

Children and Families Networking Event

Wednesday 17th October 2018



**Working Together to Improve the Health of our
Children & Young People**

Welcome & Housekeeping



Chris Baird
Director
Children and Families

Overview from Public Health



Karen Wright
Director of Public Health

Public Health Team

Core Public Health Team



Karen Wright Director of Public Health



Caryn Cox Consultant in Public Health



Rebecca Howell-Jones Consultant in Public Health



Lindsay MacHardy Public Health Specialist



Julia Stephens Senior Commissioning Officer



Sophie Hay Health Improvement Practitioner



Kristan Pritchard Health Improvement Practitioner



Kayte Thompson-Dixon Senior Commissioning Officer



Opeyemi Arishe GP Trainee



Rebecca Pickup Specialist Registrar

Public Health Trainees

Healthy Lifestyles Trainers Service



Luke Bennett Healthy Lifestyles and Wellbeing Information Manager

Healthy Lifestyle Trainers

Philippa Ellis
Joanne Jones
Jess Howdle
Peter Day
Julie Anne Jenkins
Alison Williams

Sessional Trainers

Yvonne Richards
Jenny Wickett
Tim Kaye
Margarita Sinko
Mark Farrell
Fern Walter

WISH

Sharon Amery
Information and Signposting Officer

Kay Mellish Information Signposting and Carers Register Coordinator

<https://www.wisherefordshire.org/>

Prevention and wellbeing

Purpose

- Keeping people well
- Developing communities
- Signposting to universal support
- Information and advice
- Support for carers
- Maintaining wellbeing at home
- Ensuring housing needs are met
- Place shaping and awareness raising

Function

- Public health
- Housing (strategy, development)
- Housing adaptations
- WFAT
- Homelessness
- Community development
- Prevention commissioning
- Information and signposting commissioning/promotion

Director of Public Health

Public Health Consultant

Head of Strategic Housing and Wellbeing

Public Health Specialist
0.8 FTE

Head of Prevention and support

Prevention and Support

Purpose

- Timely, effective support of eligible care when needed
- Market shaping of management of the care market
- Linking people into community
- Ensuring good quality and practice of social care

Function

- Social Care operations
- Care Commissioning
- Brokerage
- Community broker
- WISH - ops
- Safeguarding
- Practice standards
- Embedding business change

Overall design

Prevention

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Public health function

- Mandated and non-mandated activities
- Conditions of the public health grant
- Commissioned services
- Assurance and challenge
- Health protection
- Public health advice

Breadth of public health activities and services (i)

- **Commissioned services:**

- Drug and alcohol service
- Public Health Nursing Service (integrated [health visiting](#) and school nursing)
- [Sexual health services](#)
- [NHS Health Checks](#)
- Smoking cessation (in-house)
- Healthy lifestyle training (in-house)
- Fit families
- Postural stability

Blue text: mandated function

Breadth of public health activities and services (ii)

- **Epidemiology**
 - National Child Measurement Programme (NCMP)
 - Oral health (5 year olds) survey
- **Understanding local need; strategy, policy and service development**
 - Needs assessments including JSNA, service developments, developing and implementing strategies
- **Community/public engagement:**
 - Public health campaigns and communications
 - Healthy Living Network
 - Advice and guidance (WISH)

Blue text: mandated function

Breadth of public health activities and services (iii)

