

# Public health transformation four years on

Maximising the use of limited resources



# Foreword

I hugely admire the way directors of public health (DsPH) and their teams, with the support of council leaders, cabinets and chief executives, remain full of commitment and inventiveness, despite the financial barriers they face. Good public health, drawing imaginatively on all of local government's functions, can make a real large-scale difference to promoting the independence of people with long-term chronic conditions, to preventing ill health and therefore to reducing pressures on the NHS, as well as to its primary goals of improving people's lives and wellbeing and reducing health inequalities.

The case studies below show just what potential there is for public health, if properly resourced, to make inroads in improving health and wellbeing. Public health teams, working with a 'Health in All Policies' approach across councils, are tackling persistent problems like adult and childhood obesity, mental illness, alcohol abuse, sexually transmitted infections and the health impact of isolation and loneliness in old age, as well as addressing some of the serious health inequalities that still exist within and between communities. Already, we see DsPH beginning to build on their understanding of the impact of most local government functions on the social determinants of health. To pick just one example from each of the case studies:

- Birmingham public health developed a core offer to support districts that have identified health as a priority to work more strategically and have greater involvement over matters such as commissioning. For example, in one area Making Every Contact Count (MECC) training has been delivered to over 80 voluntary and community organisations, and the district is working to establish a dementia friendly programme through MECC.
- As part of Cheshire and Merseyside Public Health Collaborative's internationally recognised 'Reducing blood pressure' strategy, blood pressure measurement, advice and signposting is being embedded into Cheshire and Merseyside Fire and Rescue Services Safe and Well Checks which aim to reach 60,000 homes each year.
- In Cambridgeshire, the Healthy Fenland Project is part of the Engaging and Strengthening Communities Programme funded by the county council. In Fenland, health trainers are delivering health checks in workplaces to engage routine and manual workers.
- Redbridge public health team is working to ensure that the local plan addresses some of the social determinants of health.
- Redcar and Cleveland is drawing on the council's regeneration function and relationships with a wide range of organisations to work with Middlesbrough Football Club Foundation to promote mental resilience among men in the context of a devastating loss of jobs in the steel industry.
- Sheffield's app-based approach to accessing health and wellbeing support for alcohol misuse has been promoted by staff in services for children and young people who identify the connection between alcohol and domestic violence.
- Public health in Somerset has been working with the library service on a range of mental health initiatives including 'books on prescription', 'health and wellbeing collections' and 'shared reading groups.' Taunton and Yeovil libraries also proactively set up 'wellbeing zones' – comfortable areas where people can meet friends and also health professionals.

- Tower Hamlets is working with spatial planning colleagues to make imaginative use of Section 106 agreements with developers to create a healthier environment for residents.

However, the context for all the excellent work described in the case studies is the relentless reduction in the resources available for public health work. Councils and their public health teams have put a brave face on the compromises they have had to make, working with the local NHS and voluntary sector, sharing public health initiatives and sometimes even public health teams across councils, re-organising in an attempt to achieve more with less. I take my hat off to their resilience and passion but I want in this annual report to reiterate my plea for properly resourced public health services across the country. The renewed public health function of local government has only just got started and it cannot continue to maximise its role at the heart of councils while continually retrenching to make budget reductions.

I hope that the examples above and the many others described below serve to show what a real investment in public health could achieve. We must not get used to the NHS and social care being in a permanent state of crisis. Public health could help make this country one where people live healthy lives for longer with less dependence on acute health and care services and a better quality of life, while reducing the public service budget in the long term. We could make the sort of step-change that 19<sup>th</sup> century public health pioneers made through improved sanitation and housing. We all understand the concept of 'investing to save'.

This is the kind of investment – to save lives as well as money – that public health needs from both national and local government.



Councillor Izzi Seccombe

**Chair, Community Wellbeing Board**

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# Introduction

This year's compilation of case studies shows how local authorities continue to make progress on improving health and wellbeing and tackling health inequalities since public health was formally transferred from the NHS in April 2013. It builds on last year's compilation – Public health transformation three years on: extending influence to promote health and wellbeing (2016). In all, since the first publication 46 areas have provided case studies.

The case studies were chosen because they show a range of effective ways in which councils are approaching their public health responsibilities. They include councils spread across England covering both rural and urban environments and with varying degrees of deprivation and affluence.

The case studies identify highlights of progress over the past year, plans for the future, learning and key messages. The context to all the case study areas is that they have had to find ways of delivering public health with significantly less resources than in previous years, and that this is set to continue. This is the first year in which local government has had full responsibility for public health of children aged 0-19. Some of the case studies indicate how councils have begun to develop an integrated public health service for children and young people.

A number of themes and messages have been identified from the case studies, and these have been augmented by information from other recent LGA case study-based reports – for example on rural public health and working with the voluntary and community sector. Because this is a small sample, themes are indicative of the direction of travel but cannot be seen as representing the state of public health throughout England. However there has been considerable consistency in the themes and messages from the case studies covered in this series, which suggests that they present a reasonable reflection of public health in 2017 in local authorities that are performing well. There is also considerable overlap with other reports on public health published in 2016.

## Recent investigations into progress with public health

An Association of Directors of Public Health (ADPH) survey of its members on the role of directors of public health (DsPH) identified four main messages, which largely correspond to the case study discussions that informed this report:

- a strong and appreciated engagement with clinical commissioning groups (CCGs) in most areas
- relationships with NHS England and NHS providers were more problematic, though there are areas of excellent practice
- continuing issues with access to data which hinder support from public health to the NHS
- some DsPH felt unable to support the NHS as much as they would wish due to resource issues (2016).

A report by Quality Watch, an independent research programme set up by the Nuffield Trust and the Health Foundation, looked into whether the quality of public health services had changed over recent years through examining public health outcomes framework (PHOF) indicators and a small survey (2016). With the usual proviso that the direction of population indicators changes slowly over time and is influenced by multiple factors, Quality Watch examined six indicators that had deteriorated between 2009 and 2014/15. Four of these are in sexual health, which is an area that several of the case studies in this report identified as a priority for action.

Quality Watch also identified alcohol admissions to hospital as another deteriorating indicator. Again several case study areas were taking action to tackle misuse of alcohol, including as part of an integrated substance misuse service and addressing the licensing aspects of alcohol on a regional basis.

Quality Watch pointed to the steady decline in smoking prevalence, but also a decline of nearly 45 per cent in the number of individuals who set a quit smoking date with NHS stop smoking services. It points to complex reasons for this, including increased use of e-cigarettes and potentially lower primary care referrals into stop smoking services. Many of the case studies in this report have significantly altered the configuration of their stop smoking services to respond to different needs and demands, described below.

The Commons Health Committee's initial report into the transfer of public health concluded that overall the move has been 'largely positive', with public health starting to be integrated into all policies and measures to tackle the wider determinants of health (2016). One of the problems it identified was unacceptable variation in performance in different local authorities. The committee heard evidence that some areas are making excellent progress, many in the middle are making solid progress, but some others were lagging behind. The good practice identified in the case studies in this report should be considered by councillors and senior managers, particularly in councils where performance may need improvement.

# Themes identified from case studies

## Settled in the council with mature relationships

There was a general feeling that public health was now settled in local government, with a growing confidence that, even though there was much more to do, councils were taking on responsibility for health and wellbeing across all their functions.

Chief executives interviewed for the case studies described their own realisation of the power of a 'Health in All Policies' approach. Councillors were enthusiastic about what public health was achieving – sometimes it was seen as the bright point of their portfolio in terms of positive achievements. Relationships with the NHS were also, in general, good. Several case study areas expressed the view that responsibility for public health had made NHS partners take local government more seriously as a more equal partner in developing integrated health and care services.

Some public health teams have been reorganised, either due to financial constraints or with the aim of better embedding public health to improve the health impact across the full range of local government services. For example, London Borough of Tower Hamlets is completing a second phase of restructuring with the aim of strengthening the structure to deliver progress towards the council's aspiration for more people in the borough to live healthy, fulfilling lives. Others, such as Cambridgeshire County Council and Peterborough City Council were joining up with neighbouring councils to have a joint director of public health and/or joint public health team. These moves bring both

advantages and potential challenges – for example closer alignment with CCGs but also bringing together areas with very different needs and priorities, stretching the capacity of the public health team.

Other areas were relatively stable in terms of how public health was organised – perhaps some changes in teams to make them more responsive for the future. There was comparatively little change of personnel at senior level, despite 'staff churn' being a nationally identified problem. Where a new DPH had been appointed, a comprehensive review was planned, at the behest of local leaders.

## Grappling with reduced resources

All the case study areas had reduced public health budgets in 2016, and this was in the context of continuing reductions to overall council funding and pressures on the NHS. This had led to hard decisions having to be made, and time taken identifying ways to reduce the impact on services and negotiating to maintain public health priorities. Public health teams had all committed to maintaining mandated services, and to find ways of making savings before cutting other services. Ways of making savings included:

- commissioning integrated services with reduced budgets
- joint initiatives and/or joint appointments with neighbouring councils; in London, a number of citywide initiatives with one borough taking the lead for each

- de-commissioning specialist services that were not performing so well and replacing these with more cost effective options, such as digital advice or services through pharmacies or the voluntary and community sector (VCS).

While the overwhelming feeling was that reducing budgets was making the job of public health much harder, there was some satisfaction when alternative ways of funding were found. For example, working with the VCS to attract external funding, using cross-council resources more effectively, and crowd funding.

## Commissioning integrated services

Several areas had completed or were involved in substantial competitive tender exercises for major services. These include: substance misuse, sexual health, early years/0-5s and integrated wellbeing services.

The main aims of public health in undertaking the procurement were to:

- integrate services which were seen as unconnected – for instance shifting from single lifestyle services like stop smoking to support based on individuals' priorities
- develop services that are focused on the individual – most areas had undertaken extensive consultations with users and built their views into service specifications
- put greater emphasis on prevention
- bring public health closer to social care (structures within councils reflect the close relations between the two)
- deliver innovations, such as apps to book appointments or online questions and answers responded to by health workers.
- make budget savings.

In many cases the successful bids were collaborations; sometimes involving a lead NHS provider, responsible for the bulk of the service, working with a voluntary or community sector who provided a specialist community-based response such as

supporting people with HIV. Alternatively some services were being delivered by collaborations within the VCS or with the local authority. These are largely new and untested arrangements, in which partners, generally unfamiliar with each other, were brought together within a single outcome framework; areas were mindful that they needed to monitor these closely to iron out any teething problems.

Public health was largely positive about the commissioning process, pointing out that testing out providers in this way would have been unlikely to take place if they had remained in the NHS which did not have a track record in this type of competitive procurement. As in previous years, the expertise of councils in procurement and performance management was generally valued. Birmingham's extensive integrated commissioning programme involved in-depth reviews and consultations and attracted interest from other public health teams. Public health staff transferred to Birmingham's Commissioning Centre of Excellence to augment the intelligence, data analysis and forecasting capacity. This is one way in which councils are drawing on public health expertise to increase the capacity of local government services as a whole (for example, by working on new indicators that would help pinpoint deprivation and need in rural areas, which may be masked by current indicators).

While it was early days in many services, in those that had been operating for some time the changes were resulting in positive outcomes and feedback from users. The competitive commissioning process was thought to have brought about a shift in direction in some providers – making them 'see the writing on the wall' so that they were willing to become more responsive to current priorities. However there were also examples of public health trying to improve services without resorting to competitive tendering, but having to do so because a provider was unwilling to change. Also some areas would have liked to go to tender but felt it was pointless to do so because there were no viable alternatives to the current provider.

# Priority areas

Case studies were asked to identify the areas on which they had made good progress since the transfer to local authorities.

## Mental health

Several case study areas were working on various areas of mental health and promoting personal resilience:

- prevention and support based in communities
- suicide prevention
- men's mental health
- tackling isolation
- children and young people's mental health and wellbeing – in schools, in communities.

Somerset has provided an emotional coaching programme aiming to skill-up front-line workers, including teachers, child and adolescent mental health services (CAMHS) workers, social workers, police and health staff to be able to talk with children about emotions and help them to develop resilience so that they have the skills to deal with negative feelings. The first year evaluation by Bath Spa University found good progress in all the programme's outcomes.

Cheshire and Merseyside's 'NO MORE Suicide' strategy includes the ambitious aim of becoming the first sub-region to gain the internationally recognised Suicide Safer Communities designation.

London Borough of Redbridge is working towards becoming a 'dementia friendly' borough with training for all employees and involvement in urban design.

## Child health

As this was the first year in which councils were responsible for public health for children aged 0-5, all councils were developing strategies for this age group. Many were taking the opportunity to develop better links across the age range from 0-19. The very early years were a specific area of focus for several areas. A variety of innovative work was taking place to help pregnant women and new mothers stop smoking and breastfeed – for instance, peer support, voucher incentive schemes, and buddying. Public health in Sheffield City Council has an important role in supporting a whole-scale transformation of its services for children and young people with the intention of developing an integrated 0-19 Healthy Child Programme service, a focus on developing preventative services closer to home, and, as a further step, improved commissioning and pooled budgets.

## Smoking cessation

Many areas were changing their stop smoking services – shifting from specialist services for NHS referrals to a range of community options such as using healthy living pharmacies or GPs, and online, app and telephone support. Many were also targeting support at geographical areas or groups facing specific health problems or health inequalities, such as pregnant mothers. Redcar and Cleveland's multi-agency partnership is particularly well integrated in relation to smoking in pregnancy and the borough is 'bucking the trend' in seeing an increase in referrals to smoking cessation services with each of its target wards developing a Smokefree Communities

action plan. While some of these changes were providing reduced investment, they were also seen as a more effective and responsive option for the current population of smokers.

## Going digital

Councils across the country are looking to digital platforms for service delivery, including the use of social media to connect with young people in particular. Most areas were making greater use of technology, and were planning to do more in future. Examples include:

- a range of apps covering health screening tools, brief interventions and access to appointments
- wearable technology to help older people get around their locality
- online resources for mental health or sexual health
- telemedicine.

In Birmingham an innovation team has been established to promote new solutions in areas such as digital health and self-care. For example, in the school health advisory service, ways of young people accessing the service such as contacting a nurse via text, phone app or webchat are being developed.

## Sexual health

Several areas had, or were looking to, commission integrated sexual health services with many of these badged under snappy local brands to appeal to the main user group of young people. As noted above, sexual health services are one of the pioneer areas for internet use and social media. For example, Somerset's integrated sexual health service operates as SWISH, and has a strong interactive digital platform. Other councils are using the internet and social media to reach out with sexual health services to young people and others living in rural areas with difficult transport access and reduced community facilities. Many also had elements of their sexual health service which were

targeted at particular user groups, such as people at risk of HIV, those at risk of domestic violence, or the LGBT community; these were often delivered by VCS organisations.

## Planning and health

In some areas, public health was strongly involved in planning and the built environment. For example in Tower Hamlets, public health staff have worked with the planning department and the local NHS to maximize Section 106 agreements for health improvement by investing in green infrastructure projects, including 'pocket parks', an outdoor gym and linking green spaces across the borough. In Redbridge, the public health team worked with planners to ensure that the local plan reflects issues that impact on health, such as housing overcrowding, homelessness, transport and access to employment. The public health team is also working on healthy urban design in the planned regeneration of Ilford town centre. In Cambridgeshire, the public health team has a Joint Strategic Needs Assessment (JSNA) workstream on 'New Housing Developments and the Built Environment'.

## Work and health

The impact of work and worklessness on health was a key issue in many of the case study areas, not least Redcar and Cleveland where the background to most of the council's work since 2015 has been the closure of the majority of the steelworks in the area with the loss of 3,500 jobs. Much of the response has required a council-wide approach, with public health involvement, to community resilience and services such as welfare benefits advice, re-training and winter warmth, to support people who have lost their jobs. The public health team has also worked closely with the CCG on the impact on mental health, supporting former steel workers and their families.

