

Public health transformation seven years on

Prevention in neighbourhood, place and system



Cover image: Cycle Enfield Active Travel

Contents

Foreword	4
Introduction	6
Summary of key themes and messages	7
National developments	9
Neighbourhood, place and system	11
Quality and sector led improvement	14
Solution-based research	16
References and resources	17
Case studies	
Cheshire and Merseyside directors of public health collaborate to promote prevention across the health and care partnership (STP)	20
Devon directors of public health promote prevention across Wider Devon STP	23
East Sussex integrated health and wellbeing service: Increased uptake and improved outcomes	25
Cycle Enfield: A long-term programme to increase physical activity and improve the environment through active travel	28
Gateshead: Embedded public health research informs community-led prevention	31
Liverpool City Region Wealth and Wellbeing Programme: Health, productivity and inclusive economies	35
North Yorkshire system-wide response to health protection incidents	38
Stronger Sandwell: A new approach to health improvement harnessing the strengths, ideas and skills of local people	40
Trafford and Greater Manchester: Reducing the impact of climate change	43
Wiltshire: Health justice model and prison health trainer programme	46

Foreword

Note on coronavirus

This annual report was written prior to the introduction of national measures to reduce the spread of coronavirus in the UK.

The role of public health is fundamental to tackling this terrible disease through all its stages. When the virus is brought under control and we can resume our normal activity, we will undoubtedly be living in a different world of population health. It is not possible to predict the changes at this stage, but there are likely to be positive outcomes, such as a greater sense of community and understanding of health, and huge challenges, such as the impact of isolation on mental health and personal relationships. Messages in this annual report – the importance of supporting local communities to develop their capacity to improve health and wellbeing, and of organisations co-operating at the levels of system and place – will be vital in this time.

The Local Government Association's (LGA) 2020 public health annual report shows how public health in local government, working closely with the NHS and other partners, continues to go from strength to strength. It is very positive to see the wide range of different issues being tackled creatively and effectively by public health councils.

Public health has been a part of local government since 2013 and the progress that has been made in eight years is impressive, particularly since this has been achieved at the time of austerity and rising demand for health and care services.

After eight years, public health is well embedded in the work of councils and the message that 'health is everyone's business' continues to gather pace. The lead members for health and wellbeing, and directors of public health (DsPH) in the case studies are excited and even proud that public health is part of local government because of the opportunities this brings and the advances that are yet to be made.

The recent independent assessment of public health in local government¹, commissioned by the LGA from the Kings Fund, confirmed that overall the transfer of responsibilities had been a success, and that there were huge opportunities for improving health and wellbeing into the future. The LGA and Public Health England (PHE) are working together to make the most of these opportunities.

¹ David Buck, Kings Fund, 2020, The English Local government public health reforms: An independent assessment. (Commissioned by the LGA.) www.kingsfund.org.uk/publications/local-government-public-health-reforms

The fact that prevention was the subject of a green paper in 2019² is very encouraging and we look forward to working with central government and all our national partners so that prevention is at the heart of improving health and wellbeing.

Partnerships with the NHS are central to the aim of improving health and wellbeing and tackling health inequalities. The process of developing health and care partnerships on a system-wide basis has brought genuine opportunities for collaboration on health issues best tackled at scale. In many systems, DsPH are collaborating to lead on prevention, and there are encouraging signs that increasing focus is being given to prevention, including primary prevention, in sustainability and transformation partnerships (STPs) and integrated care systems (ICSs). Case studies in this report provide examples of this, including dedicated funding for prevention.

One of the most heartening aspects of being involved in public health is the high level of consensus about what needs to be done to improve health and tackle health inequalities. Fundamental to this is addressing the wider determinants of health, and the case studies provide a range of examples; such as tackling the impact of climate change, improving health and the environment through active travel, supporting deprived communities to identify their own solutions, and improving health and economic prosperity.

We are delighted to have this opportunity to highlight the energy and commitment to health and wellbeing shown across local government, the NHS and other partners. In the coming year we intend to work together, and with our partners, to strengthen the 'Health in All Policies' approach nationally, across regional systems, combined authorities, and in local places and neighbourhoods.



Councillor Ian Hudspeth
Chairman
LGA Community Wellbeing Board



Duncan Selbie
Chief Executive
Public Health England

² DHSC, 2019, Advancing our health: Prevention in the 2020s.
www.gov.uk/government/consultations/advancing-our-health-prevention-in-the-2020s/advancing-our-health-prevention-in-the-2020s-consultation-document

Introduction

The LGA's 2020 public health annual report showcases examples from 10 areas that demonstrate what can be achieved by public health operating across local government and working closely with the NHS and a wide range of local and system partners. The examples are from councils across England covering both rural and urban environments and with varying degrees of deprivation and affluence. The examples were selected to give a spread of geography and topic, and, as usual, many more excellent examples were submitted and could have been included had there been space.

The report identifies the main themes in public health in 2019/20 based on information from the case studies and other case study based reports undertaken by the LGA on the topics of health and wellbeing, particularly 'What a difference a place makes' which includes 22 snapshots of health and wellbeing boards (HWBs).³ It also considers information from other sources, such as the 2019 Association of Directors of Public Health (ADPH) system survey report.⁴ As 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 a significant consistency in information which suggests that it presents a reasonable reflection of effective public health authorities.

As well as identifying key messages and themes, the report provides a round-up of major developments in the areas of national policy, insight, quality and research from major organisations involved in health and wellbeing, including the LGA, the Department for Health and Social Care (DHSC), PHE, Association of Directors of Public Health (ADPH), the Kings Fund and many others.

The title for this year is 'prevention in neighbourhood, place and system' because public health must have an impact across all these levels, and, as the case studies show, is increasingly doing so. 'Neighbourhood' covers areas, of varying size, that are meaningful to local communities and reflects how local government needs to start health improvement from the perspective of local people. 'Place' generally refers to local authority/health and wellbeing board areas, and 'system' includes collaboration across STPs, ICSs, combined authorities and work across organisational footprints.

3 LGA, 2019, What a difference a place makes: The growing impact of health and wellbeing boards. www.local.gov.uk/about/news/lga-health-and-wellbeing-boards-are-achieving-their-goal

4 ADPH, 2019, System survey report. www.adph.org.uk/2019/11/adph-system-survey-2019-summary-report

Summary of key themes and messages

Overall success factors

Consistent success factors were identified across the case studies:

- Where interventions are working, nurture and build on them rather than moving on to a new thing. Be in it for the long term.
- Build a convincing evidence-based narrative for what you are trying to achieve. Keep making this case and present it at as many places as you can. Provide reasons for why you should be invited to key meetings.
- Where things are working well, use every opportunity to tell people.
- Develop robust, costed business plans linked to system priorities; wherever possible have these ready to go in case funding becomes available.
- Headspace and capacity for innovation is severely limited. The role of PHE in providing specialist support in topics such as the health and prosperity, health protection, the environment, and One You branding is valued.

Neighbourhood

Asset-based community development approaches support local people to identify and implement their own solutions and are an important way of tackling health inequalities.

- Working with and building capacity in local community anchor organisations is likely to lead to sustainable progress in the longer term.
- Community development works best when applied systematically by public health and across the council.

Place

This year's case studies show that the Health in All Policies approach⁵, adopted by all partners across the council and beyond, continues to grow. As in other years, the range of interventions is wide and varied, with more inroads into the wider determinants of health such as economic development and the environment. Case studies show win-win situations for the partners involved in improving health outcomes.

However, much more needs to be done. While the importance of health may be agreed by colleagues, understanding can be limited and not backed up by action.

- The lead councillor for health and wellbeing has a crucial role in championing an evidence-based approach to health and wellbeing and getting colleagues on board.
- An important success factor is to position health and wellbeing as a key priority in strategic plans (transport, environment, housing, economic) – with agreed actions.
- Commissioning/re-commissioning of public health services to improve access, outcomes and cost effectiveness is an important tool.

⁵ LGA, 2016, Health in all policies: A manual for local government.
www.local.gov.uk/health-all-policies-manual-local-government

System

Directors of Public Health (DsPH) are increasingly collaborating with their public health colleagues in neighbouring authorities to pool expertise and provide mutual support on prevention and population health, for health issues that are best tackled at scale. After a slow start, some STPs and ICSs are putting greater emphasis on prevention – largely secondary prevention, but some also shifting to primary prevention and releasing dedicated prevention funding.

DsPH are often the lead officers for health and wellbeing boards; HWBs that work together combine the weight of councils and wider partners to tackle the major social determinants of health across a larger footprint – combined authorities, STPs and ICSs.

- The more DsPH work together on system-wide health issues, the greater their impact and the better use of resources.
- Identify topics best tackled at scale and focus on a small number of priorities.
- By working together, HWBs can bring combined expertise and resources to social determinants and other health issues best tackled at scale.

Quality and sector led improvement

A range of new resources and tools have been developed by key partners to improve quality in public health and deliver on sector led improvement (SLI). This includes the first nationally produced quality framework⁶ and the What good looks like⁷ topic-specific resources.

- Public health councils across the country are making an impact on improving and protecting health, but some are out-performing others. It is important that all use the new resources and growing understanding of SLI to raise their ambitions and bring their performance to the level of the best.

Solution-based research

Several of the case studies are involved in partnerships with academic institutions or PHE, to undertake a range of types of research; including evaluation, literature reviews and embedded research.

- Local government needs practical research providing solutions that can be applied in real world situations. Councils can benefit from engaging in research partnerships.

Sustainable funding

The prevention green paper sets out a positive framework for making health everyone's business and shifting the NHS from a model based on treatment to prevention. Some shift in funding to prevention is taking place in a couple of the system-wide case studies in this report which is highly welcome.

A key message from lead members and DsPH is that they are ambitious, they can see what needs to be done, and they could do so much more with fair, longer-term funding.

6 DHSC, 2019, Public health system group, Quality in public health: A shared responsibility. www.gov.uk/government/publications/quality-in-public-health-a-shared-responsibility

7 ADPH and PHE, 2019, What good looks like resources. www.adph.org.uk/2019/06/what-good-looks-like

National developments

In 2019 the DHSC published a green paper on prevention. 'Advancing our health: prevention in the 2020s'⁸ seeks to put prevention at the centre of decision making across national and local government, the NHS and wider society. The green paper signals a shift of focus from length of life, to length of life in good health – a 19-year gap between people in the most affluent and most deprived areas. It emphasises predictive population health, personalised support, co-creating solutions with communities and a move from a national treatment service to a national wellness service.

Increased national leadership and the direction for prevention set out in the green paper provides a highly welcome framework for further developments in public health, provided this is supported by sustainable funding. The government is due to publish its next steps to the green paper in the coming months.

