

# Public Health Service Health Improvement Report



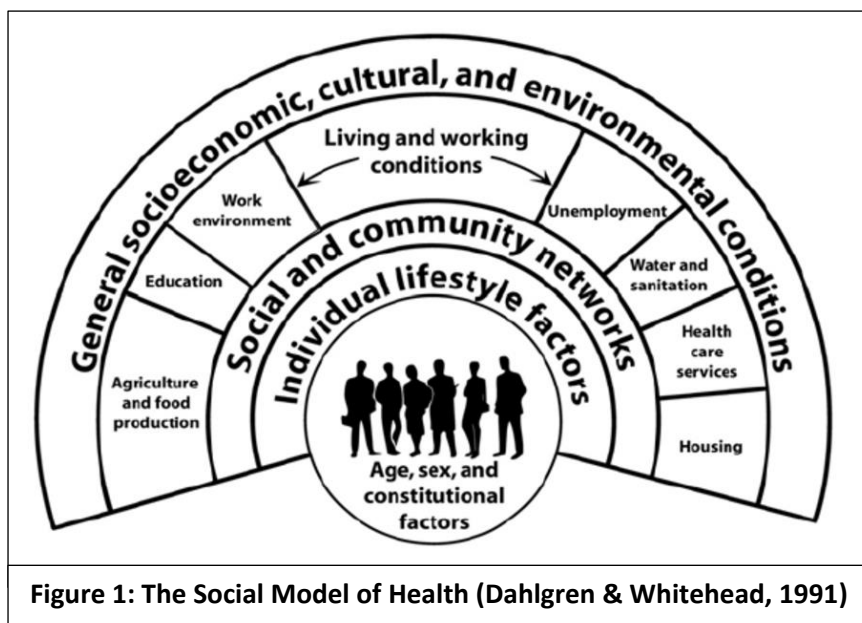
**September 2018**

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## Introduction by the Director of Public Health

Local authorities have led action to improve health since the Victorian period when their predecessors worked to provide residents with clean water and sanitation. As shown in the figure below, our living and working conditions, whether it be access to good education and employment opportunities, decent housing, a high quality built and natural environment and a community with strong social capital continue to be the major determinants of our health and wellbeing.



One could argue then that the primary function of many Council services has long been to improve health. Nonetheless, in 2013, Council's took on additional responsibilities to improve health and tackle health inequalities and gained a specialist Public Health Service. This report focuses on what has been happening locally and the joint work between the Public Health Service, other Council services and other partners across the borough to improve health.<sup>1</sup>

It is well understood that many public health and wellbeing issues are hugely complex. There is rarely a single 'silver bullet' solution. More often, a concerted response is required on the part of many stakeholders for a prolonged period. For example, the Council's Obesity Prevention Strategy<sup>2</sup> sets out how the Council can contribute to national and international action to slow and eventually reverse the rise in childhood obesity.

For simplicity's sake, the particular contribution of the Council's Public Health Service and our partners to improve the health of local residents has been described in terms of three interlinked workstreams: -

Section 1: Putting health and wellbeing into all policy, systems and partnerships

Section 2: Commissioning health improvement services

Section 3: Social marketing for behaviour change, such as nudging residents towards healthier choices

Hopefully, it will provide the reader with an idea of our general approach to health improvement, an overview what has been achieved from January 2017 to September 2018 and our plans for the coming year.

Mark Ansell, Acting Director of Public Health

<sup>1</sup> Health improvement is one of the three core functions of public health - the others being health protection and healthcare public health. An annual [health protection report](#) summarises activity in this area.

<sup>2</sup> [https://www.havering.gov.uk/download/downloads/id/957/preventing\\_of\\_obesity\\_strategy.pdf](https://www.havering.gov.uk/download/downloads/id/957/preventing_of_obesity_strategy.pdf)

## Section 1: Health and wellbeing in policy, systems and partnerships

Embedding health and wellbeing into policy and systems is a collaborative response to the greatest health challenges of today; those of non-communicable diseases such as diabetes, health inequities and inequalities, and increasing health and social care costs. It means routinely considering the impact of decision-making on health and wellbeing and influencing the determinants of health.

Partnership working is key to maximising good health and addressing health inequalities. Local authorities are experienced in partnership working, which has meant that the Havering Public Health Service benefited both from established relationships, and easily established partnerships with other services and external partners.

### 1. Health impact assessment of the Local Plan



#### Background

Natural and built environments play a major role in health and wellbeing. The environment can have positive effects on both established and incoming communities which can last for generations. Good planning can result in health benefits arising from, for example, less opportunity for criminal behaviour, stronger community cohesion, or more physical activity.

#### Key facts

- The Local Plan for Havering guides future growth and development in the borough.
- A health impact assessment was undertaken during development of the draft Local Plan and again, when changes were made following consultation.

#### Recent actions

- Public Health and Planning worked together to conduct a prospective desktop health impact assessment of the Local Plan. This was an iterative process conducted alongside development of the draft Local Plan.
- A Health Impact Assessment Report was produced that explained the steps undertaken, and the contribution that the health impact assessment process had made.
- Following consultation feedback, the Local Plan was re-assessed to ensure the potential impacts of the changes proposed through the consultation exercise were taken into consideration for their positive or negative impacts and any mitigating factors.

#### Main successes/outcomes

- Local Plan will require developers to undertake health impact assessments on all major developments.
- The process demonstrated a very practical approach to health in all policies, and led to further interest in assessing other strategies and policies for their impact on health. This subsequently led to a broader programme of work (see 2. - next page).

#### Plans for 18-19

- In preparation for implementation of the Local Plan, Public Health is working with planning colleagues to embed health impact processes into planning procedures.
- Public Health will support teams and services to undertake in-depth health impact assessments on large-scale major building developments.

## 2. Health in all Policies

### Background

Health in All Policies means systematically considering the implications of decisions for likely impact on health and wellbeing. The approach attempts to maximise potential for improving health, minimise any negative impacts on health, and reduce health inequalities.<sup>3</sup>

### Recent actions

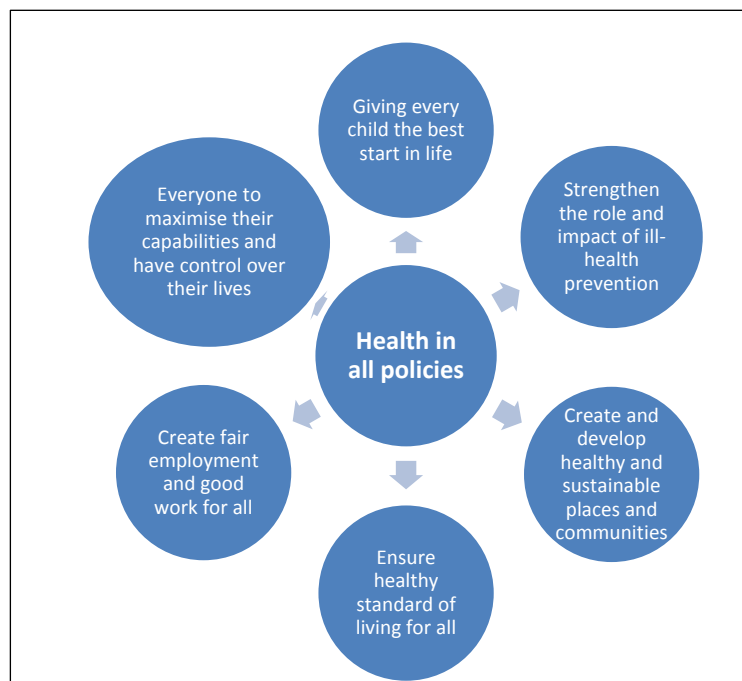
- This phase of Health in All Policies was a progression from the health impact assessment of the Local Plan (see previous page). It was agreed to undertake a pilot approach to jointly assess the impact on both equalities (protected characteristics) and health and wellbeing.
- The Council's respective leads for public health and equalities, with advice from the Legal Team, designed a combined equality and health impact assessment form. This is used as a first stage in the process; report authors re-evaluate their initiatives and consider where further health and wellbeing gains might be made. The form helps to identify any initiatives that have substantial impact, which will then become the subject of a full health impact assessment.
- At the same time as the combined equality and health impact assessment was developed, Public Health worked with the Council Development Team to health impact assess the economic strategy.

### Main successes/outcomes

- Equalities and health impact assessment form developed.
- Health impact assessment of the economic strategy undertaken.

### Plans for 18-19

- Evaluate the extent to which the equalities and health impact assessment form is facilitating the health in all policies approach.
- Public health to deliver information and training sessions about health in all policies to Council services, and support teams to undertake full health impact assessments of other major areas of work identified.



