
**REPORT FOR: HEALTH AND SOCIAL
CARE SCRUTINY SUB-
COMMITTEE**

Date of Meeting:	12 June 2019
Subject:	Information report: Public Health Forward Plan
Responsible Officer:	Carole Furlong Director of Public Health
Scrutiny Lead Member area:	Health: Councillors Michael Borio and Vina Mithani
Exempt:	No
Wards affected:	All
Enclosures:	None

Section 1 – Summary and Recommendations

This report sets out the Public Health Department's plans for 2019-20, including an overview of the budgets and the priority areas of work for the team.

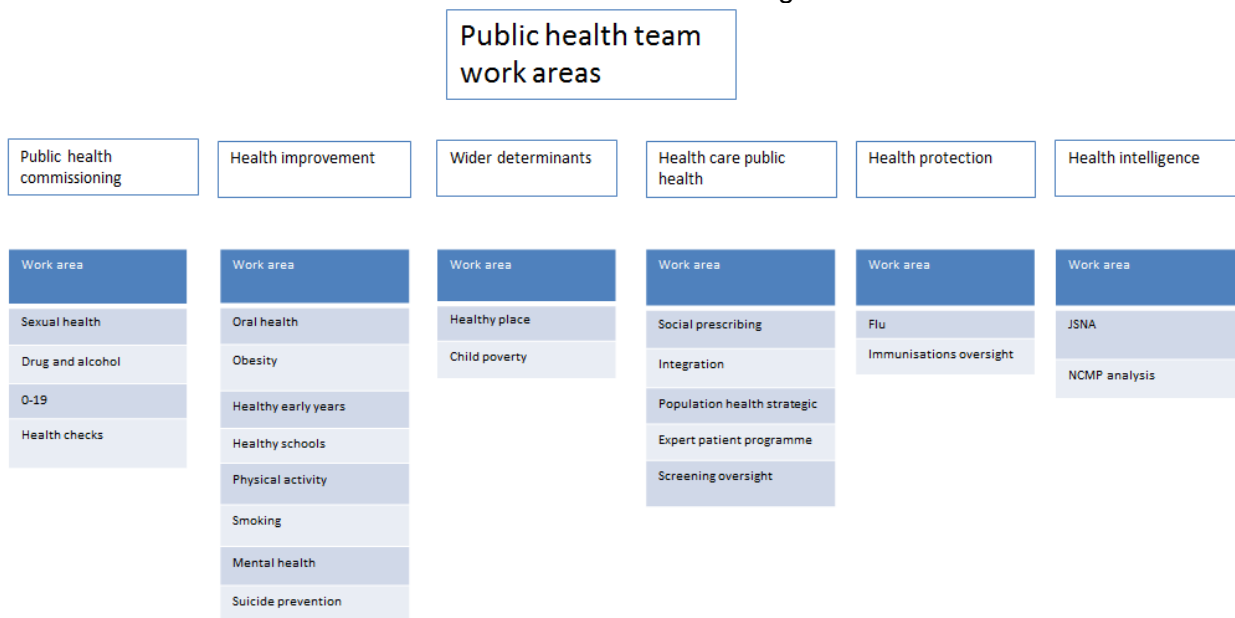
Recommendation: That the report be noted.
(For information)

Section 2 – Report Background

Prior to April 2019, public health in Harrow was a shared service with Barnet Council. From the 1st of April 2019, this team became two separate teams, with restructure of the team also occurring at this time. Now following one year of being a re-focused Harrow

team, the plans and priorities for the coming year are being brought to Health and Care Scrutiny.

Public health team areas of work are covered in the following:



Priorities within work areas

1. Development of overarching strategies

Joint Strategic Needs Assessment (JSNA):

This is being completed over the course of 2019-20. The JSNA is a statutory requirement shared between the CCG and Local Authority. It pulls together population and health data to assess the health needs of the population and inform priorities and strategies for the population of Harrow. The JSNA is structured using the life course approach of Start Well, Live Well, Work Well, and Age Well.

Joint Health and Wellbeing Strategy (JHWS):

This is being refreshed over 2019-20 to be launched as a new strategy for 2020-2023. The strategy will follow the same life course approach as the JSNA and will be informed by the needs and priorities highlighted in the JSNA. The JHWS will be developed through stakeholder consultation and signed off and owned by the Health and Wellbeing Board. The strategy will involve and engage stakeholders across the Council and CCG, with wide-reaching actions and responsibilities for health and wellbeing.

