

Committee: Healthier Communities and Older People Overview and Scrutiny Committee

Date: 17 March 2014

Agenda item:

Wards: ALL

Subject: Public Health in its first year following transition.

Lead officer: Kay Eilbert, Director of Public Health

Lead member: Councillor Logie Lohendran, Chair of the Healthier Communities and Older People overview and scrutiny panel.

Forward Plan reference number:

Contact officer: Stella Akintan, stella.akintan@merton.gov.uk; 020 8545 3390

Recommendations:

- A. That members of Healthier Communities and Older People Overview and Scrutiny Committee note the progress made in public health during the first year of transition to the local authority.
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1. PURPOSE OF REPORT AND EXECUTIVE SUMMARY

This report provides an overview of the first ten months of Public Health following transition into the London Borough of Merton

2. DETAILS

2.1 Introduction

- 2.1.1 Public health is about what we do as a society to create opportunities for people to be healthy. The factors that influence health start early in life and range from early child development, school achievement, work readiness and good work through to a thriving retirement. Health care services are a key factor but only come into play once a health problem occurs, often resulting from unhealthy habits that lead to long term conditions and disabilities. The return of Public Health to local government provides opportunities to address these influences through the work of the Council.
- 2.1.2 Since the transition of Public Health in April 2013, the Public Health team has been forging new partnerships, seeking opportunities to address the significant health inequalities in Merton and to embed prevention in everyone's work in the Council and beyond.
- 2.1.3 Public Health was established as a new team specific to Merton, having previously been a shared service with Sutton. Merton Council inherited a relatively small team and budget which has worked in ways to make public health robust, while realising that we have to work differently and more effectively within limited resources.

2.1.4 The initial focus of our work has been two fold: ensuring contracts that we inherited are robust and on identifying new opportunities in the Council, and with partners, to embed public health.

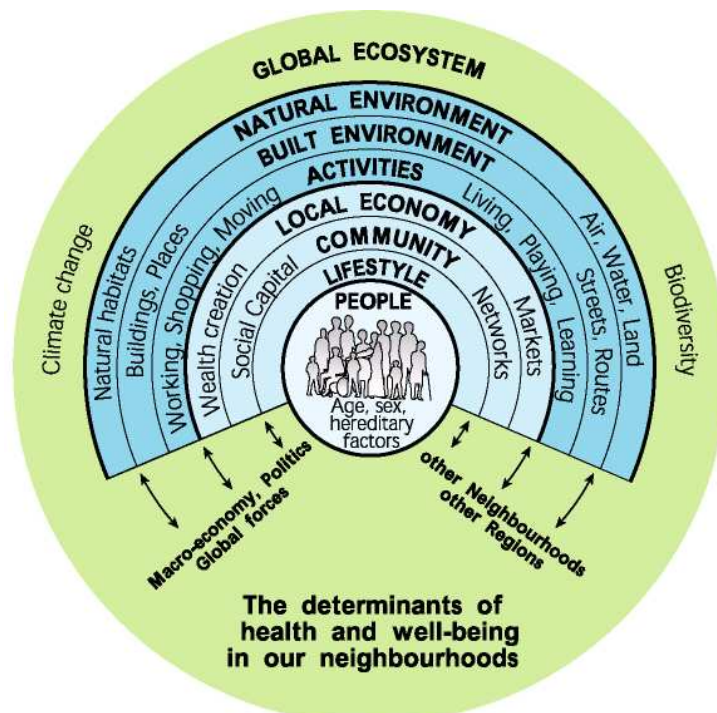
Work has taken place on the mandatory services (NHS health checks, national school measurement programme, sexual health services, expertise and support to Merton Clinical Commissioning Group and assurance of health-related emergency planning), along with universal services such as Stop Smoking and assurance for childhood immunisations and screening services. All contracted services are being reviewed to ensure that they are effective and meet the needs of our residents.

2.2 The Public Health Approach

2.2.1 Our vision for people’s health in Merton over the next five years is to stem the increase in the significant inequalities in health outcomes between the East and West of Merton, providing more equal opportunities for all residents of Merton to be healthy.

