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In defence of Public Health.

This short paper looks at the maintenance of the Public Health Trainer Service in the context of the health needs of the local population. It addresses the proposals in an internal ***NHS Oxfordshire*** (PCT) consultation document ***"Proposed new organisation structure for the commissioning arm of NHS Oxfordshire*****".** This paper, issued to staff on 19th January 2011 includes public health cuts and proposes a rapid move to dismiss all staff involved in the Healthy Living Partnership, Health Trainer service. Community Development Workers would be cut from three to one. NHS Oxfordshire (Oxfordshire PCT) originally consulted with local stakeholders, communities, and the public in the process of setting up these services. NHS Oxfordshire now wishes to withdraw these services without public consultation or properly considering the direct, indirect, and disproportionate negative impacts that the potential loss of these services might have on certain 'protected groups' and vulnerable, disadvantaged communities currently bearing the brunt of adverse health inequalities.

Premature death.

Oxfordshire is an area of huge health inequalities. A headline indicator is that men in the most disadvantaged areas of Oxfordshire are likely to die 7 years before those in the most affluent areas. For women the figure is almost 6 years. Improving this appalling statistic was one of the principle motivators for setting up the health trainer service. The Director of Public Health and his team are to be congratulated on a number of useful public health initiatives to rectify this situation – in fact even the alarming figures above already show a significant improvement over recent years.

Challenging the cuts rationale

The rationale behind the rapid closure of these services appears to be that they have run their course or have been tested and found to be ineffective – the latter claim being particularly true of the Health Trainer service. There are concerns that these claims are a smokescreen for an attempt to transfer the cost of the financial crisis to a section of the population least able to absorb significant service cuts.

Contesting NHS Oxfordshire's claims of inefficiency in the health trainer service.
Typical NHS provider services invest around 75% of their income on wages for frontline staff. This service, however, allocates about 33% of its income on frontline staff wages. ie £135k out of £400k. Frontline staff struggle to show they are 'value for money' because of the exceptionally high structural costs of the service. This configuration inflates costs per patient contact by 600%.
Our view is that this is a problem which can be fixed without ending the provision and urge that the service, like the Smoking Cessation Service, is transferred to the Community Health Oxfordshire side of the PCT en route to Oxford Health Foundation Trust.
Cost figures also assume the service is fully staffed. This is not the case. Each year PCT

does NOT in fact spend the claimed £400k on the service. There is a significant underspend because of vacancies. At the time of writing this report UNISON is working with management to try to quantify this. Again this significantly skews the calculations of the costs of the service. The significance of this is that the closure of the service and sacking of the frontline staff will NOT make the forecast savings for the PCT.

An ineffective service?
Health Trainers challenge the way the data was collected, what was measured and the lack of feedback in any audit cycle. A process of discussion between the management and workforce would allow solutions to alleged ineffectiveness to have been explored. One health trainer commented that supporting people in areas of low wages with multiple re-enforcing problems is not going to lead to a series of quick wins. The example the trainer gave was of a client with debt problems losing her home, losing self confidence and failing to follow the agreed exercise programme. Did this intervention 'fail' or should we note the initial progress and aim to resume the work once the immediate crisis had been resolved? This is also partly an issue of measuring behaviour change and appreciating that over a period small quantitive changes will lead to qualitative change. Health Trainers have also been of the view that supporting clients on a one-to-one basis over a period up to 3 months is inevitably expensive. They have long been pushing for increased involvement in group sessions and engaging with teenagers as well as adults and have spoken of the value of being located in health centres.

Experience of others
The South Central Strategic Health Authority continues to promote the health trainer service across our region even offering grants to assist PCTs in running this service. UNISON has urged NHS Oxfordshire to apply for support. We note too that West Berkshire PCT is maintaining its health trainer service for the people of Reading.

Key points

The Health Trainers, themselves drawn from target communities, have been trained in the principles of public health and modifying health related behaviours with clients. They are an absolutely invaluable front line resource intimately connecting Public Health officials with key communities they must serve.

UNISON's view is that simply shutting down a service as a response to a poor evaluation results is not responsible. The problem of deprivation remains – it needs to be fixed. We call for a period of public consultation about this service with a view to strengthening it and making it as efficient and effective as possible.

We urge the Joint Health Scrutiny Committee to press that *at the minimum* a full public consultation takes place regarding the future of the Health Trainer service.

We urge that the PCT (NHS Oxfordshire) is required to publish a detailed impact assessment of their plans to cut their staffing by over 30% this year and that this assessment is presented for public consultation and debate.