

Meeting:	Health and wellbeing board
Meeting date:	Tuesday 5 March 2019
Title of report:	Update on the delivery of Director of Public Health Annual Report 2017 recommendations
Report by:	Director of public health

Classification

Open

Decision type

This is not an executive decision

Wards affected

(All Wards);

Purpose and summary

The purpose of this paper is to provide an update on the implementation of the recommendations of the Director of Public Health Annual Report 2018 as agreed at the October 2018 health and wellbeing board meeting.

This report summaries the progress in implementing the recommendations of the Director of Public Health Annual Report 2018. The detail behind the updates is set out in other plans, which will be presented to the board for assurance on an annual basis.

The report identifies that in January 2019 NHS Long Term Plan (NHS LTP) was published. This report strengthens the requirements for the system and in particular the NHS to strengthen its role in both prevention and reducing health inequalities. The impact of the NHS LTP is referred to as part of the report.

The report concludes that whilst progress is being made against the recommendations, there is a need for health and wellbeing board partners to be held more to account for supporting the priorities. The plan is that this is addressed through the prioritisation and planning workshop taking place before the health and wellbeing board meeting.

Recommendation(s)

That:

- (a) The health and wellbeing board considers its own role in taking forward the priorities.

Alternative options

1. The health and wellbeing board may identify additional and alternative approaches to delivering against the recommendations when discussing the progress.

Key considerations

2. In January 2019, the NHS Long Term Plan was published. This plan has identified the need to strengthen the focus on prevention and reducing inequalities. The plan supports the need to prioritise the areas of work identified below. In order to ensure a robust and planned approach the CCG organised a series of 'Hot House' workshops on behalf of One Herefordshire. The targets, plans and programmes of work resulting from this process will be aligned to the priorities below as appropriate.
3. The health and wellbeing board identified the following actions in relation to the implementation of the DPH Annual Report at the October 2018 meeting:
 - looking at the policies and practices in place within board member's own organisations to support the health and wellbeing of staff members and their families;
 - ensuring relevant members of staff undertake 'making every contact count' training;
 - encouraging staff to highlight examples of successful projects which could be used as case studies in communications;
 - exploring pooling resources for outreach workers;
 - highlighting the potential health benefits of infrastructure projects when creating business cases and the savings that these can generate;
 - identifying health impacts of environmental pollution / air quality as a topic for a future workshop.
4. The updates set out below regarding progress towards implementation of the Director of Health Annual Report 2018 recommendations and the actions identified in the October 2018 health and wellbeing board meeting have been lead in the main by the council and are reported into the Strategic Prevention Board. In the next quarter, the health and wellbeing board should expect to receive updates from partner organisations against the priorities.
5. The Director of Public Health Annual Report sets out the following recommendations. Progress against each of the recommendations are set out below.
6. **Recommendation 1: Strengthen our approach to embedding health in all policies, strategies and commissioned services.**
7. In the Local Authority, work has been undertaken with planning to identify how spatial planning can improve health in Hereford through the area plan. In partnership with the planning department, policy is currently being drafted for several areas including

increasing tree cover in key areas of the city to impact on respiratory illness. The benefit of a supplementary planning document for takeaways is currently being considered.