Sheffield had also put considerable emphasis on work and health, attracting external funding to run pilots and programmes to test out models for enabling people with health problems to retain or return to work which will have national significance.

A number of case study areas had decided to build on the fact that, in many cases, the local authority and the local NHS are two of the biggest employers in the area. This provides significant opportunities both for modelling a 'healthy workplace' approach and for working with local employers to support them in also becoming healthy workplaces. For example, London Borough of Tower Hamlets has set up an employers' forum on mental health and tackling stigma, which has been successful in involving private employers, including many small businesses.

## Working with districts and communities

Some areas had prioritised working with district councils or local communities on asset based approaches and community action. Some areas had developed a district offer in which districts took on responsibility for delivery on aspects of public health.

In Cambridgeshire, a programme of transformation has been undertaken with a view to embedding public health in the DNA of all three tiers of local government (county, unitary and district councils) and ensure that there is joint work on a health agenda.

# Future plans

## Doing things differently

Overall, there was a sense of the first stage of planning and delivery coming, or about to come, to fruition, and public health now gearing up for the next big challenges. All areas were agreed that resources limitations meant that public health would have to do things differently in future. There was a common view that its future role would have to be limited to a great extent to that of a commissioner and influencer – encouraging and enabling other council functions and other organisations to take a greater role in delivering on health and wellbeing. Areas were now working to position themselves for the future so that they were prepared to gear all the financial and strategic resources of local authorities and their partners towards improving health in a ‘health in all policies’ approach (See LGA September 2016).

## Working on a wider footprint – devolution and sustainability and transformation plans (STPs)

Some of the case studies had taken an important role in the prevention strands of their STPs, and were cautiously optimistic that partners were signed up to important joint objectives which would result in improvements. Others felt that STPs were losing an opportunity to involve public health more closely in system-wide prevention. Public health collaboration across larger footprints was seen as an important way of making progress in the future. Cheshire

and Merseyside Public Health Collaborative had supported successful prevention plans for Cheshire and Merseyside’s STP. Devolution plans were also seen as a helpful development, although there was concern where STPs and devolution were not aligned.

## Prevention

Areas were seeking to shift investment to have a greater impact on prevention and integration across health and social care.

This included more work on social prescribing, care navigation and extending MECC to staff groups not already involved. Directors of public health (DSPH) and lead members for health expressed frustration at not being able to do more with current resources and strongly emphasised the need for greater investment in prevention services which would lead to greater returns in health and resources saved, in the long term.

# Learning and key messages

## Becoming a public health authority

There is a strong sense this year that public health teams are coming to a full realisation of the potential of local government as a whole to embed a public health approach across all its functions. Public health teams are learning more about local government's planning and regulatory functions and that they can influence important social determinants like housing and workforce policies. At the same time, council leaders and chief executives have embraced the idea that the council is now a public health authority with the potential that this role brings to improve people's lives. Both sets of players in this new alliance are developing a new understanding of what public health means.

Public health teams see that they can use the canvas on which local government operates to expand beyond a medical model of public health

to a broader approach to the social determinants and addressing health inequalities. Chief executives and leaders see that public health is not just confined to vaccinations and planning for flu epidemics, but can give local government a new relevance and impact in the eyes of their residents. This is beginning to look more like a love match than a shotgun wedding.

## Collaboration

Working across larger areas, and with partners from other sectors such as business and universities, was seen as highly important, enabling public health to share skills and expertise, make economies of scale and find space for creative thinking and innovation.

## Rigorous support functions

Effective support functions such as public health intelligence, economic analysis, measuring performance on shared outcomes and undertaking evaluations to measure impact were seen as essential, particularly with new models of commissioning and delivery, such as public health being delivered by across the council.

## Evidence-based policy

Several public health teams had invested considerable time and energy in helping the council to develop an evidence-based approach to policy interventions. It was noted that this was time well spent if, for example, it could help councillors to understand how evidence is gathered and interpreted at population level and how it can be used to improve commissioning and decision-making in general and to ensure that resources are directed where they will be most effective.

# Birmingham City Council

“As someone with a health background I am passionate about public health and am clear that there are big issues that we need to tackle now to avoid a health crisis in future years; obesity and mental health are just two of the key areas on which we need to work more closely together, both across the council and the NHS in Birmingham and across West Midlands Combined Authority.”

**Councillor Paulette Hamilton,**

Cabinet Member, Health and Social Care and Chair of the Health and Wellbeing Board

“The changes brought on by the move of specialist public health teams back to local government in April 2013 were seen by many as a step backwards. But our team has shown it has been a great opportunity to develop new ambitions, new partners and new thinking. Even though we are now facing quite difficult times due to financial cuts, we have developed new skills and new friends. But more importantly we have had a real

connection with the people we serve; ensuring that public money genuinely helps the public. This is a real honour and privilege.”

**Dr Adrian Phillips,**

Director of Public Health

## Key features

- Comprehensive review and re-tendering of major service areas resulting in integrated services with a lead-provider model. Public health expertise contributes to Commissioning Centre for Excellence.
- Exceeding national targets for NHS Health Check.
- Focus on innovation, including use of digital opportunities and skills.

## Context

Birmingham City Council is the largest local authority in England with a population of around 1.1 million. The health of people in Birmingham is generally worse than average. Birmingham is one of the 20 per cent most deprived authorities in England, and about 29 per cent of children live in low income families. Life expectancy for both men and women is lower than the England average. There is average gap in life expectancy of 8.3 years for men and 5.9 years for women between the most and the least deprived areas of the city.

## Highlights of progress

Birmingham Public Health Department's mission within the council is to improve the public's health and deliver mandatory public health functions, especially closer working with the NHS. It will do this by:

- ensuring the public health financial allocation is used effectively and efficiently
- maximising the public health impact within the council
- helping the council to negotiate its future challenges.

In the preparation for the transfer of public health, an opportunity was identified to improve major services – lifestyle, substance misuse, sexual health and school nursing – through a process of review and re-tendering. The purpose of the reviews was to produce models for future systems which were outcome-focused, based on user experiences of joined up services, cost effective and sustainable. Public health worked with the council to develop a process of integrated commissioning.

Each redesign workstream involved a strategic board with representation from across the council. An essential element of the reviews was comprehensive consultation and co-design with service users, providers and the public. One of the reviews, sexual health, was undertaken in partnership with neighbouring council, Solihull, now a sustainability and transformation plan (STP) partner. The final agreed outcomes and key elements for each service area formed the basis of a tendering exercise. Overall, new services have been organised through a system leader/lead provider approach, which is seen as the most effective way of coordinating services delivered by multiple providers.

### Substance misuse

A review of Birmingham's substance misuse provision found a fragmented service based on multiple contracts, with unclear access points for users, and an emphasis on medical/pharmacological approaches.

Following extensive consultation with the public and stakeholders, including service users, a model was developed which incorporated the latest policy from the National Drug Strategy and was focused on prevention, recovery and the needs of families. The charity, Change Grow Live, won an open tender to be lead provider, sub-contracting with other voluntary organisations, to provide the integrated Reach Out Recovery (ROR) service.<sup>1</sup>

ROR covers both drugs and alcohol, and is community focused. Rather than a single location to which people have to travel, support is available from a range of community venues, including GP practices, pharmacies, job centres and the city centre. The focus on recovery means that the network of services includes support with housing, employment, good mental health and education. Individuals have a recovery coordinator, and approaches includes one-to-one and group support, peer mentoring, coaching, and an online support tool. Medically assisted recovery, treatment services, including in-patient care, and needle exchanges are also available.

The first year has focused on re-assessing the needs of up to 8,000 people using the service, and agreeing recovery plans. There are early signs that outcomes show an increase in employment.

### Sexual health

The review and tender process for sexual health services aimed to provide an integrated offer which included a better response to tackling sexual violence. A key feature of the tender process was hearing what a large group of informed young people wanted from the service.

University Hospitals Birmingham NHS Foundation Trust was appointed lead provider with a five-year contract to deliver a sexual health system from August 2015. The trust sub-contracts and manages other organisations, including GPs, pharmacies and the third sector, to deliver an integrated network of sexual health services.

<sup>1</sup> <http://www.changegrowlive.org/content/reach-out-recovery-birmingham>

The new service, Umbrella<sup>2</sup>, is fully integrated, replacing the previous pattern of unconnected contracts with several providers. It provides a full range of clinical services, including contraception, HIV testing, and treatment for STIs, and also undertakes health promotion and prevention. A third sector organisation, RSVP<sup>3</sup>, Rape and Sexual Violence Project, forms part of Umbrella's services, providing support to people who are at risk of sexual coercion, exploitation and violence.

Umbrella is geared up to its main user group – young people – and offers better digital and online access. Examples include a self-service ordering system as well as 'home testing kits' for STI/HIV which can be ordered through the Umbrella website and posted out. Result notification is available by text message, with follow-up calls to those who show positive.

Umbrella's first year performance is very encouraging. Of the 10 service outcomes, including three from the Public Health Outcomes Framework, nine are rated green or amber. For the one outcome which narrowly missed its target (increasing chlamydia diagnosis in the 15-24 age group) year two plans include increased testing through community partners, pharmacies and general practice in known 'at risk' areas. There will also be further promotion via social media and health campaigns and increased partner notification and testing using pharmacy links and self-sampling kits.

Underpinning the performance is a good take-up of services, particularly HIV testing where numbers exceeded 30,000, and where 24,500 self-testing kits were requested with 10,804 returned, showing the value of this new way of screening. Also, more than one child per week, and more than one adult a day, attended Umbrella services to seek support after sexual assault.

### **School health advisory service**

A review and consultation took place to transform the school nursing service. The consultation<sup>4</sup> involved extensive engagement with schools, children and young people, including an opportunity for young people to question potential providers during the tender process. The new model<sup>5</sup> is designed to build strong collaboration between nurses and schools, and improve accessibility to children and young people.

Birmingham Community Healthcare Trust won the tender process to be lead provider, working in a multi-agency, multi-disciplinary approach with schools, families and third sector partners. School nurses act as first contact for children, parents and schools on matters of health and medical needs; healthy weight; drugs, alcohol and smoking; emotional health; sexual health, and health surveillance. An enhanced element of the service, aimed at the most vulnerable children such as refugees, means that nurses can see children outside the normal place of education. Another element of the overall service is individualised family support provided by children's charities, Barnados, Spurgeons, and Family Action. School nurses will refer to this service, or to GPs, CAMHS, or other services as necessary.

Visibility and accessibility are key to the school health advisory service, with nurses visiting each secondary school at least once a week and each primary school at least once a fortnight. Innovative ways of young people accessing the service are being developed, including contacting a nurse via text, a phone app or webchat. Child health champions are also being developed in schools to promote peer support for health and wellbeing.

The service became fully operational in September 2016. Early indications are that it is working well, with good relationships being established between schools and the service.

2 <https://umbrellahealth.co.uk/>

3 <http://www.rsvporg.co.uk>

4 <https://www.birminghambeheard.org.uk/people-1/school-health-advisory-service>

5 <http://www.bhamcommunity.nhs.uk/bchc-news/new-school-health-advisory-service/>

## Early years health and wellbeing

An integrated early years service, from conception to school, with a unified offer to parents and children is now the subject of a tendering process which started in September 2016 with a pre-qualification questionnaire<sup>6</sup>. The aim is to establish a five-year service from September 2017.

## Commissioning Centre of Excellence

Following the success of the integrated commissioning programme, Birmingham established a Commissioning Centre of Excellence, which aims to improve outcomes for local people in the areas of children, public health, adults and housing through a strategic, intelligence-based approach which is citizen-led and supports integration. Public health staff were transferred to the unit to augment the intelligence, data analysis and forecasting capacity.

## NHS Health Check

Birmingham provides NHS Health Check through General Practice, with only two of 191 practices across the city not offering the programme. A referral pathway is in place from NHS Health Check into the national Diabetes Prevention Programme, which was launched across the city in July 2016. Birmingham has also been selected by the Alzheimer's Society and PHE to participate in a dementia awareness pilot – offering the awareness raising component to all patients eligible for the Health Check, not just those over 65. To continue to increase uptake and maintain engagement, multiple training events have recently been organised, with excellent attendance and feedback.

In 2015/16, Birmingham continued to exceed national targets:

- 73.2 per cent of the eligible cohort was invited to attend, compared with 56.4 per cent nationally
- 39.3 per cent of the eligible patient cohort attended the programme, compared to 27.4 per cent nationally
- 54 per cent of those invited accepted the offer compared, to 49 per cent nationally.

<sup>6</sup> [https://www.birmingham.gov.uk/info/50046/for\\_professionals\\_working\\_with\\_children/868/early\\_years\\_health\\_and\\_wellbeing](https://www.birmingham.gov.uk/info/50046/for_professionals_working_with_children/868/early_years_health_and_wellbeing)

## Core offer to districts

In 2013/14 public health began discussions with the ten districts of Birmingham about how they could set local health priorities for action. The districts wanted more than just health information about their locality, so public health provided detailed profiles which also included information about priority areas for the district such as hospital admissions, green space, and local employment rates. The profiles are available on the public health website<sup>7</sup> and have been well used by councillors and council staff, healthcare professionals and the public. Districts were encouraged to hold health summits, consider health as part of their district plans and develop a specific health action plan.

Feedback on the process was very positive, but it was recognised that more needed to be done if sustained change was to take place. In response, public health has developed a core offer which will support districts that have identified health as a priority to work more strategically and intensively, and to have greater involvement over matters such as commissioning.

Examples of implementing the core offer in Yardley district in 2016/17 include:

- Making Every Contact Count (MECC) training delivered to over 80 community and voluntary organisations, and working to establish a dementia friendly district programme through MECC.
- Forming partnerships with schools, and working with Envision to deliver social action projects with young people.
- Using new technologies, including digital and social media, to promote health. For example, Yardley will be part of the City 4 Age international pilot, looking at how to capture data on individual behaviours through use of sensing/wearable technologies. The focus will be on developing interventions older people to get around their locality, encouraging greater interaction and activity.

<sup>7</sup> <http://www.birminghampublichealth.co.uk>

## Work experience, apprentices and interns programme

Public health is committed to supporting young people to develop experience and skills for the future. A programme was designed to allow work experience students, apprentices and interns to gain practical experience in public health and in other relevant council departments. A more in-depth programme was designed for public health interns, which has competencies to ensure that interns access the same level of work experiences.

Opportunities include shadowing senior leaders and cabinet members, attending an APPG meeting in Westminster, presenting at the health and wellbeing board, mock interviews, and undertaking nationally recognised training. Individuals have used their experience for university or job applications, and all nine interns and apprentices so far have moved to graduate programmes or more senior roles in the public sector and beyond.

## Resources

Birmingham City Council is facing major reductions to its budget. As with all councils, the 2016/17 budget was only received seven weeks before the start of the financial year. Public health's reduction was 8 per cent, £8 million in 2016, and then over £2 million each year. This represents a major savings requirement and is resulting in some reductions in services. In considering the need for savings, the key principle was to maintain mandatory services. Also, service reviews had identified some services that were performing less well or which had more cost effective ways of delivery. Headlines include:

- a pause in developing an integrated lifestyle system, with amendments likely when the new system is commissioned
- cessation of individual weight management services for adults and children, which generally did not have high levels of take-up
- change in smoking support services – reducing specialist services and expanding the existing primary care model based on pharmacies and some GPs using the 'payment by results' model in which activity is provided through routine systems. People wanting to stop smoking can find their nearest provider using a postcode checker. Early indications show brisk activity on the postcode finder, and a large increase in GP practices and pharmacies wanting to offer the service.

While continuing funding reductions have proved extremely difficult, one positive is that this can lead to innovative approaches. For instance, a new initiative in partnership with the community social venture company, Shift, involves new approaches to tackle nutrition and obesity in community settings. Likewise Birmingham has just begun piloting 'crowd-funding' to develop novel community-based approaches to improving healthy nutrition.

