

HERTFORDSHIRE COUNTY COUNCIL

**PUBLIC HEALTH, PREVENTION AND PERFORMANCE
CABINET PANEL
12 MARCH 2018 AT 10.15 AM**

Agenda Item No. 5

**CURRENT PROGRESS ON PREVENTION AND NEXT STEPS: TOWARDS
A PREVENTION STRATEGY**

Report of the Director of Public Health

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1. Purpose of report

- 1.1 To provide Panel with the background to work on Prevention across the Council, an update on work being undertaken and a precis of the work established by the Prevention work stream which is part of the current SMART transformation programme.
- 1.2 To consult members on what aspects should be included in the County Council Prevention Strategy which is currently being developed.

2. Summary

- 2.1 There are three main programmes of prevention work going on within or led by the County Council, or with its engagement. This report aims to summarise and make links across them and seek members' views on priorities for Preventive work going forward.
- 2.2 Following the consideration of Panel's comments, officers will be developing a Prevention Strategy to bring to Panel at a later date.

3. Recommendations

Panel is asked to:

- i. Note and comment upon the contents of the report

- ii. Identify any other areas of the County Council's business in which it feels that opportunities to progress Prevention exist so that these can also be considered by Officers.

4. Background and Rationale

- 4.1 Demographic changes over the next 20 years and beyond will mean that most public sector agencies need to manage the need for public service and demand wherever possible, in order to sustain services. The County Council has placed this work within a prevention work stream. This work stream is different to PREVENT which is a national anti-terrorism initiative the County Council is also taking forward.
- 4.2 The Local Government Association recognised the need to manage the demand for services and has developed a series of prevention at scale pilots, but these all mostly focus on individual health topics rather than taking a view across public services.
- 4.3 There are three main programmes of prevention work going on within or led by the County Council, or with its engagement. These are:
 - i. The prevention of ill-health which is a core part of the work of public health, both led by Public Health and in partnership with others
 - ii. The prevention work being undertaken for the Sustainability and Transformation Plan (STP) which overlaps significantly with the prevention of ill-health above
 - iii. The County Council's corporate prevention programme including those preventive work streams going on in every department. There are multiple strands of this work on prevention.
- 4.4 In order to drive the Prevention agenda forward across the County Council, a specific Portfolio and Panel were created.
- 4.5 The aims of the County Council's prevention approach are:
 - i. to ensure Hertfordshire residents live as well as possible and as independently as possible
 - ii. that avoidable need for public service is prevented where it is possible to do so
 - iii. this is done across all County Council responsibilities, not just on public health.
- 4.6 There is already a large volume of prevention work going on across the County Council. This report is designed to provide a summary of activity across the various work streams, and to gauge members' views on what priorities should be pursued.

- 4.7 There are three major "building blocks" to the County Council's corporate prevention approach:
- i. Building a culture of self-care and resilience for residents i.e. people looking after themselves where possible
 - ii. Building prevention into the day job across all services so it works upstream wherever possible
 - iii. Large scale step-change programmes across agencies for tangible benefit and to make significant changes in how prevention is delivered
- 4.8 A corporate work programme has been established with a programme board which has representation from all directorates. Members are invited to comment upon how these work together and add value, how they can be brought meaningfully into a strategy and how the ambition for prevention at scale and to be thoroughgoing across the council can be realised.
- 4.9 There is still more that could be done to embed Prevention as a culture and approach within Hertfordshire. The recent Local Government Association Peer Challenge on Public Health identified some significant strengths in the County Council (see Appendix 1) and also asked it to consider how it could create further purchase on the Prevention Agenda.
- 4.8 Demographic changes over the next 20 years and beyond will mean that many public sector agencies will struggle to meet demand for their services. Firm plans to take action are needed now to find innovative ways to prevent/reduce the demand for services:
- i. By 2037, there will be around 220,000 more people in Hertfordshire, an 18.6% rise (more than double the population of Watford).
 - ii. Around 23,000 of these residents will be aged 90+ (people are living longer)
 - iii. The number of over 65-year olds will increase by 55% (more than 111,000 people)
 - iv. There will be in the region of 90,000+ more homes
 - v. An increase of approximately 20% more traffic on the roads
- 4.9 Demand is outpacing resource and will continue to do so unless, as a population, we become healthier, avoid preventable illness, and are able to be independent. Significant avoidable and preventable demand on services already exists within the system.

