

Public Health Quarterly Report – 2018/19 Q1

Key departmental performance, outcomes and ongoing work

Key Messages

- ◆ Four complaints and six compliments were received in the most recent quarter.
- ◆ The uptake of weight management services has decreased this quarter, as expected from the seasonal high of Quarter 4, The % of service users completing and achieving a 5% weight loss continues to be higher than KPIs.
- ◆ Whilst uptake for smoking cessation declined this quarter, the proportion successfully quitting remains high. Early Q1 data suggests that performance has increased compared with Q1 2017/18.
- ◆ 292,818 Health Checks have been offered and 151,835 delivered since Q1 2013/14
- ◆ The Beezee Families programmes are running well. Retention rates since the service started have exceeded expectations. For Group G the retention rate was 85% (the contract requires 75%).
- ◆ 3,435 new birth visits were carried out in Quarter 3. Performance remains above the target of 90% and is consistently higher than the England average.
- ◆ Successful completions for drug and alcohol treatment remain high, with over 2,000 successes this year so far.
- ◆ Attendance at Sexual Health Hertfordshire services remains high, with increasing numbers using online services.
- ◆ The number of tests for STIs has increased overall with more diagnoses as a result
- ◆ HIV testing uptake remains high, with 5,224 completed by Sexual Health Hertfordshire in Q4.

About this report

Service data is presented at the top of each page with, where available, relevant wider public health data below to support the interpretation of service data (see iconography guide below) showing comparisons with England and similar authorities (10 closest CIPFA statistical neighbours, ranked best/highest = 1) as well as district variation. Beneath this is a brief summary of the service covering any major changes, developments or work being undertaken.

Colours

 Statistically significant better

 Statistically significant worse

 Not statistically significantly different

 Statistically significant increase

 Statistically significant decrease

Icons

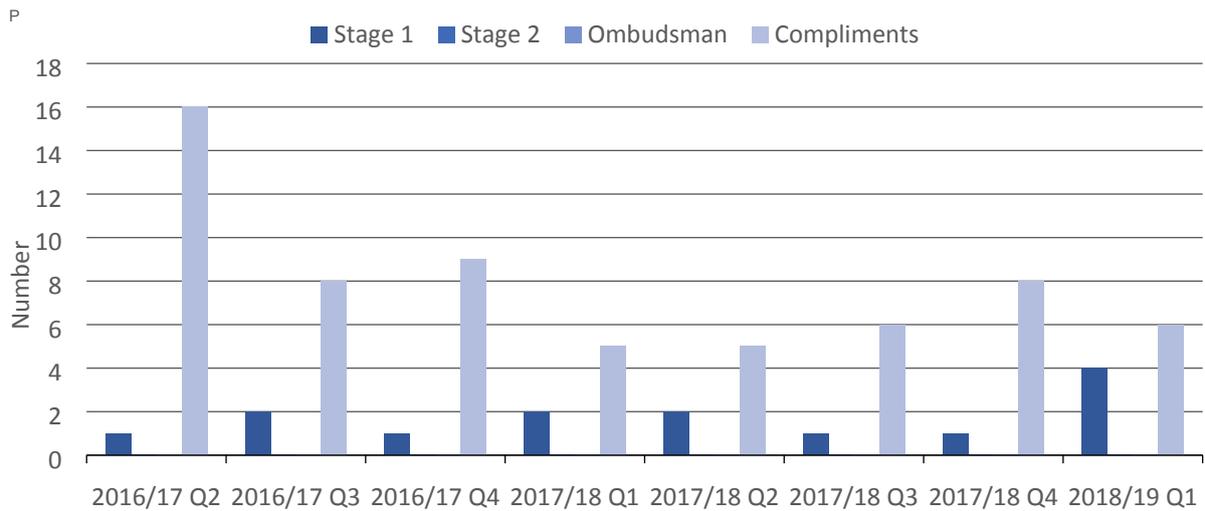
 Increase in value

 Decrease in value

 No change in value / no trend

 No data / no update

PH1: Complaints and Compliments



Four complaints and six compliments were received in the most recent quarter.

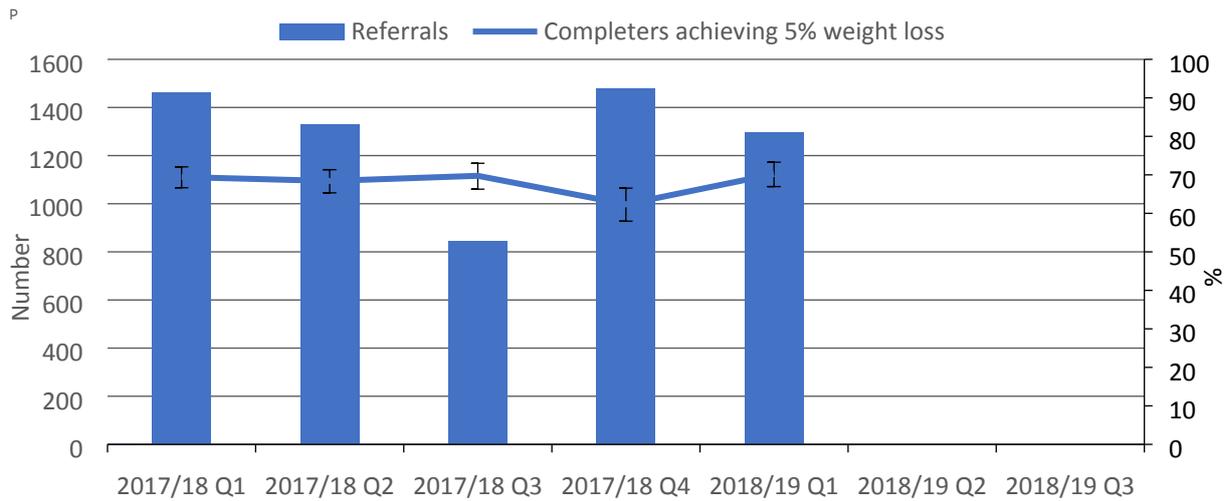
Assessment

Three complaints were in relation to the Health Improvement Service, none of which were upheld. The other complaint was about an alleged data protection breach for which there was no conclusive proof. Compliments - 5 related to support of and collaboration with other organisations, and 1 for support for a client of the Herts Health Improvement Service.