In 2019 PHE produced a new five-year strategy⁹ highlighting 10 priorities on which it believes it can make the greatest impact on health and wellbeing: smoke free society, healthier diets and healthier weight; cleaner air; better mental health; best start in life; effective response to major incidents; reduced risk from antimicrobial resistance; predictive prevention; enhanced data and surveillance capabilities; and a new national science campus.

PHE also launched Every Mind Matters¹⁰, a digital programme to support people with mental health problems and carers, which is supported by campaigns such as a partnership with national football.

Every Mind Matters is part of the One You Programme¹¹; as in most previous annual reports case examples – this time East Sussex – use the One You branding and resources as a framework for their integrated health and wellbeing services.

In January 2020, the Kings Fund published its independent assessment of local government public health reforms, which was commissioned by the LGA.¹² The report concluded that local government was the right place for public health, but had not been supported with sufficient resources. It pointed to recent work by the Centre for Health Economics at York University which found that funding services through the local government grant is three to four times more cost effective in improving health than if the same money was spent in the NHS.¹³

8 DHSC, 2019, Advancing our health: prevention in the 2020s.

www.gov.uk/government/consultations/advancing-our-health-prevention-in-the-2020s/advancing-our-health-prevention-in-the-2020s-consultation-document

9 PHE, 2019, PHE strategy 2020 to 2025.

www.gov.uk/government/publications/phe-strategy-2020-to-2025

10 PHE, 2019, Every mind matters.

www.nhs.uk/oneyou/every-mind-matters

11 PHE One You: web-based resources.

www.nhs.uk/oneyou/about-one-you

12 David Buck, Kings Fund, 2020, The English Local government public health reforms: An independent assessment.

www.kingsfund.org.uk/publications/local-government-public-health-reforms

13 Martin, S, Lomas, J, and Claxton, K, 2019, Is an ounce of prevention worth a pound of cure? Estimates of the impact of the English public health grant on mortality and morbidity. York University.

www.york.ac.uk/media/che/documents/papers/researchpapers/CHERP166_Impact_Public_Health_Mortality_Morbidity.pdf

In February 2020, The Health Foundation and the Institute of Health Equity published an update of the Marmot review into health inequalities in England.¹⁴ The new report, 'Health Equity in England: The Marmot Review 10 years on'¹⁵ examines progress in addressing health inequalities in England and proposes recommendations for future action. The director of public health (DPH) from Gateshead, featured as a case example, is involved in the review advisory group.

The review found that health inequalities have increased over the last ten years and that much more needs to be done to tackle the social determinants of health. It welcomed the progress made by local authorities despite reductions in funding. Its key recommendation is for a top-level, cross-government strategy to develop health equity.

Marmot principles continue to be used by the majority of public health councils as a framework for tackling health inequalities. Cheshire and Merseyside Health and Care Partnership is going further by agreeing to become a Marmot community on a system-wide basis.

14 Marmot, M, 2010, Fair Society, Healthy Lives, Institute of Health Equity.
www.instituteofhealthequity.org/resources-reports/fair-society-healthy-lives-the-marmot-review

15 Marmot, M. & review team, 2020, Health Equity in England: The Marmot Review 10 years on, Institute of Health Equity.
www.instituteofhealthequity.org/the-marmot-review-10-years-on

Neighbourhood, place and system

Solutions in neighbourhoods

“We all know that its vitally important for wellbeing that people feel connected in their local community. People who’ve never looked at each other in the street...they work together. They volunteer together. They’re in the steering group together and that impacts on the children as well... now they’re friends.”

Gateshead community worker

“The future is unclear, which is exactly how the Sandwell Public Health team like it. Trust is placed in the community to define what it needs and where it is needed, which in turn leads to greater community ownership and long-term sustainability.”

Sandwell Director of Public Health

Successive LGA public health annual reports have included great examples of public health working with local communities to identify and implement their own solutions. Neighbourhood approaches are an important way of tackling health inequalities. While community development approaches are effective, they can face challenges, particularly:

- making developments sustainable in the longer term
- increasing scale to go beyond effective, but isolated, programmes.

Ways of tackling these challenges include supporting local anchor organisations from the voluntary or community sector to develop capacity and encourage sustainability, and by making community development a major approach within public health and across the council.

One of Gateshead Council's five pledges in its decision-making framework 'Thrive' is to 'support our communities to support themselves and each other'. This pledge is fundamental to the work of health and care partners developing prevention and integration. The case study shows how embedded research is providing a learning environment for sustainable community-led initiatives. Results include the development of social enterprises, better links with sports clubs, and health improvements based around schools. The research programme is moving to another community to develop measures of change that are meaningful to local people.

Stronger Sandwell is a new framework for public health in Sandwell which uses an asset-based model to harness the strengths and ideas of local communities and target resources at supporting local people to help each other to improve health. Several successful projects and programmes have been shaped by the approach, including the double award winning Blue Light project and acting on children's 'Big Ideas'.

Progress in place

The type of action at the level of ‘place’ depends on the priorities identified in joint strategic needs assessments (JSNAs). In every place, it will involve a range of interventions to address the wider determinants of health – education, economic, planning and development, environment and open space – as well as tackling specific health inequalities, keeping people safe, and addressing other health and wellbeing priorities. It also involves a Health in All Policies approach in which partners share responsibility for improving health and wellbeing.

Cycle Enfield is a partnership with Transport for London which combines improving active travel infrastructure, with an extensive programme of community activity to encourage people to develop the skills and confidence to use the safe cycling lanes. Cycling levels have increased by over 50 per cent in two years and people close to the development have increased their physical activity levels by 41 minutes a week. Active transport is now a long-term priority, as reflected in Enfield’s Local Transport strategy.

Effective re-commissioning has been a feature of all previous annual reports. This year’s example shows how East Sussex has integrated its adult behaviour change support services and community NHS health check programme, with streamlined access and pathways to housing support and debt advice. Cost efficiencies have led to expanded programmes such as football weight management. Activity, such as the stop smoking service, is double that of previous single-service contracts. Outcomes have also improved – 41 per cent of weight management intervention users have achieved at least five per cent weight loss compared to only 16 per cent under the previous contract. East Sussex uses PHE’s One You branding and support (OYES), and, as in case studies from previous years, endorses the benefits of a national support system.

Wiltshire public health has run an effective peer health trainer programme in Erlestoke male prison for over 10 years. Personal statements by peer trainers and clients in the case example show the health and wellbeing benefits from upskilling offenders and providing one-to-one peer support. The programme forms part of a wider partnership with the Criminal Justice Board to improve offender outcomes in prison and on release to the wider community.

Trafford Council was one of the first local authorities to declare a climate emergency, and public health has been fully involved in action to reduce the impact of climate change. Greater Manchester Health and Social Care Partnership followed in August 2019. Trafford’s DPH’s report for 2019, ‘Combatting Climate Change’, provides a readable and practical resource to be used by organisations and individuals to better understand climate change and reduce the impact on the environment.

Collaborating across systems

Recent publications point out that, overall, STPs did not have a good track record on partnerships with local government, but that in many systems, particularly ICSs, local government involvement is increasing. For example, the Kings Fund’s long read on Health and Wellbeing Boards and ICSs¹⁶ points out that the NHS leaders they spoke to were very positive about working with local government colleagues. Local government leaders also felt that the NHS long term plan¹⁷ covered issues key to local government – prevention, improving population health and tackling health inequalities – and had created a sense of shared purpose.

¹⁶ Richard Humphries, 2019, Health and wellbeing boards and integrated care systems, Kings Fund. www.kingsfund.org.uk/publications/articles/health-wellbeing-boards-integrated-care-systems

¹⁷ NHS England, 2019, NHS Long Term Plan. www.longtermplan.nhs.uk

The LGA's 'What a difference a place makes'¹⁸ describes how 22 health and wellbeing boards, and some STP/ICS partners, are working well.

It is worth noting that the term 'population health' is becoming increasingly used in the context of prevention. The Kings Fund describes this as a broad term which covers all aspects of public health, but with the advantage that it moves beyond the idea that health and wellbeing is the responsibility of public health professionals.¹⁹ However, within systems it is also used in a narrower sense of 'population health management' which concerns data and information analysis, to identify and provide targeted support for populations with health needs. Examples of this include people with diabetes or those at risk of falls. It is important that these two meanings are not conflated, and that the focus on prevention in STPs/ICSs remains broad.

The case studies show DsPH collaborating either across a STP/ICS, or a combined authority, or across council footprints and cautious optimism that prevention had a higher profile in long-term system plans.

Cheshire and Merseyside Public Health Collaborative, Champs, has aligned its priorities with those of Cheshire and Merseyside Health and Social Care Partnership (STP). The success of the collaboration in areas, such as reducing cardiovascular disease, antimicrobial resistance, and suicide, has been a factor in the STP allocating a population health/prevention budget, as well as leading to funding from other sources including NHS England and Health Education England.

DsPH from councils in Devon are taking a lead role in Wider Devon STP work strands, particularly prevention and population health, and have made the case for additional investment in prevention. In 2019, the STP board agreed to release £2 million, largely to fund primary prevention interventions. The funding is being used to expand existing projects such as social prescribing, making every contact count, falls and frailty and resilience in schools, and to develop other priorities such as domestic abuse and violence and multiple complex needs.

Economic development is a social determinant which can be difficult for public health to influence, but which has huge potential for health. Liverpool City Region's (LCR) wealth and wellbeing programme was funded by PHE and supported by LCR and the Merseyside councils, with a lead DPH (Sefton). The programme used a systems leadership approach to develop a compelling, evidence-based narrative about the links between productivity and ill health; particularly mental health. As a result, 'Good work, good health and wellbeing for all' is one of the emerging Local Industrial Strategy's four key priorities.

North Yorkshire Council led a review which found that roles and responsibilities for responding to large scale health protection incidents were not sufficiently well understood. With PHE, it worked with partners across a wider footprint, to develop a mass treatment and vaccination plan which provides a clear agreement about what needs to be done, who is responsible and who will pay. Since the plan was in place, North Yorkshire was able to respond quickly and effectively to one of the largest Hepatitis A outbreaks in England, as well as two low risk pathogen avian flu outbreaks.

18 LGA, 2019, What a difference a place makes: The growing impact of health and wellbeing boards.
www.local.gov.uk/about/news/lga-health-and-wellbeing-boards-are-achieving-their-goal

19 Kings Fund, 2019, What does improving population health really mean?
www.kingsfund.org.uk/publications/what-does-improving-population-health-mean?gclid=EAlaIqobChMInZfeqoeD5wIVCLLtCh3JNQpdEAAYASAAEgJ5wfD_BwE

Quality and sector-led improvement

In 2019 there was renewed focus on quality and sector-led improvement (SLI). Several important resources have been published through a partnership effort with national public health organisations, regional networks and individual DsPH collaborating to develop a practical model, tested in local areas.

