

Committee: Health and Wellbeing Board

Date: 23 June 2015

Agenda item:

Wards: All

Subject: Public Health – Two Years On

Lead officer: Dr Kay Eilbert, Director of Public Health

Lead member: Caroline Cooper Marbiah, Cabinet Member for Adult Social Care and Health

Contact officer: Clarissa Larsen, Partnership Manager Health and Wellbeing Board

Recommendations:

To note the work of Public Health and progress made two years into its transition to the local authority.

1. PURPOSE OF REPORT AND EXECUTIVE SUMMARY

1.1 This report sets out the work of the Public Health team and partners in the first two years following transition to Merton Council

DETAILS

2.1 Background

2.1.1 LBM Public Health has had an exciting and productive two years, building commitment from partners and its own capacity. Our approach to health and wellbeing in Merton is taken from a model that estimates that seventy to eighty percent of what creates health lies outside healthcare services. Early child development, education, income and the physical environment, including the built environment contribute to creating health. This demonstrates the key role that local government has to influence health.

2.1.2 The 2010 Health and Social Care Act set out five statutory public health services:

- Sexual health – e.g., Genito-urinary medicine (GUM), family planning, HIV prevention services
- National Child Measurement Programme – BMI measurement at reception and Year 6 by School Nurses
- NHS Health Checks – check-ups for adults 40 to 74 every 5 years delivered in primary care
- Support to clinical commissioning groups - up to 40% of Public Health staff capacity to support local CCG commissioning. In Merton, this is delivered through staff support to five of the six CCG priority workstreams (Keeping Healthy and Well, Children, Early Detection and Management of Long-term Conditions, Mental Health and Older People).

- Assuring protection of the public's health – while Public Health England leads this, local public health must assure robust delivery of immunisations, screening and pandemic flu plans, for example.

2.1.3 In addition, local Public Health is required to

- Produce an annual update of the local Joint Strategic Needs Assessment (JSNA)
- Produce an independent annual Public Health Report by the Director of Public Health
- Support the Health and Wellbeing Board and help produce a health and wellbeing strategy that guides local commissioning of services

2.1.4 Public Health teams in local government are expected to champion health and reducing health inequalities across the whole of the local authority's business, promoting healthier lifestyles and scrutinising and challenging the NHS and other partners to promote better health and ensure threats to health are addressed. This latter is delivered through close work with Public Health England London and participating in the Merton Borough Resilience Forum where a Flu Pandemic plan has been agreed and will be tested over the Summer 2015. In addition, PHE London is invited periodically to LBM adult social care and health scrutiny to update on the immunisations and screening programmes.

2.2 LBM Public Health

2.2.1 LBM Public Health received a ring-fenced grant of £8.9m in 2013-2014, increased to £9.2m in 2014-15. Because there will be no further increases in the future, this calls for continual review of services to identify quality improvements and efficiencies due to pressures on the public health budget where clinical services experience increasing demand.

2.2.2 From April 2013 to present, in addition to ensuring delivery of the statutory services, we said we would focus on

- Understanding the services we inherited from Sutton & Merton PCT through reviews
- Investing in increased Public Health capacity
- Influencing partners and investing in addressing health inequalities and prevention, focusing on settings where resources have a larger impact

2.3 What We Have Achieved

2.3.1 Public Health has worked collaboratively, both across the Council and with our partners to deliver change that focuses on embedding prevention and addressing health inequalities, as well as encouraging a public health approach starting with a needs analysis and embedding best practice across robust pathways.

2.3.2 We focused the first two years of public health in LBM to

- review all services that the Council inherited from Sutton & Merton PCT. These reviews will be complete end June when the Livewell review will be complete. We have used this improved understanding of all services to set out robust KPIs to performance manage these services and to inform specifications for the public health services (school nursing, CASH-family planning, and the forthcoming health visiting services) within the community health services re-procurement by Merton CCG on our behalf. Two services—community dietetics and falls prevention—are being included in the MCCG-LBM Section 75 agreement.
- increase the Public Health capacity from 7 to 13 staff (including transfer of a manager for substance misuse from within the Council). This was completed at the end of September 2014, when the Public Health team started providing a basic public health service. We increase our capacity by being a training site for Public Health trainees and for community dieticians.
- put in place a programme of prevention initiatives that focus on working in settings (e.g., schools, workplace, high street, housing estates) and address health inequalities across Merton either through influence or direct commissioning.

2.4 London Borough of Merton

2.4.1 Children and Young People

A Public Health-Children Schools and Families group ensured that Public Health support to CSF early years and young people progressed effectively. The Consultant in Public Health and the Public Health Principal designed and supported implementation of a number of public health initiatives. They supported the MCCG GP clinical director and workstream focusing on children, providing expert input to the re-procurement of the community health services and to the transfer of health visiting from NHS England. Specific initiatives include

- A review of the National Child Measurement Programme, one of the Public Health statutory services and delivered by School Nurses, provided the information to establish improved KPIs and to develop a robust specification for re-procurement of the service.
- A review of the early years' agenda led to development of best practice in children's centres (Early Years Pathways, Mental Health Post). Pathway development is well underway to ensure a robust pathway and good communication between professionals who deal with young children—maternity, health visitors, children's centres and GPs, with a link to school nurses.
- A review of the Health Visiting service informed ongoing work to ensure an effective transfer of health visiting service from NHS England to LBM Public Health in October 2015.
- Development of Healthy School programmes in two school clusters in the more deprived east of Merton, including work with Dig Merton to introduce food growing to children.