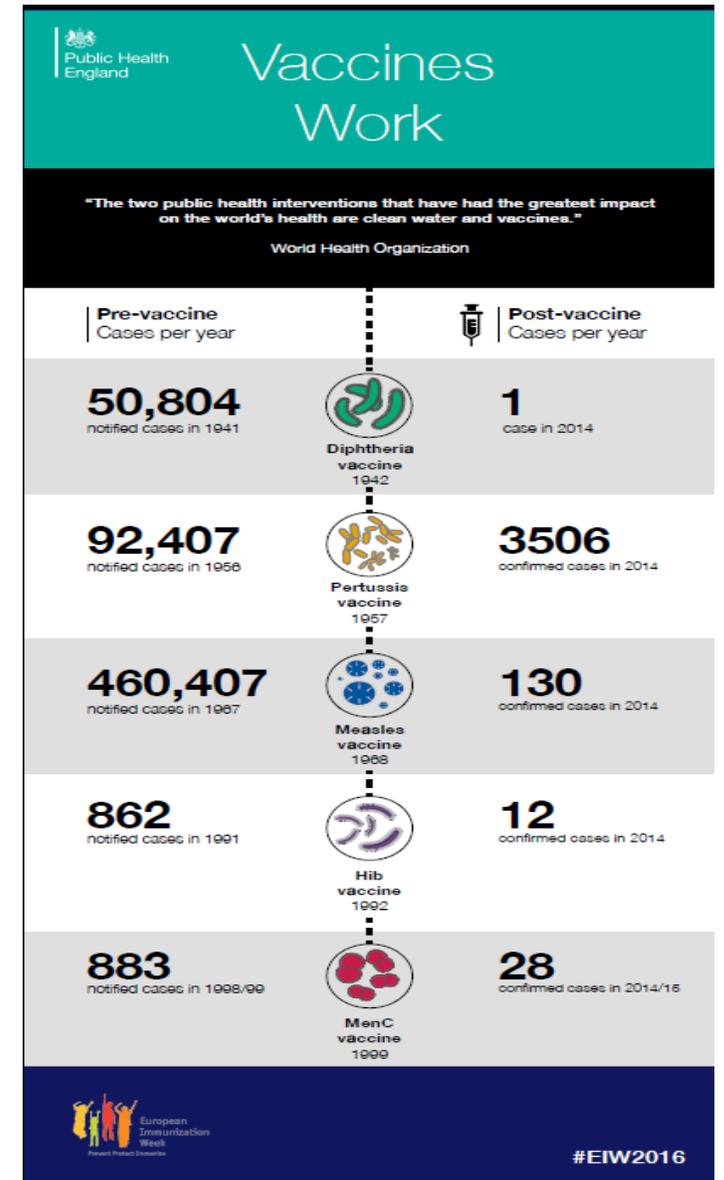
- **Contribution to health partnership working:**
 - **Public health advice to CCG** through core offer: needs assessments, governing body etc.
 - STP work-streams
 - Public health input into panels: CDOP, SDMI, IFR
- **Assurance/Challenge**
 - Screening and immunisation
- **Health protection role**

Blue text: mandated function

Role of prevention

Prevention improves population health by:

- Preventing health problems developing in the first place (primary prevention)
- Stopping health problems from getting worse (secondary prevention)
- Reducing the impact of disease on people's health and wellbeing (tertiary prevention)



Examples of Return On Investment (ROI) for public health interventions



Return on investment

Birmingham's Be Active programme of free use of leisure centres and other initiatives returned an estimated £23 in quality of life, reduced NHS use and other gains for every £1 spent.



Return on investment

Housing interventions to keep people warm, safe and free from cold and damp are an efficient use of resources. Every £1 spent on improving homes saves the NHS £70 over 10 years.



Return on investment

Every £1 spent on drugs treatment saves society £2.50 in reduced NHS and social care costs and reduced crime.



Return on investment of oral health improvement programmes for 0-5 year olds*

Reviews of clinical effectiveness by NICE (PH55) and PHE (Commissioning Better Oral Health for Children and Young People, 2014) have found that the following programmes effectively reduced tooth decay in 5 year olds:



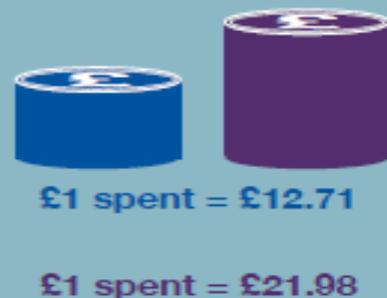
Targeted supervised tooth brushing programme



A targeted fluoride varnish programme



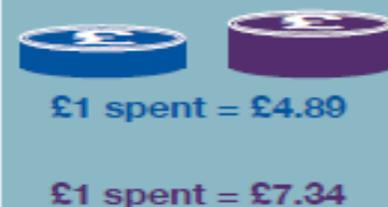
Water fluoridation provides a universal programme



