

# WELLBEING, PUBLIC HEALTH & COMMUNITIES BUSINESS PLAN 2022 - 2025



Essex County Council

## INTRODUCTION

Good physical and mental health is important at both an individual level with regards to improved quality and length of life, and at a community level as health is a vital component of local community cohesion, social mobility and prosperity. The complex link between health and wealth has long been known within public health circles but has recently been made more prominent by the COVID-19 pandemic, which laid bare the difference between those with the best and the worst health in the UK. <sup>1</sup> The recent Levelling Up Essex White Paper<sup>2</sup> explicitly outlined the inequalities experienced in Essex and referenced a moral imperative to address the causes of these differences, stating that *'no one should be disadvantaged as a result of circumstances over which they have no control'*. However there is no getting away from the fact that this is a big and complex task – the things that influence our health and wellbeing outcomes (also known as 'determinants of health') are many and varied. Improving health therefore requires action to be taken by a range of organisations and businesses - as well as by individuals and communities themselves - at different geographic levels and using a variety of interventions.

This new Wellbeing, Public Health and Communities Business Plan outlines a new way of working for the local public health team to meet these challenges and calls on wider public services, the voluntary and community sector and local businesses to contribute. We want to make public health *everyone's business*. The plan outlines specific areas of focus for prevention work, as well as asks for a new level of engagement from communities and individuals to ensure the solutions we collectively develop are 'owned' and sustainable. Many of the areas of focus and ways of working outlined are grounded in public health first principles, but we will seek to deliver support and services in new and innovative ways - working with local academics, regional and national subject matter experts and those affected most by local inequalities to shape the offer. This strategy covers a three years period and aims to lay the foundations for the achievement of longer term outcomes, many of which will take years to come to fruition; however we must remain focussed and committed to providing the right environment, alongside high quality support and services, if we are to allow everyone in Essex to live a healthy life and achieve their full potential.

This business plan will be underpinned by a 'live' workplan that will be agile enough to address underperformance and/or emergent areas of need but will remain focused on delivering the new ways of working and public health outcomes outlined in the following pages – for further information on the detail of this work please contact: [lucy.wightman@essex.gov.uk](mailto:lucy.wightman@essex.gov.uk).

## WHAT IS PUBLIC HEALTH & WHAT DOES IT INCLUDE?

Traditionally, public health is defined as ‘the science and art of preventing disease, prolonging life and promoting health and wellbeing through the organised efforts of society’.<sup>3</sup> There are three main disciplines or ‘pillars’ of public health, each of which requires a range of specialist skills and experience to effectively deliver. Every local authority is required to have a Director of Public Health (DPH) to oversee the delivery of a set of statutory and mandated functions, as defined in the Health and Social Care Act 2012.<sup>4</sup> Many services are universal however local data and insight must be used to ensure the specific needs of a population are met. Discretionary services can also be commissioned and/or directly delivered to meet any need not included in the mandated functions below.

### THE PILLARS OF PUBLIC HEALTH



#### Health Protection

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



#### Health Promotion / Health Improvement

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



#### Healthcare Public Health

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

#### STATUTORY FUNCTIONS OF THE DPH

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

#### MANDATED FUNCTIONS OF PUBLIC HEALTH

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

#### NON- MANDATED FUNCTIONS BUT CONDITIONS OF GRANT

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

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

## WELLBEING, PUBLIC HEALTH & COMMUNITIES



### Specialist Public Health Service

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



### Trading Standards

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



### Gypsy & Traveller Service

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



### Active Essex

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



### Strengthening Communities Service

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

## WHAT WILL WE FOCUS ON?

Essex County Council published its strategy, [Everyone's Essex](#), in 2021. It focuses on four areas where outcomes really matter for the quality of life for all people in Essex and these overlap heavily with the key responsibilities and priority areas of public health. We will therefore focus our work on the key areas outlined in Everyone's Essex, which are:



### ECONOMY

#### Areas of focus:

- Good jobs
- Infrastructure
- Future growth & investment
- Green growth
- Levelling up the economy

#### Why is this important?

Health and wealth are inextricably linked. Those who live in more deprived areas, with poorer access to education, employment and healthcare tend to die younger and experience more ill-health while alive. Providing everyone with equal opportunity to good education and employment are key outcomes for health.



