

## Future Guernsey – Priority Policy Area update (June 2019):

<b>Future Guernsey Theme:</b>	Our Quality of Life
<b>Future Guernsey Outcome:</b>	Healthy Community
<b>Priority Policy Area:</b>	<b>Health and Wellbeing Policy</b>
<b>Political Governance:</b>	Committee <i>for</i> Health & Social Care

### Overview

**Objective:** *To create across the Bailiwick an environment for health and wellbeing where opportunities are maximised both to improve health and wellbeing and to reduce health inequalities.*

Investing in prevention and early intervention is a key aspect of the Partnership of Purpose and this is supported by the Health and Wellbeing Policy. Public health strategies are well-established with embedded performance monitoring in place and this is working systematically to improve the health and wellbeing of our population, reduce risk factors and alter our environment. This is being done through:

- prioritising prevention and early intervention that will achieve change for the greatest number of people at an affordable cost;
- championing approaches that support individuals, families and communities in taking responsibility for their own health and wellbeing; and
- working with partners across government, non-government and private sectors to make certain that public health is included in all policies. This means that we will ensure people have the necessary skills and knowledge and live in environments (e.g. built, social, fiscal) and communities where healthy choices are easy choices.

Cross-Committee engagement and support is also needed to embed a “health in all policies” approach to create an environment for health.

Monitoring against Key Performance Indicators is embedded into the reporting on the progress of individual strategies which form part of the Health & Wellbeing Priority.

In addition, all of the work set out in this update relies upon robust health intelligence. The Public Health team are working to produce a Public Health Outcomes Framework (PHOF) which will be a central repository for data published in all Public Health work areas. The PHOF will also show the health indicators that we consider to be important for the future, where we might not currently have data but which we are working on. Our aim is to make the PHOF publically available online as a ‘go-to’ place for Public Health data.

An extant resolution of the ‘2017 Review and 2018 Update’ on the P&R Plan (resolution c), Billet d’État XV of 2018) directed the Committee *for* Health & Social Care and the Policy & Resources Committee to look for opportunities to coordinate the PHOF and the Guernsey Annual Better Life Indicators Report (P&R Plan Monitoring Report). The Committees have worked together to develop the PHOF and to strengthen the public health intelligence team and consider that this resolution has been discharged.

A number of significant developments were made during 2018 including:

**i) The establishment of the Health Improvement Commission for Guernsey and Alderney**

The Health Improvement Commission has been established as an independent body to bring together public, private and third sectors to help raise awareness, encourage healthy lifestyle choices and take proactive steps to improve islanders' general health and wellbeing, mentally and physically. The Commission focuses on the operational delivery of health improvement services and will work with Public Health on the implementation of the following strategies: (i) Healthy Weight; (ii) Drug and Alcohol; (iii) Breastfeeding, and (iv) Tobacco Control. This discharges Proposition 16 of the Partnership of Purpose Policy Letter (Billet d'État XXIV of 2017).

**ii) The introduction of a free under 21s contraception pilot under the Sexual Health Strategy**

Introduced in 2018, this pilot has had extremely positive results in reducing the number of unintended pregnancies in young women under the age of 18 years. Early results are showing a two-third reduction in under 18 conceptions;

**iii) Review of cancer screening programmes**

Public Health has completed a review of breast, bowel and cervical cancer screening programmes. This resulted in the introduction of free cervical cancer screening for all women from 2019 through primary care providers, which is aligned with the aspirations of the Partnership of Purpose to ensure fair access to care. This development responds to evidence from the Orchard Centre, where 80% of women receiving this service for free through the Centre said that cost was a barrier to accessing cervical cancer screening through primary care. Cervical cytology has also been replaced by HPV detection;

**iv) Population Needs Assessments**

A comprehensive Joint Strategic Needs Assessment (JSNA) for older islanders was completed during 2018; the findings of which were published in Q2 2019. This JSNA provides an evidence-based upon which to understand the size, structure and characteristics of our older population, which is essential to understanding what the health and care needs of older people are locally. The JSNA highlighted a need to focus on the wider determinants of health, which means better integration of health and social care with transport, leisure, planning and housing, ensuring we keep people connected, active, independent and in their own homes. The importance of health and care services that provide prevention and reablement are key to achieving this aim.

