

Report to Cllr Bob Lanzer, Cabinet Member for Public Health and Wellbeing

September 2021

Future arrangements for the West Sussex Wellbeing Programme

Report by Alison Challenger, Director of Public Health

Electoral division(s): All

Summary

West Sussex Wellbeing is an adult based prevention programme with a focus on reducing health inequalities and modifiable lifestyle risk factors such as excess weight, sedentary behaviour, smoking and high levels of alcohol use. Originally established in 2008 with a focus on Cardiovascular Disease Reduction (CVD) for working age adults, the programme has evolved to focus more heavily on health inequalities and hard to reach groups.

The programme is a partnership between West Sussex County Council (WSCC) and the seven District and Borough councils (D&Bs) illustrating the broad role that both organisations play in shaping the wider determinants of health, including housing, planning, leisure and green space, environmental health, and economic development.

West Sussex Wellbeing is in the final year of its current three-year agreement.

Recommendations

The Cabinet Member for Public Health and Wellbeing is asked to approve;

- 1) the continuation of the West Sussex Wellbeing programme effective from 1st April 2022 for a five-year term, with appropriate break clauses in Agreements;
- 2) that WSCC fund the Wellbeing Services (via the Public Health Grant) with the D&B Councils contributing certain non-monetary resources through infrastructure and management (subject to the appropriate D&B councils sign off processes). Each D&B Council will act as the host of the pooled resources (including the Allocated Fund from the Public Health Grant); and
- 3) the continuation of the delegated commissioning responsibilities and functions relating to Public Health and Wellbeing Services to the West Sussex D&B Councils.

Proposal

1 Background and context

- 1.1 The West Sussex Wellbeing programme is structured as an 'Integrated Lifestyle Service' in line with national evidence on prevention services that tackle multiple unhealthy risk factors¹. It acts as a one stop shop offering a range of options for clients who can access the service for help with a range of issues, following a person-centred approach to support them to set their own goals. Individuals who live or work in West Sussex can self refer, or be referred to, any of the six wellbeing 'hubs'; one in each District and Borough (Adur and Worthing operate as one overall wellbeing service).
- 1.2 The programme offers support through one-to-one motivational advice and brief interventions from a trained wellbeing advisor, alongside a range of evidence-based services including: weight management, smoking cessation, programmes to increase physical activity, strength and balance as part of falls prevention, support with reducing alcohol consumption and NHS Health Checks (delivery of which was paused due to Covid-19 due to this being a face to face programme).
- 1.3 The programme has its own dedicated [wellbeing website](#), hosted and funded by WSCC with topic-based health and wellbeing information and campaigns on the main site, and sub-sites for each local wellbeing hub to keep residents up to date on programmes on offer in each D&B.
- 1.4 The programme is coordinated by a wellbeing hub manager in each D&B, working closely with the public health lead at WSCC to collectively drive the programme forward using best evidence and national guidance, whilst at the same time supporting local innovation and alignment with each area's place-based priorities. Hub managers share best practice and apply delegated budgets allowing autonomy and the creation of individual area identities and design, within the umbrella West Sussex Wellbeing brand.

This arrangement allows for:

- Flexibility within local programmes
- A consistent and recognisable high-quality brand
- Expert public health support and oversight
- Collective discussion and decision making
- Shared efficiencies where possible and practical (e.g. cross county training)
- Mutual respect and positive relationships between WSCC and District/Borough staff
- Opportunities to test new models and ideas

