Promote, prevent, protect: LCH Public Health Strategy and Action Plan

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Executive Summary

Liverpool Community Health NHS Trust (LCH) is committed to developing as a public health organisation. One of its core strategic objectives is to support commissioners in reducing health inequalities and improving health by developing as a public health organisation. This strategy and action plan sets out a framework for a public health approach across the organisation. It aims to build on the values, successes, and skills we already have as an organisation.

2010 to 2020 is the decade of health and wellbeing, which promotes the five ways to wellbeing – connect, be active, take notice, keep learning and give. This presents a fantastic opportunity to translate these five ways to wellbeing in to a coherent approach to our development as a public health organisation.

This strategy clearly articulates how all staff in the organisation have a role to play in delivering high quality services that promote, protect and maintain health and wellbeing for our population. By implementing the actions identified in this plan, LCH aims to become a nationally recognised public health organisation, which is well known for having a positive impact on the health of all our communities.

Our Vision is that through our actions, we aim to reduce inequalities, improve the health and wellbeing of our patients, their families, staff and the wider community. We will promote the five ways to wellbeing as an integral part of our ethos, culture, routine life and core business.

This strategy has been written against a backdrop of significant change both within the NHS and Public Health nationally and locally. The plans for public health have been set out nationally in ‘Healthy Lives, Healthy People: our strategy for public health in England’ (2010), which was the government response to the Marmot review of health inequalities. It clearly states that the NHS has an important role to play in securing good population health, not least through its millions of contacts with individual patients to promote health and wellbeing. In the future, local strategies to improve health, reduce premature mortality and health inequalities will be reviewed and scrutinised by the emerging Health and Wellbeing Boards and local authorities will commission many key public health services.
The communities that LCH serve are varied and diverse. Within them live people with skills, abilities and ideas on tackling entrenched problems. A public health organisation values the solutions that local people can bring. To the north of the LCH footprint are areas that are among the most affluent parts of the country whilst further south are some of most deprived. Life expectancy is lower than the England and North West averages and there are stark inequalities in health. The main causes of death are cancer, circulatory diseases and respiratory diseases and mental health disorders account for the largest single cause of disability. LCH can make an important contribution to preventing people from dying prematurely from these diseases, or suffering poor quality of life in several ways:

- By delivering high quality, needs-based and evidence-based services that protect and improve health
- By making ‘every contact count’ and empowering individuals to make healthy choices
- By creating the conditions for staff health and wellbeing
- By delivering specialist health promotion services
- By being a pro-active key partner in tackling the wider determinants of health

As a public health organisation, LCH aims to improve the health of individual patients and their families, staff and the wider community. This strategy sets out how the five ways to wellbeing can be used as a framework and call to action for all services in the coming years. It provides the framework for services to develop their own action plans to promote health, which will be reviewed ultimately by the Board. In order for staff to develop their public health plans, the organisational infrastructure to support them needs to be developed and strengthened. This includes clear leadership, workforce development, effective use of public health intelligence, partnership working and an effective communication strategy.

Each year, LCH will prioritise areas of public health that require a concerted and focussed effort. The priorities for the first year of this strategy are:

- To advise all smokers to quit and refer to smoking cessation
- To implement a programme for staff health and wellbeing
- To reach and sustain the 95% target for childhood immunisations
- To promote the five ways to wellbeing
- To work towards gaining national accreditation for being a health promoting organisation

Achieving success in these areas will provide a solid foundation for future priorities.
A: Introduction

Liverpool Community Health NHS Trust (LCH) is committed to developing as a public health organisation. One of its core strategic objectives is to support commissioners in reducing health inequalities and improving health by developing as a public health organisation. What does this mean in practice? How does LCH demonstrate its contribution to improving the health of its community? This strategy builds on the scoping report produced by ‘Solutions for Public Health’ in 2010 and a benchmarking exercise carried out internally between May and August 2011.

There is a range of services delivered by LCH that improve and protect health. A few examples of the range of services are:

- LCH’s health visiting service, aiming to give children the best start in life through promoting health and wellbeing to parents and their children,
- LCH’s dental services which promote oral health in a variety of settings,
- LCH’s sexual health services providing advice on preventing sexually transmitted infections,
- LCH’s specialist health promotion service offering community based programmes to help people get more active, quit smoking, eat healthily, cancer prevention programmes, and
- LCH’s community food workers providing people with the skills and knowledge to eat healthily

About one fifth of LCH’s staff is already trained in delivering brief interventions on key health issues to members of the public. LCH is committed to improving staff health and wellbeing and has a good corporate citizen strategy. In summary, LCH is already well on the way to becoming a public health organisation. What is needed is a framework which enables this activity to become embedded in the organisation.

This strategy aims to build on the values, successes, and skills LCH already has as an organisation.

It clearly articulates how all staff in the organisation have a role to play in delivering high quality services that promote, protect and maintain health and wellbeing for the population. By implementing the actions identified in this plan, LCH aims to become a nationally recognised public
health organisation, which is well known for having a positive impact on the health of all our communities.

This strategic document is in seven sections:

- Section B summarises why having a public health approach is important for a community health provider
- Section C sets out the strategic context in which we are operating, including the national plans for the public health system
- Section D summarises some of the key health needs in our communities and emphasises the role that LCH can have in improving health
- Section E sets out the vision, priorities and key objectives for LCH becoming a public health organisation. It differentiates between activities which are developmental and capacity building and activities which are a priority for the organisation in Year 1.
- Section F outlines some of the evidence for the cost effectiveness of public health interventions
- Section G describes the organisational structure to be put in place to ensure that the strategy is implemented
- Section H outlines the key actions in more detail in an implementation plan
B: Why a public health approach is needed

Public health is described as the ‘science and art of preventing disease, prolonging life and promoting health through the organised effort of society’\(^1\). This definition recognises that our health is affected not only by biological factors, but also by a wide range of social, economic and environmental factors. This is illustrated in the rainbow model below (figure 1).

*Figure 1: Dahlgren and Whitehead: the rainbow model*

The 2010 Marmot review on health inequalities presented compelling evidence that the effects of these determinants are not distributed equally across society, leading to stark health inequalities\(^2\). Health services – both in terms of system design and delivery also influences health outcomes\(^3\).

Public health reflects all these influences on health and as such focuses its efforts across three domains (Figure 2):

- Health Protection: infectious diseases, environmental hazards and emergency preparedness
- Health Improvement: health promotion, lifestyles, inequalities in health and wider social influences on health
- Health services: service planning, efficiency and audit, evaluation


\(^3\) Swann et al. Health Systems and health related behaviour change: a review of primary and secondary evidence, NICE and WHO Europe, 2011
All three areas are highly relevant to the work of LCH and as it goes forward to becoming a public health organisation, work on all three areas should be progressed.

