

# Public Document Pack



## TRAFFORD COUNCIL

### **AGENDA PAPERS MARKED 'TO FOLLOW' FOR HEALTH AND WELLBEING BOARD**

**Date: Friday, 21 October 2016**

**Time: 9.30 a.m.**

**Place:** Lancashire County Cricket Club, Emirates Old Trafford, Talbot Road,  
Stretford, Manchester, M16 0PX.

<b>A G E N D A</b>	<b>PART I</b>	<b>Pages</b>
5.	<b>PUBLIC HEALTH WORKING GROUP</b>	1 - 2
	To receive a report of the Acting Director of Public Health.	
6.	<b>PERFORMANCE REPORTS - PUBLIC HEALTH PRIORITIES</b>	3 - 6
	To receive a report from a Consultant in Public Health.	

**THERESA GRANT**  
Chief Executive

#### Membership of the Committee

Councillors Bellamy, K. Carter, J. Colbert, A. Day, Dr. N. Guest (Chairman), Daly, Heaton, M. Hyman, G. Lawrence, M. McCourt, Nicholls, Postlethwaite, A. Williams (Vice-Chairman), Worthington, Meakin and Roaf.

#### Further Information

For help, advice and information about this meeting please contact:

Chris Gaffey, Democratic and Scrutiny Officer,  
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Email: [chris.gaffey@trafford.gov.uk](mailto:chris.gaffey@trafford.gov.uk)

This agenda was issued on **18 October 2016** by the Legal and Democratic Services Section, Trafford Council, Trafford Town Hall; Talbot Road, Stretford, Manchester,

## **Health and Wellbeing Board - Friday, 21 October 2016**

M32 0TH.

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## TRAFFORD COUNCIL

**Report to:** Health & Wellbeing Board  
**Date:** 17<sup>th</sup> October 2016  
**Report for:** Information  
**Report of:** Karen Ahmed, interim Director of All Age Commissioning  
Eleanor Roaf, interim Director of Public Health

### Report Title

Public Health Priorities Working Group

### Purpose

To provide the Health and Wellbeing Board with an update of the work of the Public Health Priorities Working Group.

### Recommendations

**That the Health and Wellbeing Board note the progress made by the Group**

Contact person for access to background papers and further information:

Name: Karen Ahmed

Phone 0161 912 1890

## **Public Health Priorities Working Group**

### **1. Background**

1.1 The Public Health Priorities Working Group is a task and finish group comprised of members and senior officers.

1.2 The group is chaired by Cllr Williams. Cllrs Anstee, Harding and Carter also attend the meeting. The group also comprises: Eleanor Roaf, Karen Ahmed and representatives from the CCG and Pennine Care.

1.3 The PHPW Group has now met twice – once in July and once in August.

### **2. Progress to Date**

2.1 The first meeting gave members the opportunity to explore the priorities which had been presented to and agreed by the Health and Well-Being Board earlier this year

2.2 The second meeting focused on the wider public health agenda and the work plan for the public health team. At that meeting Eleanor Roaf set the context to enable priority setting in terms of public health spend and outcomes.

2.3 Eleanor Roaf presented a paper that outlined that the differences between the agenda delivered by the Health and Wellbeing Board and the wider Public Health agenda which encompasses:

- Wider determinants of public health
- Public health outcomes
- Health and social care public health.

2.4 This paper is attached for information .

### **3. Next Steps**

3.1 The next steps will be for Eleanor Roaf to present a breakdown of the public health spend –with a description of the outcomes that this spend will contribute to. This will enable members to prioritise areas which are relevant to Trafford and /or to identify topics where a deep dive would be of use.

### **4. Recommendation**

4.1 The Health and Wellbeing Board is asked to note the contents of the report and the public health workplan.

## Public Health Priorities - to guide the work plan for 2016/17

### Introduction

For the remainder of the financial year 2016/17, the Public Health team intends to focus on identifying the key deliverables that will make the most impact on the health and wellbeing of Trafford residents, while also ensuring that the statutory responsibilities are met.

It is hoped that by taking this approach we can more clearly demonstrate how the Public Health grant is used to support evidence based practice delivering measurable outcomes. By identifying a population based preventative approach across a range of council and partner activities, we can, over time, move away from a reliance on the ring fenced funding into a system where population health benefits can be more clearly identified across a range of services and functions. This should include increasing Public Health involvement in the delivery of Public Service Reform and the Trafford Locality Plan.

This paper is intended to give a brief background to national and local expectations of Public Health, and our suggested responses to these. This will then allow us to develop our priorities for action and to identify any areas of significant risk. It is categorised by Public Health workstream but the underpinning work could equally be realigned to, for example, the headings within the Locality Plan.

### Public Health Workstreams

Public Health responsibilities can be divided into three broad areas of activity: **health protection; health care quality (healthcare public health); and population health improvement/addressing the wider determinants of health.** These headings will be used to describe the current and planned activity for Trafford.

### Health Protection

Health Protection involves:

- Preventing the transmission of communicable diseases
- Managing outbreaks and the other incidents which threaten the public health.
- Ensuring the safety and quality of food, water, air and the general environment

The profile of Health Protection has increased significantly in recent years with issues such as immunisation, food borne infections, pandemic flu, healthcare associated infection and communicable diseases regularly being in the public eye.

