



Scrutiny Committee
16 June 2015

Report from the Director of Public Health

For Information

Wards Affected:
ALL

Public Health - Priorities and Progress

1.0 Summary

- 1.1 As a result of the Health and Social Care Act 2012, local authorities have new responsibilities for public health. This report outlines these responsibilities and how the Council is discharging these.
- 1.2 The public health roles of Public Health England and NHS England are also summarised as well as areas where the Council is working with PHE and NHSE on matters of public health importance.
- 1.3 The report outlines the significant public health commissioning undertaken by the Council, including areas of collaboration with other Councils.
- 1.4 Drawing upon the 2014 Annual Report of the Director of Public Health, the report outlines public health priorities for Brent and how these are being addressed.

2.0 Recommendation

- 2.1 Members of the Scrutiny Committee are recommended to note the progress that is being made with respect to the Council's public health responsibilities.

3.0 Detail

Changes to public health responsibilities as a result of the Health and Social Care Act 2012

- 3.1 The Health and Social Care Act 2012 conferred new public health responsibilities onto local authorities in three domains:

- Health improvement
- Health protection
- Health services public health.

3.2 As a result of the Act, responsibility for a range of services previously commissioned by the NHS transferred to the Council. The Council now commissions:

- Substance misuse prevention, treatment and recovery services
- Sexual health services
- School nursing
- NHS health checks
- Services to support positive behavioural change, e.g. smoking cessation.

3.3 Not all the NHS responsibilities for public health transferred to Councils. The Health and Social Care Act created Public Health England (PHE) and NHS England (NHSE) who both have significant roles in public health.

The role of PHE

3.4 PHE is an executive agency, sponsored by the Department of Health with over 5000 staff. It is responsible for:

- making the public healthier by encouraging discussions, advising government and supporting action by local government, the NHS and other people and organisations
- supporting the public so they can protect and improve their own health
- protecting the nation's health through the national health protection service, and preparing for public health emergencies
- sharing information and expertise with local authorities, industry and the NHS, to help them make improvements in the public's health
- researching, collecting and analysing data to improve understanding of health and come up with answers to public health problems
- reporting on improvements in the public's health so everyone can understand the challenge and the next steps
- helping local authorities and the NHS to develop the public health system and its specialist workforce.

The public health role of NHS England

3.5 NHSE has wide ranging responsibilities. These include commissioning, on behalf of PHE, a number of public health services, with an annual budget of £2.2 billion. These services are:

- National immunisation programmes
- National screening programmes
- Public health services for offenders in custody
- Sexual assault referral centres
- Public health services for children aged 0-5 years (including health visiting, family nurse partnerships and much of the healthy child programme).
- Child health information systems

3.6 Responsibility for commissioning public health services for children aged 0-5 years will transfer from NHSE to local authorities in October 2015. This is a change in responsibility for commissioning, the employment of the 0-5 public health workforce (mainly health visitors) will not change.

Health protection

3.7 PHE and NHSE work together closely on health protection, planning and preparing and responding to health emergencies such as the recent Ebola situation. Directors of Public Health (DsPH) have a duty to ensure that NHSE and PHE have the appropriate plans in place. In London that assurance is provided through the London Health Resilience Partnership. In addition health protection arrangements are a standing item on the Brent Borough Resilience Forum's agenda.

Health services public health

3.8 'Health services public health' refers to the requirement for local authority public health teams to provide public health advice to their local CCG. This includes needs assessment, evidence reviews, advice on evaluation and advocacy for prevention and health promotion. The DPH is a non voting member of the CCG Governing Body.

