Public Health: update and plans

2nd October 2018

Outline

- Introduce the team
- Public health functions
- Role of prevention
- Public health approach
- Examples of impact of current programmes
- Health protection
- Overview of PH service improvement plans
- Inequalities
- How you can help


Prevention and wellbeing
Director of Public Health
Purpose
- Keeping people well
- Developing communities
- Signposting to universal support
- Information and advice
- Support for carers
- Maintaining wellbeing at home
- Ensuring housing needs are met
- Place shaping and awareness raising
Public Health Consultant
Head of Strategic Housing and Wellbeing
Function
- Public health
- Housing (strategy, development)
- Housing adaptations
- WFAT
- Homelessness
- Community development
- Prevention commissioning
- Information and signposting commissioning/promotion
Public Health Specialist 0.8 FTE
Head of Prevention and support

Public Health Team

Core Public Health Team

Karen Wright
Director of Public Health

Caryn Cox
Consultant in Public Health

Rebecca Howell-Jones
Consultant in Public Health

Lindsay MacHardy
Public Health Specialist

Julia Stephens
Senior Commissioning Officer

Sophie Hay
Health Improvement Practitioner

Kristan Pritchard
Health Improvement Practitioner

Kayte Thompson-Dixon
Senior Commissioning Officer

Public Health Trainees

Opeyemi Arishe
GP Trainee

Rebecca Pickup
Specialist Registrar

Healthy Lifestyles Trainers Service

Luke Bennett
Healthy Lifestyles and Wellbeing Information Manager

Healthy Lifestyle Trainers
Philippa Ellis
Joanne Jones
Jess Howdle
Peter Day
Julie Anne Jenkins
Alison Williams

Sessional Trainers
Yvonne Richards
Jenny Wickett
Tim Kaye
Margarita Sinko
Mark Farrell
Fern Walter

WISH

Sharon Amery
Information and Signposting Officer

Kay Mellish Information Signposting and Carers Register Coordinator

Public health function

- Mandated and non-mandated activities
- Conditions of the public health grant
- Commissioned services
- Assurance and challenge
- Health protection
- Public health advice

Breadth of public health activities and services (i)

- **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
  - Postural stability

Blue text: mandated function

Breadth of public health activities and services (ii)

- **Epidemiology**
  - National Child Measurement Programme (NCMP)
  - Oral health (5 year olds) survey
- **Understanding local need; strategy, policy and service development**
  - Needs assessments including JSNA, service developments, developing and implementing strategies
- **Community/public engagement:**
  - Public health campaigns and communications
  - Healthy Living Network
  - Advice and guidance (WISH)

Blue text: mandated function

Breadth of public health activities and services (iii)

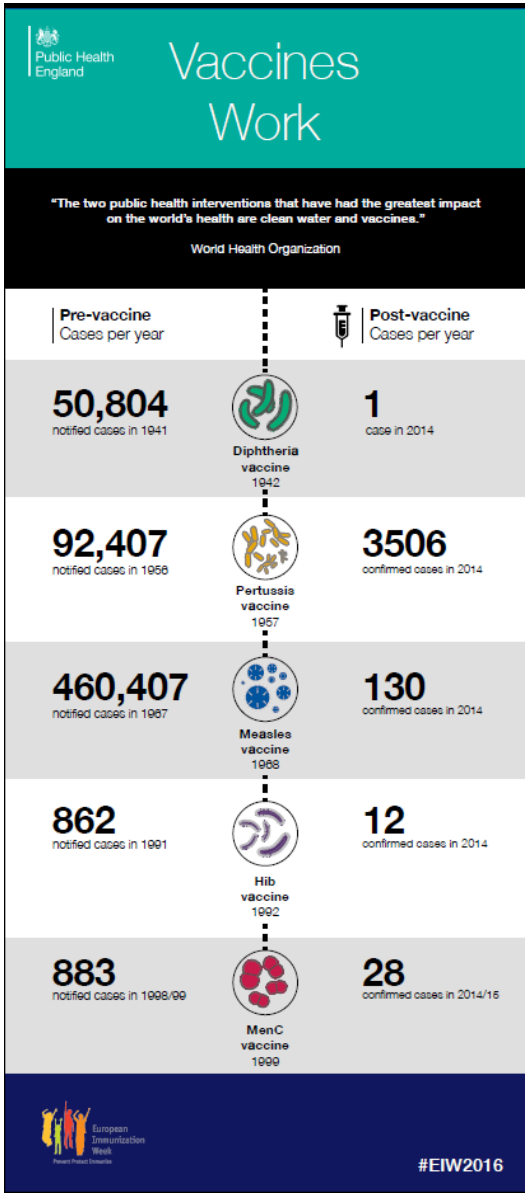
- **Contribution to health partnership working:**
  - Public health advice to CCG through core offer: needs assessments, governing body etc.
  - STP work-streams
  - Public health input into panels: CDOP, SDMI, IFR
- **Assurance/Challenge**
  - Screening and immunisation
- **Health protection role**

