Committee: Healthier Communities and Older People Overview and Scrutiny Committee

Date: 3 September 2014

Agenda item:

Wards: ALL

Subject: Embedding Public Health – one year on from transition.

Lead officer: Kay Eilbert, Director of Public Health. Kay.eilbert@merton.gov.uk

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

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Recommendations:

A. That members of Healthier Communities and Older People Overview and Scrutiny Committee note the priorities and challenges for Public Health in its second year as part of the Council.

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1. PURPOSE OF REPORT AND EXECUTIVE SUMMARY

This report provides an overview of the priorities and challenges for Public Health in the year ahead, its second year as part of the local authority,

For the benefit of new Councillors the report also restates what is health and reiterates some of the work undertaken by Public Health in its first year as part of the Council.

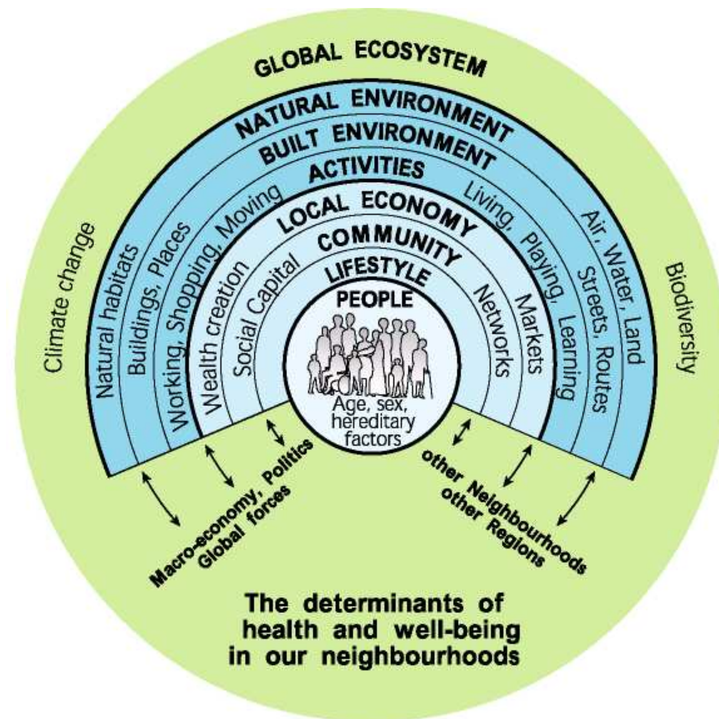
2. DETAILS

Poverty is bad for your health – Office for National Statistics July 2014

The Office for National Statistics has said that millions of people are destined to die nine years earlier than they should because they are poor. Males in the most deprived part of the population - the bottom decile - are set to die before they reach 74 years old '73.8' - almost a decade earlier than those in the top decile, who can expect to live until they are 83 years old '82.9'. Females share a similar fate, with those born in the bottom decile expected to die by the time they are 79 years old, seven years earlier than the most affluent '85.9'.

2.1 Introduction - What is health?

2.1.1 For the benefit of new members of Healthier Communities and Older People Overview and Scrutiny Committee we are restating the factors that make up good health.

