

Public health transformation five years on

Transformation in action



Case studies

Foreword

Five years of seeing local government and public health blend together, each using the expertise and reach of the other, has been a fascinating experience for me.

Despite the huge financial constraints under which local government, including public health, is now working, I have been constantly impressed by councils' enthusiasm to improve the health of their communities and to reduce the still shocking inequalities in health we see within and between them.

We are now beginning to see mature relationships develop between public health teams and departments right across the council. We still have a long way to go but I am particularly pleased at the way planning departments have welcomed a public health input and that planning strategies are now being developed that maximise the potential of the built environment and green spaces to benefit communities' health.

Unfortunately, we cannot be complacent. Drug related deaths continued to cause alarm, physical inactivity and obesity remain stubbornly high and mental health, although not a new priority, has become even more urgent. I am pleased to see it being given more attention by the Government and NHS England, although, as ever, we would like to see more being done to support the wellbeing of communities.

Local authorities are doing their best to reduce obesity among children with some notable results, but national and local government need to work together to tackle the 'obesogenic environment' in which children are living – the most deprived communities being the worst off in this respect.

Pressures on sexual and reproductive health, stop smoking, and drug and alcohol services continue to be felt. We have warned that sexual health services are at a tipping point, we are concerned that this will see waiting times start to increase and patient experience deteriorate.

The innovative use of digital technology and social media described in some of the case studies enclosed will only take us so far without further investment. The cuts in local government funding are now being felt in public health across the board, with non-statutory but vital services such as breastfeeding support, school nursing, health visiting, and smoking cessation all having faced cuts to a greater or lesser degree. And we are now finding that capacity among staff is a real challenge as is the patience of providers with the constraints we have been obliged to put on contracts.

Brexit will present challenges and opportunities for public health: we will have to do some serious thinking about workforce issues; the impact of a possibly new regulatory regime on public health, for example in relation to trading standards and air quality; and pressures on the wider determinants of health that may come about as a result of trade deals.

But despite all these challenges, it is great to see my fellow councillors across councils come to a deeper understanding of the influence on population health of the social and economic determinants and the potential for public health interventions.

The case studies featured in this report illustrate some of the opportunities councils' public health teams have seized to work with communities, to support inclusive growth, good housing and jobs policy within their councils, as well as the more traditional roles of public health. I have sensed a real change this year. If local government can do all the things described below while working under huge financial pressures, what could we not do to improve the health of our communities, reduce pressure on the NHS and the shocking inequalities that still exist, if we had the investment we truly need?



Councillor Izzi Seccombe, OBE
Chairman, LGA Community
Wellbeing Board

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Introduction

Public health has been part of local government for five years now. We are well beyond the stage at which public health teams have 'bedded in' to local authorities and at which local authorities have learned what public health is all about. Born of the synergy between the two, we should now expect to see significant changes in the way local government carries on its business; and significant changes in the understanding of public health teams of the potential breadth and depth of their reach in tackling the social determinants of health. In this year's annual report this has proved to be the case.

When providing material for their case study, directors of public health (DsPH) have emphasised that they are shifting to a different model of public health. They are going beyond a traditional focus on measures such as inoculations and individual behaviour choices towards a model that also emphasises the social, economic and environmental circumstances that determine people's health and constrain the choices they can make.

The theme for this year's report is transformation. The eight case studies were chosen because they show the wide range of ways in which public health is transforming how it operates. The case studies are of councils spread across England, covering both rural and urban environments and with varying degrees of deprivation and affluence.

A number of themes and messages have been identified from the case studies, and these have been augmented by information from other recent reports on public health. 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, as in all previous years there has been considerable consistency in themes and messages, which suggests that they present a reasonable reflection of public health in local authorities that are performing well.

Transformation in action – themes identified from the case studies

This section below pulls out the main themes from this year's case studies, which reflect a consistency of approach with LGA public health annual reports over the last two years. By considering these themes we can conclude that transforming public health involves progressing a range of developments, which, together, result in transformation in action.

Tackling the wider determinants – Health in All Policies

All the case studies were fully embracing public health's location at the heart of local government to influence the functions that impact on health – working with some, if not most of the following council functions:

- planning
- transport and air quality
- economic development, particularly healthy workforce
- leisure services
- education
- housing.

Many areas were developing supplementary planning guidance to support planning decisions that would be better based in health considerations. For example, Newcastle has established a 10 minute walking distance exclusion zone for fast food outlets near schools; there was considerable public support for this development and in 2016 McDonalds withdrew an application for a drive-through outlet as a consequence.

Newcastle Public Health also supports the development of a Cycling City; this includes piloting a bike library and supporting the establishment of a smart bike-share scheme on a commercial basis. The council has recently signed a partnership agreement with British Cycling to deliver major cycling events and promote bike sharing.

The Southwark plan for land and spatial use places a high priority on active travel and air quality. It also sets high standards for the protection of and access to green space and new housing and emphasises the development and sustainability of a strong local economy with good access to employment and training opportunities.

It is noticeable how many councils have now adopted a Health in All Policies approach at the most senior strategic level as well as in frontline services, with guidance from their public health teams. Similarly, Making Every Contact Count (MECC) programmes are being scaled up and rolled out in many areas, and can now be regarded as a standard public health approach.

Some of the case studies had reorganised since transferring to public health, and this was almost always to give greater reach across the council. For example, in re-organising the public health function across the London boroughs of Southwark and Lambeth, Southwark has also taken the opportunity to structure its borough-wide team to reflect more closely the council's other functions, so that council departments know who to turn to in incorporating health into their strategic thinking.

Community models

Public health has always sought to analyse the health of whole populations as distinct from individuals. The social model of public health also emphasises the importance of communities – the way people interact with each other and their surroundings – as the locus for action and engagement and a potential source of strength and support for improving health. Local government's long tradition of working with communities provides huge opportunities for public health. The concepts of community capacity building, community empowerment and community resilience are important for this model of public health, as can be seen, for example, in the case studies from Leicestershire and East Sussex.

In Dudley, public health is playing a full part in the council's vision to build a new relationship with citizens based on resilience and engagement. This includes the 'Make it Happen' small grants programme for self-help projects, and an emphasis on accredited volunteers, including health champions. East Sussex has also developed a system of offering grants for evidence-based work across a range of settings, devised with the objective of giving control and ownership of the work to grant recipients.

Oldham has made healthy food a strategic priority, and public health plays an important role in this work, including funding Get Oldham Growing, a community engagement project that has expanded rapidly in its four years of operation.

Recommissioning – integrated services and improved access

As noted in previous LGA public health annual reports, public health teams are taking the opportunity to recommission services. The most frequent areas continue to be sexual health, integrated healthy lifestyle services, drugs and alcohol, and integrated children's services. This

has generally been to consolidate contracts so that all elements of a service are working seamlessly together for the benefit of people using them. Integrated services also improve access, such as better community locations and digital options targeted at particular groups, such as young people. They also reflect the reality of people's lives which tend to be much more complicated than a single-issue service can recognise and respond to.

Recommissioning is based on an extensive and comprehensive review and consultation process by public health, coupled with the commissioning and procurement expertise of councils. Some recommissioning has resulted in cost savings which have generally been used to fund council services that have an impact on health that would otherwise be threatened by overall budget cuts.

While most recommissioning has involved independent agencies, Leicestershire has brought smoking cessation services back in-house. This has given the public health team the chance not only to integrate services in a way that reflects the range of pressures in people's lives, but also to provide support that is evidence-based; and to become more involved in the commissioning process than they were in the NHS. The change has resulted in cutting the costs of the stop smoking service by two thirds.

Dorset has developed commissioning incentives for services to reach the most deprived groups, thereby furthering the objective of reducing health inequalities.

In its recommissioning programme, Leeds has been able to give greater focus to the social determinants of health, and new services have included measures such as outreach services in accessible settings, considering issues such as domestic abuse, and making links with communities.

Many DsPH have commented that local government's expertise in procurement and monitoring of contracts has provided a 'learning curve' for them and that they have welcomed the chance to shape commissioning.

Prevention across the system

It is notable that all the DsPH who provided material for case studies have said that they now feel they are pushing at an open door both within local government and, sometimes to a lesser extent, within the NHS when they prioritise prevention. No doubt much of the impetus for embracing prevention beyond the traditional arenas of public health and social care has come from financial pressures. But there are clearly positive aspects to it also, as a wider understanding of the benefits of 'upstream' intervention develops.

Case studies showed many examples of front-line developments, such as linking up GP social prescribing with integrated health and wellbeing services and community development work. Also, there were some examples of public health having a key role in system-wide transformation.

Dorset is a first wave Accountable Care System (ACS) and its public health LiveWell integrated service has enabled it to 'bring prevention to the top table' in the development of the ACS.

Dudley Public Health is actively involved in designing and supporting a multi-speciality community provider (MCP) which is based on improving population health, prevention and reducing the demand on health and care service. The MCP, which is seen as a building block for the ACS, will operate to an outcomes framework in which prevention is incentivised by a gradual shift in emphasis through the course of the 15-year contract period. A range of public health services, such as sexual health, substance misuse and the integrated wellness service, will be delivered through the MCP under a Section 75 pooled budget arrangement.

Maintaining public health quality and expertise

Most in public health are aware that as they successfully integrate health and wellbeing with other council functions there is a danger of public health losing a distinct identity. Also, while public health is seizing the chance to draw on the expertise and experience of local government in mitigating and improving on the negative health impact of the social determinants, it is important that local government continues to be able to draw on public health techniques and expertise.

There is therefore a drive to ensure that public health methodologies and key functions continue to be maintained and improved in the overall support of improved health and wellbeing.

In an interesting example, Southwark Council's public health team has applied observed to expected ratios – commonly used in estimating underdetection of health conditions – in a joint exercise with children's services. This methodology has identified up to approximately £350,000 that the council is under-claiming for on behalf of pupils who are entitled to free school meals.

Leeds has focused on building a strong understanding of the critical health public health function of health protection. A Health Protection Board has been established as a sub-committee of the health and wellbeing board which means that health protection is considered with other strategic priorities.

Digital technology

Not surprisingly, the use of digital technology and social media are increasingly seen as important tools in supporting population health improvement and reducing inequalities. The use of such tools is now widespread in the provision of sexual health services, enabling economies of scale and being notably successful in reaching young people for whom the anonymity of the internet is a comfortable way to deal with testing.

It should be noted that, where councils have introduced internet services with a public health focus, they also provide more personal back-up in various forms, through signposting to other services to one to one phone contact and face to face consultation where appropriate.

Both Leicestershire and Dorset are doing this through their local area coordinators and wellness coaches, respectively. Both also emphasise that community capacity building is backed up by public health expertise in primary and secondary prevention.

Tackling national health priorities – mental health

The case studies also show how public health maintains capacity to respond to key national health priorities.

In several areas, public health was involved in initiatives to promote good mental health, tackle the stigma of mental health problems and reduce suicide. Some work was targeted at children and young people who face a range of pressures at school and through social media.

Other initiatives were focused on adults, particularly those in communities most at risk of poor mental health. In 2017 Public Health England (PHE) published a series of reports and resources on promoting mental wellbeing and preventing mental ill health and dementia.^{1,2}

Leeds was one of the first Time to Change hubs in England and is involved in a wide range of interventions to support mental health including: health champions, a one-stop online website for mental health support, a network of 'mindful employers' and suicide prevention work.

1 PHE (2017) Commissioning cost-effective services for promotion of mental health and wellbeing and prevention of mental ill-health. A series of resources. www.gov.uk/government/publications/mental-health-services-cost-effective-commissioning

2 PHE (2017) Dementia in older age: barriers to primary prevention and facilitators www.gov.uk/government/publications/dementia-in-older-age-barriers-to-primary-prevention-and-factors

East Sussex is prioritising mental health and wellbeing in the second round of its successful grants programme for schools.

In Oldham's MH2K pilot, two independent organisations established a youth-led model for engaging young people in conversation about mental health. Overall 600 young people took part and local 14 to 25 year-olds became 'citizen researchers' identifying key mental health challenges and working with commissioners to find solutions. Four further local authority areas have commissioned MH2K.

Challenges

Areas were extremely clear about the main challenging facing public health. The impact of austerity was the main concern. Even though people may be in employment, many were financially struggling in badly paid jobs. Areas were seeing a big rise in poverty which was starting to have a real impact on health and uptake of services; food banks are a prime example, also sexual health and drug and alcohol services.

There was a particular concern about different patterns of drug misuse, such as former legal highs now going underground, high strength versions of drugs like heroin, and ageing drug users. In alcohol misuse, there was a worrying trend towards excessive drinking in the home before going out for the evening, because of the cost of drinking in pubs and clubs. Several areas said that tackling drug and alcohol misuse, and responding to the national drug strategy³, would be an area of growth in future years.

Areas felt that even with councils and partners working well together it would not be possible to address all the growing problems of poverty in local areas, without a national response. They were also concerned about their ability to help bring about any major reduction in health inequalities, particularly in light of continuing budget cuts.

3 Home Office (2017) Drug Strategy 2017 www.gov.uk/government/publications/drug-strategy-2017

In 2017, several studies were published exploring a possible association between austerity, a stalling in progress on life expectancy and growing health inequalities.^{4,5,6}

On the issue of budget pressures, several areas felt they had coped with these well so far – maintaining a good public health programme while extending influence into other areas of the council through funding activity to deliver measurable health outcomes. However, they also stressed that funding was made available through one-off measures, such as recommissioning, and could not be achieved year-on-year.

There was some concern about the removal of the public health grant ring-fence, but case study areas were largely confident that their councils were so committed to health and wellbeing that this would be handled with due regard to maintaining a focus on public health. It is worth noting that this is not the case country-wide.

Future plans

The main area of large-scale change that areas were either working on, or about to do so, were prevention strands of local accountable care systems and regional sustainability and transformation partnerships (STPs).

While some areas still had some major pieces of work to do – such as a recommissioning programme or developing drug and alcohol services – there was a sense for many that most of the key elements were in place.

The next job was to build on these, for example, deepening community development and citizen-led approaches, creating seamless pathways between services that impact on health, and extending MECC.

Key messages

The following key messages were identified by DsPH from their experience in recent years:

- Flexible programme managers are an important resource: they identify and respond to opportunities for developing a HIAP approach across the council and beyond. A single point of coordination also means that activity can be readily monitored, evaluated and, where necessary, improved.
- Rather than always moving on to new initiatives, it can be useful to stick with programmes that are working well and reinvigorate these where necessary. A long-term approach provides continuity and allows people to recognise and trust health and wellbeing programmes and brands.
- Public health can benefit from forming partnerships with regional and national bodies, such as Sport England, to bring in expertise, enthusiasm and resources.
- Linking up the major elements of public health work, both strategically and operationally, remains essential. Referral and care pathways need to be established between all important community resources and statutory services such as primary care.
- Working with planning teams is a particularly productive area for public health, since it provides an opportunity to influence many of the social determinants of health.
- Public health research, particularly on the new approaches being developed in councils, is essential for developing effective public health interventions in the future. Public health teams are well placed to make academic partnerships to develop research.

4 Sir Michael Marmot (2017) Marmot Indicators 2017, Institute of Health Equity www.instituteofhealthequity.org/

5 University of Manchester (2017) North-South disparities in English mortality 1965-2015: longitudinal population study, *Journal of Epidemiology and Community Health*. www.manchester.ac.uk/discover/news/north-south-health-divide-bigger-than-ever-with-alarming-rise-in-deaths-of-northern-25-44-year-olds/

6 Liverpool University Department of Public Health and Policy (2017) Investing the impact of English Health Inequalities Strategy: a time trend analysis, *BMJ*. <https://news.liverpool.ac.uk/2017/07/26/are-austerity-measures-negatively-impacting-health-inequalities/>

References

Home Office (2017) Drug Strategy 2017
www.gov.uk/government/publications/drug-strategy-2017

Liverpool University Department of Public Health and Policy (2017) Investing the impact of English Health Inequalities Strategy: a time trend analysis, BMJ
<https://news.liverpool.ac.uk/2017/07/26/are-austerity-measures-negatively-impacting-health-inequalities/>

Marmot, Sir Michael (2017) Marmot Indicators 2017, Institute of Health Equity
www.instituteofhealthequity.org/

PHE (2017) Commissioning cost-effective services for promotion of mental health and wellbeing and prevention of mental ill-health. A series of resources.
www.gov.uk/government/publications/mental-health-services-cost-effective-commissioning

PHE (2017) Dementia in older age: barriers to primary prevention and facilitators
www.gov.uk/government/publications/dementia-in-older-age-barriers-to-primary-prevention-and-factors

University of Manchester (2017) North-South disparities in English mortality 1965-2015: longitudinal population study, Journal of Epidemiology and Community Health
www.manchester.ac.uk/discover/news/north-south-health-divide-bigger-than-ever-with-alarming-rise-in-deaths-of-northern-25-44-year-olds/

Case studies

Dorset County Council: using technology to deliver behaviour change at scale

“Public health now has far more visibility across all partners, including the NHS, the police and the voluntary sector. We have learned how the wonderful natural asset of our countryside can be a resource to help people change their behaviour.”

