

# Adult Social Care and Communities Scrutiny Committee

## Report from the Director of Public Health

10<sup>th</sup> March 2020

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### Novel Coronavirus Update

On 31 December 2019, the World Health Organization (WHO) was informed by the People's Republic of China that several people had been treated for pneumonia in Wuhan City, Hubei Province. Following laboratory testing, Chinese authorities identified that the possible cause was a novel (new) strain of coronavirus (COVID-19), which had not previously been identified in humans.

The best evidence available currently suggests that it can take up to 14 days for symptoms of COVID-19 infection to appear, and it appears to spread through droplets e.g. in coughs and sneezes. Common symptoms include cough, fever, shortness of breath, breathing difficulties and other respiratory symptoms. Most people (around 98%) have a mild, cold-like illness and fully recover, but in some severe cases, symptoms can include pneumonia or kidney failure, and in extreme cases this can lead to death. General prevention messages remain the best public health advice we can give i.e. regular hand washing, covering mouths and noses when coughing and sneezing, and avoiding close contact with people who have the virus.

As of 27 February 2020 at 2pm, there were 82,294 confirmed cases globally and 2,804 deaths have been officially reported by the World Health Organisation (96% of the cases and 98% of the deaths have been in China); there has been a total of 7,690 people tested in the UK, of which 7,675 were confirmed negative and 15 positive. Nationally, the Department of Health, NHS England and Public Health England have been working together to ensure that we detect any cases in the UK and limit the spread of infection, and that our systems are prepared should community spread increase. There have, so far, been no positive cases in the South West of England.

The situation is rapidly evolving and being monitored closely. People returning from specific areas are asked to contact NHS 111 to inform them of their recent travel, especially if they have symptoms of a fever, cough or shortness of breath.

Locally, the Director of Public Health has a responsibility to ensure robust plans and processes are in place to manage the emerging situation. The Public Health team has been supporting partners across Gloucestershire to ensure we are well prepared. Actions include:

- Ensuring that our plans for a pandemic event are up to date and ready to be activated, including an exercise on 26 February 2020 to simulate current arrangements;

- Supporting the national agencies with communications by reemphasising messages locally;
- Ensuring general hygiene messages and up to date information has been communicated to all GCC staff, social care settings and schools, with partners doing the same for their organisations and stakeholders;
- Liaising with Public Health England and NHS England to ensure they are supported in their response and assured of our local plans; and
- Providing advice and support to the public who contact GCC.

In addition, Health Partners have:

- Set up “pods” at the hospital sites in Gloucester and Cheltenham where people can be tested for the virus safely;
- Set up a Home Testing Team for people who are unable to get to the hospital;
- Implemented pathways for treating and supporting patients with COVID-19 infection;

The following government webpage will be updated daily at 2pm. It contains the latest information on the outbreak. <https://www.gov.uk/guidance/wuhan-novel-coronavirus-information-for-the-public>. The best place to get advice on what to do if you are concerned about COVID-19 or have travelled recently and are unsure of what action to take, is the NHS Website <https://www.nhs.uk/conditions/coronavirus-covid-19/>

## **Public Health Nursing Service**

In 2018/19 the Public Health Consultant for children and young people at GCC undertook a review of the health input into children’s safeguarding due to the increased demand observed by our Public Health Nursing Service (PHNS). This concluded that the current PHNS service was not commissioned to provide the level of resource required to manage the increase in safeguarding demand seen nationally and locally. In response to this GCC committed to providing an extra £200,000 to the service recurrently, starting in April 2019, to be used to recruit additional school nurses and administrative support, as this is where the pressure was greatest.

Since being awarded the money Gloucestershire Health and Care NHSFT (GHC) have been working to recruit to these posts. This has proved challenging due to national workforce shortages, however GHC have been very creative in their recruitment; they have increased the qualified School Nurse establishment by a net 2.5 Whole Time Equivalent over the last year and they have also recruited three qualified nurses who they are funding through their School Nurse qualification and will be eligible to apply for the more senior position in the autumn. Any surplus funding is being used for qualified nursing establishment (NHS pay band 5), non-recurrent training, equipment and software as agreed with commissioners. Following the award of the funding and efforts by GHC to build resilience in the team, staff moral has increased and turnover has reduced.

The service is required to report on four additional performance metrics related to safeguarding outputs to evidence the impact the investment has had.

