

PUBLIC HEALTH & PREVENTION UPDATE – Appendix B

Public Health panel on 10th November

The agenda can be found at

<https://cmis.hertfordshire.gov.uk/hertfordshire/Calendarofcouncilmeetings/tabid/70/ctl/ViewMeetingPublic/mid/397/Meeting/752/Committee/86/SelectedTab/Documents/Default.aspx>

Herts Stop Smoking Services.

We received the service's annual report. Tobacco is still the leading cause of preventable illness / death in the UK, accounting for approx 1,500 per annum in Herts.

In 2016 the Hertfordshire smoking rate was 13.5% versus 15.5% in England.

Current priority areas are:-

Routine / manual workers, areas of greatest deprivation, prisoners, and people with MH issues.

The Service's current project areas are:-

Improving accessibility of services to young people, non-British, and pregnant mums.

Looking at behaviour change models rather than always using 1:1 interviews.

Improving conversion rates.

Getting harm reduction advice to those unable to stop (such as e-cigarettes).

Disseminating messages such as 'shisha' being more harmful than cigarettes, and cannabis smoking being as harmful as cigarettes.

Our stats have Herts better than the EoE (East of England) on 28 day quits, and quit ratios. It is worth noting that 30% of quitters came from 20% most deprived areas. However 28.9% of routine / manual workers smoke in Herts vs 26.5% in England. Smoking in pregnancy has fallen from 9.2% to 6.7% in 2 years. "Love your Bump" has won 2 national awards. Our cost per quit is better than all our statistical neighbours. We endorse e-Cigarettes and provide support to all NHS organisations willing to accept.

The full Annual report contains 40 pages of data and references – yet irritatingly failed to show OOC (Out of County) Trusts in the table of referrals made from each Acute site – an emphasis I aim to change.

Public Health Peer Review Initial Report

The review was held on 18-20 October, and was generally favourable, citing wide-ranging well-developed projects, but possibly a lack of co-ordinated planning. Members will be offered Prevention training early in new year. Our DPH (Director of Public Health) likes to summarise Prevention as "it is really about avoiding the need for public services".

Other suggestions made were for best practice workshops, sharing innovation, rapid evaluation and adaptation. We also need to "talk up" Self-Management, to conduct a charm offensive with GPs, and to encourage "Active Giants of Prevention".

Members developed an interesting discussion of ME (myalgic encephalopathy) as an example of varying degrees of knowledge and attitude between CCGs around the country. Sadly only 30% of CCGs seem to know anything about the subject. Members were encouraged to see the film "Unrest".

Complaints and compliments review of HCC performance overall

There has been a significant drop in the number of complaints received by HCC as a whole over the last. Annual totals for the last 3 years are:-

2014/5 = 1,184 : 2015/6 = 1,279 : 2016/7 = 1,059. Childrens Services was the best performer. The report also included the Social Care Ombudsman's Annual Letter, informing us of the 121 complaints / enquiries they received.

HCC Audit Committee on the 1st December

The agenda paper for this report can be found in Item 7 of the address below

<https://cmis.hertfordshire.gov.uk/hertfordshire/Calendarofcouncilmeetings/tabid/70/ctl/ViewMeetingPublic/mid/397/Meeting/707/Committee/3/SelectedTab/Documents/Default.aspx>

The committee had previously requested a “Deep Dive” report into a serious risk to the Health system in Hertfordshire – concerning the recruitment and retention of an adequate homecare workforce. A detailed paper was brought to the committee, examining the increasing risk of a reduction in our ability to provide safe and appropriate care in peoples’ own homes, thereby impacting on the health and wellbeing of our residents.

52% of local authorities are, like us, reporting difficulties in this area. The 85+ age band is expected to more than double in next 12 years, causing increasing demand. The many pressures include an ageing workforce, families that are increasingly spread out geographically, high employment in the County, proximity to London, the high cost of accommodation for workers, a poor media image, self-funders attracting providers preferentially, and possible Brexit effects, to name but a few.

Our homecare providers employ around 10,500 staff, and the turnover rate is in the 40%+ region. The 3 main reasons given for high turnover are Pay Rates, Inadequate travel compensation, Attraction of other Sectors. It is currently estimated that 15,000 staff will be needed by 2030, but the figure will be higher if more support is provided at home (at the expense of residential care). As of 1st October 165 people were awaiting care packages in Herts (indicating a need for approximately 200 extra staff). Incidentally, it is worth noting that the waiting figures in Herts Valleys are twice as bad as E&N Herts – possibly correlated the DToCs figures which can be anywhere from 1.6 to 10 times as high at Watford as they are at the Lister.