2 Proposal details

- 2.1 It is proposed to enter into a new partnership agreement for the West Sussex Wellbeing programme with our D&B councils from 1st April 2022.
- 2.2 This new agreement is an opportunity to review the current programme and to ensure future arrangements best meet the needs of our local communities, whilst continuing to follow national best practice and evidence. This will particularly address the impact of the Covid-19 pandemic on the health of our residents, their healthy life expectancy and health inequalities.
- 2.3 The partnership has been three years duration for the previous three terms however a longer agreement is proposed from 1st April 2022 for five years. This would allow the programme to retain staff on longer term contracts and invest in longer term programmes bringing greater stability and a stronger platform to innovate. The current Agreements include annual break clauses, and this mechanism would remain.
- 2.4 The Wellbeing programme and our partnership with the D&B councils is well established and embedded in local areas; the brand is recognised and trusted and has well established links with WSCC services, social care and health partners that we are keen to build on, to ensure that preventative services and pathways to and from Wellbeing and into social care, the fire service, communities, early help (for parents and carers), young people leaving care, primary and secondary healthcare and other front line services, are effective and efficient across the county.
- 2.5 It is critical that the programme is accessible to all individuals and groups who may wish to access wellbeing support. The new Agreement will have a renewed and increased focus on individuals from minority ethnic backgrounds, men, and routine and manual workers. As well as ensuring it is accessible to young adults, carers, autistic people and those with learning disabilities. The programme will continue to build on and enhance the existing positive relationships that exist within each D&B.
- 2.6 Our workplace health programme has been growing and we are already working to unify our programme across West Sussex, offering support to Small and Medium Sized Enterprises (SMEs) as a priority.
- 2.7 Appendix One sets out our headline programme outcomes for 2020/21 and Appendix Two illustrates more broadly how West Sussex Wellbeing meets the Public Health Outcome Framework.

3 Other options considered (and reasons for not proposing)

3.1 Current partnership agreement comes to an end with no new agreement in place

- This option would mean there would be little or no service provision in place for adult lifestyle prevention programmes across the county through the public sector. This in turn would put further immediate pressure on WSCC services and primary and secondary care. Private providers do exist (such as commercial slimming groups) but without our programmes focusing on inequalities and areas of deprivation, offering low cost or free programmes, individuals may be less likely to access these programmes increasing their risk factors for ill health and resulting in poorer health outcomes for our population.
- West Sussex Wellbeing is an established programme that has been in operation for over 10 years, therefore the ending of the programme would remove a recognisable and visible countywide brand that is trusted by our residents.
- There could also be a negative impact on our relationships with the D&B councils, increasing the reputational risk to WSCC who would be perceived as cutting services.

3.2 Current partnership agreement comes to an end and full procurement exercise undertaken

- There are numerous services within this programme for which the current Wellbeing programme have established competency, necessary skills and facilities which are fit for purpose. Continuing with the current agreement offer to all D&Bs rather than undertaking a full competitive procurement offers a more efficient and cost effective programme which is more likely to maintain service continuity. Under this arrangement WSCC is not required to fund premises, management and additional support services such as communications support, HR, legal and IT costs which offers significant benefits in terms of value for money.
- In other local authorities where a private provider is in place for these types of Integrated Lifestyle Services there is less flexibility in the model to provide additional services. Having a Partnership Agreement allows the flexibility to test additional programmes within the life of the agreement, and for rapid service change and response as required.
- Going out to procurement for a programme with many services carries the potential risk of no bids and therefore ceasing delivery, reducing access in parts of the county. It would also alter the delivery of the partnership with our D&B colleagues which could create reputational issues between WSCC and the D&Bs.
- These are front line services delivered close to residents' homes so accessible and valued. They are required to meet local health needs and support the priorities in the Future West Sussex Plan, and the proposal of a direct award is believed to be the most appropriate way forward.

3.3 The two options outlined above are therefore not recommended. Agreement is sought on continuing with the current arrangement and entering into a new partnership agreement from April 2022 onwards.

4 Consultation, engagement and advice

4.1 Internal partnership discussions took place between the WSCC Chief Executive and the D&B Chief Executives regarding the continuation of the programme and agreed their support and intention to renew the partnership.

4.2 An additional paper was taken to the West Sussex Public Health Board with representatives from adults, children, education, finance, fire and rescue services and communities directorate colleagues. A separate meeting with these stakeholders was held to discuss the opportunity to ensure the wellbeing programme seeks to continue and build on its collaborative approach across the system.

