

HAMPSHIRE COUNTY COUNCIL

Report

Decision Maker	Cabinet
Date:	16 March 2021
Title:	Public Health Strategy – annual update
Report From:	Director of Public Health

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Purpose of this Report

1. The purpose of this report is to update Cabinet on the progress made in the third and fourth year (April 2019 – September 2020) of implementation of Hampshire County Council's Public Health Strategy: *Towards A Healthier Hampshire 2016-2021*.

Recommendation(s)

2. It is recommended that Cabinet:
 - a) Note the continued good progress delivering the Hampshire Public Health Strategy
 - b) Support continued implementation of the strategy by promoting working across all Council directorates, with our partners in health, across the wider economic system and with our communities.
 - c) Note that the future Public Health Strategy will provide us with an opportunity to ensure the public health issues, which have been starkly highlighted by COVID-19, are considered and included.

Executive Summary

3. This report sets out the progress that has been made during the third and fourth year of implementation of the Council's Public Health Strategy: *Towards A Healthier Hampshire 2016-2021* which was launched in November 2016. This strategy set out The Council's ambition for improving the health of the population.

4. This report has been delayed due to the central role the public health team are playing in the pandemic response and therefore, it covers eighteen months of developments. In this period of implementing the strategy, good progress has been made against the agreed priority areas within a rapidly evolving landscape, reducing budgets and the impact of the COVID pandemic. This report does not focus on the COVID work per se as this has been reported elsewhere.
5. The focus of the strategy is on people having good health and wellbeing, developing resilient communities and making the places where we live and work healthy and safe places. It identifies five priority areas which are intended to support The Council to prioritise its resources, whilst also reflecting the breadth of its public health responsibilities:
 - a) Making a healthy lifestyle the norm
 - b) Good emotional wellbeing and mental health for all
 - c) Resilient and healthy children, young people and families
 - d) Making local places healthy and safe places
 - e) Protecting health from avoidable harms
6. The Director of Public Health leads delivery of the strategy with the Public Health team. However, successful implementation, resulting in a positive impact on the health of Hampshire citizens, requires collective action across all Council departments and complex multi-agency partnership working and this can be seen through the implementation to date.
7. The Public Health team has provided strategic and operational leadership across both the Council and wider health and social care system for all the five priority areas. Highlights include leading and launching the Mental Health Prevention Concordat, delivery of Hampshire's Mental Health and Wellbeing Plan and ensuring that suicide prevention is embedded and delivered across the wider Sustainable Transformation Partnership (STP).
8. Embracing innovation and digital technologies to support lifestyle changes and achieve transformation has been a key theme, which has been accelerated in some areas by our response to the pandemic. Examples of this include the digital support now provided by the new Public Health Nursing 0-19 Service which was re-commissioned and mobilised during 2020 and digital behaviour change interventions offered online and virtually such as Quit with Bella and the earlier digital alcohol service.
9. Transformation of our commissioned services to improve the public's health continues to be progressed. This has included the repositioning of NHS Health Checks to increase the focus on the 'at-risk' groups to improve overall effectiveness of the programme, re-engineering of Sexual Health services and recalibration of Domestic Abuse service referrals to ensure these meet the needs of the most vulnerable.

10. COVID-19 has highlighted the inequalities and vulnerabilities within our communities and will be a key focus for us going forward. To date ongoing work to address these has been delivered through: smoking cessation and weight management service delivery, embedding interventions addressing smoking in pregnancy within NHS Trusts, a Whole Systems Approach in Rushmoor district to tackle obesity, the substance misuse drug alert system and newer programmes to tackle violence reduction amongst young people and Adverse Childhood Experiences (ACEs).
11. Making public health everybody's business has been at the forefront of this work. Public Health is firmly integrated within much of the Council's work such as planning and transport and wider partnerships have been strengthened. Examples of this include Hampshire Domestic Abuse Partnership training, communication and engagement activity, the falls champions' prevention programme, support to Districts and Boroughs on planning to shape healthier environments, work to improve air quality for those most vulnerable in the County and support to early years and schools to improve the health and wellbeing of young people through the Health in Education Settings programme and the emotional health and mental wellbeing strategy with its six priority action areas.
12. *'Towards a Healthier Hampshire 2016-21'* ends this year and work is already underway to develop a refreshed and revised strategy to take us into the next five years. This presents us with an opportunity to ensure the public health issues which have been starkly highlighted by the current pandemic are considered and included. We know currently, and as we begin to recover from the impact of COVID-19, that we face real challenges, but must be ambitious in our thinking and our desire to improve and protect the health of local people and most importantly reduce inequalities. Good health and wellbeing continues to be essential for thriving, prosperous, resilient and safe communities across Hampshire.