'Quality in public health: A shared responsibility'²⁰ was coproduced by the Public Health System Group for England²¹ and published by the DHSC. This is the first national partnership framework for improving quality in the delivery of public health functions, systems and services. The framework supports SLI by describing the characteristics of high-quality public health, identifying roles and responsibilities, and setting out processes for improving quality.

'What good looks like'²² is a series of resources produced by ADPH and PHE which describe good practice in a range of population health programmes: children and young people's public health; local tobacco control; healthy weight; cardiovascular disease; sexual and reproductive health and HIV provision; public mental health, health at work and local health protection systems.

'The Public health risk awareness self-assessment tool'²³ was produced by the

LGA and the East Midlands ADPH network to assist public health to undertake self-assessment as part of SLI. The tool was piloted by Leicestershire County and Derby City councils and can be used to assess whole systems or individual programmes. It covers six domains: leadership and governance, performance and outcomes, commissioning and quality, national priorities and partnerships, resource and workforce management, and culture and challenge.

'Sector-led improvement: The what and how of success'²⁴ was compiled by the DPH from Hertfordshire and ADPH Vice President and the DsPH from South Gloucestershire and south west SLI lead. It aims to promote understanding of SLI using examples from the south west ADPH network.

The LGA continues its work highlighting the role of local government and partners in tackling the wider determinants of health and good practice in public health services. Case study-based publications include reducing alcohol harm²⁵, sexual health²⁶ and health visiting.²⁷

Public health councils across the country are all making an impact on improving and protecting health, but some are doing better than others.

20 DHSC, 2019, Public health system group, Quality in public health: A shared responsibility. www.gov.uk/government/publications/quality-in-public-health-a-shared-responsibility

21 The national forum for public health system leaders and partners, including DHSC, ADPH, the LGA, the CQC, the Faculty of Public Health, NHS England and others.

22 ADPH and PHE, 2019, What good looks like resources. www.adph.org.uk/2019/06/what-good-looks-like

23 ADPH and LGA, 2019, Public health risk awareness self-assessment tool. www.adph.org.uk/wp-content/uploads/2019/07/25.121-Public-Health-risk-awareness-self-assessment-tool_web-FINAL.pdf

24 ADPH, 2019, The what and how of success. www.adph.org.uk/2019/12/sector-led-improvement-the-what-and-the-how-of-success

25 LGA, 2019, Helping support and transform lives people affected by alcohol. www.local.gov.uk/helping-support-and-transform-lives-people-affected-alcohol

26 LGA, 2019, Sexual health commissioning in local government. www.local.gov.uk/sexual-health-commissioning-local-government-1

27 LGA, 2019, Health visiting, giving children the best start in life. www.local.gov.uk/health-visiting-giving-children-best-start-life

The Kings Fund's independent report²⁸ indicates that local government should focus on demonstrating its impact on health outcomes, efficiency and reducing unjustifiable variation, and that PHE should support this.

It is important that all public health councils use the new resources and growing understanding of SLI to raise their ambitions and bring their performance to the level of the best.

28 David Buck, Kings Fund, 2020, The English Local government public health reforms: An independent assessment.
www.kingsfund.org.uk/publications/local-government-public-health-reforms

Solution-based research

As in previous annual reports, the importance of research into the most effective approaches for health and wellbeing is a theme, with several case examples, Gateshead, Wides Devon, Enfield, Cheshire and Merseyside, Trafford and Greater Manchester, involved in or commissioning research.

Local government involvement in partnerships with universities and other research bodies provides an important opportunity to develop solution-based research which reflects the voices and lived experience of communities or provides insight into how to tackle factors leading to poor health. There are partnerships across the country, including Fuse²⁹, the Centre for Translational Research in Public Health, a collaboration of five north east universities which provides a knowledge exchange and a single point of contact for organisations, including local government, seeking to commission research.

Local government needs practical findings that can be applied in real-world situations to help tackle health problems. Greater engagement with local authority policy makers in shaping research programmes is needed. Following discussions with the LGA, as part of its Public Health Research Programme, the National Institute for Health Research is commissioning two public health study teams to undertake response research with a focus on local government.³⁰ Research will be co-produced with the aim of enabling local government to become more research active.

As a research-informed organisation that works to strengthen the evidence for decision-making across the public health system, PHE undertakes research, often in partnership, and has a key role in identifying gaps in evidence and research priorities. It applies evidence generated by research activities to inform public health action across many topics; for example, in the area of vaccination to support local and regional partners to develop robust health protection measures. The North Yorkshire case study shows how PHE and North Yorkshire County Council have led a partnership to develop an effective mass treatment and vaccination plan.

²⁹ Fuse website
www.fuse.ac.uk

³⁰ NIHR website
www.nihr.ac.uk/funding/public-health-intervention-responsive-studies-teams-phirst/23129

References and resources

ADPH, 2019, System survey report.

www.adph.org.uk/2019/11/adph-system-survey-2019-summary-report

ADPH, 2019, The what and how of success.

www.adph.org.uk/2019/12/sector-led-improvement-the-what-and-the-how-of-success

ADPH, 2019, Manifesto for public health.

www.adph.org.uk/2019/11/a-manifesto-for-public-health

ADPH and LGA, 2019, Public health risk awareness self-assessment tool.

www.adph.org.uk/wp-content/uploads/2019/07/25.121-Public-Health-risk-awareness-self-assessment-tool_web-FINAL.pdf

ADPH and PHE, 2019, What good looks like resources: Summary, Children and young people, Local tobacco control, Healthy weight, Cardiovascular disease, Sexual and reproductive health and HIV provision, Public mental health, Health at work, Local health protection systems.

www.adph.org.uk/2019/06/what-good-looks-like

Buck, D, 2020, The English Local government public health reforms: An independent assessment, Kings Fund.

www.kingsfund.org.uk/publications/local-government-public-health-reforms

DHSC, 2018, Prevention is better than cure: Our vision to help you live well for longer.

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

DHSC, 2019, Advancing our health: Prevention in the 2020s.

www.gov.uk/government/consultations/advancing-our-health-prevention-in-the-2020s/advancing-our-health-prevention-in-the-2020s-consultation-document

Humphries, R, 2019, Health and wellbeing boards and integrated care systems, Kings Fund.

www.kingsfund.org.uk/publications/articles/health-wellbeing-boards-integrated-care-systems

Kings Fund, 2019, What does improving population health really mean?

www.kingsfund.org.uk/publications/what-does-improving-population-health-mean?gclid=EAlaIqobChMInZfeqoeD5wIVCLLtCh3JNQpdEAAAYASAAEgJ5wFD_BwE

LGA, 2016, Health in all policies: a manual for local government.

www.local.gov.uk/health-all-policies-manual-local-government

LGA, 2019, Sexual health commissioning in local government.

www.local.gov.uk/sexual-health-commissioning-local-government-1

LGA, 2019, Helping support and transform lives people affected by alcohol.

www.local.gov.uk/helping-support-and-transform-lives-people-affected-alcohol

LGA, 2019, Health visiting, giving children the best start in life.

www.local.gov.uk/health-visiting-giving-children-best-start-life

LGA, 2019, What a difference a place makes: The growing impact of health and wellbeing boards.

www.local.gov.uk/about/news/lga-health-and-wellbeing-boards-are-achieving-their-goal

Marmot, M. & review team, 2020, Health Equity in England: The Marmot Review 10 years on, Institute of Health Equity.

www.instituteofhealthequity.org/the-marmot-review-10-years-on

Marmot, M, 2010, Fair Society, Healthy Lives, Institute of Health Equity.

www.instituteofhealthequity.org/resources-reports/fair-society-healthy-lives-the-marmot-review

Martin, S, Lomas, J and Claxson K, 2019, 'Is an ounce of prevention worth a pound of cure? Estimates of the impact of the English public health grant on mortality and morbidity'. York University.

www.york.ac.uk/media/che/documents/papers/researchpapers/CHERP166_Impact_Public_Health_Mortality_Morbidity.pdf

PHE, 2019, Every mind matters.

www.nhs.uk/oneyou/every-mind-matters

PHE One You: web-resource.

www.nhs.uk/oneyou/about-one-you

PHE, 2019, Health matters: Health and work.

www.gov.uk/government/publications/health-matters-health-and-work/health-matters-health-and-work

PHE, 2019, PHE strategy 2020 to 2025.

www.gov.uk/government/publications/phe-strategy-2020-to-2025

Public health system group, 2019, Quality in public health: A shared responsibility, DHSC.

www.gov.uk/government/publications/quality-in-public-health-a-shared-responsibility

Case studies

CHESHIRE AND MERSEYSIDE DIRECTORS OF PUBLIC HEALTH COLLABORATE TO PROMOTE PREVENTION ACROSS THE HEALTH AND CARE PARTNERSHIP (STP)

Summary

DsPH and teams across Cheshire and Merseyside collaborate on public health priorities that are best tackled at scale, using evidence-based solutions. A range of successful programs resulting in improved health outcomes have been delivered. These include reducing rates of cardiovascular disease (CVD), suicide prevention and tackling antimicrobial resistance (AMR). This approach has informed the work of Cheshire and Merseyside Health Care Partnership to promote a strong emphasis on prevention and population health. The partnership board has recently agreed to develop the partnership as a Marmot community and develop work with partners aligned to Marmot principles.



Merseyside Fire and Rescue Service blood pressure training

“When I became council leader at Cheshire West and Cheshire, I kept wellbeing in my portfolio because I believe that tackling the social determinants of health underpins all council functions. There is now greater understanding of the importance of ‘health in all policies’, and elected members have a key role in championing this with their colleagues and partners. It is a pleasure to work with health and wellbeing boards and DsPH across Cheshire and Merseyside. Through collaboration we become stronger and more influential.”

Councillor Louise Gittins

Leader of Cheshire West and Chester Council, Chair Cheshire West and Chester Health and Wellbeing Board

Case study in full

Local authorities and partners on Cheshire and Merseyside have a well-established model for working together on shared health priorities through the Champs Collaborative. The eight DsPH provide system leadership, reporting to the nine local authority chief executives, with designated lead chief executives for Cheshire and Warrington and Liverpool City Region.

The Champs Collaborative model uses data and evidence to identify priorities and solutions which are developed into costed business plans. Each of the priorities, such as alcohol harm and suicide prevention, is led by a DPH working across all participating authorities. The collaborative is supported by a small but crucial team, funded by member authorities. A key aim is to attract external funding for shared priorities to accelerate progress and foster innovation.

Champs priorities have been aligned with the work of the partnership through the Prevention and Population Health Board which is co-chaired by a DPH. Within the STP, the collaborative is seen both as a workstream in its own right and as a key influencer and enabler for promoting the shift from treatment to prevention across other workstreams, such as integration and acute sustainability.

