

WIRRAL COUNCIL

CABINET

12 APRIL 2012

SUBJECT:	<i>PUBLIC HEALTH DEVELOPMENTS – 2012/13</i>
WARD/S AFFECTED:	<i>ALL</i>
REPORT OF:	<i>DIRECTOR OF PUBLIC HEALTH</i>
RESPONSIBLE PORTFOLIO HOLDER:	<i>PORTFOLIO HOLDER FOR PUBLIC HEALTH</i>
KEY DECISION	<i>YES/NO (delete as applicable)</i>

1.0 EXECUTIVE SUMMARY

- 1.1 This report provides Cabinet with an overview of the key development areas which will be delivered through the Public Health Annual Plan for 2012-13. Currently accountability for the delivery of these activities lies within the National Health Service at the NHS Cheshire, Warrington and Wirral Cluster Board. However, during 2012-13 public health reform means that increasingly the Council will need to be involved in the determination of future priorities for action, and will want to understand progress against the existing plan in order to be in a good position to take early decisions affecting delivery from April 2013 onwards. The Health and Social Care Act which enshrines these public health reforms is expected to receive Royal Assent before the Easter recess.
- 1.2 The activities described in this report are those identified for the final year of the delivery of NHS Wirral's Strategic Commissioning Plan, and for a number of other existing public health programmes.

2.0 BACKGROUND AND KEY ISSUES

- 2.1 The NHS Wirral Strategic Plan for 2010-13 identified the health needs of the local population, and how the views of the public and partners were being captured, and set out a number of programmes to address these. There were ten programmes in all, of which are linked to public health outcomes. Leadership for five of these strategic programmes has been provided through the public health directorate, these include: Health Inequalities, Alcohol, Obesity, Smoking and Sexual Health. All of these issues are to be the future responsibility of local authorities. In addition there are a number of other public health programmes that have been in place for some years and which are regularly reviewed to ensure they are still delivering value to our local population, and for improvement purposes. These include: accidental injury prevention, mental wellbeing, drug misuse, physical activity, workforce health and the healthy child programme.
- 2.2 This report can in no way do justice to the wide range of activities that are taking place on these strategic programmes, and it may be useful if future reports on specific areas of interest were to be brought to future Cabinet or Overview and Scrutiny meetings. Additionally, the full Annual Plan report will be made available to

Elected Members. However, it will hopefully highlight areas of development activity which will be taking place in the Borough during the financial year April 2012-13.

2.3 Proposed new developments for 2012-13

The Alcohol Treatment programme (which incorporates education, prevention and treatment services for adults and children) will be managed by the Drug and Alcohol Action team (DAAT) and will continue to deliver the services described in detail in the strategic commissioning plan. Considerable progress was made in achieving the goals of this plan during 2011-12, with the new developments proposed in last years plan all delivered, or at least on the way to being delivered. To follow on from that work and further enhance the performance of the Programme in 2012-13, it is proposed that a new series of developments are delivered, including the following:

- Work with Cheshire and Wirral partnership to put in place a “Shared Care scheme” for alcohol that builds on the learning and structures already established and operating effectively for drugs.
- Develop further the additional alternative responses to alcohol related crime and integrate these with the existing drug Intervention Process to achieve the maximised effectiveness and added value that this has the potential to offer. This includes further amendments to the Conditional Cautioning Scheme and the introduction of more prompt responses to alcohol related crime.
- Linking the above with the enhanced prison through-care process with the capacity of this increased to enable it to engage with prisoners leaving custody who have had problems with alcohol and to connect them effectively with the appropriate community based services on their release.
- Deliver the Social Marketing Campaign for young people using a “Peer Mentoring” model and incorporating the lessons learnt from the pilot study conducted in 2011.
- Continue to strengthen the crisis intervention response, with particular reference to establishing a link nurse between Wirral University Teaching Hospital, General Practitioners and **Birchwood**, – ensuring that access to the service by General Practice is prompt and effective
- Redesign the ‘WHAT?’ (alcohol awareness) website
- Complete the analysis of the data and information from the Alcohol needs Assessment and implement the actions and development indicated by this process.
- Produce a new alcohol strategy

The Government are preparing a new National Alcohol Strategy, and the team will also respond to this on its publication and look to incorporate it's priorities into the local delivery plan and programme.

