

Annual Report of the Cabinet Member for Public Health and Wellbeing

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Division and Local Member: All

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1. INTRODUCTION

- 1.1. This has been an exciting year for the health and wellbeing portfolio, with significant progress being made locally in a number of areas to improve the health and wellbeing of the local population. This report details some of the work which has been undertaken; it is not a complete account of the work but an overview of highlights.

2. SETTING THE STRATEGIC DIRECTION FOR HEALTH AND WELLBEING

2.1. Joint Strategic Needs Assessment (JSNA)

- 2.1.1. During 2016/17 the Health and Wellbeing Board undertook a Joint Strategic Needs Assessment with a focus on the needs of vulnerable children and young people. This JSNA has had significant impact. It was used to inform the development of the Children and Young People's Plan and has informed commissioning of numerous services within the auspices of the plan. The JSNA is primarily an electronic resource and can be found at <http://www.somersetintelligence.org.uk/jsna/>.

2.2. Health and Wellbeing Board – Current and New Strategy

- 2.2.1. The Health and Wellbeing Board has continued with its statutory roles in relation to the JSNA, delivery of the Health and Wellbeing Strategy and oversight of the Better Care Fund. The Board has particularly focused on the development of a Prevention Charter for Somerset, which has received sign up by a wide range of organisations within Somerset. It has also driven forward the development of work to reduce the hidden harm to children as a result of parental circumstances, work to reduce loneliness and work through the Sustainability and Transformation Plan to consider the development of new models of care in the county.
- 2.2.2. The Health and Wellbeing Board has received continued commitment from a number of partner organisations including all district councils, Clinical Commissioning Group (CCG) and Healthwatch; without their support and enthusiasm for improving health and wellbeing, progress would have been limited.

2.3. **Annual Report of the Director of Public Health**

- 2.4. This year's Annual Report of the Director of Public Health focused on the delicate issue of End of Life, aiming to raise the profile of this vital and sensitive aspect of life. The report describes the trends in the numbers, causes and places of death in Somerset. It also considers how end of life is currently supported in the county overall, and how individuals, families, health and care services can work together to plan ahead to help end of life be as peaceful and dignified as possible.

The following recommendations for the report were adopted by Cabinet on 15/11/2017. Full Council is also asked to consider these recommendations and endorse them on behalf of the organisation and all elected members.

- be an advocate for a calm and dignified end of life
- encourage people to plan ahead and make their wishes known
- be an advocate for carers and ensure the role of Somerset's volunteers is promoted and valued
- encourage cooperation between organisations, especially at this very sensitive time

3. **IMPROVING THE HEALTH OF THE POPULATION**

3.1. **Children and Young People**

- 3.1.1. During 2016-17, as part of the Children and Young People's Plan, there has been a focus on improving the health and wellbeing of children and young people (Programme 2). Below is a summary of some of the progress that has been made during the year.

3.2. ***Health Visiting and School Nursing (Public Health Nursing)***

- 3.2.1. The work of the public health nursing (PHN) service is underpinned by the evidence and best practice guidance provided in the Healthy Child Programme (HCP). The HCP is a public health programme for children, young people and their families which focuses on early intervention and prevention. It offers a programme of screening testing, immunisations, developmental reviews, information, and guidance on parenting and healthy choices.
- 3.2.2. The provider of PHN - Somerset Partnership NHS Foundation Trust - was inspected in September 2016 and rated as good, with some outstanding features, by the Care Quality Commission (CQC).
- 3.2.3. During this year, a pathway has been put in place to establish the School Nurse role in supporting children on a child protection plan. They will undertake a standard health needs assessment and identify which health professional is most appropriate to support the child. This provides a framework for establishing school nurse involvement in child protection and the effectiveness of this intervention can be monitored through the performance data; this has already reduced the number of children on child protection plans supported by school nurses.

3.2.4. In March 2017, a national review of health visiting universal contacts was undertaken and a decision taken that the five Universal contacts would continue. Performance against these checks is good, with performance being above or in line with the national rates. The Somerset health visiting service has been one of the first in the south west to use new electronic reporting and has been recognised as an example of good practice.

3.3. ***Breastfeeding***

3.3.1. The Infant feeding Strategy was launched in August 2017. The strategy includes work on the assessment of tongue tie and the development of a pathway for lactation advice, to be used across all healthcare providers. In addition, with the SCC Communications team, a very successful social media campaign has been run, receiving significant public engagement. This has resulted in an increase in women volunteering to be breastfeeding champions and an increase in local establishments being nominated for the 'Positive About Breastfeeding Scheme'.

3.3.2. Most recent figures for Somerset show 46.6% of women continue to breastfeed 6-8 weeks following birth compared to 46.4% in England overall. Exclusive breastfeeding for the first six months of life is widely recognised as having significant health benefits for the mother and child, as well as being a significant contributory factor in helping to develop neurological pathways in the child's brain to enable social bonding and attachment.

