

Wellbeing, Public Health & Communities Business Plan

2022 – 2025

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Essex County Council

What is public health and what does it include? ²

Traditionally, public health is defined as *'the science and art of preventing disease, prolonging life and promoting health and wellbeing through the organised efforts of society'*.³ There are three main disciplines or 'pillars' of public health, each of which requires a range of specialist skills and experience to effectively deliver. Every local authority is required to have a Director of Public Health (DPH) to oversee the delivery of a set of statutory and mandated functions, as defined in the Health and Social Care Act 2012.⁴ Many services are universal however local data and insight must be used to ensure the specific needs of a population are met. Discretionary services can also be commissioned and/or directly delivered to meet any need not included in the mandated functions below.

THE PILLARS OF PUBLIC HEALTH



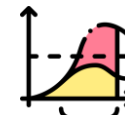
Health Protection

The control of infectious diseases, managing health emergency responses and environmental health hazards



Health Promotion / Health Improvement

Improving health behaviours over the life course as well as improving the wider determinants of health



Healthcare Public Health

Ensuring services are high quality, evidence-informed and value-based. Addressing issues of effectiveness, efficiency and equity

STATUTORY FUNCTIONS OF THE DPH

- Statutory Chief Officer and the principal adviser on all health matters to elected members and officers
- Leadership role spanning all three pillars of public health
- Improve the health of the local population and reduce health inequalities
- Plan for, and respond to, emergencies that present a risk to public health
- Advise the NHS and other partners on population need and evidence based interventions

MANDATED FUNCTIONS OF PUBLIC HEALTH

- Weighing and measuring of children (NCMP programme)
- NHS Health Checks
- Sexual health service
- Public health advice service
- Protecting the health of the local population

NON- MANDATED FUNCTIONS BUT CONDITIONS OF GRANT

- 0-19 services (Health Visiting and School Nursing service)
- Drug and alcohol service

What is public health and what does it include? ³

At Essex County Council the Wellbeing, Public Health and Communities function brings together a range of services that contribute to the delivery of the Council's statutory and wider responsibilities regarding improving public health outcomes, protecting our most vulnerable and reducing health inequalities, namely Trading Standards, the Gypsy and Traveller Service, Active Essex and the Strengthening Communities team. We also work across directorates within ECC, with a range of external partners including public sector, voluntary sector, and private businesses, to commission and directly deliver services to meet the needs of the local population.

WELLBEING, PUBLIC HEALTH & COMMUNITIES



Specialist Public Health Service

- Drug & alcohol interventions
- Health & justice services
- Housing-related support
- Sexual health services
- NHS Health Checks
- Smoking cessation support
- 0-19 nursing services
- Healthcare public health advice



Trading Standards

- Animal health & welfare
- Disease control prevention
- Food safety & standards
- Ports & Borders
- Product & consumer safety
- Age restricted products
- Doorstep crime and fraud
- Safety at sports grounds
- Business advice



Gypsy & Traveller Service

- Co-ordination of outreach programme with other agencies to improve Gypsy, Roma & Traveller outcomes
- Management of unauthorised encampments
- Management of 12 ECC owned traveller sites



Active Essex

- Designated Active Partnership for Greater Essex by Sport England
- Lead on delivery of 10 year strategy Fit for the Future (2021-22)
- Deliver multiple programmes incl. Find Your Active, HAF, PEM, LDP, CYP, etc
- Place-based delivery model made up of 5 hubs



Strengthening Communities Service

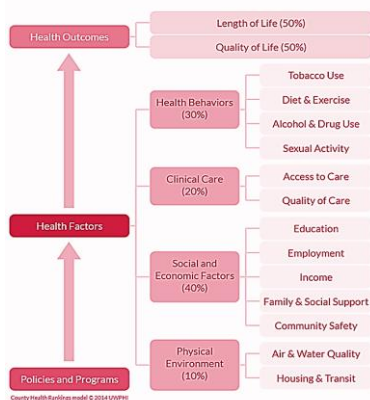
- Create conditions to enable communities to respond to societal challenges
- Commission community infrastructure development
- Digital Community Campaign model
- Communities consultancy & support for ECC services