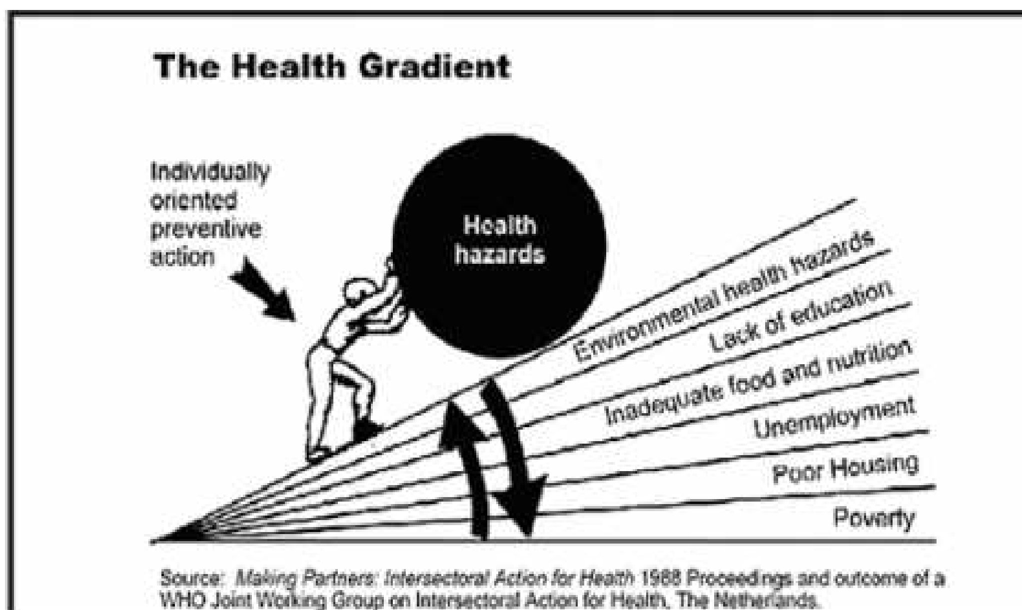


2.1.2 As can be seen in the diagram above, health is about putting in place the conditions in which people can be healthy. People's health and wellbeing is strongly influenced by the conditions in which they live and work. Health inequalities are created by inequalities in wider society, for example in unequal opportunities for a good education and a good job.

2.1.3 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. If all inequalities in access to health care services were eliminated, there would still be health inequalities that are created by the wider environment.

2.1.4 The 2010 Marmot review of health inequalities recommended working across the life course - prioritising the early years (because the habits that children develop influence their health outcomes as adults), 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 these inequalities.

2.1.5 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 where options are available. The Council has numerous levers to improve availability of healthy options, through for example planning and licensing.



2.2 Public Health in LBM

2.2.1 As previously reported to this Committee, since 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.

The current year sees these priorities continuing with particular focus on integration, joining up services effectively and embedding public health in Council services, and on prevention, addressing the wider determinants of health that lead to health inequalities.

2.2.2 Merton Council inherited a relatively small Public Health budget and team, which has worked to make public health as effective as possible, while realising that we have to work differently and more efficiently within limited resources. This has been enhanced by a strengthened Public Health team, bringing new expertise that allows a greater focus on building the evidence base and promoting prevention.

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

2.2.3 Opportunities remain to embed and increase engagement with partners and communities building capacity to address the wider determinants of health. During times of financial pressure, Public Health approaches offer ways to improve the quality of people’s lives, while saving money in the medium to long term.

2.3 The Public Health Approach

2.3.1 Our vision for people's health in Merton over the next five years remains to stem the increase in the significant health inequalities that exist between the East and West of Merton, providing more equal opportunities for all residents of Merton to be healthy.

2.3.2 In addition to providing public health support and advice, the Public Health team is working to make health everyone's business - working with partners, in the Council, Merton Clinical Commissioning Group and the voluntary sector – embedding health concerns in policies and contracting and training frontline staff as Health Champions across Merton.

2.3.3 Public Health has taken this approach to the Health and Wellbeing Board, which has placed a greater emphasis on prevention; for example a Harm Prevention sub-group has been agreed.

2.3.4 Plans are in place to establish a Harm Prevention forum as a sub group to the Health and Wellbeing Board. Work is also currently underway to establish the evidence base for targeted place based approaches to tackling health inequalities.

2.3.5 There is an increasing recognition, at national policy as well as local level, that prevention is key to sustainability and that prevention will need to be a core focus of HWBs moving forward.

2.4 Public Health Mandatory Work

Local authority responsibilities for public health include mandatory functions and services:

- Producing the Joint Strategic Needs Assessment (JSNA), which commissioners must use as the basis for their commissioning decisions. The JSNA sets out the health and social care needs of residents, as well as information on the environment in which people live. The JSNA is available online at http://www.merton.gov.uk/health-social-care/publichealth/jsna.htm

- Supporting the Health and Wellbeing Board and leading on Merton Health and Wellbeing Strategy which will be refreshed in 2015. Public Health is also leading on the Pharmaceutical Needs Assessment which is currently underway.

- Producing the Director of Public Health's annual report on the health of the people in Merton which will be published in September.