3.4. **Emotional Health and Wellbeing**

3.4.1. The emotional health and wellbeing of children and young people has been a high priority this year. Mindful Emotion Coaching has been developed across schools and other children's services, supporting both the adults and the children to better understand and be able to manage their emotions and behaviours. With the CGG and NHS England, a new service has been commissioned to address the adverse impact of the childhood experience of sexual abuse, which has been shown to have a lifelong impact on both physical and mental health.

3.4.2. The psychological impact of sexual abuse is traumatic and can be lifelong. The Public Health Team, in collaboration with NHS commissioners and local partners, has launched the new 'Phoenix Service' which provides specialist training and support to the wider children's workforce to help give appropriate advice and support to children and families. The service also delivers a small number of direct interventions for children, young people and families.

3.4.3. Perinatal and infant mental health is a significant public health issue due to the impact it can have on families. It can impact on the level of functioning of new mothers and their ability to respond to the needs of their children and form positive attachments. Difficulties with early attachment can affect infant growth and development and can contribute to poor infant and child mental health. Through the Somerset Perinatal and Infant Mental Health Steering group, over 200 staff, including midwives, health visitors, mental health, CAMHS, smoking cessation and getset staff, have been trained this year in perinatal and infant mental health awareness.

4. HEALTHY LIFESTYLES

4.1. Smoking

- 4.1.1. Smoking remains the single greatest cause of preventable premature death and driver of health inequalities. Support to stop smoking is now provided directly by SCC, with the trained staff now being part of the public health team.
- 4.1.2. The stop smoking service has widened, with a focus on increasing digital support through websites and apps, remote support including a greater promotion of telephone support and social media. Face to face support is now targeted to those population groups who have the highest smoking rates and is moving to a more group-based peer support model, which is highlighted in research to be an important motivator for quitting.
- 4.1.3. 2016/17 was another record breaking year for Mums2Be Smokefree, our local programme of work to reduce smoking in pregnancy. 504 pregnant women set a quit date with the service, of whom 292 (58%) stopped smoking. These figures surpass the achievements of last year with approximately 300 babies born this year smokefree. The smoking in pregnancy rate in Somerset has now dropped significantly to 13.0% in 2016/17, from 18.9% in 2010/11. This reduction is double the fall seen nationally, reflecting the ongoing focus we have had on this issue.

4.2. NHS Health Checks Programme

- 4.2.1. NHS Health Checks is a national programme that provides people aged 40 to 74 with a cardiovascular risk assessment and lifestyle advice to help them stay healthy for longer. The service was recommissioned in April 2015 and in its second year delivered over 8,000 health checks, an increase of 33% over 2015/16. Health Checks are offered at participating GP practices and pharmacies, as well as a range of community locations such as libraries and leisure centres. The service has worked with 86 Somerset businesses during the year to deliver over 1,200 health checks in workplaces and has begun to work with parish councils to deliver health checks in village halls or from the mobile van.

4.3. Healthy Eating, Physical Activity and Weight Management

- 4.3.1. Overweight, obesity and physical inactivity continue to be significant challenges to Somerset's health and a major cause of those illnesses that place a burden on council and health services. Most recent data shows 67% of adults in Somerset are overweight or obese. 20.1% of 4-5 year olds and 28.8% of 10-11 year olds have excess weight.
- 4.3.2. The Zing contract with Somerset Partnership comes to an end on 31st December 2017. From January 2018 this service will be brought in house as part of the public health team and, much like stop smoking services, will be refocused towards more electronic and online support with a more targeted community development approach, working with specific communities to reduce inequalities.

4.3.3. To pump prime work in specific communities, a number of different initiatives have been developed during the year, all aligned with the Zing service. Examples include the development of Man V Fat football, and “train the trainer” young people’s healthy eating awareness. Many of these programmes are now set up and sustainable, funded by participants.

4.4. **Mental Health**

4.4.1. Awareness about mental health and challenging stigma continue to be key areas of work and with voluntary sector partners, we provide support for national campaigns such as Time to Change and World Mental Health day. Physical activity and access to the natural environment have a big positive impact on our mental health and we have continued to work with the Exmoor National Park to develop use of Somerset’s natural resources and to ensure access particularly for those who experience the greatest exclusion and inequality.

4.4.2. We have contributed to the development of the national Prevention Concordat for Better Mental Health which was launched in September and we will be working to deliver the concordat for Somerset in the coming year. One important element of this work is the development of Member Champions for Mental Health.

4.4.3. Suicide prevention work in the county is led by a dedicated multiagency group and informed by an annual suicide audit. Action this year has focused on men’s mental health, bereavement support services and specific work with local media colleagues to raise awareness of the need for sensitive reporting.

