

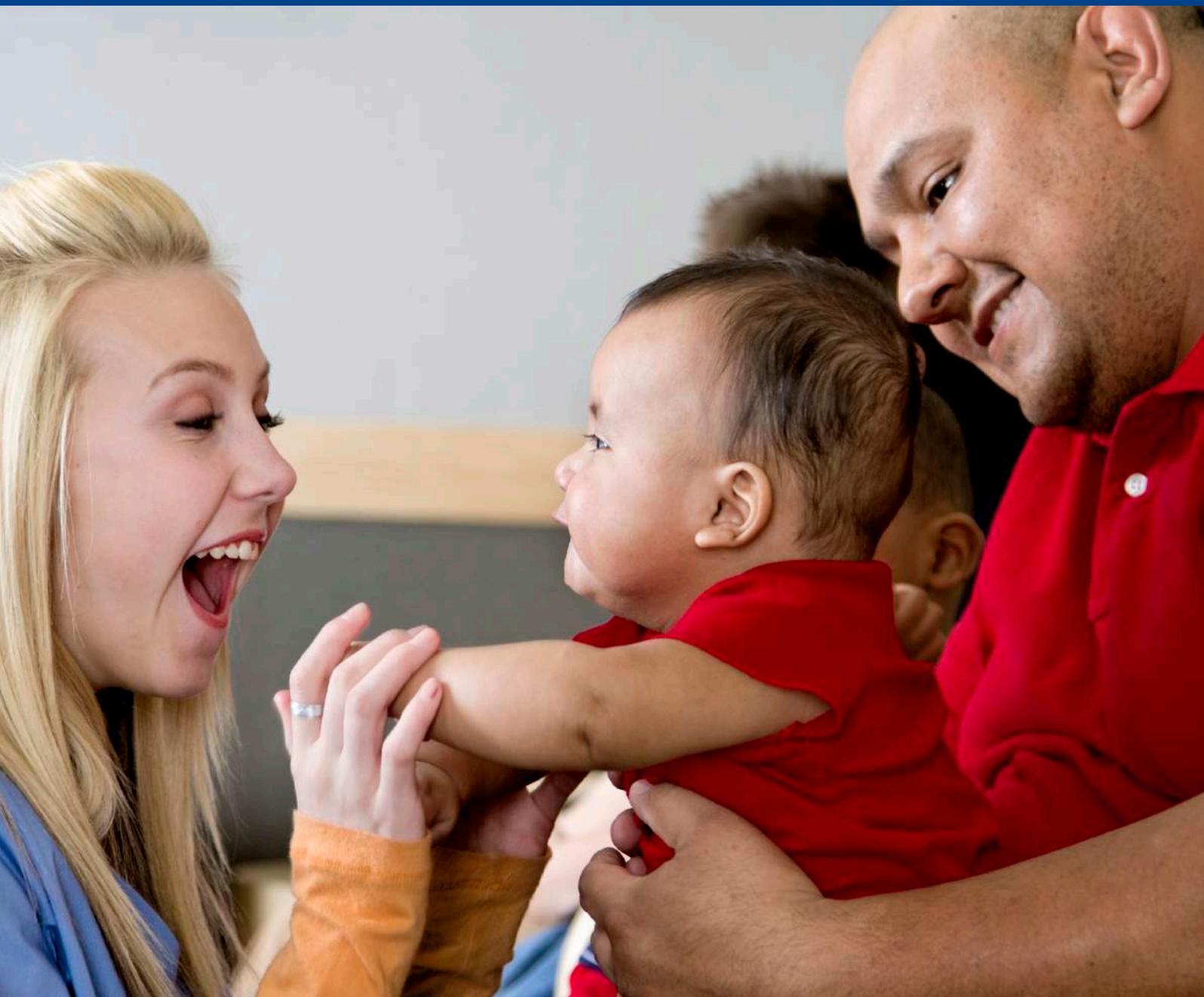


London Borough
of Hounslow

Public Health Commissioning Strategy

2014-2019

Our vision is to create a local public health service that is valued by local people, and works with the community and our partners to make a real impact on the health and wellbeing of residents



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Foreword:

This autumn the Council and Hounslow CCG have produced two joint strategies which, alongside the Council's new Public Health Commissioning Strategy, set out our overall approach and priorities for improving the health and wellbeing of local people in Hounslow.

The Joint Children and Young People's Strategy focuses on how we will give every child the best start in life and the ability to reach their full potential. The Joint Prevention Strategy for Adult Services in Hounslow sets out how we intend to meet the challenge of helping adults retain their independence and good quality of life for longer. Finally, the Public Health Commissioning Strategy outlines our vision to transform public health services to improve health and wellbeing for our local communities.

There are links across all three strategies and taken together they will drive the delivery of the objectives described in our Joint Health and Wellbeing Strategy. Close partnership working will be key to implementing our goals. The delivery will be overseen by the local Health and Wellbeing Board which holds both the Council and the Hounslow CCG to account to ensure delivery of our ambitions for local people.

1. Executive Summary

This Public Health Commissioning Strategy 2014-19 sets out our agenda to reshape our public health offer so that it is more aligned with corporate priorities, the needs of local residents and the need to offer better value for money.

The strategy responds to the key priorities around health and wellbeing that have been articulated in the Corporate Plan 2014-19 and the Joint Health and Wellbeing Strategy.

The delivery of this strategy will directly support the work of other council departments and particularly the work of Children's and Adult Services; to ensure brighter futures for our children, and to provide help and support to older people when they need it. This strategy taken together with the Joint Prevention Strategy for Adult Services and the Joint Children and Young People Strategy will deliver the ambitions of our overarching Health and Wellbeing Strategy.

We have set out our vision to transform public health services in Hounslow over the next four years to:

Create a local public health service that is valued by local people, and works with the community and our partners to make a real impact on the health and wellbeing of residents.

For Public Health to flourish and deliver real outcomes for residents, progress has to be made in three key areas:

Creating a local service – shaping a service which is determined by local priorities and where the financial risk associated with large inherited NHS contracts is reduced through: re-procurement; new models of commissioning; a shift of spend away from expensive hospital-based settings to community care and primary care (e.g. GPs and pharmacies); and by focusing more spend on prevention.

Creating a health-promoting council – ensuring that Council influence on the wider determinants of health (such as housing, education and planning) is brought to bear to improve health and wellbeing for our residents. This also includes all council staff perceiving health and wellbeing to be part of their responsibility, so that any council contact with the general public is seen as an opportunity to promote health and wellbeing ('making every contact count').

Valuing our partners - ensuring that the council works productively with key partners such as the Hounslow Clinical Commissioning Group (CCG), NHS England, Public Health England, the Police, schools, and the voluntary sector to address population-level challenges that no single agency can address on its own, e.g. delivering prevention campaigns for tuberculosis (TB) or diabetes.

This commissioning strategy describes our intentions to reshape our public health services portfolio through review, service redesign, decommissioning and re-procurement. This will provide the borough with public health services that are focused on outcomes, provide value for money and that take account of the anticipated pressure on future budgets.

2. Introduction

This strategy outlines our high-level plans to reshape our local public health services over the next four years so that they are more aligned with: council priorities, the needs of local residents, and the requirement to offer better value for money.

Improving the quality of life of residents has always been at the heart of council business and most of the priorities in the new Corporate Plan 2014-19 have a direct impact on the health and wellbeing of people in the borough. The health and wellbeing needs of the borough are described in the Joint Strategic Needs Assessment (JSNA), and Hounslow CCG and the

council have articulated their aspirations to improve health and wellbeing through the three themes of the current Joint Health and Wellbeing Strategy: giving every child the best start in life; reducing health inequalities; and adults retain their independence and quality of life for longer.

In April 2013, a number of local public health functions were transferred from the NHS to the council as a result of the Health and Social Care Act 2012. The council's public health work is currently funded through a ring-fenced grant from the Department of Health. In 2014/15 this was just over

£14 million. The mandatory functions¹ which this grant must support include:

- Sexual health services – STI testing and treatment;
- Sexual health services – Contraception;
- NHS Health Checks programme;
- Local authority role in health protection;
- Public health advice to NHS commissioners (the ‘core offer’); and
- National Child Measurement Programme.

Thousands of residents make use of and benefit from Public Health services each year (see Figure 1). And in October 2015, Public Health will take on new responsibilities for the commissioning of Health Visiting and the Family Nurse Partnership (public health functions for 0-5 year olds).

While mandatory functions account for the majority of the public health budget there is now a real opportunity to develop the service so that it is better aligned to the needs of Hounslow residents. This strategy will reallocate spend towards key local agendas, as outlined in the JSNA and the health and wellbeing strategy, such as: childhood obesity; children’s oral health; physical activity; and the prevention of TB and diabetes.