Business Plan (on a Page)

EVERYONE'S ESSEX

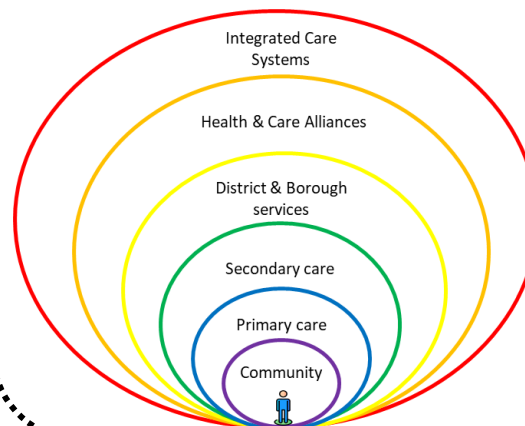
ADDRESSING INEQUALITIES / LEVELLING UP

PRODUCTIVE PARTNERSHIPS



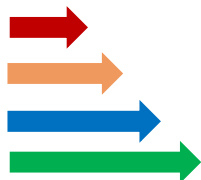
Development of key partnerships to address the wider determinants of health, from influencing policy development to new & innovative service delivery.

PLACE-BASED PUBLIC HEALTH



Bringing help closer to home – supporting communities to grow & find local solutions to local problems & making them sustainable.

PREVENTION



Ensuring support to:

- TERTIARY: Optimise LTC outcomes
- SECONDARY: Detect/treat early
- PRIMARY: Reduce risk factors
- PRIMORDIAL: Promote healthy lives

PUBLIC HEALTH PRIORITIES



SMOKING



HIGH BLOOD PRESSURE



HIGH BLOOD GLUCOSE



HIGH BMI



HIGH CHOLESTEROL



ALCOHOL USE

MENTAL WELLBEING

How will we deliver our priorities?

Delivering this strategy will require a range of skills and expertise from within the team as well as from wider ECC directorates and system partners. Key to ensuring we deliver on our promises we will draw on the following areas:



INSIGHTS

We will use local data, both quantitative and qualitative, to better understand local need. We will work to improve the quality and completeness of our local data. We will use PHM approaches to target high risk groups and measure the impact of our services in a timely way. We will share our insights.



INTERVENTIONS

We will design services and support with the people who need them. We will create a range of services that are focused on keeping people well, are responsive to changing needs and that reflect the influence of the wider determinants of health to support people to reach their potential.



INNOVATION

We will utilise the latest evidence to design our services. Where no evidence exists, we will develop a local evidence-base by working with local people, academic institutions and businesses to generate ideas for services. We will be brave and try new ways of working. We will share our learning.



TECHNOLOGY

We will build on current initiatives and embrace new technology to provide communication, support and incentives in Essex to generate positive behaviour change. We will provide training to increase digital and health literacy. We will work with local businesses and universities on new projects.



WORKFORCE

We will develop a system-wide network of public health practitioners by upskilling the wider system workforce. We will grow the local specialist team and develop joint appointments to support wider public health working. We will continue to provide training to Registrars and other who wish to learn.

How will we measure our impact?

It is imperative we measure the impact of the work we undertake and the services we provide on improving health and wellbeing outcomes and achieving the ambitions outlined in *Everyone's Essex*; however due to the nature of the determinants of health, the impact of some interventions may not be felt for many years. We must therefore make sure progress can be accurately and appropriately monitored year on year, and that investment and commitment remains the course and is not diverted into short term reactive work. We will therefore use a range of service level activity measures, service user feedback and national outcome measures to monitor our progress over time and actively address any areas of underperformance. The literature suggests ideal population health outcome metrics reflect a population's dynamic state of physical, mental, and social well-being⁸, we will therefore measure:

A range of local, district & county level data; reporting range from monthly to 3 yearly/rolling average 3 year rate

3 year measures

- Increased uptake of smoking cessation services
- Reduced smoking rates
- Increased levels of physical activity
- Improved diet (less red meat and salt, more fruit and veg)
- Reduced alcohol consumption
- Reduced levels of high cholesterol
- Increased uptake of mental wellbeing and community resilience support

4 - 9 year measures

- Fewer exacerbations of conditions/admissions related to smoking
- Reduced levels of high blood pressure
- Reduced levels of obesity
- Improved blood glucose control
- Reduced prevalence of T2 diabetes
- Reduced alcohol-related admissions
- Improved self-reported wellbeing score

10-15 year measures

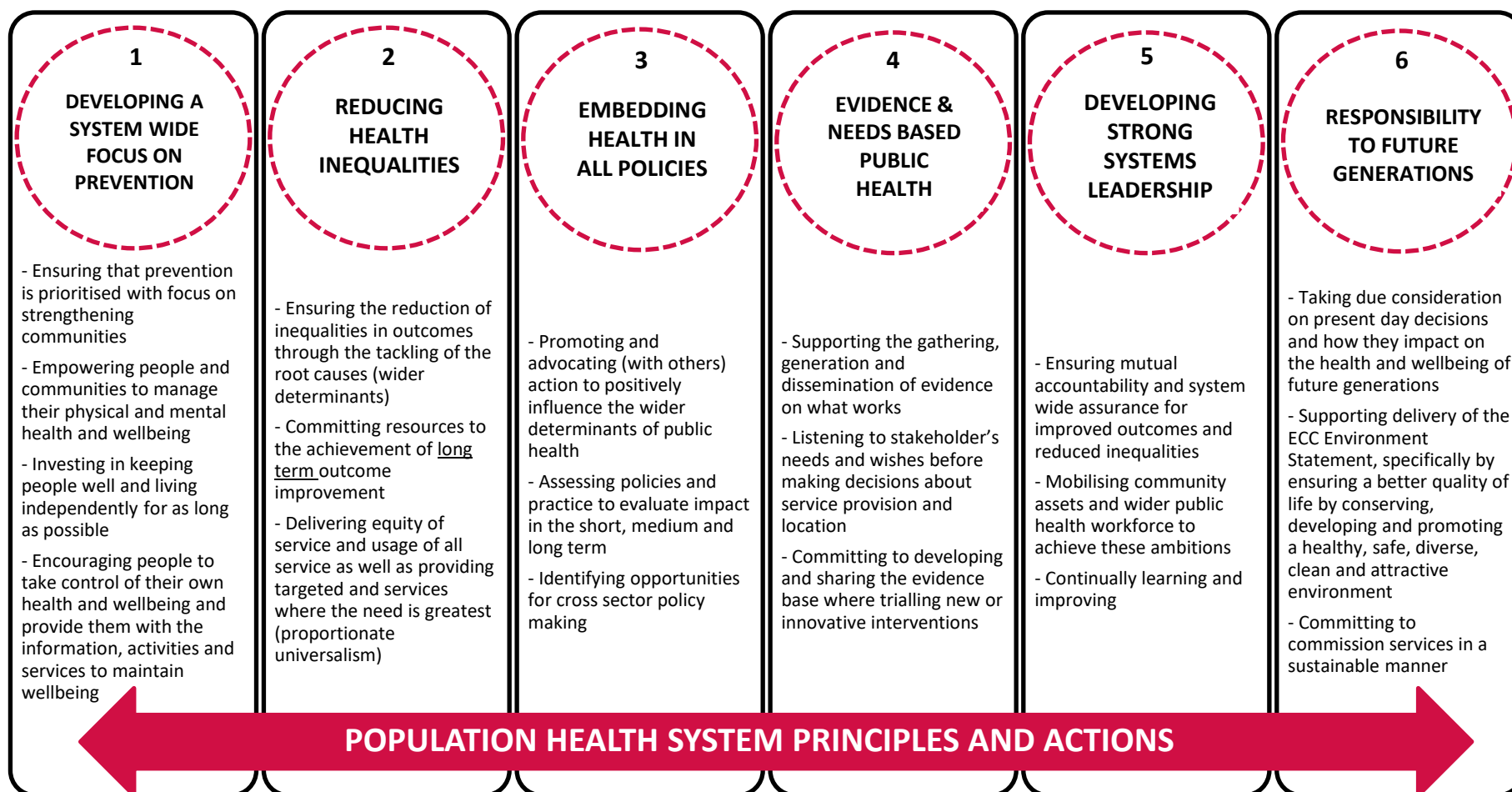
- Reduced premature mortality from:
 - Six public health risk factors
- Increased quality of life as measured by:
 - Lower prevalence of low level mental health disorders
- Increased community activity & engagement as measured by:
 - Citizen participation
 - Strength of the third sector
- More active individuals, families & communities

