

## Public Health Detailed Performance Report

### 1 Remit of Public Health

- 1.1 UK Public Health practice is a diverse and professional discipline which broadly aims to improve health and reduce health inequality in populations, partly through the delivery of public health services, but largely through joint efforts with the wider society. No one system can meet the public health needs of our people alone.
- 1.2 The profession is based around three fundamental pillars - Health Improvement, Health Protection and Healthcare Public Health.
  - 1.2.1 Health Improvement relates to a holistic approach to managing population health needs, with a focus on improving people's circumstances and behaviours through the organised efforts of society.
  - 1.2.2 Health Protection relates to the proactive and responsive elements of the management and mitigation of health threats, and covers areas such as infection prevention and control, chemical, radiological and environmental hazards.
  - 1.2.3 Healthcare Public Health is related to healthcare rationing, which incorporates a range of skillsets including the profiling and prioritisation of population health needs, evidence-based commissioning, and health economic evaluation.
- 1.3 Public Health practice is led by Consultants in Public Health, who can work in a range of organisations, although are most commonly employed by Public Health England and Local Authorities in the UK. Directors of Public Health are statutory appointments based in Local Authorities, who provide leadership and oversight of local public health issues.
- 1.4 Local Authorities are responsible for 6 mandated public health functions:
  - 1.4.1 Universal health visitor reviews
  - 1.4.2 Weighing and measuring children (National Child Measurement Programme)
  - 1.4.3 Providing a comprehensive sexual health service
  - 1.4.4 Providing NHS Health Checks
  - 1.4.5 Healthcare public health advice to NHS Commissioners
  - 1.4.6 Providing health protection assurance and planning for and responding to emergencies posing a public health threat
- 1.5 The Director of Public Health also has a role in influencing the licencing activity of local authorities to consider public health needs.
- 1.6 The functions above are specific elements of a complex system which underpins health and wellbeing, including the best start in life, an excellent education, a stable rewarding job, and a decent home in a thriving community. Directors of Public Health therefore also have an important leadership role in bringing together a wide range of stakeholders and local communities, helping shape society to meet its most essential needs. As part of this wider role, Public Health teams may perform a variety of other functions or provide other non-mandated services (e.g. drug and alcohol services, infection prevention services etc.).

## **2 Our City's Public Health Challenges**

- 2.1 Since 2013, Public Health are starting to see an overall reduction in life expectancy and a widening of the gap in health and life expectancy between our wealthiest and most deprived communities.
- 2.2 Having the best start in life, an excellent education, a stable rewarding job, and a decent home in a thriving community are the strongest factors that influence both how long a person is likely to live and their overall health.
- 2.3 The challenge then, within the context of continuing financial pressures, is to tackle some of these entrenched issues with even fewer resources.
- 2.4 This is why our approach will do more than support behaviour change and health services, but seek improvements in the broad socio-economic factors which impact on people's lives.

## **3 Our Vision**

- 3.1 Public Health have published a simple yet comprehensive vision paper setting out the overarching strategy and objectives of the Public Health department, including rationale, approach and targets.<sup>1</sup>
- 3.2 By 2030, our thriving City will:
  - Help people live longer, healthier and more active lives
  - Offer every child the best start in life
  - Close the gap in healthy life expectancy both within the City and between Wolverhampton and the England average
  - Ensure everyone is protected from harm, serious incidents and avoidable health threats.