This strategy directly complements the work of other council directorates and departments and together with the new Children’s Strategy and the new Joint Prevention

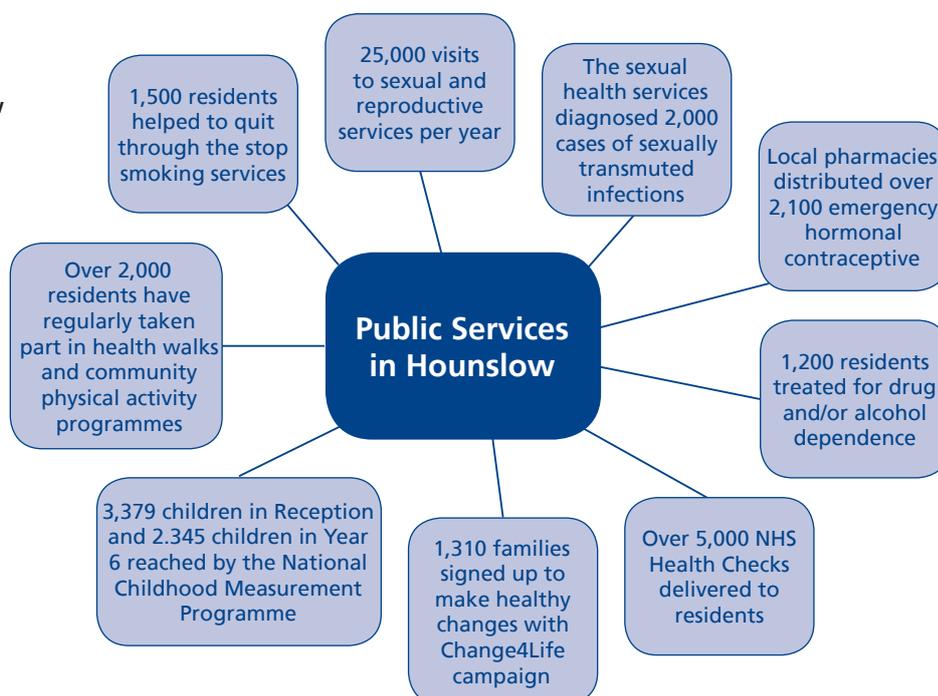
Strategy for Adults, it will deliver the ambitions set out in our Joint Health and Wellbeing Strategy. While this Public Health strategy is not jointly funded, it will directly contribute to achieving joint ambitions with Hounslow CCG, including strengthening the preventative offer for older people to reduce avoidable hospital admissions and the need for social care.

The reallocation of spend will require us to maximise value for money from our mandatory and core services, and in particular begin to shift spend away from expensive settings in acute NHS Trusts towards community and primary care settings, as well as shifting the focus (as much as possible) from treatment to prevention.

Partnership and collaboration are crucial to deliver this strategy. This will include closer working across departments and directorates within the council to take advantage of collaborative approaches to issues such as licensing, design of public realm, or fuel poverty. We will work closely with the CCG and primary care colleagues to tackle issues such as diabetes, TB and children’s oral health, and we will work with the voluntary sector to engage disadvantaged groups to tackle issues such as stigma and cultural beliefs which may prevent communities from accessing the services they need. We will also work with local residents to co-design new services to improve accessibility and equity of use.

Moving forward, this strategy will influence annual commissioning intentions which will be issued jointly by the council and Hounslow CCG. We will consult with the voluntary sector on these intentions each year to maximise future opportunities to work more closely with local community and faith groups.

Figure 1:
Snapshot of Hounslow Public Health service usage in the last year



1 For a detailed breakdown of mandatory and non-mandatory functions, please see Appendix 1.

3. Health and wellbeing in Hounslow

The estimated resident population of Hounslow is 268,875 (Greater London Authority estimates for 2014). This includes 21,715 children aged under 5 years and 59,749 children under 15 years of age. There are around 13,299 people aged 75 years and over, and 3,632 people aged 85 years and over. Around 13,800 of the children aged 0-15 years are living in poverty².

Life expectancy at birth for men and women is 79.5 and 83.3 years respectively. However, healthy life expectancy at birth for men is 60.8 years, significantly worse than England as a whole, and before the age of retirement. For women, 63.2 years of healthy life is expected at birth³. Increasing healthy life expectancy (in relation to life expectancy) will help improve wellbeing in the borough and decrease health and social care costs. The main causes of early death in Hounslow are cancer, heart disease and stroke. Around 1,674 premature deaths in people aged under 75 years occurred in the borough between 2010 and 2012⁴. In many cases, several years of health and social care input preceded the early death.

The main preventable causes underlying these premature deaths are smoking (currently 30,000 smokers in the borough)⁵, inactivity and obesity (an estimated 63% of adults in Hounslow are overweight, 29% are 'inactive' and less than 10% use outdoor spaces for exercise or health)³, and alcohol misuse (Hounslow is significantly worse than England as a whole for alcohol-related hospital admissions)⁶. There are currently around 14,000 people with diabetes in the borough, and an estimated 5,000 undiagnosed cases of diabetes, of which a high proportion will be closely linked to obesity. Without major changes, preventable ill-health and these early deaths will continue and may even increase in the borough.

Around 30,000 people in Hounslow smoke (16.9% of the population). Some wards have much higher levels of smoking than others. For example, 8.1% of women smoke in Chiswick Homefields compared to 35.3% of men in Bedfont⁷. The greatest proportion of smokers in the borough are males aged 26-35 years (which is currently also the group referred to

the Stop Smoking Service the least). Smoking-related illness and premature death also varies across the borough, linked to the smoking levels of the different parts of the borough. There is a strong association between smoking and mental health disorders. Smoking amongst residents with mental health needs is two to three times higher than among the general population. The rate of smoking ranges from 40-50% for people with depressive and anxiety disorders to over 70% among people with schizophrenia⁸. People with mental health problems smoke significantly more and have increased levels of nicotine dependency, and are therefore at even greater risk of smoking-related harm than the general population. There is also a high level of illegal tobacco in Hounslow, with 13% of the local tobacco market classed as illegal product, compared to 4% regionally⁹. Illegal tobacco causes harm by: increasing the availability of tobacco to the most deprived socio-economic groups, leading to a widening of health inequalities; increasing the availability of tobacco to children; and developing links with organised criminal activity in communities.

Alcohol misuse is a major factor underlying reduced healthy life expectancy and premature mortality in Hounslow. Hospital admissions caused directly by alcohol among men in Hounslow are significantly higher than for England as a whole. For both men and women, alcohol-related admissions in Hounslow are higher than England as a whole and these have risen almost year-on-year from 2008/09 to 2012/13. In 2013/14, around 4,300 Hounslow residents were admitted to hospital for alcohol-related conditions.⁶ Excess alcohol consumption is a likely contributory factor in the higher rate of premature mortality (under 75 years) due to preventable liver disease than the national average.

Just under 2,000 new cases of sexually transmitted infections (STIs) were diagnosed in Hounslow in 2013. Hounslow had a gonorrhoea diagnosis rate significantly higher than England as a whole in 2013¹⁰. Of people diagnosed with HIV, about 53% of people presented at a late stage of infection, which increases the risk of poor health in the patient and risk of further spread of the disease in the community. Young

2 PHE, 2014. Local Health. Available from: http://www.localhealth.org.uk/#v=map9;|=-en;sid=109;z=325868,345307,373792,340354;sly=utla_2012_DR; accessed May 2014.

3 PHE, 2014. Public Health Outcomes Framework: Hounslow. Available from: www.phoutcomes.info; accessed May 2014.

4 PHE, 2014. Longer Lives. Available from: <http://longerlives.phe.org.uk/area-details#are/E09000018/par/E92000001>; accessed May 2014.

5 ASH, 2014. The case for local action on tobacco. Available from: <http://ash.org.uk/localtoolkit/>; accessed June 2014.

6 PHE, 2014. Local Alcohol Profile for England: Hounslow. Available from: <http://www.lape.org.uk/LAProfile.aspx?reg=X25001AA>; accessed September 2014.

7 London Borough of Hounslow, 2014. Joint Strategic Needs Assessment.

8 London Borough of Hounslow, 2013. Hounslow Tobacco Control Plan 2013-2016.

9 London Health Improvement Board, 2012. Illicit Tobacco Research Study.

people experience the highest rates of acute STIs, with 48% of diagnoses of acute STIs in 2012 in Hounslow amongst 15-24 year olds. Young people are also more likely to become re-infected with STIs, contributing to infection persistence and impacting local services.⁷ The rate of teenage conceptions was 30.4 conceptions per 1,000 women under 18 years in 2012 (latest available data), significantly higher than the national rate.