Councillor Rebecca Knox, Leader Dorset County Council and Chair of Health and Wellbeing Board

“As part of our sustainability and transformation plan I have challenged our whole system in Dorset to take prevention seriously by implementing a range of measures at scale and pace. Central to this has been putting science into our behaviour change service, and this seems to be delivering results.”

Dr David Phillips, Director of Public Health

Synopsis

A high priority for public health on transferring to local government in Dorset and even more so since the advent of STPs has been to make health improvement provision more consistent and equitable across the county and to join up support for different lifestyle risks. It was also a priority to draw on proven theories of behaviour change and to monitor outcomes. LiveWell Dorset is an integrated single service delivered by one contractor to support change across a range of risks and behaviours.

A Payment by Results (PbR) contract is used to incentivise the engagement of people from the most deprived communities. The service is supported by coaches working to a defined behaviour change framework built into a customer relations system. The introduction of the system has attracted significantly more users with beneficial outcomes in terms of behaviour.

Background

Dorset has a diverse population of 750,000 covering rural and urban areas, including three top tier authorities, Bournemouth Borough Council, Dorset County Council and the Borough of Poole.

There are considerably more people in the over 60 age group than in younger age groups and this proportion is rising significantly. There are only 1.8 per cent of people from an ethnic minority group as compared with the England average of 13.2 per cent.

The health of people in Dorset is generally better than the England average. Dorset is one of the 20 per cent least deprived counties in England. However, about 14 per cent of children live in low income families and there are areas in Bournemouth which are classed as among the most deprived in England.

Life expectancy for both men and women is higher than the England average but is 5.4 years lower for men and 5.0 years lower for women in the most deprived areas of the county than in the least deprived areas.

Rates of childhood obesity are better than the England average. Levels of teenage pregnancy and breastfeeding initiation are also better than the England average although levels of smoking at time of delivery are worse than the England average. However differences in these are significant within Dorset.

Among adults, rates of hospital stays for self-harm and people killed and seriously injured on roads are worse than average. Most other public health outcome indicators are better than the England average.

The key health priorities for Dorset are reducing inequalities, promoting healthy lifestyles, preventing ill health; working better together to deliver prevention and early intervention at scale and pace; and improving value for money.

Organisation

The public health team in Dorset provides cross-council support to Bournemouth Borough Council, the Borough of Poole and Dorset County Council. A Joint Public Health Board, which is made up of councillors from each of the three partner councils, with a rotating chair, governs Public Health Dorset's work.

Dorset is developing a first wave Accountable Care System in the development of which public health has played a significant role, enabling prevention to be put 'at the top table', in the view of the Director of Public Health (DPH).

Before public health transferred to local authorities, health improvement service provision was inconsistent and inequitable. Separate providers offered services to tackle unhealthy behaviours in different ways, and with different access criteria depending on where people lived. Services focused on addressing single behaviours, rather than addressing the wider needs of the individual. Health improvement services rarely used proven theories of behaviour change in a systematic way. Similarly, the quality of the data collected to monitor outcomes varied with limited information on the extent and duration of any changes in their behaviour.

Health and wellbeing initiatives

Public Health Dorset realised there was an opportunity to transform health improvement services by de-commissioning the separate services and designing an entirely new integrated service model. Objectives for the new model were:

- a single integrated service, with a clear offer to public and professionals
- better recognition and a clearer brand
- excellence and expertise in behaviour change, based on an evidence-based model (NICE guidance PH49)
- an ability to support more people, and capture better information over the longer-term about how successful their support had been
- ability to work at scale, including using technology, social media and modern marketing approaches
- meeting the strategic goals of effectiveness, efficiency and equity, recognising the need for better value in resource-constrained times.

LiveWell Dorset

LiveWell Dorset went live in April 2015, provided by Optum, part of the United Health Group, which won the tender. It offers a single service for people who need to access support for one or more of the four common behaviours (smoking, drinking, diet and exercise). The final contract value was in two parts – a core funding element of £645,000, with an additional Payment by Results (PbR) contract with the chance to earn up to an additional £275,000. This PbR was used to incentivise the service to engage people preferentially from the most deprived parts of the county. Previous services had been used predominantly by people living in less deprived communities.

The greatest impact in raising awareness came from using simple business cards to connect people to the service via GP surgeries, pharmacies and other venue, including hospitals, libraries, community venues and local authority frontline staff.

By signing up to LiveWell Dorset, individuals can try and change multiple behaviours together, one after the other or when they feel ready. The service is made up of advisers and coaches. Advisers receive telephone referrals into the service, and start by assessing a client's requirements and level of need. The advisers also introduce the concept of 1:1 behaviour change support with coaches. Coaches provide behavioural advice and support, based upon the COM-B model of change developed by University College London Centre for Behaviour Change, to make long-term lifestyle change. The model was built into a customer relations system used to guide the coaches, so that interventions are automatically suggested to coaches based on the barriers that they have identified on assessment.

LiveWell Dorset has a team of Wellness Coaches, each covering a designated locality. A team of telephone-based wellness advisers helps support people when they first come into the service, assess behaviour barriers, and deliver brief interventions. In addition to the 1:1 behavioural support, coaches are responsible for following up LiveWell Dorset clients living in their locality at three, six and 12 months. People can access the service by self-referring or they can be referred by health professionals in many different locations.

In terms of outcomes, the average contract spend for the service is £750,000 – a saving of £0.25 million per annum compared with the previous separate health improvement contracts. The service is supporting many more people compared with the previous separate services. In the first 18 months, there were 10,321 referrals into the service.

Of the four lifestyle pathways available through LiveWell Dorset, the healthy weight pathway is the most popular, with 8,184 users in the first 18 months. The next most commonly used

pathway was the smoking pathway (1,979 users), followed by the physical activity (1,562 users), and alcohol (339 users). There are consistently more referrals into LiveWell Dorset from people living in the 20 per cent most deprived communities than from more affluent communities. More women than men are currently accessing LiveWell Dorset, and more older adults than younger adults.

LiveWell Dorset has embedded communications support to drive involvement and engagement via social media. This includes using targeted social media campaigns to increase interest in the service, either by joining national campaigns like Stoptober, or running bespoke campaigns around particular issues. The #MyHappyHour campaign for Bournemouth asked people to tell the service how they were swapping happy hour drinks on Fridays for healthier experiences. Evaluation showed that the campaign was successful in directing people from Bournemouth to visit the LiveWell Dorset website.

In the first 18 months, of those who provided data (approximately 20 per cent):

- 59 per cent of people reduced their weight
- 48 per cent stopped smoking
- 69 per cent increased their activity
- 75 per cent reduced their alcohol consumption.

Future plans and challenges

The service is undergoing continued development in line with the public health team's leadership of the Prevention at Scale programme of the Dorset Sustainability and Transformation Plan. The team recognises that almost doubling the number of people actively engaged in health improvement (from 270 per month to nearly 500 per month) is a start, but believes that the service could offer more support digitally. To that end a bespoke digital platform that allows people to self-serve is being developed to supplement the service,

planned for launch in April 2018. It is currently being tested with professionals and the public.

The final challenge is how to achieve 'prevention at scale' in the emerging Dorset Accountable Care System. LiveWell Dorset acts as a focal point in our local system to prompt organisations to consider how they are embedding prevention in their business. We know that many professionals don't deliver low level behaviour change interventions because they don't consider it core business, lack confidence in its impact, and lack knowledge, skill and time to deliver. Our message to professionals is don't do this alone, but work with the LiveWell Dorset service. The digital platform will allow us to share evidence of impact at individual and locality level, while our work with organisational development and HR leads across the system is developing the sector with better skills and awareness of behaviour change and how to work in a prevention-oriented way.

A councillor's perspective

Councillor Rebecca Knox, Leader Dorset County Council

The transfer of public health to local government has been a positive move for the county. There was a lack of knowledge and confusion among the public – and, indeed, some councillors – about the difference between public health and NHS treatment services. On moving into local government, the public health team has drawn out a council and system-wide theme of prevention and made us aware that investment at one end before people become ill or lose their independence can bring about savings at the acute end. I had been a chair of a fire authority so I understood how work on prevention can stop people ending up in hospital or A&E. I think there is now a much deeper understanding of this issue in the community, including in the voluntary sector and in parish councils. My own parish council is now aware of how its actions, such as encouraging walking on rights of way, can have a health impact.

I have also noticed that clinical

commissioning group (CCG) attitudes have changed towards local government and also to prevention. They can see that implementing public health prevention initiatives at scale, such as through the LiveWell service, can help them to meet their own objectives. They also understand how our governance model works and could help them, for example by enabling communities to be engaged at a local level in health initiatives.

Key messages

- Central to the LiveWell approach is a shift beyond commissioning of separate vertical programmes to one platform with a strong emphasis on evidence-based design of services and systematically evaluating impact.
- This integrated approach and the use of coaches drawing on a model of change built into a customer relations system appears to be having a sustained impact.
- With the aim of reducing health inequalities, a differential payment by results commissioning strategy rewards has significantly improved access to the system by people from deprived backgrounds.
- Having an effective behaviour change model is central to a consistent and coherent offer around prevention as part of the STPs and evolution to accountable care systems.

Contact

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Documents and links

Dorset Joint Health and Wellbeing Strategy 2016-2019

www.dorsetforyou.gov.uk/media/187381/Dorset-Joint-Health-and-Wellbeing-Strategy-2016-2019/pdf/Dorset_Joint_Health_and_Wellbeing_Strategy_2016_-_2019.pdf

Public Health Dorset website
www.publichealthdorset.org.uk

LiveWell Dorset website
www.livewelldorset.co.uk

Dudley Metropolitan Borough Council:

new ways of working with communities and developing a multi-speciality community provider

“The transfer of public health has proved very helpful for Dudley Council. We have made a good start in improving health and wellbeing, and have had many successes. Now we need to keep going forward, tackling health inequalities, the gap in healthy life expectancy, reducing loneliness and isolation and working together to reduce poverty.”

Councillor Peter Miller, Cabinet Member for Health and Wellbeing

“This is an exciting time to work in Dudley. We’ve been working hard together to transform partnership working, our collective health and wellbeing services and our approach to public health. We now have a clear set of focused priorities for how partners will make a real difference to the wellbeing of local people in our new health and wellbeing strategy. We have also started to embed health and wellbeing across the council to help address the important determinants of health that are within our control. Our aspiration now is to focus on increasing opportunities for local people to participate in activities to

improve their community, their lives and their wellbeing.”

Deborah Harkins, Chief Officer Health and Wellbeing (Director of Public Health)

Synopsis

Dudley’s public health team has been a key partner in supporting the development of Dudley’s multispeciality community provider (MCP) which aims to incentivise preventative approaches to improve health and wellbeing and reduce the need for intensive health and care services. It also has a lead role in supporting the council’s vision to develop new ways of working with communities, based on promoting community resilience rather than traditional, top-down services.

Background

Dudley is a predominantly urban borough in the West Midlands, with five main towns interspersed with smaller towns and urban villages. Dudley has a population of around 313,000 people, and a mix of affluent and disadvantaged areas. Nearly a quarter of the population live in areas that are in the 20 per cent most deprived in England. Life expectancy for men is slightly lower than the average for England; for women, it is the same as the average. It is estimated that between 18.6 and 21.7 percent of adults smoke, and over 170,000 are overweight or obese – higher than the national average. Dudley Council is co-terminous with Dudley CCG, and is part of the Black Country STP.

Organisation

In 2015 Dudley had a new DPH and a series of changes were made in order to integrate public health more effectively within the council and with external partners. At the time, public health was divided into small, topic-based teams and was located away from other council services.

A model of public health was developed which was based on a people (life course) and places approach. The public health team has four consultants (heads of service) responsible for the following areas:

- children and young people's health and wellbeing
- adults and older people's health and wellbeing, including health protection
- healthy communities and places
- healthcare public health – the main link with the CCG.

The DPH oversees the health and wellbeing division within the people directorate, and is co-located with other people directorate functions. The DPH oversees three teams: public health; environmental health and trading standards; and libraries and archives. As with other chief officers in Dudley, the DPH is responsible for several cross-cutting corporate functions – for health and wellbeing these are equality and diversity, community development, and emergency planning and resilience.

The DPH works to the cabinet member for health and wellbeing and is a member of the clinical commissioning group (CCG) board.

Public health involvement in Dudley's multispeciality community provider

Dudley is a vanguard area for new care models, and in June 2017 started the procurement for an MCP. This is built around general practice, and initially will integrate primary care, community health, mental health and some public health services.

The MCP will manage a single, whole population budget over a contract period of up to 15 years with a contract value of between £3,495 million and £5,445 million. Criteria have been developed for whether other council services (including adult social care) will be phased into the MCP during the course of the contract. The MCP is based on prevention – supporting people to become healthier to reduce demand for hospital care and for high levels of health and social care in the community.

Designing the system

The public health team had an active role in designing the system which will enable the shift to prevention to take place, based on incentivising the MCP provider to improve population health outcomes. Elements of the GP Quality and Outcomes Framework, which involves tariffs that reward activity, have already been replaced with an outcomes-based long-term conditions framework which rewards achieving health outcomes.

The outcomes framework for the MCP has four sections:

- population health
- access, continuity and coordination
- empowering people and communities
- systems and staff.

Figure 1 shows the overarching outcomes under each of these sections. These outcomes are underpinned by more detailed performance indicators, many of which reflect priorities in the joint strategic needs assessment (JSNA) and the joint health and wellbeing strategy.

Figure 1 MCP Outcomes Framework

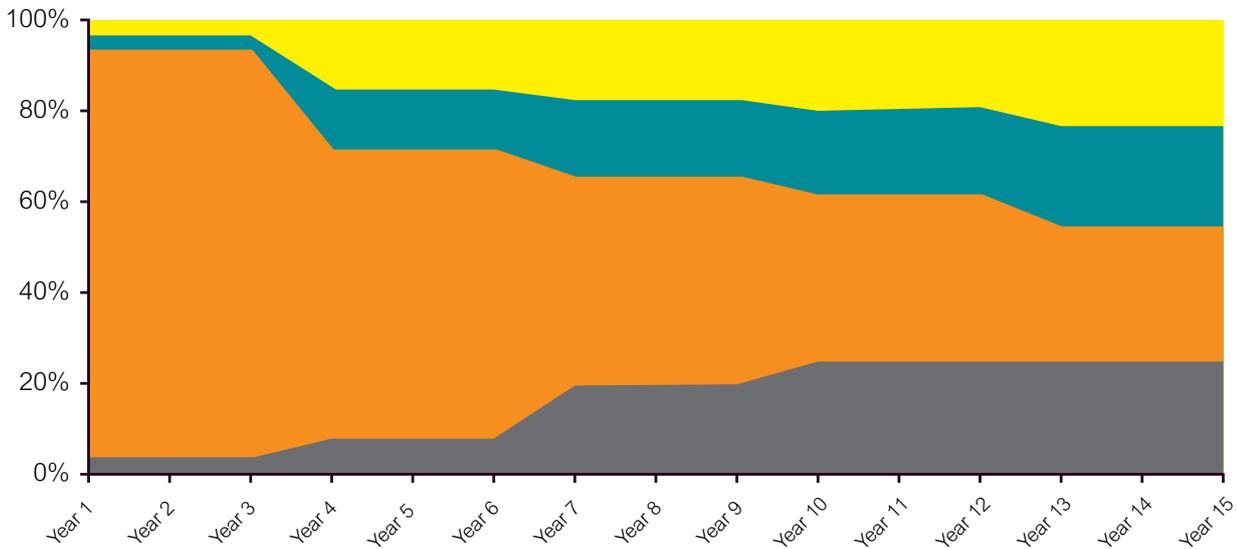


One of the main challenges of achieving a major shift in investment to prevention is the time that this takes, and the need to maintain acute services in the short to medium term. The MCP system addresses this by a gradual shift in emphasis on the outcomes that must be achieved over the 15 year period of the contract. As illustrated in figure 2, at around years six/seven of the contract the shift will be made away from ‘access, continuity and coordination’ towards ‘population health’ and ‘empowering people and communities’; by the end of the contract this shift will be increased and consolidated. Overall, 10 per cent of the contract value is linked to achievement of the outcomes.