The collaborative also works closely with the sub-regional partnerships of Liverpool City Region and Cheshire and Warrington including the local enterprise partnership.

Examples of successful projects

Health inequalities related to cardiovascular disease (CVD) and high blood pressure have been reduced across Cheshire and Merseyside, which a PHE evaluation indicates is largely due to the Champs Blood Pressure Reduction Strategy. Cheshire and Merseyside have made sustained progress on maintaining lower rates of CVD mortality compared with other areas of the north west. Through a partnership approach, 10,000 individuals had their blood pressure checked last year. Measures implemented through the strategy include:

- mobile Health Check Kiosks in each of the nine Cheshire and Merseyside areas for the public to use
- a Happy Hearts website developed
- 170 Pharmacists and 500 workplace champions trained in high blood pressure
- Making Every Contact Count (MECC) training delivered to all secondary care trusts
- fire fighters trained to conduct blood

pressure checks as part of safe and well checks.

Implementing an Antimicrobial Strategy has led to a reduction in AMR across all nine Cheshire and Merseyside areas. Champs commissioned a small, part-time team of three micro-biologists, three GPs and three medicine management leads, and developed a single formulary for all GPs. Part of the strategy was to implement an innovative AMR virtual reality learning tool funded by Health Education England (HEE).

The effectiveness of the collaborative's work has been one factor in the STP allocating a population health/prevention budget. It has also led to funding from other sources – including HEE's Local Workforce Action Board for MECC training and NHS England for community pharmacies delivering on blood pressure and national funding for suicide prevention.

“When DsPH and their teams collaborate with colleagues from other areas, it brings mutual support and better use of resources. By working together on a small number of shared priorities best tackled at scale, like across the Health and Social Care Partnership, we have achieved significant health improvements.”

Eileen O'Meara

Director of Public Health, Halton Council and Warrington Council, Champs Director Public Health lead for Cheshire and Merseyside Health and Social Care Partnership

Future plans

Population health is the focus of the partnership's five-year plan, with new priorities for improving mental health and wellbeing, and reducing CVD, harm from alcohol and levels of violence. This will mean more opportunities to promote and deliver prevention across Cheshire and Merseyside. The partnership's board is also committed to a greater focus on tackling the social determinants of health and has recently agreed to develop the partnership as a Marmot community, with work aligned to Marmot principles. The partnership also works with the Kings Fund to ensure it is using the latest evidence base.

Key messages

- Collaborate with other DsPH in the system to support each other and make best use of resources and expertise.
- Stay with it – you need to be in it to win it! Make yourself available. Talk about the NHS and joint working positively. Make friends and influence people.
- Ask to be invited to partnership meetings. If you are not invited, arrange to meet with the chair and discuss the benefits of a population health approach and how you need to be at the table.
- Have good examples to hand of the benefits to the NHS and the rest of the system in terms of improved patient outcomes, improved quality of care, demand management, return on investment and reduction in escalating costs.
- Choose a few topics for priorities that have a strong evidence base, are key issues in your area, and appeal to health care public health.
- Give constant feedback to the STP and other partners on what you are doing and achieving.
- Develop good business plans for your priorities that you can submit to the system then present them in a way that fits with the needs of STP/ICS and key partners:

for example, fits with long term plan, aligns with health and wellbeing board priorities, benefits to primary and secondary care via prevention of ill health CQUINS³¹, delivery of personalised care, primary care network contract.

- Present at forums related to the STP so people begin to understand the real benefits of population health for their organisation; for example, GP Five Year Forward View Board, joint commissioning organisations, Local Workforce Advisory Board.
- Take papers on the benefits of system-wide working to local health and wellbeing boards and discuss at senior management team meetings.

Links

Champs Collaborative

<https://champspublichealth.com>

Happy Hearts

www.happy-hearts.co.uk

Contacts

Dawn Leicester

Director, Champs Public Health Collaborative Support Team

dawnleicester@wirral.gov.uk

Eileen O'Meara

Director of Public Health, Warrington Council and Halton Council and Co-Chair, HCP Population Health Board

eileen.o'meara@warrington.gov.uk

³¹ NHS England, (2019) Commissioning for Quality and Innovation (CQUINS).

www.england.nhs.uk/nhs-standard-contract/cquin/cquin-19-20

DEVON DIRECTORS OF PUBLIC HEALTH PROMOTE PREVENTION ACROSS WIDER DEVON STP

Summary

Public health teams from councils across Devon work together to ensure a focus on prevention in Devon STP. A series of system-wide prevention projects are in place, and the STP has allocated £2 million investment, largely for primary prevention. Prevention is a key element of Devon STP's long-term plan and will be fundamental to integrated health and care.

“Torbay Council is committed to integrated working in Torbay and to working with partners to support the focus on prevention across Devon STP.”

Councillor Jackie Stockman

Cabinet Member for Adults and Public Health, Torbay Council

Case study in full

DsPH and public health teams from local authorities in Devon (Devon County Council, Plymouth City Council and Torbay Council) have a long history of collaboration. They already work together on shared health priorities that are best tackled at scale; such as the sexual health service commissioned between Devon County Council and Torbay Council. They are now working together to provide advice and expertise across the STP. DsPH are taking a lead role in STP work strands; ‘prevention’ and ‘population health’.

The prevention work strand has been proactive in developing evidence-based, costed business plans for a range of interventions to tackle key health priorities.

Projects are being implemented across partners in the STP.

Leaders of the prevention work strand worked with partners to make the case for additional investment in prevention, and in 2019 the STP board agreed to release £2 million, largely to fund primary prevention interventions. This investment, augmented by funding from other sources such as the Better Care Fund, is being used to expand existing projects and to develop other priority areas. Projects underway or being developed include:

- A social prescribing project being taken forward with primary care networks in the four Devon localities, supported by embedded evaluation expertise and capacity from academic partners to support the STP in identifying the benefits of social prescribing at system, place and individual level.
- Making every contact count received funding from Health Education England and is being coordinated in each locality.
- A falls and frailty programme is being delivered across localities.
- Measures to promote physical activity are carried out alongside partners from Active Devon.
- Long term conditions – there are programmes to prevent type 2 diabetes and cardiovascular disease.
- Tackling emotional health, wellbeing and resilience in schools.
- Adult mental health and wellbeing, particularly bereavement, and men’s mental health.
- Developmental work to consider how to meet the needs of victims and perpetrators of domestic abuse and violence and how to support people with multiple, complex needs.

Projects are overseen by an STP Programme Board which reports on progress regularly to the system leaders' group.

“Working with partners across the STP will help make a real impact on people’s health by working on issues that benefit from collaboration at scale, and with a greater emphasis on the social determinants of health, front-line staff focusing on service users’ strengths, developing health literacy and supporting community resourcefulness.”

Caroline Dimond

Director of Public Health, Torbay Council

Future plans

Prevention is a key element in Devon STP's long-term plan which aims to shift the system from treatment to prevention. The prevention work strand has recently become an enabler, rather than stand-alone work strand, with a view to prevention being embedded as 'business as usual' across the work of the STP; including mental health and workforce. A population health work strand has also recently been established, building on the JSNA and the One Devon data set to enable a systematic approach to investment.

Measures in Devon's long-term plan include both primary and secondary prevention, and over time there will be potential to do more to transform the system and put greater emphasis on the social determinants of health such as housing and poverty, building on work already happening at place level in local authorities.

Key messages

- Through strong collaboration, DsPH and their teams can influence partners in STPs to focus on prevention.
- Collaborating on shared priorities makes the best use of resources, particularly for smaller local authorities.
- Costed, evidence-based business plans are essential. Projects funded through the STP need to demonstrate a return on investment.
- It is helpful to prepare robust business plans linked to system priorities that are ready to go should funding become available.
- Capacity is a huge issue – the time that can be spent on planning is limited and needs to be used wisely. The STP process, and additional funding, are helpful in providing head room to work on more exploratory/ longer-term transformation projects.
- It is often more effective to support and build on existing well-performing projects rather than setting up new initiatives.

Links

Devon STP

www.devonstp.org.uk

Contact

Caroline Dimond

Director of Public Health, Torbay Council,
Senior Responsible Officer, Devon STP
Prevention Work Strand
caroline.dimond@torbay.gov.uk

Paul Hurrell,

Programme Manager, Wider Devon STP
paul.hurrell@nhs.net.uk

EAST SUSSEX INTEGRATED HEALTH AND WELLBEING SERVICE: INCREASED UPTAKE AND IMPROVED OUTCOMES



Man V Fat football

“As part of the local authority, public health is well placed to identify and tackle the social causes of health inequalities. Our integrated health and wellbeing service shows what can be achieved to support people with the greatest health needs. We have learned from this model and will be using the Public Health Quality Framework³³ to assess our services against values and health priorities.”

Darrell Gale

Director of Public Health

³³ Public health system group, 2019, Quality in public health: A shared responsibility. www.gov.uk/government/publications/quality-in-public-health-a-shared-responsibility

Summary

In 2017, East Sussex County Council recommissioned its adult behaviour change support services and its community NHS health checks programme as an integrated health and wellbeing service. The integrated delivery model was designed to deliver a range of benefits to service users, including a streamlined point of access and whole-person support. Moving to an integrated health and wellbeing service has resulted in improvements in both uptake and outcomes.

Case study in full

Although life expectancy in East Sussex is significantly higher than the England average, the county has a life expectancy gap between the most and least deprived areas of over 13 years. The council is seeking to reduce this gap by making support more accessible to

people with greater levels of need. Behaviour change support services and programmes had been commissioned separately, with most focused on a single issue and provided by different organisations with their own access points and contact details. This led to individuals with multiple risk factors having to navigate different services to access all the support they needed. It also meant that referral pathways could be complex for referring organisations like primary care.

In August 2017, East Sussex County Council recommissioned all its adult behaviour change support services and its community NHS health check programme within a single fully integrated health and wellbeing service. The service is delivered under the brand One You East Sussex to ensure it is aligned with, and benefits from, branding and key messages delivered through the national One You programme.

One You East Sussex covers stopping smoking, losing weight, increasing physical activity and reducing alcohol consumption, and includes community NHS Health Check provision for people who would not access NHS Health Check through the main programme based in primary care. The service has a streamlined access point, enabling easier uptake for service users and clearer pathways for referrers. It has also developed referral pathways into housing support and debt advice to address the wider determinants impacting on an individual's health.

Since the service launched, over 14,000 people have taken up support, with nearly 50 per cent from areas with index of multiple deprivation (IMD) scores in quintile one or two.