Teenage pregnancy rates vary markedly across the borough and data is available to show where efforts should be concentrated to reduce this.

Indicators from the Public Health Outcomes Framework also show that the health of older people in the borough is not as good as it could be. On a range of indicators, including preventable sight loss, flu vaccination, injuries due to falls, and excess winter deaths in the over 85s, Hounslow performs significantly worse than England as a whole.³ Further work is needed to improve the health outcomes for these residents.

In terms of mental health, the most recent programme budgeting data available (2012/13) shows that this area accounts for the largest category of NHS expenditure in Hounslow¹¹. Public Health Outcome Framework indicators show that social isolation is a problem in the borough, with only 33% of adult social care users reporting having as much social contact as they would like, a figure significantly lower than England as a whole. Of carers in the borough, 31% report loneliness and isolation. Many factors are linked to poor mental health, including a number amenable to public health intervention (for example, exercise, smoking and weight, continued learning and volunteering¹²). Suicide levels in the borough are not significantly different from England as a whole³, however, all suicides should be preventable.

Looking to the future health of the borough, the child health indicators in the Public Health Outcomes Framework show that further work is needed with our youngest residents. As a first measurement of health in life, Hounslow has significantly more babies born with low-birth weight than England as a whole.³ Low birth weight is a risk factor for poorer health

throughout life. Initiation of breastfeeding is high in Hounslow but data on whether breastfeeding is sustained in the first few weeks of life is currently unavailable. Low coverage of the key childhood immunisations is also a concern in Hounslow. Hounslow is not yet meeting national targets for vaccination coverage and thus, remains at risk of outbreaks of preventable childhood diseases. Improving oral health in children (under five years old) has been identified as a priority for improving children and young people's health in Hounslow. In children aged 5 years, survey data showed that the proportion of children in Hounslow having one or more decayed, missing or filled teeth had increased from 32.6% in 2007/8 to 36.4% in 2012/13¹³. At the age of 5 years, 60% of children in the borough are not 'school ready' (and 70% of the poorest children are not 'school ready'), an indicator closely linked to poorer health outcomes in later life. Hounslow is significantly worse than England as a whole for this key measure of child wellbeing. At 10-11 years of age, around two-fifths of all children in Hounslow are overweight or obese. Obesity is much higher in some wards than others.

A particular health protection issue for Hounslow is tuberculosis (TB). The borough has a significantly higher level of TB cases than England as a whole, with 193 cases in Hounslow in 2012¹⁴. TB treatment completion rates are not significantly different than England as a whole (82.2%),³ but below the national target of 85%. An ongoing local challenge is ensuring adequate staffing for outreach work to help ensure that treatment is completed by patients. In addition, further work is needed at the local, regional and possibly national level on a protocol on how to support people with TB during treatment who have no recourse to public funds.

All the public health issues raised here have a preventable component. Of the leading causes of premature death (under 75 years old), the Public Health Outcomes Framework shows that, both in Hounslow and in England, over half of all cancer and cardiovascular disease cases in the under 75 year olds are considered preventable. More than two-thirds of premature deaths from liver disease are preventable.

10 Public Health England 2014. Fingertips data tool: sexual health profile. <http://fingertips.phe.org.uk/profile/sexualhealth/data#gid/8000057/pat/6/ati/101/page/1/par/E12000007/are/E09000018>; accessed August 2014.

11 NHS England, 2014. Programme Budgeting data. Available from: <http://www.networks.nhs.uk/nhs-networks/health-investment-network/news/2012-13-programme-budgeting-data-is-now-available>; accessed September 2014.

12 The New Economics Foundation has put together a framework of the 'Five Ways to Well-being', a set of evidence-based actions which promote people's wellbeing. The 'five ways' are: Connect, Be Active, Take Notice, Keep Learning and Give.

13 NHS Dental Epidemiology Programme (NDEP) survey for England in 2012

14 PH, 2013. Press release: London TB capital of Western Europe. August 2013. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/231016/TB_2013_annual_report_London_press_release.pdf

It is not only premature death that may be prevented, but also a large part of the burden of ill-health in the borough. For example, many of the 14,000 cases of diabetes in Hounslow could have been prevented through the avoidance of obesity and increased physical activity. The costs to the health and welfare system of this avoidable ill-health are high and include costs for bed-based care. Two examples of this are diabetes care and smoking-related illness. Diabetes care is currently estimated to be using around

10% of all NHS expenditure. Smoking in Hounslow costs the NHS £9.8 million per year, for cancer and respiratory health care and other treatments. In terms of local authorities, smoking-related social care costs account for about 6% of the local authority social care expenditure among over-50s. Evidence-based investment in high quality public health services will ensure improved health and wellbeing of our residents, resulting in lower future costs to health and social care.



4. Our future challenges and vision

4.1 A road map for the next four years

The publication of the new Corporate Plan provides an opportunity to map out how local public health services will develop over the next four years. The key strategic challenge is to begin to reshape the services inherited from the NHS so that they are more aligned with local priorities, become an integral function of our council and offer better value for money. Three key areas must be addressed:

i. Creating a local public health service

Over the next four years, public health services will evolve to have a greater focus on locally determined corporate and health and wellbeing priorities. This strategy is being produced in parallel with two other new strategies; the Children's Strategy and the new Joint Prevention Strategy for Adult Services. The intention is that the three strategies complement each other and reduce duplication across the council in our efforts to improve health and wellbeing of residents.

The Joint Health and Wellbeing Strategy underpins all three new strategies and future public health commissioning plans will directly address the strategic objectives which have been agreed by the Health and Wellbeing Board including childhood obesity, child oral health, the NHS Health Checks programme, and smoking.

Issues such as childhood obesity do not have simple technical solutions. To reflect this complexity our commissioning will have to include some level of risk and be an iterative process of piloting, evaluating and then improving locally-designed interventions to address such issues.

To create this local service we will need to reduce the financial risk associated with the delivery of mandatory services and substance misuse services, which account for 70% of the current spend. This will require the re-procurement of large value contracts such as the school nursing service, substance misuse service, and health visiting (which transfers to the council in October 2015). Procurement will allow us to gain better value for money but also to better design services so that they are more closely aligned with local need. A good example of this is our intention to re-procure school nursing and health visiting services so that they are more focused on health promotion to help tackle issues such as oral health and obesity.

Wherever possible, we will begin to shift spend away from expensive NHS hospital settings into community and primary care, and invest more in preventative services to reduce our medium-term financial risk.

In addition to improving efficiency, we will also need to improve effectiveness and to ensure that synergies are developed between services, leading to the delivery of real health benefits for our residents. A good example of this is the mandated NHS Health Checks programme which provides cardiovascular risk assessments for over 5,000 residents each year. However, if assessments are not linked to opportunities for residents to improve their lifestyle then the programme will fail to produce the outcomes we require. Therefore, we intend to commission a new 'one-stop shop' lifestyle service so that residents who are identified as high-risk of cardiovascular disease are then supported to make sustainable lifestyle changes which will reduce their future risk of heart attacks or strokes.

ii. Creating a health promoting council

If the public health function is to flourish within the council then it is vital that other departments and directorates begin to see health and wellbeing as a mainstream council function to which everyone should contribute. This wider effort can have a large impact on people's health by improving the socioeconomic determinants of health through investment or policy changes on issues such as housing, air pollution, design of public realm and licensing (as highlighted in Better Health for London, the London Health Commission's report). It can also lead to health gains by making every contact that council staff have with the public a potential opportunity to provide signposting and advice on health and wellbeing issues.

The move to a new civic centre is a real opportunity to explore our attitude to promoting health and wellbeing with our own employees around issues such as sedentary behaviour, no smoking zones, active design of office space, and food policy. If we can create a positive approach to workplace health within the council we will have a strong platform from which we can begin to influence other public and private sector employers in Hounslow.

iii. Valuing our partnerships

As council budgets reduce further, partnerships will play an even greater role in sustaining and

increasing gains in health and wellbeing for local people. The council is already actively working with Hounslow CCG to develop a more integrated health and social care system. There are further gains to be made in developing new prevention programmes for Hounslow. Diabetes and TB have both been identified as areas of high need where closer collaboration between public health and the CCG could make a real impact on the health of the community and help to reduce demands on local services.

