initial performance challenges have been overcome and the service is currently top of comparator group for successful completions of treatment for opiate users;
 - c. Healthy Lifestyle Trainers: Since 2012, 2,500 people have been supported to make positive lifestyle changes. The service has led to reductions in smoking, alcohol consumption and social isolation for service users. It has led to increases in emotional wellbeing, physical activity, eating habits and weight management. Approximately half of all service users were from the most deprived areas of Herefordshire and therefore the service is helping to reduce health inequalities in the county. In 2017/18 the service met the reportable KPIs around number of clients assessed (>400), developing personal health plans (~300) and achieving or partly achieving personal health plans (~230);
8. The key areas for development and focus for 2018/19 are outlined in the public health service improvement plans. The high-level objectives fall into four broad categories and are:
- a. Improving public health through the wider council and other Herefordshire assets
 - i. Embed public health in council duties (Health in all policies): we will work with planning colleagues to develop and implement tools and frameworks to facilitate consideration of public health in the planning process;

- ii. Embed Healthy Living Network across Council, with stakeholders, businesses and community groups (the Healthy Living Network is a network of community groups, organisation and businesses who are passionate about improving the health and wellbeing of their community and / or workforce): we will gain commitment from key organisations and stakeholders, train staff and implement HLN Phase 1 (campaigns and communications);
 - iii. Embed Making Every Contact Count (MECC) across the Council, with stakeholders and in communities: we will launch e-learning of MECC training, develop implementation plan for the council and wider stakeholders;
 - b. Ensuring good health protection
 - i. Health protection service improvements: implement the findings of the LHRP review, develop and implement an evidence-based work plan;
 - ii. Improve uptake of flu vaccination in residential care homes; we will work with commissioners, operations and providers and develop a programme to increase vaccinations
 - iii. Increase uptake of immunisations and vaccinations, through delivery of a focussed programme to promote and encourage uptake of HPV vaccine, childhood vaccines in vulnerable communities and flu vaccine in council staff, pregnant women and care staff;
 - c. Topic specific needs assessments, strategy development and action plans
 - i. Improve children's dental health: we have established a dental health working group and will undertake an oral health needs assessment and develop and implement an dental health strategy and action plan;
 - ii. Reduce childhood obesity and promote healthy weight and healthy eating: we will set up and commence delivery of the Fit Families programme, develop new delivery model for healthy start programme and we will develop and implement childhood obesity/healthy weight strategy and action plan;
 - iii. Implement an alcohol harm reduction strategy for Herefordshire; we will undertake a alcohol needs assessment and work with stakeholders to develop a multi-agency Herefordshire alcohol harm reduction strategy and action plan;
 - d. Improvements in commissioned services
 - i. NHS Health Checks review: we will undertake a health equity audit of health checks, including looking at offer, uptake and outcome of NHS Health Checks and make recommendations to target improved uptake;
 - ii. Implement robust contract management processes and outcome measures for the public health nursing service.
9. Across England there are inequalities in health outcome between those in living in the least and the most deprived areas. This is also the case in Herefordshire. For example,

those living in the most deprived areas of Herefordshire are 71% more likely to die prematurely (<75 years) of stroke, 29% more likely to die prematurely of coronary heart disease and 22% more likely to die prematurely of cancer, than those living in the least deprived areas.

10. Public health interventions can help reduce health inequalities, through for example targeting services to those most in need and/or living in the most deprived areas. We will increase our focus on health inequalities, applying proportionate universalism i.e. delivering a universal service which focusses efforts on the most disadvantaged . This will include work for example on immunisation for vulnerable communities, childhood obesity and oral health, NHS Health Checks review and through the Joint Strategic Needs Assessment.
11. Healthwatch explored Public Health in 2017/18, following engagement with the people of Herefordshire. Healthwatch Herefordshire asked people i) what they do to stay healthy (physically and mentally), ii) where they go for information and support on staying healthy and iii) awareness of public health campaigns. The results of this survey have been published (see appendix 2). This report shows that people identify exercise, socialising and diet as ways they keep healthy, though these were much more commonly identified by the general public than by equalities groups (which included a range of people such as young people, adults with acquired brain injury, adults with learning, Eastern European agricultural workers, gypsy/roma adults). Most commonly identified sources of information and support on healthy living were GP/professionals, online and family/friends. The most commonly recognised public health campaigns were Change 4 Life, FAST and Staywell Winter. Members of the general public recognised a greater number of campaigns than people from the equalities groups. These findings support the direction of the activities undertaken by the public health team. For example, through the Healthy Living Network, Healthy Lifestyle Trainer Service and WISH we are promoting information and providing support to help people lead healthy lifestyles. Our local public health communication campaigns use national branding where available to maximise recognition. We are currently working on targeted campaigns promoting vaccine uptake for vulnerable groups, including in gypsy/roma traveller communities and seasonal migrant workers.