Figure 2 Incentive scheme: key features

Phasing in of P4P reward by Outcome Framework Domain shown as a percentage

- System and staff ●
- Empowering people and communities ●
- Access, continuity and coordination ●
- Population health ●



Developing the MCP

A single consortium bid to deliver the MCP, made up of GPs and four local NHS trusts was received. Following evaluation, Dudley CCG, with Dudley Council, has started a dialogue process with the bidder to test out how well its proposals match the vision for an organisation able to deliver integrated services to improve the health and lives of local people.

The MCP will be expected to develop mechanisms to enable population planning, risk-factor monitoring and planning of GP-led preventative services. For example, building on the opportunities provided by all the GP practices using the same IT system, and the existing data sharing agreement between the public health intelligence team and every GP practice in the CCG.

Public health services in the MCP

Some public health services will be delivered or commissioned by the MCP, with funding to be pooled under a Section 75 agreement. These are:

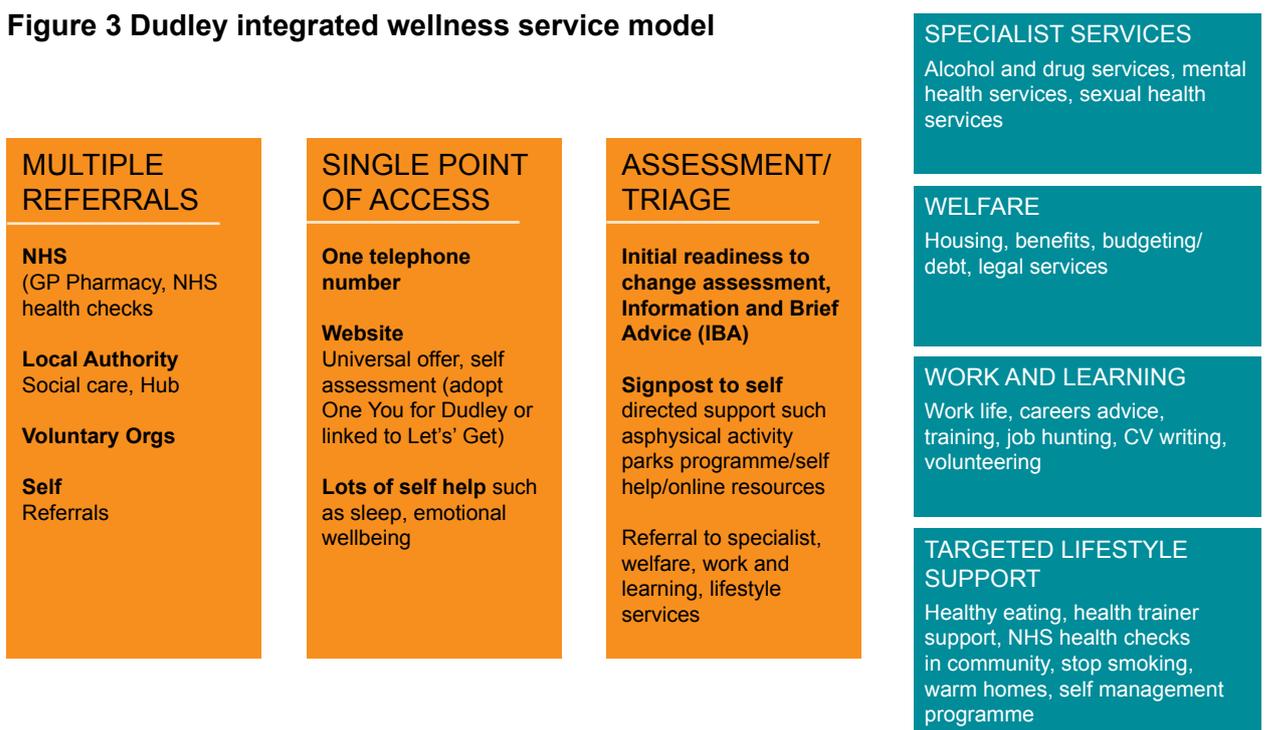
- integrated sexual health treatment pathway
- integrated adult substance misuse service

- integrated adult wellness service
- NHS health checks
- school nursing
- health visiting and family nurse partnership
- integrated young people’s wellness service.

These services are currently commissioned from a range of providers from across the NHS and the voluntary, community and social enterprise sector. At the end of their contract periods they will fall under the remit of the MCP to either re-commission, sub-contract from existing providers, or directly deliver. As a commissioner of the MCP, public health will support this process.

The services fit well with the integrated place and population approach of the MCP, with clusters of services around GP practices. For example, Dudley’s new integrated adult wellness service integrates the five key lifestyle services with a single point of access and an approach built upon empowering people to make the behaviour changes that are most important to them. While this is a universal service, it also has a system in which people who are at high risk of developing poor health – such as people identified through an NHS Health Check – can be referred to the service. The NHS is already a key referrer to the service, and being part of the MCP will enhance this route.

Figure 3 Dudley integrated wellness service model



System-wide impact on health and wellbeing

As commissioners, funders and developers of the MCP, public health also anticipates wider benefits from being involved in a large integrated system which has the potential to promote prevention throughout its work. Over time it is envisaged that many opportunities will open up; initial measures include the following:

- Prevention embedded in all pathways – a Specification for Prevention has been developed which describes in detail the prevention approaches GPs and other services should undertake in the MCP.
- Frontline staff trained to Make Every Contact Count (MECC) and able to signpost patients to health and wellbeing services or connect them to community assets.
- Healthy working practices adopted by the MCP to protect and improve the wellbeing of staff.
- Services responsive to the different needs of local communities, vulnerable populations and those facing health inequalities – for example, looked after children, or people with learning disabilities.

The above initiatives are already underway and will be further shaped and developed within the MCP. A key role for public health will be to integrate preventative work within the MCP with the focus on the social determinants of health carried out within the council and other partners.

Public health within the council

The Healthy Council Programme

There are many examples of how improving health and wellbeing has been integrated into council functions, including:

- health and wellbeing supplementary planning guidance
- a workplace health champions programme

- work to address illegal tobacco and alcohol sales, active travel, air quality and fuel poverty.

The Healthy Council Programme formalises the contribution of council directorates to tackling the social, economic, and environmental determinants of health. Dudley Council is facing significant budget reductions, and all parts of the council have developed proposals for delivering efficiency and savings. Public health's contribution to the savings target will be used to contribute to council services that impact on health but would otherwise be reduced.

In the programme, directorates and divisions have signed agreements with public health that set out how the investment will be used, including a work plan and outcomes to be delivered. Public health heads of service are responsible for supporting and overseeing the process. Examples include:

- Children's services – fund and develop the role of the family support worker to deliver health and wellbeing priorities, including parenting skills targeted at the most vulnerable families: progress measure: 95 per cent uptake of healthy child programme.
- Housing – fund the winter warmth team/home improvement service to continue to tackle fuel poverty and social isolation: progress measure – number of clients supported.
- Regeneration business support – contribute to the revenue budget to integrate advice about healthy working practices into employer engagement programmes: progress measure – number of businesses taking on workplace wellbeing charter.

As well as activity related to public health funding, generic requirements that apply to the council as a whole are included within all healthy council agreements. These are the key actions all directorates can take to improve health and wellbeing, and include initiatives such as MECC and workplace wellbeing.

New ways of working with communities

New public health responsibilities and the move towards a focus on longer term outcomes, as well as the financial constraints under which it is operating, have meant that Dudley Council is developing a new relationship with its local communities and partners. The aspiration is to move away from a traditional paternalistic view of public service towards a model that fosters community resilience, engagement, enablement and connectedness. With cross-council responsibility for community development, the DPH has been at the forefront of leading and supporting this approach.

Dudley has a well-established Healthy Communities Volunteer Programme which has achieved 'Investing in Volunteer' status. The programme provides opportunities for people to gain skills, knowledge and experience to help them improve their own health and wellbeing, and to help other people improve their health, as volunteers.

In addition to the volunteer programme, public health supports people who live or work in the borough to become health champions, using their skills to support others to make positive lifestyle change. Health champions are often based in locations such as pharmacies, opticians and libraries and may support particular groups, including young people, older people and new and expectant families.

Dudley also has a well-established and nationally recognised suite of evidence-based self-management programmes, delivered by volunteers who support people who are living with long-term conditions, and their carers.

Make it Happen is a small pot of funding through which public health supports small projects aimed at promoting self-help and mutual support. Decisions about funding happen at sociable events where people pitch their ideas to other applicants in a supportive, co-creating environment.

The ideas are then discussed and voted on by participants who decide which project should get the most funding. As well as money, projects leave the events with skills and resources offered from other people and projects. The winner of the most recent event was Action Art, a project from parent carers sharing skills in arts and crafts to reduce isolation and improve mental health.

Future plans and challenges

The MCP presents huge opportunities for improving health and wellbeing, but as a new and untried system it also involves risk. As the MCP moves closer to implementation in April 2019, public health will continue to contribute to planning to ensure that it gets off to the best start. Once underway, the role will be to support the progress of the MCP, address any initial problems, and to influence the system to maximise opportunities for promoting health and wellbeing.

The MCP is also a major building block of Dudley's accountable care system (ACS), and public health will contribute to the development of governance arrangements across the CCG, MCP and the council to oversee the ACS.

A further challenge will be to ensure that the health and wellbeing work of the MCP is integrated with work by the council and other partners to tackle the social determinants of health. For example, ensuring there is a continuity in health messages through MECC across all settings.

A councillor's perspective

Councillor Peter Miller, Cabinet Member for Health and Wellbeing

Public health in local authorities has brought about significant change. Before the transfer, public health was rarely discussed. Now councillors are now much more aware of the importance of health and wellbeing, and health improvement is being taken forward across council directorates. We have had a lot of success with joint working. For example, recently trading standards, with the police, raided three shops and found two selling illegal tobacco and one farming cannabis.

In Dudley we are working to establish a new relationship with communities, moving away from a traditional model of service provision, to a shared responsibility for preventing poor health, and for developing active and sustainable communities. Public health is an important part of this.

We have also recently simplified priorities to focus on promoting healthy weight, tackling poverty and reducing loneliness and isolation. Health problems are often inter-generational, and it is particularly important to work with young people and schools to help children to have a healthy start in life so they can influence future generations.

Key messages

- Incentivising the MCP to deliver on prevention is a unique opportunity to maintain investment in preventative services at a time when NHS and local government funding faces continuing pressures.
- Thorough planning which pays attention to detail is required to make such a complex development work effectively. This applies to both systems that underpin the MCP and the relationships that are needed for it to run smoothly. For example, NHS Health Checks have been designed to generate direct referrals to the adult wellness service, but also provides a detailed health profile record for people who are not yet ready to make lifestyle changes. The information can also be analysed to help plan and target prevention services more effectively in future.

Contact

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Documents and links

Available from the contact above.

- Integrated adult wellbeing service: specification
- Make it happen community funding – evaluation report
- Public Health Grant: embedding health and wellbeing outcomes throughout council services – the Healthy Council Programme
- Link to all MCP procurement documents

www.dudleyccg.nhs.uk/mcp-procurement/

East Sussex County Council: community asset-based transformation programme

“The council has strong partnerships with other organisations and well-developed relationships with the key places where our residents spend their lives. We’ve been able to capitalise on those relationships to move forward at scale and pace with new and exciting programmes to improve health and wellbeing as part of the transformation of the health and care system in East Sussex.”

Councillor Keith Glazier, Leader, East Sussex County Council

“Our work in East Sussex demonstrates the added value that can be gained by embedding public health in the council. We reviewed our health improvement programmes and shifted the emphasis so that we do more to improve people’s health where they live, learn, work and play through implementing a settings and systems approach to health and wellbeing which has community participation, partnership, empowerment and equity as key principles. We are mainstreaming and embedding health improvement to leave a lasting legacy.”

Cynthia Lyons, Acting Director of Public Health

Synopsis

As part of the whole system health and care transformation programmes East Sussex Better Together and Connecting For You, East Sussex County Council has developed a system wide asset-based approach to prevention and early intervention with a view to making sustainable change at scale and pace. This has involved extensive community engagement and partner organisations from the health, care, voluntary and other sectors. Multi-agency delivery groups, locality networks and Locality Link Workers are all part of the infrastructure underpinning the programme of work developed from this approach.

A system of grant making has been established to encourage a ‘whole settings’ approach to prevention and health improvement in a range of settings. This has proved successful in both education and health settings. It provides an opportunity to receive a grant to support identification and implementation of individual settings’ own evidence-based plans and priorities, encouraging ownership and ‘buy-in’ from participants. Evaluation currently under way includes assessment of community benefit and return on investment for health and care as well as the impact on the local economy.

Background

The county of East Sussex has a population of just over half a million people, with an older age profile than England and the South East, more than a quarter of whom are aged over 65, significantly more than in England (18 per cent) and the South East (19 per cent). Four per cent of the total population is aged over 85; the second highest of all county and unitary authorities in the country, behind Dorset.

Black and minority ethnic (BME) groups account for 8 per cent of the county's population making it less ethnically diverse than nationally (20 per cent) and the South East (15 per cent).

Deprivation is a mixed picture with significant levels of deprivation in the urban areas of Hastings and Eastbourne, but with many rural areas hiding pockets of deprivation. About 19 per cent of children live in low income families, but this rises to 40 per cent in some parts of East Sussex.

The health of people in East Sussex is varied compared with the England average. Life expectancy for both men and women is higher than the England average. Nonetheless, life expectancy is 7.7 years lower for men and 6.0 years lower for women in the most deprived areas of East Sussex than in the least deprived areas.

The percentage of people who smoke in East Sussex (17.1 per cent) is higher but not significantly different to England as a whole (15.5 per cent). Hastings has the highest percentage of the adult population smoking in England.

There were significantly more hospital admissions for alcohol-specific conditions among under-18s in East Sussex than in the average local authority in England.

Many more people were killed and seriously injured on roads in East Sussex between 2013 and 2015 (66.7 per 100,000 people) as compared with 38.5 for England.

Health priorities in East Sussex include reducing circulatory diseases, cancers and respiratory diseases to reduce health inequalities.

Organisation

Building community resilience

Improving health and embedding prevention across the system is a core part of place-based whole systems transformation programmes in East Sussex (East Sussex Better Together (ESBT)) and as part of

Connecting 4 You (C4Y) in the west of the county. Underpinning the approach was a recognition of the need to do things differently, follow the evidence wherever it led and develop and test new levers for change at a population level. The programme is predicated on designing systems across health, social care, voluntary sector and wider partners to improve health outcomes.

Following a comprehensive engagement programme, Building Strong Communities, findings were used to identify local priorities, and a community resilience steering group established, chaired by the director of public health with senior level representation from children's and adults' services, the clinical commissioning group (CCG) and the voluntary sector. The intention was to utilise the strengths that individuals and communities contribute to improving health outcomes, by embedding asset based approaches across the system. This set in motion a multi-component work programme.

Three new multi-agency delivery groups were established and eight Locality Link Workers recruited to help new joined-up health and social care teams to work more closely with communities. Locality Networks have been established across the county, supported by local voluntary sector infrastructure organisations and the Locality Link Workers.

A process was designed to coordinate funding bids for external funding and a workforce development plan created to support the workforce in embedding asset-based approaches in their roles. Commissioners also agreed the development of a shared approach to social prescribing. Voluntary and community sector (VCS) organisations have collaborated to identify a lead provider to bid for Department of Health funds to support development of a co-produced approach to social prescribing.

Work has been carried out to enable social value secured through procurement to be aligned to programme priorities.

Health and wellbeing initiatives

Empowering a whole settings approach

To support growing personal resilience and embedding primary and secondary prevention across the whole system, a programme of transformational work in various settings has been undertaken.

There had previously been varied engagement with training offers and policy guidance on public health and prevention issues from a number of different settings across the county. Following conversations with a range of partners about how to do things differently at scale and pace, a system of offering grants for evidence-based work was devised with the objective of giving control and ownership of the work to grant recipients.

This form of empowerment drew an enthusiastic response. It engaged prospective grantees early in thinking about how they might contribute to health improvement and reducing health inequalities, as they had the responsibility of developing a plan which had to be agreed before they could start spending their grant. Grants have proven an effective mechanism for engaging settings in taking leadership and ownership of change in their sphere of influence, rather than change being led externally.