Any future prevention programme for either diabetes or TB will require active participation from the voluntary and community sector. Faith, community and voluntary groups have unique access to the local communities which are often worst-affected. They also provide the opportunity to amplify the scale of interventions, which is crucial in addressing challenges such as sedentary behaviour, which affects a large proportion of our population (29% of adult residents are physically inactive).

4.2 Our vision

Over the next few years we will address these challenges by reviewing our current portfolio of services and through a process of service improvement or decommissioning and re-procurement we will begin to build a local public health service more tailored to the needs of local people.

Our vision is to:

Create a local public health service that is valued by local people, and works with the community and our partners to make a real impact on the health and wellbeing of residents.

This Public Health Commissioning Strategy will be central to achieving our vision and objectives and it will be driven by the following principles:

- We will refocus our services on locally determined priorities using the best evidence available. We will address complex public health challenges through an iterative process of designing, evaluating and constantly improving local interventions.
- We will find more effective ways of making public money deliver better outcomes and we will drive forward efficiencies through good procurement and by shifting spend from expensive hospital settings to cheaper settings in the community or primary care.
- We will work with local people to co-design new services to increase access and equity.
- We will work within the framework of reducing public sector budgets over the foreseeable future.

The following section gives an overview of the current public health portfolio and our high-level commissioning intentions in each service area over the next four years.



5. Current portfolio

5.1 Sexual health services

Background

Hounslow has high rates of sexually transmitted infections (STIs), late HIV diagnosis and teenage pregnancy. While the most recent data show that there has been significant improvement in both teenage pregnancy and late HIV diagnosis rates, there still remains a lot to be done.

Provision of sexual health services is complex and there are a wide range of providers, including open access services provided by all acute NHS hospitals. The council currently has contracts in place with the main NHS hospitals, all general practices in Hounslow, all pharmacies in Hounslow and two voluntary sector organisations.

Current position

The main provider of genitourinary medicine (GUM) and sexual and reproductive health services in Hounslow is the integrated sexual health service at West Middlesex University Hospital (WМУH), which has around 25,000 patient attendances per year. The WМУH service offers an open access service for STI and HIV testing in a range of locations, with the main centre located in Isleworth. Routine STI testing is also available in community sexual health clinics in Heart of Hounslow, and Feltham and Chiswick Health Centres. The integrated service also offers a full range of contraception choices including long acting reversible contraception (LARC), emergency contraception and condom distribution. Hounslow is one of the very few boroughs in London that currently has an integrated sexual health provider, which is the nationally recommended best practice model for delivery and presents good value for money in commissioning terms. Nevertheless, the vast majority of spend on sexual health services is still focused on clinical services delivered by the large NHS Trusts.

A sexual health needs assessment for Hounslow was carried out recently by Public Health, between October 2013 and February 2014. This identified the following key priorities: ensuring equality in sexual health knowledge and outcomes for young people, promoting good sexual health outcomes for all residents, improving the coverage of HIV testing, ensuring equal access to high quality sexual health services, making the best use of resources

and improving the provision of specialist services. In response to the recommendations from the needs assessment a number of service improvements were introduced in April 2014 including:

- Universal opt-out HIV testing commissioned for all new GP registrations over 18 years;
- Emergency Hormonal Contraception (EHC) delivered through all pharmacies in Hounslow;
- Chlamydia screening contract put in place with GPs and pharmacies;
- Universal opt-out HIV testing commissioned for adult substance misuse clients;
- HIV testing service commissioned for African communities;
- Two Brook workers commissioned to coordinate the teenage pregnancy prevention work; and
- Revised school nursing specification to support the teenage pregnancy prevention and good sexual health of young people in Hounslow schools.

Commissioning challenges

Under national agreements, sexual health services are open access mandatory services. There is national and London-wide concern amongst councils about the potential future financial risk that these mandatory services represent.

Locally, we have mitigated this risk by moving to an integrated service with our main local provider, WМУH. We are also working collaboratively with other London boroughs on how best to commission services across London. A pan-London sexual health integrated tariff group is looking at developing and implementing a single integrated sexual health tariff across various providers in London, and this is expected to provide recommendations for an integrated tariff by April 2015. Other collaborative work is exploring opportunities to reshape the provider landscape across London.

Our aim is to improve sexual health outcomes in Hounslow by building effective, responsive and high quality sexual health services, which effectively meet

the needs of our local communities. To do this, we will need to continue to collaborate with other London boroughs and explore new delivery models to drive down future costs generated by activity in the NHS. This in turn will enable the council to shift activity from acute to community settings and invest more in prevention, thus delivering cost savings.

How will we achieve our aim?

- Improve our integrated sexual health service model by working with our providers to consolidate sites and resources, creating more accessible outreach sites and shift activity to self-management, pharmacy and primary care.
- Review the provision of our sexual health promotion services, to ensure that they meet the needs of our diverse population.
- Commission modernised, evidence-based sexual health promotion and HIV prevention services that seek to change behaviour and reduce risk-taking activity particularly among Men who have sex with men, black and minority ethnic communities and vulnerable young people.
- Work collaboratively to maintain and expand the provision of prevention approaches within non-sexual health settings such as schools, drugs and alcohol services, hostels and other settings with populations who have high levels of sexual health need.
- Review the delivery and progress of teenage pregnancy prevention work across partners that will inform a new sexual health strategy from 2016.
- Work with GP localities and the CCG to ensure that all Public Health commissioned services have standardised clinical templates to ensure smoother data flows between GPs and Public Health.

What will success look like?

- A shift in activity from acute to community settings;
- Increase in the access and use of effective, good quality contraception;

- Reduction in under 18 conceptions;
- Increase in chlamydia diagnosis in the 15-24 age groups;
- Reduction in the late diagnosis of HIV; and
- Reduction in the number of people repeatedly treated for STIs.

5.2 Substance misuse

Background

Substance misuse is a complex issue, which not only impacts on individuals who are dependent on drugs and alcohol, but also on the people around them and society as a whole. Substance misuse is closely aligned to the council's new corporate priorities, including:

- **Keeping you safe:** Alcohol and drug misuse are causes of violent assaults, crime and fear of crime, and road fatalities. Preventing misuse and treating those dependent will help to keep residents safe, feel more secure in their community, and protect them from crime and preventable harms.
- **Brighter futures for our children:** Children living with parents with drug and alcohol problems are at risk of physical, psychological and behaviour problems. Of all serious case reviews nationally, 27% reference alcohol misuse while 29% reference drug misuse as a risk factor. Intervening early and supporting parents to seek treatment for substance misuse will help secure brighter futures for the borough's children.
- **Good quality homes and jobs:** Substance misuse can be both a cause and an effect of homelessness. Good quality, effective treatment can help people to retain their homes, help people to recover and end their homelessness, and be the key to gaining employment and making positive contributions to society.

Drug and alcohol services deliver real value for money when you consider that the total annual cost to society of alcohol-related harm is £21 billion¹⁵, whilst the cost of drug dependence totals £15.4 billion. However, the positive effects of successful drug and alcohol treatment and prevention of misuse mitigate these impacts; for example, every £1 spent on adult drug treatment saves £2.50 in costs to society, including lower rates of crime, greater community safety and improved public health.^{15,16}

15 Public Health England (2013). Alcohol and drugs prevention, treatment and recovery: why invest?

16 Public Health England (2013). Facts and figures: The benefits of drug treatment. <http://www.nta.nhs.uk/about-benefits.aspx>; acc. 2014 May 29.

5.2.1 Adult substance misuse

Current position

The London Borough of Hounslow currently has a contract for the provision of an integrated, community substance misuse treatment and recovery service for adults (18 years and over), provided by a partnership between a specialist charity (lead provider) and an NHS Foundation Trust. The contract covers an integrated recovery and treatment service which includes: prescribing and psychosocial interventions; harm reduction and early intervention (including testing/vaccination for blood borne viruses, and needle exchange in a range of sites); group work, care planning and assessment; recovery support (including housing and education, employment and training); criminal justice work (Drug Intervention Programme); community detoxification and assessment for inpatient detoxification; and provision of an Alcohol Liaison Nurse service in West Middlesex University Hospital.

We commission inpatient detoxification separately under a framework agreement, the contracting authority for which is London Borough of Westminster. There are currently three providers for detox beds: two specialist charities and an NHS Foundation Trust. One of the providers is consulting on changes to their service and this may impact upon our future detox bed arrangements.

All adults in Hounslow who need help for drug or alcohol misuse are supported to: engage in recovery-oriented treatment services; complete treatment successfully, and attain freedom from dependency; achieve positive employment/training/education outcomes; and live in safe and secure accommodation.