### ENVIRONMENT

#### Areas of focus:

- Net zero
- Transport & built environment
- Minimise waste
- Green communities
- Levelling up the environment

#### Why is this important?

Communities with good transport links to local amenities and opportunities for work, socialising and leisure have better health outcomes. Access to green open space and clear air are key to mental and physical health. Reducing waste and our carbon footprint is key to creating an environment for all to thrive.



### HEALTH

#### Areas of focus:

- Healthy lifestyles
- Promoting independence
- Place-based working
- Carers
- Levelling up health

#### Why is this important?

Eating well, exercising often, accessing prevention services and having a sense of belonging through a social/local network are vital to maintaining a healthy body and mind, especially when caring for others. Understanding different peoples needs and providing tailored services to achieve this is key to healthy living.



### FAMILY

#### Areas of focus:

- Education outcomes
- Family resilience & stability
- Safety
- Outcomes for vulnerable children
- Levelling up outcomes for families

#### Why is this important?

Being raised in a safe, stable and loving environment impacts positively on a child's physical and mental health and ability to learn and engage with peers. These factors set a course for future quality and length of life. Providing families with the tools to ensure each child in Essex has the best start in life is essential.

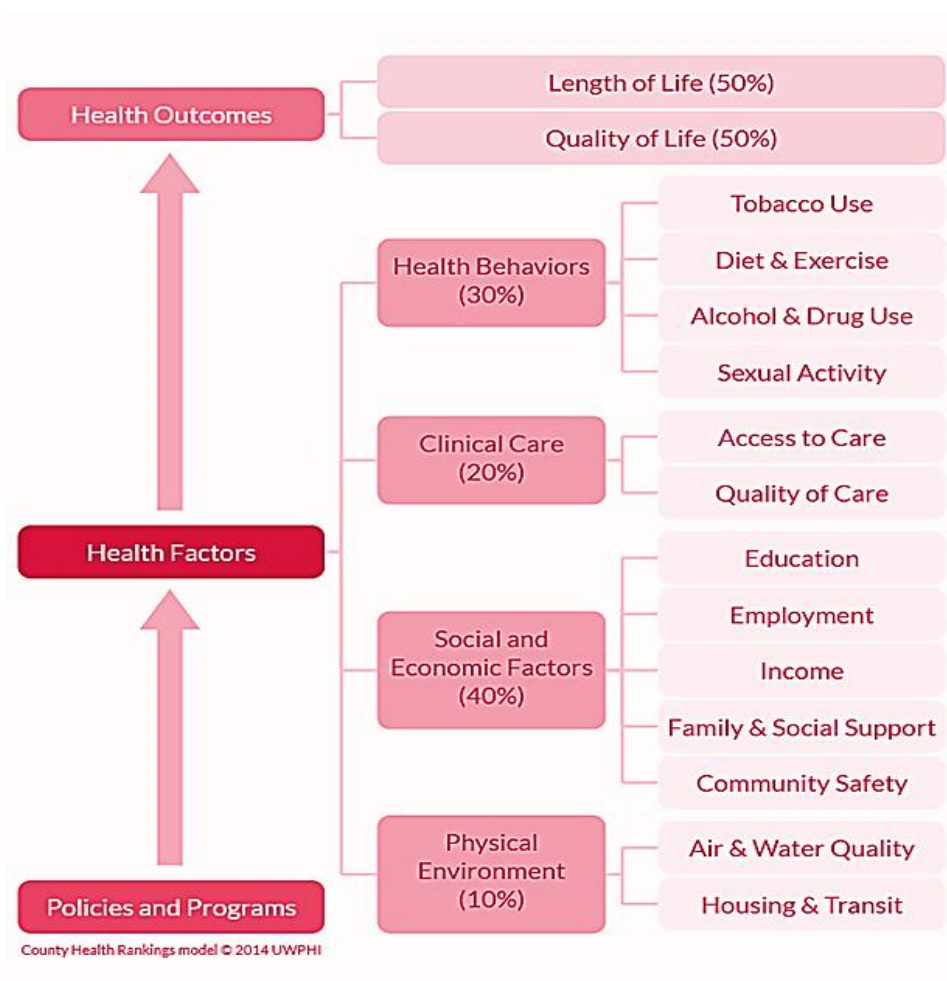
## WHAT ARE OUR KEY THEMES? THE FOUR 'P'S PLUS...