4.5. **Reducing Inequalities and Improving the Health of Vulnerable People**

4.5.1. ***Let’s End Loneliness in Somerset***

4.5.2. This has continued to be a key theme for the Health and Wellbeing Board, supported by the Somerset voluntary and community sectors. Being lonely is thought to increase your risk of dying as much as smoking 15 cigarettes a day. It is a real public health issue. The solution lies not in any service, but in the mobilisation of individuals, communities and neighbourhoods. We continue to raise awareness and to support promotional activity across Somerset about loneliness. This has been supported by local and national media interest, which has helped to keep the issue in the public domain.

4.5.3. ***Supporting the health of people with a Learning Disability***

4.5.4. People with a learning disability can experience poorer health and wellbeing. Access to information to help people to live healthier lives needs to be tailored to meet their needs. A range of materials has been developed this year, including videos and specifically designed resources to encourage people with a learning disability to be physically active, participate in their annual health check and take up the offer of the health screening and flu vaccination programmes. An exciting new project is also developing; Peer Support Groups for adults with a learning disability, in partnership with Adults and Health. These will benefit wider health and wellbeing outcomes across Somerset.

4.5.5. **Syrian Resettlement Programme**

4.5.6. The Public Health Team has led the co-ordination of the Syrian Vulnerable Persons Resettlement Programme across Somerset. An additional nine families have been resettled in Somerset this year, plus an additional family supported via CHARIS, a community sponsorship group based in Taunton. This has continued to be a very successful joint programme, with input from district councils, the CCG and community and faith groups across Somerset.

5. **PROTECTING THE HEALTH OF THE POPULATION**

5.1.1. The Director of Public Health has a statutory duty to ensure there are appropriate and tested arrangements in place to protect the population's health. Ensuring robust health protection arrangements is a vital function which goes largely unnoticed until there is an incident or outbreak.

5.1.2. During 2017/18, Somerset response arrangements were tested, with several complex cases of TB and several outbreaks of cryptosporidium linked with the annual open farm season. Nationally, the UK threat level was escalated to 'critical' in response to the terrorist attacks in London and Manchester. In response to this threat level, organisations in Somerset demonstrated how strong and resilient relationships can lead to an efficient and robust response to developing incidents and ensure that crucial learning takes place across the system.

5.2. **Sexual Health**

5.2.1. Following a complete service redesign and procurement process during 2014-2015, a new integrated sexual health service - SWISH - was launched on 1st April 2016. Somerset Partnership NHS Foundation Trust were awarded the contract to deliver comprehensive contraceptive and genitourinary medicine services in community settings across Somerset. Services incorporate all forms of contraception and include emergency contraception, pregnancy testing, diagnosis and treatment of sexually transmitted infections, HIV testing, chlamydia screening, advice on sexual abuse and abortion services and a Vulnerable Young People's / CSE Outreach Nurse.

5.2.2. The Eddystone Trust have been awarded the contract to provide HIV prevention, targeted sexual health promotion, condom distribution and support for people living with HIV as the outreach element of SWISH. This includes the promotion of early HIV testing and delivery of HIV rapid results point of care testing in the community. During 2016/17 there were 14,932 attendances by Somerset residents at the new SWISH service.

5.2.3. The inclusion of young people has been a particular strength in the development of the new integrated sexual health service and this has continued throughout the year, with young people from UK Youth Parliament attending recent training for pharmacists on Emergency Hormonal Contraception where they used 'role play' to simulate a number of real live scenarios that the pharmacists may come across during the consultation with young people, including Child Sexual Exploitation. The input for young people was really well received by the pharmacists.

5.3. **Drugs and Alcohol**

- 5.3.1. Harms from problematic drug and alcohol use continue to have a negative impact on lives and families. The specialist service continues to treat around 2,000 people each year and provides information, support and harm reduction services, such as needle exchanges for many more people.
- 5.3.2. Recovery from substance use is a long hard journey, but Somerset services are currently one of the highest performing in the country at supporting people through treatment and into recovery. This is vitally important work, as around half of those in treatment have parental responsibilities and we need to protect children from the lifelong harm from exposure to adult substance use.
- 5.3.3. Problematic substance use is usually linked to many other life factors and circumstances, and these need to be holistically addressed for recovery to be successful. In Somerset we are fortunate to have an excellent Peer Mentor programme within which ex-service users volunteer their time to support others. A number of our Peer Mentors have gone on into employment as a result of being involved in the programme.
- 5.3.4. The current service contracts are due to end in 2019 and this year we triggered the process to begin the procurement for the new service which will operate from that date. To support this we have published a number of needs assessments and undertaken an extensive engagement exercise to support the design of the future delivery model.
- 5.3.5. ***Prevent***
- 5.3.6. As part of the Safer Somerset Partnership, SCC works alongside partners to prevent extremism and radicalisation in Somerset. The Board oversees the Somerset Prevent Plan. A key part of the plan is to train all relevant front line staff in prevent awareness (including education). Training has been provided to schools, early years and council staff with options for face to face or e-learning modules. Prevent duties are now reflected in key SCC policies. The Somerset Channel Panel is designed to assess the risk attached to vulnerable people to be radicalised and act on these beliefs. This is a safeguarding process which is well embedded in Somerset.
- 5.3.7. ***Domestic Abuse***
- 5.3.8. Domestic abuse affects many within our communities and is known to have a harmful impact on children who are exposed to it. Our contract for Somerset Integrated Domestic Abuse Service is provided jointly by Knightstone Housing Association and Banardos and provides an innovative 'Stay Put' model to help reduce the impact on families and children. The contract has been extended until March 2019/20 and commissioners will begin the process of compiling evidence and undertaking engagement to inform the future service.
- 5.3.9. The Somerset Domestic Abuse Board has a key role in quality assurance across the whole domestic abuse system. A new score card has been developed this year to support monitoring and assurance.