5. Finance

5.1 Funding is provided from the ring fenced Public Health Grant to each D&B according to an inequalities formula which is weighted for population size, and prevalence of adults above a healthy weight, smoking and alcohol use.

The current annual financial envelope for the Wellbeing programme across the County is **£2,273m** consisting of the following:

£1.836m - core funding from the PH grant

£0.180m – specific allocation for NHS Checks and Smoking Cessation programmes

£0.257m - specific allocation for alcohol advice service

The £2.273m financial envelope includes £0.100m reduction in spend relating to a reduction in activity within the NHS Health Checks programme however, this will be reviewed in future with additional funding identified should the programme recover to a sufficient level.

Table One: West Sussex Wellbeing funding by D&B 2020/21

D&B	ALLOCATION (£)
Adur	206,084
Arun	414,024
Chichester	322,947
Crawley	336,055
Horsham	339,403
Mid Sussex	346,682
Worthing	307,946
West Sussex	2,273,141

5.2 Revenue consequences

	Current Year 2021/22 £m	Year 2 2022/23 £m	Year 3 2023/24 £m	Year 4 2024/25 £m	Year 5 2025/26 £m
Revenue budget (PH Grant Funded)	2,273	2,273	2,273	2,273	2,273
Change from Proposal	None	None	None	None	None
Remaining budget	NA	NA	NA	NA	NA

5.3 The effect of the proposal:

(a) **How the proposal represents good value**

The D&B councils contribute to the programme through management, IT, premises, and additional infrastructure costs reducing the financial cost to WSCC, ensuring that the use of the PH grant is directly used on services to reduce ill health. If individuals are able to adopt healthier behaviours with the support of evidence-based programmes, there are significant returns on investment and reduction in social care and health costs over the life course.

Integrated lifestyle services allow for multiple programmes to be offered to clients in one setting, reducing the need for separate contractual arrangements and allowing for flexibility according to the needs of the population within each local area. This partnership model provides good value in its ability to be flexible with the programmes it offers whilst also allowing for individuals to address more than one risk factor in one place/at one time.

As a result of any behaviour change benefits can be seen not only by the individual but their networks of family members and friends.

(b) **Future savings/efficiencies being delivered - None**

(c) **Human Resources, IT and Assets Impact - None**

6 Risk implications and mitigations

Risk	Mitigating Action (in place or planned)
There is some element of risk that a provider in the market could challenge the delegation of functions from WSCC to the District and Borough Councils and argue that the arrangements for the Wellbeing Hub Services are "public contracts" for services which should have been competitively procured under the Public Contracts Regulations 2015.	Taking into account a number of factors, including the fact that the District and Borough Council's contribute towards the services (through management and infrastructure) and the fact that the Wellbeing Hubs are already established within each local area and operate from locations and services already well known to the public, this is considered to be low risk.
Change / reduction in future Grant Funding	The partnership arrangement includes a break clause, allowing for the termination of the agreement should circumstance require it.

7. Policy alignment and compliance

7.1 The agreements between WSCC and the District and Borough Councils will be structured as statutory delegation arrangements of functions from WSCC to each of the District and Borough Councils. Therefore, the partnership agreements will not be "public contracts" for services pursuant to the Public Contracts Regulations 2015 and will not be subject to the public procurement regime. These types of arrangements between public bodies are exempt under the Public Contract Regulations 2015 from the requirement to run public procurement competitions. However, where it is intended that provision of any the services are further contracted out to sub-contractors, these would need to be tendered in conformity with procurement regulations.

7.2 The services provided by the West Sussex Wellbeing programme form part of the WSCC discharge of its functions under the Public Health White Paper 'Healthy Lives, Healthy People: update and way forward' ² which sets out local authority responsibility for:

- Obesity and community nutrition initiatives
- Increasing levels of physical activity in the local population
- Assessment and lifestyle interventions as part of the NHS Health Check programme
- Behavioural and lifestyle campaigns to prevent cancer and long-term conditions
- Local initiatives on workplace health

The functions delegated to the Districts and Boroughs are to enable them to meet the responsibilities for the above, through a mutually agreed outcome-based programme (Appendix One refers to these outcome measures).