Health behaviours 30%	Socio-economic factors 40%	Clinical care 20%	Built environment 10%
Smoking 10%	Education 10%	Access to care 10%	Environmental quality 5%
Diet/exercise 10%	Employment 10%	Quality of care 10%	Built environment 5%
Alcohol use 5%	Income 10%		
Poor sexual health 5%	Family/social support 5%		
	Community Safety 5%		

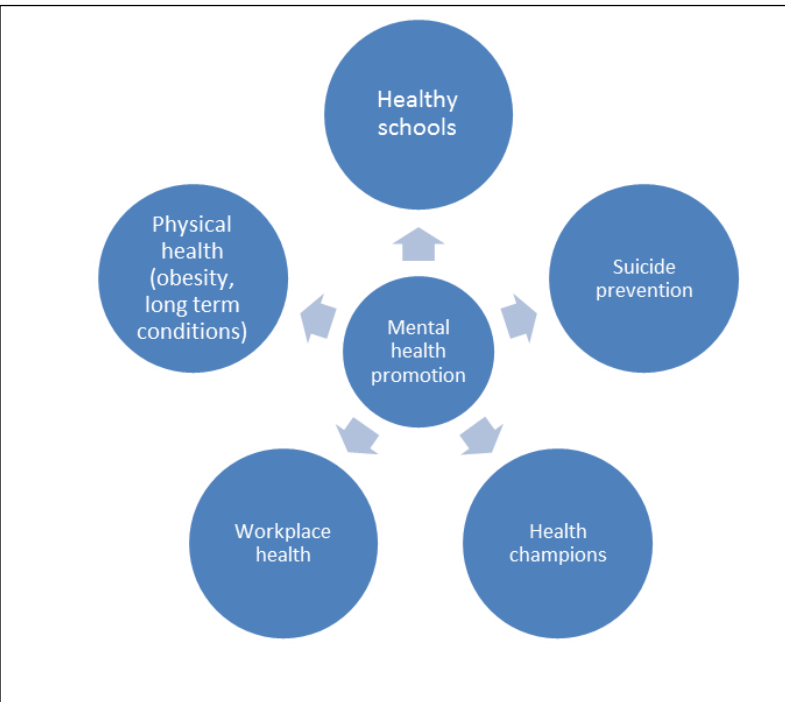
**Figure 2: Relative contribution of the determinants of health**

<https://www.local.gov.uk/sites/default/files/documents/health-all-policies-manua-ff0.pdf>

<sup>3</sup> LGA *Health in all policies: a manual for local government*



### 3. Mental health and wellbeing



#### Background

Taking care of mental health is just as important as looking after physical health.

The Havering multi-disciplinary Mental Health Partnership Board, chaired by Adult Social Care, oversaw the approach to mental health provision and promotion in Havering, and reports to the Health and Wellbeing Board. Children's mental health is also a local priority (see later pages).

#### Key facts

- One in four adults will be affected by a mental health problem in their lifetime.
- There has been an acceptance nationally that mental health needs to be given parity of esteem with physical health.

#### Recent actions

Public Health has both led and supported partnerships:

- Initially chairing the Mental Health Promotion Subgroup for the MH Partnership Board to promote good mental health, and subsequently handing over to the voluntary sector to chair. The Subgroup organises promotional events to coincide with Mental Health Awareness Week, which is supported by health champions.
- Chairing the multiagency Suicide Prevention Steering Group for Havering, Barking & Dagenham, and Redbridge.
- Chairing the Havering Children and Young People Mental Health Transformation Group which provides a forum for cross-sector and cross-agency working to promote good practice and communication across the system. It reports to the BHR CAMHS Transformation Strategic Partnership Group (see later pages)
- Contributed to relevant strategies, including the dementia strategy and the Adult Social Care-led autism strategy<sup>4</sup> - in respect of achieving improved health outcomes for people with autism, with a focus on accessibility to mainstream health and social care services strategy.

#### Main successes/outcomes

- Health promotion throughout the year, including article in Living (Feb 18), promoting good mental health and availability of Talking Therapies service.
- Health champions trained in mental health awareness.
- Mental health included in workplace health programme of work.
- Well attended mental health awareness week promotional events.

#### Plans for 18-19

- Priority focus on the issue of suicide prevention (see later page).
- Continue to support partners in promoting good mental health, including through continued recruitment and training of health champions and through workplace health programme (separate pages), and supporting priority workstreams such as those on autism and dementia.

<sup>4</sup> It is recognised that autism is not a mental health problem, although is associated with higher risk of mental ill-health

## 4. Mental Health Training and Support for Havering Schools



### Background

Mental health training and support for schools is delivered by many different provider organisations, and funding of this comes from disparate sources and is available for varying periods. It is closely linked to the Health and Wellbeing in Schools Service (see later page).

The Havering Mental Health Transformation Implementation Group has members from across council, NHS and voluntary sector services. To ensure equitable awareness of, and access to, training and support opportunities, members identified a need to produce a resource for schools that presents this in a concise, coherent format. The resulting mental health training and support for Havering schools resource<sup>5</sup> was

published on the Havering Family Services Hub Professionals Gateway in July 2018.

### Recent actions

- A standardised template was developed by Public Health which mental health training and support providers completed.
- This was collated and approved by the group before being published online in a location accessible to all school staff. As a result of presentations by members of the group to each other, all members have a good understanding of their collective offer and are able to signpost to each other's training as appropriate.
- The resource will be updated on a termly basis going forward so that it remains up-to-date and relevant.
- The resource is promoted to schools via existing networks, meetings and training sessions.

### Main successes/outcomes

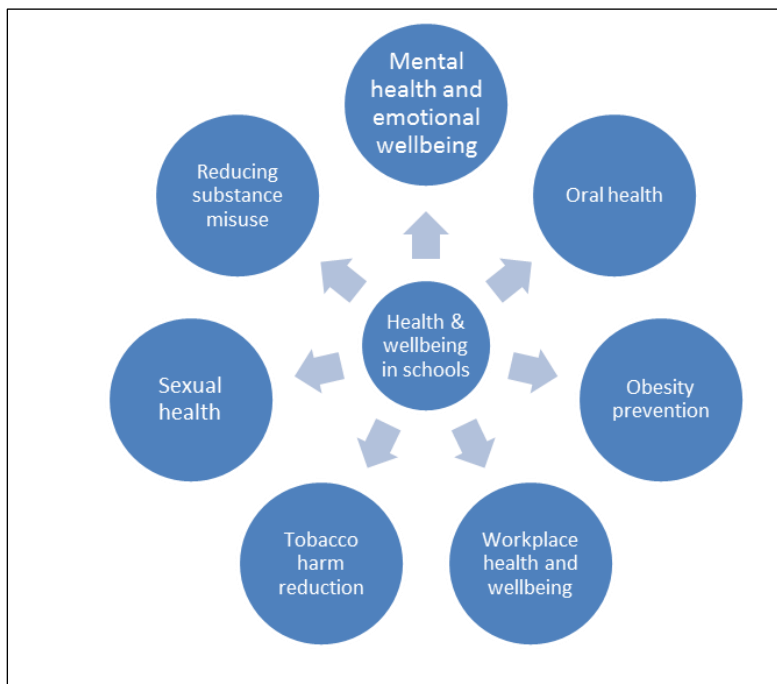
- A complex mix of training provision and funding has been simplified into a 'one-stop' overview.
- Providers contributing to the resource have been asked to provide a seminar at Havering's Safeguarding Week to help bring the resource to life.

### Plans for 18-19

- Headteachers and other senior leaders are joining the Mental Health Transformation Implementation group from September 2018 which will enable greater input from schools to ensure that the mental health training and support for Havering schools resource is relevant and user-friendly.
- Schools' engagement with the training and support on offer is being tracked by the providers. This will enable targeted communication and promotion to those schools where take-up is low.

<sup>5</sup> <https://familyserviceshub.havering.gov.uk/kb5/havering/directory/advice.page?id=IX0XXtDG3zU>

## 5. Health and wellbeing in schools service



### Background

School settings have a huge influence on a child's future health outcomes, and evidence is beginning to emerge linking health and wellbeing with educational attainment<sup>6</sup>. The Council has established relationships with schools in the borough, and Public Health works with colleagues and teams across the Council to help schools to create positive and healthy environments.

### Key facts

Havering's Health and Wellbeing in Schools Service:

- is funded by Public Health, Havering Catering Services and Havering Sports Collective,
- is a traded service, which offers additional

support to schools to achieve Healthy Schools London awards, and delivers training for school staff on a range of health and wellbeing topics,

- promotes a whole school approach to mental health and emotional wellbeing, healthy eating, physical activity and other PSHE topics.

