Philip Slawther

16 February 2016

To: All Members of the Health and Wellbeing Board

Dear Member,

Health and Wellbeing Board - Tuesday, 23rd February, 2016

I attach a copy of the following appendix in relation to Agenda Item 8.1 Strategic Discussion item, Devolution Prevention Pilot for the above-mentioned meeting which was omitted in error at the time of collation of the agenda:

8. STRATEGIC DISCUSSION ITEMS (PAGES 1 - 14)

Yours sincerely

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Appendix one:

Prevention Pilot (Healthy Environment strand): Proposals for working with Government/external agencies

The declaration laying out the aims of our Prevention Pilot described the following three aims of the Healthy Environment strand:

a) embed best practice and test the capacity of existing planning and licensing powers to improve health and wellbeing
b) evidence the health impact of licensed activities in Haringey (particularly gambling), and therefore evidence the limits of existing powers
c) work through the issues and risks that enhanced powers would bring and design new models that could be enabled by London-wide devolution.

This will involve using policy levers which are within our gift at a local level and initiatives where we require assistance from Government/external agencies.

Local approach

There are already a number of policies/projects in place or in train to create a health enhancing environment where the healthier choice is the easier choice:

- Haringey's Obesity Alliance – a partnership between the council, schools, the voluntary and community sector and businesses
- Voluntary schemes aimed at retailers and schools – Responsible Retailers Scheme, Healthier Catering Commitment and Healthy Schools.
- Haringey's Health in All Policies Programme, which includes:
    - Using planning policy to create an environment that prevents people getting long-term conditions in the first place. New planning policies in Haringey's draft Development Management Plan concerning fast food and betting shops (subject to Planning Inspector approval in summer 2016) include:
        - presumption against new Hot Food Takeaway's within 400m of primary and secondary schools
        - presumption against new Hot Food Takeaway's where there are already 5% or more shop frontages of this type in a town centre
        - presumption against new betting shops where there are already 5% or more shop frontages of this type in a town centre
    - Creating a Local Area Profile for Gambling - which new applicants for gambling licences will need to take note of after April 2017 and may lead to better quality action plans from applicants

Pilot status provides the impetus to use policy levers in the form of planning and licensing powers within our gift so that we can accelerate towards best practice and can start pioneering/piloting new approaches:

- Safe Sociable London (SSL) have agreed to provide additional training to LBH Public Health staff to help them use the SSL toolkit for making representations in licensing cases.

- Improved communication between licensing, planning and public health to enable an increase in the number of formal representations public health are making in licensing cases and planning decisions.
- Licensing and planning to work together to maintain an up-to-date picture on the types of businesses in Haringey's town centres, to enable the proposed 5% saturation policies to be enforced.
- Review usage of commercial property owned by the council to ensure that none is used for fast food, alcohol sales or gambling. Ensure that all Council teams in planning, regeneration and regulatory services are following consistent policies.
- Review implementation of our advertising policy to ensure that it is being applied to hoardings we control and that we block fast food/alcohol/gambling sites on our Wi-Fi/library network.

Initiatives where external support is needed - our pilot 'ask'

Our aim is to have clear proposals to present to DCLG and other government agencies as our devolution pilot 'ask'. The following options are proposed:

1. Alcohol

The proposition behind our proposals for alcohol policy is that we do not have sufficient licensing powers to address the specific profile of alcohol abuse in Haringey. The Licensing Act 2003, with its four licensing objectives around crime and disorder, public safety, public nuisance and protecting children from harm, are (we would argue) better suited to areas where there is a large night-time economy and the major alcohol-related health problems are injuries caused by alcohol-fuelled violence. Given the epidemiology of alcohol in Haringey (more prevalent in the east), and the licensing landscape (smaller retail 'off-premises' rather than a big night time economy), our alcohol-related health problems are more to do with long term health damage caused by excessive drinking at home, and street drinking, both fuelled by low cost, high volume drinks available at off-licences. Establishing the connection between the health consequences and the crime/ASB/child harm objectives of the licensing act is much harder with this type of alcohol-abuse.

Minimum Unit Pricing (MUP) would be a particularly effective policy for reducing alcohol related harm. It is a targeted approach aimed at reducing excessive consumption of alcohol particularly among 'increasing and high risk drinkers' and the young by targeting the lowest priced alcohol. A fifth, explicitly health-related, licensing objective would also enable us to take health considerations into account when making licensing decisions, in a way that is currently not possible when the objectives are limited to crime/ASB/child harm.

