Committee: Healthier Communities and Older People Overview and Scrutiny Committee

Date: 22 October 2015

Agenda item:

Wards: ALL

Subject: Prevention

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Lead member: Councillor Caroline Cooper-Marbiah, Cabinet member for Adult social care and health

Forward Plan reference number:

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Recommendations:

A. That members of Healthier Communities and Older People Overview and Scrutiny Committee discuss the questions at the end of the report and make recommendations.

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1. **PURPOSE OF REPORT AND EXECUTIVE SUMMARY**

   This report sets out the importance of addressing the wider determinants of health, the need for prevention of ill health and the work of Public Health, together with partners, to address this.

2. **DETAILS**

2.1 **Prevention – a definition:**

   Prevention includes a wide range of activities aimed at reducing risks or threats to health to avoid problems before they occur.[1]

   When people are asked about health, they usually think about disease and health care services, which only account for about 20-30% of what creates good health and wellbeing. The larger influences on health and quality of life stem from the broader conditions in which people live and work. Our health is determined by our early years, opportunities for good education and work, our lifestyle choices, the healthcare we receive and our wider economic, physical and social environment.[2] See Figure 1.

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[1] Institute for Work and Health http://www.iwh.on.ca/wrmb/primary-secondary-and-tertiary-prevention
[2] Kings Fund/LGA (2014) https://www.slideshare.net/kingsfund/making-the-case-for-public-health-interventions

Figure 1: What determines if we're healthy or ill

Barton and Grant 2006 based on Whitehead and
Dahlgren 1991

There is substantial and increasing evidence to suggest that investing in the prevention of ill health makes economic sense. Prevention can be cost-effective, provide good value for money and provide return on investment (ROI) in both the short and longer term. See Appendix 1 Powerpoint slides.

2.2   Addressing Health Inequalities through an Increased Focus on Prevention

Merton is fortunate to have good quality Council and health care services and outcomes. However, as we know, these outcomes mask significant inequalities within the borough. Our challenge is then to halt the increase in the difference in life expectancy between the more deprived and better off parts of the borough. Addressing these inequalities is the focus of the work of the health and wellbeing strategy, as well as the focus of the Public Health team. Inequalities in health outcomes are not inevitable. If we shift from dealing with disease and crises to prevention, we will not only improve people's quality of life and reduce health and social care costs, we will also reduce health inequalities.

The starting point for our public health work in Merton is an understanding that we must work across boundaries with partners to raise the priority of creating health as a key contribution to overall wellbeing of Merton residents, along with education, a thriving economy, health care and a sustainable environment.

Many of the services offered by the Council influence these conditions as set out in a King's Fund report *Improving the public's health A resource for local authorities.*[3] The report sets out a number of areas with solid evidence where local authorities could maximise their impact on health and reduce inequalities; i.e.,

- the best start in life
- healthy schools and pupils
- helping people find good jobs and stay in work

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[3] Buck D and S Gregory. 2013. *Improving the public's health A resource for local authorities.* The King's Fund London.

- active and safe travel
- warmer and safer homes
- access to green and open spaces and the role of leisure services
- strong communities, wellbeing and resilience
- public protection and regulatory services (including takeaway/fast food, air pollution, and fire safety)
- health and spatial planning.

At the same time that Public Health moved from the NHS to the local government, significant savings were being required. The Public Health budget of about £9.2m is fixed and ring-fenced until April 2016, when a decision will be made about maintaining the ring fence. The fixed nature of the budget means there is an annual decrease in real terms. In 2015 the Government announced a £200m in-year cut to public health funding; how to distribute this across Councils is the subject of an ongoing consultation. In addition, Public Health will be expected to contribute to overall Council savings between 2016/17 – 2018/19. With a decreasing budget, the Public Health team recognises that they must work differently to try to keep prevention and health inequalities at the top of the agenda.

We recognised early on the potential of work on prevention of ill health to improve residents' quality of life and to reduce health and social care costs. This however required substantial efforts to convince partners of the importance of prevention and these efforts continue. The challenge is not only about an increased focus on prevention services but also convincing a council that provides excellent resident services and economic initiatives to promote prosperity, for example why it is important that these services have a positive influence on health. For example, a high street full of chicken shops may have no empty shops, but provide few healthy choices for residents. The challenge then is about finding a common goal that may require compromise to deliver a thriving economy that promotes health.