### Recent actions

- Ongoing training and support have been provided with additional courses introduced following work with stakeholders and school staff to identify further needs.
- Termly network meetings have been established, enabling sharing of best practice and promoting support and services for all schools in Havering.

### Main successes/outcomes

- Healthy Schools London awards at the end of the 2017/18 school year: 34 bronze, 17 silver, 8 gold.
- 22 schools bought into the service during 2017/18.
- Training courses developed and delivered: Promoting Positive Mental Health in the Classroom (Nov 17 and Mar 18)<sup>7</sup>.
- Support to schools to prepare for new curriculum content on Sex and Relationships Education, with training on Policy into Practice delivered Feb 18.

### Plans for 18-19

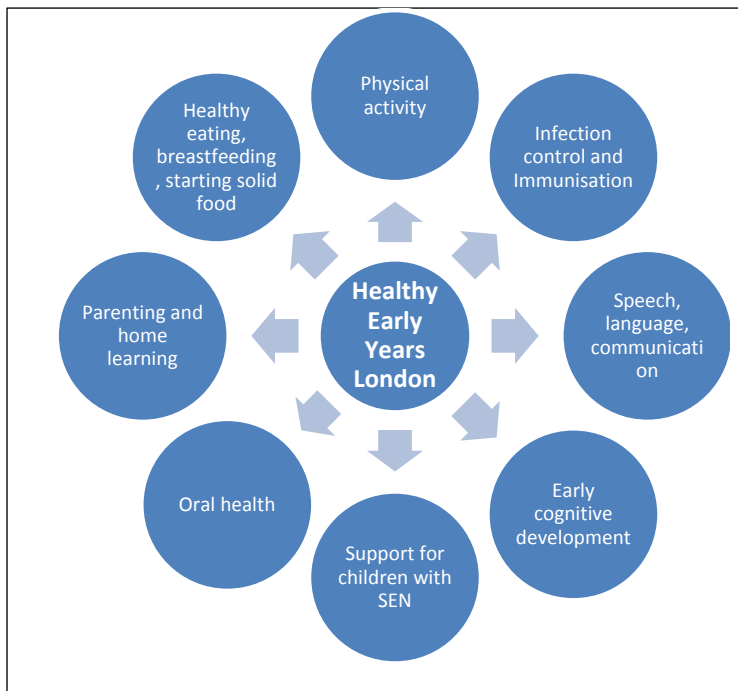
- Continue to provide an offer to schools that supports wider action on reducing obesity and improving sexual health.
- Continuing to encourage schools to buy into the service and work towards Healthy Schools London awards.
- Continuing to develop the training offer, particularly around relationships and sex education in the lead up to this becoming mandatory in the curriculum from September 2020.

<sup>6</sup> <http://www.healthyschools.london.gov.uk/healthy-schools-london-evaluation>

<sup>7</sup> For both training sessions, 100% of attendees rated the training as useful in their course evaluations



## 6. Health and wellbeing in early years settings



### Background

Ensuring all children have the best start in life and ensuring school readiness is one of the most important factors in improving the health and wellbeing of future generations. Building on the success of Healthy Schools London, the Healthy Early Years London Programme was introduced as a pilot programme.<sup>8</sup>

### Background

- An awards pathway that encourages early years settings to evaluate their current practice and to steadily improve and progress through progressive awards; from First Steps, through to Bronze, Silver and Gold.
- A central feature of the programme is for participating settings to work in partnership with

parents to support the physical, emotional and social health and development of the children in their care. The pilot phase has been completed, and the full London programme will be launched in September 2018.

### Recent actions

- Havering was among the first cohort of boroughs to participate in the Healthy Early Years London pilot project, which ran June-November 2017. As one of the six boroughs from the pilot, the local project was delivered through a partnership between the Public Health Service and Learning and Achievement teams.
- Twelve early years settings were invited to join the local pilot project.

### Main successes/outcomes

- Three Havering settings achieved their first steps award during the pilot project.
- Three Havering settings achieved their bronze award during the pilot project.
- Two Havering settings went on beyond the pilot phase to achieve their silver award.
- Participating in the pilot phase has helped to generate additional interest locally in participating in the programme.

### Plans for 18-19

Public Health Service and Learning and Achievement teams will be:

- Continuing a phased roll-out of the programme.
- Delivering introductory training sessions to support settings in South Hornchurch to join the programme.
- Continuing to support the first cohort of settings to achieve awards.

<sup>8</sup> , *Better Health for All Londoners (Aug 2017) (consultation on the London Equalities Strategy)*

## 7. Suicide prevention



### Background

During 2013-15 there were 47 suicides in Havering which is lower (better) than rates for London and England. Despite Havering being in this better position, it is recognised that every suicide has a devastating impact on families and communities. It has been estimated that for every life lost to suicide, between six and sixty people can be directly affected. In terms of the financial costs to society, it has been estimated that the economic cost of each death by suicide of someone of working age is estimated to be £1.67 million.

### Key facts

Suicides are not inevitable and many are preventable; concerted action across a broad range

of factors must happen in order to make a difference and reduce numbers of suicide.

### Recent actions

- A multi-agency BHR steering group was set up in 2017, chaired by LBH Director of Public Health and vice chair BHR CCG mental health clinical lead, and responsible for developing a strategy and ensuring wide engagement.
- The steering group held a stakeholder workshop, attended by over 100 individuals who represented a wide range of organisations; including key stakeholders such as BHRUT, Transport Police, Safeguarding Boards, Job Centre, voluntary sector, etc. The workshop made a significant contribution to finalising the strategy and developing the actions.

### Main successes/outcomes

- A BHR-wide strategy developed, jointly led/delivered by LBH, LBBD, LBR, BHR CCG, and NELFT.
- It was agreed that governance be to all three Health and Wellbeing Boards, through the local mental health partnership boards/committees.
- Some early achievements include facilitating suicide prevention training for a range of agencies across BHR<sup>9</sup>, and supporting national awareness events such as “Small Talk Saves Lives”.

### Plans for 18-19

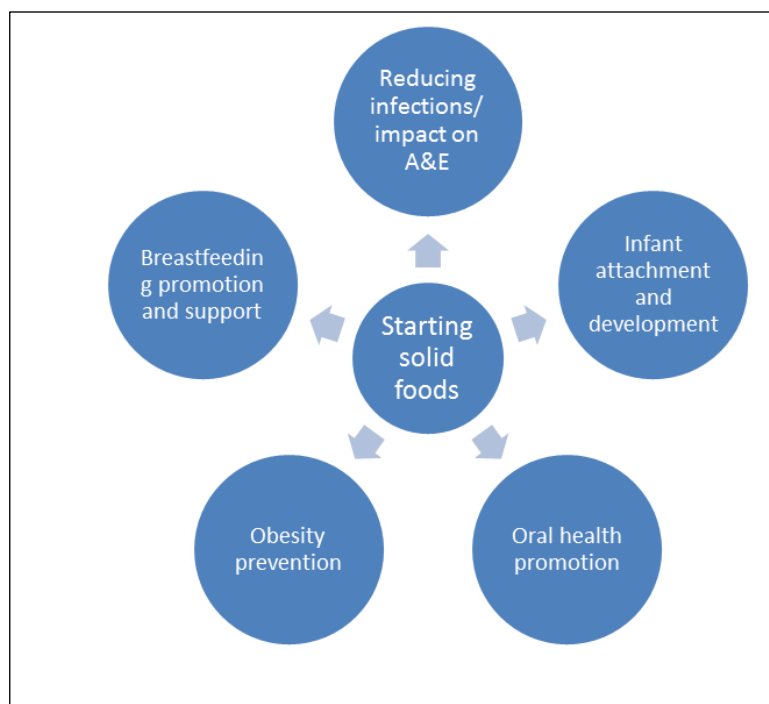
Implement the high level priority actions set out in the strategy across all three boroughs:

- Learning lessons from suicides and attempted suicides and putting in place measures that reduce the likelihood of such circumstances reoccurring
- Workforce training<sup>10</sup>
- Signposting people who are bereaved by suicide to appropriate support
- Strengthening support available to people in crisis and at immediate risk of suicide
- Review the care of patients who self harm
- Ensuring effective risk assessment is incorporated into routine care by GPs

<sup>9</sup> Training funded by Tower Hamlets Community Education Provider Network

<sup>10</sup> Havering Safeguarding is including the topic of suicide prevention in the 2018 multi-agency safeguarding event

## 8. Infant feeding: starting solid foods



### Background

This is one workstream from a wider programme of work from the obesity prevention strategy, and which is being led by the Havering Infant Feeding Steering Group.