Annual Public Health Report (APHR):

The APHR is a statutory requirement to be produced annually. This year the focus will be on mental health and community resilience, revisiting and building on an APHR (“Building Bridges”) completed four years ago which looked at social isolation and loneliness in Harrow.

2. Public health commissioning

Sexual health:

Harrow’s sexual health services are commissioning jointly across Outer North West London (Harrow, Brent and Ealing), with a rolling lead commissioner. From September Harrow will be the lead commissioner.

The new integrated sexual health service at Caryl Thomas has now been officially launched – bringing together testing and treatment services. Channel-shift to the London-wide e-service continues to increase and is being monitored carefully.

Substance misuse:

The adult drug and alcohol service contract is due for renewal by April 2020. This re-procurement will be the focus of this coming year.

0-19:

The new 0-19 service officially launched on 1st July 2018. Mobilisation and transition to the new service has been ongoing. The new service brings in changes to the health checks offered to babies, and these changes will be piloted over the coming year. KPIs will continue to be monitored closely.

NHS Health Checks:

The NHS Health Checks programme, delivered through GPs, met the target for the first time ever for Harrow Council at the end of March 2019. Over the coming year the focus will be to build on this, getting all GPs on board and working towards a higher conversion rate of Health Checks completed versus invited.

3. Health Improvement

Oral health:

Oral health is a priority for public health in Harrow, with the highest proportion of children with decayed missing or filled teeth by the age of 5 compared to the rest of London.

Over the coming year the oral health strategic group will be re-established to pull together and have oversight of various elements of work on oral health. These include:

- Managing Migration fund – recruiting an oral health promoter working with the Romanian community
- Continuing to supply oral health brushing packs
- Continue to evaluate impact of oral health training previously delivered to front line early years staff
- Healthy Pupil Capital Fund – this has been used to install water fountains in schools across Harrow

Obesity:

Obesity is a priority issue in Harrow. 18.8% of reception children in Harrow are overweight, rising to 34.4% in year 6 (National Childhood Measurement Programme data). This is comparable to overall rates in England. Obesity is a key risk factor for diabetes, and Harrow has the highest prevalence of diabetes in London.

The causes of obesity are complex, relating to many factors in the environment in which we live. Harrow has an obesity strategy, providing actions to prevent obesity and manage weight. However this strategy is out of date and will be updated during 2019-20, developing new actions for stakeholders working across various Council and wider departments that can influence prevention of obesity as well across the obesity pathway. One current gap is around weight management services, and this will be looked at as part of this strategy refresh.

Healthy Early Years and Healthy Schools:

Healthy Schools London is a pan-London GLA supported initiative to support schools to be healthier focussing on obesity, oral health, physical activity, and mental health as themes. Health Education Partnership are commissioned to provide support to schools. 54 of 62 schools are registered, with 32 bronze, 20 silver, and 11 gold awards. Over the coming year the aim is to increase the number of schools with awards – 10 new bronze, 8 silver, and 6 gold awards.

Healthy Early Years is a new pan-London GLA supported initiative which transposes the learning from the Health Schools programme into an early years setting. Introduced in Summer 2018, it is also being implemented in Harrow, again with support from Health Education Partnership. A number of early years settings are working towards bronze award, with Cedar's Children's Centre being the first to achieve it. This will be built on further over coming year aiming for more settings to achieve this award.

Physical activity:

Work on physical activity is led through the Active Harrow strategy group, a partnership that leads the monitoring and oversight of the physical activity action plan. The action plan is currently in the process of being updated, with new refreshed actions to bring wider stakeholders together to increase physical activity in more groups, particularly in established priority groups currently undertaking less physical activity. Actions will relate to transport, leisure, parks, and public health.

Smoking:

Harrow has not had a stop smoking service for the last two years. However there has been recent agreement to re-establish a small specialist stop smoking service; one stop smoking advisor (0.6 WTE) offering clinics in the community particularly focusing on high priority population groups such as people with mental health disorders, pregnant women, and those from more deprived areas. In addition Harrow has now signed up to the London-wide stop smoking helpline and promotional initiatives.