Targeted provision of toothbrushes and paste by post



Targeted provision of toothbrushes and paste by post and by health visitors

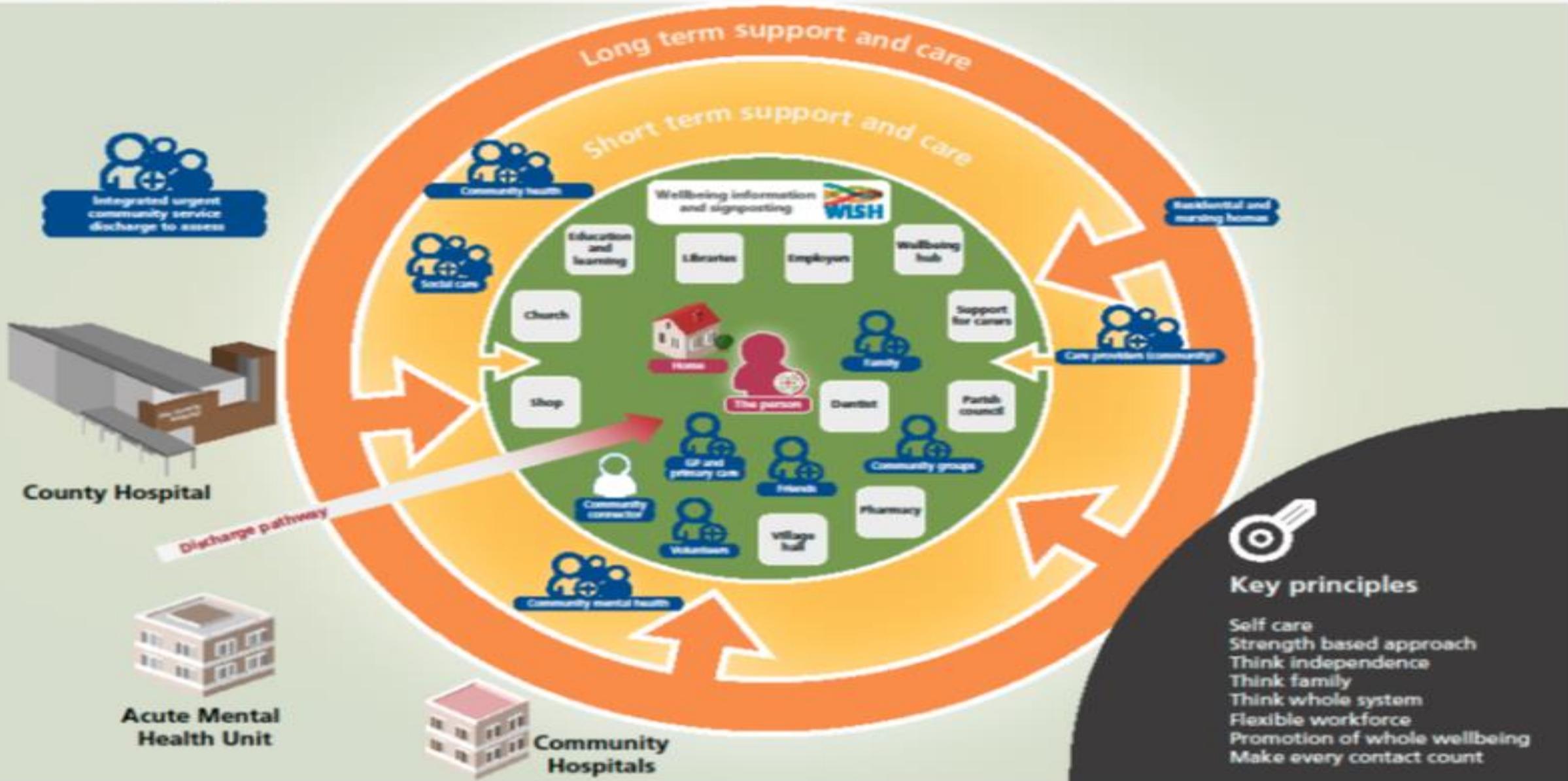


*All targeted programmes modelled on population decayed, missing or filled teeth (dmft) index of 2, and universal programme on dmft for England of 0.8. The modelling has used the PHE Return on Investment Tool for oral health interventions (PHE, 2016). The best available evidence has been used in this tool and where assumptions are made these have been clearly stated

Public health approach

- Intelligence (JSNA, other needs assessments)
- Evidence (NICE, PHE, scientific research)
- Partnership working across the system
- Population and community focused

The Blueprint



Key principles

- Self care
- Strength based approach
- Think independence
- Think family
- Think whole system
- Flexible workforce
- Promotion of whole wellbeing
- Make every contact count

Childhood Obesity & Dental health in Herefordshire 2018



National Child Measurement Data (NCMP)