## **4 Our Approach**

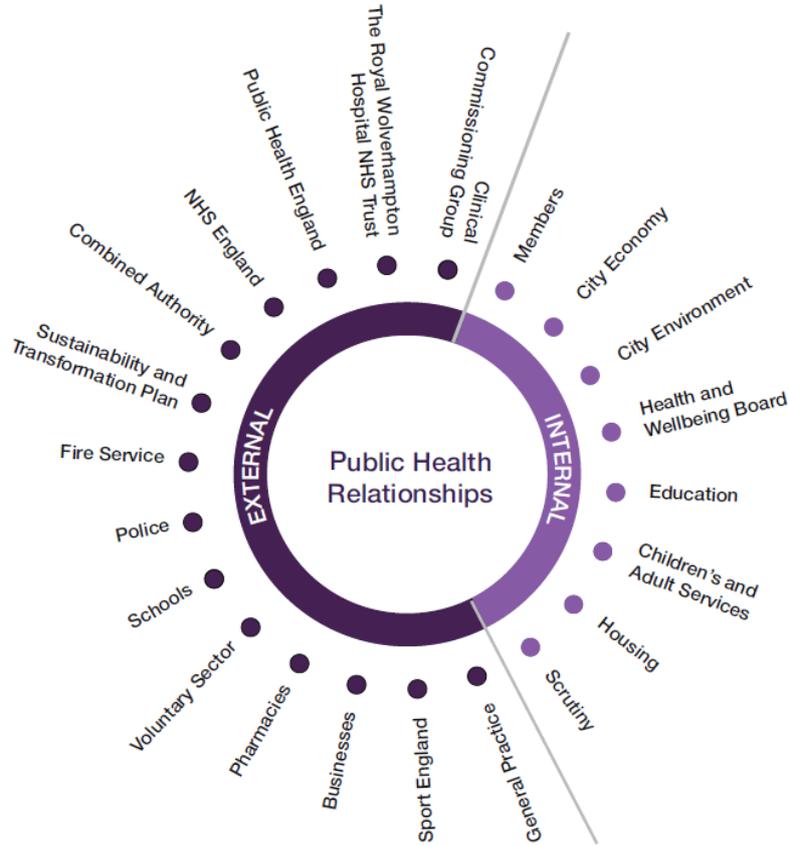
- 4.1 Public Health will continue to deliver on our statutory public health responsibilities.
- 4.2 Public Health will offer public health advice and support, both internally, and to key partners, such as the NHS.
- 4.3 Our key to extending the reach of public health actions across the City will be a service equipped with the skills to engage, influence and persuade, with the ability to tell the story using data and evidence, whilst continually strengthening relationships.

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<sup>1</sup> Public Health Vision 2030

<https://www.wolverhampton.gov.uk/health-and-social-care/health-and-wellbeing/strategies>

- 4.4 Our role will be to assist and encourage partners to think more broadly than current crises and support them to invest in evidence-based approaches to maximise the long-term health of the population of Wolverhampton.



## 5 Our Targets

The 2010 white paper *Healthy Lives, Healthy People*<sup>2</sup> set out an ambitious vision for public health in the 21st century, based on an innovative and dynamic approach to protecting and improving the health of everyone in England. The test that the white paper sets is clear – Public Health will have succeeded only when Public Health as a nation are living longer,

<sup>2</sup> Department for Health and Social Care (2010). *Healthy Lives, Healthy People*: <https://www.gov.uk/government/publications/healthy-lives-healthy-people-our-strategy-for-public-health-in-england>

healthier lives and have narrowed the persistent inequalities in health between rich and poor.

### 5.1 Life expectancy and healthy life expectancy



5.2 The improvements Public Health want to make will take time to achieve. That is why Public Health have chosen a range of short to medium term public health indicators which, if Public Health deliver well, and in partnership, will show that Public Health are moving in the right direction together, and allow us to evaluate our progress.

### 5.3 Current local priorities

Priority	Indicators
Starting and Developing Well (0-24 age group)	<ul style="list-style-type: none"> <li>Increase the number of children ready to enter school</li> <li>Tackle inequalities in educational attainment</li> <li>Continue to reduce levels of teenage pregnancy</li> <li>Continue to tackle infant mortality</li> <li>Top performer in chlamydia detection</li> </ul>
Healthy Life Expectancy	<ul style="list-style-type: none"> <li>Increase access to employment for people with mental health problems</li> <li>Reduce substance misuse related reoffending</li> <li>Top performer in drug and alcohol recovery</li> <li>Reduce the number of rough sleepers</li> <li>Increase physical activity</li> <li>Reduce smoking prevalence</li> <li>Top performer in uptake of NHS Health Checks</li> </ul>
Healthy Ageing	<ul style="list-style-type: none"> <li>Increase wellbeing of carers</li> <li>Increase uptake of influenza vaccination</li> <li>Keeping people well in their community</li> </ul>
System Leadership	<ul style="list-style-type: none"> <li>Embed Public Health and prevention in an integrated health and social care system</li> <li>Joint intelligence unit established for the City</li> <li>Working together across the whole public sector to improve health outcomes</li> </ul>