### PRODUCTIVE PARTNERSHIPS

Research confirms that our health outcomes are not only shaped by the clinical care we receive but also by the environment we live in, the habits we develop, our level of education, income and employment status, social connections and community safety.<sup>5</sup> Despite this evidence, the health and care system does not allocate investment or design interventions to reflect this. If we are to improve peoples health and wellbeing, this must change.

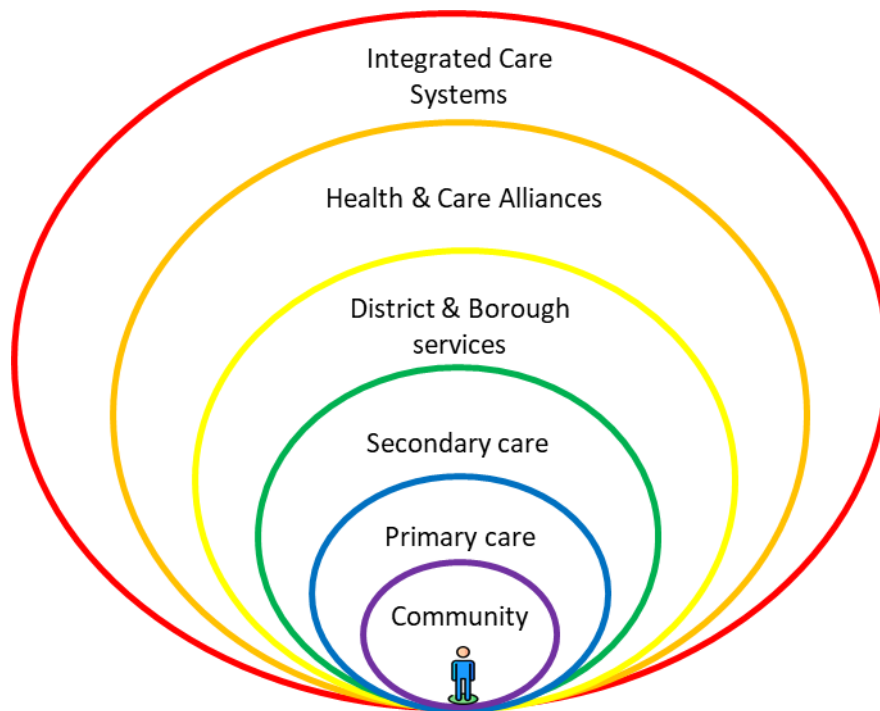
Because the range of influences on peoples health outcomes are wide and varied, no single team or organisation can improve outcomes alone. We need to bring together the support of local businesses, public sector organisations, local academic institutions, the voluntary sector as well as communities and individuals themselves to create the right policies, invest in the right areas and create the right culture for people to live healthier, longer lives. Productive and purposeful partnerships are therefore key.

We will bring together the right people, from the right organisations and places, at the right time, to address local public health issues. We will influence and advise policy development and funding allocations to ensure the widest view of the causes of ill-health are considered and addressed. We will listen to the people of Essex and proactively respond to their needs proactively wherever possible, engaging on an ongoing basis.



## PLACE-BASED PUBLIC HEALTH

The varied and complex nature of the causes of poor health outcomes clearly require us not only to work with a range of partners, but also to work with individuals and communities themselves. By empowering, educating and energising the people of Essex using ABCD principles, they will be better equipped to make healthier choices and maximise all opportunities available to them to live healthier and more fulfilling lives, no matter their age, background or current circumstances.



