



Report from the Director of Public Health

Scrutiny meeting	Adult Social Care and Communities Scrutiny Committee – 23 July 2024
Chair	Cllr Tim Harman
Presenting Officer	Siobhan Farmer – Director of Public Health
Item Type	Information
Purpose of Report	Update from the Director of Public Health
Recommendations/ Action sought	The Committee are asked to note the following updates: <ul style="list-style-type: none">• Overview of the work of the Public Health and Communities Hub.• Sexual health (prevention service) procurement.• Healthy Lifestyle Service – outline of new adults' service.• Update on the stop smoking grant.• Synthetic opioids harm reduction.• Health Protection Assurance Board: Spring 2024 Assurance Report.
Forthcoming Decisions	N/A
Background Documents	N/A
Appendices	N/A
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Adult Social Care and Communities Scrutiny Committee

Report from the Director of Public Health

23 July 2024 – Public Health & Communities Update

1. Introduction to the work of the Public Health and Communities Hub

At the July meeting of the Committee, the Director of Public Health will provide a short verbal overview of the work of the Public Health and Communities Hub.

The Public Health and Communities Hub is responsible for supporting the delivery of Gloucestershire County Council's and the Director of Public Health's statutory duties to improve and protect the health of the local population under the Health and Social Care Act 2012. The team's vision is for Gloucestershire to be a county where everyone can thrive; where our places and communities enable people to live healthy lives and where we work with system partners to reduce differences in the health outcomes and quality of life experienced by different groups.

The team's core functions include:

- **Health improvement** – action to improve health and wellbeing and reduce health inequalities with a focus on prevention and early intervention.
- **Health protection** – action to protect people from and respond to the threat of infectious diseases and environmental hazards.
- **Health care public health** – action to support commissioners and providers of healthcare services to plan and quality assure services and understand the health needs of the local population.
- **Supporting people** – action to deliver community-based support to people with complex lives or those in vulnerable circumstances, including refugees and asylum seekers and those experiencing domestic abuse.
- **Levelling Up** – supporting the council's strategic objectives to work alongside our local communities to better understand and support their needs and aspirations, including administering the Levelling Up and Build Back Better grant schemes.

The Public Health and Communities budget for 24/25 totals £37.1m. This comprises the ring-fenced Public Health Grant which is determined nationally by the Department of Health and Social Care (£26.67 million in 24/25) and separate council funding which contributes to the delivery of the hub's Domestic Abuse and

Community and Accommodation Based Support (CABS) portfolios. The team also oversee government grant funding to meet the council's statutory duties under the Domestic Abuse Act 2021, as well as separate national grant funding for the local delivery of the national drugs strategy, investment in local stop smoking provision, and funding streams linked to support for refugees and asylum seekers.

Current priorities for the team include:

- the ongoing delivery of the Gloucestershire Joint Health and Wellbeing Strategy;
- work with system partners to deliver the 'exemplar themes' (smoking, blood pressure and employment) in the Gloucestershire Integrated Care Strategy;
- investing new national funding for local stop smoking provision;
- embedding our newly recommissioned Healthy Lifestyle Service and Community Drug and Alcohol Service; and
- continuing to lead on the Homes for Ukraine programme, and wider support for refugees and asylum seekers.

2. Sexual health (prevention) procurement

The council commissions a number of sexual health contracts as part of its statutory responsibilities under the 2012 Health and Social Care Act, as well as non-statutory services in line with best practice around maintaining and improving access for our residents to sexual and reproductive health services. These services include:

- The Specialist Sexual Health Service (SSHS), provided by Gloucestershire Health and Care (GHC).
- Public Health Enhanced Service (PHES) contracts in both General Practice and Community Pharmacy for the delivery of:
 - o Long-Acting Reversible Contraception (LARC) i.e. implants, intrauterine devices (IUDs) and intrauterine system (IUS) coils.
 - o Additional Sexual Health Clinics (ASHC) - 11 general practices distributed across the districts providing additional hours of primary care support for sexual health and contraception.
 - o Emergency Hormonal Contraception (EHC).
- Teenage Pregnancy Service and Maternity Contraception Service – both provided by Gloucestershire Hospitals Foundation Trust (GHFT).
- The Sexual Health and Wellbeing Outreach Service (formerly known as the Prevention Service) which provides targeted outreach and support to individuals at higher risk of experiencing poor sexual health outcomes or barriers to accessing treatment or support.

