

# HAMPSHIRE COUNTY COUNCIL

## Report

<b>Decision Maker</b>	Cabinet
<b>Date:</b>	22 July 2019
<b>Title:</b>	Public Health Strategy
<b>Report From:</b>	Director of Public Health, Adults' Health and Care

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### 1. Purpose of this Report

The purpose of this report is update Cabinet on the progress made in the second year (April 2018 – March 2019) of implementation of the Hampshire County Council Public Health Strategy: *Towards A Healthier Hampshire 2016-2021*.

### 2. Recommendation(s)

2.1 It is recommended that Cabinet:

- a) Note the good progress in implementing the Hampshire Public Health Strategy
- b) Support continued delivery of the strategy by promoting working across all Council directorates, with our partners in health and across the wider economic system and with our communities.

### 3. Executive Summary

3.1 This report sets out the progress that has been made during the second year of implementation of the Council's first Public Health Strategy: *Towards A Healthier Hampshire 2016-2021* which was launched in November 2016. This strategy set out The Council's ambition for improving the health of the population.

3.2 The focus of the strategy is on people having good health and wellbeing, developing resilient communities and making the places where we live and work healthy and safe places. It identifies five priority areas which are intended to support the County Council to prioritise its resources, whilst also reflecting the breadth of its public health responsibilities:

- a) Making a healthy lifestyle the norm
- b) Good emotional wellbeing and mental health for all
- c) Resilient and healthy children, young people and families

- d) Making local places healthy and safe places
  - e) Protecting health from avoidable harms
- 3.3 The Director of Public Health leads delivery of the strategy with the Public Health team, who are part of the Adults' Health and Care Directorate. Successful implementation, resulting in a positive impact on the health of Hampshire citizens, requires collective action across all Council departments and complex multi-agency partnership working.
- 3.4 In this second year of implementing the strategy, good progress has been made against the agreed priority areas within a rapidly evolving landscape and reducing budgets.
- 3.5 Key successes include: county-wide embedding of smoking in pregnancy work in NHS Trusts; re positioning NHS Health Checks to increase the focus on the 'at-risk' groups to improve overall effectiveness of the programme and recommissioning Hampshire's substance misuse service with new 'Digital' elements, an increased focus on children and families and on services for people with co-occurring substance misuse and mental health conditions. This has resulted in a planned increase of those in treatment for both alcohol and drugs.
- 3.6 Making Every Contact Count (MECC) Practice has been embedded into Adults' Health and Care and in NHS Trusts; the launch of a Falls Prevention project has seen the recruitment of 38 falls champions and 270 falls friends. A successful EU Mental Health bid to run the Step By Step (SBS) project to improve mental health in men will bring in funding of up to 314,000 euros to support the work over the next two years and we have won additional resources through an STP funding bid to support suicide prevention.

#### **4. Contextual information**

- 4.1 In October 2016 the Executive Member for Health and Public Health endorsed 'Towards a Healthier Hampshire' the new Public Health Strategy for the County of Hampshire setting out the Council's ambition for improving the health of the population. The strategy was launched in October 2016 at an event that also marked the formation of a new department in Hampshire County Council - Adults' Health and Care.
- 4.2 The strategy is available as online content [Towards a Healthier Hampshire](#) .
- 4.3 The strategy has five priority areas, each supported by a detailed set of actions. The five priorities are intended to support the County Council to prioritise its resources, whilst also reflecting the breadth of its Public Health responsibilities.
- 4.4 The five priority areas are set out below:

- a) Healthy – making a ‘healthy lifestyle’ the norm to help reduce the gap between life expectancy and healthy life expectancy
- b) Happy – promoting good emotional wellbeing and mental health for all through a range of actions including improving access to support for mental wellbeing across the County, reducing the rate of suicide and reducing the harm caused by substance misuse to individuals
- c) Resilient – enabling children and families to be resilient and to have more resources to look after themselves
- d) Thriving communities – making local places healthy and safe places
- e) Protect – protecting people from avoidable harms.