Figure 2: the three domains of public health

Improving health and reducing inequalities requires multi-pronged strategic approaches. It has long been recognised that improving health and reducing health inequalities cannot be done by the NHS alone. Tackling the wider, social determinants of health to reduce inequalities requires collaboration between different sectors, building community capital and effectively influencing public policy at both a local and national level. Marmot’s review endorsed this further. Marmot recommends action on six policy objectives, outlined in Box 1.

Box 1: Marmot recommendations

1. Give every child the best start in life
2. Enable all children, young people and adults to maximize their capabilities and have control over their lives
3. Create fair employment and good work for all
4. Ensure a healthy standard of living for all
5. Create and develop healthy and sustainable places and communities
6. Strengthen the role and impact of ill-health prevention
Health promotion programmes, including those which attempt to change behaviour are most effective when they are firstly, based on a sound knowledge of community needs, secondly, built upon the skills and resources within communities and thirdly, when working at an individual, community and societal level. Secondary prevention is also important. Screening identifies people at a higher risk of developing disease where medical, or lifestyle interventions enable them to live with conditions that were once either fatal or highly debilitating. Early identification of illness, good quality, evidence-based health care and enabling patients to manage their own conditions is crucial.

Embedding public health approaches in a community provider organisation has the potential to improve the quality of services, health outcomes for the population and reduce healthcare costs.

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4 NICE public health guidance 6 Behaviour Change, October 2007

5 Ottawa Charter on Health Promotion, WHO Geneva 1986
C: Strategic Context

National Policy

This strategy has been written against a backdrop of significant change both within the NHS and Public Health nationally and locally, during a time of financial constraint. This context places particular challenges for public services who are required to deliver ‘more for less’. The plans for public health have been set out nationally in ‘Healthy Lives, Healthy People: our strategy for public health in England (2010). This White Paper was the government response to the Marmot review of health inequalities. It sets out the public health challenges that we face and plans to reform the public health system by 2013. The NHS Health and Social Care Bill (2010) also has implications for the commissioning and delivery of public health in the future.

From 2013, local authorities will have new responsibilities for protecting and improving public health. Shadow Health and Wellbeing Boards have been established in each local authority to take a strategic approach to integrating health and local government services. By 2013, a Director of Public Health will be appointed by each local authority and ring-fenced budgets for public health spending will be allocated to local councils. Each local authority will be expected to commission a broad range of public health services (Appendix 1). The public health budget will also fund the NHS to commission other public health services. These commissioning arrangements have implications for LCH to ensure it places itself as the provider of choice for a range of public health services.

A new national service called Public Health England will be established and will bring together a number of existing bodies, such as the National Treatment Agency and the Health Protection Agency. Its role will be to provide expert advice and intelligence as well as providing a resilient health protection service.

Healthy Lives, Healthy People also emphasises that there will be a stronger focus on health outcomes. Although the framework for this is yet to be published, LCH needs to ensure that it is well positioned to be able to demonstrate the impact it is having on health outcomes. This includes having robust systems in place to record and analyse patient information.
In recent years, it has been recognised that health systems and services are themselves determinants of health and can have an impact on equity, health experience and health outcomes\(^6\).

Healthy Lives, Healthy People recognises this and sets out the contribution that the NHS can make to securing good population health in 4 key ways:

- the provision of accessible and high quality healthcare to meet the needs of the local population
- ensuring that in delivering healthcare the opportunities to have a positive impact on public health are taken
- delivery of specific population health interventions e.g., childhood immunisations and national screening programmes
- the NHS contribution to health protection and emergency response

Specifically it states,

*The NHS will continue to play a key role in improving the population’s health, both in the delivery of health care and in using the millions of contacts with individual patients to promote health and wellbeing (p.10 Healthy Lives, Healthy People, Update and Way Forward).*

This context demonstrates that there is an expectation at a national level for NHS organisations to maximize their potential for health improvement. As the public health system undergoes significant reform, provider organisations need to be in a position to demonstrate clearly how they can contribute to improving public health.

**Locally**

Locally, structures are still emerging. Health and Wellbeing Boards are in the early days of meeting and will be developing wellbeing strategies for their local authority areas. Whilst structures change, health needs do not, but financial constraints mean that services will be delivered differently in the future. The Decade of Health and Wellbeing, launched in 2010, is gaining momentum, with its promotion of the five ways to wellbeing. The Decade of Health and Wellbeing is about encouraging people to build these ways into their daily routines and potentially add 7.5 years to their life

\(^6\) Swann et al. Health Systems and health related behaviour change: a review of primary and secondary evidence, NICE and WHO Europe, 2011
expectancy. The underlying message through the five ways is that mental health and wellbeing is as important as physical health; feeling good is an important part of being healthy. The five ways to wellbeing are:

**Connect** with others whether it is at home, work, school or within the local community. Taking the time to develop these relationships can enhance everyday life.

**Be Active**… ‘Healthy body, healthy mind’ finding something suitable for your level of fitness and most importantly, which you enjoy; anything from trampolining in the garden to walking to work.

**Take notice** of the world around you. Noticing the simple things whilst going about your daily routine, such as a change in season or a piece of artwork and savouring the moment will help put things in perspective and allow you to be more appreciative.

**Keep learning** trying something different such as learning a new instrument or language will set a challenge, increasing motivation and confidence.

**Give**… Do something nice for a friend or stranger…buy a Big Issue, help out in your local community. Putting your efforts towards a good cause can be incredibly rewarding.

The Decade of health and wellbeing is all about working collectively to create a healthier region – as individuals and as organisations.

**Organisational Drivers**

Liverpool Community NHS Trust is one of sixteen community health trusts in England and is the largest provider of community health services in Merseyside. It is working towards achieving Foundation Trust status and this is a key driver within the organisation. It is committed to caring for people closer to home and reducing the number of unnecessary hospital admissions. Key drivers within the organisation include QIPP and Energise for Excellence.

Since becoming a stand alone organisation in November 2010, the public health and primary care division has been created which includes a number of services, including the Liverpool health promotion service, Sefton Lifestyles, the prison health service, sexual health services and oral health promotion. Other divisions within the organisation include children, adult and corporate.

The challenge is to embed public health approaches across the divisions within the organisation and to ensure that this enhances the bid to become a Foundation Trust as well as the LCH approach to quality, which is at the heart of the organisation.
D: Health in the communities LCH serves: an overview of Liverpool, Sefton and Knowsley

LCH provides a wide range of integrated community and primary care services to the people of Liverpool, Sefton and Knowsley. Each year, population health needs and priorities are identified in the Director of Public Health Annual Reports and the Joint Strategic Needs Assessments. Key health needs are summarised in this section. There is growing recognition of the need to map and build on the assets that already exist in communities.