2.2.2 Following this the Public Health team works to make health everyone’s business. We work with partners, in the Council, Merton Clinical Commissioning Group and the voluntary sector, to build each of our contributions to reducing health inequalities.

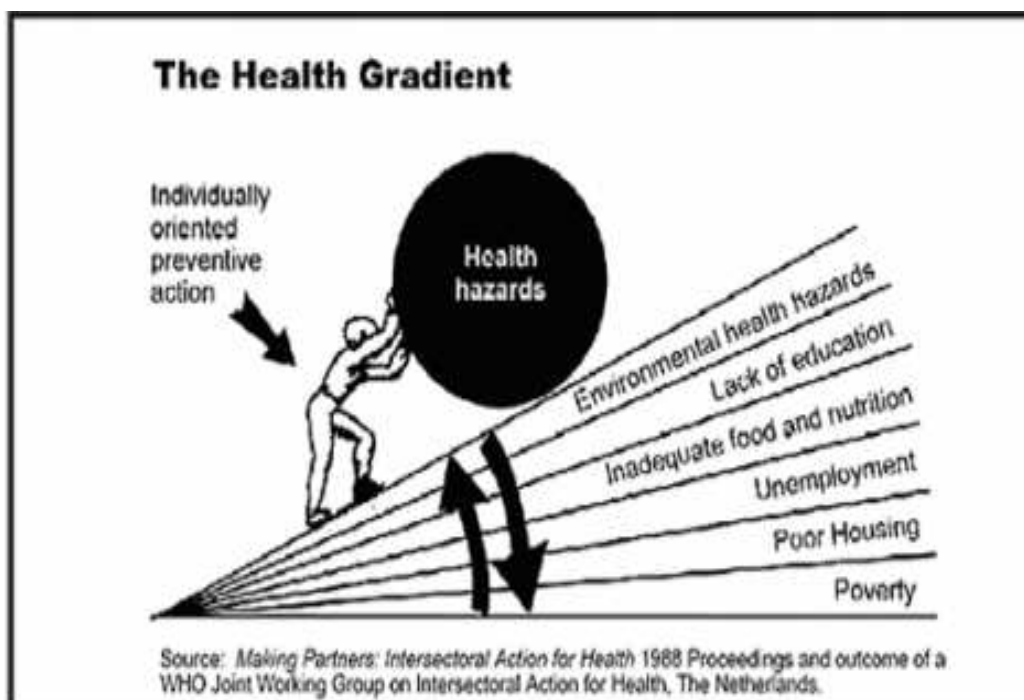
2.3 What is health?



2.3.1 The above figure shows that health is about putting in place the conditions in which people can be healthy. People’s health and wellbeing is strongly influenced by the conditions in which they live and work. Health inequalities are created by inequalities in wider society, for example in unequal opportunities for a good education and a good job.

- 2.3.2 Lying at the heart of shorter life expectancy are poverty and low education levels, the largest influences on health. In fact, health care and social care services and our biology only account for about 20-30% of our health and wellbeing. While these services are important to help those who become ill or disabled to re-establish their independence as far as possible, the rest is mainly determined by the social and physical environments in which we live. This includes our ability to take responsibility for our lifestyle choices.
- 2.3.3 The 2010 Marmot review of health inequalities recommended working across the life course - prioritising the early years, through working age to a thriving retirement. We have adopted this approach, focusing on reducing the significant health inequalities that exist within Merton and the social determinants which influence this.
- 2.3.4 The move of Public Health to the local authority has provided an opportunity to expand the traditional focus on health care and lifestyles to a broader approach to prevention.

The figure below shows that we must combine efforts to provide information and services to enable individuals to take responsibility for their own lifestyle choices but they can only make healthy choices if these options are available. The Council has numerous levers to improve availability of healthy options, through for example planning and licensing.



