

Report of the Director of Public Health

Update on Public Health services and outcomes for the city (Q1 2021)

Context

1. Since 2013, most local public health functions have been delivered by Local Authorities. These include a number of statutory services such as NHS Healthchecks, the Healthy Child Programme (health visiting & school nursing), the National Child Measurement Programme, delivery of a universal and confidential Sexual Health and Contraception service, statutory Health Protection functions, the production of the Joint Strategic Needs Assessment (JSNA), and the provision of healthcare public health advice to the local CCG.
2. They also include non-statutory but essential activities such as the provision of a substance misuse recovery and treatment service, public mental health, interventions around healthy lives (smoking cessation support, diet and weight management, physical activity), health intelligence/surveillance, and work to improve the wider determinants of health (working in partnership with other council teams on issues such as healthy housing, economy etc).
3. Public Health also provides the secretariat function for the Health and Wellbeing Board, produces the statutory Joint Health and Wellbeing Strategy and the statutory Pharmaceutical Needs Assessment in addition to the JSNA.
4. Research published in the BMJ suggests that the median return on investment for public health interventions such as those described below is £14 for every £1 invested (Masters 2017).
5. Many of the core public health team have been pulled into the COVID response over the past year. The team's work was highlighted and praised – along with the efforts of many other council departments – in the recent LGA peer review of the CYC response to the pandemic so

far. In terms of public health, over the last year the team have managed PPE supply chains, deployed outbreak control teams to multiple settings including healthcare, care homes, workplaces, educational settings and businesses, set up and staffed four testing sites, conducted tens of thousands of LFD tests, contacted and traced thousands of cases, fed weekly into city-wide communications plans, given specialist input into local resilience and planning arrangements (including surge testing preparation), and worked closely with the CCG on the rollout of the vaccination programme.

6. Through the work of team members not directly involved in COVID, and through our commissioned services, routine public health activity has continued and adapted to the pandemic situation. The following high-level summaries consider both the activity delivered around public health services and the outcomes

Public health services - activity

Data is presented below on recent service activity from four key public health areas:

- Healthy Child Service
- Health Trainers
- Substance Misuse service
- Sexual Health and Contraception Service

Healthy Child Service

The Healthy Child Programme consists of the 0-5 component led by health visitors in partnership with midwives, GPs, children centres and other universal and specialist services and the 5-19 service led by school nurses in partnership with education and health. Both elements include child health surveillance, screening, health reviews, immunisation advice, safeguarding, review health assessments for children in care and health promotion.

Health Visitors hold caseloads of approximately 300 families and are currently working with around 40 families per worker requiring intensive support. Perinatal mental health need has increased, and there is significant concern around the impact on attachment and brain development. Other support is focussed around regression of daily living skills in children- sleep, toileting, and independence. Requests for support have also increased- also thought to be in relation to the impact of lockdown.

The school nursing team has primarily been working with children and young people with health needs who are subject to child protection plans and subject to care arrangements. Team also providing tier one continence support which remains roughly the same as pre covid. Review health Assessment for children in care remain statutory responsibility for the