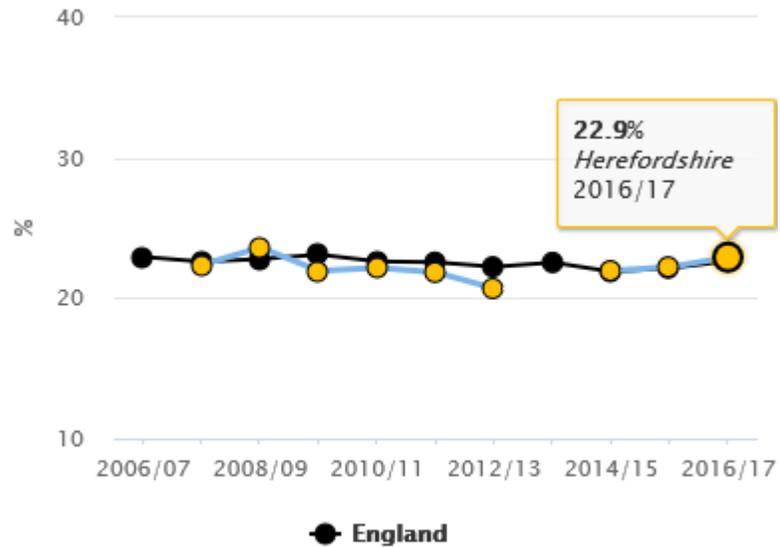
Period 2015/16	No. eligible children	Participation (number / %)	No. underweight children	No. / % overweight children	No. / % very overweight children	Total (overweight + very overweight)
Reception children (5-6 year olds)	2007	1920 95.7%	17	184 12.8%	105 9.8%	289 22.6%
Year 6 children (10-11 year olds)	1873	1648 88%	25	227 14%	190 19.8%	417 33.8%

Period 2016/17	No. eligible children	Participation (number / %)	No. underweight children	No. / % overweight children	No. / % very overweight children	Total (overweight + very overweight)
Reception children (5-6 year olds)	1861	1820 97.8%	13	232 13.1%	172 9.8%	404 22.9%
Year 6 children (10-11 year olds)	1730	1620 93.6%	25	248 15.6%	304 19.2%	552 34.8%

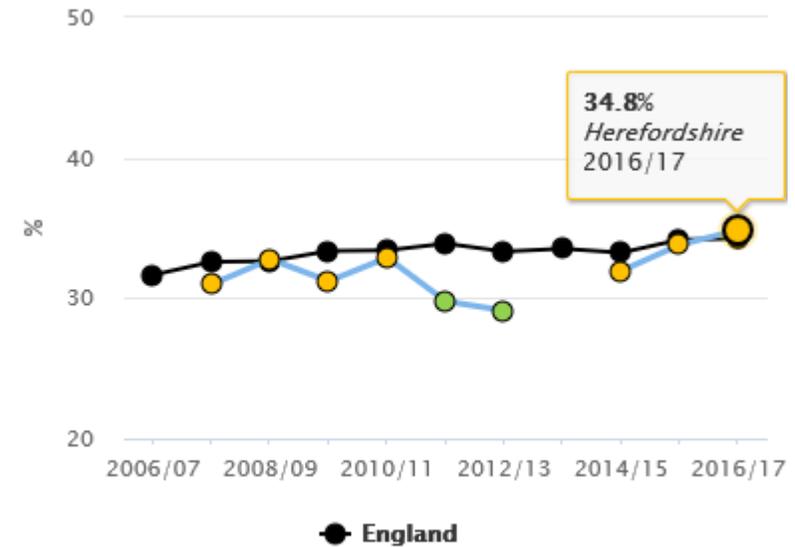
Period 2017/18**	No. eligible children	Participation (number / %)	No. underweight children	No. / % overweight children	No. / % very overweight children	Total (overweight + very overweight)
Reception children (5-6 year olds)	1918	1916 99.9%	7	190	105	295
Year 6 children (10-11 year olds)	1858	1846 99.4%	23	266	232	498