Cost efficiencies from the single management structure and back office function have enabled the provider to expand its offer into new programmes including:

- the Man V Fat football weight management programme
- a mobile support unit taking services to harder to reach areas.

The integrated service has led to an improvement in activity. In the first nine months of 2019/20, 3,190 eligible individuals received an NHS Health Check, 704 individuals commenced a weight management intervention, and 2,556 individuals commenced a stop smoking intervention. This is double the amount achieved under the previous single-service contract in 2016/17.

The service's performance during this year's Stoptober campaign saw the largest number of people commencing a stop smoking programme in a single month – 434 people. Quality has also improved. For example, 41 per cent of weight management intervention users within the service achieve at least 5 per cent weight loss compared with only 16 per cent under the previous contract.

“The return of public health to local government enables us to build up on the achievements we have made in promoting and protecting the health of residents in East Sussex and put health and wellbeing at the heart of everything we do. Having effective behaviour change support services in place, not only helps us address health inequalities, it can also impact positively on other parts of the council by, for example, reducing demand for social care support.”

Councillor Carl Maynard

Lead Member Adult Social Care

Future plans

East Sussex intends to continue to work with the provider to build upon its successes and further develop the service in line with the 'What good looks like' resources.³⁴ It will focus on increasing the service's role in tackling health inequalities and its links with, and impact on, other parts of the system, such as emerging Primary Care Networks. It also hopes to increase self-care options and social prescribing to manage demand and increase personal resilience.

Key messages

- Integrating health and wellbeing services under a well-established brand such as One You can increase uptake as a result of streamlined referral pathways and raised profile.
- Integration can also improve health outcomes and address health inequalities by ensuring those most in need are able to access all the support they need in one service.
- Learning from an integrated approach to commissioning can be used to inform other commissioning programmes.

Links

One You East Sussex

www.oneyoueastsussex.org.uk

Contacts

Darrell Gale

Director of Public Health, East Sussex County Council

darrell.gale@eastsussex.gov.uk

Peter Aston

Health Improvement Principal

peter.aston@eastsussex.gov.uk

³⁴ ADPH/PHE, 2019 What good looks like resources.
www.adph.org.uk/2019/06/what-good-looks-like

CYCLE ENFIELD: A LONG-TERM PROGRAMME TO INCREASE PHYSICAL ACTIVITY AND IMPROVE THE ENVIRONMENT THROUGH ACTIVE TRAVEL

Summary

Active travel is one of the easiest and most accessible forms of physical activity. With its key partner, Transport for London (TfL), the London Borough of Enfield has built a network of cycle lanes with supplementary measures to encourage everyday cycling. This has increased physical activity by 41 minutes a week in those close to the network, as well as bringing many other health and environmental benefits. Cycle Enfield continues to develop, with more infrastructure planned, and a large range of community involvement activities to promote cycling within local communities.

“Cycle Enfield is a good example of where the London Borough of Enfield has taken a leadership role to not only improve the health of its residents and the environment, but also to make Enfield a better place to be. This includes cleaner air, designing streets for people, not cars and relieving some of the pressure on our NHS.”

Councillor Mahtab Uddin

Cabinet Member Public Health

Case study in full

The PHE report to Enfield Cabinet in 2014, ‘Moving More, Living More’, recognised that reducing physical inactivity requires creating the right environment that encourages and supports people to embrace physical activity as a natural part of daily life. The Chief Medical Officer for PHE has noted that an over-reliance on motor-vehicles is a factor for physical inactivity and that being active is “about weaving incidental activity into our daily lives”.

In 2013, with investment from TfL, the council began to develop and implement an extensive programme to increase non-sporting cycling and walking within the borough. The aim is to make the borough safer and easier for commuters, as well as everyday walking and cycling. Cycle Enfield (originally known as ‘mini-Holland’) is a multi-faceted programme which includes:

- the construction of segregated, traffic-free cycle lanes along the A105 and A1010 roads
- the development of quieter neighbourhoods to create safer residential areas
- cycle maintenance, skills training (both adults and schools), community rides, and inclusive cycling sessions
- cycle parking (including bike hubs and bike hangers), community bike-loans, organising second-hand bike markets
- trialling dockless bike schemes and connecting walking and cycling routes through parks and open spaces
- working with both hospitals in the borough.

Academic evaluation of the scheme³² has found that people living close to the Cycle Enfield network are undertaking 41 minutes more physical activity per week than those living at a distance from the network. This is more than 25 per cent of the national guidance for physical activity. Local data shows a 52 per cent increase in cycling levels between July 2016 and 2018 and more than 10,000 cycle journeys every month through Palmers Green.

In addition to the impact on physical activity, Cycle Enfield brings many other benefits:

- reductions in air pollution/global warming, noise, vibration, odour, stress/anxiety, road danger, loss of land, planning blight and community severance
- improved access to employment, education, shops, recreation, social networks and health and other services.

A key element of Cycle Enfield is engaging with local communities to encourage more people to be active. A few examples of activity in 2019 include:

- cycle confident training delivered to over 3,600 people
- Enfield's first interfaith ride in which more than 60 people cycled against racism and to celebrate diversity
- regular group led rides – the largest attracting 65 people
- Dr Bike bicycle drop-in check sessions conducted 1,667 cycle health checks
- the launch of an active travel digital map.

32 Aldred, R., Transport Research Part A (2018), Impacts of an active travel intervention with a cycling focus in a suburban context: One-year findings from an evaluation of London's in-progress mini-Hollands programme. doi.org/10.1016/j.tra.2018.05.018



Cycle Enfield community event

“Cycle Enfield can be compared to the workplace smoking ban in that it faced opposition before implementation followed by acceptance, appreciation, and a disbelief that it had not been implemented before.”

Stuart Lines

Director of Public Health

Future plans

Recognising the health and social benefits of everyday cycling, Cycle Enfield is now embedded as part of the fabric of transport planning in the borough as a long-term priority. The priorities of the Transport Strategy 2019-2041 are to:

- make active travel the natural choice, particularly for those trips less than 2km (1.2 miles)
- make more school trips safe, sustainable and healthy
- reduce the impact of private vehicles on the streets
- make the public transport network more accessible and the natural choice for longer trips
- maintain assets for the benefit of the public.

Key messages

- A concerted, partnership effort to promote healthy transport through a dedicated cycle network is a long-term priority, but transformation is possible when all partners remain committed, as is shown through its inclusion in the local Transport Strategy. Contrary to popular belief, for example, the Netherlands has not always been so cycle-friendly. It originally started to build its cycle network in response to the number of children killed on the roads and the oil crisis of the 1970s.

- Cycle Enfield is now widely appreciated across the borough, but at the start it faced some vociferous opposition; often people were worried about loss of parking and Cycle Enfield coincided with the national down-turn in shopping on the high street. Ways of working through this included:
 - a strong evidence base showing the potential benefits of the programme
 - dedicated leadership and vision from councillors, and commitment from the key partner, TfL
 - engagement with the public and interested parties
 - an extensive, ongoing programme of community engagement and activity so people develop the skills and confidence to make best use of the improved infrastructure – creating a cycling movement.

Links

Cycle Enfield

www.cycleenfield.gov.uk

Contacts

Stuart Lines

Director of Public Health

stuart.lines@enfield.gov.uk

Glenn Stewart

Assistant Director of Public Health

glenn.stewart@enfield.gov.uk

Liz Rhodes

Healthy Streets Community Liaison Officer

liz.rhodes@enfield.gov.uk

GATESHEAD: EMBEDDED PUBLIC HEALTH RESEARCH INFORMS COMMUNITY-LED PREVENTION

Summary

Gateshead Council has a partnership arrangement with Teesside University which involves hosting a researcher as part of the public health team. A recent project embedded the researcher in a local community that experienced significant health inequalities. The project delivered a wide range of successful community-led initiatives and partnerships with local organisations. Learning from this research is helping to shape a model for supporting communities more widely across the work of the council and its partners, with a focus on integrating health and care and developing place-based, community-led approaches to prevention.

“Public health is not an adjunct to what councils do, it is central to responsibilities such as housing, education, employment, planning and the environment, so much so, we could be called ‘public health councils’. One of our current priorities is to work with local people and community organisations to help them rebuild and strengthen the capacity for improving health and wellbeing in their communities.”

Councillor Martin Gannon
Leader Gateshead Council

Put people and families at the heart of everything we do	Support our communities to support themselves and each other	Work together and fight for a better future for Gateshead
Invest in our economy to provide opportunities for employment, innovation and growth	Tackle inequality so people have a fair chance	 Thrive pledges

Case study in full

Gateshead Council operates a strategic approach to planning and delivery called 'Thrive' which has the overarching aim of enabling all local people to prosper and succeed. Thrive involves five pledges which are used as a guide for all decision making. One of the pledges is 'Support our communities to support themselves and each other'. This commitment is also fundamental to the work of Gateshead health and care partners as they progress integration and make the shift to prevention.

Working with colleagues in the voluntary and community sector (VCS), the public health team has an important role in developing a model for working with communities which harnesses their strengths and prioritises their solutions, using a blend of community development and research expertise. The theoretical framework was informed by PHE's 'Reducing health inequalities: System, scale and sustainability'.³⁵

In developing the model, a researcher from Teesside University, was embedded on an estate with high levels of deprivation with a well-established local anchor organisation; Pattinson House.³⁶ The aim was to identify what local people suggested would help them to improve their health and wellbeing and support them to implement their ideas.

An important early finding from the research was that people on the estate were very aware of what they needed to do to be healthy. The problem was not lack of knowledge or motivation, but lack of money and opportunities – to afford healthy food, to exercise safely. Local people had a lot of energy, enthusiasm and ideas for how they could make a difference. Several ideas were tried – some successful and sustainable, some that didn't take off, like yoga. The research highlighted the importance of

skilled, non-judgemental staff being able to engage people in community settings.

Examples of successful initiatives stemming from or connected to the project range from small adjustments to major local partnerships:

- Social enterprise providing weekly healthy pizza and food events, encouraging volunteering, training and paid employment opportunities for local people.
- Making links with Gateshead International Stadium and raising awareness of the financial, social, psychological and attitudinal barriers to access, so that local families, children and young people could use the facilities.
- A continuing partnership with Harriers running club which allows young people to run with the club, resulting in a national award from Athletics England for Innovation Project of the Year.
- Introduction of traffic calming measures outside two primary schools in collaboration with the local elected member and council's planning department to encourage safe active travel.

The cost of the project was extremely low; the salary of the researcher and a small amount to support the community anchor organisation and seed initiatives. Partners associated with the project have attracted substantial further funding from Big Lottery to develop work in a neighbouring estate. Involving the anchor organisation and building community capacity has meant that successful initiatives have become self-sustaining.

