| Mayor and Cabinet |   |  |             |             |
|-------------------|---|--|-------------|-------------|
| Report Title      | Response to Healthier Communities Select Committee Referral on Public Health Sustainability of Community Health Initiatives |  |             |             |
| Key decisions     | Yes   |  |             | Item:       |
| Wards             | All   |  | -           |             |
| Contributors      | Executive Director for Community Services, Director of Public Health  |  |             |             |
| Class             | Part 1  |  | Date: 18 Fe | bruary 2015 |

# 1. Summary

This report responds to the comments and views of the Healthier Communities Select committee, arising from discussions held on the officer report entitled, Sustainability of Community Health Initiatives, considered at its meeting on 2<sup>nd</sup> December 2014.

#### 2. Recommendations

The Mayor is recommended to:

- 2.1 Note the response of the Executive Director of Community Services and Director of Public Health in relation to the issues raised by the Healthier Communities Select Committee and in particular their request for the Mayor's support for the Well London approach and projects.
- 2.2 Agree for the response to be forwarded to the Healthier Communities Select Committee.

#### 3. Policy Context

- 3.1 The current policy context is the Health and Social Care Act which became law in March 2012 and provided the legal basis for the transfer of public health functions from the NHS to local authorities on 1 April 2013.
- 3.2 The Health and Social Care Act (2012) places a statutory obligation on the Council, Clinical Commissioning Group (CCG) and the NHS Commissioning Board to develop a Joint Strategic Needs Assessment to produce a joint Health & Wellbeing Strategy to meet the needs identified needs identified.
- 3.3 The historical policy context include: Saving Lives: Our Healthier Nation (Department of Health); Modern Local Government: In touch with the people (Department of Environment and Transport); Preparing Community Strategies Government Guidance to Local Authorities (Department of Environment and Transport); and A New Commitment to Neighbourhood Renewal: National Strategy (Social Exclusion Unit). These were policies introduced during the period the community health initiatives in this report were starting.

- 3.4 Community-based interventions or initiatives are often used in public health practice as a means of helping improve the health of populations in a defined geographical area. Such initiatives often consist of several interacting projects. There are presently two such initiatives up and running in Lewisham; the North Lewisham Health Improvement Programme and the Bellingham Well London Programme. Another two initiatives; one in Lewisham and the other in Downham are at the early exploratory stages.
- 3.5 The activities of the community based health initiatives in Lewisham are consistent with public health priority areas identified in the National Public Health Outcomes Framework as well as the Lewisham Joint Strategies Needs Assessment and the Lewisham Health and Wellbeing Strategy. The Lewisham health and wellbeing priority outcomes are: reduction of CVD and cancer mortality; Achieving a Healthy Weight; Increasing the number of people who survive colorectal, breast and lung cancer for 1 and 5 years; Improving Immunisation Uptake; Reducing alcohol harm; Preventing the uptake of smoking among children and young people and reducing the numbers of people smoking; Improving mental health and wellbeing; Improving sexual health; Delaying and reducing the need for long term care and support.
- 3.6 The community health initiatives also contribute to the priority outcomes of Lewisham's Sustainable Communities Strategy (Healthy, Active and Enjoyable).
- 3.7 Furthermore, the community health initiatives contribute to Lewisham's Adult Integrated Care Programme which is supported by the Better Care Fund (BCF). Many of the projects and activities of the community health initiatives, particularly those directed at prevention and behaviour change, contribute to health and social care integration.

## 4. Background

- 4.1 The Healthier Communities Select Committee initially received an update report on the 11<sup>th</sup> December 2013 on the North Lewisham Health Improvement Programme and the Bellingham Well London Programme and then a follow up report on 2<sup>nd</sup> December 2014. These programmes are co-ordinated by LBL Public Health.
- 4.2 The North Lewisham Health Improvement Programme

This programme was established in 2008, as part of the implementation of the Lewisham Health Inequalities Strategy in response to recommendations by the Lewisham Strategic Partnership. The aim of this programme was to take a community development approach to improving the health of residents in Evelyn and New Cross wards in order to reduce inequalities in health in these wards as compared with the rest of Lewisham Borough. The learning from the programme was to be transferred, if appropriate, to other areas in the borough with similar health challenges.

#### 4.3 The Bellingham Well London Programme

As part of the national Neighbourhood Renewal programme Bellingham was one of five Neighbourhood Management areas in 2006 -2008 where health partners and the local authority worked together at a local level to help address health issues. As the Neighbourhood Renewal programme drew to a close, the Well London programme, in consultation with the Primary Care Trust Public Health department and the Bellingham Health Forum, utilised the Well London programme as an opportunity for sustaining some of the partnership working on health that had been developed.