The priority for the coming year will be to recruit to this post and re-establish referral routes into this service.

Mental health:

Mental health support is not solely delivered through public health. Children's commissioning team commission Harrow Horizons, a tier 2 service for children and young people, and the CAMHS service is commissioned through the CCG. Through public health, Mental Health First Aid (MHFA) courses are commissioned for people working with both adults and children and young people. These have been very well received and help break down barriers and increase knowledge around mental health.

Over the coming year there will be more youth MHFA courses run, and work will be undertaken to ensure mental health is built in strategically across the JSNA and the health and wellbeing strategy.

Suicide prevention:

Public health is working collaboratively with the CCG to develop a joint Brent and Harrow suicide prevention plan. This will be signed off over 2019-20 by a wide stakeholder group, and two key areas for action will be agreed and plans developed through a working group.

4. Wider determinants of health

Over 2019-20 public health will continue to contribute to wider council initiatives that address the wider determinants of health (as shown in Table 1). It will be important that these programmes have identifiable public health outcomes so that they meet the grant conditions.

In addition to the public health grant spend described above, a priority for 2019-20 is to develop how public health is considered and approached across the council, across all services. This Health in All Policies (HiAP) approach systematically and explicitly takes into account the health implications of the decisions we make as a council; targets the key social determinants of health; looks for synergies between health and other core objectives and the work we do with partners; and tries to avoid causing harm with the aim of improving the health of the population and reducing inequity.

For example, transport strategies that relate to active travel and community safety have an impact on health and wellbeing, improving unemployment and economic development impacts on wellbeing, community cohesion impacts on wellbeing, regeneration and development can have a huge impact on wellbeing. It is important that opportunities to enhance health and wellbeing of the Harrow population are considered across strategies.

Work is underway already in linking in to transport in the Active Harrow workstream, and in discussion of approaches to health impact assessments in planning processes. Further strengthening and development across these areas is priority for 2019-20.

Harrow is also pilot for a “Superzone” around a school in Wealdstone – looking at factors in the wider environment that impact on health and wellbeing in a radius around the school. Consultation has taken place with parents and staff and issues around congestion, safety, and healthy eating were raised. Work is underway looking at enforcement around the congestion zone, investigating walking buses, promoting active travel, and healthier takeaway programme.

5. Health care public health

Integration and population health:

Public health is working with the CCG supporting the integration work with a focus on the working groups on dementia and on community mental health. Going forward, as the governance of the Integrated Care Partnership develops, public health will lead the population health management agenda.

Social Prescribing:

Public health are leading the development of a social prescribing offer for Harrow, working in partnership with the CCG. The proposal involves the social prescribing link workers from each Primary Care Network becoming part of a Harrow-wide social prescribing offer – with a digital solution and coordinator funded by public health. This work is a key priority for the coming year.

The Expert Patient Programme:

This programme provides peer-led support for individuals with long term conditions. It is being re-established this year, and will be a key service that can be referred to via a social prescribing service.

6. Health protection

A priority for this year going forward is to establish a Harrow Health Protection Board. This will provide robust assurance for outbreaks and cases of infectious diseases, provide oversight of immunisation programme uptake, and assurance of seasonal and pandemic flu plans.

7. Health intelligence

The priority for 2019-20 around health intelligence is development of the JSNA, as described above. This will be key for Harrow-wide intelligence and priority setting and will form the basis of a rolling programme of intelligence updates in the coming years. The purpose of the health intelligence function is to assess health needs within the population and identify health inequalities and their causes.

Ward Councillors' comments

None requested.

Financial Implications

Local authorities receive an annual ring-fenced public health grant from the Department of Health. The core condition of this grant is that it should be used only for the purposes of the public health functions of local authorities. The ring fenced grant is confirmed until March 2020 at which point the ring-fence may be lifted. The annual Public Health allocation has been reducing yearly. In 2018-19, the allocation was £10.808M and in 2019-20 is £10.523M.