Mandated local authority functions

3.9 While local authorities have a range of public health responsibilities, only a subset of these are "mandated" or "prescribed". While local authorities have more autonomy than the NHS had on how to discharge their public health responsibilities, the following services must be provided:

- Sexual health services - testing and treatment for sexually transmitted infections
- Sexual health services – contraception

- NHS Health Check programme¹
- Local authority role in health protection
- Public health advice to CCGs
- National Child Measurement Programme²

The public health grant

- 3.10 Brent Council receives a ring fenced public health grant which is currently £18.848 million. The original two years of ring-fencing was extended by DH to cover 2015/16. From 2016 onwards it is anticipated that the grant will no longer be ring fenced.
- 3.11 Local authorities will receive an additional allocation when they take on responsibility for health visiting. Brent Council have challenged the allocation proposed by DH due to concerns that it may be insufficient. Discussions are underway with NHS England to attempt to resolve this.
- 3.12 The Chief Executive or Section 151 Officer and the DPH are required to provide to PHE annual statements of assurance that the grant has been applied (or, where amounts are held in the authority's public health reserve, is planned to be applied) to discharge the public health functions set out in Section 73B (2) of the National Health Service Act 2006 (as amended by the Health and Social Care Act 2012) in accordance with the grant conditions set out in the 'Ring-fenced Public Health Grant Determination 2014/15: No 31/2241'. This has been done for 13/14 and 14/15.
- 3.13 The Council is required to account for its use of the grant according to defined categories. These are listed in appendix 1.

Staffing

- 3.14 As a result of the transfer of responsibilities from the NHS to the Council, a number of staff transferred from the PCT to the Council under TUPE creating a public health establishment of 25 posts.

¹ The NHS Health Check programme aims to help prevent heart disease, stroke, diabetes, kidney disease and certain types of dementia. Everyone between the ages of 40 and 74, who has not already been diagnosed with one of these conditions or have certain risk factors, will be invited (once every five years) to have a check to assess their risk of heart disease, stroke, kidney disease and diabetes. In Brent the Council commissions general practices to provide NHS Health Checks.

² The National Child Measurement Programme (NCMP) measures the weight and height of children in reception class and year 6 to assess the numbers of overweight and obese children annually

- 3.15 Brent has a 'dispersed' model of public health staffing with a core team of 9 reporting to the DPH and 16 dispersed staff whose line management is within other teams and departments but with a professional accountability to the DPH. This dispersed structure will be reviewed in 15/16.

Public health contracts which transferred from the NHS to the Council

- 3.16 The public health grant which the Council receives is based upon the historic spend of the PCT on public health. The majority of this spend was on commissioned services and the Council inherited NHS contracts for substance misuse, sexual health, school nursing and behaviour change interventions at a value of approximately £12.742 million. In addition a range of public health "local enhanced services" were commissioned from GPs and Community Pharmacies in Brent at a historic cost of approximately £1 million. Costs are approximate as a number of the public health contracts are activity driven
- 3.17 During 2013/14 the Executive agreed to replace the inherited NHS arrangements for "local enhanced services" with the establishment of an approved providers' list to which Brent GPs and community pharmacies were admitted subject to the satisfaction of certain clinical requirements, for example the requisite training. Following an application process, 42 practices were accepted to the list to provide IUCD fitting, 63 to undertake chlamydia screening, 67 to provide smoking cessation services and 67 to undertake health checks. Fifty nine community pharmacies are approved to offer smoking cessation and 49 to provide emergency hormonal contraception.
- 3.18 During 2014/15 all inherited NHS contracts were re-commissioned, with the exception of GUM services (see 3.19 – 3.20). In December 2014, Cabinet agreed the award of eleven contracts for an initial period of two years with a total value of £ 15.556 million. The procurement exercise secured two year savings of £997,000. These contracts cover:
- Substance misuse services
 - A young people's sexual health and substance misuse service
 - Contraceptive services
 - Chlamydia screening (for young people)
 - Local HIV prevention services
 - School nursing
 - A post health check service for those found to be a high risk at their health check
- 3.19 Councils have a statutory duty to ensure the provision of services to test and treat sexually transmitted infections – GUM (genitourinary medicine) services. There is also a statutory requirement that these services are open access which means Brent residents may access services anywhere without referral and the Council is liable for the cost of this activity. Many Brent residents do

access services at our local provider (London North West Healthcare Trust) but others use clinics elsewhere, notably in Central London.