With our NHS partners in Merton Clinical Commissioning Group, we focus on opportunities to embed prevention in all frontline work and as part of all clinical pathways. We work with MCCG partners to address health care inequalities through early detection and management of long-term conditions, for example.

Partnering with the voluntary and business sector provides Public Health multiple opportunities to reach out into our different businesses and communities through community groups and organisations, training their members as volunteer community health champions, for example.

2.2 **Examples of Initiatives to Promote Prevention and Address Health Inequalities**

While working toward an increased focus on prevention, we recognise the following principles

- Health is everyone's business and can only be created by breaking down traditional silo ways of working, including with community groups to expand our reach into different sections of our population
- Health and health care are not the same thing; health care only comes in once a problem has arisen to cure, manage or rehabilitate where possible
- We can only raise the priority of health through alliances and shared ownership with the residents of Merton and their representatives (both elected and in the voluntary sector) and with commissioners of services
- Individuals' responsibility for their lifestyle choices must be made possible by increasing availability of healthy options to make these the easy choice through use of policy levers. This is not as expensive as working to change individuals' behaviour but does require political will
- Working in settings provides opportunities to reach larger audiences for a bigger impact than by focusing on the individual level
- It is possible to achieve more with fewer resources by working differently to achieve more than by working alone

The Health and Wellbeing Strategy Merton the Place for A Good Life is focused on addressing health inequalities and embedding prevention. It brings together work with Council, MCCG, and voluntary and business sector partners to address the influences on health and the significant health inequalities in Merton. Working across the life course on the influences on health means that we start early in life to ensure that young children acquire the skills and resilience required to do well at school. Upon school completion they have the knowledge and life skills to lead a productive life with adequate resources for themselves and their families and for making decisions to be healthy and well.

Examples of Council levers that directly influence health include levels of income and education, which are the largest influences on health. Providing increased opportunities to both not only has the potential to prevent future poor health but also to reduce health inequalities. The Merton the Place for a Good Life strategy therefore includes the following goals

- Increased efforts to reduce the gap in school readiness and GCSE results
- Job creation and support for people on benefits to increase access to apprenticeships and jobs

An important part of the work of Public Health is to convince our Council colleagues that we can work together to ensure that all the work of the Council has a positive impact on health.

Building on the principles discussed above, we set out below examples of how we work on the influences on health in the Council and the opportunities available through partnership work.

Prioritise the early years

In addition to working with Council partners to address inequalities in opportunities for the early years and education, we seek to

- Develop early years pathways to ensure that midwives, health visitors, children's centres, GPs and school nurses understand each other's roles and communicate well during transition to ensure that no child falls out of the safety net
- Train children's centre staff to identify mental health issues for mums

Work in settings

- **Healthy Schools** - this pilot works through two school clusters in east Merton to encourage healthy choices and to embed prevention in the school environment
- **Healthy Workplaces** –
    - within the Council for staff to encourage healthy lifestyles and to ensure the Council provides healthy options through its own caterers and sites
    - for staff in small and medium local enterprises in partnership with the Chamber of Commerce

Work through communities to build resilience and capacity

- **Health champions** – are respected members of community groups or GP practice staff who provide brief advice and signposting for lifestyle and free clinical prevention services such as immunisations or cancer screening. MVSC works with Public Health to recruit community groups and their members to become health champions. A new My Health Guide, the adult equivalent of the children's red book is a resource for both health champions and for individuals to make commitments to reach a lifestyle goal
- **Healthy Pollards Hill** – this place-based pilot is under development to bring together some of the strands of the health and wellbeing strategy in a community development effort to increase the voice and capacity of residents to improve their community in partnership with housing and community associations, along with the Council.

Embed prevention in health care

- **Proactive GP pilot** – aims to embed prevention in GP practices in east Merton and to increase early detection of long-term conditions by linking practices to health champions who screen for these conditions and signpost, where appropriate to GPs and to lifestyle services such as Smoking Cessation
- **East Merton model of care** – a needs assessment for the 2013 health inequalities conference revealed that a different model of care would be required for a more deprived, ethnically diverse population in the east of the borough who get long-term conditions at a younger age. The model should bring together health and social care, Public Health, Council social services

(e.g., housing, benefits) and the voluntary sector. While work on the model has not yet commenced, the work should lead to a model that focuses priority on prevention, self care and primary and community care, with use of acute settings only when health issues cannot be resolved at these lower levels.

