

HEALTH OVERVIEW AND SCRUTINY COMMITTEE: 4th JUNE 2025

PUBLIC HEALTH OVERVIEW AND ANNUAL REVIEW

REPORT OF THE DIRECTOR OF PUBLIC HEALTH

Purpose of report

1. The purpose of the report is to provide an overview and update on the work of the Public Health department in fulfilling the statutory duty to take steps to improve health and wellbeing. It details the span of public health work, the public health responsibilities the Council holds and a summary of selected work areas.

Policy Framework and Previous Decisions

2. This paper sets out the annual review of work of the Public Health department. It complements the MTFs Public Health budget item scrutinised by Health Overview and Scrutiny Committee as part of annual budget setting.
3. The Public Health Departmental Strategy 'Delivering good health and prevention services 2024-2029' was considered by the Health Overview Scrutiny Committee at its meeting in June 2022.

Background

What is Public Health?

4. The UK Faculty of Public Health (2010) defines public health as: "The science and art of promoting and protecting health and wellbeing, preventing ill health and prolonging life through the organised efforts of society."
5. Public health is concerned with the health of the entire population, rather than the health of individuals. It recognises that many things influence our health. Some relate to our individual characteristics such as age or sex, others to the 'lifestyle behaviours' such as smoking and drinking. Much of health is determined by what is known as the wider determinants of health, such as the jobs we do and the education we receive. These determinants are usually described through the diagram (diagram 1) and work of Dahlgren and Whitehead (1992):

Diagram 1: The determinants of health from Dahlgren and Whitehead

The Determinants of Health



Source: Dahlgren and Whitehead 1992

6. Public Health can also be described as centred on three core domains of public health: Health Improvement (as the name suggests supporting people to improve their health and lead healthier lives), Health protection (protecting the public from hazards to their health) and Health care public health. Health Improvement is the core business of local authority public health while health protection is led by the UK Health Security Agency (UKHSA) with local authority public health in support. Healthcare Public Health involves public health supporting the NHS with public health advice and intelligence to enable robust population-based health service commissioning and help the NHS maximise their own prevention efforts.

Public Health Statutory responsibilities

7. Local authorities' statutory responsibilities for public health services were set out in the Health and Social Care Act 2012. Local authorities have a duty to take such steps as they consider appropriate for improving the health of the people in their areas paying due regard to the key indicators in the Public Health Outcomes Framework.
8. As well as the overall duty, public health has a duty to provide what are known as prescribed services:
 - a. Open access comprehensive sexual health services;
 - b. Child health services (Health visiting);
 - c. Substance misuse treatment services;
 - d. NHS Health checks;
 - e. Public Health advice to the NHS;
 - f. Take steps to protect the health of the local population;
 - g. Undertake the National Child Measurement Programme (NCMP).

Public Health Funding

9. Funding for Public Health activities comes from a ring fenced grant from the Department of Health and Social Care (DHSC) to be used exclusively for public health activity. The 2024/25 PH settlement for Leicestershire was £28.312m, a 4.5% increase on the 2023/24 grant. The budget was uplifted by £868k in Q4 of 2024/25 to pay for the AfC pay increases for our NHS commissioned providers. On a per capita basis this is the 147th lowest per head funding of the 153 authorities that receive the Public Health Grant.
10. 70% of the grant is spent on providing the individual statutory public health services, with substantial proportions within that spent on health visiting, sexual health services and substance misuse services, 20% on public health activity and 10% on non-public health activity in other departments.

Health status

11. The Annual Report of the Director of Public Health 2024 gave an overview of the groups and communities of people in Leicestershire that experience the largest inequalities in health outcomes. These included carers, those living with a severe mental illness, those living in our less well-off areas, the Gypsy, Roma and traveller community, the offender population and the LGBTQ+ population. The report set out recommendations to improve the health of those populations.