## **5. Progress in implementing Year Two of the strategy**

5.1 Successful delivery of the strategy depends on the collective efforts of all Council Departments and partnership working with other sectors and agencies. Implementation is led by the Director of Public Health and the Public Health team, who are part of the Adults’ Health and Care Department. There is a robust delivery plan for the life of the strategy that has been agreed with relevant partners.

5.2 The Public Health Team continues to drive forward the key public health priority areas for the Council. The following section sets out some of the key achievements against the priority areas for year two.

### **Healthy**

1. Development and expansion of our digital offer to enable residents to independently address lifestyle risk factors to improve population health. Examples include support around diet and healthy weight, reducing alcohol consumption and online testing for sexually transmitted infection.
2. Re design of the NHS Health Check service to increase the focus on ‘at-risk’ groups to improve value for money of the programme and effectiveness in identifying those at high risk of developing cardiovascular disease. We saw an increase in uptake of NHS Health Checks to 58.4% in Q4.
3. Updated and launched Hampshire’s Tobacco Control Strategy. This included developing a new model for Hampshire’s smoking cessation service in preparation for re-procurement to drive up quality and outcomes. Smoking cessation interventions are now embedded in all NHS maternity units to tackle smoking in pregnancy – a significant cause of neonatal deaths and still births and premature delivery. Smoking status at the time of delivery is showing a consistent decline in Hampshire and is significantly lower than the National figure. Overall smoking prevalence in adults has also been declining since 2011 and is lower than the National prevalence

figures. Prevention work included delivering both a survey and prevention programmes within targeted schools and the provision of ongoing guidance and online resources to organisations working with young people (including schools, colleges, youth services, NEETs and looked after children).

1. The Healthy Weight Strategy recognises that the causes and solutions to obesity are highly complex and require a systems approach. The Public Health team have worked with healthcare providers, CCGs, District Councils and 'Energise Me' as well as internal teams in Economy, Transport and Environment, Culture, Communities and Business Services, and Children's Services to embed the principles and approach. It will take time for the impact of this approach to be realised. Rates of excess weight in children in Hampshire are similar to England for 4-5-year olds and better than England for 10-11year olds and 60% of adults are overweight or obese.
2. Making Every Contact Count (MECC) Practice has been successfully expanded and embedded into Adults Health and Care and in NHS Trusts. There has been a significant increase in the number of NHS staff trained in MECC (1041 in 2018/19 compared to 298 in 17/18) and work with District Councils continued with the establishment of MECC networks in East Hampshire and Gosport.

### **Happy**

3. A successful EU Mental Health bid to run the Step By Step (SBS) project to improve mental health in men will deliver up to 314,000 euros to Hampshire over the next two years. The project comprises a co-produced community-based model focusing on health, mental wellbeing and employment. 8 community groups have been recruited to develop the model and the programme will roll out to at least 60 groups over the next 18 months and include training 180 health champions to hold healthy conversations with group members. The project is being independently evaluated by the University of Chichester.
4. The Health and Wellbeing Board signed off the Hampshire suicide prevention strategy in March 2018. A key achievement in 2018/19 included the development and rollout of a suicide prevention pathway for primary care and scoping the suitability of utilising the patient record system to flag the risk of suicide.

Suicide Prevention training for front-line practitioners had been identified as a gap and is now being successfully delivered in partnership with Samaritans. Following a coproduction workshop with People with Lived Experience a "team" of those with lived experience will be formed which will help plan and implement parts of the Hampshire Suicide Prevention Strategy.

Hampshire County Council Public Health led on securing funding from NHS England for the Hampshire and Isle of Wight Sustainability Transformation partnership (STP) for the 2019/20 roll-out of the STP

Suicide Prevention Programme. Confirmation of funding will enable the development of suicide prevention programmes in some of the areas where we have identified gaps:

- Suicide Prevention in Primary Care
- Bereavement and Postvention Support
- Workplace Health
- Self Harm and Crisis Care

The suicide rate in Hampshire is consistently lower than that of England.