team- approx. 140 per year for 5-19 years to complete. Emotional health needs in young people frequent reason for referral in to school nursing.					
Example of activity					
	2019/20 Q1	2019/20 Q2	2019/20 Q3	2019/20 Q4	2020/21 Q1
Antenatal visit Number of mothers who received a first face to face antenatal contact with a Health Visitor % mothers on antenatal waiting list with due date falling in the quarter who received a visit	281 59.7%	319 67.4%	221 63.7%	292 67.8%	329 75.9%
14 day New Birth Visit Number of infants born during the quarter % getting a face to face HV visit within 14 days % getting a face to face HV visit after 14 days	417 86.33% 12.23%	444 87.39% 11.04%	426 86.62% 11.74%	352 87.78% 10.23%	403 55.09% 37.97%
6-8 week review Total number of children who received a 6-8 weeks review by the time they turned 8 weeks % of children who receive a review	402 88.55%	448 88.89%	449 88.56%	353 87.59%	371 82.26%
1 year review Total number of children who received 1 yr review by the age of 15 months % of children who receive a review	384 86.49%	390 84.60%	369 83.48%	380 86.76%	362 87.23%
2-2 ½ year review Total number of children who received 2-2 ½ year review by the age of 2 ½ years % of children who receive a review	350 72.61%	324 71.37%	328 76.28%	348 72.65%	317 78.27%
Key priorities / challenges					
<ul style="list-style-type: none"> - Early language identification measure and interventions: rollout of new PHE programme - Integrated 2 year review (SEND written statement of action) Aims to bring early years settings, health visitor and parents/carers together for holistic understanding of child's needs and agreed action planning. - Increase uptake of antenatal and 2 year review- good uptake of virtual offer during covid which needs to be considered as part of dynamic offer - Streamlining the service to be one 0-19 seamless pathways offer (not 0-5 and 5-19) - Be more data driven in response to community and school data. 					

<p>Health Trainers</p> <p>The Council's Health Trainer service consists of a team of staff who deliver behaviour change interventions and support to health York residents live a healthier life. This includes:</p> <ul style="list-style-type: none"> - Smoking cessation, delivered to NCSCT accredited level 2 and with the support of pharmacotherapy (NRT supplied directly and Champix through pharmacies) - Alcohol including the provision of brief advice and interventions (from Jan 21) - Diet and weight loss advice and meal planning - Physical activity interventions and goal setting - Social isolation including signposting into services <p>During COVID most of the team have supported pandemic response e.g. community hubs, contact tracing while maintaining smoking cessation support; from January staff have been</p>
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deployed back into the service. Health Trainer support has shifted to entirely remote delivery, with AccuRx software used and postage of pharmacotherapy.

The team has also been responsible for the delivery of NHS Healthchecks. These were 'paused' nationally due to COVID guidance, and a new model is being developed with primary care.

Example of activity

	2017/18	2018/19	2019/20	2020/21 Q1	2020/21 Q2
Referrals to Stop Smoking services	325	331	390	91	88
Seen by Health Trainer	150	156	150	66	68
4 week Quit	52	43	54	32	33
	Jan 21	Feb 21	Mar 21		
Seen by Health Trainer (Alcohol)	0	0	1		
Seen by Health Trainer (Diet/weight)	1	10	2		
Seen by Health Trainer (Physical activity)	0	7	0		
Seen by Health Trainer (Social isolation)	1	0	0		

Key priorities / challenges

- Restoring level of Health Trainer activity (comms campaign launching in early summer 2021)
- Meeting national targets around smoking cessation
- Integration of Health Trainers with wider CYC and NHS prevention services eg. Diabetes Prevention Programme
- Procurement of NHS Healthchecks
- Developing a vaping cessation offer using e-cigarettes

Substance Misuse

The York drug and alcohol service is provided by Changing Lives and includes specialist treatment and recovery services for those with drug and alcohol dependency via referral from health professionals.

Example of activity

	Jul 18 - Jun 19 (did not represent up to Dec 19)	Oct 18 - Sep 19 (did not represent up to Mar 20)	Jan 19 - Dec 19 (did not represent up to June 20)	Apr 19-Mar 20 (did not represent up to Sep 20)	Jul 19 - Jun 20 (did not represent up to Dec 20)
Opiate users (18+)					
Clients in Treatment	504	505	508	488	484
% of all clients completing and not re-presenting	5.16%	6.34%	6.50%	5.33%	4.96%
Non-Opiate users (18+)					
Clients in Treatment	179	166	157	159	145
% of all clients completing and not re-presenting	31.84%	27.71%	29.30%	27.67%	28.97%
Alcohol (18+)					
Clients in Treatment	348	327	317	316	259
% of all clients completing and not re-presenting	31.03%	32.11%	31.86%	31.96%	29.34%

Key priorities / challenges
<ul style="list-style-type: none"> - Developing an alcohol prevention offer at Tier 2 level (current pilot being led in association with primary care) - Commissioning of newly-funded service intended to support the “universal” provision of specialist substance misuse and specific to the reduction in crime associated with Opiate use.

