

# Delivering good health and prevention services 2022-2027



**A Public Health Strategy**



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## Foreword

Public health is about improving and protecting the health and wellbeing of people. This can be on a local or individual level, other times it can be looking at wider factors which impact the health of many such as age, location, or ethnicity.

Launching the first public health strategy in Leicestershire sets out the priorities for the department, identifying areas of focus over the next five years.

In setting out this strategy we look to deliver services and support which reduce the causes of ill-health and improve the health and wellbeing of residents. The strategy acknowledges the good work going on within Public Health Leicestershire whilst also recognising what we can do to strengthen and build on those services further.

Delivering this strategy will require significant partnership working with the NHS and other health colleagues to improve the health and quality of life to those living in Leicestershire. I look forward to supporting this collective effort to meet the strategic objectives.



**Mrs Louise Richardson**

Lead Member for Health and Wellbeing



# Introduction

## Vision for Leicestershire

Leicestershire's Public Health team is integral to the Council's efforts to improve the health and wellbeing of our residents and the broader County Council's prevention 'offer'.

This strategy isn't intended to duplicate key strategies such as Leicestershire County Council's strategic plan document or the Joint Health & Wellbeing Board Strategy. Instead, it sets out our priorities and ways of working and identifies how the department will contribute to those broader strategies.

Public Health has responsibilities for commissioning services such as sexual health, substance misuse treatment services, school nursing, health visitors and NHS health checks. In addition, a range of services, aligned to the Council's prevention review, help support people to be as healthy as they can be.

As important as the services we provide, is the partnership working and leadership, working with a range of organisations to make a joint contribution to good health. Reducing health inequalities, air quality, planning, safer communities to name just a few examples.

In setting out this strategy the intention is to highlight our priorities and ways of working and to recognise the role that public health can play as a leader, partner and advocate in wider work.

### Our service mission and aim is to:

To protect and improve the health and quality of life of everyone in Leicestershire.

We will achieve this through our commitment to the council's core values and behaviours which set out the vision for the council's work.



#### Positivity

We find the best way to get things done, and aspire to be the best we can.  
We deliver quality services and inspire others to deliver results.



#### Flexibility

We adapt to support the needs of the business.  
We work creatively, collaboratively and support our colleagues.



#### Trust and respect

We take ownership and accountability for our actions.  
We value diversity. We're inclusive and listen to the views of others.



#### Openness and transparency

We are honest with the people we work with and serve.  
We share information and communicate clearly.

# To protect and improve the health and quality of life of everyone in Leicestershire

**WE WILL:**

**WE WILL DO THIS BY:**



## What is Public Health

Public health is defined as “the science and art of preventing disease, prolonging life and promoting human health through organized efforts and informed choices of society, organizations, public and private, communities and individuals”.

For Leicestershire County Council Public Health this means delivering services as well as working in partnership to help people stay healthy, safe and well.

Sometimes public health activities involve helping individuals, at other times they involve dealing with wider factors that have an impact on the health of many people (for example an age group, an ethnic group, a locality, or a country).

Work in public health contributes to reducing the causes of ill-health and improving people’s health and wellbeing. Public Health does this through work in three main ‘domains’:

- **health protection** – protecting people’s health (for example from environmental or biological threats, such as infectious diseases, food poisoning or radiation)
- **health improvement** – improving people’s health and well being (for example by helping people quit smoking or improving their living conditions)
- **healthcare public health** – ensuring that our health services are the most effective, most efficient and equitable

## Health inequalities

Health inequalities are the preventable, unfair and unjust differences in health status between groups, populations or individuals that arise from the unequal distribution of social, environmental and economic conditions within societies. Health inequalities arise because of the conditions in which we are born, grow, live, work and age.

These conditions influence our opportunities for good health, and how we think, feel and act, and this shapes our mental health, physical health and wellbeing. For instance, children in Leicestershire’s most deprived areas are five times more likely to have a serious avoidable incident than those in the more affluent areas.

Action on health inequalities requires levelling up gradient of the health of those with the worst health outcomes, fastest.

## Wider determinants of health

it is important to look at the root causes of poor health to determine our approach in tackling them. There is a wide range of socio-economic, cultural and environmental factors that have an impact on population health. These are known as the “wider determinants of health” because these factors influence and determine the general health of the population.

Dahlgren and Whitehead described these wider determinants as rainbow-like layers of influence (see figure 1).

The rainbow starts with the genetic and demographic characteristics, things like a person’s sex or age, that influence an individual’s health and that are largely fixed.

Surrounding this is an individual’s lifestyle factors, for example, their behaviours and choices around smoking, exercise and diet. The second layer represents the individual’s interaction with their families, peers and immediate community. We know that contact with other people and involvement in communities is linked to better health.