- 3.20 In recognition of the significant patient flows across Council boundaries, the Council has joined with a number of other authorities to collaboratively negotiate contracts with a range of GUM providers across north and central London. This collaboration has secured advantageous prices relative to those paid by non participating boroughs (equating to £253,000 or 6% of contract value of avoided cost in 2014/15). This collaborative has now expanded into the London Sexual Health Services Transformation Project (see 3.27 – 3.29).

Council action to address Brent public health priorities

- 3.21 The 2014 Annual Report of the Director of Public Health for Brent³ provides a summary of health and wellbeing and health related behaviour in Brent. Life expectancy in Brent is better than the England average, at almost 80 years for men and 86 years for women. The premature mortality rate⁴ is also better than the national average, at 334 deaths per 100,000 population. However, this still means there are on average 650 premature deaths per year in the Borough. The main causes of premature mortality in Brent are cancer (36% of deaths before 75), heart disease and stroke (26%) and respiratory disease (8%).
- 3.22 Many premature deaths are potentially avoidable. NHSE commissions cancer screening and PHE runs the periodic “be clear on cancer” campaigns which have been shown to be associated with people seeking help earlier for symptoms which could be caused by cancer. Earlier diagnosis of cancer is associated with improved survival.
- 3.23 NHS health checks aim to help prevent heart disease, stroke, diabetes, kidney disease and certain types of dementia. In 2014/15, 16,824 people were invited by their GP to attend a health check, 56% (9,414) of whom took up the offer. Age, gender and ethnicity affect cardiac risk and the uptake of health checks is monitored by these factors. The ethnicity of those receiving a health check closely reflects the ethnicity of the eligible population. However women and younger age groups are more likely to take up the offer of a health check and improving uptake for men and those aged 65 to 74 are priorities. In 2014/15, as a result of NHS health checks in Brent, 330 people were found to have high blood pressure, 194 were diagnosed with diabetes and 1320 were found to have pre-diabetes.
- 3.24 A health check will only be worthwhile if any identified risk is addressed. In addition to potential clinical interventions by GPs, the Council has recently commissioned an intensive post health check intervention to which GPs can refer. The programme offers tailored nutritional and physical activity advice and support. The service commenced in April 2015 so performance data is not

³ Annual report of the Director of Public Health for Brent 2014

⁴ Premature mortality is defined as death before the age of 75

yet available. The eligibility criteria for the programme have been adjusted to reflect the higher diabetic and cardiovascular risk in the Asian population.

- 3.25 Smoking is the primary cause of preventable morbidity and mortality accounting for over one third of respiratory deaths, over a quarter of cancer deaths and about one seventh of deaths from heart disease and stroke. There are an estimated 241 deaths related to smoking each year in Brent. Smoking cessation support services are provided by Council staff as well as by GPs and community pharmacies in Brent. In 2014/15, 893 people were supported by these services to quit smoking. Cigarettes are not the only form of tobacco used in Brent with chewing or smokeless tobacco and shisha being widely used. A stop chewing service is offered in Brent alongside the stop smoking service. However, uptake has been disappointing and the Brent Tobacco Control Alliance has been working with a local oral surgeon to raise awareness of the dangers of paan chewing.
- 3.26 Rates of diabetes are high in Brent and expected to rise. Over 23,000 people are recorded as having a diagnosis of diabetes on GP registers. The commissioning of treatment services, including patient education, is the responsibility of the NHS and Brent CCG has made significant investments in this area. In addition to commissioning health checks and the post health check intervention, which is designed to reduce participants' risk of diabetes, the Council has worked with Diabetes UK to recruit and train local people to act as volunteer Diabetes Champions. The Champions work with communities to raise awareness of the risk of diabetes and how people can reduce this.
- 3.27 Rates of sexually transmitted infections (STIs) are high in Brent with the borough ranked the 21st highest for diagnosed STIs, with particularly high rates of gonorrhoea, syphilis and genital warts. High and rising rates of STIs are seen across much of London and are one reason for our participation in the London Sexual Health Transformation Programme (LSHTP).
- 3.28 In 2014/15, the LSHTP developed a case for change for GUM services in London:
- London has the highest rates of STIs in England.
 - Significant numbers of residents from every London borough are accessing services in central London.
 - There is a significant imbalance in the commissioner/provider relationship. Service development has typically been provider-led. No single Council has sufficient leverage to deliver significant system-level change
 - The systems for clinical governance need improvement. Patient flows and the lack of a 'helicopter view' of what is taking place within individual services make it difficult for councils to have sufficient assurance over quality and safety.
 - Growth in demand for these services and costs of healthcare are likely to significantly outpace growth in the Public Health Grant. In