Public health Strategy ‘Delivering good health and prevention services 2022-2027’

12. The strategy sets out our vision for Leicestershire ‘To protect and improve the health and quality of life of everyone in Leicestershire’ (Appendix B). The strategy sets out five main ways in which we do this:
 - Build on the strengths of people in our communities.
 - Promote Healthy living and healthy places.
 - Protect communities and individuals from harm.
 - Provide services that meet community needs.
 - Work in partnership to transform the way we deliver services.
13. The strategy sets out a number of guiding principles that underpin our work. Where possible, the public health department believes in taking a ‘community development’ approach to Public Health. This approach seeks to do Public Health work with local people rather than doing it to them. The aim is to harness the expertise and energy of communities by enabling them to make their own ideas for health improvement a reality.
14. Additionally, we acknowledge that people have the right to make their own choices regarding their health, that we will maximise opportunities to design services in consultation with residents and minimise activity that is perceived as unduly intrusive or in conflict with personal values.

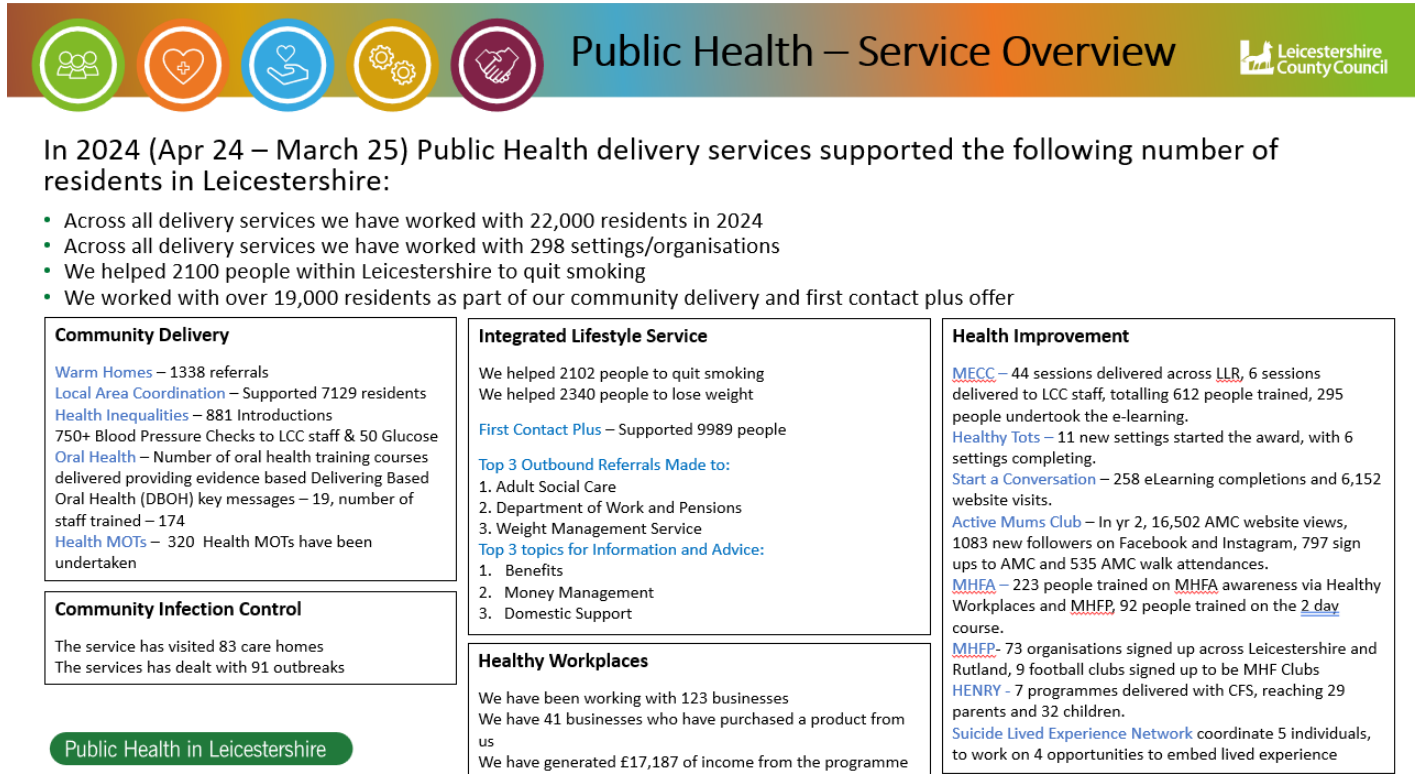
In house Public Health services

15. The Department’s services are described in the Public Health Service Directory (Appendix C). As a department we have sought over several years to deliver services in-house, rather than externally commission them. As such, services such as weight management, smoking cessation, oral health promotion and the Health Improvement Team are delivered directly by the department alongside the community-

based services such as Local Area Coordinators and advice services such as First Contact Plus. Some services remain commissioned from providers outside the council where it makes sense to do so for clinical or healthcare reasons.