Actions

No actions were required as a result.

PH3: Adult Weight Management: uptake and % achieving 5% weight loss



The uptake of weight management services has decreased this quarter, as expected from the seasonal high of Quarter 4, The % of service users completing and achieving a 5% weight loss continues to be higher than KPIs.

Assessment	Actions
The uptake of weight management services has varied due to seasonal trends and there is always an expectation of particularly lower numbers during Q3. Uptake decreased in Q1 in line with the expected seasonal pattern. There has been a slight increase in the numbers achieving 5% weight loss, which is very positive.	Both Weight Watchers and Slimming World continue to provide a high quality service. Work is ongoing to improve data quality through the contract monitoring and this will be reviewed regularly.

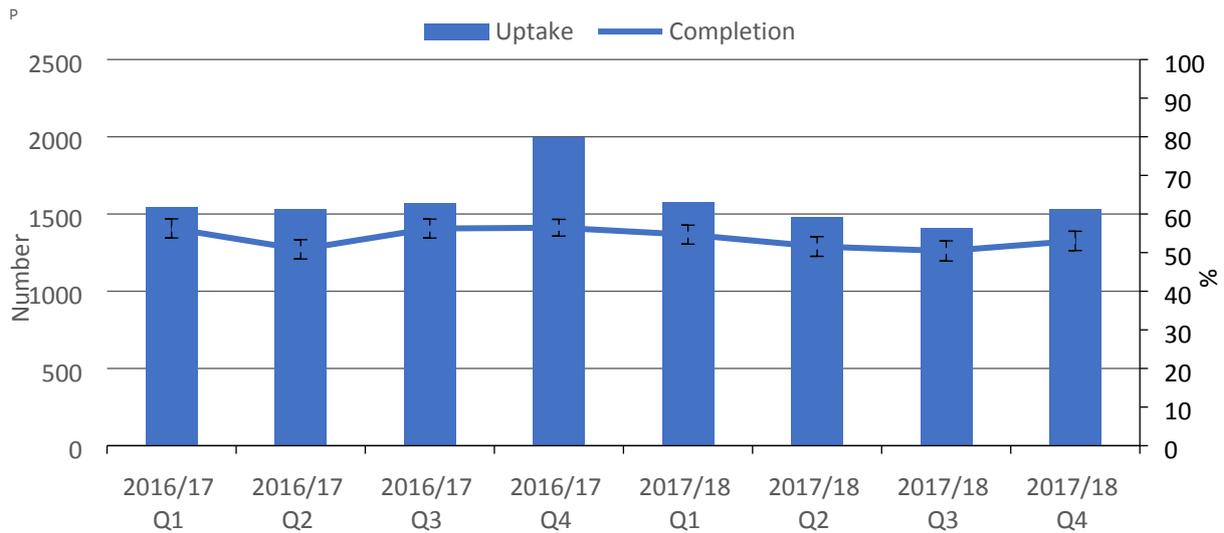
PH3 Further detail and associated outcomes	Hertfordshire previous	Hertfordshire latest	Change	Hertfordshire compared to	England	Similar LAs	Districts
Excess weight in adults (%)	60.15 2015/16	59.74 2016/17	↓	61.29	●	5 /11	0 9 1
Adults getting enough physical activity (%)	68.42 2015/16	68.46 2016/17	↑	66.01	●	6 /11	0 10 0
Diabetes recorded prevalence (%)	5.46 2015/16	5.65 2016/17	↑	6.67	●	4 /11	0 0 1

Service Summary: adult health improvement (excl. tobacco control)

Hertfordshire Health Improvement Service (HHIS) was involved with the following during Q1:

- Leading on the CQUINs and Quality Schedule metrics with CCGs and NHS Trusts as well as providing training and support to front line staff to deliver the requirements.
- Review of commissioning of Public Health Services with GP, community pharmacy and other providers and providing training and support to providers to maintain and improve quality
- Work with the STP on a systems approach to cardiovascular disease prevention (CVD), including the bid for funding from the British Heart Foundation to prevent strokes
- Building HHIS capacity, policies, procedures and resources and ensuring staff competency to deliver 5,000 Health Checks in 2018/19 and procuring the necessary equipment to deliver this service.
- Promoting and delivering a specialist weight management pilot in Watford & Three Rivers and Stevenage, with evaluation due in Q2, ensuring the intervention and outcomes of the pilot are cost-effective.
- Developing workplace initiatives to improve health, including Health Checks and MOTs and delivering Making Every Contact Count (MECC), including alcohol identification and advice and support pathways.
- Delivering training for health champions in the workplace (HCC) including mental health awareness.

PH4: Smoking Cessation: uptake and successful quits



Whilst uptake for smoking cessation declined this quarter, the proportion successfully quitting remains high. Early Q1 data suggests that performance has increased compared with Q1 2017/18.

Assessment

Routine and manual workers suffer a disproportionate amount of ill health and disability caused by unhealthy lifestyles including smoking and this is a significant cause of health inequalities. Reducing smoking in this population is a key public health priority to reduce health inequalities. A disproportionate number of smokers quit smoking from our more deprived communities. Although the number of smokers who want help to quit smoking has decreased, the quality of stop smoking services remains high with a greater success rate than England as a whole.

Actions

A communications and marketing plan is in place to promote Smokefree workplaces and engage employers through a range of media channels with campaigns (e.g. Stoptober, Health Harms, No Smoking Day). Services provide a range of treatment options, including support for e-cigarette users, helping smokers who want to use alternatives to prescribed medication and nicotine replacement therapy. As well as our specialist services, services are available through commissioned pharmacies and GP practices, with training and support provided by HCC's Health Improvement Service.