The next layer represents the individual’s living and working conditions and their access to goods and services. Finally, there is a broader layer of social, economic, cultural and environmental conditions that are largely beyond the scope of local public health. For example, the state of the national economy.

These influences don’t exist in isolation. It is easier to give up smoking if one has a safe, well-paid job, living in a warm house with reasonable neighbours than if one doesn’t.

Many different interventions and approaches are required to address these root causes of population ill health. We work with a range of organisations such as the NHS, district councils, voluntary sector and blue light services as well as communities directly to improve health and wellbeing in this way.

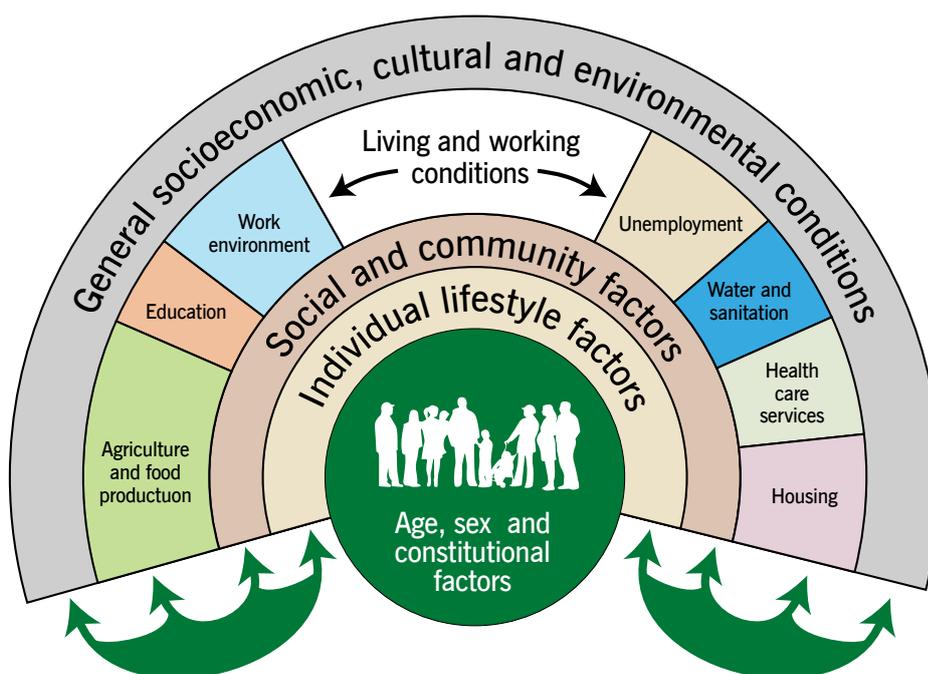


Fig 1: Wider determinants of health; Dahlgren and Whitehead Rainbow model

Source: Dahlgren/Whitehead: European strategies for tackling social inequities in health – levelling up part 2 (WHO report, PDF) [http://www.euro.who.int/\\_\\_data/assets/pdf\\_file/0018/103824/E89384.pdf](http://www.euro.who.int/__data/assets/pdf_file/0018/103824/E89384.pdf)

# Health in Leicestershire - The Figures

## DRUG MISUSE

# 1656

adults in treatment at specialist drug misuse services



## NOT SATISFIED

# 12.5%

of 15 year olds are not satisfied with life



## ALCOHOL MISUSE

# 958

adults in treatment at specialist alcohol misuse services



## PHYSICAL EXERCISE

# 67.6%

of adults are physically active with the national rate being 66.3%



## CHILD OBESITY



# Over 2000

of 10 year olds are classed as overweight or obese

## ADULT CARERS

# 30%

of adult carers have as much social contact as they would like.

The England average is 35.5%



## LIFE EXPECTANCY

The difference between most affluent and most deprived areas

# 6.4 YEARS

less for men

# 5.0 YEARS

less for women

## HOSPITAL ADMISSIONS

# 1155

65 year olds are admitted to hospital with a hip fracture



## SMOKING

# Over 85k

of the population age 16+ are smokers



## SUICIDE



On average, **2 people per week** die from suicide in Leicestershire

## SEXUAL HEALTH

# More than 1500

new STIs are treated by the LA service per year



## POPULATION GROWTH



# 7.5% GROWTH

in the number of children aged 5-15 over the next 20 years

## Guiding Principles

Leicestershire County Council has a statutory duty to enable the people of Leicestershire to live healthy lives. This duty is included in the Health & Social Act 2012.