7.3 The wellbeing programme contributes to the WSCC Plan ('Our Council Plan 2021-2025')³ in the following ways:

- Supporting a healthy place within the **sustainable and prosperous economy priority**, through its workplace initiatives and offering programmes within communities for communities, such as smoking cessation.
- As a key programme within the ambition of **Helping People and Communities to fulfil their potential** through supporting people to maintain and improve their health and wellbeing through advice and support within their local area that is person-centred and addresses health inequalities that exist across the county.
- **Making the best use of resources** through a partnership approach with our D&B colleagues to ensure programmes are following a strong evidence base and follow NICE guidance where possible, and do not duplicate existing services; instead working across agencies to support individuals and families with their health and wellbeing. This increases the chance of good outcomes and value for money, both long and short term.

7.4 The West Sussex Wellbeing programme supports the delivery of The NHS Long Term Plan⁴ and other/future plans across the West Sussex Health and Care Partnership which set prevention at their heart, with a renewed focus on alcohol reduction, smoking cessation and weight management programmes and the need to work in partnership across the Social Care and Health system to reduce health inequalities. The introduction of Social Prescribers within Primary Care has further supported and strengthened these links, with a proportion of referrals into social prescribing for lifestyle issues that are then referred to local wellbeing programmes for further support.

7.5 Providing a service for working age adults also supports the targets within the West Sussex Joint Health and Wellbeing Strategy⁵ with its focus across the life course.

Working age adults are often parents and this programme supports the **Starting Well** priority by offering programmes for health and wellbeing that both support adults themselves, but also influence the whole family's health (such as smoking cessation, weight management and physical activity).

Within the **Living and Working Well** programme West Sussex Wellbeing support people look after their own health with its client led approach, and through the **Ageing Well** priority in reducing people having falls through our strength and balance programmes, and supporting older adults staying healthier, happier, and independent for longer.

Covid -19 response

7.6 Build Back Fairer, the COVID – 19 Marmot Review⁶ specifically highlights the health impact of the Covid-19 pandemic, with a focus on the increasing levels of smoking and alcohol use observed since March 2020, and obesity as key risk factor for mortality from Covid-19.

In the past eighteen months the West Sussex Wellbeing programme has responded to and supported the Covid -19 pandemic as follows:

- Wellbeing staff supporting individuals in crisis through emergency hubs within each D&B alongside continuing to operate a reduced wellbeing service.
- Converting face to face offer to online and phone-based programmes
- Increased activity on smoking cessation to support capacity issues within GPs and Pharmacies, including supporting the homeless population through a partnership with Totally Wicked Vape Shop, local Homeless Charities and the wellbeing programme (provision of one-to-one support and the provision of vaping or nicotine replacement products)
- Flexibility of alcohol delivery model to utilising virtual and phone-based service in place of face to face.

7.7 The Wellbeing programme will continue to offer the support and services on offer whilst going further in their work to focus on health inequalities and hard to reach groups, as part of a whole system response to the Covid -19 pandemic where other partners may continue to need to focus on reactive support and treatment. This will involve more targeted work within areas of deprivation and with underrepresented groups who do not currently access wellbeing services in significant numbers. West Sussex Wellbeing continues to offer the preventative support and advice which will reduce pressure on the social care and health system.

Equality and Human Rights Assessment

7.8 Under the Equality Act, the council has a public sector equality duty. It must show how it has due regard to the need to:

- eliminate unlawful discrimination, harassment and victimisation;
- advance equality of opportunity between people who share a protected characteristic and people who do not share it; and
- foster good relations between people who share a protected characteristic and people who do not share it.

7.9 As this decision is regarding the continuation of an existing programme, there is no impact on individuals or groups with regard to these three principal duties.

