

ADULTS AND HEALTH SCRUTINY COMMITTEE

17th January 2022

ENHANCED PUBLIC HEALTH OFFER AT RUTLAND COUNTY COUNCIL

Report of the Director of Public Health

Strategic Aim:	All		
Exempt Information	No		
Cabinet Member(s) Responsible:	Cllr S Harvey, Portfolio Holder for Health, Wellbeing and Adult Care		
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Ward Councillors			

DECISION RECOMMENDATIONS

That the Committee:

- Notes the content of the paper and revised public health offer for Rutland.
- Provides any recommendations for priority public health areas to focus on over the next year.

1. PURPOSE OF THE REPORT

- 1.1 The purpose of the paper is to set out a refreshed approach to Public Health across Rutland.

2. BACKGROUND

- 2.1. Following discussions between Leicestershire Public Health and Rutland County Council (RCC), RCC have increased the amount of commissioned Public Health support they receive from the Leicestershire Public Health team to enable a more comprehensive and strategic Public Health offer across Rutland through work of the council and the wider Integrated Care System. The new Public Health team will include:

- Director of Public Health (0.2 whole time equivalent (WTE))
- Consultant in Public Health (0.4WTE)
- Strategic Leads for Rutland and Rutland Commissioning (1.8WTE)
- Public Health analyst (0.2WTE)

- Additional support from within RCC including Health and Wellbeing Integration Lead.

This paper explores a range of options in which the Public Health capacity can be utilised to increase the health and wellbeing of Rutland residents through place and RCC specifically.

3. DOMAINS OF PUBLIC HEALTH

3.1. Public Health can be defined as ‘*the science and art of promoting and protecting health and wellbeing, preventing ill-health and prolonging life through the organised efforts of society*’ (Faculty of Public Health¹.) The core outcomes public health aim to achieve include:

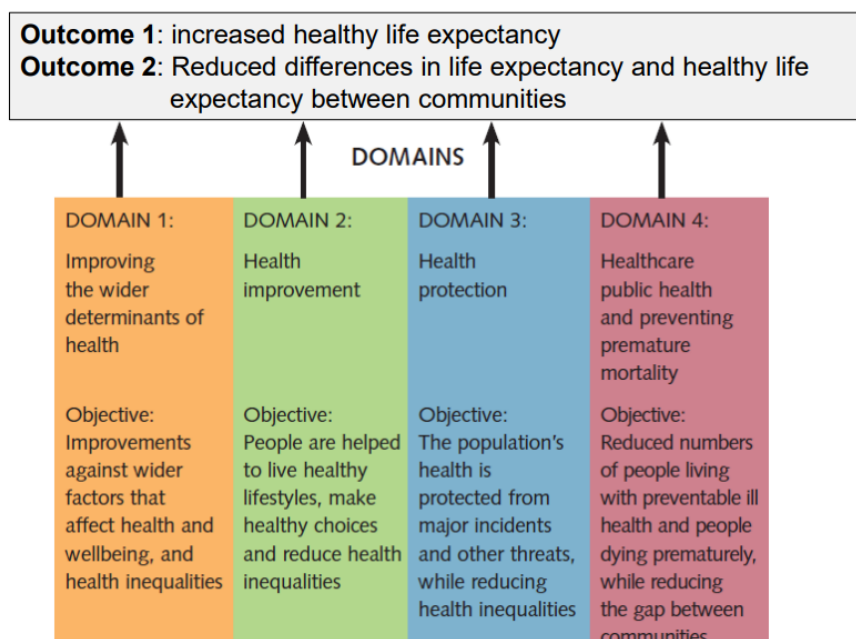
- increasing healthy life expectancy across the population and
- reducing health inequalities seen by different communities.