Wider implications of this work include:

- By 2019, all members of the steering group and a number of volunteers from Pattinson House had completed Making Every Contact Count (MECC) training and understood how to personally deliver brief public health interventions. The joined up public health/university/VCS approach was vital in accomplishing this.
- A shift in the approach taken by the council to embed community engagement in

³⁵ PHE, 2017, Reducing health inequalities: System, scale and sustainability.

www.gov.uk/government/publications/reducing-health-inequalities-in-local-areas

³⁶ A project of the charity Edberts House. <http://edbertshouse.org>

place-based approaches, supporting local communities to connect to one another, and influence local systems and infrastructure to address their priorities, building on positive relationships with VCS organisations.

- A follow up study was commissioned as a result of concerns expressed by community members about the impact of Universal Credit, with findings highlighted in a report by the UN (see links).

“Our embedded research approach means that we systematically apply learning about effective ways of working with communities to help them improve health and wellbeing. The most important lesson we have learned is to hear and act on local people’s solutions rather than trying to impose what we think they need.”

Alice Wiseman

Director of Public Health

Future plans

The next programme of embedded research is working with another community-led project in an area with high levels of deprivation. This community had not previously had a mature anchor organisation, so this time the research will involve learning about the importance of connectivity on community wellbeing, and how to adapt and re-model public sector responses to better meet the needs of communities experiencing health and social inequalities. The researcher is working with community members to develop locally relevant, meaningful measures of change.

Key messages

- Partnerships between universities and local government are a useful way of learning and spreading good practice.
- Researchers embedded in public health teams and in communities enable timely, research-informed pragmatic solutions to be developed which reflect the voices and lived experience of people involved.
- Co-produced approaches are more likely to reflect the needs of local communities. Hearing and acting on the ideas and solutions of local people is an effective and sustainable way of supporting communities with high levels of deprivation to improve their health.
- Anchor organisations that work in an open and inclusive way in their communities are an invaluable resource for supporting health improvement.
- Rather than setting up new organisations or services, it is often more effective to support and grow local initiatives, delivered by trusted local organisations.

Links

Further information is available in the following publications or by contacting the researcher, Mandy Cheetham: M.cheetham@tees.ac.uk

Cheetham M. Gorman S, Wiseman A, Gibson E. (2019) It’s not about telling people to eat better, stop smoking or get on the treadmill, in ‘Co-creating and co-producing research evidence: A guide for academics and practitioners in health, social care and education’. Eds. Newbury-Birch and Allan (p66-77) Routledge, Abingdon, Oxon.

Cheetham M. Moffatt S. Addison M. and Wiseman A. 2019, Impact of Universal Credit in North East England: A qualitative study of claimants and support staff, British Medical Journal Open. bmjopen.bmj.com/content/9/7/e029611

Cheetham M, Wiseman A et al, 'Embedded Research; a promising way to create evidence-informed impact in public health', Journal of Public Health, Volume 40. doi.org/10.1093/pubmed/fox125

UN Special Rapporteur for Extreme Poverty and Human Rights.

www.ohchr.org/Documents/Issues/Poverty/EOM_GB_16Nov2018.pdf

Contact

Alice Wiseman

Director of Public Health

alice.wiseman@gateshead.gov.uk

LIVERPOOL CITY REGION WEALTH AND WELLBEING PROGRAMME: HEALTH, PRODUCTIVITY AND INCLUSIVE ECONOMIES



Wealth and wellbeing workshop: Visual minutes

Summary

The Wealth and Wellbeing programme is a partnership between PHE, Liverpool City Region combined authority and the six local authorities – Halton, Knowsley, Liverpool, Sefton, St Helens and Wirral – set up to focus on the relationship between health and work. By using a ‘systems leadership’ approach to engage with partners and establish a compelling narrative, ‘Good work, health and wellbeing for all’ has become one of the four key priorities of the emerging Local Industrial Strategy.

“The work of the wealth and wellbeing programme to date has been far reaching and inspiring and will go a long way to address the inherent health inequalities that too many of our communities face.”

Steve Rotheram

Metro Mayor, Liverpool City Region

Case study in full

The Wealth and Wellbeing programme builds on research which shows that productivity is lower in the north of England, with a key reason being that health and health inequalities are worse. Improving health will lead to greater employment and will reduce the productivity gap.³⁷ The programme aims to clearly demonstrate the link between health and work and make this a key element of the Liverpool City Region's Local Industrial Strategy and of each council's economic and employment strategies, with a view to improving both population health and supporting fair, inclusive growth across the city region.

A programme head was funded by PHE, with leadership and support from across the region, including the DPH lead for city region partnership. The programme used a systems leadership approach³⁸ which involves gathering a strong evidence base, workshops to connect with a wide range of organisations and the public, developing a compelling narrative to drive large scale change, and engaging with lead decision-makers to present the argument.

The programme produced a discussion report on the connections between health, employment and the economy: 'Productivity and Health in the Liverpool City Region'.³⁹ Key findings from research are:

- 33 per cent of the productivity gap between the region and the rest of England is due to ill-health. Reducing this gap would generate an additional £3.2 billion a year to the region in UK gross value added (GVA)
- mental health problems account for around half of the illness which leads to economic inactivity

- long-term health conditions lead to economic inactivity, and spells of ill health increase the risk of job loss and lower wages when people return to work.

Based on a programme of community engagement, the experiences of people who are out of work through ill health, and those in work with a chronic health condition are being collated into a report and an animated video to make the data more meaningful and help generate an expectation of change.

System connection workshops in the region's boroughs and region-wide have engaged with partners from across sectors. The programme acts as a system connector and shaper – building bridges across the health, employment and skills agendas, providing space for debate and building energy, linking portfolios in boroughs, translating policy into achievable action, and linking to funding opportunities.

The workshops helped shape a compelling narrative which informed discussions with decision makers. As a result of this, 'Good work, health and wellbeing for all' is one of the emerging Local Industrial Strategy's four key priorities.

“Taking action to improve people’s health in relation to work will lead to greater economic prosperity, creating a virtuous circle of increased employment and better health. Seeking economic growth and productivity without addressing poor health will be less successful and may lead to further health inequalities.”

Matthew Ashton

Director of Public Health Sefton and Lead Director of Public Health for City Region Partnership

37 CLES, 2014, Due North Report. cles.org.uk/news/inquiry-publishes-due-north-report-on-health-equity

38 See, for example, Welbourne et al, 2012, Leadership of whole systems, Kings Fund. www.kingsfund.org.uk/sites/default/files/leadership-whole-systems-welbourn-warwick-carnall-fathers-leadership-review2012-paper.pdf

39 Available from the contacts.

Future plans

Due to the success of the programme, it has been funded for a further period to continue to promote health and work as a priority in the Local Industrial Strategy and to work with system partners on the next steps. The aim is to make improvements to the labour market and accessible employment at scale, not just small-scale projects targeted at people with long term conditions or disabilities. Research for the programme includes comprehensive information about what works in health and employment. This will underpin a case for investment in measures that will prevent people leaving work due to poor health and enable people with health problems to return to work. For example, commissioning for social value to ensure that procurement and commissioning maximise opportunities for high quality local employment.

There will also be opportunities to explore ambitious themes that have emerged in the engagement part of the programme, such as 'wellbeing economics' – health and wellbeing as outcomes of economic planning.

Key messages

- At the start of this process, the relationship between health and economic development was generally not well or widely understood. Taking a system leadership approach over 18 months has resulted in increased understanding, acceptance and ownership.
- The system leadership approach, which involves discussions to understand a range of perspectives, has been an effective mechanism for driving large-scale change.
- A key element of the approach is challenge – if there is widescale acceptance that the argument is correct, then it follows that solutions should be implemented.
- Economic development is a social determinant on which it is often difficult for public health to make an impact; the partnership between PHE and councils across a combined authority has brought an opportunity to make a major impact on population health.

Links

LCR Local Industrial Strategy

www.liverpoolcityregion-ca.gov.uk/growing-our-economy/lis

Wealth and wellbeing animated video

www.wealthwellbeing.org

Contacts

Alex Higgins

Head of Programme,
Public Health England North West
alan.higgins@phe.gov.uk

Matthew Ashton

Director of Public Health, Sefton Council
matthew.ashton@sefton.gov.uk

NORTH YORKSHIRE: SYSTEM-WIDE RESPONSE TO HEALTH PROTECTION INCIDENTS

Summary

North Yorkshire County Council is a large, rural two-tier local authority with a complex health and care economy. Across the system, roles and responsibilities for responding to large scale health protection incidents were not sufficiently well understood. North Yorkshire public health team brought partners together to develop a Mass Treatment and Vaccination Plan. The plan has since been activated three times, including responding to one of the largest recent outbreaks of hepatitis A, with over 1,000 vaccinations delivered as part of the outbreak management.

“Protecting residents from threats such as outbreaks of infection is now one of the many important public health functions of local government and involves working with many partners across several sectors. North Yorkshire County Council took a leadership role in working with neighbouring councils to develop and test robust plans for responding to these incidents. As a result, we were able to meet the challenge of managing a large outbreak involving mass vaccination in four schools.”

Councillor Caroline Dickinson
Executive Member for Public Health

Case study in full

As part of council responsibilities, the DPH has a key role in preparing for and leading the council's response to incidents that present a threat to the public's health. In North Yorkshire this requires joint advance planning with several council departments, five clinical commissioning groups (CCGs), PHE, NHS England and contracted providers. Some of the partners work across City of York Council which is also involved in the planning.

Following a simulation exercise to better understand local systems, a workshop was organised, led by regional PHE and NHS England in conjunction with ADPH. This identified a range of issues that needed to be addressed for a seamless response to outbreaks requiring mass treatment or vaccination: a lack of central guidance, low resources across the system and a need to better understand clinical, contracting, commissioning and financial responsibilities.

All partners agreed to collaborate to develop a Mass Treatment and Vaccination Plan to provide a clear outline of what actions need to be taken, who will lead these actions, which staff teams can be mobilised and what enabling actions are required, such as equipment, supplies, venues, communications and patient group directions (PGDs). Plans from other local authorities were reviewed and adapted to create locally relevant templates. The partners also agreed formal arrangements for GP response; identifying premises; and accessing, storing and transporting stocks of drugs and vaccines.

The scenarios that have been planned for are:

- meningococcal vaccination for children in school settings
- mass vaccination against Hepatitis A in community settings

- mass meningococcal prophylaxis in nurseries or schools
- mass swabbing in communities in response to emerging respiratory outbreaks
- screening for TB in nursery, school, workplace or prisons
- meningococcal vaccination and prophylaxis for students
- antivirals for avian flu.