Prevention in healthcare settings

An initial joint-funded Making Every Contact Count (MECC) programme was created with Hastings and Rother CCG and the acute and community health care trust. Over 2,000 people have been trained to date and MECC is now part of mandated training for East Sussex Healthcare NHS Trust. Further work is being undertaken to review activity across the trust as part of a comprehensive health promoting trust programme, for example, embedding government buying standards in catering and food shops, developing a staff health and wellbeing and active travel programme, including providing NHS Health Checks for all eligible staff, and reviewing trust activity against National Institute for Care and Health Excellence (NICE) public health guidance.

The work is led by an assistant director and overseen by a steering group which brings together all prevention activity across the trust, including work through the Commissioning for Quality and Innovation (QOI) system. In addition an NHS Health Check programme for staff has commenced in the Sussex Partnership Foundation Trust and is in development for Sussex Community Foundation Trust as the first phase of development of new health improvement programmes in those trusts.

A new programme of one-off small grants to GP practices has begun to enable practices to develop their own plans for embedding prevention in practice. Initial applications include testing of systematic identification of high risk groups such as people whose body mass index (BMI) is over 30 and smokers. This is followed by proactive phone invitation by practice staff to lifestyle services; and work with the patient participation group to identify older people who have been recently bereaved to ensure they are getting out, eating properly, not becoming isolated and to link people into services and activities including help with food shopping.

Prevention in schools and nurseries

A grant-making approach to schools to support their development and delivery of a whole school health improvement plan resulted in very strong widespread engagement of schools who welcomed the opportunity to put forward their own ideas about what initiatives are likely to work. One hundred and eighty-three primary and secondary schools are participating in changing their approach to health improvement and doing things differently in a sustainable way. Schools and colleges have created inspiring action plans and started embedding primary prevention and whole-school health improvement activities including:

- school food menu redesign
- participatory activities in food and cooking
- daily physical activity interventions such as the Daily Mile
- initiatives to promote active play and playground development

- investment in their staff skills to deliver high quality health and wellbeing
- engagement with parents and the wider community.

A condition of the grant included securing pupil voice in school plans, and, as a result of priorities identified by children and young people in round 1 of the grant, a second round of grants is being rolled out prioritising mental health and wellbeing. The East Sussex School Health Service received additional funding to support schools to implement their plans and have now added a new Youth Health Ambassador Apprentice role to their structure to support pupil voice in school health.



Participants in the Daily Mile, St Paul's Primary School, St Leonard's-on-Sea

In addition to the funding provided by public health, schools have chosen to align school funding, and/or secure external funding (for example, grants from funding bodies) to further support delivery of their whole school health improvement plans. To date around £196,000 extra funding has been aligned to support whole school plans.

Over 90 per cent of nurseries in Eastbourne, Hailsham and Seaford CCG and Hastings and Rother CCG areas of the county signed up to the nursery transformation programme and completed a baseline Healthy Eating and Physical Activity (HALO) Check which provides an evidence-informed framework in which to assess and enhance dietary and physical activities. Following implementation nurseries are re-audited to assess their increased score.

There has been a higher participation rate by nurseries in more deprived areas. Activity as part of this programme is starting to feature positively in Ofsted reports.

For example, "After recent training, staff have improved their support of children's healthy lifestyles. They support children well as they use new balance bicycles and trampolines to help develop balance, coordination and physical skills. Children are very active and show strong physical development." (A nursery in Langney, Eastbourne (OFSTED, 2017).

Nurseries have used creative ways to engage with parents about the importance of healthy lifestyles, and the changes they are making.



St Thomas Beckett Nursery parent feedback board



Bear House Nursery, enhancing physical activity



Little Acorns Nursery– home cooking kit: resource kit loan to parents

A logic model and evaluation plan has been developed to identify the learning from the programme and identify what works in embedding asset-based approaches. Community members and community and voluntary organisations are involved in the evaluation and a mixture of quantitative and qualitative evidence will be included. Questions to be considered include:

- What does the asset approach achieve?
- Does it achieve health-related goals?
- How does it work: what is the 'theory of change' that explains how the inputs produce the outputs that impact on the defined goals and outcomes?
- In what contexts has it worked?

In addition, work has been undertaken to identify the economic impact of primary and secondary prevention interventions. Information on Return on Investment (ROI) for interventions has been taken from a variety of models, tools and information. These include the NICE ROI models for alcohol, tobacco and physical activity, the PHE weight management economic assessment tool; the PHE Cardiovascular Disease Prevention Opportunities tool and 'menu of prevention interventions' and NHS England's Aide Memoires for Prevention.

Some interventions potentially have considerable impact outside of health and care services, for example on local productivity and other aspects of the local economy along with benefits to the community. These have been included in estimates of ROI.

Future plans and challenges

Building on the success of the 2016/17 settings based transformation programmes, work is continuing to extend activity and embed approaches as part of everyday activity of settings to support sustainability.

This includes:

- A second round of school grants provided to schools which include an extended focus on action to address obesity, and a new focus on mental health. The vast majority of schools are participating in the second round of grants which will support embedding activity and sustainability of interventions as part of routine activity in schools.
- A continued focus on improving health outcomes through early years settings with a second round of nursery grants in development.
- The development of a health improvement grants programme for community pharmacy to support a rapid roll out of the Healthy Living Pharmacy programme.

A councillor's perspective

Councillor Keith Glazier, Leader, East Sussex County Council

We welcomed the move of public health to local government. Closer working with the public health team has given us a different perspective on what public health is about: we have learned that it is important to look at the health of the whole of the population, not just people who are unwell. Early intervention and prevention are absolutely vital in doing this.

The reason that public health sits with me at a corporate level in the council is because we recognise that health is a whole council issue. For example, as the largest employer in the county, we have taken a 'One Council' approach in training our staff with the public health message. Our goal is that every time somebody contacts a council employee the opportunity is taken to offer advice, support or signposting in relation to health. This fits well with our general objective of 'helping people to help themselves'.

Having public health in the council has given us the opportunity to influence more directly how health and care work together with an emphasis on prevention. But we councillors have also learned more about the importance of evidence-based work.

The director of public health's annual public health report and the joint strategic needs and asset assessment have helped councillors to understand that relevant statistics are available to them even at ward level and can shed light on the lives of their constituents and on the health and care needs of their communities.

Key messages

- A comprehensive community and partner engagement programme is essential in developing a public health approach to prevention that will be genuinely transformative and sustainable at scale.
- Financial constraints but also a recognition of the existing strengths and potential of individuals and communities are drivers for a population-wide asset-based approach.
- The right infrastructure (in this case multi-agency delivery groups, a trained workforce, Locality Networks and Locality Link Workers) is needed to support public health and prevention work with communities to improve health and wellbeing outcomes.
- Support for community and personal resilience are helping to embed primary prevention across the whole system.
- A grants programme for health improvement initiatives has been successful in engaging and empowering a wide range of settings, including those in deprived areas, in developing creative strategies that suit their specific context and population groups.
- Evaluation of the prevention programmes should include return on investment outside the health and care services, for example in community benefit and improvements in the local economy.

Contact

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Documents and links

East Sussex Joint Strategic Needs Assessment

www.eastsussexjsna.org.uk/index.aspx

East Sussex Better Together Alliance for health and social care

<https://news.eastsussex.gov.uk/east-sussex-better-together/>

Connecting 4 You programme for health and social care

www.highwealdleweshavensccg.nhs.uk/our-programmes/connecting-4-you/

Information on 'helping people help themselves' programme

www.eastsussex.gov.uk/yourcouncil/about/keydocuments/councilplan/priority-helping-people/

Leeds City Council: a strong economy within a compassionate city

“In Leeds we believe that promoting good health is pivotal to tackling poverty and creating a strong economy. We are working to create a healthy, caring city where the poorest people improve their health the fastest.”

Councillor Rebecca Charlwood, Executive Member for Health, Wellbeing and Adults

“We want public health to be embedded within all the many roles of Leeds City Council. We are still on that journey but we have made significant progress since April 2013.”

Dr Ian Cameron, Director of Public Health

Synopsis

Leeds City Council and partners are working on a ‘breakthrough project’ on early intervention and reducing health inequalities through linking integrated healthy living services, community development, GP social prescribing, NHS Health Check, and a range of other community activity with clear referral pathways. Leeds has effectively recommissioned integrated services in sexual health, drugs and alcohol and early years. It has also taken a joined-up approach to the built environment, health protection, healthy ageing, mental health and a healthy workforce.

Background

Leeds is the second largest city outside London, with a population of around 800,000. Leeds is a largely urban area with many large,

well-established parks and open spaces. The city has a growing economy and many affluent areas. However, 20 per cent of the population live in areas that are in the 10 per cent most deprived in the country. The health of people in Leeds is generally worse than the England average. There is a gap in life expectancy of 12.1 years for men and 8.6 years for women between the most and least deprived areas of Leeds. The two strategies which will be important to tackle these challenges will be the Leeds Health and Wellbeing Strategy 2016-21 and the Inclusive Growth Strategy (currently under consultation).

Organisation

Since the transfer, Leeds Public Health has operated a hub and spoke model in which staff are embedded across local authority departments to develop health and wellbeing throughout council functions. In April 2017 as part of a wide corporate restructuring, the public health team moved into a new adults and health directorate. Public health works to the portfolio holder for health, wellbeing and adults.

Public health has based a consultant in each of Leeds’ three clinical commissioning groups (CCGs) to provide mandatory advice and a strategic link for health and wellbeing across the council and the NHS. The CCGs intend to merge in 2018, and, in preparation, are working in a partnership. Public health has established a small consultant-led public health team to support the partnership. It has also revised its memorandum of understanding, which now sets out the public health offer at three levels:

- macro level strategic commissioning – whole population public health support
- meso level system support – contributing to the development of an accountable care system and health and care pathways

- micro level locality partnerships – developing health and wellbeing in GP practices and localities, and risk stratification.

Health and wellbeing initiatives

Leeds City Council's ambition is to have a strong economy within a compassionate city. The council works very closely with the three CCGs, and there is a shared focus on tackling health inequalities – particularly for people in the 10 per cent most deprived neighbourhoods – around 150,000 people. Narrowing the health gap between the most and the least deprived areas is a key measure of progress.

A wide range of health and wellbeing initiatives are underway in Leeds. These are reflected in Leeds Best Council Plan, with its 2017/18 update focusing on 'poverty and health inequalities', and Leeds Health and Wellbeing Strategy.

One You Leeds

Leeds City Council, Leeds CCGs and partners have identified eight 'breakthrough projects' – cross-cutting priorities in which a common purpose, shared outcomes and removing barriers can 'make a breakthrough'. The 'early intervention and reducing health inequalities' project is led by public health and is initially focused on commissioning an integrated healthy living service and ensuring other services commissioned by partners are aligned within this.

When public health transferred to the council, healthy living services were generally offered as single services operated by multiple providers which meant that people who had more than one issue to tackle did not receive seamless support. Following comprehensive health needs assessment, evidence reviews and consultation, an integrated healthy living service model was developed. The model includes programmes in specialist smoking cessation, adult weight management, physical

activity, healthy eating and cooking skills. Individuals can self-refer to the service and identify which health issue they wish to tackle first. They can then progress between different lifestyle programmes at their own pace.

People are also referred by health professionals, including via the GP social prescribing service. The programmes offer a range of personalised support including individual assessment and support, group activity and 'intensive personal support' with a health coach for those with complex needs. The service has been designed to offer services across the city, but with particular emphasis on attracting those in the most deprived areas.

Following open procurement, the contract for One You Leeds was recently awarded to a single provider. Clear referral pathways are being established between One You and other community-linked initiatives such as GP social prescribing, NHS Health Check, Third Sector Health Grant activity, a new community blood pressure detection and monitoring project funded by the British Heart Foundation, and the new Better Together programme.

As One You becomes established, the service will be involved in wider developmental work. As an early example, the physical activity programme will work with council leisure services to promote physical activity as a whole system in a deprived neighbourhood with funding from Sports England.

Better Together

Better Together is Leeds' new community-based health development and improvement service, largely focused on the 10 per cent most deprived neighbourhoods. The previous service was delivered through 14 contracts which could be better joined up. Better Together is provided in the three localities of Leeds, broadly matching CCG areas, through three contracts with third sector organisations – two consortia with a lead partner, and one single provider.

Better Together takes a community development approach to health improvement, with each area delivering priorities identified by communities and building on strengths and assets. A wide range of activity is being delivered, including confidence building, coping with bereavement, skill-based courses, advocacy and self-help, community integration events, recruiting volunteers, health campaigns and applying for grants.

The service has not been operating long enough for formal evaluation, but individual case stories collected from Better Together show how people are improving their lives and their health.

Age Friendly Leeds

Age Friendly Leeds is another breakthrough project, co-chaired by adult social care and public health. The overall aim is to make Leeds the best city to grow old in by working together on all aspects of life that affect older people. A few headlines from the 2017 annual report include:

- **Improving our parks** – improvements in access, walking routes, seating, and low impact exercise facilities in 15 local parks.
- **Road safety** – 20mph speed limits, producing ‘Getting around Leeds – a guide for older road users’, a new assessment framework for requests for pedestrian crossings, and rolling out hi-vis shopping bags.
- **Housing** – a consultation on developing ‘Me and my home, an older person’s housing strategy’. This will include promoting new sites for older people’s housing in the site allocations plan, and further work on improving adaptations.
- **Social participation** – a huge range of social and physical activities across the city.

Whole-system health coaching

‘Better conversations for health and wellbeing’ is a key theme of Leeds Health and Care Plan. At the basis of this is a large-scale approach to health coaching across health and care which links strength based social care, Making Every Contact Count (MECC), collaborative care and support planning. Five hundred staff have been trained in health coaching to shift conversations from the traditional approach of trying to fix problems to one in which they enable people to self-manage. The approach has been recognised as a pioneer by the national health coaching coalition.

The project is being evaluated in partnership with Leeds Beckett University, and interim results include a more person-centred experience for the citizen and measurable health improvements.

Developing integrated services

As well as the examples above, Leeds has recommissioned or developed a range of integrated services. Re-commissioning involves using the expertise of the council in commissioning and procurement, combined with public health expertise in methodology such as health needs assessment and data analysis.

Sexual health

While part of the NHS, public health had sought to integrate sexual health services, but this had not proved possible. It has now commissioned integrated sexual health services, including family planning and GUM, with an emphasis on links with communities and outreach in accessible settings. Following open procurement, a lead provider was appointed from the NHS to run the service, working closely with other NHS and third sector partners on measures such as shared training, seamless pathways and links with other services. Monitoring has shown that performance is good.

Drugs and alcohol

Before the transfer, Leeds had separate drug and alcohol services. These have now been re-commissioned as an integrated drug and alcohol service. Following procurement, a third sector organisation was selected as lead provider, sub-contracting to NHS organisations for specific services. The service's specification has also been designed to place much greater emphasis on social determinants, such as links with domestic abuse and children and young people's services. The integrated service is better placed to tackle emerging challenges such as different patterns of drug misuse, and an ageing drug and alcohol misusing population with increasing health problems.

Integrated Early Start Service

The Early Start Service for children aged 0-5 years combines health visitors and children's centre workers in fully integrated teams based in health centres and children's centres across the city. Early Start provides a family-based offer, including the Healthy Child Programme, the Early Years Foundation Stage framework, and a range of childcare, play, early learning and school readiness support, as well as a gateway to specialist services. The service recognises that some families need more support at certain times, and has a range of offers geared to levels of need. Early Start is part of Leeds Best Start Strategy which has city-wide sign up. There has been strong support to keep all Leeds children's centres open, and partners across the city have jointly invested in new initiatives including:

- Baby Steps – supporting parents with complex lives prepare for parenthood.
- Best Start offer in South Leeds – providing additional services such as peer support, preparation for birth and beyond.

NHS Health Check

Public health has recently undertaken an extensive review of NHS Health Check, taking into account public and clinical views, local and national data analysis and national good practice. Overall, the research found

that engagement from both GP practices and patients is declining, but there is also significant feedback that NHS Health Checks in a GP practice bring many advantages. Also, alternative flexible models may be most effective for certain groups such as BME people and younger full-time workers. The detailed results of the review will inform an options appraisal for the future direction of the service.

The built environment

As Leeds continues to grow, it is important to include public health in the planning process. The DPH's annual report 2014/2015 focused on public health and the built environment, and the 2017 report provided an update on progress. Headlines include:

- There have been several examples of public health involvement in housing developments, but a more systematic and targeted approach should be developed.
- Public health are involved in supporting the active travel agenda; NICE guidance principles have informed a number of travel projects and funding bids; and links have been made with the Sport Leeds Board.
- The three CCGs have identified housing leads, and prepared a report looking at the potential impact of housing growth on primary care.

