

# Public Health Business plan: 2014-2015.



## 1. What is Public Health?

“Public Health is the science and art of promoting and protecting health and well-being, preventing ill-health and prolonging life through the organized efforts of society” Reference: The UK’. Public health is about the health of the population; the public.

The overall aim is to:

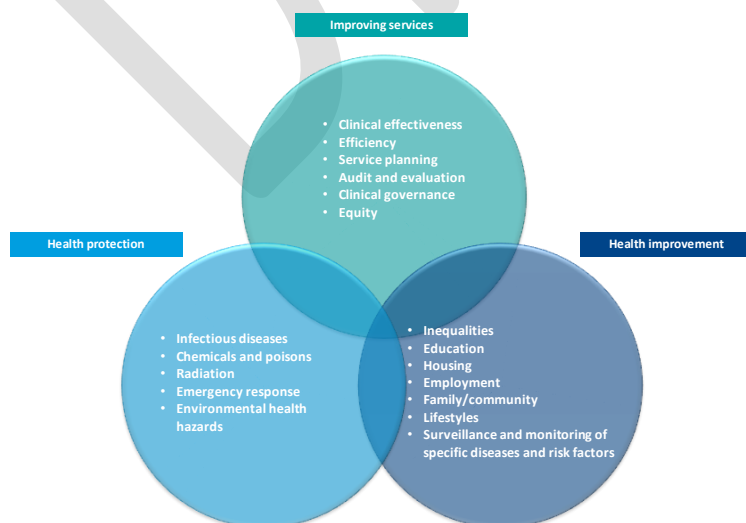
- Increase healthy life expectancy across our population
- Reduce differences in life expectancy and healthy life expectancy between communities in Torbay

## 2. How does the Public Health team work to deliver these aims?

The Public Health team role is to understand and describe the factors that affect people’s health and with partners, promote and also deliver action across the life course to promote health and well-being in ways that reduce inequalities in health.

We do this by working across three *areas or domains*:

1. Health improvement
2. Health protection
3. Improving services

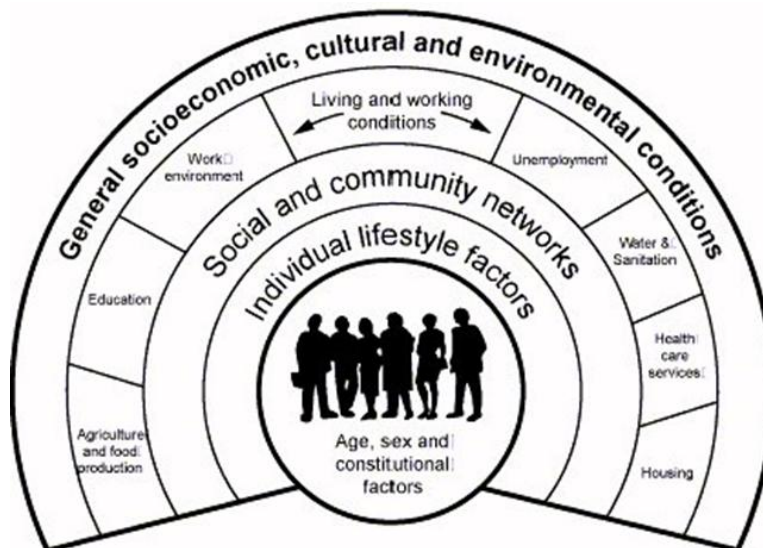


- **Health Improvement** sets to improve the population's health through health promotion and disease prevention. It includes understanding the wider determinants of health, such as education, housing, employment and lifestyles risk factors such as smoking and alcohol misuse.
- **Health Protection** includes planning and responding to communicable diseases, environmental hazards and emergency responses.
- **Improving services** focuses on how the quality of health services can be improved through evidence based practice and planning. It includes ensuring that the provision is cost effective and equitable, available to everyone. This is achieved by working in *two different ways*
  - I. By directly commissioning services to prevent disease and promote health
  - II. By working with others to influence and support programmes to improve health and well-being and reduce inequalities

The Public Health team works in partnership to influence across the whole system and from cradle to grave. We also work also to promote action in those factors that determine health and well-being -the determinants of health. These determinants are illustrated in the following diagram. Some things about individuals are outside our influence, such as date of birth, gender and hereditary factors. However, there are other factors that can be influenced, such as the conditions in which we live and work, the ability to earn an income and the wider environment surrounding us. These collective factors are known as 'social determinants of health..

