

Public health transformation six years on

Partnerships and prevention



Case studies

Cover: Liverpool Fit for Me Community Health Ambassador, Liverpool City Council

Foreword

It is six years since public health transferred to local government and with each successive Local Government Association (LGA) annual report we see how public health is becoming an increasingly effective and vital part of local government, both leading and supporting our aims to develop healthy, prosperous and inclusive communities and environments.

Councillors with responsibility for health and wellbeing and directors of public health (DsPH) from over 50 local authorities have contributed to the series of annual reports and all have identified the many opportunities to improve health and wellbeing that working in local government has brought. This year's contributors continue to give this message, and their commitment remains impressively high. Despite the challenges they face, DsPH and their teams love their work because they see results and there are always new opportunities to make a difference. Lead councillors are equally enthusiastic and point out how, over the years, their colleagues are increasingly engaged in improving health and wellbeing.

In 2019, despite the huge financial constraints facing public health and councils overall, public health teams have continued to do an excellent job across the whole spectrum of activity: mental health and wellbeing for children and adults, the best start for children and young people, supporting healthy behaviours, better data and intelligence, healthy places – both rural and urban, addressing the wider determinants of health including economic growth, tackling health inequalities by working with neighbourhoods.

A theme identified in this annual report is that having built a sound foundation of services that have been effectively reshaped and recommissioned, public health is able to give more time to developing partnerships. Key partnerships for upper-tier councils are with districts and boroughs, many of which are now extremely proactive in shaping their work to promote health. In 2019, the LGA will publish a report on good practice in districts to help all reach the level of the best.

Partnerships with the NHS are also a high priority, with many DsPH leading the prevention strand of sustainability and transformation partnerships (STPs). Unfortunately, while relationships are good and there are examples of excellent joint work, there is also disappointment that the main focus has been on tackling NHS priorities, such as reducing A&E attendance and organisational deficits. This is a missed opportunity to collaborate to improve health and wellbeing and reduce future demand on health and care services.

In the first annual reports we emphasised the fact that public health was new to local government and that relationships and working patterns needed to be established. In the later reports public health had become so embedded, while also maintaining its important reach out into the NHS, that it scarcely seemed necessary to mention that it was a local government function. However, this year it is important to reinforce the reasons why responsibility for key public health functions was transferred to local government. The case studies in this publication were written before the publication of the NHS Long Term Plan.

They show the excellent work that public health in local government is doing to commission for quality and best value across all areas. They show how councils are developing integrated services for children aged 0-19 – improving access and support through use of technologies, reaching out to community services and neighbourhoods to focus on children and families facing deprivation, working closely with schools and the NHS to develop resilience to avoid the need for specialist child and adolescent mental health services. Case studies also show how sexual health services can provide better value for money while also expanding their reach through being more effectively placed in accessible community settings, and through using technology that attracts the populations most at risk.

All of this excellent work is in the context of a reduction to public health grant funding of over £700 million in real terms between 2015/16 and 2019/20 at a time when the NHS is to receive additional funding of £20.5 billion over five years, and prevention was high on the national agenda. The forthcoming government Green Paper on Prevention should allow us to consider the opportunities for prevention from a system-wide perspective which includes all the social determinants of health. However, it must be based on engagement with councils and with the public health community, and for any progress to be made it must be accompanied by proper funding for local government public health.



Councillor Ian Hudspeth

Chairman, LGA Community Wellbeing Board

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Introduction

The LGA's Public Health Annual Report for 2019 provides a snapshot of public health based on information from eight case studies. It also considers information from other recent case studies and reports produced by the LGA on the topics of health, integrated care, and wellbeing.

The report shows that progress in public health continues to gather pace. Public health became established in local government very quickly; case studies suggest that this was partly because of shared values – the focus on tackling inequality, promoting inclusion, and working with communities and their assets to bring about change.

The title for this year's report is 'partnerships and prevention', reflecting the fact that many areas feel they have established good foundations for health and wellbeing which has allowed them to reach out more widely to partners. Prevention is included because of its increasingly high profile. As one director of public health stated – prevention was rarely mentioned five years ago, now it is high on everyone's agenda.

The eight case studies were chosen because they show the wide range of ways in which public health is working to improve health and wellbeing and tackle health inequalities in response to local priorities. The case studies are of councils across England, covering both rural and urban environments and with varying degrees of deprivation and affluence.

The case study areas are:

- Derbyshire County Council
- Hampshire County Council
- Hull City Council
- Liverpool City Council
- London boroughs of Camden and Islington
- Norfolk County Council
- Stevenage Borough Council
- Warwickshire County Council.

A number of themes and messages have been identified from the case studies and related LGA publications. Because this is a small sample, themes are indicative of the direction of travel and cannot be seen as representing the state of public health throughout England. However, as in previous years, there has been significant consistency in information, which suggests that it presents a reasonable reflection of effective public health in local authorities.

National developments

The Association of Directors of Public Health (ADPH) became one of the signatories to the health and care national membership organisation document, 'Shifting the Centre of Gravity: making place-based, person-centred health and care a reality'¹ which refreshed the original partnership vision in 'Stepping up to the Place' (2016)². There was a greater emphasis on prevention in the refreshed vision, which shows the growing importance of public health's role in integrated health and care.

Prior to the publication of the NHS Long Term Plan, in December 2018 the Department of Health and Social Care (DHSC) published 'Prevention is better than cure: our vision to help you live well for longer'³ which explains why prevention matters, advises the NHS and local authorities to put prevention at the heart of everything they do, and describes prevention for people with a health and social care need and how they can live well for longer. The document signalled the Government's intention to produce a green paper on prevention in 2019.

Despite this focus on prevention, proposed reductions to public health grant allocations for 2019/20 were made in December, meaning real terms cuts to the grant of over £700 million between 2015/16 and 2019/20.

The NHS Long Term Plan⁴ sets out the actions the NHS will take in relation to the top five risk factors for premature death in the renewed NHS prevention programme: smoking, poor diet, high blood pressure, obesity and alcohol and drug misuse. It will also take a 'more concerted and systematic' approach to reducing health inequalities, including targeting a greater share of funding to areas with high levels. The NHS will also focus on the best start in life, ageing well and mental health. Emerging integrated care systems are described as providing stronger foundations for the NHS working with local government and the voluntary, community and social enterprise sector (VCSE) on the broader agenda of prevention and health.

Despite the welcome focus on prevention, health inequalities and population health, the success of the next few years will depend on proper funding for local government public health, and on local partners working effectively together to build on place-based plans to improve health and wellbeing.

1 LGA et al, 2018, Shifting the centre of gravity. www.local.gov.uk/shifting-centre-gravity-making-place-based-person-centred-health-and-care-reality

2 LGA et al, 2016, Stepping up to the place. www.local.gov.uk/stepping-place-key-successful-health-and-care-integration

3 DHSC, 2018, Prevention is better than cure. www.gov.uk/government/publications/prevention-is-better-than-cure-our-vision-to-help-you-live-well-for-longer

4 NHS England, 2019, The NHS long term plan www.england.nhs.uk/long-term-plan

Key themes identified from the case studies

Health in all policies (HIAP) continues to progress

As in previous years, progress continues to be made on a wide range of health in all policies (HIAP) approaches. Developments like making every contact count (MECC) are being rolled out to a wider range of participants from different organisations – for example, moving beyond the council into health services like general practice or into the voluntary and community sector. There was a strong sense that partners within and outside the council who didn't 'get' the public health agenda were now in the minority, and many partners now see health and wellbeing as an integral part of their work.

As in previous years, a few areas did not use the language of HIAP or MECC – generally because the names were not seen as helpful for engaging with people. However, Liverpool City Council has gone further than HIAP and uses the concept of Health in all Policies and Places (HIAPP) which provides a focus on locality as well as policy.

Public health involvement in planning and licensing is becoming the norm. Methods for this include health as a consideration in supplementary planning documents and in the local plan, setting up cumulative impact zones, and health impact assessments on large-scale projects. Areas pointed to limits on the sale of fast food near schools, and to limits on gambling premises and alcohol licenses in sensitive areas. In Islington a 'concentration of uses' supplementary planning document, intended to resist clustering of unhealthy premises, led to a new betting shop being refused. Liverpool

applies a special cumulative impact policy to five areas of the city with large clusters of alcohol premises and risk from alcohol harm, including one residential area.

Public health is also involved in responding to health issues in major new developments, including healthy new towns, and advising on issues such as improving active travel. Air quality was a growing issue and is likely to see more focus in the coming years.

Despite this progress, there was a general feeling that having formal powers in relation to health aspects of planning would ensure greater consistency, and when areas were asked what legislation would help their work, this was the most popular response. Counties with many districts face greater challenges in developing HIAP initiatives – public health in unitary authorities require only one relationship with partners, such as planning, whereas county public health teams have links with multiple partners which generally requires more time and resources.

The next steps in HIAP are for areas to keep their foot on the pedal of a comprehensive strategy to make sure that effective initiatives are applied consistently and are rolled out to all other partners wherever these would have a health impact.

Delivering local priorities

Some areas had local priorities because of geographical conditions, the profile of the areas or being outliers in terms of national outcomes. For example, Norfolk public health is the lead council department for resilience partnerships and won a Sustainable Health and Care Award for the best resilience strategy. Norfolk also

focuses on improving road safety to reduce deaths and serious injuries.

A key priority for public health in Hampshire is reducing the impact of violence and, as part of this, is transforming domestic abuse services, including tendering for a new service aimed at preventing the cycle of abuse by peer mentoring through an integrated, single point of contact and a whole family approach for those wishing to remain in their relationships.

Some areas, particularly the cities of Hull and Liverpool, had interwoven public health with large-scale, big-impact initiatives involving regeneration and creating prosperity and inclusion.

Fairness, wider determinants and communities

Many councils were developing their role as place leader and shaper and were refreshing their visions to establish a new relationship with citizens based on coproducing solutions. A common theme, particularly in councils with significant poverty and deprivation, was that councils were seeking to emphasise fairness and inclusivity, reduce inequalities and encourage opportunities for all. Some health and wellbeing boards (HWBs) were also refreshing their work in light of this approach, as well as health reforms which are discussed below. This meant that public health was putting increased focus on tackling wider determinants of health with a wide range of partners.

In Hull, public health supported the development of Hull Money, a scheme run by a charity credit broker to support people with little or no financial resilience by providing access to cheaper, safer borrowing and to savings and current accounts through a credit union, as well as budgeting and savings advice. Derbyshire is developing an ambitious model to interconnect lifestyle services with support for social determinants of health, such as debt advice and housing. These services already have good links, but

Derbyshire aims to go further and established Live Life Better Derbyshire community-based teams in wellness hubs in boroughs and districts and aligned with integrated health and care.

In many areas, public health is seeking to shift how it operates to enable people to take charge of their own health, establish peer support and self-sustaining groups, and to have conversations with communities about what matters to them. Many of the case studies had done insight work with communities facing health inequalities. Development work with a local neighbourhood in Camden identified lack of access to healthy food as a barrier to healthy eating, and part of the response was to support a local organisation to set up 'the people's fruit and veg stall' on Camden Market. In Hull, an asset-based stop smoking project involved community partnerships working together to develop innovative stop smoking opportunities. One development is smokefree sidelines – a voluntary code to stop spectators smoking at youth football matches.

However, case study areas were aware that capacity was required to start-up community initiatives, and although this would reduce significantly once things were up and running, there were challenges identifying resources to cover all areas. When case study areas were asked what they would prioritise if they received adequate funding, many identified working with communities.

NHS reforms – developments in health and wellbeing boards, joint health and wellbeing strategies and joint strategic needs assessments

Several of the case studies mentioned that their HWBs, joint health and wellbeing strategies and joint strategic needs assessments (JSNAs) were being refreshed

and reshaped. There was a trend for HWBs to update their priorities, moving from a focus on specific health conditions to the wider determinants of health, health inequalities and supporting the development of healthy neighbourhoods and environments. Rather than the HWB overseeing the details of public health grant or the Better Care Fund, they were putting more emphasis on taking a system-wide approach to health and wellbeing and to integrated care. This trend was also seen in the LGA's longitudinal study of HWBs, 'The power of place', which identified it as a marker of an effective HWB⁵.

This approach dovetailed with how HWBs were updating their work to respond more effectively to sustainability and transformation partnerships (STPs) and the development of integrated care systems. Directors of public health (DsPH) were often involved as leaders of STP prevention workstreams, but there was disappointment that prevention tended to be stuck on short-term measures to address NHS pressures on A&E, delayed transfers of care, and NHS deficits. DsPH were hoping to widen the approach to prevention to cover the social determinants of health, and to encourage other STP workstreams to include prevention.

Many areas were refreshing JSNAs to better understand the needs of neighbourhoods within primary care networks (30,000 – 50,000 people). A growing area of interface with the NHS was the role of public health in contributing to population health management. Some areas were just starting on this, but others, such as Camden and Islington, as part of north central London, have developed a population management system with real time data. The system will be tested in neighbourhood health and care integrated teams. Camden and Islington are also working with academic partners on a predictive model for people at risk of needing adult social care services to better target prevention and early intervention.

⁵ LGA/Shared Intelligence, 2017, the Power of Place www.local.gov.uk/sites/default/files/documents/The%20power%20of%20place%20health%20and%20wellbeing%20boards%20in%202017.pdf

Public health was also highly involved in social prescribing initiatives that were often linked to neighbourhood integration. Connect Well Hull social prescribing model offers advice and support to people to make positive changes to health and wellbeing across a range of locations. The service collates, analyses and reports to commissioners on trends and gaps in services and is supported by a £1.8 million social prescribing community fund to respond to gaps.

Another theme was the development of joint work across more than one HWB in an STP footprint. Warwickshire Council has set up a Place Forum with its neighbour Coventry City Council made up of the HWB from each area and corresponding to the Coventry and Warwickshire STP footprint.

Communicating with the public

Public health needs to provide information for local citizens to enable them to make good decisions about improving their health, and so they know where to go to for support. Most areas ran campaigns on key local health issues to raise awareness and set out how to access help. Liverpool has a comprehensive approach to creating health campaigns based on insight work, co-development with local people and measuring impact. Campaigns include Save Kids from Sugar, Drink Less, Enjoy More, and Let's Clear the Air Liverpool.

Some areas had developed website portal approaches linked to service directories which allowed local people to easily find information about health and wellbeing. Some websites were mainly focused on healthy lifestyle support, others also covered areas such as debt advice, housing, falls, mental health and other health and wellbeing topics. Warwickshire operates a comprehensive, regularly updated portal/directory with information and referral pathways for health and care practitioners, including those involved in social prescribing and making every contact count.

There is also a public-facing portal which provides detailed information about the main ways of improving health, including campaigns, and how to access support.

Stevenage's Healthy Hub provides a one-stop-shop for health and wellbeing information and support located near the town centre in a previously unused space within Stevenage Arts and Leisure Centre. A range of local partners from the NHS, public health and voluntary and community sector organisations deliver services in the centre, which also provides specialist exercise equipment for the rehabilitation and management of chronic medical conditions.

Use of online and interactive support

Public health is increasingly using online offers to improve services and to allow people to access information and support more easily. Online services generally focus on people with lower level needs who can be helped by support through an app or online, meaning that face-to-face time can be freed up for people with complex needs. In rural areas, making best use of online options is seen as fundamental because of travelling distances. The main topics from the case study where this is being used are:

- sexual health – online access for postal testing seems to be reaching more people and to be cost effective
- mental health
- children and young people
- healthy living support.

Norfolk's integrated sexual health service includes prevention, community-based clinics, outreach support, and an online testing offer for people who are asymptomatic. This has proved both popular and cost effective, with around 2,000 more people tested a year and high return rates.

Live Life Better Derbyshire's website for integrated health and wellbeing services provides advice and information and access to individual or group support through an online self-assessment using a wellbeing, assessment and care management tool. Individuals can self-refer to the service or be referred by a professional. A personalised priorities plan is developed for everyone who completes an assessment.

Hampshire has set up a ChatHealth texting service for parents of children 0-5 launched by the health visiting service in October 2018. This allows parents to get advice and support on a wide range of health and wellbeing issues such as crying babies, sleep disruption and behaviour problems. The service has already proved very popular with parents, who are still able to speak directly with a health visitor or meet face-to-face in a baby clinic or at home if needed.

Hampshire also runs the 'Be size-wise' campaign, part of which is the POWeR (positive online weight reduction) programme, developed by Southampton University, which Hampshire Public Health helped to make available to the public.

Warwickshire's Big White Wall is a safe online community of people 16 and over who are anxious, feeling down or not coping who support and help each other by sharing what is troubling them, guided by trained professionals and a range of information.

Districts proactive in health and wellbeing

The role of second-tier councils – districts, boroughs and cities – in delivering health and wellbeing has increased in each LGA public health annual report. For the first time the annual report includes a case study from a borough council – Stevenage – which shows the achievements that can be made when councillors and officers are passionate about improving health in their areas.

Directors of public health (DsPH) in the case studies pointed to the importance of district partnerships and described themselves as the Director of Public Health (DPH) of each district as well as county as a whole. Strategic partnerships with districts included the following measures:

- Devolved budgets – these were of different sizes and had different levels of autonomy; a common theme was that as the overall public health budget reduced, districts were having to focus on doing more for less but remained committed to promoting health and wellbeing.
- District-level Joint Strategic Needs Assessments (JSNAs), Joint Health and Wellbeing Strategies (JHWSs), annual reports and health and wellbeing partnerships linking in to county health and wellbeing priorities.
- Regular contact between county and district councillors on health and wellbeing.
- Public health link officers supporting districts, with the DPH or a consultant providing overall coordination.

Partners in Stevenage developed a Healthy Stevenage Strategy which sets out a vision and priorities for how the borough council and its partners will tackle health inequalities up to 2022. The strategy has been endorsed by Hertfordshire Public Health and by Hertfordshire and West Essex sustainability and transformation partnership (STP).

Derbyshire County Council has worked with districts and boroughs to set up local partnerships, each supported by a locality lead from public health. The partnerships have specific needs assessments, priorities and plans and manage a devolved public health budget to commission local activity. There is an annual director of public health report for each partnership area and for the county as a whole.

Challenges

Case study areas mentioned several general challenges – recruitment of skilled staff, the time and resources it takes to bring about

change and the complexities of working with multiple partners, especially in sustainability and transformation partnerships (STPs).

Unsurprisingly the biggest challenge for all areas was reductions to the public health budget within the overall context of huge reductions to council funding. To mitigate budget cuts, public health teams had undertaken a range of activity:

- Streamlining and recommissioning services – successive annual reports have shown that recommissioning can result in savings and quality improvements, but generally this sort of saving is a one-off opportunity.
- Seeking opportunities for outside funding – there were some successes, for instance through Sport England funding, but this was seen as a highly competitive field.
- Identifying opportunities to raise income – some departments were considering areas where they had particular expertise, such as workforce health; data and intelligence; and public health campaigns.
- Partnerships with others, such as joint posts with the NHS.
- Using technology that resulted in savings while improving access.

Public health was doing its best to manage its resources as well as it could. However, ongoing cuts to funding meant that several areas were concerned that they would have to start focusing more on mandatory responsibilities.

What areas would do if they were adequately funded

Case study areas were asked what they would prioritise if more funding were made available. The overall response was that they would be able to invest in more capacity so that successful programmes that were being implemented slowly or in limited areas could be scaled-up and rolled-out more quickly and extensively.