Community impact

12. In accordance with the adopted code of corporate governance, Herefordshire Council must ensure that it has an effective performance management system that facilitates effective and efficient delivery of planned services. Effective financial management, risk management and internal control are important components of this performance management system. The council is committed to promoting a positive working culture that accepts, and encourages constructive challenge, and recognises that a culture and structure for scrutiny are key elements for accountable decision making, policy development, and review.
13. The breadth of public health services and activities directly contribute to the priorities identified in Herefordshire Council's corporate plan to enable residents to live safe, happy and independent lives and to keep children and young people safe and give them a great start in life. The work also contributes directly to the priorities set out in Herefordshire's Health and Wellbeing Strategy.
14. Public health contributes to the development of the evidence-base for decisions through its role in developing the JSNA and other need assessments, and uses such evidence in its work.

15. Public health works in partnership with the wider health economy. This work includes the core offer to the Clinical Commissioning Group (CCG), participation in Sustainability and Transformation Partnership (STP) Boards and participation in local panels as well as working with providers and other key groups in the community.
16. There are no direct implications for health and safety.
17. Working with the Looked After Children Team, the Public Health Nursing Service will contribute to and support assessments, primarily of looked after babies and pre-school children. The Public Health Nursing Service support the needs of in-county looked after babies and children

Equality duty

18. Under section 149 of the Equality Act 2010, the 'general duty' on public authorities is set out as follows:

A public authority must, in the exercise of its functions, have due regard to the need to -

 - (a) eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;
 - (b) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
 - (c) foster good relations between persons who share a relevant protected characteristic and persons who do not share it.
19. The public sector equality duty (specific duty) requires us to consider how we can positively contribute to the advancement of equality and good relations, and demonstrate that we are paying 'due regard' in our decision making in the design of policies and in the delivery of services. Where services are commissioned, our providers are made aware of their contractual requirements in regards to equality legislation.
20. Many of the public health services and activities aim to reduce inequalities and support the most vulnerable within our society that share the protected characteristics. Through supporting and continuing with the planned public health activities, the council will be demonstrating its commitment to the equality agenda.

Resource implications

21. None arising from the recommendation. If the committee determines any recommendations the resource implications of those will inform the relevant decision maker's decision.
22. Herefordshire Council receives a ring-fenced public health grant from central government. In 2018/19 this grant is £9.2 million. This report is not requesting or proposing any additional allocation of funds.

Legal implications

23. Section 3.4.2(g) of the constitution provides that the adult scrutiny committee has the power to review and scrutinise any matter relating to the planning, provision and operation of the health service in its area and make reports and recommendations to a

responsible person on any matter it has reviewed or scrutinised or to be consulted by a relevant NHS body or health service provider in accordance with the Regulations (2013/218) as amended. In this regard health service includes services designed to secure improvement—

- (i) in the physical and mental health of the people of England, and
- (ii) in the prevention, diagnosis and treatment of physical and mental illness

Risk management

- 24. None associated with the recommendation.
- 25. The risks associated with public health delivery are entered onto the directorate risk register and escalated as appropriate.
- 26. In times of financial challenge there is a risk that investment in prevention and embedding prevention in all policies is not considered a priority. However, this approach is short term and will result in increased demand on stretched health and social care services, and will have a long term impact on the health and wellbeing of the population. The new approach being taken by the public health team, is to strengthen the focus on reducing inequalities, applying proportionate universalism. This will help ensure value for money as services and activities reach those with greatest need/potential to benefit.
- 27. The key financial risk faced in delivering the public health function is the uncertainty about the future of the Public Health Ring-fenced Grant beyond 2020. Further guidance is awaited on the national plans for the future of the functions.

Risk / opportunity	Mitigation
Uncertainty about the future of the public health ring-fenced grant after 2020	Articulate the impact on Public Health Outcomes Framework, and benefit to the council, of public health spend.
Services are not reaching those that will benefit the most	Review of service uptake by deprivation and other characteristics e.g. for NHS health checks, Healthy Lifestyle Trainer Service, ActiveHere
Services do not perform/deliver as expected	Risks managed through robust contract management and directorate risk register as required.
Partners and wider system do not engage with their role in public health	Early stakeholder engagement and focus on partnership working including with community partners.

Consultees

- 28. None specific to this report.

Appendices

Appendix 1: Public health update and plans (presentation)

Appendix 2: Healthwatch Herefordshire. Public Health Report. April 2018.

Background papers

None identified