Contextual information

13. In October 2016 the Executive Member for Health and Public Health endorsed 'Towards a Healthier Hampshire' the new Public Health Strategy for the County of Hampshire setting out the Council's ambition for improving the health of the population. The strategy was launched in October 2016 at an event that also marked the formation of a new department in Hampshire County Council - Adults' Health and Care.
14. The strategy is available as online content [Towards a Healthier Hampshire](#).
15. The strategy has five priority areas, each supported by a detailed set of actions. The five priorities are intended to support the County Council to prioritise its resources, whilst also reflecting the breadth of its Public Health responsibilities.
16. The five priority areas are:

- a) Healthy – making a ‘healthy lifestyle’ the norm to help reduce the gap between life expectancy and healthy life expectancy
- b) Happy – promoting good emotional wellbeing and mental health for all through a range of actions including improving access to support for mental wellbeing across the County, reducing the rate of suicide and reducing the harm caused by substance misuse to individuals
- c) Resilient – enabling children and families to be resilient and to have more resources to look after themselves
- d) Thriving communities – making local places healthy and safe places
- e) Protect – protecting people from avoidable harms.

17. This paper does not cover the Isle of Wight partnership in detail. In summary the partnership has continued to develop well with both public health teams working closely together, now managed by one Senior team and the Director of Public Health. The teams are beginning to benefit through greater shared working, ensuring that opportunities to exploit joint activities, interventions and learning are taken, whilst maintaining the governance and integrity of both statutory entities.

Overview of progress in implementing Year Three and Four of the strategy

18. Successful delivery of the strategy depends on the collective efforts of all Council departments and partnership working with other sectors and agencies. Implementation is led by the Director of Public Health and the Public Health team via a robust delivery plan for the life of the strategy, which has been agreed with relevant partners.

19. The Public Health Team continues to drive forward the key public health priority areas for the Council. The following section sets out the key achievements against these five priority areas for year three and four. The department has further developed work on issues of wider and strategic importance taking a longer term view of the health of the population. These include transport, climate change and tackling impacts of childhood trauma.

20. The past year has been uniquely challenging for the health of the population with the implementation of national measures and restrictions to prevent the spread of COVID-19. Although these have helped to manage the pandemic and prevent the spread of the virus, they have impacted the health of population in other ways which our strategy, having been refreshed, will aim to address. The strategy achievements should be viewed in light of this.