The areas most mentioned were asset-based approaches to working with communities and the social determinants of health, and preventative measures for mental health problems for children and young people and adults. Workplace health, drugs and alcohol and sexual health were also mentioned.

Suggestions for legislation and regulatory change

Case study areas were asked to identify what legislative or regulatory changes would best help to improve people's health and make their job more effective. The most popular suggestions were:

- the NHS should have a statutory responsibility to deliver on prevention and to fund this
- health, including mental health, should be a statutory consideration in planning applications and licensing applications
- a national minimum unit price for alcohol
- addressing changes to the benefits system that have led to greater poverty
- limit national advertising for gambling, and further work to develop strategies to address gambling addiction
- further reduce sugar and limit advertising of sugary items to children.

Other suggestions included:

- hold private landlords accountable for providing decent homes
- a statutory duty on schools to cooperate with councils, including districts, on health and wellbeing
- clarity on responsibilities, including funding, for domestic abuse
- tighter regulation to prosecute illegal sales of cigarettes and alcohol to children
- regulate for the expectations on public health services and embed this in peer reviews

Key messages

Case study areas identified the following key messages for the best ways to continue to improve health and wellbeing.

- Provide clear evidence and short, clear messages about the case for prevention to all partners and keep repeating and reinforcing these.
- Make the case for 'big hit' programmes that will make a significant impact across all partners.
- Scan the horizon for opportunities; prepare interventions that can be rolled out quickly if a funding opportunity arises.
- Highlight that health and wellbeing are not just a public health issue, a council issue or an NHS issue; health problems and health inequalities are a societal challenge and need a system-wide approach nationally and locally.
- The public health workforce will need to change over time, becoming multi-skilled and able to work in a range of areas, including community development, behaviour change, and helping people tackle the wider determinants of health.
- When setting up initiatives, build-in evaluation and an exit strategy from the start, rather than trying to assess impact retrospectively.
- Consider all council investment as potentially having an impact on health.
- A business-like approach to public health spending, based on value for money and quality, is the foundation for partnership working and innovation.
- Public health needs to identify and influence key individuals and partners and support partners to develop shared solutions.
- For a borough council to have a voice in major health and care developments such as the sustainability and transformation plan (STP), it is helpful to have a clear vision, priorities and plans which demonstrate the borough's contribution to health and wellbeing and how it will work in partnership.

- Highlight success stories, so that councillors, other decision makers, and the public know what is being achieved.

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Case studies

Derbyshire County Council

Summary

- An ambitious model to join up behaviour-change services with support for the wider determinants of health in community hubs across the county.
- Public Health works closely with the eight district and borough councils on health and wellbeing strategic planning and health in all policies.
- A focus on developing data and intelligence to make the case for investment in prevention.

Overview

Derbyshire County Council has a population of around 771,000 and covers an area of around 1,000 square miles. It is made up of large rural areas with some urban centres, mainly in the form of market towns including Buxton, Matlock and Chesterfield. The health of people in Derbyshire is varied compared with the England average. Life expectancy is lower than the England average and around 15 per cent of children live in low-income families. Population health needs are diverse, and levels of health and wellbeing vary significantly across the county, with some areas of deprivation and health inequalities, particularly in the ex-mining towns of the North East.

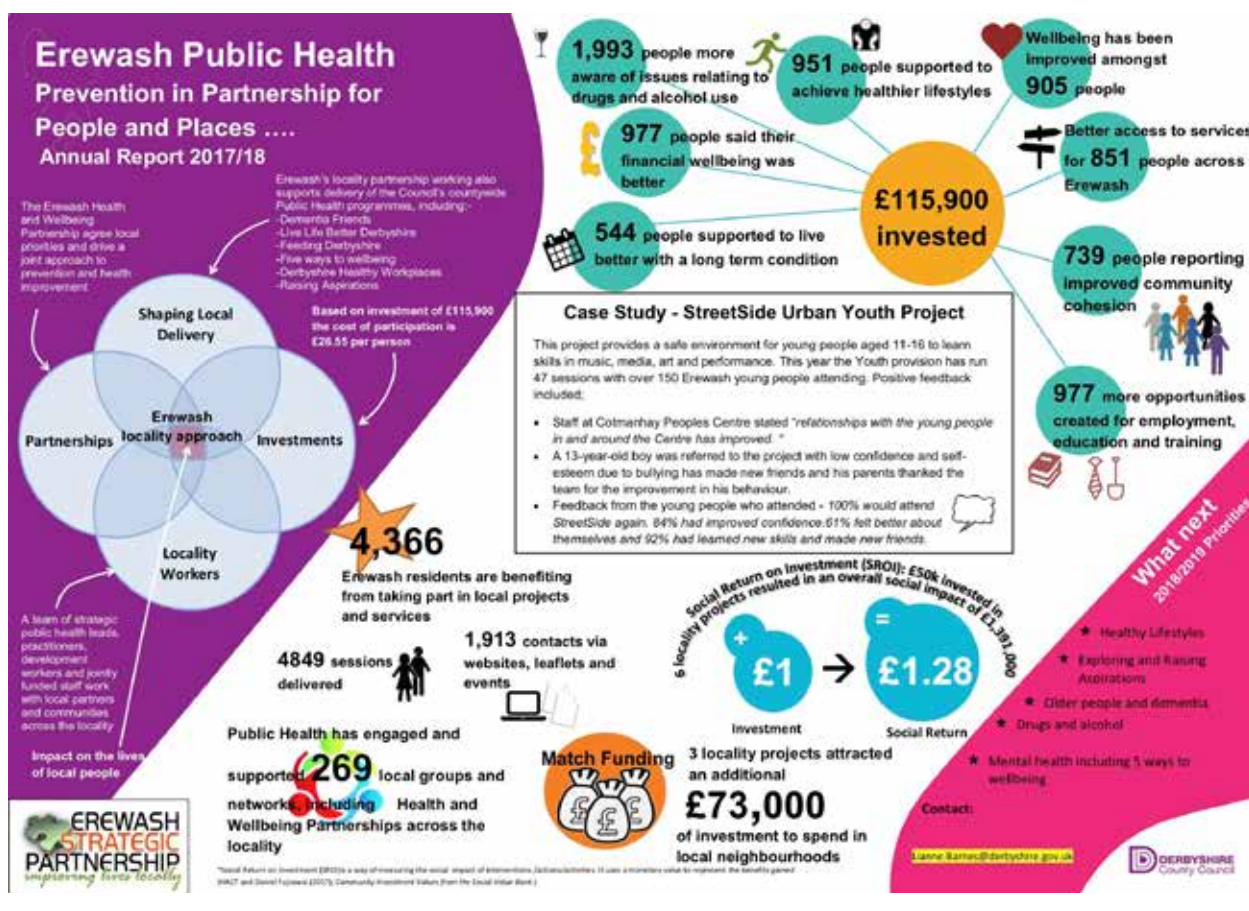
Organisation

Derbyshire Public Health is a department within the directorate of adult care and has taken on the knowledge and intelligence function for adult social care. The department has brought the contract for lifestyle services in house, from an NHS provider, to develop these so they are more integrated and accessible, and focused on engaging with the health needs of communities, particularly those at risk of health inequalities.

Derbyshire Health and Wellbeing Board (HWB) has recently updated its health and wellbeing priorities, moving from a focus on tackling specific health conditions to addressing the wider determinants of health and supporting the development of healthy neighbourhoods and environments. This is in line with plans by the county council to develop its role as place leader, working in partnership with other organisations and with communities.

Local partnerships

Erewash district public health annual report



Working with district and borough councils to develop their potential for promoting health and wellbeing is a priority, and local partnerships, each supported by a locality lead from public health, have been established. The partnerships have specific needs-assessments, priorities, outcomes and plans which reflect their local areas. For example, some are more focused on the mental health needs of younger people, others on the needs of carers and older people. The partnerships manage a devolved public health budget to fund and commission activity to meet local and county-wide priorities. Over time, and with a reducing overall budget, the local partnerships have focused more on harnessing assets to work more effectively together. The Director of Public Health (DPH) views himself as DPH of each borough and district as well as for the county as a whole.

There is an annual DPH report, presented in infographic style, for each partnership area and for the county – See example for Erewash district.

Public Health also intends to establish relationships with town and parish councils to support the development of health and wellbeing initiatives within neighbourhoods.

Health partnerships

Derbyshire works closely with the four Clinical Commissioning Groups (CCGs) and local NHS providers, which are involved in many of the initiatives described below. Derbyshire's CCGs have a £95 million deficit and have proposals for cuts, including preventative services in the voluntary, community and Social Enterprise (VCSE) sector, which would have a major impact on health and wellbeing support across Derbyshire.

The DPH for Derbyshire chairs the prevention board which oversees the prevention workstream of Derbyshire sustainability and transformation partnership (STP) – Joined up Care Derbyshire. The STP is working with the council to develop a place-based approach to integrated health and care, and public health is keen to accelerate this agenda to put more focus on prevention, as well as tackling NHS pressures.

Councillor perspective

I have been involved in promoting health and wellbeing for many years, as Leader of Erewash Borough Council, as Chair of Derbyshire Local Strategic Partnership and now as Derbyshire Cabinet Member for Health and Communities. Through this time, I have seen how understanding of public health and the importance of prevention has increased greatly. Some wonderful programmes are taking place across the county, often involving third sector organisations delivering in local communities – sports for young people, keeping active for older people and many more.

Partnership working is fundamental to improving health and tackling health inequalities. It is even more essential when money is scarce to ensure that there is no overlap or duplication and to identify creative, cost effective ways of working. For example, Derbyshire County Council and Derby City Council HWBs have started to do some work together to look at shared priorities across the Derbyshire STP footprint.

A challenge currently facing Derbyshire is the large budget deficit in the county's CCGs, leading to proposals from them to reduce funding to the third sector. We will continue to work in partnership to resolve these issues together.

Councillor Carol Hart

Cabinet Member for Health and Communities, Derbyshire County Council

Health and wellbeing initiatives – highlights

Health in all policies – examples

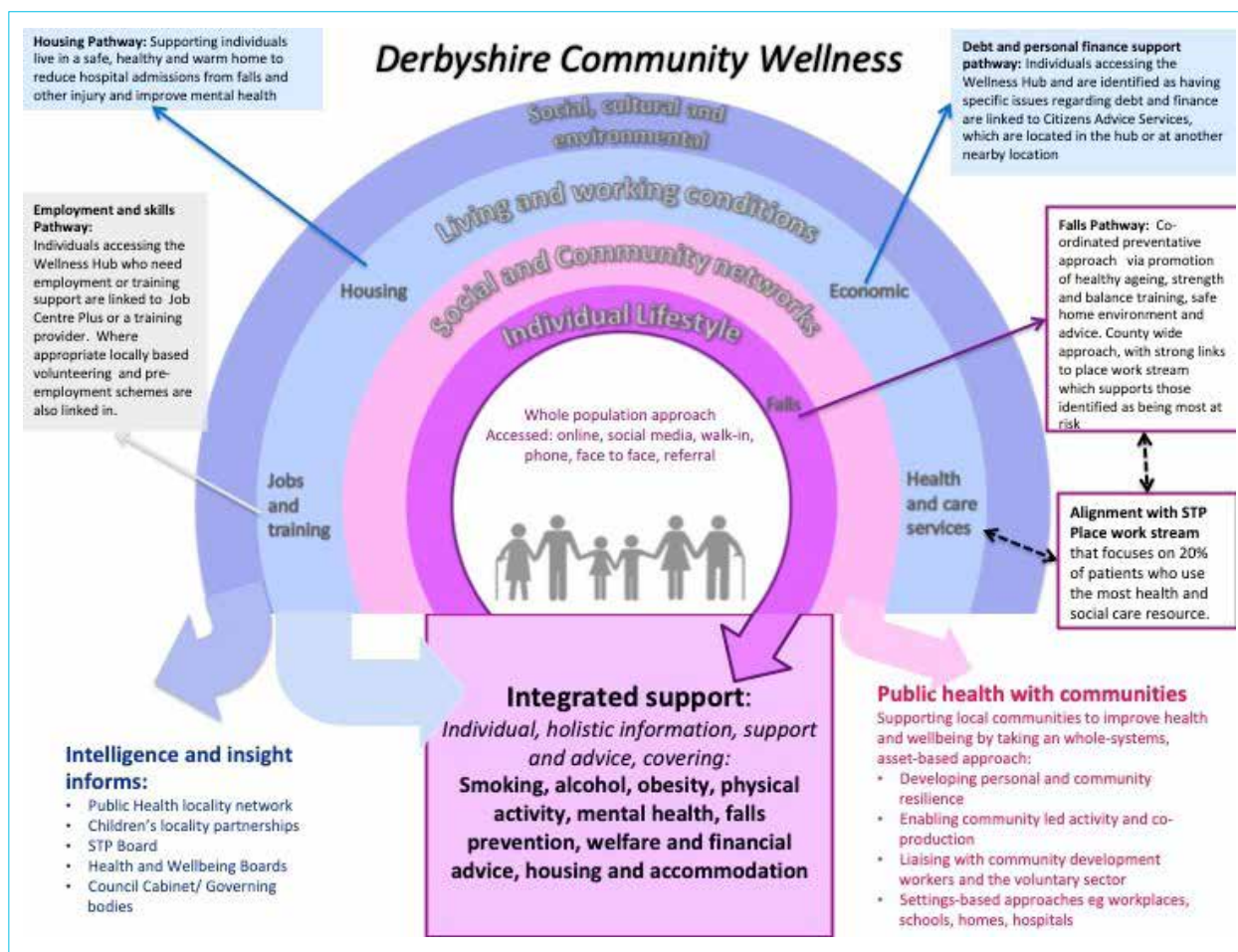
All eight districts have signed up to a strategic statement in their Local Plans to bring principles of 'active by design' into planning developments. For example, comments from public health on a development of 300 dwellings resulted in additional cycling infrastructure and vehicle charging points. Public health has also completed a health impact assessment on a major development of former industrial site which identified opportunities for connecting open space, linking new children's play spaces with green infrastructure, good design for community safety and links to healthier food.

Where tackling fast food near schools is a local priority, districts have set limits on the number of takeaways within 400 metres. For example, the borough of Chesterfield has recently refused two applications for takeaways. Public health intends to extend the fast food approach to tackling gambling, which is proving a growing problem in some urban centres.

Derbyshire has designed a local approach to brief health interventions, working with a psychologist and community health provider to develop 'quality conversations' – local stakeholders did not think the brand of making every contact count (MECC) was the best way of encouraging people to get involved. Training in brief interventions has taken place with staff in sexual health services, health visitors and general practice and is now moving into social care and other council services.

Community wellness approach

Derbyshire is developing an ambitious approach to interconnecting lifestyle services with support for social determinants of health, such as debt advice, and housing. Many of the building blocks of this approach, such as Live Life Better Derbyshire (LLBD) are described below.



These services already have good links – for instance LLBD teams have a strong relationship with the Citizens Advice Bureau, but the new model intends to go further and deeper. As a first stage, LLBD community-based teams are being established on a borough/district footprint which align with Joined Up Care Derbyshire ‘places’. The teams will work from ‘wellness hubs’ providing face-to-face, as well as a digital support. This is an evolving model which will develop alongside health and care community integration over the next two years.

An important part of the model is shifting the way that public health works, from a deliverer of health services to an enabler of people taking charge of their own health. This will involve better conversations with communities about what is important to them, and a focus on volunteers, peer support and self-sustaining groups. Derbyshire also operates to the principle of proportionate universalism – all areas receive some health and wellbeing support, but more focus and resources are given to those with greater deprivation and health inequalities.

Live life better Derbyshire (LLBD)

LLBD is a county-wide advisory service which provides integrated access to a range of health improvement services that are either directly provided by the county council or networked from other providers. Topics include stop-smoking, losing weight, getting active, mental wellbeing, alcohol awareness, falls prevention, healthy housing, healthy workplaces, and debt and money advice.

The LLBD website provides advice and information, and access to individual or group support through an online self-assessment using a wellbeing, assessment and care management tool called OCTIGO. Individuals can self-refer to the service or be referred by a professional. A personalised priorities plan is developed for everyone who completes OCTIGO, based on the topics listed above.

Over time, the vision is for front-line staff and volunteers to be able to signpost people they are in contact with to complete an OCTIGO assessment. Since OCTIGO went live in January 2018, over 2,100 people have

completed an assessment and consented to onward referral.

Derbyshire Citizens Advice GP programme

This well-established programme continues to be a national leader in providing citizens advice sessions in GP surgeries and, more recently, children's centres. It helps reduce health inequalities in rural and deprived areas by helping people with complex financial and social pressures such as redundancy, debt, homelessness, child poverty and domestic abuse. Key outcomes from the public health funded advisory services during 2017-18 include:

- help and advice given to 12,232 individuals or families
- additional income of £16,297,728 secured for individuals and families
- debts of £6,913,434 rescheduled or written-off.

Active Derbyshire

Active Derbyshire is one of the 44 county sports partnerships in England. It receives investment from the county council, including a contribution from public health, and also attracts funding from Sports England and other external funders, bringing additional resources to the area. The county council and the eight districts are Active Derbyshire partners and help shape its strategic approach.

In recent years, as part of the LLBD approach, there has been a shift from a focus on sport to providing a range of offers for people of all ages and abilities to get moving. This includes the mile-a-day in schools, inclusive activity aimed at people with disabilities, physical activity for women and girls, walking for health and a workplace challenge. Active Derbyshire has been very successful at getting people moving. For example, Jog Derbyshire has a network of 6,500 joggers and is further developing its work to attract people with health conditions such as diabetes.

Healthy workplaces Derbyshire

The Healthy Workplaces Derbyshire team provides tailored support for organisations seeking to reduce worker absence and turnover and create happier and more productive organisations. The type of support provided includes:

- engagement with senior management and employee groups to identify shared priorities for improving health and wellbeing
- reviewing policies and procedures
- onsite health MOTs and LLBD support
- mental wellbeing events and training
- training health champions.

Derbyshire Suicide Prevention Partnership Forum

Derbyshire Public Health leads the multi-agency Suicide Prevention Partnership which includes Derby City Council. A key priority is skilling professionals and volunteers in suicide prevention, and the training programme for primary care staff was shortlisted for the 2018 Health Service Journal awards. There has also been national recognition for the forum's work with Network Rail to reduce the number of suicides on Derbyshire's railways, and for its collaboration with league and non-league football clubs on World Suicide Prevention Day. In September 2018, suicide prevention information was given to an estimated 30,000 fans attending five matches.

Falls prevention and pathway development

Public health is involved in several initiatives to support the implementation of a new system-wide falls pathway. These include:

- a place-based pilot on identifying older people at risk of falls
- a social marketing project to develop consistent and effective messages about falls across system partners
- the development of resource guides and training.

Knowledge and intelligence function

Public health has been working to improve data collection, analysis, intelligence and evaluation to support health and care integration and the work of the local partnerships.

Examples include:

- A collaborative project using a market segmentation tool within a health equity audit to identify communities with low take-up of bowel cancer screening and develop targeted interventions within communities delivered by a range of partners.
- Providing analysis capacity to the STP to focus on the drivers of poor health and to move towards measuring outcomes rather than attendance and activity.
- Identifying financial and social return on investment – public health uses this information to provide clarity about what needs to be done to improve health, and to raise awareness of its potential for reducing demand on health and care services. For example, the return on investment in citizens advice services is £15.23 to clients for every £1 invested, and every £1 spent on drug and alcohol treatment saves £4.