### We will aim to:

- Reduce the risks of ill health that people might impose on others such as passive smoking
- Ensure that people have appropriate access to services and information that they need to improve their health
- Pay special attention to the health of children and young people and other vulnerable groups
- Help people overcome unhealthy behaviours
- Reduce the causes of ill health
- Support people to make healthier choices and support employers to promote healthy workplaces
- Work in a way that empowers communities

### At the same time, we will:

- Acknowledge that people have the right to make their own choices regarding their health
- Maximise opportunities to design services in consultation with residents
- Minimise activity that is perceived as unduly intrusive or in conflict with important personal values

This strategy is in support of the outcomes of the council's Strategic Plan and the Joint Health & Wellbeing Board Strategy. We will develop commissioning plans and have a delivery plan that will enable the department to undertake its business in line with this strategy. Where we can join up departmental delivery to achieve the outcomes and priorities of other strategies, we will report on these through appropriate governance channels.





## Levels of Public Health action

Public Health activity can take place at different levels, depending on the importance of the challenge and the impact on health. A coordinated public health approach often requires a combination of actions at different levels. The information below demonstrates ways in which Public Health influence these.

### Social

Changing social norms about health, e.g. acceptability of binge drinking, peer-level acceptability of smoking or cyberbullying

### Behavioural

Helping individuals to stop smoking, be more active, maintain a healthy weight, drink less alcohol, support parents and increase resilience in young people

### Pharmacological and therapeutic

Treatments including immunisation, nicotine replacement therapy, antibiotics for sexually transmitted infections, contraceptives, treatment for addictions

### Legislative

The smoking ban, legislation on alcohol sales, enforcement of legislation on sales underage smoking and Coronavirus restrictions

### Environmental

Increasing active travel and use of green spaces for active recreation, making streets safer, improving air quality, smoke-free playgrounds, reducing the availability of illicit tobacco, enforcement of stop smoking legislation

### Structural

Policy changes e.g. in workplaces and schools

# Our Priorities

## People

### People – Build on the strengths of people in our communities

#### Why is it important?

The people that live in our community are our greatest assets and we recognise that to support those individuals in need and those that are most vulnerable, we should be investing in our communities and supporting them to support others around them. This is important now more than ever due to the Covid-19 pandemic and how this has affected individuals and the communities they are a part of.

Asset-based approaches recognise and build on the existing strengths within communities and start with what is valued most to those living in that community. This is a unique way of working with citizens and has many proven benefits not only for those in communities but also for the council and its commissioning decisions. There is evidence that identifies this method of support results in sustainable outcomes for citizens and communities in turn.

We aim to identify an individual's strengths – personal, community and social networks – and maximise those strengths to enable them to achieve their desired outcomes, thereby meeting their needs and improving or maintaining their wellbeing.

#### Where are we now?

We employ one of the largest Local Area Co-ordination programmes in the United Kingdom, the team use an Asset/Strength-based approach to work in collaboration with people, places and partners to increase personal resilience and community cohesion and capacity.

We have a new community timebank, Time 4 Leicestershire which recognises that individuals are rich in experiences and gifts. The timebank aims to encourage individuals to swap their skills and assets in their local community in exchange for a credit, they can then use this credit to use within the timebank. The timebank aims to encourage interaction and build community capacity.

The department facilitates strategic direction and formalised support to Social Prescribing link workers (West Leicestershire) based within Primary Care to ensure a collaborative and effective method of the delivery of community-based supports.

The department resources Good Food Leicestershire – a collaborative food systems partnership demonstrating community-based approaches to greater food sustainability.



## What we will do

### 1. Building a network of partners to develop asset-based, community-centred approaches to increasing well-being. This will include:

- The development and implementation of the NHS Wave 4 Suicide Prevention project to reduce stigma around mental health and help to prevent suicides by empowering and enabling communities to become mental health-friendly places.
- To support the awareness-raising of Suicide Prevention and mental health within communities at a local level and to utilise natural community assets to support this theme
- The utilisation of our Community delivery teams to deliver training and practical support in enabling the implementation of an asset and person-centred approach
- To maintain strong links with partner and community-based leaders to influence and guide approaches taken to the implementation of assets-based thinking and approaches
- To be an active member of communities, promoting and advocating for approaches to support the development of personal wellbeing and good health
- Mapping food poverty activity and using data and insight to propose and support a community approach to alleviating food poverty
- To act as a local guide for community groups, partner agencies, local leaders and citizens on where to access support and guidance on managing and building inclusive networks

### 2. Using our knowledge, social networks and relationships with communities to help identify community assets and work in partnership with them. This will include:

- To actively work within neighbourhoods to directly engage with citizens to identify their assets and skills and to introduce them to potential opportunities
- To identify gaps in community provision and to collaborate with communities and citizens to develop sustainable, local provision
- To develop community capacity and resilience through 1:1 connection, community group engagement and connection to partner agencies
- The utilisation of Local Area Co-ordinators and Community recovery Workers to both identify and develop community assets and skills

**3. Working with communities, organisations and services to develop, support and champion volunteers and peer roles. This will include:**

- For Community Delivery teams to support the links between individuals and communities to the Voluntary infrastructure organisation
- For Community Delivery teams to support with offering low-level information and advice relating to volunteering and champions
- To build upon the successes of Covid champions and to utilise this as a platform for further engagement relating to health and well-being themes.