Public health principles therefore need to be embedded at two different levels of ‘place-based’ working; firstly at a strategic level we will shape the county offer regarding:

- Civic assets (i.e. the development of community, service, educational and cultural facilities and decarbonisation to improve overall health)
- Community connectedness (i.e. ensuring people can access the services, facilities and jobs they need and/or aspire to have.
- Active and engaged communities (i.e. encouraging people to maximise the facilities and services locally and contribute to their sustainability)

Secondly at an operational or ‘local’ level and building on the active and engaged communities work, we will engage directly with the people of Essex to better understand their needs and support them to identify solutions and play an active part in delivery. Taking this approach will enable us to positively influence the wider determinants of health (see page 4) and create the best possible environment and opportunities for the people of Essex to flourish. There will be a particular focus on the ECC Levelling Up priority places and cohorts<sup>2</sup> to ensure equity is achieved as soon as possible.

## PREVENTION

By utilising population health management (PHM) approaches to identify groups of people at risk of developing disease or disability, we will work with partners to reduce lifestyle risk factors to drive down poor health outcomes and loss of independence and support programmes of work to delay deterioration where

people are already unwell. Taking a PHM approach will not only provide people with better quality of life but will also save money by reducing demand for services. Ensuring support to maximise outcomes for all is imperative at all four levels of prevention. We will refocus our efforts on prevention the big six lifestyle risk factors and ensure all levels of preventative activity have appropriate resource and response.

Aimed at those with diagnosed conditions who would benefit from interventions to support them to be as healthy as they can be (e.g. pulmonary or stroke rehabilitation). Tertiary prevention is the current mainstay of NHS services.



An approach used to help treat, delay or reduce any disease symptoms or care needs. An underlying disease or need exists, but is amenable to intervention to avoid escalating treatment/care (e.g. basis of screening).



A programme of work to identify disease risk factors to inform preventative action before a disease is present (e.g. smoking cessation/weight management services).



An approach to better understand and address what makes communities or individuals susceptible to poor health. This helps strengthen population health opportunities and capitalise on community assets.



**PUBLIC HEALTH PRIORITIES** \* Further information in Appendix 1

Six common risk factors are responsible for 60% of deaths and a high number of years lived with disease/disability in Essex.<sup>6</sup> We will therefore focus our efforts on reducing the prevalence of the following key public health issues:



Smoking



High body mass index



High systolic blood pressure



High LDL cholesterol



High fasting blood glucose



Alcohol use

**MENTAL HEALTH**

It is well evidenced that mental wellbeing significantly affects both our quality of life and life expectancy. Maintaining positive mental health is also important if we are to maintain functional relationships with family, friends and the wider community. It is also a major influence on our aspirations and ability to maximise our educational opportunities and maintain fruitful employment. Promoting and maintaining

positive mental wellbeing will therefore be a golden thread that runs through our strategic and operational work going forwards.

Mental health disorders sit on a spectrum from common conditions such as low level depression or anxiety, to severe and enduring diagnoses such as schizophrenia or bipolar disorder. Around 15% of people aged 16-64 living in Essex have a common mental health disorder, while approximately 9.5% of over 65s are affected; however both rates are likely to be higher post-pandemic and due to current cost of living pressures. Concerningly, we are also seeing increased prevalence in children, with around 13.3% of school aged children in Essex having identified social emotional and mental health needs. Essex also has a higher than England average suicide rate, with some Boroughs having the highest rates in the country, while men are three times more likely to die by suicide than women.<sup>7</sup>

All of this means we need to redouble our efforts to ensure people are mentally better equipped to deal with the varied and often unexpected challenges life brings. We will therefore:

- Work to break down the stigma surrounding talking about and seeking help for mental health issues
- Develop a range of services that promote positive mental wellbeing and that provide tools for people to use in their everyday lives to cope with pressure and change
- Increase the number of Mental Health First Aiders in the community to support people with low level mental health concerns and signpost them to support services
- Develop a suicide prevention strategy to develop services that better identify those at risk and provide support that is easy to access as and when its needed
- Work with partners to ensure that those at risk of poorer mental health are encouraged to be physically active and those who have confirmed mental health conditions are able to maintain their physical health



## HOW WILL WE DELIVER OUR PRIORITIES?

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



### INSIGHTS

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



### INTERVENTIONS

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





### INNOVATION

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



### TECHNOLOGY

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



### WORKFORCE

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

## HOW WILL WE MEASURE OUR IMPACT?

It is imperative we measure the impact of the work we undertake and the services we provide on improving health and wellbeing outcomes and achieving the ambitions outlined in *Everyone's Essex*; however due to the nature of the determinants of health, the impact of some interventions may not be felt for many years. We must therefore make sure progress can be accurately and appropriately monitored year on year, and that investment and commitment remains the course and is not diverted into short term reactive work. We will therefore use a range of service level activity measures, service user feedback and national outcome measures to monitor our progress over time and actively address any areas of underperformance. The literature suggests ideal population health outcome metrics reflect a population's dynamic state of physical, mental, and social well-being<sup>8</sup>, we will therefore measure\*:

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

#### 3 year measures

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

#### 4 - 9 year measures

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

#### 10-15 year measures

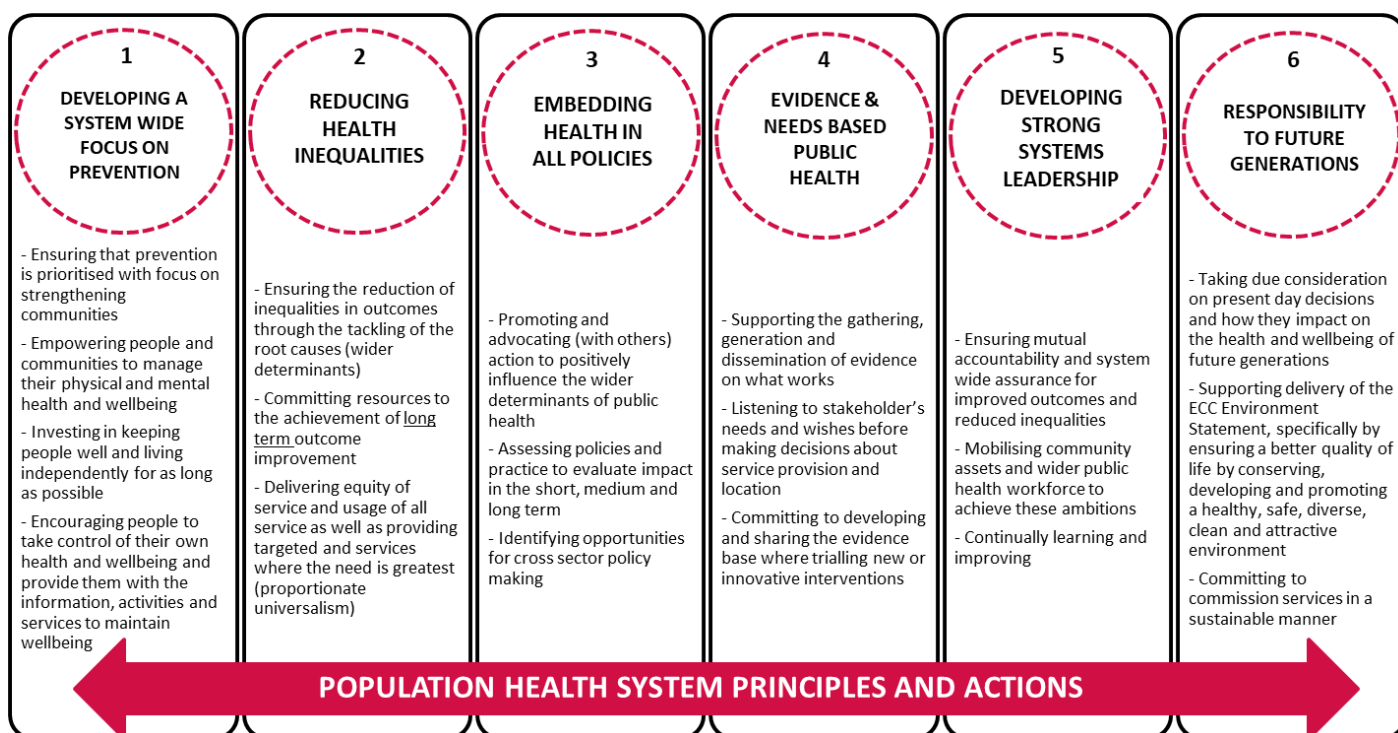
- Reduced premature mortality from:
  - Six public health risk factors
- Increased quality of life as measured by:
  - Lower prevalence of low level mental health disorders
- Increased community activity & engagement as measured by:
  - Citizen participation
  - Strength of the third sector
- More active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

