

Committee: Health and Wellbeing Board

Date: 25 March 2014

Agenda item:

Wards: All

Subject: HWB Strategy Priority 2 – Update on Progress

Lead officer: Dr Kay Eilbert, Director of Public Health.

Lead member: Cllr Linda Kirby, Cabinet Member for Adult Social Care and Health.

Forward Plan reference number:

Contact officer: Barry Causer, Public Health Commissioning Manager.

Recommendations:

- A. To note and consider progress on the development and delivery of the Health and Wellbeing Strategy Priority 2: Supporting People to Improve their Wellbeing.
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1 PURPOSE OF REPORT AND EXECUTIVE SUMMARY

- 1.1 The purpose of this report is to update the Health and Wellbeing Board on progress on the delivery of the Health and Wellbeing Strategy Priority 2: Supporting People to improve their Wellbeing.

The report sets out the context and priorities within the Strategy and outlines current progress on the action plan and next steps for delivery.

2 DETAILS

2.1 Introduction

The Merton Health and Wellbeing Strategy 2013/14 Priority 2 has a focus on supporting people to improve their wellbeing. It has a commitment to further strengthen our partnership approach to preventive strategies and activities under this priority are delivered by a range of organisations.

The Strategy makes clear that we want to support people in Merton to improve their health and wellbeing, to increase quality of life, enable people to make their own choices and have better life chances. In doing so, we want to reduce the gap in life expectancy and reduce the burden on public services.

Circulatory disease (including cardiovascular disease and stroke) and cancer are still the major killers in Merton and consequently these diseases along with diabetes are among the main causes of long term illness and disability.

Key risk factors are smoking, being overweight and obese, lack of physical activity and risky drinking behaviour and therefore many of the resulting illnesses and conditions are potentially preventable. Mental Wellbeing is of vital importance for long-term physical health and there are links between long-term stress, isolation and loneliness and poorer physical health.

Lifestyle decisions have a very significant impact on future health and wellbeing; however, while individual lifestyle choices may seem most amenable to change through 'informed choice' in reality many apparently free choices are strongly influenced by socioeconomic, cultural and environmental factors. Tackling inequalities requires partnership work with communities and an integrated approach to prevention and health improvement.

Ultimately, we want to:

- strengthen self-esteem, confidence and personal responsibility
- positively promote healthier behaviours and lifestyles
- adapt the environment to make healthier choices easier
- promote an integrated approach to healthy living

Delivery Plan - Priority 2: Supporting People to Improve their Wellbeing. (Progress at March 2014)

Outcome 2.1: Promote and deliver an integrated approach to health and wellbeing				
Key actions	Milestones	Indicator/success measure	Progress to date	Lead
1. Achieve the target number of people receiving an NHS Health Check	<ul style="list-style-type: none"> Secure transition of programme from NHS to local authority and agree contractual process and targets for primary care providers Implement national policy change i.e. alcohol and dementia components, within agreed timelines Commission three more community pharmacies 	<p>Percentage of eligible people who are offered an NHS Health Check (PHOF 2.22)</p> <p>Percentage of eligible people who take up an NHS Health Check (PHOF 2.22)</p>	<p>The NHS Health Check programme has been safely transferred to Merton Council and is currently being delivered by all GP practices.</p> <p>Three community pharmacies have also been engaged to deliver the programme covering Merton Park, Graveney and Abbey Wards.</p> <p>At the end of Q3 there have been 8,635 offers with 4,689 checks delivered to date.</p> <p>PHOF 2.22 - Cumulative percentage of eligible people that were offered an NHS Health Check Quarters 1 to 3 is 17.3%, with uptake level of 54.3%.</p> <p>PHOR 2.22 - Cumulative percentage of eligible people that received an NHS Health Check of those offered Quarters 1 to 3 is 54.3%</p>	Public Health
2. Increase the number of health improvement outcomes via LiveWell	<ul style="list-style-type: none"> Re-commission LiveWell as an integrated service alongside the stop smoking service. Agree annual targets for new integrated service. Develop innovative communication and engagement plan 	Number of self reported health improvement outcomes from residents supported by LiveWell	<p>The integrated health improvement and stop smoking service, operating under the LiveWell banner, has now been in place since April 2013.</p> <p>To date the service has supported 298 Merton residents to stop smoking and has received 567 residents referred to the service, who have set 850 health improvement goals. At the time of writing 264 goals have been achieved.</p> <p>Public Health are working closely with LiveWell and MVSC to develop a network of health</p>	Public Health