The health inequalities programme (which incorporates the Community Programme, the Health Trainer Service and the Targeted Nurse Practitioner service for the homeless) will continue to deliver the commissioned services and intends to undertake a number of key developments in 2012-13, including:

- To deliver a Health Advocate service to provide additional support and capacity to the Health Trainer programme. It is anticipated that delivery will commence in April/May 2012
- To offer third sector providers pilot funding to develop capacity for community-led health improvement activities, including Expert Patient and Mind-fullness programme

- To develop a service to increase the sustainability and reach of the Community Programme to those people who are most at risk of ill health and benchmark the programme against other areas

The obesity programme (incorporating the breastfeeding peer support service, the UNICEF baby-friendly initiative, adult and child weight management services and delivery of the Healthy Schools Programme) will continue to deliver the services commissioned via the strategic commissioning plan. During 2012-13 additional developments will include:

- Weight management interventions for obese pregnant women
- Workforce development to promote early intervention to increase healthy weight

The Sexual and Reproductive Health Programme has 2 investment strands –specific services for young people and universal services for the whole population:

The young people's programme (incorporating support for the Teenage Pregnancy Strategy, Health Services in Schools, Brook Wirral, workforce development, targeted outreach and delivery of the “Young People Friendly: You're Welcome” initiative) will continue to deliver its core programme, with the following enhancements through Relationships and Sex Education (RSE) 2012-13 including:

- Secondary school **PSHE** staff trained to raise awareness about teenage relationship abuse and domestic violence and provided with lesson resource.
- Resources and training to be developed through a multi-agency partnership for children and young people's workforce on addressing sexualisation, child sexual exploitation and pornography with young people.
- Disseminate findings from the 'Faith and Values in Relationships and Sex Education' consultation in the form of a Values Framework for Wirral.

The Chlamydia testing and treatment programme spans the age range 15-24 and is a model of good practice of a targeted and value for money intervention. However while positivity rates are high the testing volumes have been insufficient to meet targets so additional resource was commissioned to increase the volume of young men tested and to take testing out into the community using the 'Screen for a Screen engagement tool'. The learning from this pilot will be incorporated into the integrated specification for 2012-13.

In addition in 2012-13 implementation of findings of the needs assessments will continue, including:

- Increased accessibility to **SRH** services
- Develop and pilot 'self-care' **SRH** model based in Children's Centres
- Improve efficiency and VFM of **SRH** services
- Commission workforce clinical training where necessary
- Increase access and availability of Emergency Hormonal Contraception
- Maximise core service uptake of Chlamydia screening to meet 2012-13 outcome measure (2,400 per 100,000 population)
- Increase access to, and retention of, Long Acting Reversible Contraception methods
- Increase promotion of and access to HIV testing to ensure reduced undiagnosed rate and to reduce late diagnosis
- Commission a one-stop Wirral sexual health web-site and additional promotion work

NHS Cheshire, Warrington and Wirral Cluster and sub-regional (Cheshire and Merseyside SH Network) partnership work under development 2012-13 :

- A joint and shared specification for integrated reproductive and sexual health services
- Validation and road-testing of sexual health tariff and pathways
- Identification of a model joint protocol and pathway for free Emergency Hormonal Contraception in community pharmacies
 - Abortion service study and development of self-referral pathway
 - Best practice guidelines for condom distribution

The sexual health programme (incorporating support for the teenage pregnancy strategy, Health Services in Schools, workforce development, targeted outreach and delivery of the “Young People Friendly: You’re Welcome” initiative) will continue to deliver its core programme, with the following enhancements for 2012-13 including:

- Secondary school staff trained to raise awareness about teenage relationship abuse and domestic violence and provided with lesson resource.
- Resources and training to be developed for children and young people’s workforce on addressing sexualisation, child sexual exploitation and pornography with young people.
- Disseminate findings from the ‘Faith and Values in Relationships and Sex Education’ consultation in the form of a Values Framework for Wirral.
- Brief intervention training in targeted Secondary schools to promote positive mental health
- Further targeted outreach to increase Chlamydia test uptake
- Following evaluation of the HIV testing pilot in termination of pregnancy services we will implement the recommendations arising from the evaluation and introduce workforce development regarding HIV awareness and testing for all key providers.