Sexual health programme

The council and partners in the NHS and VCSE sector are part-way through a programme to make sexual health support more effective and accessible in a large, predominantly rural, county. Measures include:

- Social marketing project – talking with local communities and at-risk groups, co-creating the Your Sexual Health Matters campaign, and analysing the results.
- Working across the STP to improve access to long-acting reversible contraceptives for women in high-risk groups.

- Greater use of digital technology and online STI testing and information, for example, using YouTube. A pilot for online screening has been extremely successful in terms of uptake and returns rate.

Services for children and young people

Services for children and young people 0-19 are commissioned from Derbyshire Community Health Services NHS Foundation Trust which provides a programme of prevention and early intervention services covering breastfeeding, 0-5s health visiting and 5-19 school nursing. Performance on achieving children's reviews is significantly better than the England and East Midlands average. The Trust works very closely with public health and co-hosts a children's health psychologist based with the team. The Trust is seeking to embed a public health approach across its organisation. The 0-19 service is increasingly being aligned with council children's services including children's centres. Developments include intensive home visiting for vulnerable families and breastfeeding peer support.

Challenges and impact of budget reductions

Making major developments in public health services can bring challenges because people and organisations start from different stages and need time to get on board with change. However, once reforms embed, new approaches have proved very successful.

The biggest challenge facing public health is lack of funding, which is limiting the speed at which it can establish new initiatives. Cuts to the public health budget have been compounded by overall council cuts and the poor financial position of partners in the NHS.

Public health puts considerable attention on how to attract new funding and make the best use of current resources. For instance, it worked with Sports Direct, which is based in Derbyshire, on workforce development, and received funding to develop health and wellbeing support for its workforce.

Much has been achieved with limited funding. Many initiatives require funding to kick-start a process, then, once embedded, require coordination and updating which involve lower levels of resources. An example of this is working with districts and boroughs to limit takeaways around schools; the main work was in setting up the system.

Such initiatives are good investments, however initial funding and staff resources to keep things on track is essential and with the reduction in the public health budget new developments cannot be tested or scaled up as quickly as public health would like. If the budget had not been reduced, Derbyshire would move more quickly to:

- align and embed lifestyle services across the borough and district footprint
- invest in children's mental health and resilience with low level interventions that could reduce demand on Child and Adolescent Mental Health Services
- scale-up work on obesity, active places and mental health.

Key messages

- It is important for public health to make a short, clear, repeated case for the benefits prevention brings to outcomes for all partners, and to keep reinforcing the message that health and wellbeing is everyone's business.
- Public health involves identifying and going with 'the energy' – taking opportunities where others are working on issues with a health and wellbeing element and capitalising on this. Public health also needs to generate energy and enthusiasm in others.

- In planning pilots and new services, it is important to build-in evaluation from the start, rather than trying to assess impact retrospectively. Some interventions will need exit plans, such as developing peer support and involving volunteers.
- The public health workforce will need to change over time, becoming multi-skilled and able to work in a range of areas, including community development, behaviour change, and helping people tackle wider determinants of health.

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Documents and links

About public health in Derbyshire

www.derbyshire.gov.uk/social-health/health-and-wellbeing/about-public-health/about-public-health.aspx

Active Derbyshire

www.activederbyshire.org.uk/about-active-derbyshire

Derbyshire STP

<https://joinedupcarederbyshire.co.uk>

Health and wellbeing offers

www.derbyshire.gov.uk/social-health/health-and-wellbeing/your-health/your-health.aspx

Heart of Derbyshire

www.derbyshire.gov.uk/community/heart-of-derbyshire/heart-of-derbyshire.aspx

Live Life Better Derbyshire

www.livelifebetterderbyshire.org.uk

Sexual health on YouTube

www.youtube.com/channel/UCnkUSvH1qVy1dArB-yObuVQ

Hampshire County Council

Summary

- New models for commissioned integrated substance misuse and domestic abuse services based on improving access, whole-family support, peer support and identifying people at risk.
- Innovative schemes to prevent suicide, improve men's fitness and options for stop smoking.
- Engaged with boroughs and districts on licensing and planning.

Overview

Hampshire is a large county on the southern coast of England with a population of around 1,365,000. It has a mix of rural areas, including the New Forest National Park, large conurbations, such as Andover, Winchester and Basingstoke, and many market towns and villages. The health of people in Hampshire is generally better than the England average. Hampshire is one of the 20 per cent least deprived counties/unitary authorities in England. However, there are areas of deprivation and around 10 per cent of children live in low-income families.

Hampshire County Council contains 11 borough or district councils. The largest settlements in the area, Southampton and Portsmouth, are administered separately as unitary authorities. The Isle of Wight unitary council lies off the coast of Hampshire.

Organisation, partnerships and priorities

Public health moved to Hampshire County Council as a team in Corporate Services. Since then it has joined with Adult Services to form the directorate of adults' health and care. Public health has built on a history of working with district and borough councils on health and wellbeing, with a link officer to support the work of each council and a public health consultant responsible for overall coordination and relationship building.

The DPH leads the prevention workstream of Hampshire and Isle of Wight sustainability and transformation partnership (STP). The workstream is making progress with supporting smoke-free hospitals, tackling smoking in pregnancy, rolling out Make Every Contact Count (MECC) training and other plans to embed prevention. It is set to review its work to take a broader, more social determinant approach to prevention. Public health also inputs to the other STP workstreams and will be leading on developing better systems of population data management and intelligence.

Hampshire is refreshing its Health and Wellbeing Strategy to put greater emphasis on tackling the social determinants of health. Priority workstreams include: improving mental and physical health in children; tackling the risk factors for long-term conditions and enabling people who have long-term conditions to live healthier lives; developing connected communities; creating healthy home environments; and ensuring that for people of all ages the last phase of life is as good as it can be.

Councillor perspective

When public health came to the council it had a low profile and we had to push on doors to engage with colleagues from other departments. But over the years, there has been a huge step-change, and now there is a great understanding of the importance of health and wellbeing. All departments across the council are interested in being involved, as can be seen in the examples in the case study, and the public health team is working flat-out to support all the opportunities that have arisen. This also applies to districts and boroughs which are supported by link workers in public health to improve health and wellbeing and tackle local health inequalities such as healthy town initiatives and the health implications of major planning developments.

Financially, it has been tough. Public health has been very resilient, finding ways to provide the same level service for less, such as through digital media. Also, developing innovative solutions has often resulted in better services, such as improved access. However, we are approaching a deadline and without further funding we are likely to have to start focussing services more exclusively on what we are mandated to do.

It would be helpful if more areas of public health were given a mandatory responsibility to give more 'bargaining power' in discussions about funding across councils and with health partners. If we were funded more effectively we would be able to extend our influence across the system and be able to commission more evidence-based prevention and early intervention initiatives, particularly for children and parents and to promote good mental health. Aligned with this would be the continuation and extension of close work with planners of proposed new developments, the promotion of a better food environment and better access to local green space – all of which would reduce pressures on health and social care.

Councillor Patricia Stallard

Executive Member for Public Health,
Hampshire County Council

Health and wellbeing initiatives – highlights

Health in all policies

Alcohol licensing

Most boroughs and districts have a statement in their licensing policies so that the health and wellbeing of communities is considered in relation to alcohol-related harm. Public health has also developed a screening tool so that its representations can be submitted to councils if there is concern. For example, after discussions with partners, including the police and a district licensing team, the Director of Public Health (DPH) made a representation to reduce alcohol harm in a music festival for 60,000 people which was planning to increase capacity by a third. Owing to the number of concerns, including by the public, festival organisers withdrew plans to increase in size.

Planning

Public health and district planning departments have agreed a Hampshire Planning and Public Health Position Statement which facilitates public health responses to major planning applications. For example, public health recently responded to a planning application for two drive-thrus on a leisure site in Hampshire. The response provided evidence on air quality, obesity, nutrition, deprivation and inequalities, and recommended planning permission should not be granted.

Public health has supported a local district council to produce a Healthy Borough Assessment which provides the basis for draft local plan policies to create healthy homes, healthy neighbourhoods and sustainable travel. This includes recommendations for policies that restrict fast-food outlets and gambling premises and encourage high quality green space and the adoption of minimum space standards for new homes. Public health hopes to use the learning from this to support other districts to introduce similar policies, either as part of local plans or within supplementary planning documents.

Healthy new towns

Public health supports the development of active lifestyles being the norm in Whitehill and Bordon – a development integrating new housing and infrastructure into an existing town, which is part of the Healthy New Town programme. Work has included insight work with local people, developing opportunities for integrating physical activity into everyday lives with children and families and involving the council's Active Travel team.

More broadly, the Active Travel team is focused on supporting areas with high obesity levels through work such as promoting the use of scooters and balance-bikes for younger age groups. Improving air quality is a growing priority in which the team is becoming increasingly involved.

Children and young people

Developing integrated 0-19 services

Hampshire's children's health visiting and school nursing services have been developing new community-based and digital approaches. For example, building on the successful texting service for 12-16 year olds provided by school nursing, a new ChatHealth texting service for parents of children 0-5 was launched by the health visiting service in October 2018. This allows parents to get advice and support on a wide range of health and wellbeing issues such as crying babies, sleep disruption and behaviour problems. The service has already proved very popular with parents, who are still able to speak directly with a health visitor or meet face-to-face in a baby clinic or at home if needed.

Work is underway to develop a combined 0-19 service for children, young people and families through a series of aligned procurements covering public health nursing, Clinical Commissioning Group (CCG) community services and Child and Adolescent Mental Health Services (CAMHS). The approach is underpinned by extensive engagement with service users, the public, frontline staff and system leaders. Increasingly the system is co-designing the new service model with service users.

Discussions have taken place with partners which identified much common ground but also identified some differences in priorities. A children and young people's outcomes framework has been developed, with key outcomes identified for issues that are best tackled at system level, such as childhood obesity, school readiness and childhood emergency admissions.

Other recent partnership developments include:

- A multi-agency board established to tackle long-standing challenges such as smoking in pregnancy, sustaining breastfeeding, maternal healthy weight, and perinatal mental health. Service improvements are being implemented through midwives and health visitors, sharing a public health approach.
- A new multi-agency children and young people's mental health strategy that focuses on individual mental health, service improvements, the links between physical and mental health and developing environments that support emotional wellbeing.
- ICON – public health and health visiting are promoting a support package for new parents that is being developed by Hampshire's Safeguarding Children's board. There is a focus on supporting new fathers, for example coping with crying, with the aim of reducing abusive head trauma.
- A shift to recording breast feeding rates by health visitors instead of GPs. Breast feeding rates are now more accurate, jumping from an apparent rate of about a third at 6-8 weeks to over 55 per cent. The system can now focus on the families that find it hardest to sustain breastfeeding.

Healthy living services

Public health works with its commissioned healthy living services to make services more accessible and to attract at-risk groups. In the coming years, there will be an emphasis on improving physical activity with a new physical activity strategy.

Tackling obesity

Public health commissions an outcomes-based service from Weight Watchers in which payment is only made for people who lose five per cent of their body weight. This includes services for pregnant women and for men, who have been more difficult to engage. Some sessions now take place in GP surgeries because it has been found that more men attend these services compared to community settings. Public health has undertaken insight work with men to understand how they can best be prompted to reduce weight. These insights are being delivered through a social media campaign – the Be size-wise campaign. Part of Be size-wise is the POWeR (Positive Online Weight Reduction) programme, developed by Southampton University which Hampshire Public Health helped to make available to the public.

Stop smoking – e-cigarette voucher scheme

Hampshire's commissioned stop smoking service Quit4Life is piloting an innovative voucher scheme for smokers who want to quit using an e-cigarette. The voucher is offered as a one-off alongside weekly NHS smoking cessation support for up to 12 weeks and can be exchanged at a selection of local vape shops which have been assessed by and signed an agreement with Quit4Life. Although there has been interest in the scheme from smokers and retailers, it has not yet resulted in a significant rise in numbers attending the service. The model has been amended to work with vape retailers to train staff as stop smoking advisors to offer on-site stop smoking support. The scheme will be closely monitored to assess its impact.

Sexual health

Following consultation, public health has introduced Sexually Transmitted Infections (STI) home sampling kits in place of face-to-face appointments for low-risk, asymptomatic adults. Evidence shows that the service is reaching people that have never visited a sexual health clinic and is finding STIs, including a new diagnosis of HIV that might have continued to go undiagnosed if the service had not been in place. Average savings are £45.64 per STI testing intervention – a 76 per cent reduction.

Substance misuse

Hampshire has commissioned an integrated substance misuse treatment service for adults and young people which aims to intervene early, reduce harm and achieve recovery. Services take place in community hubs across the county and through telephone and digital media. Elements of transformation include:

- a whole family approach with multi-disciplinary family recovery workers where there is parental substance misuse
- innovative solutions to work with people with complex needs incorporating longer periods of structured treatment and recovery plans with a focus on education, training and employment support
- peer-to-peer education combined with specialist outreach clinics to identify and treat more people with Hepatitis C.

Suicide prevention

Hampshire County Council and partners have taken a range of measures to reduce the suicide rate, which is now on a downward trajectory.

Postvention protocol in schools and colleges

A protocol for schools and colleges has been established to help them support young people when there is a death by suspected suicide. In some parts of the country the trauma of experiencing a suicide has translated into a contagion effect where several young people have taken their own lives. The protocol aims to support schools and colleges with the postvention process (support after a suicide takes place) and to think about how they could actively help prevent any future deaths.

Men's Hub project

The Hampshire Suicide Audit identified that 76 per cent of recorded suicides were men, and almost half of these had experienced relationship, debt or redundancy issues. This indicated that it is not just people with mental health problems who need support with mental wellbeing. Men are less likely than women to seek help from a GP or any other professional, and previous attempts to attract more men into mental wellbeing services had limited success.

To tackle this, Hampshire joined forces with Kent County Council in a joint funding bid with 10 partners across the EU. This resulted in a collaborative, cross-border project to improve men's health, wellbeing and employability inspired by the success of the Men's Sheds movement (community spaces for men to connect with each other). A new model is being co-produced with groups of men and will be evaluated by the University of Chichester.

Domestic abuse

A key priority for public health is reducing the impact of violence. As part of this, it is transforming domestic abuse services to ensure they deliver effective and improved outcomes that meet the population's changing needs whilst also making efficiencies within the system.

This includes tendering for a new perpetrator service aimed at changing the behaviour of perpetrators to prevent a cycle of abuse. The service, which starts in April 2019, will focus on key groups, such as persistent or high-risk offenders, and will involve community and behaviour-based interventions.

Other changes to services are:

- an integrated single point of contact (front door), assessment and triage for victims and perpetrators
- peer support and mentoring
- whole family approach for those wishing to remain in their relationships
- capacity building and engagement with professionals and communities.

Domestic violence services have been given a boost through a successful bid to the Government's Domestic Abuse Fund for projects to reduce domestic abuse and help survivors turn their lives around. Hampshire received £1.3 million (plus £477,000 for Portsmouth and south east Hampshire) as part of a partnership bid led by Hart District Council and working with partners across Dorset and the Isle of Wight. The project which starts in January 2019 will focus on areas including:

- extension of the Hampshire Making Safe Scheme enabling victims of abuse to remain safely in their homes
- specialist refuge provision
- early identification and referral of domestic abuse in health services and communities.

Challenges and impact of national budget reductions

The sustainability and transformation partnership (STP) has a complicated geography which covers Hampshire, Southampton, Portsmouth and the Isle of Wight, with some of North East Hampshire in Frimley STP. This means that planning and working arrangements involve multiple partners.

The reduction in the national funding of the public health grant, combined with the reduction in the council budget has presented some challenges.

The ring-fence on public health funding has provided protection and the department had done a lot to make efficiencies while maintaining and even improving services but even so, it has been difficult to fund new interventions for prevention and early intervention.

An increase in funding would mean public health would have more capacity to work with and influence partners to take action on the wider determinants of health – to instigate new activity in areas such as early intervention in early years settings, workplace health, support for older people isolated in rural areas, and building assets in communities facing deprivation.

Key messages

- Working in local government provides huge opportunities for public health, even at a time of austerity. It is important to be creative and make best use of resources. All council investment should be considered with a view to making the best impact on health.
- Although much progress is being made, it is important to realise that health and wellbeing problems and health inequalities are not just a public health problem, they are a societal issue. Public health can lead but it cannot solve these problems alone.
- Re-commissioning services and engaging partners with public health takes a lot of time and effort but results in greatly improved outcomes. Prevention was rarely mentioned five years ago, now it is high on everyone's agenda.

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Documents and links

Be size-wise

www.hants.gov.uk/socialcareandhealth/publichealth/besizewise

ChatHealth for parents

www.southernhealth.nhs.uk/news/chathealth-0-5-parents-carers-text-messaging-service-launches-in-hampshire

Domestic Abuse

www.hants.gov.uk/socialcareandhealth/adultsocialcare/domesticabuse

Energise me

www.energiseme.org

Hampshire Planning and Public Health Position Statement

<http://documents.hants.gov.uk/public-health/PublicHealthandPlanninginHampshirePositionStatement.pdf>

Healthy living services

www.southernhealth.nhs.uk/health-and-wellbeing

POWeR

<https://powerhants.lifeguidehealth.org/player/play/powerhants>

Quit4Life e-voucher scheme

www.quit4life.nhs.uk/meet-other-quitters/sandi-switched-to-vaping-to-ditch-the-cigarettes

Substance misuse services

www.hants.gov.uk/socialcareandhealth/adultsocialcare/alcohol

Towards a Healthier Hampshire Public Health Strategy

<http://documents.hants.gov.uk/public-health/TowardsahealthierHampshireastrategyforimprovingthepublicshealth2016-2021.pdf>

Hull City Council

Summary

- The Director of Public Health (DPH) leads a directorate including public health, adult social care, and public protection.
- The DPH plays a key leadership role in the comprehensive city-wide approach to economic growth and sustainability with a particular focus on large, system-wide interventions aimed at having a major impact on inequalities and deprivation.
- Hull City Council and NHS Hull Clinical Commissioning Group (CCG) have a joint financial plan for health and social care and have established 'Committees in Common' to maximise opportunities for integrated commissioning and provision with a particular focus on reducing demand, early intervention and prevention.

Overview

Hull is a port city in the East Riding of Yorkshire lying on the Humber Estuary, with a population of around 270,000. The health of people in Hull is generally worse than the England average and there are large health inequalities. Hull is one of the 20 per cent most deprived districts/unitary authorities in England, with some neighbourhoods among the most deprived in the country. Hull is a thriving city with a rich and varied cultural heritage and was a highly successful UK City of Culture in 2017.

Organisation

In Hull City Council the Director of Public Health manages the directorate of public health and adult social care which includes

public health, adult social care, integrated commissioning, and public protection. This means that a public health approach, which drives the agenda of prevention and early intervention, is at the heart of the council.

Hull City Council and Hull CCG are coterminous and both share a passion for making Hull a great place to live and work. They have a joint finance plan which combines budgets for children's, adult and public health services. Rather than a public health budget of around £25 million, Hull can develop shared priorities and responses across a budget of over £400 million. Health and care services are integrated in Hull, including a new Integrated Care Centre.

Priorities

In the build-up to UK City of Culture, the focus was placed on economic growth. This has brought benefits of more jobs and a growing economy – all of which are helpful for health and wellbeing. However, there was a realisation that more needed to be done for people who were not benefiting from the economic upturn – generally those facing the greatest health inequalities. In light of this, the City Plan was refreshed and is now focused on Hull as an Inclusive and Fairer City.