Since the plan was completed, North Yorkshire experienced one of the largest hepatitis A outbreaks in England and two low risk pathogen avian flu outbreaks. As a result of extensive sharing of the plan and joint exercises, the system was able to respond seamlessly in terms of control measures, mass vaccination (1,000 vaccinations as part of outbreak management for hepatitis A), communications and payment.

“This agreement shows how directors of public health, working with PHE, can develop joint solutions for assurance on health protection across a sub-regional footprint. North Yorkshire works regularly with colleagues from neighbouring authorities on issues that are better tackled together.”

Lincoln Sargeant

Director of Public Health

Future plans

North Yorkshire public health will lead an annual test of the Mass Treatment and Vaccination Plan and will revisit agreements to reflect any changes identified in the response to incidents. The plan is a working document which will be regularly updated to make sure key roles and responsibilities are understood and that contracts are in place.

Key messages

- Before proactive multiagency working began, individual partners felt a burden of responsibility and stress because they were not confident in their role in a large-scale health protection incident. This was especially the case for dealing with clinical and financial risks. Through working together and understanding what support and expertise there is in the system, most notably leadership and technical expertise from PHE, partners quickly began to see what they could offer in a system-wide response and this was mutually understood, agreed and appreciated.
- Staff across North Yorkshire are now much more confident in dealing with large scale health protection incidents. Co-creating and testing the plan means that partners are more familiar with each other and can respond more quickly and smoothly without wasting time. For example, mass vaccinations require premises such as schools or community halls to be available – this is now well understood, so can be achieved in the optimum time.
- Complex problems almost always require a partnership response with credible leadership to bring the partners together. North Yorkshire public health team and PHE played a key leadership role in this case.

Links

The plan is available on request from the contacts.

Contacts

Dr Lincoln Sargeant

Director of Public Health, North Yorkshire County Council

lincoln.sargeant@northyorks.gov.uk

Dr Victoria Turner

Consultant in Public Health, North Yorkshire County Council

victoria.turner@northyorks.gov.uk

STRONGER SANDWELL: A NEW APPROACH TO HEALTH IMPROVEMENT HARNESSING THE STRENGTHS, IDEAS AND SKILLS OF LOCAL PEOPLE

Summary

Together with voluntary sector partners, Sandwell public health has developed a community asset-based model which harnesses the strengths and ideas of local communities and targets resources to supporting local people help each other to improve health. Several successful projects and programmes have been shaped by the approach, including the double award winning Blue Light project.

“Our Stronger Sandwell approach is about trusting our community to know what it needs. The starting point is always local people’s ideas, aspirations and experiences. That way, every project is genuinely owned by the community, which in turn gives our Public Health work a level of local validity, scale and sustainability that it wouldn’t otherwise have.”

Councillor Farut Shaheen
Cabinet Member for Healthy Lives

Case study in full

Stronger Sandwell is a new approach to improving health in the local population developed by Sandwell public health. It involves three principles which form the basis of the council’s health improvement activity.

- Build on Sandwell’s strengths – everything is based on local people’s ideas and skills, doing the work with local people, not to them.
- Local focus and investment – investing time and resources locally, focusing on health improvement projects run by local people for local people – not by large companies from outside the area.
- Nobody is left behind – never forgetting the people facing the biggest life challenges, the most disadvantaged and vulnerable.

By adhering to the principles, the council and their voluntary sector partners harness the strengths in local communities to co-create hundreds of inclusive health improvement opportunities. It then promotes and connects local people to the opportunities by a telephone referral service and online activity finder.

Examples of initiatives

Blue Light project

In 2015, Sandwell Council started working with partners to develop the Blue Light project which supports people with serious alcohol related issues who struggle to engage with services. The aim of the project is to ensure that no one falls through the net and that professionals work together to help people transform their lives.

In line with the Stronger Sandwell principles, the Blue Light project harnesses local strengths. A multidisciplinary team incorporates public health, ambulance, police, probation, fire, primary care, mental health, alcohol treatment and frontline NHS workers. It identifies, reaches out and establishes a rapport with alcohol dependent people with complex needs and liaises regularly to review progress and consider next steps.

The project started with minimal resources yet has delivered significant savings for local emergency services. An evaluation of 16 individuals participating in the project showed that the Blue Light intervention reduced costs by over £150,000 in the first year. The success led to the continuation of the project with funding provided by public health. Around 50 individuals are now being helped each year. In 2019 the project won the Guardian Public Health and Wellbeing Award⁴⁰ and the Royal Society of Public Health Award for Healthier Lifestyles.

40 www.theguardian.com/society/2019/nov/27/guardian-public-service-awards-public-health-and-wellbeing-winner

Big ideas

The council is inviting people across Sandwell to share their ideas for improving physical or mental health and will help make the best ones happen. A girl called Holly wrote to the council suggesting a race in her local park to get people active and raise money for charity. Holly's Race was a big success, with many local families taking part, and raising over £1,000 for Save the Children. Public health is currently focused on inviting ideas from primary school children across the borough, and local children will be involved in writing this year's DPH report.

#MoveMoreSandwell

Developed with a range of community partners, this initiative identifies, encourages and promotes local community-based opportunities for physical activity that are run by the people, for the people. Examples include the Ride Activator scheme which trains local cyclists to lead rides for less confident cyclists in their local area, and a project to help disabled people to cycle using adapted bikes. These are low cost projects



supporting local people to contribute to their communities.

Healthy and happy

As a response to local feedback, this project aims to eliminate the stigma and distress that can be caused by the National Child Measurement Programme's feedback letters which some parents perceive as 'fat letters' which, rather than motivating change, may even make obesity worse (see link to blog, below). A local working group of young people, parents and professionals has co-designed a new resource to replace feedback letters. The resource gives accessible advice on healthy eating, getting active and mental wellbeing, and will go to all parents regardless of their child's weight. Parents can still get information on their child's BMI, but this is now an opt-in system of feedback.

Future plans

The Stronger Sandwell approach has rapidly grown into a community wide social movement. Dozens of voluntary sector, NHS and commercial organisations are on board and a full team of development officers are working with local people in each of Sandwell's six towns to develop community driven projects.

The future is unclear, which is exactly how the Sandwell Public Health team like it. A genuine asset-based approach does not lend itself to detailed and directive strategies of what will happen and when. Rather, the 'Stronger Sandwell' principles are simply a guide to 'how' work is done, not 'what' is done. Trust is placed in the local community to define what it needs and where it is needed, which in turn leads to greater community ownership and long-term sustainability.

“Being based in local government enables us to put the ‘public’ back into public health. Local people are not problems to be fixed – when we listen to them, we find

that they provide solutions to improve health and wellbeing. We see all 330,000 people in Sandwell as part of the public health team.”

Lisa McNally

Director of Public Health

Key messages

- Stronger Sandwell has moved away from a deficit approach to one which understands that communities have strengths and solutions, and trusts people to set the agenda for improving their health.
- Harnessing the assets already present in local communities, and nurturing these, can make an impact that achieves the scale needed to tackle poor health and is sustainable into the future.

Links

Stronger Sandwell

www.strongersandwell.com

Director of public health blog

www.centreformentalhealth.org.uk/blog/centre-mental-health-blog/tackling-childrens-health

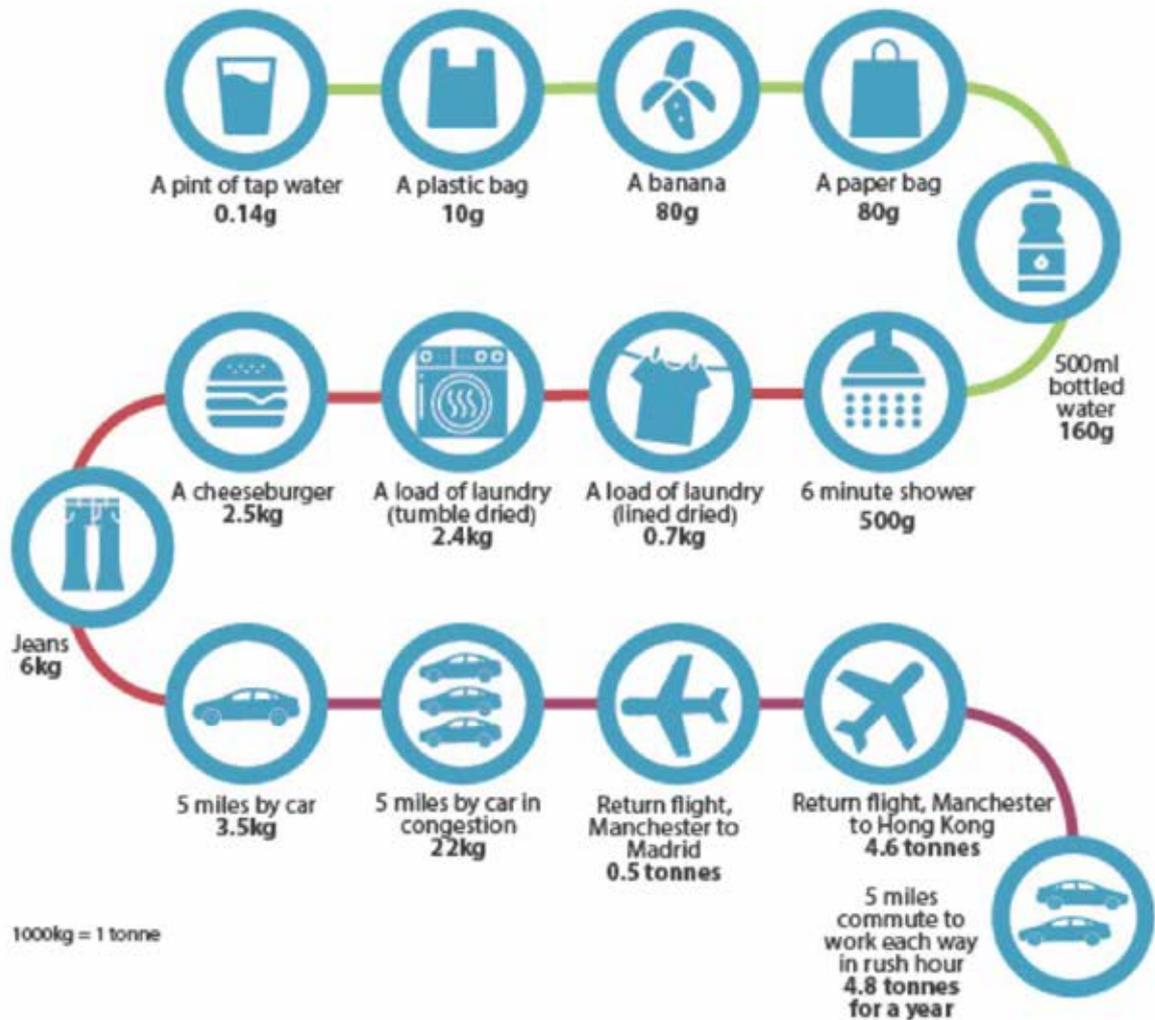
Contact

Lisa McNally

Director of Public Health

lisa_McNally@sandwell.gov.uk

TRAFFORD AND GREATER MANCHESTER: REDUCING THE IMPACT OF CLIMATE CHANGE



The carbon footprint of some common items⁴¹

Summary

This case study describes how public health is working across the Greater Manchester Combined Authority, the Greater Manchester Health and Social Care Partnership and in individual councils to take steps to reduce the impact of climate change. The Trafford DPH report for 2019 provides a useful resource which explains climate change in clear and simple terms and describes what individuals and organisations can do to reduce their impact on the environment.