The Healthier Homes programme (aimed at ensuring Looked after Children have the best possible opportunities to follow healthy lifestyles) will continue to develop through 2012-2013 by:

- Supporting the Local Authority to introduce the Healthier Homes Fostering Standard to Wirral’s foster carers via pilot projects including therapeutic foster carers.
- Deliver the “Health Challenge Champions” pilot in conjunction with local partners to a defined group of young people “at the edge of care”.
- Working with housing associations such as Forum to adapt the above “Health Challenge Champions” into a format which can challenge and improve the lifestyles of young people moving towards independence via supported living.

The smoking programme (incorporating “Quit Stop Initiative” and the NHS Stop Smoking Service) will continue to deliver the key smoking cessation components of the tobacco control plan for Wirral and intends to deliver a number of improvements in 2012-13, including these:

- Aim to deliver more quit attempts through local community providers to deliver smoking cessation along with weight management and exercise sessions

- Aim to deliver more quit attempts and embed smoking cessation services amongst carers, the mental health community and patients at risk of premature mortality by training staff, reviewing policies, increasing brief interventions and referrals
- Aim to reduce availability of tobacco products to children and young people through tackling illegal and illicit tobacco

The Drug and Alcohol Action team will also continue to manage the delivery of the Wirral Drug programme incorporating the key elements of the National Drug Strategy – “Reducing Demand, Restricting Supply, Building Recovery and Supporting people to live a drug free life”. This strategy was published by the Government in November 2010. During 2011-12 the DAAT intends to deliver a number of further improvements to the existing service including, based on analysis from the rigorous annual Needs Assessment, and consideration of other changes in the wider operating environment:

- Wirral DAAT will continue to monitor the progress of the national Payment by Results (PbR) pilot in the six national pilot areas, and co-operate with other identified DAAT areas who are also developing local variations of this approach, and work with provider partners to develop an application of the PbR model that fits with the local Treatment and Recovery Programme and supports further improvement in performance. Contracts negotiations will take place in 2012/13 to include PbR elements.

The DAAT will drive the further development of the Drug Treatment and Recovery Programme to maximize the effectiveness of this programme so that the following is achieved:

- Further increase the focus and effectiveness of the programme so that it supports a minimum of 12% of the In-treatment population to achieve and sustain recovery.
- Organise the system of support services available to people in recovery so that they are able to stay abstinent and out of contact with treatment services for at least 6 months after completing treatment (in line with new National Treatment Agency (NTA) outcome targets)
- Reduce the percentage of the in-treatment cohort who have been in treatment for 6 years or more (in line with NTA identified priorities).
- Strengthen the links between the Treatment and Recovery Programme with the Department of Work & Pensions Work Programme to increase the number of people accessing education, training and employment.
- Continue to create more opportunities to include service users in Recovery in the planning and delivery of services so that the system is able to harness the recognized positive benefits this has been shown to have in terms of motivating others to commit to their own Recovery. In particular, work with partners to consolidate and continue to develop the “Quays” Peer Support Project.
- Develop the potential for substance misuse Recovery Services to also work with people recovering from mild to moderate mental health problems, and by so doing break down some of the stigmatising effects of limited user group definitions, and increasing the therapeutic benefit of more mixed and varied user groups, as well as having potential for increasing the cost effectiveness.

Other improvements and developments will include:

- Having achieved the target of 60% for Hepatitis C screening the work will continue to provide co-ordinated support for the uptake of Hepatitis B and C testing and treatment so as to achieve a raised target of 70% target for Hepatitis C screening.
- Increase the availability of dried blood spot testing by increasing the numbers of staff who are able to carry out the testing and make this available across a wider set of service outlets.
- Through specialist treatment services, promote a winter health protection programme aimed at service users at greater risk of illness or death from winter conditions, and equip key staff to deliver winter health checks and protection advice.
- Work with colleagues at Supporting People, and with local provider partners, to organise available resources to provide the most comprehensive support to those service users living in abstinence based recovery housing.
- Reduced offending and improved offender health through effective treatment delivered as part of the prison through care and Integrated Offender Management (I.O.M.) programmes.
- Work with colleagues in the Community Safety Partnership to respond to the establishment of the new Police Commissioner role and maintain the high quality and effectiveness of substance misuse and crime services on the Wirral.
- Complete the review the Safeguarding protocols, policies and practice across the drug and alcohol programmes and take the required action to fill any gaps or where process or practice needs to be updated.
- Expand the work undertaken with 18 to 24 year old substance users and continue to develop projects with a specific focus on and skills in responding to their needs.

