

Public Health Strategy Annual Update

Public Board
27th January 2022

Presented for:	Discussion & Approval
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Previous Committees:	Clinical Effectiveness & Outcomes Group

Trust Goals	
The best for patient safety, quality and experience	✓
The best place to work	✓
A centre for excellence for research, education and innovation	✓
Seamless integrated care across organisational boundaries	✓
Financial sustainability	✓

Risk Appetite Framework				
Level 1 Risk	(✓)	Level 2 Risks	(Risk Appetite Scale)	Risk
Workforce Risk		Workforce Deployment Risk - We will deliver safe and effective patient care through the deployment of resources with the right mix of skills and capacity to do what is required.	Cautious	Choose an item.
Operational Risk		Change Risk - We will deliver change aligned to the Trust's strategy on time and to budget with benefits achieved and no significant adverse impacts.	Cautious	Choose an item.
Clinical Risk		Patient Safety & Outcomes Risk - We will provide high quality services to patients and manage risks that could limit the ability to achieve safe and effective care for our patients.	Cautious	Choose an item.
Financial Risk		Revenue Funding & Liquidity Risk - We will retain a minimum balance of £3m in line with requirements for a Trust of our size.	Cautious	Choose an item.
External Risk		Partnership Working Risk - We will maintain well-established stakeholder partnerships which will mitigate the threats to the achievement of the organisation's strategic goals.	Cautious	Choose an item.

Key points	
<p>This paper is to:</p> <ol style="list-style-type: none"> 1. Update the Board on progress made on Public Health within LTHT during 2021. 2. To ask the Board to consider the aspirations/direction of travel for the LTHT Public Health Strategy for 2022-25 to be focused on the role of the Trust in tackling health inequalities as a service provider; an Anchor institution and a civic partner in Leeds Place Based Partnership and in the wider West Yorkshire ICS 	For discussion & approval

1. Summary

This paper is to update the Board on progress made on Public Health within LTHT during 2021; and to ask the Board to consider the aspirations/direction of travel for the next steps for the LTHT Public Health Strategy 2022-25

2. Background

This paper is set within the context of:

- The covid public health pandemic and the resultant wider impact on acute health services which has focussed resources across the Trust over the last 22 months.
- Recognition that there has been a lack of core capacity to drive this forward due to the Public Health Programme manager post not being covered during her maternity leave; and no Consultant in Public Health until mid-November 2021.

Due to these factors the Public Health Group (an oversight group for Public Health activity within the Trust) did not meet between February 2020 and November 2021. The Public Health Specialist Programme Manager returned in May 2021, and group recommenced on 30 November 2021, led by Lucy Jackson (the newly appointed Public Health Consultant (0.2 WTE)). Line Management of the Public Health Specialist Programme Manager has moved from Dr Phil Wood to Lucy Jackson. The new Consultant post will provide additional capacity, specialism, and leadership for public health work within the Trust.

However, there have still been some significant achievements during 2021 to support the Trusts Public Health ambitions, most notably the successful bids to both Yorkshire Cancer Research and the West Yorkshire ICS to secure funding to develop a hospital based smoking cessation service; and wide internal engagement to develop the Trust's Health Inequalities Strategy.

Due to the breadth of Public Health related activity, a summary of progress on key work areas is also provided in Appendix 1

3. Public Health Progress updates

3.1 Prevention

The NHS Long Term Plan gives a commitment that all people admitted to hospital that smoke will be offered NHS-funded tobacco treatment services by 2023/24. The plan also states the model will be adapted for expectant mothers, and their partners, with a new smoke-free pregnancy pathway including focused sessions and treatments; and, in subsequent years a new universal smoking cessation offer will also be available as part of specialist mental health services for long-term users of specialist mental health, and in learning disability services.

To support this ambition a new LTHT Stop Smoking Service, based on the Ottawa model, will be established to implement the treatment of tobacco dependency in the Trusts, and help provide ongoing support for people from community stop smoking services. On 15 September 2021, the

Yorkshire Cancer Research (YCR) Board of Trustees approved £690,000 funding for the service over a 2-year period. The bid, led by Dr Julian Ting (Consultant Respiratory Physician & clinical lead for smoking) and the Public Health Specialist Programme Manager, will enable the recruitment of a (Band 7) Project Manager and a team of (Band 4) Stop Smoking Advisers who will support inpatients to stop smoking (or abstain whilst in our care). The service will increase the support we offer to people (adults) admitted to our hospitals, to help them to stop smoking or to reduce harm from tobacco and be smoke-free during an inpatient admission (temporary abstinence). The service will also help keep our hospital sites and grounds smoke-free and help protect all patients, staff and visitors. In addition, in line with the ambitions of the Long Term Plan the Trust has now secured £185K increasing in 2022/23 from the ICS with the ambition that 70% of pregnant women who are smokers will be referred to services to support them to quit.