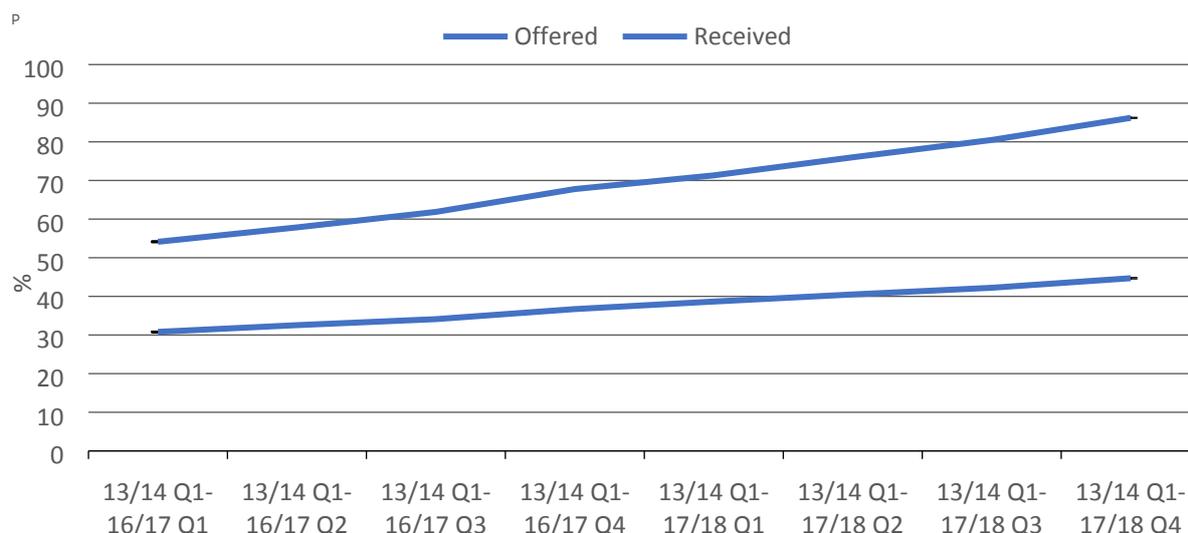
PH4 Further detail and associated outcomes	Hertfordshire previous	Hertfordshire latest	Change	Hertfordshire compared to England	Similar LAs	Districts
Smoking prevalence in adults (%)	15.47 2015	13.46 2016	↓	15.52	4 /11	1 8 1
Smoking prevalence in adults in routine and manual occupations (%)	33.39 2015	28.89 2016	↓	26.55	9 /11	0 10 0
Mothers who smoke at time of delivery (%)	7.15 2015/16	6.84 2016/17	↓	10.71	2 /11	0 10 0

Service Summary: tobacco control

We are working to deliver Hertfordshire's Tobacco Control Strategic Plan 2016-2018:

- Coordinating a multi-agency Tobacco Control Alliance with strategic and operational partners to reduce smoking prevalence. Delivering training, so partners have the skills to address smoking and other risky behaviours (e.g. alcohol) and embedding prevention into NHS/STP service delivery.
- Leading a communication and marketing plan to promote quitting across all organisations and workplaces (e.g. Stoptober, Health Harms Campaign, No Smoking Day and the award-winning 'Love Your Bump' campaign).
- Promoting a toolkit for schools to become Smokefree and provide support for young smokers
- Delivering specialist stop smoking services in high prevalence groups.
- Developing a Smokefree toolkit focusing on routine and manual workplaces.
- Ensuring high risk groups, (e.g. those with long-term / mental health conditions, prisoners, the unemployed) are encouraged and supported to quit using effective evidence-based methods.
- Promoting tobacco harm reduction for smokers unable to quit, including swapping to e-cigarettes
- Promote Hertfordshire's E-cig policy with all organisations.

PH5: NHS Health Checks: invited and delivered

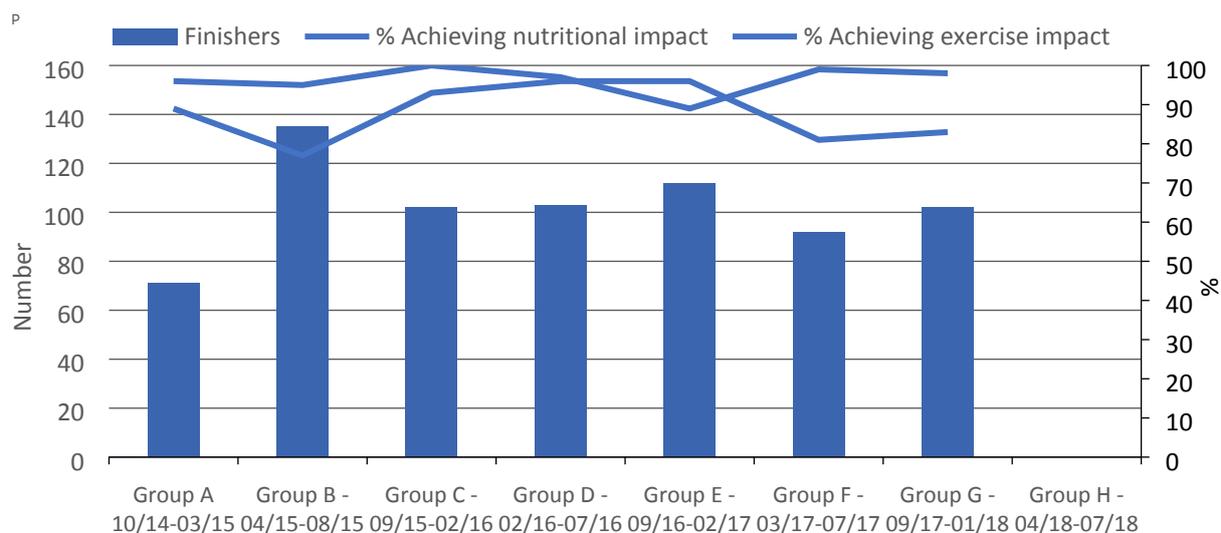


292,818 Health Checks have been offered and 151,835 delivered since Q1 2013/14

Assessment	Actions
<p>Offers: 86.2% of the eligible population have been offered a health check compared to an England average of 90.9% and a Public Health England target of 100%. There are practice differences in how GP practices offer NHS Health Checks, and not all of the offers have been recorded.</p> <p>Received: 44.7% of those offered a health check went on to receive one. This is similar to the England average of 44.3%.</p> <p>Work is ongoing to ensure practices reach their invitation targets, use the correct READ codes to record invitations, use the appropriate clinical tools, and follow up patients according to service specification/best practice guidelines.</p>	<p>Maintain relationships with the LMC and GP practices who are currently the sole provider of NHS Health Checks. A new 5-year rolling programme began in Q1 18/19 and practices are required to prioritise their invitations based on a patient's risk of heart attack, stroke, or other measures of need. HCC's Health Improvement Service is developing the capacity, policies, procedures and resources to deliver Health Checks in workplaces and community venues during 2018/19.</p>