8. Scoping work has also commenced to identify the best mechanism to help local parishes to include planning for health within their neighbourhood plans.
9. Initial engagement with licensing has been started as part of the Alcohol Needs Assessment process. This has identified short term actions that can be facilitated by public health, to enable licensing to utilise already available and functioning systems to improve health.
10. Scoping work is planned to map and prioritise further aspects of health in all policies, in order to target efforts to achieve the greatest impact. This will be reflected in the Economic Development Strategy being produced by the Herefordshire Council.
11. The council have been continuing to implement programmes of work to promote staff health and wellbeing including the flu vaccination programme and active travel programmes. There will be an increased focus on staff health and wellbeing in the next quarter.
12. A date has yet to be identified to organise a health and wellbeing board workshop focussed on air pollution.
13. **Recommendation 2: Work with Herefordshire's health and wellbeing board and other partners to develop a comprehensive oral health plan to tackle issues of poor oral health in children. A key priority will be to completing an oral health needs assessment and identifying the range of options that would best suit Herefordshire. This would include looking at fluoridating the mains water supply.**
14. The promotion of oral health, through evidenced based interventions is now embedded in to public health nursing service and the Children's Centres. The oral health needs assessment has been initiated, this process will completed by May 2019. Recommendations from the Scrutiny Spotlight on child dental health and obesity is being developed into an action plan working with partners from across the council and with external partners.
15. **Recommendation 3: Work with Herefordshire's health and wellbeing board and other partners to develop and implement a healthy weight plan which focuses on reducing obesity in children. A key priority will be to use current data to target our work with communities, schools and parents.**
16. A weight management programme has been developed with the public health nursing service for families with children identified as obese or severely obese through the national child health measurement programme - we have more children who are obese or severely obese than children who are overweight in the county in year 6. The programme is being offered to parents currently, with the first course beginning at the end of February. Recommendations from the Scrutiny Spotlight on child dental health and obesity are being implemented in through a partnership approach with colleagues from across the council and with external partners.
17. A school based programme will be implemented with environmental health and schools to assess school meal provision. A bid for transformation funding for a community based approach to reducing childhood obesity was not successful, but partners of the bid are keen to take the piece of work forward, which includes insights work with communities to

identify barriers to change and opportunities for positive health behaviour. This work is complementary to the Spotlight recommendations.

18. **Recommendation 4: Work with partners to develop a co-ordinated approach which focuses on what people can do to take care of themselves and build individual and community resilience. The key priorities will be aligning the developing approaches already in place to ensure people are connected to local assets and frontline staff are equipped with the skills and confidence to work with communities and Make Every Contact Count.**
19. The Council has committed to developing a Community Strategy which will support the strengths based working and increased focus on working with communities through a range of approaches. This includes the proposed roll out of the 'Let's Talk Community Hubs'. Locality profiles are being enhanced to assist local communities in identifying local needs, assets and prioritisation of local programmes of work. A second parish councils' event has been organised to support parish councils in considering their local approaches to working with local communities to build resilience.
20. The models of locality working across the One Herefordshire continues to develop and will support the approach of focusing on priority areas and connecting residents with the local community offer to improve health and wellbeing.
21. With respect to MECC, the online training package is finally able to be hosted on an open access site. Whilst this is an operational issue, this has presented a significant challenge in this and other authorities to the industrial scale roll out of MECC across the health, social care and wider system. The CCG, Taurus and Wyre Valley Trust have responded to the escalation of MECC as a strategic priority, however support is needed from 2gether NHS Trust, who have yet to identify a lead for MECC. Herefordshire Council are both prioritising MECC for Adult Social Care staff and a system is being put in place to record MECC conversations for the purposes of evaluation.
22. **Recommendation 5: Work with our partners to develop an ageing well plan, which responds to the findings in the ageing well needs assessment and the deep dive analysis of the problems of cardiovascular disease and hypertension**
23. The Ageing Well Plan is under development at the moment. Components of work have been undertaken which will contribute to the plan as a whole. This includes work to understand stroke prevention activities across the STP and in Herefordshire; falls prevention pathway and strength and balance classes; technology enabled care and communities and community link roles. This will be complete by June 2019.
24. **Recommendation 6: Develop the Healthy Living Network (HLN) to enable community and voluntary organisations, businesses, partners and residents to champion actively health and wellbeing improvements in their area.**
25. Voluntary organisations, businesses and community groups have all signed up to be part of the Healthy Living Network, actively promoting health and wellbeing messages within their community and helping to build social networks for support. Throughout 18/19 the HLN has recruited 39 different organisations and groups from which 75 people have been trained at level 1 and 9 at level 2. In January, the network members came together to showcase the work that has taken place. Looking forward the network will aim to further establish itself within the community through supporting community networks and recruiting more network members.