### Key facts

- The World Health Organization recommends that babies are exclusively breastfed for the first 6 months of life. From 6 months, once infants show signs of being developmentally ready, solid foods can be gradually introduced.
- Baby-led weaning with finger foods encourages babies to be exposed to lots of different flavours and textures, learn where their mouth is and how to self-feed and take control of their own appetite.
- There are competing and confusing messages

for parents, and health visitors and early years practitioners are frequently asked about solid foods; when to start introducing them, what to introduce first, what to avoid, what to do if baby chokes and so on.

### Recent actions

- *Starting Solid Foods* workshop session content was developed by Public Health, Early Help and NELFT.
- Health visitors and early years practitioners invited families to the sessions, including via routine checks, health clinics, and the Infant Feeding Café at Collier Row Children's Centre.
- A monthly session for 12-15 families began in January 2018 at Collier Row Children's Centre, co-delivered by a health visitor and early years practitioner.

### Main successes/outcomes

- Three *Starting Solid Food* workshop sessions were held between Jan 17 – March 18, with between 12-15 families attending each session.
- Pre-and post-session questionnaires are being completed by parents, and will be evaluated in 2018/19.
- Initial feedback has been positive e.g. *"Fantastic and useful workshop that has given me needed knowledge and understanding as well as increased confidence to give my baby appropriate and healthy meals"*.
- A key success to date has been the partnership between LBH and NELFT – both are operating on low budgets and capacity so this has been an efficient way of meeting needs despite financial challenges.

### Plans for 18-19

- Early Help and health visiting teams are currently looking at capacity to extend delivery of the workshop to other children's centres during 2018/19.
- Like Collier Row, St Kilda Children's Centre hosts health clinics and an Infant Feeding Café so it's likely this will be the second centre to offer the workshop.
- A project will be explored to consider the feasibility of training volunteers to deliver family cooking sessions across the borough, thus building on the Starting Solid Foods work.

## 9. Air quality



### Background

The topic of air quality has been included in a previous Health Protection Forum report. It is also included in this report, as it is part of a broad approach to health improvement.

### Key facts

- Air pollution can damage lives with harmful effects on human health, the economy and the environment.
- It is the largest environmental risk to the public's health, contributing to cardiovascular disease, lung cancer and respiratory diseases.
- It increases the chances of hospital admissions, visits to emergency departments and respiratory and cardiovascular symptoms which interfere with everyday life, especially for people who are already vulnerable.

- Bad air quality affects everyone and it has a disproportionate impact on the young and old, the sick and the poor.
- Changing behaviours and attitudes towards sustainable solutions are part of a broad societal response to reduce air pollutant levels, which also include providing infrastructure and green spaces that encourage walking and cycling as well as increased use of public transport, low/zero emission vehicles, and traffic control.

### Recent actions

Havering Public Protection (Environmental Health and Smarter Travel) led this programme of work. Public Health provided support to the air quality working group which delivered a wide range of actions, including:

- Air quality action plan and consultation exercise.
- Development of specially created character for local air quality improvement campaign, funded in part by the Mayor's Air Quality Fund.
- Schools programme, including development of the script for a film, the live performance in schools and associated lesson plans.
- Awareness raising through the public health communications, and through the commissioned health champion programme and healthy schools.
- Embedding consideration of air quality through the Local Plan health impact assessment (earlier page).

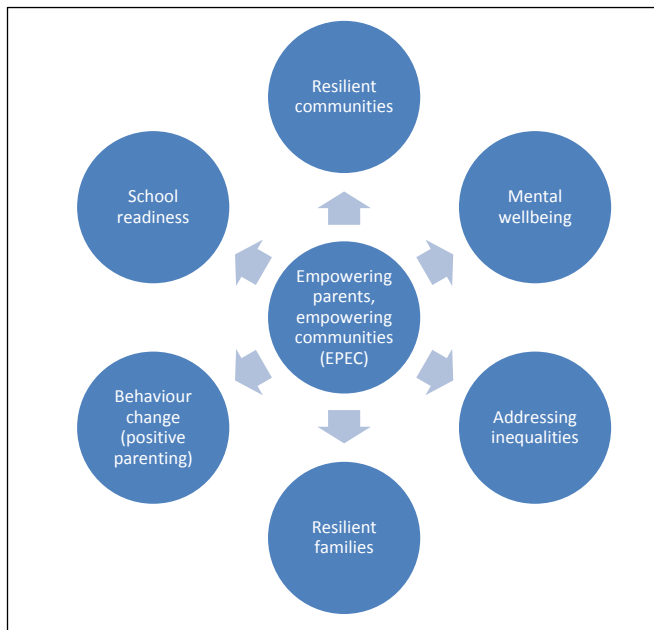
### Main successes/outcomes

- By the end of 2017, 37 primary schools received the "Theatre in Education" bespoke air quality production, featuring Miles the Mole, with lesson plans and school packs. 57 primary schools received the air quality campaign packs containing video, anti-idling banners, posters and lesson plans.
- Miles the Mole campaign was shortlisted as one of four finalists in the National Air Quality Awards under the Air Quality Communications Initiative of the Year category.

### Plans for 18-19

- Continue to support improvements in air quality through the air quality working group, and through health impact assessment.

## 10. Empowering Parents Empowering Communities



### Background

Empowering Parents, Empowering Communities (EPEC) is a proven method of prevention and early intervention that helps families achieve the best start in life for their children. It is a low cost parenting programme combining peer-led parenting groups with training, supervision and support provided by parenting specialists based in local services. South London and Maudsley NHS Foundation Trust's EPEC team has partnered with 15 organisations in England to establish local EPEC hubs. Havering successfully applied to develop a hub in the borough. Havering receives 18 months of support from the national team to set up an EPEC hub. Havering's commitment has been to host the hub (early help/children's centres), fund a coordinator for 18 months, provide admin support and finance non-pay

costs such as parent group leader expenses and crèche facilities, and to recruit, train and supervise 16 EPEC parent group leaders and run 10 EPEC parent courses for up to 100 parents over a 12 month period.

### Key facts

Expected outcomes include:

- Peer supporters gain an accredited qualification thus improving access to employment
- Increased uptake of the 2 year offer
- Increased child emotional and behaviour development
- Increased positive parenting behaviour, confidence and skills, and parent wellbeing

### Recent actions

Three members of the early help team attended EPEC training while the recruitment of the EPEC hub coordinator was taking place. This meant the programme recovered lost time as result of late implementation and is now keeping pace with its milestones. A further advantage has been that wider training has created a larger resource to support the project. The EPEC programme has been very well communicated and other stakeholders (health visiting and maternity) are promoting the project to aid volunteer recruitment and course attendance.

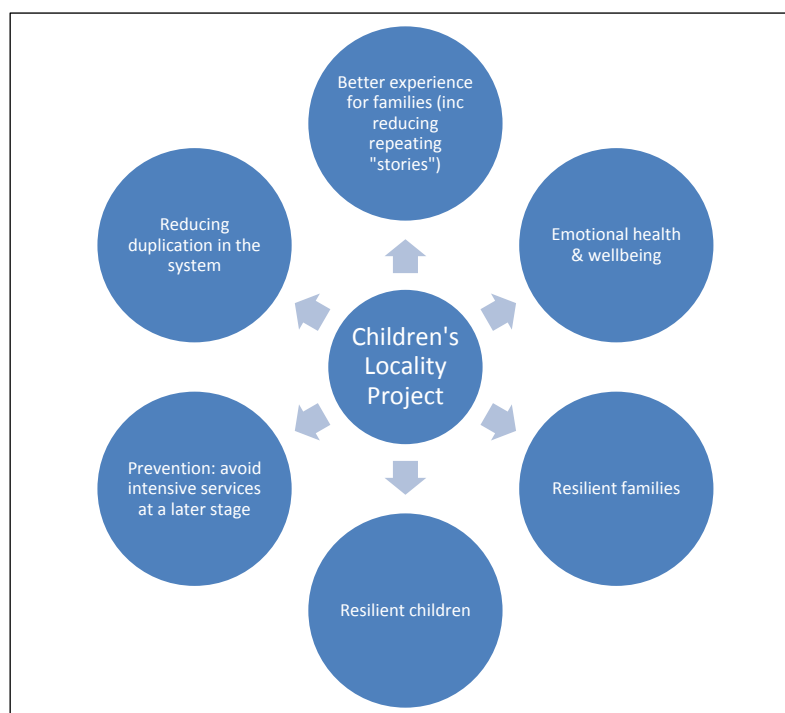
### Main successes/outcomes

- Hub co-ordinator recruited and attended 3 day hub familiarisation and training event.
- 6 volunteer parent peer supporters recruited who will begin their training between July-October 2018.
- Contributed/influenced development of the national programme design, including:
  - Setting up a network team.
  - Investigating accreditation of the Havering-designed EPEC training course with AQA so that all parent peer volunteers receive an accredited certificate of training.

