

Annual Report of the Director of Public Health 2019 – Prevention: Getting on the Front Foot

Cabinet Member(s): Cllr Christine Lawrence - Cabinet Member for Public Health

Local Member(s) and Division: All

Lead Officer: Trudi Grant – Director of Public Health

Author: Pip Tucker – Public Health Specialist

Contact Details: pztucker@somerset.gov.uk; 01823 359449

1. SUMMARY / BACKGROUND

1.1. The production of an annual report is a statutory obligation for Directors of Public Health (DsPH). It is an opportunity for the DPH to give an independent view of health and wellbeing priorities in the county.

1.2. This report takes a broad overview of 'prevention'. It can come across a rather a negative term but this report argues that it's far from that. Prevention is about Improving Lives, it's about getting on the front foot and preventing or delaying negative circumstances from happening. The report argues that prevention at the 'high' (and expensive) end of need, is the most effective way to rapidly improve the lives of those that experience the worst outcomes and free up resources, enabling investment in prevention at lower levels of need. The report gives many case studies of good practice in the county. Above all, it shows that prevention is 'everybody's business'.

2. RECOMMENDATIONS

2.1. That the Cabinet:

1. Consider the approaches to prevention discussed in the report

2. Adopt a 'mixed approach' to prevention:

a. Focusing on people 'on the edge' of the highest level of need, improving their lives and releasing resources

b. Investing in prevention right across lower levels of need to have the widest and most long-term impact.

3. Endorse this report, and the recommendations therein and support the development of a Somerset Prevention Strategy

3. REASONS FOR RECOMMENDATIONS

3.1. Evidence presented in this report suggests that investment in prevention can promote greater wellbeing in the population and financial sustainability in public services.

3.2. A greater emphasis on prevention will need to be achieved in a managed way to meet the existing needs of the population, at the same time as refocusing resources in order to improve lives and prevent future demand on services.

4. OTHER OPTIONS CONSIDERED

4.1. Evidence presented in this report suggests that investment in prevention can promote greater wellbeing in the population and financial sustainability in health and care services.

5. LINKS TO COUNTY VISION, BUSINESS PLAN AND MEDIUM-TERM FINANCIAL STRATEGY

5.1. This report promotes ‘improved lives’ and ‘reduced inequalities’. It also shows how prevention can support financial sustainability.

6. CONSULTATIONS AND CO-PRODUCTION

6.1. The report has been produced after discussions and contributions from a range of people across Somerset, including Zing (activities and sports), Spark (voluntary sector), Musgrove Park Hospital, Somerset Clinical Commissioning Group and others, who have provided case studies of prevention at all levels and types of need.

7. FINANCIAL AND RISK IMPLICATIONS

7.1. There are no direct financial implications. Indirectly, the report discusses how spending at the most acute levels of need can be reduced and redirected at lower levels and in earlier intervention.

7.2. Not applicable

Likelihood		Impact		Risk Score	
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8. LEGAL AND HR IMPLICATIONS

8.1. There are no direct legal or HR implications.

9. OTHER IMPLICATIONS

9.1. Equalities Implications

The report does not require an Equalities Impact Assessment.

The highest levels of need often concentrated in areas, families or individuals suffering multiple deprivation, as described in this report. Approaches and projects that seek to prevent people reaching this level of need should tend

to reduce health, and other equalities.

9.2. Community Safety Implications

Community safety is not directly addressed in the report, but a preventative (sometimes referred to as a 'public health') approach to crime is part of the interventions described. Avon and Somerset Police estimate that 70% of their work is 'non-crime', often because they find themselves the agency of last resort in addressing need, especially in relation to mental ill-health.

9.3. Sustainability Implications

Prevention, rather than cure, is inherently more sustainable. Many protective factors, such as active travel or improved housing, promote environmental sustainability.

9.4. Health and Safety Implications

Whilst not focused on 'health and safety' as such, the promotion of resilience has a positive impact in this field.

9.5. Health and Wellbeing Implications

The report explicitly advocates actions and approaches that have:

- significant positive impacts on health and wellbeing
- significant positive impacts on preventing ill-health (physical and mental health)
- significant positive impacts on reducing health and social inequalities.

9.6. Social Value

Gains in prevention and community resilience, are strongly linked to social value which all our contracts will seek to realise.

10. SCRUTINY COMMENTS / RECOMMENDATIONS:

- 10.1.** The report and its approach were endorsed by the Scrutiny for Policy, Adults and Health Committee, on 4th December 2019.

11. BACKGROUND

- 11.1.** The production of an Annual Report is a statutory requirement for all Directors of Public Health (DPH). It is the personal responsibility of the DPH, and an opportunity to give an independent view of the range of factors affecting health and wellbeing in the county.

- 11.2.** Emergency and unplanned care or treatment is overwhelmingly more expensive than planned care. Prevention focussed on supporting people with

the greatest need, such as those recently discharged from hospital, high intensity users ('frequent flyers') and families in crisis, can help the financial sustainability of health and care as well as improve lives.

11.3. Issues that drive the highest local spend in the NHS and Social Care are dementia, hypertension, obesity, diabetes, falls, mental ill-health, substance misuse and domestic abuse. Prevention in all of these issues should be considered as a priority. Many of these issues are influenced by the lifestyles we lead, improvements in smoking, diet, exercise, alcohol and social contact as a preventative measure can lead to significant, long-lasting benefits to health, and again, the sustainability of health and social care services.

11.4. This report includes numerous case studies. They are intended to inspire increased effort in prevention by Somerset organisations, businesses, communities and residents.

12. BACKGROUND PAPERS

12.1. Previous reports, along with the statistical annexes, are published at <https://www.somerset.gov.uk/social-care-and-health/public-health/> and select "downloads" from the left-hand menu.

Report Sign-Off

- Report authors responsible for ensuring they have email confirmation
- Incomplete reports will not be accepted

		Signed-off
Legal Implications	Honor Clarke	07/01/20
Governance	Scott Woodridge	07/01/20
Corporate Finance	Sheila Collins	07/01/20
Human Resources	Chris Squire	07/01/20
Property	Paula Hewitt / Oliver Woodhams	07/01/20
Procurement / ICT	Simon Clifford	07/01/20
Senior Manager	N/A	N/A
Commissioning Development	Sunita Mills / Ryszard Rusinek	07/01/20
Local Member	Not applicable	N/A
Cabinet Member	Cllr Christine Lawrence - Cabinet Member for Public Health	07/01/20
Opposition Spokesperson (Key decisions consult / non key decisions inform)	Amanda Broom	07/01/20
Scrutiny Chair (Key decisions consult / non key decisions inform)	Cllr Hazel Prior-Sankey - Adult's Scrutiny	07/01/20