“As a council we are in a great position to start making change real. Across the council, we are identifying the actions that we can take to reduce our carbon footprint and through this, improve the health, social and economic situation of our local families and communities.”

Councillor Jane Slater

Executive Member Health, Wellbeing and Equalities

⁴¹ Berners-Lee, Mike, 2010, 'How Bad Are Bananas? The Carbon Footprint of Everything'. London: Profile.

Case study in full

Partners across the Greater Manchester city-region are working together to reduce the impact of the climate and ecological crisis. In November 2018, Trafford became one of the first local authorities to declare a climate emergency, and the Greater Manchester Health and Social Care Partnership followed in August 2019. Greater Manchester has committed to being carbon neutral by 2038 and is implementing a carbon reduction strategy within its overall environment plan. As part of this, Greater Manchester commissioned research to investigate the extent of its carbon footprint, overall and within council areas, with the aim of identifying shares for reducing carbon emissions on a sector-by-sector basis.

DsPH work collectively across Greater Manchester for issues best carried out at scale, with each director taking a lead for a specific area. The DPH for Trafford is the lead for climate change and sustainability and represents public health on region-wide activity. In this she is supported by a public health consultant (employed by Public Health England) to work with the partnership on climate change and sustainability. A recent project has been working with a Manchester voluntary organisation, the Carbon Co-op, to develop a flexible training package for council staff to raise awareness about the importance of reducing carbon and describe measures to achieve this. The training will be piloted in Trafford in January and February 2020.

The partnership is also the first system to produce a sustainable development management plan; this will include a series of initiatives to cut the use of single-use plastic in hospitals and other ways of reducing the carbon footprint.

Many aspects of addressing climate change require changes to infrastructure, organisation and systems such as building, planning, and transport. Across the region and in individual councils, public health advises on and promotes measures that contribute to this aim, which often result in population health

benefits, such as more walking and cycling, increased energy efficiency, and developing green spaces for physical activity and absorbing air pollution. Public health also has a key role in supporting changes to services with high environmental impacts and ensuring sustainability is embedded in prevention strategies.

Public health is also key in working with individuals and communities to help them take the action needed to reduce their carbon footprint – very often a win-win situation because of the corresponding health benefits. This aspect is the focus of Trafford's public health report for 2019, 'Combatting Climate Change'. The report aims to provide a clear, readable and practical resource that can be used by organisations and individuals to understand climate change, its consequences and change what they do to reduce their impact on the environment. It also intends to create a demand for change and a vision for improved lives for individuals and families.

The annual report covers key issues of interest to all generations: food, buildings, energy, transport and fashion. It also covers the growing issue of 'eco-anxiety' – concerns about the environment affecting people's mental health, including stress and depression.

The report sets out simple improvements that people can make and provides overarching messages such as 'Refuse, reduce, re-use, repurpose and recycle – in that order.'

“We are at the point where decisions we make now will make a huge difference for the future of the Earth. We need to act now, but the good news is that almost all the actions we need to tackle the climate and ecological crisis will also improve our health and our daily lives.”

Eleanor Roaf

Interim Director of Public Health, Trafford and GM Public Health Training Programme Director

Future plans

Trafford will be spreading the messages in the annual report to individuals and groups – through schools, the youth parliament etc. It is also working on embedding actions to address climate change in the social value aspect of commissioning plans. Through the CCG, Trafford will be working with partners across the partnership to support changes in NHS services that reduce the impact on the environment and the delivery of the Greater Manchester’s five-year plan for the environment.

Key messages

- Reducing the impact of climate change involves changes to systems, services, organisations and infrastructure, as well as behaviour change in individuals and communities. Both aspects need to be brought together into a strategic approach. Public health can help with this through expertise in population health analysis and individual behaviour change.

- Framing the messages in terms of positive outcomes and achievable actions can also help combat feelings of helplessness in the face of climate change. Having the support of the specialist public health consultant is also helping to move the agenda forward.

Links

Combatting Climate Change, Report of the Director of Public Health, Trafford 2019

<https://moderngov.traffordccg.nhs.uk/documents/s2116/TFD%20Public%20Health%20Report%202019.pdf>

Greater Manchester’s five-year environment plan

www.greatermanchester-ca.gov.uk/what-we-do/environment

Greater Manchester Health and Social Care Partnership

www.gmhsc.org.uk

Carbon Co-op

<https://carbon.coop>

Contact

Eleanor Roaf

Interim Director of Public Health, Trafford and Greater Manchester Public Health Training Programme Director

eleanor.roaf@trafford.gov.uk

WILTSHIRE: HEALTH JUSTICE MODEL AND PRISON HEALTH TRAINER PROGRAMME

Summary

Wiltshire public health works closely with the Criminal Justice Board and other partners to improve the health and wellbeing of prisoners in the local prison and those being released. A long-standing prisoner peer health trainer programme has been running effectively for over 10 years. This case study includes some personal accounts of prisoners' experiences of the programme.

“Good health and wellbeing form an important part of the rehabilitation process and our health trainers working at HMP Erlestoke are having a positive and empowering effect. Prisoners who have taken up a health trainer role are relishing having that responsibility and developing new skills, and in turn those they are supporting are getting the guidance they need to lead a healthier life, which we hope has a positive impact for their future.”

Councillor Laura Mayes

Wiltshire Council Cabinet Member
for Public Health

Case study in full

HMP Erlestoke male prison in Wiltshire has become a resettlement prison in which prisoners serving 12 months or under receive a tailored package of supervision and support on their release with a view to reducing reoffending. Prison populations have high levels of learning disability, autism and mental health problems and low levels of educational achievement, resulting in significant health inequalities. Wiltshire public health is working with the Criminal Justice Board and Wiltshire Police and Crime Commissioner to develop a health justice model aimed at tackling the social determinants which can lead to poor health as well as reoffending; employment, education, housing and support.

This work builds on the successful health trainer programme introduced by Wiltshire public health in 2009. Offenders are trained to be health trainers, with a nationally recognised health improvement qualification. They then support their peers with positive behaviour change, including support with healthy eating, getting active, improving emotional wellbeing and staying smoke free. The health trainers signpost to other services within the prison that provide specialist support, including working closely with the healthcare team. The service is run on a limited budget supported by the public health grant and the Friends of Erlestoke organisation.

During 2018, health trainers conducted 61 health and wellbeing assessments, an increase of 15 per cent on the previous year. The most common reasons for people using the health trainer programme are physical



activity, healthy eating, weight loss and diabetes prevention. The proportion of people who fully or partially meet their primary health goal varies each year – in 2018, 64 per cent of clients fully met their goal and 36 per cent did so partially.

Personal experiences

“Jail time can be hard; it can drag you down if you let it. I was determined to make the most of my time and I realised that helping others would be a positive use of my time. I have supported demotivated prisoners with really small steps, like leaving their cell more often, then leading to bigger changes like joining a class or taking a course. I have seen significant improvements in confidence of prisoners I have supported.

“On a personal note, I am a far better communicator than I ever was, I have learned to listen and to really understand people. I am far more humble and grateful for what I have. I get great satisfaction from helping others, if I am doing my bit to help people, those people may then help others. I have also found a passion for something I would like to pursue

after prison, I am excited to have qualifications and experience that I can use when I leave, the opportunity I have been given to help others will help me for the rest of my life.”

Health trainer

“During a medical check-up one of my clients found he had entered a pre-diabetic condition. He made the brave decision to tackle this situation and take steps to lose weight as this was possibly the contributory factor. He started to exercise more, change his eating habits and included more fruit and veg in his diet. He is very committed to putting his health first and keen to make changes having gathered information from the library on the range of foods that were healthy and how it supports people with diabetes. He has continued to lose weight and most importantly a follow-up appointment with health care confirmed that he is now out of pre-diabetic range.”

Health trainer

“My health trainer has been extremely encouraging and patient with me as I suffer depression and low confidence. He has been alongside me when I have needed to step out of my comfort zone, by doing this my confidence has grown immensely and it has been an enormous achievement for me to step out of this zone. When I have had low days my health trainer has been there to listen and offer support. Since taking up the offer of a health trainer my fitness levels have greatly improved, I now feel I can join in and have achieved positive results. I would like to thank the prison system for providing health trainers and to the health trainer who has supported me.”

Health trainer client

“Public health is working with partners to tackle major social and health inequalities such as prisoner health, domestic violence and children living in poverty. By using a health improvement model and collaborating across the council and with other partners in the NHS, the criminal justice system and beyond, we can make a real impact.”

Tracey Daszkiewicz
Director of Public Health

Future plans

The prison-delivered health trainer programme is part of the wider community-based health trainer programme delivered across Wiltshire. For 2020 and beyond the programme aims to build further on its successes to increase the numbers of offenders accessing the programme with a specific focus on those with diabetes or at risk of developing the condition, in line with local and national priorities. The health trainer programme forms part of a wider partnership

to improve offender outcomes whilst in prison but also upon release into the wider community.

Key messages

- As part of the local authority, public health is well-placed to work closely with partners in criminal justice and the police across the social determinants of health.
- Engaging with a peer health trainer often leads to positive changes including healthy behaviour, health literacy, increased personal resilience and reduced isolation, all of which supports the reduction of health inequalities and promotes a whole-prison approach to health and wellbeing.
- An ongoing process of recruitment, training and development ensures a sustainable delivery model.
- Partnership working between public health officers, prison staff and offenders is key to the success of the programme.

Links

Wiltshire health trainers

www.wiltshire.gov.uk/public-health-trainers

Contacts

Tracey Daszkiewicz

Director of Public Health
tracy.daszkiewicz@wiltshire.gov.uk

Steve Maddern

Public Health Consultant
steve.maddern@wiltshire.gov.uk



Local Government Association

18 Smith Square
London SW1P 3HZ

Telephone 020 7664 3000

Fax 020 7664 3030

Email info@local.gov.uk

www.local.gov.uk

© Local Government Association, March 2020

For a copy in Braille, larger print or audio,
please contact us on 020 7664 3000.
We consider requests on an individual basis.

REF 1.105