PH5 Further detail and associated outcomes	Hertfordshire previous	Hertfordshire latest	Change	Hertfordshire compared to		
	2013/14 Q1 - 2017/18 Q2	2013/14 Q1 - 2017/18 Q3		England	Similar LAs	Districts
Eligible population offered an NHS Health Check (%)	76.00	80.48	↑	86.36	●	8 /11
Eligible population taking up offer an NHS Health Check (%)	53.29	52.47	↓	48.52	●	2 /11
Eligible population receiving an NHS Health Check (%)	40.50	42.23	↑	41.91	●	5 /11

PH6: Children's Healthy Weight: uptake and outcomes



The Beezee Families programmes are running well. Retention rates since the service started have exceeded expectations. For Group G the retention rate was 85% (the contract requires 75%).

Assessment	Actions
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65% of participants showed a reduction in BMI Z Score from the start to the end of the programme. This indicates that their BMI is now closer to their normal growth pattern than it was when they started the programme.

The current programme for Beezee Families is running from after the school Easter break until the start of the school summer holidays.

As shown on the graph, over 80% of families feel that the programme will help them to eat healthier and to do more exercise. There is a high level of satisfaction from the families on the programme; 100% of parents rate the service as good or excellent and 100% of children rate the service as good or excellent.

The report for this programme will be available from early September. Therefore, the next update on the service will be available for the next quarterly report.

The Beezee Families programmes will continue to run until March 2020.

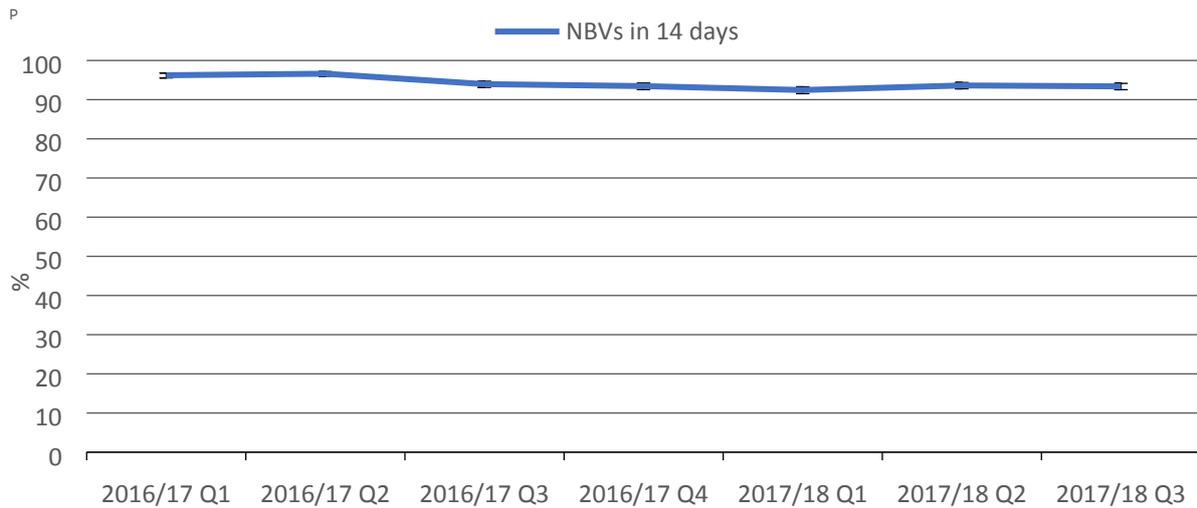
PH6 Further detail and associated outcomes	Hertfordshire		Change	Hertfordshire compared to			
	previous	latest		England	Similar LAs	Districts	
NCMP participation rate (reception & year 6) (%)	91.11 2015/16	95.13 2016/17	↑	95.04	●	6 /11	- - -
Excess weight in children 4-5 (Reception) (%)	19.11 2015/16	20.01 2016/17	↑	22.63	●	5 /11	0 9 1
Excess weight in children 10-11 (Year 6) (%)	29.38 2015/16	28.88 2016/17	↓	34.25	●	5 /11	3 6 1

Service Summary: children and young people

The Children and Young People's team has delivered the following:

- Monitoring the progress of the Family Centre Service contract mobilisation phase. Several workstreams are in place to address a number of core areas of work to ensure that the new service will be able to deliver the new vision in the autumn.
- Developed a new e learning module on mental health for school governors working in partnership with Herts for Learning. This is being piloted currently.
- Working with School Nursing, a new online health needs assessment (The Lancaster Model) for Reception year, Year 6 and Year 9 has been piloted and well received. This will be rolled out across the county in the new academic year.
- Ongoing implementation of the Just Talk campaign (boys' mental health).
- Work has started to include the colleges and university in being part of a new Pastoral Leads network. The first meeting has taken place this quarter.
- Ongoing monitoring of current contracts, such as Beezee Bodies, health visiting and school nursing.