2.4 Public Health Work in the first ten months

Mandatory Work

2.4.1 Local authority responsibilities for public health leadership, commissioning and delivery include specific mandatory functions and services which must be delivered:

- Production of the Joint Strategic Needs Assessment (JSNA), jointly with the Clinical Commissioning Group. Merton Joint Strategic Needs Assessment (JSNA) sets out the health and social care needs of our residents. In partnership with colleagues and in consultation with the voluntary sector Merton JSNA has been refreshed for 2014 involving significant consultation with partners.

The JSNA confirms that there are significant differences in health and wellbeing across Merton and that people in the west of borough live longer than those in the east. This inequality is seen across all areas relating to 'a good life' in Merton

- Leadership of the Health and Wellbeing Board and production of the Joint Health and Wellbeing Strategy. Public Health has led on reporting progress on the Strategy and will lead on the refresh following its first year.
- Responsibility for assuring health protection functions, including the planning and response to emergencies that involve a risk to public health and delivery of robust clinical prevention services such as childhood immunisation and screening programmes.
- The Director of Public Health must produce an annual report on the health of the people in the area of the local authority, which will be published later this year.
- Commissioning of local mandatory services, including:
 - Access to sexual health services
 - The National Child Measurement Programme
 - NHS Health Check assessment(See Appendix 1 for list of services inherited)

2.4.2 Public Health is also required to provide public health advice to Merton Clinical Commissioning Group (MCCG), and we are expected to ensure that we have the appropriate resources in place to deliver this. The Director of Public Health also contributes to the governance and decision making of the CCG. Merton CCG has developed a governance structure that includes the Director of Public Health as a full member of the governing body.

2.5 Further Public Health Work

2.5.1 In addition to the mandatory work that public health must deliver, a wider programme of initiatives has been developed in the first 10 months, largely in

partnership with Council colleagues and other organisations, to address health inequalities and deliver prevention. These include:

- Children and families
- Adults
- Prevention

This programme of work which is progressing reflects the desire to work on the determinants of health and across the life course. Some examples are set out below and further details are included in the appendices to this report. See appendix 2.

2.5.2 Children and Families

- Children's Centres Review

In partnership with Children, Schools and Families we intend to prioritise the early years to ensure that children have 'the best start in life' and are prepared to enter school. A review has been completed to determine gaps in provision in children's centre services, especially around early parenting and join up services across the early years. Actions are currently being put in place which respond to the findings of the review.

- Healthy Schools

Public Health is working with secondary and primary head teachers in the more deprived east of the borough to identify priority areas to build on existing successful efforts such as family weight management, prevention of smoking, drugs and excessive alcohol, and early detection of difficulties in child wellbeing.

- Young People drugs and alcohol service

Has been reviewed and will result in a service based on best practice and opportunities for improved long term efficiencies by linking to other appropriate services, such as sexual health.

2.5.3 Adults

- Improved planning

Public health is supporting a review of adult mental health services and development of a joint strategy and action plan with Merton Clinical Commissioning Group using a needs assessment and evidence of best practice.

- English as a Second Language (ESOL)

To improve wellbeing and community cohesion by reducing isolation resulting from being unable to communicate with the general population we are investing in a series of ESOL materials and classes that use practical health information to increased health awareness of selected topics.

- LiveWell

Our service to provide behaviour modification support is being broadened to provide an outreach service working through community groups and organisations. The outreach work will encourage residents, mainly in deprived areas to take up prevention opportunities, such as NHS Health Checks and to work with an 'adult health book' to set health improvement objectives.

- Tier 2/3 Weight Management service

Under development - weight management an exercise as per NICE guidance in collaboration with Merton Clinical Commissioning Group.

- Healthy Workplace

We are working with the Council as the largest employer in the borough to encourage participation in a London Workplace Charter scheme, which brings together existing health promotion activities and best practice HR policies for the Council to work toward becoming an exemplar healthy employer.

- Drugs and Alcohol

An agreement has been reached to transfer the Drug and Alcohol resource in the Council to Public Health (staff move from 1.4.14). The contract to deliver this service was also recently reviewed and will be extended to include prevention, lacking from the current approach, which focuses on treatment.