## Future plans

The future of public health involves influencing the wider council and other partners to take a greater role in health and wellbeing, responding to the impact of devolution and the STP, which allow public health across a wider footprint, and looking for smarter, more cost effective ways of working. In order to reposition for the future, public health has made a number of changes including:

- a specialist team for cross-council working – current priorities are making improvements on air quality in a partnership with Public Health England, working with planners on major urban development, and working with business to adopt nutrition friendly policies
- an innovation team to promote new solutions in areas such as digital health, self-care and self-empowerment
- drawing in expertise, with secondment or input from environmental health, the University of Birmingham, a health economist, food score provider and falls nurse

- greater use of digital solutions: Birmingham is the most digitally connected place in England, and expectations from people who use services are for greater digital access (examples above).

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## Learning and key messages

Funding reductions in public health and across the council is the biggest challenge facing public health. Managing the reductions in a way that protects health and wellbeing priorities takes a great deal of time and negotiation which could be better used proactively driving health improvements.

The field of digital technology is moving very fast and there is not always sufficient data to support developments. One current question is how far to support e-cigarettes as a way of giving up smoking. Also, information is emerging that online approaches to counselling and cognitive behavioural therapy (CBT) are effective as well as being more cost effective than face to face interventions. This sort of information will need to be carefully considered.

Tackling childhood obesity is a stubborn problem; a number of interventions have been made, but with little impact. Other approaches will need to be tried, including looking at the psychological issues involved.

The systematic approach to service redesign and tendering was supported by the council's expertise in procurement and consultation, and would have been unlikely to take place in a similar way in the NHS. Being in the council has also brought a fresh perspective to looking at how to tackle health and wellbeing.

# Cambridgeshire County Council and Peterborough City Council

“We’d like people in Wisbech to be able to take more advantage of the benefits which the county’s economic prosperity brings; these include improved health and wellbeing.”

**Councillor David Jenkins,**  
Chair, Health Committee,  
Cambridgeshire County Council

“Achieving the best health and wellbeing for the City is now a strategic priority for Peterborough.”

**Councillor Diane Lamb,**  
Portfolio Holder for Public Health,  
Peterborough City Council

“Joining up the public health function across two local authorities has been hard work, but there have been benefits, including alignment with the CCG’s boundaries and the shadow combined authority.”

**Dr Liz Robin,**  
Director of Public Health,  
Cambridgeshire and Peterborough

## Key features

- A joint public health team for Cambridgeshire County Council and Peterborough City Council

- A programme of transformation to embed public health in local authorities.
- An emphasis on ensuring councillors understand the evidence base in making decisions about savings and investments.
- A focus on tackling health inequalities in the highly rural Fenland area and its small market towns and in central Peterborough.
- A one-year health promotion campaign in Peterborough making extensive use of social media.
- Working with planning to create healthy environments in housing developments.

## Context

### Cambridgeshire

Cambridgeshire is an East Anglian county with a population of approximately 627,000. Within the county boundaries there are five district councils, including Cambridge City Council (the county town). Cambridgeshire was the fastest growing county between 2001 and 2011 and is expected to continue to grow by 25 per cent over the next 20 years.

Cambridgeshire is a relatively affluent county, but significant pockets of deprivation exist across the area, most notably in the rural Fenland, north Huntingdon and north of Cambridge City. Just over 4 per cent of Cambridgeshire’s population live in areas which are among the most deprived 20 per cent of areas in England. Life expectancy for both males and females is significantly higher compared to England. However, life expectancy is 6.8 years lower for men and five years lower for women in the most deprived areas of the county than in the least deprived areas. Emergency hospital

admissions are lower than the England average, although higher in mixed, black and other ethnic minority groups compared to white ethnic groups. Emergency hospital admissions for intentional self-harm are significantly above the England average. The rate of hospital admissions for alcohol-related conditions has significantly increased over the last five years, but remains lower than the national average, although it is a particular issue in some areas such as Cambridge City and the Fenland town of Wisbech (see below). Children in poverty, long-term unemployment, under 18 conceptions and most sexually transmitted infection diagnoses have decreased over the last four to five years.

Across the county almost 9.5 per cent of school children are from a black or ethnic minority group, including Gypsy/Travellers. In the south of Cambridge City over 25 per cent of school pupils are from minority ethnic families. There are also significant minority ethnic communities in other parts of the county, notably people of Pakistani origin in and around Huntingdonshire (a district within Cambridgeshire), Gypsy/Roma in Fenland and people of Indian origin and Irish Travellers in South Cambridgeshire. Increasing numbers of migrant workers, chiefly from Eastern Europe and Portugal live throughout the county.

### **Peterborough**

Peterborough is a city of 188,000 people located in the North of Cambridgeshire, and is one of the fastest growing cities in the country. Overall, life expectancy for both men and women is lower than the England average and is 9.3 years lower for men in the most deprived areas of Peterborough than in the least deprived areas. Just under 45 per cent of school children are from ethnic minority backgrounds, with 142 languages spoken at Peterborough's schools. Teenage pregnancy rates, alcohol-related harm, smoking-related deaths, hip fractures and tuberculosis are worse than average. Rates of statutory homelessness, violent crime, drug misuse and early deaths from cardiovascular diseases are also worse than average.

### **Organisation**

In Cambridgeshire and Peterborough the public health function has been joined together across the two authorities which has maximised the benefit of sharing scarce specialist skills and mitigated the impact of budget reductions. Since Cambridgeshire County Council has opted for governance by the committee system, whereas Peterborough has an executive leader and cabinet, this has meant some different ways of working for the Director of Public Health (DPH) and her team. One advantage of the joint public health function is that it is now aligned with the CCG which covers both authority areas, as well as with the police and fire authorities. In addition the public health function aligns with both the STP footprint and the geography of the new combined authority under devolution. Creation of the joint public health team has enabled the councils to cut back on the number of interim public health staff they had been employing, to maximise value for money by staff working across both councils.

Peterborough was initially considerably under-funded for public health for historical reasons, with a public health grant allocation around 20 per cent below its target funding according to the national allocation formula. However, Peterborough councillors saw health and tackling health inequalities as a priority and so made efforts to protect the public health budget when the national grant allocation was cut, although savings were made to the Cambridgeshire budget in line with national grant reductions. In considering savings, the DPH and her team have worked with councillors on the Cambridgeshire Health Committee to support them in understanding the evidence base and how evidence of effectiveness and value for money can be used in prioritising commissioning decisions.

The funding shortfall was addressed by:

- savings in non-recurrent and project budgets
- reducing the scale of a number of previously planned investments, for example in relation to public mental health provision and tobacco control
- agreeing with the CCG and NHS England to cease some NHS-related public health work such as support of community immunisation clinics, and for the NHS to take this on where appropriate
- building on existing good relations with providers to make savings within current contracted activity.

## Highlights of progress

In the Cambridgeshire committee system, a Health Committee holds executive responsibility for the public health functions of the council, which has enabled cross-party consensus and debate on a range of public health issues. In Peterborough a dedicated cabinet portfolio has been created for public health.

The transfer of public health to local authorities provided a number of opportunities to make services more equitable around Cambridgeshire County. For example certain sexual health and integrated lifestyles contracts were brought together and reprocured to create integrated county-wide services which reached out to rural areas of deprivation. Councillors in Cambridgeshire also voted to protect the public health budget in areas of higher deprivation, for example it was agreed to protect the Healthy Fenland Fund (see below) for five years. In Peterborough, sexual health and contraception services were relocated to an easily accessible central location within the city, and drug and alcohol contracts were brought together to create an innovative integrated service.

## Embedding health across the councils

The public health team is ambitious to move to a place where public health is seen as an absolutely central part of each council, rather than being seen as 'off to one side' with a ring-fenced budget. A programme of transformation with a view to embedding public health in the DNA of the local authorities has been developed with a number of elements. These include creation of a successful senior officer public health board across council directorates in Peterborough, with recent agreement to create a similar board in Cambridgeshire; maximising engagement with the public on public health issues; and ensuring that all tiers of local government (county, unitary, district, town and parish councils) are working together on a health agenda.

## The Healthy Peterborough campaign

This campaign to improve public awareness of health issues has been running since March 2016, highlighting a different health topic each month, such as heart health, stroke and health checks, mental health, alcohol and children's health, and making use of the range of communication channels available through the city council's communications and marketing team. Feedback at a stakeholder event suggested that people could be confused about what a healthy diet looks like or the best way to exercise. The public health team wanted to give local people trustworthy and medically proven advice on how to stay healthier for longer by making simple changes such as eating less fat or doing 30 minutes of brisk walking five times a week.

The ambitious one-year campaign was launched in March 2016 with a £60,000 budget, delivered by a part-time campaigns officer with support from public health specialists. The campaign has a dedicated website and residents can follow health tips on the Healthy Peterborough Facebook page and Twitter @HealthyPboro. 'Paid for' Facebook and Instagram video advertising has resulted in 283,482 views generating 1,937 new followers and 3,066 web clicks in six months and costing just £3,141. An online poll on the website and social media show

that 94 per cent of people who voted found the advice useful or very useful.

### **Creating healthy environments in new Cambridgeshire housing developments**

A key feature of the county is the rapid population and housing growth associated with economic development. Creating healthy environments in new housing developments is therefore an important public health issue locally. It is also important to ensure that local authority-led infrastructure plans for new housing developments are aligned with NHS service development plans. To address this issue, the public health team has worked with a range of local stakeholders to undertake a number of initiatives including the following.

#### **A detailed Joint Strategic Needs Assessment (JSNA) workstream on ‘New Housing Developments and the Built Environment’**

This focuses on four aspects of new communities that impact on health:

- the built environment – recommendations include the need to focus on green infrastructure, active travel, suicide prevention and Health Impact Assessment requirements, greater consistency in funding primary care facilities and securing section 106 funding for community infrastructure, and developing an open spaces design code
- social cohesion/community development – recommendations include community development in the early stages of new developments, working with other key agencies
- assets and services – recommendations include a joint strategy for engaging the leisure market in new communities early in their development and additional support for schools and incentives for day care/early years providers
- NHS commissioning – recommendations include early engagement of CCG and NHS England in relation to planning applications and also in seeking section 106 contributions.

### **Appointment of a full-time Senior Public Health Manager (Environment and Planning)**

The Senior Public Health Manager works across Cambridgeshire and Peterborough to provide specialist public health input to strategic infrastructure plans, local development frameworks and major planning applications. The postholder also facilitates joint working between NHS England, the CCG, local GP practices and local authorities on planning for new housing developments.

### **Strengthening communities in Fenland**

Fenland is a rural area of Cambridgeshire with four small market towns and 29 villages and other rural locations. Seven of the top 10 most deprived wards in Cambridgeshire are situated to the north of the Fenland District. The area has been prioritised for action on health inequalities. Routine and manual workers in Fenland have a well-established culture of smoking (still as high as 49 per cent in some areas). There are also higher levels of unhealthy weight and physical inactivity among adults. Additionally, the substantial numbers of migrant workers from Eastern Europe working in local factories and agricultural schemes may have higher rates of smoking and alcohol use. The working-age male population does not tend to access primary care services and by association the NHS Health Check Programme, which is predominately delivered in primary care. East European workers are often not aware that primary care services are available, and language barriers can form an additional hurdle. Cambridgeshire County Council has initiated the Engaging and Strengthening Communities in Fenland programme with a number of health initiatives to include the following:

The council has developed a workplace programme to engage routine and manual workers with the NHS Health Check Programme. In Fenland, health trainers are delivering health checks in workplaces as well as GP practices. Further support is provided by a community pharmacist who has expanded her Health Check service into local workplaces.

The Healthy Fenland Project is part of the Engaging and Strengthening Communities in Fenland Programme funded by Cambridgeshire County Council. As part of the project there is a team based in Fenland who are working with communities to help them make the changes that they want to improve their health and wellbeing. The 'on the ground team' work with people who want to make a positive change in their community, which will be geographically defined, or by interest or experience.

Support is offered both to existing organisations wanting to do something new, and to member of the public who want to get involved and have no previous experience. The help is based around the 'Five Ways to Wellbeing' devised by the New Economics Foundation.

As well as practical support and guidance, the project also offers financial support from the Health Fenland Fund which offers small grants normally from £250 to £5,000 to projects seeking to improve the health and wellbeing of people living in Fenland.

The Wisbech Alcohol Project was set up in January 2015 in response to growing concerns about the impact of alcohol misuse on the local community and an entrenched culture of street drinking both among the indigenous population and among the increased numbers of migrant workers from Eastern Europe. Wisbech sits in the north of Cambridgeshire on the border with Norfolk. This traditional market town has some of the most deprived wards in Cambridgeshire and poorer health outcomes.

The Alcohol Project brings together professionals from county and district councils, police, treatment services, housing and homelessness, local security staff and voluntary sector providers, including mental health services. All partners are signed up to a joint action plan. Activities undertaken have included public engagement events, working with local supermarkets to deliver alcohol scratch cards, a simple health card for the

EU community about how to register with a GP, introducing public health considerations into licensing representations (which has helped prevent six licence applications being allowed in an Alcohol Cumulative Impact Zone), developing street drinker profiles and recovery walks. The Alcohol Project group has recently submitted a bid to become a Local Alcohol Action Area.

## Future plans

### **Taking on the health of children aged 0-5**

The future direction of this area is still under development and is being overseen by a joint commissioning unit for children's health across the two councils and the CCG.

A public health consultant is an integral part of the unit and is working with local authority and NHS colleagues on developing an integrated specification for all aspects of community children's health.

## Councillor Perspective: David Jenkins, Chair of the Health Committee, Cambridgeshire County Council

The Health Committee sees addressing health inequalities across the county and tackling the specific social determinants of health in Fenland and in Wisbech in particular as its key priorities. The key social determinants are employment, housing, education and transport which are all inter-related. In terms of behaviours, smoking is a very significant issue, being an outlier on the national downward trend.

We'd like people in Wisbech to be able to take more advantage of the benefits which the county's economic prosperity brings. These include improved health and wellbeing. Although there is low unemployment, incomes are low and public sector investment has not kept pace with demand.

Tackling health issues in the county is seen by councillors as a complex mix of the urban and the rural, with deprivation in the small scattered market towns reflecting the low-paid employment available in the agricultural industries of the rural hinterland.

In the more affluent areas of the county, councillors are particularly concerned about teenage mental health which has, until recently been a 'hidden' problem. Opportunities and support for young people are therefore key issues across the county for all tiers of local government.

Councillors believe that joining up the public health function across the county and the unitary authority in Peterborough has been 'a big stretch', but that this is likely to be the future for public health, so it is important to make it work.

## Learning and key messages

Key learning that the public health team would like to share includes:

- It has been possible to successfully integrate public health specialist functions across two local authorities with very different political structures and populations – making good use of scarce resources.
- It has been essential for all public health staff involved to recognise the different priorities of the two authorities and the need to tailor their public health skills to local circumstances.
- The integration has been successful partly because it adds value to wider partnership activity – with many partnerships already operating across Cambridgeshire and Peterborough. This direction of travel is set to increase further, with both the new combined authority and the STP footprint now aligned with the Cambridgeshire and Peterborough geography.

The next stage of this journey will be to further maximise the public health impact of local authority functions, in particular working across all tiers of local government on the wider determinants on health.

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# Cheshire and Merseyside public health collaborative – Champs

“In these dynamic times of devolution and sustainability and transformation plans, local authorities increasingly need to work with health partners across wider areas. Having an organisation like Champs to support us to develop prevention and early intervention across Cheshire and Merseyside has proved extremely helpful.”

**Councillor Janet Clowes,**

Cheshire East Cabinet Member,  
Health and Adult Social Care;  
Co-Chair of Cheshire and Merseyside Blood Pressure Partnership Board

“The Champs Collaborative allows us to share learning, resources and innovation across Cheshire and Merseyside so that we are able to develop first-class interventions and put these into practice.”

**Eileen O’Meara,**

Director of Public Health and Environmental Health, Halton; Chair of Champs Public Health Collaborative Executive Board

## Key features

- Collaborative approach has supported the prevention plans for Cheshire and Merseyside STP and devolution proposals.
- Rigorous approach to support functions such public health intelligence, economic analysis and sector-led improvement.
- Blood pressure strategy is an international example of good practice.