addition the open access nature of the services means that it is difficult to control or predict demand.

The case for change led to 2 key conclusions:

- Significant change is required to the traditional models of service delivery
- Collaboration on a wide scale across councils is needed to deliver the level of change required and to commission these services more effectively

- 3.29 The LSHTP currently involves 22 councils across London and is now developing the proposed new service model with key stakeholders such as clinicians, patients and the third sector. Alongside this an appropriate procurement strategy and approach is being developed. It is anticipated that this work will entail new contracts starting to come into place from April 2017.
- 3.30 There are over 800 people diagnosed with HIV living in Brent. Commissioning of HIV treatment services is the responsibility of NHSE. However an important, albeit non-mandated, component of the Council's sexual health commissioning is HIV prevention. Brent is a partner in the Pan London HIV Prevention Programme which has let contracts for condom distribution and outreach with men who have sex with men, a review of targeted condom distribution for Black African communities and a communication and media campaign with the slogan "Do it London" promoting HIV testing and condom use. In addition to this pan London work, since April 2015 the Terence Higgins Trust has been commissioned to deliver local HIV prevention in Brent including work with faith communities.
- 3.31 Childhood obesity rates are worryingly high in Brent and show no sign of improvement. The most recent figures from the National Child Measurement Programme (NCMP) show 11 percent of children in Brent reception classes are obese as are 24 percent of children in year 6, both higher than the England average. The Council has recently commissioned a child weight management programme which will be available to children and their families who are found to be overweight or obese in the NCMP
- 3.32 There are a number of common risk factors for obesity and poor oral health and childhood oral health is also poor in Brent. On starting school, forty six percent of children have at least one decayed missing or filled tooth.
- 3.33 Reflecting the importance of the first years of life on later health and wellbeing, the Council runs a Healthy Early Years (HEY) scheme. The HEY scheme is an accreditation and award scheme for nurseries, child-minders and Children's Centres. The scheme has been very positively evaluated by a parental survey which showed evidence of behaviour change: for example, an increase in children registered with a dentist of almost a quarter at nurseries and children's centres and of a third at child minders.