Overarching Outcomes: Increased disability-free life expectancy & Reduced premature mortality (preventable causes)

What do we need others to do?

The public health needs of Essex are multiple and varied and, if the Wellbeing, Public Health and Communities team is to achieve the ambitions set out in this strategy, it cannot work alone.

Public health is everyone's business and this strategy requires partner commitment to the six Population Health System Principles and Actions, as outlined below.⁹ Adopting this approach will ensure the needs of the people of Essex are considered, now and in the future, and that services are of a high quality, allocated equitably and delivered in a way that is shaped by people who use them.



How will the team work together/with others? ⁷

The Wellbeing, Public Health and Communities team will develop new ways of working to ensure we are able to deliver on the ambitions outlined in this strategy. The team will work in a matrix way but there will be clear leads for each area so internal ECC directorates and wider system partners will know who to ask if they want advice and/or support. We have identified a programme of development for the team in order they can fulfil their new responsibilities. The key new approaches to our work include having:

- A defined senior management team who provide an expert consultancy function, supported by the wider delivery team
- Named representatives aligned to each internal ECC directorate to improve internal collaboration
- Clear thematic leadership responsibility for the following key public health areas:
 - Health Improvement
 - Health Protection
 - Healthcare Public Health
 - Children/Young People & Mental Health
 - Economic Growth & Levelling Up
 - Place-based Public Health
 - Marginalised Communities
 - Active Essex
 - Strengthening Communities
- Identified geographic leads at the following levels:
 - ICS/ICP
 - Alliance
 - District & Borough Council
- Named relationship managers for each regional/national partner/regulator (e.g. UKHSA, Sport England, OHID, etc.)
- Increased links with District and Borough Public Health Practitioners
- A more open approach to the creation of joint posts with key system partners