Commissioning challenges

The main provider's performance has shown recent signs of improvement after a period of concern and our immediate focus going forward is to work with the provider to continue to improve management systems and processes. We have also been liaising with experts from Public Health England to ensure that the service has additional technical support. A recently reconstituted Substance Misuse Strategic Board facilitates wider council and partners' input to enable individuals to receive the wider support they need for successful recovery. Following on from this initial period of stabilisation, the focus will then be on

producing efficiency savings to the contract through re-procurement.

How we will achieve our aims

- We will re-procure the main integrated substance misuse service by the end of 2016/17 (when the current contract expires).
- We will retain an integrated model of service delivery, to ensure that services do not become fragmented, and work together effectively alongside other local agencies. Ongoing emphasis on recovery is paramount – support for service users to sustain their freedom from dependency and participate fully in society will form a key part of the re-commissioned service.
- We will continue to work in close partnership with Public Health England to ensure our commissioned services remain aligned with best practice and national guidance, in order to secure best value and outcomes for the authority.
- We will explore and secure the best value inpatient detoxification provision in order to meet the needs of the small number of service users who require this support.
- We will explore methods of improving data collection and submission by the integrated substance service, to ensure the best use of resources and that national data accurately reflect local activity.

What will success look like?

- All adults who need help for drug and/or alcohol misuse have prompt access to a range of high quality, evidence-based services to meet their needs and those of their families
- Increased proportion of people dependent on drugs who are in treatment;
- Increased rate of successful completion of treatment;
- Reduced rate of unplanned exits from treatment;
- Improved housing and employment outcomes at successful completion of treatment;
- Reduced rates of re-presentation to treatment.

5.2.2 Alcohol: prevention

Current position

Currently the budget for preventative activities for alcohol is used for: public awareness and behaviour change campaigns; promotional materials and engagement activities; a local pilot with off-licences around a voluntary ban on the sales of super strength alcohol ('Reducing the Strength'); and support to West Middlesex University Hospital in collecting data on alcohol-related violent injuries. Public Health is also actively involved in the alcohol licensing process in order to reduce alcohol-related harm.

Our intention is to increase our offer around alcohol prevention to tackle the increase in alcohol-related morbidity in the borough. The majority of the substance misuse budget is currently focused on drugs and a shift in expenditure towards alcohol services and prevention is required to respond to local needs.

How we will achieve our aims

An alcohol strategic plan is currently being developed by Public Health and Community Safety, which will outline the strategic actions needed by a range of partners across a three year period (2015-18) in order to reduce the impact of alcohol misuse in Hounslow. We will implement the actions of the new Alcohol Strategic Plan 2015-18, along with our partners including:

- We will explore commissioning alcohol prevention projects with a strong evidence base, including alcohol 'scratch cards' in pharmacies, and a programme of alcohol identification and brief advice (IBA) training for professionals.
- We will continue to work with our partners in Licensing and Community Safety in reducing the availability of alcohol, particularly high strength alcohol, through a range of projects including Reducing the Strength, violent injuries data recording, and licensing actions.
- We will continue to deliver or commission awareness and behaviour change campaigns related to alcohol.
- We will work with the adult substance misuse service provider, West Middlesex University Hospital, and neighbouring borough commissioners to ensure that the Alcohol Liaison

Service (provided as part of the adult substance misuse service contract) is operating effectively and in line with best practice, in order to meet the needs of the population.

What will success look like?

Key national alcohol indicators will improve, including:

- Reduction in alcohol-related admissions to hospital;
- Reduction in alcohol-related crimes;
- Reduction in alcohol-related mortality; and
- Reduction in premature mortality due to liver disease.

5.3 Children

The Healthy Child Programme is an evidence-based early intervention and prevention public health programme that outlines the national framework for commissioning public health services for children. The programme outlines a universal, progressive service to promote optimal health and wellbeing. It is split into the Healthy Child Programme 0-5 years¹⁷ - covering pregnancy and the first five years of life - and the Healthy Child Programme 5-19 years¹⁸, for all children, young people and families.

5.3.1 Healthy Child Programme 5-19 Years: School Nursing

Current Position

School nursing is at the centre of the delivery of the Healthy Child Programme 5-19 years. The current provider of the Healthy Child Programme 5-19 years is a NHS community service provider. As part of its function, this service delivers the mandatory National Childhood Measurement Programme (NCMP) which is part of a national strategy to tackle childhood obesity.

Historically, across London, recruitment has been an issue for most school nursing and health visiting services and our local provider has a number of vacant posts. The growing demands of safeguarding

17 DH, 2009. Healthy Child Programme, Pregnancy and the first five years of life.

18 DCSF, 2009. Healthy Child Programme, From 5-19 years.

and required attendance at all child protection conferences has also added to the strain on the service and it is recognised that staff currently have little opportunity to promote health and wellbeing with children.

Our aim is to deliver a service that is aligned to the new national School Nursing Specification guidance¹⁹ and meets the key recommendations identified within our local School Nursing Needs Assessment, particularly:

- Having an appropriately sized and qualified School Nursing team;
- Ensuring that the service supports the borough secondary schools and their feeder primary schools; and
- Strengthening the school nursing focus on prevention, including childhood obesity.

How we will achieve our aims

- We committed additional recurrent investment in 2013, which allows for the increase in the size of the school nursing establishment within the borough (subject to successful staff recruitment and appointment).
- We, together with the London Boroughs of Barnet and Harrow, are currently re-procuring our school nursing services, with the London Borough of Harrow leading the procurement process. Notice to terminate the service contract was served on the current NHS provider in July 2014 and the new service is planned to commence in September 2015.
- Discussions have commenced with the Local Safeguarding Children Board (LSCB), Children's Services and the Designated and Named Safeguarding and Child Protection leads, with the view to agreeing a new less onerous policy around attendance at child protection conferences (when there are no health concerns for the child).
- We will commission a new family-based weight management service for children who are identified as overweight or obese through the National Childhood Measurement Programme.

What will success look like?

- The service is delivered by appropriately qualified staff with a full staff establishment;
- An agreed model with the LSCB for school nursing representation at safeguarding conferences;
- Roll-out of the enhanced School Nursing service model 2014/15 with visible representation at all Hounslow secondary schools and feeder primary schools;
- Roll out of the NCMP programme to children attending Hounslow schools in Reception and Year 6, achieving greater than 95% participation each year;
- Successful signposting, advice and support given to overweight and obese children aged 5-19 years, through an integrated approach;
- Successful signposting, advice and support given to children aged 5-19 years in relation to oral health;
- Delivery of a new oral health pathway, aligned with the brushing for life programme; and
- A new sexual health pathway for school nurses, with chlamydia testing and condom distribution provided universally by school nurses.

5.3.2 Healthy child programme 0-5 years: Health visiting and family nurse partnership

Current Position

The commissioning responsibility for the Healthy Child Programme 0-5 years currently sits with NHS England. This is anticipated to be transferred to Local Authorities in October 2015 and will include:

- Health Visiting
- Family Nurse Partnership²⁰

A transfer dialogue commenced in August 2014 between NHS England and London Borough of

19 DH and PHE, 2014. Maximising the school nursing team contribution to the public health of school-aged children; Guidance to support the commissioning of public health provision for school aged children 5-19.

20 The Family Nurse Partnership is a voluntary home visiting programme for first time young mums aged 19 years and under.

Hounslow representatives - the Director of Children's Services and the Director of Public Health. The dialogue will continue (together with the current NHS provider) with workforce mapping and analysis of spend, until the anticipated benchmarking of budgets, service models and contracts in December 2014.

The Department of Health has issued details on the elements of the Healthy Child Programme 0-5 years which will be mandated on transfer to the local authority. These mandated universal elements are:

- Antenatal health promoting visits;
- New baby review;
- 6-8 week review (not the child health surveillance carried out by GPs);
- 1 year assessment; and
- 2-2½ year review.

Our first objective is to manage a successful transfer of both the health visiting service and the Family Nurse Partnership programme. Once these have been completed we will then assess the potential to redesign the service and reduce costs through re-procurement. We are keen to develop a new local model with a stronger focus on health promotion, and with oral health in particular, in line with the new National Health Visiting Specification.

How we will achieve our aims

- We will continue to participate in the transitional dialogue with NHS England, ensuring robust challenge to ensure budget allocation and growth projections meet the needs of the Hounslow 0-5 year population.
- A multi-agency 'Blue Sky' workshop event took place in October 2014, to which all 0-5 years stakeholders and partners were invited to participate, to help in the development of a new integrated Hounslow model for health visiting. The local model will be underpinned by the findings of a Health Visiting Needs Assessment, which is scheduled to be completed in winter 2014.
- We will commission an oral health promoter post to work with school nurses, health visitors and Early Years settings to tackle children's oral health.