Another innovative piece of work is underway at LTHT to improve population health with specific focus on the health of the people before surgery. The perioperative optimisation workstream (reporting to the city's Planned Care Board) is focused on improving the non-surgical risk factors associated with poor perioperative outcomes. This includes work, but is not exclusive to, encouraging physical activity in the weeks before surgery, stopping smoking, identifying, and treating preoperative iron deficiency anaemia and earlier identification of frail patients. This initiative falls under the LTHT campaign 'Shape Up 4 Surgery' and is a collaboration with LTHT clinicians, voluntary sector, and wider members of the health care team to improve surgical outcomes for patients.

3.2 Health Inequalities

3.2.1 Leeds Joint Strategic Assessment

The Leeds 2021 Joint Strategic Assessment (JSA) was presented to the Health and Wellbeing Board in September 2021. It presents an in-depth picture of the issues driving health and wellbeing in the city, and the key demographic, socio-economic and health trends. The evidence highlights the challenges of rising levels of poor mental health, the widening life expectancy gap between the most deprived and most affluent populations, and the increasing prevalence of multi-morbidity and long-term health conditions. This is also within the context of evidence that covid has disproportionately affected people and communities experiencing disadvantage, and that many of the wider health impacts of the pandemic are still being understood. See Appendix 2 for more detail.

3.2.2 National actions

- In July 2000 NHSE wrote to all NHS organisations asking them to prioritise eight urgent actions to address health inequalities. These were then distilled into 5 priority actions in March 2021 (Restore NHS services inclusively; mitigate against digital exclusion; accelerate preventative programmes which proactively engage those at risk of poor health; strengthen leadership and accountability and ensure datasets are complete and timely)
- In December 2021 NHSE launched a national approach for ICS's to tackle health inequalities - **Core20Plus5** - focusing on targeting the 20% most deprived communities and specific health inclusion groups as well as clinical areas - COPD; cancer; maternity; severe mental illness and hypertension.

3.2.3 Leeds wide Actions

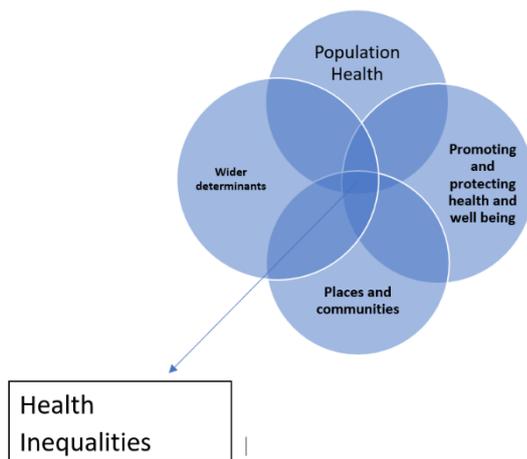
In July 2020 the Leeds Partnership Executive Group established a task group to consider joint priority actions. The group have now produced a **Leeds Tackling Health Inequalities Toolkit**, endorsed by the Health and Wellbeing Board and the Health and Care Partnership Executive to provide a common framework for individual organisation's actions to ensure that as a partner in the Leeds Health and care system we are adding more value than our individual organisational actions. It recommends key actions in 3 areas: Co-designing and community led solutions; accessible and person-centred integrated care; organisations delivering social value

The emerging ‘**Leeds Place Based Board**’ has also agreed for Health Inequalities to be a key cross cutting theme, with the Tackling Health Inequalities Group becoming an expert advisory group for all population and care boards.