Detailed achievements against the Public Health five priority areas

Priority one – Healthy

21. Lifestyle risk factors are an important contributor to the development of chronic illness. Lifestyle behaviours are not just the result of individual choices but are shaped by environmental, social and cultural contexts. Therefore, our approach is to support individuals who want to make lifestyles changes, especially those at highest risk of disease and influence the environmental factors that work against following a healthy lifestyle.
22. In terms of **Physical Activity**, the Hampshire percentage of inactive adults is 18.7% compared with England average of 21.4%, and in certain parts of Hampshire, figures are higher than the County average, e.g. Gosport 24.7% and Havant 21.4%. Prior to COVID-19 a reduction in the inactive adults driven in part by work directed at women such as 'This Girl Can' and a mystery shopper exercise with leisure providers.
23. Continued focus on inactive populations including specific parts of Hampshire e.g. Andover with establishment of active lives steering group and commissioning of insight research to understand barriers to being active, for families and those with a long term condition. A final report and recommended areas for action was delivered in late 2020.
24. The 'Moving professionals' programme, key to achieving change has included encouraging leisure providers to focus on the barriers to activity and progressing with the clinical champion programme ensuring clinicians become champions for physical activity and that this is embedded this into clinical interactions.
25. Prior to the COVID-19 pandemic we had also supported the scaling up of park runs, junior park runs and a new pilot testing a Couch to 2k Programme in Rushmoor with children and families focused on target schools in Farnborough. A focus on schools/families has been enabling young people and families to make the switch to active travel to school and work. Public Health has also promoted scooter and bike balance skills training and resources for early years.
26. The Director of Public Health was one of the keynote speakers at the 2020 PE Conference supporting the embedding of physical activity into education (over and above PE). A strong partnership of those working to increase physical activity in schools and early years is now in place to further deliver school-based initiatives.
27. Our work on **Healthy Weight** is cross cutting, and we work closely with colleagues commissioning services such as 0-19 public health nursing and working in relevant areas such as planning.
28. We have focussed our weight management service on key target groups including residents living in the most deprived deciles, people with long term conditions and people from black, Asian and minority ethnic groups. From October 2016 - September 2020, 20,020 residents made contact with the service, of these 16,234 (81%) attended the first session. At the end of the weight management programme 11,653 people (72%) had lost at least 3% of their initial bodyweight.

29. In late 2019 we commenced work with partners in Rushmoor including Rushmoor Borough Council, the Clinical Commissioning Group and the voluntary sector on a whole system approach to childhood obesity. A whole system approach provides the tools which enable partners to develop a shared vision to address social and environmental factors as well as individual behaviours. We hope to restart this approach once the pandemic is over.
30. **Smoking** is the number one cause of preventable death in England and presents a significant public health challenge. The Hampshire Tobacco Control Strategy 2018 to 2021 seeks to reduce the inequality gap caused by smoking, setting targets to reduce overall smoking prevalence in Hampshire with a specific focus on young smokers and pregnant women where smoking can have a longer-term impact.
31. In Hampshire, the estimated smoking prevalence in adults is 10%. However, rates in some priority groups continue to be higher than in the general population. These groups include people in routine and manual occupations and adults with a long-term mental health condition. Also of concern are our rates of smoking amongst pregnant women at the time of delivery, currently at 9.3%.
32. Key to tackling smoking prevalence in Hampshire is the Smokefree Hampshire service, which supports smokers to quit. The current service has been running since October 2019. During the first year of this contract, the service supported more than 3,000 people to stop smoking (four-week quits). More than three quarters (77%) of these quits were amongst priority groups: People in routine and manual occupations, pregnant smokers and those with long-term mental health conditions.
33. The Public Health team is working closely with NHS Trusts and Smokefree Hampshire to embed smoking cessation in hospitals and across midwifery services. In December, a social media campaign was launched to encourage pregnant smokers to seek support from their midwives to quit.
34. As part of the national “Quit4Covid” campaign, Public Health and Smokefree Hampshire ran a campaign with Hampshire Clinical Commissioning Groups and Primary Care to encourage current smokers to self-refer to the Smokefree Hampshire Service. Patients registered as current smokers received a text message from their GP practice, encouraging them to “Quit4Covid”. The first round of text messages sent resulted in over 700 contacts to the Smokefree Hampshire service, with approximately half signing up to stop smoking.
35. We will continue to work closely with Clinical Commissioning Groups and Primary care to encourage referrals to stop smoking services. We are also pursuing opportunities to enhance “Smokefree hospitals” by improving referral pathways.