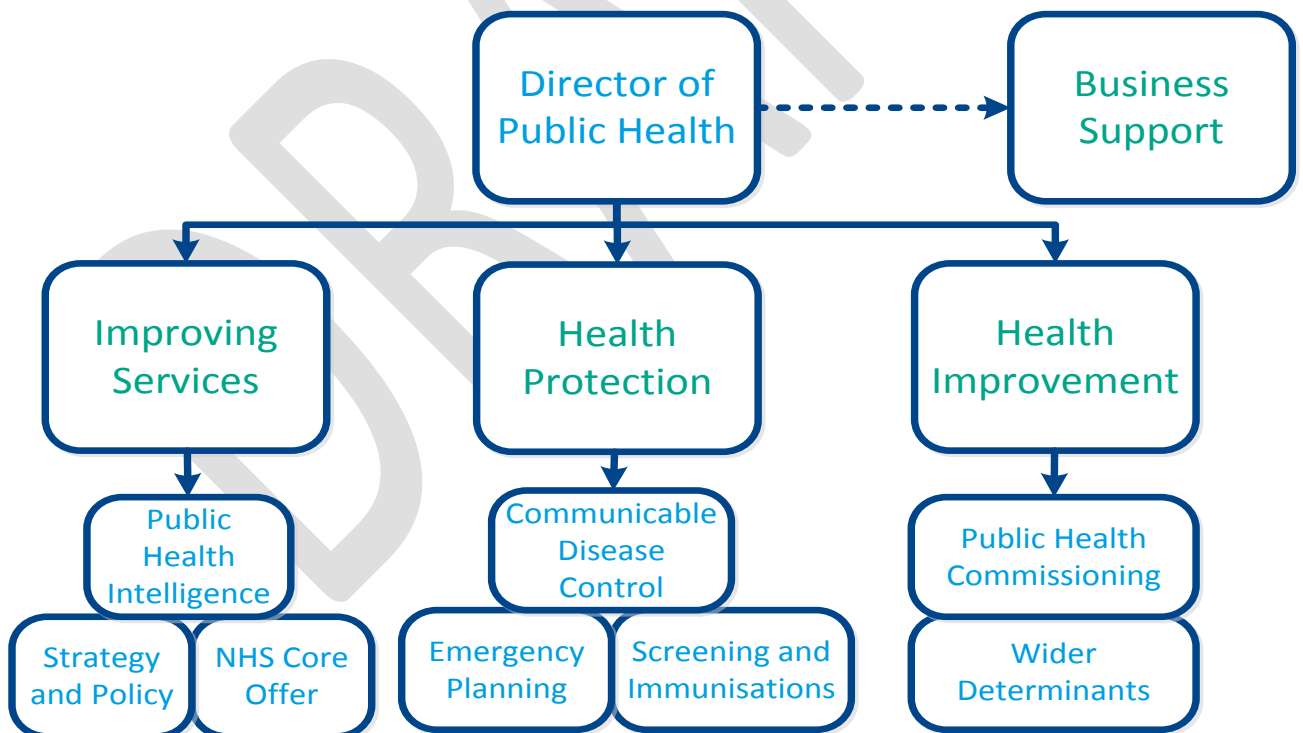
These different layers are shown below:

- individual lifestyle factors such as smoking habits, diet and physical activity have the potential to promote or damage health;
- social and community network interactions with friends, relatives and mutual support within a community can sustain people's health;
- wider influences on health include living and working conditions, food supplies, access to essential goods and services, and the overall economic, cultural and environmental conditions prevalent in society as a whole.



Source: Dahlgren and Whitehead (1991)

This work is reflected in the Public Health Team Structure;



### **3.Work across the three Domains.**

The following gives more detail of the work within the 3 Public Health domains.

#### **3.1 Health improvement;**

Our directly commissioned services include;

- Sexual health services

Sexual health services in Torbay cover the provision of services and advice on contraception and sexual health – the latter including sexually transmitted infections (STIs including HIV). The provision of such services is complex with a wide range of providers, including general practice, pharmacies, acute hospitals, community services/health centres and the voluntary sector. In Torbay these services are based on need and include sexual and reproductive health services and activities aimed at targeting persistent risk-taking behaviour (such as unprotected sex), reducing the number of unplanned pregnancies and the overall number of young people who become pregnant - we are also aware that over half of all conceptions to under 18 year olds in Toray end in abortion and are not lifestyle choices.