3.2.4 Trust actions

At the October Trust Board timeout, the Board discussed the strategic direction for the Trust to take a more proactive and prioritised role in addressing health inequalities. Agreement was made to take greater account of health inequalities in the Trust strategy over the next 5-7 years. In November 2020, a paper was presented to the Executive Group outlining the opportunities for LTHT to take action to address health inequalities as an anchor organisation, service provider and civic partner. A follow up stakeholder meeting was held of a broad range of interested and engaged representatives from across the Trust and partners to explore understanding and discuss approaches. A Senior Leaders session also had this as their focus to help build a consensus and momentum on the importance of acting on health inequalities and sharing good practice examples from within the Trust. A core group has now been established with clinical and managerial leadership to steer the development of an LTHT Health Inequalities Strategy. Engagement is presently taking place with Clinical Service Units to understand their Clinical Business Strategies in relation to health inequalities to inform strategy developments.

4. Proposed direction for LTHT Public Health Strategy for 2022- 25



This framework is adapted taken from the Kings Fund definition of ‘population health’ and NHS Providers Public Health strategy. Tackling health inequalities is at the centre of a population public health approach.

For 2022- 25 it is proposed that tackling health inequalities becomes the overriding Public Health strategy within the Trust.

For services this aspiration would still include specific action on prevention (for example to further develop the in-house smoking cessation service) and widen the scope to include actions relating to the move to consider populations (for example considering people with multiple physical and mental long-term conditions) and person-centred care (for example implementing the NICE guidance on Shared decision making).

It would also include the work in the Trust already taking place being an Anchor institution and its wider role as a civic partner within the Place Based Partnership, the Leeds Health and Well Being Board and the West Yorkshire ICS.

All actions would be building on the frameworks within the Leeds Tackling Health Inequalities Toolkit and the NHSE/ICS Core 20 plus 5 in addition to the 5 NHSE must dos.

To achieve this aspiration, it will require this work to be seen as core to the work of the Trust.

Our aim would be to deliver a strategic and organisationally aligned approach to addressing health inequalities through our role as an **anchor, service provider and civic partner**; agreeing and deliver a number of significant actions during 2022/3.

5.Risk

The risks of not taking this approach are:

- Workforce risk - Workforce Deployment Risk – if staff are not aware of their role in tackling health inequalities there is a risk in relation to the delivery of safe and effective patient care through the deployment of resources with the right mix of skills and capacity to do what is required.
- Change Risk - We will deliver change aligned to the Trust's strategy on time and to budget with benefits achieved and no significant adverse impacts.?
- Patient Safety & Outcomes Risk -Two of the four ambitions of the NHS clearly set out in the latest planning guidance are: improving outcomes in population health and healthcare; and tackling inequalities in outcomes, experience and access. Therefore, to provide high quality services to patients and manage risks that could limit the ability to achieve safe and effective care for our patients, a Trust strategy on health inequalities is fundamental.
- Revenue Funding & Liquidity Risk – IN the future landscape of the NHS, Core 20plus5 and the NHS must dos on health inequalities listed above will become significant in terms of ICS revenue.
- Partnership Working Risk – The West Yorkshire ICS and the Leeds Place Based Partnership have both put tackling health inequalities as core to their development. Therefore, to maintain well-established stakeholder partnerships requires the Trust to play its role within this ambition.

6.Communication and Involvement

Engagement on this plan has started within Senior Leaders and CSUs. This will be extended to other parts of the Trust e.g., Organisational Learning, Staff Health & Wellbeing, Patient Experience, Leeds Improvement Methodology, and Equality & Diversity. This work also builds on the work of the Leeds Tackling Health Inequalities Task Group and the endorsed Leeds Toolkit, which includes the voices of the people of Leeds experiencing the most health inequalities. Future engagement plans will be developed at the February workshop.

7.Equality Analysis

Equality analysis and health inequalities analysis will be a key action moving forward in terms of the services provided and in relation to those who do not access services, so that actions can be taken to mitigate or eliminate the negative impacts and maximise the positive impacts or opportunities for promoting equality and reducing health inequalities. The use of the PLICS system developed within LTHT will be able to support this work.