36. The **NHS Health Check** is a health check-up for adults in England aged 40 to 74, without pre-existing health conditions. It is designed to spot early signs of stroke, kidney disease, heart disease, type 2 diabetes or dementia. Eligible adults are invited for an NHS Health Check once every five years.
37. NHS Health Check activity has paused during the COVID-19 pandemic in order to prioritise other aspects of primary care. In the 18 months prior to March 2020, extensive work had been carried out to develop and embed a new model for Health Checks locally, with a focus on higher-risk patients.
38. Under this new model, GP practices are paid different rates for providing NHS Health Checks to higher and lower-risk patients. For patients that are classified as being at higher risk of developing cardiovascular disease, a practice is paid £33 per health check completed. For patients defined as “lower-risk” practices are paid £26 per health check completed.
39. In 2019-20, 84,380 people in Hampshire were invited to an NHS Health Check. This met the mandated requirement to invite 100% of the eligible population across the 5-year cycle. Of those invited to an NHS Health Check in Hampshire, 35,021 Health Checks were completed. This represents a 43% uptake, which is similar to the national uptake rate of 42%. Whilst NHS Health Check activity in Primary Care is currently paused due to the pandemic, we are working to achieve a re-start as soon as possible.
40. To complement the work to reduce lifestyle risks there has also been considerable activity with others **to influence environmental factors** including planning and transport. We have a well-established relationship with the County Council’s Planning Team, our Planning Position Statement sets out our relationship with District Planning Authorities and we are a consultee for plans which have public health implications. This has included providing initial public health input to new developments including Manydown and Wellbourne.
41. We continue to work in partnership with colleagues in ETE on school travel, transport policy and air quality. Most recently, support has been provided to developing new walking and cycling criteria for planning and infrastructure developments, and in the delivery of the virtual Active Travel Summit which took place last autumn. This work is vital to creating environments which will support positive health behaviours and we are looking forward to continuing to support the School Streets initiative when circumstances allow.
42. **Embracing and exploiting digital technologies** has been a key activity for the public health team. To steer our work a Public Health Digital Behaviour Change Strategy was developed and implemented in early 2019. This includes employing digital solutions to improve commissioned services for residents such as the Quit with Bella app which supports smokers to quit as well as a digital weight management option as part of our Tier 2 weight management offer and a digital diet offer for referred pregnant women.

43. The use of digital marketing methods to communicate and engage with residents has continued, using the Mosaic (Experian consumer database) to enable effective targeting to most at risk populations. This has included successful procurement related digital engagements to inform smoking and weight service design.
44. We are keen to continue to exploit the digital space to enable our residents to access good quality support and interventions via digital means, which COVID-19 has accelerated. This will also include public health support to the digital enablement programme aimed at reducing digital inequalities.

Priority two - Happy

45. The effect of COVID-19 on **Mental Health and Emotional Wellbeing** will be significant and far reaching across all ages and sections of society. Hampshire's Mental Health and Wellbeing plan addresses this by taking an evidence-based approach and developing interventions targeted at those most at risk, who need additional support. It follows a whole system, population wide and life-course approach building on existing mental health partnerships.
46. A particular success has been the implementation of weekly mental health social media communications to residents throughout the pandemic as well as targeted digital campaigns aimed at young people and parents. A multi-agency Mental Health Communications Group has been established to build on this work and achieve greater reach.
47. Public Health has also developed a range of mental health resources including a comprehensive training offer to increase awareness, confidence, and capability within the wider workforce, including front-line staff. Working with Workforce Development a workforce offer for HCC staff has been developed with specific guidance for staff and managers, active promotion of mental health and wellbeing messages, a dedicated intranet site and signposting to further support and training.
48. The Mental Health Prevention Concordat led by Hampshire County Council was signed in October 2019 and launched at the Better Mental Health for Hampshire event. Hampshire County Council pledged to work across the system to deliver a comprehensive and coordinated plan to improving mental health and wellbeing which is being overseen by the multi-agency Hampshire Mental Health Partnership Board.
49. Although the suicide rate in Hampshire is lower than that of England, work to reduce this rate has continued. Notably Hampshire was awarded £468,000 to support **Suicide Prevention** across the Hampshire and Isle of Wight Sustainability and Transformation Partnership (STP). These focus on primary care, self-harm, workplaces and financial anxiety, and bereavement support.

Already at an STP level, access to crisis support pathways and age-appropriate, specialist bereavement support is being promoted. Further work to support people experiencing financial anxiety, unemployment and social isolation is in development. An innovation fund is providing small grants for grassroots and community led initiatives targeting at-risk groups.