5.4 National Priorities: Public Health Outcomes Framework

The Public Health Outcomes Framework<sup>3</sup> sets out a range of indicators across the broad domains of public health at local and national levels. Many of these overlap or are consistent with our progress indicators above, and almost all will have some if not significant dependence on the essential issues Public Health aim to address as a department and as a Council, namely having the best start in life, an excellent education, a stable rewarding job, and a decent home in a thriving community.

6 Progress

6.1 Starting and developing well

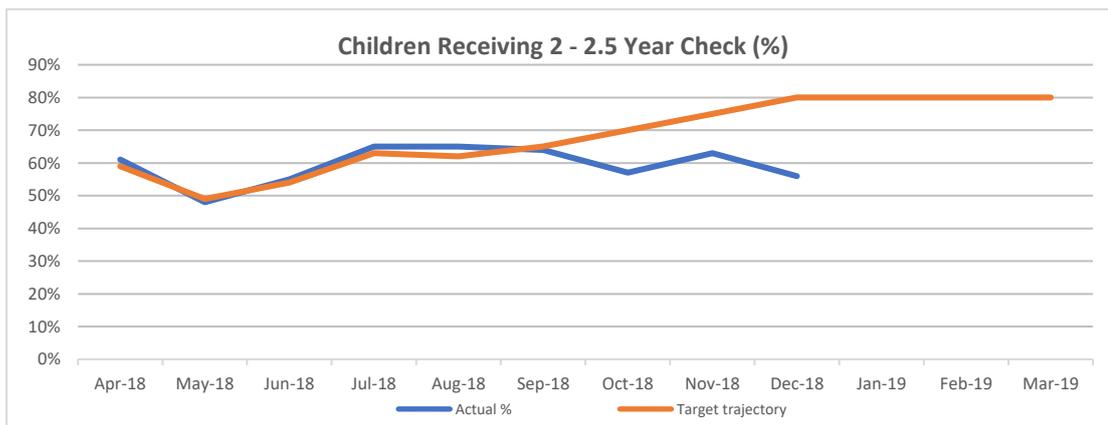
Reducing infant mortality



The percentage of pregnant women smoking at the time of delivery remained steady in the 10-month period between May 18 – February 19, despite a period of decrease between July 2018 and November when figures fell by 3.1 percentage points.

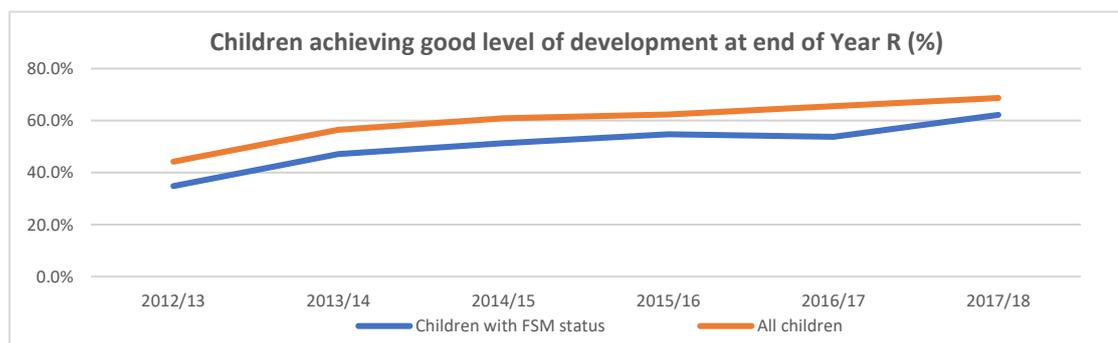
<sup>3</sup> Public Health England (2019). Public Health Outcomes Framework: <https://fingertips.phe.org.uk/profile/public-health-outcomes-framework>