Herefordshire overweight & very overweight trends

YR overweight or very overweight



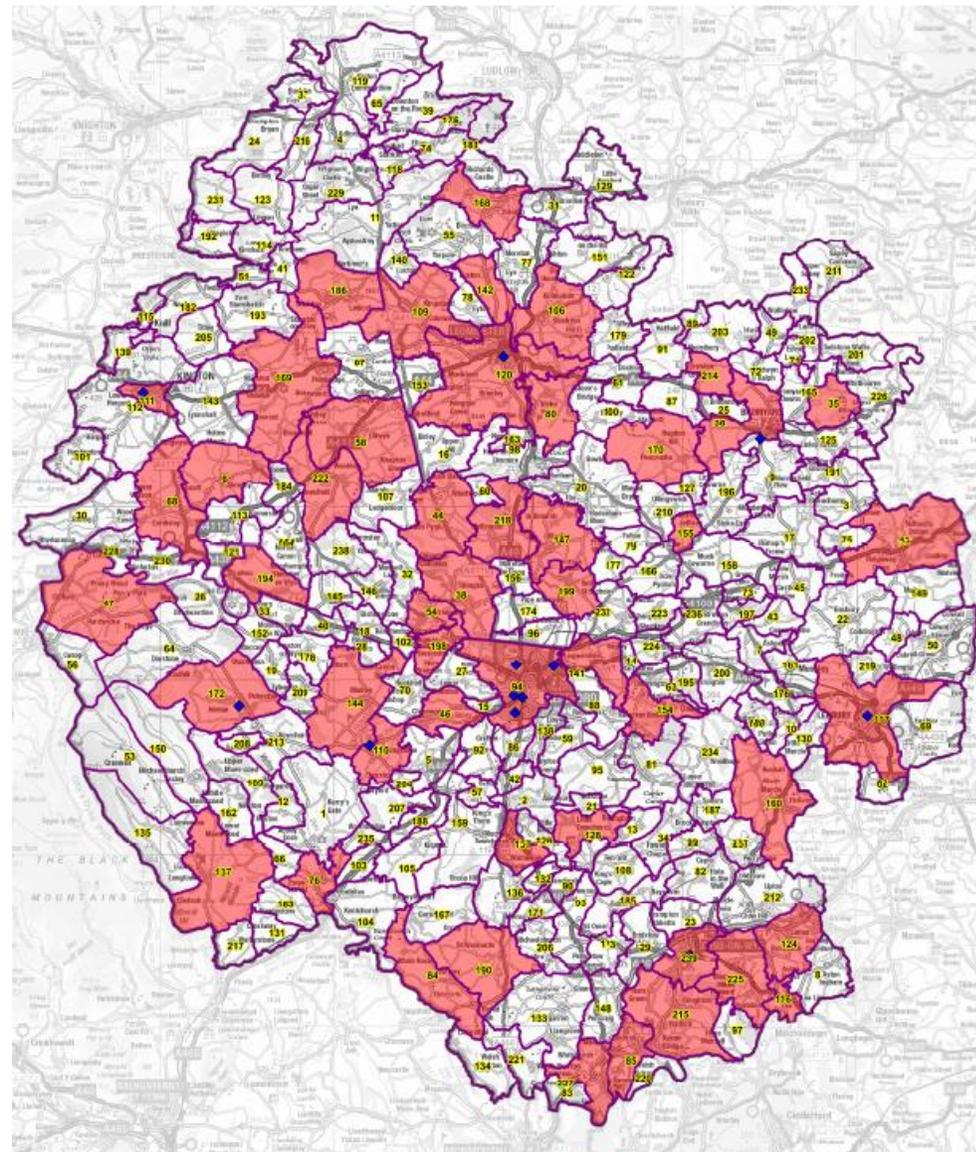
Y6 overweight & very overweight



Number of severely obese children in Herefordshire

Year	Reception aged children (count)	Year 6 aged children (count)
2016/17	48	65
2017/18	69*	128*

