

Committee: Health and Wellbeing Board

Date: 27 January 2015

Wards: All

Subject: HWB Strategy Priority 2 – Update on Progress

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

Lead member: Cllr Caroline Cooper-Marbiah, 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 delivery of the Health and Wellbeing Strategy Priority 2: Supporting People to Improve their Wellbeing.

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 plan for the Health and Wellbeing Strategy Priority 2: Supporting People to improve their Wellbeing.

This will be the final update on the existing Health and Wellbeing Strategy 2013/14 as it is currently being refreshed as outlined in a separate report to this Board.

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 January 2015)

Outcome 2.1: Promote and deliver an integrated approach to health and wellbeing			
Key actions	Indicator/success measure	Progress to date	Lead
1. Achieve the target number of people receiving an NHS Health Check	Percentage of eligible people who are offered an NHS Health Check (PHOF 2.22)	<p>The NHS Health Check programme is currently being delivered by all GP practices and four community pharmacies have also been engaged to deliver the programme covering Raynes Park, Hillside, Graveney and Abbey Wards.</p> <p>In 2013-14 there were 11,522 offers and 6,667 checks. For 2014/15 at the end of Q2 there have been 5,639 offers with 2,679 checks delivered to date.</p> <p>PHOF 2.22 – 2014/15 cumulative percentage of eligible people that were offered an NHS Health Check Quarters 1 to 2 is 55.6%, with uptake level of 47.5%.</p> <p>PHOF 2.22 – 2014/15 cumulative percentage of eligible people that received an NHS Health Check of those offered Quarters 1 to 2 is 47.5%.</p> <p>Public Health are procuring a new IT call/recall system for the programme, which will improve the reporting data, allow tighter auditing and reduce administrative burden. This contract will be awarded Quarter 3.</p>	Public Health
2. Increase the number of health improvement outcomes via LiveWell	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>In 2013/14 the service supported 495 Merton residents to stop smoking and delivered 970 self reported health improvement outcomes.</p> <p>Public Health are working closely with LiveWell and MVSC and have developed a network of 22 health champions who work within 11 voluntary sector organisations and a local GP practice with a focus on East Merton.</p> <p>These health champions increase awareness and the uptake of health services and won the Inclusion award in the Merton Compact Awards 2014 and were shortlisted in the Advancing Equality Awards category of the National Compact awards.</p>	Public Health

<p>3. Target resources towards the east of Merton where we know there are the biggest health inequalities.</p>	<p>Number of outcomes achieved as specified in successful PRG Funding Bid.</p>	<p>There have now been five rounds of the EMHWBF which has funded 34 groups, to a value of £190,019. In addition a further 6 projects were commissioned to deliver specific initiatives linked to the health champions programme. These additional projects were valued at £47,058; a total investment of £237,077. A final evaluation of the programme and its impact will be prepared for April 2015.</p> <p>The community fund was launched in 2014 and is now receiving donations. In January 2015 MVSC, in partnership with Public Health, launched Stop Start January, which asked residents to raise money for the community fund whilst making pledges e.g. stopping smoking or becoming more active.</p> <p>A street audit of the Pollards Hill area has been undertaken to get a greater understanding of the health challenges that the community face when looking to improve their health. This audit has realised 650 comments from the community and will be used to develop innovative ways to support local residents.</p>	<p>MVSC/Public Health</p>
<p>4. Ensure that health and other professionals deliver consistent health improvement messages and support as part of their day to day work.</p>	<p>Number of referrals from health and other professionals into integrated LiveWell/Stop Smoking service.</p>	<p>As part of a programme to support front line staff to deliver health messages (building on previous work where we trained all Fire fighters who work in Merton (just under 100) to stop smoking level one) we have trained 42 library staff to have a greater understanding of health improvement and the services that are available to support residents to lead healthy lifestyles.</p> <p>Following the success of the training, Public Health are commissioning a programme of training for frontline staff across the borough, within and outside the council, to increase their knowledge and skills in health promotion and act as health champions within their own workplaces and with the residents of Merton that they come into contact with. The programme will be delivered to a wide range of staff groups who have frequent access with the general public, in order to systematically embed health promotion and 'make every contact count'.</p>	<p>MCCG/Public Health</p>
<p>5. Engage businesses and employers to promote health through their services and support employees.</p>	<p>Number of LiveWell clinics targeting employees (hosted at a variety of venues).</p>	<p>Merton Council has recently received a Commitment Award under the London Healthy Workplace Charter Accreditation scheme, the first pan-London framework to support and recognise investment in staff health and wellbeing. This provides a framework for delivery of a workplace health programme to support Council staff.</p> <p>To support and encourage staff to choose the stairs over the lift, whilst the Merton Civic Centre's lifts are being refurbished, Public Health has invested in the Step Jockey programme. This evidence based programme encourages staff to keep track of their journeys and will be evaluated throughout the 6 month programme.</p> <p>Plans are in place to build on this internal success and support local businesses to work towards accreditation and improve the health of their staff. Public Health will commission an external organisation to support Micro, Small and Medium Enterprises (i.e. less than 250 staff) in the borough to become sustainably healthy workplaces, addressing the needs of employers and employees with regards to both mental and physical health.</p>	<p>Public Health</p>