PH7: Health Visitors: new birth visits (NBV) within 14 days of birth

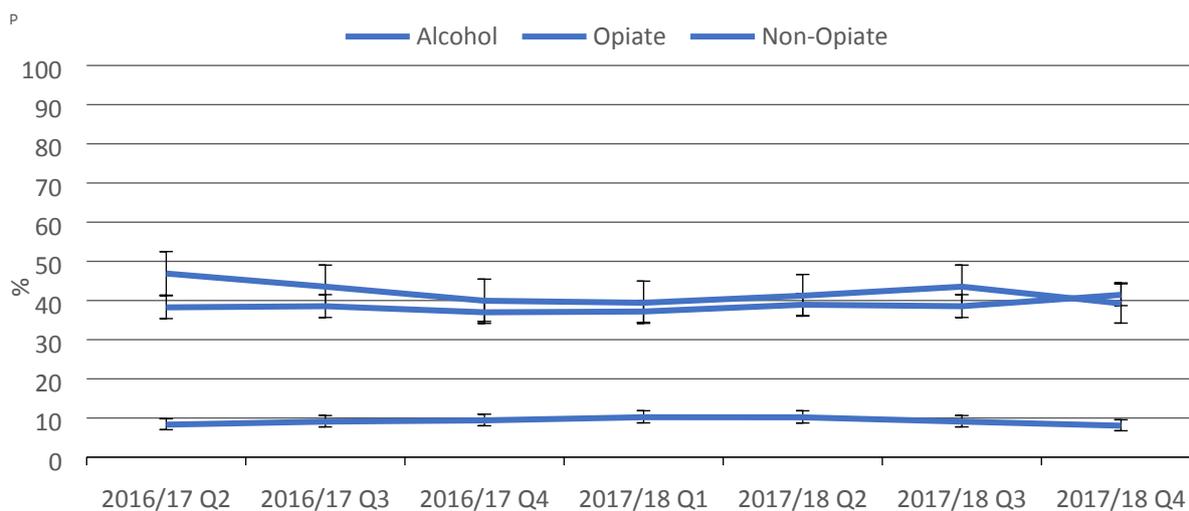


3,435 new birth visits were carried out in Quarter 3. Performance remains above the target of 90% and is consistently higher than the England average.

Assessment	Actions
<p>All families are offered a NBV. The % seen in Hertfordshire within 14 days is above the national average and we compare well in comparison to our statistical neighbours. Some do not receive a NBV within 14 days due to their baby remaining in hospital at this time or due to personal choice/circumstances. Those families who are not seen at this time are offered a further appointment and 99%+ of all families in Hertfordshire receive a NBV.</p>	<p>After a robust tender process, Hertfordshire Community NHS Trust was successfully awarded the Public Health nursing element of the new Family Centre Service contract. Mobilisation has formally started as of 1st April 2018. The new contract will start from October 1st 2018. There will be a transition period as staff take up new positions etc.</p>

PH7 Further detail and associated outcomes	Hertfordshire previous	Hertfordshire latest	Change	Hertfordshire compared to		
				England	Similar LAs	Districts
Health Visitor new birth visits <14 days (%)	-	94.95 2015/16	○	87.02	●	1 /11
Health Visitor review by 8 weeks (%)	-	69.94 2015/16	○	80.36	●	10 /11
Health visitor 12 month review (%)	-	85.66 2015/16	○	72.6	●	7 /11

PH8: Successful completion of drugs & alcohol treatment - alcohol, opiate, non-opiate



Successful completions for drug and alcohol treatment remain high, with over 2,000 successes this year so far.

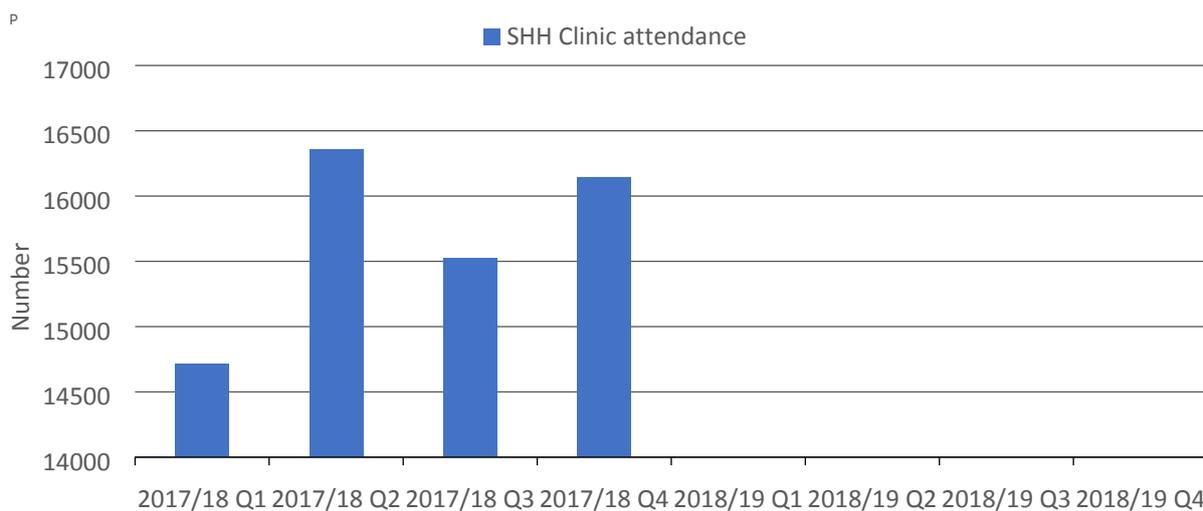
Assessment	Actions
<p>Individuals achieving a successful completion outcome demonstrate significant improvements in health and general wellbeing. Revised Local Outcome Comparator (LOC) measures were very recently introduced which impacts from Quarter 4 data. The LOCs mean that each Local Authority has been assigned 32 revised and new comparator areas which are areas most similar to Hertfordshire in terms of complexity of those in drug and alcohol treatment. These changes are with immediate effect and will impact on Hertfordshire’s position within the top quartile ranges (against local comparator areas) for successful completions.</p>	<p>Due to the changes to the LOC areas, Hertfordshire’s position within the top quartile ranges for successful completions from Quarter 4 has now changed. Hertfordshire is now slightly outside the range for Opiates and non-Opiates, but remains within the top quartile range for Alcohol.</p> <p>Action- To further understand the impact that changes to LOCs will have in terms of Hertfordshire’s position within the top quartile ranges for successful completions for Quarter 1 and to develop and implement any necessary actions to improve performance and to remain within top quartile ranges across opiates, non-opiates and alcohol.</p>

PH8 Further detail and associated outcomes	Hertfordshire previous	Hertfordshire latest	Change	Hertfordshire compared to		
				England	Similar LAs	Districts
Successful completion of drug treatment - alcohol users (%)	42.71 2015	37.79 2016	⬇️	38.69	● /11	-
Successful completion of drug treatment - opiate users (%)	9.57 2015	9.02 2016	⬇️	6.71	● /11	-
Successful completion of drug treatment - non-opiate users (%)	39.72 2015	40.28 2016	⬆️	37.12	● /11	-

