

Committee: Council

Date: 2 April 2014

Wards: All

Subject: Strategic Objective Review – Healthier Communities (with particular reference to Public Health in its first year following transition)

Lead officer: Kay Eilbert Director of Public Health

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

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Recommendations:

A. That Council consider the content of the report.

1 PURPOSE OF REPORT AND EXECUTIVE SUMMARY

1.1 Council at its meeting on 6 March 2013 approved the Business Plan 2013-2016.

The Business Plan represents the way in which the council will deliver the Sustainable Community Strategy, which is grouped into five strategic themes (sustainable communities, safer and stronger communities, healthier communities, older people, children and young people). Performance against these themes, plus an additional theme of corporate capacity, is monitored by Council.

1.2 Each meeting of Council will receive a report updating on progress against one of these strategic themes. This report provides Council with an opportunity to consider progress against the priorities that are to be delivered under healthier communities theme – with a specific focus on the work of the Public Health team following transition to the Council.

1.3 The ambition for the theme as outlined in the council's Business Plan 2013-17 is to 'improve health outcomes, maintain robust safeguarding, improve educational outcomes, promote children and young people's positive contribution and their economic wellbeing'. In respect of the specific healthier communities focus of this report 'to work over the next five years in partnership to stem the increase in inequalities in health across Merton, providing greater opportunities for everyone to be healthy'.

1.4 The key portfolio holder is the Cabinet Member for education, Councillor Linda Kirby.

1.5 The Business Plan can be viewed at www.merton.gov.uk/businessplan

2. DETAILS

Summary of the work of Public Health following transition.

This report provides an overview of the first year of Public Health as a function of the Council following transition into the London Borough of Merton. It focuses on the work of the Public Health team to address inequalities in health – building on the well established work of Merton Partnership and others to improve health outcomes in Merton.

Despite inheriting a relatively small team and budget, the Public Health team has committed to working in partnership across the Council and beyond from the outset. Work has focused on reducing the significant health inequalities that exist within Merton and the social determinants which influence this.

The early work of the Public Health team was commended in the findings of the Health and Wellbeing Peer Challenge in autumn 2013 and this has been built upon through continued partnerships supported by the Merton Partnership Conference on Health Inequalities and developing work with local communities.

The move of the Public Health function to the local authority has provided an opportunity to expand the traditional focus on health care and lifestyles to a broader approach to prevention – to make the public's health everyone's business. The challenge is to raise awareness of the influence of Council levers on good health – to reach full potential the whole Council needs to act together.

The broader approach to the influences on health and prevention has been increasingly reflected in the work of the Health and Wellbeing Board and will be taken forward through the forthcoming review of the Health and Wellbeing Strategy.

2.1 Background to Public Health

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 both the work of the Council and the established work of Merton Partnership.

2.1.2 Since the transition in April 2013, the Public Health team has been forging new partnerships, seeking opportunities to address the significant health

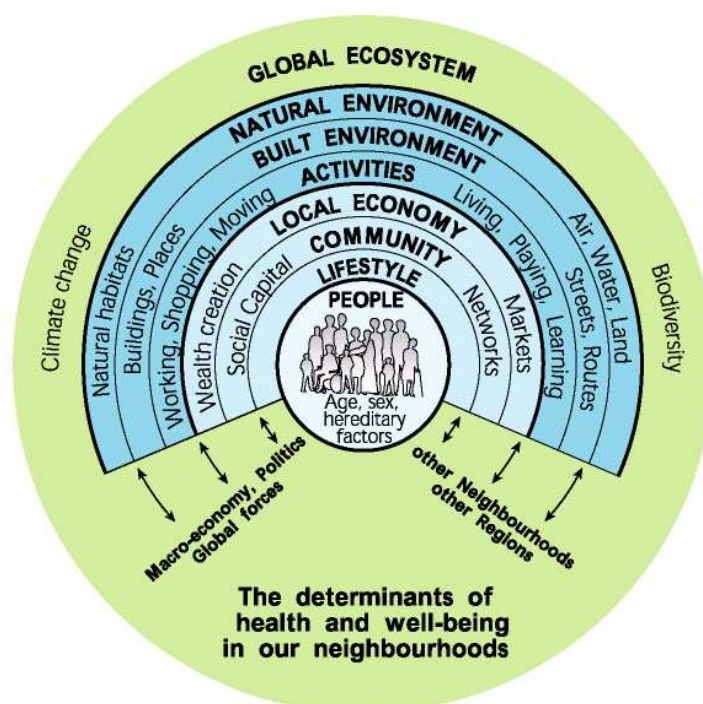
inequalities in Merton and to embed prevention in everyone's work in the Council and beyond.

