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| MEETING: | REGULATORY COMMITTEE |
| MEETING DATE: | 19 FEBRUARY 2015 |
| TITLE OF REPORT: | The joint contribution of public health and environmental health & trading standards towards the improvement of public health outcomes |
| REPORT BY: | Consultant in public health, head of development management and environmental health and head of trading standards & licensing |

Classification

Open

Key Decision

This is not an executive decision.

Wards Affected

County-wide

Purpose

To outline to Regulatory Committee how public health and environmental health & trading standards collectively contribute towards public health outcomes.

Recommendation(s)

THAT:

- (a) The Regulatory Committee notes the work being undertaken to ensure an integrated approach to delivering public health outcomes across Herefordshire.**

Alternative Options

- 1 None identified.

Further information on the subject of this report is available from
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Reasons for Recommendations

- 2 The Regulatory Committee's role involves overseeing the discharge of the council's regulatory functions and exercise of regulatory powers and duties of the council. This report demonstrates how the public health and environmental health & trading standards teams play a part in improving the health of the public in Herefordshire.

Key Considerations

- 3 The Health and Social Care Act 2012 sets out new arrangements for public health which mean that services to improve the health of local people and reduce health inequality are funded by a ring-fenced grant from Public Health England to the 152 upper-tier and unitary local authorities in England.
- 4 The vision of the public health outcomes framework for England, 2013-2016 is:
 - to improve and protect the nation's health and wellbeing, and improve the health of the poorest fastest.

The framework sets out a vision for public health, desired outcomes and the indicators that will help us understand how well public health is being improved and protected. It sets the context for our county to decide what public health interventions they will make.

The framework sets out two overarching outcomes:

- increased healthy life expectancy; and
- reduced differences in life expectancy and healthy life expectancy between communities.

The Framework has four domains:

- improving the wider determinants of health;
 - health improvement;
 - health protection; and
 - healthcare public health and preventing premature mortality.
- 5 Council approved the corporate plan 2013-15 in November 2012, framed around the key priorities of: enabling residents to be independent and lead fulfilling lives and creating and maintaining a successful economy. The delivery plan for 2014/15 was approved by cabinet in April 2014.
 - 6 Through their core business activities, Herefordshire Council's public health and environmental health & trading standards teams support the corporate plan by contributing towards improving and protecting the public's health.
 - 7 The Regulatory Committee's role involves overseeing the discharge of the council's regulatory functions and exercise of regulatory powers and duties of the council.

Looking Back

Improving the wider determinants of health

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- 8 The wider determinants of health involve targeting the social and environmental factors that have a determinant effect on the population's health such as education, housing, employment, environment and transport.
- 9 Air quality is monitored monthly by the environmental protection team for pollution levels in the Herefordshire's two air quality management areas (in Hereford and Leominster). The team also continues to control and inspect about 90 industrial processes which are regulated under environmental permits to ensure pollution emissions do not harm human health. Officers also sample water quality from the high risk private water supplies, having so far taken over 500 samples in the first nine months of 2014/15. Some 25% do not meet bacterial quality and 12% do not meet chemical standards. The service continues to provide comments in respect of contaminated land on all new planning applications, and the joint environmental investigation of the Sutton Walls closed landfill site with the Environment Agency has almost concluded with a good outcome for the community here. In the first nine months of 2014/15, the team has dealt with 2,400 complaints about noise, nuisance and Public Health Act issues, such as rubbish, pests and pollution.
- 10 During the first nine months of 2014/15, the environmental health commercial team has undertaken 228 high risk food safety inspections against 230 planned in this time frame. 96% of all our commercial premises have attained a 'satisfactory or above' food hygiene rating score, which compares favourably in the region. This team has also received 224 infectious disease notifications in the first nine months of 2014/15, most of these relating to campylobacter, a pathogen commonly associated with food poisoning. A number of these notifications had to be investigated in conjunction with Public Health England and the Council's public health team, as they were associated with suspected and confirmed outbreaks.
- 11 Environmental health's pest control team has seen an unusual increase in rat complaints during the first nine months of 2014/15, leading to a very busy winter period. Whilst the service has to charge for treatments, it continues to provide concessionary rates for those on low income, as the service is aware that some of the greatest pest problems are in some of the most deprived areas in Herefordshire.
- 12 The environmental health housing team protects the health of those primarily in the rented sector, particularly those living within houses in multiple occupations where some of the Herefordshire's most vulnerable families reside. So far in 2014/15 it has investigated more than 400 complaints, inspected 111 houses and served 43 statutory notices. It is currently working jointly with public health on a campaign on keeping warm and safe in housing.