## Context

Champs Public Health Collaborative brings together the skills and expertise of the nine public health teams in Cheshire and Merseyside to improve health and wellbeing across the sub-region.

The eight DsPH provide system leadership, working with their local authorities, CCGs, Public Health England North West, NHS England Cheshire and Merseyside and other key partners. The executive board of DsPH reports to the nine local authority chief executives, with the designated lead currently the chief executive of Sefton Council. A small support team facilitates work across the collaborative.

### How Champs collaborative operates

Champs takes a focused approach, tackling a number of high level priorities that are common to every area, and where progress can be best made through collective action. Current priorities, set out in the Champs business plan, are:

- high blood pressure
- mental health and wellbeing, including improving the mental health and wellbeing of children and young people, and suicide prevention
- reducing alcohol harm through licensing.

In addition it undertakes a range of special projects at the request of collaborative members, including responding to national initiatives such as screening and immunisation programmes and STPs.

Champs has developed a number of support functions to help the partners work together in a systematic and rigorous way. These include:

- public health intelligence – activity is informed by analysis of the latest data, evidence and good practice which is clearly presented in useful formats
- strategic overview – priorities are set out in strategies which have measurable outcomes and delivery plans. Progress is overseen by multi-agency partnership boards
- sector-led improvement – activity is evaluated, benchmarked and subject to peer challenge
- economic analysis – costs and benefits are measured and cost savings projected
- collective commissioning – where this provides high quality, cost-effective results
- focus on learning – Champs facilitates shared learning, including continuing professional development
- communication – Champs ensures that all public health teams and interested parties are aware of the latest developments from Champs, its partners and beyond.

Champs works to the ethos of ‘collaborative action, local impact’. In the examples below, initiatives often start in a small number of areas and, if they work, are rolled out across Cheshire and Merseyside in a flexible way which takes into account local plans.

## Highlights of progress

### Blood pressure

In May 2016, the Cheshire and Merseyside Blood Pressure Partnership Board published ‘Saving lives: Reducing the pressure’, its five-year blood pressure strategy. Over 625,000 people in Cheshire and Merseyside have high blood pressure, but around half are thought to be unaware of this. The strategy aims to prevent, detect and reduce high blood pressure in the way that is best for individuals and communities, including healthy lifestyles or through medication. Over time it is anticipated that this will be reflected in improved life expectancy, healthy life expectancy and health inequalities, as well as reduced demand on health and social care. The aim is for Cheshire and Merseyside to become the most improved sub-region for blood pressure outcomes.

Recent actions include the following:

A bid for Health Education England funding has been successful and a new education and training programme is being developed to skill-up the cross-sector workforce to prevent, detect and manage high blood pressure. This will start in general practice, initially through blood pressure ‘Beacon’ general practices in one area, and will then be rolled out across the NHS workforce.

Blood pressure (BP) measurement, advice and signposting is being embedded into Cheshire and Merseyside Fire and Rescue Service’s Safe and Well Checks which aim to reach 60,000 homes each year across the sub-region.

Key partners in implementing the strategy include Health Education England, National Institute for Health and Care Excellence (NICE), the British Heart Foundation (BHF) and the Stroke Association. For example, the BHF awards offer an opportunity for the sub-region to bid competitively for funding to support blood pressure detection in community settings, and the Stroke Association is supporting detection and signposting in community settings.

A pilot is being designed in one area using an array of community-based health technologies such as community BP kiosks and interconnected BP machines that will be able to link to a new shared health record portal.

As well as providing a range of blood pressure support, community pharmacies across Cheshire and Merseyside have signed up to deliver an aligned approach to national and local public campaigns to reduce blood pressure, including Blood Pressure UK's 'Know your numbers' campaign. This provides a huge resource for getting consistent messages to the public.

A sector-led improvement workshop considered examples of good practice from across Cheshire and Merseyside and where there were gaps in progress on blood pressure activity. DsPH have agreed to share and standardise good practice wherever possible. For example, using blood pressure-related data to inform and drive progress, developing a tool kit to support local implementation of the sub-regional strategy, and sharing a wide range of local initiatives that support improving quality in primary care, such as Beacon Practice pilots.

Feedback from external organisations on the strategy has been very positive. The National Blood Pressure System Leadership Board commented, 'Cheshire and Merseyside is setting pace for the rest of the UK.' World leaders in reducing blood pressure through the pan-Canadian Framework, said that the blood pressure strategy was a 'state of the art, comprehensive approach to hypertension and will serve as a model for other programmes around the globe'. Champs' strategy is now an international resource, featuring on the World Hypertension League website as an example of good practice.

### **NO MORE suicide**

Cheshire and Merseyside's 'NO MORE Suicide' strategy includes the ambitious aim of becoming the first sub-region to gain the internationally recognised Suicide Safer Communities designation. All nine areas will need to meet LivingWorks criteria for Cheshire and Merseyside to achieve overall accreditation.

Recent actions include the following:

Sector-led improvement workshops are enabling the nine authorities to benchmark their progress against the LivingWorks model, and to share learning and best practice. Partners have agreed to a joint standardised audit process with a common dataset, proforma, analysis and report so that progress across the region and in each local authority can be monitored and improved. Each area is developing a locally-owned action plan as a basis for meeting the criteria by March 2017.

A joint suicide audit has been completed in order to identify suicide risk factors across Cheshire and Merseyside. After analysing 200 case notes, a range of themes were identified, including:

- in nine per cent of cases, the person had a family member or friend who had previously completed a suicide
- around three-quarters were aged 25 to 64
- in 38 per cent of cases a previous suicide attempt had been recorded
- in the three months before they died, 30 percent of people had visited their gp for a mental health reason
- most people had visited their GP, can you do a search replace, appears inconsistent in the previous year; in 24 per cent of cases the person had contact with health services in the week before they died.

This learning will inform a range of activity, including training in suicide prevention in primary care.

A suicide training module, tried and tested in one area, is being developed into a train-the-trainer programme, delivered in the voluntary sector and cascaded to front-line staff.

As a result of working together on the Cheshire and Merseyside Suicide Prevention Board, the three mental health trusts are working more closely together to share learning and good practice. An issue they are looking to tackle together is ligature behaviour in inpatient settings.

Men account for 75 per cent of suicides in Cheshire and Merseyside. A suicide prevention summit explored what could be done to positively engage with men on mental health and wellbeing. Learning from the summit will inform future work on the strategy; for example, suicide prevention training and awareness activity targeting men through sport and community services.

### **Mental health and wellbeing of children and young people**

The Cheshire and Merseyside Mental Health and Wellbeing Leads Group identified a gap in support for parents/carers around the emotional resilience of children and young people as they transition from primary to secondary school, and the changing needs of adolescents. Parents and carers play a pivotal role in promoting the knowledge, skills and environment that can help children cope with adversity. Supporting families has a dual role of strengthening parents' and children's resilience.

Recent action includes the following:

Youth Connect 5 – Champs was successful in its bid to Health Education England for funding to deliver training that promotes resilience and wellbeing in children and young people aged 10 to 18. The Youth Connect 5 training programme uses a train-the-trainer cascade model in which each local authority will have the opportunity for 20 members of the workforce to be trained, who will then in turn run two courses for parents/carers. Eventually the programme will be delivered to around 5,000 parents/carers. The course aims to build knowledge, empathy and skills to strengthen children and young people's resilience.

Domestic abuse campaign – Champs evaluated the 2015 domestic abuse campaign 'Be a lover not a fighter' through stakeholder and public comments during the campaign, along with a large public survey. This feedback shaped the 2016 campaign, which also involved Lancashire authorities; this year's campaign focused on domestic abuse and the adverse impact it can have on the health, development and emotional wellbeing of children. The campaign was selected as one of three finalists for the NICE shared learning awards in July 2016.

### **Collaborative commissioning**

Champs members undertake joint commissioning when this will be more effective across the collaborative, making significant savings and maximising impact. As well as the social marketing campaigns and training programmes described above, a number of services have been jointly commissioned including:

- tobacco control
- intelligence contract
- medicines management
- postvention (support service following a suicide).

To help increase bowel cancer screening uptake rates, Champs developed a pilot campaign in partnership with 16 GP practices in Cheshire and Merseyside. The pilot ran for three months. The aims of the project were to increase uptake rates by 5 per cent over the 16 practices by targeting non-responder patients and to increase awareness. The evaluation concluded that the overall uptake rate across the participating GP practices was nearly 12 per cent. Other practices in the sub-region have since run similar campaigns.

Recently, Champs developed a shared service specification for integrated sexual health services; this joint work saves time and resources since each local authority does not need to develop its own specification, but can amend the shared document to meet its own needs.

Champs has also allowed collaborative members to make savings through joint Patient Group Directions for all nine areas in emergency contraception and Varenicline/ Champix – stop smoking medication – for use in community pharmacies.

### **Supporting Cheshire and Merseyside STP**

Champs had an important role in contributing to the development of the prevention and demand management workstream of the STP. This included a forecast of the long term financial impact of preventative plans. Louise Shepherd, Accountable Officer for the Cheshire and Merseyside STP, recently commented that the prevention plans for the Cheshire and Merseyside STP were an exemplar.

Following negotiation, three public health priorities were identified for inclusion in the STP:

- high blood pressure
- alcohol harm reduction
- antimicrobial resistance.

### **Supporting devolution proposals**

Champs works within two devolution footprints – Liverpool City Region (LCR) and Cheshire and Warrington (C&W). It has been supporting work on devolution in both areas, including an evidence review on health-related worklessness and work on child poverty with the LCR Child Poverty Commission.

A new Champs work-stream has evolved from the devolution work – alcohol licensing – investigating the opportunities to reduce alcohol harm through the licensing regime across both devolution areas. A multi-agency steering group has been established, including licensing leads, and a joint framework for action will be developed.

The group will look at enforcing current law, community champions, joint frameworks for licensing strategies and policies, guidance for people making representations around license applications, training for responsible authorities, and local voluntary agreements.

### **Councillor Perspective: Councillor Janet Clowes, Cheshire East Cabinet Member, Health and Adult Social Care; Co-Chair of Cheshire and Merseyside Blood Pressure Partnership Board**

Champs was a great asset when public health transferred to local authorities because it delivered projects that were meaningful to both the public and elected members, and helped councillors to understand what could be achieved with their new responsibilities.

Working across Cheshire and Merseyside has enabled us to tackle crucial issues together. Some of these are now coming to fruition. For example, work to help people check and improve their blood pressure is now making good progress, and when partners, such as GP practices, see that this is effective, they increasingly want to become involved as beacon practices. Innovations like the fire and rescue services measuring blood pressure is an example of how we are seeking to set up a model of good practice for whole-team blood pressure care. Champs aims to work with existing systems, rather than setting up new ones. Many developments have not required more funding, rather they have been achieved by analysing how systems work and making improvements.

Eventually the aim is to enable all of Cheshire and Merseyside to fully adopt Marmot principles. Champs makes it easier to get across clear messages about early intervention, prevention and self-care at both sub-regional and local authority levels.

The transfer of public health changed the relationship with the NHS, leading to greater consultation with local authorities as health-providing organisations. It is positive that the STP has identified blood pressure and alcohol harm as prevention priorities. Champs has a long-standing ambition to reduce alcohol harm and hopefully the new emphasis on sub-regional working will accelerate progress, expertise, working together on a wider regional footprint.

## Learning and key messages

Champs was set up in 2003 and because it was a valued resource was continued when public health transferred to local authorities, albeit in a streamlined form. Its history of successful collaboration means that it is a trusted vehicle to support Cheshire and Merseyside authorities in the challenges of the new policy environment and at a time of severely limited resources. The view in the collaborative is that Champs was essential for enabling nine very different areas to produce a robust preventative section in the STP.

Contributors to the case study believe that every complex region or sub-region would benefit from a similar support organisation, but that developing trust and a shared way of working takes time. An important principle for how Champs operates is being equitable in the support it provides to individual authorities, or groups of authorities, within the collaborative. Another important principle is to work to a small number of well-defined objectives, so that expectations for what it can deliver are clear.

Champs is described as bringing benefits on many levels. Primarily it is a learning organisation, with robust mechanisms to help members learn and innovate together. Other benefits include:

- achieving economies of scale
- whole system leadership – authorities help each other to address gaps, rather than duplicating
- working together means more opportunity to horizon scan for opportunities and challenges
- collaboration means that individuals and teams can develop specialisms and areas of interest that may not be possible within a single authority, and can apply these across a large area. Champs allows people to play to their strengths and lead on areas of expertise – in this way it is a virtual super public health team.

## Contact

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# London Borough of Redbridge

‘Our vision is to establish a system that is responsive to the needs of our residents both now and in the future by bringing together not only health and social care, but a range of other services that are critical to supporting our residents to live healthy lives.’

## **Cllr Mark Santos**

Chair of the Health and Wellbeing Board

‘Moving to an integrated preventative service with a single point of access has allowed us to refocus our collective resources across Adult Social Care and Public Health on key priorities, enabling us to jointly understand needs, address quality and lever the effective partnerships required to improve health and wellbeing for our residents.’

## **Vicky Hobart**

Director of Public Health

## Key features

- Significant organisational change integrating public health, adult social care, and wellbeing services with a single front door.
- Strategic oversight by DPH with responsibility for social care and wellbeing.
- An extensive partnership of local organisations to implement a proactive, preventative social prescribing pathway.
- Strong public health contribution to the local plan.
- Coordinated approach to becoming a healthy workplace.

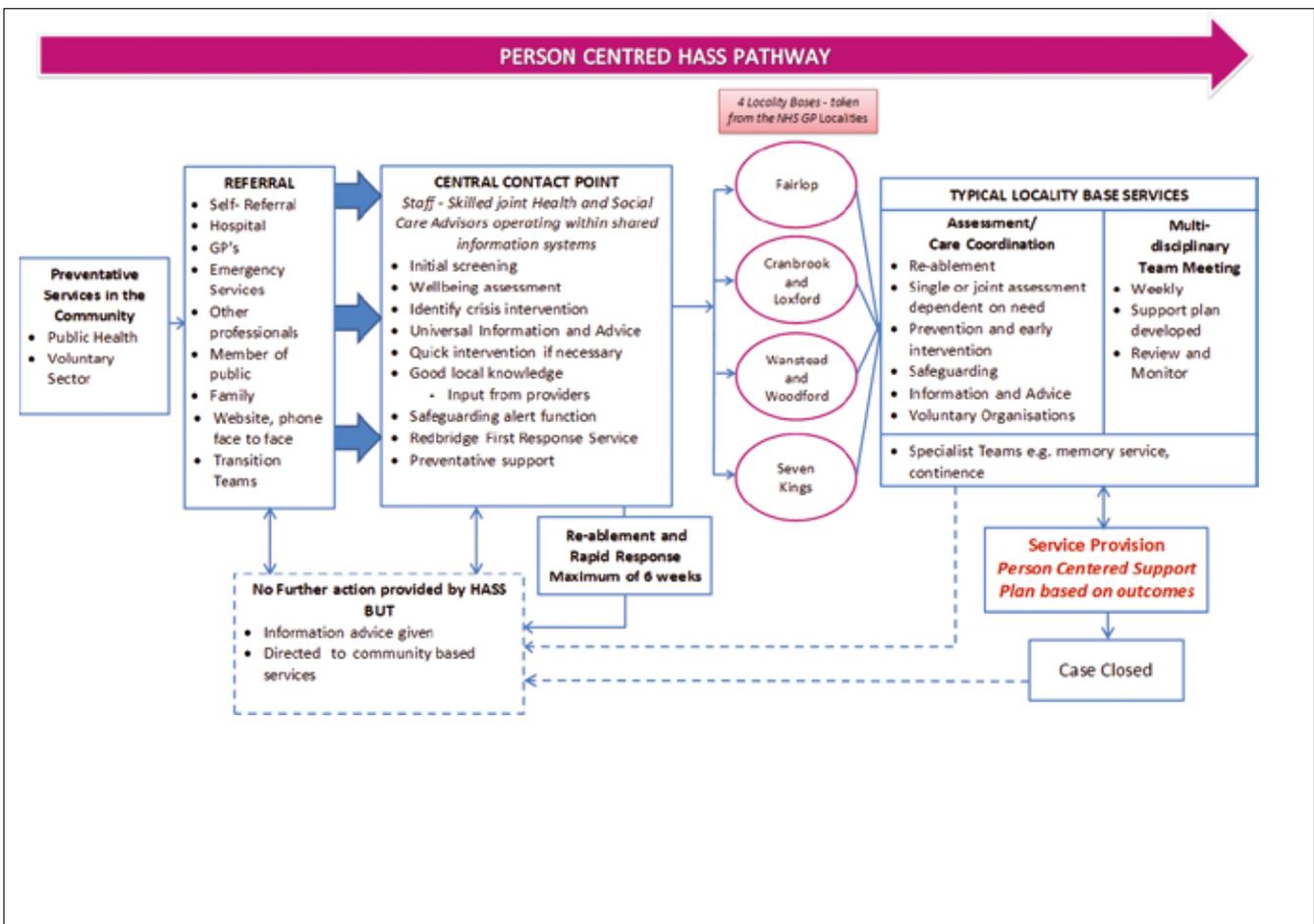
## Context

Redbridge is an outer London borough to the north east of central London. It has a population of just over 300,000, younger than the national average, 40 per cent of whom were born overseas, the largest group being from the Indian subcontinent. A majority of school pupils do not have English as their first language (61.1 per cent) although a lower number than the London average live in out-of-work families. Male life expectancy is 80.9 and female life expectancy is 84.6, both slightly higher than the national average, but with significant inequalities at a ward level. The rate of new cases of tuberculosis, the percentage of people diagnosed with diabetes, and late diagnosis of HIV are higher than average. Childhood obesity rates are still increasing, and physical inactivity remains a challenge for many children and adults. However, smoking prevalence as well as alcohol consumption are lower than national averages.