7.10 The proposal does not affect the Council's duties under the Human Rights Act as the decision does not change the existing service model already in existence. If the programme were to change, in consultation with partners, we would then consider the impact on protected groups and address accordingly.

Social Value and Sustainability Assessment

7.11 The programme supports individuals who live and work in West Sussex, and their families to access lifestyle support to improve their health, in their own communities. The programme is person centred, working with individuals to address the barriers to positive health behaviours. By basing the programme within the D&Bs each area can design the service to suit local need, working with local community assets like leisure, green space, and community groups. Health outcomes are measured through outputs such as weight lost and levels

of physical activity, but also through other pre and post intervention measures such as case studies, and 3 month follow up post programme completion.

- 7.12 As delivery partners, each D&B will abide by their own sustainability principles as agreed by their organisation. As a partner we would expect this programme to be delivered in line with our current sustainability strategy, with the overall ambition to reduce the environmental impact. We'd look to delivery partners to seek to maximise the benefits of the programme while minimising the environmental impact. Given the nature of the delivery of the programme, with a focus on physical activity, this may include for example promoting active travel methods such as cycling and walking, encouraging staff (or those who deliver the programme) to use the travel hierarchy when meeting clients (e.g. public transport, choosing meeting places that reduce the need to use the car), promoting the benefits of greenspace in local areas and highlighting current initiatives such as Refill (free access to tap water).

Crime and Disorder Reduction Assessment

- 7.13 None – this decision is about continuation of an existing programme. However, the programme works with individuals and families some of whom have complex Needs. This includes those with low level mental health, alcohol and substance use issues. The programme therefore supports reduction in crime and disorder via this mechanism.

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Appendices:

Appendix 1: Programme Outcomes and How the West Sussex Wellbeing programme meets the Public Health Outcomes Framework Indicators

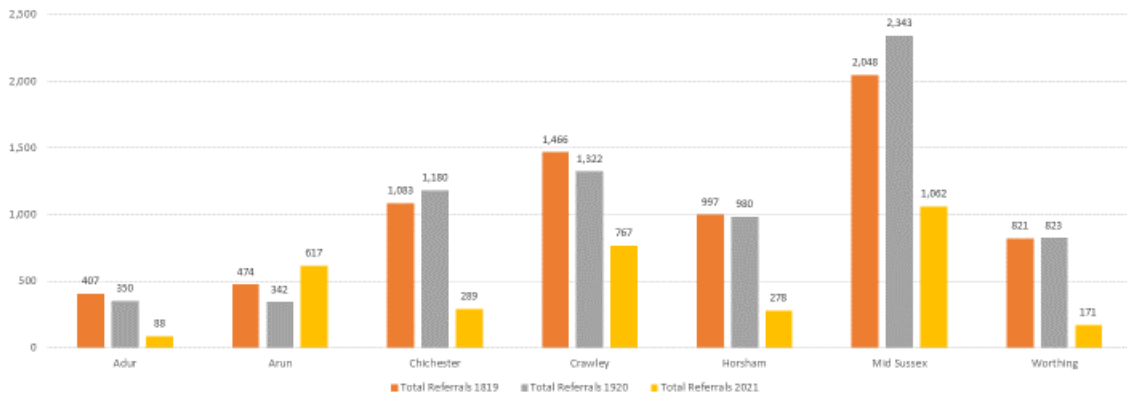
Appendix 2: How the Wellbeing Programme meets the Public Health Outcome Framework indicators

Background Papers:

1. Evans H & Buck D, 2018, [*Tackling multiple unhealthy risk factors, The Kings Fund*](#)
2. Department of Health, 2011, [*Healthy Lives, Healthy People: Update and Way Forward*](#)
3. West Sussex County Council, 2021, [*Our Council Plan 2021-2025*](#)
4. Department of Health, 2019, [*The NHS Long Term Plan*](#)
5. West Sussex Health and Wellbeing Board, 2019, [*Joint Health and Wellbeing Strategy*](#)
6. The Health Foundation, 2020, [*Build Back Fairer: The Covid-19 Marmot Review*](#)