3.2. The Public Health Outcomes Framework categorises Public Health into four domains: Improving the wider determinants of health, Health Improvement, Health Protection and Healthcare Public Health. The overall outcomes objectives of which can be seen in Figure 1. There are a range of ways in which Public Health may influence these four domains. These include acting as a:

- **Leader-** This may be through leading the commissioning or delivery of specific Public Health services via the Public Health Grant or leading key prevention and health inequalities programmes of work.
- **Partner-** PH is well positioned to support driving change collaboratively with partners across the Place and ICS systems. PH can provide system leadership and also technical support to ensure key priorities are identified, and the most effective and efficient services are commissioned, provided and evaluated for the local population.
- **Advocate-** A key element of Public Health work is to support the local residents to make informed choices about their health and wellbeing. This may be through working with the Rutland communication and communities teams to provide evidence-based communication and social marketing campaigns and asset-based approaches to build resilient communities.

Figure 1 The Public Health Outcomes Framework

The Public Health Outcomes Framework



3.3. With defined capacity, decisions will need to be made to agree work objectives/ workplan for the Rutland Public Health team. The following section reviews current progress and proposes options for further discussion.

4. EMERGING POPULATION HEALTH PRIORITIES

4.1. A significant amount of work has been completed during summer 2021 to review the local needs of Rutland in preparation for the development of the Rutland Joint Health & Wellbeing Strategy/ delivery plan. Although Rutland performs well on a number of indicators there are some areas for further exploration and improvement. Triangulation of the quantitative and qualitative data has identified the following potential priorities for draft Rutland Joint Health and Wellbeing Strategy over the next 3 years:

- **Best start in life.** Significant evidence suggests the importance of the first 1001 days of life in providing a strong base for long term health outcomes. Local Rutland data suggests prioritising areas in the under 5's, SEND, childhood vaccination, tooth decay and obesity.
- **Healthy and independent for as long as possible.** Building prevention, self-care and maintaining independence is critical to improving healthy life expectancy whilst managing within a defined health and care budget. Therefore, prevention and self-care will be a key priority across all workstreams and priority areas will include building resilient communities, frailty, obesity, dementia, some vaccinations and reducing social isolation.
- **Reducing health inequalities across Rutland.** Taking a proportionate universalism approach will be needed to 'level up' the gradient of health outcomes currently seen, especially in the three most deprived wards in Rutland but also specific groups such as SEND children, military and prison populations and carers in Rutland. This will also support stronger community cohesion and resilience.

- **Equitable access to services for all Rutland residents.** Rutland is a rural county that borders a number of other local authorities and healthcare systems. Further work is needed to consider what services can be delivered within Rutland (i.e. considering the UHL reconfiguration and use of Rutland Memorial Hospital), in a different way (i.e. using digital technology), and equitable way (considering differences in eligibility between resident and registered populations.) Ensuring that local residents have access to local services will also be key through strong communication of services and transport options.
- **Preparing for population growth.** The population of Rutland is projected to grow by 5% to 42,277 by 2025 (an increase of 1,890 residents) and by 14% to 45,886 by 2040, (an increase of 5,499 residents). By 2025, the 65 years and over population in Rutland is projected to grow by 10.8% and 45.3% by 2025 and 2040 respectively. Rutland will therefore need to prepare for the overall and older population increase across health and care to ensure all residents to Rutland continue to have healthy, happy, long lives.
- **Ensuring people are well supported in the last phase of their lives.** This priority aims to normalise end of life as an important part of the life course, ensure people live well during the last phase of their life, can comfortably plan ahead and that those important to them are given the support they need.

4.2. These strategic priorities were presented at Health and Wellbeing Board in October 2021 and are currently being formally consulted on with the local residents, partners and stakeholders as part of the Rutland Health and Wellbeing Strategy, with a final strategy and delivery plan due to Health and Wellbeing Board in February 2022.