- 4.10 To take the example of health, preventing a working age adult getting Type 2 diabetes not only increases quality of life and quality of care, but prevents cost to the public purse in excess of £1million per patient over their lifetime. In 2000 there were an estimated 40,000 adults in Hertfordshire with Diabetes Type 2. Estimates for 2020 suggest this will reach 80,000.
- 4.11 Variations in primary care performance in Hertfordshire mean that patients still develop avoidable complications resulting in referrals into social care. Preventing people becoming diabetic when they are at high risk, not just providing care for those who develop complications, must be a shared priority for the system.
- 4.12 To take the example of waste reduction, there are economic and environmental issues from not reducing waste, not least the increasing cost to the council from landfill. Preventing waste being generated wherever possible can save money for residents and the council and have significant environmental benefits.
- 4.13 The developing consensus in Hertfordshire is that prevention should be more than simply health, and more than avoiding disease. It is about engaging, empowering, supporting and activating individuals, communities and society to be more resilient, reduce risk, identify problems early, seek effective solutions, and avoid adverse outcomes.
- 4.14 There are a number of principles to the County Council's prevention work, which have been developed by the Executive Member. These follow the vision expressed by the late Robert Gordon, Leader of the Council, working with officers and other portfolio holders, and are:
- i. Hertfordshire should be a county where, from conception to grave, public services should encourage and support independence, and reduce demand for them.
 - ii. Prevention can be defined as:
 - Preventing the need for a service in the first place
 - Reversing or reducing need for a service and helping people regain independence
 - Stabilising people who are very complex or in significant need to stop the need for services worsening.
 - iii. Most services should have a preventive focus (for example money advice targeted in the right way can reduce the need for mental health services; drugs services which ensure people who inject drugs get vaccinated for hepatitis A and B can prevent them contracting serious liver damage).
 - iv. While there are some services which must be provided, they can have preventive aims and components.

- v. Decisions about strategy and policy should be made through the lens of the council's preventive ambitions.
- vi. We wish to become a prevention focused organisation. This will need multiple foci and projects with varying timescales to deliver outcomes.
- vii. We should create a "prevention outcomes dashboard" for the Council.

4.15 This is easier said than done. It requires system level action to make some long-term changes. It also requires a key understanding of how. At present this is divided into three types of work and focus:

i) People looking after themselves

A change of culture for both service users and service providers

- People know how to help themselves
- They are aware of alternative sources of support and can access them easily
- They are supported by policies which reinforce this
- Behavioural science is used to make messages effective

ii) Building prevention into the 'day job'

- Training and culture shift for Hertfordshire County Council staff at all levels
- Identifying where 'upstream' preventative activities could positively impact future demand
- Prevention in all policies and business processes

iii) Investment in transformational programmes

Large scale projects to transform demand and need

- A range of potential projects have been submitted to Senior Management Board and are under consideration

4.16 A strategy for Prevention is in production and will be presented to Panel in due course. This will include recommendations that address:

- The requirement for political support to invest in prevention in order to protect the expanding population in the future. Investment in prevention often has a long-term payback period in terms of savings/demand reduction.

- The necessary resources to bring about long-term changes to achieve prevention goals.
- The dichotomy whereby budget reductions over recent years have reduced preventative activities/services. How prevention is re-established / protected going forward is a crucial area for agreement.

5. Current Success on Prevention

- 5.1 Current assessment shows that the County Council has had some successes in achieving outcomes for the county's population:
- The Assistive Technology programme for adult care has seen a number of adults manage to stay in their own homes rather than move into residential care
 - Family Safeguarding work has delivered results in reducing the number of young people coming into local authority care
 - The street triage programme for mental health has reduced emergency admissions to hospital
 - A programme of vaccinations for injecting drug users has seen a reduction in Hepatitis B (at a cost avoided of £480k per person)
 - Smoking in pregnancy has reduced to 7%, significantly below the national rate, and with it smoking related disability, complications and birth defects in children
 - The Hertfordshire programme of the National Diabetes Prevention Programme has identified a range of adults who would otherwise have gone on to develop diabetes
- 5.2 This suggests that Prevention is something the County Council can become more adept at, and suggests the need for a properly strategic approach.

6. Current Work on Prevention

- 6.1 In addition to the work already mentioned above, there is a portfolio of work already in existence, summarised at Table 1 below, and a planned portfolio, summarised at Table 2 below.
- 6.2 Some directorates are already developing their directorate prevention strategies to identify how they embed prevention as the day job (noted in Table 2 below).

Table 1: Existing Examples of Prevention Projects

<i>EXISTING Examples</i>	A culture of self-care and resilience	Making prevention the day job so services work upstream wherever possible	Large scale step change programmes
ACS	Herts Help	Assistive Technology	Frailty Prevention First including signposting, social prescribing and navigators
Children's Services	Children's Centres	Early Help	Family Safeguarding
Environment	Recycling	Road Safety	Waste Reduction
Community Protection	Duke of Edinburgh	Fire Prevention	Safe and Well
Public Health	Making Every Contact Count Social Prescribing	Social Prescribing A range of prevention services from health visiting to health checks	Social Prescribing The Prevention Programme for the Sustainability and Transformation Plan
HR	Staff Wellbeing Offer		

Table 2: Portfolio of prevention programmes in development. Directorate prevention strategies where currently being developed are indicated.