The current Sexual Health & Wellbeing Outreach service provision is due to expire on 31st March 2025 and a new contract will be required from 1st April 2025. After

learning from the existing contract delivery, assessing local need, and undertaking a market engagement exercise, it has been determined that there is sufficient provider appetite and interest to undertake a competitive procurement to award a new contract.

The re-commissioned service will continue to provide targeted interventions and support to groups at increased risk of poor sexual health outcomes and follow a similar contract model as was previously commissioned. The new contract to provide the service from 1st April 2025 will be for a period of 3 years with an option to extend for a further 2 years.

3. New Healthy Lifestyles Service for adults

The council provides an integrated Healthy Lifestyles Service (HLS) for adults as part of its statutory duty to improve health and wellbeing and take steps to reduce health inequalities within the population. Following expiry of the former HLS contract, and a competitive tendering process, a new five-year contract was awarded to a new provider, ABL Health Ltd, effective from 1st of April 2024. ABL is an experienced healthy lifestyles service provider, committed to contributing to reducing health inequalities through community-driven public health services.

The HLS offers behavioural support to individuals and groups to make a health behaviour change - targeting the lifestyle behaviours linked to the major causes of premature death and disability in the UK i.e., smoking, poor diet (linked also to obesity), physical inactivity and excess alcohol.

The scope of the new HLS differs from the previous service model as follows:

- Following an increase in weight management support for adults provided in general practice, the universal weight management offer, formerly provided by Slimming World, will be replaced with a menu of more targeted support that is co-designed with people who experience the greatest barriers to managing their weight.
- The new service will place more emphasis on collaboration with communities to enable them to participate alongside the provider in the delivery of healthy lifestyles support to their residents, using co-production and strengths-based approaches. Those neighbourhoods identified as at greatest risk of health inequalities will be prioritised.

4. Update on the local stop smoking services grant

In October 2023, the Government published 'Stopping the start: our plan to create a smokefree generation' and announced additional ring-fenced funding for Local Authorities - the Local Stop Smoking Services and Support Grant (LSSSSG) – for

a period of five years to support and enhance local stop smoking services. Funding allocations were based on smoking prevalence. Gloucestershire’s allocation for year one (2024/25) is £787,310 and assuming no reduction over the next five years, the total value of the grant will be £3,936,550.

The LSSSSG criteria state that the funding be used to:

- Enhance local authority commissioned stop smoking services and support, whilst maintaining existing spend on these services. The funding should not replace existing stop smoking programmes, for example, the NHS Tobacco Dependency Programme.
- Build capacity to deliver expanded local stop smoking services and support.
- Build demand for local stop smoking services and support.
- Deliver an increase in the number of people setting a quit date and 4-week quit outcomes, and reporting outcomes.

The council has been issued with the following quit date ‘trajectories’ (Table 1). While these have not been designated as ‘targets’ linked to the funding for year one, this position will be kept under review for subsequent years.

Table 1: Gloucestershire’s trajectory of set ‘quit dates’ (Department of Health and Social Care, February 2024)

Current ‘quit date’ rate (2022/23 data)	Year 1 total (2024/25)	Year 2 total (2025/26)	Year 3 total (2026/27)	Year 4 total (2027/28)	Year 5 total (2028/29)
1,731	2,276	2,821	4,457	5,002	5,002

The broad model for budget allocation and delegation of responsibility for spend was approved by Cabinet members on 15th May. Work is now underway to develop a more detailed options proposal for delivery of the key objectives. Gloucestershire’s model of delivery will be based on four main principles/ approaches:

1. Population Health Management – improving health using clinical and non-health data sources to drive planning and delivery.
2. Place-based working – a collaborative approach, utilising partnerships, resources, and expertise in areas of high deprivation and need, to address the wider determinants of health and health inequalities.

3. Proportionate Universalism – services and support will be available to all smokers, but there will be a focus on areas with high smoking prevalence and key target groups, and resources will be allocated accordingly.
4. Behavioural Science Approach – addressing the factors and determinants that influence behaviour, addressing health inequalities and enabling sustained health outcomes.