50. The **Substance Misuse** service continues to perform above national expectations supporting over 3200 adult clients in formal treatment and providing 2800 adults with shorter term support (2019-20). During the pandemic the service rapidly adapted to deliver virtual/on-line support and treatment, worked closely with pharmacies and hostels to ensure a continuation of substance misuse treatment to those most vulnerable.
51. Of particular success has been the development of the Children and Young Peoples Service with the introduction of a specialist offer for families, support for children where there is parental substance misuse and a discrete drug/alcohol service for those up to the age of 25 years – the latter has seen an increase in young adults accessing this.
52. The Substance Misuse Strategic Drug & Alcohol Partnership review workshop held in March 2020 agreed future priorities including: prevention, early intervention and behaviour change; collaborating to keep communities safe; and improved recovery. Public Health provided leadership across the STP to introduce a multi-agency Drug Alerts system. Launched in December 2019 this has enabled rapid information sharing regarding the circulation of illicit drugs of extreme risk to the population. Launched in December 2019, this has already been utilised eleven times to mitigate harm.
53. Transformational changes to the Council's **Sexual Health** services have delivered savings whilst ensuring services remain accessible and effective, including during the pandemic. This includes more telephone and online appointments, non-complex treatments provided via post and with the Local Pharmaceutical Committee continued access to free Emergency Hormonal Contraception (EHC) from most community pharmacies.
54. Following a successful trial, the Council also received an additional grant from Department of Health and Social Care (DHSC) to commission an HIV Pre-Exposure Prophylaxis (PrEP) service for residents who are at increased risk of contracting HIV, which commenced in October 2020.
55. Public Health, together with the Hampshire Inspection and Advisory Service (HIAS), has supported schools to get ready for the introduction of statutory Relationships, Sex and Health Education (RSHE). Work has included briefings for primary and secondary schools and updating the PDL (Personal Development & Learning) guidelines which were made available to Primary

schools in Summer 2020 as well as online resources and training to support curriculum delivery.

Priority three - Resilient

56. The **Health in Education Settings** (HIES) programme delivered the 2019 school survey and disseminated results to a wide range of partners for collaborative action. The surveys completed by pupils, staff and settings had identified priorities for action: the launch of the Healthy Early Years Award and a procurement to develop a suite of eLearning modules supporting educational settings. Further schools have signed up to be involved in piloting programmes under the Emotional Wellbeing and Mental Health strategy. The extensive HIES online resource has also been supplemented with information for Further Education settings.
57. The new **Public Health Nursing Service** (0-19) launched on 1 August 2020. The underlying principles of the new service include: empowering people to take responsibility for their own health, safeguarding, keeping the child and family at the centre, prevention, early intervention and demand management, realising efficiencies and transformation across the system in order to improve outcomes, whilst achieving savings, and system wide commitment to cultural change.
58. A range of digital support services for children and families have been provided including ChatHealth, Health for under 5s, Health for kids, Health for teens and Channel Mum. The new service incorporates five levels of service: Community, Universal, Universal Plus, Universal Partnership Plus (including safeguarding and STEP) and Family Nurse Partnership.
59. The service was required to redeploy a small number of nurses to support COVID-19 testing services in wave one but all staff have since returned and the service has responded providing an adapted model where face to face visits are prioritised for those most vulnerable and others are offered video or telephone appointments. Providing these new opportunities has ensured uptake of the mandated checks from new birth to 2 years has remained positive.
60. In 2019 the Starting Well; **Emotional Wellbeing and Mental Health Strategy** for Children and Young People in Hampshire 2019-2024 was launched focusing on six priority areas including making children and young people's emotional wellbeing and mental health everybody's business; support for good mental health of parents; whole school/educational settings approach to mental health; supporting mental health of vulnerable children and young people; and reducing rates of self-harm.
61. A managing self-harm Toolkit has been produced through a multi-agency Task and Finish Group, this was expediated with concerns for children and young people's emotional health and wellbeing through COVID-19.