There is also a need to foster strong partnerships between communities and the business and voluntary sector to help to address a range of health challenges, such as depression and frailty. Most importantly, we need to have an environment that supports people in making healthy choices, and that makes these choices easier.

Services for older people within the hospital need to reflect the requirements of our ageing population, aiming to optimise and treat chronic health conditions.

**v) Bailiwick Immunisation Plan**

The seasonal influenza immunisation plan has been reviewed and the childhood immunisation programme expanded to cover all primary school-aged children; and

**vi) Introduction of a 'soft' opt out organ donation scheme**

This was approved by the States of Deliberation in November 2018 (Billet d'État XXV of 2018) and awaits legislative drafting to give effect to the States decision.

In addition to the above, a range of service improvements introduced in 2018 have also led to new key clinical initiatives with the benefit of early identification of problems and early treatment, upholding the ethos of the Partnership of Purpose. For example, Familial Hypercholesterolemia (FH) genetics testing pilot supports our focus on prevention and early intervention. FH is a genetically inherited condition which can lead to exceptionally high cholesterol levels and early development of cardiac disease, unless mitigated by early diagnosis and medication & lifestyle interventions.

During 2018, Heartflow was also established as a non-invasive diagnostic tool in 3D heart imaging to help specialists achieve a more accurate treatment pathway for patients, as well as improving patient safety and comfort.

*For future updates of the P&R Plan, the Committee for Health & Social Care proposes to merge this Policy Priority with the Partnership of Purpose and Regulatory and Support Policy updates into one area to be known as 'The Future Model of Care'.*

The following work streams describe key areas of work for 2019-2020:

<b>Work stream 1 - Review of the funding of drugs, treatments and devices</b>	
<b>Brief overview:</b>	<ul style="list-style-type: none"> <li>In December 2018 (Billet d'État XXVII of 2018) the Committee for Health &amp; Social Care, working closely with the Committee for Employment &amp; Social Security, was directed to review the funding of drugs, treatments and devices to include the implementation of a policy for the availability of all drugs, treatments and devices approved by the National Institute for Health and Care Excellence (NICE) Technology Appraisals (TA).</li> <li>An external provider with specialist healthcare public health experience has been engaged to carry out an independent review of the implications of moving towards a position where NICE TA treatments approved for use in England are also funded by the States of Guernsey. This will include a cost and outcome analyses to inform future decision-making and ensure that any changes to current policy are evidence-based.</li> </ul>
<b>Resourcing:</b>	£100,000 has been allocated from the Budget Reserve to fund the external support required to progress the review. Other resources are being provided internally within the Public Health and Policy teams.
<b>Barriers to progress:</b>	None at present
<b>Next steps:</b>	<ol style="list-style-type: none"> <li>1. Progress review, including engaging with a wide range of stakeholders during Q1 2019</li> <li>2. Findings and recommendations to be published by the end of Q2 2019</li> <li>3. Policy Letter to the States during Q3 2019 with recommendations to inform budget setting for 2020</li> </ol>

<b>Work stream 2 - Strategic Needs Assessments</b>	
<b>Brief overview:</b>	<ul style="list-style-type: none"> <li>The Partnership of Purpose highlights the need for robust health intelligence on which to base decisions about health and care services. The Committee will carry out a number of thematic population-based needs assessments where there would be benefit in having greater insight and more robust evidence about the service requirements of</li> </ul>