Community Assets
Identifying and focusing on problems that need fixing can ignore the resources, or assets, that often already exist in communities. An "asset" is defined as any factor or resource which enhances the ability of individuals, communities and populations to maintain and sustain health and well-being. These assets can operate at the level of the individual, family or community as protective and promoting factors to buffer against life's stresses. Approaches to tackling health and wellbeing recognise that there are ways of ‘living well’, which are not just about services. Local people need to have a real say in what happens locally and services need to focus on the potential to create and sustain health within communities.

Life Expectancy and Health Inequalities
Life expectancy has increased gradually over the last twenty years nationally, showing that generally, the health of the population is improving. A boy born in England today can expect to reach the age of 78 years old and a girl is likely to live just past their 82nd birthday. However, a social gradient can be observed which shows that the better off you are socially and economically, the better your health. This can be observed locally too, for example there is an 11.5 year difference in life expectancy for men between the most and least deprived wards in Liverpool. Liverpool, Sefton and Knowsley have lower life expectancy than the England and North West averages. Life expectancy is 74.5 years (males) and 79.2 years (females) in Liverpool, 75.9 (males) and 79.8 (females) in Knowsley and 77.3 years (males) and 81.6 years (females) in Sefton. As life expectancy increases, it is important to ask whether these additional years of life are spent in a favourable health status or whether they amount to prolonged poor health and dependency. In Liverpool, disability-free life expectancy for a man is 53 years old – this means the average age to which a man can expect to live
is 53 before suffering from a limiting long standing illness which reduces his quality of life\textsuperscript{7}. Many parts of Liverpool, Knowsley and some parts of Sefton are among the most deprived in the country and it is these high levels of deprivation that are so strongly associated with poor health.

**Causes of death**

Across Liverpool, Sefton and Knowsley, the major causes of death are cancer, circulatory diseases and respiratory diseases. Of the 4,300 deaths in Liverpool, cancers now account for the highest proportion of deaths killing almost one third of the population. Circulatory diseases are the biggest killer in Sefton and Knowsley accounting for almost a third of deaths in both places. Incidence and mortality rates of cardiovascular diseases and many cancers are strongly related to deprivation. This is because many of the risk factors for developing these illnesses, such as smoking, occur at higher rates in more disadvantaged communities.

**Causes of disability**

Living with these three illnesses cause different degrees of disability, often resulting in a reduced quality of life. However, mental health disorders account for the largest single cause of disability, with nationally 1 in 4 people experiencing a mental health problem at some point in their life. Mental ill health is strongly related to deprivation. In Liverpool, mental and behavioural disorders account for 13,138 years of healthy life lost (Disability Adjusted Life Year).

**Social determinants of health**

As mentioned in section B, the factors contributing to health and ill health are multiple and complex. The World Health Organisation’s Commission on the Social Determinants of Health (WHO, 2008) argued that poor health is the result of the unequal distribution of power, income, goods and services. The key drivers that account for people’s poor health in large part lie in the ‘conditions in which people are born, grow, live, work and age’ (Marmot 2010). An upstream focus with progress against these structural, social determinants of health is crucial to a long-term reduction in health inequalities. An example of an upstream intervention is the smoking ban in public places. This has reduced hospital admissions for heart attacks, increased the numbers of people attempting to give up smoking and reduced exposure to second hand smoke\textsuperscript{8}. Measures that target individuals are also needed – in this example, support to help people give up smoking – but the key message is that

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\textsuperscript{7} Office for National Statistics, 2007  
\textsuperscript{8} Bauld L. the Impact of Smokefree legislation in England, Evidence Review, March 2011  
these need to be delivered in conjunction with wider public policies that tackle the wider determinants, or their effect will be marginal.

**Modifiable risk factors**

Cancers, cardiovascular and respiratory illnesses are all strongly linked to modifiable risk factors such as smoking, harmful levels of drinking alcohol and obesity. These risk factors, particularly smoking, are often higher in areas of deprivation. An estimated 90% of the risk of a first heart attack is due to lifestyle factors that are amenable to change. The table below summarises some of the headline risk factors taken from the English Public Health Observatories health Profiles (2010).

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Smoking in pregnancy (%)</th>
<th>Adults who smoke (%)</th>
<th>Obese children (%)</th>
<th>Obese adults (%)</th>
<th>Binge drinking adults (%)</th>
<th>Hospital stays for alcohol related harm (DSR per 100k pop)</th>
<th>Deaths from smoking (DSR per 100k pop)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>England Average</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>14.6</td>
<td>22.2</td>
<td>9.6</td>
<td>24.2</td>
<td>20.1</td>
<td>1,580</td>
<td>206.8</td>
</tr>
<tr>
<td><strong>England Best</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>3.8</td>
<td>10.2</td>
<td>4.7</td>
<td>13.2</td>
<td>4.6</td>
<td>2,860</td>
<td>118.7</td>
</tr>
<tr>
<td><strong>England Worst</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>33.5</td>
<td>35.2</td>
<td>14.7</td>
<td>32.8</td>
<td>33.2</td>
<td>784</td>
<td>360.3</td>
</tr>
</tbody>
</table>

**North Mersey Cluster Local Authorities**

<table>
<thead>
<tr>
<th>Authority</th>
<th>Smoking in pregnancy (%)</th>
<th>Adults who smoke (%)</th>
<th>Obese children (%)</th>
<th>Obese adults (%)</th>
<th>Binge drinking adults (%)</th>
<th>Hospital stays for alcohol related harm (DSR per 100k pop)</th>
<th>Deaths from smoking (DSR per 100k pop)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Knowsley</td>
<td>25.5</td>
<td>27.9</td>
<td>12.0</td>
<td>26.3</td>
<td>16.1</td>
<td>2,590</td>
<td>346.3</td>
</tr>
<tr>
<td>Liverpool</td>
<td>17.1</td>
<td>28.1</td>
<td>10.4</td>
<td>24.1</td>
<td>25.2</td>
<td>2,860</td>
<td>348.4</td>
</tr>
<tr>
<td>Sefton</td>
<td>15.4</td>
<td>18.7</td>
<td>9.7</td>
<td>23.2</td>
<td>17.9</td>
<td>2,000</td>
<td>234.4</td>
</tr>
</tbody>
</table>

**Smoking**

Smoking is the major preventable risk factor for CVD and some cancers, especially lung cancer. COPD is almost entirely due to smoking with about half of all smokers developing the disease. Smoking during pregnancy contributes to 6% of all infant deaths. Smoking is strongly related to deprivation, for example in Liverpool, although smoking prevalence has reduced from 35% to 26% in the last five years, prevalence of smoking in the poorest wards is still 35%. Smoking is highest amongst the 25 to 44 years old age group in Liverpool. Sefton’s smoking prevalence is below the national and regional average at 15%, but ranges from 7% to 25% within Sefton, again with higher smoking rates in higher areas of deprivation.

