Director of Public Health Annual Report 2013

Collaborating for health in Herefordshire

Herefordshire Council

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Foreword

I am delighted to introduce the first Director of Public Health Annual Report as part of Herefordshire Council's new statutory duties under the Health & Social Care Act 2012. It has been over six months since Herefordshire Council took on the responsibility for the public health function from the former Primary Care Trust. We are still getting to know each other fully, though we have worked closely with public health as a council for many years. With a new prospect of a changing health and social care architecture and with public and third sector partners facing limited and reducing resources, it is more important than ever that we work collaboratively with all agencies as well as with the people of Herefordshire on this important agenda.

Health is everyone's business; individuals have a responsibility to themselves and their families, services have a responsibility to create health-supporting environments to provide services to the most vulnerable residents, and to meet population health needs. In this report you will learn about three key examples of work being scoped out to do just this – linking with the police on alcohol and reducing the harm it does to families, understanding the role that carers play in supporting services to better meet health need, and building on community assets to promote health in some of our most deprived neighbourhoods so that everyone has equal opportunities for good health.

As the new Chief Executive of Herefordshire Council, I am pleased we have a good foundation for public health and the council is committed to playing its full role in protecting, promoting and improving the health of the population of Herefordshire.

Alistair Neill
Chief Executive
Herefordshire council
September 2013

Introduction

It has now been about six months since the implementation of the Health and Social Care Act 2012 that legislated for the transfer of public health responsibilities into local authorities from primary care trusts. Here in Herefordshire, we had a strong history of joint working by public health with the PCT and the local authority. We have taken this to another level while working to embed the new health and social care architecture to maximise the positive impact of the changes on the population's health and wellbeing. There is still much to be done, and while we find our feet post-transition we are identifying ways to amplify the collaborative working between public health and our partners in the community – both internal and external to Herefordshire Council.

In this year's annual report, I want to highlight not only the opportunities for collaborative working for health and wellbeing but the necessity of it in the age of shrinking resources. It is more important than ever that we align those resources and efforts to maximise our positive impact on health and reduce health inequalities. No individual or community or group of people exists in isolation. No professionals or services work in isolation either. We need to work together to the extent of our ability to support our communities to enjoy the best possible health and wellbeing. An important part of this is to truly understand the need and what data and information tell us. One of our key priorities this year will be to look at our approach to 'strategic intelligence'- this is the way that we bring all of our data and information capabilities together to draw the most accurate picture possible of what it is like to be a resident of Herefordshire, including health outcomes, use of services, and community characteristics. This provides the backbone to any piece of work that commissioners and providers of services may want to do to better understand how to make services best meet the needs of the population with the minimum amount of resource. Three of these pieces of work that are getting underway are described in this annual report.

This year I will focus on these three examples of areas that really do need our collaboration based on the information from the 2013 integrated needs assessment, Understanding Herefordshire. We will aim to scope out the scale of the issue and determine the impact it is having, and begin to think about what action can be taken to address them. These are:

- Taking a partnership, asset-based approached to addressing the health inequalities that exist between our most affluent and most deprived communities in Herefordshire. We need to understand more about why those of our residents living in the most deprived areas of our county are 33% more likely to die of cancer and 60% more likely to die of coronary heart disease, by using "strategic intelligence" to better design services that support healthy lifestyle behaviour change and create health supporting environments. The success of these services depends on using community-based services that build on the assets within a community:
- Developing our "strategic intelligence" around the complexities of alcohol harm in our community by looking at how alcohol-related admissions to hospital, domestic abuse, and families in need intersect and how they are inter-related;
- Applying a "strategic intelligence" view in order to better understand the evidence at hand about the role that carers play in our county and the impact they have on health and wellbeing outcomes for vulnerable people, and therefore what services can do to support this valuable human resource more.

The purpose of an annual report is to comment on the year we are bringing to an end, in this case 2013, and make recommendations for action for the coming year – 2014. These chapters include recommendations for action against these health needs identified that we will take forward over the next year. I will report back on the progress made on these in my annual report for 2014.

I have also included here a progress report on recommendations from my last report.

If you have any interest in any of the areas covered and would like to speak to a member of the public health team about them, please do get in touch. The collaboration required to tackle some of these challenging issues can't be underestimated, and we welcome interest in helping us all as a community work to improve the health and wellbeing of all of our population.

Elizabeth Shassere
Director of Public Health
Herefordshire Council
September 2013

Chapter 1

Tackling health inequalities: a community asset based approach

Gwen Ellison, Health Improvement Programme Manager and Mandy Evans, South Wye Regeneration Manager

What's the problem?

Our healthy lifestyle choices are important because health problems or ill health as a result of poor choices regarding the food we eat, how much we drink, how physically active we are or whether we smoke, have already reached alarming levels. These choices are influenced by a complicated range of factors – personal, social and environmental.

It is vital to reverse the upward trend of lifestyle related health problems, not only because of the risks they present to health but also because of the costs on local government, on the NHS, on the benefits system and on employers, affecting us all.

Photo: Making Every Contact Count (MECC) booklet

Who's affected most?