Health protection

Health protection is a critical public health function, and the public health team has focused on building a good understanding in councillors of this new local authority function, strengthening the capacity for response and developing links with emergency planning. Leeds Health Protection Board was established as a sub-committee of the health and wellbeing board which means that health protection is considered together with other strategic priorities for health and wellbeing. Some headlines from the recent annual report to the health and wellbeing board include:

- A pilot to increase blood-borne virus screening in primary care, including for the new migrant community, directly resulted in identification of new positive cases of HIV, and hepatitis B and C. Testing in participating practices increased by almost 250 per cent.
- Rates of tuberculosis (TB) are declining nationally and in Leeds, but the city remains the second highest local authority area for TB in Yorkshire and Humber. A range of interventions are taking place, and the community TB service delivers above average completion rates.
- Antimicrobial infection – rates of prescribing broad-spectrum antibiotics has reduced to below the national target. Leeds was nominated for five awards in the UK Antibiotic Guardian awards event and was highly recommended in two categories.

Mental health

Leeds Health and Wellbeing Board has been focused on improving mental health across the city. Leeds was one of the first Time to Change hubs in England, a partnership of local organisations and mental health champions committed to improving attitudes and behaviours to end discrimination. A number of mental health champions have been appointed, including elected members, and a 'Champions Fund' has been set up to run anti-stigma activity.

Other important mental health activity in which public health has a role in includes:

- The award-winning Leeds MindWell website which brings together mental health information from across Leeds into one place for people with mental health problems, their families and carers and professionals. The resource was co-created with people with mental health problems.
- Mindful employers Leeds – a network of over 200 Leeds-based members providing information and support to create positive working environments.
- Suicide prevention work, including working

with men at high risk of suicide and funding a Bereaved by Suicide service.

- In July 2017, starting to procure a new Mentally Healthy Leeds service aimed at improving mental health and wellbeing in communities most at risk of poor mental health through community development approaches.

Challenges

The health and wellbeing system is facing huge challenges for the future. At a time of ongoing and severe financial cuts, austerity is starting to have a significant impact, with an increase in demand for services such as drug and alcohol support, sexual health and foodbanks. The services that have been recommissioned in Leeds are proving popular and have revealed previously unmet need, which is also increasing demand.

A councillor's perspective:

Councillor Rebecca Charlwood, Executive Member for Health, Wellbeing and Adults

The transfer of public health has made a big impact in Leeds. Within the council there is a good understanding of the social determinants of health across all directorates, and health is seen as everyone's business. Building on this, we are working to make Leeds a Healthy City.

Having responsibility for public health has given councils a greater profile when working with the health sector. The Leeds Plan is the Leeds element of West Yorkshire and Harrogate Sustainability and Transformation Plan. It reflects the fact that there is extremely close working between the council and the NHS in Leeds, and significant progress is being made on plans for integration.

The council is keen to influence the STP to further promote prevention and early intervention, particularly in primary care which works closely with council neighbourhood teams. Thanks to the preventative approach undertaken by Leeds City Council and partners, the latest

figures from Shelter show that Leeds has the lowest ration of homelessness among the core cities. By pulling prevention and early interventions together across health we can promote good health and wellbeing throughout our city.

Key messages

- Being part of the local authority has made it possible to re-commission previously separate services into integrated services with improved access and more seamless delivery. Where these have a medical base (such as sexual health) this has been augmented with a focus on social determinants of health and links with communities.
- It is important to ensure that major elements of public health's work are joined up both strategically and operationally; these include community development in disadvantaged areas and lifestyle support for people facing health inequalities.
- Being part of the local authority has also enabled greater engagement with the breadth of roles of the council, for example on planning and housing as well as a stronger partnership approach to health protection.

Contact

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Documents and links

Available from the contact or to download.

Leeds Best Council Plan

www.leeds.gov.uk/council/Pages/Council-plans.aspx

One You Leeds

<https://oneyouleeds.co.uk/>

DPH annual reports

www.leeds.gov.uk/residents/Pages/Director-of-Public-Health-Annual-Report.aspx/

NHS Health Check review in Leeds: a health

needs assessment and consultation report.

Time to change Leeds

www.leeds.gov.uk/phrc/Pages/Time-to-Change-Leeds-Hub.aspx

MindWell Leeds

www.mindwell-leeds.org.uk/

Mindful employer Leeds

<http://mindfulemployerleeds.com/leeds>

Bereaved by suicide

<http://leedssbs.org.uk/>

Age Friendly Leeds: making Leeds the best city to grow old in – annual report 2017

Leicestershire County Council: a social model of public health

“In the five years since public health transitioned into the council, it really feels like they have ‘come home’ to local government. We have worked hard to transform services to make them relevant to people and communities and to put in place a model that delivers for the whole of the council. To do so, at a time when money is tight, has been a credit to the department.”

Councillor Ernie White, Cabinet Member for Health

“At the heart of everything we do is a public health model that embraces communities. Our public health model is focused on community capacity building and helping people help themselves.”

Mike Sandys, Director of Public Health

Synopsis

Leicestershire County Council has been moving towards a social model of public health and away from a more traditional lifestyle behaviour change model. This has led to the involvement of public health in a number of services with a strong emphasis on community capacity building as the basis of prevention.

At the community level, local area coordinators and a time banking scheme support the empowerment of individuals and communities. Primary prevention includes a welfare and social support service and programme work

by a public health programme delivery team. Secondary prevention includes an innovative in-house smoking cessation service and an integrated lifestyle service. A Health in All Policies approach has led to joint work with planning to embed Active by Design guidelines in planning policy and decisions. Mental health has been a priority across the county and has included investment, perhaps unique, from public health. A Warm Homes scheme to tackle fuel poverty and winter deaths has been integrated into housing support services.

Background

The county of Leicestershire has a population of 675,000, projected to rise to 698,000 by 2020. Nine per cent of people in the county are from an ethnic minority group, with the proudly diverse city of Leicester having about half of its population identifying as from an ethnic minority. Leicester has the highest proportion of British Indians in the UK (28.3 per cent of its population).

Leicestershire is one of the 20 per cent least deprived local authority areas in England, although about 12 per cent of children live in low income families. Life expectancy for both men and women is higher than the England average.

The life expectancy gap between men from the most deprived areas of the county and the least deprived is 6.1 years. For women, the gap is 4.8 years.

Among children and young people, obesity, alcohol harm and teenage pregnancy rates are lower than the England average. Similarly for adults, most health and socio-economic indicators, including rates of alcohol harm, smoking, road deaths and injuries and unemployment are better than the England average.

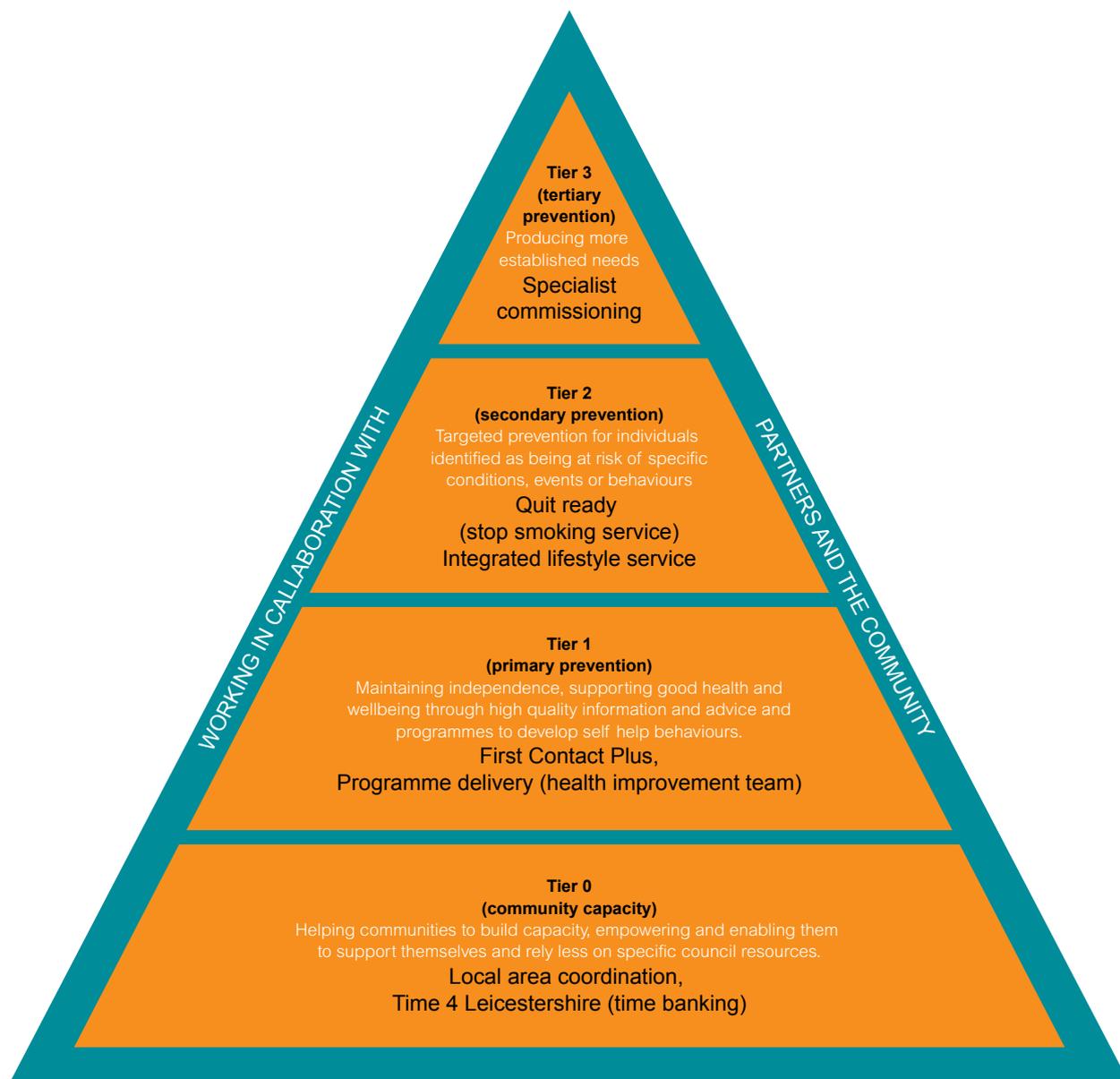
While, overall the health of the county is in reasonable shape, challenges persist. Although life expectancy has increased, there are stark variations, with a 10-year difference in life expectancy between men living in the more deprived Lemyngton ward of Loughborough and the more affluent ward of Bosworth. Rural health issues, such as depression, are a priority as is taking action on adult obesity.

Health priorities in Leicestershire include enabling people to take control of their own health and wellbeing; reducing the gap between health outcomes for different people and places, ensuring children are safe and can achieve their full potential; and ensuring sufficient weight is given to mental health and wellbeing and that people can access the right support throughout their lives.

Organisation

Through the work of the public health team, the county council has been moving towards a social model of public health and prevention and away from a more traditional narrower model concerned with diseases and lifestyles. This model has led to public health leadership in a number of services, with a strong emphasis on supporting community capacity building, including the following, which are all part of the public health department:

- investing in a local area coordinator system (see below)
- putting in place 1st Contact Plus, a lifestyle, welfare and debt advice and social care support hub
- bringing the timebanking scheme, Time 4 Leicestershire, into public health.



Since moving out of the NHS, the public health team has wherever possible brought the delivery of public health services in-house, setting up a provider arm within the team, with close matrix working with the specialist public health professionals.

The vision for the role of public health in prevention through the different initiatives outlined above and below is illustrated in the following diagram.

Health and wellbeing initiatives

Leicestershire Local Area Coordination

Initially delivered as a pilot in 10 very different local areas across four of the county's districts, Leicestershire Local Area Coordination (LAC) is a complex community-based intervention, operationally delivered by eight Coordinators with varied backgrounds and different working styles. Also referred to as an Asset Based Community Development programme, LAC's fundamental aims are to increase individual and community capacity while reducing demand for costly primary and acute services, as well as other public services, by working with beneficiaries who are vulnerable and often experiencing a range of multi-layer complex challenges. LAC is designed to have an impact on three levels: individual, community, and health and social care integration.

Local area coordinators are trusted individuals who are not seen as representatives of formal agencies. Their brief is to offer support with people-focused solutions that are non-service-based, outcome focused, easy to access and sustainably low cost.

An evaluation completed in September 2016 indicated that in the year to that date Coordinators had worked with almost 2,000 beneficiaries at Level 1 (signposting) and Level 2 (more intensive support), providing information, advice and guidance enabling local people and places to 'become the solution'.

There had been 510 referrals to LAC from a wide range of both voluntary and statutory organisations, and 395 referrals from LAC to a similar wide range of organisations, plus hundreds of self-referrals and referrals from friends and neighbours. First Contact Plus, the support hub, is a key referrer and a pathway has been developed to enable this for individuals who need a face to face visit but don't require a formal service.

Approximately 520 Outcome STARs (a set of tools for supporting and measuring change) were completed in the first year along with 420 action plans. Approximately 174 people were supported to access welfare benefits and approximately 21 referrals from the police to LAC resulted in LAC contributing to a positive outcome.

The evaluation identified that over a 12 month period, local area coordination in addition to the benefits to individuals, communities and services had avoided 53 critical incidents to 'high impact, high cost' individuals thus creating an avoidance cost of £4.7 million. Measurable outcomes had been achieved to a good extent for individuals and to a moderate extent for health and social care integration. Although measurable community-based outcomes were achieved to a lesser extent, it was recognised that these could take longer to achieve and that the 'glue' was in place to enable coordinators to have a good knowledge of local assets and to 'match' these effectively to assist a beneficiary. The director of public health notes that the LAC scheme works well where there is good liaison with a district coordinator within a district council.

Smoking cessation in-house service

The reduction in the public health grant drove the need to deliver a smoking cessation service at vastly reduced cost. Technological solutions and the desire to bring services in-house to prompt closer working across lifestyle services led to QuitReady Leicestershire stop smoking service (QR SSS).

QuitReady has pioneered advanced technological support which goes well beyond the motivational text messaging that some services provide. It offers 12 weeks of behavioural intervention support via the telephone, texting, live chat, email and webchat. Patients have the option of choosing the most suitable contact method. This technological model is based on models used in other countries such as Sweden and Australia with good evidence to suggest that it is as effective as conventional face-to-face intervention.

All stop smoking support is provided by the core stop smoking team with no sub-contracted services.

All patients also receive 12 weeks of pharmacotherapy which can include nicotine replacement therapy (NRT). Depending on the type of NRT, this is either provided by pharmacists by using a Patient Group Directive (PGD – enabling pharmacists to dispense drugs for a defined group of patients) providing an option for patients to receive their NRT via the pharmacy, without the need for patients to make an appointment with their GP – or by NRT being requested by the service from the service user's GP.

To try to reduce health inequalities, the service and stakeholders are required to identify proactively and deliver services to:

- residents in deprived areas of the county
- routine and manual workers
- people with a diagnosed mental health condition
- pregnant smokers and their wider family network
- people with long term conditions.

Residents in deprived communities are targeted by engaging with key organisations and partners such as Supporting Leicestershire Families, working with children's centres, midwifery and public health nursing services and workplaces with large representation of routine and manual workers.

Staff have high visibility in deprived wards attending many health and other events and have targeted marketing and communications activity within these areas to help further increase foothold into the service.

Routine and manual workers make up the largest proportion of smokers that set a quit date with the service as compared to other social-economic classifications.

The service has good links within the Leicestershire Partnership NHS Trust and contributes to the in-house training programme for staff and in-patients. It also hosts brief advice training sessions with the recovery colleges for carers of people with mental ill health and service users. There are good referral pathways in place between the community teams, GP practices and QuitReady.

In the first six months since the service was launched in January 2017, QuitReady helped more than 600 people to give up smoking.

In addition, the cost of the service was reduced by two thirds compared to the predecessor smoking cessation service model.

Health in All Policies – joint work with planning

Leicestershire's public health team has taken a strategic approach to enabling physical activity in the county. Its brief is to facilitate developers and council planning teams to design enhanced physical activity opportunities into new housing developments, leading to improved health outcomes, ultimately resulting in savings to the public purse. Taking a Health in All Policies approach, the public health team has piloted working closely with the planning department at Hinckley and Bosworth Borough Council on an 'Active By Design' programme based on the 10 Principles of Active Design developed by Sport England (supported by Public Health England).