16. Diagram 2 gives an overview of the scale and reach of in-house delivery.

Diagram 2: Public Health service overview



17. In-house delivery has delivered several success stories. By taking smoking cessation in-house back in 2016 we now deliver a service that is one of the best performing in the country, on a budget a third of that before redesigning it. Leicestershire now has the lowest smoking prevalence of any County in England.
18. The offer for Leicestershire Workplaces is continuing to grow and develop. The Healthy Workplaces program is a commercialised programme, but also has free elements, allowing us to engage with a wide range of local businesses. In total 46 businesses have undertaken a Health Needs Assessment of their workforce and the team have been working closely with businesses to understand their data and put recommendations in place. Workplaces can become 'accredited' and take advantage of wide range of health products designed to improve workforce health including healthy conversation skills training, health MOT's and Mental Health First Aid.

19. For oral Health, at face value it would appear that Leicestershire's Oral Health is significantly better than the England average, however this masks hidden inequalities. In 3- and 5-year-olds, our most deprived deciles have significantly higher decayed missing and filled teeth than our least deprived deciles, with children in the most deprived areas being twice as likely to experience tooth decay and three times more likely to have a tooth extracted. Tooth decay also remains the leading cause of hospital admissions among children. To understand our oral health better we undertook a Joint Strategic Needs Assessment for all age oral health in 2023. We are currently working with internal and system partners on the recommendations which include targeted oral health programmes within residential homes, working with groups more likely to experience inequalities and embedding oral health throughout wider public health portfolios such as healthy weight and nutrition.
20. Within the Public Health Department, there is a small, yet highly effective Oral Health Team which provide behavioural interventions and upskill partners in oral health. Supervised Toothbrushing is an evidence based, cost-effective and recommended programme to improve oral health in children. We are targeting our support at early years settings with the most need, based on our local data, as well as offering universal free eLearning for other early years settings. We are also in the process of rolling out this programme to targeted primary schools, upskilling our wider public health workforce to deliver and provide ongoing support.

Externally commissioned services

21. Externally commissioned services are robustly commissioned and performance managed by the department.
22. The sexual health service was recently recommissioned to improve accessibility of services for residents. This follows the success of localisation of substance misuse and 0-19 services and is in response to a public consultation exercise that revealed a preference towards county-based provision and a preference for different methods of accessing services based on need. Nearly 58,000 tests for sexually transmitted infections (STIs) were carried out and over 1,350 STIs are treated by the Council commissioned service each year. In addition, over 18,000 individuals received advice and support regarding contraception.
23. The redesigned substance misuse treatment service commenced in 2022. This was a challenging commissioning exercise as we took the decision to split the provision from the City which was unpalatable amongst partners at the time. However, since commencement of the new provision, the service has grown from strength to strength. To give a flavour of the scale of usage, over 2,000 adults were in treatment in specialist drug misuse services and just under 1,300 in treatment in specialist alcohol misuse service with 860 individuals successfully completing treatment compared with 729 in 2023/24.

24. The 0-19 child health service historically comprised of one service jointly commissioned across Leicester, Leicestershire and Rutland (LLR). In 2022, significant changes were made which included splitting the provision from the City which in turn enabled a splitting of provision into a 0-11 service (health visiting service and school nursing for primary schools) provided by Leicestershire Partnership NHS Trust (LPT) and an 11+ service (Teen Health service) which is now embedded within the Children and Families Early Help Service. By taking this approach, the Teen Health service has had the opportunity to focus on the main issues affecting young people which include emotional wellbeing, healthy relationships and making healthier choices (reducing risk-taking behaviours). The health visiting service has completed over 31,000 checks in babies and children (up to 2 and a half years) in the past year and the Teen Health service has received 2,500 referrals.
25. The NHS Health Checks service is provided by GP practices across Leicestershire to eligible individuals aged 40 to 74. In 2024/25, nearly 18,000 health checks were completed.