The more socially deprived people are, the higher their chance of premature mortality, even though this mortality is also most avoidable. This so-called 'social gradient' in health is shown in Herefordshire by a 'gap' in life expectancies between the best and worst performing 10% of the County's population of 6.2 years for males and 5.9 years for females. [1] Lifestyle choices contribute to these inequalities in health outcomes. For Herefordshire, these are:

- Smoking
  - 309 smoking related deaths in 2012 in those aged 35+
  - Adults residing in the most deprived areas of the County are over 40% more likely to die as a result of smoking than the population of Herefordshire as a whole

- Alcohol
  - Approximately 60 alcohol related deaths in 2012
  - A person residing in the most deprived quartile of the County is four times as likely to be admitted to hospital as a direct consequence of their alcohol consumption

- Obesity
  - Adult obesity prevalence is 25.3% compared to 24.2% nationally
  - 34% of adults were classified as overweight (a BMI of 25 to 30) and a further 20% of adults were classified as obese (a BMI of 30 and over), using self-reported height and weight [2]
  - 36% of adults reported eating the recommended five or more portions of fruit and vegetables on the previous day and only one in three adults reported meeting the guidelines for physical activity in the past week [3]

1 Understanding Herefordshire 2013, Inequalities within Herefordshire

2 For adults BMI (Body Mass Index) is used to calculate whether a person is underweight, healthy weight, overweight or obese for their height. The calculation divides the adult's weight in kilograms by their height in meters squared. BMI allows for natural variation in body shape, giving a healthy weight range for a particular height.

3 http://factsandfigures.herefordshire.gov.uk/docs/research/hwbs_themed-healthy_lifestyles.pdf

Lifestyle risk factors in the young are particularly worrying as it is possible to predict future increases in incidence of disease such as diabetes, stroke and heart disease if current trends continue. A Herefordshire version of the modelling used by the Marmot Inquiry into health inequalities showed that if the future pensionable age increases to 68 years as planned between 2026 and 2046, average disability-free life expectancy would only exceed 68 years in one out of 23 Middle Super Output Areas. It showed that for every 10% increase in the percentage of the population experiencing income deprivation, there was an approximate two year reduction in average life expectancy at birth and an even wider gap of a 4.5 year reduction in average disability-free life expectancy at birth. It means that preventative action and early intervention is needed now to increase disability-free life expectancy at birth, including promoting healthy lifestyle choices across the life course.

What can be done?

Identifying and understanding the problem does not fix it. An asset based approach is a different way of thinking. It values the capacity, skills, knowledge, social connections and potential in a community to help find the solutions and finds ways of mobilising these assets. The Public Health White Paper noted that 'our health and wellbeing is influenced by a wide range of factors – social, cultural, economic, psychological and environmental – across our lives'.[2] It is estimated that only 15-20% of inequalities in mortality rates can be directly influenced by health interventions that prevent or reduce risk.[3] The wider social determinants of health such as housing, educational attainment and employment are the major influences.

Many people can be prompted and supported to change their behaviour and adopt a healthy lifestyle. The aim is to encourage a voluntary response to change, with particular focus on the importance of social norms and habits and on empowering people to make healthy choices. To do this it is necessary to:

- Mobilise the capacity of people and assets of people and place

Community development competencies and NICE guidance on community engagement can be utilised carefully to create sustainable change. It is also vital that those people who are working with communities and supporting people through the process of making healthier lifestyles choices have the skills and knowledge to do the job. Practitioners need to begin with a focus on what communities have (their assets) rather than what they don't have (their needs). Individual change can have an impact at a wider community and population level to develop social capital and encourage positive social norms that help to sustain and strengthen communities, building healthier communities.

2 Healthy Lives, Healthy People
3 The NHS Belongs to the People, A call to action

- Understand behaviour change

NICE guidance on behaviour change recommends drawing on a number of concepts from the psychological literature to design interventions, services and activities that helps people achieve changes in behaviour. This information is valuable to individuals and communities that are enabling people to make positive lifestyle choices. The concepts are:

- To understand the health consequences of their behaviours;
- To feel that the behaviour change being promoted is personally relevant to them;
- There has to be a reward or positive effect from making the change;
- People need to believe in their ability to change and desire it (self-efficacy);
- People need to have a visible positive role model or image, to compare to or aspire to;
- People need to feel part of a group or someone significant to them as motivation to make the change (social approval/ a reference group);
- Use must be made of our developing understanding of people's behaviours and influenes on behaviour.
  Social marketing, such as the Change4Life programme is applying behavioural science and this is increasingly being used to empower people to make healthier lifestyle choices.

A view of how we can build on the strengths of individuals and the assets of communities:

South Wye Regeneration Partnership has worked closely over many years with the South Wye community to address health inequalities but this remains a challenging issue. We act as a community hub of information and advice for a range of community organisations in the area and aim to improve the life chances of residents. The residents and their community organisations are assets that can be tapped and they have expertise to contribute. We cannot address one issue without addressing a number of other key factors that affect the quality of life of those in our deprived community with health as one of the most important factors. We work with our partners to improve the life chances of those in our community.

We meet people on a daily basis in our neighbourhoods, at our community hubs and support healthier lifestyles and targeting vulnerable groups. With our partners, we provide lots of classes and activities for people to join to meet others and increase their understanding and take action. For example, the drug and alcohol partnership raises the issues about the risks of drug and alcohol misuse. There are also lots of events and activities for all age groups that encourage people to make healthy lifestyle choices such as increasing physical activity levels. Much is and can be done to encourage use of our beautiful green spaces, so close to the community. We build good relationships with people, organisations, our many volunteers and groups to do this work.

All of this is part of an asset based approach to improve community health and well–being across the county where best practice can be shared.

Mandy Evans, South Wye Regeneration Manager

Photo: South Wye Amateur Gardeners (SWAG), courtesy Jo Pewsey, HVOSS

What have we done?

During 2013 we supported the implementation of Making Every Contact Count (MECC) across NHS Herefordshire. MECC is the systematic delivery of health improvement through staff using consistent and simple healthy lifestyle advice, known as brief advice, combined with appropriate signposting to lifestyle services, information and advice.[4]

The Healthy Lifestyle Trainer Service has also been launched offering lifestyle behaviour change support to those most at risk from their lifestyle choices.[5]

We will build on these initiatives by developing a package of evidence based lifestyle change interventions.