### Plans for 18-19

- Deliver three EPEC courses September - December 2018 (from three children's centres; Chippenham Road, Hilldene and Ingrebourne. Further courses will be arranged for 2019.
- To agree the AQA accreditation with the EPEC national team.

## 11. Localities: Children's Project



### Background

The primary aim of the Havering locality approach is to improve the quality of life and circumstances of the individual/families concerned whilst, at the same time, saving duplication in the system and making best use of the resources available.

In 2017 it was set out that this would be achieved through establishing locality-based virtual teams which could include statutory agencies and voluntary and community organisations who would work together to focus on what the individual at the centre of the approach needed.<sup>11</sup>

This is a summary of the first project established as part of the Children's Locality Model, and

which has been set up in the North Locality.<sup>12</sup> The project focuses on children and their families below statutory threshold but where early intervention could prevent escalation and need for higher level services and is concerned with children's emotional wellbeing. Families who access the service do so through a single access point and are assigned a key worker who triages their case. The key worker then engages with a virtual multidisciplinary team, thus avoiding the need for families to repeatedly explain their stories. To date, virtual teams have comprised Council Children's Services, schools and GPs.

### Key facts

- The project is based on a PDSA<sup>13</sup> improvement model.
- It was planned to work with 20-25 families Nov 17 – Sept 18, with referrals made via two schools in the locality: Hilldene Primary and Drapers Academy (senior school). Processes were established, including:
  - (a) data sharing protocols, which included parental consent for referral. Part of the process meant that a key case worker would be the link between the family and other disciplines, and who would develop a care plan in consultation with parents. This approach was in response to parents and schools' feedback that the established process was confusing for parents and often took a long time to get a response, also that parents were have to repeat "their story" again and again to different professionals.
  - (b) Parents completing an "Outcome Star" at the outset and again at the end of the intervention, so that change and improvement could be evaluated.

### Recent actions

17 families had been referred by the end of August 2018. Main areas of need are associated with health, finance, housing, and behaviour. Each family has benefited from a programme of specifically-tailored interventions, including parenting support, and support with finances, housing, employment and health and wellbeing.

<sup>11</sup> This approach was led by a design group comprising the Council, Clinical Commissioning Group, NELFT, Local Pharmaceutical Committee, Havering Healthwatch and Havering Community and Voluntary Sector Compact.

<sup>12</sup> There are three localities in Havering: North, Central and South.

<sup>13</sup> Plan do study act – which is an approach that looks to achieve incremental improvements through a continuous cycle of appraisal, and small step changes.



### **Main successes/outcomes**

- All agencies worked well together to establish processes, as well as learning lessons and overcoming barriers related to ways of working, and organisational cultures.
- Fewer families referred than anticipated –partly due to identifying suitable candidates from the high number of families with complex needs – and partly due to establishing processes and complexity of referral routes. One point of learning has been to broaden referral routes (i.e. to include health visitors and housing colleagues).
- Considerable benefits and good outcomes among families engaged with project<sup>14</sup>.

### **Plans for 18-19**

- Ongoing evaluation (from the PDSA approach) suggests that the referral process could be simplified, and this is currently in development.
- The project is set to continue, incorporating changes to referral process as above.

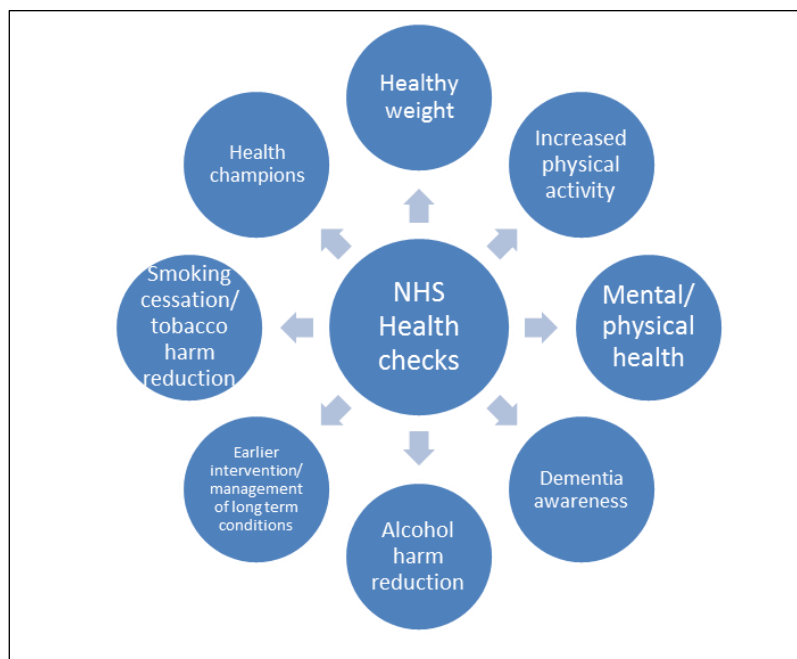
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<sup>14</sup> Details not included because of confidentiality

## Section 2: Commissioning health improvement services

Local authorities are responsible for providing a range of public health services including health visiting, sexual health services, drug and alcohol treatment services, NHS health checks, and school nursing services. Over half of Havering Council's public health grant is spent on such health improvement services. Because of affordability, some services that promote behaviour change, such as smoking cessation and health champion services receive a very modest investment and rely, in the main, on partnership working to achieve health improvement outcomes.

### 12. NHS Health Checks



#### Background

Local authorities are mandated to provide NHS Health Checks free of charge to local residents. The health check is a national risk assessment, and awareness raising programme for those aged 40 to 74 who have not previously been diagnosed with a cardio vascular condition.

The check, which should be offered to eligible individuals every five years, systematically measures a range of risk factors that are known to interact and affect risk of developing heart disease, type 2 diabetes, kidney disease and stroke. The check takes about 20-30 minutes, and offers individuals the opportunity to understand their personal CVD risk profile and receive personalised advice about achieving a

healthier lifestyle. If appropriate, treatment or medication may also be prescribed. In Havering, local GPs are commissioned to provide NHS health checks

#### Key facts

National evidence<sup>15</sup> shows that:

- for every 30-40 NHS Health Checks, 1 person is found to have hypertension.
- for every 80-200 NHS Health Checks, 1 person is diagnosed with type 2 diabetes.
- for every 6-10 NHS Health Checks, 1 person is identified as being at high risk of CVD.

The national indicator describing performance will be changing to a 5 year rolling performance figure.

#### Recent actions

Under-performance of the Havering NHS Health Check programme in 2015-17 threatened the overall delivery of the local five year programme. In 2017/18, a remedial improvement plan was put in place, through the Joint Commissioning Unit's new approach and focus on contract monitoring, Public Health engaging a peer educator for 7 hours per week to engage with primary care practitioners, and delivery of training to practice nurses. This achieved the results set out below, although the two year historic under-performance in 2015-17 will continue to affect 5 year rolling performance figures going forward.

#### Main successes/outcomes

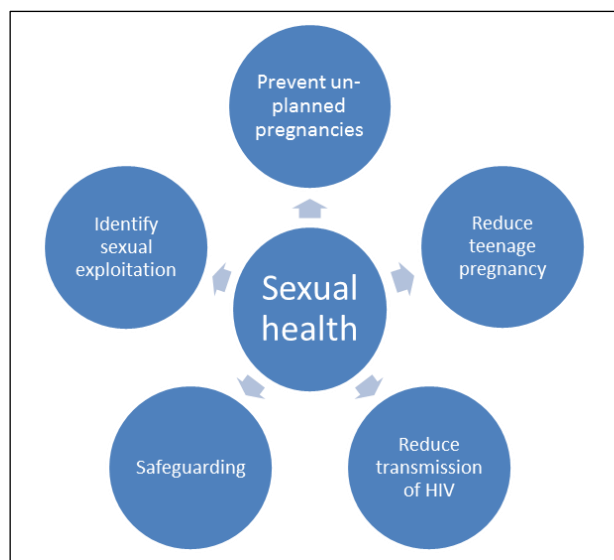
<sup>15</sup> NHS Health Check Expert Scientific and Clinical Advisory Panel (2017) *Emerging evidence on the NHS Health Check: findings and recommendations*

- During the final quarter of 17/18, the highest number of NHS Health Check offers were recorded in any one quarter during the previous five year cycle, which brought the health check programme performance back on track. Local GPs are thanked for all their efforts in responding to the Council's request for support, particularly whilst dealing with all of the other pressing priorities and pressures that the NHS is managing.