DAAT commissioning linked to generic Public Health programmes: The DAAT will give increasing attention to strengthening the links and integration between the commissioning strategies and programmes for substance misuse with other key Public health programmes, in particular those tackling Smoking Cessation, Obesity, Sexual Health and Teenage Pregnancy. Drug service providers in particular have a well developed, strong and effective practice in terms of engaging with their target communities, the majority of whom represent the hard to reach elements of the wider community, and those with higher levels of health inequalities. By looking at the areas of overlap between specialist drug and alcohol treatment services and the Public Health Action initiatives the DAAT will be looking for developments that not only tackle health inequalities in the drug alcohol misusing population but also support enhancements in the delivery of the Public Health programmes to the communities in which DAAT services and service users are based. Examples of this will include:

- Increased delivery of the smoking cessation programme through the substance misuse treatment services.
- Increased involvement with, and utilisation of, the Health Action Area programme by those engaged with the substance misuse programmes, including training recovery champions to be health champions both within their peer groups, and within their wider communities.
- Possible utilisation of the sites and methods of engagement practised very effectively by community substance misuse services to deliver Public health programmes addressing Obesity, Sexual Health, Teenage pregnancy

The Public Health Department are also intending to deliver a number of other strategic and tactical health improvement services in 2012-13. These include:

- A review of the School Nursing specification with the intention of commissioning the revised service specification from 2013
- Further promotion of the Healthier Homes programme to include identifying young people to act as health champions
- To act on the findings of the young offender health needs assessment due to conclude during 2012 to ensure the health needs of this vulnerable group are met
- To review and revise the local GU Medicine and Sexual Health Service
- To further develop – with our partners in the Local Authority – our physical activity programme
- To further develop the workforce health programme
- To pilot a health champion model within BME communities
- To repeat the third sector public health innovation fund opportunities – building on the lessons learned from 2011-12
- To develop a mental health awareness training programme in response to initial sessions delivered
- To develop a programme for carers which will be incorporated into the eventual “wellness service” model
- To explore potential community activities to support older people experiencing social isolation and dementia

3.0 RELEVANT RISKS

3.1

4.0 OTHER OPTIONS CONSIDERED

4.1

5.0 CONSULTATION

5.1 *(Describe consultation undertaken, or proposed and any implications for partner organisations.)*

6.0 IMPLICATIONS FOR VOLUNTARY, COMMUNITY AND FAITH GROUPS

6.1 *(Are there opportunities to involve voluntary, community and faith organisations? Is this report Compact compliant?)*

7.0 RESOURCE IMPLICATIONS: FINANCIAL; IT; STAFFING; AND ASSETS

7.1

8.0 LEGAL IMPLICATIONS

8.1

9.0 EQUALITIES IMPLICATIONS

9.1 Has the potential impact of your proposal(s) been reviewed with regard to equality?

(a) Yes and impact review is attached – *(insert appropriate hyperlink)*.

(To find your departmental hyperlink click on

<http://www.wirral.gov.uk/my-services/community-and-living/equality-diversity-cohesion/equality-impact-assessments/eias-2010-0>

Please delete this instruction before you finalise your report.)

(b) No because there is no relevance to equality.

(c) No because of another reason which is

** Delete the two answers above which don't apply.*

10.0 CARBON REDUCTION IMPLICATIONS

10.1 *(Carbon usage implications? Any other relevant environmental issues?)*

11.0 PLANNING AND COMMUNITY SAFETY IMPLICATIONS

11.1 *(Is planning permission required?)*

12.0 RECOMMENDATION/S

12.1 *(NOTE: Any decision/s made will not normally be implemented until after the expiry of five clear working days following the publication of the Minutes relating to this meeting; or until after conclusion of the Call-in process, if applicable.)*

13.0 REASON/S FOR RECOMMENDATION/S

13.1

REPORT AUTHOR: *(Name)*
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APPENDICES

REFERENCE MATERIAL

Public Health Annual Report 2012-13, which can be found at:

SUBJECT HISTORY (last 3 years)

Council Meeting	Date