Blue text: mandated function

Role of prevention

Prevention improves population health by:

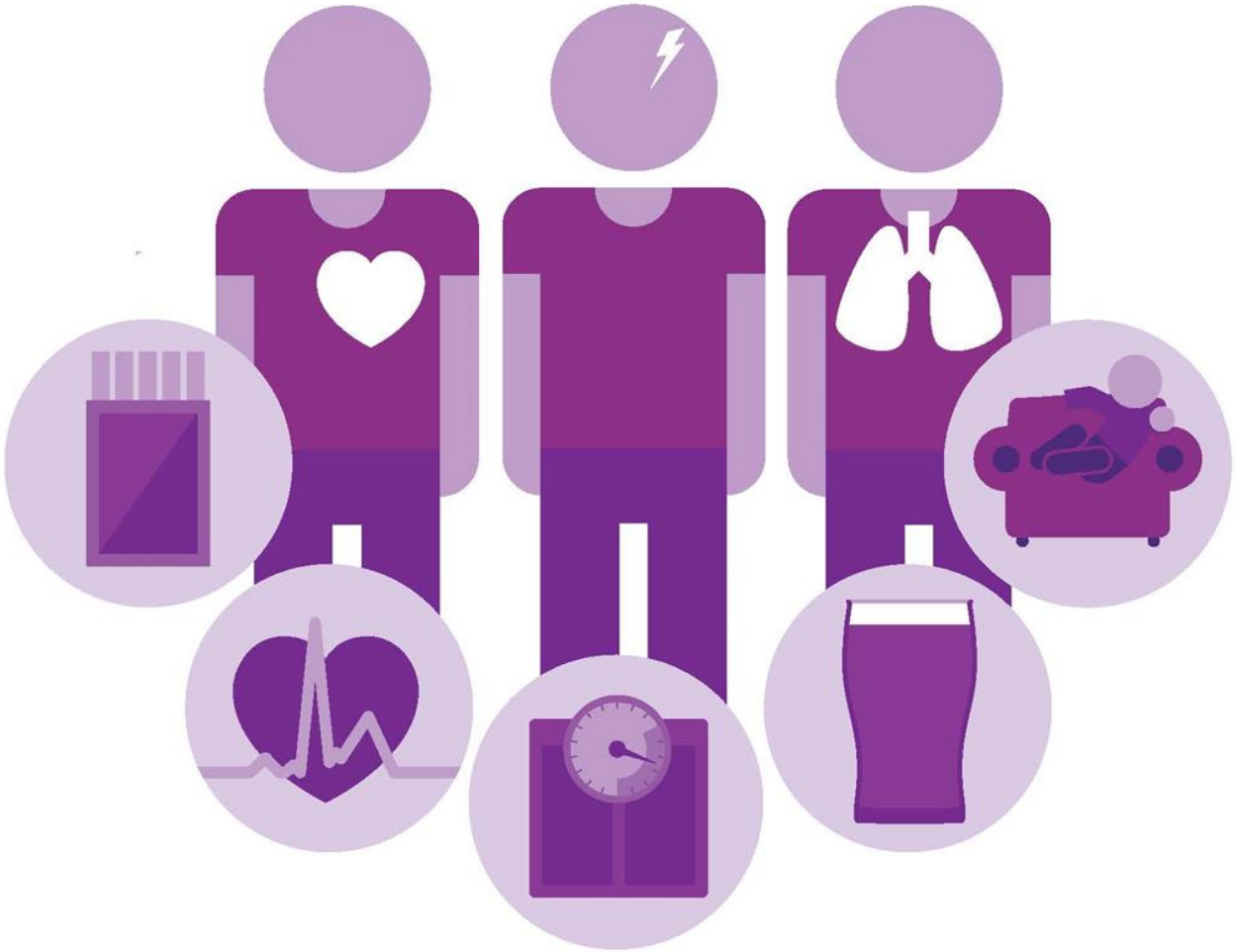
- Preventing health problems developing in the first place (primary prevention)
- Stopping health problems from getting worse (secondary prevention)
- Reducing the impact of disease on people's health and wellbeing (tertiary prevention)