Hinckley and Bosworth district was chosen as a launching pad for this approach because 27 per cent of residents were inactive, an increase from previous years and 28.9 per cent of adults were classified as obese, worse than the England average. There was a lack of awareness in the planning sector of the Active Design Principles, so Leicestershire Public Health set itself the challenge of first raising awareness among staff and elected members; and then ensuring that the principles were embedded long term into future policy. The action plan includes the following stages:

- develop high level service level agreement between public health and district planning teams
- develop staff training package
- design healthy communities policy for Leicestershire review
- cascade to fellow East Midland local authorities.

To date, a checklist has been developed to help planners assess whether new planning applications have taken account of the 10 Active Design Principles. Information materials have also been developed for elected members to help them understand the importance of active design principles.

Future action will include:

- information sessions for members
- working with Hinckley and Bosworth Borough Council to implement and test the feasibility and effectiveness of the Active Design checklist
- assessing the feasibility of undertaking health impact assessments on large housing development proposals in the borough
- evaluating the impact of all of the above in embedding Active Design Principles into planning decisions.

Mental health

Leicestershire County Council, along with NHS and voluntary sector partners, has prioritised improving mental health in the county. The 'recovery college' model has been developed, with investment from public health to recruit a two year fixed term post of Recovery College Engagement Officer.

The college offers a range of recovery-focused educational courses and resources for people with live mental health experience, their friends, carers and families.

The engagement officer has been working to bring the Recovery College from its main site into satellite venues across the county. The college now delivers classes in four additional venues and further venues are currently being sourced. Leicestershire Partnership NHS (mental health) Trust leads on delivery of the courses and with support from public health has forged important partnerships with wider NHS and local authority departments, voluntary organisations and the private sector (including Leicester City Football Club).

Alongside the work of the college, concern about the numbers of people with serious mental illness requiring ongoing support to aid their recovery has led to the development of the Leicester, Leicestershire and Rutland (LLR) locality mental health, wellbeing and recovery services which were rolled out in October 2017. The hubs are jointly funded by the city, county and Rutland councils, and the three local clinical commissioning groups (CCGs). Public health has been instrumental in supporting the development of the business case to give these patients equal access to high quality mental health services across ten sites in LLR, in buildings that are already well-used by local people. There they can get advice and support on a range of council and health services in addition to the statutory mental health services provided by health and social care.

Public health also commissions services aimed at wider mental health and wellbeing including a teenage mediation service and Mental Health First Aid Training for front line staff. Public health has also played a pivotal role in delivering the LLR Future in Mind Transformation plan, including establishment of a school based resilience service across LLR-‘Route to Resilience’ and an early intervention service for children with emotional and mental health issues.

Overall, services that support emotional wellbeing were considered so essential to the public health and prevention agenda that spending on this area from public health budgets has been protected despite the national cuts to the public health budget. Priority has also been given to supporting joint approaches with NHS and other partners to strengthen emotional health and wellbeing across the life course.

Warm Homes project

In addition to the issues discussed above, two indicators in the Public Health Outcome Framework (PHOF) stood out in Leicestershire: fuel poverty and excess winter deaths. With elected member support, public health led the development of a sustainable approach to tackling fuel poverty in the county.

External funding sources had come to an end so £100,000 of public health funding was identified to support the programme, from efficiencies in service provision elsewhere. The public health team worked with colleagues in adult social care and with housing colleagues in district councils to develop a healthy housing referral service. The service was put out to tender and awarded to the Papworth Trust in partnership with National Energy Action (NEA), the national fuel poverty charity. The initial programme provided a range of routes of referral into the service, including via First Contact Plus. Basic energy advice was available and more complex cases referred to a caseworker.

The scheme has now been embedded into First Contact Plus and the caseworker employed by the council. It is separately funded by Disabled Facilities Grant (DFG) funding and has been integrated with the various housing support services provided by the county and the seven district councils, making services easier for residents to understand.

For more detail on the Warm Homes initiative, see the publication in the documents and links section below.

Future plans and challenges

The number of local area coordinators is being expanded across the county up to 24.

The ongoing challenge of maintaining services at a time when the public health grant continues to reduce, and the uncertainty around future funding arrangements, will drive further service transformation.

Learning from the experience of Quit Ready, services such as weight management and alcohol brief advice will be brought in house and integrated with the remaining lifestyle services, delivered using technological solutions.

A councillor’s perspective: Councillor Ernie White, Cabinet Member for Health

In the four years since public health transitioned into the council, it really feels like they have ‘come home’ to local government. We have worked hard to transform services to make them relevant to people and communities and to put in a place a model that delivers for the whole of the council. To do so, at a time when money is tight, has been a credit to the department.

Beyond service transformation, the focus on the role of communities has given a visibility to public health across Leicestershire. Similarly, the joint working on issues such as air quality and active travel has seen our influence develop with district councils and other organisations.

It is vital that we continue to take links through initiatives like local area coordinators with other agencies.

I am also aware that, as lead member for health and wellbeing, the role of public health should be, has to be, more than just about what it can do for the health service. The work that I have seen happen here is testament to what can be achieved across that broader wellbeing agenda.

During production of this publication we heard the sad news that Councillor Ernie White, Cabinet Member for Health at Leicestershire County Council had passed away. The longest serving politician at Leicestershire County Council, we've kept his words in this report in tribute to his work for Leicestershire and the sector.

Key messages

- Mutual learning between public health and the rest of the county council has led to the development of a broad social model of public health.
- Asset based community capacity building is a key element of a public health approach to prevention, particularly in light of cutbacks in public spending.
- In two-tier areas, good relationships with district council departments such as planning and housing are vital to a Health in All Policies approach.
- The council has not been afraid of taking services back in-house which has led to significant improvement in its smoking cessation services and an integrated approach to lifestyle services.
- The emotional wellbeing of the community is such a high priority that it merits public health investment.

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Documents and links

Information on Leicestershire's Warm Homes scheme is given in the LGA's Commissioning for Better Health Outcomes

www.local.gov.uk/commissioning-better-health-outcomes

Newcastle City Council: a working city; tackling inequalities; decent neighbourhoods

“The transfer of public health responsibilities to local government has been extremely positive. Despite the challenges of budget constraints, in Newcastle it has brought an exciting opportunity to make a real impact on health and wellbeing.”

Councillor Jane Streather, Cabinet Member for Public Health and Housing

“The council’s awareness of its public health role and responsibilities is now clearly helping to shape thinking and actions. At the same time, its strengths in, for example, commissioning and procurement, have helped to manage the financial stringencies forced upon us. I have always believed the transfer to local authorities to be the most positive part of the Health and Social Care Act and remain unshaken in that view.”

Professor Eugene Milne, Director of Public Health

Synopsis

Newcastle operates a Health in All Policies (HiAP) approach in which health and wellbeing is embedded across the council. This includes involvement in:

- healthy transport and air quality

- leisure services and physical activity
- planning
- health improvement in community settings such as Community Family Hubs
- health at work.

Background

Newcastle is city with a population of 293,000 on the north bank of the River Tyne and forming part of the wider conurbation of Tyne and Wear. Newcastle has many sites of historical interest, modern culture and sport, and has several large and well-established parks. Newcastle is one of the 20 per cent most deprived districts/unitary authorities in England, with about 29 per cent (13,800) of children living in low income families. Life expectancy for both women and men is lower than the England average. Within Newcastle, the difference in life expectancy is 13.1 years lower for men and 10.9 lower for women in the most deprived areas compared to the least.

Organisation

Newcastle was a case study in the Public Health Annual Report 2015⁷. This case study catches up on progress from that time, as well as looking at new developments.

Newcastle has continued to focus on a HiAP approach to embedding health and wellbeing across the work of the council. To support this, public health has moved from the wellbeing care and learning directorate and is now a team working to the chief executive and to the portfolio holder for public health and Housing. The DPH works closely with the assistant chief executive’s management team which drives cross-cutting activity in the council.

⁷ LGA (2015) Public health transformation 20 months on www.local.gov.uk/public-health-transformation-twenty-months-adding-value-tackle-local-health-needs-0

Earlier plans to move a hospital-based health improvement team into the council to refocus on health and wellbeing in communities have now taken place. The public health team now includes responsibility for leisure services, which include in-house services as well as a range of assets transferred to external providers.

Health and wellbeing initiatives

Healthy transport and better air quality

The council is keen to tackle the spectrum of health issues associated with busy vehicle transport routes: problems from poor air quality, lack of opportunities for exercise, social isolation and mental health problems.

Public health supports the development of Newcastle as a Cycling City. In terms of infrastructure, many secure cycle routes have been created which currently are partially linked. The aim is that, eventually, there will be a fully joined-up cycle network around the city, ultimately expanding the travel corridor around the metro system, allowing people to bike to stations. Public health provides revenue funding, training and activities to increase the use of safe cycling.

Following a pilot of a bike library funded by public health, the council has supported the establishment of a smart bike-share scheme on a commercial basis. Starting in October 2017, the first stage of the scheme uses drop-off and pick-up sites provided by the council. The Mobike app will guide users towards the best locations to pick up and park bikes. If the first stage is successful, it will be extended across the city and may be widened to include E-bikes.

The council has recently signed a partnership agreement with British Cycling to deliver major cycling events and promotions to increase the number of people cycling in the city and to support ongoing initiatives such as bike sharing, social rides and promotional activities.

Much local data on activity is based on sources such as the Active People Survey, which are high level and insufficiently timely. Public health is seeking to improve real-time measures of walking and cycling. For example, hire bikes can be tracked through GPS, providing heat maps of usage and desire lines for travel.

Public health is working to improve air quality near schools. Public Health England has seconded a worker who is looking at car usage around schools with the aim of reducing traffic in the school run and involving children in activities to improve air quality. If successful this will be rolled out further, alongside plans to increase the capacity to monitor air quality around hotspots, particularly schools.

Newcastle, Gateshead and North Tyneside have been identified in Defra's 'Air quality plan for nitrogen dioxide (NO₂) in the UK'⁸ as places with high levels of NO₂ in some locations. They are now working on a collaborative response to Defra requirements, and have agreed that this work should include a vision for public health.

Leisure services promoting health and wellbeing

The main purpose of Newcastle Council's leisure services is increasingly focused on improving health and wellbeing, particularly the promotion of sport and physical activity for people of all ages. This includes strength and balance training to prevent falls in older frail people, and a range of initiatives through links with Sport England, the Lawn Tennis Association and major local sports clubs.

Many of Newcastle's leisure centres and pools have been asset transferred, but the council continues to deliver programmes through the facilities. Public health intends to work with the local NHS and within the sustainability and transformation partnership (STP) to develop opportunities for secondary prevention through sport and leisure facilities.

⁸ Defra, 2017, Air quality plan for nitrogen dioxide (NO₂) in the UK. www.gov.uk/government/publications/air-quality-plan-for-nitrogen-dioxide-no2-in-uk-2017

Public health is also supporting and contributing funding to the development of a parks trust to assure a sustainable future for city parks. Health and wellbeing objectives are being written into the objectives of the parks trust so that they are at the core of delivery. Public health intends to work closely with the trust, with events and new initiatives that will utilise parks' 'green gym' potential.

Health improvement in the community

Newcastle Health Improvement Team provides leadership, oversight, training and support for major workstreams including:

- sexual health
- healthy schools
- breast feeding
- health at work
- obesity and food policy
- brief interventions – alcohol
- smoking cessation
- You're welcome – accreditation of services for young people.

Moving the team from a hospital setting to the council has meant greater emphasis on early prevention and health within communities, and has allowed some reshaping, including a new post to support black and minority ethnic communities. It means that the team works more closely with community services, such as Community Family Hubs, and can respond to and promote new opportunities for health and wellbeing, some of which are described below.

Tackling obesity

Support for the campaign NEWCASTLE CAN, fronted by chef and broadcaster Hugh Fearnley-Whittingstall, aims for Newcastle people to lose 100,000 pounds of weight in a year.

Working with Planning on a supplementary planning document to establish a 10-minute walking distance exclusion zone for new fast food outlets near schools, which will be enforced by the council. There has been considerable public support for this development, and in 2016 McDonalds withdrew an application for a drive-through outlet near a school as a consequence.

Children's health

Support to help hospital children's services gain national 'You're Welcome' accreditation which shows that services are child and young person friendly. Up to now, five of the hospital's services have been accredited, with the others underway.

Health at work

Better Health at Work is a long-standing regional programme, commissioned by councils across the North East. It is open to employers, large and small, who work towards the Health at Work Award, which has four levels: Bronze, Silver, Gold and Continuing Excellence. Employers are supported by a dedicated workplace health improvement specialist who links with a workplace health advocate in each organisation to drive improvements.

Better Health at Work has proved a successful programme, with 380 organisations signed up across the region. In 2016, Newcastle and the North Tyneside sub-region received 80 awards. It is also a useful framework for focusing on specific workplace health priorities, including promoting good mental health. Newcastle and Gateshead councils, with many other local employers, have signed up to the national Time to Change Charter, which aims to end mental health discrimination. In October 2017, over 150 employers responsible for 70 businesses met for a Better Health at Work mental health event at St James' Park.

Public health has seen employers' commitment to physical and mental health at work increase, and believes that this is a key area for further development.

Recommissioning services

In the 2015 case study, a number of contracts were being reviewed prior to re-tendering to provide high quality, cost effective services with an emphasis on integration and individualised support in the community. As well as those identified in the first case study – smoking cessation, maternal obesity, drugs and alcohol – two more areas were re-commissioned: services for children and young people 0-19, and sexual health.

The recommissioning process has met its goals, with the new services performing as well as, or better than, before (see stop smoking, below). The exercise also produced significant financial efficiencies which have been used for health and wellbeing developments, such as supporting the establishment of a park trust.

Drugs and alcohol

There have been a number of changes in misuse of drugs and alcohol in Newcastle (also nationally), including a significant increase in violence and acute presentations associated with previously legal psychoactive drugs across Newcastle's night-time venues and amongst students. Council public health and regulatory services, the NHS and the police have worked together in a strong collaborative response to tackle these problems. This has resulted in the police closing down various supply lines, and continued efforts to tackle the changes in supply.

The use of psychoactive substances has reduced, but become an issue connected to broader drug supply markets. There are a number of issues with this changing market leading to increases in drug related deaths both locally and nationally. Newcastle's response to drugs and alcohol will need to be increasingly robust and depends upon partners working together to combine efforts, offering health and treatment interventions but also tackling supply.

Future plans include extending the intervention and brief advice (drugs and alcohol) train-the-trainer network, a focus on children and young people's drug and alcohol use, and harm reduction, while also establishing a new drug and alcohol recovery centre by refurbishing a currently derelict building.

Smoke Free Newcastle

Smoke Free Newcastle is a long-standing partnership working to reduce the impact of smoking across Newcastle. It covers all aspects of reducing harm related to smoking: second hand smoke, stop smoking services and campaigns, regulation and enforcement. The partnership continues to be extremely active, with an action plan which is monitored quarterly. Recent achievements include:

- smoke free signs in all outdoor children's playgrounds
- action by the council's commercial services team, Northumbria police and the Border Force to seize illegal shisha tobacco
- so far six organisations have signed up to the council's responsible retailer award scheme
- a new care pathway in the hospital for pre-operative assessments in which the anaesthetist will point out the benefits of stopping smoking for several days before the operation, and post-op will follow up with a brief intervention on stopping smoking for good.

Newcastle Stop Smoking service is available on an appointment and a drop-in basis available in pharmacies, some GP practices, locations across the city centre, and in community venues. In the most recent quarter, the city's quit rate per smoker was 15 per cent higher than the national average, with a four-week success rate of 49 per cent.

Public health in the STP

Public health strands of the Northumberland, Tyne and Wear and North Durham STP are now being implemented. Currently, the most advanced of these is the tobacco control and smoke free NHS work strand. Newcastle's DPH is co-chair of the regional taskforce which is developing a memorandum of understanding to implement standardised pathways and prescribing, Making Every Contact Count (MECC) training, and a communications programme.

Research and development

The DPH is a member of the Programme Advisory Board of the National Institute for Health Research Public Health Research Programme, and promotes links with universities and medical schools to develop the potential for research and evaluation of practical health and wellbeing interventions. Current examples include work on transport and air quality, and there is a prospect of expanding this further through continued engagement with research collaborations. One of the most significant achievements has been the 'BabyClear' programme for smoking cessation in pregnant mothers, which is currently being implemented by many public health teams in England⁹.

Challenges

Budget pressures on the council have been a major challenge. By one off measures such as re-commissioning, public health has been able to retain a 'remarkably large' range of functions, and to contribute towards wider council developments that impact on health. However, there are limits to how long this can continue.