5. OPPORTUNITIES TO ENHANCE PUBLIC HEALTH IN RUTLAND

5.1. Appendix A describes the opportunities for Rutland County as a whole and as a County Council within each of the four Public Health domains. Further work will be completed to understand where Rutland is on these areas of work and where they would like to be. Many of these will need to be considered in light of COVID pandemic recovery and the emerging priorities of the Rutland Health and Wellbeing Strategy and delivery plan. This will help prioritise the workstreams to allow development of a Rutland Public Health workplan for 2022/23 as part of the wider Rutland Health and Wellbeing Strategy/delivery plan.

6. CONSULTATION

6.1. The workplan for the public health team will be aligned with the priorities of the Rutland Health and Wellbeing Strategy that is out for formal public consultation until 7th January 2022. The Integration Delivery Group has also been consulted prior to bringing the paper to the Adults and Health Scrutiny Committee.

7. ALTERNATIVE OPTIONS

7.1 RCC has a long-standing relationship with Leicestershire County Council to provide their Public Health support due to the joint appointment of the Director of Public Health and geographical/ strategic alignment. This could be provided by an alternative local authority if chosen by RCC.

8. FINANCIAL IMPLICATIONS

- 8.1. The additional capacity within the new Public Health team has been funded through reallocation of the Rutland Public Health grant and additional support has been provided through RCC Adults directorate. The additional public health capacity will provide further capacity to ensure a preventative approach is embedded across Rutland and that the most effective and efficient public health (specifically but also wider health and care) services are provided across Rutland. This is likely to generate improved health outcomes and cost savings across Rutland health and care system in the longer term.

9. LEGAL AND GOVERNANCE CONSIDERATIONS

- 9.1. The revised Public Health offer is part of the service level agreement between Leicestershire County Council Public Health and RCC. Public Health specific governance is linked to the Adult's directorate within RCC.

10. DATA PROTECTION IMPLICATIONS (MANDATORY)

- 10.1. A Data Protection Impact Assessments (DPIA) has not been completed due to the changes in the Public Health team not using any patient identifiable data. DPIAs will be completed as appropriate for specific pieces of work moving forward.

11. EQUALITY IMPACT ASSESSMENT

- 11.1. An Equality Impact Assessment (EqIA) has not been completed specifically for this paper, however the emerging priorities will be aligned with the Rutland Health and Wellbeing Strategy that will have a completed Equality Impact Assessment. This will be presented with the final draft in February 2022. One of the key objectives for the Public Health team will be to improve healthy life expectancy and reduce health inequalities across Rutland.

12. COMMUNITY SAFETY IMPLICATIONS

- 12.1. The new Public Health team will work with the current Community Safety Partnerships to understand how they can add value to the committee and further align health implications with the Adults and Health Scrutiny Committee.

13. HEALTH AND WELLBEING IMPLICATIONS

- 13.1. The priorities of the Public Health team will be driven by the emerging priorities of the Rutland Health and Wellbeing Strategy, Health and Wellbeing Board and RCC corporate plan.

14. ORGANISATIONAL IMPLICATIONS (OPTIONAL DETERMINED BY SUBJECT)

The Public Health team aims to embed a health and equity lens through Rutland as a place and RCC as an organisation. This will support RCC in a number of ways including understanding the role of RCC as an anchor institution including embedding a 'Health and Equity in All Policies' approach across the organisation. This support the organisation to further consider health and wellbeing of staff, the impacts of the wider determinants of health (including climate change) and embedding an evidence-based approach to commissioning of health and care services. This may lead to changes in commissioning and procurement of services in the future.

15. CONCLUSION AND SUMMARY OF REASONS FOR THE RECOMMENDATIONS

- 15.1. Overall, there are lots of opportunities to strengthen the Public Health support and influence across Rutland to improve health and wellbeing of Rutland residents. Further work is needed to confirm the strategic direction and priorities so a clear workplan/objectives can be developed and agreed across Leicestershire County Council Public Health and Rutland County Council. This will be aligned with the development of the Rutland Joint Health and Wellbeing Strategy and delivery plan.
- 15.2. The Adults and Health Scrutiny Committee is therefore recommended to:
- Note the content of the paper and revised public health offer for Rutland.
 - Provide any recommendations for priority public health areas to focus on over the next year.