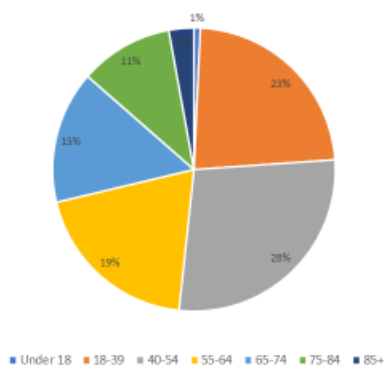
Appendix 1: Programme Outcomes 2020/21

Total West Sussex Wellbeing referrals by year and D&B (referred and self referred)

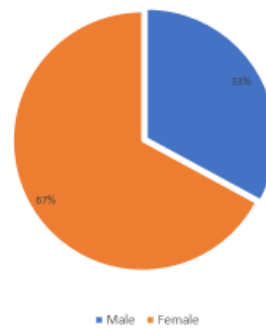


Lockdown has impacted numbers referred into the Wellbeing Programme over 2020/21, when compared to previous years

Age Group at referral 20/21

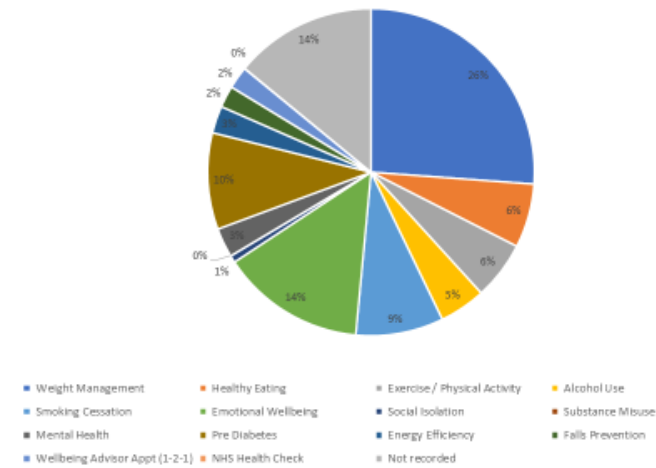


Split of recorded genders 20/21



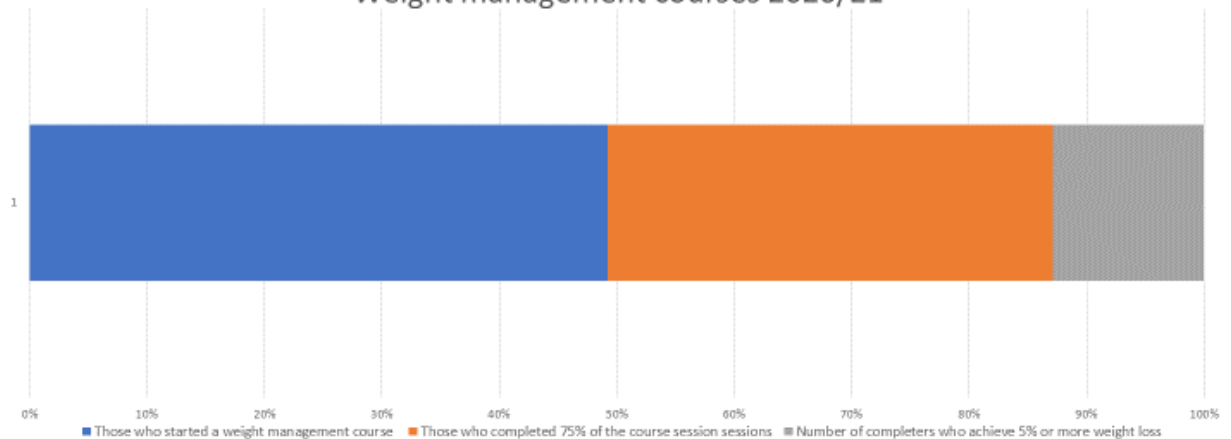
Over 70% of those accessing the programme are below 65 years of age.
Two thirds of those accessing the wellbeing programme are female.