A major concern for the future is the impact of austerity. Although employment is rising, so is child poverty. Services cannot breach the gap of poverty; they can only try to deal with some of its impact, such as an increase in drug misuse.

A councillor's perspective:

Councillor Jane Streater, Cabinet Member for Public Health and Housing

In Newcastle there is considerable political enthusiasm for improving health and tackling health inequalities, and public health has become a responsibility of the whole council, through adopting a HiAP approach. Newcastle is also a designated city in the World Health Organisation's European Healthy Cities Network – working towards Healthy City status, which shows that there is top level strategic commitment to improving health.

Cabinet members work closely together on health issues. For example, I work closely with the cabinet member for transport and air quality and I also co-chair the Healthy Streets Board, which was set up in 2016 to link work delivered by transport and public health officers within the council.

We have laid the foundations for a coherent approach to closing the gap in life expectancy and tackling the growing problem of poverty, but there is much more to do. For example, we are about to launch a new strategic partnership initiative to tackling food poverty: Newcastle's Good Food Plan. We also intend to work with the regional STP to deliver a strong focus on prevention. It is important that our health and wellbeing plans are shaped through dialogue with local people, and the cabinet runs regular policy meetings at which the public can provide their views on topics such as mental health and wellbeing, Healthy City and housing.

⁹ Bell, R, et al, 2016, 'Evaluation of the implementation of a complex intervention (babyClear) to promote increased smoking cessation rates among pregnant women', *Journal of Epidemiology and Community Health*, 70 (suppl 1), A33.2-A34. <http://doi.org/10.1136/jech-2016-208064.56>

Key messages

- Central to Newcastle's approach and thinking is the understanding that public health is a function of the whole council – not simply a set of services or the exclusive responsibility of a public health department.
- Where long-term interventions are strong and continue to produce results, it is important to maintain and reinvigorate these, to promote continuity of approach. Newcastle also seeks to make partnerships with national bodies, such as Sport England, to support local initiatives.
- Public health research, particularly on the new approaches being developed in councils, is essential for developing effective public health interventions going forward.
- Expertise in commissioning and procurement in the council greatly helped public health to undertake an effective re-commissioning programme.

Contact

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Documents and links

Smoke Free Newcastle

www.newcastle.gov.uk/environment-and-waste/environmental-health-and-pest-control/smoke-free-newcastle

NEWCASTLE CAN

www.newcastlecan.com/

You're Welcome

www.newcastle-hospitals.org.uk/services/childrens_youre-welcome.aspx

Cycling City

www.newcastle.gov.uk/parking-roads-and-transport/cycling

Better health at work

www.betterhealthatworkne.org/index.php?section=1

Defra, 2017, Air quality plan for nitrogen dioxide (NO₂) in the UK

www.gov.uk/government/publications/air-quality-plan-for-nitrogen-dioxide-no2-in-uk-2017

LGA, 2015, Public health transformation twenty months on

www.local.gov.uk/public-health-transformation-twenty-months-adding-value-tackle-local-health-needs

Oldham Borough Council: working for a co-operative borough

“Our vision is to transform Oldham into a cooperative borough where everyone does their bit to create a confident, prosperous and ambitious place to live and work. Public health is making a major contribution to this work.”

Dr Carolyn Wilkins, OBE, Chief Executive, Oldham Council

“The health and wellbeing of people is at the centre of everything the council and partners are doing with Oldham people to make Oldham a prosperous and happy place. I am proud of the part the public health programme is playing in achieving that goal.”

Alan Higgins, Former Director of Public Health, Oldham Council

Synopsis

Oldham has invested in capacity to implement a wide-range of in-depth health and wellbeing initiatives which operate across the council, with Oldham clinical commissioning group (CCG) and with other local partners. Initiatives are evaluated, and where they prove effective are supported in the long-term. It has undertaken re-commissioning exercises that have resulted in efficiency savings allowing public health services to largely be maintained despite overall funding cuts to the council.

Background

The borough of Oldham is in the north west of England and forms part of the Greater Manchester (GM) sub-region. Oldham lies five miles from Manchester city centre, but almost a quarter of the borough is in the Peak District National Park. It has a population of around 227,000 and the population is made up of diverse communities with a range of backgrounds and cultures. Oldham is one of the 20 per cent most deprived districts/unitary authorities in England, with around 29 per cent of children (around 15,000) living in low income families. Overall, people's health is generally worse than the England average, and within the borough there is a difference of 11.1 years in life expectancy for men and 9.8 years for women between the most and least deprived areas.

Organisation

Oldham Public Health moved to the council in advance of the formal transfer and, after a year of bedding in, began a restructuring process.

The aims were to:

- focus strategic planning and responsibility in a small management team of director of public health and two consultants (one part funded by the CCG) and a head of public health service
- augment the capacity to drive a wide range of health and wellbeing initiatives across all council functions and with other partners through programme managers, currently 16 posts.

As well as the public health team, the director of public health (DPH) is responsible for leisure services and heritage, libraries and arts. Public health sits in the health and wellbeing directorate, which also includes adult social care, and works to the executive director for health and wellbeing.

Oldham is part of Greater Manchester devolution agreement, which promotes the implementation of an integrated health and social care strategy across GM. Each area has developed a locality plan to transform health and care at a local level. Oldham has identified four transformational programmes that will impact on health and wellbeing across the life course:

- starting well – early years, children and young people
- living well – resilient communities and early help
- mental health – central to good health
- establishing an integrated care organisation.

The initiatives described below contribute to these programmes.

Health and wellbeing initiatives

The first two initiatives promoted by public health were designed early in the transfer and continue to flourish: Get Oldham Growing and Warm Homes Oldham. They were identified as cross-council and CCG developments which met local priorities and were likely to be 'early wins' to demonstrate the potential of public health in the council.

Warm Homes Oldham

Tackling fuel poverty was a priority for Oldham, where around 15 per cent of households (13,557) are classed as being fuel poor and there are an average of 100 excess winter deaths a year, many of which are preventable. Warm Homes Oldham is intended to make homes warmer, improve health and reduce the cost to the NHS and social care.

Warm Homes Oldham is funded by partners in Oldham – the council, CCG and Housing Investment Partnership – who signed the country's first 'Joint Investment Agreement' to tackle fuel poverty. An innovative feature of the agreement is that it was based on a payment by results model.

For every individual lifted out of fuel poverty, Oldham CCG allocated £250 and Oldham Council £50 to fund the future project. During the first three years fuel poverty targets have been met, so the £300,000 payment by results for year three was made available for reinvestment in year four.

Warm Homes Oldham is delivered by a private and voluntary sector partnership and is a universal service for anyone struggling to heat their home. Support provided includes energy efficiency improvements and advice; help switching providers, help getting off prepayment/card meters, benefits checks, referral to other partners such as food banks. Financial help may also be available to help people clear debt and manage in a crisis.

Evaluation is built into the scheme, both by Oldham Council and independently by the Centre for Regional Economic and Social Research at Sheffield University.

In its first three years of operation, 2013-2016:

- 3,544 people were helped out of fuel poverty (against a target of 3,400)
- over £3.3 million of utility grant funding was brought in through the scheme
- nearly £282,000 of extra benefits were secured
- nearly £140,000 worth of trust fund grants secured for homes not on benefits, for example, white goods or fuel/water debts wiped.

The scheme topped the 'Sustainability' category at the 2016 Guardian Public Service Awards.

A key improvement currently underway is to increase the number of referrals from front line staff in primary care. Another issue is to explore whether it is feasible to remotely monitor NHS interventions (with householder consent) to directly measure impact on health.

Growing Oldham: Feeding Ambition

Oldham has made healthy food a strategic priority. The Growing Oldham: Feeding Ambition Partnership and the community-led Oldham Food Network work in partnership to coordinate food activity, support local communities and increase food education and skills. Public health plays an important role in this work, funding Get Oldham Growing, a community engagement project which has expanded rapidly in four years of operation. Results include:

- five growing hubs with two more in development
- three schools are part of the growing entrepreneur scheme
- nine people employed
- 50 people developed growing skills
- more than 250 people attended a conference and a community festival
- partnership with Oldham College and Oldham hospitals.

The Growing Oldham: Feeding Ambition Partnership has been shortlisted for the Local Government Chronicle awards 2018 under the community involvement category. Results will be announced in March 2018.

Public health in primary care

Oldham's GP practices work in five clusters which each support different populations with varying health needs and assets. The clusters provide opportunities for promoting health and wellbeing through primary care and locality-based multi-disciplinary teams. Oldham Intelligent Learning Lab is a continuing professional development (CPD) project, accredited by Manchester University, in which a mix of participants from primary care, adult social care, public health and housing providers in each cluster develop public health understanding and skills.

After the course has finished, participants continue to work together to develop a locality plan which builds resilience in communities and harnesses their assets. A prevention fund has been set up so participants can bid to fund asset-based activity within their cluster. For example, one cluster is working with community groups to identify solutions to local problems and has identified local takeaway establishments as community assets in this respect.

Improving performance on NHS Health check

In 2013/14 performance on NHS Health Checks was below the Greater Manchester and England average. Oldham was the poorest performer in the North West and 11th worst nationally, with only 6.5 per cent of eligible residents being offered an NHS Health Check as opposed to the target of 20 per cent.

An improvement plan was set in place and by 2016/17 there was a significant improvement, with performance above the GM and England average; this continues to rise in 2017-18. Improvement measures include:

- a public health programme manager was appointed to improve operational management by supporting and engaging with GP practices, developing a best practice pathway, supporting engagement, training and communications, and developing clinical governance and quality assurance
- a steering group to coordinate and oversee the improvement plan with representation from communications, business intelligence, commissioning, public health procurement and Oldham CCG
- developing a community model and a pharmacy model for delivering health checks
- a health equity audit.

In 2017 the NHS Health Checks strategy is undergoing a refresh with a renewed focus on clinical outcomes and quality, and enhanced work with GPs and CCGs business managers at cluster level.

Right Start integrated early years offer

A new integrated delivery model for early years services was commissioned in 2016. The model covers health visiting, the Healthy Child Programme ages 0-5 and 5-19, oral health and children's centres, all working to a single outcomes framework. A range of disparate contracts were brought into one contract with a single provider with the aim of providing integrated support, with staff able to work flexibly across the service. The procurement resulted in a financial saving.

The first year has been a time of establishing new arrangements such as new staff roles, IT and care pathways. However, performance on the key outcomes has either been maintained or improved, with improvements in take-up of two-year-old entitlement.

The council and the provider are continuing to refine how the model operates, including improving the performance framework by gathering data to track children's development and bringing teams together on co-located sites.

Improving mental health

MH:2K

In 2016, Oldham Council, Oldham CCG and the Wellcome Foundation funded the organisations 'Involve' and 'Leaders Unlocked' to pilot MH:2K, a youth-led model for engaging young people in conversations about mental health. In this innovative project, local 14-25 year-olds become 'citizen researchers', identifying the key mental health challenges facing young people and working with key local decision-makers to make recommendations for change.

Forty-seven roadshow events were attended by 600 young people, and 90 decision-makers and researchers from 27 different organisations took part in at least one of the events. The project was overseen by a local expert panel chaired by the DPH. Issues identified in Oldham include the environment and culture of schools, self-harm, stigma, family and relationships, and professional practice. In July 2017, a report was produced with recommendations to improve the mental health and emotional wellbeing of young people in the borough. These include changes to mental health prevention, support and services; work on implementation through a task and finish group is underway.

Four further local authority areas have commissioned the MH:2K approach, commencing in September 2017.

Mental health in schools

Schools and colleges in Oldham responded well to an invitation to be involved in health and wellbeing initiatives, and helped to shape a single framework for improved mental health which was launched this summer. This involves local guidelines, an action pack and school-based action plans.

Mental health through heritage

Libraries and arts services have been enthusiastic about the opportunities to promote health and wellbeing through their work, and over the past few years there have been many examples of theatre productions, story-telling, and arts workshops both in Oldham and across Greater Manchester. For example, Oldham Library Service has just received funding to produce a graphic novel to help young people understand and tackle mental health problems. The DPH has been involved in a recent Association of Directors of Public Health (ADPH) publication on arts and health¹⁰.

¹⁰ The Art of the Possible – a quick guide to commissioning arts and cultural providers for better health and wellbeing, ADPH Cultural Commissioning Programme and NCVO www.adph.org.uk/2017/09/adph-ncvo-publication-guide-to-commissioning-arts-cultural-providers-for-better-health-and-wellbeing/

Fit for Oldham workplace health programme

Fit for Oldham is a programme of health and wellbeing activity to inspire staff in the council to be more physically active and look after their mental health. Examples include a choir, walking groups, and mindfulness training. Fit for Oldham has its own brand and evidence-based materials and has been well established for over 18 months to assure staff it is not a 'flash in the pan'.

The first-year evaluation found that more than 396 staff had attended at least one session and, overall, people who attended the programme are more likely to indicate higher levels of wellbeing and lower levels of anxiety than those who did not. Sickness absence reduced by 11 per cent in the first year of operation, although this cannot be directly attributed to the programme.

The programme is now managed through Oldham's business support section with support from public health. It will continue to be developed within the council with a particular focus on making better connections with sickness absence. Other local organisations are interested in the model, such as the Royal Oldham Hospital, and the model will also feed into wider work on workplace health across Greater Manchester.

Making Every Contact Count

There is an active Making Every Contact Count (MECC) programme across Oldham, and this is aligned with Fit for Oldham, with staff training to make brief interventions/signposting with colleagues, family and friends and the public. So far the MECC programme has:

- trained 670 council employees
- established 20 MECC champions who meet to share good practice
- developed a series of bespoke MECC resources for adults, young people, and young children in schools and community settings
- delivered training to 15 local dental practices

- made MECC training available to councillors, voluntary and community sector organisations that support council functions, lifelong learning tutors and school governors
- been delivered in libraries and mosques to contact groups at high risk of developing type 2 diabetes who might not access primary care.

Future plans for MECC include brief training sessions at staff meetings to reach more employees/services and embed small health changes into daily activity.

Future plans and challenges

A significant challenge facing public health in Oldham has been to maintain levels of service and a varied programme of activity within overall decreasing national resources available to the council. To a large extent, and up to now, this has been achieved, with funding released through measures such as more cost-effective commissioning. Public health funding has also been made available to support and develop activity in other directorates that contribute to public health outcomes through a transformation fund.

Future plans include providing health and wellbeing support to Oldham's emerging integrated care organisation. Also aligning activity with GM's health, care and wellbeing population plan on sub-regional developments. A specific area of development is an integrated approach to wellness services.

A chief executive's perspective: Dr Carolyn Wilkins, OBE

Oldham Council is working to become a cooperative borough in which the council, its workforce, its partners, communities and individuals work together to develop an inclusive economy, thriving communities and cooperative services. In Oldham we encourage everyone to do their bit to improve their lives, their communities and their environment.

For example, Oldham has won a Britain in Bloom award for eight years running. In 2017 the award was for the community involvement programme, known as Bloom and Grow, in which many people of all ages from across Oldham were committed to creating a growing city.

Public health has made a major contribution to the transformation the council is working to achieve. It has brought a focus on health and wellbeing across all council functions, and contributes vision, expertise and resources to creating sustainable change. This can be seen in the range of areas covered in this case study – tackling poverty and health inequalities, workforce wellbeing, improving mental health, supporting healthy behaviour change – and many others.

Public health's focus on early intervention, prevention and health protection have also been vital to the work taking place within Oldham and across Greater Manchester to integrate health and social care, and to scale-up resilience to tackle risks to population health.

Key messages

- Programme managers bring flexible expertise to a range of health and wellbeing issues, and have proved effective in identifying and responding to opportunities to develop a HiAP approach across the council and beyond. A single point of coordination means that activity can be readily monitored, evaluated and improved. This takes place in all programmes and is particularly noticeable in the turnaround approach to NHS health check.
- Where programmes are found to perform well, Oldham's approach is to stick with them, rather than dropping them to move onto other initiatives. This long-term approach is helpful in that people come to recognise and trust health and wellbeing programmes.

Contact

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Documents and links

Available from the contact or to download.