Partnership working

26. In recognition of the increasing concern of gambling harms on our population, Public Health is co-ordinating efforts across the Council, districts and partners to tackle and reduce these harms by identifying those at risk, increasing knowledge and skills, and reducing stigma.
27. Good mental health is important at every stage of life from childhood and adolescence through to adulthood and later years. Improving mental health has been identified as a cross-cutting priority of the Leicestershire Health and Well Being strategy. The Health and Wellbeing Board sub-group includes a range of key stakeholders from across the system working collaboratively to address key mental health issues. Key areas of public health work include:
 - Development of Mental Health Joint Strategic Needs Assessment (JSNA) for Children, Young People and Adults, also a JSNA around Dementia.
 - Mental Health Friendly Places being rolled out at a neighbourhood level.
 - LLR Suicide Prevention Strategy refresh with partners to inform future priorities and working.
 - NHS grant funded mental health and resilience prevention work in neighbourhoods is supported and monitored by public health.
 - Public health continues to support the management of the self-harm and bereavement services for LLR.
28. Other key successes of partnership working include:
 - The provision of a dual diagnosis service through Integrated Care Board (ICB) funding to improve support for individuals with both substance use and mental health issues.
 - Delivery of a drug and alcohol related deaths review panel. This is a partnership panel that reviews drug and alcohol related deaths to identify good practice and lessons learned to put in place positive action to avoid future deaths from occurring.
 - Development of an LLR Illicit Drug-Related Incident Response Plan to ensure an efficient and effective multi-agency response to incidents of suspected drug-related deaths or non-fatal overdoses.

Action on the wider determinants of health

29. The wider determinants of health are wider ranging social, economic and environmental factors which influence people's mental and physical health. Variation in these factors in Leicestershire contributes to both social and health inequality in the population. These factors include the built environment, crime, employment and income, education, housing, air quality and have close links to areas such as climate change. There is an established body of evidence suggesting that clinical care only accounts for 20% of health outcomes while social and economic factors and physical environment together make up around 50%.
30. As a Public Health team we work closely with local Planners to embed health considerations within statutory documents such as Local Plans, trialling embedding health impact assessment and hot food takeaway policy in refreshed Local Plans for 2024 onwards. We also jointly chair an Air Quality and Health Partnership with the Environment and Transport team, bringing together key stakeholders to look at reducing risk of harm from pollution, particularly in our most vulnerable populations. Recently, we have begun work with the Education team at the County Council around embedding health in school design, and local Housing teams and the Integrated Care Board addressing action on damp and mould and indoor air quality.
31. The health impact assessments (HIA) cover the factors mentioned above and allow health considerations to be made when applied to a new project, programme, key decision or policy. Examples of local health impact assessment will be seen this year when applied to LTP4 (Local Transport Plan), the Local Highway Design Guide and several Local Plans.
32. A key vehicle for delivering work on the wider determinants of health is a Health in All Policies approach. We have begun work over the last year to embed this within the County Council, with a health considerations section added to Cabinet and Scrutiny papers, health impacts e-form and HIA template developed and a tiered training approach to support staff to apply health considerations to their work. Training includes both 'Health in all Our Work' e-learning and more in-depth face to face 'Health in All Our Decisions' workshops. More than 100 participants have enrolled on the training to date, 100% reporting confidence to apply learning to their roles and 98% recommending the training to others. Following the face-to-face training workshops we have been able to agree key working agreements across several departments and teams including Economic Growth, Minerals and Waste Planning, Policy and Environment and Transport.

Health Protection

33. Health protection assurance is a statutory duty of the local authority, via the Director of Public Health. Public Health staff working in Health Protection and in the Community Infection Prevention and control team contribute to the health protection agenda in a variety of ways including the following:
 - Meeting adult social care providers to give up to date public health guidance on a range of issues including changes to COVID-19 guidance, our local response to measles outbreaks. Coordinating the visits for COVID-19 vaccines in care homes and collating data and insights to inform future vaccination campaigns.
 - Working closely with education settings to improve access to Measles, Mumps and Rubella (MMR) vaccination by offering onsite vaccinations. Using the school's experience and knowledge of their communities,

providing tailored materials to engage their communities to improve uptake for example specific translated materials and audio recordings from community leaders. Our aim is to restore vaccination uptake to pre-pandemic levels to offer herd immunity.