Health improvement

- 13 Health improvement is concerned with improving the health and wellbeing of populations by using health promotion, prevention and community development approaches to influence the lifestyle and socio-economic, physical and cultural environment of populations.
- 14 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 personal, social and environmental factors.

- 15 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. Lifestyle choices contribute to these inequalities in health outcomes.

For Herefordshire, these are:

Smoking: which is the single most preventable cause of ill health and early deaths. It is linked to cancers (lung, throat, mouth and bladder), breathing problems and heart disease. Half of all smokers will die prematurely from a smoking-related disease.

- Approximately 315 smoking related deaths per year 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 and are also a third more likely to be admitted into hospital as a consequence of their smoking than the population of Herefordshire as a whole
- In support of the above, environmental health continues to regulate legislation prohibiting smoking in commercial premises, whilst trading standards have undertaken several high profile raids with the police on shop premises where illicit tobacco is sold as well as under age test purchasing.
- In September 2014, Herefordshire Council signed up to the Local Government declaration on tobacco control. The declaration includes a number of specific commitments to enable the local authority to take a leading role in tobacco control.
- This includes: reduce smoking prevalence and health inequalities; develop plans with partners and local communities; participate in local and regional networks; support Government action at national level; protect tobacco control work from the commercial and vested interests of the tobacco industry; monitor the progress of our plans; and join the Smokefree Action Coalition.
- By signing up to the declaration and having a recognised action plan for tobacco control in place this will ensure a joined up, concerted plan which enables partners in Herefordshire to work towards the common aim of reducing the prevalence of smoking in Herefordshire.
- During 2014, trading standards have seized over 153,000 illicit cigarettes and over 31.75kg of illicit hand rolling tobacco, which amounts to over £57,000 of lost revenue to the exchequer. There are also additional safety concerns with respect to illicit tobacco ranging from debasement of product as well as failure to extinguish.

Alcohol: which can have a substantial negative impact on health and is also related to crime and community safety, road traffic incidents, housing, employment support and welfare benefits. Alcohol use can also be associated with domestic violence and adverse effects on children and young people.

- From April 2013, an alcohol check has been included for all people in Herefordshire attending a NHS health check, using the validated WHO developed alcohol use disorder identification test (AUDIT).
- 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.
- In recognition of the above and to mitigate this, the council's licensing team continues to regulate all premises licensed for alcohol and has brought a number of applications and premises to the sub regulatory committee in order to consider various reviews and representations made. Many of these hearings concerned the sale and/or consumption of alcohol. The licensing objectives on which the above is based relate to the protection of children from harm; public nuisance; public safety and crime & disorder. Public health are always consulted on such matters as a 'responsible authority'. In support of this work, trading standards continue to undertake raids with the police on shop premises where illicit alcohol is sold as well as under age test purchasing.

Obesity: which increases the risk of a range of long-term health problems, such as Type 2 diabetes, heart disease, cancer and joint problems.

- 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
- 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

16 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.

17 The healthy lifestyle trainer service has also been launched offering lifestyle behaviour change support to those most at risk from their lifestyle choices.

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

Health protection

19 Health protection is concerned with preparing for and responding to infectious diseases, environmental hazards and extreme weather events. Both public health and environmental health work closely on such matters, with environmental health officers investigating all foodborne, waterborne or environmentally related suspected outbreaks under the advice of Public Health England and the council's public health team. Environmental health also assist public health and emergency planning on any environmental incidents such as chemical fires and spillages.