- Commissioning local mandatory services, i.e.,

    - sexual health services,
    - National Child Measurement Programme,
    - NHS Health Checks

  - Assuring health protection functions, such as immunisations, screening and pandemic flu
  - Public health advice to Merton Clinical Commissioning Group (MCCG

2.5 Working with Merton Clinical Commissioning Group (CCG)

- Public Health has worked with Merton CCG to advocate a focus on the east of the borough. The CCG is now developing a new model of care in East Merton and have agreed to pilot a ‘Proactive GP Practice’ model in the East of the borough.
- Public Health is supporting Merton CCG priorities with Public Health staff participating in five (Children. Early Detection and Management, Elderly and Vulnerable Adults – Merton Model, Mental Health and Prevention) of the six CCG Priority Groups achieving a close working relationship and bringing the public health approach of evidence based work.
- The Director of Public Health is represented on Merton CCG Board and Executive Team

2.6 Working across the Council

CMT agreed a budget and plan for Public Health for a programme of activities that focuses on embedding health cross Council Directorates. This includes:

- A Health Impact Assessment policy for the whole Council, starting with pilot HIAs. A process for delivering this across Council work is being considered by management for delivery in 2014.
- Work with procurement to embed health concerns in LBM contracts as part of the Social Value requirement for the Council.
- Signing up the Council to the London Healthy Workplace Charter that supports and recognises employers who invest in the health and wellbeing of their staff

2.6.1 Working with Children

- A review into Children’s Centres has been completed and now investment is being placed in training staff to deliver best practice. In addition, the work focuses on bringing together the different cadres of staff who deliver services to children including GPs, children’s centre staff, health visitors, midwives with links to school nurses.
- Work with East Merton school clusters on support for Healthy Schools, including a core offer and additional support that schools can buy in. Broader borough wide work includes increasing the numbers of children using Free School Meals and weight management for children and families

2.6.2 Working with Adults

- Investment in ESOL (English as a second language) and Ageing Well, both increasing residents ability to remain as independent as possible and participate in community life.
- Development of a Healthy Weight Strategy for Merton – identified as a priority and a gap in services by developing a multi-agency comprehensive Healthy Weight framework for Merton for both adults and children
- Support to improve partner use of needs analysis and evidence to guide commissioning decisions. Consideration of developing a 'knowledge hub' thaty includes the JSNA and for example, the Public Health produced Mental Health Needs Assessment on behalf of MCCG and LBM.

2.7 Public Health Wider Focus

2.7.1 Health and Wellbeing Peer Challenge

In autumn 2013 Merton put itself forward as a pilot in the Health and Wellbeing Peer Challenge. The purpose of the Challenge was to support the Council in implementing its new statutory responsibilities through a systematic challenge by peers. The challenge focussed on the establishment of an effective Health and Wellbeing Board, the operation of Public Health and the establishment of HealthWatch, and provided feedback which included many positive and constructive comments. Merton was recognised for *excellence and maturity in working with the voluntary sector through MVSC' and its clear strategy, enthusiasm and commitment to improving health and wellbeing of residents'*

Recommendations included the need for the Health and Wellbeing Board to maintain a focus on delivery with pace and public health to be fully embedded in Council service plans.

2.7.2 Merton Partnership Conference on Health Inequalities

The Health and Wellbeing Peer Challenge was followed by Merton Partnership conference 2013 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'. All participants gave written pledges to work in a new way to reduce health inequalities which has led to local collaborative work with community groups.

2.7.3 Public Health Making Health Everyone's Business

In addition to the mandatory work that public health must deliver, a wider programme of initiatives has been developed in partnership across the Council, with Merton Clinical Commissioning Group, voluntary and other organisations, to address health inequalities and deliver prevention.

Examples of work are given below and the full Public Health high level work plan for 2014-15 is included in Appendix 1.

2.7.4 Working to Deliver Prevention

In addition to delivering a wider agenda that includes prevention for the Health and Wellbeing Board,

- CMT agreed to implement a health impact assessment across all Council work, following a pilot.
- Work has also taken place with Environment and Regeneration, Planning and Licensing to identify opportunities to use these levers to improve prevention.
- A place based approach is under development in local communities to bring together Council work across directorates, within existing resources, to deliver a more effective package of services. This has the potential to lead to community ownership for defining their own priorities and for monitoring delivery.
- Embedding prevention in frontline staff by training all partners to act as Health Champions for brief advice and signposting to prevention services
- An Alcohol strategy is under development to work across prevention through to treatment, ensuring that this work addresses individual behaviours and environmental influences through planning and licensing, for example, as well as treatment services.

2.7.5 Working with the Voluntary Sector

- Community health champions work through a range of community organisations representing different groups of residents mainly in the more deprived East of the borough. Community group members encourage their members to adopt healthier lifestyles and to take up of prevention services. A My Health Guide provides information for champions and opportunities for residents to make commitments to lifestyle changes.
- LiveWell provides training of front line workers to make every contact count by providing basic prevention advice and signposting to services. Training has been provided to fire fighters, library staff, and leisure centre staff.