### Increase in the number of children ready to enter school



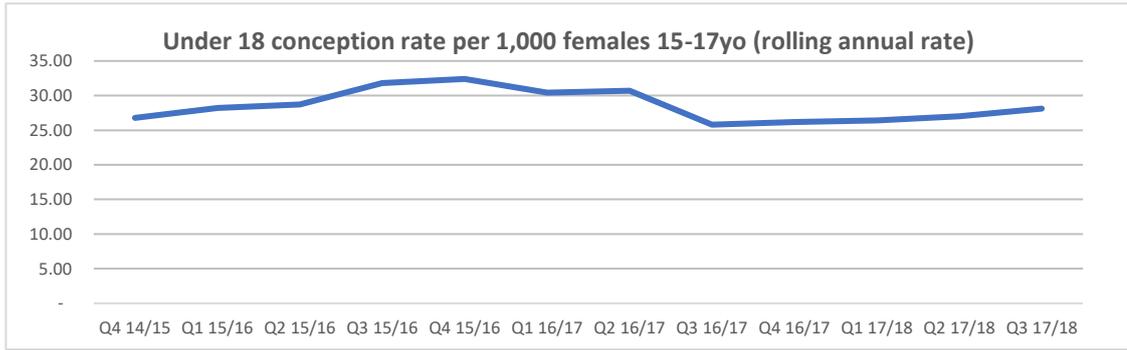
Between April 2018 and September 2018, the percentage of children receiving the 2-2.5 year check was in line with the target trajectory and actually exceeding it between June – September 2018. However, since September the figures fell below the target, as of December 2018 the indicator was 24 percentage points below the target figure.

### Tackle inequalities in educational attainment



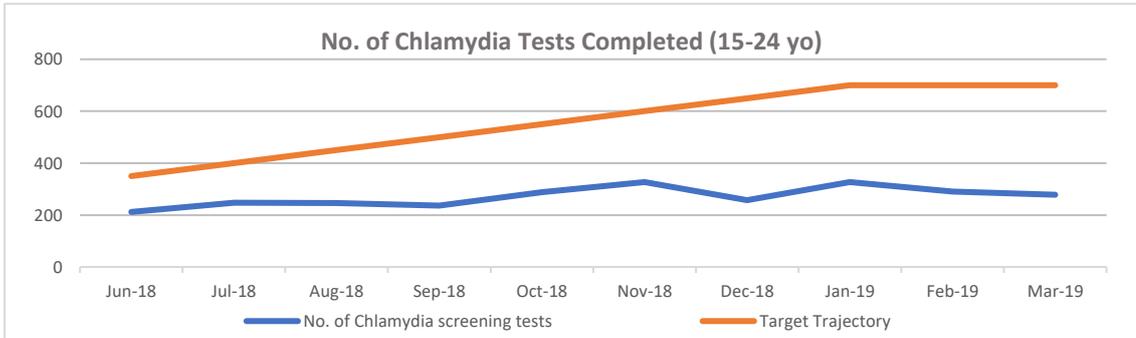
The percentage of children achieving a good level of development by the end of Reception has increased steadily over the past 6 years, for all children and for children receiving free school meals (FSM). The difference between the percentage of all children and children with FSM status has not seen any consistent change, with the gap varying between 11.7 and 6.5 percentage points. It should be noted that the smallest difference was seen in 2017-18, the most recent data point.

**Reduce levels of teenage pregnancy**



The rate of conceptions in females aged between 15-17 years has fluctuated between Q4 2014-15 and Q3 2017-18. There was a sharp decrease in the rate in the year up to Q3 2016-17, down to 25.8 per 1,000, however since, there has been a steady increase bringing the rate to 28.1 per 1,000 females in the year up to Q3 2017-18.