Role of prevention

Prevention can help to reduce health and social care pressures by:

- Keeping people healthy for longer
- Reducing demand on public services



Health and behaviour

Forty per cent of the UK's overall disability-adjusted life years lost are caused by tobacco, high blood pressure, overweight and obesity and low physical activity (2010 figures). This is through their contribution to diseases such as heart disease, stroke and lung cancer.

40% of disability-adjusted life years lost

The King's Fund

Local Government Association

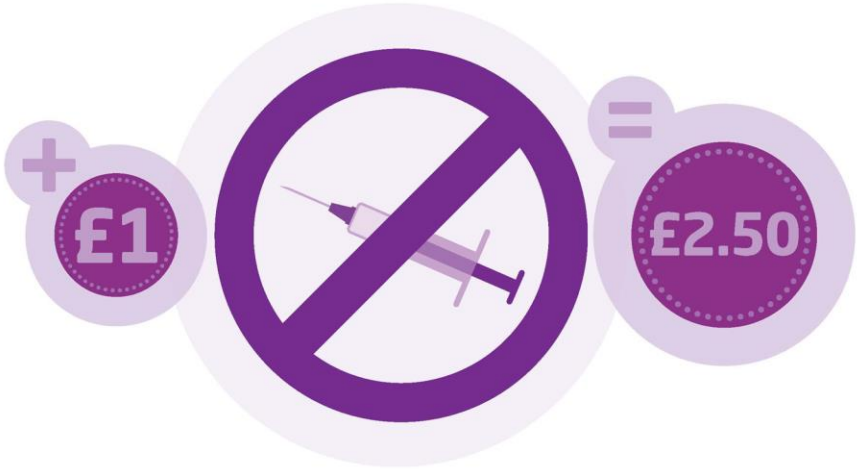
Examples of Return On Investment (ROI) for public health interventions

Return on investment
Birmingham's Be Active programme of free use of leisure centres and other initiatives returned an estimated £23 in quality of life, reduced NHS use and other gains for every £1 spent.

The King's Fund
Local Government Association

Return on investment
Housing interventions to keep people warm, safe and free from cold and damp are an efficient use of resources. Every £1 spent on improving homes saves the NHS £70 over 10 years.