			champions who will work within voluntary sector organisations, community pharmacists and a local GP practice with a focus on East Merton. These health champions will increase awareness and uptake of health services.	
3. Target resources towards the east of Merton where we know there are the biggest health inequalities.	<ul style="list-style-type: none"> Two rounds of Grant funding for Community and Voluntary organisations through the East Merton Health and Wellbeing Community Fund Strategy for match funding to develop a sustainable Community Fund developed. 	Number of outcomes achieved as specified in successful PRG Funding Bid.	<p>There have now been four rounds of the EMHWBF which has funded 30 groups, to a value of £170,019. There will be at least one more round of the programme, subject to the number of applications that are received in round five.</p> <p>The community fund has been set up and is open to receive donations. It is expected that this will launch in 2014/15.</p> <p>Public health is working with Merton Adult Education to provide English for Speakers of Other Languages classes in community settings in the east of the borough. These have the aim of helping people take more control over their lives by enabling non- English speaking residents to communicate for everyday tasks. The materials used through the course include health messages to increase awareness of healthy choices and prevention services.</p>	MVSC/Public Health
4. Ensure that health and other professionals deliver consistent health improvement messages and support as part of their day to day work.	<ul style="list-style-type: none"> Partnership work with MCCG to develop 'Every Contact Counts' programme. 	Number of referrals from health and other professionals into integrated LiveWell/Stop Smoking service.	<p>Public Health is developing a pathway that supports primary care to refer patients to LiveWell and other preventative services. The ambition is to link the health champions with the NHS Health Check programme and LiveWell to create a simple programme of awareness, screening and behaviour change that will produce positive outcomes for Merton residents.</p> <p>As part of a programme to support front line staff to deliver health messages, Public Health have provided trained all Fire fighters who work in Merton (just under 100) to stop smoking level one so that they can encourage residents to stop smoking as part of their home fire safety visits.</p>	MCCG/Public Health

			Following the success of the training, we are planning to train Merton Adult Education and Library staff, potentially up to the nationally recognised Royal Society of Public Health 'Understanding health improvement' course.	
5. Engage businesses and employers to promote health through their services and support employees.	<ul style="list-style-type: none"> Extend local Public Health Responsibility Deal to the end of March 2014. 	<p>Number of LiveWell clinics targeting employees (hosted at a variety of venues).</p> <p>Number of businesses in Merton signed up to the Local Responsibility Deal</p>	<p>In total 168 organisations signed up to the Sutton and Merton Responsibility Deal and they have made 245 pledges. 92 of these were focused on improving the health of their employees.</p> <p>An evaluation of the local responsibility Deal is currently underway which will identify successes, challenges and recommendations for the future when working with local organisations. This is due to be completed in April 2014.</p> <p>Public Health is working with HR to sign LBM up to the London Healthy Workplace Charter. This charter supports and recognises employers who invest in the health and wellbeing of their staff.</p>	Public Health/St Mary's University CWCH
6. Develop Social Marketing insight to inform future commissioning of effective health improvement interventions.	<ul style="list-style-type: none"> Completion of five social marketing research and development projects. Each project will produce recommendations and an evaluation framework for the future commissioning of tested interventions: <ul style="list-style-type: none"> Childhood Immunisations Breastfeeding Healthy eating Physical Activity Access to health improvement by people with mental health issues 	<p>Completed projects by March 2013</p> <p>Recommendations utilised in future commissioning intentions</p>	The social marketing projects have been completed and where appropriate the findings and recommendations have been incorporated in the Joint Strategic Needs Assessment refresh.	Public Health