**4. Working with communities and partners to maximise resources (including financial resources, skills, and social and natural resources). This will include:**

- Community Delivery teams to support citizens, communities, Community groups and partner agencies to identify potential funding opportunities to support community capacity building
- To ensure communities are engaged and are aware of how they can contribute to their local community, utilising their skills, gifts and talents



## Promote

### Promote – Promote healthy living and healthy places

#### Why is it important?

The environment in which we live, play, work and socialise influences our health and wellbeing. It is known that the 'wider determinants of health', factors such as housing, planning, employment, income and access to open spaces, have the greatest impact on our physical and mental health.

Health behaviours (such as smoking, drinking alcohol, physical activity, and a healthy diet) are also very important to our physical and mental health, particularly in preventing us from becoming overweight or obese and helping us to avoid a range of health conditions, such as cancers, diabetes, cardiovascular disease, depression, dementia and arthritis.

Being in good work contributes to our health and that of our families and communities. A healthy workforce also helps productivity and reduces sickness absence and benefits the wider economy.

#### Where are we now?

The Public Health Department commissions and directly delivers a wide range of lifestyle services to support and enable both individuals and communities with the wider determinants of Health and Well-being. They include a Warm Homes Service, providing individuals and partner agencies with advice and information with tariff swapping, energy advice and seeking grants that will benefit individuals to reduce the likelihood of individuals living in fuel poverty. The service also provides outreach and education to support providers to cascade information, advice and guidance to again reduce the prevalence of fuel poverty.

The Public Health Department also directly delivers an integrated lifestyle service, providing information, advice and guidance to individuals supporting them to quit smoking and to achieve a healthy weight. The Quit Ready, stop smoking service provides free pharmacotherapy to individuals who wish to access nicotine replacement therapy and has a bespoke offer to pregnant women who require a face to face intervention. The weight management service offers a telephone-based information and advice line for both Children and Adults and offers free community sessions for specific groups of people.

The Director of Public Health co-chairs the Staying Healthy Partnership which is a subgroup of the Leicestershire Health and Well-being board to ensure that coordination and collaboration across the sector, including health, is equitable and joined up offer that is available across Leicestershire.

Public Health commissions Active Together as an infrastructure organisation that provides a comprehensive offer of physical activity programmes across Leicestershire and Rutland for a range of ages and abilities.

By taking a food systems approach, Good Food Leicestershire is identifying where policy, projects and partners can have a positive influence on diet-related ill-health. This is being demonstrated through leadership on the provision of Gold standard Food for Life Served Here school meals; campaigns such as the Veg Power campaign rolled out to 100 schools through the summer term of 2021, and work with Coalville Food Bank to support the roll-out of debt advice for clients across the area.



## What we will do

### 1. Working with Local Authorities and partners to address the wider issues that affect health (e.g housing) This will include:

- Working with Early Years to ensure children and young people have the best start for life – implementing the recommendations from the 1001 critical days review
- Considering health in planning decisions and associated policies.
- Addressing food poverty, fuel poverty and excess winter deaths.
- Increasing physical activity and the use of local leisure facilities and other assets.
- Promoting open spaces, active travel and collaborative approaches to improve air quality.
- Working with local employers and business groups to promote workplace health and employment for people with long term health conditions
- Ensuring our health data is analysed at a local level wherever possible
- This may involve leading partnership work with others or supporting others with their leadership roles
- Building community resilience (where communities and individuals use local resources and expertise to keep themselves healthy and safe) and reducing social isolation through partnership working. This will include:
  - Identifying potential coordinated responses to food poverty
  - Continue to support local authorities to achieve Domestic Abuse and Housing Alliance accreditation.