The King's Fund
Local Government Association



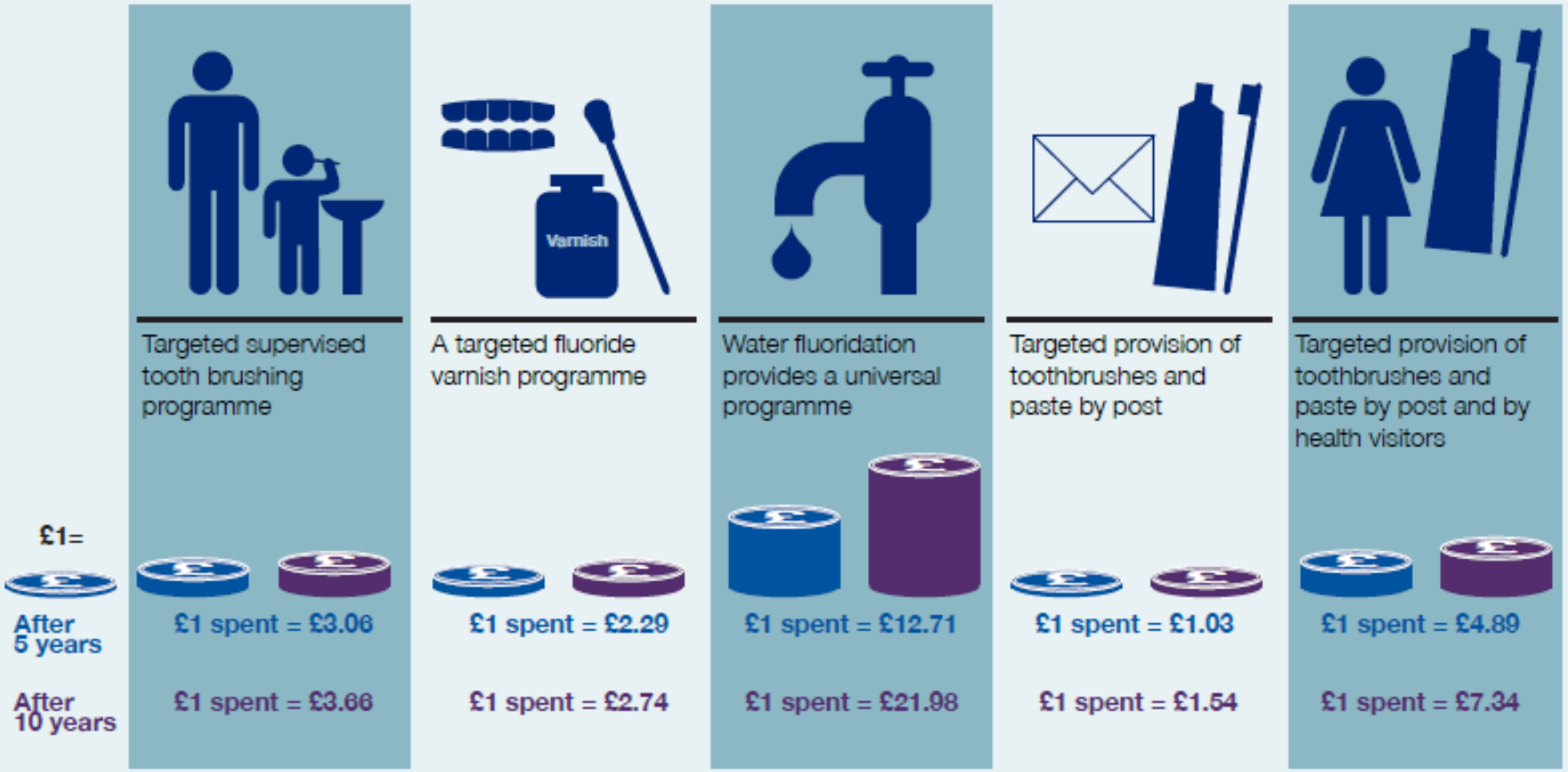
Return on investment
Every £1 spent on drugs treatment saves society £2.50 in reduced NHS and social care costs and reduced crime.

The King's Fund
Local Government Association

Public Health England

Return on investment of oral health improvement programmes for 0-5 year olds*

Reviews of clinical effectiveness by NICE (PH55) and PHE (Commissioning Better Oral Health for Children and Young People, 2014) have found that the following programmes effectively reduced tooth decay in 5 year olds:



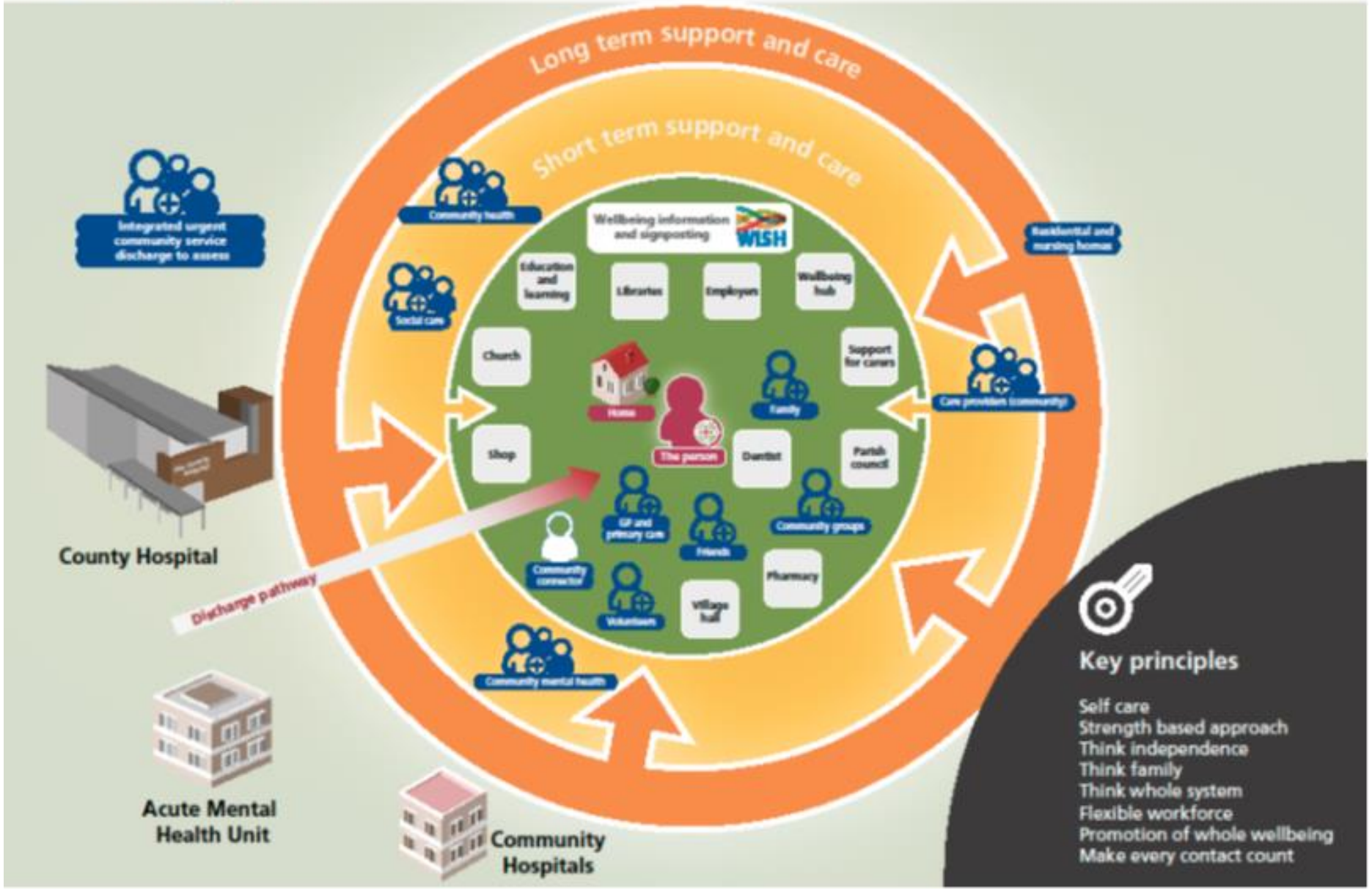
*All targeted programmes modelled on population decayed, missing or filled teeth (dmft) index of 2, and universal programme on dmft for England of 0.8. The modelling has used the PHE Return on Investment Tool for oral health interventions (PHE, 2016). The best available evidence has been used in this tool and where assumptions are made these have been clearly stated

PHE Publications gateway number: 2016321

Public health approach

- Intelligence (JSNA, other needs assessments)
- Evidence (NICE, PHE, scientific research)
- Partnership working across the system
- Population and community focused

The Blueprint



Impact of programmes: ActiveHere

An estimated 34,600 adults in Herefordshire are physically inactive. Evidence shows this greatly increases their risk of developing health conditions including diabetes, coronary heart disease, cerebrovascular disease and cancer, and is also linked to reduced mental health and well-being.

Launched in January 2016, Active HERE is a project designed to reduce the risk of preventable health conditions by enabling 2,600 inactive people living in Herefordshire to engage with sporting activities.

Active HERE focuses on inactive adults across the county.