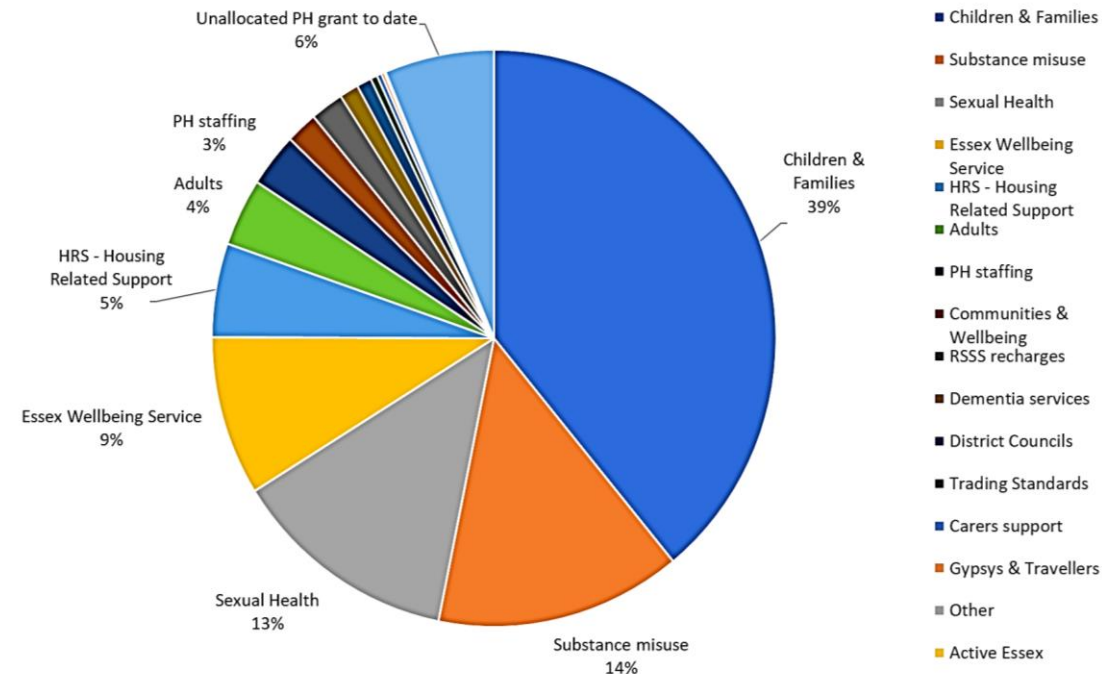
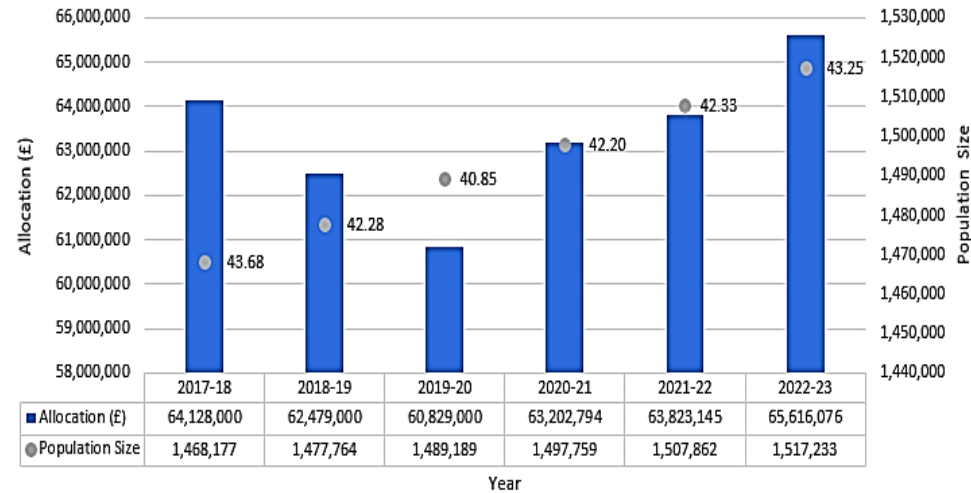


How will our work be funded?

Each upper tier local authority receives an annual grant that is ring-fenced for use on public health functions. Conditions for the use of the grant are outlined nationally and the DPH provides annual assurance to the Secretary of State on the appropriateness of its use. The grant can be used for both revenue and capital purposes but must, as a minimum, cover the statutory and mandated duties of the DPH and local authority. Over the last two years, further service responsibilities have been delegated to public health and the population of Essex has grown, resulting in a continued real terms cut in grant allocation. This has resulted in a reduction in proactive work and capacity not being adequate for demand in some services.

Allocation (£)

Labels are allocation per head (£)



The 2022/23 Essex public health grant is allocated as illustrated in the pie chart. Trading Standards, Communities and Wellbeing, Gypsy and Traveller Services and some of Active Essex are funded from ECC base budget. It is proposed that the current unallocated budget is utilised to grow the team, support PHM work, increase the PH contribution to community physical activity services and invest in the priorities outlined in this strategy. We will also be seeking to influence wider system spend on the priorities outlined in this strategy and increase overall investment in public health and prevention.