- **Agreement to include prevention as part of all pathway development work,** joint work with MCCG on weight management and alcohol pathways and services. Public Health is developing a one-stop referral service, bringing together services for smoking cessation, weight management, and behaviour change in partnership with MCCG, which funds the Tier 3 obesity service.

Make prevention everyone's business
- The Health and Wellbeing Board has taken on prevention and health inequalities as top priorities of its work. The focus of the Board has expanded beyond health and social care to include influences on health, which are now represented by the Director of Environment and Regeneration, where many of the services that influence health are delivered.
- Bidders for the new community health services contract are required to embed brief advice and signposting for all frontline staff in their services

Embed prevention and health impact in Council work
- **Use Council policy and regulatory levers to influence health**
  - Health Impact Assessments are being undertaken for three regeneration projects in Merton
  - Public Health is now a Responsible Authority – although health is not a licensing objective, Public Health responds to licensing and planning applications by working with applicants to agree conditions to reduce access to high strength alcohol, for example. All Responsible Authorities meet regularly to share information and experience
    Public Health is supporting the licensing consultation on the Statement of Licensing Policy through a pop-up café in the proposed cumulative impact zone in Mitcham to gather residents' views on the kind of high streets and town centres they want. The café will run in the morning on Tuesday 01 September and in the afternoon on Thursday 03 September. Members of the scrutiny panel are invited to attend.
- **Embed officers in key services and prevention in existing work and contracts; e.g.,**
  - Public Health has embedded an officer in the environmental health service to promote a healthy catering commitment and a good food culture generally across Merton
  - The litter enforcement service contract requires officers to encourage offenders who smoke to accept a referral to Stop Smoking services

- The young people's substance misuse service offers brief advice and signposting for sexual health
- **Make prevention understandable and fun for residents and staff** through
    - Initiatives such as Step Jockey and Merton on the Move to increase physical activity in partnership with MCCG, MVSC and the Chamber of Commerce
    - User-friendly summaries versions of the Joint Strategic Needs Assessment and infographic ward profiles (Appendix 2)

2.3 The Remaining Challenges

The Public Health team took up the challenge of and succeeded in creating a robust public health function for the residents of Merton. Merton did not have its own Public Health team before April 2013; there was and still is much to do to convince local decision makers about the importance of the Public Health approach and of working across a system to embed prevention.

The Council has many levers it can use to influence the wider determinants of health and promote prevention– the challenge is to retain this focus given the financial challenges that are being faced. By appreciating and promoting the importance of prevention, all Councillors and officers can contribute to this focus and help deliver better health and wellbeing across communities in Merton.

2.4 Questions for Discussion

1 Work through communities

Health champions – are respected members of community groups or GP practice staff who provide brief advice and signposting for lifestyle and free clinical prevention services such as immunisations or cancer screening.

Q How can we encourage the Council and Councillors to link their work with Health Champions, become Health Champions themselves and promote the work of Health Champions?

Q Do members of the Scrutiny Panel believe they could have a broader role in the Council to promote prevention? If so, what could this be?

2 Embed prevention

Understanding the health impact of work outside of health care and using Council levers to have a positive impact on health wherever possible
Public Health has negotiated Health Impact Assessments of three regeneration projects, helped establish a Responsible Authorities Group and create capacity to comment on licensing and planning.

Q How can the Council continue make better use of levers such as licensing and planning to influence provision of fast food, alcohol, smoking, betting and payday loan outlets in our town centres and high streets as well as future regeneration opportunities to promote health and wellbeing?

3   Make prevention understandable and fun for residents and staff
Initiatives such as Step Jockey and Merton on the Move have been run as high profile campaigns to increase physical activity in partnership with MCCG and MVSC. Public Health have also produced user-friendly summaries of the Joint Strategic Needs Assessment and infographic ward profiles

Q How can these campaigns and resources be promoted and used by Councillors and the Council to have maximum impact on health and wellbeing in Merton?

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 2015/16

2   FINANCIAL, RESOURCE AND PROPERTY IMPLICATIONS

None relating to this covering report

3   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.

4   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.

5   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.

6   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 – Powerpoint slides Making the Case for Public Health interventions

Appendix 2 – Example of Ward profile using infographics

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