- **Active Plus**: 1 to 1 support over 12 weeks.
- Motivational interviewing, goal setting and review
- Follow up at 3 and 9 months

- **Active in the Community**: signposting to a range of physical activity options
- Follow up at 12 weeks

Outcomes

Outcome	Target for 31.12.18	Actual (30.6.18)
The number of people you will engage with the project	10,551	12,954
The number of inactive people you will engage	2,655	2,311
The number of inactive people you will move in to 1x30mins	1,958	1,675
The number of people you will aim to have still engaged in sport at 3 months	991	1,005
The number of people you will aim to have still engaged in sport at 6 months	593	280**
The number of people you will aim to have still engaged in sport at 12 months	505	150**

Clients accessing ActiveHERE and levels of deprivation: Additional info:

Deprivation Quintile	Count	Percent	Percent with known Quintile	General population
Not recognised	62	6.17%		
Q1 - Most deprived	116	11.54%	12%	8%
Q2	239	23.78%	25%	24%
Q3	380	37.81%	40%	44%
Q4	146	14.53%	15%	17%
Q5- Least deprived	62	6.17%	7%	7%
6 Client -> Deprivation Quintiles group listed	**1005**	**100.00%**		

Impact of programmes: Substance misuse

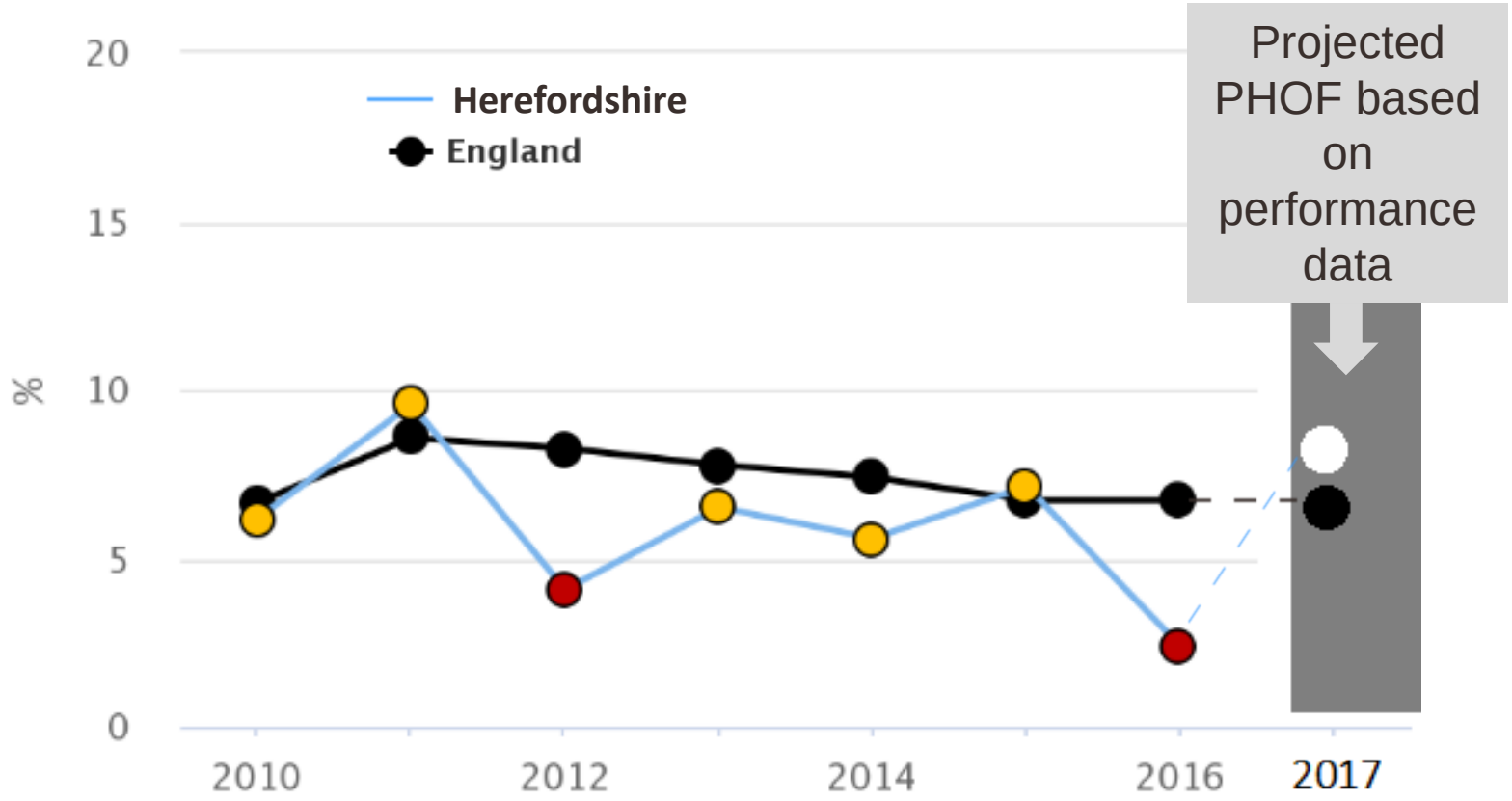
Integrated substance misuse service

- Integrated drug and alcohol service
- Emphasis on building resilience and strategies to managing recovery (in line with national strategy)
- Group work in structured and non structured settings: good evidence for sustainable changes through group-work and peer support
- Addaction: provider since Dec 2015
- ~600 service users: 60% opiate users
- Herefordshire has higher than average:
  - age of opiate users
  - length of treatment for opiate users (41% in treatment for ≥6y)
  - length of career for opiate users (48% ≥ 21y)

Integrated substance misuse service cont.

- Have been challenges with performance figures, but it has improved significantly and now top in comparator groupings for opiate successful completion of treatment.
- Holistic service: many individuals have experienced positive outcomes in housing, employment or education
- Current areas to further progress are:
  - young people's service;
  - reaching and engaging with those using non opiate drugs;
  - reaching and engaging with those drinking harmfully (not dependently – as these are generally engaging well); and
  - partnership work to improve outcomes to families affected by parental substance misuse.

Successful completion of drug treatment for opiate users:
PHOF Indicator 2.15i 2010-2016, with 2017 projection based on performance data