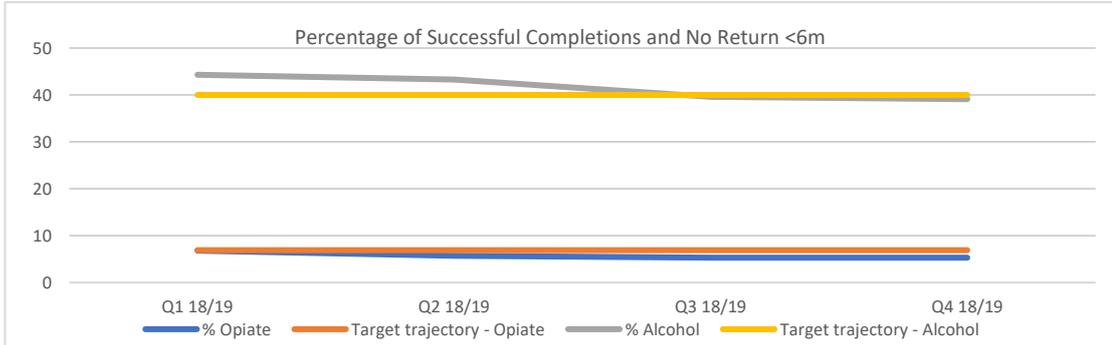
**Improve chlamydia detection**



The number of Chlamydia tests completed in Wolverhampton in those aged 15-24 years of age has fluctuated between 212 and 327 tests during the 10 month period between June 2018 and March 2019. During this period, it has remained considerably lower than the target trajectory.

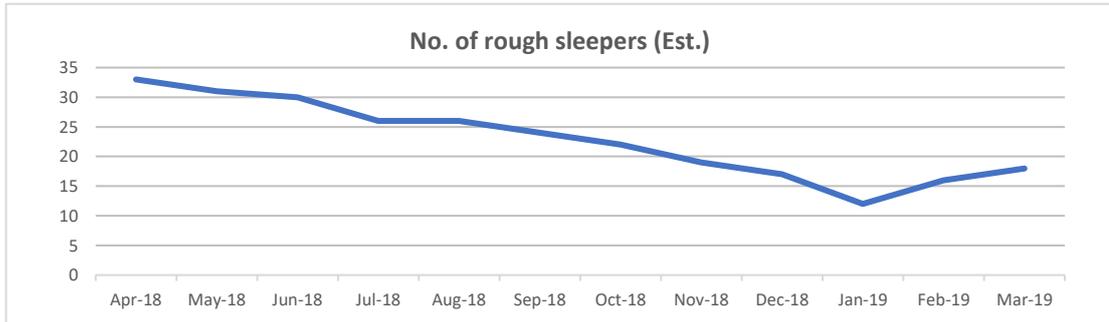
## 6.2 Healthy Life Expectancy

### Drug and alcohol recovery



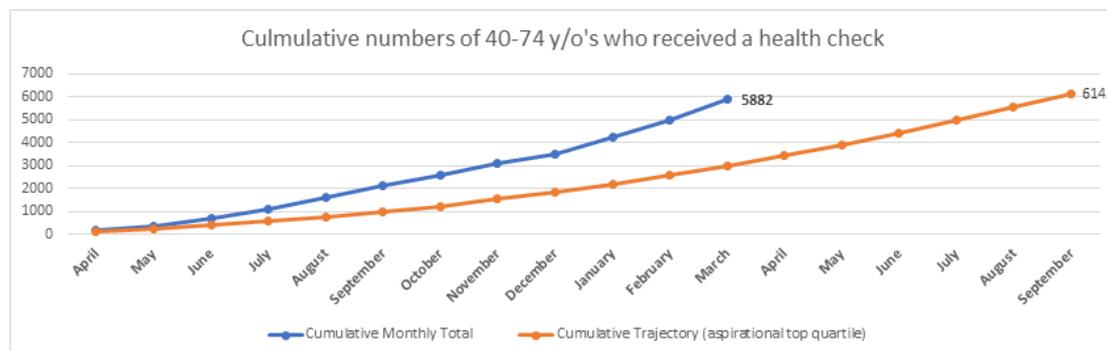
The percentage of successful completion of alcohol treatment in Wolverhampton decreased slightly over the course of 2018-19, but remained approximately in line with the target trajectory by Q4 2018-19, having started the year exceeding the 40% target. The Opiate treatment completion figures began 2018-19 in line with the 6.9% target, however since Q2 it has remained slightly lower and as of Q4 was at 5.3%.