- NHS Health checks assessment

This service is directly commissioned by the Public Health Team and we review and monitor uptake of checks undertaken on a quarterly basis. Training is arranged for all staff undertaking Health Checks. There is some concern over practices who decide that that are not able to deliver the service to their community..

- Child measurement programme

Every year we commission the weighing of children in order to monitor the number of children who are over-weight or obese. This helps the targeting of services to address these issues

- Drug and alcohol services

In Torbay we commission a full range of services for drug and alcohol users from early engagement and harm reduction interventions such as needle exchange services through to complex, high intensity prescribing and psychosocial services including residential rehabilitation and inpatient detoxification. We also commission a number of wrap around services alongside our statutory partners to ensure pathways into long term stable recovery are effective as possible. These include services for carers of those affected by substance misuse; a volunteering, employment and training pathway for those ready to continue their reintegration in to society; and targeted and hospital based alcohol workers to minimise the burden on secondary care services.

- Smoking cessation

There are a range of smoking services available for those wishing to give up smoking in Torbay. Services are available through GP surgeries, a range of pharmacies as well as through the specialist stop smoking service. A range of quitting options are available including behavioural support, nicotine replacement therapy (patches etc) and prescribed medication for those struggling to quit.

- Obesity, and physical activity promotion

As overweight and obesity represent probably the most widespread threat to health and wellbeing in this country (HM Government, 2011), it is important that we systematically look at all the elements that influence behaviours around food and exercise. Therefore we will be reviewing the current Lifestyles provision that we commission, to ensure that we bring together the activities relating to healthy weights and healthy lifestyles that occur within the Local Authority, and across the Bay.

- Public Health services for children and young people.

We work with both Health Visiting and School Nursing to ensure that a universal service is provided proportionally to need and deprivation. This will aid prevention and early detection of risk factors alongside ensuring children and young people are safe. The outcomes for children and young people are to maximise their life chances whatever their start in life.

We also have a programme of work looking in particular at risk taking behaviours of young people and am working with schools and partners to address this.

We also work in partnership with others on:

- Behavioural and lifestyle campaigns to prevent cancer and Long Term Conditions
- Local initiatives to prevent seasonal mortality
- Local initiatives on workplace health and promote health in other settings
- Public health aspects of promotion of community safety, violence prevention and response
- Public health aspects of initiatives to tackle social exclusion
- Local initiatives that reduce public health impacts of environmental risks
- Building community cohesion and combating social isolation etc
- Mental Health Resilience in terms of the prevention of mental health problems, suicide and self-harm, and challenging the stigma around mental health.

## **Improving the determinants of Health.**

Moving to the Local Authority has given us a unique opportunity to work alongside colleagues in the Local Authority to promote action on the determinants of health such as housing, transport, planning and recreational services. We have already worked alongside colleagues from children's services, from leisure services and from planning. We have strong links to community services and work alongside them on work around community safety and community resilience. We hope to strengthen this work in the coming year.

### **3.2 Health Protection**

The work on health protection includes: prevention and control of infectious diseases; oversight of immunisation and screening, support to tackle health-care associated infections (HCAIs) and emergency planning and response (including severe weather and environmental hazards).

This work is overseen by a Pan-Devon Health Protection Forum which meets on a quarterly basis both to review and for assurance purposes.

This covers a) Communicable disease control b) Health care Associated infections (HCAIs)c) emergency planning. d)) Screening and immunisations

- **Communicable disease control and HCAIS**

Though the first response to communicable disease is with Public Health England, we work in partnership with them around local issues and would lead with them in any outbreaks. We work with colleagues in the NHS on the control of hospital acquired infections

- **Emergency planning**

The Public Health element of Emergency Planning is addressed by Resilience, relating to the response that would occur in partnership with other statutory and voluntary agencies should an unexpected event arise locally or regionally. This could be a major road accident and fire with several casualties, or a flood whereby vulnerable people need to be relocated to another area for their safety.

The other element relates to the occurrence of a pandemic, such as influenza. In this case, we would again need to work with partner agencies, as widespread illness will impact on school closures, care homes, admissions to hospital, and indeed the health of hospital and community staff themselves.