2.5.4 Influences on Health and Healthy Behaviours

- East Merton Model of Care

Starting with a health needs assessment of East Merton, we are working in partnership with Merton Clinical Commissioning Group to deliver a new model of care including a community health centre.

- Health Impact Assessment

A pilot to review developing policies and other work in terms of their influence on health with a view to mitigate any negative influences. Examples include the workforce strategy and Social Value procurement work.

- Joint work on prevention with Environment and Regeneration

Ongoing discussions with Environment and Regeneration (e.g. planning and licensing) to use Council levers to influence the built environment, to increase provision of healthy options, starting with the issue of alcohol.

- Action on Smoking

Litter enforcement officers dedicate a few days a year to offer smokers who litter cigarette butts an option for referral into smoking cessation service, instead of being fined.

2.5.5 Voluntary Sector

- Partnership with Fire Brigade

London Fire Brigade has embedded smoking cessation in its work to install fire alarms. Reciprocal work with smoking cessation, to refer smokers to the fire service for installation of fire alarms. This work is being expanded to include alcohol, another major cause of fires.

- Partnership with the voluntary sector

Public Health has partnered with MVSC to develop the outreach service for LiveWell, working through community groups representative of more deprived residents and to build capacity in those groups.

- Pollards Hill Community Audit

A community audit will take place in Pollards Hill in partnership with local voluntary organisations as the start of an initiative to develop a community development initiative and increase engagement of residents in their local communities.

The 2013/14 public health work plan is at Appendix 3.

2.6 Challenges to Public Health

- 2.6.1 Though significant progress has taken place in the first 10 months, transition did not in fact end on 1 April 2013. There are still uncertainties in the overall public health system about where public health functions are delivered, about relevant budgets that were transferred and about data sharing. These risks affect our ability to develop definitive budgets.

As mentioned earlier the Council inherited a small Public Health team and budget. The Council argued successfully for a small increase in the allocation for public health to £8.9 million 2013/14, which will increase to £9.2 million 2014/15.

Our early work in Public Health pointed to some gaps in provision of services, highlighting limited capacity in the public health team. The team inherited from the split of the NHS Sutton and Merton joint team consists of the equivalent of seven WTE professionals and 1 PA compared to Croydon (40+), Kingston (30+), Richmond (20), Wandsworth (35+), and Sutton (8). Appendix 4 sets out the current structure.

- 2.6.3 It has now been agreed to create 4 new posts to strengthen public health intelligence and prevention. Two of the posts will be shared with Merton Clinical Commissioning Group. Structure charts showing these new posts is provided in Appendix 5.

This will bring the total to 12 professional staff and bring the total investment for staff to about 10% of the total £9m public health budget, up from about 6.7%. This increased capacity will provide additional public health expertise to support Council work and foresee the addition of health visiting from 2014, while remaining well below other public health directorates elsewhere.

2.7 Health and Wellbeing Peer Challenge

- 2.7.1 Though relatively early following transition, Merton took the opportunity to put itself forward as a pilot in the Health and Wellbeing Peer Challenge - the only London Borough to do so. The purpose of the Challenge was to support the Council in implementing its new statutory responsibilities through a systematic challenge by peers to improve local practice. The challenge particularly focussed on:

- The establishment of effective health and wellbeing boards
- The operation of the public health function
- The establishment of a local HealthWatch

2.7.3 The Peer Challenge concluded with a feedback session which included many positive and constructive comments.

- Clear strategy, enthusiasm and commitment to improving health and wellbeing of residents.
- Some good engagement to inform the health and wellbeing strategy and the priorities.
- Relationships between people who form part of the health, care and wellbeing system are strong.
- Early days with good progress from some difficult legacy issues.
- Widespread recognition of the energy and drive of the DPH and her team.
- Opportunity for the Health and Wellbeing Board to drive change across partnerships with focus and pace.
- Pursue further opportunities for joint commissioning and working to drive integration and prevention.
- Look beyond Merton to maximise resilience given likely changes in health and social care economy.
- Exemplar of excellence and maturity in working with the voluntary sector through MVSC
- Engaged and motivated staff.