<i>PLANNED (not including those under consideration today)</i>	A culture of self-care and resilience	Making prevention the day job so services work upstream wherever possible	Large scale step change programmes
Corporate			
ACS		<u>ACS Prevention Strategy</u>	Frailty ITT
Children's Services	New family centres offer	<u>Children's Prevention Strategy</u> Early Intervention	
Environment		Waste Road Safety	
Community Protection		<u>CP Prevention Strategy</u> Safe and Well Drug Testing on arrest	
Public Health	New family centres offer	<u>PH Prevention Strategy</u> Reprocurement of public health services Drug testing on arrest	STP Prevention Strategy Social Prescribing Self-Management Healthy Homes Programme
HR		<u>Staff Health programme</u>	

6.3 In addition, following its recent seminar on prevention, the [Hertfordshire Forward Group](#) agreed three multi-agency priorities for preventive work to be developed. These are currently being scoped to be brought back to Herts Forward in March 2018. The priorities are:

- i. Quality Communities – ensuring communities are liveable across the lifespan, of high quality in planning and infrastructure and environmental infrastructure, and support healthy independent living across the lifespan
- ii. Preventing and Reducing Waste
- iii. Preventing and Reducing Social Isolation and Loneliness

7. Large Scale Step Change Programmes

7.1 There is a need to scope and understand whether large scale programmes can be developed in order to make a step-change in how we deliver prevention. These programmes will take resource as well as careful development. At present work is focused on making an assessment of whether work in this area would be likely to bring benefits to residents, as well as benefit to the County Council. Some potential ideas for further exploration are contained in Table 3 below. Members are asked for their views on these and potential others.

Table 3: Proposed Step-Change Programmes

Paper	Key Information
Herts Home Safety/ Safe and Well	This programme is already being rolled out in one form. It aims to keep people independent in their own homes. It is currently in its first phase with over 6,000 visits and is being evaluated to determine its outcomes, with a view to deciding what further work is to be done when the evaluation results are known.
Investment in Young People	Whether, and for what things, investment in primary prevention (preventing problems from starting) may help young people and prevent them needing public services later. Mental and physical health, resilience and work and education readiness are all areas where young people could be supported.
SEND	What is the next stage of a transformational approach to Special Educational Needs and Disability to improve outcomes?
Edge of care 11+	Could we go further in preventing young people

	needing local authority care?
Employment and growth	Can we do more to help people vulnerable to unemployment or who find it difficult to get employment, to find meaningful work which helps them be independent and prosper?
Joined up independent living for adults with LD combined with Post 19	Can we do more to keep vulnerable adults independent, out of hospital and needing less care?
Older Peoples' Resilience, join with predictive analytics and scope	
Further Investment in Assistive Technology for Frailty	

8. The Sustainability and Transformation Plan and Prevention

8.1 NHS England established Sustainability and Transformation Partnerships across England, and Hertfordshire County Council is part of the Hertfordshire and West Essex STP. The County Council still needs to form a proper view of its position on the development of this work but the County Council Chief Officers are leading four of the STP work streams, each of which has a corresponding Board.

- Jim McManus – Prevention. Self-Management
- Iain MacBeath – Frailty
- Jenny Coles – Children, Women and Families

8.2 The Prevention work stream for the STP is focused on reducing the preventable burden of disease on residents and public services. Specifically, programmes on reducing avoidable cardiovascular disease and cancer (two of the four biggest causes of early death in Hertfordshire) are underway.

8.3 Two important foci of the Prevention work stream are:

- i. Social prescribing – providing, on referral by a professional, a non-medical intervention like physical activity or social activity (e.g. drama for mental health) where the evidence is that activity is as good as or better than a prescribed medicine. This programme is already live and rolling out across Hertfordshire.
- ii. Reducing variations in primary care - too many people still develop avoidable complications or exacerbations of disease

because opportunities in primary care are missed or pathways not followed fully. Addressing this would have large scale impact and also reduce the need for social care.