- **Screening and immunisations**

Our role is mainly one of assurance that a) the uptake of immunisations and screening for all ages is as high as possible and if not how we can achieve an increased uptake rate; by local

or national campaigns b) The delivery of immunisation and screening runs smoothly in GP practices and by school nursing teams. c) Staff are trained as per minimum standards in order to deliver a seamless service to the general public d) The introduction of any new immunisations or screening programmes are run appropriately and staff are aware of the need.

### **3.3. Improving services**

- **Strategy and Policy - how we work with partners**

We aim to work as much as possible in partnership using a whole systems approach to whatever we do. We aim to integrate our work with that of others wherever possible. We aim to play a key role in strategy development in Torbay. We directly support the Health and Wellbeing Board (HWBB), and the DPH is Vice Chair. Other strategic bodies that we are members of include the following;

- CCG Governing Body and Clinical Commissioning Committee
- Joined – up Cabinet / Pioneer Board
- Community Safety Partnership
- Senior Leadership Team of Torbay Council
- Joint Commissioning group for Torbay
- Health Protection Forum for Devon

We lead on the development and delivery of the Joint Health and Wellbeing Strategy. We also lead on the development, delivery and monitoring of key Public Health related strategies such as the Sexual Health Strategy, and play a key role in the development of partnership strategies such as the Children’s and Young People’s Plan, the Integration and Better Care Fund Plan, the Mental Health and Wellbeing plan and the Pioneer Plan.

- **Public Health Core Offer**

We have a responsibility to provide Public Health advice to the NHS through what is known as the Core Offer, and work with the CCG to support their work as laid out in the CCG Strategic Framework. Team members advise on a number of the CCG’s strategic committees and on re-design boards and Clinical Pathway groups. We provide data and analysis around needs, advise on the evaluation of services and on the evidence base around effectiveness and cost-effectiveness. We produce quarterly reports on our work with the NHS

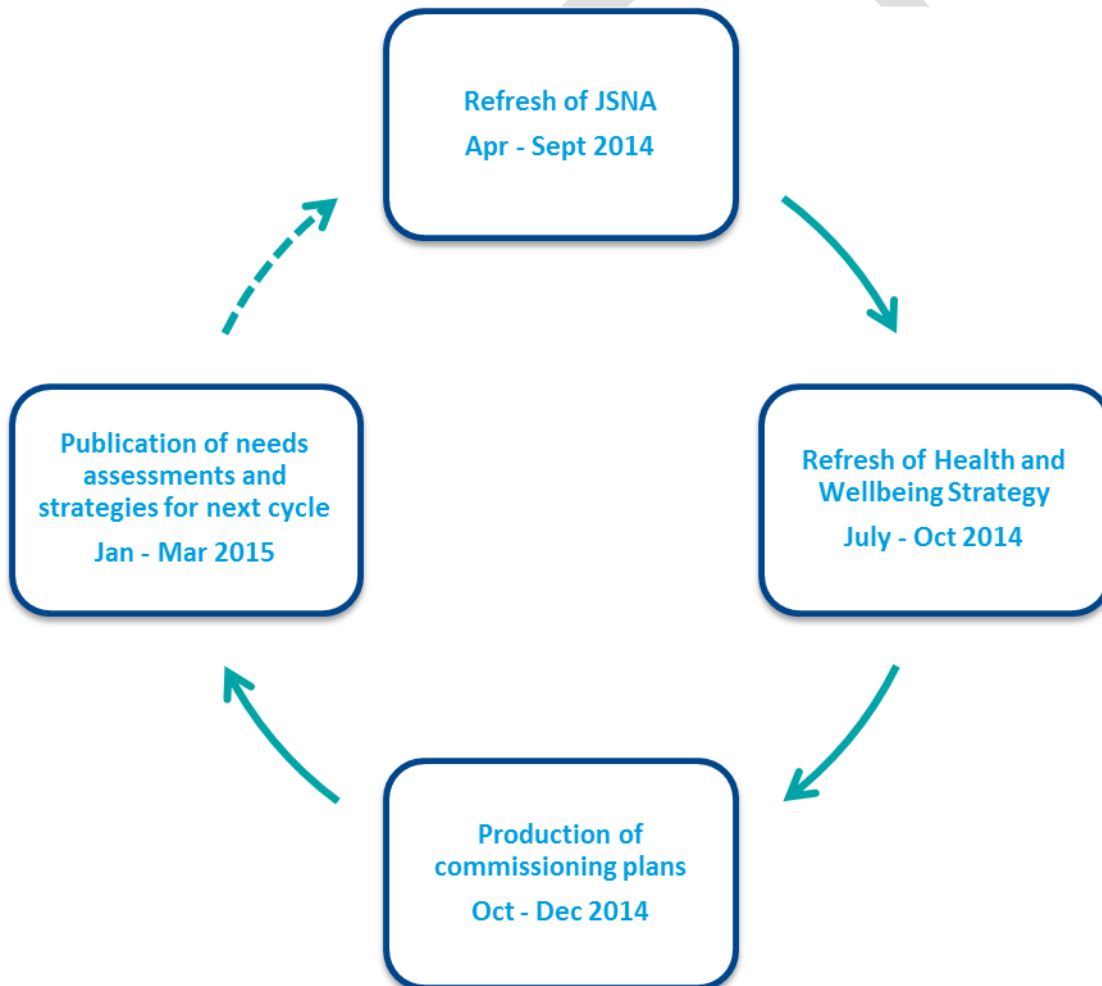
We also contribute to discussions on the strategic direction of the care system and sit on the CCG Governing Body, on the Pioneer / Joined –up Board and on relevant ICO boards.