What will success look like?

- The successful transfer of commissioning responsibility from NHS England to the London Borough of Hounslow of the Healthy Child Programme 0-5 years;
- An agreed new integrated local service model;
- Providing breastfeeding drop-in facilities across the community;
- Promoting healthy weight to children and families; and
- Focusing on providing advice, signposting and support on oral health at all relevant stages of child development.

5.4 NHS Health Checks programme

Background

The NHS Health Checks programme is a mandatory preventative service that assesses an individual's future risk of developing cardiovascular disease. Patients aged 40-74 years who have not already been diagnosed with cardiovascular disease or diabetes are invited (once every five years) to have a check to assess their risk of heart disease, stroke, kidney disease and diabetes and will be given support and advice to help them reduce or manage that risk. An integral part of the programme is onward referral to lifestyle interventions to prevent the onset of disease.

Together diabetes, heart disease, kidney disease, and stroke make up one-third of the difference in life expectancy between the most deprived areas and the rest of the country. Addressing these differences is a key aim of the programme.

In 2013/14, 18% of the eligible population in Hounslow were invited to receive an NHS Health Check with approximately 47% taking up the offer. The 2014/15 target set for London is 20% of the eligible population being offered an NHS Health Check and at least 66% having received a Check.

Current position

Since the transfer to the local authority, the contract

for NHS Health Checks has been reviewed in consultation with the CCG and colleagues from the Local Medical Committee. A new tiered tariff system has been introduced to incentivise higher uptake, ensure GPs invite more widely and record those invites, and complete onward referrals as standard practice. Following on from the new contract, there has been an increase in the number of GPs signing up to deliver the programme (53 of 54 compared to only 40 during the previous year).

The model of delivery for NHS Health Checks in Hounslow relies greatly on GPs, facilitated by a small number of Health Checks provided in the community. There is variation in GP performance which can lead to inequity in programme delivery and could potentially exacerbate health inequalities in the borough. It is essential to ensure the offer is fair and accessible to all residents and so we will need to review commissioning arrangements to ensure parity.

Now that most practices across the borough are offering this service to residents it is important to ascertain the impact of the programme and most importantly how many individuals are actually being referred on for lifestyle interventions after a Health Check.

How we will achieve our aims

- We will work with Hounslow CCG on their IT system to develop templates and streamline reporting requirements to help improve programme monitoring.
- We will work with GP localities and individual practices to enhance the impact of the programme by improving advice offered and increasing onward referrals to lifestyle interventions.
- We will work with the CCG to commission directly with GP localities rather than individual practices to reduce transactional costs and to ensure equity of access.
- We will conduct a Health Equity Audit to understand programme coverage, the demographic profile of those attending, their risk scores and onward referrals to lifestyle services.
- We will have effective outreach programmes to engage people who repeatedly do not attend their GP practice for an NHS Health Check.

What will success look like?

- The London targets for offered and completed Health Checks will have been achieved;
- There will have been an increase in the number of people referred to lifestyle interventions from the NHS Health Check programme; and
- The programme will be delivered in a standardised way and the results communicated effectively to every patient.

5.5 Smoking cessation and tobacco control

Background

There are an estimated 30,000 smokers in Hounslow. Overall smoking prevalence is currently 16.9%, which is not significantly different from the rest of the UK. Hounslow compares favourably on smoking prevalence rates for routine and manual workers (18.7% locally compared to 29.7% nationally) and for pregnant women (3.8% locally compared to 12.7% nationally).

Smoking is associated with a range of health complaints, most notably respiratory and heart conditions. Smoking-related illnesses often prove fatal, with smoking-attributable deaths accounting for 18% of all deaths among adults aged 35 years and over.

The effects of smoking are not confined to smokers; nationally, second hand smoke accounts for approximately 12,000 deaths a year in adults aged 20 years and over, as well as causing a number of health complaints in children, including one in five cases of sudden infant death. Smoking is an addiction that is largely taken up during adolescence and so early prevention is key.

Our current position

In February 2014, the Health and Wellbeing Board signed off the Hounslow Tobacco Control Plan 2013-16. The overarching aims of the tobacco control plan is to reduce smoking prevalence and the inequalities in health that result from tobacco use.

The main contract for smoking cessation provision in Hounslow is with the NHS Community Trust. The

service has moved away from a focus on 4-week quits in the general population and now targets at-risk subgroups of the population to ensure that the most vulnerable in our society have equitable access to cessation support. In 2013/14, a total of 1,502 people quit with support from the local stop smoking service.

A health equity audit in Hounslow in 2014 found that: 1) Men aged 26-35 years had the highest smoking prevalence and were the least likely to access the service; 2) Lung cancer incidence and deaths from respiratory disease correlated with areas of high smoking prevalence; 3) The majority of people who accessed the service in 2012/13 resided in the less affluent parts of the borough; and 4) Younger people were less likely to opt for pharmacological interventions to help them stop smoking.

The National Centre Smoking Cessation and Training has been commissioned to undertake a service review of stop smoking provision in Hounslow, which is now underway. The audit will take 12 weeks to complete and will include provision by the specialist stop smoking service as well as by GPs and pharmacists. The results of this audit will inform future commissioning arrangements.

Our aim is that through evidence-based prevention, tobacco control and smoking cessation programmes there will have been a complete culture change and tobacco use will no longer be regarded as a 'norm'. All users, regardless of need, will have access to specialist services that can be extended for those who find it difficult to quit.

Although 'abrupt cessation' (quitting smoking in one step) is recognised as the best way to reduce the illness and death caused by smoking, it must also be recognised that not everyone can stop smoking in one attempt. Harm reduction can be beneficial for the most vulnerable in society and can provide an alternative to quitting. The approach involves providing licensed nicotine containing products, self-help guidance, behavioural support, and follow-up appointments (likely to be longer than in abrupt cessation). We will need to review the feasibility of these new approaches and consider including them in future commissioning intentions.

How we will achieve our aims

- We will consider commissioning an evidence-based peer led smoking cessation and prevention

initiative in schools, such as 'A Stop Smoking in School Trial (ASSIST)' as recommended by NICE (2010). The introduction of such a model should be done in parallel with a whole-school approach to policy introduction and should include cigarette smoking, shisha and other niche tobacco products.

- We will re-procure our specialist smoking cessation services, which will allow wider tobacco control issues to be embedded in new service specifications. All services will be commissioned in line with new NICE guidance. The service will focus on priority groups such as routine and manual workers, pregnant women, mental health, hospital inpatients and outpatients as well as workplaces and other areas of need identified locally.
- We will conduct a rapid needs assessment to inform any future approach to commissioning effective harm reduction services.
- We will continue to work with Trading Standards, Police, Her Majesty's Revenue and Customs (HMRC), Fire Brigade and other partners, to combat illegal tobacco.

What will success look like?

- There will have been a reduction in overall smoking prevalence as well as a reduction in smoking prevalence in routine and manual workers and in women smoking at the time of delivery; and
- Every smoker will have access to tailored cessation support - especially the most vulnerable groups, e.g. mental health service users, routine and manual workers, pregnant women and young people.

5.6 Healthy lifestyles

It is well evidenced that lifestyle issues contribute to poor health outcomes and associated social and health care costs. This includes early deaths from cancer, heart disease and stroke, and a range of morbidities associated with smoking, alcohol, sedentary behaviour, and obesity. The growing burden of diabetes in the borough highlights the needs for effective preventative lifestyle services for local people.

Current position

The contracts for a number of public health lifestyle services come to an end in 2015. These include information, advice and help with diet and nutrition, exercise, weight management and stopping smoking. Current services are provided by a wide range of providers and are not joined up. This makes it difficult to deliver the right combination of help, properly tailored to meet residents' individual needs especially when they require input from more than one service. In addition, health and social care professionals can be unclear on how to access all the different services that are available. Residents can end up being signposted between different services and, along the way, drop out of the system.

A more effective integrated approach is therefore required to commissioning 'healthy lifestyle' services. Our intention is to commission a new 'integrated wellness service' (a 'One Stop Shop') to reduce health inequalities through the promotion of healthy lifestyles. This service will provide a single point of access to all lifestyle services and advice for residents and professionals in the borough.

The new integrated wellness service will:

- Enable more residents to make positive lifestyle changes and become more physically active;
- Reduce the number of residents at risk of developing long term conditions;
- Establish effective referral pathways and increase referrals from primary and secondary care services;
- Increase the uptake of NHS Health Checks and referrals to appropriate services based on the findings of the check;
- Increase the number of staff trained to deliver brief interventions; and
- Provide good, consistent healthy lifestyle advice for Hounslow residents.