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Alcohol
Consuming harmful levels of alcohol puts people at a higher risk of developing liver diseases, some cancers, heart disease and poor mental health. It is a contributory factor for violent offences, including domestic violence, road traffic accidents and harmful risky sexual behaviour. Nationally, alcohol related hospital admissions are rising. Liverpool has the highest rate of hospital admissions for alcohol related harm for both adults and children and double the death rate for chronic liver disease in the country, and the highest rate of binge drinkers in North Mersey (25.2%). Social isolation has been linked to excessive alcohol consumption in older people.

Obesity
Obesity is a major risk factor for type 2 diabetes, cardiovascular diseases and colon cancer. Obesity is higher in deprived areas. Almost a quarter of all adults in Liverpool, Sefton and Knowsley are obese and one in ten children are classed as being obese. Obese children are more likely to become obese adults.

Mental Health
People from Liverpool have the lowest overall mental wellbeing score in the North West, with the North of the city having the highest prevalence of mental health problems. A recent study\(^\text{11}\) found that financial security and strong personal relationships were important determinants of positive mental health. Being in debt is a strong risk factor for developing mental health problems. Currently, one third of city households in Liverpool with a working age adult living in it have nobody in work, compared to the UK average of almost one in five. The main reason people report not being in work is being sick or disabled\(^\text{12}\). The economic downturn together with the high percentage of people employed by the public sector has resulted in rising unemployment, which is linked to both poor physical and mental health.

So what does this mean for LCH?
Strategies to improve health, reduce premature mortality and health inequalities are in place and these will be reviewed and scrutinised by the emerging Health and Wellbeing Boards. As outlined in Section B, there are numerous ways to improve health, which involve actions at an individual, community and societal levels. LCH has recognised that it has a huge contribution to make to improve health. But where can LCH make the most impact on overall population health?

\(^{11}\) North west mental wellbeing survey, what influences wellbeing? May 2011  
http://www.nwph.net/nwpho/Publications/NWMWS_Wellbeing.pdf

\(^{12}\) Office of National Statistics 2011
1. **Continue to deliver services that protect and improve population health.** A good example is protecting children from preventable diseases through delivering the childhood immunisation programme. Services which deliver on key public health priorities include health visiting, school nursing, district nursing, sexual health services, and specialist health promotion services, including dental health promotion, Sefton smoking cessation service, PMS practices and infection control. Relevant public health key performance indicators are shown on the Table 1. The distribution of services and access to them is a key determinant of health, as is the delivery of high quality services. In order to meet important public health targets, it is important to engage with communities, have accessible and effective services. Understanding and applying the recommendations of health needs assessments and health equity audits to patient groups or localities is important in ensuring that services target the most disadvantaged areas and groups.

**Table 1: Key public health performance Indicators**

<table>
<thead>
<tr>
<th>Public health activity</th>
<th>Target for 2011/12</th>
</tr>
</thead>
<tbody>
<tr>
<td>Immunisations and vaccinations</td>
<td>Pre-school vaccinations (95%), School leaver booster (95%), HPV (90%)</td>
</tr>
<tr>
<td>Chlamydia Screening</td>
<td>30% of 15-24 year olds screened for chlamydia</td>
</tr>
<tr>
<td>Health Visiting</td>
<td>Breastfeeding at 6-8 weeks data coverage (95.2%), Breastfeeding at 6-8 weeks (29.8%)</td>
</tr>
<tr>
<td>School Nursing</td>
<td>Childhood obesity rate (reception and year 6) – data coverage (85%) and prevalence recorded at year end</td>
</tr>
<tr>
<td>4 week self-reported smoking quitters (Sefton)</td>
<td>3,149</td>
</tr>
<tr>
<td>Patients screened for MRSA on Admission Kent Lodge ONLY</td>
<td>90%</td>
</tr>
<tr>
<td>Patients Screened for C Difficile on Admission Kent Lodge ONLY (%)</td>
<td>90%</td>
</tr>
</tbody>
</table>

2. **Make Every Contact Count.** LCH frontline staff come in to contact with patients of all ages, from birth through to the end of life, people who are healthy as well as people who are very sick and vulnerable. The contact and relationship staff have with their patients makes them extremely well placed to deliver key health messages to prevent disease, as well as to refer on to other services and organisations. There is evidence that suggests that people are at their most receptive to behaviour change at key transition points in their lives (i.e., leaving school, having a baby, recovering from
illness)\textsuperscript{13}. People are also more able to make changes in behaviour if they are functioning well – integrating the five ways to wellbeing in every day life can help with overall wellbeing as well as adding years to life expectancy. Targeting interventions so they are delivered at key points along the patient pathway are likely to more effective. In order to tackle inequalities, effort and resource need to be targeted appropriately across the social gradient. Many staff already ‘make every contact count’ – indeed there are CQUIN targets around smoking prevention, but there is potential to do more in order to improve outcomes in CVD, cancer, COPD and mental health. Patients need to be able to access lifestyle advice easily and the Healthy Sefton phone number is a good example of a LCH service that signposts people to appropriate advice and services. Individuals often have several risk factors – so ideally, interventions should be based around the person, rather than a single risk factor.

3. \textit{Delivery of specialist health promotion services.} LCH is commissioned to deliver specialist health promotion services. This includes services which promote active lifestyles (walking and cycling), healthy diet, cancer prevention, mental health promotion, smoking cessation and reducing harmful drinking. The Smoke Free Liverpool Co-ordinator is also based in this team, having a strategic overview of Liverpool’s Tobacco Control Strategy. As an in-house service, there is potential for this team to support LCH staff in developing public health approaches, particularly with its experience and knowledge of local communities.

4. \textit{Be a pro-active key partner in tackling the wider determinants of health} and working at a whole systems level to improve health. The different elements of this include community engagement, adding social value to our work and reducing our negative impact on the environment. Working in this way provides opportunities to deliver services differently with partners as well as to design services that work for our patients. Examples include the Healthy Homes Initiative, Fuel Poverty and debt advice programmes. Public health development nurses in Sefton are each developing areas of work related to each of the Marmot priority areas, such as employment, education and environment.

5. \textit{Create the conditions for staff health and wellbeing.} As one of the largest employers in the area, LCH could have an impact on population health by supporting staff to adopt healthy lifestyles. Staff who benefit may encourage family members and friends to follow their example. Often, the most

\textsuperscript{13} Dept of Health. How to Develop a Health Gain Programme for frontline Staff to Address Lifestyle issues, 2011
powerful advocates for health behaviour change are those people who have themselves successfully changed their own health behaviour, for example, by giving up smoking – they have an understanding both of the challenges and the benefits. As an organisation, we expect staff to model healthy behaviour in the workplace. A healthy workforce is a productive one and there is a compelling business-case on the return-on-investment that effective health and wellbeing interventions can bring to the workplace\textsuperscript{14}. Finally, a commitment to staff health and wellbeing can be promoted as a tangible benefit to working for LCH, which will retain and attract staff in to the organisation.