9. The Local Government Association Peer Challenge

- 9.1 As part of its sector led improvement work, the County Council invited an external peer challenge which was undertaken by the Local Government Association (LGA) on 18 – 20 October 2017. This challenge looked at Public Health, and also at how well the County Council and its partners are set up to achieve ambitions on prevention. The report of the Challenge identified some significant strengths in the County Council and its Public Health function. These are reproduced in Appendix 1.
- 9.2 The report also identified, relevant to taking prevention forward, a range of opportunities for the County Council, much of which are beyond Public Health alone to lead, and require corporate leadership including Public Health.
- 9.3 The County Council was encouraged to take on the role of being the custodian of the health of the population as a system leader. This is a challenge wider than just public health, but is an opportunity for system leadership.
- 9.4 The headline messages noted below also identify issues which the peers felt the wider system really needs to address, and this is where particularly the ownership and leadership of the Health and Wellbeing Board is relevant. Members are asked to consider how the Board should take these forward:
- i. “Hertfordshire has the opportunity to do more, focussing on outcomes, addressing some of the big-ticket issues, shifting the focus further up-stream to help people to help themselves to remain fit and healthy”
 - ii. “There is a clear desire for the County Council to play a key role in promoting the health and wellbeing of the local population”
 - iii. “Recognition that it is a very complex system with overlapping plans but no overall strategy - need to develop a comprehensive ambitious vision for the future owned by all partners with targets and milestones.”
 - iv. “The governance and working arrangements between the Sustainability and Transformation Plan (STP) and the Health and Wellbeing Board need to be addressed”.

- v. “Working relationships at an operational level between Hertfordshire County Council and the CCGs are good but behaviours sometimes breakdown. There is an opportunity to re-set relationships.”
- vi. “There is a need for a greater shared understanding of the opportunities and constraints for both the County Council and Health”.
- vii. “Some of the Invest to Transform Fund could provide for a step change in addressing improvements in the public’s health”.

10. Equality Impact Assessment

- 10.1 When considering proposals placed before Members it is important that they are fully aware of, and have themselves rigorously considered the equalities implications of the decision that they are taking.
- 10.2 Rigorous consideration will ensure that proper appreciation of any potential impact of that decision on the County Council’s statutory obligations under the Public Sector Equality Duty. As a minimum this requires decision makers to read and carefully consider the content of any Equalities Impact Assessment (EqIA) produced by officers.
- 10.3 The Equality Act 2010 requires the Council when exercising its functions to have due regard to the need to (a) eliminate discrimination, harassment, victimisation and other conduct prohibited under the Act; (b) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it and (c) foster good relations between persons who share a relevant protected characteristic and persons who do not share it. The protected characteristics under the Equality Act 2010 are age; disability; gender reassignment; marriage and civil partnership; pregnancy and maternity; race; religion and belief, sex and sexual orientation.
- 10.4 An initial EqIA will be undertaken and will be revisited and reviewed as the direction of the programme develops

Appendix 1: Questions asked by the County Council of the Peer Challenge and strengths the Challenge identified

Levels	1: Assuring the basics	2: Influencing across and between	3: Embedding Value and future prospects for value	4: A Prevention focused council
<p>Questions we asked the LGA Peer Challenge</p>	<ul style="list-style-type: none"> • Do we have the right processes in place in order to assure ourselves we deliver on mandated services and relationships? • Is the strategy coherent and appropriate? • What are the key values (knowledge, skills, tools, human capital) Public Health brings to the Council? 	<ul style="list-style-type: none"> • How is Public Health impacting across the rest of the Council and its services? • How is Public Health impacting across the rest of the partnership landscape? • How is Public Health contributing to the key strategic agendas for local government in and through austerity • How is Public Health being influenced by and absorbing good practice from the rest of the Council? • How are other 	<ul style="list-style-type: none"> • To what extent are other parts of the County Council understanding, using and integrating the value Public Health can bring to influence their core business? • What more can be done to do this, and to capitalise on and embed existing value? • What areas not being addressed currently bring opportunities to realise value for the Council? • How well set up is the Council for its ambitions to be a prevention focused organisation? • What work needs to be done to become a prevention focused council? 	<ul style="list-style-type: none"> • Does the Council have a clear vision for prevention? • How well set up is the Council for its ambitions to be a prevention focused organisation? • What work needs to be done to become a prevention focused council?

		departments embracing and using what Public Health has to offer?		
<p>Strengths identified by the Peer Challenge</p>	<ul style="list-style-type: none"> A very impressive range and volume of health improvement activities, well embedded within Adult Social Care and with partners 	<ul style="list-style-type: none"> Examples of innovative activities which are delivering positive outcomes e.g. Family Safeguarding Service, Falls Care, Beezee Bodies & Creative Herts Partners are generally actively engaged and keen to do more. Recognition that partnership working and greater integration are the way forward Strong political support together with support from the Chief Executive to make prevention core business 	<ul style="list-style-type: none"> Public Health skills and tools are broadly felt to add value and provide an added dimension for services and partners 	<ul style="list-style-type: none"> Public Health leadership of prevention has provided drive and focus both within and outside the Council