How we will achieve our aims

- We will review best practice from other parts of the country and consult with local people to design the new 'integrated wellness service'.

- We will procure the new service in 2015/16.

What will success look like?

- Improved access to wellness services through a single point of contact;
- Improved health outcomes for Hounslow residents;
- Service efficiencies through better, joined-up working and by avoiding duplication; and
- Long term cost avoidance of expensive treatment and ongoing social care.

5.7 Older people

Background

Health indicators for older people in Hounslow are not as good as they could be. Compared to England as a whole, Hounslow performs significantly worse in the following areas²¹:

- Social isolation: The percentage of adult social care users who have as much social contact as they would like;
- Loneliness and isolation in adult carers;
- Injuries due to falls in those aged 65 years and over;
- Flu vaccination in those aged 65 years and over;
- Preventable sight loss (all ages); and
- Excess winter deaths aged 85 years and over.

Current position

In 2013/14, Public Health inherited responsibility for three contracts which were previously funded through Section 256 monies to promote better integration between health and social care:

- Volunteering service
- Befriending and social activities for older people
- Health and wellbeing service – including self-care and falls prevention

These services directly contribute to the prevention agenda outlined in the Adults Prevention Strategy and play a key role in: providing universal support through wellbeing services to all older people; providing secondary prevention to those at risk of morbidity, such as those older people who are at risk of falls; and by providing support to people who already have significant social needs, such as the socially isolated.

Public Health is collaborating with colleagues from Adult Social Care on the development of the new Adults Prevention Strategy. This strategy will examine the evidence base, review the drivers for new packages of social care in Hounslow and then determine new priority areas for commissioners to address jointly. When this work is complete it will inform the procurement of new services for the prevention of ill health in older people.

In addition, Public Health will continue to be involved with the Whole Systems Integrated Care and the Better Care Fund (BCF) work streams so that our new proposed offer on lifestyle intervention can be incorporated into plans to improve integration between health and social care and the move to locality-based models of provision for health and social care.

We will also evaluate the Public Health funded Winter Warmth programme ('Better Homes, Better Health') which is being run by the Housing Team and will take place across the borough between September 2014 and March 2015. The programme provides a package of support for vulnerable residents through home visits by trained energy advisors. The scheme brings together energy saving initiatives with services that focus on home repairs, income maximisation and social isolation to reduce the risk of excess seasonal ill-health and mortality.

How we will achieve our aims

- Align our wellbeing services to the locality models being developed within health and social care.
- Review the evidence base around older people's prevention working with Adult Social Care to understand the drivers for new packages of social care.
- Re-procure our older peoples' services once the work of the Adults Prevention Strategy is completed.
- Work jointly with the CCG and Adult Social Care

to ensure that we improve the effectiveness of a complete falls prevention pathway.

What will success look like?

- Improved wellbeing of older people and other vulnerable groups;
- Reduction in falls in over 65s;
- Reduction in social isolation;
- Reduction in excess winter deaths; and
- Increase in priority population accessing health and wellbeing services including but not limited to: stop smoking services, flu vaccinations, physical activity programs, alcohol services, etc.

5.8 Community prevention programmes

TB and diabetes are areas of key concern for Hounslow, particularly as much of these diseases and the attributable morbidity which affect our population are preventable. Both conditions have identifiable high-risk groups (South Asian and Afro-Caribbean for diabetes and South Asian and sub-Saharan Africans for TB), and there are also deeply held cultural values which can inhibit people from these communities accessing the help that they need.

Both conditions are potential targets for new disease prevention programs in Hounslow. However for these to be successful, we will need to work in partnership with both the CCG and the voluntary sector. And should this prove possible, then our intention is to commission prevention programmes for both of these disease areas.

This local authority funding would be time-limited (to two to three years) and would need to gradually reduce to accommodate expected budget reductions (once the ring-fence is removed from the Public Health Grant). However, this would still allow time to empower local communities to tackle many of the root causes of these diseases themselves, and enable the testing of pilot interventions, such as community-based testing for latent TB.

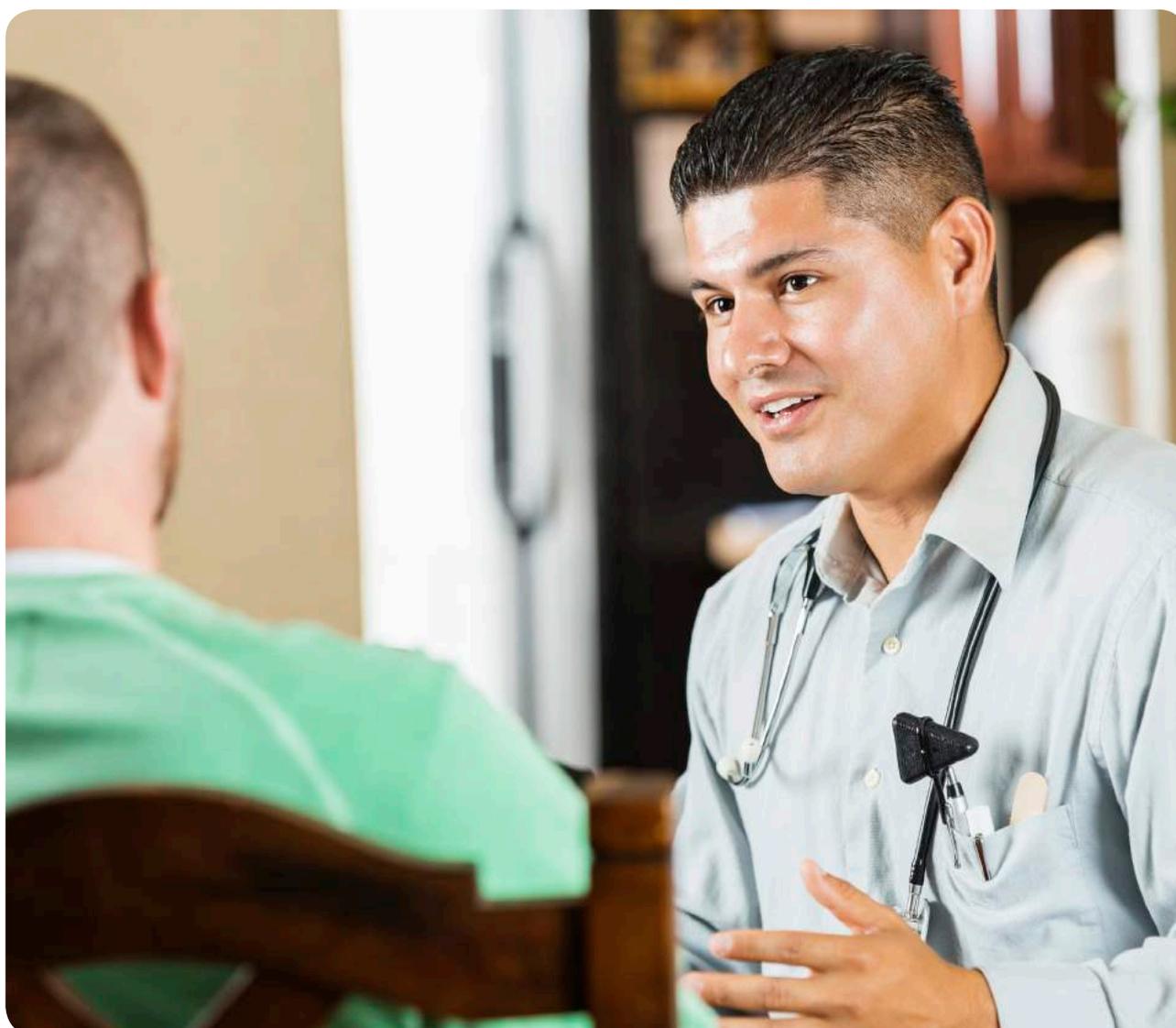
How we will achieve our aims

- We will work with the CCG and wider partners to develop a new diabetes prevention programme for Hounslow
- We will work with the CCG, Public Health England, NHS England and the voluntary sector to design and evaluate a pilot TB prevention programme

What will success look like?

- Increased awareness of tuberculosis amongst high-risk groups in Hounslow

- Active participation from the third sector to tackle stigma around TB and to encourage latent TB testing for high-risk individuals
- A reduction in the number of residents developing TB each year
- A raised awareness of the risk of diabetes in high-risk communities in Hounslow
- A local suite of interventions for people who are at high-risk of developing diabetes
- Increasing numbers of people reducing their risk of developing diabetes



6. A summary of our intentions

If we are successful, this strategy will develop a flourishing public health function which will be mainstreamed across the council and that will work with the CCG and the voluntary sector to tackle some of the key challenges laid out in the joint Health and Wellbeing Strategy. This will result in local communities feeling more empowered to tackle health and wellbeing issues which affect our borough.