\*Further detail on outcome measures available on request

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

## WHAT DO WE NEED OTHERS TO DO?

The public health needs of Essex are multiple and varied and, if the Wellbeing, Public Health and Communities team is to achieve the ambitions set out in this strategy, it cannot work alone. Public health is everyone's business and this strategy requires partner commitment to the six Population Health System Principles and Actions, as outlined below.<sup>9</sup>



Adopting this approach will ensure the needs of the people of Essex are considered, now and in the future, and that services are of a high quality, allocated equitably and delivered in a way that is shaped by people who use them.

## HOW WILL THE TEAM WORK TOGETHER/WORK WITH OTHERS?

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

- A defined senior management team who provide an expert consultancy function, supported by the wider delivery team
- Named representatives aligned to each internal ECC directorate to improve internal collaboration
- Clear thematic leadership responsibility for the following key public health areas:
  - Health Improvement
  - Health Protection
  - Healthcare Public Health
  - Place-based Public Health
  - Marginalised Communities
  - Active Essex

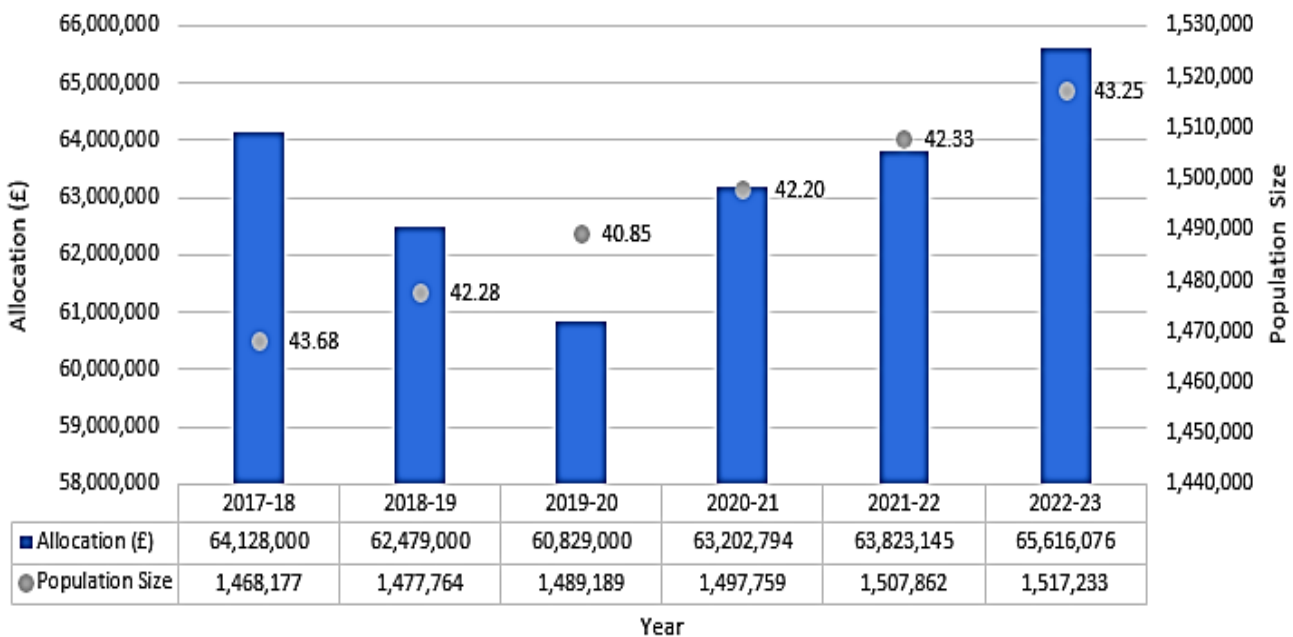
- Children/Young People & Mental Health
- Economic Growth & Levelling Up
- Strengthening Communities
- Identified geographic leads at the following levels:
  - ICS/ICP
  - Alliance
  - District & Borough Council
- Named relationship managers for each regional/national partner/regulator (e.g. UKHSA, Sport England, OHID, etc.)
- Increased links with District and Borough Public Health Practitioners
- A more open approach to the creation of joint posts with key system partners