\textsuperscript{14} Black, C. Working for Healthier Tomorrow, The Stationary Office, 2008
E: Vision and Strategic Objectives

LCH Vision

*Through our actions, we aim to improve the health and wellbeing of our patients, their families, staff and the wider community. We will promote the five ways to wellbeing as an integral part of our ethos, culture, routine life and core business.*

The 5 Ways to Wellbeing as a Call for Action in LCH

The ways to wellbeing represent actions that individuals and organisations can take to improve their health and wellbeing. Integrating these actions into our everyday life has the potential to add 7.5 years to our life expectancy. The five ways to wellbeing are: connect, be active, take notice, keep learning and give.

The five ways to wellbeing provide a framework under which LCH will deliver its health promoting activities. The aim will be for services to develop action plans against each of the five ways, which are specific and measurable.

Connect: how we connect with patients, their families, communities, colleagues and organisations in order to improve health and wellbeing. Building positive relationships with patients and service users will enable us to deliver health promoting messages more effectively.

Be Active: how we empower individuals and families we see to make healthy choices – ‘a healthy body is a healthy mind’, how we look after our own health as staff and how as an organisation we create the conditions for staff health and wellbeing.

Take notice: how we notice the strengths within our communities, the activities of partner organisations and how we link in to these.

Keep learning: how we learn and use information about the needs of our communities and use our understanding of local needs to improve service delivery, targeting those in the poorest communities; how we undertake and use research as an organisation.
Give: how we as an organisation add social value to the communities we serve and have a positive impact on the environment.

The five ways to wellbeing will be promoted under the banner of LCH being a public health organisation in order to build momentum and consensus within the organisation. Services will be actively engaged in developing their own action plans against the five ways to wellbeing, with measurable targets for relevant key public health priorities. In year one, five services will be identified and will develop their action plans with the support of a public health workforce development manager. The plans will need to show that staff in the services:

- understand local health needs and are targeting areas of inequality
- take actions to prevent ill health
- make every contact count
- look after their own health
- build partnerships in neighbourhoods to improve service delivery
- contribute to LCH as a good corporate citizen

The key public health priorities for each service will be decided in partnership with public health commissioners and the action plans will be agreed by the public health strategy steering group. The governance framework for delivery against these action plans is in Section G. It is proposed that these action plans form a commissioning for health gain plan.

**Strategic Objectives**

In order to contribute to achieving this vision and to enable staff to deliver against the five ways, a number of strategic objectives have been set. These objectives are split into priority objectives and development objectives. The priority objectives are about getting the basics right, building on what LCH is already doing and aspiring for excellence in these areas of public health priority. The developmental objectives represent the longer-term goal of becoming a public health organisation and recognise that for staff to be able to develop their public health approach, the organisational infrastructure within which staff operate needs to be further developed and strengthened.

**Development Objectives: The six ways to becoming a public health organisation**

Development Objectives have been set to ensure a systematic approach to building public health capacity in the organisation. These overarching objectives are:

- To establish and maintain clear leadership and management for implementing the public health strategy across the organisation
To implement human resource and workforce plans to empower staff to be able to deliver against the five ways to wellbeing

To Make Every Contact Count: empowering individuals and families to make healthy choices

To create the conditions for LCH to be a healthy place to work

To develop and implement a communication strategy for effective public health delivery in the organisation and to raise our profile as a public health organisation

To develop partnerships and actions that improve health, add social value and have a positive impact on environment

Priority Objectives for Year 1: Early gains

Framed within the five ways to wellbeing, there are some specific and priority interventions for Year 1 of this plan. These interventions have been selected based on public health priorities, the evidence base to support them, their ability to impact on inequalities and their cost effectiveness. Activity is already happening in the organisation on these areas of work, so this is about having a concerted and sustained effort on these areas. The aim will be at the end of Year 1, to learn from how these programmes have been implemented and to celebrate successes. They are:

- To promote the five ways to wellbeing
- To advise all smokers to quit and refer to smoking cessation services
- To reach and sustain the 95% target for childhood immunisations
- To implement a programme for staff health and well-being (using the five ways to wellbeing)
- To work towards gaining national accreditation for being a health promoting organisation from the Royal Society of Public Health (RSPH)

A smoke-free action plan is being developed. LCH has an action plan for meeting childhood immunisation targets in Liverpool although the sustainability of the current arrangement depends on whether this service continues to be commissioned beyond March 2012. A staff health and wellbeing plan has been drafted and priorities within this need to be decided and implemented.

The RSPH Community, Organisation and Partnership Awards Scheme is awarded to any organisation that sets out to promote health and wellbeing. The organisation is judged against a set criteria which recognises the importance of the Ottawa Charter for health promotion, the Marmot Review on health inequalities and the role of Public Health NICE Guidance. The implementation plan that has been developed in Section H has been mapped against the criteria for the award.
F: Cost effectiveness – making the case

There is a strong economic argument for implementing more upstream approaches which prevent people from becoming ill and reduces overall health care expenditure. For example, a reduction in smoking prevalence will lead to improved health outcomes as well as fewer coronary heart disease hospital admissions, fewer GP visits. Brief interventions, workforce health and childhood immunisations have all been shown to be cost effective and there is increasing evidence that promoting positive mental health is also cost effective. These savings will be experienced by LCH and the wider health economy.

Studies consistently show that brief interventions delivered in healthcare settings are cost effective\(^\text{15}\). Many of these studies have been conducted in either primary care or acute care settings. However, it could be argued that community health practitioners seeing people in their own homes and able to offer enhanced motivation through repeated contacts are equally if not better placed to deliver brief interventions, given appropriate training. Alcohol harm costs the NHS £2.7 billion a year. NICE have estimated that a 10 minute brief intervention on alcohol delivered by a practice nurse costs on average £6.59 and that one in eight harmful drinkers who receive brief advice will reduce their drinking. It has been estimated that for every £1 invested in screening and brief interventions, more than £4 is saved. Educational programmes delivered in schools could cost as little as £540 per case (of harmful drinker) averted\(^\text{16}\). Brief interventions for smoking in all settings and age groups can generate Quality Adjusted Life Year (QALY) gains at low cost and when delivered by a GP were shown to increase quitting rates by 1-3%. LCH’s stop smoking service in Sefton costs £162 per quitter while smoking related hospital admissions in Sefton cost £6 million per year\(^\text{17}\).

NICE established that brief intervention for physical activity in primary care costs between £20 and £440 per QALY (when compared with no intervention) with net costs saved per QALY gained of between £750 and £3,150 and was more cost effective in preventing coronary heart disease that

\(^\text{15}\) Changing Health Choices: A review of the cost effectiveness of individual-level behaviour change interventions, North West Public Health Observatory, 2011

http://www.liv.ac.uk/PublicHealth/obs/publications/report/84_alcohol_cost_effectiveness_FOR_WEBSITE.pdf

\(^\text{17}\) http://www.seftonpct.nhs.uk/Library/healthy_lifestyles/Public_Health_Intelligence/Key%20Health%20Needs%20for%20GP%20Consortia%20-%20Sefton.doc
statins which cost £10,000 to £17,000 per QALY. Undertaking physical activity has benefits for both physical and mental health, and is important for preventing obesity.