16. BACKGROUND PAPERS

- 16.1. There are no additional papers to this report.

17. APPENDICES

- 17.1 APPENDIX A: OPPORTUNITIES FOR PUBLIC HEALTH TO EXPLORE ACROSS RUTLAND.

A Large Print or Braille Version of this Report is available upon request – Contact 01572 722577

APPENDIX A: OPPORTUNITIES FOR PUBLIC HEALTH TO EXPLORE ACROSS RUTLAND.

Business as usual in standard font, new areas of work in *italics*.

DOMAIN 1 Improving the wider determinants of health	DOMAIN 2 Health Improvement	DOMAIN 3 Health Protection (supporting UKHSA and CCG response.)	DOMAIN 4 Healthcare Public Health
Development of Rutland Joint Health and Wellbeing Strategy/ Place led plan and priorities considering prevention, health inequalities and COVID recovery across all domains of work.			
<ul style="list-style-type: none"> • <i>Consider how Rutland embeds a Health and Equity in All Policies Approach including Health and Equalities Impact Assessments to all work of the council and place partners.</i> • <i>High quality housing supports health and wellbeing. Work with partners across Rutland to take a strategic approach to section 106 funding following the extensive housing growth. Also considering local housing stock, green space, cycle routes etc.</i> • <i>Health is an asset and supports growth and employment. Consider any further support around</i> 	<ul style="list-style-type: none"> • <i>Build on the current overall prevention services and those specifically commissioned as part of the Public Health grant. This includes recommissioning of the following services in 2021/22:</i> <ul style="list-style-type: none"> ○ <i>Substance Misuse contract</i> ○ <i>Domestic Violence</i> ○ <i>0-19 services (and links to children’s services.)</i> ○ <i>Community Wellbeing services</i> • <i>Work with partners to embed healthy lifestyles and prevention across the place. Embed Making Every Contact County Plus approach across Rutland partners utilising the LLR</i> 	<ul style="list-style-type: none"> • <i>Committed leadership of health protection as per statutory duty including:</i> <ul style="list-style-type: none"> ○ <i>Reducing communicable disease and outbreak management with UKHSA and support to Rutland Health Protection Board including Covid-19 pandemic</i> ○ <i>LRF response to emergencies (through DPH).</i> 	<ul style="list-style-type: none"> • <i>Work in partnership regarding wider health and care integration priorities such as digital self-care, frailty, dementia, complex care.</i> • <i>Supporting PCN to further support develop a population health management approach to their practice population, targeting multimorbid patients and aiming to reduce the prevalence of those with 5+ comorbidities.</i> • <i>Support issues around access to health care/ UHL reconfiguration etc.</i> • <i>Support specific disease pathways as necessary.</i>

<p><i>developing an inclusive growth approach including education and training.</i></p> <ul style="list-style-type: none"> • <i>Good work improves health and wellbeing. Consider how partners become anchor institutions to support improving health and wellbeing and reducing health inequalities across their workforce and consider the wider Rutland workplace health offer.</i> • <i>More even communities have greater social cohesion less crime, and increased satisfaction. Work could be developed about strengthening the asset-based community approach across Rutland and support reducing social isolation and low-level mental health.</i> • <i>Consideration may be needed for climate change, air quality, road safety etc.</i> 	<p><i>Healthy Conversations Toolkit (including Leisure, Country parks, heritage, libraries, VSC, police etc.)</i></p> <ul style="list-style-type: none"> • <i>Working with children's services to strengthen PH support for the best start in life (1001 days.)</i> • <i>Building on Rutland's communications approach to health and wellbeing using behavioural change methodologies and social marketing.</i> 		
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ⁱ <https://www.fph.org.uk/media/2582/fph-publichealthstrategy-2019to2025-v5.pdf>