7.Ensure mental wellbeing is addressed through the development of all Health Improvement services	<ul style="list-style-type: none"> Promote use of the National Mental Health Development Unit 'Mental Wellbeing Checklist' when commissioning and developing services. 	Number of services used checklist	The adult mental health services review is currently underway; the first stage of this, the mental health needs assessment, has been completed. This makes a number of recommendations to ensure that mental wellbeing is addressed in health improvement services.	LBM/MCCG/Vol Sector
Outcome 2.2 : Increase the proportion of people achieving a healthy weight and participating in the recommended levels of physical activity				
Key actions	Milestones	Indicator/success measure	Progress to date	Lead
1. Develop a multi-agency comprehensive Healthy Weight framework for Merton, (adults and children)	<ul style="list-style-type: none"> Agree and launch Framework based on best evidence of effectiveness 	Proportion of adults classified as overweight and obese (PHOF 2.12)	<p>Public health has agreed with Merton Clinical Commissioning Group to set up a task and finish group that will develop a healthy weight pathway based on the best available evidence.</p> <p>The baseline data for this indicator (PHOF 2.12) was released in February 2014, showing that 58.3% of Merton adult residents are overweight or obese. The England average is 63.8% and London is 57.3%.</p> <p>Public Health has commissioned a programme of support to schools in East Merton that will provide activity and education for students to be a healthy weight. This programme is provided by Alive N Kicking, the current provider of the children's obesity treatment programme, and learning will be used to inform the commissioning of a wider healthy schools programme.</p>	Public Health

<p>2. Increase options for personalised weight management support for overweight and obese adults</p>	<ul style="list-style-type: none"> • Develop Obesity Care Pathway and agree • Integrate weight management services with Livewell • Commission a tier 2 community weight management programme for adults • Redesign Tier 3 Specialised weight management programme to be delivered by the Community Dietetic team as part of the contract with SMCS • Commission Weight Management training to support residents with learning disabilities. 	<p>Subject to agreement</p> <p>Three programmes delivered with up to a total of 50 participants.</p>	<p>Public health has agreed with Merton Clinical Commissioning Group to set up a task and finish group that (as well as develop a healthy weight pathway) will lead on the commissioning of weight related services e.g. a tier two weight management service and a specialist tier 3 service.</p> <p>An independent review of the community dietetic service, provided by the Royal Marsden as part of the community contract, has been completed and has confirmed that this a clinical service that should not have transferred to Merton Council. Discussions on the responsibility for this being passed from Public health to MCCG are underway.</p>	<p>Public Health</p>
<p>3. Promote Healthier Food Choices</p>	<ul style="list-style-type: none"> • Extend local Public Health Responsibility Deal to the end of March 2014. 	<p>Number of caterers signed up to the local responsibility deal</p>	<p>22 Merton food retailers have now successfully signed up to the Healthy Catering Commitment, which recognises those retailers who wish to support their customers to make health choices. Public Health and working with Environmental health to explore innovative ways to continue this support in the future.</p> <p>To support food retailers to understand their role in the health of Merton, Public Health are also developing a training DVD that will be given at no cost to retailers. This DVD will provide a number of short clips that will show some of the techniques that are part of the HCC, such as Shake, Bang and Hang (shake the basket, bang it twice vigorously and hang for 20 seconds) prior to serving the food to the customer.</p>	<p>Consumer & Business Protection/St Mary University CWCH</p>