Public health annual report 2017
www.oldham.gov.uk/downloads/file/4273/public_health_report_for_oldham_2017

ADPH and NCVO (2017) The Art of the Possible – a quick guide to commissioning arts and cultural providers for better health and wellbeing ADPH Cultural Commissioning Programme and NCVO
www.adph.org.uk/2017/09/adph-ncvo-publication-guide-to-commissioning-arts-cultural-providers-for-better-health-and-wellbeing/

Fit for Oldham briefing information pack

Development and delivery of a MECC training programme for Oldham Council: evaluation report September 2015 – August 2016

MH2K (includes links to evaluations)
www.involve.org.uk/2017/07/13/report-launch-mh2k-oldham-youth-led-approach-mental-health/

Oldham Locality Plan for health and social care transformation

Right Start Service – one year on

Schools mental health framework
www.oldham.gov.uk/info/200807/mental_health/1795/the_whole_school_and_college_approach_to_emotional_health_and_mental_wellbeing?acceptCookieContinue=Continue

Warm homes Oldham – includes evaluations
www.warmhomesoldham.org

Growing Oldham: Feeding Ambition
www.oldham.gov.uk/directory_record/16893/oldham_food_network

Get Oldham Growing
www.oldham.gov.uk/getoldhamgrowing

London Borough of Southwark: a Health in All Policies approach

“Our public health team has incredible reach across the council and dialogue with other departments has gone from strength to strength.”

Councillor Maisie Anderson, Cabinet Member for Public Health and Social Regeneration

“Local government’s leadership, passion and commitment to creating sustainable, safe, connected and economically productive communities are pivotal to improving people’s health and creating cohesive and resilient places. Good health is so much more than providing quality healthcare and Southwark Council is an innovator in placing wellbeing at the heart of all that it does.”

Professor Kevin Fenton, Director of Public Health

Synopsis

Southwark Council is transforming the role of its public health directorate, ensuring that it is more visible, engaged with and accessible to all council departments. Key among this has been the adoption of a Health in All Policies (HiAP) approach by the public health directorate, which aims to maximise how health and wellbeing interventions and outcomes are integrated across the council.

Through novel partnerships with colleagues in Southwark’s culture, leisure, environment, planning, regeneration, human resources, and housing departments, the public health team now has a range of collaborative initiatives, jointly developed, monitored and delivered. And the benefits of this approach are already being observed: collaboration with public health has had a significant impact on the development of the proposals in the New Southwark Plan, currently in consultation.

Social regeneration, which prioritises wellbeing as primary outcome of all local regeneration efforts, is now included as a central theme in the plan. A free ‘Swim and Gym’ programme, a collaboration with the council’s leisure team, has had notable success in registering nearly a quarter of the borough’s residents and attracting 50 per cent of attendances by BME residents and 50 per cent by women. An award-winning online sexual health service has been developed, serving thousands, transforming service delivery, increasing clinic capacity, and contributing to better HIV/STI control. Healthy free school meals are now provided for all primary school children and the public health team has worked with colleagues across the council to identify significant under-claiming of the Government’s free school meals and the pupil premium.

Southwark’s public health directorate continues to learn and adapt as staff implement new HiAP programmes. Emerging keys to success include: visible political and chief officer leadership, cross council understanding and support for health and wellbeing, identifying tangible collaboration between departments, small investments in staff time and resource where needed, identifying unexpected opportunities for collaboration, demonstrating measurable progress, and celebrating success.

Background

The inner London Borough of Southwark has a population of 309,000, projected to rise to 332,000 by 2020. Forty one per cent of the population are from an ethnic minority group, as compared with 13.2 per cent for England as a whole. Southwark is one of the 20 per cent most deprived local authority areas in England and about 28 per cent of children live in low income families. Life expectancy for men is lower and for women higher than the England average. The life expectancy gap between men in the most deprived and in the least deprived areas of Southwark is 9.6 years and 5.6 years between women in the most and least deprived areas.

In Year 6, 26.7 per cent of children are classified as obese, worse than the average for England of 19.8 per cent. Levels of GCSE attainment and breastfeeding initiation are better than the England average.

Among adults, the rate of smoking-related deaths is worse than the average for England, while estimated levels of adult excess weight are better than the England average. The incidence of tuberculosis is worse than the England average and the incidence of new sexually transmitted infections (STI) is very significantly worse at 2,798.8 per 100,000 of the population than the England incidence of 795 per 100,000.

Local priorities in Southwark include the wider social and economic determinants of health; giving children and young people the best start in life; reducing the risks for poorer health; improving the detection and management of people with long term conditions; supporting the most vulnerable people; and strengthening local approaches to integration so that seamless services are accessible, effective and efficient.

Organisation

Until June 2016, there was a joint Lambeth and Southwark public health team structured thematically around traditional public health

lines. While obvious to those with a health background, the traditional organisational structure made it somewhat difficult for council departments outside public health to know which parts of the organisation to relate to.

In June 2016, the Lambeth and Southwark public health team separated into two borough specific organisations, and this provided an opportunity for the creation of a new Southwark public health directorate, restructured into cohesive groupings that allowed an easier 'read across' between key council and health priorities. Within the directorate, there is now a healthcare section that includes adult social care, and a section with a remit around 'healthy spaces', including housing, planning, regeneration, parks and leisure. A third section is focused around children, young people and safeguarding issues. There are also clearly designated 'link people' in the public health team with different council functions, so that council colleagues across all departments know who to liaise with on health issues.

With the arrival of Southwark's new Director of Health and Wellbeing in spring 2017, the public health team developed a new FY17/18 business plan, which articulated an overarching narrative of public health's role and functions in the council; clarified the directorate's five strategic priority areas; identified core values underpinning the directorate's work; and strengthened the link between the directorate and the council's strategic priorities. 'Making health everyone's business' is now the directorate's strategic priority related to HiAP, which has resulted in a significant enhancement in the prioritisation, resourcing and accountability for this work.

Today, Southwark's public health directorate has made a commitment to spending between 10 to 20 per cent of staff's time working across established council functions, with 60 to 70 per cent being spent on more traditional public health work such as school nursing and immunisation, which also links in with the council's corporate objectives. The expectation that all public health staff should

be collaborating and contributing across the council is now well established, and so too is the openness for other departments to reach out to and call upon the public health team's core competencies and functions.

Health and wellbeing initiatives

After five years in local government, Southwark can point to a number of examples of really transformative change where the public health team has developed its understanding of the opportunities provided by being part of the council to address the wider determinants of health. At a strategic level, embedding public health within the council has worked to the benefit of both. For example, there has been a shift in perception of the role of town planning as 'spatial planning', addressing issues like social cohesion, rather than simply 'land use'. Being in the council has enabled public health to contribute to the Southwark Plan at a strategic level, but also at a specific level, for example by using public health specialists' knowledge of 'what works' to target groups of people not participating in leisure services (see more detail below). The team is now taking full advantage of its place within local government, contributing to a wide range of local authority functions. Innovative partnerships have been forged, new approaches to prevention developed and a HiAP approach has been promoted across the council.

Social regeneration: embedding health into planning

Southwark has established a strong strategic working relationship between planning and public health. The council has taken a HiAP approach with committed leadership from the director of health and wellbeing, the director of planning and colleagues specifically identified within the public health team and in planning, with lead roles to work on optimising the synergies between planning, regeneration and health. Wellbeing (including health) is now a key central driver in the New

Southwark Plan (currently in consultation). There are strategic policies to maintain and improve the health and wellbeing of residents, encouraging healthy lives by tackling the root causes of ill health and inequalities in society.

A strategic policy for social regeneration is also being proposed that places people at the heart of regeneration to ensure that new developments encourage healthy behaviours for all. To ensure that opportunities for health improvement are realised in all aspects of planning, the New Southwark Plan for land and spatial use places a high priority on active travel and air quality; sets high standards for the protection of and access to green space and new housing; and emphasises the development and sustainability of a strong local economy with good access to employment and training opportunities. It is explicitly recognised that all of these opportunities will impact positively on the wider determinants of health. Specific development management policies underpin the strategic policies, such as policies on hot food takeaways, betting shops, pay day loans and active design. Southwark intends to push the boundaries and be an exemplar of how planning and public health can work together by co-producing a plan for a Healthy Old Kent Road – one of the next major regeneration areas in Southwark and a designated opportunity area by the London Mayor, where up to 20,000 new homes and an extension of the Bakerloo Line are expected.

Southwark Free Swim and Gym programme

Southwark has pioneered a new approach to help residents lead healthier, more active lives by providing free access to its leisure centres at weekends. Southwark borough residents are now able to use the swim and gym facilities for free in six of the borough's leisure centres, operated by Everyone Active in partnership with Southwark Council. Registration is now open for Free Swim and Gym. The offer is available anytime on Friday (subject to programmes and timetables); Saturday and Sunday afternoons from 2pm to close. Over 60s can take part in any 'silver' sessions for free, and disabled residents will

be able to use all leisure centres for free, seven days a week.

Over the last decade the council has put almost £50 million worth of investment into leisure facilities in the borough and it is continuing to prove its commitment to getting Southwark active with this scheme. The council, with the support of the public health team, recognises that the best way to be proactive about health and wellbeing is through prevention, by making it easier for people to make healthier choices and to achieve a more active lifestyle.

Today, following introduction of the programme, 23 per cent of residents (71,000) can now swim or use the gym for free. It is a resounding success with 50 per cent of attendances made by BME residents and also 50 per cent of all attendances by women, bucking usual participation rates.

Transforming sexual health in South London

Southwark has some of the highest rates of sexual ill health in the country, a reflection of a number of unique demographic, behavioural, service provision and socio-economic characteristics. Poor sexual and reproductive health can have long term consequences, and testing and treating low-risk individuals in traditional sexual health clinics can be costly. Southwark Public Health partnered with Lambeth, the Design Council, local sexual health services, and Guys and St Thomas' Charity, to develop an innovative new online sexual health service, SH:24, to improve patient experience and encourage self-management, reduce costs over time, reduce waiting times, and improve access to sexual health services.

The service has been fully operational since April 2016. Users can order an STI test kit online, take samples themselves at home, return their samples and get results by text message. Users who do not need treatment never have to visit a clinic, freeing up clinic time to treat those who do.

This innovation has provided a service to thousands of residents in Lambeth and Southwark, transformed service delivery in local sexual health clinics, and won a number of awards. Online services of this scale are now being developed in various parts of the country (for example, pan-London sexual health e-service). The development, delivery and lessons learned from SH:24 have helped to shape the sexual health landscape of the future.

Universal free healthy school meals for primary school children

Southwark has placed public health and tackling inequalities central to many major children's programmes. One of these programmes is the provision of universal free healthy school meals to all primary school children. This flagship programme means that all primary aged pupils attending schools in the borough get at least one healthy nutritious meal a day, puts money back into the pockets of parents on lower incomes and provides an opportunity to make healthy eating central to the school.

However, when the initiative was introduced, it was noticed that fewer parents were now self-registering their children as eligible for the Government's free school meals. This means that by making school meals universally free, a key income stream was reduced for the council and also for schools who were missing out through a lower pupil premium. Together with education and benefits and revenue colleagues, the public health team led a health intelligence approach to investigating this thorny problem. By applying simple principles such as observed to expected ratios – commonly used in estimating under-detection of health conditions – a joint exercise has identified up to approximately £350,000 that the council is under-claiming for on behalf of pupils who are already entitled to the Government free school meals because they are in receipt of benefits. The council has now started the process of claiming some of this income stream.

Outcomes

As a relatively newly created directorate with new senior leadership, the past year has been one of significant change for public health within Southwark Council. In addition to HiAP, the team is now progressing other strategic priorities including social regeneration, improving health outcomes, promoting better health and care for all, and workforce development. Nevertheless, the team can point to a number of key accomplishments which augur well for pursuing the HiAP approach in the future. These include:

- Work across council to develop Southwark's strategic approach on social regeneration with the publication of a draft Framework on Social Regeneration approved by cabinet in autumn 2017.
- Cross-council collaboration on the Southwark Conversation, a comprehensive engagement with those who live, work, play and pray in the borough on the borough's future, how change is affecting them and what they'd like to see more of or less of as a result.
- Work with council emergency preparedness and response colleagues in the response to the June 2017 London Bridge terror attack, where public health took a lead role in coordinating the mental health and wellbeing response and coordination across health partners. This novel approach led to significant learning for future responses and informed the revision of pan-London and national Emergency Preparedness, Resilience and Response policies.
- Integration of health and wellbeing as a primary outcome and objective in the New Southwark Plan laying the foundation for the council to fundamentally reshape how it negotiates with developers in major regeneration programmes.
- Collaborating with colleagues in leisure services to expand population coverage of engagement in physical activity through Free Swim and Gym programmes, linking this to the NHS Health Check and exercise on referral programmes.

- Work with Southwark's libraries to maximise opportunities to integrate health campaigns, promote wellbeing and social cohesion.
- Collaboration with human resources to pilot novel approaches to scaling up flu vaccination for all council staff and partnering to develop new, evidence based programmes for mental health and wellbeing and smoking cessation.
- Collaboration with culture colleagues in Southwark's bid to be London Borough of Culture, ensuring health and wellbeing opportunities were maximised and the link between the arts, health and wellbeing are actively promoted.
- Collaboration with education colleagues on scaling up Southwark's Healthy Schools Programme with plans to take a more integrated approach to school nursing and health promotion in the future.

Future plans and challenges

A health in all policies approach and strategic priority is justified and appropriate and is already yielding benefits, but there is more that can be achieved. As the directorate begins its business planning for the financial year 2018/19, it will be more deliberate in reaching out to, and capturing collaborations with other departments across the council. With the upcoming local government elections there will be new priorities, which the directorate will need to support. However, given the strong commitment to ensuring wellbeing is at the heart of everything that Southwark does, the public health team anticipates that there will be the need for more integration, not less.

The directorate will also need to be mindful of and prepared for the challenges ahead: cross-council collaboration and integration can be resource intensive and support will be needed for staff to work efficiently and in new ways. There are potential opportunities to have staff from other departments work

in the public health directorate, to build their competencies and experience. And finally, the directorate will continue to focus on a few things, do them well and demonstrate impact. This will help build confidence in this approach as well as inspire other teams to work in this new way.

At the heart of the council's work in public health is a recognition that healthcare only accounts for a minority of what generates and sustains health in any community. While work with our NHS colleagues remains paramount, there is much more to be gained by building on the wider assets across the council in a more systematic and strategic way. The HiAP approach provides a structure and methodology for this work and one which Southwark will continue to develop moving forward.

A councillor's perspective: Councillor Maisie Anderson, Cabinet Member for Public Health and Social Regeneration

The council's Labour administration is committed to health being embedded in all policies. We see ourselves as a bold authority and are proud that we've been able to improve the public health offer in Southwark, and even innovate, despite the challenging budgetary environment. Creating my double brief for social regeneration and public health was a deliberate move to bring together the physical environment with the community's health and wellbeing.

For example, our public health team has been front and centre in developing plans for a large-scale regeneration project on the Old Kent Road, which will create a whole new part of London. This is still at an early stage, but already there have been many discussions about green space, air quality and health provision. Public health has been instrumental in bringing together the CCG and the planning department as part of this process.

What we are doing now is to look at existing services with a new eye, for example leisure

services, to see how we can get even more health benefit from them. We have also developed a new obesity strategy, of which our leisure services will play an active part. The public health team has been brilliant in helping with this and I feel it is really getting in its stride now. I also want to give all credit to the rest of the council for seizing the opportunity and being prepared to work in partnership with public health.

Key messages

- Public health structures and roles need to be understood, visible and proactive across the council to underpin a Health in All Policies approach.
- Councils' planning powers provide significant opportunities for a focus on health in spatial planning, both at a strategic level and in the detail of specific policies.
- A health intelligence approach can be used to support departments in maximising resources across councils, not just in public health.
- Southwark's Health in all Policies programme has already yielded a number of key accomplishments which augur well for continuing this approach in the future.
- Emerging keys to success include visible political and chief officer leadership, cross-council understanding and support for health and wellbeing, identifying tangible collaboration between departments, small investments in staff time and resource where needed, identifying unexpected opportunities for collaboration, demonstrating measurable progress, and celebrating success.

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Documents and links

New Southwark Plan proposed submission version

[www.southwark.gov.uk/assets/attach/5294/NSP%20CAR%20Appendix%20A\(i\)%20NSP%20Policies.pdf](http://www.southwark.gov.uk/assets/attach/5294/NSP%20CAR%20Appendix%20A(i)%20NSP%20Policies.pdf)

Southwark Conversation

<https://consultations.southwark.gov.uk/housing-community-services-department-community-engagement-team/southwark-conversation/>

Southwark Council Social Regeneration Framework

<http://modern.gov.southwark.gov.uk/mgIssueHistoryHome.aspx?IId=50014455&Opt=0>

Southwark Revised Joint Strategic Needs Assessments web portal

www.southwark.gov.uk/health-and-wellbeing/public-health/health-and-wellbeing-in-southwark-jsna

Southwark Annual Public Health report

www.southwark.gov.uk/health-and-wellbeing/public-health/for-professionals?chapter=2



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REF 22.14