4 https://www.herefordshire.gov.uk/health–improvement/
5 https://www.herefordshire.gov.uk/health–and–social–care/health–and–medical–advice/healthy–lifestyle–trainer–service/

Recommendations

This chapter sets out the challenge of achieving the health and wellbeing outcomes within the public health outcomes framework that are affected by lifestyle choices. The problem is highly apparent in our hard-pressed communities but also in small pockets of deprivation across the county. The issue is urgent. Effective action is needed to reverse the trends that are affecting and will further affect population health. The idea is to utilise as many opportunities as possible across the county to prompt conversations to provide support and activities that lead people to make and maintain healthy lifestyle choices, and change the social norms that drive this problem. By connecting to community assets and sharing evidence of what works we will start to address a complex problem and make a big impact. It is time to seek the full engagement of communities, agencies, and the wide range of organisations affected by this issue.

Our recommendations are therefore:

- To seek out opportunities for collaboration and work together on lifestyle behaviour change as described here;
- To gain a better understanding of our communities and work with them to reduce the social gradient in health;
- To develop our understanding of people's behaviours and influences on behaviour in Herefordshire, gaining insight through social marketing;
- To develop and utilise the wider public health workforce;
- To review existing services and commission healthy lifestyle behaviour change services such as for stop smoking and weight management.

Chapter 2

Working together to reduce alcohol-related harm

Dr Alison Merry, Assistant Director/Consultant in Public Health and Ivan Powell, Superintendent, Herefordshire, West Mercia Police

Introduction

Alcohol has a prominent role in the country's social, cultural and economic life and the majority of people who drink alcohol do so safely and responsibly. However, alcohol is also responsible for causing, or contributing to, a wide range of health and social problems including preventable illness and premature death, crime and disorder, violence and injury including domestic violence and abuse, and risky sexual behaviour.

In Herefordshire, we have identified the need to take a more coordinated approach to tackling alcohol-related harm, particularly as this relates to domestic abuse and violence, the integrated management of offenders and the Families in Need agenda. [6]

This chapter looks at how alcohol misuse affects individuals, families and communities in Herefordshire, reviews the work undertaken in 2013 and looks forward to our plans for 2014. It makes recommendations for how we can make a bigger difference by coordinating our efforts to understand what the data tells us about alcohol misuse and by working collaboratively to address the multitude of harms arising from alcohol misuse.

Photo: Herefordshire: home of artisan cider production; also cheap alcohol promotions

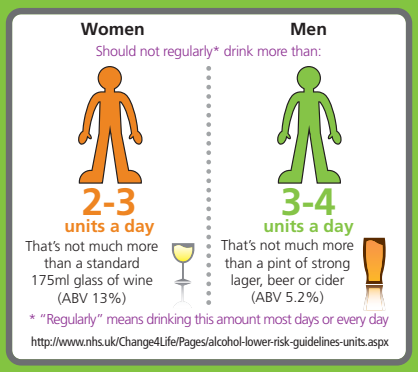
6 Families in Need is Herefordshire's approach to the national Troubled Families Programme.

What does drinking behaviour in Herefordshire look like?

In Herefordshire, most people who drink alcohol stay within recommended limits, but estimates suggest that 28% of the drinking population drink at increasing or higher risk levels and 20% of adults binge drink. These figures are slightly, although not significantly, higher than those for the West Midlands as a whole (26% drinking at increasing or higher levels and 19% binge drinking).[7, 8]

GUIDELINES: WHAT COUNTS?

- Any drinking has some amount of risk attached. However, by keeping within the lower-risk guidelines below, you can have a low risk of causing harm.



If you are a dependant drinker, no drinks are safe, but before stopping, seek advice from a specialist alcohol worker or your GP.

Photos: Making Every Contact Count provides advice on alcohol consumption

MAKE A CHANGE!

Why not try some of these ideas?

- Know your units - find out how many units are in your usual drink. Keep track of your drinking on your desktop or on the go with the NHS Drinks Trackers

- Try for 2 alcohol free days each week
- If you tend to have a drink at a certain time of day, try to plan other activities and tasks at those times
- Swap your usual for a drink with less alcohol content ("ABV" - this will be on the side of the bottle or can)
- Try a smaller drink - a small glass of wine instead of a large one
- Make a plan - before you start drinking, set a limit for how much you're going to drink
- Only take a fixed amount of money to spend on alcohol
- Have your first drink after starting to eat
- Quench your thirst with non-alcohol drinks before alcohol or alternate alcohol with water to keep hydrated

7 Increasing risk drinking is defined as consumption of between 22 and 50 units of alcohol per week for males, and between 15 and 35 units for females. Higher risk drinking is defined as consumption of 50+ units of alcohol per week for males, and 35+ units for females.
Binge drinking is the consumption of at least twice the daily recommended amount of alcohol in a single session (8+ units for men and 6+ for women).

8 Local Alcohol Profiles for England. See http://www.lape.org.uk

Health impacts

Alcohol misuse is a risk factor for a variety of health conditions and is the third greatest overall contributor to ill health and premature death after smoking and raised blood pressure.

In the five year period 2007–2008 to 2011–2012 there was 25% increase in alcohol-attributable hospital admissions amongst Herefordshire residents, with over 3,500 such admissions recorded in 2011–2012. On average, there are around 65 alcohol–attributable deaths per year with major variation in mortality rates between the most deprived communities in the county and the county population overall.[9]

In recent years, Herefordshire has had significantly higher rates of alcohol–specific admissions among under 18 year olds compared to the England average, ranking 266th out of 326 local authorities on this indicator.[10]

Community impacts

In addition to the impact of alcohol on health, there are close links between alcohol and crime, disorder and violence.