### Reduce number of rough sleepers



The estimated number of rough sleepers in Wolverhampton has reduced considerably between April 2018 and March 2019. As of April 2018, there were an estimated 33 rough sleepers, by January this figure was reduced to almost a third with an estimated 12 rough sleepers. As March 2019, there were an estimated 18 rough sleepers in Wolverhampton.

### Uptake of NHS Health Checks



There has been a steady increase in the number of health checks being completed in Wolverhampton. The indicator has been exceeding its target since April 2018 and as of March 2019, there were 5,882 health checks completed, which is almost double the 3,000 target.

### Reduce smoking prevalence

In our Lifestyle Survey of over 9,000 residents in 2016 and a consultation on smoking services in 2018, smokers told us if they wanted to quit they would prefer to go it alone or would access information online. Public Health have worked closely with the CCG and local GPs to develop a 'self-help stop smoking support prescription' that is embedded into the GP clinical system, which directs people to evidence-based support tools.

### Reduce % of physically inactive adults

An Active City Strategy is being developed, building on the Towards an Active City framework produced in 2017. This sets out a vision to support every resident to be active every day, with a particular focus on those who are currently inactive (i.e. doing less than 30 minutes of moderate physical activity per day). The strategy will include working closely with our in-house leisure provider, WV Active, to develop an offer that meets the diverse needs of our residents.

### Substance misuse-related reoffending

A stakeholder summit was held in April 2019 to relaunch the Substance Misuse Partnership. This will support the development of the updated Substance Misuse Strategy, which will take a life course approach to prevention, treatment and recovery. The strategy will link to work around licensing and reducing rates of reoffending related to substance misuse.

### Increasing access to employment for people with mental health problems

The Joint Public Mental Health & Wellbeing Strategy for Wolverhampton (2018-2021; produced in partnership with NHS Wolverhampton CCG) sets out a shared vision for every resident in the City to have the best mental health that they possibly can at every stage of their lives. This incorporates our aim to reduce inequalities in employment for people with

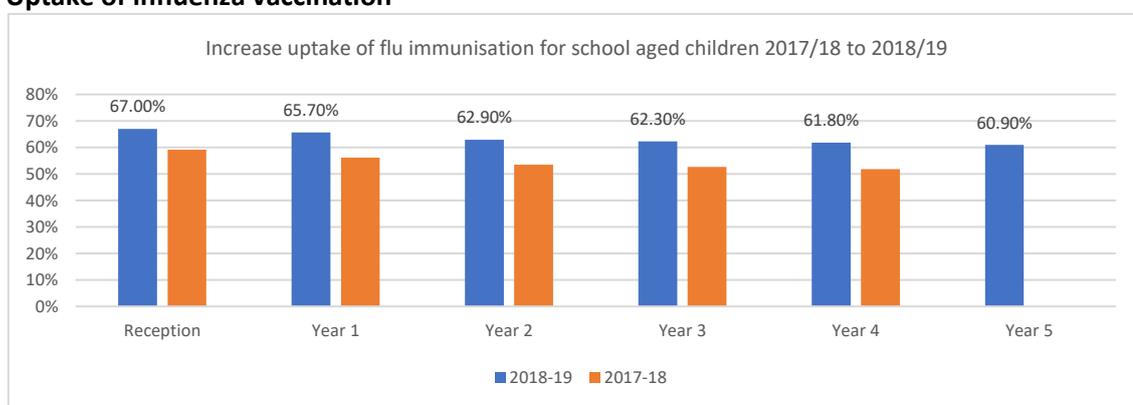
mental health problems and is a key objective in the action plan for Addressing Poverty Through an Inclusive Economy being developed through the Inclusion Board.