#### **Plans for 18-19**

- Refresh contract and issue to GP practices, to reflect the NHS Health Check Best Practice Guidance published Dec 2017.
- Apply the lessons learned from the factors that led to historic underperformance (i.e. that health checks are a minor aspect of GP business), and thus the need to maintain working relationships with GPs. Where competing priorities for the Council's Joint Commissioning Unit leads to insufficient resources being devoted to sustaining relationships with GP practices, this will inevitably lead to a reduction in performance.
- NHS Health Check training to be provided to practice nurses and healthcare assistants in Oct 2018.
- To distribute activity equally across the five year period; so sending invitations to 20% of the eligible population each year. However, the historic under-performance 2015-17 and remedial action in 2017-18, will have a long lasting impact on how Havering is described in achieving the new performance indicator.

## 13. Sexual Health



### Background

While sexual relationships are essentially private matters, good sexual health is important to individuals and society. Reducing rates of teenage pregnancy, protecting vulnerable groups from sexual abuse and exploitation, and improving diagnosis of HIV all have an impact on the quality of life for those affected.

Local Authorities are mandated to provide sexual health services. The local contract expires Sept 18. A re-procurement has been undertaken with B&D and Redbridge.

### Key facts

- Following a steady decline in teenage pregnancies, there was a slight increase in 2016. Young parents and their children more likely to experience poorer outcomes.
- There are higher rates of abortion in Havering (22.5)

compared to England (17.2) and London (20.7). Approximately one-third of abortions among women aged under-25 are repeat abortions. Havering (31.7%) is higher than England (26.7%), similar to London (30.7%).<sup>16</sup>

- Havering has had very low uptake of long acting reversible contraception (LARC). LARC and emergency hormonal contraception can help to reduce unplanned and unwanted pregnancy.
- People who are unaware that they are HIV positive are more likely to have poorer health outcomes (through delayed treatment, and risk passing on infection). The HIV prevention contract expires in 2018. BHRUT is participating in a national Prep trial<sup>17</sup> which aims to reduce risk of HIV infection.

### What has been done

- Public Health has worked with GPs and CCG to increase the number of GPs offering LARC. GPs have attended training and established an inter-practice referral scheme.
- As well as jointly commissioning a BHR integrated sexual health service, Havering (PH & JCU) will become the lead authority for the three borough sexual health commissioning function.
- Havering is participating in a London-wide sexual health transformation programme which includes a sexual health e-testing service, and an integrated sexual health tariff.
- Havering is working with B&D to jointly commission an HIV prevention service when existing contracts expire.
- Havering contributes to the London wide HIV prevention programme "Do IT London".
- Havering participate in the freely available self-sampling HIV testing service known as "test.hivself".

### Main successes/outcomes

- Increased access and choice for women wanting LARC

### Plans for 18-19

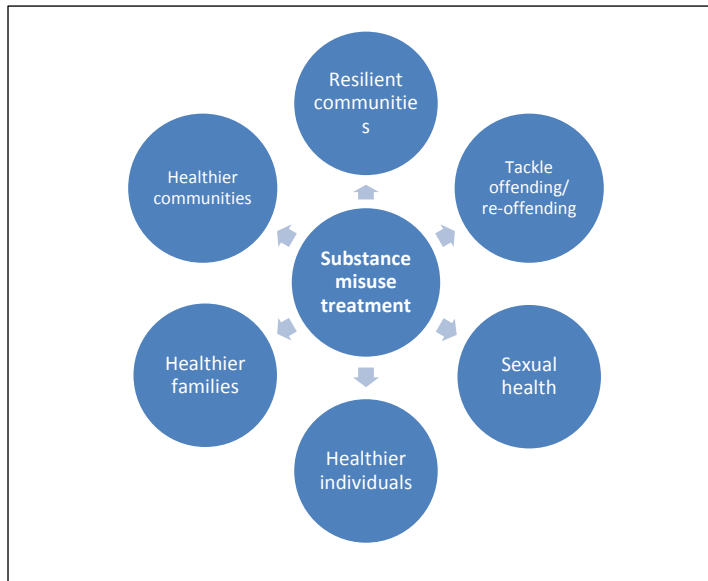
- Increased focus on preventing teen pregnancy, including C card training for staff at the Cocoon, and C-card (condoms) accessible from the Cocoon.
- Conclude integrated sexual health service tender, and award contract to commence 1 October 2018.<sup>18</sup>
- The development of a clinically led sexual health network.
- E-service home testing kits available in clinic from June 2018.
- Commence the LBH/LBBD HIV prevention tendering process.

<sup>16</sup> PHE *Sexual and reproductive health profiles* (2017 data)

<sup>17</sup> Prep (Pre-exposure prophylaxis) trial is commissioned by NHS England for those at high risk of HIV infection

<sup>18</sup> Dec 18 update: this was achieved

## 14. Drug and alcohol harm reduction



### Background

People who misuse drugs and alcohol risk their own health (short and long term) and can negatively impact the health and wellbeing of their families and communities.

### Key facts

- A comprehensive multi-agency three year drug and alcohol harm reduction strategy (2016-19) was developed and a detailed action plan agreed. The strategy focused on three themes: preventing harm to individuals, preventing harm to families, and preventing harm to the wider community. The majority of actions were completed during the first two years.
- Alcohol plays a significant part in almost half of all violent assaults, more than half of domestic violence

incidents, marital/ relationship breakdown and road traffic accidents.

- Episodes of heavy drinking (binge drinking) contribute towards town centre crime and disorder.
- Alcohol features in around a quarter of serious case reviews of at risk children, while drugs are implicated in 20%
- Use of drugs also fuels criminal behaviour associated with buying/selling substances.
- Having commissions substance misuse treatment services, which contributes to a wider prevention strategy involving a range of other organisations including criminal justice partners, pharmacists (needle exchange programme), other health services (e.g. maternity, sexual health, GPs) as well as town centre management, trading standards, licensing, etc.

### Recent actions

- Many of the strategy actions completed. In addition Tier Four Assessment Panel transferred to provider.

### Main successes/outcomes

- Strengthened partnership working around safeguarding and working with schools through the healthy schools programme to prevent harm to children as a result of substance misuse (i.e. both as potential future users of substances, and as a result of living in a family that is affected by substance of misuse).
- Draft pathway for dual diagnosis (mental health and substance misuse) has been developed by WDP & NELFT.
- Waiting times for treatment now below the national average.
- People at high risk seen within 2 weeks.
- Testing for Hepatitis C above the national average.

### Plans for 18-19

Complete the current action plan, including

- Focus on actions that strengthen the partnership approach to substance misuse harm reduction, including induction and ongoing training for staff of services.
- Initiate a drugs deaths review panel.
- Agree shared care protocols (for alcohol misuse) with GPs (protocols being considered by CCG Area Prescribing Committee Sept 18).
- Finalise dual diagnosis pathway (mental health / substance misuse).
- Set up a multi-agency working group to refresh the strategy.

## 15. Health visiting and school nursing services



### Background

The Healthy Child Programme includes the Health Visiting Service for children aged 0-5 and School Nursing Service for 5-19 years. It aims to improve the health of children and young people and their families. The Healthy Child programme is a universal programme available to all children and aims to ensure that every child gets the good start that they need.

### Key facts

- Health visitors deliver a universal new birth visit, 1 year health review and 2-2.5 year health review, and targeted antenatal and 6-8 week health reviews where a risk has been identified.
- School nurses deliver hearing and vision screening for reception year, the national child

measurement programme in Reception and Year 6, primary and secondary school drop-in sessions, and health promotion topics for children, young people and parents. The service works alongside the healthy schools programme, and promotes a range of public health priorities.

- The contract for the healthy child programme is delivered by NELFT (until March 2020).

### Recent actions

- A multi-agency workshop was held with the aim of improving local services, learning from good practice elsewhere, and ensuring that the contract provides the best outcomes for children. Over 70 attendees were present, drawn from the healthy child programme service, Early Help Service, SEND, Education support, Public Health England, commissioners from Havering CCG and Essex County Council.
- Both the school nursing and health visiting services have become an integral part of the children's locality project and are part of the multi-disciplinary team working with identified families.
- The health visiting service is supporting the EPEC programme by discussing options for volunteering with parents and signposting families to the parent support groups.

### Main successes/outcomes

- Lessons learned from the workshop are being applied to current health visitor and school nursing services.
- Health Visiting work closely with children centre staff to provide infant feeding cafés.
- Health Visiting has implemented the Ages and Stages development questionnaire at the 2 ½ year check and onward referrals are made where develop delay is found.

### Plans for 18-19

As part of the review of the services in preparation for re-procurement in 2020:

- Continue to learn from other commissioners, by holding further event(s) during 2018-19.
- Undertake a service user engagement work programme.
- Health visitor and school services continue to contribute to the Children's Locality Project, the Healthy Schools Programme, and the "Empowering Parents Empowering Communities" project (described elsewhere in this report).