- Alive N Kicking – programme for children and their families, identified through NCMP
- Reviews of CAMHS and Looked After children are ongoing

School nursing and health visiting services are within the community health services being procured in partnership with Merton CCG for April 2016.

2.4.2 Adults and Older People

Our consultant in Public Health for Adults and Older People and the Public Health Principal support three of the six priority workstreams for Merton CCG; i.e., Early detection and management, mental health and older people. An important product involved the mental health needs assessment, completed on behalf of both the CCG and the Council. This will be the basis of a discussion to prioritise the CCG mental health work programme going forward. Specific initiatives include

- Adult Mental Health Needs Assessment
- Ongoing work with adult social care involves review and development of best practice mental health peer support
- NHS Health Checks – IT procurement
- Befriending scheme through lead Age UK
- Falls and neurological needs assessments

2.4.3 Influences on Health

LBM Public Health now works across Council influences on health, including

- A Responsible Authorities Group established by Public Health to develop strategic responses and to identify common areas of interest, including
 - responding regularly to licensing and development control applications and agreeing conditions with applicants
 - working with the Licensing Committee and officers to refresh the statement of licensing policy
 - working with local and national planning colleagues to develop a tool setting out key points in the planning process for Public Health involvement and identification of potential to work across planning and licensing functions with Public Health
- Health impact assessments – although agreement to embed this across the Council did not move forward, HIAs are now ongoing with the regeneration team for three regeneration schemes.
- London Workplace Charter – in collaboration with HR, LBM achieved commitment level. A healthy workplace scheme is being designed for staff and will include Health Champions, frontline training for brief advice and signposting, as well as review of the physical environment (e.g. student dietitians review catering offer on-site). StepJockey has been operating in the Council since the repairs to the lifts started.
- Merton Adult Education delivers English for Speakers of Other Languages (ESOL) courses based on health messages

- Libraries staff and volunteers have been trained as Health Champions to provide frontline brief advice and signposting to lifestyle services
- Public Health will support a healthy catering officer in Environmental Health and a school travel post
- Work with Sports and Leisure through additional green gyms; a scheme to train physical activity champions is being designed
- Agreement to work with litter enforcement officers to offer cancellation of litter fines for smokers who attend Stop Smoking services and quit smoking
- Work with Sustainable Communities and Transport through the work agenda (discussed below under Pollards Hill pilot) and the Sustainable Merton partnership through DigMerton support to Healthy Schools
- Work with LBM Scrutiny Panels to increase attention to public health and prevention. Invitation to Scrutiny Commission in July to begin dialogue about how their areas of work influence health and increasing their consideration of health impacts in their areas of work

2.4.4 Sexual Health

Sexual health is one of the statutory Public Health services provided by local government. The Genito-Urinary Medicine (GUM) services are open-access sexual health services provided by hospitals. Because they are open access, this presents a risk to the LBM Public Health budget since it is difficult to predict use of the services. Other sexual health services commissioned by Public Health include CASH-family planning (a block contract within community health services), condom distribution and HIV prevention (commissioned both pan London and locally). Achievements include

- Contraceptive and Sexual Health Review – to examine the options for reducing the budget risk in the open access GUM services. The sexual health commissioner worked to put in place a variety of mechanisms, including
 - Agreed associate commissioner status with main providers
 - Work with London Directors of Public Health will lead to a pan-London (22 boroughs have signed up to date, including Merton) tariff regime, as well as a procurement process, both of which increase individual commissioner's influence over providers. Following this agreement, work is proceeding to develop the processes that will oversee this, which will culminate in negotiations/agreement with the main sexual health providers in London
- GettingItOn services for young people
- Pilot HIV testing in selected GP surgeries
- Early medical admissions HIV testing at St Hellier
- HIV home sampling

2.5 Merton CCG

- The DPH is a member of the strategic Executive Management Team and of the MCCG Board.

- Public Health support to five of the six MCCG priority workstreams (Children and Maternity, Keeping Healthy and Well, Early Detection, Mental Health and Older People) with Public Health funding of three of these posts.
- This work is covered by a memorandum of Understanding and an agreed annual work plan.
- Building on the priority given to Keeping Healthy and Well by Merton CCG, work with CCG colleagues to develop NHS required prevention work through, for example, joint weight management and alcohol pathway work.
- A health needs assessment for residents in the more deprived wards of Merton resulted in agreement to develop a model of care for the younger, more deprived and ethnically diverse residents. Partners for this work include MCCG, primary care providers, LBM Public Health, LBM Adult social care, and the voluntary sector. A draft model should be ready by end November.
- This model of care will most likely be informed by an ongoing Public Health sponsored Proactive GP pilot in East Merton, which focuses on prevention and early detection in primary care to reduce health inequalities, embed prevention and link primary care to our community health champion scheme.