The role of the health and wellbeing board (HWB) was also reviewed. The HWB has refocused its work to drive the system-wide changes needed to address social and health inequalities. Unhealthy choices often start in social inequalities, and the board is supporting work to investigate the causes of inequality and to work with communities to take ambitious system-wide or deep-dive

action to address the social determinants of poor health. Examples of interventions so far are described below.

The focus for 2019 is on examining and tackling the causes of obesity which will be supported by the Towards an Active Hull strategy 2018-28 which aims to increase physical activity levels and reduce inequalities across all ages.

Councillor perspective

In Hull we are looking to promote inclusive growth to create the sort of society and environment which are good for people's health. Health is not issue or organisation specific – it involves a whole range of factors, including housing, education, leisure, employment, planning and licensing and many more. We are moving away from silo working to tackle all of these, and by doing so we intend to reduce the need for expensive NHS and social care support.

Having a director responsible for both public health and adult social care has given us the ability to take a 360 degree view of health, care and wellbeing. It has meant we are able to make money go further, even in the face of growing demand and budget cuts.

We have a very good partnership with Hull CCG but working in the sustainability and transformation partnership (STP), which is not a good geographical fit for Hull, is difficult – involving many meetings and committees. STPs should be designed to support effective health and care systems that improve people's health and wellbeing rather than trying to create new systems.

For the future, we hope to put more emphasis on practical ways to support carers, on reducing mental health problems and on tackling obesity. We will also be working to make sure that the work that we do to tackle health inequalities is on a sustainable footing.

Councillor Gwen Lunn

Cabinet Member Adult Services and Public Health, Hull City Council

Health and wellbeing initiatives – highlights

Large-scale health and wellbeing interventions that impact on social determinants

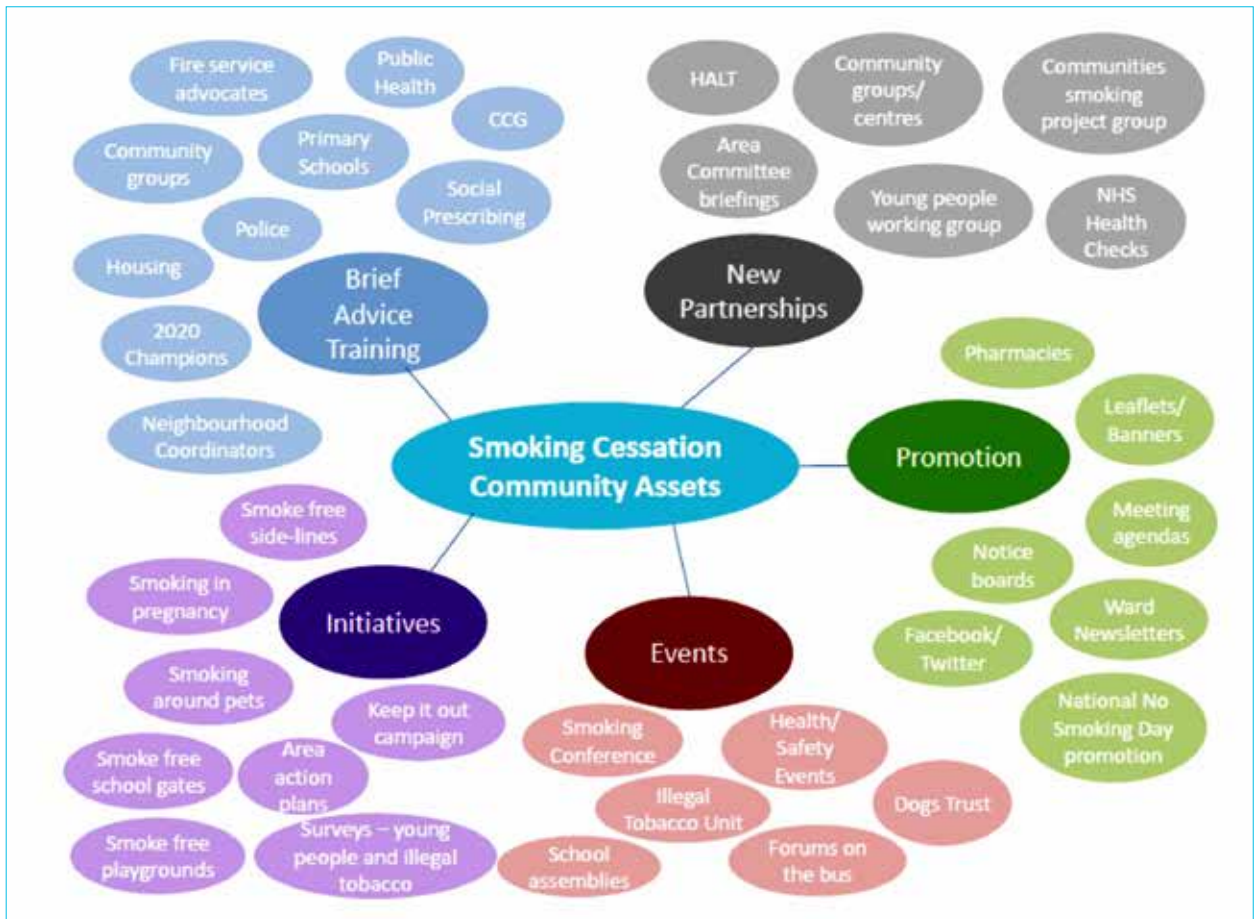
Financial Inclusion

Levels of debt and the use of high interest and unregulated lenders are high in some areas of Hull and have a negative impact on health and wellbeing. The council has supported Five Lamps, a charity credit broker, to set up a scheme to support people with little or no financial resilience by providing access to cheaper, safer borrowing. Hull Money also gives access to savings and current accounts through a credit union and provides budgeting and savings advice. The council is not funding the service, which went live in summer 2018, but public health and council colleagues supported its development through research, community engagement and making the case to city leaders, over a planning period of three years.

Sustainable food city

Sustainable Food Cities (SFC) is one of the Inclusive Growth strands of the City Plan. Hull Food Partnership is working towards achieving the SFC bronze award which involves developing a Healthy Food Charter which will set out the food vision for the city and pledges from a range of organisations to take practical action. The Healthy Food Charter is fully supported by the Cabinet and HWB.

By signing up to a Healthy Food Charter, the council and its partners are committing to a strategic framework aimed at creating a culture of sustainable, healthy, equitable, affordable food for everyone in the city. It will build on work already undertaken, including such as limiting new fast food outlets near schools, as set out in Hull Local Plan – seven applications have been turned down in recent months.



Improving Health in Communities – asset-based stop-smoking project

This year long project which ended in October 2018 is a partnership between local communities, stop-smoking services and neighbourhood teams who worked together to identify the city assets that could be used to stop smoking. The project identified several opportunities including:

- promotional campaigns delivered in community locations
- training more people in very brief advice
- stop smoking in community settings – community hubs, pharmacies, health centres, dental surgeries and many more.

Promotional campaigns include the following.

- A Dog Trust joint campaign offering free dog chipping with conversations about the impact of second-hand smoking on pets resulted in nine referrals to stop smoking services.
- Smokefree (school) gates campaign – children in 25 schools have taken part in activity to abolish smoking outside school, with a media campaign and a voluntary code for smokers.
- Smokefree sidelines – a toolkit was created to help youth football clubs to implement a voluntary smokefree code for spectators. 400 young people from 36 clubs launched the project in a day of matches. The code will be rolled out to other sports like rugby through the work of Active Humber.

Monitoring figures show the project has contributed to city-wide year on year improvements:

- three percent increase in people accessing stop smoking services
- 12 per cent increase in people achieving a four-week quit
- 260 per cent increase in people trained to deliver very brief advice on smoking.

The project made recommendations for future work, such as considering the best geographical scope, exploring a community champion model, continuing community support to develop trust, and considering using an asset approach to tackle other health issues like obesity.

Building on City of Culture legacy

The city used Five Ways to Wellbeing (connect, be active, take notice, keep learning and give) as the underpinning approach to

developing health and wellbeing benefits from City of Culture. Research and development grants were awarded to 11 projects for creative health and wellbeing activity. The volunteering outcome of City of Culture was a volunteer on every street and 3,000 people still volunteering. Public Health, with partners in the council, the CCG and the voluntary and community sector will be building on this enthusiasm through a range of community-centred approaches.

Making it Happen was a celebration by 30 different community groups to acknowledge what they achieved and plan for the future. A survey of 250 people who had been involved showed high scores for feeling they had made a difference to the city, interacting with people they would not normally have interacted with, being more likely to help the community, and feeling happier.



Children and young people

Hull has operated integrated children and young people services 0-19 with a single provider for several years. Services are due for re-commissioning, with a greater emphasis on mental resilience and the first 1001 days, in the next 12 months. Mental resilience is being informed by learning from the HeadStart Hull programme.

HeadStart Hull commenced with a pilot, supported by the Big Lottery Fund, which aimed to increase emotional wellbeing and mental health resilience in children and young people to reduce the need for specialist mental health services. The pilot was led by the council's Early Help and Commissioning team working with a wide range of partners, including public health, who supported with project design, engagement, research and insight into behaviour change. Extensive engagement took place with 1,300 young people aged ten to 19 supported by smaller focus groups in schools and youth centres and discussions with parents, which shaped the project's design and development. The project ran across 10 primary and three secondary schools and tested a range of targeted and universal interventions with ten to 14-year-olds including:

- young people able to identify a 'Trio of Trusted Adults' in school, community and home and Positive Peer Networks – friends who support each other
- targeted interventions including peer mentoring project with trained peer mentors, emotional resilience coaches, group work and counselling
- an app designed by young people to provide safe reliable information and support online
- training for school and community-based staff on discussing mental health with young people.

The pilot led to the development of the five-year Headstart Hull programme, launched in 2016, which supports children and young people aged five to 16 at a universal level,

and aged ten to 16 at a targeted/early help level. The programme works with families, all schools across the city, with health services, youth services, the voluntary, community and social enterprise (VCSE) sector, and wider early help services. The vision is for children and young people to have positive mental health and wellbeing, thrive in communities and bounce back from life's challenges.

Monitoring information for the programme shows an improvement in emotional health and wellbeing outcomes for those accessing the targeted/early help services, with improvements on all domains including physical health, feelings and behaviour, confidence and self-esteem, and feeling safe. Some young people who have been waiting for clinical mental health services no longer need it.

Examples of ongoing activity include campaigns developed for mental health week:

- The you are not alone campaign led by young people in which inspirational messages were played via speakers on the Humber Bridge walkway and marina.
- Talking Tables in which secondary school pupils combat isolation by talking together at lunch times.

Health and care integration

The mature state of integrated health and care in Hull allows many opportunities to maximise all levels of prevention.

Jean Bishop Integrated Care Centre

Public health has been involved in supporting the development and design of the Integrated Care Centre, which was opened in 2018 in the week of the 70th anniversary of the NHS and was built through NHS Local Improvement Finance Trust (LIFT) public-private partnership funding. The first centre of its kind in the UK, it is a clinically led, multidisciplinary centre with a team of clinicians, nurses, GPs, pharmacist, social workers, therapists and the voluntary sector. The team will support 12,000 frail older people at risk of hospital admission at home and in the centre. Humberside Fire

and Rescue has an operating fire station onsite and also provides a falls service, with discussions underway to explore crews supporting the rehabilitation and recovery of service users. As the centre embeds, other pathways are likely to develop, such as supporting people with chronic obstructive pulmonary disease. The Newbridge Village bungalow development of social housing for older people is sited close to the centre.

Connect Well Hull Social Prescribing model

A city-wide social prescribing service commissioned jointly by the council and the CCG was launched in September 2017, with Citizens Advice Hull and East Riding as lead provider. Connect Well Hull offers people advice, support and links to community groups, services and activities to help people aged 16 and over make positive changes that improve their health and wellbeing. Local people can meet a wellbeing coordinator or welfare advisor at a wide range of locations across the city including GP practices and community venues. Referrals can be made by GPs, other health and care professionals or individuals themselves online or by telephone. A key responsibility for the service is that it collates, analyses and reports to commissioners on service provision, trends, gaps and capacity issues relating to health and care. A £1.8 million social prescribing community fund was set up by commissioners to respond to gaps identified by the service, with decisions made through a joint commissioning panel. Further investment in early intervention has been agreed through this route.

The Connect Well Hull service has assisted people from all wards in the city. In its first year nearly 7,000 appointments were provided, assisting clients with over 4,000 different problems. The most frequent issue on which people sought advice was benefits, while loneliness and isolation were the most significant wellbeing issues. The income gain for clients totalled £1,112,970, with the vast majority relating to benefits and tax credits. Satisfaction from clients is high, with many indicating how the help has made a real difference to their lives.

Challenges and impact of budget reductions

The geography of the STP, Humber Coast and Vale, is challenging for Hull since it crosses council boundaries and encompasses North East Lincolnshire, North Yorkshire and York. Hull is involved in the STP in the elements that contribute to positive developments and pathways for the city, such as mental health. Hull is concerned that its well-developed integration arrangements could be damaged by any national requirements for arrangements with larger populations and geographies. It believes that where things are working well, they should be supported to continue.

Attracting and retaining a skilled and experienced workforce is a challenge to future health and wellbeing developments.

Hull has made savings and prudent financial decisions, and operating a shared financial plan means that partners can achieve added value and economies of scale. When savings in adult social care and children and young people's service have had to be made, it has been possible to consider this from a public health perspective and increase investment in prevention and early intervention. This includes allocation of the public health grant to prevention in adult social care, housing, and the children and young people's healthy lifestyle team.

However, there is no doubt that the background of local government budget reductions, including significant reductions in the public health budget, is having a negative impact. With more funding and capacity, it would be possible to upscale work in mental health wellbeing and in tackling health and wellbeing in NHS settings, such as supporting mental health and acute hospital settings in treating smoking as an addiction. There would also be investment to expand prevention and support in drug and alcohol and sexual health services.

Key messages

- The way forward to tackle health inequalities is for partners to look systematically at the causes of poor health and to work with communities to identify system-wide solutions.
- Being director of public health and adult social care brings many opportunities to embed early intervention and prevention. However, this is a wide span of control which is made achievable by having an excellent team and working in a council that has embraced tackling the social determinants of health.

Contact

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Documents and links

Active Humber and smoking sidelines

www.activehumber.co.uk/smokefree-sidelines

Connect Well Hull – Social Prescribing

<https://connectwellhull.connecttosupport.org/s4s/WhereILive/Council?pagelId=3611&lockLA=True>

HeadStart Hull LGA case study

www.local.gov.uk/headstart-hull

HeadStart App

<http://caremonkeys.co.uk>

Hull Money

www.hullmoney.com

Hull Public Health

www.hull.gov.uk/health-and-wellbeing/public-health

Talking Tables

www.hullcc.gov.uk/api/pressrelease.php?id=6973

You are not alone

www.hullcc.gov.uk/api/pressrelease.php?id=6845

www.youtube.com/watch?v=XEFmO-i6d1U&index=5&list=UUKdSLjtWdS6Cbh9caLjrD3g&t=0s

Liverpool City Council

Summary

- One of the first six cities in the world to be designated a Global Active City.
- A health in all policies and places (HIAPP) approach in the elected Mayor's Inclusive Growth Strategy.
- A focus on health and wellbeing campaigns – evidence-based and co-designed with stakeholders – providing messages and support on a range of key health priorities.

Overview

Liverpool is a city in the north west of England with a population of around 491,000. It is governed by the directly elected Mayor of Liverpool with Liverpool City Council and is one of six local authorities that make up Liverpool City Region (LCR). LCR is a combined authority in which six Merseyside councils share strategic decision making for areas such as economic development, transport, employment, skills, tourism, culture, housing and physical infrastructure.

The health of people in Liverpool is generally worse than the England average. It is one of the 20 per cent most deprived council areas in England and some areas of the city are among the most deprived, and have the greatest health inequalities, in the country.

Liverpool has a young population and a rich maritime and cultural history. Since being European Capital of Culture in 2008, global tourism has grown significantly, and the city provides a unique destination with a diverse range of leisure and cultural activities.

Organisation and partnerships

Liverpool Public Health is a department in the directorate of adult services and health and works closely with partners at several levels.

With health colleagues in Liverpool CCG and local NHS providers – many of the initiatives in this case study involve the CCG and NHS partners.

With public health colleagues across Cheshire and Merseyside in the Champs Collaborative which supports joint work on health and wellbeing issues best tackled at scale, such as suicide prevention. Champs coordinate the public health input into Cheshire and Merseyside Health Care Partnership.

Collaboration with other public health teams and partners across LCR.

Priorities

The city council has embraced health and wellbeing across all its functions and services and works on major themed interventions to improve health. It seeks to be at the forefront of public health advances both in the UK and internationally.

A big push to tackle deprivation and reduce health inequalities is taking place through the Mayor's Inclusive Growth Plan which has a vision for Liverpool as 'a strong and growing city, built on fairness'. The Plan embraces a health in all policies (HIAP) approach but goes further with the concept of health in all policies and places (HIAPP). The joint strategic needs assessment is being revised to provide the road map to inclusive growth.

Councillor Perspective

The public health remit in local government has been a great opportunity to use all the functions that have an impact on health, like housing and open spaces. The growing pressures in population health, such as the obesity crisis and the rise in mental health problems, are best tackled through a social model of health and wellbeing which can focus on deprivation and accompanying health inequalities.

Liverpool City Council and its partners have made a concerted effort to improve health and wellbeing, as shown in this case study. We have taken a health in all policies and places approach, and interventions such as the landlord licensing scheme, accessible community-based sexual health services, social prescribing, targeted cancer screening, a bed for every rough sleeper and campaigns like 'Save Kids from Sugar' have all had an impact.

However, we can only go so far, and funding cuts to public health and councils means that we cannot make progress at the speed and reach we would like. Unless funding is increased, very difficult choices will need to be made, and the prevention work which supports the sustainability of joined-up health and care will be limited.

Also, society is being delivered in a way which makes poor health choices too easy. Local government and its partners can only go so far – some changes are needed at national level. Local government is well placed to campaign for national change, such as increased health-related powers in licensing, planning, and local taxation. Liverpool is regularly involved in making such representation.

Councillor Paul Brant

Cabinet Member Adults and Health,
Liverpool City Council

Health and wellbeing initiatives – highlights

Health in all policies and places

Air quality

Public health is part of a task group convened by the Mayor to improve air quality across the city with a view to developing a city where walking, cycling and clean transport will dominate by 2025. As part of this, the Director of Public Health (DPH) contributed to a scrutiny panel on air quality for Liverpool City Region. Work is also taking place to explore links with children's lung health, led by a consultant at Alder Hey hospital, and future plans include working with schools to change drop-off and pick-up behaviours.

A major piece of work on air quality is the campaign Let's Clear the Air Liverpool, which was co-created by public health's Behavioural Insight and Change Team, with local communities, to motivate people to take action. The campaign has a bespoke website with news and updates and large-scale outdoor, digital and social media activity with infographics and animations as well as radio, newspaper and face-to-face community events. In first six weeks of the campaign the website received almost 5,000 hits.

Licensing and planning

Liverpool currently applies a special cumulative impact policy (SCI) to five areas of the city with large clusters of alcohol premises and risk of alcohol harm. Four areas are in the city centre, and one is in a residential area where people face inequalities.