Nationally nearly a half of all violence is thought to be committed by those who are under the influence of alcohol and a fifth of all violence occurs in or around premises where alcohol is consumed.

In Herefordshire:

- Violent crime accounts for 11% of total recorded crime in Herefordshire – slightly above the West Mercia police force percentage;
- Around half of all recorded cases of "violence against the person with injury" involve alcohol, increasing to around two thirds of those cases which occur between 10pm and 7am;
- Night–time between 10pm and 7am, particularly on Fridays and Saturdays, are the peak times for alcohol–related violent crime.[11]

Impacts on individuals and their families

Alcohol misuse has serious consequences for people's personal and family relationships. The impact of parental alcohol misuse on children is one of alcohol's "hidden" harms and can lead to children being more likely to be excluded from school, involved in anti-social or criminal behaviour and to become substance misusers themselves. Domestic violence and abuse, the management of offenders and Families in Need are three issues which take up considerable public resources from a range of agencies, and in which alcohol misuse is often implicated.

Domestic violence and abuse

There is a close and complex relationship between alcohol and domestic violence and abuse, although it is important to understand that alcohol acts by triggering rather than causing domestic violence and abuse.[12]

Almost a fifth of the incidents and crimes attended by West Mercia police are cases of domestic abuse and alcohol misuse has been found to be a factor in 40% of these.[13] As well as being a trigger for perpetrators, alcohol may provide a coping strategy for survivors: women experiencing domestic violence are up to fifteen times more likely to misuse alcohol.

Integrated Offender Management

The Integrated Offender Management programme aims to reduce crime and disorder by working intensively with young offenders to address the root causes of their offending. Whilst many factors influence offending behaviour amongst this group, alcohol misuse is frequently amongst them.

9 Understanding Herefordshire – http://factsandfigures.herefordshire.gov.uk/1326.aspx

10 http://www.lape.org.uk

11 http://www.eviper.org.uk/

12 DVA is also closely associated with substance abuse and mental health problems. There is also a strong correlation between DVA and child abuse.

13 Only a fraction of DVA cases are reported to the police.

Families in Need

This agenda supports families that face multiple problems and whose complex needs require a lot from local public services. Alcohol misuse and domestic abuse are amongst the multiple problems many of these families face.

Agencies are working together to tackle each of the three examples above, but until recently this work has been disjointed and not tied into the other local work on alcohol harm reduction. Whilst these issues are distinct, they share areas of overlap: they may affect the same people and families, the same agencies are involved with addressing them and alcohol is often an underlying factor.

What have we done in 2013?

During 2013, responsibility for commissioning alcohol misuse services transferred from Herefordshire Primary Care Trust to Herefordshire council as one of the local authority's new public health responsibilities. We have been working closely with our providers, with other commissioners, and with Public Health England to review and improve these services. For example a workshop was held in April to review alcohol misuse services and pathways.

The mult-agency Alcohol Harm Reduction Group has reviewed progress, broadened its membership and refreshed its strategy for the next three years. The group has overseen a variety of new initiatives during the year including the introduction of Street Pastors to Hereford and the continuation of taxi marshalling – and the implementation of Making Every Contact Count (brief advice by frontline staff on healthy lifestyles including advice on alcohol).

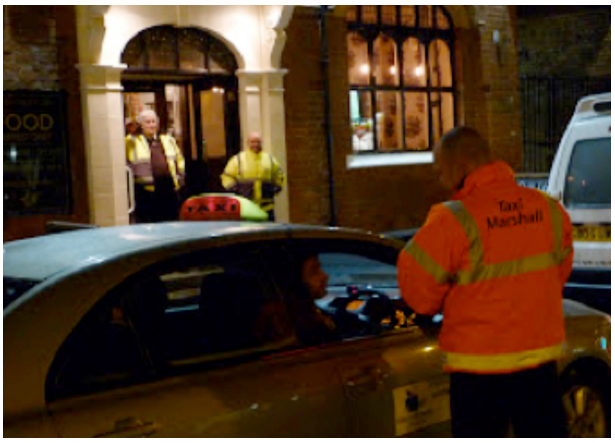


Photo: Taxi marshalling to ensure people safely find a taxi to take them home on weekend nights

Photo: Hereford Street Pastors' mission is to 'help young people have a good time and get home safe'

Photo: Making Every Contact Count leaflet – advice on healthy lifestyle choices

Our plans for 2014

Looking to the future, we have identified the need for better coordination of our strategic intelligence and planning so that we can:

- bring information and intelligence together from multiple sources to give us a fuller picture of what the data tells us and a better understanding of need;
- ensure a coordinated, evidence-based approach to our strategies for tackling alcohol-related harm;
- progress alcohol harm reduction on a much broader footing and maximise cost-effectiveness by combining effort, aligning resources and avoiding duplication.

Alcohol harm reduction is a key element of the Demand Management workstream of the Health and Wellbeing Strategy and the Health and Wellbeing Board has the potential to bring considerable leverage to advancing this agenda as a priority. The integrated needs assessment, Understanding Herefordshire, provides a vehicle for bringing data from multiple sources together and enabling partners to understand both levels of need and what the evidence tells us about which interventions are the most effective. During 2014, the Alcohol Harm Reduction Group will be further exploring how we can share data and intelligence, in line with data governance guidelines, to develop our understanding of the use, misuse and impact of alcohol and to inform our work plan over the coming months and years.

Recommendations

No single agency can solve the problems associated with alcohol on its own – the only solution is a joint effort involving all of the relevant parties. Although good partnership working is already in place in Herefordshire, this needs to be improved so that we can be sure of having the greatest possible impact and so that we can make best use of shrinking resources.