In terms of staff health and wellbeing it has been estimated that for every £1 invested, £4 could be saved\textsuperscript{18}. A staff workplace walking programme reviewed by NICE cost a total of £56,000 and saved £311,547. The health and economic benefits of active travel outweigh the costs by up to 11 times\textsuperscript{19}.

By implementing these approaches across LCH in a systematic way, the organisation can contribute to a reduction in the prevalence of smoking, obesity and harmful drinking which will bring savings to the whole health economy. In addition, LCH will be at the forefront of developing these approaches in a community provider setting. Evaluating and monitoring our approach will add to the growing national evidence base and a successful model could be replicated in other healthcare settings.


\textsuperscript{19} Ubido J, Lewis C, Holford R, Scott-Samuel A. Prevention programmes cost effectiveness review: physical activity, Liverpool Public Health Observatory, 2010
G: Organisational Structure – how to make it happen

In order to drive through this transformational change programme through, the following is required:

- Strong public health and executive level leadership in the organisation
- An organisational structure which oversees the delivery of action plans
- Organisational buy-in at all levels
- Performance management
- Project co-ordination
- Appropriate resource

Public health leadership is required at an executive level in the organisation in order to bring a public health perspective to the organisation across the three domains of public health. A public health organisation and inequalities strategy steering group will be established which will initially feed in to the Transformational Change Programme Board. This will give the steering group both the profile and the cross-organisational senior level support that is required. It also provides an opportunity for synergies with other transformational change programmes to be recognised and managed.
The Public Health Organisation and Inequalities Strategy Steering Group
The role of the steering group is to provide direction and support to the different public health work streams and to ensure the successful implementation of public health projects within the organisation. The public health steering group will agree and monitor progress against the 5 ways to wellbeing action plans and the smoke free action plan.

Public health project leads will report in to the group from the implementation groups.

Implementation Groups
Implementation groups will be established with clear project leads, who will lead the different areas of work. As described in previous sections, there are linkages between the public health agenda, good corporate citizen, community engagement and the wider partnership agenda. Workforce wellbeing and community engagement groups will also require input from public health.

Public Health Strategy Team
A public health strategy team should be led by a Board level consultant in public health who will be able to provide the focus and drive that is required to embed this strategy in the organisation, as well as providing expertise across all three domains of public health. A public health workforce development manager is required to lead the implementation of the workforce development aspects of this plan.
**H: Implementation Plans**

The implementation plans below are mapped against the Health Promoting Hospitals standards and the Royal Society of Public Health criteria for health promoting organisations (Appendix 2).

<table>
<thead>
<tr>
<th></th>
<th>To establish and maintain clear leadership and management for implementing public health strategy across the organisation</th>
<th>Workstream</th>
<th>Timeframe</th>
<th>HPH standard/RSPH Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.1</td>
<td>Strategy approved at Board Level</td>
<td>workforce development</td>
<td>Sep-11</td>
<td>HPH 1/RSPH 1</td>
</tr>
<tr>
<td>1.2</td>
<td>Trust Board Non Executive Director Champion identified*</td>
<td>workforce development</td>
<td>Sep-11</td>
<td>HPH 1/RSPH 1.1</td>
</tr>
<tr>
<td>1.3</td>
<td>Professional capacity development sessions for Board and Executive Team on key public health areas</td>
<td>workforce development</td>
<td>monthly from Oct-11</td>
<td>RSPH 1.3</td>
</tr>
<tr>
<td>1.4</td>
<td>Establish Organisational Structure to embed strategy</td>
<td>workforce development</td>
<td>Oct-11</td>
<td>RSPH 3.2</td>
</tr>
<tr>
<td>1.5</td>
<td>Identify and allocate appropriate resource for Strategy implementation</td>
<td>Finance</td>
<td>Dec-11</td>
<td>RSPH 3</td>
</tr>
<tr>
<td>1.6</td>
<td>Establish clear leadership and reporting mechanisms for public health activity within the organisation</td>
<td>workforce development</td>
<td>Oct - Dec 11</td>
<td>RSPH 3</td>
</tr>
<tr>
<td>1.7</td>
<td>Incorporate public health strategy in to business plan/ Foundation Trust application</td>
<td>workforce development</td>
<td>ongoing</td>
<td>RSPH 1.3</td>
</tr>
<tr>
<td>1.8</td>
<td>Lead LCH application to becoming a nationally accredited health promoting organisation</td>
<td>workforce development</td>
<td>2012-13</td>
<td></td>
</tr>
<tr>
<td>1.9</td>
<td>Identify and recruit 5 services to develop action plans against the 5 ways to wellbeing in year 1, 5 in year 2 and 5 in year 3.</td>
<td>Workforce development</td>
<td>Mar-12</td>
<td></td>
</tr>
<tr>
<td>1.10</td>
<td>Ensure executive management of public health within the organisation: appoint Faculty Accredited Consultant in Public Health</td>
<td>Workforce development</td>
<td>May-12</td>
<td>RSPH 1.2</td>
</tr>
<tr>
<td>1.11</td>
<td>Develop evaluation framework</td>
<td>Consultant in Public health</td>
<td>Mar 12</td>
<td></td>
</tr>
</tbody>
</table>

**Indicators:**

- % of staff that are aware of the public health strategy; % of budget allocated to public health work

**Target:**

- By end of year 2, 50% of staff are aware of the strategy, by end of year 4, 95% (targets for strategy implementation follow under subsequent objectives)

**Outcomes:**

- A leadership team committed to embedding public health across the organisation
To implement human resource and workforce strategies to empower staff to be able to deliver against the five ways to wellbeing

<table>
<thead>
<tr>
<th>Action</th>
<th>Workstream</th>
<th>Timeframe</th>
<th>HPH standard/RSPH Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.1</td>
<td>Develop programme of public health education and training which is appropriate for different staff levels, including brief interventions, needs assessment and inequalities training (use Yorkshire and Humber model)</td>
<td>workforce development</td>
<td>Dec-11</td>
</tr>
<tr>
<td>2.2</td>
<td>Develop the specialist public health workforce in the organisation: participate in pilot for UK Voluntary Register for public health practitioners, ensure framework for professional support for staff, including setting annual objectives for staff, attendance at CPD, protected learning time</td>
<td>workforce development</td>
<td>Dec-11</td>
</tr>
<tr>
<td>2.3</td>
<td>Set up public health champions network: one champion per service and one champion per setting. Public Health champions will undertake Royal Society of Public Health Level 2 training (minimum)</td>
<td>workforce development</td>
<td>Dec 11 - Mar 12</td>
</tr>
<tr>
<td>2.4</td>
<td>Identify services which require IT support to enable them to record risk factor status and actions taken</td>
<td>Information</td>
<td>Mar-12</td>
</tr>
<tr>
<td>2.5</td>
<td>Recruit Band 5 Public Health intelligence analyst to provide in house public health intelligence, to develop data collection systems to support public health work in the organisation</td>
<td>Information</td>
<td>Dec-11</td>
</tr>
<tr>
<td>2.6</td>
<td>Ensure public health activity is recognised in staff appraisals</td>
<td>workforce development</td>
<td>Mar-12</td>
</tr>
<tr>
<td>2.7</td>
<td>Provide opportunities to reward public health activity at an organisational level, for example through staff awards</td>
<td>workforce development/Communications</td>
<td>Mar-12</td>
</tr>
</tbody>
</table>