## Organisation

From 1 April 2016, the council has moved to new working arrangements for community health and adult social care. A Health and Adult Social Services Partnership (HASS) has been created with the community health provider, NELFT NHS Foundation Trust, based around a single First Contact team, and four integrated locality teams under single management. The Redbridge HASS provides a focus on prevention and early intervention as well as high quality integrated care for adults, particularly:

- vulnerable older people
- adults with a learning disability and/or on the autistic spectrum
- adults with a physical and/or sensory disability
- adults with a mental health issue.



The council has made it easier to contact the service, and reduced the number of assessments a person has to undergo.

The four multi-disciplinary community health teams of the Redbridge HASS are based on GP clusters. Each cluster team is made up of social workers, occupational therapists and nurses as well as individual specialist teams eg physiotherapy, speech and language, rehabilitation etc. The older adults mental health team and community learning disability team have also integrated into the Redbridge HASS.

The other half of the new working arrangement is known as the Adult Care, Health and Wellbeing HUB – bringing together all existing functions of public health, strategy and commissioning, service procurement, adult safeguarding, systems and resources into one unit. The HUB is led by the DPH, Adult Care and Wellbeing whose remit has broadened to include social care and wellbeing. The public health team, including intelligence, quality assurance and public health staff is based in the strategic commissioning team in the HUB, which is led by the Deputy DPH - Head of integrated strategy and commissioning. The HUB manages day-to-day running of the adult social services, health and wellbeing cluster, steering the development of integration within HASS and with other services. It supports the Health and Wellbeing Board, working closely with children's services, across the council and NHS and local partners to improve health and tackle health inequalities.

Moving to this model has produced £1.2 million in savings with a loss of 52 posts. The borough has one of the lowest public health allocations per head in London, with little historic investment, despite its increasing population and levels of deprivation. The council has remained focused on ensuring excellent quality frontline services as well as planning for the future health and wellbeing needs of residents.

Savings have had to be made as part of the across-the-board approach to the financial situation, but Redbridge was successful in advocating for increased investment for the transfer of health visiting services.

This has supported the procurement of a new 0-19 integrated Healthy Child Programme. The service is due to begin in April 2017 and the council is already working with the new provider to prepare for this. Additionally, a strategic Healthy Child strategy group supports joint working and strategic direction across services for children within the borough, including vital input from the CCG and NHS England.

## Highlights of progress

### **Single point of contact**

In developing the new organisational arrangements the DASS, NELFT and the DPH and her team have worked with community health services to establish a single 'front door' based on a multi-disciplinary team. A pathway has been adopted which includes provision of information, advice and signposting (in line with Care Act requirements). As well as a holistic wellbeing assessment which identifies individuals' needs and refers appropriately to services such as early intervention services, universal services, reablement or to one of the locality teams for those who have higher levels of need.

There is a separate reablement pathway and social prescribing pathway.

The team has established an advice and information service with a single website, 'My Life'. Additionally, a public health service directory has been developed by the public health team, bringing together details on all public health services available in Redbridge. This includes universal services which promote wellbeing, including children's services, breastfeeding, sexual health services, immunisations, NHS health checks, cancer screening, drugs and alcohol and mental health services. As well as an overview of each service, the directory also provides contact details and information on opening hours.

## Social prescribing

A key focus within the new arrangements has been the development of a social prescribing service called Redbridge First Response Service (ReFRS). The long-term aim of social prescribing is to help postpone or prevent crisis, and improve the health wellbeing, independence, safety and security of the individual. Social prescribing services aim to support those people in the early stages of their needs who have one or more long term health conditions.

The service is built on a holistic referral system, rather than direct support. It helps people to access frontline community services and groups of their choice and co-ordinates access to low level preventative information and advice. The needs of people are met by partner organisations from the statutory and voluntary sector. The programme captures the community safety and security aspects effectively, offering a whole system approach to prevention.

The current ReFRS service includes a borough-wide partnership of 67 different organisations, including the police, the fire service, voluntary and statutory organisations involved in planning, referring individuals and providing early support

Ambitions are to develop this service further. This includes piloting an enhanced social prescribing service in one locality which will include enhanced work with GPs and primary care services. In addition, there are plans to map wellbeing enhancing community assets with the aim of supporting more residents to use community assets and to grow the network of community assets to meet local needs.

## Dementia and end of life care

Two important areas in Redbridge's strategic priorities have been support for people with dementia and end of life care.

Nationally as well as locally there are increasing numbers of people living with dementia. Redbridge is working towards

becoming a 'dementia friendly' borough which has included actions such as training for all employees and feeding into plans for redesign of Ilford town centre.

In comparison to other neighbouring boroughs, Redbridge residents are more likely to die in hospital. Evidence suggests that nationally, people from Black and minority groups are less likely to receive support for end of life care. Redbridge has one of the most diverse populations in London; this is therefore an important consideration. Redbridge has prioritised work to reduce the proportion of deaths in hospital. Actions have focused on widespread staff training and raising awareness of the role of social care at the end of life among primary care and social care staff, as well as among local communities.

## Contributing to the Local Plan

An important priority has been to look at the public health aspects of housing development and regeneration. The public health team has worked with planners to ensure that the Local Plan reflects priorities around issues such as:

- quality of housing, overcrowding and homelessness
- quality of the built environment, eg enhancing opportunities for physical activity, healthy eating, air quality and mental wellbeing
- transport and opportunities for access to employment, reduction in isolation
- economic development and inequalities
- access to healthcare.

Planning for the regeneration of Ilford town centre is currently under way and this is seen as an opportunity to introduce healthy urban design and to emphasise walking, cycling and making the town centre dementia friendly.

## Future plans

Redbridge will be focusing on evaluating the HUB and HASS arrangements six months after establishment, with the aim of learning lessons about how clients are experiencing improved service provision.

To support further development of localities, work is being conducted with Redbridge CVS to map and enhance the health and wellbeing assets within the most deprived locality in the borough.

The council is working closely with Barking and Dagenham, Havering and Redbridge (BHR) CCG on integrating HASS localities with enhanced engagement with primary care.

Redbridge Council has worked across Barking and Dagenham and Havering to look at the business case for progressing an accountable care roadmap locally. As a step change towards this, an Integrated Care Partnership has been established, and a Joint Commissioning Board across BHR covering services for both adults, children and public health.

## Learning and key messages

Across the health and social care system there has been widespread recognition that the way in which services are currently provided is unsustainable. Additionally, Redbridge population is changing with dramatic population increase which includes significant increase in numbers of young people, older people and people with complex health and social care needs.

Whilst the current climate has led to significant reductions in spending, it has also resulted in development of innovative ways for planning and delivering improved service provision to residents.

Public health principles of prevention and early intervention are critical to supporting residents to maximise health and wellbeing as well as ensuring value for money. Public health plays a key role in ensuring opportunities are maximised in taking forward evidence based, cost effective opportunities to enhance population wellbeing and address inequality across the system.

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# Redcar & Cleveland Council

“Sitting square in the middle of health inequalities is the issue of poverty. That’s why I chair the health and wellbeing board and why we have four cabinet members on the board. The health and wellbeing of our communities needs a whole-council approach.”

**Councillor Sue Jeffrey,**

Leader of the Council and Chair of the Health and Wellbeing Board

“The huge amount of community development work that our lead member, Councillor Lynn Pallister, does in her ward (one of the most deprived in the local area) was recognised earlier this month by the LGA when she was voted Councillor of the Year. I think this demonstrates the commitment to public health right from top to bottom in the local authority.”

**Dr Paul Edmondson-Jones,**

outgoing Director of Public Health

## Key features

- Combining resources with neighbouring public health teams.
- A strong commitment to tackling health inequalities through tackling poverty.
- Targeting interventions on the most deprived communities.
- Taking health visiting and school nursing services in-house, aiming to develop a seamless 0-19 service for children and young people.
- Significant improvements in smoking prevalence and alcohol-related harm.

## Context

Redcar & Cleveland is a unitary authority area in the Tees Valley region of North Yorkshire, consisting of Redcar, Saltburn-by-the-Sea, Guisborough, and small towns such as Brotton, Eston, Skelton and Loftus. It is a borough of great contrast and diversity with a population of 135,000. The borough experiences relatively high levels of deprivation, the 48th most deprived out of 326 in England.

In the most deprived ward, 9.3 per cent of the working age population are claiming Jobseeker’s Allowance compared to 1.7 per cent in the least deprived wards. On average, a man living in the least deprived ward is likely to live to 83 years, 10 years more than a man in the most deprived ward. The difference between life expectancy for women in the most and the least deprived wards is 5.7 years. For both men and women, life expectancy is lower than the England

average but is now the best in the North East and has been coming closer to the England average in recent years and the gap between the most and least deprived is closing. Nonetheless, in many areas the health and wellbeing of children and adults in Redcar & Cleveland remains worse than the average. This includes levels of teenage pregnancy, GCSE attainment, alcohol-related harm, self-harm, smoking related deaths and obesity. Rates of sexually transmitted infections, people killed and injured on roads and tuberculosis are better than average.

The background to most of the council's work since 2015, including the work of the public health team, is the closure of the majority of the steelworks in the area which led to 2,000 employees losing their jobs as well as 1,500 more from the supply chain, with adverse impacts on their dependants and on their health and wellbeing.

### **Organisation**

At the transfer of public health to local government in 2013, a shared public health service was set up across the five local authorities of the Tees Valley, enabling public health to do some things once rather than five times. However, on one local authority withdrawing from this arrangement for financial reasons, the shared service was no longer viable as a standalone organisation. It now exists as a virtual organisation through cooperation and joint activity where possible, for example, in developing a joint JSNA, and the Tees-wide sexual health service has been retained. An interim joint DPH has been appointed with Middlesbrough and further cooperation is being explored in relation to related health improvement, healthcare quality and public protection services, including trading standards, environmental health and homelessness services. The councils have recognised the similarities in population, deprivation and need across South Tees and believe that combining resources provides the best opportunity to improve outcomes and reduce inequalities.

## **Highlights of progress**

### **Supporting people to deal with the impact of the steelworks closure**

The public health team has worked closely with the CCG on the ground looking at the health impact of the closures, including the impact on mental health and on community resilience and ensuring that there were appropriate services in place to support people who have lost their jobs as well as their families. Much of the response has required a council-wide approach, for example in relation to welfare benefits advice, re-training initiatives and winter warmth support. But now that public health is part of the local authority, the director believes that he and his team have been given much greater opportunities to influence the support provided and to understand the potential for drawing on the range of council services than they would have had within the NHS.

### **Suicide prevention**

Following a North of England Mental Health Development Unit (NEMH DU) 2015 Autumn Conference on Suicide Prevention a range of stakeholders set up a steering group to develop a new programme aimed at promoting mental resilience and wellbeing primarily amongst males. The programme was designed to use the football fan culture as a medium to support male mental health resilience in the local community.

Redcar & Cleveland was chosen as a pilot area with a focus on targeting men over 40 who have been impacted by the recent closure of SSI Steelworks and the loss of their employment. 'Team Talk' was launched in 2016 in partnership with Middlesbrough Football Club Foundation and a number of local community "boot rooms" have been developed. The model looks at tackling social isolation and loneliness by supporting men to maintain latent functions such as time structure during the day, continued shared experiences with others, goal setting and continuing to be active, and adopting co-production with participants. There is now a well-established group in central Redcar, attended by 20 men and two more "boot

rooms” are currently in development. The project is currently being evaluated by North of England Mental Health Development Unit (NEMH DU) and a number of positive outcomes have already been reported. It is hoped that if successful the model will be adapted for implementation across other areas in the North East.

### **Health of children 0-19**

In anticipation of the transfer of responsibility for public health for the 0-19 age group, the public health team decided to go out to tender for the health visiting and school nursing services. The tendering exercise did not produce an affordable and appropriate way of providing the services so a decision was made to take both services in-house as directly provided services by the council.

This move has proved very successful in bringing these services closer to social care and embedding them with children’s centres. The outgoing director believes it is producing a much more seamless 0-19 service. The journey is only just at the beginning and much work will be required in bringing together the different cultures of social care and the services which were previously part of the NHS, but the public health team is excited by the opportunities they see resulting from the close interrelationship of the services for giving children a better start in life.

### **Reduction in smoking rates**

The latest smoking prevalence data released in July 2016, show that smoking prevalence in Redcar & Cleveland fell from 21.8 per cent of the adult population in 2013 to 17.3 per cent by 2015. The borough is now well below the North East average and only just above the England average.

Forming a key part of local public health work, Tobacco Control has numerous initiatives that contribute to this continuing, downward trajectory in smoking prevalence. The borough is also one of the few areas nationally seeing an increase in referrals to smoking cessation services.

There is a strong partnership approach, both locally and across South Tees, with aligned delivery models achieving maximum value from resources. This is particularly well integrated in relation to smoking in pregnancy, with a successful multi-agency partnership in place. Achievements include significant increases in referrals of pregnant women (up 25 per cent in quarter 1 2016/17 on quarter 1 2015/16) and continued reductions, over four years, in ‘Smoking At Time Of Delivery’. This follows work with the CCG and trusts to implement the North East BabyClear programme into midwifery provision. In addition, there is a Nicotine Replacement Therapy (NRT) pilot for pregnant women who are smoking, and midwives use pregnancy dolls with them to demonstrate the risks smoking poses to their baby.

In addition to work with pregnant women in the hospital setting, significant progress has been made in establishing discharge referral pathways from other wards into community stop smoking services. Close working with the mental health trust, to assist them in going, and remaining, smoke free across all their sites, is addressing significant health inequalities amongst individuals with long term conditions. In the community, the adoption of a community asset/capacity development approach – across six identified Priority Place areas – addresses health inequalities in disadvantaged areas.

Following community consultations each target ward has developed its own Smokefree Communities action plan.