Liverpool already has recommendations relating to hot fast food takeaway clusters in the Local Plan and supplementary planning directions (SPD). As part of HIAPP it is looking to strengthen guidance to maximise the health gains of spatial development, perhaps through a pre-application advice service, design and access statements, and a wellbeing SPD to the Local Plan.



Liverpool
City Council

3 LARGE GLASSES OF WINE IS LIKE HAVING 3 DONUTS

That's an extra 630 calories, before counting anything else you eat.



Take our quick drinks check

See how many calories you drink each week and get personalised tips at

[DrinkLessFeelGood.com](https://www.drinklessfeelgood.com)



/DrinkLessFeelGood

This information is brought to you by Public Health Liverpool



**DRINK
LESS
FEEL
GOOD**

Making every contact count (MECC)

Liverpool is currently working with partners on extending MECC at scale across all Liverpool NHS trusts and in some cancer pathways in Merseyside and Cheshire. For example, MECC is included in NHS trusts' standard contracts, and Liverpool CCG is working with public health so that training is being provided to all relevant trust staff to deliver brief advice to patients. Trusts are engaged in a range of MECC activity, including having a dedicated MECC lead, recruiting departmental champions, reporting on performance and developing IT infrastructure.

The next stage will be to roll MECC out across other organisations such as housing associations, Merseyside Police and Fire services, social workers and the universities, and to widen it to include brief advice on mental wellbeing.

HIV Fast-Track Cities – signing the Paris Declaration

Liverpool has joined London, Manchester, Brighton and 250 countries around the world in signing up to become part of the Fast Track Cities network. This involves committing to accelerate and scale-up local HIV responses. Liverpool's ultimate aim is to eradicate new cases of HIV and end AIDS as a public health threat by 2030. Pledges include:

- 90 per cent of people with HIV to know their status
- increased percentage of diagnosed people receive treatment
- reduce the negative impact of stigma and discrimination.

Liverpool set up a multiagency fast track steering group of clinicians, academics, public health leads and service providers to oversee preparation for the bid, including a city-wide HIV symposium to review services, pathways for patients, and access to testing.

Children and young people

New model of delivery – pre-birth to age 19

Liverpool has developed an integrated model for delivering the healthy child programme – health visiting, school nursing and the family nurse partnership – shaped through consultation with families and professional stakeholders. At its heart is a seamless, universal, child and family centred service which responds consistently to issues such as mental health and emotional wellbeing, and which collaborates with the broader system of supporting children and families in Liverpool

The model is being rolled-out as part of a two-year transformation programme involving service and workforce development. Collaborative working is already increasing, with health visitors participating in multi-agency working with both children's centres and early help hubs for children and families with complex needs. The performance of the health visiting service is the highest of the English Core Cities.

First 1001 days

A 1001 Critical Days Strategic Network has been established to oversee three thematic areas, with the aim of improving the life chances for children, particularly those facing inequalities:

- improving infant nutrition and health including breastfeeding rates
- protection – better identification and targeted interventions at those exposed to adverse childhood experiences
- parent and infant wellbeing and development – improving readiness to learn at age two and school readiness at five.

The Liverpool 1001 Critical Days Programme was recently selected as a pilot area by the LGA and the Design Council. It will work with parents to generate ideas to reduce modifiable risks associated with infant mortality through developing healthy, happy families.

A focus on breastfeeding

Public Health commissions the Babies and Mothers Breastfeeding Information Service (BAMBIS), a breastfeeding peer support service, at home and in the community. The council also delivers the Mayoral Breastfeeding Friendly Charter Mark which awards organisations for providing a supportive environment to encourage and normalise breastfeeding. Liverpool's breastfeeding prevalence is below the England average of 42.7 per cent but has risen steadily from 27.6 per cent in 2010 to 35 per cent in 2017 – higher than other Merseyside authorities.

A multi-agency programme of work is being planned to strengthen links between midwifery, health visiting and peer support to further improve support for families around infant feeding and family nutrition.

Healthy lifestyles

Liverpool commissions large-scale health and wellbeing services which operate in communities to tackle health inequalities. A programme commissioning manager helps co-ordinate shared approaches. For example, all are trained in brief mental health interventions and suicide prevention. A Live Well Directory with public-facing information operates across the LCR.

STARTING YOUR CHILD'S DAY WITH A SUGARY BREAKFAST CEREAL CAN ADD UP TO HEALTH PROBLEMS

Giving your child sugary cereal for breakfast can put them close to their maximum daily sugar allowance before the day has even started.

Here's what you need to look out for

CEREAL OFFENDERS
We've ordered lots of popular cereals by sugar content, so you can clearly see which ones are the worst and start making healthier choices.

HIGH SUGAR

Cereal	Sugar Content (40g Serving)
Frosties	3.7 Sugar Cubes
Crunchy Nut	3.5 Sugar Cubes
Coco Pops	3 Sugar Cubes
Shreddies	2.8 Sugar Cubes
Cookie Crisp	2.5 Sugar Cubes

Maximum Daily Allowance

4-6yrs	5 Sugar Cubes
7-10yrs	6 Sugar Cubes
11yrs+	7 Sugar Cubes

1 Sugar Cube = 4g

For a wider range of cereals and their sugar content visit savekidsfromsugar.co.uk

SAVE KIDS FROM SUGAR

This information is brought to you by Public Health Liverpool. Sugar content correct as of 05/03/2018.

Campaigns

Public health runs regular multi-media and high-profile health campaigns across the city (see graphics). These include:

- Save Kids from Sugar – Liverpool was the first council to name and shame manufacturers of fizzy drinks, yogurts and cereals that have high sugar content.
- Drink Less Enjoy More and Drink Less Feel Good which involved simulation training to help bar staff with ways of not serving people when drunk.

Campaigns are evidence-based, often co-produced with stakeholders, linked to support from lifestyle services and measured for impact by public health or a local university.

Physical activity

Global Active City

Liverpool is one of the first six cities in the world to be designated a Global Active City. To achieve this label, it had to pass an independent audit with a tough review of physical activity strategies and working practices. The flagship programme for partners in Liverpool (the council, CCG, Liverpool John Moores University and others) is their advanced work in delivering Liverpool Active City Strategy. Liverpool's aim is to become the most active city in England by 2021. Some recent developments in physical activity are described below.

Local Government Declaration on Healthy Weight

In November 2018, Liverpool became the 15th council to sign up to this declaration, confirming the council's commitment to promoting healthy weight in all policies. It was the first council to be supported in this by the local NHS – Liverpool CCG and seven NHS trusts across the city pledged to support the council's declaration through involvement in a whole-systems approach.

Fit for me

Fit for Me is a research and insight based physical activity campaign launched by Liverpool Council and Liverpool CCG as part

of the ambition to become the most active city in England by 2021. The campaign targets adults 16-64, particularly those who are inactive, 40-60-year-olds, women, people with long-term conditions, pregnant women and young families. The campaign launch featured films of local people as ambassadors, describing how they became active and the benefits this brought. The films have received over 100,000 views to date.

Multi-media follow-up campaigns have asked people to walk more and build ten minutes more activity into their daily routine. Support was provided through hundreds of free activity taster sessions across the city. Five months after launch, a representative survey of 532 adults found half were aware of the campaign and 18 per cent had taken action as a result of seeing it. The survey also showed a six per cent reduction in the number of people who were inactive in the target audience. The campaign website has received over 161,874 visits, while 8,770 people have completed an online activity quiz.

Fit for Me is underpinned by several community asset-based initiatives.

Volunteer-led behaviour change: A group of 11 women in a low activity neighbourhood were supported to produce a community asset map, which identified 119 different opportunities for activity. Using a bespoke social network analysis tool developed for the project the women identified 24 people with whom to have a conversation about being more active. Fifteen people were followed-up after three months. Eleven showed some evidence of improved activity and four had made significant changes. There were also improvements in self-esteem and resilience. The project will be built-on and tested at greater scale.

Recovery runners – this pilot programme is for people recovering from drug and alcohol problems and involves a 12 week 'couch to 5K' training programme. The programme has peer support through social media and programme graduate peer mentors. It has been linked with free Liverpool Park Runs to provide opportunities for continuing exercise.

A plan under development is to increase physical activity in children and young people with cross-council, NHS and community support. A public health consultant and an epidemiologist are working on the details of this.

Challenges and impact of budget reductions

Because health outcomes from public health interventions can often be long-term, it can be difficult to secure funding for prevention at a time of financial cut backs. Since budget reductions started in 2015, through national in-year and year-on cuts to the budget, Liverpool Public Health has lost a number of posts, but has managed to continue to deliver its responsibilities through combining roles across the team. It has also looked at opportunities to generate income through the potential to license campaign materials and will continue to do so where this can support future developments.

Public health achieves a lot through partnership working, but funding cuts to the wider council are having an impact on achieving health outcomes. Public health would like to do much more work with communities on tackling the social determinants of health, and without additional funding will look for innovative ways in which this can be achieved.

Key messages

- Although the financial position is very difficult, there are many opportunities and successes that provide encouragement.
- It is important to frame discussions around what outcomes investment in health and wellbeing can achieve.
- Highlighting success stories, so that councillors, other senior decision makers, and the public know what is being achieved is very important.
- Making the case for 'big hit' programmes that will make a significant impact across all partners is essential.

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Documents and links

Air quality – Lets clear the air Liverpool

www.letscleartheairliverpool.co.uk

Champs Public Health Collaborative

<http://champspublichealth.com>

Declaration on Healthy Weight

www.foodactive.org.uk/liverpool-city-council-and-partners-sign-the-local-government-declaration-on-healthy-weight

Drink Less Enjoy More

<http://drinklessenjoy.com>

Drink Less Feel Good

www.drinklessfeelgood.com/contact

Global Active City

<http://activewellbeing.org>

Fit for me

www.fitforme.info

Fast Track Cities

www.fast-trackcities.org

Inclusive growth plan

<https://liverpool.gov.uk/council/strategies-plans-and-policies/inclusive-growth-plan>

Live Well Directory

www.thelivewelldirectory.com

Save Kids from Sugar

www.savekidsfromsugar.co.uk

Public Health Website

www.liveyourlifewell.info

London boroughs of Camden and Islington

Summary

- A focus on public health analytics and intelligence to inform strategic planning, evaluation and preventative approaches.
- A focus on harnessing a wide range of local authority levers to create and shape environments and conditions that support health and wellbeing.
- An offer of universal and targeted healthy living services.

Organisation

The London boroughs of Camden and Islington have shared a joint director of public health (DPH) and a single public health team since the transfer from the NHS to local government. Team members are employed by Islington but work equally as officers of both councils. Both boroughs are inner London councils with broadly similar population profiles, levels of health inequalities and size of public health grant. Camden has a population of around 240,000 and Islington around 230,000. Both boroughs have a strong sense of community and a distinct borough identity.

Most health and wellbeing work is borough-facing and each borough has a health and Wellbeing Board (HWB) and a joint health and wellbeing strategy (JHWS). However, the shared public health function affords the opportunity to align work across the two councils where this makes sense, and the boroughs share good practice and learn from each other.

Partnerships and priorities

A strong focus on tackling inequalities, and on prevention and early intervention is shared across both councils, not just in public health but across each council's broader agenda and as the 'leader of place' in each borough. Within the context of these shared values, the boroughs have slightly different HWB priorities:

Islington

- ensuring every child has the best start in life
- preventing and managing long term conditions to enhance both the length and quality of life and reduce health inequalities
- improving mental health and wellbeing.

Camden

- healthy weight, healthy lives
- reducing alcohol-related harm
- resilient families
- the first 1,001 days
- ensuring good mental health for all.

Islington and Camden are part of North London Partners sustainability transformation partnership (STP) which covers the five boroughs of Barnet, Camden, Enfield, Haringey and Islington and their NHS partners.

The five boroughs collaborate with each other and their wider system partners to take forward the prevention workstream of the STP, as well as seeking to embed a focus on prevention and earlier intervention across all STP work programmes. The framework for prevention to date includes: creating healthy environments; developing a workforce for prevention; and supporting healthy choices.

The five boroughs have resourced some programme capacity for joint work on prevention.

Both boroughs are also part of collaborations to tackle city-wide public health priorities at a London level. The Joint DPH for Camden and Islington is currently Chair of the Association of Directors of Public Health (ADPH) London. Key developments and achievements in recent years include:

- the London-wide HIV prevention programme and London Sexual Health Transformation Programme
- improvement work focused on tackling childhood obesity, including peer reviews, master classes and 19 London boroughs signing up to the Local Government Declaration on Sugar Reduction
- the development of a London Smoking Cessation Transformation Programme.

Lead councillor's perspective – Camden

Improving health and tackling health inequalities runs through everything we do. For example, poor mental health and problems with drugs and alcohol cannot be addressed in isolation – proper housing is vital. If people don't have somewhere to live it is practically impossible to help them to tackle their problems – any interventions are likely to be money wasted. Good health starts from an early age and the council needs to take every opportunity to help families make healthier choices, as in our Best Start work.

Austerity has resulted in major cuts to the prevention budget and has had a significant impact on our ability to help people to improve their health and wellbeing. We will continue to do as much as we can, but real funding is needed to make a difference to people facing problems of deprivation, particularly in light of developments in Camden that will impact on health, like HS2.

Maintaining a ring-fence on public health funding is important – without this there is a

danger that vital specialist services, like stop smoking, could be lost.

Councillor Patricia Callahan

Deputy Leader and Cabinet Member for Tackling Health Inequality and Promoting Independence, Camden Council

Lead councillor's perspective – Islington

Public health is now an integral part of the council and there is a widespread understanding that health and wellbeing are related to every part of its work. Islington has made a great deal of progress and has done so in a way which makes best use of resources. An example of this is the reformed drug and alcohol service which has managed to make efficiencies while providing a better integrated service.

There is huge potential for doing more to promote health and wellbeing. For example, Islington has a large number of community centres which could be further involved as a focus for engaging with local communities and building on assets. There are also opportunities to join up more with leisure services and to embed prevention in the locality-based health and care teams that are being established.

The rate of our progress will depend on future funding. We have laid good foundations by carrying out internal efficiencies and renewing all our contracts to make efficiencies and also, in many instances, creating a better service, but now there is little wriggle room to save more money without serious impact on services.

Cllr Janet Burgess MBE

Executive Member for Health and Social Care and Deputy Leader, Islington Council

Health and wellbeing initiatives – highlights

Health in all policies

Tackling illicit tobacco

In Camden and Islington, Trading Standards work in partnership with Environmental Health, HMRC, Police, Licensing, Education and Public Health, both locally and across north and east London local authorities. The purpose of this joint work is to raise public awareness and change attitudes about illegal tobacco, increase reporting and deliver effective enforcement of illegal tobacco sales. Camden and Islington Smokefree Alliance was formed in 2014 to drive the joint tobacco control strategy 'Smokefree Camden and Islington 2016-21'. Examples of recent outcomes include:

- In Camden, inspections of business premises led to the seizure of illicit products including 58,000 cigarettes, 22kg of rolling tobacco, 16.5kg of shisha tobacco and 50kg of oral tobacco and snuff.
- In Islington, 53 test purchase attempts for illicit tobacco led to two sales and two small seizures of illicit products. This resulted in two formal written warnings and a requirement to attend a licensing officer panel, where additional conditions were added to alcohol licences.

Alcohol licensing in Islington

In Islington, analysis by public health of the distribution of licensed premises, alcohol-related ambulance callouts and alcohol-related crime identified correlations between these factors in particular areas and at certain times. This led to the establishment of cumulative impact zones within the council's licensing policy, which require new licence applicants to demonstrate they will not add to alcohol-related harm, and a borough framework to control sales at times when harm is most prevalent. Public health has also created a 'licensing premises tool' to screen new applications and licence reviews in areas of higher alcohol-related harm and submits

a representation to the Licensing Committee when it has concerns.

Spatial planning in Camden

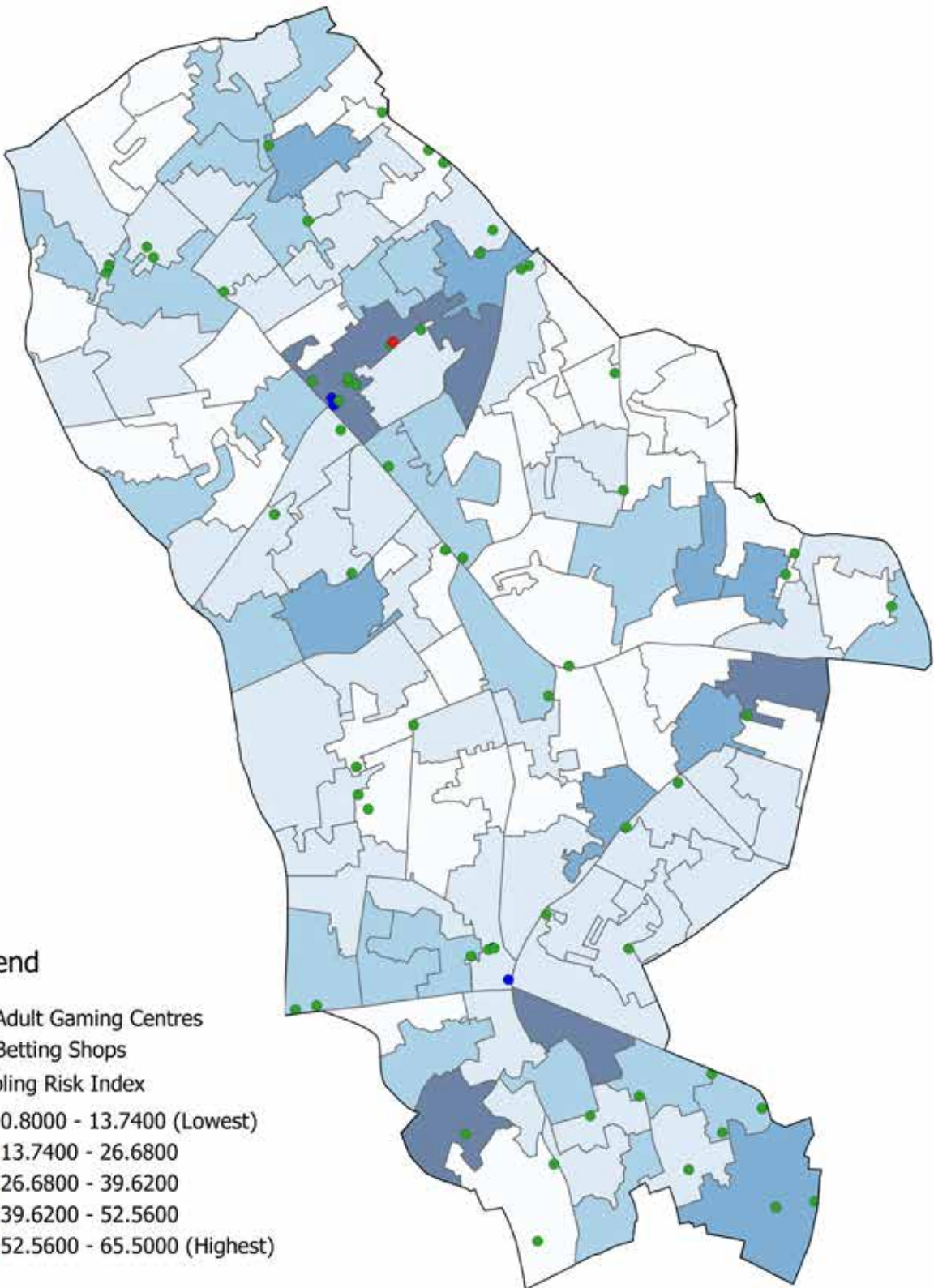
Camden's Local Plan was refreshed and adopted in 2017, with public health working closely with planning colleagues on its development. This resulted in a strengthened requirement for developers to undertake health impact assessments at an earlier stage and a stronger focus on health promoting environments. This has led to recent major developments in Camden featuring greater connectivity and design features to encourage active travel, outdoor toilets as part of Camden's Community Toilet Scheme, and increased provision of outdoor space, community gardens and play areas. Public health has also contributed to a review of all the Council's supplementary planning documents to ensure that a HIAP approach is embedded.