26. **Recommendation 7: Work with schools and early years settings to better understand the underlying issues impacting on children's mental health and self-esteem and embed evidenced based interventions to promote resilience and good relationships.**
27. Mental Health First Aid training is now offered to secondary schools as part of a free national training initiative. Multi-agency training and trainer-training in the Solihull parenting programme is being rolled out across the county, together with free online courses for parents being made available. The programme focuses on developing attachment, resilience and confidence. Mental health issues that are indicated at the two and a half year check are referred for an early help assessment and liaison is undertaken between health visiting and the early years setting to review referral and support – the Solihull programme is also a key element of support offer.
28. **Recommendation 8: Develop a sustainable health and social care service in Herefordshire by maximising the opportunities to reduce demand on services in the first instance.**
29. We continue our wide remit of public health contributing across the system to improve the health of the population, through population level approaches (for example, development of a multiagency domestic abuse strategy; key involvement in development of locality profiles; work with gypsy, Roma and traveller communities and others to reduce inequalities in immunisation rates) and individual programmes aimed at identifying those at high risk and behaviour change (for example, through delivery of the healthy lifestyle trainer service, NHS health checks, substance misuse commissioned services)
30. The strengths based model of working introduced through adult social care, has demonstrated its impact to date in reducing demand on social care and will further developed over the next few months as part of the locality based model of working.

Community impact

31. In accordance with the council's adopted code of corporate governance, the council achieves its intended outcomes by providing a mixture of legal, regulatory and practical interventions. Determining the right mix of these is an important strategic choice to make to ensure intended outcomes are achieved. The council needs robust decision-making mechanisms to ensure our outcomes can be achieved in a way that provides the best use of resources while still enable efficient and effective operations. Decisions made need to be reviewed periodically to ensure that achievement of outcomes is optimised.
32. In accordance with the NHS constitution, the NHS pledges to make decisions in a clear and transparent way, so that patients and the public can understand how services are planned and delivered, and adherence to the principles within the NHS constitution ensure that the values of the NHS are maintained.
33. The Director of Public Health Annual Report recommendations specifically identify priority areas which can have a positive impact on looked after children and/or care leavers. These include improving mental health and resilience of children, strengthening the community focussed and strengths based approaches, improving oral health and developing a healthy weight plan. The recommendation of strengthening how we embed health in all policies will provide a more rigorous approach to ensuring the impacts of policy, strategy and commissioning decisions on health are considered.

Equality duty

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

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

- (a) eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;
 - (b) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
 - (c) foster good relations between persons who share a relevant protected characteristic and persons who do not share it.
35. This report identifies the need to effectively tackle inequalities and to reach our most vulnerable communities. This will support public authorities in exercising their equality duties.

Resource implications

36. The resource implications of the report are in the main staff time to develop the new approach to working. These areas of work are prioritised within the Public Health Team, but will need the support of partner organisations. The resource implications of specific programmes will be costed and business cases developed on an ongoing basis. The Local Authority currently receives the Public Health Ringfenced Grant which will support the implementation of the recommendations, however the grant settlement for 2020/21 will not be announced until Spring 2019 and there is some uncertainty about the future of the grant and the future arrangements for commissioning public health services.

Legal implications

37. The Health and Social Care Act 2012 (s30) added in a new s.73A to the National Health Service Act 2006 requiring the appointment of a Director of Public Health. Under subsection s.73B (5), the Director is required to prepare an annual report on the health of the people in the area of the council and the council is required to publish this report.
38. Under the NHS Act 2006 as amended by the Health and Social Care Act 2012, councils are required to take particular steps in exercising public health functions.
39. The terms of reference of the health and wellbeing board are set out in the council's constitution.
40. The recommendations in the report are in accordance with the legislation.

Risk management

41. The risks and opportunities associated with the delivery of the recommendations of the Director of Public Health Annual Report are identified below:

Risk / opportunity	Mitigation
<p>Insufficient resource and partner agency support to deliver the recommendations set out in the Director of Public Health Annual Report.</p> <p>Lack of public support to the implement health improvement programmes</p> <p>Opportunity to develop more effective community focussed models of working focussed on areas of inequality.</p> <p>Risks of demand outstripping the supply of community support. Lack of public and or political support for adding fluoride to the water.</p>	<p>Partners reprioritise areas of work to create the capacity needed.</p> <p>Target work in areas of greatest priority.</p> <p>Implement evidenced based practice based on local insight from priority groups where possible.</p> <p>Develop our approach based on evidence which consider all the elements of community focussed working, including building community capacity.</p> <p>Involve voluntary sector partners in the development of the approach.</p> <p>Follow the PHE toolkit which sets out a clear process for assessing the feasibility of fluoridation, developing the business case and consulting with the public to fulfil the legal duties of the council.</p>

Consultees

None.

Appendices

None.

Background papers

None identified.