PHE Fingertips, with 2017 data from NDTMS

Impact of programmes: Healthy lifestyle trainer service

Healthy lifestyle trainer service

- Addresses need around adults:
  - 6 in 10 adults are overweight or obese (2016/17)
  - 18% of adults (aged 19+) inactive (<30mins moderate intensity equivalent minutes per week) (2016/17)
  - 14% of adults smoke (2016); 25% routine and manual worker adults smoke (2014)

"Support from next door"

- **Healthy lifestyle trainer service** was established in 2012. This service is delivered by Health Trainers.
- Health trainers:
  - are drawn from within local communities, and provide 'support from next door' rather than 'advice from on high'
  - are a recognised role (NHS Health Education, 2016)
  - utilise an evidence-based methodology with underpinning psychological theory. Includes the use of tools such as motivational interviewing and goal setting to facilitate a positive change in lifestyle behaviour, assess readiness to change, build self-confidence and improve self-esteem
- The service seeks to empower individuals to make positive lifestyle changes and embed healthy choices within communities
- Focus on engaging with communities and individuals who are hard to reach or exposed to inequalities in health.

HLTS: Impact

IMPROVED/INCREASED	REDUCED
Emotional wellbeing	Smoking prevalence
Physical activity	Alcohol consumption
Eating habits	Social isolation
Weight management	Health inequalities

- Since 2012, 2,500 people supported to make positive lifestyle changes in areas such as smoking, physical activity, alcohol, diet and emotional issues.
- 52% of these people were from the most deprived areas of the county
- Mean changes:
  - Wellbeing: 20% increase
  - Self efficacy: 12% increase
  - BMI: 3.5% reduction
  - Moderate physical activity: 50% increase
  - Fruit and veg consumption: 40% increase
  - Fried fatty food consumption: 55% reduction

Health protection

- Emergency planning and outbreaks – LHRP
- Immunisations and screening programmes
- Seasonal flu
- Infection Prevention Control
- Tuberculosis
- Blood Borne Viruses
- Health Protection Committee

- Example – TB case and partnership working

Service improvement plans

- 2018/19 service improvement plans: Ageing well and starting well plans
- Four broad categories:
  - Improving public health through the wider council and other Herefordshire assets
  - Ensuring good health protection;
  - Topic specific needs assessments, strategy development and action plans; and
  - Improvements in commissioned services