Sexual Health

The York sexual health service is provided by York and Scarborough Teaching Hospitals Trust as part of the community service Care Group.

Example of activity			
	2020/21 Q1	2020/21 Q2	2020/21 Q3
Primary Care			
Total Long acting reversible contraception (LARC) procedures	139	678	781
Integrated Sexual Health Service			
Number of new (first ever) service users	33	358	269
Number of first attendances for new episode of care	103	1193	438
% of service users who have received results of STI tests within 10 working days.	100%	100%	100%
Number of 15-24 year old service users tested for chlamydia	19	130	270

Key priorities / challenges
<ul style="list-style-type: none"> - Embedding a new model of LARC provision in primary care - The introduction of Pre-exposure prophylaxis (PrEP) for HIV prevention

Key Public Health Outcomes

7. As well as the services described above, the public health directorate’s work ranges across a large number of other projects and areas. Through direct funding services, leading partnerships, and through providing specialist advice and advocacy, the directorate aims to prioritise its work in areas which contribute to improving health, narrowing the gap in health outcomes, and creating the conditions for good health for its citizens.
8. Increasingly within changes to the health and care landscape this coming summer the Local Authority is being seen together with health partners as a key local driver for improving population health, with only

an estimated 15% of the determinants of 'health' attributable to 'healthcare'.

9. The data presented below from the Public Health Outcomes Framework offers a summary of the 'state of York's health'. While the city's residents benefit from general good health, not all outcomes are positive, and this good health is very unevenly spread.

Life expectancy and causes of death

Indicator	Age	Period	Count	Value (Local)	Value (Region)	Value (England)	Change from previous
1 Life expectancy at birth (male)	All ages	2016 - 18	n/a	80.1	78.7	79.6	↓
2 Life expectancy at birth (female)	All ages	2016 - 18	n/a	83.4	82.4	83.2	↓
3 Under 75 mortality rate from all causes	<75 yrs	2016 - 18	1656	321.1	363.2	330.5	↑
4 Mortality rate from all cardiovascular diseases	<75 yrs	2016 - 18	347	67.5	82.0	71.7	↑
5 Mortality rate from cancer	<75 yrs	2016 - 18	688	134.0	141.2	132.3	↑
6 Suicide rate	10+ yrs	2016 - 18	64	11.9	10.7	9.64	↓

Injuries and ill health

Indicator	Age	Period	Count	Value (Local)	Value (Region)	Value (England)	Change from previous
7 Killed and seriously injured (KSI) rate on England's roads	All ages	2016 - 18	172	27.5	49.1	42.6 ~	—
8 Emergency hospital admission rate for intentional self-harm	All ages	2018/19	455	189.9	205.8	193.4	↓
9 Emergency hospital admission rate for hip fractures	65+ yrs	2018/19	210	512.6	544.5	558.4	↓
10 Percentage of cancer diagnosed at early stage	All ages	2017	439	56.1	50.6	52.2	↑
11 Estimated diabetes diagnosis rate	17+ yrs	2018	n/a	71.3	81.9	78.0	↑
12 Estimated dementia diagnosis rate	65+ yrs	2019	1631	60.5 *	71.6 *	68.7 *	↓

Behavioural risk factors

Indicator	Age	Period	Count	Value (Local)	Value (Region)	Value (England)	Change from previous
13 Hospital admission rate for alcohol-specific conditions	<18 yrs	2016/17 - 18/19	30	27.3	32.2	31.6	↓
14 Hospital admission rate for alcohol-related conditions	All ages	2018/19	1410	712.5	729.0	663.7	↓
15 Smoking prevalence in adults	18+ yrs	2018	19994	11.5	16.7	14.4	↑
16 Percentage of physically active adults	19+ yrs	2017/18	n/a	76.4	64.0	66.3	↑
17 Percentage of adults classified as overweight or obese	18+ yrs	2017/18	n/a	54.4	64.1	62.0	↓