## Section 3: Social marketing

“Prevention, it is often said, is better than cure. If people didn’t smoke, drank less, had better diets and exercised more, the burden of disease would be reduced. But what is the role of the state in persuading people to alter their lifestyles?”<sup>19</sup>

As a local government briefing says *“The traditional approach dictates that in cases where something causes serious harm, such as drug use, restricting choice or even an outright ban is appropriate. However, where it is less clear cut, the argument goes, the state should leave it to individual choice. But this ignores the fact that there is a variety of ways in between that behaviour can be influenced from encouraging and incentivising people through to subtly guiding choice in a certain direction. This can include enticing people to take up activities or using subliminal marketing. For example, stressing social norms can encourage people to change behaviour because they want to be alike. Alternatively it can involve making an environment less conducive to someone making an unhealthy choice. An example of this would be making salad a default option as a side instead of chips or placing clear signs to steps rather than escalators.”*

The above is known as behavioural change, influencing those lifestyle choices that have a direct and obvious impact on health, such as diet and exercise, but also other socioeconomic determinants of health, such as education and crime. The term “behaviour change” encapsulates a wide range of approaches, and there is a body of literature on this concept. For the purposes of this report, behaviour change is being described in terms of nudges, hugs, shoves and bans.

- **Nudges: making the healthier choice the easier/more attractive choice**
- **Hugs: rewarding a behaviour**
- **Shoves: tougher measures that restrict choice**
- **Bans: using legislation and enforcement to prevent choice**

All of the health improvement initiatives described earlier in this report rely to some extent or other on changing behaviours; whether it is through the substance misuse service rewarding compliance to a treatment regimen with a leisure centre entry voucher, or through workplace health approaches that provides cycle purchase schemes. Below, there are some examples of behaviour change elements that are part of the health improvement programmes described elsewhere in this report.

Nudges:	Hugs	Shoves	Bans
<ul style="list-style-type: none"> <li>• Creation of built and natural environments that nudge people to achieve healthier lifestyles</li> <li>• Policies and strategies that consider impact on health and incorporate health and wellbeing into decision-making</li> <li>• Workplace wellbeing initiatives that aim to make healthier choices the norm, i.e. increasing physical activity through lunchtime walks</li> </ul>	<ul style="list-style-type: none"> <li>• The commissioned drug and alcohol substance misuse service uses an incentive scheme that builds a reward that can be redeemed against, for example, a leisure centre/gym visit</li> <li>• The VeggieRun app developed by Havering’s school catering service rewards children for making healthy choices whilst playing the game by awarding prizes that encourage physical activity</li> </ul>	<ul style="list-style-type: none"> <li>• The Health and Wellbeing in Schools Service supports schools to develop whole school food policies which restrict and channel choice through implementation of the Government school food standards and robust packed lunch policies</li> </ul>	<ul style="list-style-type: none"> <li>• Cheap cigarettes are known to be one of the factors that both influence children to start smoking and encourage people to continue smoking. Public Health supports Trading Standards colleagues in raising awareness among the public on how to report sales of illicit tobacco, including via schools networks, and via a roadshow which took place summer 2018.</li> </ul>

<sup>19</sup> Local Government Association *Changing behaviours in public health: to nudge or to shove?*

The following three programmes of work rely almost completely on facilitating behaviour change. All three incorporate some element of commissioned services, but these are modest investments that are designed to support a broader approach to health improvement.

## 16. Tobacco harm reduction



### Background

Smoking remains the leading cause of preventable illness and premature death in England.<sup>20</sup> The costs of treating and supporting those who are affected by tobacco smoke impacts on health and social care, and on employers as a result of workforce absenteeism. Some groups have higher rates of smoking, including people with severe mental illhealth, and people in routine and manual jobs.

### Key facts

- Exposure to second hand smoke has a serious impact on health, particularly for children.
- Illicit cigarettes are more likely to cause house fires and, because they are cheap, incentivise some groups to continue smoking. Sales of illicit cigarettes drive criminal activity and fund organised crime.
- Switching to vaping is 95% safer than smoking.

### Recent actions

Following decommissioning of the local universal stop smoking service in May 2016<sup>21</sup>, a renewed refocus was placed on stopping smoking in pregnancy, together with a broader approach to tobacco harm reduction:

- Public Health and the Joint Commissioning Unit set up a targeted stop smoking service for pregnant women and those living in the same household as a pregnant woman. Funded through Havering and Barking and Dagenham public health grants, a BabyClear programme was implemented, which includes training all midwives to screen all pregnant women for smoking using carbon monoxide monitoring, and provide stop smoking support from the first midwife appointment.
- Broader tobacco harm reduction actions have included:
  - Joint working between Trading Standards and Public Health on awareness raising about harms of illicit tobacco and how the public can report where such sales are taking place. A specialist tobacco control education unit was sited in Romford for a day,<sup>22</sup> with health champions supporting engagement with the public.
  - A multi-agency event (June 18) attended by the national PHE lead, presented the evidence about vaping and second-hand smoke. A wide range of partners agreed to take action to support tobacco harm reduction.
  - Opting in to a London-wide online / telephone stop smoking support service (launched May 17).
  - Workplace wellbeing initiatives on tobacco harm reduction, with OneSource HR commencing a review of smoking and vaping policies.
  - Health promotion campaigns throughout the year, and broad internal and external communications.

<sup>20</sup> <https://www.gov.uk/government/publications/smoking-and-tobacco-applying-all-our-health/smoking-and-tobacco-applying-all-our-health>

<sup>21</sup> The universal face to face stop smoking service was decommissioned due to unaffordability

<sup>22</sup> A visiting unit, comprising an expert in detection of illicit tobacco, and a detection dog

## Main successes/outcomes

- Rates of smoking during pregnancy have fallen in Havering from above-England rates to below-England, with particularly rapid improvements made over the past two years.
- A wide range of partners engaged and signed up to taking action to reduce harms caused by tobacco.

## Plans for 18-19

- Tobacco harm reduction continues to be a priority for 2018-19.
- Support HR and workplace health leads, by completing revisions to workplace policy on smoking, taking into account latest evidence on harm reduction and vaping.
- Work with schools, education and Healthy Schools programme to further reduce the numbers of children who take up smoking in the first place, including building on the Summer 2018 awareness raising event about illicit tobacco.
- Build on the successes of the specialist stop smoking service for pregnant women; working with BHRUT and CCG to implement BabyClear Plus, which is a further intervention at the final steps of the ante-natal screening programme to support women who have been unable/unwilling to stop smoking earlier in their pregnancy.
- Explore the potential for working with the Independent British Vape Trade Association with the aim of increasing local vape shops interest in becoming a member. IBVTA-membership is an indicator of a quality retailer of vape products, which would mean health professionals and others could more confidently signpost patients.
- Public Health, Healthwatch and health champion service will be working together to recruit health champions from tenants of Queen's Court (Healthwatch business premises), to promote the health benefits of smoking cessation/switching to vaping.

## 17. Health champions



### Background

*My Health Matters* is a Havering initiative where local people are trained to connect with residents, employees and communities to raise awareness of health and wellbeing and to prompt lifestyle changes. It is part of a broad approach to health improvement including reducing harms caused by tobacco, alcohol, diet and low levels of activity, as well as supporting workplace wellbeing and mental wellbeing promotions.

A very modest investment in the programme achieves a wide reach, as health champions are volunteers who demonstrate a commitment to health improvement and have a strong connection

with their community. They include elected members, allied health professionals and health practitioners (such as healthcare assistants and dental hygienists) and non-health professionals who either promote health in the workplace or the wider community. Health champions complete accredited training which includes behaviour change, and are key to supporting local health improvement priorities, as well as broader national initiatives. They can be identified in the workplace by their pin badges.<sup>23</sup> A cohort of health champions also support priority health campaigns.

### Recent actions

- 90 health champions were trained during 17-18; and 15 volunteers supported health campaigns. The majority of health champions wear a badge in work settings which identify that they can be approached on health improvement matters.

### Main successes/outcomes

- 105 events were attended/supported by health champions, including awareness raising events on cancer, mental health, physical activity, smoking, alcohol and healthy eating. 3,221 local people engaged with a health champion during 17-18.
- Health champions worked in collaboration with other agencies, including for example a health centre, where they promoted NHS Health Checks and signposted to physical activity opportunities, including leisure centres, and with mental health services to promote mental health awareness week in Romford market (May 18).
- Trainee GPs worked with health champions to deliver an outreach project in Romford town centre.

### Plans for 18-19

More health champions will be recruited and trained to focus on the key lifestyle factors and issues that impact on long-term health, and to reduce inequalities.