Service Summary: health protection and resilience

- We are currently using recent performance data to develop with partners the next annual plan for local health protection priorities, where local action is required to improve health protection outcomes.
- We continue to work with other HCC departments and external partners to ensure preparedness for major health protection events, such as pandemic flu and participate in exercises to test local plans.
- Work has already begun with PHE to promote uptake of NHS flu vaccination by social care staff (added to the eligible groups earlier this year) and to increase uptake of shingles vaccination.
- We have participated in multi-disciplinary Incident Management Teams to manage outbreaks of tuberculosis, seasonal influenza and rising incidence of syphilis and concerns about possible contamination of water supply and of localised particulate air pollution.
- We continue to work with Public Health England and local providers to develop care pathways for local people with TB who do not take their medication.

PH9: Sexual Health Hertfordshire (SHH): Attendance at sexual health services



Attendance at Sexual Health Hertfordshire services remains high, with increasing numbers using online services.

Assessment

The numbers attending Sexual Health Hertfordshire services remains high, with increasing numbers using online services rather than appointments. There has been a significant reduction in patients being turned away (2016/17 = 1,861, 2017/18 = 555).

Actions

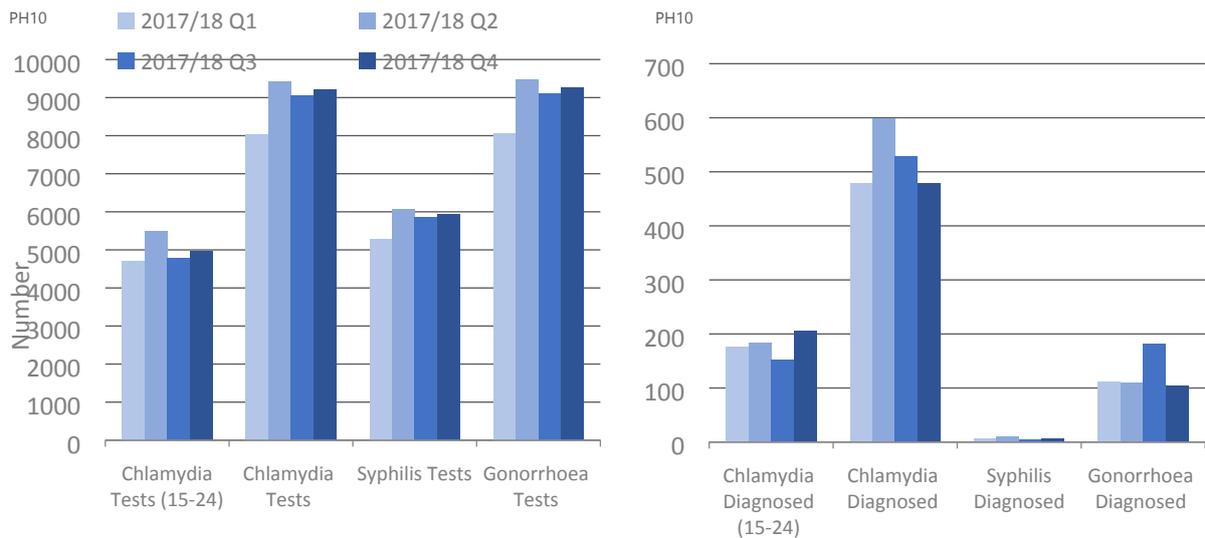
- Clinical practice for contraceptive pill checks has changed from 6 months to annually to free up clinic spaces
- Watford & Stevenage clinics redesigned to better triage and treat patients, increasing capacity and therefore attendance.
- Specific clinic for LGBTQ patients in Watford/ Stevenage
- Reducing Hubs from 4 to 3, remaining Spoke clinics to be Level 2 (STI testing) with longer hours inc. Saturdays
- Notice to leave St Albans Hospital by 01/19. HCC capital funding for new service in Hatfield (area of need) but difficulty finding property

Service Summary: sexual health

We are continuing to deliver actions within the Sexual Health Improvement Plan:

- Launched on-line STI testing (Feb 2018). During April and May 2018, 2,773 kits were ordered, of which 124 (6%) were reactive for an STI.
- Increased capacity in Level 2 clinics on borders of Hertfordshire (e.g. Bishop Stortford, Cheshunt) where migration to other services outside Hertfordshire is high.
- Clinic U – Specific clinic for LGBTQ patients in Watford and Stevenage.
- Access to Long Acting Reversible Contraception (LARC) through commissioned GP practices.
- Promotion of LARC is being prioritised especially via Pharmacies providing Emergency Hormonal Contraception (EHC), where 52% of women accessing EHC do not use any form of contraception. A needs assessment of those women accessing EHC will be undertaken in October 2019.
- Self-sampling HIV kits available on-line.
- In March 2018, a joint project between Public Health and Sexual Health Hertfordshire commenced to undertake audit of patients diagnosed late for HIV infection prior to attending the service.
- The Hertfordshire Grid for Learning updated to include more Sex and Relationship Education guidance and Sexual Health information.