- 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.
- 2.1.5 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.

The Public Health Approach

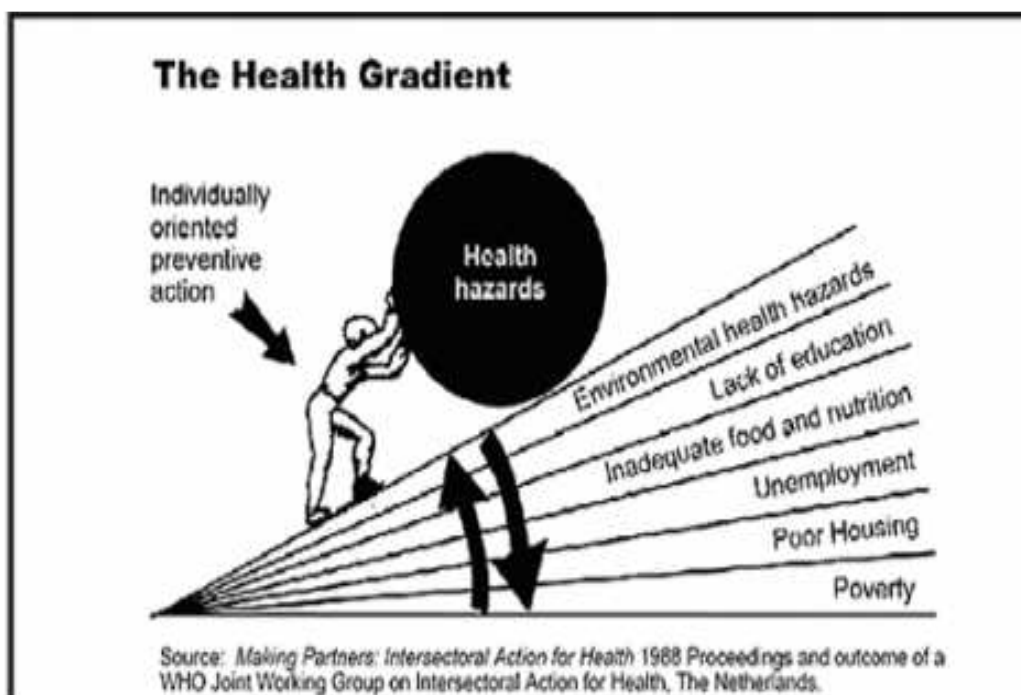
- 2.1.6 Our vision for people's health in Merton over the next five years is to stem the increase in the significant inequalities in health outcomes between the East and West of Merton, providing more equal opportunities for all residents of Merton to be healthy.
- 2.1.7 Following this the Public Health 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.

2.2 What is health?



- 2.2.1 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.
- 2.2.2 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.
- 2.2.3 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.
- 2.2.4 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.
- 2.2.5 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.



2.3 Public Health Work in the first year following transition

Mandatory Work

2.3.1 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

- Membership 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. The HWB Board agenda now covers the life course from early years to retirement, as well as the influences on health.
- 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. We have established links with Public Health England who directly provide these functions and have worked with our Healthier Communities and Older People Overview and Scrutiny Committee to assure ourselves of robust local delivery.

- 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. This is under development and will be published late April/early May.
- 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 inherited services)

2.3.2 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. We have developed a good partnership as evidenced by the use of the Joint Strategic Needs Assessment to inform their 2-year commissioning intentions. 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.

2.4 Commentary and key achievements of Public Health

2.4.1 Working in Partnership across the Council and beyond

In addition to the mandatory work that the Public Health team must deliver, a wider programme of initiatives has been developed in the first year, largely in partnership with Council colleagues and other organisations, to address health inequalities and deliver prevention. The key challenge is to embed public health in service lines.