## HOW WILL OUR WORK BE FUNDED?

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

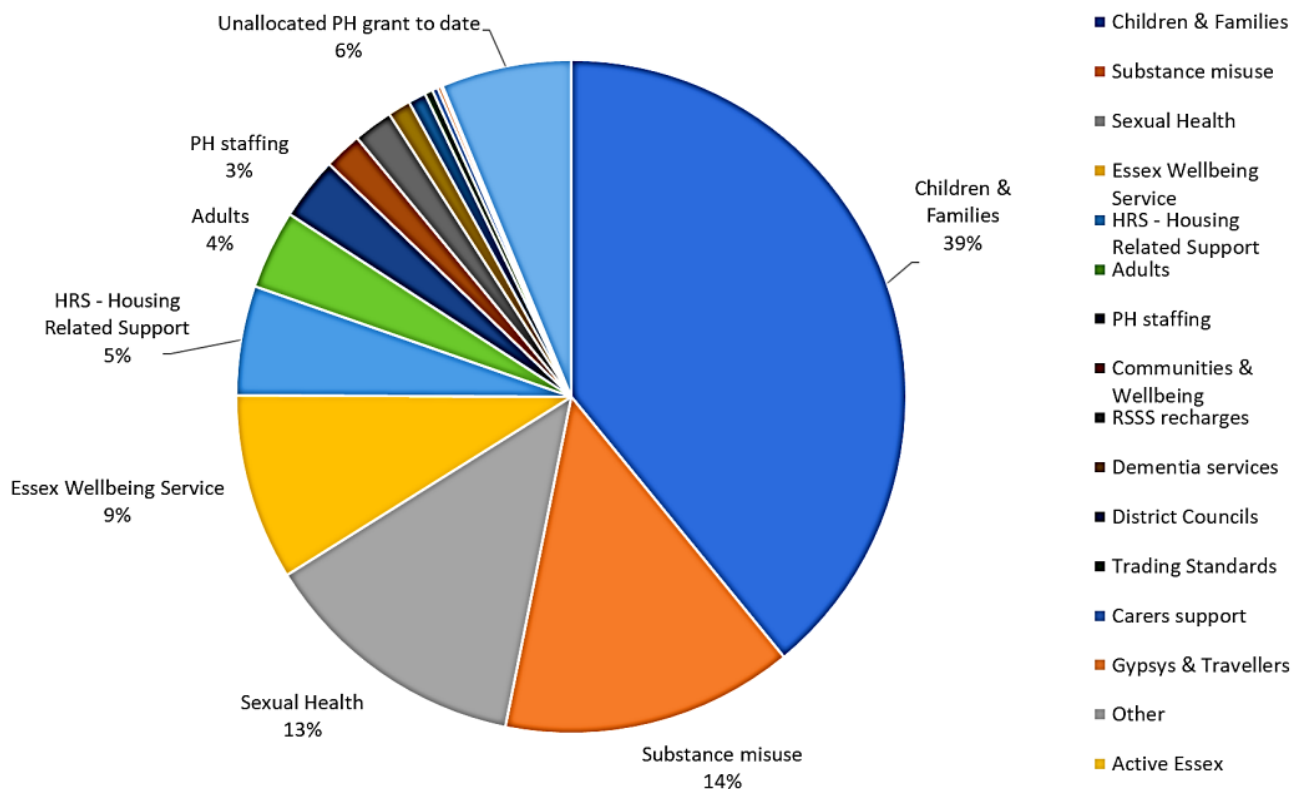
### Allocation (£)