2.7.4 The recommendations speak of a need for the Health and Wellbeing Board to maintain a focus on delivery with pace and highlights specific actions for consideration. It also states the need for public health to be fully embedded in Council service plans. A plan of action responding to the findings will form part of the evaluation of the Health and Wellbeing Strategy and its Delivery Plan and the Annual Public Health Report.

2.8 Merton Partnership Conference on Health Inequalities

2.8.1 Merton Partnership asked Public health to organise the annual conference focusing on health inequalities. The aim of MP Conference was 'to commit to new ways of working that will help reduce health inequalities in Merton'.

2.8.3 Participants started with agreement on the main elements of a 'good life,' i.e.,

- Good health – preventing illness and accessing health care
- Early years and strong educational achievement
- Community participation and feeling safe
- Life skills training and good work
- A good natural and built environment

2.8.4 All participants were asked to give a written pledge to work in a new way to reduce health inequalities. A total of 74 written pledges were made, which fed into action planning and will contribute to the review of the Health and Wellbeing Strategy.

3 ALTERNATIVE OPTIONS

The Healthier Communities and Older People Overview and Scrutiny Panel can select topics for scrutiny review and for other scrutiny work as it sees fit, taking into account views and suggestions from officers, partner organisations and the public.

Cabinet is constitutionally required to receive, consider and respond to scrutiny recommendations within two months of receiving them at a meeting.

Cabinet is not, however, required to agree and implement recommendations from Overview and Scrutiny. Cabinet could agree to implement some, or none, of the recommendations made in the scrutiny review final report.

4 CONSULTATION UNDERTAKEN OR PROPOSED

The Panel will be consulted at the meeting

5 TIMETABLE

The Panel will consider important items as they arise as part of their work programme for 2013/14

6 FINANCIAL, RESOURCE AND PROPERTY IMPLICATIONS

None relating to this covering report

7 LEGAL AND STATUTORY IMPLICATIONS

None relating to this covering report. Scrutiny work involves consideration of the legal and statutory implications of the topic being scrutinised.

8 HUMAN RIGHTS, EQUALITIES AND COMMUNITY COHESION IMPLICATIONS

It is a fundamental aim of the scrutiny process to ensure that there is full and equal access to the democratic process through public involvement and engaging with local partners in scrutiny reviews. Furthermore, the outcomes of reviews are intended to benefit all sections of the local community.

9 CRIME AND DISORDER IMPLICATIONS

None relating to this covering report. Scrutiny work involves consideration of the crime and disorder implications of the topic being scrutinised.

10 RISK MANAGEMENT AND HEALTH AND SAFETY IMPLICATIONS

None relating to this covering report

APPENDICES – THE FOLLOWING DOCUMENTS ARE TO BE PUBLISHED WITH THIS REPORT AND FORM PART OF THE REPORT

Appendix 1 Public Health Budget with Proposals for Use of Uncommitted Funds

Appendix 2 2013/14 Public Health Work Plan

Appendix 3 Public Health Structure Charts

Existing Commitment & Proposals for Use of Uncommitted Funds

Existing Commitments	Provider/ Partner	Allocated Budget £000	%	Status
Sexual Health - Mandatory				
- GUM – acute sexual health services	Acute trusts Open access service	2,025	23%	To be reviewed in 2014/15
- Contraception	RMCS	582	6%	To be reviewed in 2014/15
- Sexual health advice, prevention and promotion	Chlamydia screening. – Terence Higgins Trust Pan-London HIV services	334	4%	One year extension - To be reviewed in 2014/15 London review on-going
NHS Health Checks – Mandatory	GPs plus exploring additional delivery options	226	3%	Looking for alternative providers as GPs not keen; developing spec
National Child Measurement Programme - Mandatory (part of universal school nursing service)	School Nursing RMCS	611	7%	Provided by school nurses, which is under review
Support to MCCG – up to 40% of staff capacity - Mandatory	Public Health team	Staff resource		Under development with MCCG
Assurance of health emergency preparedness - Mandatory	Director of Public Health	Staff resource		Developing understanding of Public Health role – working with borough resilience forum
Drugs and Alcohol	Safer Merton (LBM)	2,086	23%	Developing understanding of services
Smoking – universal service plus Live Well	Hounslow and Richmond	346	4%	Live Well – part of contract being