PH10: Sexual Health Hertfordshire (SHH): STI testing and diagnosis

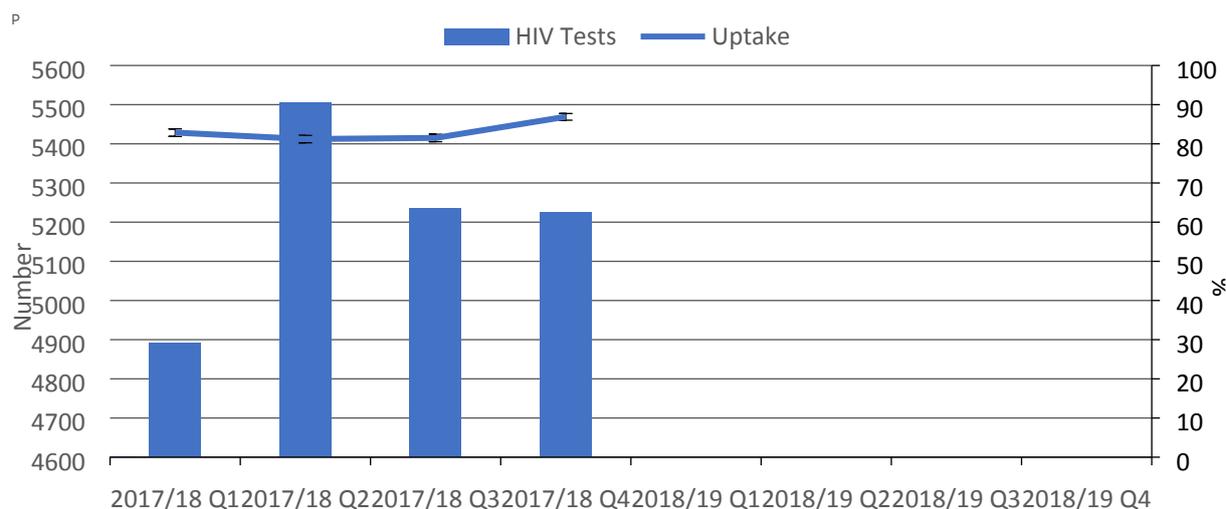


The number of tests for STIs has increased overall with more diagnoses as a result

Assessment	Actions
<p>The rate of chlamydia screening in 15-24 year olds has increased since Q1. Testing for chlamydia (all age), syphilis and gonorrhoea remains stable, with diagnosis rates significantly lower than the England average.</p>	<ul style="list-style-type: none"> Working with other local authorities across East of England to address a rise in number cases of infectious syphilis at clinics. Hertfordshire will deliver social marketing campaign to increase online testing amongst men who have sex with men. Since April, SH:24 online testing has identified 8 cases of Syphilis infection. New 2-minute film produced on role of sexual health services in Hertfordshire. Aim to dispel myths and encourage more people to get tested. Promoting new national STI campaign targeting people aged 16-24 and STI clinic at Herts Uni (1 day every 2 weeks)

Further detail and associated outcomes	Hertfordshire previous	Hertfordshire latest	Change	Hertfordshire compared to		
				England	Similar LAs	Districts
Chlamydia detection rate (15-24 year olds) (per 100,000)	1715.40 2015	1480.62 2016	↓	1882.26	9 /11	1 6 3
All new STI diagnosis rate (per 100,000)	637.12 2015	566.13 2016	↓	749.67	7 /11	2 5 3
Chlamydia diagnosis rate (per 100,000)	286.54 2015	248.47 2016	↓	364.16	8 /11	2 6 2

PH11: HIV Testing Uptake

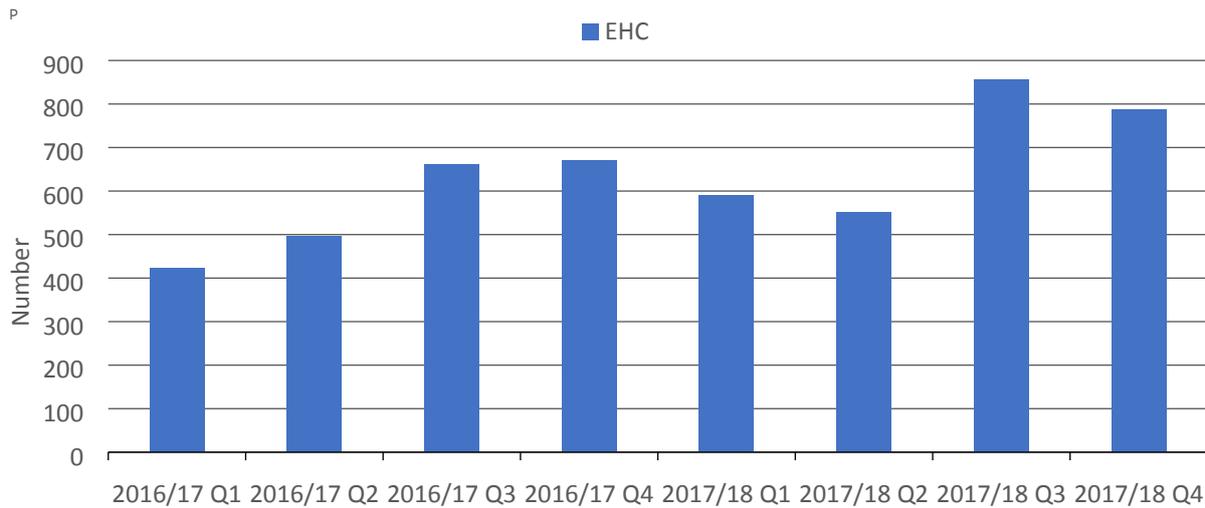


HIV testing uptake remains high, with 5,224 completed by Sexual Health Hertfordshire in Q4.

Assessment	Actions
<p>The number of HIV tests performed remains stable, with the percentage taking up the offer of a test also stable. Sexual Health Hertfordshire has an annual target of 86% of patients accepting an HIV test, which they are currently meeting.</p>	<ul style="list-style-type: none"> • Increase uptake of HIV testing amongst individuals diagnosed with TB disease as part of their routine care. • Review case notes of all those diagnosed late in 2016/17 to identify opportunities missed and highlight risks amongst Primary Care, LMC and CCG. • Increase on-line provision by commissioning the national HIV home sampling service and STI testing service (including HIV) via Sexual Health Hertfordshire. • Increase awareness of STI/HIV testing by supporting national HIV Testing Week (11/18) and Herts Pride (09/18).

PH11 Further detail and associated outcomes	Previous Herts. figure	Hertfordshire latest	Change	Hertfordshire compared to		
				England	Similar LAs	Districts
HIV late diagnosis (%)	46.26 2013 - 15	42.57 2014 - 16	↓	40.10	5 /11	0 10 0
HIV diagnosed prevalence (per 1000)	1.58 2015	1.61 2016	↑	2.31	9 /11	3 5 2
New HIV diagnosis rate (per 100,000)	7.20 2015	9.25 2016	↑	10.32	11 /11	0 10 0

PH12: Emergency Hormone Contraception (EHC) provided by pharmacies



Emergency Hormone Contraception provided by pharmacies remains high, with 786 given out in Q4 2017/18.