5. A new integrated substance misuse service for adults and young people commenced in July 2018. The service has an increased focus on engagement with people with alcohol problems; improving the management of people with co-occurring substance misuse and mental health problems; children and families; offering a flexible model of delivery and increasing the use of outreach services and digital technologies to engage service users before, during and after treatment. The service has achieved its key aims including a 16% increase in alcohol clients in the past year. Rates of successful completion of treatment for opiate users and adults with substance misuse treatment need who successfully engage in community-based structured treatment following release from prison are better than England.
6. As part of our approach to promoting mentally healthy communities in Hampshire we have worked in partnership with Hampshire Mind to deliver training in Connect 5 (based on the concept of the 5 ways to wellbeing) to wider workforces in Hampshire, community groups and within the council. A total of 41 courses have been delivered to 464 people working for district councils, housing providers, substance misuse and domestic abuse services and 94 front line AHC staff have been trained. Course evaluations demonstrate an increase in participants understanding of mental health and their confidence in having a conversation about an individual's mental health and wellbeing.
7. The Domestic abuse partnership board has developed a new model of provision for both victim and perpetrator services taking a whole family approach to support all members of the family and so stop the cycle of violence through the ethos of 'for every victim there is a perpetrator'. The new HRDA (High Risk Domestic Abuse) process in Hampshire to ensure rapid identification and action for victims at the highest risk of murder or serious harm has been implemented.
8. The most recent data show a continued downward trend in Hampshire teenage pregnancy rates. A key focus this year was work between Public Health and Children's Services colleagues to develop a support programme for schools to prepare for the introduction of statutory

Relationships and Sex Education (RSE) and Health Education in schools from September 2020.

### **Resilient**

9. Work on resilience, emotional wellbeing and mental health was undertaken across parenting support, early years, schools and colleges and through enablers. The work was influenced by the drive to better integrate Public Health Nursing with related services in Children's Services, Clinical Commissioning Groups (CCGs) and NHS England commissioned services. An in depth needs assessment informed the development of a new Children and Young People Emotional Wellbeing and Mental Health Strategy which will be launched and implemented in Year three. It includes a workstream on reducing self-harm, where Hampshire continues to have high rates that are proving challenging to reduce.
10. Hampshire's school nursing service continued to provide support for secondary school aged pupils through its anonymous texting service, Chat Health, which responds to concerns about mental and physical health. The service has been extended to parents of 0-5-year olds and proved to be hugely popular, receiving 1,355 messages from parents between October 2018 and February 2019.
11. A renewed focus on collaborative working between the Council, the NHS and the voluntary sector to deliver health visiting priorities such as perinatal mental health and breastfeeding has led to a significant increase in breastfeeding: rates at 6-8 weeks have increased from a third to over a half (53.6% in Q4 of 2018/19) as a result of a new breastfeeding model and improved data collection.
12. A new and highly innovative service specification for Public Health nursing (health visiting and school nursing services) has been developed ahead of procurement in 2019/20. The service specification reflects increased integration with Education and Inclusion in Children's Services, a purpose of which is to improve school readiness.
13. The proportion of children achieving a good level of development at the end of reception has shown a continued increase since 2012/13 and is higher than that of England, whilst the proportion of children aged 2-2½yrs receiving ASQ-3 has remained at 100% for the third year running.

### **Thriving Communities**

14. The design of the places in which we live, and work can have a significant impact (positively and negatively) on population health. Partnership working between Public Health and colleagues in district planning authorities continued to be a delivery priority during Year Two, including

supporting the development of health and wellbeing-related policies in Local Plan reviews.

15. Increasing levels of physical activity in the Hampshire population is key to improving health and preventing future dependency on services. Delivery of the cross-departmental Physical Activity plan has included scaling up evidence-based interventions for walking and running in gap areas across Hampshire and work with the Council's Active Travel Team to increase active travel to school, focusing on specific areas with higher rates of obesity in Years R and 6.
16. The Public Health team has initiated a dementia workstream with Hampshire County Council staff who are leading on different aspects of dementia support for Hampshire residents. This brings together expertise and enables a strategic approach to the implementation of a Dementia-Friendly Hampshire County Council Framework.
17. Falls represent a significant cost to the health and care system. Geographical areas with the highest rates of falls been identified and are the focus of Falls prevention. Action includes an increase in the number of evidence based Steady and Strong classes provided across Hampshire to 100 classes each week and the development and launch of the Falls Friends programme which increases knowledge within communities about how to prevent falls. Currently 38 Falls Friends Champions have made 270 Falls Friends in a train the trainer model.