Gambling

Islington's 60 betting shops and four adult gaming centres are geographically concentrated in areas of greatest deprivation in the borough. Public health has calculated a local gambling risk index, based on Geofutures, to help inform local planning decisions. Public health contributes to the Local Plan and the 'Location and Concentration of Uses' supplementary planning document which is intended to resist clustering of unhealthy premises. A new betting shop application has been refused due to its proposed location being near sensitive users (substance misuse service clients) and to an existing cluster of seven betting shops.

School superzones

As part of a programme of city-wide prevention work being progressed under London's Health and Care Devolution Memorandum of Understanding, Camden and Islington are working with the North London Commissioning Support Unit (CSU) on a project to use data and geographical analysis (GIS) to better understand the wider environmental determinants of health and health inequalities to inform place-based



action. The school superzones pilot is looking at features of the local environment within 400 metres walking distance from schools, in terms of food, advertising, alcohol, smoking, gambling and vehicle emissions, and working with local communities to then explore and use locally available levers to tackle these.

Working with communities

Both boroughs undertake resident engagement and insight work with communities and neighbourhoods, seeking to work with local people to better understand needs and assets and to co-produce solutions to improve health and reduce inequality.

For example, in Camden the St Pancras and Somers Town Partnership was formed

to bring residents and a broad range of stakeholders together to identify the barriers to eating healthily and being active. Insights from this work are being used to drive collaborative action. One issue to emerge was poor availability of affordable healthy produce. Subsequently, a local organisation was supported through the Camden Can Innovation Fund to set up 'the people's fruit and veg stall'. This provides fresh, affordable fruit and veg for the local population, accepts healthy start vouchers, and has links to wider work on health improvement through the School Health Champions programme. Further plans for the stall include a travelling fruit and veg stall campaign across all primary schools in the ward. A project evaluation will be completed in October 2019.

People's fruit and veg stall



Health scrutiny driving a ‘health in all policies’ approach

Camden undertook extensive resident and stakeholder engagement to help develop a new vision for the borough – Camden 2025. The vision is that Camden becomes ‘a better borough – a place where everyone has a chance to succeed and where nobody gets left behind’. This community strategy is a call to action for a new way of working in which the council and communities develop solutions together to tackle long-standing community challenges.

Camden’s Health and Adult Social Care Scrutiny Committee used the scrutiny process to consider how the council could embed a Health in All Policies (HIAP) approach for one of these key community challenges – social isolation. It found many examples of existing activities that were supporting individuals and communities to be more connected, such as green space volunteering projects and caretakers proactively engaging with isolated residents. It also identified new opportunities, including the use of social value to drive a greater focus on social isolation through procurement and contracts.

Behaviour change services

Most behaviour change services are commissioned across the two boroughs, providing residents with greater choice of where to access support. The services are commissioned as separate contracts, but a provider alliance forum has been established to bring the providers together to identify opportunities for joint work. Both boroughs have developed One You portals, based on the national Public Health England (PHE) One You model. One You Camden and One You Islington both provide comprehensive information and access to support and services for local residents.

Breathe stop smoking service

A new stop smoking offer, ‘Breathe – it’s about living’ was launched by Camden and Islington in 2017 following an intensive process of co-design with local stakeholders and residents.

It aims to reach groups who have traditionally not used stop smoking services and help tackle smoking-related inequalities. The service is organised in three tiers dependent on the levels of support people require to help them quit. This ranges from online or app-based information or support, through to specialist advisors based in community or health settings, to more intensive support for people with complex needs, such as those with respiratory disease or mental health problems.

In the first year of activity, in Camden 1,208 people set a quit date and 54 per cent (650 people) had stopped smoking at four weeks. In Islington, 1,460 people set a quit date and 51 per cent (744 people) had stopped smoking at four weeks.

An important part of the Breathe service model is to work with the local voluntary, community and social enterprise (VCSE) sector to recruit and train local people to become stop smoking practitioners. So far 12 people have been trained to become specialist advisors. The advisors offer tier two support, targeting smokers in the most deprived communities in each borough and some black and minority ethnic (BME) populations. Advisors receive ongoing support and supervision from experienced stop smoking practitioners. The target is for these VCSE practitioners to achieve 50 four-week quitters within six months of operation.

Better Lives drug and alcohol service in Islington

In developing its new integrated drug and alcohol service, Better Lives, Islington carried out extensive engagement, involving service users as experts by experience. Feedback highlighted that treatment options were only one part of ensuring that people have the tools to achieve and maintain their recovery. Support with housing, employment and establishing positive social networks were regarded as essential elements in a comprehensive package of support. A new service specification was co-produced with the local substance misuse user forum, shaped around a holistic model and simplifying routes into and through the service for both users and referrers.

The new service, which was launched in April 2018, is provided by a local NHS provider in partnership with VCSE organisations. Interventions range from residential detoxification and rehabilitation to self-help groups, aftercare services, specialist women's groups, debt and housing advice, and support for families to tackle familial patterns of abuse.

Since its launch, there has been a significant increase in the number of new service users entering treatment compared to the same period in the previous year:

- 42 per cent increase in the number of opiate users accessing treatment
- 78 per cent increase in the number accessing treatment for alcohol.

The number of families supported for drug and alcohol needs has also increased – from 39 families in the first quarter of 2017/18 to 59 in the same period in 2018/19.

Children and young people 0-19

Both boroughs have put significant focus on developing integrated 0-5 early years services with the aim of providing support which is family-centred, community-based and oriented towards the social determinants of health and wellbeing as well as clinical and developmental needs.

Health visitors are co-located in children's centres with other early years services, such as family support, parenting programmes and employment support, as part of each borough's integrated offer – Sure Start (Camden) and Bright Start (Islington). Health visitors are managed by locality managers as part of integrated teams, while professional supervision remains in NHS clinical structures.

School nursing services have also developed in recent years to work more closely with the wider health offer in schools and provide significant input into areas such as mental health, emotional resilience and obesity. Local school nursing services operate a successful Healthy Living Practitioner service providing one-to-one support to children who are overweight/very overweight from a nutritionist attached to school nursing teams. The two boroughs are also piloting an Enhanced Healthy Living Practitioner Service for very overweight children with complex needs and their families.

Both boroughs also offer universal, group-based activities and programmes for children and families focused on healthy eating, cooking and increasing physical activity.

When National Childhood Measurement Programme results are sent out to families, both councils are trialling a new approach in which trained volunteers and staff are based at the school gate in a selection of schools to answer parents' questions, provide advice, and signpost or refer to support.

Integrating health and care – analytics and intelligence

Public health has a leading role in the implementation of a population health management system in north central London which will enable the use of 'real time' data to improve population and individual health and wellbeing outcomes. This is intended to deliver a step change in shifting towards more proactive management of health and wellbeing and more efficient use of data and system resources. The next step is to develop and test the new system in one or two neighbourhood level health and care integrated networks (CHINS) with a population of approximately 50,000 people and use the learning to roll the model out across north London.

Public health is also working with north London partners, the London School of Economics and University College London (UCL) to develop an innovative, predictive model for people at risk of needing adult social care services so that prevention and early intervention efforts can be better targeted.

Islington Council is working with Islington Clinical Commissioning Group (CCG), North East London CSU and UCL in a project funded by the Health Foundation's Advancing Applied Analytics programme. This project will link council and health data to better understand the social determinants of health for households in the borough by creating and analysing a one-off linked dataset and producing analysis and intelligence to inform future planning and locality working.

Challenges and impact of budget reductions

The greatest challenge is the overall funding situation, for public health specifically and for the wider councils more generally. Public health continually endeavours to ensure it is making the best use of resources by working collaboratively across the two boroughs, and beyond, where this makes sense in order to commission and transform services. It also seeks to attract alternative funding, such as academic grants.

Additional resources would enable key public health approaches and interventions to be delivered systematically and at the scale necessary to impact on population outcomes.

Another key challenge working in a shared service, and in the wider STP context, is the volume and complexity of the partnership landscape and the time and resources required to maintain vital relationships across the system.

Key messages

- Driving transformation and fundamental changes to services is hard and takes time to engage all partners. A focus on outcomes and on listening to and working with residents helps with the navigation of some of these challenges, and the end result can bring many benefits.
- The fundamental alignment of public health with the core values and approaches of each council, namely a focus on tackling inequality, and prevention and early intervention, has enabled public health to embed itself and demonstrate its value in both councils. Recognition and support for public health continues to develop and grow.
- When working to engage with partners, success often comes when we find a 'sweet-spot' of added value which meets everyone's priorities and ambitions.

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Links

Breathe

www.breathestopsmoking.org

One You

<http://oneyoucamden.org>

<http://oneyouislington.org>

Better Lives

www.candi.nhs.uk/our-services/better-lives-islingtons-drug-and-alcohol-service

ADPH London network

<http://adph.org.uk/networks/london>

Camden Plan and Camden 2025

www.camden.gov.uk/ccm/navigation/council-and-democracy/camden-plan

www3.camden.gov.uk/2025/camden-2025

Norfolk County Council

Summary

- Public health is responsible for the council's resilience, community safety and road safety functions, as well as leading and supporting many multi-agency safety and resilience partnerships.
- A commissioning, performance and contract management function has been established to ensure high quality, cost-effective services.
- A focus on developing effective partnerships and networks, and on making best use of digital technology.

Overview

Norfolk County Council covers an area of around 2,000 square miles with a population of around 900,000 people. It is largely rural and agricultural with some urban areas, including King's Lynn, Great Yarmouth, and the city of Norwich. As a low lying coastal area, it is vulnerable to coastal erosion. Norfolk has a strong sense of history, identity and tradition.

The health of people in Norfolk is varied compared to the England average, with life expectancy higher than the average. There are some areas of health inequalities and deprivation and around 15 per cent of children live in low income families. Norfolk's rurality, dispersed population and extremes of weather are significant issues for public health.

Organisation

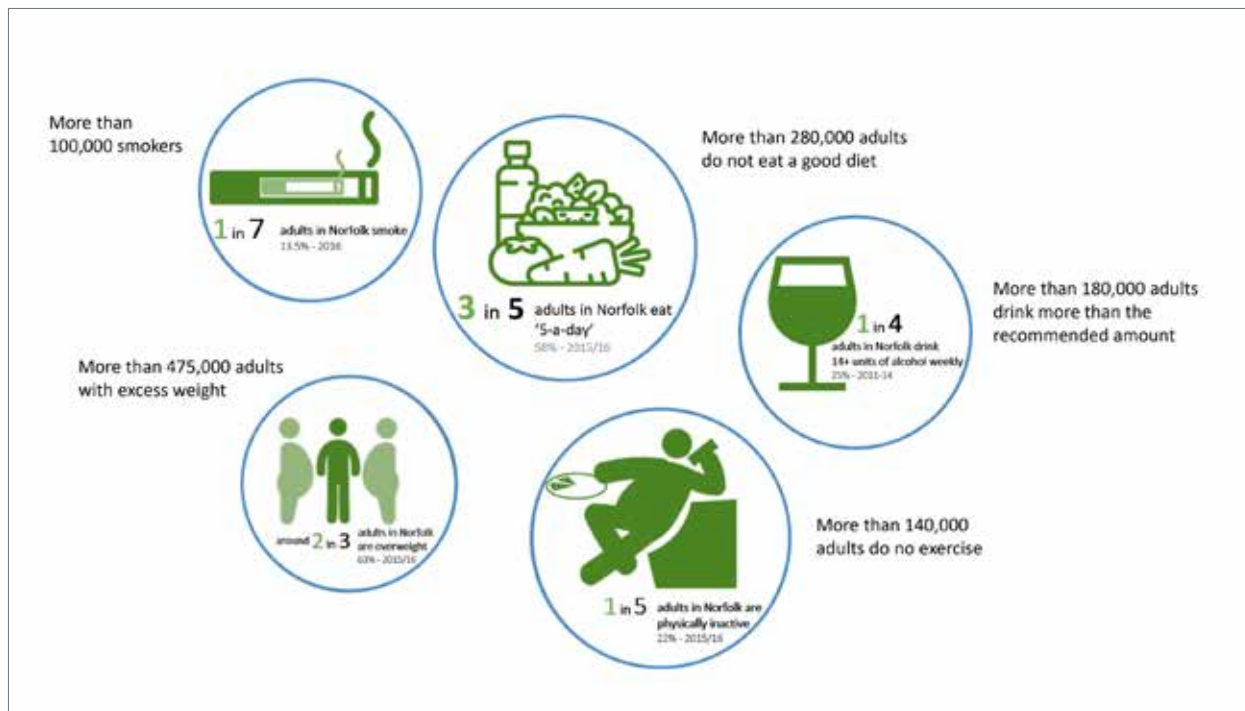
Public health is a team within Norfolk County Council's Department for Community and Environmental Services. There have been several key changes to how the team operates in recent years. It has taken on council-wide responsibility for resilience, community safety, road safety and the health and wellbeing board (HWB) – extending its reach to new partners. The Intelligence Team has transferred to the council's Strategy and Delivery Unit to facilitate council-wide use of public health data, analysis, evidence and best practice to inform strategic planning and financial forecasts.

Public health has also developed its commissioning and contracting function and commissions most of its services. To support this, it established:

- a head of delivery and performance to focus on adding value and best use of resources
- a contract management team to lead on relationships with providers and undertake formal contract management functions
- increased skill mix in the department including officers with experience of democratic services, children's services, and district council functions.

Partnerships and priorities

Working with partners in the seven district, borough and city councils is a priority for public health. The Director of public health (DPH) works with the District Directors Group to support their work on health and wellbeing, aligning county and local priorities.



Public health works closely with the five Norfolk Clinical Commissioning Groups (CCGs) and with local NHS providers. The DPH leads the prevention workstream of Norfolk and Waveney sustainability transformation partnership (STP) which has a programme to alleviate winter pressures, as well as longer-term prevention aims focused on the wider determinants of health. These include reducing suicide – the STP has joined the National Suicide Prevention Alliance – scaling up stop-smoking and rolling out social prescribing.

The DPH is the chief officer supporting Norfolk HWB which published a new Joint Health and Wellbeing Strategy (JHWS) in 2018. Following discussions and workshops with board members, it was agreed that the HWB should focus on its unique role as a wide strategic partnership. So, the strategy's aim is for a 'single sustainable system' taking the ambition of the STP and widening it to all partnerships including district councils, police and the voluntary, community and social enterprise (VCSE). This is a shift in approach from earlier strategies which focused on specific issues such as children under five and obesity. Instead there is a partnership approach prioritising prevention, integration and

reducing inequalities across the system. The HWB believes this is closer to its intended role to offer shared leadership across the system.

Overall approach

Since the transfer to the council, public health has reviewed and redesigned its activities to make sure that services are high quality, accessible to people with the greatest health and wellbeing needs and good value for money. It has also spent time developing relationships with partners within and beyond the council. It is now building on these foundations to deepen the partnerships and networks that together can tackle key public health priorities in Norfolk. These include partnerships around a topic, around a locality and, often, a mix of the two. Another key approach is to maximise the digital offer so that more people receive health and wellbeing support to enable them to self-care, and staff time is targeted at those with higher levels of need. This will be rolled-out through most health and wellbeing services, including through a forthcoming review of healthy lifestyle services.

Councillor Perspective

In Norfolk, commitment to prevention is high, and there is growing good will across the county council, district councils, CCGs and NHS providers to work together. For the first time, Norfolk's Joint Health and Wellbeing Strategy (JHWS) has been endorsed by all the NHS providers. This brings great opportunities to tackle health and wellbeing together. For example, the Community Health and Care Trust has carried out a survey asking staff what they understand about housing, with a view to NHS staff being aware of patients' housing needs and able to make appropriate referrals.

In a situation where all organisations are required to make savings and face many pressures, it is not easy to find investment for prevention. As a council, we will keep making the strong case that prevention will reduce demand for expensive health and care services. We are also concerned that the national push to tackle delayed transfers of care has created a narrow focus on hospital discharge, rather than on developing sustainable solutions. We are making good progress, and it would not be helpful if new central diktats or structures were imposed on local partnerships.

The seven district councils in Norfolk are now members of Norfolk Health and Wellbeing Board and also form a HWB sub-committee where they are actively working on health and wellbeing priorities, such as housing. In future, Norfolk HWB will have an increasing role in adding value by ensuring that health and wellbeing interventions, like reducing suicide, are co-ordinated on a system-wide basis.

Councillor Bill Borrett

Chair of Adult Social Care Committee and Chair of Health and Wellbeing Board, Norfolk County Council

Health and wellbeing initiatives – highlights

Resilience and emergency planning

Public health represents the council in the county-wide resilience forum and chairs the local health resilience partnership. The team also hosts a health resilience officer post, jointly funded with Norfolk's CCGs, which provides co-ordination and a direct link into CCGs to ensure involvement in planning and training. The forum has reviewed its strategy to establish greater involvement of elected members at parish, district and county levels and greater engagement with local communities and volunteers in emergency preparedness, response and recovery.

Norfolk's geography means it is liable to suffer from heatwaves, water shortages and flooding. An important strand in resilience work is to be prepared for the health implications of climate change and sustainability. Public health won the Sustainable Health and Care Award for 'Adaptation' – the best resilience strategy. Key elements of the strategy include the following.

- Identifying solutions for extreme weather preparedness such as:
- auditing a sample of business continuity plans of care homes with commissioned beds
- keeping and sharing risk registers of vulnerable people between services
- making extreme weather preparedness a staff competency.

Developing a self-assessment tool to support the council and partners in considering aspects of preparedness, such as:

- potential for residents with complex needs being left without services
- mitigation, such as video conferencing to reduce travel.

Work on resilience involves many partners which means it is being actively linked with important public health issues such as warm, sustainable homes; fuel poverty; and community support such as social prescribing.

Road safety

Around 402 people are killed or seriously injured annually on Norfolk roads, many of which are long single-track country roads. Public health's road safety team and has worked with partners, such as the Police and Crime Commissioner and Highways, to revise the road safety strategy. Partners have made a shift in emphasis from enforcement and individual responsibility to a public health approach which includes:

- systematic collection of information to define the problem
- using research and evidence to design, implement and evaluate interventions, then roll-out what works.

An example of this is an in-depth study of a dangerous stretch of the A1151 which resulted in various improvements including: a safety camera, provision of a passing bay, increasing the size of a speed limit terminal, and standardisation of traffic warning signs and road markings.

In 2018, the EuroRaps Conference in the House of Lords identified the A1151 as one of the most improved in the UK.