- **Knowledge and intelligence function.**

### **Needs assessment and analysis of priorities**

Much of our work is informed by our knowledge and intelligence function. We lead the production of the Joint Strategic Needs Assessment (JSNA) which in turn informs the Joint Health and Wellbeing Strategy and commissioning intentions of both the Local Authority and NHS Clinical Commissioning Group as well as influencing the work of other partners from the public, private and community/voluntary sectors

The purpose of JSNA is to identify need both over the short term (three to five years) and longer term (five to ten years). JSNA identifies “the big picture” in terms of the health and wellbeing needs and inequalities of a local population. It provides an evidence base for commissioners to commission services according to the needs of the population as shown below.





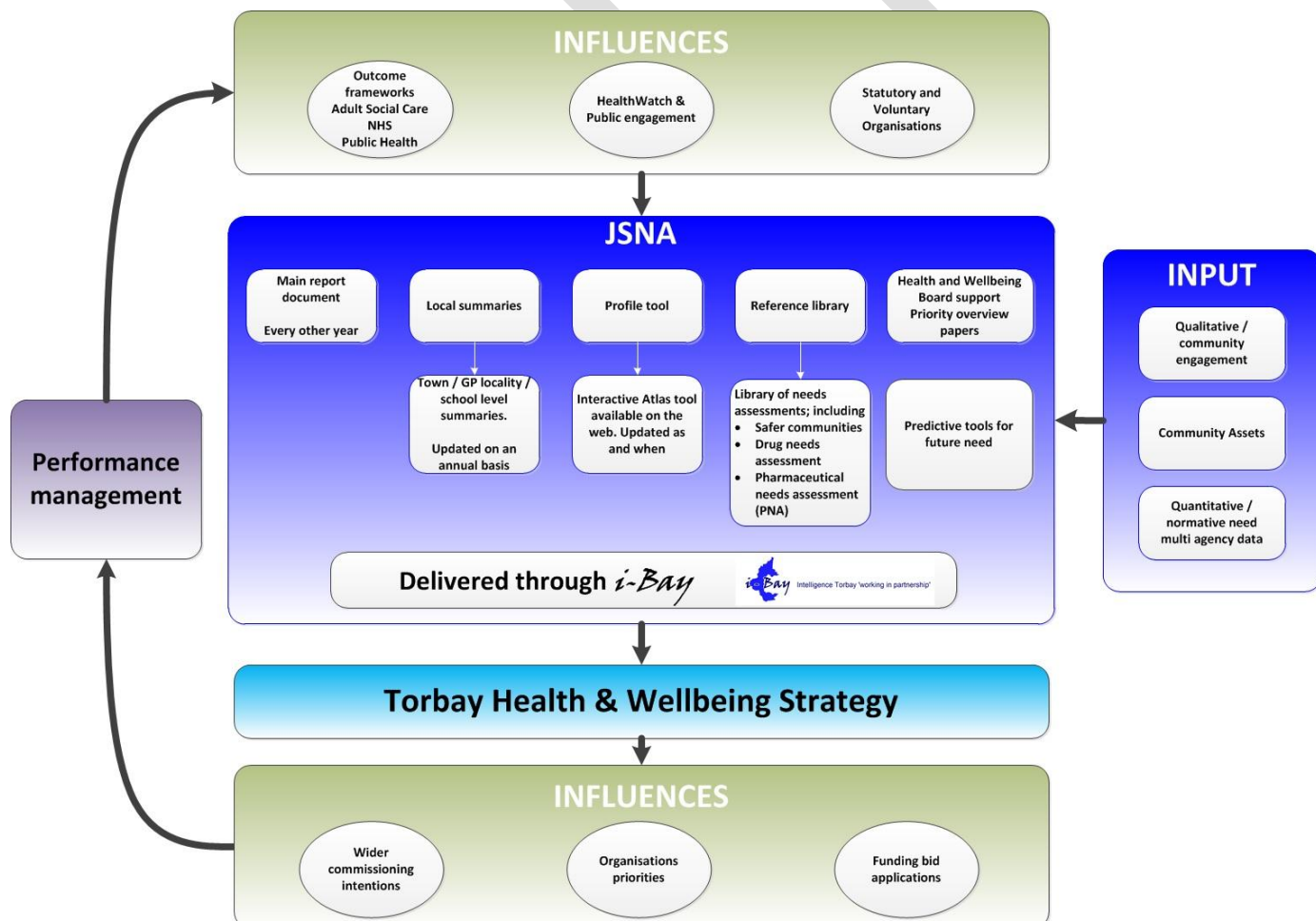
The 2014/15 JSNA will be produced under the auspices of i-Bay in order to reflect a greater wealth of intelligence and knowledge data. Data will also be collected across 3 domains:

- Qualitative and community involvement,
- community assets,
- and quantitative and multi-agency data.

Data will be available in web-form where tools will be available to all sectors and partners which can be used to generate relevant needs and locality based data.

JSNA is a continually evolving process. Part of the process includes a reflective element that identifies information opportunities.

The framework for JSNA in Torbay is presented below



## **Evidence.**

Another key function of the team is to provide evidence of effectiveness and cost-effectiveness. This is both for our own commissioned services but also for our partners. For example we support colleagues in the community and voluntary sectors with evidence for bids and colleagues in the Public Sector with evidence for service re-design.

## **4.Priorities for 2014/15.**

Using a process of prioritisation process that included assessment of needs and inequalities, current performance, partners priorities and feasibility we have identified priorities for work in 2014/2015. These are particular areas in addition to the work detailed above

## **SIX PRIORITY AREAS:**

### **Early years and developing well**

1. Increase the focus of work on **Children and Young People** and develop stronger partnership working. Focus on:
  - a. The Hele-Watcombe Preventative Community Partnership and development of the Public Health Nursing role
  - b. Review of current plans in relation to the CMOs report
  - c. Risk-taking in Young People
  - d. Work on prevention and early intervention in partnership with Children's services

### **Living and working well**

2. Review of **Health Improvement** programmes with a focus on;
  - a. The Lifestyle team review –
  - b. Engaging partners in commissioning for prevention within the integration plan
  - c. Engaging in social marketing opportunities
3. **Mental Health Public Health.** Working with Devon team where appropriate and with Council and CCG colleagues. Focus on;
  - a. Developing an action plan to build mental health resilience
  - b. Working with CCG on the development of a suicide and self-harm action plan.

**4. Health Checks.** Focus on how these can be used to tackle Health Inequalities and use data around estimates and demand to increase access and take-up.

**5. Tackling the Determinants of Health**

- a. Raise awareness of role of Torbay Council in Public Health and tackling Health Inequalities
- b. Use example of obesity to develop a multi-agency strategy
- c. Review potential actions around Debt, Food Poverty and Winter fuel poverty.

**Ageing well**

- 6.** Support work around the Ageing well agenda by
- Supporting Community Development Trust to develop the work on social isolation
  - Carers – support work to develop the role of Carer Support Workers to carry out carer assessments.

**Enhanced by Four Supporting areas**

1. Development of the JSNA and iBay
2. Performance / Business management
3. Workforce skills and management structure review
4. Support to the Community and Voluntary Sector and the Community Development Trust and Healthwatch

**Review of any work needed will also be explored in the following areas;**

1. Falls prevention pathways
2. Unintended injuries in the 15-24 year olds
3. Dental Public Health
4. Offender Health