2.8 Developing the Public Health team

- As previously reported to this Committee, the Council inherited a small Public Health team and budget and argued successfully for a small increase in the allocation for public health. The allocation for 2014/15 is £9.2 million.
- The Public Health team will be up to full capacity by the end of September, with the addition of four public health specialists to work on children, older people, public health intelligence and prevention. Two posts will be shared with Merton Clinical Commissioning Group
- This brings the total team to 12 which is still well below that of most London Public Health teams and brings the total investment for staff to about 10% of the total public health budget. The increased capacity is now beginning to provide additional public health expertise to support Council work and foresee the addition of health visitors. A structure chart of the PH team is in Appendix 2.

2.9 Public Health Budget

2.9.1 Following transition, Public Health agreed an integration approach, where Public Health staff work alongside colleagues across Directorates to add value to improve local people's health. There have been some successes in embedding Public Health in the Council but the actual configuration will be kept under review to ensure that it develops effectively to meet partner requirements.

2.9.2 The Public Health budget was underspent by £1.6m in 2013-14 due to a number of factors

- challenges from Merton CCG on the Public health budget,
- capacity of the Public Health team
  and
- capacity of the Council to take on new work proposed by Public Health to take advantage of Council services that have an impact on health.

2.9.3 CMT agreed that the underspend funds could be rolled over to 2014-15, in line with central government policy. A list of investments for use of this money was agreed by CMT on 8.7.14 and is attached in Appendix 3.

2.9.4 In line with requirements for use of the Public Health grant, these investments contribute to improving health of Merton residents. For example £500k is being invested in existing Ageing Well services in Community & Housing, which releases funds to help with areas of budget pressures. We expect to take a similar approach for Children Schools and Families.

2.9.5 Public Health is working with each Council Directorate to develop an agreed plan of work to deliver the Public Health investments to reduce the underspend in 2014-15.

3. NEXT STEPS

3.1 The Public Health TOM (Target Operating Model) will be finalised by the end of 2014 effectively integrating Pubic Health into the Council, demonstrated by, for example, taking on certain Safer Merton functions, considering a future role as a 'knowledge hub' for the Council and identifying further opportunities to take forward the role of Public Health in the Council up to and beyond 2015/16 when the ring fence is planned to be removed.

3.2 The focus on prevention and the wider determinants to tackle health inequalities will continue for the Public Health team and will be reflected in the forthcoming review and refresh of the Health and Wellbeing Strategy for 2015.

3.3 A strong evidence base will be established through the new Joint Strategic Needs Assessment now a live document, constantly updated with newly available data. Wider contributions to, and use of, this resource will be encouraged across the Council and partners as a robust source of intelligence to inform future policy development.

3.4 Public health will continue to work across our health partnerships in the Council, the MCCG and the voluntary sector by adding value to the work of each. It will

seek new opportunities to embed health as everyone's business and using available levers and policies that impact on health.

4. 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.

5. CONSULTATION UNDERTAKEN OR PROPOSED

The Panel will be consulted at the meeting

6. TIMETABLE

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

7. FINANCIAL, RESOURCE AND PROPERTY IMPLICATIONS

None relating to this covering report

8. 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.

9. 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.

10. 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.