4. Increase in physical activity levels in adults	<ul style="list-style-type: none"> Seek opportunities for inward investment to increase physical activity Extend Active Celebration programme to the end of September 2013. 	<p>Increase proportion of adults meeting the recommended guidelines on physical activity by 0.5% year on year (150 minutes per week) (PHOF 2.13)</p> <p>500 participants, 25 coaches and 250 additional volunteer hours.</p>	<p>PHOF 2.13a shows the percentage of active adults in Merton is 54.4%</p> <p>PHOF 2.13b shows the percentage of inactive adults in Merton is 31.6%</p> <p>See agenda item on priority4 for additional update on sport and physical activity.</p> <p>The Active Celebration programme was successfully extended and engaged with 977 Sutton and Merton residents, trained 57 new coaches (each volunteering for a minimum of 10 hours) and supported 22 community sport and physical activity groups.</p>	<p>Leisure and Culture</p> <p>Public Health</p>
5. Promote a healthier environment which supports physical activity and healthy food choices	<ul style="list-style-type: none"> Increase in promotion/support for residents to use active travel, particularly for short journeys. 	Link to priority 4	An application was submitted for Merton to be part of The Mayor of London's Mini Holland's programme. Although unsuccessful, a commitment has been made by TfL to provide additional funding to deliver elements of the programme.	Environment & Regen
Outcome 2.3: Reduce the prevalence of people smoking				
Key actions	Milestones	Indicator/success measure	Progress to date	Lead
1. Develop a multi-agency comprehensive Tobacco Control framework for Merton	Agree and launch framework based on best evidence of effectiveness	Reduction in smoking prevalence in adults (over 18 years) by x% year on year (PHOF 2.14) (current modelled prevalence 16.4%)	<p>Although there is no framework in place, strong links have been made between public health and environment & regeneration which will build upon in the coming year.</p> <p>LBM has signed the Local Government Declaration on Tobacco Control, which aims to ensure tobacco control is part of mainstream public health work and was developed in response to the enormous and on-going damage smoking does to our communities. It is a commitment to take action and a statement about a local authority's dedication to protecting their local community from the harm caused by smoking.</p>	Public Health/Environment & Regen
2. Reduce smoking among adults, and reduce	Commission Stop Smoking services as part of an integrated service alongside	Increase in number of 4 week quits and increase in success	The integrated health improvement and stop smoking service, operating under the LiveWell	Public Health/Provide

smoking among target groups including routine and manual workers and unemployed	the LiveWell programme. Agree targets for new provider, including routine and manual workers and unemployed.	rate to over 50% Increase in number of Routine and Manual workers accessing the NHS Stop smoking service and quitting smoking (Local)	banner has now been in place since April 2013. To date the service has supported 298 Merton residents to stop smoking and has received 567 residents referred to the service, producing 264 health improvement outcomes. Currently the success rate of the service is 49%.	r
3.Reduction in number of illegal tobacco sales to underage people from retail premises	Programme of test purchases across Merton.	Minimum of 80 test purchases at identified premises	A programme to identify and reduce underage sales has delivered 46 test purchases, with 2 illegal sales. Infringement reports are in progress and enforcement action will be taken where appropriate. Seven further test purchases are planned for March 2014. Due to legislative changes and the need to secure Magistrates Court approval to undertake test purchase operations the target will not be met this year and is likely to be reduced next year. A series of 'Do you Pass' training courses have been delivered to 53 individuals over the last year. This half day course is aimed at businesses that sell age restricted products such as alcohol, tobacco and knives and sets out the law, proxy sales, due diligence and refusals training.	Consumer & Business Protection
4.Enforce regulations on the display of tobacco products	Monitoring compliance in large retail stores with the Tobacco Advertising and Promotion Regulations	100% inspection of premises	Inspection of 100% of large premises has been achieved, with advice and support provided to retailers to secure compliance. The ban will apply to small stores from April 2015.	Consumer & Business Protection
5.Explore opportunities to normalise smoke free environments beyond current legal requirements	Research into evidence on normalising smoke free environments and agree approach for Merton.	Programme for normalising smoke free environments agreed by partners.	Current work plans only deal with smoke free premises which are subject to regulation under the Health Act 2006. Public Health will closely monitor activity elsewhere that seek to promote smoke free environments outside of the regulations e.g. playgrounds.	Public Health/ Consumer & Business Protection