	<p>particular groups and where there may be gaps in preventative services or in treatment and care.</p> <ul style="list-style-type: none"> <li>The findings of the first of those strategic needs assessments – the JSNA for Older People - were published in Q2 2019. Further needs assessments are planned for the next 12 months and are prioritised as follows: <ul style="list-style-type: none"> <li>i) JSNA for drugs, alcohol and tobacco - to support the development of a Combined Substance Misuse Strategy</li> <li>ii) Rheumatology needs assessment</li> </ul> </li> </ul>
<b>Resourcing:</b>	Within existing Public Health resources
<b>Barriers to progress:</b>	Limited staffing resources within Public Health and the time consuming nature of carrying out a comprehensive strategic needs review requires an incremental approach to this work.
<b>Next steps:</b>	<p>As above – further JSNAs to take place in the following order:</p> <ol style="list-style-type: none"> <li>1. Substance misuse needs assessment</li> <li>2. Rheumatology needs assessment</li> </ol>

<b>Work stream 3 – Review of Screening Programmes</b>	
<b>Brief overview:</b>	<ul style="list-style-type: none"> <li>Screening is the process of identifying individuals who appear healthy but may be at increased risk of a disease or condition. There are three cancer screening programmes delivered by the States of Guernsey: bowel, breast, and cervical. All three population-based cancer screening programmes have been reviewed and are now provided free of charge to people living in Guernsey and Alderney, with free cervical screening being introduced on the 1st January 2019.</li> <li>Specific information on the three cancer screening programmes includes: <ul style="list-style-type: none"> <li>i) <b>Cervical Screening Programme:</b> Fewer than five people are diagnosed with cervical cancer each year in Guernsey and Alderney. The combination of an effective cervical cancer screening programme, together with a programme of immunising young people with HPV vaccine, will be key as Guernsey and Alderney embark on a programme of the elimination of cervical cancer.</li> <li>ii) <b>Breast Screening:</b> Around nine women die from breast cancer each year with a mean age of diagnosis is 63.6 years. Awareness of the symptoms of breast cancer, ‘being breast aware’, together with the Breast Screening Programme, are key to improving outcomes for women diagnosed with breast cancer. Screening is intended to reduce mortality by detecting breast cancer at an early stage when there is a better chance of successful treatment. In Guernsey and Alderney women between 50 and up to the age of 75 years are invited for screening every two years. After the age of 75 years women can self-refer for screening every two years. The mortality associated with breast cancer in Guernsey and Alderney is lower than Jersey, the South-West of England and England as a whole.</li> </ul> </li> </ul>

	<p>iii) <b>Bowel Screening:</b> In 2017, it was decided to replace the bowel cancer screening using flexible sigmoidoscopy with a simple stool test called a Faecal Immunochemical Test (FIT). The rationale for this was that flexible sigmoidoscopy prevents any pre-cancerous polyps developing into cancer by removing them through an invasive procedure that requires patients to undergo unpleasant pre-screening treatment in the form of an enema. It is also limited to detecting polyps in the lower third of the bowel. In contrast, FIT detects early cancers and advanced pre-cancerous polyps using a non-invasive method by detecting blood in the stool from cancers and large pre-cancerous polyps. Converting to FIT will allow the Bowel Cancer Screening Programme to screen approximately 4,100 people per annum, compared with the current 500 per annum using flexible sigmoidoscopy.</p> <ul style="list-style-type: none"> <li>• A review of the Diabetic Retinopathy Screening programme is currently underway with a scoping of a local abdominal aortic aneurysm screening (AAA) screening in men also planned for later in 2019.</li> </ul>
<b>Resourcing:</b>	<ul style="list-style-type: none"> <li>• Review process conducted within Public Health resources</li> <li>• Any changes in the screening programmes may require additional resources</li> </ul>
<b>Barriers to progress:</b>	None at present
<b>Next steps:</b>	<ol style="list-style-type: none"> <li>1. Develop a monitoring programme within Public Health for all population based screening programmes</li> <li>2. Complete the review of non-cancer population based screening programmes</li> </ol>