Norfolk's suicide rate has historically been high, with an average of 75 to 80 suicides a year. A local audit showed a higher proportion were by men of working age. Norfolk partners identified men's mental wellbeing as a priority and established a suicide reduction group to develop a county-wide strategy. The group made successful bid for NHS England Funding – around £700,000 over two years. Actions include:

- A collaboration with Norwich Theatre Royal on a programme of productions, workshops and special events aimed at reducing the stigma surrounding men's mental health. The work won the silver award (regional) for the best public sector campaign from the Chartered Institute of Public Relations.
- An annual training and development conference for practitioners, families and individuals.
- The Menkind mental health campaign which includes work to train barbers to talk with customers about mental wellbeing, and using local figures, such as a former footballer, to talk about mental health.
- A multi-agency learning event involving experts from across the country.

The strategy started in 2016-17 and, although it is early days, early results are encouraging. In 2017 there was the first reduction in numbers of suicides for four years, dropping from a rate of 12.5 per 100,000 to 10.6.

Men's mental wellbeing and suicide reduction





Children and young people

Public health redesigned its healthy child programme and commissioned an integrated 0-19 service from a single provider. A significant element of this is to improve the digital offer to make support more accessible to children and young people. This includes podcasts, an interactive and accessible website, and the Just One number which gives access to a trained call handler who can arrange one-to-one support if needed.

This initiative was regional winner in the person-centred care champion award category in the NHS70 parliamentary award. Norfolk is also part of a national evaluation of parenting programmes based on e-learning.

Sexual health

Public health has redesigned and commissioned an integrated sexual health service which includes prevention, community-based clinics, outreach and, on behalf of NHS England, HIV treatment services. The service continues to develop to meet changing needs and priorities.

In 2017 there was a move to online testing for people who are asymptomatic. This proved both popular and cost effective, with around 2,000 more people tested a year and high return rates.

Based on the integrated service, a county-wide sexual health network was established, involving the VCSE, schools, services for children and young people, the NHS, and sexual health providers. The network allows members to address operational issues directly and to share good practice. It has also agreed a sexual health strategy to work on shared priorities.

Data showed that the previous momentum to reduce teenage pregnancy had stalled and needed to be refreshed. Partners worked with community connectors in children's services to establish locality based teenage pregnancy groups which have developed projects such as in-reach into targeted schools and improving the effectiveness of outreach services based on local knowledge.

Norwich is a high HIV prevalence area and data showed that late diagnosis was on the increase. Action to address this includes:

- case audits of late diagnoses in clinics, including client interviews and using the data to identify and develop effective interventions
- improvements in health settings, including lab protocols, health professionals spotting non-specific signs and opportunistic testing in A&E
- awareness raising campaigns on local radio, press and social media.

Results for past three years show a significant increase in testing coverage and a 12 per cent reduction in the proportion of people diagnosed late.

Domestic abuse

As part of its community safety responsibilities, public health leads the multi-agency domestic abuse strategy board which is delivering a comprehensive domestic violence response which includes the following elements.

A communications campaign: #NoToDomesticAbuse and #WalkAway.

A network of domestic abuse change champions now at over 1,000: A recent impact analysis estimated that over 1,500 people were safer than they would have been without the network. The partnership was successful in winning a Home Office grant for three-year and is now rolling out the network and further targeting schools and health settings including hospitals and GPs.

A national beacon project in Norwich using local partnership and national funding, evaluated with the University of Lancaster: The project offers help and support to vulnerable groups including young people, older people and families, with the aim of earlier intervention with medium risk situations, rather than waiting for high-risk crises to develop. Norfolk won the Municipal Journal Innovation in Public Health Award in 2018 for this partnership work.

Social prescribing

A Norfolk-wide social prescribing service has been set up using funding from the Improved Better Care Fund and Public Health, totalling £950,000 per year for two years.

The service, which will be developed by CCGs on a locality basis working with district councils and the VCSE sector, has the following principles:

- delivered at scale, accessible to patients from all GP practices and takes referrals from the county council
- one approach to evaluation built in from the start

- asset-based – utilising existing resources from all partners.

Drugs and alcohol

Public health redesigned the specification for the drug and alcohol service to place a greater focus on accessible community-based recovery programmes while providing specialist health services and rehabilitation for those in most need. The new service, which was commissioned from a new provider, went live in April 2018. Public health is now working with the service to extend the focus on integration, outreach and a digital offer.

Challenges and impact of budget reductions

Recruiting skilled staff is very difficult in Norfolk. The council and partners are seeking to improve this by a range of measures including providing additional training to existing staff.

While NHS partners understand the importance of upstream prevention, current pressures are such that it is difficult to do this at scale. Public health will continue to work with the sustainability and transformation partnership (STP) to put more focus on sustainable preventative initiatives that are needed to reduce future demand.

Reductions to the public health budget mean that it has become increasingly difficult to find the capacity and resources to take a place-based approach. With additional funding, public health would be able to do more to work with districts and boroughs to deliver health and wellbeing initiatives in local communities.

Key messages

- Many public health issues can only be tackled by bringing the right people together to work on shared solutions. A key role for public health is to instigate and support these partnerships.
- A business-like approach to public health spending, based on value for money and quality, is the foundation for partnership working and innovation.
- Digital technology often provides greater reach and improved accessibility and can be more cost effective.

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Documents and links

Just One

www.justonenorfolk.nhs.uk

Domestic abuse service

www.norfolk.gov.uk/safety/domestic-abuse

Drug and alcohol service

www.changegrowlive.org/content/norfolk-alcohol-and-drug-behaviour-change-service-norwich

Joint health and wellbeing strategy

www.norfolk.gov.uk/what-we-do-and-how-we-work/policy-performance-and-partnerships/partnerships/health-partnerships/health-and-wellbeing-board/health-and-wellbeing-strategy

Sexual health service

www.icash.nhs.uk

Social prescribing

www.communityactionnorfolk.org.uk/sites/content/social-prescribing-norfolk

Stevenage Borough Council

Summary

- The Healthy Stevenage Partnership has produced a four-year Health and Wellbeing Strategy that has been endorsed by the Hertfordshire and West Essex Sustainability and Transformation Partnership (STP) and Hertfordshire County Council Public Health.
- A wide range of health improvement and health in all policies initiatives are in place or planned.
- A Healthy Hub which is a one-stop-shop for health and wellbeing information and support was established in the town centre. Hertfordshire Public Health view this as a model which would benefit other districts and boroughs.

Overview

Stevenage is a town with a population of around 86,000 people lying 28 miles north of London within Hertfordshire. Stevenage was developed as Britain's first new town in the 1950s to accommodate a growing population, including post-war migration from the bombed-out east end of London. It was planned with a healthy infrastructure and has a number of green open spaces and large parks, and, uniquely for the UK, 45 kilometres of dedicated cycle ways connecting industrial and residential areas. More recently, Stevenage has experienced higher levels of health inequalities when compared to the rest of Hertfordshire, with smoking, obesity levels and mental health issues above national averages. The council is working hard to transform the prospects for the town and is embarking on a £1 billion regeneration programme that it intends will help facilitate health and wellbeing for future generations.

Organisation

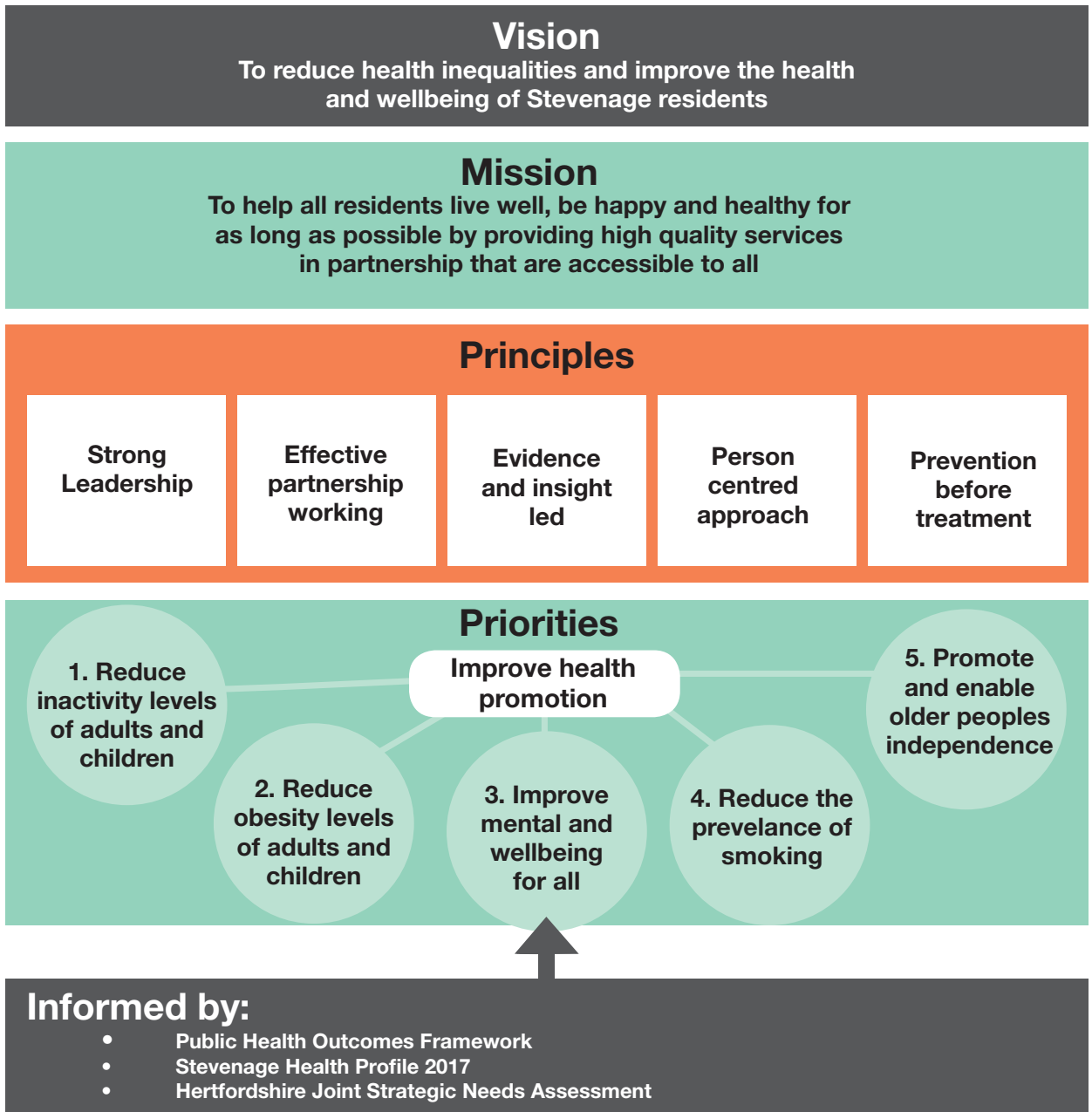
Although it is not mandated with public health responsibilities, Stevenage Borough Council recognised that it has a crucial role to play in improving residents' health through its services, functions and partnerships. As part of its Future Town Future Council programme, it reorganised its structure to provide a greater focus on health by setting up a Business Unit for Communities and Neighbourhoods. The functions within the unit – wellbeing, leisure and culture; community development; and community safety – work closely with Hertfordshire Public Health. Beyond this, the council considers health and wellbeing a key priority for all its functions.

Partnerships and strategy

Stevenage has a local health and wellbeing partnership as a thematic group of the local strategic partnership for several years. The transfer of public health brought opportunities to re-energise this, and the Healthy Stevenage Partnership has become a well-attended forum involving the Council, the Clinical Commissioning Group (CCG), local GPs, local NHS providers, the voluntary, community and social enterprise (VCSE) sector and many other stakeholders. With support from Hertfordshire Public Health, including devolved public health Partnership Funds initially equivalent to £100,000 per year, Stevenage has made good progress on partnership initiatives which have delivered significant local impact.

Although the level of devolved funding has reduced because of cuts to the public health grant, the partners remain committed to working together to make best use of resources. The Healthy Stevenage Partnership has developed a Healthy Stevenage Strategy which sets out a vision and priorities for how the borough council and its partners will tackle health inequalities up to 2022.

Healthy Stevenage Strategy at a glance



The strategy was informed by the PHE health profile for Stevenage, supported by Hertfordshire Public Health, and takes account of information from the JSNA, the public health outcomes framework and other sources. The priorities in the strategy are generally areas in which Stevenage ranks significantly worse than the England average on health and socioeconomic factors, and where partners believe they can make the biggest impact by working together.

Priorities include physical activity and tackling obesity in children and adults; mental health and wellbeing; older people's independence; smoking; and health promotion. There is also a focus on health and wellbeing in corporate policies and programmes, such as employment, regeneration and culture. For example, in the cultural strategy, Stevenage Re-Imagined, one of the major aims is to support the development of new arts and health initiatives and programmes, which will include an arts on prescription scheme.

The Healthy Stevenage Strategy provides a comprehensive and ambitious approach to improving health and wellbeing in the town. It has been endorsed by the county council, the local NHS and Hertfordshire and West Essex STP. This is important for the council and its partners who wanted recognition that a plan for Stevenage is needed and that there are opportunities to synergise local level preventative health programmes with the STP's prevention workstream.

A locality board has been established which meets monthly to drive implementation of the strategic vision and priorities and to ensure the alignment of CCG, NHS and borough council priorities wherever possible.

Councillor perspective

When public health joined local government, it generated interest in Stevenage Borough Council about how we could do more to tackle levels of deprivation and health inequalities in the borough. We worked with the county council on many initiatives such as tackling obesity and mental health and developing the Healthy Hub. When we started the Hub, we weren't sure how it would work out, but it has turned out to be extremely successful with many groups, including GPs and the third sector, wanting space there.

Stevenage has a strong sense of community and place. With the development of STPs we realised we needed to raise the profile of the borough so that its health and wellbeing role is taken into account in county council and STP discussions about prevention, so we developed our Healthy Stevenage Strategy. We talk regularly with our colleagues in the local NHS and, over time, have developed good relationships, as can be seen in our Healthy Stevenage Partnership. Stevenage has a varied and active third sector whose activities, such as exercise for older people, make a big contribution to health, and who are an important part of our partnership.

Because we feel strongly about the importance of health and wellbeing for our residents we are willing to put in the hard work needed to provide non-statutory services. Some of these can be arranged at very low cost, but to make a comprehensive difference, public health would need to be properly funded so that funding could continue to be used in boroughs and districts.

Councillor Jeannette Thomas

Portfolio holder for Housing, Health and Older People, Stevenage Borough Council

Director of Public Health perspective

The contribution of Stevenage and the other boroughs and districts in Hertfordshire to health and wellbeing is invaluable. I view myself as Director of Public Health not just for the county council but for every borough and district, each of which has different needs, priorities and aspirations. Public health in Hertfordshire works hard to foster good relationships with second-tier councils because they present essential opportunities to join up services and shape places. As well as devolved funding, we provide support in a range of ways, including linked public health staff, and information/advice such as our guidance on public health and the planning process.

Stevenage has a strong commitment to improving health and wellbeing and building this into its infrastructure. The Healthy Hub is an excellent example of a community-based service and I would like to see this sort of model rolled out in the county. There are also plans to build a sexual health clinic in the town centre as part of regeneration plans, bringing this service to an accessible, community setting.

There is a national expectation that local government, including boroughs and districts, will deliver on prevention but little acknowledgement that this requires proper funding. If public health was effectively resourced we would be able to move further and faster with our colleagues and partners to roll out initiatives such as social prescribing, community-based lifestyle services linked with support for wider determinants, healthy streets initiatives, resilience and socialisation in young people and decent housing standards enforced in the private sector.

Professor Jim McManus

Director of Public Health, Hertfordshire County Council

Health and wellbeing initiatives – highlights

Health in all policies

Stevenage Healthy Hub

The Healthy Hub provides a one-stop-shop for health and wellbeing information and support located near Stevenage town centre in a previously unused space within Stevenage Arts and Leisure Centre. The Hub was established and is operated by Stevenage Leisure Limited (SLL) working in partnership with the council and a range of local partners including the NHS, Public Health, and a range of VCSE organisations, some of which provide services in the Hub. Health professionals can refer patients through an exercise referral scheme which includes rehabilitation and management of chronic medical conditions. The Hub provides access to specialist equipment such as an anti-gravity treadmill and a functional electrical stimulation bike which have allowed hundreds of people who could not use standard equipment to become active.

Since opening in January 2016 there have been 528 walk-ins, 820 referrals from health professionals, and 12,307 visitors to organisations based in the Hub. Two hundred and forty-one people have been referred to other partners and 287 were signposted to community services.

The Healthy Hub has achieved financial stability through increasing the take-up of exercise referral memberships and hiring rooms to partners. This means it can function independent of any future subsidy.

Future Town, Future Transport: A Transport Strategy for Stevenage

A key aim of this strategy, which is currently out for consultation, is to increase opportunities for walking and cycling, such as making better use of the borough's cycle network, promoting liveable streets and encouraging more short journeys on foot. An example of a healthy transport initiative already underway is Stevenage Cycle Hub which provides led-rides, cycle maintenance,

reconditioned bikes and cycle training for children and adults. Future developments will see the provision of improvements to the cycleway infrastructure, including resurfacing, lighting and wayfinding, as well as enhanced cycle parking standards.

Major Regeneration programmes

A major part of the first phase of the Stevenage regeneration programme involves a £350 million development in the town centre. One of the schemes that will flow from this programme is the Public Sector Hub (PSH). The PSH will create one central location for council, health and community facilities, replacing outdated and isolated services with modern facilities that encourage service integration and provide a one stop shop for the public. Work is also underway to develop a business case for a new build wet and dry leisure facility that will increase the public offer for future generations.

The council has worked across multiple service areas to ensure that encouraging healthy communities is embedded at a strategic level and then becomes a key part of projects as they move towards delivery. Examples include ensuring the protection and enhancement of health, education and leisure/culture facilities in the emerging Local Plan policies and the promoting Hertfordshire's Health and Wellbeing Planning Guidance in discussion with developers. Stevenage has also worked with Hertfordshire Public Health on healthy places principles and is one of the boroughs that submit major developments for a health impact assessment.

Health and wellbeing initiatives

A number of interventions have been delivered to address strategic priorities, mostly using devolved funds from Hertfordshire Public Health.

Active Herts

Active Herts provides a one-to-one service to increase physical activity among adults by using behavioural change and motivational interviewing.

The service is delivered in partnership with GP surgeries and the local hospital and aims to reach people at risk of developing conditions associated with physical inactivity, including obesity, high blood pressure and diabetes.

To date, 590 people have been supported to develop a healthier lifestyle. On average, people participating in Active Herts go on to increase their activity levels to at least 60 minutes a week from a baseline of 0 to 30 minutes. Self-reported health, wellbeing and quality of life outcomes have all increased as a result of increasing physical activity.

Go 5

In partnership with Stevenage Sporting Futures, the Council delivered the Go 5 project which educates primary school pupils in Year 5 on diet and exercise. Go 5 has reached 922 pupils and 179 parents across 16 settings. Outcomes show that children taking part go on to have a healthier balanced diet, consume less sugary drinks and snacks and choose healthy swaps such as fruit and water. Time spent being physically active has increased and children reported more self-awareness about their health and a greater understanding of food choices.

Mental health support

Mind in Mid Herts has partnered with the Healthy Hub to provide short-term therapeutic interventions to people facing a mental health crisis. The service provides a rapid response to help prevent prolonged or deepening crisis while people wait for further services. Drop-in clinics were set up at the Healthy Hub to allow vulnerable people who may not be accessing services from the Mind Wellbeing Centre due to a lack of knowledge and/or stigma or who may find it difficult to access NHS mental health services in a timely manner via the NHS.