Outcome 2.4: Promote sensible drinking, reduce alcohol related harm and harm from drug misuse (Link to Safer Merton Partnership)				
Key actions	Milestones	Indicator/success measure	Progress to date	Lead
1. Reduce substance dependency, improve health and reduce health inequalities as a result of substance misuse (Link to Outcome 4.2)	<ul style="list-style-type: none"> Re-commission evidence based substance misuse prevention and treatment services Contract outcomes and targets achieved. Merton's high performance maintained 	<p>Reduction in number of alcohol related hospital admissions to ensure it remains at or below current rate (1,911 DSR per 100,000)(PHOF 2.18)</p> <p>Increase number of Problematic Drug User's in effective treatment (target tbc).</p> <p>Increase percentage of people successfully completing treatment by x% (PHOF 2.15).</p>	<p>The Integrated Substance Misuse and Alcohol service was re-commissioned successfully and started delivery in April 2014. This procurement exercise realised savings that will be reinvested into preventative services.</p> <p>Priorities for 2014/15 include</p> <ul style="list-style-type: none"> the development of an alcohol strategy linked to a Harm Prevention Group undertake a specific Needs Assessment and possible commissioning of a Hidden harm worker continue to develop formal "commissioned" links to Primary care (GP's and Pharmacies) to commission Shared Care in the Community improve penetration rates into existing client base by commissioning additional Employment Training Education (ETE) programmes and outreach if required commission CJ related services in line with Transforming Rehabilitation (TR) /Integrated Offender Management (IOM) requirements (redefine Drug Intervention Programme (DIP) in keeping with the MH Needs Assessment outcomes explore improved access to services for Dual Diagnosis and MH cases by 	Safer Merton

			<p>commissioning a Dual Diagnosis Needs Assessment/GAP analysis</p> <ul style="list-style-type: none"> • reprepare evidence base for a re tendering of all structured services with a focus upon prevention as well as access to, through and out of (specialist) treatment 	
2. Use available levers to minimise alcohol related harm	<ul style="list-style-type: none"> • Reduce the number of illegal alcohol sales to underage people • Reduce the number of proxy sales by adults. • Use Local Authority's new public health responsibilities with regard to the Licensing Act 	<p>Minimum of 80 test purchases</p> <p>Number of proxy sales pledges by businesses</p>	<p>A series of 'Do you Pass' training courses have been delivered to 53 individuals over the last year. This half day course is aimed at businesses that see age restricted products such as alcohol, tobacco and knives and sets out the law, proxy sales, due diligence and refusals training.</p> <p>A counterfeit alcohol project in off licences in partnership with the International Federation of Spirit Producers was delivered. The traders displayed a good awareness of ensuring traceability and were not buying from illegal retailers.</p> <p>PH are working with licensing colleagues to understand how we can develop a joint approach to embed health concerns in licensing. To support this work and the DPH's responsibilities under the licensing act, Public health has commissioned the 'Safe Sociable London Partnership' to provide customised tools to screen new license applications, identify the potential impact if a particular license is approved and produce flow charts suggesting appropriate responses by the DPH.</p>	<p>Consumer & Business Protection</p> <p>Public Health</p>
3. Ensure alcohol is integrated with wide health improvement programmes	<ul style="list-style-type: none"> • Alcohol integrated with Live Well and Health Check programmes 	<p>Number of alcohol related health improvement outcomes via LiveWell</p>	<p>Public Health has recently commissioned Safer Sociable London Partnership to design and deliver a programme of Identification and Brief Advice (IBA) (included in NHS Health Checks). This programme will be focused on a number of settings including GP practices, pharmacies and workplaces and will include training and resources (scratch cards) that can be used quickly and effectively to integrate alcohol to a wide range of</p>	<p>Safer Merton/ Provider</p>