11. RISK MANAGEMENT AND HEALTH AND SAFETY IMPLICATIONS

None relating to this covering report

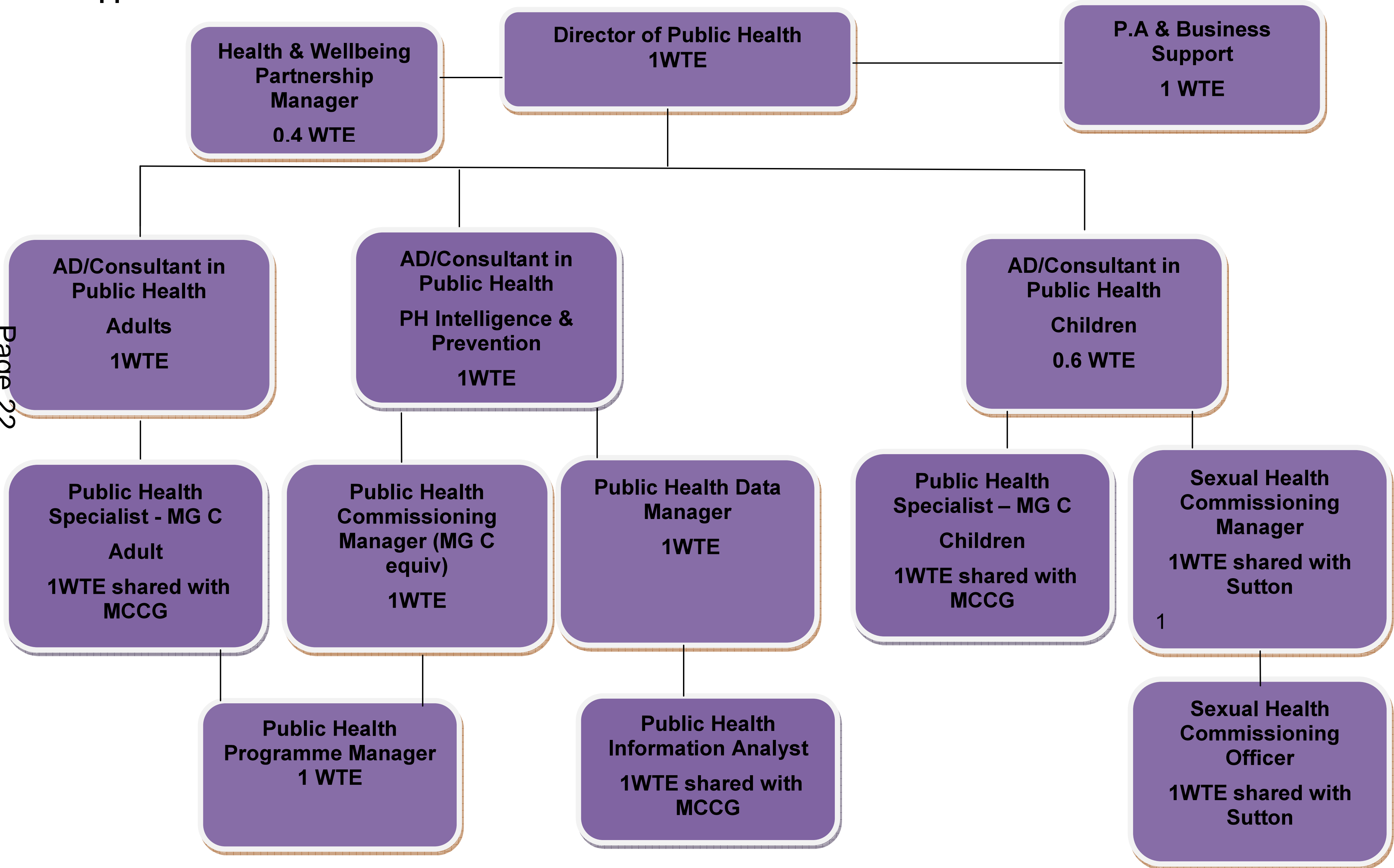
APPENDICES – THE FOLLOWING DOCUMENTS ARE TO BE PUBLISHED WITH THIS REPORT AND FORM PART OF THE REPORT

Appendix 1 Public Health Work Plan 2014-15

Appendix 2 Public Health Structure Charts

Appendix 3 CMT agreed Public Health 2013-14 Underspend

Appendix 2 - Public Health Team Structure Chart



Appendix 1 - London Borough of Merton

Public Health Directorate Workplan 2014-15

Area	Task	Evidence of Success	Responsibility	Comment
Embed Public Health across the Health and Wellbeing partnership	• Raise profile and understanding of public health in LBM and across partnership • Develop strategies to make 'health everyone's business' • Undertake 3-4 in-depth needs assessment and/or strategy development e.g, weight management and alcohol in partnership with key stakeholders	• Partners understand their contribution to health • Public health concerns embedded in contracts; e.g., leisure • Frontline staff trained to provide prevention messages and signposting	DPH and Public Health	
Provide leadership for public health in LBM	• Propose strategies to embed public health across LBM; e.g, health impact assessment • Agree joint work and provide ongoing support across LBM directorates	• HIA policy agreed and being delivered • Public Health embedded across LBM with ongoing, effective relationships through 'workplans' agreed with each directorate • Evidence-based strategies and action plans	DPH, PH team and CMT	
Produce annual public health report	• Decide theme and prepare report	• Annual Public Health Report available	DPH	
Review public health team function within LBM	• Undertake review and develop options paper. Finalise TOM	• CMT agreed option delivered	DPH in consultation with team and Simon Williams	
Area	Task	Evidence of Success	Responsibility	Comment
Develop annual workplan for	• Staff in team propose and agree	• Annual workplan	Public health	