<sup>23</sup> The pin badges were recently redesigned following focus group feedback, followed by a competition to design a badge that health champions would be more likely to wear.

## 18. London Borough of Havering Workplace Wellbeing



### Background

Employment is a primary determinant of health<sup>24</sup>, with good employment impacting both directly and indirectly on the individual, as well as their families and communities.

### Key facts

- There are good business reasons for improving workplace wellbeing: healthier, active and engaged employees are more productive, have lower levels of sickness absence and presenteeism.<sup>25</sup>
- A high number of Council employees live in the borough, giving the opportunity for LBH workplace wellbeing benefits to reach into the local community.

### Recent actions

- The Council is working towards London Healthy

Workplace Charter accreditation of Excellence, which builds on existing wellbeing initiatives such as Havering Staff Games, sport and physical activity opportunities, and occupational health arrangements.

- The Council's Workplace Wellbeing Steering Group is chaired by the Director of Children's Services, who is the SLT workplace wellbeing champion with representation from HR and other Council Directorates, and support from Public Health. The Group has drafted a workplace wellbeing action plan covering the eight key themes of the London Healthy Workplace Charter which are corporate support for wellbeing, health and safety, tobacco and smoking, attendance, mental health and wellbeing, physical activity, healthy eating, and problematic use of alcohol/substances.

### Main successes/outcomes

- Mental health first aid training delivered to three cohorts.
- The Town Hall Pantry is making ongoing revisions to the menu to encourage healthy eating, for example using 50% wholemeal and 50% white pasta (instead of 100% white) and removing sugary drinks from sale.
- A *Havering has a heart*<sup>26</sup> fund-raising lunchtime walk, led by Workplace Wellbeing SLT champion (June 18).
- Staff benefits included corporate-rate membership with Everyone Active, including new Sapphire Centre.
- Health champion procurement in 2018 included KPIs to support LBH workplace wellbeing.

### Plans for 18-19

Continue to develop the action plan, for example:

- Following the *Havering has a heart* fundraising walk, further lunchtime walks are planned.
- Explore the introduction of the calorie-burning StepJockey<sup>27</sup>.
- Health champion programme will continue to support LBH workplace wellbeing.
- Explore opportunities to raise awareness of workplace health among businesses and SMEs in the borough.


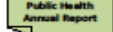



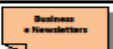

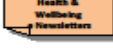





<sup>24</sup> <https://www.gov.uk/government/publications/workplace-health-applying-all-our-health/workplace-health-applying-all-our-health>

<sup>25</sup> <https://www.gov.uk/government/publications/health-and-work-infographics/the-importance-of-health-and-work>

<sup>26</sup> Supported British Heart Foundation, and raised £750

<sup>27</sup> This originated from a Department of Health funded initiative; evaluation showed that stair climbing increases as a result, with all of the health benefits that this brings

# Appendix of health improvement promotions/campaigns

Priority	Campaign Type	2018-19 Health Improvement Communications Calendar											
		Quarter 1			Quarter 2			Quarter 3			Quarter 4		
		Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
Statutory	 This is Haverling Interactive Ward Health Profiles			Overview of Health & Social Care Needs in Haverling Child Poverty Assessment	This is Haverling Haverling PHOF 2018 Locality Profiles			This is Haverling			This is Haverling		Deep Dives (the after 13th May) - Migration of: - Housing - Maternity - Mental Health
	 Public Health Annual Report							2018 Director of Public Health Annual Report (Topic to be chosen)					
Service Priorities	 <b>PRIORITY Health Improvement Topics</b>	Tobacco Control and Infantfeeding ( priority topics promoted all year round )											
	 Living in Haverling Magazine			June Event: Vaping and Secondhand Smoke									
	 Public Health Signatures	Healthy Eating - One you 400/600/600 (EG)	Mental Health (LD) - Inc Talking Therapies	Diabetes - Diabetes Week (AR/IB)	Infantfeeding (CA)	Be Clear on Cancer (AR)	Smoking Awareness - Stoptober (IB)	Stay well this winter - Flu Jabs (EG/IB)	AMR (EG)	Alcohol Awareness - Dry January (AR)	One You - Make healthier lifestyle choices (LS)	Change for Life - nutrition (CE)	Stroke - Act F.A.S.T (LS)
	 Business e Newsletters		Value of Improving health in the workplace (LS)	Heart Health encompassing physical activity and healthy eating (LS) Diabetes Week (AR/IB)	EAP-Source Sun safe (LS) Infantfeeding (CA)	Be Clear on Cancer (LS/AR)	Smoking Awareness - Stoptober (LS/IB)	Womens Health - BCOC & Menopause (LS) Stay well this winter- Flu Jabs (EG/IB)	Mens Health - November (LS) AMR (EG)	Stay Well (LS) Alcohol Awareness - Dry January (AR)	One You - Make healthier lifestyle choices (LS)	Change for Life - nutrition (LS/CE)	BCOC & No Smoking Day (LS) Stroke - Act F.A.S.T (LS)
	 Health & Wellbeing e Newsletters	Spring Edition 2: Mental Health & W&B Breast Cancer DNA NHS 111 Pharmacy Protect your Kidneys Wheelchair service Mental health services for veterans		Summer Edition: Infantfeeding /sun safe (children) (CA) Oral health (CA) Active Children (CA)		Summer Edition 2: MenACWV vaccine (CA) Hydration older people (EG) USNA (AR) Shingles (7) Be Clear on Cancer (7) Diabetes (7)		Autumn Edition: Stay Well Winter/Flu (EG) Health Champions (LS) Stoptober (IB) Healthy School Meals (CA) World Suicide Awareness Day (EG) Health Checks (LS) AMR (EG) BCOC (7)		Winter Edition: Stay well Winter (EG) Party Season Drinking (AR) A Healthier New Year - Stopping Smoking (IB) Sexual health (DR) Change4Life Roadshow (7) PNA (not needed this year)		Spring Edition: Sugar Smart (CA) Oral health (CA)	
	 NHS 111	Stop Smoking	Mental Health	Heart Health encompassing physical activity and healthy eating	EAP (Source Sun safe)	BCOC	Stoptober	Womens Health - BCOC + Menopause	Mens Health - November	Stay Well	One You	Change for Life	Be Clear on Cancer + No Smoking Day
	 Community Health Champions growing active and strong	Stop Smoking	Mental Health	Heart Health encompassing physical activity and healthy eating	Physical Activity - Pop Up All	BCOC	Stoptober + Health Checks Promotions	Stoptober Event + BCOC	stay well this winter + Mens Health	stay well this winter + Dry January	Dry January Event + HLC Promotion	Change for Life Healthy Eating	Stroke + No Smoking Day
	 PH Web Page Development	PH Web Page Development - New Web Pages: Drugs (AR) / Working Age Adults (LS) / Health Checks (LS) / Health in all policies (LD) / Health Protection (EG)											
	 Health Improvement Banner		PH Web Development - Web Performance					PH Web Development - New Design					
	 PHE Banner			Tobacco Control - Stop Smoking Services (IB)	Infantfeeding - Breastfeeding Welcome Scheme (CA)	Tobacco Control - Vaping (IB)	Infantfeeding - Start4Life weaning as per PHE (CA)	Tobacco Control - Secondhand Smoke (IB)	Infantfeeding - Breastfeeding Welcome Scheme (CA)	Tobacco Control - Illegal Tobacco (IB)	Infantfeeding - Local Infant Feeding Support (CA)	Tobacco Control - Stop Smoking Services (IB)	Infantfeeding - Start4Life weaning as per PHE (CA)
				One You - Brisk Walking	Change 4 Life - Physical Activity	BCOC	One You - Health Check Toolkit	One You - Stoptober	NHS - AMR	Stay Well this Winter	Change 4 Life - Nutrition	BCOC	NHS - Stroke (Act F.A.S.T.)
National Campaigns	 Public Health England  Shade signifies that PHE campaign is to be amplified	One You - Nutritiona (CA)	One You - Blood Pressure (LS)	One You - Brisk Walking (LS)			One You - Health Check Toolkit (LS)	One You - Stoptober (IB)		One You - Health Harms (LS)	One You - New Year, New You (IB)		
			NHS - Stroke (Act F.A.S.T.) (LS)		BCOC - "TSC" (7)		Stay Well this Winter (EG)		NHS - AMR (EG)	Stay Well this Winter (EG)		BCOC - "TSC" (7)	NHS - Stroke (Act F.A.S.T.) (LS)
		Start 4 Life - Breastfeeding (CA -N/A)	Change 4 Life - Physical Activity (CA)		Change 4 Life - Physical Activity (CA)		Change 4 Life (CA)	Start 4 Life (CA)			Change 4 Life - Nutrition (CA)	Start 4 Life - Weaning (CA)	