			<p>services. The initial scoping meeting will be set up shortly and will guide the delivery of the programme.</p> <p>Links being are being developed to ensure that sexual health and alcohol services are working closely to ensure that messages and support services around risky behaviors are linked.</p>	
4. Promote a culture of sensible drinking and increase awareness of impact of alcohol consumption on health and wellbeing	<ul style="list-style-type: none"> • Completion of social marketing research and pilot project with 18-24 females and over 65s. • Produce recommendations and an evaluation framework for the future commissioning of tested interventions: 	<p>Number of referrals to LiveWell via pilot projects</p> <p>Recommendations utilised in future commissioning intentions</p>	The social marketing projects targeted these groups have been completed and where appropriate the findings and recommendations have been incorporated in the Joint Strategic Needs Assessment refresh.	Public Health
Outcome 2.5: Improve sexual health and access to services				
Key actions	Milestones	Indicator/success measure	Progress to date	Lead
1. Reduce late HIV diagnosis	<ul style="list-style-type: none"> • GP rapid HIV testing pilot in local General practices in high prevalence areas. • Introduce HIV testing into local Contraception and Sexual Health Clinics 	<p>Reduce the number of people diagnosed late for HIV (PHOF 3.4).</p>	<p>The last SOPHID data was released in May 2013 and relates to 2011. This shows the percentage of those diagnosed with HIV which were diagnosed late (CD4 cell count <350 cells/mm3) in Merton as 32%.</p> <p>The pilot of HIV testing in GPs is in progress and three GP's have expressed an interest to date.</p> <p>HIV testing started in the CASH service in November 2013.</p>	Public Health
2. Increase access to contraception.	<ul style="list-style-type: none"> • Partnership work with MCCG to optimise comprehensive access to full range of methods of contraception. • Review activity and work with underperforming and performing community 	<p>Increase the access of full range of methods of contraception. (local)</p> <p>Increase access to Emergency Hormonal contraception in women aged 13-25 years. (local)</p>	<p>In the first 6 months (April – October 2013) the CASH service has seen 3,520 unique patients.</p> <ul style="list-style-type: none"> • 2,895 of these patients were seen for contraceptive purposes • 851 were given condoms • 863 long acting reversible contraception and • 1,419 for oral contraception 	Public Health

	pharmacies to increase activity		<p>In regards to the young person's contraception service, they have seen (Q1-3 of this year) 378 contacts and 272 of these contacts were for contraceptive purposes.</p> <p>From April 2013 – Feb 2014 797 young women accessed emergency contraception from pharmacists in Merton. In the same period the previous 557 accessed this service so there has been a significant increase.</p>	
3. Achieve National Chlamydia Screening Programme under 25 year Chlamydia prevalence target.	<ul style="list-style-type: none"> Embed Chlamydia screening in core services to increase access to testing. Develop a transition plan for 2014/15 for the CSO function of the South West London Chlamydia screening programme 	Achieve 2400 Chlamydia positive per 1000 persons (PHOF 3.2)	<p>PHOF 3.2 - Q3 data from Public Health England indicates that Merton has achieved 2,335 per 100,000 population, with 10.1% of residents testing positive.</p> <p>A transition plan is being developed with other SW London colleagues.</p>	Public Health

- 4. ALTERNATIVE OPTIONS**
None for the purpose of this report.
- 5. CONSULTATIONS UNDERTAKEN OR PROPOSED**
None for the purpose of this report.
- 6. TIMETABLE**
None for the purpose of this report.
- 7. FINANCIAL, RESOURCE AND PROPERTY IMPLICATIONS**
None for the purposes of this report.
- 8. LEGAL AND STATUTORY IMPLICATIONS**
None for the purpose of this report.
- 9 HUMAN RIGHTS, EQUALITIES AND COMMUNITY COHESION IMPLICATIONS**
None for the purpose of this report.
- 10 CRIME AND DISORDER IMPLICATIONS**
None for the purpose of this report.
- 11 RISK MANAGEMENT AND HEALTH AND SAFETY IMPLICATIONS**
None for the purpose of this report.
- 11 APPENDICES – THE FOLLOWING DOCUMENTS ARE TO BE PUBLISHED WITH THIS REPORT AND FORM PART OF THE REPORT**
None for the purpose of this report.
- 12 BACKGROUND PAPERS**
None for the purpose of this report.