### **Substance misuse**

Alcohol-related harm is a significant cause of concern with analysis suggesting Redcar & Cleveland experience some of the greatest health harms. Estimates suggested that 19.2 per cent of residents who drink alcohol were doing so at ‘increasing risk’ levels and 6.4 per cent were drinking at ‘higher risk’ levels. The substance misuse partnership led by the public health team commissioned a series of interventions to support individuals through treatment and rehabilitation, counselling, housing, debt advice and support.

There has now been a significant fall in alcohol-related admissions and Redcar & Cleveland now has the lowest number of admissions in the North East.

Hospital Alcohol Admissions figures (AAF1) show a 20 per cent fall in alcohol-related admissions locally between 2011 and 2016. There is also a continued decline in numbers presenting to the hospital. One of the major contributory factors is the work of the Hospital Interventions and Liaison Team (HILT), based at James Cook hospital, serving South Tees.

HILT delivers three key strands:

- The effective relationship between the HILT, A&E and acute assessment teams facilitates high volume screening and assessment of patients presenting to the hospital. Referral to HILT is also an option on the A&E electronic case management system, Symphony. A high percentage of patients also receive Identification and Brief Advice (IBA) and/or Extended IBA. This triggers one of three pathway options: a discharge home (early prevention); referral into the clinical team; or a referral into community services (prevention and treatment working side by side).
- Where there is an identified clinical need, HILT provides a pharmacological input, followed by onward referral into the community. This connection with community services is critical in reducing repeat A&E attendances.
- HILT provides support for maternity services, and the antenatal pathway.

## Targeted interventions

### Priority Places

The Priority Places programme focuses on providing health improvement interventions to the six most deprived communities in the borough through an asset-based approach. For example, engaging young people in sporting activities has impacted on anti-social behaviour, volunteer Community Health Champions have been recruited and

trained to empower people to deliver brief interventions and promote lifestyle changes to improve health and volunteer walk leaders have been recruited to establish and maintain walking groups. In response to the impact of changes in welfare benefits on the most disadvantaged members of the community, public health has funded and worked closely with Footprints, a voluntary organisation which operated the Redcar Area food bank project, which is part of the Trussell Trust's national network of food banks. The Food Bank project provides short-term relief for people experiencing financial and food poverty and supports individuals to access further information and support. There are currently nine food bank distribution centres across the borough.

Also as part of Priority Places, public health services have focused on working with parents in the most disadvantaged areas to give their children the best start in life. This has included intensive efforts to reduce smoking at the time of delivery and increase breast feeding.

### 1. Transformation challenge

Public health was involved in the establishment of the Troubled Families programme in Redcar & Cleveland and had led the development of a similar model for vulnerable adults that led to a bid to the Transformation Challenge programme. The project aims to transform the lives of vulnerable adults in the most deprived wards (the Priority Places). It aims to do this by testing whether a dedicated community key worker can support vulnerable adults to improve their lives, by helping address the complex mix of issues they face. The Transformation Challenge programme is funded from a £1 million national grant to support the development of a key worker approach for vulnerable adults. The project builds on the early help zone model (supporting the coordination of efforts across partners at a community level), and the 'troubled families' approach of supporting the whole family. This approach to early, local intervention and support has transformed service delivery, joining up current public and voluntary services in a more coherent way.

Although still early days for the project with only a small number of cases closed and in a position to be evaluated some positive outcomes have been demonstrated, including improved health and wellbeing (self-assessment), reduction in domestic abuse (25 per cent), drug and alcohol misuse (22 per cent), unmanageable debt (50 per cent) and significant reduction in use of resources across partners. The impact on resources for one client, comparing the six months prior to the intervention and the six months post intervention, demonstrate savings of over £150,000.

## 2. Due North Project

The Redcar & Cleveland health and wellbeing board commissioned a project to be implemented locally in response to a 'Due North' inquiry into social inequalities in the North of England. The group proposed that a 'place project' in a 'small area' to tackle child poverty be implemented and to use an integrated model for health delivery that places community engagement as core. Community leaders and members of the community would be supported to lead and drive the 'health agenda' in the area by focusing on the wider determinants of health and strengthening partnership delivery. The model of delivery established in the small area could become a prototype that could be spread to tackle priority issues in other parts of the borough.

The Grangetown ward was chosen for the pilot. The ward has the highest proportion (28.2 per cent) of its population under 16 compared to the borough as a whole. Grangetown also has the highest proportion (48 per cent) of under 16s living in poverty. The Grangetown Child Poverty Community Partnership has been established and consists of 17 multi-disciplinary members. Four broad areas of interventions are being addressed:

- finance, income and welfare
- health and wellbeing
- employment, education and skills development
- housing, neighbourhood and communities.

Initiatives undertaken so far include the following:

- Partners are actively recruiting and referring clients who would normally not access services as part of the borough-wide benefit take-up work. From 1 April to 31 August 2016, £1.1 million was raised for residents of the borough, considerably higher than the £790,000 drawn down in the same time frame in 2015.
- Work is being undertaken with South Yorkshire and South Bank credit unions to establish an integrated offer for sustainable financial management by clients. A model is being test with a minimal level of provision within Grangetown ward, with the aim of increasing choice and improving access to services.
- The routes to employment lead has aligned with the Tees Youth Employment Initiative (YEI) and funded the youth job club in Grangetown. At the end of the first five months of the project, the team was working with 39 residents from Grangetown – 11 had been helped through vocational training; nine had gone into employment; and four into apprenticeships. Vacancies for apprenticeship in the borough were 30 per cent down for the first quarter of 2016/17 compared to 2015/16.
- The adult learning and skills team are testing a model to deliver some of their sessions locally in the Grangetown community to improve access. Initial indications show an improved uptake from the ward. Adult skills and learning staff are being trained by children's centre staff to provide parenting courses as part of the skills development programme.
- Jointly with the South Tees Clinical Commissioning Group lead, a similar model to the 'Wealthier Healthier Children' project in Glasgow is being implemented with South Tees maternity service and Middlesbrough Council to ensure that economic assessments are performed during pregnancy and the vulnerable families are provided with financial support before the child is born.

- The youth worker and health improvement lead are piloting a model for young health champions in Grangetown that builds on the 'community agents' scheme. This is intended as an advocacy scheme for behavioural change and to raise aspirations among vulnerable youth.
- Working with two local charities, agreement has been gained to host a food bank at the Grangetown neighbourhoods centre. This will begin to operate early in January 2017. A 'next steps shop' that offers sale of food items at very reduced prices is also being explored as well as a school holiday 'hunger scheme' for children entitled to free school meals.

The community partnership has helped to raise the profile of child poverty among partners. Using a small area to drive delivery makes it easier to identify and engage the right people and to gain the interest of members of the community. An important addition to the project group has been a local head teacher who acts as the expert for school-based interventions.

## Future plans

The borough has seen some remarkable successes in the last two years includes the reductions in the life expectancy gap, and the lifestyle drivers for this, notably smoking prevalence and alcohol abuse. Financial constraints will mean an overall reduction in next year's budget for public health. This has meant taking a long hard look at the evidence for what works. As a result, the public health team will be doing more targeted interventions in areas such as smoking cessation, targeting, for example, workplaces with concentrations of manual workers, pregnant women and schools.

Increasing physical activity, particularly among the most disadvantaged groups will be a key objective, including, for example, working with schools and leisure services to increase swimming opportunities for children.

### Councillor Perspective: Councillor Sue Jeffrey, Leader of the council and Chair of the health and wellbeing board

The health and wellbeing board is seen as the successor to the local strategic partnership whose job is to work with partners to improve the wellbeing of communities in Redcar & Cleveland. The council has been concerned about statistics on child poverty which have focused attention on poverty as a health issue. But Councillor Jeffrey is also clear that 'early help' is what is going to make the difference, reducing the need for expensive late interventions as well as reablement to support independence.

She also emphasises the importance of community capacity-building and resilience and the need to invest in this, pointing to the Grangetown 'Due North' project as an example where the community is coming together with commissioners and providers of services to do things differently.

"I've been absolutely clear that building communities is central and that we should prioritise this – we do not see this as a cheap option but as an imperative for long-term investment."

## Learning and key messages

- The council has a clear vision for its services across children and adults care and health to 'shift the emphasis across all our service areas towards early help and prevention – promoting independence rather than creating dependence and promoting wellbeing through innovative commissioning and providing services that are person centred, joined-up and safe'.
- For public health, this model has represented a fundamental shift in its approach to improving health and reducing health inequalities, by moving from a

specialist medical model to a sustainable communities approach built at greater scale in the target communities.

All commissioning with people services is now directed at supporting broad-based behaviour change through existing contact points and embedding the development of social capital.

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# Sheffield City Council

“It took time for public health to adjust to working in local government, and for the council to fully take on board the implications of being a public health organisation. As relationships have developed and progress has been made, there is considerable political and organisational enthusiasm for promoting health and tackling health inequalities.”

**Councillor Cate McDonald,**  
Cabinet Member for Health and Social Care

“Since I arrived in Sheffield I have been struck by the level of ambition for public health and addressing health inequalities. This doesn't belie the scale of the challenge. The model of public health we have is the right one for us, we have some very talented staff who remain enthusiastic. The obvious challenge is to deploy the skills and expertise to really and truly deliver the ambition of health and health inequalities in all policies and programmes.

This needs to be achieved across the totality of the city's resource commitments.”

**Greg Fell,**  
Director of Public Health,  
Sheffield City Council

“Embedding public health in the children and young people's portfolio has brought great benefits; children's public health works across the council and the CCG and has helped improve the way we plan and commission through their focus on evidence-base, evaluation and the importance of health and wellbeing in early years.”

**Jayne Ludlam,**  
Executive Director Children,  
Young People and Families

## Key features

- Whole-scale transformation of children and young people's services, supported by public health.
- Work and health is an area of priority for Sheffield and Sheffield City Region with several pilots implemented or planned.
- Dispersed model, with plans to deepen and extend Sheffield's role as a public health organisation.

## Context

Sheffield is a large city with a population of around 563,750 people. It is a highly diverse city, with about 17 per cent of people from black and minority ethnic communities. Sheffield is one of the 20 per cent most deprived unitary authorities in England, and almost a quarter of children live in low income families. Healthy life expectancy for both men and women is lower than the England average, not improving, and with significant inequalities within the Sheffield population.

### Organisation

Sheffield has operated a fully dispersed public health system since the transfer to the local authority. The ethos is that the whole council is a public health organisation, responsible for improving health outcomes and reducing health inequalities across all its functions, policies and services.

Responsibility for public health delivery, public health staff and the public health grant, is divided between council directorates and political portfolios, particularly:

- Children, young people and families – all 0-19 services
- Place – lifestyles, including tackling smoking and obesity
- Communities – supporting neighbourhoods.

The DPH has a strategic advisory and leadership role for public health across the council and the CCG, and retains managerial responsibility for health protection, public health development and healthcare public health. The director manages a core team and also coordinates the wider public health leadership team. This involves senior public health staff from council directorates and the CCG who come together to ensure that public health works to shared health and wellbeing priorities and high standards of practice. The current director has been in post since February 2016.

## Highlights of progress

### Children, young people and families

Sheffield is undertaking a whole-scale transformation of its services for children and young people. In order to continue to improve outcomes at a time of ever tightening resources, the Children and Young People's Health and Wellbeing Transformation Board is working to integrate services across the council, the NHS and other partners, and to shift investment to prevention. Public health has an important role in supporting the entire transformation programme through helping develop comprehensive, evidence-based approaches. It is also involved in supporting specific preventative initiatives. Two of the transformation board's workstreams are:

- Future in Mind – children's emotional health and wellbeing
- Best Start – children 0-5 and maternity services.

### Future in Mind

The Sheffield Healthy Minds framework is part of a national pilot funded by NHS England and the Department for Education. The Sheffield pilot involves 10 schools which are aiming to change the school culture to create a greater understanding of children and young people's emotional wellbeing and mental health needs. The pilot provides CAMHS 'in reach' into schools focusing on promoting mental wellbeing and resilience. Key elements include:

- a CAMHS school link practitioner in which CAMHS offers general guidance, consultation and support to schools
- training for staff, and establishing staff emotional wellbeing champions
- student wellbeing champions to identify solutions from a young person's perspective
- better health and wellbeing in PSHE classes.

Listening to children and young people was a fundamental element of the framework. Audits of secondary schools found, for example, that young people did not necessarily want to see a counsellor to talk about mental health problems, they wanted the school to become a more supportive environment. Sleep was also identified as a big problem for many young people, and schools are looking to help with this.

The pilot is proving to be very successful. It is being extended to 40 schools using a phased approach and there is an intention to roll delivery out across the city with investment from schools, the council and the NHS.

### **Best Start**

The Best Start strategy involves the redesign of the early years' services, recognising the importance of investment in early childhood to promote long and healthy lives. Examples of successful initiatives include the following:

Multi-agency work is taking place with midwives and health visitors to promote breastfeeding, dental health, nutrition and weaning. Sheffield is achieving higher breastfeeding initiation and maintenance rates at six to eight weeks than the national average: 80.1 and 51.2 respectively in 2015. Similarly, a focus on helping pregnant women to stop smoking and to maintain this postnatally through support provided seamlessly by midwifery and health visiting services is contributing to delivery of the Best Start strategy.

In addition, the Sheffield public health team provide a doula service, a volunteering service in which vulnerable women receive support from a doula volunteer for six weeks before and six weeks after birth. The service supports vulnerable women to access mainstream maternity services; it promotes and supports new mums to initiate and maintain breastfeeding and ensures families are provided with advice and guidance to ensure the best start in life. Positive outcomes from the programme include 91 per cent of women initiated breastfeeding and 72 per cent continued at 6-8 weeks.

### **Integrated sexual health services**

The children and families portfolio also leads the commissioning of sexual health services. Activity here has included a full service redesign and the establishment of Sexual Health Sheffield provided by Sheffield Teaching Hospital.

### **Future plans for children and young people's services**

Public health staff are now part of an integrated children and young people's commissioning structure which works across both the CCG and the council. As delivery of the transformation workstreams progress, many preventative approaches will be introduced, including:

integration of services at a locality level

- (eg health visiting and school nursing services becoming an integrated 0-19 Healthy Child programme service)
- re-design of services so that care is offered closer to home
- a focus on 'Making Every Contact Count'
- comprehensive training for professionals working with children and young people and their families
- encouraging the wider system, eg schools, to prioritise health outcomes
- as a next step, improved commissioning and pooled budgets.

### **Work and health**

Improving health and wellbeing through helping people into employment is a priority for Sheffield Council. Public health has an important role in developing the policy and its delivery, working with national, city-region and council colleagues, including the council's learning and skills team. In particular, public health provides a conduit between health and employment services, and assists in joining-up support. A range of pilot interventions are either underway or planned, including the following:

Sheffield's Working Well pilot, funded by public health and Sheffield Job Centre, targets people who are in receipt of

Employment Support Allowance. Local development trusts in three localities with high levels of health-related unemployment were commissioned to deliver a support programme based on the Steps to Excellence model in which participants receive one-to-one or group support focused on their abilities rather than their problems.

Sheffield is spending £1 million of funding – lifelong learning and skills, ‘Sheffield Working Fund’ – on improving employment outcomes for people with mental health problems, learning disabilities and autism. This project will use learning from the Working Well pilot, and will involve working closely with social care to reduce care costs through increased employment.

Sheffield City Region is one of the devolved regions contributing to the design of the new national Work and Health programme. Two pilots are currently being designed, and will operate across the city region.

Work and Health pilot – Sheffield successfully bid for funding from the Department for Work and Pensions (DWP) to deliver a programme that tackles the barriers people face to remaining in or returning to work. The programme will be based on a key worker model and may include provision of psychological therapy to avoid the wait for referral from primary care, peer support and debt and housing support. The Working Well programme will be absorbed in this pilot.

Health and Work Innovation pilot – funding has been awarded from the DWP and Department of Health joint Health and Work Innovation Fund to develop innovative approaches to employment for people with two specific conditions: mild to moderate mental health problems and muscular skeletal illness.