The options proposal paper will address the following three areas of the grant:

- The expansion of stop smoking support services available to help people quit.
- Increased behavioural support and Nicotine Replacement Therapy (NRT) aids.
- Building demand for services.

Partnership working and collaboration will be key to its success, whilst also looking to be innovative in our approach to reaching our target populations. Commissioning of the enhanced support will take place over the forthcoming weeks and months.

5. Synthetic opioids – harm reduction

In response to recent local, regional, and national outbreaks of non-fatal and fatal opioid overdoses in drug users where the drugs which they use sometimes contain high-potency synthetic opioids (including nitazines and fentanyl analogues), the county council is working with partners to ensure we have a robust incident response plan and sufficient measures in place to reduce harm should the situation arise in Gloucestershire.

The increasing presence of high-potency opioids within illicit drug supplies, increases the likelihood of drug overdose in individuals (cases), and the likelihood of outbreaks of both non-fatal and fatal overdoses involving many drug users associated with a particular batch of drugs.

One aspect of managing the risks associated with high-potency synthetic opioids is to ensure that there is sufficient availability and distribution of naloxone. Naloxone is used to reverse the effects of opioid overdose. It is a World Health Organization essential medicine and is carried in all emergency healthcare settings:

- Naloxone is routinely carried by South-West Ambulance Service Trust (SWAST) paramedics, who are most likely to be the first professional responders at the scene.
- Naloxone is routinely stocked within Gloucestershire Hospitals and available for emergency resuscitation.
- Naloxone is held by the Homeless Healthcare Team and by the Probation Service at their office bases.

- Naloxone is carried by staff within the adult drug and alcohol treatment provider (V-I-A).
- Naloxone for use in community settings by drug users, concerned others and professionals is purchased and distributed by V-I-A, the adult drug treatment provider.
- Naloxone is carried by those staff and/or organisations willing to carry it within Community and Accommodation Based Support service settings.
- The Office of Health Improvement and Disparities (OHID) hold a central stock of naloxone, which can be accessed should local stocks become depleted.

Our adult drug treatment provider (V-I-A) has increased stocks of naloxone and is encouraging service users to carry it, alongside promoting general harm reduction messages.

Public Health are leading the development of a Synthetic Opioid Incidence Response Plan and an update on this will be included in the more detailed report on substance misuse that will be presented to Scrutiny in November.

6. Health Protection Assurance Board: Spring 2024 Assurance Report

The Director of Public Health is required to seek assurance on how local authorities and other agencies in the county, including the NHS, are planning for health protection risks and taking action to reduce impacts. To enable this, the Health Protection Assurance Board (HPAB) was established in 2012. The Board provides a forum for professional discussion of health protection plans, performance, risks, and opportunities for joint action, taking a whole system approach. There is membership from local authority public health, district councils, NHS commissioners and providers, fire, and the UK Health Security Agency.

The annual HPAB Report seeks to collate and promote the ongoing work across local authority and healthcare systems in Gloucestershire and shines a light on both the challenges, but equally the successes that our partners, Members and the public can take assurance from and pride in. Communicable diseases continue to pose a significant burden to health and society and the re-emergence of familiar infectious diseases, which had abated during Covid-19, was expected. The Report showcases the progress across a multitude of programmes, interventions, initiatives, and plans in Gloucestershire, including immunisation uptake and environmental health.

Six key strategic aims are described in the report and are the agreed focus for the health protection system in 2024/25, covering a breadth of health priorities for Gloucestershire and recognising the ever-changing demographics and landscape of care and health protection across the county:

- Protect the population against key vaccine-preventable diseases by maximising immunisation uptake (*with a target of 95% coverage of all child-age immunisations*).
- Minimise the spread of common infections through prevention and control measures (including hand and respiratory hygiene).
- Minimise the transmission of Tuberculosis and Blood Borne Viruses (BBV) including Hepatitis B (HBV) and Hepatitis C (HCV).
- Minimise the harm caused by outbreaks and incidents.
- Ensure that no harm is caused by preventable health and social care associated infections and reduce harms and long-term risks from antimicrobial resistance.
- Enable people to live and work in areas with good air quality.

The HPAB report will help guide the ongoing development of the Gloucestershire health protection system, to ensure it is resilient and appropriate for the needs of our population.