The original review of health input into children's safeguarding also identified a second conclusion; that improvements were required to the pathway for all health agencies (community care, hospital service, mental health services, primary care etc.) to ensure that notifications of meetings and decisions are timely and appropriate. A group of professionals representing each health agency and GCC children's services is meeting regularly to develop this work.

### **Health Equity in England – The Marmot Review 10 years on**

In 2008 Professor Sir Michael Marmot was asked by the then Secretary of State for Health to chair an independent review to propose the most effective evidence-based strategies for reducing health inequalities in England. In 2010 he published the findings of the review - 'Fair Society Healthy Lives'. Shortly before these papers were published a review of health equity was published, the Marmot Review 10 years on. It demonstrated that since 2010 life expectancy in England has stalled; this has not happened since at least 1900. The reasons are complex and the Public Health team will be studying the report in detail and using its findings to review the approach to tackling health inequalities in Gloucestershire. The primary vehicles for this are the Health and Wellbeing Strategy and the Prevention and Health Inequalities Framework that supports the delivery of the NHS Long Term Plan. A more detailed briefing will be brought to a future scrutiny committee but in the mean time please see below the link to the report:

<http://www.instituteofhealthequity.org/resources-reports/marmot-review-10-years-on>

### **Children and young people community weight management pilot**

Reducing childhood obesity is both a Council and Health and Wellbeing Board priority. Strategies to reduce childhood obesity must include system-wide action to prevent children from gaining excess weight in the first place alongside weight management support for children and families already affected by obesity, which enables them to make sustain lifestyle behaviour changes to reduce their risk of escalating obesity in adulthood and improve their life chances. We are mandated to weigh and measure and identify obesity among schoolchildren. However, in Gloucestershire there is currently no commissioned support for children and young people affected by obesity.

In 2018 Gloucestershire CCG and GCC committed non-recurrent funding for children's community weight management. In the absence of an 'off-the-shelf' intervention proven engage effectively with families and meet their needs we are undertaking a 'test and learn' pilot to identify, through co-production, what works in helping local families achieve and sustain a healthier weight. This will run from February 2019 to March 2021 in Gloucester City and the Forest of Dean where obesity-related inequalities are greatest.

The pilot provider is the Royal Society of Public Health award-winning BeeZee Bodies, who are experienced in supporting children, young people and families to embed healthier habits.

The key to successful behavior change is for a family to be resilient and thriving. During the 'discovery phase' (February – October 2019) we engaged in depth with local families (60 participants). 74% participants were from IMD Quintile 1 and 2, reflecting more vulnerable and complex families. Among the challenges families wanted support with in order to be able to engage in a healthier lifestyle were: **parenting skills** including communication, relationships and managing behaviours; **financial issues** including budgeting, universal credit, employment and healthy food costs; and **food access** including food desserts, convenience, transport and food skills\*. (Further insight work with teenagers is underway to inform the development of a teens weight management offer).

At the same time BeeZee Bodies has mapped local assets and built coalitions with communities and wider family services to identify opportunities for involving for communities in delivering the wider support families need alongside the specific weight management support e.g. local 'early help' support around parenting. A trauma informed approach, using the ACEs toolkit, will be applied throughout.

Programme development and delivery will run from October 2019 to March 2021. Ten families who were involved in the discovery phase have committed to co-creating and reviewing the programme format and content throughout the four proposed cycles of delivery. Phase One (Jan – April 2020) will take place in Matson and Cinderford. Phase Two (April – June 2020) will run in Podsmead, Kingsholm and Coleford.

Teeside University has been commissioned to undertake an independent evaluation of the programme, which will be used to inform the business case for future provision during 2020-21.

\*A full insight report will be disseminated to stakeholders in April 2020.

### **What we want from you?**

- Please raise further awareness of offer in Forest of Dean and Gloucester City. <https://beezeebodies.com/where-in-gloucestershire-do-you-live/>
- Your agreement to come back and share insight report and inform you of progress in May 2020
- Below are some more specific news links from BeeZee bodies about activity so far.

<https://beezeebodies.com/blog/helloooo-gloucestershire/>

<https://www.instagram.com/p/B8yg9EWqEX0/?igshid=1f3xxy22qp0fl>

[https://www.instagram.com/p/B8eZSvuDHwC/?utm\\_source=ig\\_web\\_copy\\_link](https://www.instagram.com/p/B8eZSvuDHwC/?utm_source=ig_web_copy_link)

## **Self-Harm Pathway Review**

In May 2017, the Mental Health and Wellbeing Partnership Board agreed a project to review self-harm pathways in the county as part of a wider 'deep dive' into self-harm requested by the Gloucestershire Health and Wellbeing Board.