Existing Commitments	Provider/ Partner	Allocated Budget £000	%	Status
	Community Services			renegotiated to include outreach by health champions through community organisations
Obesity – diet and physical activity	RMCS	339	4%	Dietetics service under review – exclusively clinical service. Negotiating ph content of service
Falls prevention	RMCS	64	1%	Will be reviewed in 2014/15
Public Health Resources	RMCS	15		Will be reviewed in 2014/15
Community services Contract Estates		186	2%	Errors in invoicing being worked through to reflect budgetary amount
Surveillance and Control of Infectious Diseases		63	1%	Available for health protection ad hoc needs
Corporate Overheads		97	1%	LBM
Community Development and Health Course		7		
Public Health Salaries and non-pay		626	7%	
Total Existing Commitments		£7,607	85%	

New funding is allocated across the life course to support influences on health (mainly in LBM – Ageing Well, training frontline staff, healthy catering, ESOL), to work in settings (workplace and schools) and to fill gaps in provision such as weight management

Proposed New Investments	Provider / Partner	Amount £000	%	Status
Children's Centres	Early child development/ LBM	100		
Healthy Schools	Practical activities to promote healthy students/ Schools, LBM	100		
Young People Drugs and Alcohol	TBD/LBM	From D&A funding		Service being reviewed to include integration/efficiencies
Total Children's Services		200	2%	
English for Speakers of Other Languages	Language courses with health themes to increase integration and control over one's life/Adult Learning	50		
Community Outreach	LiveWell HRCS/MVSC to manage contracts with community groups	50		
Physical Activity	Most likely GLL	50		
Tier 2-3 weight management	Negotiating joint procurement with MCCG for Tier 3	165		NICE guidance says Tier 1 -4 should be available. Nothing in place for Tiers 3-4

Proposed New Investments	Provider / Partner	Amount £000	%	Status
Ageing Well	TBD	50		
Embedding Prevention and Early detection in primary care	Merton CCG	225		Plus 150 non recurrent from 13-14 underspend
Total Adults Services		590	7%	
Healthy Workplace	HR and PH	60		
Support to LBM use of Council levers	Directorates and PH			Staff resource – to use Council levers re alcohol, betting shops, fast food outlets
Healthy Catering	Environmental Health and PH	50		
Training for frontline staff across Merton	HR and PH	50		
Total Other Services		160	2%	
Public Health Staff to increase analytical and joint working capacity		278	3%	Total 10% with existing funds
Contingency Fund		150	1%	e.g., Sexual health open access; drugs for LESs
Total Proposed New Investments		£1,378	15%	
Total Existing Commitments		£7,607	85%	
TOTAL PUBLIC HEALTH		£8,985	100%	