A joint group has been set up with Children Schools and Families to take forward public health work including prevention and wider influences on health like education.

Work has begun with Planning and Licensing to facilitate discussions and thinking around the impacts on health with the aim of developing actions that mitigate negative impacts.

Embedding public health in Merton Clinical Commissioning Group which has included Staying Healthy and Fit as one of the five themes of its two year Operating Plan. Public Health is also supporting three of the GP clinical leads for Children, Long Term Conditions and Staying Healthy with a focus on prevention across all.

Public Health is working jointly with Merton Adult Education, Community and Housing to increase ESOL classes with a focus on health and also working with Libraries on initiatives to promote good health.

The pilot Health Impact Assessment led to work with HR on the workforce strategy and potentially in social value in procurement.

2.4.2 Working across the life course

The programme of work set out below is progressing and reflects the desire to work on the determinants of health and across the life course

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.

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

The contract to deliver this service was recently reviewed and will be extended to include prevention, lacking from the current approach, which focuses on treatment.

2.4.3 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.

2.4.6 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.

2.5 Challenges to Public Health

2.5.1 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 and are all being worked on for a solution.

2.5.2 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). 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. 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.

2.6 Health and Wellbeing Peer Challenge

2.6.1 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
- 2.6.2 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.
- 2.6.3 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.
- 2.7 Merton Partnership Conference on Health Inequalities**
- 2.7.1 Merton Partnership asked Public Health to organise the annual conference focusing on health inequalities. The aim of the MP Conference was ‘to commit to new ways of working that will help reduce health inequalities in Merton’.
- 2.7.2 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
- 2.7.3 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. Reports of Overview and Scrutiny Commission/Panels

Scrutiny work on public health related issues:

Joint Strategic Needs Assessment

The panel looked at this document in the draft stage and will look in detail at different elements of JSNA as a regular part of the work programme.

Physical Activity for the 55 plus age group

This year the Panel decided to conduct a review on sport and fitness for residents who are fifty five plus. It was agreed to look at this area because only 7% of this age group participates in enough sport and physical activity to benefit their health. A member of the public health team provided expert advice to the Panel.

Extension of alcohol pathways to increase prevention

The Director of Public Health and Head of Safer Merton attended the Panel to discuss the projects in place to reduce the harmful impact of alcohol. The panel asked for more information about policies to reprimand those who sell alcohol to those who are underage. They also discussed training for front line staff, other council officers and the fire service who talk to people about alcohol and smoking cessation services. The Panel will receive a detailed action plan on alcohol prevention programmes in the next municipal year.

Public Health Team

The Panel received an update on the work of the team over the last 12 months. There are on-going concerns about health inequalities in Merton and Panel members were pleased that the Public Health Team has this as a key focus for much of their work. The Panel were also informed that Public Health will be supporting GP's to improve their take up of NHS Health checks by providing them with some administrative software.

4. ALTERNATIVE OPTIONS

4.1 Not applicable – this report is for information only

5. CONSULTATION UNDERTAKEN OR PROPOSED

5.1 Public Health has undertaken engagement for the refresh of the JSNA and other elements of the work programme.

6. TIMETABLE

6.1 Public Health transferred to the local authority from 1 April 2014

7. FINANCIAL, RESOURCE AND PROPERTY IMPLICATIONS

7.1 There are no financial, resource or property implications arising from this information report. All related services are delivered within existing resources.

8. LEGAL AND STATUTORY IMPLICATIONS

8.1 There are no legal or statutory implications arising from this information report.

9. HUMAN RIGHTS, EQUALITIES AND COMMUNITY COHESION IMPLICATIONS

9.1 Public Health is focused on tackling health inequalities across Merton and this is reflected in the vision of the Health and Wellbeing Strategy.

10. CRIME AND DISORDER IMPLICATIONS

10.1 No specific implications for the purpose of this report.

11. RISK MANAGEMENT AND HEALTH AND SAFETY IMPLICATIONS

11.1 No specific implications for the purpose of this report.

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

None

13. BACKGROUND PAPERS

2013 – 2017 Merton Business Plan

Merton Health and Wellbeing Strategy