Assessment	Actions
<ul style="list-style-type: none"> • Good coverage of EHC services across Hertfordshire and good relationship with pharmacies offering services • Just over half of all women accessing EHC had not used any form of contraception. • 33% of women accessing EHC are from the AL10 postcode (where University is located) • Increase in costs due to introduction of more efficient drug 'EllaOne'. Expenditure will be closely monitored • Limited knowledge of needs of women accessing service. • Free condom wallets now available at all EHC services 	<ul style="list-style-type: none"> • Continue with quality visits to participating EHC pharmacies • Share quarterly update and information with pharmacists to encourage effective practice • Promote and support continuation of Sexual Health Clinic at University of Herts to encourage long term contraception use and STI testing. • Undertake needs assessment of those women accessing EHC services e.g. establish why contraception is not used, service quality, sexual health information offered. • Promote Long Acting Reversible Contraception (LARC)

Further detail and associated outcomes	Previous Herts. figure	Hertfordshire latest	Change	Hertfordshire compared to		
				England	Similar LAs	Districts
Under 16 conceptions (per 1000)	2.70 2015	2.20 2016	↓	3.00	6 /11	- - -
Under 25s choosing long acting contraception (exc. injections) (%)	16.03 2015	16.96 2016	↑	20.56	4 /11	0 10 0
Under 25s having repeat abortions (%)	27.55 2015	26.65 2016	↓	26.66	7 /9	- - -

Service Summary: commissioning

- CCGs have agreed funding for adult weight management. PH has developed a partnership agreement to clarify the arrangements, which is currently being finalised and approved by all the partners.
- We are likely to extend existing contracts with current Adult Weight Management providers whilst we procure new contracts.
- We are currently out to tender for two contracts to provide drug and alcohol treatment services. Bids are being evaluated and moderated, with a recommendation to award contracts expected in late July. Service users, carers and young commissioners are involved in the evaluation.
- We are developing new contracts for delivery of PH interventions by GPs and community pharmacies. Current contracts will expire in March 2019. New contracts will be developed in collaboration with the LMC and LPC which act as umbrella organisations for these providers, before sending contracts to individual practices and pharmacies
- We are working hard to ensure that our commissioned providers are compliant with GDPR requirements. We are formally varying existing contracts, and enhancing our contract management approaches and supporting our providers so that they are able to comply with the new legislation.
- We are undertaking training on new arrangements for electronic signatures for contracts. Given the number of contracts that we have, particularly those with primary care providers, we anticipate that this will save c£5,000 in printing, distribution and archiving costs.
- We have commenced development of a commissioning framework that will sit alongside the PH strategy and set out our commissioning intentions over the lifetime of the strategy.

Service Summary: CCG support

- Public Health input to the Beds, Herts, West Essex and Milton Keynes Priorities Forum – attending meetings and contributing to policy development
- Support to CCG in regard to implementation of policies from the Priorities Forum
- Public Health support to CCGs in responding to enquiries, complaints and FOIs
- Attendance and participation in various committees (Commissioning Executive, Quality Committee)
- Involvement in CCG policy development, where PH input required
- Work to support NHS service commissioning, decommissioning, redesign of pathways
- Conducting audits within Trusts/service providers on behalf of the CCG
- Evidence and intelligence support to Individual Funding Requests
- Ad hoc advice re various issues of a public health nature

Service Summary: delivery and resources

Priorities for this quarter have been:

- Supporting the recommissioning of the Drug and Alcohol Service
- Identifying areas where we can make savings in line with the Integrated Planning budget targets
- Integration with other HCC Departments e.g. community protection, trading standards and ACS
- Delivery of PH initiatives e.g. District Offer, Social Prescribing, HIV testing in Primary Care
- Make Every Contact Count (MECC)
- Programme management of HCC SMART Prevention

Service Summary: evidence and intelligence

- Discussions are being undertaken with partners to develop a local model for children's health and wellbeing data collection and analysis which will replace the Health Related Behaviour Survey. The proposed new model will deliver a more complete sample and more sophisticated analysis of results to inform commissioning and local needs assessment work.
- Work is ongoing on a number of evaluations, including the Sport England-funded Active Ageing project; the Public Health Partnership Fund (District Offer), social prescribing and an assistive technology pilot.
- Work is underway on Joint Strategic Needs Assessment (JSNA) reports on: Overweight and Obesity; Oral Health; Autism Spectrum Disorder; and Mental Health & Wellbeing.
- A project to investigate cases of late diagnosis of HIV in the county and make recommendations for how late diagnoses could be reduced is nearing completion.
- A Letchworth Garden City & Baldock health needs assessment (HNA) will be completed soon and will inform the proposed development of a new primary care hub in Letchworth.
- The team are supporting the development of the Health & Wellbeing Board through the delivery of a data-led prioritisation exercise.
- Work is underway to support improving data collection for a number of our PH services.
- Work is ongoing to shape the role of PH intelligence in the forthcoming Integrated Care System.

Service Summary: prevention, training & healthcare

Input to the Sustainable Transformation Partnership:

- Leadership of the STP Prevention Workstream (Jim McManus is the chair of this workstream).
- Key developments in Q1 include further roll-out of social prescribing in Hertfordshire and the establishment of subgroups to develop a social marketing approach and also a robust evaluation of the new social prescribing programme.
- The STP Prevention Workstream has also developed stronger links with the STP Frailty Workstream, and agreement was reached that an STP funded consultant post would be recruited to in order to scope out the 'personalisation work' for the STP, which will include self-management as an important component.
- The STP Prevention Workstream is also part of a bid to the British Heart Foundation for funds to support high blood pressure detection. A bid was submitted in Q4 and the group should hear if they are successful during Q2.

Public Health Training:

- Hertfordshire continues to be a recognised training location for the East of England Public Health Training Programme.
- There are currently three registrars based in the team, and a further three are expected to join during Q2. The registrars support a range of projects within the department, for example contributing to JSNA development and producing clinical policies for CCGs.