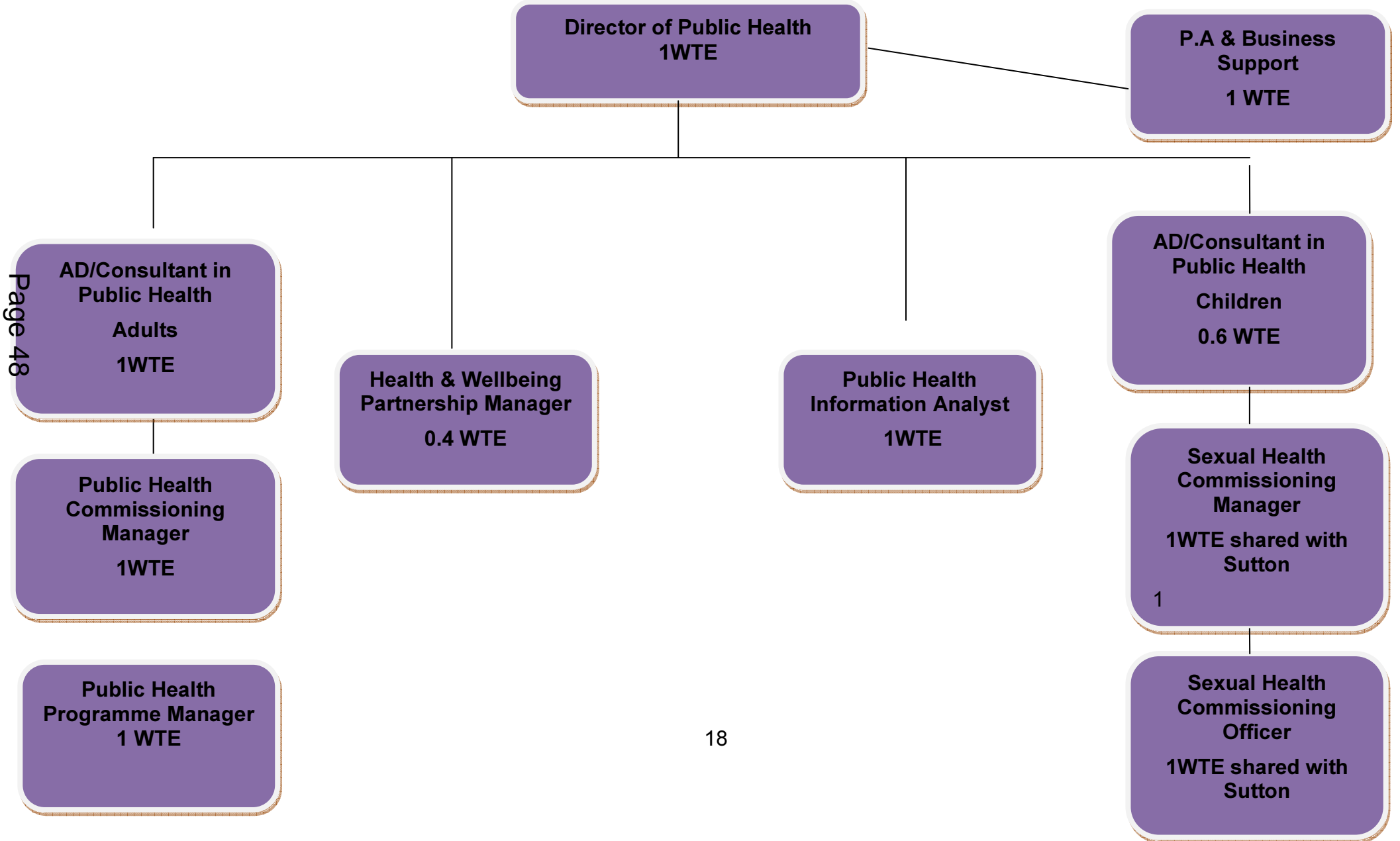
- Public Health Directorate Workplan 2013-14

Area	Task	Evidence of Success	Responsibility	Comment
Ensure smooth transition of public health into LBM		Public Health embedded across LBM with ongoing, effective relationships	DPH/LBM	
Review public health team with a view to proposing fit-for-purpose structure within LBM		Options paper – CMT agreed option	DPH in consultation with team and Simon Williams	
Develop annual workplan for public health to deliver the mandated services as a minimum	<ul style="list-style-type: none"> Staff in team propose and agree objectives Discussions with CCG to agree PH inputs Build objectives into annual workplan 	Annual workplan agreed by CMT	DPH - Public health team	
Oversee directorate budget , ensuring expenditure stays within budget	<ul style="list-style-type: none"> Finalise 2013/14 budget to reflect full cost of transferred services. Work with CMT to agree 2014/15 budget for public health services 	2013/14 budget agreed 2014/15 budget agreed	DPH - Public health team	
Ensure robust services are contracted for 2013-14 and 2014-15	<ul style="list-style-type: none"> Ensure reviews of services inherited from the NHS take place Develop plan to allocate remaining 2013/14 balance between short and medium-term services. Using recommendations of reviews, put in place plan and procure services for 14/15 budget. 	Reviews finalised with recommendations Pilot services in place 2013/14 2014/15 services procured in timely manner	PH staff for each review DPH with PH team PH team/LBM	