8.Publication Under Freedom of Information Act

This paper has been made available under the Freedom of Information Act 2000

9.Recommendations

- The Board to asked to note the progress made on Public Health within LTHT during 2021
- To ask the Board to consider the aspirations/direction of travel for the LTHT Public Health Strategy for 2022-25 to be focused on the role of the Trust in tackling health inequalities as a service provider, an Anchor institution, and a civic partner in Leeds Place Based Partnership and in the wider West Yorkshire ICS

Supporting Information

Appendix 1 – Public Work 2021

Appendix 2a – Leeds JSA Summary report

Appendix 2b – Leeds JSA (separate document)

Appendix 1 Overview of Progress on Key Areas of Public Health Work

Work Area	Background	Progress	Next Steps
Smoking	The Trust became a Smoke Free Hospital site in September 2019, which included removal of all designated smoking areas (shelters).	<ul style="list-style-type: none"> - Smoke-Free communications plan has been reviewed and developed - Smoking signage audit undertaken to help identify gaps and required action - Yorkshire Cancer Research funding will enable further work to promote smoke-free hospital sites, including providing enhanced support for smokers to quit or abstain whilst in our care. 	<ul style="list-style-type: none"> - Deliver Smoke-Free communications plan, as part of the new YCR funded LTHT Stop Smoking Service - Develop targeted smoke-free activity at Bexley Wing (smoking 'hotspot' area) with support from YCR
Staff Health & Wellbeing	Public Health support is provided to LTHT staff health & wellbeing groups: Physical Health; Mental Wellbeing; Health & Wellbeing Committee. This allows Public Health to feed in updates, be aware of new and emerging staff health & wellbeing priorities and ensure links are made between agendas. Further focus is needed to support a health inequalities approach to staff health & wellbeing plans.	<ul style="list-style-type: none"> - Resource agreed to deliver the Blood Pressure Wise initiative for LTHT staff (delivered by Leeds Community Healthcare) - Resource agreed by Public Health (Leeds City Council) to support LTHT staff with initiatives to promote healthy living, with a focus on healthy weight. 	<ul style="list-style-type: none"> - Blood Pressure Wise initiative will be delivered when Covid restrictions lift, allowing face to face consultations (to undertake BP checks etc) - One You Leeds (Healthy Living Service) will provide a <i>Change for the Better</i> virtual course (nutrition focussed) for staff, as part of Wellbeing at Work Week in January 2022 - A weight management course will also be delivered in 2022, tailored to meet staff needs.
Alcohol	The LTHT Alcohol Steering Group provides a forum for developing agreed actions to address alcohol harm. Representatives include: Forward Leeds (Alcohol In-Reach Team), Public Health (LTHT & LCC Healthy Living Team), and CSU representatives (AMS).	<ul style="list-style-type: none"> - Alcohol Steering Group recommenced on 15 September, led by a new Chair – Dr Richard Parker (Consultant Hepatologist & Alcohol Champion) - Terms of Reference reviewed and annual plan in development - Alcohol Awareness Week (15-21 November 2021) promoted throughout the Trust, including through staff health and wellbeing communications channels 	<ul style="list-style-type: none"> - Finalise Alcohol Action Plan, in light of refreshed ToR and new Steering Group leadership - Further discuss option to merge the Alcohol Group with the Substance Misuse Group - Continue Alcohol Awareness (and Smoking) training through the IPP programme, delivered at least monthly throughout 2022

		<ul style="list-style-type: none"> - During AAW, alcohol awareness training was delivered to 92 newly qualified Nurses and CSWs as part of the Introduction to Professional Practice (IPP) training programme. Training aimed to increase knowledge and awareness of; prevention; alcohol units; assessing alcohol use; alcohol brief advice; accessing further information, support and treatment (via Forward Leeds service, including inpatient referral to the Hospital In-Reach Team). 	<ul style="list-style-type: none"> - Identify capacity to undertake alcohol (and smoking) screening audit to inform reporting of ward level 'healthy living' metrics.
Maternity	<p>The WY&H ICS agreed for 2021/22 LTP funding for Tobacco Dependency Treatment Services to be used to recruit a regional Project Manager and for the remaining funds to be shared across the ICS to provide focussed action on smoking in pregnancy.</p>	<ul style="list-style-type: none"> - LTHT will receive Long Term Plan funding by end of 2021 to deliver in-house stop smoking support to pregnant smokers - Plans are being developed to ensure a system-wide approach, which compliments and supports: the YCR funded service plans; current community offer (provided by One You Leeds for Leeds patients); and forthcoming community pharmacy service. 	<ul style="list-style-type: none"> - Delivery model has been agreed, developed jointly by Maternity, Public Health (LTH & LCC Healthy Living Team), Leeds CCG, supported by the ICS (Smoke-Free leads) - Service delivery will commence on appointment of Stop Smoking Advisers and Team Leader.
Youth Navigator	<p>An initial 6-month pilot project was designed to support the development of a Navigator programme to enable the screening and identification of young people at risk of knife crime, violence and exploitation by organised crime gangs. This approach broadens the opportunity to reduce community violence, as opposed to focusing primarily on patients presenting to the ED with an injury.</p>	<ul style="list-style-type: none"> - 3 key aspects underpin the service during the pilot phase: - Youth worker outreach activities - Staff training and engagement - Data collection, refinement and analysis - In the first 3 months of the project there were 95 referrals (average ages 16.7 years, with the 65% being male) - 50% of patients had police involvement at presentation, and 52% known to have suffered from Adverse Childhood Experiences (ACEs). - The average Index of Multiple Deprivation (IMD) decile was 	<ul style="list-style-type: none"> - The A&E Youth Navigator programme is a critical service in exploiting the 'reachable' moment when vulnerable young persons attend the ED, and represents a public health approach to emergency service design and delivery. - In addition, it is a service that self-selects populations in areas of higher deprivation and is an approach to reduce health inequalities. - Further development work is needed to embed the referral pathway amongst Adult ED staff given the skew towards a younger age group.