6.Ensure mental wellbeing is addressed through the development of all Health Improvement services	Number of services used checklist	The mental health needs assessment has been completed and signed off by the HWB in September 2014. Actions ensuing from the recommendations are being taken forward by the relevant lead agencies.	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			
1. Develop a multi-agency comprehensive Healthy Weight framework for Merton, (adults and children)	Proportion of adults classified as overweight and obese (PHOF 2.12)	Public health is working with Merton Clinical Commissioning Group (MCCG) to develop a healthy weight strategy and the associated pathways based on the best available evidence. This strategy has completed its consultation phase and is being finalised for a publication in March 2015. The baseline data for this indicator (PHOF 2.12) shows that 58.3% of Merton adult residents are overweight or obese. The England average is 63.8% and London is 57.3%.	Public Health
2. Increase options for personalised weight management support for overweight and obese adults	Three programmes commissioned	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 taking place. In partnership with MCCG, the commissioning of an integrated weight management service is underway. This integrated service will provide tier two and tier three weight management services for adults and a tier two service for children and young people. This service will be in place for May 2015.	Public Health
3. Promote	Number of	Building on previous success, where 22 Merton food retailers successfully signed up to the Healthy Catering	Consumer &

Healthier Food Choices	caterers signed up to HCC and other health related programmes.	Commitment (which recognises those retailers who wish to support their customers to make health choices) Public Health are working with Environmental health to develop a new programme of support to local businesses. This new programme includes the funding of a new Environmental Health Officer post to lead the initial engagement and ongoing support to businesses in Merton.	Business Protection
4. Increase in physical activity levels in adults	Increase proportion of adults meeting the recommended guidelines on physical activity by 0.5% year on year (150 minutes per week) (PHOF 2.13)	The baseline data for this indicator (PHOF 2.13a and 2.13b) shows that <ul style="list-style-type: none"> the percentage of active adults in Merton is 62%, against a London average of 55.5% and an England average of 55.6%. the percentage of inactive adults in Merton is 24.2%, against a London average of 28.4% and an England average of 28.9%. Public Health have recently invested in the MUGA at the Cannons Leisure Centre and two new outdoor gyms in the East of the borough. These gyms will be complimented with the development of as network of trained volunteers to promote them and support residents to use them safely and effectively.	Leisure and Culture Public Health
5. Promote a healthier environment which supports physical activity and healthy food choices	Link to priority 4	An application was submitted for Merton to be part a Food Flagship Borough and although unsuccessful, Merton was shortlisted and commended by the panel. This application will now be used as a focus for the creation of a borough-wide food network that will aim to bring together all organisations currently working to create a healthy and sustainable food environment in Merton, providing a forum for networking and support. This collaborative work will produce a shared vision amongst stakeholders, setting the direction for future work to equip individuals with the knowledge, skills and opportunities to make healthy food choices and establishing concrete actions to take this work forward.	Environment & Regen/Public Health
Outcome 2.3: Reduce the prevalence of people smoking			
Key actions	Indicator/success measure	Progress to date	Lead
1. Develop a multi-agency comprehensive Tobacco	Reduction in smoking prevalence in adults (over 18 years) by x% year on year	Although there is no framework for tobacco control in place, strong links have been made between public health and environment & regeneration which will build upon in the coming year. 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	Public Health/Environment & Regen