Primary reason for referral 2020/21



Weight management was the most common reason for contacting the Wellbeing programme, followed by emotional wellbeing. Over half of the people contacting the Wellbeing programme in 2020/21 went on to have an appointment with a wellbeing advisor, and over a third were referred into a service.

Weight management courses 2020/21



Of those who attended a weight management course in 2020/21, 77% completed at least $\frac{3}{4}$ of the sessions, exceeding the target of 60%. Of these, 33% achieved a weight loss of 5% or more, against a target of 30%.

Please note: The data provided is from 2020/21 when service activity was much reduced due to Covid-19. Numbers are recovering and monitoring of outcomes will be refreshed for any new agreement.

Appendix Two: How the Wellbeing Programme meets the Public Health Outcome Framework indicators

Domain	Public Health Outcomes Framework Indicator	Role of Wellbeing Programme
<p>DOMAIN 1:</p> <p>Improving the wider determinants of health</p> <p>Objective: Impact on wider factors that affect health, wellbeing and inequalities</p>	<ul style="list-style-type: none"> 1.09ii Sickness absence – the percentage of working days lost due to sickness absence (16+) 	<p>Delivery of comprehensive workplace wellbeing programmes, utilising the workplace as a setting to work with a range of individuals.</p> <p>Supporting a healthy work environment through advice on vending, food provision, campaigns, support to maintain good habits, promotion of REFILL initiative.</p> <p>Advocates MECC within workplaces to actively improve engagement amongst employees.</p>
	<ul style="list-style-type: none"> 1.11 Domestic abuse related incidents and crimes 	<p>Identification and signposting to appropriate services for domestic abuse.</p>
	<ul style="list-style-type: none"> 1.15 Housing (indicator: statutory homelessness – eligible homeless people not in priority need and households in temporary accommodation) 	<p>Identification of housing need (should this be disclosed) and referral to appropriate services.</p>
	<ul style="list-style-type: none"> 1.16 Utilisation of outdoor space for exercise/health reasons (16+) 	<p>Promote and make use of outdoor space as part of Wellbeing programme delivery and signposting.</p>
	<ul style="list-style-type: none"> 1.17 Fuel poverty 	<p>Identification and signposting to appropriate services. Delivery of information and advice on measures to prevent fuel poverty.</p>
<p>DOMAIN 2:</p> <p>Health improvement</p> <p>Objective: <i>People are helped to live healthy lifestyles, make healthy choices and reduce health inequalities</i></p>	<ul style="list-style-type: none"> 2.2 Breastfeeding initiation and prevalence at 6-8 weeks after birth 	<p>Promotion of breastfeeding, information on where to access further support.</p>
	<ul style="list-style-type: none"> 2.3 Smoking status at time of delivery (maternal smoking) 	<p>Maternal and paternal Identification, motivational support and signposting to stop services.</p>
	<ul style="list-style-type: none"> 2.6 Prevalence of overweight (including obesity) at Reception aged 4-5 and year 6 aged 10-11 year olds 	<p>Support to adults (as part of family approach) to access weight management programmes, access physical activity opportunities and eat healthily.</p>
	<ul style="list-style-type: none"> 2.11i Proportion of the population meeting the recommended '5 a day' on a 'usual' day (adults 16+) 	<p>Information and advice when appropriate. Signposting to / delivery of services.</p>
	<ul style="list-style-type: none"> 2.12 Percentage of adults (aged 18+) classified as overweight or obese 	<p>Identification, motivational support, delivery of and signposting to services.</p>
	<ul style="list-style-type: none"> 2.13 Percentage of physically active and inactive adults 	<p>Identification, motivational support, delivery of and signposting to services (not limited to local leisure service provision).</p>
	<ul style="list-style-type: none"> 2.14 Smoking prevalence – adult (over 18s) 	<p>Identification, motivational support, delivery of and/or signposting to smoking cessation service to suit the client. Influence / delivery of tobacco control measures.</p>
	<ul style="list-style-type: none"> 10.01 Admission episodes for alcohol related conditions (all ages) 	<p>Promotion of lower risk drinking. Identification, motivational support and signposting to specialist service (may be within wellbeing itself - opportunities to provide extended brief advice from trained wellbeing staff where appropriate).</p>
	<ul style="list-style-type: none"> 2.19 cancer diagnosed at early stage 2.20i cancer screening coverage - breast cancer (female 53-70 years) 	<p>Promote screening and referral routes to eligible groups.</p> <p>Promote access to the range of appropriate Wellbeing services to reduce weight, alcohol</p>