Around 265 people have been supported with rapid response and referred or signposted to appropriate services where needed. Self-reported scores of mental wellbeing improved post-intervention. One hundred professionals from the VCSE sector have had mental health awareness training to help promote the service across the town.

Falls support

Since January 2018, Stevenage Independent Living Team has provided falls prevention exercise programmes in four housing schemes for older people. Residents have seen significant benefits since taking part, including improved mobility, flexibility and social inclusion. The team has been successful in obtaining further funding to extend the programme to two more schemes. This has helped residents to improve their functional mobility and activities of daily living.

Challenges and impact of budget reductions

Stevenage 'punches above its weight' in terms of health because it is willing to invest in activities that are beyond its core functions. The council recognises that investment in health and wellbeing now, will reduce the demands on the public sector as a whole in the longer-term. Much has been done already with limited resources, through developing good partnerships and applying for funding from external sources. More investment would enable the council to do more work with communities in an asset-based approach, moving from providing to engaging and co-producing with communities. Other areas in which the council would like to do more include childhood obesity, healthy eating, and mental health and wellbeing.

Key messages

For a borough council to have a voice in major health and care developments such as the STP, it is helpful to have a clear vision, priorities and plans which demonstrate the borough's contribution to health and wellbeing and how it will work in partnership.

Relentless pursuit of partnerships and using influence and leadership to demonstrate to others what they can gain by working together, are fundamental to taking a place-based approach to improving health.

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Links

Healthy Stevenage Partnership and Healthy Stevenage Strategy

www.stevenage.gov.uk/163312/198861

Stevenage Healthy Hub

www.sll.co.uk/healthy-hub-stevenage

Hertfordshire County Council Health and Wellbeing Planning Guidance

www.hertfordshire.gov.uk/services/health-in-herts/healthy-places/the-role-of-public-health-in-planning.aspx

Warwickshire County Council

Summary

- The Director of Public Health (DPH) is responsible for commissioning public health, adult social care and children's services which means that prevention and early intervention are central to commissioning.
- A Place Forum and System Alliance Concordat place prevention at the heart of the STP.
- A system of awareness training, signposting and referral gives access to a wide range of health and wellbeing services, both county-wide and in districts and boroughs.

Overview

Warwickshire County Council lies in the West Midlands and has a population of around 560,000 people. The county is largely rural, with a number of urban areas based around towns such as Rugby, Warwick, Stratford-upon-Avon and Nuneaton. Warwickshire is one of the 20 per cent least deprived council areas in England, with life expectancy for both men and women higher than the national average. However around 12 per cent of children live in low-income families and there are areas of deprivation and health inequalities, particularly in the north of the county.

Organisation

When it moved to the county council, public health took on additional responsibilities for advocacy and Local Healthwatch. More recently the DPH became Head of Service for Public Health and Strategic Commissioning – responsible for commissioning public

health, adult social care and children's social care services, and leading Warwickshire's Strategic Commissioning Unit. This has brought many opportunities to directly shape, rather than influence, services for adults and children so they are focused on health and wellbeing. The ethos of the unit has three key themes: prevention, early intervention and promoting self-help.

Warwickshire Public Health has an emphasis on commissioning services – 87 per cent of services are commissioned, particularly from the NHS and the voluntary, community and social enterprise (VCSE) sector. Public health consultants and commissioners are embedded across three commissioning teams – children, older people, and disabilities – which includes mental wellbeing and dementia.

Partnerships and priorities

The contribution of boroughs and districts to public health is seen as fundamental and there has been a great effort to engage with these councils, including through small grants schemes. The DPH sees himself as DPH for each borough and district. The councils have representatives on Warwickshire Health and Wellbeing Board (HWB) and the Place Board (below) and meet regularly with the portfolio holder for adult social care and health and the DPH.

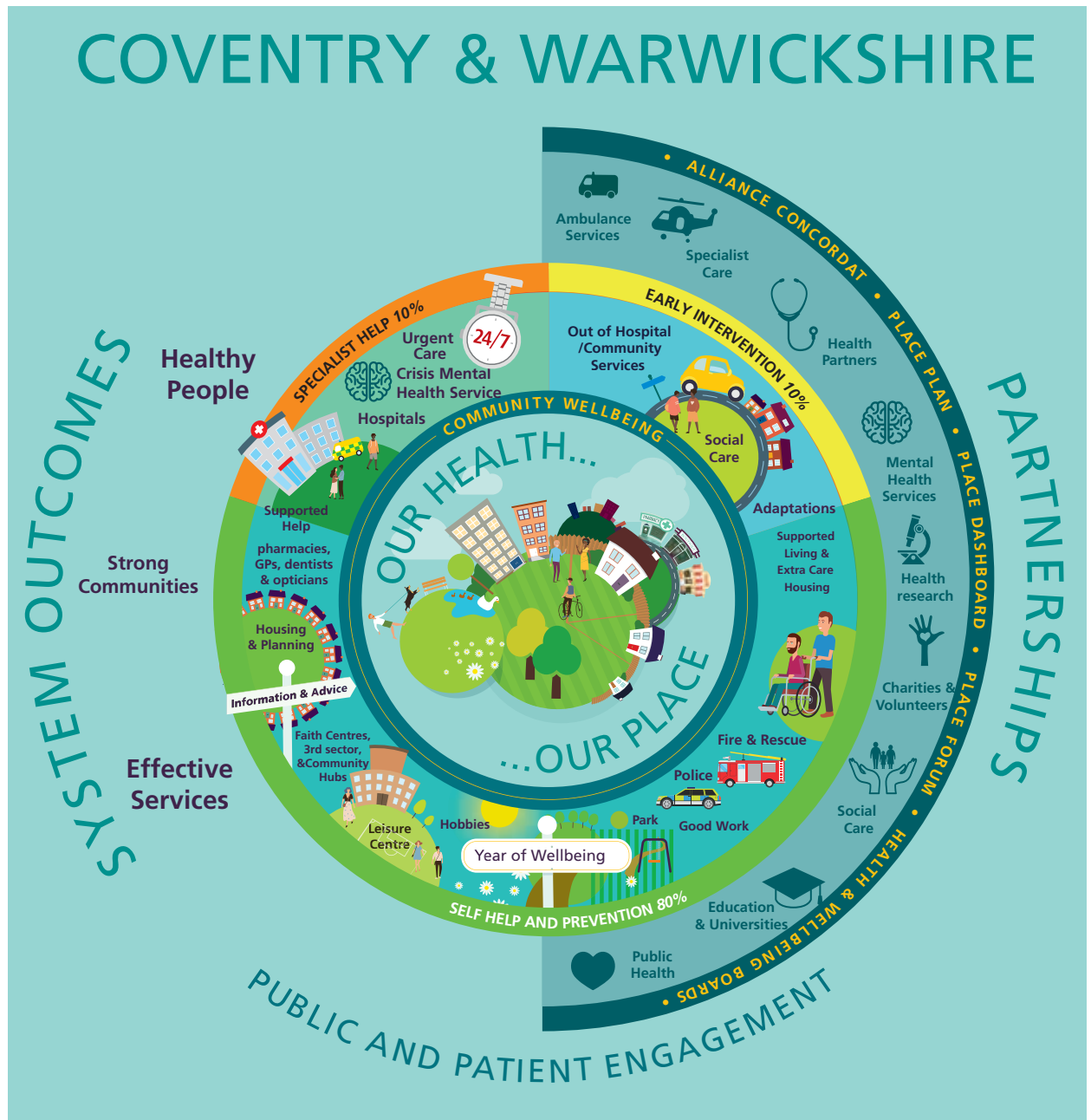
Warwickshire HWB has three overarching priorities:

- promote independence
- community resilience
- integration and working together across the system.

The STP – Better Care, Better Health Better Value – covers Coventry City Council and Warwickshire, and the DsPH are co-leads of the Preventative and Proactive workstream. Coventry and Warwickshire HWBs have formed a joint Place Forum which considers system-wide activity relating to health and care integration and prevention.

Forum partners have agreed an Alliance Concordat setting out principles and priorities for how they will work together. See case study in forthcoming LGA report on HWBs working together in the new NHS landscape.

Place system design



Warwickshire JSNA has been revised to take on a place-based approach focused on 22 geographic areas with a population of between 30,000 and 50,000. Each area will have a detailed needs profile incorporating the views of local communities. The JSNA will support the work of districts and boroughs and system-wide integration and prevention.

A Health, Wellbeing and Integrated Care Partnership has been operating in Warwickshire North since 2012. The partnership involves county and district councils, the NHS, the VCSE sector and other partners, and has a local health and wellbeing strategy and an outcomes framework. The partnership has been widened to include local NHS providers and is now looking to how it might form one element of the future ICS – integrated local teams combining to deliver primary, community and wellbeing support in local hubs. The teams would encompass social prescribing, home care, the frailty pathway, MECC, community development and wellbeing initiatives such as tackling teenage pregnancy. Similar models have now been developed across the rest of the county – Rugby and South Warwickshire. These partnerships are sub-committees of the HWB.

Councillor Perspective

Public health has brought a wealth of knowledge and values to local government and we are working to make sure that these are thoroughly embedded so all can play their role in promoting health and wellbeing and reducing health inequalities. This applies to council departments, districts and boroughs, and the health and care integration agenda.

Warwickshire's boroughs and districts are valued partners in improving health. I chair a group of leaders from the five second-tier authorities in which we work together on health and wellbeing initiatives. A good example is the development of a county-wide homeless strategy based on wrap-around support so that all services are involved in supporting people who are homeless. Initiatives include South Warwickshire Hospital identifying homeless people or those in danger of losing their homes in A&E, and a new 22 bed hostel in Warwick which has already helped several people get back on their feet.

Another important partnership is the Joint Health and Wellbeing Board – Place Forum – set up with Coventry City Council across the STP footprint. An Alliance Concordat for how the councils, health and other partners will work together has been signed, and the Forum is taking practical steps to take forward prevention in the STP together, including supporting the 2019 Year of Wellbeing.

With so much attention nationally on the importance of prevention, it is annoying that at ground level, where we can make a real difference, the public health budget for councils is being cut and there seems little consideration given to funding local government to develop prevention to make health and care services sustainable.

Councillor Les Caborn

Portfolio Holder Adult Social Care and Health, Warwickshire County Council

Health and wellbeing initiatives – highlights

Portal to health and wellbeing

Warwickshire operates a comprehensive portal approach to provide information, signposting and opportunities for referral to health and wellbeing services. The Health and Wellbeing Portal is a regularly updated directory of information for practitioners from health and care and the VCSE sector, including those involved in social prescribing and the Making Every Contact Count (MECC) programme. The portal provides access to information on advocacy, alcohol and drugs, children and young people, healthy eating, housing and benefits, mental health and wellbeing, physical activity and weight management, screening, sexual health and relationships and stop-smoking. There is also a public-facing portal which provides detailed information about the main ways of improving health, including campaigns, and how to access support.

Beneath the portals are a range of health and wellbeing initiatives and services.

Living well with dementia

Warwickshire has a comprehensive approach to supporting people with dementia, outlined in its Living Well with Dementia Strategy. The dementia portal provides information about carer support and living well with dementia. It also includes an online space for people to ask questions or share thoughts, and a navigator service run by the Alzheimer's Society.

A wide range of support is available through a network of dementia friendly services available in libraries, arts and culture venues, pharmacies, social clubs, a dementia café, and health and wellbeing services. Examples include:

- books on prescription
- a programme of around twenty-thousand dementia friends, with a target for over thirty-thousand

- exercise on prescription available through leisure services in districts and boroughs providing bespoke exercise programmes for people with dementia and carers, and to help people at risk of vascular dementia
- general awareness-raising programmes with the general public.

Warwickshire intends to further upscale and roll out these initiatives to provide greater support to the increasing number of people with dementia and their families.

Fitter Futures

This service aims to help people to maintain a healthy weight through a healthier lifestyle. There are several elements to the service, which is commissioned from different organisations, including Slimming World and Rugby Borough Council, and co-ordinated by Nuneaton and Bedworth Leisure Trust to ensure there are pathways between the services. The main elements are:

- weight management service for families with overweight children
- young people and adult weight management on referral
- young people and adult physical activity/healthy lifestyles on referral (exercise on referral).

Fitter Futures is evidence-based and targeted at people most in need of maintaining a healthy weight. It is provided in areas where there are high levels of obesity. Access to the services is generally through professional referral and involves eligibility criteria such as BMI weight or a medical condition such as risk of diabetes or respiratory problem.

Referrals to Fitter Futures have increased every quarter since it was established in 2015 and people who complete the programme achieve positive outcomes, with improvements to healthy weight, physical activity, emotional wellness, and fruit and vegetable consumption. Other positive impacts include reduced medication, increased self-confidence and improvements in health conditions such as diabetes, respiratory problems and musculoskeletal conditions.

Completer rates since the service started are:

- physical activity on referral – 953 individuals
- family weight management – 499 individuals
- adult weight management – 3231 individuals.

Improving health – partnerships and campaigns

The county council with the NHS, boroughs, districts, the VCSE sector and other stakeholders have made concerted efforts to translate health and wellbeing priorities into local action.

Improved outcomes in North Warwickshire

The North Warwickshire Health and Wellbeing Partnership has been working since 2012 to reduce premature death through cardiovascular disease. A thirty-point plan was developed with actions that included an increased focus on stopping smoking; better diagnostics; mini health checks in markets and community centres; and training people in CPR and healthy heart awareness, including 5000 secondary school pupils.

Smoking in pregnancy rates in the north of the county were up to 25 per cent – higher than the Warwickshire and England average. Rates have now reduced to 14 per cent, which is lower than the national average. Overall, premature deaths in the area reduced from 152 in 2012 to 135 in 2017.

Just one thing

This campaign provides online information to get people to pledge one healthy change to their lives, such as giving up desert or smiling more. Thousands of local residents have made pledges, and a large number of success stories have been recorded and used to help promote the programme.

Building mental health resilience:

The Big White Wall

The Big White Wall is a safe online community of people 16 and over who are anxious, down or not coping, who support and help each other by sharing what is troubling them, guided by trained professionals. Community members can post discussions and gain advice and support; take tests to find out more about how they are feeling; set goals and find ways to cope better; read effective self-help information; join groups for common mental health issues; and access the service from smart phones and tablets.

An independent review of the White Wall found that:

- 3 per cent of people using the site shared an issue for the first time
- 80 percent of people were able to manage how they were feeling without needing to access other help and support
- 95 per cent reported improved wellbeing.

The service is commissioned by the county council and is free to all Warwickshire residents.

Tackling homelessness

Homelessness and rough sleeping have increased in Warwickshire, and the 2017 DPH annual report highlighted that homeless people die on average 30 years before the general population. In 2018 the council invested £300,000 for a two-year programme of work focused on homeless people with mental health, drugs and/or alcohol problems. The council is working with districts and boroughs, NHS partners, the police and the VCSE to develop the programme, which will include part-funding a local hostel.

Air quality

An Air Quality Alliance has been established across five districts with air quality problems, involving public health, Environmental Health and PHE. The five districts are currently consulting on inserting supplementary planning guidance on air quality as part of their planning frameworks, which would mean that measures such as active travel would be an automatic consideration in planning applications.

Coventry and Warwickshire Year of Wellbeing

Coventry and Warwickshire Place Forum has committed to supporting 2019 as the Year of Wellbeing across the STP footprint. The aim is to upscale prevention, share resources, and 'reignite people's passion for wellbeing'. The year-long programme will build on and celebrate the support that is already available, particularly in four areas:

- establish a network of healthy lifestyle champions
- promote physical activity particularly in primary schools – the aim is that every primary school will sign up to the daily mile
- improve workforce wellbeing, starting with the council, the NHS and the VCSE sector engaging in the Thrive West Midland workplace wellbeing programme
- get people talking in order to reduce loneliness and social isolation, particularly in older people.

Children and young people

Developing preventative approaches with children and young people is a priority for the Strategic Commissioning Unit. Warwickshire School Health and Wellbeing Service combines school nursing and a wide range of preventative support to children age 5-19 years and their families. The team operates via open access clinics or group sessions in schools, and also runs support programmes in youth centres, community centres and other community settings. A key part of the work is engaging with students and teachers to understand wellbeing and resilience and promote it through everyday activity and peer support, so schools become healthy places. Warwickshire is developing services that operate seamlessly together and intends to commission integrated 0-19 services in 2020.

The DPH is programme chair for the Children's Mental Health Commissioning Board which is working to encourage resilience and

good mental health to avoid the need for more intensive services, such as child and adolescent mental health services (CAMHS) which have significant waiting times. The new CAMHS service, RISE, is a partnership between the local Mental Health Trust and a VCSE organisation. The focus is on prevention, early intervention and promoting self-care, and the service has had notable success in reducing waiting lists and times, engaging with schools and families, and using community assets to help deliver support.

Challenges and impact of budget reductions

The DPH's wide commissioning role brings important opportunities to place prevention at the heart of integrated services. The challenge is that managing this span of control, with a team increased from 26 to 130 people, means there is less time for the informal influence role of the DPH.

Reductions to funding are the biggest challenge – not just for public health but in the wider council and its partners. When public health transferred to the council, the grant meant that it was able to expand into areas in which it had previously had less input, such as mental wellbeing, dementia, suicide prevention and domestic violence. This is becoming increasingly difficult to sustain.

Public health has a focus on return on investment and building sound business cases for interventions and has made savings through effective commissioning. It also shares costs, for example through joint posts funded with the NHS. There is some potential for further savings, such as reducing management costs through future consolidation and re-tendering, but this will be limited.

The impact of reduced funding is likely to be an increased focus on mandated services. It is not possible to go on cutting services without impacting on quality and some clinically governed services, such as in sexual health, need to be maintained at the appropriate level.

There are many areas which public health and partners could develop or scale up with additional funding. These include extending exercise on prescription beyond a small pilot for people with cancer; further developing the health and wellbeing potential of leisure centres; and a comprehensive, joined-up offer for mental wellbeing.

Key messages

- It is important to have a clear vision which is translated into practical, achievable objectives so people know whether progress is being made.
- Public health needs to keep looking for opportunities and be prepared by having projects on the 'back burner' for when funding or other opportunities arise.
- Public health needs to keep articulating a clear case why continued investment in prevention is important – improving population health and wellbeing will, in many cases, lead to a reduction in demand.

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Links

Big white wall

www.bigwhitewall.com/V2/LandingV2.aspx

Dementia

<https://dementia.warwickshire.gov.uk>

Fitter Futures

<https://fitterfutureswarwickshire.co.uk/about-fitter-futures-warwickshire>

Health and wellbeing portal/directory for professionals

<https://apps.warwickshire.gov.uk/PublicHealthDir>

Health and wellbeing portal/directory for the public

<http://publichealth.warwickshire.gov.uk/health-and-wellbeing-portal>

Links to key strategies

<http://publichealth.warwickshire.gov.uk/key-strategies-and-documents>

MECC

<http://publichealth.warwickshire.gov.uk/making-every-contact-count>

Place system design

www.coventry.gov.uk/downloads/file/27607/coventry_and_warwickshire_-_helping_you_to_help_yourself

Public Health Warwickshire

<http://publichealth.warwickshire.gov.uk>

School health and wellbeing

www.warwickshire.gov.uk/schoolhealthandwellbeing

www.compass-uk.org/compass-warwickshire-schools



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