Inequalities

Indicator	Age	Period	Count	Value (Local)	Value (Region)	Value (England)	Change from previous
23 Deprivation score (IMD 2015)	All ages	2015	n/a	12.2	-	21.8	—
24 Smoking prevalence in adults in routine and manual occupations	18-64 yrs	2018	n/a	18.6	27.4	25.4	↓

Child health

Indicator	Age	Period	Count	Value (Local)	Value (Region)	Value (England)	Change from previous
18 Teenage conception rate	<18 yrs	2017	43	15.6	20.6	17.8	↑
19 Percentage of smoking during pregnancy	All ages	2018/19	198	11.6	14.4 ~	10.6	↑
20 Percentage of breastfeeding initiation	All ages	2016/17	1559	77.1	69.3	74.5	↑
21 Infant mortality rate	<1 yr	2016 - 18	26	4.64	4.03	3.93	↑
22 Year 6: Prevalence of obesity (including severe obesity)	10-11 yrs	2018/19	287	15.1	21.0	20.2	↓

Wider determinants of health

Indicator	Age	Period	Count	Value (Local)	Value (Region)	Value (England)	Change from previous
25 Percentage of children in low income families	<16 yrs	2016	3130	10.3	19.7	17.0	↑
26 Average GCSE attainment (average attainment 8 score)	15-16 yrs	2018/19	83063	51.3	45.7	46.9	↑
27 Percentage of people in employment	16-64 yrs	2018/19	106700	78.4	73.7	75.6	↑
28 Statutory homelessness rate - eligible homeless people not in priority need	Not applicable	2017/18	14	0.16	1.04	0.79	↓
29 Violent crime - hospital admission rate for violence (including sexual violence)	All ages	2016/17 - 18/19	180	26.1	54.3	44.9	↓

Living Safely with COVID – a strategy for sustainable exit from Pandemic

10. The core purpose of the statutory Director of Public Health is to be an independent advocate for the health of the local population and provide system leadership for its improvement and protection. As we move out of COVID restrictions, in accordance with the Government “Roadmap”, increasingly the Public Health team are expected to balance the need for interventions to protect residents and those working in or visiting York, whilst minimising adverse impacts on economic and social life and overall health and wellbeing.
11. We cannot afford to be cycling in and out of lockdowns; the social, physical, mental and economic costs are simply too high. Therefore our strategy for a sustainable exist must be based on good public health principles and evidence, building on what we have learnt over the past year working with partners both within and external to the council.
12. The core public health priorities for our York COVID-19 response as we move into the next phase of the Pandemic are to:
 - Continue to work with members of the Outbreak Management Advisory Board, with teams across the council and with businesses, to build a consensus on what we are trying to achieve as we aim to keep York a safe place to be for people living, working or visiting the city.
 - Ongoing monitoring and surveillance of cases of infection, clusters and outbreaks across York and targeted interventions to break the chain of onward transmission
 - Develop a sustainable model of local testing and contact tracing and support for self-isolation which can remain in place for as long as it is needed

- Effective communication with residents, businesses and our partners on how to keep themselves and their loved ones, employees etc. safe
- Targeted work in specific settings to prevent and respond swiftly to outbreaks e.g. Care Homes, schools, colleges and universities, Askham Grange prison, workplaces etc. together with targeted support to vulnerable communities e.g. Asylum Seekers / Refugees, Gypsy/Travellers, Homeless etc.
- Continued support for the delivery of the Covid-19 Vaccination Programme
- Continued provision of specialist public health advice and support to support the safe return of “normality” across all sectors