Figure 2a:
Summarises some of our main challenges in Hounslow

Key public health challenges in Hounslow (latest data)
<ul style="list-style-type: none"> • 11.5% of children in Reception year (about 389 children) and 24.6% of children in Year 6 (about 577 children) were obese (2012/13) • 36.4% of 5-year-olds (about 1,380 children) had decayed, missing or filled teeth (2012) • 129 conceptions to women aged under 18 years (2012) • 21.3% of adult residents (about 33,639 people) drinking at a level which may damage their health (2014) • About 30,000 adult residents (16.9%) smoked (2013/14) • 168 female residents were known to smoke throughout their pregnancy (2013/14) • 4.8% of opiate drug users who sought help successfully completed their treatment and did not return to treatment (i.e. recovered from dependence) (2013/14) • 44% of residents diagnosed with HIV were diagnosed at a late stage of infection (2012) • 193 cases of tuberculosis in 2012 • 23.4% of adults are physically active for more than 30 minutes, 3 times per week (2013)

We will know that we have succeeded in addressing these if by 2019 we can demonstrate that in Hounslow:

- More residents are physically active;
- Fewer people smoke; particularly amongst manual workers, people with mental health conditions and pregnant women;
- Fewer people misuse alcohol and a reduction in levels of binge drinking;
- More people successfully complete treatment for substance misuse;
- Fewer people are requiring treatment for sexually transmitted infections;
- Fewer children are affected by poor oral health;
- Fewer children are overweight or obese;
- Fewer people are infected with tuberculosis;
- More people have been supported to maintain their independence;
- More people are accessing preventative wellbeing services; and
- More people feel empowered to self-manage their long-term conditions.

Figure 2b highlights some of the ambitions that we could achieve through the delivery of this strategy. To take this ambition forward, Public Health, Children and Adults Services and Hounslow CCG will issue annual joint commissioning intentions to initiate the delivery of the actions set out in this strategy and summarised in Table 1, on the following pages.

Figure 2b:
Expected public health outcomes through the successful implementation of this strategy

BY 2018/19, PUBLIC HEALTH SERVICES IN HOUNSLOW WILL HAVE DELIVERED

180 fewer obese children in Reception year and
383 fewer obese children in Year 6

4,571

residents (3% fewer) no longer drinking at a level which may damage their health

5%

reduction in late diagnoses of HIV

1/3

fewer TB cases

10% fewer conceptions in women aged under 18 years

8,000

fewer residents that smoke

216

fewer women smoking during their pregnancy

15%

of opiate drug users will successfully recover from their dependence each year

1 in 4

adult residents will be physically active at least 3 times per week (by 2020)

5%

fall in rates of dental decay amongst under-5s

30,000

residents will have received an NHS Health Check, helping 9,000 residents to become more physically active

Table 1: High-level actions 2014-2019

These high level actions align with the objectives of delivering primary, secondary and tertiary prevention, across a range of health areas, in order to improve the health of our residents.

Healthy Child Programme

1. We will commission a new family-based weight management service for children who are identified as overweight or obese through the National Childhood Measurement Programme.
2. We will commission an oral health promoter post to work with school nurses, health visitors and Early Years settings to tackle children's oral health.
3. Together with the London Boroughs of Barnet and Harrow we are currently re-procuring our school nursing services to develop a more tailored local service with a stronger focus on health promotion.
4. Working collaboratively with other agencies we will develop a new integrated Hounslow model for health visiting. The local model will be underpinned by the findings of a Health Visiting Needs Assessment, which is scheduled to be completed in winter 2014.

Healthy lifestyle services

1. We will commission a new 'integrated wellness service' (a 'One Stop Shop') to reduce health inequalities through the promotion of healthy lifestyles. This service will provide a single point of access to all lifestyle services and advice for residents and professionals in the borough.
2. We will review best practice from other parts of the country and consult with local people to design the new 'integrated wellness service'.
3. We will procure the new service in 2015/16 to improve health outcomes for Hounslow residents.

Community prevention programmes

1. We will work with the CCG and wider partners to develop a new diabetes prevention programme for Hounslow.
2. We will work with the CCG, Public Health England, NHS England and the voluntary sector to design and evaluate a pilot TB prevention programme.

Table 1: High-level actions 2014-2019**Older people**

1. We will align our wellbeing services to the locality models being developed within health and social care.
2. We will review the evidence base around older people's prevention working with Adult Social Care to understand the drivers for new packages of social care.
3. Re-procure our older peoples' services once the work of the Adults Prevention Strategy is completed.
4. We will work jointly with the CCG and Adult Social Care to ensure that we improve the effectiveness of a complete falls prevention pathway.

Sexual health

1. We will improve our integrated sexual health service model by working with our providers to consolidate sites and resources, creating more accessible outreach sites and shift activity to self-management, pharmacy and primary care.
2. Commission modernised, evidence-based sexual health promotion and HIV prevention services that seek to change behaviour and reduce risk-taking activity particularly among MSM, BME communities and vulnerable young people.
3. Work collaboratively to maintain and expand the provision of prevention approaches within non-sexual health settings such as schools, drugs and alcohol services, hostels and other settings with populations who have high levels of sexual health need.
4. Review the delivery and progress of teenage pregnancy prevention work across partners that will inform a new sexual health strategy from 2016.
5. Work with GP localities and the CCG to ensure that all Public Health commissioned services have standardised clinical templates to ensure smoother data flows between GPs and Public Health.

Substance misuse

1. We will re-procure the main integrated substance misuse service by the end of 2016/17 (when the current contract expires).
2. We will retain an integrated model of service delivery, to ensure that services do not become fragmented, and work together effectively alongside other local agencies. Ongoing emphasis on recovery is paramount – support for service users to sustain their freedom from dependency and participate fully in society will form a key part of the re-commissioned service.
3. We will explore and secure the best value inpatient detoxification provision in order to meet the needs of the small number of service users who require this support.
4. We will continue to work with our partners in Licensing and Community Safety in reducing the availability of alcohol, particularly high strength alcohol, through a range of projects including Reducing the Strength, violent injuries data recording, and licensing actions.

Table 1: High-level actions 2014-2019**NHS Health Checks Programme**

1. We will work with Hounslow CCG on their IT system to develop templates and streamline reporting requirements to help improve programme monitoring.
2. We will work with GP localities and individual practices to enhance the impact of the programme by improving advice offered and increasing onward referrals to lifestyle interventions.
3. Conduct a Health Equity Audit to understand programme coverage, the demographic profile of those attending, their risk scores and onward referrals to lifestyle services.
4. We will have effective outreach programmes to engage people who repeatedly do not attend their GP practice for an NHS Health Check.

Smoking cessation and tobacco control

1. We will commission an evidence-based peer led smoking cessation and prevention initiative in schools. The introduction of such a model will be done in parallel with a whole-school approach to policy introduction and will include cigarette smoking, shisha and other niche tobacco products.
2. We will re-procure our specialist smoking cessation services which will allow wider tobacco control issues to be embedded in new service specifications. The service will focus on priority groups such as routine and manual workers, pregnant women, mental health, hospital inpatients and outpatients as well as workplaces and other areas of need identified locally.
3. We will conduct a rapid needs assessment to inform any future approach to commissioning effective harm reduction services.

7. Appendices

Appendix 1: Requirements of the Public Health Grant

Under the Health and Social Care Act 2012, the following public health activities are mandatory ('prescribed functions') for local authorities to provide (and these are funded through the Ring Fenced Public Health Grant):

- Sexual health services - STI testing and treatment
- Sexual health services – Contraception
- NHS Health Check programme
- Local authority role in health protection
- Public health advice
- National Child Measurement Programme

In addition, the Ring Fenced Public Health grant may be used for the following activities ('non-prescribed functions'), based on local need.

- Sexual health services - Advice, prevention and promotion
- Obesity – adults
- Obesity - children
- Physical activity – adults
- Physical activity - children
- Drug misuse - adults
- Alcohol misuse - adults
- Substance misuse (drugs and alcohol) - youth services
- Stop smoking services and interventions
- Wider tobacco control
- Children 5-19 public health programs
- Miscellaneous, which includes:
 - Non-mandatory elements of the NHS Health Checks programme
 - Nutrition initiatives to Health at work
 - Programmed to prevent accidents
 - Public mental health
 - General prevention activities
 - Community safety, violence prevention & social exclusion
 - Dental public health and 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