Working with employers to promote healthy workplaces and tackle the barriers people with health problems face is another priority. A Fair Employer Charter has been created and businesses are signing up to this.

This focus on health and employment will build a substantial body of experience and

learning, which it is intended will enable Sheffield City Region to become a ‘centre for excellence’ in this area of work.

The outstanding challenge is to bring all these programmes together into a coherent strategy that ensures coordinated delivery and also a long term strategy to bring together the health and work agendas.

### **Greater use of digital technology**

Sheffield is providing an increased range of digital services to reflect the different ways that people want to access health and wellbeing support. Having offered an alcohol screening tool and brief intervention to the public for several years, it has now moved to an app-based approach which allows people who want further advice to be referred to a service. This has proved very popular in services for children and young people where it has been promoted by staff who identify the connection between alcohol and domestic violence. It is now going to be rolled out into community locations such as pharmacies and libraries. Further work will be needed to introduce this in hospital settings, where the original paper-based tool was less well used.

The next area for a digital offer is likely to be stop-smoking, where the current telephone service is likely to move to become app-based. This will allow Sheffield to optimise the support for the majority of those who stop without wanting to access formal services and still provide face-to-face support to be carried out with groups who may need greater levels of intervention, such as women smoking in pregnancy.

### **Tackling fuel poverty**

A business case for a local energy action company is being developed in partnership with neighbouring authorities, which share the ambition of assisting residents to reduce the cost and amount of the home energy they use. £400,000 National Energy Action funding was secured to improve heating in properties where health is affected by cold homes. Sheffield is also setting up a warm, healthy homes unit to deliver NICE guidance on cold-related illness.

## Resources

The public health budget is required to make cuts of 2.61 per cent, and it has been agreed that each of the areas which use the grant will reduce their budget by this amount. It was also agreed that the priority was to protect the mandatory services. With a dispersed budget, the role of the DPH has been to negotiate with other directors to identify where the health and wellbeing value of their activity lies. Recommendations for saving areas have been considered by cabinet.

### STP

Sheffield's DPH is the lead for supporting the prevention workstream in South Yorkshire STP. Three main priorities were identified:

- work and health
- healthy lifestyles
- social prescribing – helping GPs to find alternatives to medication where appropriate and bringing performance in South Yorkshire in line with the best.

There is optimism that all the STP partners will embrace the prevention agenda, and that public health partnerships across the STP will result in opportunities for health improvement at scale.

## Future plans

As well as pursuing current plans and developments, the aim is now to extend and deepen Sheffield's work as a public health council and its commitment to re-orientate investment around prevention. A new public health strategy is being developed with the overall aim of increasing healthy life expectancy by one year over the next ten years, and a specific emphasis on the fastest improvements in those with the lowest healthy life expectancy. Plans include to:

- Establish a review of each major council function to examine whether the right set of interventions and funding is in place to ensure the greatest return on investment in

health. The review would consider functions from a whole-system perspective, eg linking poverty, mental health and housing.

- Consider the merits of a health in all policies approach.
- Maximise the potential of citizen contact with public services to improve health through Making Every Contact Count and similar approaches.
- Support the development of a substantial 'prevention' structural fund and use this to shift commissioning decisions away from demand management towards improving health and reducing health inequalities.
- Ensure long term health and wellbeing is a core feature of the development of the Sheffield Plan and economic policy.
- Build Health Impact Assessment into planning processes and developments in a practical way, based on best practice.
- Continue the current path of establishing community and neighbourhood approaches as the key delivery mechanism, focused on a community development approach to build resilience and greater community spirit.
- Focus on cardiovascular risk management as a quick win.

## Councillor Perspective: Councillor Cate McDonald, Cabinet Member for Health and Social Care

The dispersed model was established in Sheffield following a peer challenge review which recommended integrating public health within council directorates. The model means that it has been easier to make health everyone's business, but also runs the risk of losing strategic overview and drive. A new public health strategy is being developed to provide this strategic focus and to make sure that health and wellbeing is tackled systematically through all council functions and policies.

The Cabinet Member for Health and Social Care is taking the public health strategy through scrutiny sessions so that all councillors can influence the final direction, and so that it becomes fully owned, rather than being just another document. The new approach has been welcomed and councillors are pushing for an even greater emphasis on tackling health inequalities in all the social determinants of health. For example, work is taking place to develop best practice in the licensing policy to reduce alcohol harm in the night-time economy, and the air quality strategy is due to be refreshed with greater emphasis on promoting health. Overall, in Sheffield good progress has been made but there is much more still to do.

## Learning and key messages

- As improving health becomes a system-wide responsibility, the role of the public health workforce will need to change from providing or commissioning services to supporting the council and its partners to use all its resources for health. This will involve applying public health methodology – epidemiology, evidence-base, economic analysis, evaluation and ethics – to the social determinants of health.

- Public health will need to identify new opportunities, test whether activity is resulting in improved outcomes, and make connections. It will need to move from a focus on individual behaviour change to building health and wellbeing into all structures and policies. Similarly, the public health grant cannot meet every public health challenge, but it can be used to lever change and test new approaches, while the council's full investment power can be used to improve health and wellbeing.
- Embedding public health in the children, young people and families portfolio is seen as bringing many benefits, including contributing to the drive for greater integration across the council and the NHS, and improving joint commissioning. Working closely with public health has brought about a greater understanding of the NHS. One of the most powerful elements of the transformation programme is that different organisations are starting to work to the same outcomes, and public health has supported this approach.
- Learning from initial health and work pilots is that the problems facing people with health problems in accessing or maintaining employment is not so much about resources but about a cultural and organisational mismatch between health and employment services. The pilot found problems in setting 'employment' as the main outcome by which providers are paid under payment by results if the people who are referred to the programme are a long way from being able to enter employment. It also found that GPs are highly influential in a person's health and wellbeing that their input and engagement to this work is critical.

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# Somerset County Council

“Public health has made a huge contribution to the work of the council and its partnership with the NHS; in particular it has helped re-energise the preventative agenda. Together we are developing a holistic approach to improving health and wellbeing across Somerset.”

**Pat Flaherty,**  
Chief Executive

“As a small public health team we have a limited reach; if thousands of staff from the council, the NHS and the third sector in Somerset can be supported to promote health and wellbeing, the reach will be huge. Partners from the NHS and across the council are very interested in developing prevention in all that they do, and it is time to strike while the iron is hot.”

**Trudi Grant,**  
Director of Public Health

## Key features

- A whole-system focus on prevention, including aiming for a pooled prevention budget within the STP.
- A focus on mental wellbeing and resilience.
- Integrated sexual health services.

## Context

Somerset is a large, mainly rural area with around 550,000 residents. Over 25 per cent of the population is concentrated in the large towns of Taunton, Bridgewater and Yeovil, and much of the county is sparsely populated. Employment is higher than the national average, as is life expectancy. However there are health inequalities, and around 14 per cent of children live in low income families.

Public health is a department in Somerset County Council. The council and the NHS are aiming to deliver an integrated health and care system based on increasing prevention.

## Highlights of progress

The aims of Somerset Health and Wellbeing Board (HWB) are to enable:

- people, families and communities to take responsibility for their own health and wellbeing
- families and communities to be thriving and resilient
- Somerset people to be able to live independently.

## **Mental health and resilience**

Within Somerset there is a strong focus on promoting mental health and wellbeing, particularly focusing on children. It is considered as one of the building blocks for life, learning and ongoing health in adulthood.

### **Emotional coaching**

“In 18 years of teaching and goodness knows how many courses, this one makes the most sense and has given me the most useful help, support, ideas to work with in my setting.”

### **Head teacher and Emotion Coaching Champion**

The emotional coaching programme aims to skill-up front-line workers, including teachers, CAMHS workers, social workers, police, and health staff to be able to talk with children about emotions and to help them to develop resilience so that they have the skills to deal with negative feelings. A cascade approach is used in which people attending the training are skilled-up to help others. The first year evaluation by Bath Spa University found progress in all of the programme’s outcomes including:

- increased awareness of emotional mental health in the children’s workforce
- increased ‘culture of openness’ around emotional mental health
- a sustainable network of over 100 trained emotional coaching champions and trainers
- increased use of the mental health toolkit and information about specialist services.

It has been found that if enough people are engaged in emotional coaching the mood of a school can be changed. After a positive first year report, the programme was extended for another year.

## **LifeHacks**

As part of emotional coaching programme, children and young people were engaged in a project to discover their views about their mental health and wellbeing needs. Children and young people reported that they had many stress and anxiety problems, but no one taught them about mental health or gave them strategies to deal with this. To address this gap, a group of young people co-produced resources called LifeHacks – online booklets to help them to look after their own, and their friends, mental health, with ideas, links and true stories.

The resources have been widely advertised in schools and colleges.

### **Mental Health First Aid**

Somerset has delivered Mental Health First Aid for county and district council staff who were already physical first aiders. Post-course surveys of impact at three and six months have shown that the messages are staying with people. Participants report more patience and understanding with service users, colleagues, and friends and family; people are also more confident in referring people to services. The council’s HR team are now considering whether to embed Mental Health First Aid with the physical course.

### **Men’s mental health**

A conference was held to raise awareness and find solutions to the problem of male suicide and men’s reluctance to talk about their feelings. The conference was aimed at professionals across the NHS, the council, the voluntary and community sector and other partners. Conference organisers wanted at least 60 per cent of attendees to be men; in the end it was 70 per cent. It included both local and national speakers. Feedback on the conference was that it was very powerful, and the national Men’s Health Forum which supported the event is looking to adopt the model.

Locally a men’s mental health interest group has been set up and is developing a county-wide action plan with priorities including:

- helping men to talk about their feelings more readily

- organisations to consider data about the take-up of services in relation to gender
- considering what more needs to be done to reduce male suicide.

### **Libraries as a mental health resource**

Public health has been working with Somerset library service on a range of mental health initiatives. 'Books on prescription' from GPs allow people to take out books on topics such as cognitive behavioural therapy (CBT) without being library members; people are also recommended books while waiting for talking therapy appointments.

Libraries also provide special collections on health and wellbeing topics which are prominently displayed. Collections include mental health, dementia, men's mental health and Five Ways to Wellbeing. For example the Five Ways collection includes 'To Kill a Mockingbird' and Julia Bradbury's 'Railway Walks'. Libraries have found that more people use the books in the collection than they would if the books were on general display.

Public health operates a series of shared reading groups across Somerset libraries. The groups are coordinated by the Reader Organisation which has developed an innovative shared reading model, bringing people together in weekly groups to listen to poems and stories read aloud. Thoughts and experiences are shared; personal and social connections are made. Taunton and Yeovil libraries have also proactively set up 'wellbeing zones' – comfortable areas where people can meet friends, and also health professionals.

### **Tackling social isolation**

The five district councils, which are represented on Somerset HWB, have taken the lead in working to reduce isolation in local areas. A series of local events took place, bringing together district and parish councils and statutory and voluntary sector partners to map assets, identify gaps and develop action plans. Public health supports this approach which is seeking to build a social movement in which there is greater awareness of the problems of isolation, and

communities are geared up to help people. Action so far includes a Lottery bid supported by the Community Foundation, a small grants scheme via district councillors, and working to build isolation into the Making Every Contact Counts framework.

### **Promoting healthy lifestyles**

#### **Mums2B specialist pregnancy service**

Somerset had stubbornly high levels of smoking in pregnancy with no signs of improvement, and tackling this became a health and wellbeing board priority. Building on a model developed in a pilot by the primary care trust, and an evaluation in 2012 which recommended better data recording, improved carbon monoxide screening and specialist support, a county-wide offer was established in 2014.

The specialist pregnancy smoking cessation service involves midwife champions who provide specialist support and training to colleagues and encouragement for pregnant women to stop smoking. Women who smoke are referred, on an opt-out basis, to the dedicated stop smoking service for pregnant women which gives one-to-one support to tackle the barriers to quitting; support extends beyond birth to reduce relapse. Peer support is available, including a closed Facebook group. Another element of the programme is a voucher incentive scheme in which pregnant women who remain smokefree can accrue up to £200 of vouchers. The vouchers scheme was independently evaluated by Bath Spa University which found that it can boost motivation. Rates of smoking in pregnancy are now falling at twice the national rate, although the levels are still above the England average.

#### **Zing healthy living**

Zing is an interactive web-based tool, also available as an app, based around physical activity, healthy eating and weight management. It allows people to keep track of their physical activity throughout the month, log their results and have their progress acknowledged by bronze, silver or gold awards and the Zing league table. Zing also provides information for people to access more support through diet, weight management and activity opportunities

in community settings and through health workers such as health trainers. Evaluation data for the service include: 34 per cent of those accessing Zing were from the 20 per cent most deprived neighbourhoods, 53 weekly health walks took place, 3,800 children and adults have had input on increasing their physical activity.

### **Recommissioning integrated sexual health services**

A stakeholder engagement process and a formal public consultation resulted in feedback that was overwhelmingly in favour of integrating sexual health services and making them more accessible through a one-stop-shop model, greater support in community settings, and increased prevention.

The council's procurement team provided support and expertise for a competitive tendering exercise, and the contract was awarded to Somerset Partnership NHS Foundation Trust as the lead provider, with the voluntary organisation, Eddystone Trust, responsible for preventative services. This service is branded as SWISH (Somerset Wide Integrated Sexual Health) and was launched in April 2016. Both organisations are required to work together under the same performance framework, and public health maintains good links with the service through support, training and performance monitoring.

As the service develops, the emphasis will increasingly be on preventing sexual health problems through greater outreach, addressing behavior change and community support. The aim is to work with people who regularly return to sexual health services to identify the reasons for, and seek to alter, risky sexual behaviour. Men married to women, but who have sex with men, have been identified as a group that needs greater information and support on safer sex. Improving performance on the timely testing and diagnosis of STIs, particularly HIV, is another priority – Somerset needs to improve its performance in this area.

Consultation with young people who are significant users of the service found that they wanted much better digital access. The SWISH website was designed to be both

interactive and responsive on smartphones and iPads as well as PCs. One popular function is AskSWISH in which people can ask anonymous questions about sexual health concerns; an example of a recent question is, "I had a pregnancy test at your clinic a few weeks ago that came back negative, I still haven't come on my period; should I come in and have another one to double check?"

Other features are:

- online booking
- GPS-linked information on the nearest services including SWISH, and places to access condom services (app)
- alerts for taking contraception (app)
- alcohol calculator (app)
- relationship advice
- feedback on services which is used to make service improvements. This does not appear on the public website, but one comment to AskSWISH praised a worker who was "so friendly it just made everything about the experience a whole lot easier!"

## **Future plans**

Reductions to the public health budget have been challenging, and public health has tried to make budget efficiencies without cutting services. For example, stop smoking services will increasingly shift to online support, with specialist support for those with high levels of need, such as pregnant women.

The scale of cuts to council budgets and the pressure on NHS finances means that public health and its partners will have to do things very differently in future.

In Somerset, the plans are for system-wide reform which will put prevention at the heart of an integrated health, care and wellbeing system to reduce demand. Somerset Council and NHS have agreed in principle to work on outcome-based commissioning, with a capitated payment system and pooled budgets.

This work has informed Somerset's STP. Somerset's chief executive leads on the STP prevention workstream, and is supported in this by the DPH. STP partners have made an important agreement to focus on the five significant burdens of disease that have the greatest impact on the people of Somerset:

- mental health and dementia
- cardiovascular disease and metabolic conditions
- cancer
- respiratory disease
- muscular-skeletal conditions and falls.

Gearing up the whole system to focus on these priorities across primary, secondary and tertiary provision should result in a huge step forward for population health. The STP proposes a pooled budget for prevention, overseen by a multi-agency board, which will mean shared ownership of public health objectives and outcomes. Discussions are taking place on the exact nature of the changes, but the direction is about changing the focus so that public health will provide specialist support to enable all parts of the system, such as GPs, housing workers, hospitals, council planning and the voluntary and community sector, to do what they can within their roles to impact on health and wellbeing.