Currently the grant is used to fund:

- Staffing: Core team (Director of Public Health (0.6 WTE); Consultant in Public Health (1WTE); PH Strategists (1.6 WTE); PH Commissioners (2 WTE); PH Analyst (0.8WTE); Commissioning Support officers (2 WTE)). Additional staffing to support the DPH functions that relate to prevention, planning for, and responding to, emergencies involving a risk to public health and funding for 0.2 WTE Child Death Overview Panel Support (provided by CCG) to support the Harrow Safeguarding Children's Board' responsibility.
- Commissioned services: including the mandated services for sexual health, NHS health checks, and 0-19 services (health visiting and school nursing including the National Child Measurement Programme), and a non-mandated but necessary service to treat those with substance misuse problems.
- Health improvement and prevention activity
- Activity to tackle the wider determinants of health across the council beyond the public health team. This includes contributing to the funding for children's centres, adult social care prevention activity, and strengthening employment support. In 2017-18, around £900k was spent on wider determinants. This allocation increased to £1.7M in 2018-19 and was further enhanced by savings made on the sexual health budget (net of the requirement to fund the grant reduction) so actual spend was £1.9M. The allocation to wider determinants has increased to £2.1M in 2019-20 requiring a contribution from the PH reserve)

Table 1 summarises the use of the public health budget for 2019/20 (rounded)

Table 1 Public Health Budget 2019-20

		Budget ('000s)
Staffing	<i>Core team</i>	607.8
	<i>Additional</i>	24.8
	Subtotal	632.6
Commissioned Services	<i>Sexual health</i>	2,192
	<i>Substance misuse</i>	1,946
	<i>0-19 Public Health Nursing</i>	3,536
	<i>NHS Health Checks</i>	176
	Subtotal	7850
Health improvement	<i>Stop Smoking Service</i>	60
	<i>London Stop Smoking programme</i>	7
	<i>Physical Activity programmes:- adult</i>	20
	<i>Weight Management - adult</i>	20
	<i>Children's programmes</i>	50
	<i>School Superzone pilot</i>	10
	<i>Mental Health – Thrive London</i>	22
	<i>Mental health projects</i>	30
	Subtotal	219
Wider determinants	<i>Early Intervention (excl mgt): 45% funded</i>	921.6
	<i>Housing Related Support: 50% funded</i>	222.5
	<i>Welfare to Work: 50% funded</i>	52
	<i>Economic Development: 50% funded</i>	185.2
	<i>Leisure Contracts Development Officer: 100% funded</i>	47.9
	<i>Sports Development Officer: 100% funded</i>	54.6
	<i>London Youth Games: 100% funded</i>	10.8
	<i>Dementia Support - Annie's Place 100% funded</i>	30
	<i>The Bridge: 100% funded</i>	175
	<i>Age UK & HUG: 100% funded</i>	55
	<i>Rethink Recovery House: 100% funded</i>	210
		Subtotal
	Contribution to overheads	163
TOTAL		10,829.2

Although this total is over the grant allocation, it is anticipated that in year savings may be made, and any excess spend will be covered by the public health reserve. An additional £250k for wider determinants has been requested and has been factored into the medium term financial strategy. This will also come from the public health reserve (and is not covered by the section below about the use of the reserve).

The public health ring fence is proposed to finish in April 2020 and that the public health services are funded from the retention of business rates thereafter. There is national lobbying for the ring fence to remain.

The Public Health Reserve

The public health grant is ring fenced and any underspend can be carried forward in a reserve fund. This funding is subject to the same grant conditions as the annual allocation. In 2017-8, the reserve increased while the public health team were being restructured and last year it increased further due to the underspend on the sexual health contract due to the new e-service being introduced.

Some contingency needs to be built into the public health budget to cover our role in health protection and emergency planning and any unexpected increases in costs of services. In order to continue with the planned programme of work, we propose to spend some of the reserve in providing maternity cover for a public health strategist for one year and to bring in additional support to develop the JSNA for the Health and Wellbeing Board.

In addition to the almost £2m funding of the above wider determinants of health, further funding has been used to fund or pump prime programmes that support the work of the council. These programmes have an expectation that they will deliver a cost saving in future years or that they fill a gap in programmes to support specific vulnerable groups. In 2018-19, over £37k was allocated to three of these projects and an additional £15k was allocated for continuation of the Capable Communities social prescribing project whose grant had finished. In 2019-20, over £270k has been allocated to these projects and a planned £175k for 2020-21.