20 There are strategic plans in place for communicable disease control, infection prevention and control, animal health disease control, emergency planning resilience and response (EPRR), environmental health, sexual health and TB services, screening and immunisation services. Herefordshire Council discharges this

responsibility through the Herefordshire health protection committee (HPC). Assurance is provided and any potential risks are flagged up to management teams, management board and cabinet of the council. The HPC meets on a quarterly basis and consists of representatives from Public Health England, NHS England, Wye Valley Trust and the CCG. Council representatives include: environmental health & trading standards and law, governance & resilience.

- 21 Protection of the feed and food chain through a risk based inspection and sampling programme delivered by the trading standards and animal health & welfare team.
- 22 The national target for childhood immunisation uptake is 95% both at 1st birthday and 2nd birthday as well as at 5th birthday. Uptake in Herefordshire is higher than the national average and similar to the west midlands average at 1 and 2 years of age. Uptake at 5 years is lower than national and regional comparators. HPV uptake is lower than national figure but dramatically better than the previous year. Herefordshire Council will continue closely monitoring the uptake and will be working with NHS England's Arden, Herefordshire and Worcestershire (AHW) team to ensure that it puts in place measures to improve uptake.
- 23 As regards flu immunisation, nationally, uptake in the 65+, <65 at risk and pregnant women cohorts is generally higher than this time last year. Uptake in 2 and 3 year olds is lower than last year. In the AHW area, uptake is generally highest in South Warwickshire and lowest in Herefordshire. Uptake is highest in the elderly, intermediate in younger patients with at-risk conditions and lowest in healthy children.
- 24 In terms of screening programmes, the NHS England AHW area team has introduced a two year financial incentive commissioning for quality and innovation (CQUIN) scheme to support providers to firstly understand, and then improve the way in which named screening services are accessed by hard to reach or vulnerable population groups. This is applicable to breast and bowel cancer and abdominal aortic aneurysm (AAA) screening programmes across Herefordshire and Worcestershire. The agreement is with Worcestershire Acute Hospitals Trust as the lead provider for the three screening programmes across both counties.

Breast screening coverage public health outcome framework (PHOF) 2.20i target (>70%) has been achieved during 12/13 (82.2%).

Cervical screening coverage public health outcome framework (PHOF) 20ii target (>80%) has not been achieved during Q1 2014-15. Herefordshire performance (78.2%) is higher than the West Midlands average during this period (76.5%). NHS England AHW Team has been monitoring the uptake data and has provided assurance through health protection committee that it will take remedial measures as appropriate.

- 25 Prevention efforts including health promotion and education, access to contraceptive and sexual health services and sexually transmitted infection (STI) screening continue to focus on groups at highest risk. However, Herefordshire continues to see increase in the number of cases of syphilis. From January 2013 to date, 21 early syphilis cases have been reported. This brings the total number of cases since the start of the outbreak in March 2011 to 56.
- 26 Arrangements for health EPRR were significantly changed in April 2013. A West Mercia local health resilience partnership (LHRP) was established to deliver national

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EPRR strategy in the context of local risks. The LHRP is a forum for coordination, joint working and planning for emergency preparedness and response by all relevant health bodies, offering a coordinated point of contact to West Mercia Local Resilience Forum (LRF) multi-agency partners, which builds on existing links. The LHRP is chaired by the director responsible for EPRR from the NHS Commissioning Board local area team (NHS CB LAT).

27 Herefordshire Council's director of public health (DPH) is responsible for:

- Providing leadership for the public health system within their local authority area. Taking steps to ensure that plans are in place to protect the health of their populations and to escalate any concerns or issues to the relevant organisation or to the LHRP as appropriate.
- Co-ordinating local authority public health input to preparedness and planning for emergencies at the LRF level.
- Providing initial leadership with PHE for the response to public health incidents and emergencies within their local authority area. The DPH will maintain oversight of population health and ensure effective communication with local communities.

28 Recent health incidents and exercises have highlighted a continued lack of clarity about some of the roles and responsibilities of key stakeholders on certain aspects of the new NHS EPRR arrangements. For example, a recent suspected (but negative) case of ebola was dealt by the healthcare services and public health. A multi-agency debrief provided an opportunity to critically review the various agencies' service response resulting in a number of recommendations being made for various organisations; implementation of these will be monitored through the multi-agency silver group or LRF.