Our recommendations are therefore:

- That the Health and Wellbeing Board and partner organisations across Herefordshire continue to give priority to reducing alcohol-related harm and to developing our strategic intelligence about the complexities of alcohol harm in our community, focusing on identifying areas of overlap where combined efforts have the potential to make the most impact;
- That partner agencies commit to contributing their data and intelligence in order that we can build a comprehensive understanding of alcohol use and the consequences of alcohol misuse in Herefordshire;
- That partner agencies commit to a more coordinated approach to working together to address alcohol-related harms so that resources can be targeted following a strategic and evidence-based approach;
- That the Alcohol Harm Reduction Group provides a forum to bring together plans for tackling the influence of alcohol as it impacts on domestic violence and abuse, offender management and Families in Need.

Chapter 3

Public Health and carers

Philip Daniels, Speciality Registrar in Public Health, West Midlands Deanery, and Jacqui Bremner, Chief Executive, Herefordshire Carers Support

Introduction

The Wellbeing of informal carers is an important public health issue: The healthcare and social care services could not function without the willingness and ability of people to freely provide care to others.

Informal care allows people to remain in their own homes, delays and prevents crises that might result in specialist and/or hospital treatment and enables people who have needed hospital care to come home when they are ready.

The majority of care in Herefordshire is provided by informal carers. However, this takes its toll on those who care. In order to continue to support others, carers themselves need support.

By reducing demand on formal providers, informal care allows resources to be used elsewhere. By supporting, involving and empowering informal carers and recognising their expertise, services can continue to be effective, safe and sustainable.

Over the next 12 months, Public Health will be working with partners to identify the needs of carers in order to help services target support where and when it is needed.

Who cares?

There is no such thing as a typical carer. Many may not even identify themselves as "a carer", but as a wife, husband, child, parent, partner, spouse or friend. An informal carer is anyone who cares, unpaid, for a friend or family member who due to illness, disability, mental health problem or addiction cannot cope without their support.[14]

A young carer is an individual under the age of 18 whose life is in some way restricted because of the need to take responsibility for the care of someone who is ill, has a disability is experiencing mental distress or is affected by substance misuse.[15] Due to their age, young carers and their needs are frequently overlooked.

The 2011 census shows that 20,676 people in Herefordshire provide unpaid care of at least one hour per week. This represents 11.3% of the population, a larger proportion than the England and Wales average of 10.3%.

However, the 2011 Herefordshire Health and Wellbeing Survey reports 19% of people over the age of 16 in Herefordshire deliver some sort of unpaid care. Whichever figure is used, despite 3,800 carers being registered with Herefordshire Carers' Support, the vast majority of carers are not receiving support with the care they provide.

According to the Herefordshire Adult Carers Survey (2011), 53% of carers care for their spouse or partner, 24% cared for their child, 21% for their parent(s), with the remainder caring for friends or neighbours. Nationally, women make up 60% of carers and have a 50% chance of being a carer by the time they are 60. In contrast, men have a 50% chance of being a carer by the time they are 75.[16]

14 Carers Trust, 2013
15 Carers UK, 2013
16 Carers UK, 2012

Where?

The distribution of people who report a caring responsibility is not uniform across the county. According to 2011 census data, the proportion of people providing at least one hour of unpaid care is highest in rural areas with the lowest reports of care in urban areas. This in part reflects the younger age structures in urban areas, but may also reflect the access people have to formal services.