### **Protect**

18. Child immunisations for diphtheria, pertussis (whooping cough), tetanus, Haemophilus influenzae type and polio have exceeded the 95% uptake goal for eight years. The latest figures show improvements in the uptake of Men C and PCV. There has been an improvement in the uptake of MMR which we need to maintain to reduce risk of measles.
19. Latest data shows that there we have started to reverse the downward trend in the uptake of cervical screening due to focused work with NHSE and Primary Care.
20. Flu uptake in Health and Social Care staff employed by Adult Services (the at-risk group) increased and we saw fewer outbreaks of Influenza-like illnesses in adult care settings this year.
21. Air pollution is increasingly recognised as a serious public health issue, with Public Health England regarding poor air quality as the largest environmental risk to Public Health in the UK. County and District Councils equally have a central role in driving improvements in Air Quality. Public

Health and Environment, Transport and Economy (ETE) teams alongside continue to work together to develop a programme of work and coordinate a whole systems approach to managing existing Air Quality Management Areas and recently declared Clean Air Zones and have developed an 'Air Quality Position Statement'.

## 6. Finance

The responsibility for Public Health services transferred from the NHS to Local Government in April 2013. Accordingly, the funding required to discharge these responsibilities is paid directly to local authorities through a ring-fenced grant from the Department of Health. The current ring fence runs to 2019/20.

6.1 The annual level of the public health grant has varied significantly since 2013. In each of the first two years the County Council received a 10% increase from the base level of spend made previously by the PCTs in 2012/13.

6.2 However, since 2015/16 there has been a reduction in the national allocation for Public Health which in turn has been passed on to all local authorities through year on year grant reductions. In 2015/16 there was an in year cut of 6.2% and in each subsequent year through to 2017/18 there has been a reduction of between 2.3% and 2.6%. This has limited the ability of the County Council to maximise opportunities for prevention initiatives to reduce poor health. This annual grant reduction is expected to continue through to 2019/20.

	Base allocation	0-5 Funding	Grant Reduction	Total
	£000	£000	£000	£000
13/14	36,753			36,753
14/15	40,428			40,428
15/16*	40,363	8,843	(3,046)	46,160
16/17	40,363	17,686	(4,559)	53,490
17/18	40,363	17,686	(5,879)	52,170
18/19	40,363	17,686	(7,219)	50,830
19/20	40,363	17,686	(8,559)	49,490
20/21	40,363	17,686	(8,559)	49,490

6.3 The delivery of the Strategy over its lifetime, and the outcomes it is striving to achieve, will need to be met from within the reducing budget envelope and by leveraging existing resources within the local health and care and wider system to deliver public health outcomes. From 2021 the Public Health budget will be required to deliver the same level of savings that have been allocated to all departments. The detailed plans for further implementation of the strategy will be developed in line with the need to meet this challenge and to maximise opportunities to work with others to ensure that public resources deliver the maximum health benefit.

## **7. Governance**

- 7.1 Implementation of the strategy is overseen by the Public Health Senior Management team – delivery of each priority is led by a Consultant in Public Health and involves Public Health team members and colleagues from the appropriate Council departments.
- 7.2 The impact of the strategy on key public health outcomes is routinely monitored through a combination of priority outcome indicators and ‘bell-weather’ indicators, which measure progress towards the outcome. A wider range of outcomes are monitored through the national Public Health Outcomes Framework (PHOF). Progress against the delivery plan and the impact on public health outcomes will be monitored by the Public Health senior management team and the Adults’ Health and Care (AHC) Department Management Team (DMT).
- 7.3 A review of delivery of the Strategy was undertaken as part of the Council’s internal audit plan for 2018/19. The review focussed on governance and monitoring of delivery of the Strategy, including how other departments within the Council contribute to the delivery.
- 7.4 The audit assurance was adequate with a sound framework of internal control with and no significant risks identified to the achievement of system objectives.
- 7.5 Delivery of the strategy is dependent on collaborative working across the Council and partnership working with key stakeholders and on continued investment in financial and human resources in Public Health and public health services.