Control framework for Merton	(PHOF 2.14)	their local community from the harm caused by smoking.	
2.Reduce smoking among adults, and reduce smoking among target groups including routine and manual workers and unemployed	Increase in number of 4 week quits and increase in success rate to over 50% Increase in number of Routine and Manual workers accessing the NHS Stop smoking service and quitting smoking (Local)	The integrated health improvement and stop smoking service, operating under the LiveWell banner has now been in place since April 2013. To date the service has supported 495 Merton residents to stop smoking, with a success rate of 49%. One of the challenges facing the service going forward is the lack of numbers entering stop smoking services locally, with a knock on effect on 4 week quit dates. Local numbers accessing the local stop smoking service has reduced from 1,571 in 2009/10 to 991 in 2013/14. These figures reflect the national picture, with an estimated drop of 19% of residents accessing services. The baseline data for this indicator (PHOF 2.14) shows that smoking levels in Merton are low and that <ul style="list-style-type: none"> the prevalence of smoking in Merton is 13.9%, against a London average of 17.3% and an England average of 18.4%. the percentage of smoking by routine and manual groups in Merton is 16.5%, against a London average of 24.9% and an England average of 28.6% 	Public Health/Provider
3.Reduction in number of illegal tobacco sales to underage people from retail premises	Delivery of test purchases at identified premises	A programme to identify and reduce underage sales has delivered 24 test purchases, with 1 illegal sale. Infringement reports are in progress and enforcement action will be taken where appropriate. Twenty further test purchases are planned for February 2015. 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. The requirement for RIPA and Test Purchasing is now being reviewed by Merton/Richmond's Legal Services A series of 'Do you Pass' training courses have been delivered to 27 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	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	Programme for normalising smoke free environments	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	Public Health/ Consumer & Business

environments beyond current legal requirements	agreed by partners.	regulations e.g. playgrounds.	Protection
Outcome 2.4: Promote sensible drinking, reduce alcohol related harm and harm from drug misuse (Link to Safer Merton Partnership)			
Key actions	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)	Reduction in number of alcohol related hospital admissions to ensure it remains at or below current rate Increase number of Problematic Drug User's in effective treatment (target tbc). Increase percentage of people successfully completing treatment by x% (PHOF 2.15).	The baseline data for this indicator (PHOF 2.15i, 2.15ii and 2.18) shows that substance misuse services are working well and that <ul style="list-style-type: none"> 502 (per 100,000 population) alcohol related admissions to hospital, compared to 554 in London and 637 in England. 11.12% of opiate drug users leave drug treatment successfully and do not re-present in 6 months, compared to 9% in London and 7.8% in England. 37.2% of non - opiate drug users that leave drug treatment successfully and do not re-present in 6 months <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 going forward include</p> <ul style="list-style-type: none"> Review the provision of in patient detoxification for the borough with an intention to re base service provision more in the community to enable users to access services closer to home and more appropriate to their level of need To continue to develop formal "commissioned" links to Primary care (GP's and Pharmacies) to commission Shared Care in the Community To commission CJ related services in line with Transforming Rehabilitation (TR) /Integrated Offender Management (IOM) requirements (redefine Drug Intervention Programme (DIP) Prepare 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 Ensure that locally commissioned T2 and 3 services have clear pathways for CJ clients requiring access as a result of the changes to community supervision from April 1st 2015 (Transforming Rehabilitation). 	Public Health
2. Use available levers to minimise alcohol related harm	Delivery of test purchases Number of proxy sales pledged by businesses	A series of 'Do you Pass' training courses have been delivered to 27 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. 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 commissioned the 'Safe Sociable London Partnership' to provide customised tools to screen new license applications, identify the potential	Consumer & Business Protection Public Health