Table 2 Planned use of Public Health Reserve 2019-21

Area of activity		2019-20 (000s)	2020-21 (000s)
Public Health Capacity	<i>PH Strategist Maternity Cover</i>	32.3	17
	<i>JSNA PH Analyst – interim support</i>	40	
Wider determinants	<i>ADHD and autism support</i>	43	
	<i>ASC Hoarding project</i>	19	
	<i>STP-1 Employment for people recovering from alcohol misuse</i>	25.7	25.6
	<i>Dementia admiral nurse</i>	50	25
	<i>Dementia hub</i>	25	
	<i>Social prescribing</i>	100	50
	<i>Paramedic/ care homes pilot</i>	50	
	<i>H&SC integration</i>	75	
	<i>Assistive technology</i>	50	75
	Total	437.7	175.7

Performance Issues

Through the focus of public health, we will be impacting on many of the Public Health Outcome Framework indicators. Public Health, by its nature, depends on partnerships to achieve improvement. Many of the public health indicators in the PHOF are not within the scope of the public health team to deliver on. We report on a number of corporate plan indicators that are related to commissioned services. We also monitor high level indicators of population health that contribute to the national and local ambition for increased healthy life expectancy and reduced differences in life expectancy and healthy life expectancy between communities.

Both life expectancy and healthy life expectancy in Harrow's men and women continues to be higher than the England average. However, the inequalities in life expectancy at birth have increased in from 5.7 to 7.0 years in men and from 3.3 to 5.0 years in women between 2010 and 2017.

Environmental Impact

Through actions that impact on active travel, such as some of the travel actions as part of the Active Harrow group and the Superzones work, there will be an impact on rates of active travel and therefore on air pollution.

Risk Management Implications

Risk included on Directorate risk register? No

Separate risk register in place? No

Equalities implications / Public Sector Equality Duty

Was an Equality Impact Assessment carried out?

No. A core principle underpinning the work of public health is inequalities and all of our work is informed by inequalities in health.

Council Priorities

Through the work of public health, all council priorities are being considered and are impacted.

1. Building a Better Harrow

- Create a thriving modern, inclusive and vibrant Harrow that people can be proud to call home
- Increase the supply of genuinely affordable and quality housing for Harrow residents
- Ensure every Harrow child has a school place
- Keep Harrow clean
- More people are actively engaged in sporting, artistic and cultural activities in ways that improve physical and mental health and community cohesion.

Active Harrow work impacts on the above, building on wider determinants activity impacts on employment, community development and engagement.

2. Supporting Those Most in Need

- Reduce levels of homelessness in the borough
- Empower residents to maintain their well-being and independence
- Children and young people are given the opportunities to have the best start in life and families can thrive
- Reduce the gap in life expectancy in the borough

All work of public health is looking to reduce the gap in life expectancy through addressing health inequalities.

The 0-19 service aims to give children the best start in life, and there are higher levels of service offered to the more vulnerable families.

3. Protecting Vital Public Services

- Harrow has a transport infrastructure that supports economic growth, improves accessibility and supports healthy lifestyles

- Healthcare services meet the needs of Harrow residents
- Everyone has access to high quality education
- A strong and resourceful community sector, able to come together to deal with local issues
- Harrow continues to be one of the safest boroughs in London.

Through working with transport we are aiming to support transport infrastructure. Health care public health work with the CCG aims to ensure health care services meet the needs of Harrow residents.

4. **Delivering a Strong local Economy for All**

- A strong, vibrant local economy where local businesses and thrive and grow
- Reduce levels of in-work poverty and improve people's job opportunities
- Harrow is a place where people and businesses invest

Wider determinants of health work particularly looking at employment services supports this objective.

5. **Modernising Harrow Council**

- Deliver excellent value for money services
- Reduce the borough's carbon footprint
- Use technology and innovation to modernise how the Council works
- Improving access to digital services.

Active travel work reduces the borough's carbon footprint.

Section 3 - Statutory Officer Clearance

Name: Donna Edwards

on behalf of the
Chief Financial Officer

Date: 3 June 2019

Name: Paul Hewitt

Corporate Director
of People Services

Date: 3 June 2019

Ward Councillors notified:

**NO, as it impacts on all
Wards**

Section 4 - Contact Details and Background Papers

Contact: Sally Cartwright, Consultant in Public Health
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Background Papers: None.