**REQUIRED CORPORATE AND LEGAL INFORMATION:**

**Links to the Strategic Plan**

Hampshire maintains strong and sustainable economic growth and prosperity:	yes
People in Hampshire live safe, healthy and independent lives:	yes
People in Hampshire enjoy a rich and diverse environment:	yes
People in Hampshire enjoy being part of strong, inclusive communities:	yes

**Other Significant Links**

<b>Links to previous Member decisions:</b>	
<u>Title</u> <a href="#">2016-10-17 Executive Member for Health and Public Health - Towards a Healthier Hampshire - a Strategy for improving the Public's Health 2016-2021</a>	<u>Date</u> 17 October 2016
<b>Direct links to specific legislation or Government Directives</b>	
<u>Title</u>	<u>Date</u>

**Section 100 D - Local Government Act 1972 - background documents**

The following documents discuss facts or matters on which this report, or an important part of it, is based and have been relied upon to a material extent in the preparation of this report. (NB: the list excludes published works and any documents which disclose exempt or confidential information as defined in the Act.)

<u>Document</u>	<u>Location</u>
None	

## **EQUALITIES IMPACT ASSESSMENT:**

### **22. Equality Duty**

The County Council has a duty under Section 149 of the Equality Act 2010 ('the Act') to have due regard in the exercise of its functions to the need to:

- Eliminate discrimination, harassment and victimisation and any other conduct prohibited by or under the Act with regard to the protected characteristics as set out in section 4 of the Act (age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation);
- Advance equality of opportunity between persons who share a relevant protected characteristic within section 149(7) of the Act (age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex and sexual orientation) and those who do not share it;
- Foster good relations between persons who share a relevant protected characteristic within section 149(7) of the Act (see above) and persons who do not share it.

Due regard in this context involves having due regard in particular to:

- The need to remove or minimise disadvantages suffered by persons sharing a relevant protected characteristic that are connected to that characteristic;
- Take steps to meet the needs of persons sharing a relevant protected characteristic that are different from the needs of persons who do not share it;
- Encourage persons sharing a relevant protected characteristic to participate in public life or in any other activity in which participation by such persons is disproportionately low.

### **23. Equalities Impact Assessment:**

23.1. Good health and wellbeing is a positive asset and something we all aspire to for ourselves, families, carers, friends and communities. It is essential for thriving, prosperous, resilient and safe communities and vital for the success of future generations. Hampshire is a healthy place to live and people generally have good life expectancy, educational achievement, housing and living environments and employment. Fewer children live in poverty, infant mortality is low and fewer people die from avoidable health conditions. However, we know that we can do better for the people who live in Hampshire – the gap between how long people live and how long they live in good health is widening, there is significant variation in health outcomes between the most and least deprived communities and too many of our most vulnerable citizens have poor health outcomes.

23.2. The strategy has been informed by the Hampshire Joint Strategic Needs Assessment (JSNA) and brings together work carried out by the Hampshire Public Health team with other Directorates and partners over

the last two years. The JSNA includes the data that identifies the groups that will be impacted by the strategy.

- 23.3. A wide and complex range of factors influence and determine population and individual health. The strategy has been developed to have a positive impact on these factors and to improve outcomes for the most vulnerable citizens and communities in Hampshire. It aims to have a positive impact on outcomes for people across all the protected characteristics and to impact on poverty and will take account of the impact of where people live, in rural or urban areas.
- 23.4. An equalities impact assessment has been carried out. The final impact of the strategy will be dependent on the success of implementation and there could be a bigger and more positive impact on certain groups. A detailed action plan will be drawn up to implement the strategy and Equality Impact Assessments will be undertaken for the individual programmes of work as these are progressed. This will ensure that the specific impacts of individual services and interventions are understood and steps can be taken to mitigate any negative impacts if they are identified.