2018/19 service improvement plan: ageing well

High level objective
Implement an alcohol harm reduction strategy for Herefordshire
Embed Healthy Living Network across Council, with stakeholders, businesses and community groups
Embed MECC across the Council, with stakeholders and in communities
Health protection service improvements
Improve uptake of flu vaccination in residential care homes
Embed public health in council duties (Health in all policies)
NHS Health Checks review

2018/19 service improvement plan: starting well

High level objective
Improve children's dental health
Reduce childhood obesity and promote healthy weight and healthy eating
Increase uptake of immunisations and vaccinations, particularly around HPV, vulnerable communities and flu in pregnant women
Implement robust contract management processes and outcome measures for the public health nursing service
Improve reach of substance misuse service to young people

2018/19 service improvement pl

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NHS Health Checks review

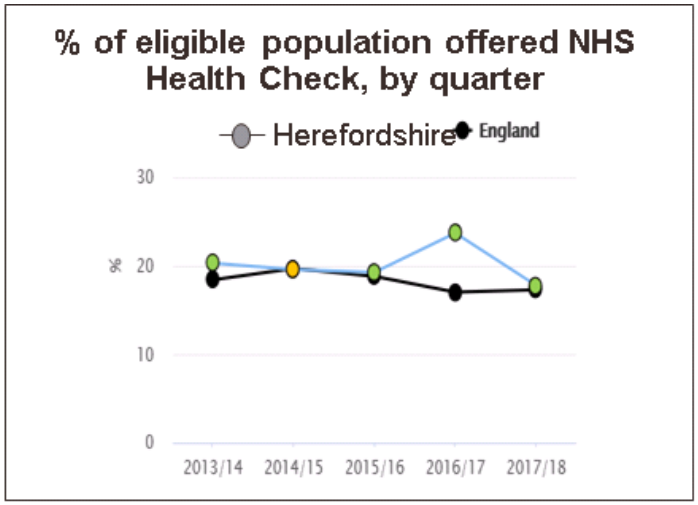
Health in all policies:

Planning:

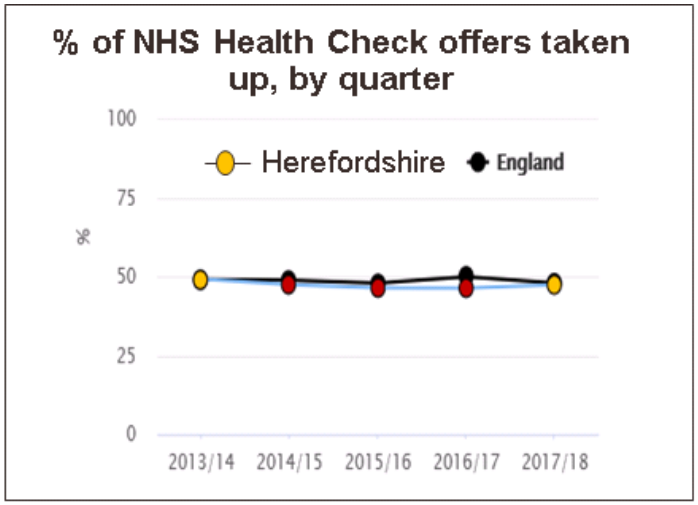
- Development work:
  - Planning framework: Work towards inclusion of public health in local planning policy
  - Process: Protocol for triage and input from public health on applications
  - Guidance: Guidance for neighbourhood plans
- Input into consultation on key documents and applications e.g. Hereford Area Plan

2018/19 service improvement pl

NHS Health Checks Review:



- 2017/18: **18%** of eligible population offered HC
- Offer met requirement (100% over 5 years)



- 2017/18: **47% uptake** by those offered NHS HC
- Annual uptake similar or just below Eng ave

Review will look at:

- Who's taking up NHS Health Checks? By gender, age, deprivation, practice, geography
- What are the outputs and outcomes e.g. CVD risk scores, recorded actions such as advice, signposting

Inequalities

- 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.
- Achievements with HLTS, ActiveHere
- Increase focus on health inequalities: e.g. immunisation for vulnerable communities, childhood obesity, children's oral health, NHS Health Checks review and JSNA

Risks and challenges

How you can help

- Small changes for yourself
- Changes for your community
- Challenge back to the Council
- Healthy Living Network