### 2. To strengthen the delivery of health improvement programmes and partnership working using a life course approach. This will include:

- Rolling out the principles of the Making Every Contact Count (MECC) plus project to support the wider workforce
- Supporting the Leicestershire Health and Wellbeing Board priorities across the life course and cross themes of prevention, integration & addressing health inequalities.
- Supporting localised campaigns based on national campaigns such as 'Change 4 Life', 'One You', 'National Smile Month' and 'Stay Well this Winter'.
- Embed the start a conversation suicide prevention campaign into business as usual workstreams ensuring its focus stays high on everyone's agenda
- Redevelop the schools offer for children and young people services including the healthy schools and healthy tots programmes.
- To continue to align to government plans for facilitating a green recovery, utilising grants and external sources of funding to strengthen our Warm Homes offer
- To undertake targeted work with individuals and communities who present a higher risk of mortality through living in a cold home
- Further development of a workplace health offer, understanding and responding to the needs of our local businesses and working-age population.
- Continue to develop the oral health improvement offer working across the life course from early years settings through to care homes.

### 3. Influencing healthy policy and infrastructure developments throughout Leicestershire through health in all policies. This will include:

- Embedding health and equity into decision-making policies examples to date are listed below.
- Aggregated data and feedback from community connections and work with citizens to inform policy and strategy development

### 4. Working with partners internally and externally to address the wider issues that affect wellbeing and health. This will include:

- Work with Planning colleagues to embed health considerations within the planning process throughout the county, piloting and embedding a process based on evidence and best practice.
- Work with Growth and Transport colleagues around embedding health considerations around growth and infrastructure within the county and impacts on our communities.
- Work with Housing colleagues to explore and evaluate the health needs of existing housing tenants, within both the public and private sectors.
- Work with local businesses and partners to develop a wider workplace health offer based on the need of our working-age population in employment.
- Work with Environmental Health colleagues to explore ways of reducing harm from air pollution on our most vulnerable within the population and engage and communicate with our residents around air quality and behaviour change.
- Support ICS colleagues to embed public health data into system plans (including the Joint Health and Wellbeing Strategy at place and Community Health and Wellbeing Plans at neighbourhood/ locality) and delivery programmes to ensure need and all three levels of prevention is fully understood.

### 5. Reducing health inequalities and embedding an equitable approach to everything we do. This will include:

- Connecting with the LLR Health Inequalities Framework including delivery of the place approach and;
  - Ensuring data on the protected characteristics (inparticular ethnicity) is collated and used in public health service delivery and planning
  - Supporting health inequalities training for leaders across Leicestershire
- Embedding Health Impact Assessment (HIA) within programme and policy planning and development across Leicestershire looking at likelihood and severity of health impacts on vulnerable population groups.
- Upskilling partners and colleagues around health considerations, HIA and the wider determinants to embed within their wider areas of work.



## Protect

### Protect – Protect communities and individuals from harm

#### Why is it important?

Our communities should be safe places that promote our health and wellbeing.

Improving mental health and building resilience in neighbourhoods and within communities has a wide range of social and economic benefits to individuals, families, and communities, as well as helping to reduce crime, anti-social behaviour and health inequalities.

Helping people to recover from drug and alcohol misuse supports some of the most vulnerable groups in our society and addresses some of the greatest health inequalities. Tackling these issues helps to remove the barriers to accessing education, employment, health services and social care.

Tobacco control (measures aimed at controlling the use of tobacco) and stopping smoking are important public health interventions. Smoking during pregnancy puts the baby at higher risk of complications at birth and later in life. Young children exposed to second-hand smoke are more likely to develop bronchitis and pneumonia and are at higher risk of hospital admission.

Children living in families affected by the ‘toxic trio’ of substance misuse, enduring mental ill-health and domestic abuse are at higher risk of neglect and abuse.

Health protection assurance is a statutory function of the Director of Public Health, ensuring that health screening programmes are in place, the spread of infectious diseases is controlled, vaccination programmes are in place and that we have appropriate plans and systems in place in the event of an emergency in Leicestershire.



## Where are we now?

The Public Health Department commissions an array of services aimed at keeping people safe and protecting them from harm. These include:

- Recovery focused treatment services for substance misuse , spanning across different tiers depending upon need. This offer consists of group information and advice-giving, 1:1 support, specialised treatment, detoxification services and rehabilitation services.
- Domestic and Sexual Violence and Abuse Services for anyone who has been affected by domestic abuse and/or sexual violence.
- Sexual Health services – provide community based sexual health services to ensure easy access to contraception, HIV and STI testing & STI treatment, outreach services and health promotion
- NHS Health Checks – a service provided by General Practice to adults aged 40 to 74. The purpose is to spot early signs and identify ways to lower an individual's risk of stroke, kidney disease, heart disease, type 2 diabetes or dementia
- An all age self harm service which provides early intervention and evidence based help to vulnerable individuals.
- The Department commissions Trading Standards to support the illicit importation of tobacco that may cause harm when ingested. This provides a level of oversight into reducing the likelihood of illegal substances entering circulation and offer a therapeutic service to encourage individuals to quit smoking.
- We provide Community infection prevention and control services to provide specialist advice, training and support to care homes and other settings.
- We provide a health protection team who work closely with UKHSA to prevent the spread of communicable diseases which pose a public health threat to the population.