62. Action has been taken to prevent and reduce the impact of **Adverse Childhood Experiences (ACEs)** and to create more trauma informed and responsive public services across Hampshire, Isle of Wight, Portsmouth and Southampton. With the aim of preventing and reducing the impact of adverse childhood experiences a Trauma Informed Executive Board has been established to embed trauma-informed and restorative practice and encourage agencies to work together, alongside vulnerable people, families and communities.
63. A Trauma Informed Public Services Maturity Model Benchmarking Assessment has been completed with results feeding into the Trauma Informed Public Services Strategic Action Plan. Strong links have been developed with local Violence Reduction work and an 'ABC of Trauma' awareness training has commenced, led by the Office of Police and Crime Commissioner. A HIOW Trauma Informed Workforce Development Group has also been established by Public Health to develop a trauma informed workforce development plan. Funding of £10k has been secured to develop and commission a COVID-19, Trauma and Resilience Training programme.

Priority four – Thriving Communities

64. With regard to **Domestic Abuse Services**, the five-fold increase in police referrals to the domestic abuse victims' support service (Stop Domestic Abuse) seen since October 2019 was addressed through improvements in the assessments and referrals process. Medium risk referrals rose by a fifth and high-risk referrals by a half between February and July 2020, which may be related to increased reporting once lockdown measures eased.
65. Since April 2020 Stop Domestic Abuse (victim service) provided a virtual drop-in service through Facebook Messenger and their advice line extended their opening hours to accommodate the surge in demand. This increase in demand and pausing of face-to-face services resulted in reduced throughput both in victim's and in perpetrator's services. However, the acceleration of services offered digitally e.g. remote perpetrator assessment and remote victim support groupwork has continued.
66. The Hampshire Domestic Abuse Partnership (HDAP) chaired by the Director of Public Health has provided system leadership through the pandemic with a new Executive Board and strategic plan, working across boundaries with Southampton, Portsmouth and IOW. A multi-agency communications campaign ran throughout pandemic promoting how to access help to those most at-risk. The HDAP partnership secured Home Office funding to deliver three developmental areas of perpetrator focused work aimed at improving local response whilst contributing to a national body of evidence of good practice.

67. A Rapid Review of safe accommodation has been completed for people affected by domestic abuse with recommendations made to adopt a *Whole Housing Approach* to improve access to safe and stable housing across all housing tenure types so that victims can more easily escape violence in the home.
68. The Home Office funded Violence Reduction Units (VRUs) in late 2019. The VRU Response Strategy was signed off by the Hampshire Community Safety Strategy Group in February 2020. Informed by the Problem Profile (December 2019) and Response Strategy (2020) the VRU has invested in three youth crime prevention workers (reaching to date over 30 boys and young men aged 13 -17 many with social, emotional and behavioural difficulties) as well as providing small diversionary activity grants in the five violence hotspot areas.
69. The VRU has also linked with ACE work among Childrens Social Care staff and Stop Domestic Abuse services staff, provided intensive family support for 33 families identified from referrals to the Early Help Hub, offered diversionary activities to 448 children and young people identified as at risk of involvement with violence and targeted interventions for young men in probation.
70. The **falls prevention work** has introduced a new Falls Friends programme and trained an additional 23 people as Falls Friends Champions, bringing the total to just under 100 Champions. The county now has over 1,200 falls friends recruited by the champions aimed at further preventing falls in the elderly and reducing demand on services.
71. More focused work with the Wessex Academic Health Science Network has led to the development of the Hydrate Programme to improve older adults' health and reduce falls. The evaluation reports for the 'Improving hydration in Hampshire Care Homes' and 'Improving hydration in Domiciliary Care' projects have been published. On the back of these, Hampshire County Council and the Wessex Academic Health Science Network (AHSN) launched a Hydration e-learning in September. The training aims to increase knowledge and confidence when assessing an older person's hydration needs and has been targeted at paid and unpaid carers, family members and volunteers.
72. Prior to the COVID-19 outbreak, training was procured for Steady and Strong instructors on the exercise considerations for people with osteoporosis. A service to support Steady and Strong instructors' continuous improvement and adherence to the evidence base was also implemented.
73. Due to COVID-19 falls classes have closed, although many have reopened following COVID-secure guidance, as and when permitted. During the pandemic a website and a communications plan and resources were deployed to support Hampshire's older population to stay active at home. Work is on-going to support some instructors to deliver their classes virtually online.

