Public Health in times of austerity

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A GUIDE TO: THE LONDON BOROUGH OF RICHMOND

POPULATION 191,365

VOLUNTEERING
50% - Highest volunteering rate across London (26% Lon)

LIFE EXPECTANCY AT BIRTH
Men = 81.9 (1.9 yrs ↑ than Lon)
Women = 85.9 (1.8 yrs ↑ than Lon)

SAFEST BOROUGH FOR VIOLENT CRIME
4/32 for crime overall

OPEN SPACES
1/3 green space, 100+ parks, 21 miles of river frontage

BIKE JOURNEYS IN THE BOROUGH
23,000 every day, 2/33 in Lon

Home to the 2015 Rugby World Cup, a 2012 Olympics host borough and visited by the Tour de France

A borough with some of highest performing primary and secondary schools in the country
**START WELL**
- **1.9%** women smoke at time of delivery
- **92%** breastfeed in first 48 hours
- **44,500 children** 4,000 more travelling in for school

**LIVE WELL**
- **17,000 adults smoke**
- **38,000 adults** drink alcohol at increasing or higher risk levels
  - Levels of higher risk drinking are 10th highest in country
- **24,000 adults** are physically inactive
  - On average adults eat 2.7 portions of fruit and 2.4 portions of vegetables per day, but... 45% adults do not eat five fruit & veg per day

**Mental health**
- 22,000 have a common mental disorder
- 1,700 with severe mental illness
- 2,000 in contact with specialist mental health services

**AGE WELL**
- **34 parents** in treatment for alcohol misuse
- **36%** of 15 year-olds have tried smoking – highest in England
- **28,900 to 45,700**: the projected increase in number of over-65s between 2015 and 2035
- **51%** of over-75s live alone – highest in London
Context

- Small team; Small grant - £9.76M (2016/17)
- NHS Richmond CCG co-located since 2012
- Integration of health & social care commissioning programmes
- Outcomes based commissioning approach – physical and mental health
Opportunities since 2012

- Embedding “Whole Council” Public Health
- Role in Health & Social Care integration
- Re-designing PH services & new responsibilities
- BCF and Sustainability and Transformation Plans
- Harnessing the Health & Well-being Board
Creating a Leadership Narrative

London Borough of Richmond upon Thames
Promoting wellbeing and independence – a Framework for Prevention
2015-2018

Prevention:
Redressing the Balance in a Time of Austerity

Joint Health and Wellbeing Strategy 2016-21
Cross Councillor / Health & Wellbeing Board

Place, community and individual solutions require a **partnership approach**, officers and councillors from:
- Social Care, Public Health & Housing
- Environment and Communities - parks, traffic and transport
- Culture, Arts and Sports

**Themes emerging:**
- Creating the right place for healthy choices and addressing barriers to existing assets
- Utilising social networks, e.g. Village Planning
- Positively reframing wellbeing activities
- Sustainable approaches- combined efforts to deliver over the longer term.
A Whole-Systems Approach

### Self-Care Continuum
- Pure Self Care—PREVENT
- Daily Choices
- Lifestyle
- Self Managed Ailments
- Minor Ailments
- Long-term conditions
- Acute conditions
- Compulsory Psychiatric Care
- Major Trauma
- Pure Medical Care—DELAY

### Self Care & Patient Empowerment Continuum

### Activity Across Partners
- Place Level Solutions
- Community Level Solutions
- Individual/Service Level Solutions

### Approach
- Place level solutions making the healthy choice the easy choice e.g. infrastructure or healthy catering offer from healthcare providers.
- Social Marketing and Community led support
- Public & Patient support materials
- E-solutions and materials for self-care
- E-solutions for Self-Management
- Shared Decision Making tools

### Enablers
- Needs Assessment
- Community insight led patient tools
- Aligned Health and Social Care Strategies and Communications for Self-Care; including enabling access to new technologies and provision of information.
- Systematic links between the health system and community /VCS village champions.
- Inclusion in commissioning and procurement processes.
- Systematic, tailored workforce development including training development.
- Inclusion as part of the core offer in patient Pathways.
## Direction of trends in public health indicators from 2009 to 2015

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Richmond</th>
<th>National</th>
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<tbody>
<tr>
<td><strong>Sexual and reproductive health and HIV</strong></td>
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<tr>
<td>Provision of long-acting reversible contraceptives by GPs</td>
<td>Improving</td>
<td>Improving</td>
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<tr>
<td>Genital warts</td>
<td>Stable</td>
<td>Improving</td>
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<tr>
<td>Late diagnosis for HIV</td>
<td>Improving</td>
<td>Improving but may have slowed</td>
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<tr>
<td>Teenage pregnancy</td>
<td>Improving</td>
<td>Improving but may have slowed</td>
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<tr>
<td>Gonorrhoea</td>
<td>Deteriorating</td>
<td>Deteriorating</td>
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<tr>
<td>Syphilis</td>
<td>Deteriorating</td>
<td>Deteriorating</td>
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<tr>
<td>Genital herpes</td>
<td>Stable</td>
<td>Deteriorating</td>
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<tr>
<td>Chlamydia</td>
<td>Deteriorating</td>
<td>Deteriorating</td>
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<tr>
<td><strong>Substance misuse</strong></td>
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<tr>
<td>Substance misuse treatment waiting times</td>
<td>Improving</td>
<td>Improving</td>
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<tr>
<td>Completion of substance misuse treatment</td>
<td>Stable</td>
<td>Improving but may have slowed</td>
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<tr>
<td>Alcohol-related hospital admissions</td>
<td>Deteriorating</td>
<td>Deteriorating</td>
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<tr>
<td>Number of people undergoing substance misuse treatment</td>
<td>Deteriorating</td>
<td>Stable</td>
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<tr>
<td><strong>Smoking</strong></td>
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<td>Smoking in pregnancy</td>
<td>Improving but may have slowed</td>
<td>Improving</td>
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<tr>
<td>Adult smoking prevalence</td>
<td>Improving but may have slowed</td>
<td>Improving but may have slowed</td>
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<tr>
<td>Number of people setting a quit date with NHS stop smoking service</td>
<td>Deteriorating</td>
<td>Deteriorating</td>
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<tr>
<td>Successful smoking quits (rate per 100,000 smokers)</td>
<td>Deteriorating</td>
<td>Stable</td>
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<td><strong>Childhood obesity</strong></td>
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<td>Obesity at age 4–5</td>
<td>Stable</td>
<td>Improving</td>
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<td>Obesity at age 10–11</td>
<td>Improving</td>
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<tr>
<td><strong>Immunisations</strong></td>
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<tr>
<td>MMR immunisation uptake at age 2</td>
<td>Stable</td>
<td>Improving</td>
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<tr>
<td>DTaP/IPV/Hib immunisation uptake at first and second birthday</td>
<td>Stable</td>
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But….are these the right indicators?

- Current indicators are broadly service based.
- If the whole systems invests in a PH approach, then the whole systems needs to recognise impact.

- Do we need to review PH indicators aligned with council priorities, e.g., social connectivity?
- How can we measure impact of our work with people, community and place?
- Do we need a set of cross cutting outcomes?
- How to capture value added?
Useful links

- APHR 2016/17
  - http://www.richmond.gov.uk/annual_public_health_report

- JSNA
  - http://www.richmond.gov.uk/jsna

- HWB Strategy
  - http://www.richmond.gov.uk/joint_health_and_wellbeing_strategy
Contacts & Acknowledgements

Contacts

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