- 4.4 The Well London programme was ideal because it provided a coherent framework for integrating a range of existing community engagement, consultation, investments and activities to increase reach, efficiency and effectiveness at the very local level. It also supported a community development approach, building individual and community capacity for well-being and resilience through core, capacity building and locally prioritised theme projects focussing on specific issues and needs. Furthermore, the programme was underpinned by robust research and evaluation led by Institute of Health and Human Development at University of East London.
- 4.5 Bellingham became one of 20 neighbourhoods in London that the Well London Phase 1 worked with between 2007-2011. Phase 1 led to some positive outcomes which were recognised in 2011. It received the Royal Society of Public Health Award and was endorsed by Professor Sir Michael Marmot who said:

"......Empowering individuals and communities, and giving people a voice is integral to addressing health inequalities. I am delighted the Partnership has achieved well-deserved recognition for its work."

4.6 With the continued support of Big Lottery in 2012, Bellingham continued as a Phase 2 and is currently one of 11 areas in 9 London boroughs.

## 5. Response

- 5.1 On the 2<sup>nd</sup> December 2014, members of the Healthier Communities Select Committee considered a report from Public Health on the progress made on the delivery of community health initiatives, how the projects within these initiatives were contributing to the delivery of public health policy, and a proposal for their future sustainability. A link to this report is provided below under background documents.
- 5.2 The Committee commended the value and success of the community health initiatives in Bellingham and North Lewisham and welcomed efforts to extend funding for the Well London Phase 3. The Committee placed on record its support for the Well London approach and projects based on similar principles and requested the Mayor to do the same.

- 5.3 Both programmes have continued to engage individuals, agencies and communities in their respective geographical areas in health improvement activities and projects Apart from positive healthy lifestyle outcomes, the programmes also contribute to creating community resilience by building individual and community capacity for well-being.
- 5.4 Since the report of the 2<sup>nd</sup> December 2014 to the Healthier Communities Select Committee, Public Health has continued discussions with the Greater London Authority and University of East London who are leading on resourcing the Well London Phase 3 programme. Lewisham remains one of the preferred candidates for the Phase 3 funding, based on the plan outlined in section 7.3 of the report, referenced below.
- 5.5 The Well London Phase 3 (from 2015) is now being planned by the GLA and UEL to cover much larger and/or whole commissioning areas. This will mean working at larger scale in each site, but with a smaller number of local authorities, RSL/Housing Associations and/or CCGs or Federations of GP Practices and with potential for new links with secondary care. It will involve establishing a number of Well London 'hubs' across the commissioning area/s, focussing on the most disadvantaged neighbourhoods and with wider coverage being achieved through the ripple effect observed in the previous Phases.

### 6. Financial Implications

- 6.1 The work described in this report would not involve any net cost to the Council but would be funded externally. UEL and GLA have indicated that the level of funding per Well London site would range from approximately £70,000. Additional funding will be provided depending on how many hubs each site intends to develop. The level of this additional funding is yet to be worked out.
- 6.2 Funding of these programmes in the future, as described in this report will not be adversely affected by any proposed savings identified in the PH budget for 2015/16.
- 6.3 The financial implications will be dependent on the outcome of the discussions with the GLA and UEL on future funding. A report will be made to Mayor and Cabinet once at the earliest opportunity once the outcome is known.

### 7 Legal Implications

7.1 There are no specific legal implications arising from this response, save for noting that the Council's Constitution provides that the Executive may respond to reports and recommendations by the Overview and Scrutiny Committee.

# 8 Crime and Disorder Implications

There are no specific crime and disorder implications arising from this report.

# 9 Equality Implications

- 9.1 There are no specific equalities implications arising from this report however addressing health inequalities is a key element of the Lewisham Health and Wellbeing Strategy.
- 9. 2 An Equality Analysis Assessment (EAA) was carried out on the Lewisham Health and Wellbeing Strategy.

# 10 Environmental Implications

10.1 There are no specific environmental implications arising from this report.

## **Background Documents**

Report to the Healthier Communities Select Committee on the Sustainability of Community Health Initiatives (2<sup>nd</sup> December 2014):

http://councilmeetings.lewisham.gov.uk/documents/s32344/07%20Sustainability%20of %20community%20health%20initiatives%20021214.pdf

If there are any queries on this report please contact **Danny Ruta**, **Director of Public Health** on 020 8314 8637.