- 3.34 Dental services are commissioned by NHSE who receive dental public health advices from PHE. Healthy Smiles Brent in a joint initiative between the Council, NHSE and PHE. Dentists are visiting ten Brent primary schools to promote oral health and tooth brushing and to offer free fluoride varnish treatment. The pilot is currently being evaluated.
- 3.35 Brent has a high proportion of people born abroad, including in countries with high rates of tuberculosis (TB). Brent has the second highest rates of TB in the UK with around 300 cases diagnosed each year. Following the recent publication by PHE and NHSE of their Collaborative Tuberculosis Strategy for England, the Council's public health team is bringing together the CCG, NHSE and PHE to explore the feasibility of introducing screening for latent TB in primary care.
- 3.36 Levels of severe and enduring mental illness, such as schizophrenia and bipolar disorder, are higher in Brent than the England average: just over one percent of the population in Brent is living with a severe and enduring mental health illness. Around 16,000 people are on a GP register for depression. Social care work closely with the CCG to ensure effective and appropriate services are in place for people with mental illness. A recent Health and Wellbeing Board considered the wider issues of how mental wellbeing could be promoted and mental health and wellbeing strategies are under development for both adults and for children and young people.
- 3.37 It is estimated that over 1,800 people in Brent are using opiates and / or crack cocaine. Alcohol use in Brent is polarised. The proportion of residents who abstain from alcohol is, at 31 percent, almost twice the national average. However, the proportion of the population estimated to be high risk drinkers is at 7 percent higher than the national average. The Council commissions a range of treatment and recovery services including work with the criminal justice system and outreach services. Historically performance in this sector has been assessed by successful completions of treatment. Services in Brent have a strong track record of delivery. However changes to national performance measurement systems run by PHE have interrupted the flow of performance data
- 3.38 The Council commission a service user led organisation, B3, to provide services to support recovery from drugs and alcohol. B3 deliver the Brent Recovery Champions programme which provides opportunities for those completing their recovery and aftercare programmes to improve their skills and knowledge in such areas as peer support, service monitoring, volunteering and advocacy. Graduates of the programme act as peer mentors, undertake mystery shopping and deliver BSAFE a weekend service providing support to service users and their families. B3 were closely involved in the recent procurement of substance misuse services from helping to shape the specifications to evaluating tender submissions.

- 3.39 Public Health England estimates that only 37 percent of people in Brent achieve their five a day portions of fruit and vegetables. The Council's public health team undertook a survey of secondary school students. With nearly 2,500 students responding, the survey showed that students attending schools less than 400m from a takeaway ate more takeaways at lunch, on the journey home from school and at home for their evening meal. These results have informed the inclusion of an exclusion zone for new takeaways near schools in planned Development Management Policies. To address existing takeaways, the Council is about to launch the Healthy Catering Commitment. This is a voluntary award scheme where catering businesses commit to providing healthier options and adopting healthier cooking techniques.
- 3.40 Average levels of physical activity in Brent are well below recommendations and are less than for England and for London. The Council has invested in a number of outdoor gyms. Evaluation by the Council's public health team showed the gyms had increased physical activity levels amongst people who were previously inactive. Based upon this research a further six gyms will be installed in Brent parks in 2015/16. The public health grant is also being used to fund free swimming lessons and to commission a programme of targeted activities for people with disabilities

4.0 Financial Implications

- 4.1 These are covered in the body of the report

5.0 Legal Implications

- 5.1 These are covered in the body of the report

6.0 Diversity Implications

- 6.1 These are covered in the body of the report

7.0 Staffing/Accommodation Implications (if appropriate)

- 7.1 These are covered in the body of the report

Contact Officers

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Appendix 1

Categories for reporting local authority public health spend

Prescribed functions:		
		Total spend 000's
1	Sexual health services - STI testing and treatment	3, 651
2	Sexual health services – Contraception	1,850
3	NHS Health Check programme	236
4	Local authority role in health protection	51
5	Public health advice	78
6	National Child Measurement Programme	341
Non-prescribed functions:		
7	Sexual health services - Advice, prevention and promotion	542
8	Obesity – adults	170
9	Obesity - children	64
10	Physical activity – adults	727
11	Physical activity - children	684
12	Drug misuse - adults	4,314
13	Alcohol misuse - adults	1,100
14	Substance misuse (drugs and alcohol) - youth services	472
15	Stop smoking services and interventions	775
16	Wider tobacco control	114
17	Children 5-19 public health programmes	1,375
18	Miscellaneous, which includes:	171

	<ul style="list-style-type: none">• Non-mandatory elements of the NHS Health Check programme• Nutrition initiatives• Health at work• Programmes to prevent accidents• Public mental health• General prevention activities• Community safety, violence prevention & social exclusion• Dental public health• Fluoridation• Local authority role in surveillance and control of infectious disease• Information & Intelligence• Any public health spend on environmental hazards protection• Local initiatives to reduce excess deaths from seasonal mortality• Population level interventions to reduce and prevent birth defects (supporting role)• Wider determinants	
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