		approximately 3, which is lower than the deprivation decile of a similar matched cohort patient sample of attendances to the Leeds ED.	- A multidisciplinary leadership team, with committed health champions, supported with funding, are key success factors for the project.
Active partner in Public Health networks	The Trust is recognised as a key partner delivering Public Health action. Trust representatives contribute to a range of Public Health-related stakeholder groups and networks, both at a System and Place level.	Actively engaged in the following groups: - Health Inequalities Network (ICS) - Health Hospitals Community of Practice (ICS) - Smoke-Free Forum (ICS) - Leeds Anchors Network (and 3 sub-groups: Employment; Procurement; and Healthy & Inclusive Workplaces) - Leeds Air Pollution & Health Group - Health Literacy Working Group (LTHT)	- Continue to contribute to stakeholder groups e.g. to learn from other areas/Trusts, share good practice, develop networks/links - Proactively engage with new and emerging stakeholder groups as appropriate e.g. re-established city-wide Boards

Appendix 2a Summary of Leeds JSA 2021

It highlighted that the city's population has continued to become more diverse; in terms of age (with a large increase in the older age groups), countries of origin and ethnicity, and an increase in deprivation (with 26% of the Leeds population now living in the 10% nationally most deprived communities and almost 24% of children (under 16s) estimated to live in poverty).

Preventable mortality saw a steady decline at local, regional, and national levels in the period up to 2019. The JSA shows an increase in the gap between 'deprived Leeds's' and Leeds overall for infant mortality, and female life expectancy. There is also an overall stagnation of female life expectancy and in 'deprived Leeds', the life expectancy at birth figure now appears to have even fallen back slightly in recent years. Evidence demonstrates that the main causes of the gap in premature mortality from health is cancer, cardiovascular disease, and respiratory disease. Two conditions where Leeds is not closing the gap in terms of health inequalities are respiratory disease where mortality is much higher in 'deprived Leeds's than the Leeds average and is growing again and cancer where although there is a downward trend for cancer mortality overall, the 'deprivation gap' is not closing, and Leeds rates are still significantly above regional and national averages. For premature mortality from circulatory disease there has seen a steady downward trend, most noticeably in our communities experiencing deprivation, with a closing of the gap between the overall city average, although most recently this may have stalled. However, rates remain above regional and national rates.

There is an inequality gap in many of our prevalence recording:

- severe mental illness is significant (deprived Leeds the rate is 2,035.7 per 100,000 and for least deprived it is 679.7 per 100,000).
- Alcohol liver disease premature mortality demonstrates a significant difference for 'deprived Leeds's compared to Leeds overall (13 per 100,000 DSR c.f 20 per 100,00 DSR) with both rates showing an increase.
- Smoking rates in Leeds are presently 13.3% overall which is above the English average of 12.1 (with significantly higher rates in disadvantage communities), however the gap for smoking attributable mortality remains and the overall decrease is slowing.
- City-wide rates of obesity in Leeds overall had declined in recent years (but in deprived Leeds had remained the same), however emerging rates for the first year of the pandemic is showing a steep rise. 'This is mirrored for children with children in reception (the rate for deprived Leeds is 12.5% and least deprived is 6.0%) showing a long-term trend.

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