Priority five – Protect

74. Assurance that immunisation and screening programmes are in place has continued, with additional work to support colleagues navigate the operational challenges of delivering the programmes in the context of COVID-19 and re-starting those which had been paused. A targeted advertising campaign to increase uptake of the MMR second dose was successfully launched in 2019-2020 aimed at parents in areas of lower uptake. Further campaigns have been deployed aimed at students and their families to address measles outbreaks previously reported in different parts of the country.
75. Each autumn Public Health has supported HCC front line health and social care workers and those in business-critical positions to access the flu vaccine either via primary care or the HCC voucher scheme. This work is backed up by an extensive communication campaign in partnership with the NHS and Public Health England. The communication campaign was intensified in the 2020/21 Flu season given the importance of Influenza vaccination for an extended list of priority groups in the context of COVID-19.
76. **Health Protection and Public Health Emergency Planning** responsibilities have been central to the Council's response to COVID 19, including through oversight of the management of outbreaks/incidents across Hampshire and the strategic work in developing and delivering the Hampshire County Council COVID-19 Incident and Outbreak Control Plan with partners across a variety of sectors.
77. Over and above this we have provided Public Health support and contributed to the Council's response to **Air Quality** working with Council teams, districts and boroughs, as well as inputting to the Council's **Climate Change** work. The heatwave plan was updated with supporting communication assets, a mosquito preparedness standard operating procedure has been developed and the cold weather plan was reviewed ahead of 2020/21 winter season.

Finance

78. The funding required to discharge these responsibilities is paid directly to local authorities through a ring-fenced grant from the Department of Health. The current budget is ring fenced for public health activity.
79. The annual level of the public health grant has varied significantly since 2013. In each of the first two years the County Council received a 10% increase from the base level of spend made previously by the PCTs in 2012/13.
80. However, since 2015/16 there has been a reduction in the national allocation for Public Health which in turn has been passed on to all local authorities through year on year grant reductions. In 2015/16 there was an in year cut of 6.2% and in each subsequent year through to 2017/18 there has been a reduction of

between 2.3% and 2.6%. This has limited the ability of the County Council to maximise opportunities for prevention initiatives to reduce poor health.

Table: Public Health grant changes, 2013-14 to 2020-21

	Base allocation	0-5 Funding	Grant Reduction	Total
	£000	£000	£000	£000
13/14	36,753			36,753
14/15	40,428			40,428
15/16*	40,363	8,843	(3,046)	46,160
16/17	40,363	17,686	(4,559)	53,490
17/18	40,363	17,686	(5,879)	52,170
18/19	40,363	17,686	(7,219)	50,830
19/20	40,363	17,686	(8,559)	49,490
20/21	40,363	17,686	(8,559)	49,490

81. The delivery of the Strategy over its lifetime, and the outcomes it is striving to achieve, will need to be met from within the reducing budget envelope and by leveraging existing resources within the local health and care and wider system to deliver public health outcomes. From 2021 the Public Health budget will be required to deliver the same level of savings that have been allocated to all Council departments. The detailed plans for further implementation of the strategy will be developed in line with the need to meet this challenge and to maximise opportunities to work with others to ensure that public resources deliver the maximum health benefit. This presents both a challenge of maintaining clinical services and outcomes and opportunity to further the influence of public health around the council.

Governance

82. Implementation of the strategy is overseen by the Public Health Senior Management team – delivery of each priority is led by a Consultant in Public Health and involves Public Health team members and colleagues from the appropriate Council departments.

83. The impact of the strategy on key public health outcomes is routinely monitored through a combination of priority outcome indicators and ‘bell-weather’ indicators, which measure progress towards the outcome. A wider range of outcomes are monitored through the national Public Health Outcomes Framework (PHOF). Progress against the delivery plan and the impact on public health outcomes is monitored by the Public Health senior management team through quarterly reports and the Adults’ Health and Care (AHC) Department Management Team (DMT).