Healthcare public health and preventing premature mortality

29 Healthcare public health involves the assessment of population health needs, providing advice to commissioners and the evaluation of services. The joint strategic needs assessment (understanding Herefordshire 2014) report produced by the strategic intelligence team in public health provides a single integrated assessment of the health and well-being needs of Herefordshire's population. The evidence base informs the development of key strategic plans and commissioning decisions across the county, highlighting key areas of need including geographic communities and particular groups of people within communities. Understanding Herefordshire 2014 considers inequalities in opportunities and outcomes wherever the evidence is available. This is particularly relevant for health inequalities.

30 In partnership with the public and key stakeholders, a refresh of the Herefordshire health and wellbeing strategic approach 2013/14 is underway that will lead to the development of an action plan that reflects Understanding Herefordshire 2014. A consultation is underway to determine the priorities and to develop a countywide health and wellbeing strategy based on a population based approach. The benefits for having an overarching health and wellbeing strategy are:

- Sets the strategic direction for the council and partners to follow, to improve the health and wellbeing of the population.

- Identifies and clarifies priorities for action in short, medium term across partners.
- Sets out a strong commitment to improving the health and wellbeing of the entire population of Herefordshire.
- Adds value to the existing work programmes
- Enables the health and wellbeing board members to hold each other to account for delivery of the priorities

31 Following the cabinet member approval to progress tendering activity across the key services managed by public health, a series of commissioning and procurement activities have been progressed as follows:

- Drugs and alcohol – a service specification has been developed and consultation completed. The invitation to tender is expected to be issued mid-February.
- Sexual health - detailed specifications are approaching completion. The procurement processes for both drugs and alcohol and sexual health will run in parallel, although the sexual health invitation to tender is expected to be issued in March.
- Health checks and stop smoking – the invitation to tender was issued in December. Evaluations and moderation currently taking place, with new contracts expected to commence on 1 April 2015.
- Child health – cabinet member approval has been given to extend the school nursing contract to enable alignment with children’s centres and with the 0-5 years health visitor service that is due to transfer to the local authority in October 2015.
- An invitation to quote was issued in December to identify a provider to deliver the ASSIST programme. This is a programme aimed at secondary school children (year 8 pupils) to reduce smoking prevalence in young people. Contract award is anticipated in mid-February in order for this service to be implemented in March.

32 At the end of 2014/15, normally in May/June, the environmental health & trading standards service will present a full annual report to the Regulatory Committee on its entire activity and outcomes achieved in 2014/15.

Looking Forward

33 It is evident that this agenda is not delivered by one function of the Council alone, as many services within the council are involved in improving the health of the public in Herefordshire. Further work is to be undertaken in order to maximise the benefits of what the combined offer gives in terms of added value for health outcomes.

34 Plans are progressing to better integrate public health into each directorate and ensure an integrated approach to delivering public health outcomes across Herefordshire. To support this, work is underway to map current functions and activities to public health outcomes not just within public health but across directorates and the council in its broader role that support public health.

Equality and Human Rights

35 Under Section 149, the "general duty" on public authorities is set out thus:

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

- eliminate discrimination, harassment, victimisation and any other conduct ... prohibited by or under this Act;
- advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
- foster good relations between persons who share a relevant protected characteristic and persons who do not share it."

There is no perceived impact .

Financial Implications

36 The key public health actions are funded from the ring fenced public health grant, whilst the environmental health & trading standards service has been allocated sufficient budget for 2015/16 to continue the provision of statutory services.

Legal Implications

37 None identified, other than the continuation of those statutory duties required of both public health and the environmental health & trading standards service.

Risk Management

38 There are no specific risks identified in this report. Any risks associated with the delivery of relevant services are managed through directorate and corporate risk registers. Regular reviews of each risk are undertaken, and mitigating actions put in place to ensure the overall risks are reduced as much as possible.

Consultees

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Appendices

Background Papers

- None identified.