Page 23

public health to deliver the mandated services as a minimum	objectives • Discussions with CCG to agree PH inputs • Build staff objectives into annual workplan	agreed by CMT	team, DPH with partners	
Oversee directorate budget , ensuring expenditure stays within budget	• Ensure 2014/15 budget reflects full cost of transferred services • Work with CMT to agree use of 2013/14 underspend	• 2014/15 budget agreed – roll over of 2013/14 budget • Use of underspend agreed	DPH and LBM finance CMT	
Ensure robust services are contracted for 2014-15	• Complete reviews of services inherited from the NHS • Develop contracts for services/posts agreed for recurrent PH budget • Using recommendations of reviews, procure coordinated services across evidence-based pathways	• Reviews finalised with recommendations • Pilot services in place 2014/15 • 2014/15 services procured in timely manner	PH team	
Ensure robust performance management in place for all contracts	• 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 on robust KPIs	PH team	
Ensure monitoring data provided as required	• Agree public health monitoring data to be reported to C&H • Provide monitoring data • Make adjustments in delivery as indicated by data	• Service delivery is adjusted to reflect monitoring results	PH team	
Area	Task	Evidence of Success	Responsibility	Comment
Develop good working relationships with key stakeholders in the Clinical	• Participate in MCCG Board and management • Agree Memorandum of	• Public Health providing appropriate support to 5 MCCG	DPH and PH team	

Commissioning Group	Understanding • Agree annual workplan with MCCG, including two shared posts • Take Mitcham model of care forward with MCCG	Operating Plan priorities • Mitcham model of care plans approved by DoH		
Develop partnership with the voluntary sector	• Agree support to MVSC • General • Health champions • Address inequalities by identifying and delivering opportunities in East Merton – work with BME groups and Pollards Hill pilot	• Public Health seen as important partner • Contract in place with MVSC • Support being delivered to Health Champions • BME groups in E Merton providing support for older people • Pilot in Pollards Hill agreed and being delivered across partnership	PH team	
Support the Health and Wellbeing Board and delivery of the Health and Wellbeing strategy	• Provide public health leadership to HWB; including support such as development exercise(s) with external expertise • Refresh HWB strategy • Develop Harm Prevention sub-group for prevention to HWB agenda	• Well functioning HWB • HWB strategy reflects community plan more closely • Prevention firmly embedded in HWB agenda	DPH and PH team Members of Harm Preveniton group	

Area	Task	Evidence of Success	Responsibility	Comment
Ensure Joint Strategic Needs Assessment is updated regularly, using detailed needs assessments	• Update JSNA on a rolling basis • Work with LBM colleagues to standardise JSNA • Work with LBM colleagues to produce robust needs	• JSNA seen as LBM process to assess needs across the Council • JSNA provides most	PH and LBM partners	

	assessment; i.e., adult social care inequalities assessment	up-to-date analysis of health and social needs		
Provide local assurance for NHS England and Public Health England	• Assure in partnership robust plans for immunisations and screening, for example • Support health protection work, as required	• Robust local delivery of NHS England and Public Health England work	DPH	

Page 26

Appendix 3 CMT Agreed Use of the 2013-14 Public Health Underspend at 8 July 2014

Projects	£
CSF FSM	25,000
Building capacity in children's workforce	60,000
Backfill for fixed-term deployment of social workers for child protection	200,000
0ffsetting budget pressures across CSF	215,000
C&H MAE second half of year	50,000
Pollution	60,000
Sport & Leisure	85,000
Corporate Finance Officer	30,000
Pollards Hill evidence-based review	5,000
Community Dietetics waiting list	50,000
MCCG East Merton	150,000
HIV testing Epsom & St Helier	35,000
MVSC Neighbour to Neighbour	3,000
SWL academic and social care network	30,000
Development and planning of licensing PH framework	30,000
Ageing Well	500,000
Prevention and detection primary care	146,000
GROSS NON-RECURRENT EXPENDITURE	**1,674,000**
Reserves bf (2013-14 Underspend)	(1,663,834)
Balance	10,166

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