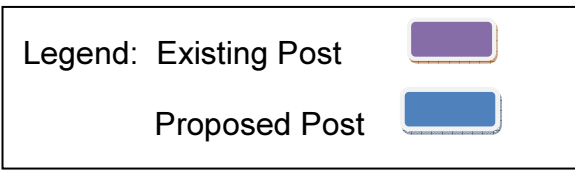
Area	Task	Evidence of Success	Responsibility	Comment
Ensure robust performance management in place for all contracts	<ul style="list-style-type: none"> Agree KPIs for each service contract Agree regular performance management arrangements for each contract Participate in multi-borough contract monitoring 	All contracts are performance managed with robust KPIs	PH staff responsible for each service	
Ensure monitoring data provided as required	<ul style="list-style-type: none"> Agree public health monitoring data to be reported to various levels Provide monitoring data Make adjustments in delivery as indicated by data 	Service delivery is adjusted to reflect monitoring results	PH Intelligence specialist PH team	
Provide leadership for public health across Merton partnerships	<ul style="list-style-type: none"> Raise profile and understanding of public health in LBM and across partnership Propose strategies to embed public health across LBM; e., health impact assessment Develop strategies to make 'health everyone's business' 	Partners understand their contribution to health HIA policy agreed Public health concerns embedded in contracts; e.g., leisure	DPH with PH team DPH with ph trainee DPH with PH team	
Produce annual public health report	Decide theme and prepare report	Annual Public Health Report available	DPH with PH Intelligence Specialist	
Provide Public Health leadership, advice, and support to deliver services	<ul style="list-style-type: none"> Agree joint work and provide ongoing support to across LBM directorates Undertake 3-4 in-depth needs assessment and/or strategy development e.g, mental health and alcohol in partnership with key stakeholders 	workplans agreed with each directorate JSNA uses in-depth analysis to set out health needs Evidence-based strategies	DPH Julia Groom – children Anjan Ghosh - adults	

Area	Task	Evidence of Success	Responsibility	Comment
Develop good working relationships with key stakeholders in the Clinical Commissioning Group and voluntary sector	<ul style="list-style-type: none"> • Agree Memorandum of Understanding and annual workplan with MCCG • Develop partnership with voluntary sector 	<p>Public Health providing appropriate support to MCCG</p> <p>Public Health seen as important partner</p>	<p>DPH</p> <p>DPH and PH team</p>	
Support the Health and Wellbeing Board and delivery of the Health and Wellbeing strategy	<ul style="list-style-type: none"> • Provide public health leadership to HWB • Provide support through agreeing agenda, delivering papers and presentations • Agree mechanism to monitor HWB strategy • Review annually HWB strategy and adjust 	<p>Well functioning HWB</p> <p>HWB strategy delivered as per plan</p>	<p>DPH with HWB support officer – Clarissa Larsen</p>	
Ensure Joint Strategic Needs Assessment is updated regularly	Update JSNA	JSNA provides most up-to-date analysis of health needs	<p>Consultant in PH</p> <p>PH Intelligence Specialist</p>	
Provide local assurance for NHS England and Public Health England	<ul style="list-style-type: none"> • Assure robust plans for immunisations, for example • Support health protection work, as required 	Robust local delivery of NHS England and Public Health England work	DPH with PH team	

Appendix 4 Public Health Team Structure Chart - Actual



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Public Health Team Structure Chart - Proposed

Appendix 5