## What we will do

### 1. Focusing tobacco control and stop smoking services on reducing smoking rates and reducing the availability of illegal tobacco. This will include:

- Lead and chair the Tobacco Control Alliance which includes a variety of partners and supported them to implement a tobacco control strategy and action plan focused on:
  - Addressing tobacco control issues.
  - Assisting every smoker to quit smoking.
  - Protecting families and communities, especially children, from tobacco-related harm.
- Design and delivery of specialist stop smoking services, targeting women who smoke during pregnancy, people living in deprived areas, or people working in routine and manual jobs.

### 2. Taking a multi-agency approach on issues such as mental health, domestic abuse, substance misuse, sexual health, and air quality. This will include:

- Redesign drug and alcohol services that take a recovery based approach
- Develop an evidence-based alcohol licencing policy and use this to respond to licensing applications.
- Work with Children's Services to support the development of children's mental health services.
- Work with partners to develop reliable evidence based on the prevalence and characteristics of child sexual exploitation.
- Support social marketing campaigns to increase awareness of domestic abuse and reduce stigma for survivors of abuse.
- Implement Trauma-Informed Practice across services
- Work collaboratively to understand the impacts of climate change on the health of our population and put in place adaptations and preventative interventions

3. Assuring and implementing local strategies for emergency planning, health protection and resilience. This will include:

- Plan, prepare for and respond to countywide incidents, including being the lead county council responder for health and communicable disease and outbreaks, e.g. a flu pandemic.
- Work with UKHSA and CCGs to ensure a coordinated approach across services in tackling threats from communicable diseases.
- Work in partnership to mitigate against and adapt to the threats of change.

4. Working with partners to maximise uptake of screening and immunisation programmes and ensure that the programmes are effective, safe and equitable.

This will include:

- Addressing areas of low immunisation and cancer screening uptake
- Community Delivery teams to utilise the MECC approach and opportunistic interventions to encourage screening uptake in the communities they cover
- Community Delivery teams to support engagement activities for areas of lower immunisation and screening uptake
- The NHS Health Checks programme, targeting those individuals at the highest risk.



## Provide

### Provide – Provide services that meet community needs

#### Why is it important?

Leicestershire County Council is required to provide a range of public health services relating to children and young people (including Health Visitors and School Nurses), sexual health and NHS Health Checks.

The health and wellbeing of children and young people is a national and local priority. There is strong evidence to show how important it is to prioritise the health of children (particularly the first 1,000 critical days) as this affects the whole of a child's life, is vital to brain development, and is crucial to reducing health inequalities across the life course. Early life experience determines emotional wellbeing, healthy lifestyles and healthy weight, preventing problems such as mental health, obesity, and diabetes, and helping to reduce ill health later in life.

Access to good quality sexual health services improves the health and wellbeing of both individuals and populations. Nationally and in Leicestershire, rates of sexually transmitted infections (STIs) are falling and rates of STI testing have increased year on year. Early diagnosis and treatment of sexually transmissible infection can prevent others from also becoming unwell and prevent long term complications such as infertility. This has a poor impact on long term outcomes and the cost of their care. Unplanned pregnancy has a major impact on individuals, families and wider society, and the impact of early parenthood can harm the education and life chances of young people, in particular that of the mother.

The public health team have a leadership role to play within the wider health and social care system, where there are big challenges to be met, with increasing demands and limited resources, and a need to increase prevention and self-care. By delivering the right services in a unified way across health and social care, we can encourage better ways of working, use our resources more effectively and improve the quality of life of the people using these services.



### Where are we now?

The Public Health Department commissions Leicestershire Partnership NHS Trust to provide school visiting and school nursing services, believing and being fully committed to delivering the very best physical and emotional outcomes for children and young people. Public Health also delivers services directly providing information, advice and support on weight management.

The Public Health, Health Improvement Team delivers several programmes to support Healthy Schools and Tots settings to support the wider agenda and to promote positive behaviours and attitudes with these settings and children's families. The Healthy Schools and Healthy Tots programme are further strengthened by evidence-based commissioning of programmes such as Food for Life and topic-specific packages to address key areas such as relationship and sexual health, which support the adoption of a Whole School/ Setting Approach.