Labels are allocation per head (£)



The 2022/23 Essex public health grant is allocated as illustrated in the pie chart below. Trading Standards, Communities and Wellbeing, Gypsy and Traveller Services and some of Active Essex are funded from ECC base budget. It is proposed that the current unallocated budget is utilised to grow the team, support PHM

work, increase the PH contribution to community physical activity services and invest in the priorities outlined in this strategy. We will also be seeking to influence wider system spend on the priorities outlined in this strategy and increase overall investment in public health and prevention.



## REFERENCES

- <sup>1</sup> The Health Foundation (2021) *A whole-government approach to improving health* [online]. Available at: [A whole-government approach to improving health - The Health Foundation](#). Accessed on: 05/07/2022.
- <sup>2</sup> Essex County Council (2022) *Levelling Up Essex. An Essex White Paper* [online]. Available at: [Essex County Council Levelling-up strategy \(ctfassets.net\)](#). Accessed on: 10/08/2022.
- <sup>3</sup> The Faculty of Public Health (2021) *Functions and Standards of a Public Health System* [online]. Available at: [fph\\_systems\\_and\\_function-final-v2.pdf](#). Accessed on: 21/07/2022.
- <sup>4</sup> The National Archives (ND) *Health and Social Care Act 2012* [online]. Available at: [Health and Social Care Act 2012 \(legislation.gov.uk\)](#). Accessed on: 10/08/2022.
- <sup>5</sup> Robert Wood Johnson Foundation (2014) *County Health Rankings Model* [online]. Available at: [County Health Rankings Model | County Health Rankings & Roadmaps](#). Accessed on: 15/08/2022.
- <sup>6</sup> Global Burden of Disease (2019) *GBD Compare* [online]. Available at: [GBD Compare | IHME Viz Hub \(healthdata.org\)](#). Accessed on: 19/07/2022.
- <sup>7</sup> Essex County Council (2022) *Mental Health. Essex Joint Strategic Needs Assessment 2021/22* [online]. Available at: [JSNA Health Outcomes – Essex Open Data](#). Accessed on: 17/08/2022.
- <sup>8</sup> Gibson Parrish, R. (2010) Measuring Population Health Outcomes [online]. *Prev Chronic Dis* 2010;7(4). Available at: [rwjf61265 PHM Measures 2010.pdf](#). Accessed on: 17/08/2022.
- <sup>9</sup> Public Health System Group (2019) *Quality in Public Health: A Shared Responsibility* [online]. Available at: [Quality in public health: a shared responsibility \(publishing.service.gov.uk\)](#). Accessed on: 10/08/2022.

## APPENDICES

### Appendix 1: Global Burden of Disease Risk Factor Summary- All Age (2019)

Years Lived With Disability	Deaths
1. High body-mass index	1. Smoking
2. High fasting plasma glucose	2. High systolic blood pressure
3. Smoking	3. High fasting blood glucose
4. Alcohol use	4. High body-mass index
5. Drug use	5. High LD cholesterol
6. High systolic blood pressure	6. Low temperature
7. Occupational ergonomic factors	7. Kidney dysfunction
8. Low bone mineral density	8. Alcohol use
9. Diet high in processed meat	9. Diet low in wholegrains
10. Ambient particulate matter pollution	10. Occupational exposure to asbestos

■ = Common risk factor of focus