- Working closely with ICB and NHS colleagues as well as neighbouring public health teams to mitigate the risk of measles outbreaks in the county.
- Provision for residents to access a transport scheme to attend COVID-19 vaccinations if eligible
- Highlighting opportunities to deliver seasonal vaccines at convenient locations across the County including at market sites for opportunistic vaccination.
- Responding to outbreaks offering public health support.
- Engagement work with Traveller communities to gain meaningful insights into MMR Vaccine hesitancy.

34. The Community Infection Prevention and Control Service (CIPCS) proactively supports Adult Social Care providers to provide safe care to service users and manage infection outbreaks effectively. Each year, all care homes across County and Rutland are offered a comprehensive Audit to review environmental cleanliness, practice and governance. The audit includes speaking to service users to gain their opinions about the care provided. Where improvements are required, CIPCS provide resources, face to face training and on-going support so providers can make and maintain improvements. An IPC e-learning package has also been developed for those working in Adult Social Care settings.

Healthcare Public Health

35. As of 2020/2021 Leicestershire County Council Joint Strategic Needs Assessment (JSNA) data, asthma and hypertension form the two most common long-term conditions for people living in the most deprived 20% Lower Layer Super Output Areas (LSOAs). The rates of people not attending hospital appointments for asthma management are higher for non-white ethnic groups as well as for people living in higher levels of deprivation. The drivers of health inequalities are a mix of factors such as the wider determinants of health, differences in health behaviours like smoking or physical activity levels, psychosocial factors and unequal access to or experience of healthcare services
36. Public Health secured funding from Leicestershire Academic Health Partnership (LAHP) to pilot a community-based asthma management project in April 2023 to upskill primary care staff to engage in personalized patient care and empower eligible patients to practice self-care to reduce asthma exacerbations and consequent hospital admissions. In collaboration with Charnwood GP Federation, UHL respiratory team, local charity and pharmacists, community outreach events were held in November 2023 and April 2024 reaching out to patients with poorly controlled asthma for a one-stop shop covering health, inhaler technique, finances, warm homes, social prescribing, and physical activity.
37. Recommendations include providing personalised care, reinforcing the 'Making Every Contact Count' approach and the need for proactive communication for asthma awareness. LLR-wide staff training sessions are being offered and webinars are being planned to raise awareness during winter amongst public.

Health and Wellbeing Board

38. Public Health has a lead role in the functioning of the Health and Well Being Board. In January 2022, the Health Overview and Scrutiny Committee considered the Leicestershire Joint Health and Wellbeing Strategy 2022-32. This strategy sets out the Health and Wellbeing Board's commitment to address health inequalities, improve

mental health, and improve the overall health and wellbeing of our population through a life course approach. The sub-groups of the Health and Wellbeing Board have made significant progress in taking forward the priorities under their remit including production of topic based JSNA chapters which have since been used to progress work in the relevant areas. Examples include: End of Life, Inequalities, Oral Health, Substance Misuse, Adult Mental Health and Children's Mental Health. The strategy has reached its 3-year milestone this year and is currently being reviewed to check whether the priorities remain relevant to partners and the public.

Resource Implications

39. The work of Public Health is financed through a ring-fenced grant from the Department of Health and Social Care (DHSC) to be used exclusively for public health activity.

Conclusions

40. Public Health requires a broad range of service delivery, leadership and partnership working across the breadth of public health domains and determinants of health. Despite low funding, public health delivers efficient innovative services and community centred approaches and works with a multitude of partners to support improvements in the health of the public.

Background papers

41. Health Overview and Scrutiny Committee Public Health Strategy paper June 2022

<https://democracy.leics.gov.uk/documents/s169504/PH%20Strategy%20Scrutiny%20Report.pdf>

Circulation under the Local Issues Alert Procedure

42. None

Equality Implications

43. There are no equality implications arising from the recommendations in this report.

Human Rights Implications

44. There are no human rights implications arising from the recommendations in this report.

Appendices

45. Appendix A - Annual Report of the Director of Public Health 2024.
Appendix B - Public Health Strategy: Delivering good health and prevention services 2022-2027.

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