Sexual Health Services are commissioned through a specialist provider, this is in collaboration with Leicester City Council and Rutland County Council. Services are offered in a tiered model enabling ease of access. Our delivery teams also are c-card providers to ensure they can promote positive sexual health and support services provided.

Understanding the needs of our population is critical to providing services that are fit for purpose and accessed by those who need them most. We carry out extensive consultation before large service changes, new strategies and engage those experts by experience such as within our suicide prevention and domestic abuse work. Understanding behaviour is also important to allow us to shape services to support long-term behaviour change. The insight we gather allows us to incorporate behaviour change methodology into our services which are proven to be successful within the Quit Ready service.

## What we will do

### 1. Commissioning high quality and safe services that are linked with key services in the community. This will include:

- Continue to commission the integrated Leicestershire 0-19 Healthy Child Programme - including health visitor and school nursing services.
- Promote the social and emotional well-being of pre-school children.
- Support joint working with school nurses and schools as a means of reducing school absences due to ill health.
- Work with the Healthy Child programme provider to further develop the skill mix of the Healthy Child Programme team, making the best use of the skilled professionals.
- Continue to commission an integrated sexual health service in Leicestershire, including prevention and outreach work focusing on the most vulnerable and 'at risk' groups.
- Develop a countywide, all age sexual health improvement strategy that considers the wider system of influences on sexual health so that everyone from the young to our older population are well informed and able to make responsible choices and decisions.

### 2. Design and deliver services in house that contribute to the department's prevention model. This will include:

- A forward-thinking stop smoking service that uses digital means to support people when and how they want to access support.
- An integrated approach to weight management services using digital platforms to support service users on their weight loss journey
- Provide a weight management service tailored to adults and children including working with schools and partners to promote nutritional advice, information and making healthier choices
- A more streamlined physical activity offer to ensure service users can access the service offers local to them
- Develop and deliver an integrated prevention door through First Contact Plus that enables professionals to refer patients and for individuals to self-refer for support with everyday issues that affect their health and wellbeing
- Ensure that through First Contact Plus there is a robust offer of information & advice, signposting and referral pathways to support the needs of Leicestershire's most vulnerable residents impacted by the pandemic
- Deliver community-based initiatives that work at a community level, to secure engagement, utilisation of individual and community assets

### 3. Ensuring that services are effective and efficient, balance universal and targeted provision and meet safeguarding principles. This will include:

- Offers of tiered support equitable to need, adopting a proportionate universalism approach
- To ensure internal delivery teams and external commissioned services are well trained and monitored to ensure they are delivering the very best of service relating to keeping people safe from harm

### 4. Maintain robust evidence-based commissioning of services that reflect the local needs of the population. This will include:

- Maintain an evidence based approach to commissioning of public health services, linking to the latest evidence and Joint Strategic Needs Assessment chapters.
- Adopt a behavioural insights approach ensuring we understand our local population and how best to provide services resulting in long-term behaviour change.
- Ensuring communities have a voice and are listened to with regards to our commissioning intentions

### 5. Ensuring that the local voice of communities is embedded in our service redesign work. This will include:

- To aggregate the intelligence and data gathered through working with communities to inform strategy and service design
- To present information in different formats to ensure it is accessible to enable meaningful contribution
- To directly support engagement methods for communities, communicating change or opportunities to support the re-design process
- To feedback to communities' outcomes to maintain engagement
- To engage and gather insight from those with lived experience and use this to shape service provisions, such as via our food poverty and domestic abuse work.

## Partnership



### Partnership – Work in partnership to transform the way we deliver services

#### Why is it important?

Improving the population's health is everyone's responsibility. Therefore improving Public Health requires a range of stakeholders to work together in partnership in a coordinated way, with collective responsibility and partnership.

To achieve meaningful and sustainable change, we need to work collectively with local councils, the NHS, the voluntary, community and social enterprise sector, housing providers, universities and other organisations, as well as citizens and communities.

Strong system leadership is essential to achieving this, supported by high-quality information and evidence base to assist decision making and monitoring of progress.

Professionals need to be skilled and knowledgeable in both the 'art and science' of public health to equip them to deliver the vision and required health outcomes.

#### Where are we now?

There are well-established partnership meetings across organisations where Public Health hold a leading role to lead, guide and support workstreams, positive examples of these are Health and Wellbeing board and subgroups, Community Safety Partnership, District Health Leads meetings, Children and Families design group/ partnership and the LLR prevention and health inequalities board LLR Suicide Prevention Group.

Through our community delivery offer, Public Health works in close collaboration with statutory and community-led organisations such as Voluntary Action Leicestershire and next generation. We also work collaboratively with internal departments and lead members to ensure we are utilising every available channel of communication to promote a joined-up and coordinated response to both partners working and delivery.