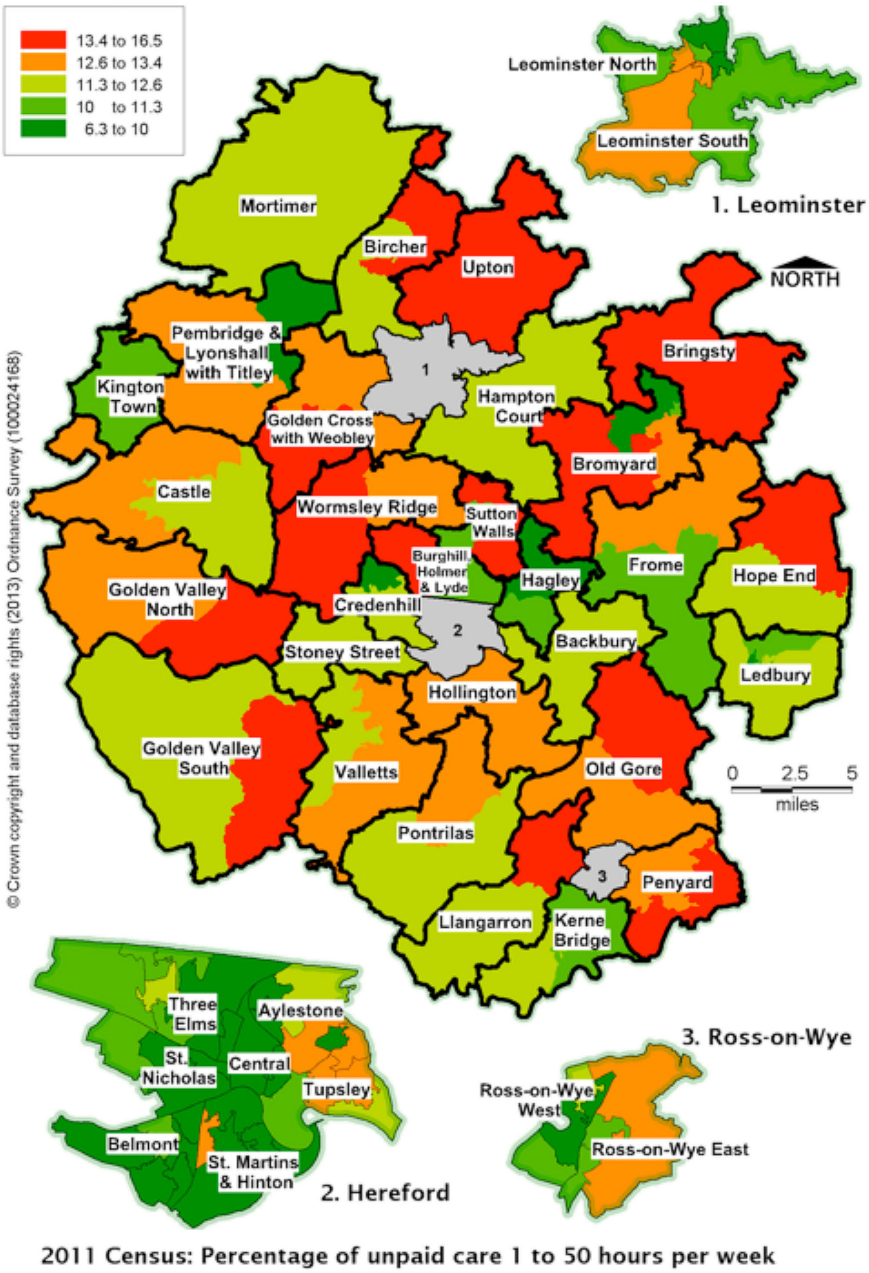


Figure 1: Percentage of population reporting a caring responsibility

When?

Herefordshire has an aging population. More than half (53%) of carers in Herefordshire, and two thirds of those they care for, are 65 years old or older.[17] In addition, due to improved care, people are living longer with mental and physical disabilities, leading to increased numbers of elderly parents continuing to care for disabled adult children.

The prevalence of dementia in Herefordshire could almost double over the next 20 years. Two thirds of people with dementia are cared for at home, supported by an unpaid carer.[18]

Nationally, it is estimated that demand for unpaid care from spouses and children will more than double by 2041.[19] Already, the number of people with caring responsibilities in Herefordshire is increasing faster than the population is growing, with the greatest increase being in those who care for 50 hours or more per week.

How much?

In caring for others, carers manage long term conditions, delay and prevent admissions to hospital and support discharge when people are ready to come home.

Care may take a variety of forms. The majority of carers help by doing shopping, preparing meals and doing the laundry, but more than a third perform sensitive tasks such as personal care, physical help and giving medicines.[20]

Across the UK, carers provide care worth an estimated £119bn per year.[21] Using the same methodology, unpaid carers in Herefordshire represented 11,850 full time equivalent jobs, or £410 million in 2011.

Photo: care comes in many forms

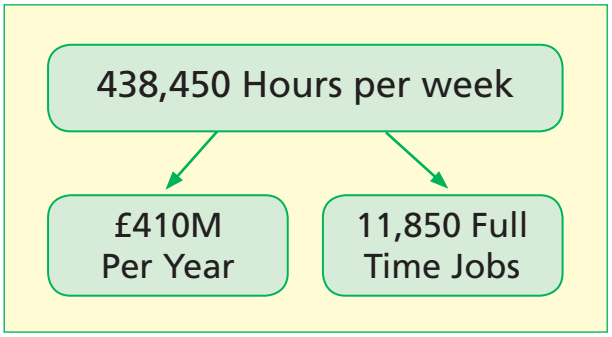


Figure 2: value of caring in Herefordshire

17 Herefordshire Adult Carer's Survey, 2011
18 Dementia UK, 2007
19 Personal Social Services Research Unit, 2008
20 Health and Social Care Information Centre, 2011
21 Carers UK, 2011.

What is the impact of caring on carers?

Caring produces enormous strain for individuals and families.

In a national survey conducted for Carer's Week in 2012, more that 80% of carers reported caring had a negative impact on their mental and/or physical health; 39% had delayed their own necessary treatment due to caring responsibilities and 37% had needed to cease working to care.

Half of those responding to the Herefordshire Adult Carers Survey (2011) felt that their health was fair or poor and 71% felt they had inadequate social contact – a major risk factor for vulnerability.

Young carers are particularly at risk of poor health and development as a result of their caring. Young carers often assume practical and emotional responsibilities that would be demanding even for adults. Young carers therefore need specific support to engage with education, work and social development – to simply be young people.

Public health has a key role to play in identifying the needs of populations and supporting partners to meet those needs.

Framing care

The need to recognise and support the invaluable role played by informal carers is recognised in national and local legislation and guidance.

The Carer's Bill, currently in the report stage, asserts the requirement to assess the needs of carers, as well as those they care for.

Carer involvement and support is central to recommendations of the Francis, Berwick and Keogh reports and the NHS mandate to Clinical Commissioning Groups, all published in 2013.

The National Strategy for Carers, updated in 2010, outlines the steps by which carers will be recognised for the support they provide, and in turn be supported to balance their roles as carers and as equal citizens.

Locally, the Herefordshire Carers' strategy (2012), building on the Herefordshire's Carers' Charter (2011), has as its vision that:

> *"Carers will be recognised, valued and respected as Key Care Partners within Herefordshire and all agencies will work in partnership with carers to provide reliable, flexible and appropriate provisions of care, support and guidance.*
>
> *Carers in Herefordshire will have access to flexible and innovative support services to meet their needs and have timely assessments to ensure support is provided at the appropriate point".*

The Herefordshire Health and Wellbeing Board recognises, actively promotes and supports the contribution made by family, friends, the community and other services in helping people to achieve good health and wellbeing, with support from professional services when required.

Supporting carers is an important part of the Health and Wellbeing Board's demand management work stream, which is led by Public Health. Ensuring support for carers will also support the sustainability of the whole health and social care system.