### 6.3 Healthy Ageing

#### Increase wellbeing of carers

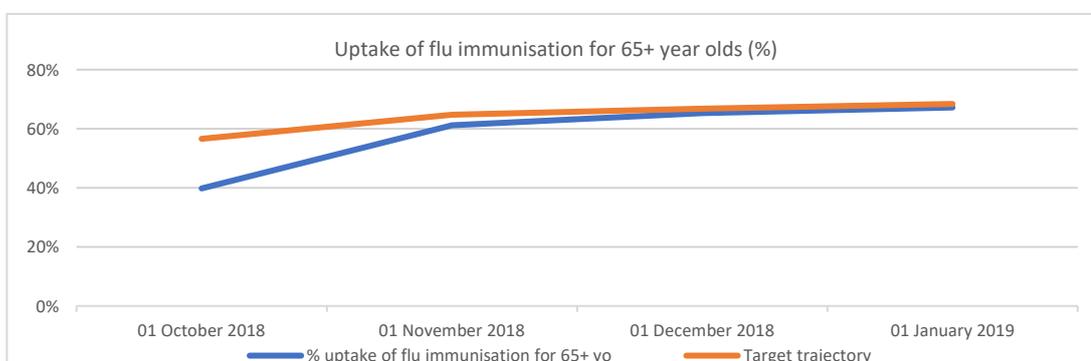
A strategic group has been set up to look at how the Health and Social Care system can be mobilised to improve the wellbeing of carers. There is not yet an appropriate indicator to measure carers wellbeing, because the PHOF indicator has a number of caveats that make it inappropriate.

#### Uptake of influenza vaccination



In the 2018-19 flu season, there was an increase compared to the previous year, in flu vaccination coverage in all year groups that were offered the flu vaccine (Reception – Year 5). The proportional increase seen in Wolverhampton in overall uptake was the highest in the West Midlands.

The uptake of flu vaccines for those aged below 65 and considered to be at risk of complications started off slowly in the 2018-19 flu season. However, by November 2018 the uptake was close to its target (39.3%). The uptake followed the target trajectory closely in the second half of the flu season.



The 2018-19 flu season was a challenging year for the flu vaccination campaign for over 65's, due to the initial confusion among GP's about the appropriate vaccine and then the national shortage of the vaccine. In Wolverhampton we had 5 GP practices that had no vaccines that

were appropriate for the over 65 population. However, we managed to mobilise the primary care system and liaised with suppliers ourselves to ensure that all GP's had some of the appropriate vaccines. The challenges we faced meant that there was poor performance in the first half of the flu season, but caught up with the target uptake by January 2019, finishing just 1.2% below our target. Work has begun to ensure that the same issues do not arise in the upcoming flu season.

### **Keeping people well in the community**

Public health offer advice and support to both local and regional multi-agency fora addressing the healthy ageing agenda, with a system focus on frailty and end of life. We have advocated for and helped design plans for a holistic approach to support for our older residents, which focuses on the wider socio-economic needs as well as physical and mental health.

## **7 Conclusions**

- 7.1 With the help of partners across the system, including the NHS, Public Health are starting to see change.
- 7.1 Public Health are starting to see some of the highest levels of engagement between health visiting services and families with young children since 2013.
- 7.3 Public Health are working with regional partners to collate and revamp the system for child death scrutiny, to create the blueprints for better evidence on infant mortality and local risk factors.
- 7.4 Public Health have significantly reduced the number of rough sleepers in the City, using a public health approach to homelessness.
- 7.5 Public Health have seen an un-precedented rise in the access and uptake of NHS Health Checks.
- 7.6 Public Health have significantly improved access to flu vaccines in school aged children, moving from the lowest to the highest uptake rates in the Black Country in one season.
- 7.7 Public Health have significantly helped to shape the development of the new ICS systems, including advances in the access to and interpretation of health intelligence.
- 7.8 Public Health have been a leading regional partner in community safety, building stronger links and strategy with WM Police, education and young people. Public Health are also reshaping the way in which Public Health plan for and permit licences for the sale alcohol.
- 7.9 Despite some early successes, challenges remain across the system, including the continued disadvantage faced by our poorest communities in austere and uncertain times, some of our highest ever rates of childhood obesity, and poor access to cancer screening to name just some. Together Public Health can work through these issues and make a difference, which will lead to longer, happier and more equal lives for our residents.