Public health's initial job will be to provide the tools and support to allow this to take place. Examples of how this is currently being carried out include:

- extending Making Every Contact Count (MECC) training to adult social care and beyond
- supporting new ways of working in primary care which promote health and wellbeing and community solutions, for example the Symphony Vanguard in South Somerset has created a new role of health coach in primary care teams, while Mendip GPs are piloting health connectors
- developing a Patient Activation model to support self-care.

### Councillor Perspective: Pat Flaherty, Chief Executive, Somerset County Council

The transfer of public health has brought many mutual benefits. Being part of the council challenged public health to work in a way that was less process-oriented, and opened the door for it to influence a myriad of services and sectors. The council's procurement skills have also enabled public health to take a more rigorous approach to commissioning services.

In its turn, public health has helped the council to re-evaluate how it operates, by bringing greater clarity to how factors such as the economy, the environment, education, and housing all interlink to impact on peoples' health and wellbeing. Public health provides additional skills in analysing data, forecasting, and horizon scanning which means that the county council and the district councils are able to work in a more strategic and joined-up way. Public health brought a professional status and expertise in health which has helped the council in its work with the NHS to develop integration and to shift the system towards prevention. This has been important for our work on the STP and allowed us to develop far more advanced plans for prevention than would otherwise have been possible. An action plan on tackling the big, life-restricting illnesses identified as priorities in the STP, is due to be launched in the next couple of months.

Severely restricted finance across the council and, now, the NHS, will shape the coming years; public health will help us to make the best use of tightening resources.

## Learning and key messages

The move to local authorities has brought great opportunities for public health. Being in the council provides better access to staff in front-line roles in areas such as education

and housing, as well to voluntary sector partners. This has been augmented by a renewed commitment to public health in the NHS. County and district councillors have embraced the drive for health and wellbeing, and this has proved very helpful. The move to the council also provided an opportunity to analyse the public health budget and investigate how better use can be made of funding previously tied up in block contracts.

The greatest challenge facing public health is the reduction in funding. However, some systemic problems also need to be addressed at either national or local levels:

- with the move to councils, public health has limited access to NHS data – at the moment only basic anonymised data is available; multiple sources that would give richer population data is not accessible
- as health and wellbeing interventions are increasingly delivered by workers from all sectors, ways of following this up to measure impact are needed
- arguably the biggest public health challenge going forward is how to embed health into all policies and, in particular, how to 'flip' the NHS from a demand-driven system to a prevention-driven one.

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LifeHacks  
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Swish  
[www.swishservices.co.uk/](http://www.swishservices.co.uk/)

Zing  
[www.zingsomerset.co.uk](http://www.zingsomerset.co.uk)

# London Borough of Tower Hamlets

“The mayor has been brilliant at ensuring that health is a priority for everyone in the council and that we face up to some of the tensions, such as the demand for parking versus the need to reduce car use for health and environmental reasons. We are looking at what sort of health impact assessment we could use routinely – to embed health across all the council’s policies.”

**Councillor Amy Whitelock-Gibbs,**  
Lead Member for Health and  
Chair of the health and wellbeing board

“By integrating health into planning, we’ve really maximised the impact. We are one of the fastest growing local economies in London. We are trying to provide an infrastructure and modern public housing that ensure appropriate transport and healthy living. We still have many houses that are overcrowded but we are getting the numbers down and we know that housing is one of the major social determinants of

health. Our public health team can help make sure we get this right.”

**Will Tuckley,**  
Chief Executive

“We have had to re-articulate what public health is all about in terms of local government. We have re-framed our work in terms of places and people across the lifecycle. We’ve had to work hard to mitigate people’s perception that we’re just about commissioning specific services or just about collecting data.”

**Dr Somen Banerjee,**  
Director of Public Health

## Key features

- Strong commitment to becoming a public health authority from the Mayor, Cabinet Member for Health and Chief Executive.
- Promoting a ‘health in all policies’ approach and re-organising the public health function to facilitate this.
- Recognition of housing and planning as important social determinants of health and supporting work in these areas.
- Acting as a role model for healthy workplaces and working with local employers to improve the working environment and support employees and unemployed people.

## Context

Tower Hamlets is a London borough to the east of the City of London. Since 2010 Tower Hamlets has an elected mayoral system and the current elected mayor has been in post since 2015.

The local authority area covers much of the traditional East End which has been home for centuries to immigrants from all over the world. Tower Hamlets includes much of the redeveloped Docklands region of London, including Canary Wharf. The borough has a population of nearly 300,000, which includes one of the highest ethnic minority populations in the country and has an established British Bangladeshi business and residential community. In Tower Hamlets, great wealth sits side-by-side with lifetime poverty.

Tower Hamlets is one of the 20 per cent most deprived council areas in England and about 34 per cent (18,300) of children live in low income families. Life expectancy for women is the lowest in the country and the fourth lowest for men.

The reasons for this are varied but include the health impacts of higher levels of poverty, poor housing, overcrowding, homelessness, social isolation, poor air quality, lack of access to affordable healthy food and lack of green spaces.

These factors are linked to higher levels of low birth weight, dental decay in children, childhood obesity, smoking, unhealthy diet, problem drinking in those who drink, high risk sexual behaviour and the use of illegal drugs.

The end result is reflected in higher levels of physical and mental health conditions such as anxiety, depression, diabetes, heart disease, stroke, lung cancer, long-term lung diseases, liver disease, tuberculosis and HIV.

### Organisation

Following an initial restructure on entering the council in April 2013, public health in Tower Hamlets is currently completing a second phase of restructure. The primary reason for this is to use the experience of a

number of years in the council to strengthen the structure to deliver progress around the council's aspiration for more people in the borough to live healthy, fulfilling lives.

The new structure is more closely aligned to the council's directorates to facilitate integrated working across the council and with partners.

Public health was previously part of education, social care and wellbeing and, following the reorganisation, has now been placed in Adult Services. It is led by the DPH who in the new structure reports to the Director of Adults.

The new structure will consist of three teams, each led by a consultant in public health.

The hub and spoke model of working by public health across the council is reflected in public health representation on senior level decision-making groups, including adults, children's and communities, localities and culture management teams, the CCG governing body and partnership boards including the community safety partnership, the local safeguarding children board and families partnership board. In addition, the DPH is the lead officer for the health and wellbeing board. Senior public health staff members also have lead roles at sector, London and national levels.

## Highlights of progress

The high level aim for the public health team has been to support the council in putting health and wellbeing at the heart of everything it does. In meeting this aspiration for 'health in all policies', the public health function has, from the outset, been framed as one that needs to be integrated across the council.

Whilst there have been urgent and important priorities in taking forward expanding commissioning responsibilities such as health visiting, school nursing and sexual health services, it has been a high priority also to focus on a much broader role in using the

levers and networks of the council in tackling the social determinants of health, for example through housing, planning and working with local communities around health and wellbeing. This recognises that public health is as much the business of the council's other directorates as it is, importantly, for the Adults Directorate.

As in all other councils, public health in Tower Hamlets is facing cuts in grants and requirements for savings. As a result, the director and his team have had to critically re-think what they do and to simplify it, for example, by consolidating and reviewing service contracts. The most radical change has been to review community based public health investment, pooling the budget and consolidating into a single programme. This is seen as not just about making savings but also about looking at embedding community development and coproduction.

The public health team is also establishing a single integrated prevention programme in general practice by bringing together its current enhanced services (health checks, tobacco cessation and sexual health) to make them more outcomes-focused.

Public health has also led on developing the new health and wellbeing strategy. The board decided to focus on a small number of objectives that were 'owned' by the health and wellbeing board. A new strategy has been developed based on the Mayor's strategic priorities with actions for the next 12 months.

### **Use of Section 106**

In an imaginative use of Section 106 of the Town and Country Planning Act 1990, public health staff have worked with the planning department and the local NHS to develop more health-related provision, using the evidence base for healthy planning. section 106 agreements (sometimes known as 'planning gain') are agreements made between local authorities and developers and can be attached to a planning permission to make acceptable development which would otherwise be unacceptable in planning. The public health team has not restricted

the use of section 106 monies to healthcare facilities, for which they are often used. Its analysis showed a detrimental relationship between aspects of the environment in the borough (eg limited open and green spaces) and health. This evidence provided the impetus for a £1.4 million investment in green infrastructure projects such as 'pocket parks' (small areas of inviting public space for everyone to enjoy, often created on a single vacant building plot or on small, irregular pieces of land). Other initiatives include an outdoor gym and investing in Green Grid (linking green spaces across the borough). This approach has involved a move away from buildings infrastructure (eg health centres) and more towards making the environment in general a healthier one.

The public health team has fully assimilated with the infrastructure planning team, ensuring health facility and health impacts are reflected in key documents such as the infrastructure delivery plan and the local plan.

Health requirements were taken into account when the authority set its Community Infrastructure Levy (CIL) and this also highlighted them as potentially requiring CIL funding once the section 106 contributions are exhausted. This work has provided a lasting legacy for future development in terms of securing resources.

### **Working with parents and schools to empower communities**

A consultation with parents, carers and other key stakeholders undertaken to explore reasons and solutions to the high levels of obesity in primary school aged children in the borough, identified that there are a range of physical and human assets and services available to support physical activity, healthy eating and healthy weight, but often lack of awareness of what is available. The public health team identified two communities with poor health outcomes around Cubitt Town Primary School on the Isle of Dogs and Marner Primary School in Bow. Making connections through parent liaison officers, the team attended meetings, lessons, existing walking groups and coffee mornings with

parents to recruit a range of community investigators to examine:

- the physical activity assets of the community
- the local good environment
- walking to school.

Taking physical activity as an example – parents used a simple tool kit to visit all the spaces where they and their families could become active. They rated each space from A to E using a range of criteria around safety, accessibility and affordability.

At the end of the evidence collection process they came together for a ‘so what’ session to interpret the data they had collected to make recommendations about the changes and interventions they would like to see in their community. The task was to come up with the sorts of activities that families want to get involved in and to pinpoint the most suitable venues, the times and days and so on – the real detail that makes all the difference in getting something sustainable off the ground.

Early successes include:

- establishment of a fresh fruit and vegetable cooperative operated by volunteer parents
- nine British Bangladeshi mothers trained as sailing leaders to enable community use of a water sports centre which had previously been seen by residents as being for the use of ‘City people’ (ie well-off people working in Canary Wharf)
- engagement of pupils, teachers and parents in measurement of air pollution levels around both schools, awareness raising around the impact of air pollution on health and measures that can be taken including identification of ‘safer routes’ to school
- a 16 per cent increase in travelling to school by sustainable means (walking, cycling, scooting) from 55 per cent to 71 per cent in Marner School
- identification of a piece of unused land near Marner School that could be redeveloped

as a play area; Section 106 funding has been identified to carry out the work and the proposal is that it would then be maintained by local parents

- a ‘discovery walking group’ where parents visit and find out about exciting local spaces such as the Olympic Park and Tower Hamlets Cemetery and come back as communication champions to encourage wider use; this is a really important activity for a community with an average ‘roaming distance’ of 500 metres from home
- building on this work, Cubitt Town school secured a £10,000 award to work with NHS London on their Healthy Steps programme on reducing obesity in the community.

This work has shown that Tower Hamlets residents are very willing and ready to get involved. Stakeholders have learned that outreach and community engagement are key to making sustainable change to support health improvements. This approach demonstrates that it is not always extra resources that are required but genuine engagement that builds on local assets..

### **Collaborating on commissioning sexual health services**

Tower Hamlets has the eighth highest levels of sexually transmitted infections in the country as well as among the highest levels of HIV. The public health team is working with neighbouring boroughs to recommission acute genito-urinary medicine services and develop an integrated sexual health system. In the borough, groups at particularly high risk of sexual ill health include men who have sex with men, people from black African communities, people from black Caribbean communities, people living with HIV, sex workers and victims of sexual abuse and domestic violence. There are a number of areas of investment that provide targeted sexual health promotion in these groups, eg enhanced sexual health promotion in high risk groups, sexual health promotion among commercial sex workers and a ‘living well with HIV’ programme.

Tower Hamlets is also part of a London-wide genito-urinary medicine programme to transform sexual health services. From April 2017, when the programme is due to be implemented, patients will be able to access services through the internet. They will be provided with information about sexual health, online triage, signposting to the most appropriate service for their needs and the option of ordering self-testing kits. Genitourinary medicine (GUM) clinics will be open longer hours and will be linked with a network of integrated local one stop shops.

#### **A new approach to smoking cessation**

Tower Hamlets has among the highest levels of premature death from smoking-related diseases and this area has been prioritised for investment. The Tobacco Cessation programme combines universal provision of stop smoking services with services targeted at high need groups. The Black and Minority Ethnic (BME) tobacco project currently focusses particularly on BME groups with high smoking prevalence (eg people of Bangladeshi and Somali origin). The Specialist Smoking Cessation service is targeted at smokers who require extra support to quit (eg heavy smokers and people with severe mental illness).

Dr Somen Banerjee, Director for Public Health for Tower Hamlets, is also the ADPH London lead for tobacco control and smoking cessation. The plan is to complement local smoking cessation services with a London wide platform enhancing telephone support, use of social media and texting. Budgets from most of the London boroughs involved are being pooled and operators of services are being trained to use social media and texting.

## Future plans

In the immediate future, the public health team and the health and wellbeing board will be focusing on supporting:

- putting communities at the heart of local change to improve health and wellbeing
- embedding health aspects in all housing and infrastructure planning
- improvements in the environment to reduce pollution and increase provision and use of green spaces
- commitments by local employers to offer opportunities to those with a physical or mental health condition and to foster a healthy workplace; and more support for the health of unemployed people
- improvements in healthy weight of children and greater involvement of parents
- greater integration of health and social care.

## Councillor Perspective: Councillor Amy Whitelock- Gibbs, Lead Member for Health and Chair of the Health and Wellbeing Board

The Mayor and Cabinet wanted to give a strong political and corporate steer that public health is a function for the whole council, because local government touches people's lives and wellbeing in many different ways. The lead member for health is keen to ensure that when issues are raised by cabinet colleagues, there is a health input.

The health and wellbeing board brings many key people together, having a strong and broad membership that includes housing and the police. In a world where resources are dwindling and poverty may be increasing, the board has agreed its joint health and wellbeing strategy needs to have a sharp focus. It has taken two issues – childhood obesity and employment and health and asked what the members can do together to make a difference (see the example above about working with schools, parents and community on obesity issues).

“One area I've particularly pushed is the workplace as a healthy environment”, says Councillor Whitelock-Gibbs. “The partners represented on the health and wellbeing board are together employers of many thousands of local people. We are trying to think more creatively about how to get our own houses in order, by developing workplaces as health-promoting places.” As an illustration of this approach, the council has set up an employers' forum on mental health and tackling stigma. The forum includes private employers including many small businesses. “There's a lot of good will to make a difference, so this forum is one way of sharing the council's experience, providing practical solutions and showing that this is something the political leadership cares about.”

## Learning and key messages

- Leadership from the Mayor and Lead Member for Health have been critical as has been the relationship between the Lead Member for Health and lead members for other portfolios linked to health, eg housing, communities, environment, resources and education
- Ownership of the health and wellbeing strategy by health and wellbeing board members and a focus on a small number of achievable 12 month objectives in which members can become engaged is essential (strategy can't cover everything).
- Alignment of the public health structure with that of the council has been really helpful, enabling the DPH and associate directors to sit on the senior directorate management teams (including those outside the directorate in which the public health department sits). This has been driven by a premise that public health should be an integrated function across the whole council and with partners and this has been embraced and understood at the highest level in the council.
- Collaboration with neighbouring boroughs and at pan-London level (including pooling resources) has been essential in responding to challenges such as improving quality and cost effectiveness of sexual health services and using digital channels to address public health issues, such as HIV prevention, tobacco cessation and mental health. This has been underpinned by a strong London Directors of Public Health network.

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