The Greater Manchester Health Protection Unit within Public Health England, and the Screening and Immunisation Team within NHS England provide oversight and support to the local public health team across a range of health protection functions,

including the development of GM policies and approaches to issues such as TB control, screening and immunisation, and incident and outbreak management. However, the implementation of these is reliant on the local team providing leadership to partners to ensure that we reach the nationally and locally set targets. Additionally, our more vulnerable populations, who often have lower uptake of services, may need support to achieve high rates of access and thereby maximise the impact of the interventions. Most of this work is undertaken with the CCG and key activities for this year include:

- Flu immunisation (particular focus on improving uptake in targeted groups aged under 65)
- Reducing inequalities in childhood immunisation uptake
- Improving bowel and breast screening uptake and reducing inequality
- Maintaining high levels of cervical screening, especially in more deprived communities
- Ensuring that we have robust outbreak and incident management plans
- Advising and supporting infection control across the borough, including ensuring adequate training and monitoring is in place
- Involvement in emergency preparedness and major incident planning

Most of the direct work relating to environmental issues, including food quality, is undertaken by Regulatory Services such as the Environmental Health team within the council. However, the local public health team would expect to be involved in some of the policy decisions and in the response to any outbreak or incident.

### **Health and social care quality (healthcare public health)**

Healthcare public health aims to maximise the population benefits of healthcare while meeting the needs of individuals and groups. It does this through advising on the prioritisation of available resources, by preventing diseases and by improving outcomes through design, access, utilisation and evaluation of effective and efficient healthcare interventions and pathways of care.

Much (but by no means all) of this work includes the CCG as the lead commissioner of secondary care services and as the route to working with primary care.

Within this year, the following topics have been identified as required specific attention:

- Increasing **healthy life expectancy** and reducing inequalities within this indicator. This is the key priority for the **Health and Wellbeing Board** and will be delivered through focussed multi agency work in the following areas:
  - Smoking and tobacco control

- Alcohol
  - Physical activity
  - Cancer prevention and early detection
  - Reducing the impact of mental illness
- **Early years:** maximising the impact of health visiting and school nursing; reducing inequalities in breast feeding rates, smoking in pregnancy and oral health; reducing harm caused by domestic abuse; increasing physical literacy; and providing evidence based early interventions, based on consistent identification of babies and children at increased risk of harm to target such services.
  - **Working well:** the five topics identified for improving healthy life expectancy will have a major impact on the health of working age adults in Trafford. Additionally, we need to reformulate our **health checks** programme so that it identifies and supports individuals at higher risk of harm to make the lifestyle changes necessary to reduce risk. The redesign of our behaviour change services will also support performance in these areas.
  - **Sexual health:** overseeing the implementation of the new contract for integrated sexual and reproductive health services; recommissioning voluntary sector STI and HIV prevention and support; addressing late diagnosis of HIV
  - **Ageing well:** promoting independence in older age and reducing the number of people requiring long term care. There is a need to continue to provide specialist public health input into **dementia**, and **falls prevention**.
  - **Improving the public health impact of primary care.** This includes working with the CCG on the range and scope of the New Models of Primary Care; consistent delivery of Every Contact Counts; improving physical health services offered to people with mental health problems; working with pharmacies and others to implement the recommendations of the forthcoming Pharmaceutical Needs Assessment and the Healthy Living Pharmacy model.
  - **Maximising the public health impact within other commissioned services.** This will include working with commissioners to ensure that all new contracts are adjusted to maximise their public health impact – including, but not limited to, embedding the principles of Every Contact Counts and improving the physical health of people with mental health problems. It will also include Public Health input into systems design and improvement, learning from activities such as the Typical Weekend.

### **Population Health Improvement** (addressing the wider determinants of health)

Health of individuals and populations is influenced by a wide range of social, economic and environmental factors. It is not always possible for individuals or even communities to control these and they influence and often constrain the 'choices' we

make and the lifestyle we lead. They include the conditions of daily life and the structural influences upon them.

Understanding the impact these factors have on population health, and then working to put in place policies and practices that reduce the negative aspects and increase the positive, can make a major difference to population health and can particularly help to reduce inequalities.

Some key areas where environmental and other structural changes can make a dramatic impact to population health include **housing, air quality; transport and active travel; energy efficiency and security (and other climate change related measures); licensing laws; food policy**. Many of these have the greatest impact when introduced at national level, but there are a number of steps local authorities can take to improve population health, and the devolution proposals for Greater Manchester also offer a number of opportunities. We would like to increase the visibility and impact of Public Health within these key areas, to maximise the potential for health improvement within our population.

### **Underpinning work**

Developing the **Joint Strategic Needs Assessment (JSNA)** for Trafford is an essential element in delivery of most, if not all, of the above areas. Having a robust JSNA will allow us to develop a better understanding of the needs of the borough as a whole, and of different sub groups within it, allowing all commissioners and providers to target services more effectively.

Finally, the approach to public health in Trafford must be one of partnership – with statutory, private and voluntary sector agencies and with the residents themselves, to share, develop and deliver improved health outcomes for all.

Eleanor Roaf

Interim Director of Public Health

Trafford MBC

17.8.16