Self-harm is used by some people as a coping mechanism for emotional distress; and commonly involves self-poisoning with medication or self-injury by cutting. Self-harm can occur at any age, but is most common in younger age groups.<sup>1</sup> The rate of hospital admissions for self-harm in Gloucestershire among children and young people (aged 10-24 years) has fallen slightly in recent years and is currently in line with the national rate (2017/18). However, prior to this the rate of self-harm admissions in the county in this age group had been significantly higher than England for a number of years<sup>2</sup>.

National research indicates that a quarter of 15 year olds have self-harmed at some point; in the majority of cases only once, but 4% reported self-harming every day<sup>3</sup>. In the 2018 Gloucestershire Online Pupil Survey, 81% of secondary and Year12/FE Students in the county had never self-harmed, while 5.2% were self-harming weekly or daily<sup>4</sup>.

### **Structure of the review**

The review looked at all stages of the self-harm pathway from prevention and early intervention through to recovery and 'staying well'; and also considered access to care and support. It included in-depth interviews with stakeholders (mainly professionals whose work brings them into contact with people who self-harm) and an online survey for people with lived experience and their carers.

A stakeholder workshop was held to reflect on the findings, agree priorities, and develop a system-wide action plan to be delivered in conjunction with partner organisations across the health, education, and voluntary and community sectors. The plan was agreed by the Mental Health and Wellbeing Partnership Board, and presented to the Health and Wellbeing Board.

### **Update on actions**

The review identified a number of priorities reflected in the action plan:

- Ensuring a consistent approach to prevention and early intervention.
- Improving access to care, and quality of care.
- Helping people to recover and stay well; and
- Developing knowledge, understanding and skills within the Gloucestershire workforce and wider community.

A range of initiatives have been taken forward as a result of the action plan. These supplement the existing services and support already available in the county through

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<sup>1</sup> McManus et al (2019) Prevalence of non-suicidal self-harm and service contact in England, 2000–14: repeated cross-sectional surveys of the general population, *Lancet Psychiatry* 2019; 6: 573–81

<sup>2</sup> Rate of hospital admissions as a result of self-harm in those aged 10-24 years (per 100,000) Public Health England Fingertips.

<sup>3</sup> CRIPACC (2018) Health Behaviour in School-Aged Children England National Report.

<sup>4</sup> GCC (2019) Gloucestershire Online Pupil Survey 2018 survey results.

services such as the Self-Harm Helpline (commissioned by GCC), the Children and Young People's Mental Health Service, TIC+ (Teens in Crisis), the work of Gloucestershire Healthy Living and Learning in schools and colleges, wider community based support, and work taking place under the Crisis Care Concordat. Examples of the outputs from the review include:

- Introduction of an advice line for parents concerned about their child's emotional wellbeing (run by TIC+), which has received positive feedback and high uptake; and an online counselling option for young people.
- Improved information resources on self-harm for young people, their parents/Carers, and health professionals.
- Development of a policy and pathway for people who present with self-harm in Minor Injury and Illness Units, and steps to improve the support for people presenting in Emergency Departments.
- Commissioning of a new self-harm training course targeted at professionals working with people who may be self-harming, including front line health professionals, those working in the supported housing sector, Police, Ambulance Services, and Probation. The training has also been rolled out to staff in schools across the county via GHLL.
- Development of 'Harmlessglos', an online planning and support tool for professionals working with children and young people who are self-harming. This is being promoted via Know Your Patch meetings, Youth Network meetings, and will be promoted to Social Care staff via roadshows. A training video is also being developed.

Self-harm is a risk factor for suicide and the pathway review has helped inform Gloucestershire's proposals submitted to NHS England under its Suicide Prevention Transformation Programme. If successful, the new funding will be used to invest in initiatives aimed at building capacity and enhancing community based support for mental wellbeing in the county.

### **Next steps**

Delivery of the main action plan is now complete. Additional system-wide recommendations arising from the review will be fed back to the Mental Health and Wellbeing Partnership Board to agree how the wider partnership can support these going forward.

Progress in improving the self-harm pathway will be monitored through the county's All Age Mental Health Strategy, alongside other programmes of work to improve mental wellbeing and support those in crisis.

Levels of self-harm in the county will continue to be monitored through national data on hospital admissions for self-harm, the online pupil survey, and contacts to the self-harm helpline.