<b>Work stream 4 - Review of the Abortion Law</b>	
<b>Brief overview:</b>	<ul style="list-style-type: none"> <li>• Consultation will take place on the gestational limits under the existing Abortion Law and possible decriminalisation of abortion. The Abortion Law in Guernsey states that an abortion may be performed under certain circumstances. However, there are concerns about the gestational limits of abortion in the Bailiwick which are more conservative than those of the UK.</li> <li>• Furthermore, in the past few years, the Royal College of Obstetricians and Gynaecologists, the British Medical Association and the Royal College of Midwives have backed calls for the decriminalisation of abortion— supporting the removal of criminal sanctions associated with abortion in the UK. This need to be considered in the local context.</li> </ul>
<b>Resourcing:</b>	To be met from within existing Public Health and Policy teams. Support will also be required from St James' Chambers.
<b>Barriers to progress:</b>	Policy resourcing may present an issue due to the scale and scope of other policy work also prioritised within Public Health. This will be kept under review.
<b>Next steps:</b>	<ol style="list-style-type: none"> <li>1. Consultation/engagement about gestational limits and other possible changes to the existing legislative framework, by the end of Q3 2019</li> <li>2. Policy Letter to the States in Q4 2019</li> </ol>
<b>Needs/requirements that have not been supplied/resolved:</b>	As above with regard to resourcing

<b>Any other comments:</b>	Will require changes to legislation in due course
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<b>Work stream 5 - Proposals for a new Public Health Law</b>	
<b>Brief overview:</b>	<ul style="list-style-type: none"> <li>The Partnership of Purpose Policy Letter (Resolution 11) agreed that the Committee should report back to the States in the legislative changes required to disband the roles of Medical Officer of Health and Chief Medical Officer and, where relevant, to transfer their functions to existing services or statutory officials whilst exploring the potential for creating reciprocal arrangements for the challenge and peer review of respective health and care policy on a regular or ad hoc basis by other small jurisdictions.</li> <li>This will involve a Policy Letter to the States to set out proportionate proposals for the public health function in the Bailiwick.</li> </ul>
<b>Resourcing:</b>	Whilst it is envisaged that oversight of this work can be provided from within Public Health, there would also be benefit of additional legal advice to support the review, such as a graduate law officer for one year.
<b>Barriers to progress:</b>	Additional resources will be required to progress this review
<b>Next steps:</b>	<p><i>Achieving these timescales will be subject to resourcing:</i></p> <ol style="list-style-type: none"> <li>1. Complete scoping of proposed new law, by end Q2 2020</li> <li>2. Develop and finalise proposals, by end of Q3 2020</li> <li>3. Present to the States of Deliberation during Q4 2020</li> </ol>
<b>Needs/requirements that have not been supplied/resolved:</b>	As above As above with regard to resourcing
<b>Any other comments:</b>	Will require changes to legislation in due course

<b>Work stream 6 – Making Every Contact Count</b>	
<b>Brief overview:</b>	<ul style="list-style-type: none"> <li>The Making Every Contact Count (MECC) Framework is a National Framework for health behaviour change in the health service, which sets out how interventions to support lifestyle behaviour change need to be integrated into our health service.</li> <li>MECC is an approach to behaviour change that uses the millions of day-to-day interactions that organisations and individuals have with other people to support them in making positive changes to their physical and mental health and wellbeing. It supports the opportunistic delivery of consistent and concise healthy lifestyle information and enables individuals to engage in conversations about their health at scale across organisations and populations. Put simply delivering brief advice by simply having a conversation. The main risk factors health professionals usually talk about are: <ul style="list-style-type: none"> <li>○ tobacco use</li> <li>○ alcohol and drug use</li> <li>○ healthy eating</li> <li>○ physical activity</li> </ul> </li> </ul>

<b>Resourcing:</b>	The early stages of this work package are to be resourced from within Public Health. There may be further resource requirements at a later date.
<b>Barriers to progress:</b>	None at present
<b>Next steps:</b>	<p>The steps that are currently being taking to implementing MECC locally include:</p> <ul style="list-style-type: none"> <li>• Making the case, including drafting the business case</li> <li>• Looking at the evidence base for the intervention</li> <li>• Developing a logic model with clearly articulated goals</li> <li>• Planning an evaluation</li> </ul> <p>This work package is at an early stage. Further consideration needs to be given to resource requirements and a full timetable for implementation.</p>