Data Mapping

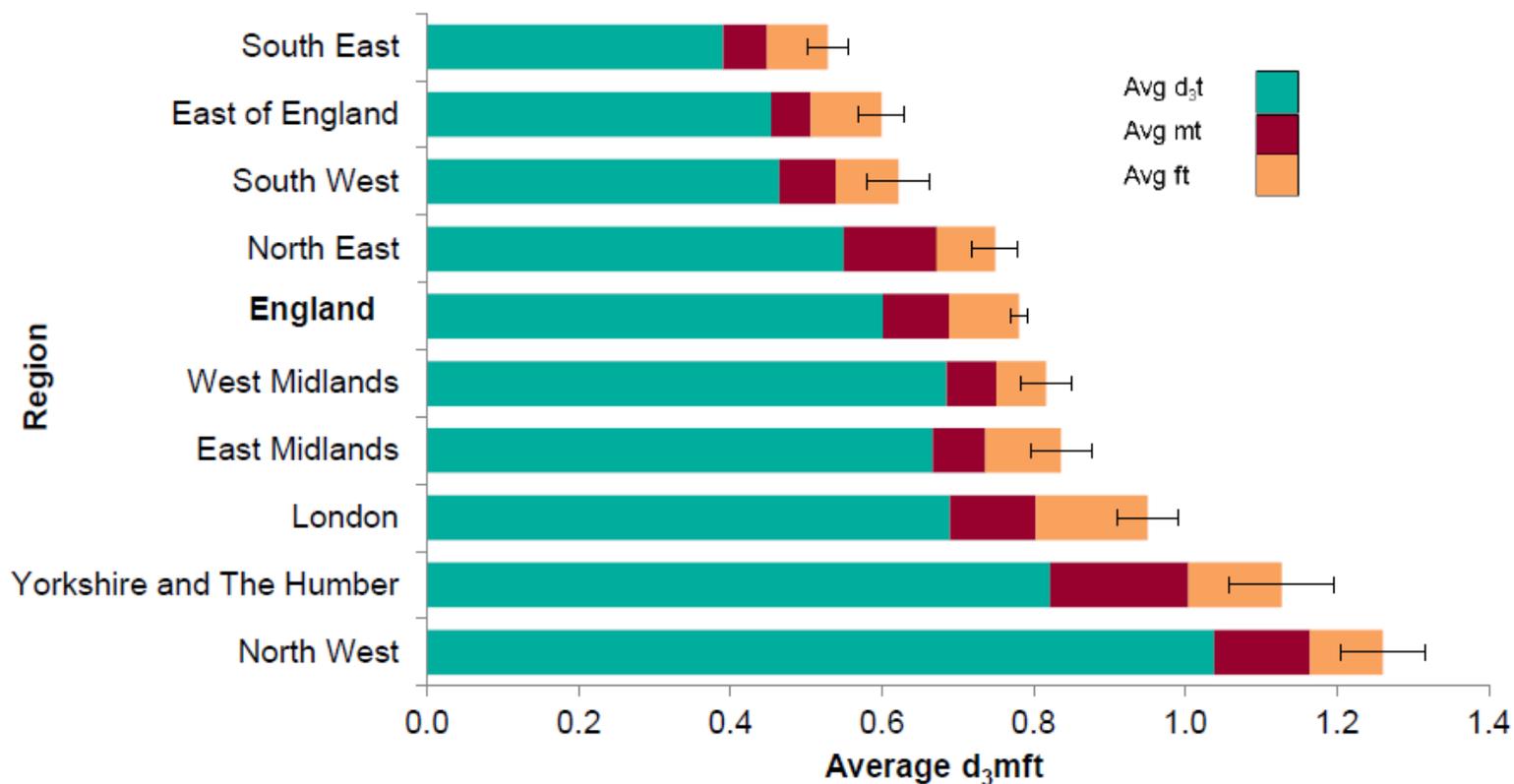


Herefordshire Oral Health Profile

Summary:

- **69.5% of 5 year old children free from dental decay (2016/17) – not statistically significant**
 - Lower than the figures for England (76.7%)
- **Significant variation in uptake rate for application of fluoride varnish by dental practices in the county for 3 – 16 year olds**
 - Worst dental practice uptake less than 5% and best in the county over 80%.
- **The prevalence of decay that is related to long term bottle use is higher than the national level.**
 - This suggests that action to discourage long term bottle use and sugary drinks consumption will be needed if oral health levels are to be improved.

Average number of five year old children in England by region with decayed, missing, filled teeth (DMFT), 2017



Error bars represent 95% confidence limits

Variation in the percentage of five-year-old children with decay experience (d3mft>0) in the West Midlands by lower-tier local authority areas, 2017



2018/19 service improvement plan: starting well

High level objective

Improve children's dental health

Reduce childhood obesity and promote healthy weight and healthy eating

Increase uptake of immunisations and vaccinations, particularly around HPV, vulnerable communities and flu in pregnant women

Implement robust contract management processes and outcome measures for the public health nursing service

Improve reach of substance misuse service to young people



Thank you.

Any questions?

Speed Dating around the Health Information Stations



Find out more/make connections/take away resources –
and listen out for the bell!

After the Break: Case Studies



Improving the health of our children and young people is everybody's business – working together to achieve this.