**Indicators:**

- % of staff who have undergone training that is appropriate for their level;
- % of specialist public health practitioners who have been accredited by UKPHR;
- % of services with IT system set up to capture public health information

**Targets:**

By end of year 2, 60% of staff have undergone appropriate training, 70% of specialist public health practitioners have been accredited by UKPHR, 60% of services can capture public health information. By end of year 4, 90% of staff undergone training, 100% of services capturing information on IT systems, specialist public health practitioners maintaining competence.

**Outcomes:**

Staff are ‘fit for purpose’: competent, confident, skilled and safe in relation to the delivery of public health activity
### 3 To Make Every Contact Count: supporting individuals and families to make healthy choices

<table>
<thead>
<tr>
<th>Action</th>
<th>Workstream</th>
<th>Timeframe</th>
<th>HPH standard/RSP H Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.1 Identify which services currently routinely assess smoking status and other risk factors</td>
<td>Information</td>
<td>Dec-11</td>
<td>HPH 2</td>
</tr>
<tr>
<td>3.2 Ensure services identified through CQUIN are recording smoking status – identify problems early</td>
<td>Quality</td>
<td>Oct 11</td>
<td>HPH 2/RSPH 2.1</td>
</tr>
<tr>
<td>3.3 Develop guidelines for all staff on systematically assessing lifestyle risk factors (in line with Public Health NICE Guidance)</td>
<td>Specialist health promotion</td>
<td>Dec-11</td>
<td>HPH 2/RSPH 2.1</td>
</tr>
<tr>
<td>3.4 Ensure all settings within the organisation display health promotion information - healthy settings approach</td>
<td>Specialist health promotion</td>
<td>Apr-12</td>
<td>HPH 3/RSPH 2</td>
</tr>
<tr>
<td>3.5 Ensure all staff record all health promotion activity on patient record, i.e. BI, self-management advice, referral on to further organisations</td>
<td>Information</td>
<td>Apr-13</td>
<td>HPH 3</td>
</tr>
<tr>
<td>3.6 Develop methods for measuring health outcomes where possible by working with partner organisations</td>
<td>Information</td>
<td>Apr-13</td>
<td>RSPH 2.1</td>
</tr>
<tr>
<td>3.7 Develop package of health promotion support to LCH staff, including communications strategy on campaigns, updates on services and use of social media to promote healthy lifestyle</td>
<td>Specialist health promotion/</td>
<td>Apr-13</td>
<td>HPH 4/RSPH 6.2</td>
</tr>
<tr>
<td></td>
<td>Activity Description</td>
<td>Department</td>
<td>Timeframe</td>
</tr>
<tr>
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</tr>
<tr>
<td>3.8</td>
<td>Implement brief interventions training for all services identified in CQUIN targets and roll out to other priority areas</td>
<td>Workforce Development</td>
<td>Mar-12</td>
</tr>
<tr>
<td>3.9</td>
<td>Develop a comprehensive settings based approach in different sites across the organisation</td>
<td>Workforce Development</td>
<td>Apr-13</td>
</tr>
<tr>
<td>3.10</td>
<td>Use social marketing insights to target health promotion activity appropriately</td>
<td>Specialist Health Promotion</td>
<td>On-going</td>
</tr>
</tbody>
</table>

**Indicators:**
- % of patients offered brief interventions advice
- % of referrals to stop smoking service
- % of sites that display health promotion information

**Targets:**
- By end of year 1, 30% of patients are offered brief interventions advice, year 2, 60% and year 3, 75%. By end of year 3, of the referrals sent to stop smoking services, 10% come from LCH.
- By end of year 1, 60% of sites displaying health promotion materials, yr 2: 80% and yr 3: 100%