Public Health has access to specialised data sets indicating the health of our communities. Through the Business intelligence team, we can analyse and interpret this information which in turn can build into evidence-based decision making and strategic commissioning intentions.

Through Public Health Consultants the Department provides specialist support to the Clinical Commissioning Group and Boards. The Consultants provide advice and guidance relating to the wider health agenda and ensure there is collaboration and coordination across the wider system. The team also support the delivery of the Individual Funding Request and Cosmetic Panels.

## What we will do

### 1. Advocating for prevention with health and care partners at system, place and neighbourhood level. This will include:

- Providing a Public Health response at Integrated Neighbourhood Team meetings and key Integrated Care System (ICS) meetings and boards.
- Contribute and support working groups from the Health and Well-being Board relating to community engagement
- Contribution to strategy development for the Health and Well-being Board, proving citizen and community voice
- To Work with Clinical Directors and GP Federation Leads to ensure the implementation of social prescribing Link Workers and wider prevention initiatives work in collaboration with the public health model of delivery and to ensure roles and approaches complement and do not complicate
- Actively support the LLR approach to 'active signposting' across GP surgeries with Making Every Contact Plus and First Contact Plus placed as the 'front door' for preventative services for Leicestershire residents
- Act at the County Council representative on the Midlands Social prescribing Steering group, facilitated by PHE
- Embedding an engagement and communication approach to engage with our local population as part of the evolving Health and Wellbeing Board.

### 2. Providing strategic support for the NHS with a focus on health and social care integration, prevention, and health inequalities. This will include:

- Providing support and guidance to the NHS and partner organisations in delivering against the key NHS prevention targets, including targets set against smoking cessation funding set out in the Long Term Plan for secondary care, mental health and maternity services.
- Providing support to NHS secondary care weight management services in the redesign and delivery of tier 3 and 4 weight management services.
- To provide a strategic representation at Integrated Neighbourhood Team meetings and other relevant meetings at a Primary care network level

**3. Strengthening alignment between evidence and strategy and using intelligence to support a sustainable delivery system. This will include:**

- Providing system leadership and an evidence base to shape the future development of the ICS. Ensuring primacy of place and a golden thread between system, place and neighbourhood priorities and delivery. This will include evidenced based development of the Joint Health and Wellbeing Strategy and supporting development of ICS system wide priorities and Community Health and Wellbeing plans at neighbourhood/locality.
- Supporting NHS colleagues to develop a population health management approach to health and care planning.
- Delivering the Joint Strategic Needs Assessment and Pharmaceutical Needs Assessment to provide clear evidence base for health and care commissioning across Leicestershire. Building links between public health, the wider ICS and universities to strengthen the links between academia and improving population outcomes and evaluation.

**4. Undertaking research and analysis to monitor service performance and population health outcomes. This will include:**

- Regular performance monitoring of all delivered and commissioned public health services.
- Providing metric dashboards and performance monitoring to evaluate the impact of key strategies and initiatives (including the Joint Health and Wellbeing Strategy, Sexual Health Strategy and Healthy Weight strategy)
- To ensure the full commissioning cycle is reviewed including a needs assessment before recommissioning large public health services.
- Building academic collaborations and increasing the capability and capacity of our workforce to undertake research activity



# Delivering the Strategy

## Measuring our outcomes and performance

We will measure our outcomes and performance by:

1. Reporting against agreed key measures within the county council's overall performance management framework
2. Measuring and benchmarking our public health outcomes in Leicestershire against the national Public Health Outcomes and ONS comparators.
3. Monitoring out commissioned services against agreed performance frameworks
4. Developing a delivery plan which will sit alongside this strategy that will be monitored by the departments DMT quarterly.
5. Evaluating how the department is contributing to the wider Leicestershire Joint Health and Wellbeing Strategy.

We will further develop specific outcome measures related to the delivery of this strategy and contribute to the delivery of other key strategies relating to health and wellbeing in Leicestershire.

### Future influences on Public Health Strategy

Throughout this strategy, our approach will need to be flexible to adapt to the challenge of a changing world and evolving system priorities - such as the work of the ICS, devolution and economic development (e.g. Business Rates move).

Public Health will continue to work alongside partners to embed prevention across the system, reduce health inequalities and implement new models and ways of working.

During the lifespan of this strategy, we will also see a change in how Public Health in Leicestershire is funded. The public health grant will be ring-fenced for 2021-22 and 2022-23 but from 2023 further consideration will be needed on how to promote stability and improvements in public health from new funding arrangements at a local level.

The strategy will be formally reviewed at the midway point of its implementation programme.