	<ul style="list-style-type: none"> 2.20ii Cancer screening coverage – cervical (female, 25-64 years) 2.20iii cancer screening coverage – bowel cancer (persons, 60-74 years) 	consumption, smoking and increase levels of physical activity to support messages on cancer risk reduction.
	<ul style="list-style-type: none"> 2.22iii Cumulative percentage of the eligible population aged 40-74 offered an NHS Health Check 2.22iv Cumulative percentage of the eligible population aged 40-74 offered an NHS Health Check who received an NHS Health Check 2.22v Cumulative percentage of the eligible population aged 40-74 who received an NHS Health Check 	Identification of eligible individuals, provision of NHS Health Check service and/or signposting to providers when eligible and not interested in taking up the offer. Effective referral on to other services as a result of the NHS Health Check. Effective correspondence with GP if NHS Health Check takes place within wellbeing and risk factors identified (as per NHS Health Check guidance)
	<ul style="list-style-type: none"> 2.23 Self-reported wellbeing 	Promotion of factors that increase wellbeing and increase emotional resilience. Signposting to services. Integration of wellbeing drivers within all programmes, i.e. goals & aspirations, social connections, personal strengths, emotional awareness (Appendix C).
	<ul style="list-style-type: none"> 2.24 Emergency hospital admissions due to falls in people aged 65 and over 4.14i Hip fractures in people aged 65 and over 	Promotion and delivery of appropriate physical activity interventions for adults and older adults, including specific evidence based strength and balance programmes as part of system wide falls prevention programme.
DOMAIN 3: Health protection <i>Objective:</i> <i>The population's health is protected from major incidents and other threats, while reducing health inequalities</i>	<ul style="list-style-type: none"> 3.2 Chlamydia detection rate/100,000(15-24 year olds) 3.3 Population vaccination coverage (PPV, flu and shingles 65+) and flu at risk groups (6 months -64 years) 	Promotion of sexual health. Identification of eligible individuals and signposting to chlamydia screening service. Highlighting and promoting vaccination programmes to encourage uptake, and signposting to where vaccinations available.
DOMAIN 4: Healthcare public health and preventing premature mortality <i>Objective:</i> <i>Reduced numbers of people living with preventable ill health and people dying prematurely, while reducing the gap between communities</i>	<ul style="list-style-type: none"> 4.04i Under 75 mortality rate from all cardiovascular diseases 4.05i Under 75 mortality rate from cancer 4.06i Under 75 mortality rate from liver disease 4.07i Under 75 mortality rate from respiratory disease 4.15iii Excess winter deaths 4.16 Estimated dementia diagnosis rate (aged 65+) 	Focus on prevention e.g. physical activity, diet, excess weight, smoking, emotional wellbeing, particularly in areas and groups of highest need. Focus on prevention e.g. physical activity, diet, excess weight, smoking, particularly in areas and groups of highest need. Focus on prevention by promoting lower risk alcohol consumption and measures to tackle excess weight, particularly in areas and groups of highest need. Focus on prevention of smoking and other environmental factors that contribute to people getting respiratory disease, particularly in areas and groups of highest need. Providing public information to prevent seasonal deaths and to tackle fuel poverty. Promotion of flu vaccine to eligible groups Preventing dementia through promoting healthy lifestyle and exercise (half of dementias have a vascular component).