**Outcomes:**
- A reduction in smoking prevalence
<table>
<thead>
<tr>
<th></th>
<th>Action</th>
<th>Workstream</th>
<th>Timeframe</th>
<th>HPH standard/RSPH Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.1</td>
<td>Protect staff by complying with health and safety legislation</td>
<td>Human Resources</td>
<td>on-going</td>
<td>HPH 4.1/RSPH 6.1</td>
</tr>
<tr>
<td>4.2</td>
<td>Align current work on staff health and well-being to overall public health strategy (i.e., Energise for Excellence, Good Corporate Citizenship)</td>
<td>Human Resources</td>
<td>Nov 11</td>
<td></td>
</tr>
<tr>
<td>4.3</td>
<td>Allocate appropriate resource to staff health and wellbeing (based on business cases)</td>
<td>Finance</td>
<td>Mar 12</td>
<td>RSPH 3</td>
</tr>
<tr>
<td>4.4</td>
<td>Establish staff health and wellbeing development group with specialist input (HR and HP)</td>
<td>Human Resources</td>
<td>Nov 11</td>
<td></td>
</tr>
<tr>
<td>4.5</td>
<td>Develop staff health and wellbeing action plan based on evidence and policy and prioritize those actions with most impact (5 ways to wellbeing)</td>
<td>Human Resources</td>
<td>Dec 11</td>
<td></td>
</tr>
<tr>
<td>4.6</td>
<td>Review organisational smoking and alcohol policies and adherence to these</td>
<td>Human Resources</td>
<td>Mar 12</td>
<td>RSPH 6.1.2</td>
</tr>
<tr>
<td>4.7</td>
<td>Ensure that annual staff survey monitors staff lifestyle, health, immunisation and knowledge of policy and services</td>
<td>Human Resources</td>
<td>ongoing</td>
<td>HPH 4/ RSPH 6.2</td>
</tr>
<tr>
<td>4.8</td>
<td>Align GCC and staff health - for example work in partnership with Travelwise to develop active travel plans</td>
<td>Human Resources</td>
<td>Mar 13</td>
<td></td>
</tr>
<tr>
<td>4.9</td>
<td>Increase uptake of immunisations among all staff: prioritise flu and MMR</td>
<td>Human Resources/Occupational health</td>
<td>Mar 12</td>
<td>RSPH additional criteria</td>
</tr>
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<tr>
<td>4.10</td>
<td>Record and monitor uptake of/access to occupational health and staff health programmes: include occupation/payband for analysis</td>
<td>Human Resources and information</td>
<td>Mar 13</td>
<td></td>
</tr>
<tr>
<td>4.11</td>
<td>Target staff health programmes to lower pay grades to tackle the social gradient</td>
<td>Human Resources</td>
<td>Mar 12-13</td>
<td>RSPH 6</td>
</tr>
<tr>
<td>4.12</td>
<td>Involve staff in developing health promotion action plans, audit and review to increase ownership</td>
<td>Workforce development</td>
<td>Mar 12-13</td>
<td>HPH 4.2</td>
</tr>
<tr>
<td>Indicators:</td>
<td>% staff off sick (short-term and long-term), % of staff immunised, % of staff reporting good wellbeing (use of Warwick and Edinburgh Wellbeing Tool)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Targets:</td>
<td>By end of year 2: no more than 4% staff off sick, 60% of staff immunised and 75% of staff report good wellbeing</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Outcomes:</td>
<td>A healthy workforce</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>Action</td>
<td>Workstream</td>
<td>Timeframe</td>
<td>HPH standard/RSPH Criteria</td>
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</tr>
<tr>
<td>5.1</td>
<td>Internal: set up system for knowledge management to ensure timely and regular updates across all priority areas (i.e., Public Health NICE Guidance, release of public health strategies)</td>
<td>PH lead/comms</td>
<td>Dec 12</td>
<td>RSPH 9</td>
</tr>
<tr>
<td>5.2</td>
<td>Internal: celebrate public health successes within the organisation</td>
<td>Communications</td>
<td>ongoing</td>
<td></td>
</tr>
<tr>
<td>5.3</td>
<td>Internal: provide information on key health issues</td>
<td>Specialist HP/PH Lead/Comms</td>
<td>ongoing</td>
<td></td>
</tr>
<tr>
<td>5.4</td>
<td>Internal: publicise health promotion campaigns and ensure that messages are consistent and have LCH branding</td>
<td>Specialist HP/Comms</td>
<td>ongoing</td>
<td></td>
</tr>
<tr>
<td>5.5</td>
<td>Internal: make explicit the co-benefits of public health actions and sustainable development</td>
<td>Specialist HP/comms</td>
<td>ongoing</td>
<td></td>
</tr>
<tr>
<td>5.6</td>
<td>External: effective communication with commissioners - cluster, CCG and Local Authorities - specifically on value/cost effectiveness/outcomes of health gain programme</td>
<td>Board/exec</td>
<td>ongoing</td>
<td></td>
</tr>
<tr>
<td>5.7</td>
<td>External: promotion of LCH as a public health organisation to range of external stakeholders: through media, conferences, publications</td>
<td>Communications</td>
<td>ongoing</td>
<td></td>
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</tr>
<tr>
<td></td>
<td>Outcomes</td>
<td>LCH’s reputation as a public health organisation is recognised internally and externally. LCH commissioned to deliver public health services.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
To develop partnerships that enable LCH to add social value and to reduce their impact on the environment

<table>
<thead>
<tr>
<th>Action</th>
<th>Workstream</th>
<th>Timeframe</th>
<th>HPH standard/RSPH Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>6.1</td>
<td>Develop relationships with emerging commissioners and local authority to form strategic partnerships for health</td>
<td>Exec</td>
<td>ongoing</td>
</tr>
<tr>
<td>6.2</td>
<td>Services identify key partners with whom they can build health alliances as part of the five ways to wellbeing</td>
<td>Workforce development and community engagement/partnerships</td>
<td>ongoing</td>
</tr>
<tr>
<td>6.3</td>
<td>Develop resource for staff to enable them to develop appropriate partnerships both for referral pathways and for service user/community engagement</td>
<td>Community engagement/partnerships</td>
<td>September 2012</td>
</tr>
<tr>
<td>6.4</td>
<td>Explore and develop further public health research projects and partnerships with academic institutions</td>
<td>Evaluation and Research</td>
<td>March 2012</td>
</tr>
<tr>
<td>6.5</td>
<td>Explore partnership with Europe Brussels office in order to develop European Partnerships</td>
<td>Evaluation and Research</td>
<td>March 2012</td>
</tr>
<tr>
<td>6.6</td>
<td>Ensure Action Plans are coherent with wider strategic policies, ie. Health and wellbeing strategy, public health strategies</td>
<td>workforce development</td>
<td>ongoing</td>
</tr>
</tbody>
</table>

Indicators: number of services that have led public health campaigns in partnership with other organisation(s)

Targets: 5 services a year to run public health campaigns with
| partners |  
|------------------|------------------|
| **Outcomes:**    | **Strong partnerships/alliance** |
Appendices

Appendix 1

Public Health Services that will be commissioned by the Local Authority from 2013

- Tobacco control
- Alcohol and drug misuse services
- Obesity and community nutrition initiatives
- Increasing levels of physical activity in the local population
- Assessment and lifestyle interventions as part of NHS Health Check Programme
- Public mental health services
- Children services 5-19 years
- Dental public health services
- Accidental injury prevention
- Population level interventions to reduce and prevent birth defects
- Behavioural and lifestyle campaigns to prevent cancer and long term conditions
- Local initiatives on workplace health
- Supporting, reviewing and challenging delivery of key public health funded and NHS delivered services such as immunisation programmes
- Comprehensive sexual health services
- Local initiatives to reduce excess deaths as a result of seasonal mortality
- Role in dealing with health protection incidents and emergencies
- Promotion of community safety, violence preventions and response
- Local initiatives to tackle social exclusion
- Health protection incidents
- Promotion of community safety
- Local initiatives to tackle social exclusion

Public health services that will be commissioned by the NHS (some still to be confirmed)

- Childrens services 0-5
- Immunisation programmes
- Contraceptive services
- Screening programmes
- Prison health care
- Children’s public health services
- Brief interventions in primary and secondary care
- HIV services
- Female genital mutilation services
- Sexual Assault Referral Centres
Appendix 2

The Royal Society of Public Health (RSPH) Health Promotion and Community Well-being Organisation and Partnership Awards Criteria

1. Board or equivalent leadership

2. Development and implementation of strategies and initiatives based on the well-being principles (Ottawa Charter)

3. The organisation has health promotion plans which are adequately funded, staffed and reflect the wider health promotion and community wellbeing principles

4. The organisation engages their target audience in the development and implementation and evaluation of health promotion activities

5. Staff with broad responsibility for health promotion or community wellbeing have appropriate skills and competences and arrangements of continuing to learning and development

6. The organisation has a health promoting workplace for staff

7. The organisation has strong partnerships with other organisations and/or communities or groups

8. NHS organisations must be able to demonstrate a comprehensive settings approach across at least three different sites

9. NHS organisations must have activities to promote health and well-being that are shaped by NICE Guidance on public health

10. NHS organisations must support and develop the wider public health workforce