		<p>impact if a particular license is approved and produce flow charts suggesting appropriate responses by the DPH. These tools are now being implemented for new license applications, Public Health has begun to make representations on license applications where there are areas of public health concern which fit with the licensing objectives, and a Responsible Authority group has been set up to support joint working and data sharing.</p> <p>Public Health Merton lead on feedback to the South London Public Health Alcohol Forum in respect of licensing and common issues and themes to help develop a consistent approach to dealing with licensing issues across the Southern sector</p> <p>Explore value and implementation of an approach to Healthier High Streets through the South London Public Health Alcohol Forum</p>	Safer Merton/ Public Health
3. Ensure alcohol is integrated with wide health improvement programmes	Number of alcohol related health improvement outcomes via LiveWell	<p>Public Health has commissioned Safer Sociable London Partnership to design and deliver a programme of Identification and Brief Advice (IBA) (already 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 services. The online system is now being tested for roll out shortly.</p> <p>Operating publicity campaign regarding safe drinking and responsible behaviour around alcohol co ordinated and delivered through Merton Libraries to form the basis of a wider year long information based campaign in respect of drinking and health</p> <p>Co ordinate approaches to drinking campaigns through the South London Public Health Alcohol Forum to ensure good practice and consistent approaches to information giving</p>	
4. Promote a culture of sensible drinking and increase awareness of impact of alcohol consumption on health and wellbeing	<p>Number of referrals to LiveWell via pilot projects</p> <p>Recommendations utilised in future commissioning intentions</p>	<p>A Merton Alcohol Strategy is in development, which will look at all aspects of alcohol including availability and prevention of harm. Throughout the process it has become apparent that a real appetite exists for tackling alcohol related harm in Merton; reflected in the strong interest and input from stakeholders and the community. Around 200 people were consulted, 89 people responded to a survey, 40 people were interviewed and 7 events were held which combined consultation and training. The latter had between 8 and 22 people signed up for each session. Feedback on the consultation alongside a draft strategy will take place in late January 2015.</p> <p>Public health are continuing to work with the implementation of IBA in a number of settings including GP's and Pharmacies</p> <p>Continue to seek engagement and commitment from Primary Care settings in respect of early identification IBA and referral to specialist services to assist with the development of care pathways</p> <p>We will continue to work with the South London Public Health Alcohol Forum to identify best practice and consistent costs to apply for IBA in GP settings to ensure a clear</p>	Public Health
Outcome 2.5: Improve sexual health and access to services.			
Key actions	Indicator/succ	Progress to date	Lead

	ess measure		Public Health
1. Reduce late HIV diagnosis	Reduce the number of people diagnosed late for HIV (PHOF 3.4).	<p>Between 2009 and 2011, 48% of HIV diagnoses in Merton were made at a late stage of infection (CD4 cell count <350 cells/mm³ within 3 months of diagnosis). Between 2011 and 2013 diagnoses at a late stage of infection have reduced to 39%.</p> <p>A pilot of HIV testing in GP practices in the east is in progress and two GP's have expressed an interest to date. HIV testing started in the CASH service in November 2013. A pilot of HIV testing in the Acute Medical Unit at St Helier hospital is underway.</p>	Public Health
2. Increase access to contraception	<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>Between April 2013 – March 2014 the CASH service saw 6,439 attendances from Merton residents.</p> <ul style="list-style-type: none"> • 4,780 of these patients were seen for contraceptive purposes • 1,488 were given condoms • 1,443 long acting reversible contraception and • 2,405 for oral contraception <p>There are 16 Pharmacies in Merton who provide Emergency Hormonal Contraception (EHC). From April 2013 – March 2014 860 young women accessed emergency contraception from pharmacists in Merton. This is an increase from 2012/13 when compares 617 young women accessed.</p>	Public Health
3. Achieve Chlamydia Screening Programme Public Health Outcomes Framework target (3.2)	<p>Achieve the 2200 Chlamydia diagnostic rate* (per 100,000 aged 15-24 years)</p> <p>**this has now been changed to detection rate</p>	<p>In 2013 (latest data for whole calendar year from Public Health England) Merton achieved a diagnostic rate of 2,063 per 100,000 population aged 15-24 years, with 24.2% of the 15-24 year old population being screened and of those 8.5% testing positive. The total number of tests carried out was 5,311. From January-March 2014 the diagnostic rate achieved was 2136.40 and in April – June 2014 the rate was 1661.65.</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.

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