Caring what happens

The Herefordshire Carers' Strategy outlines five priorities to support carers:

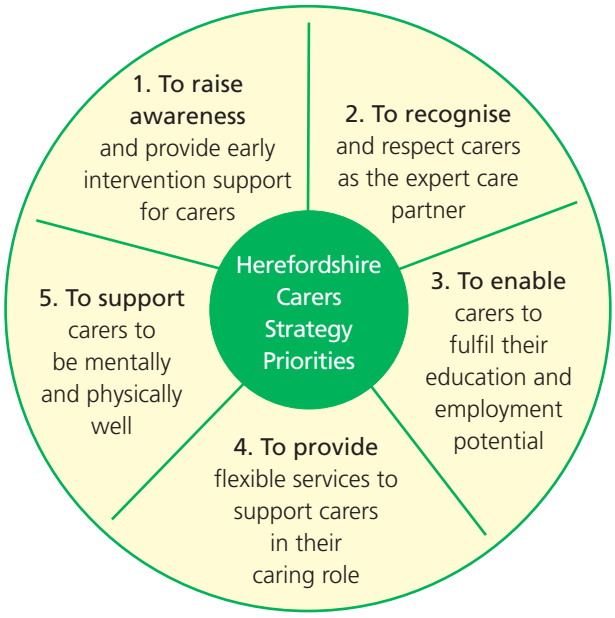


Figure 3: Herefordshire Carers Support priorities

Caring for carers

Carers do a great deal without outside help, but they often need support to continue caring, to engage with work and education and to re-engage after they have stopped being carers.

There is evidence that timely and effective carers' support can protect the physical and mental health of carers, delay admissions and reduce overall care spending.[22]

Herefordshire has excellent support structures in place from a rich patchwork of statutory, voluntary and community providers. However, as Herefordshire's 2013 integrated needs assessment, understanding Hereford, highlights, there is a need to work more effectively across services and organisations.

If services are to continue to improve and maintain the safety and dignity of patients and users, the voices of carers need to be listened to.

Photo: Pamper day for carers at Hereford Town Hall (photo courtesy Herefordshire Carers Support)

Recommendations

Carers are a key part of our health and social care system. Across the county, the proportion of people with caring responsibilities is increasing; carers are also getting older. Carers require support for their own needs, to remain healthy and to continue to care.

For health and social care services to continue to function, we need to be smarter in how we support carers.

Public Health is committed to applying its strategic intelligence and population perspective to help make the best use of the resources available, enabling the people of Herefordshire to continue to live independently, with the highest possible levels of health and dignity.

Our recommendations are therefore:

- The needs of informal carers should be considered in the scoping of the 2013/14 Herefordshire integrated needs assessment, understanding Hereford.

- Evidence of good practice should be reviewed for approaches to best support effective and sustainable informal care;

- When allocating resources, health economics principles should be applied to efficiently meet the needs of informal carers and benefit the wider health and social care system.

22 Carers trust, 2013

Recommendations

Recommendations

The recommendations from the individual chapters are given below in summary form to act as a quick reference for checking progress as the public health team becomes embedded in the local authority.

Chapter 1: Tackling health inequalities: a community asset based approach

- To seek out opportunities for collaboration and work together on lifestyle behaviour change;
- To gain a better understanding of our communities and work with them to reduce the social gradient in health;
- To develop our understanding of people's behaviours and influences on behaviour in Herefordshire, gaining insight through social marketing;
- To develop and utilise the wider public health workforce;
- To review existing services and commission healthy lifestyle behaviour change services such as for stop smoking and weight management.

Chapter 2: Working together to reduce alcohol related harm

- That the Health and Wellbeing Board and partner organisations across Herefordshire continue to give priority to reducing alcohol-related harm and to developing our strategic intelligence about the complexities of alcohol harm in our community, focusing on identifying areas of overlap where combined efforts have the potential to make the most impact;
- That partner agencies commit to contributing their data and intelligence in order that we can build a comprehensive understanding of alcohol use and the consequences of alcohol misuse in Herefordshire;
- That partner agencies commit to a more coordinated approach to working together to address alcohol-related harms so that resources can be targeted following a strategic and evidence-based approach;
- That the Alcohol Harm Reduction Group provides a forum to bring together plans for tackling the influence of alcohol as it impacts on domestic violence and abuse, offender management and Families in Need.

Chapter 3: Public Health and carers

- The needs of informal carers should be considered in the scoping of the 2013/14 Herefordshire Integrated Needs Assessment;

- Evidence of good practice should be reviewed for approaches to best support effective and sustainable informal care;

- When allocating resources, health economics principles should be applied to efficiently meet the needs of informal carers and benefit the wider health and social care system.

Recommendations

Progress update on recommendations, September 2013

CHAPTER 1: A NEW FRAMEWORK FOR PUBLIC HEALTH
Council Members and Senior Officers

RECOMMENDATION	PROGRESS
• Understand the full range of the council's public health responsibilities across all three domains of health improvement, health protection and healthcare public health.	• Familiarised ourselves with all legislation and guidance, conferred with others to share understanding and interpretation, confirmed this with colleagues across sectors.
• Understand the council's general duty to improve health and reduce health inequalities and the potential to address this through a range of approaches to lifestyle behaviour change and wider determinants of health.	• Explored models for programmes for behaviour change and have continued to invest in the development of the Healthy Lifestyle Trainer Service. • Conversations ongoing with those services that have influence over wider determinants – eg Environmental Health and Trading Standards (EHTS) about alcohol and tobacco, housing and its impact on health.
• Understand their own role and the role of the democratic process in improving and protecting the health of local people and in the local council meeting its public health responsibilities.	• Informed council of new roles and responsibilities, engaged with new Cabinet member for Health & Wellbeing, delivered all member briefing session, Cabinet reports and presented the annual report.
• Understand how the three domains of public health operate and how these are underpinned by the discipline of health intelligence.	• Reviewed the health intelligence function of the Public Health department and designed a Strategic Intelligence function with other data and research functions of the council to serve us all better. Implementation of this function is in progress.
• Understand the role of the director of public health supported by the public health team and its consultants, specialists and practitioners in achieving health and wellbeing outcomes.	• Reviewed public health function and changes are being made. Describing this to members and other partners will be a major part of the Director of Public Health Annual Report briefing and all member briefing session in September 2013.