HCC is supporting providers out of the “improved BCF”, which allowed us to give a 71p hourly rate increase (rising to 90p by April). Average hourly rates in Herts are currently £17.88 compared with a minimum recommended by UK Home Care Providers association of £17.19. Only 10% pay over 17.19.

HCC works with providers to move to guaranteed shift work (where wanted), to support the Herts Care Standard, to influence recruiting policy, and workforce retention, and to offer its Rewards program to the whole sector. Additional iBCF money of £450K pa has been committed to upskilling and training the workforce. The commissioned 4 Lead provider commissions include all these provisions, spot providers will follow whenever contracts are renewed. Note that the Care Act imposes a duty to ensure a sustainable and vibrant care market. There has been a strong move (from 14% to 75%) in favour of local providers, not least because of several Serious Concerns investigations with national providers. Complaints are down by 50% since 2014.

There is a Herts Good Care campaign promoting working in the sector, using social media in particular, but also encouraging the over 55s and retirees to join the workforce. So far the campaign has resulted in 165 placements. The Good Care recruitment team is helping young people with careers advice, CV writing, interview advice, etc.

A copy of the Hertfordshire Care Standard, and a case study of a care provider’s recruitment campaign are included as items 7b and 7c in the agenda papers.

Health and Well-being board December 13th.

The Meeting Papers can be found at

<http://cmis.hertfordshire.gov.uk/hertfordshire/Calendarofcouncilmeetings/tabid/70/ctl/ViewMeetingPublic/mid/397/Meeting/699/Committee/13/Default.aspx>

Perhaps the most worrying statistic given by our Director of Public Health is that DALYs (Disability Affected Life Years) are increasing, while expected Life Years may be stabilising – or even reducing (as in the USA).

STP (Sustainability and Transformation Partnership) (item 3)

We heard a lengthy report from the STP (Peter Cutler) on all the various work streams that they are running. There seemed to be a significant omission of reference to all the similar work done by HCC and the 10 district authorities over the last 4 years, such as social prescribing, community navigators, prevention, etc. The emphasis was also on issues faced by the 3 acute trusts inside the STP area (ignoring the 15% of our residents who use acute services outside the county). A lot was said about standardising clinical planned pathways (however only 3 pathways were mentioned, which is a lot less than at least one neighbouring STP (NW Central London). Since the last report one clinical lead from each CCG has joined the management board. I did not hear anything about representation or consultation involving the community, or wider potential partners such as Police / Fire or the Voluntary sector. Is this yet another top-down NHS reorganisation which will just tell us what they have decided?

A list of the projects they are covering identified 7 clinical work streams and 9 enabling work streams. For the detailed list, and expansion of activities, please see the working papers, pages 1-2.

It is well worth reading Section 4.1 on Urgent care / A&E (page 3) to realise how the current thinking reflects the same ideas as were being trailed in the early days of the CCGs.

Section 4.3 reflects further work on what was originally called the Falls project in Adult Care – with amalgamation of scores of different “Frailty” care plans being reduced into a single standard approach across the STP.

Section 4.9 illustrates the Prevention agenda from the STP’s viewpoint, with CVD (Cardio-Vascular disease) as first target, followed by the promotion of Self-management and Social Prescribing. Also featured is a Medicines Optimisation project which has already saved £9m with £4m more to come soon. This project was to be presented to a parliamentary on the afternoon of the same day (Dec 13).

BCF (item 4)

We heard about the 4 NHSE target measures for our use of the BCF.

Better than target:-

Admissions to Residential / Nursing care (388 against 575 target – though some late data is normal)

Effective Reablement % @ home 31 days from the start of the reablement (87% v 85% target)

Worse than target:-

Non-elective admissions (27,427 vs 27,401 target but only 0.1% adrift)

DToCs per 100K population (1,299 vs target 1228).

However, we are making Year on Year inroads into DToCs, while many other Local Authorities are not doing.

Street Triage (item 5)

The PCC has commissioned a report to evaluate the scheme (which currently operates 3 cars, each containing one or two Police officers and a Mental health paramedic. The consultancy who conducted the evaluation presented the report – the slides have not yet been distributed – I will circulate them if I can. Essentially, however, it was equivocal on the value of the scheme, as it depends on a subjective view of how to define the benefits. It raised the issues of whether it should be Health or Police or Both funded, but made no recommendations.

PH Peer Challenge (item 6)

This was a repeat presentation of what came to the Public Health panel – see page 1 of this report.

CQC Review of CAMHS (item 7)

The Prime Minister announced a thematic review of CAMHS in January 2017. The CQC + Ofsted have been sharpening their teeth on 10 H&WB areas, including Herts. This will lead into a new Green paper on children and young people's mental health. Aim is to ensure that C YP + families have timely access to high quality mental health care, with a target of 28 days to **access** not to assessment. The presentation powerpoint is included in the agenda.