2.6 Other partners

- MVSC supports our community Health Champion initiative- volunteers from community groups are trained to Royal Society of Public Health NVQ2 level to deliver brief advice and signposting to members of their groups. A My Health Guide was created to support Health Champions and to provide opportunities for people to make a pledge for a chosen lifestyle change.
- The Fire Brigade staff were trained to embed prevention (smoking and alcohol, the largest causes of fires) in their frontline work to install fire alarms
- Merton Chamber of Commerce has been commissioned to provide a sustainable healthy workplace outreach service to small and medium size enterprises.
- A pilot of the refreshed Health and Wellbeing Strategy – Merton the Place for a Good Life -- is being designed for Pollards Hill, in collaboration with Commonsense Community Development Trust, Phoenix residents association and residents. Starting with a Living Street Audit to identify assets and issues, efforts are now ongoing to seek support/interest from local residents to guide further development

2.7 Public Health has supported the Health and Wellbeing Board to

- Develop a rolling programme to deliver an updated Joint Strategic Needs Assessment with a series of supporting needs assessments
- Refresh the Health and Wellbeing strategy – Merton the Place for a Good Life
- Secure funding for review and development of the Board, with a proposal for further support under consideration by London Councils
- Broaden the scope of the Board by gaining agreement to expand the agenda to include the wider influences on health and membership to include the

Director of Environment and Regeneration, who manages many of the services that influence health

- Agree establishment of Public Health Board as sub-group of HWB Board to influence the HWBB partnership and oversee Public Health programme
- Complete a statutory Pharmaceutical Needs Assessment, setting out the market for new pharmacies in Merton and recommending opportunities for embedding prevention in local pharmacies

NEXT STEPS

2.8 Public Health Prevention Services for Procurement 2015-16

2.8.1 Weight management and alcohol services represent the largest part of the underspend in the Public Health budget.

Livewell provides Stop Smoking services, as well as support to people who wish to change a lifestyle behaviour. The service is well liked by providers and is currently under review following a LB Sutton Public Health decision not to continue joint commissioning past April 2016. This presents an opportunity to create a one-stop referral service for lifestyle interventions, along with weight management. Consideration will be given to inclusion of alcohol services.

2.8.2 In 2015-16 we are working to develop seamless pathways from prevention through to treatment/rehabilitation, in partnership with MCCG for both weight management and alcohol services. For weight management, LBM Public Health will begin procurement of Public Health Tier 1 and 2 services and Tier 3 on behalf of MCCG, along with a one-stop service from June 2015. We are currently negotiating with MCCG to develop a similar joint pathway for alcohol, as Tier 4 alcohol rehab services are commissioned by the CCG. While a study was completed on an alcohol pathway, we are further ahead with weight management work but will examine the potential to include alcohol in the one-stop service.

2.8.3 We are bringing together our work across lifestyle behaviours, including diet, exercise, smoking, and alcohol to create coordinated pathways that address not only individual lifestyle behaviours, but also provision in the built environment or in our high streets to make the healthy option the easy choice. Our food work adopts a broad approach, starting with a Merton Food Summit in April to bring together organisations that deliver some aspect of the food agenda. We are exploring how Public Health can best work with Council officers who deliver services that influence health, including examples mentioned above such as healthy catering and policy levers. We are undertaking an audit of physical activity opportunities in Merton to create options (in addition to leisure centres) for people using our Tier 2 weight management service. We commissioned social marketing to understand better why our smoking quit rate is declining, similar to a trend across the country.

2.8.4 The DPH is the London DsPH lead for alcohol and works with a Healthy High Street group to commission support to this agenda, as well as to identify areas of common interest across our boroughs, as well as developing effective advocacy at the national level. We are awaiting feedback from a list of 'asks' sought by the group on increased control over their local high streets and are beginning to examine potential for a London pilot for alcohol minimum unit pricing for interested boroughs.

5. ALTERNATIVE OPTIONS

None for the purpose of this report

6. TIMETABLE

As set out in the report

7. FINANCIAL, RESOURCE AND PROPERTY IMPLICATIONS

None for the purpose of this report. .

8. LEGAL AND STATUTORY IMPLICATIONS

None for the purpose of this report.

9. HUMAN RIGHTS, EQUALITIES AND COMMUNITY COHESION IMPLICATIONS

A core aim of Public Health is to address health inequalities.

10. CRIME AND DISORDER IMPLICATIONS

None for the purpose of this report.

11. RISK MANAGEMENT AND HEALTH AND SAFETY IMPLICATIONS

None

12. Appendix

None

13. Background Papers

None

14. Officer Contact

Clarissa Larsen, Health and Wellbeing Board Partnership Manager

Clarissa.larsen@merton.gov.uk