84. Delivery of the strategy is dependent on collaborative working across the Council and partnership working with key stakeholders and on continued investment in financial and human resources in Public Health and public health commissioned services.

REQUIRED CORPORATE AND LEGAL INFORMATION:

Links to the Strategic Plan

Hampshire maintains strong and sustainable economic growth and prosperity:	yes
People in Hampshire live safe, healthy and independent lives:	yes
People in Hampshire enjoy a rich and diverse environment:	yes
People in Hampshire enjoy being part of strong, inclusive communities:	yes

Other Significant Links

Links to previous Member decisions:	
<u>Title</u> 2016-10-17 Executive Member for Health and Public Health - Towards a Healthier Hampshire - a Strategy for improving the Public's Health 2016-2021	<u>Date</u> 17 October 2016
Direct links to specific legislation or Government Directives	
<u>Title</u>	<u>Date</u>

Section 100 D - Local Government Act 1972 - background documents	
<p>The following documents discuss facts or matters on which this report, or an important part of it, is based and have been relied upon to a material extent in the preparation of this report. (NB: the list excludes published works and any documents which disclose exempt or confidential information as defined in the Act.)</p>	
<u>Document</u>	<u>Location</u>
None	

EQUALITIES IMPACT ASSESSMENT:

1. Equality Duty

The County Council has a duty under Section 149 of the Equality Act 2010 ('the Act') to have due regard in the exercise of its functions to the need to:

- Eliminate discrimination, harassment and victimisation and any other conduct prohibited by or under the Act with regard to the protected characteristics as set out in section 4 of the Act (age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation).
- Advance equality of opportunity between persons who share a relevant protected characteristic within section 149(7) of the Act (age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex and sexual orientation) and those who do not share it;
- Foster good relations between persons who share a relevant protected characteristic within section 149(7) of the Act (see above) and persons who do not share it.

Due regard in this context involves having due regard in particular to:

- The need to remove or minimise disadvantages suffered by persons sharing a relevant protected characteristic that are connected to that characteristic;
- Take steps to meet the needs of persons sharing a relevant protected characteristic that are different from the needs of persons who do not share it;
- Encourage persons sharing a relevant protected characteristic to participate in public life or in any other activity in which participation by such persons is disproportionately low.

2. Equalities Impact Assessment:

2.1. Good health and wellbeing is a positive asset and something we all aspire to for ourselves, families, carers, friends and communities. It is essential for thriving, prosperous, resilient and safe communities and vital for the success of future generations. Hampshire is a healthy place to live and people generally have good life expectancy, educational achievement, housing and living environments and employment. Fewer children live in poverty, infant mortality is low and fewer people die from avoidable health conditions. However, we know that we can do better for the people who live in Hampshire – the gap between how long people live and how long they live in good health is widening, there is significant variation in health outcomes between the most and least deprived communities and too many of our most vulnerable citizens have poor health outcomes.

2.2. The strategy has been informed by the Hampshire Joint Strategic Needs Assessment (JSNA) and brings together work carried out by the Hampshire Public Health team with other Directorates and partners over the last two years.

The JSNA includes the data that identifies the groups that will be impacted by the strategy.

- 2.3. A wide and complex range of factors influence and determine population and individual health. The strategy has been developed to have a positive impact on these factors and to improve outcomes for the most vulnerable citizens and communities in Hampshire. It aims to have a positive impact on outcomes for people across all the protected characteristics and to impact on poverty and will take account of the impact of where people live, in rural or urban areas.
- 2.4. An equalities impact assessment has been carried out. The final impact of the strategy will be dependent on the success of implementation and there could be a bigger and more positive impact on certain groups. A detailed action plan will be drawn up to implement the strategy and Equality Impact Assessments will be undertaken for the individual programmes of work as these are progressed. This will ensure that the specific impacts of individual services and interventions are understood and steps can be taken to mitigate any negative impacts if they are identified.