5.3.10. **Multi-Agency Risk Assessment Conferences**

5.3.11. Multi-Agency Risk Assessment Conferences (MARAC) have been subject to review in Somerset and a new model has just been approved, to be implemented by the end of 2017. The model reflects the need to 'think family' and treats children in contact with high risk adult victims, as potentially high risk themselves. An implementation team and monitoring groups have been set up to manage this process through to completion.

5.3.12. **Hate Crime and Community Cohesion**

5.3.13. Over the past year, local agencies have worked hard to improve Somerset's response to hate crime and refocus on cohesion. The Somerset Hate crime and Community Cohesion group oversees the delivery the Somerset Hate crime and cohesion strategy. A new set of materials to help raise awareness of hate crime has been produced by the group and will be available on a new hate crime web page www.somerset.gov.uk/hatecrime. There was a wider launch on Hate Crime Awareness Week which took place from 14th to the 21st October 2017.

5.3.14. **County Lines**

5.3.15. County lines activity typically involves gangs from large urban areas travelling to smaller locations (such as a county town) to sell Class A drugs, specifically crack cocaine and heroin. The majority of these gangs function with a degree of sophistication, utilising remote call centres and networks to make it difficult for public agencies to detect. County lines gangs pose a significant threat to vulnerable adults and children, upon whom they rely to conduct and/or facilitate the criminality. 'Cuckooing' residents, using their homes to run their business is a common feature. Exposure to gang exploitation has the potential to generate emotional and physical harm. Agencies in Somerset are taking a new multi-agency approach to tackling and preventing this crime in the County which goes beyond the traditional disruption approach.

5.3.16. **ONE Teams**

5.3.17. With funding from the Police and Crime Commissioner, a countywide One Team Co-ordinator is now in post to help develop these standards and support One Teams in improving practice where required. To date, this has been very much welcomed across One Teams, who are keen to ensure that they can add value and make a positive contribution together with other services and mechanisms designed to serve local communities.

6. **HEALTHCARE PUBLIC HEALTH**

6.1.1. **Public Health Intelligence**

6.1.2. One of the statutory duties of SCC is to provide specialist public health advice to the NHS to inform their commissioning of health services for the population. The Public Health Core Offer was delivered in full this year; examples of work undertaken under the core offer include providing public health advice to the Sustainability and Transformation Plan, the development of detailed health profiles for each GP practice in Somerset and aggregated profiles for local commissioning localities. Specialist public health advice is also provided to

support the process of policy development for health interventions which are not normally funded.

7. LOOKING AHEAD

7.1. There has been significant progress made over the past year to drive forward progress to improve and protect the health and wellbeing of local people, in particular those who experience the greatest inequalities. The emphasis on addressing inequalities will continue into the future, focusing efforts on supporting those whose needs are greatest and providing information and support to others to take responsibility for their own health and wellbeing.

7.1.1. *Joint Commissioning*

7.2. In the summer, SCC Cabinet and the CCG Governing Body considered initial proposals for the development of a joint approach to the strategy commissioning of a population-wide health and social care system. This work will continue to be developed throughout this year, with an emphasis on working jointly with CCG colleagues to develop a system-wide commissioning strategy.

7.2.1. *Redesign and Recommissioning of public health services*

7.2.2. As highlighted throughout this report, the future design of a number of public health services will be considered throughout the year, including substance misuse services and the integration of public health nursing and getset services to form a more integrated approach to family support. These are exciting times within the health and wellbeing portfolio and they provide us with significant opportunities to support local people to enjoy long, healthy and independent lives.

8. BACKGROUND PAPERS

8.1. Joint Strategic Needs Assessment
<http://www.somersetintelligence.org.uk/jsna/>