CHAPTER 1: A NEW FRAMEWORK FOR PUBLIC HEALTH
Council Members and Senior Officers

RECOMMENDATION	PROGRESS
• Understand the role of the director of public health as "accountable officer".	• The 2012 DPH Annual Report includes a description of the DPH role. The Council Constitution has been amended to reflect the new role of the Director of Public Health. The duties of the DPH have been described in Cabinet papers and other reports and in presentations to various bodies, including the Health & Wellbeing Board, the CCG Board and other multi-agency partnership forums.
• Understand the potential for the council's new public health role to transform the way in which it approaches all of its functions.	
• Be familiar with roles of the new organisations established by the Health and Social Care Act 2012 including the CCG and Public Health England and with how these interact with each other.	
• Understand the council's role in the co-ordination of the local health and social care system including the role of the health and wellbeing board.	
• Understand the new arrangements for health protection during and after transition and the council's statutory responsibility to ensure that health protection plans are in place for the local population.	• Live examples have been published in weekly Members' Update e-newsletter to describe the new responsibilities. • One to one advisory sessions have been held with the CCG and internal council partners. • Communication about "hot" topics goes out through a range of media. • Assurance has been sought from partners on a range of issues, including heatwave and emergency response action planning.

CHAPTER 2: HEALTH IMPROVEMENT	
RECOMMENDATION	PROGRESS
• The fact that Herefordshire council has unanimously welcomed their new responsibilities for improving and protecting health needs to be built upon.	• Work continues to support the ongoing development of the Health Improvement team. Work is continuing with partners to explore areas of opportunity for collaborative working, for instance with transportation and EHTS.
• The successful use of the ladder of intervention in Herefordshire to develop an integrated approach to alcohol harm reduction should be extended to tobacco control and promoting a healthy diet.	• A tobacco self-assessment is planned for later this year and work is progressing with Making Every Contact County (MECC) and Change 4 Life to promote healthy diet.
• Council members and senior staff need to be made aware of the crucial importance for health and wellbeing of economic prosperity and a good start in the first few years of life and considered when funding decisions are being made.	• With Children's Services, we are using the statistics in early years health to educate members and others of its importance. We are taking the opportunity to plan for the move of the responsibility for Health Visiting into Public Health in 2015 to work with a wide range of partners to review and redesign child-facing services to best effect.
• A plan needs to be developed through the new system to support schools to promote healthy lifestyle choices and to develop a culture that supports children and young people to make healthy choices.	• Working with Children's Assistant Directors to understand the council's new relationship with schools to better design opportunities to promote healthy school environments and take opportunities to improve children's health.

CHAPTER 3: PROTECTING PEOPLE'S HEALTH

RECOMMENDATION	PROGRESS
Council and elected members • Be familiar with new health protection responsibilities placed on the council by the Health and Social Care Act 2012. • Be familiar with the new health protection functions of the director of public health in the council and the arrangements being put in place to discharge these functions such as the proposed health protection committee. • Understand the responsibilities of the NHS Commissioning Board, CCG and Public Health England in relation to health protection functions of the local council.	• Live examples have been published in weekly Members' Update e-newsletter to describe the new responsibilities. • One to one advisory sessions have been held with the CCG and internal council partners. • Communication about "hot" topics goes out through a range of media. • Have sought assurance from partners on a range of issues, including heatwave and emergency response action planning.
NHS Commissioning Board Local Area Team and Herefordshire Clinical Commissioning Group • Understand the new role and responsibilities of Herefordshire council and the director of public health in relation to health protection. • Understand the Emergency Planning Resilience Response functions and responsibilities in handling wider health protection issues. • Develop standard operating procedures with local partners in relation to responding to public health incidents and seek agreement from them.	• New relationships and responsibilities are still being explored, and many grey areas remain nationwide. • Have used real events and debriefs to learn more and improve our understanding and planning. • Public Health staff are supporting each other in one to ones to work through complicated and complex areas. • Working with the council's Resilience Team to seek shared understanding of roles and responsibilities, getting assurance and offering support to those developing plans and systems. • Representative on Local Resilience Forum to inform discussion and decisions.

CHAPTER 3 CONTINUED:

RECOMMENDATION	PROGRESS
Public Health England (PHE) West Midlands • Understand the new role and responsibilities of the council and director of public health in relation to health protection. • Develop a framework seeking local agreement on how Public Health England will provide health protection services to the NHS Commissioning Board Local Area Team, CCGs and local authorities.	• Several visits and engagement with PHE, working through areas in guidance that need better clarity. • Using debriefs of real live examples to assure that the areas are well covered and that the system is working properly.
Local key partner organisations • Understand the new role and responsibilities of the council and director of public health in relation to health protection. • Be familiar that the director of public health role in relation to emergency planning resilience and response is a leadership function, requiring assurance, and the NHS Commissioning Board Local Area Team is ultimately responsible for Emergency Planning Resilience Response arrangements and for providing that assurance.	• New relationships and responsibilities are still being explored. • Have used real events and debriefs to learn more and improve. • Public Health staff are supporting each other in one to ones to work through complicated and complex areas. • Getting assurance and offering support to those developing plans and systems. • Representative on Local Resilience Forum to inform discussion and decisions.

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Elizabeth Shassere
Director of Public Health
Herefordshire Council
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