The aim of our proposals around alcohol is to build the case for Health as a (fifth) Alcohol Licensing Objective and for Minimum Unit Pricing. We will do this by proving the limits of the current licensing regime, particularly one aspect of it that was introduced as the Government's alternative to MUP - the ban on the sale of alcohol below the cost of Duty plus VAT. Our proposals therefore focus on exposing the limits of the existing licensing regime, in terms of the scale of health problems that persist

under it and the costs/difficulties of enforcement, as the best means of making the case for new powers.

Health as a (fifth) Alcohol Licensing Objective (HALO)

The aim of this proposal is to develop a strong and comprehensive body of evidence to establish the case for the introduction of health as a fifth alcohol licensing objective under the Licensing Act 2003 as part of devolved powers for London.

The proposal has two elements:

1) Taking part in Public Health England's pilot to develop an analytical support package for health as a licensing objective. The aim of this pilot is to build the evidence base that would be required to support health as a licensing objective (HALO). Haringey is the only London borough taking part.

   As part of this process we would like to conduct an audit of licensed premises to understand: the cost of alcohol being purchased, whether alcohol can be purchased on credit, the extent of availability of strong/cheap beer/larger. We would like to carry out qualitative interviews and focus groups with people purchasing low cost, high volume alcohol at off licenses to help us understand which products are being purchased and from which premises. The aim of this research is to demonstrate that the Licensing Act 2003 cannot address the impact on health without health as an objective and therefore health needs to be included as a devolved power to local areas in London. This research will also support the case for minimum unit pricing.

2) To run a simulated Licensing Committee which would operate 'as if' health was a fifth Licensing Objective to understand if this would make a difference to current licensing applications, decisions and subsequent conditions. This would involve public health preparing representations against license applications on health grounds (without attempting to connect this to the four licensing objectives) and the Licensing Committee making parallel, decisions about those applications on a hypothetical and private basis for the purposes of research. This could take the form of a special, one-off 'training exercise' for Licensing Committee members -it would be necessary to keep the 'simulation' entirely separate from official Licensing Committee meetings. The London School of Hygiene and Tropical Medicine have offered to write this up as a research study and PHE have offered practical support to the pilot areas.

Outcomes:

- To enable licensing authorities to consider all alcohol-related health harms (including liver disease, alcohol-related deaths or hospital admissions) when making decisions on licensing applications.
- To restrict the number of new premises selling alcohol, if there is evidence of significant local alcohol-related health problems.
- To allow public health to place conditions on alcohol licenses restricting the sale of cheap, super strength alcohol, particularly in the east of the borough.

- To reduce the availability of cheap super strength alcohol and the sale of single cans of beer of lager.

Duty + VAT

This project will test the limitations of existing legislation, which was introduced in England and Wales in May 2014, as an alternative to MUP, i.e. the ban on selling alcohol below the cost of duty plus VAT.

This research project will involve building the evidence base on the effectiveness of Duty+VAT as a measure to reduce harmful drinking by the most vulnerable groups (young people and increasing and higher risk drinkers). We will do this by:

- Measuring compliance rates through additional inspections and interviews with retailers
- Focus groups with Trading Standards Officers from across London to determine enforcement issues
- Focus groups with alcohol service users to explore the impact of the availability of cheap high strength alcohol

Outcomes:

- Develop a clear evidence base and business case to support our ask for additional powers for Local Authorities to implement MUP at a local level.
- To provide evidence in line with the European Court of Justice ruling to support London should the alcohol industry legally challenge MUP.
- To secure powers for local authorities to implement MUP at a local level.
- Put Haringey Council at the forefront of national alcohol policy and position the council as a thought leader in this area.

A note on MUP

Following the recent judgement by the European Court of Justice on Scotland's MUP policy (that indicated that the decision must be determined by the Scottish National Courts), Haringey Council has made enquiries about the possibility of introducing MUP via a local bye law:

- Independent legal advice by Philip Kolvin QC to Greater Manchester Councils in 2014 suggests that it is possible to introduce MUP at a local level through the Sustainable Communities Act.
- Advice from the Home Office is that there is no intention to allow local areas to introduce their own MUP and therefore the Government would not support the use of a bye-law.
- Neighbouring borough's have expressed support and interest in partnering with Haringey to introduce MUP through a bye-law should the opportunity arise.
- The political and policy environment in London is likely to change with a new mayor and fresh calls for London to have additional powers to implement MUP.

We are proposing to:

- keep a watching brief on the developing legal situation
- maintain contact with other boroughs that are interested in MUP
- possibly advocate for MUP in London and national forums (perhaps as part of a Public Affairs strategy)

Meanwhile we will focus effort on the HALO and Duty+VAT proposals.

2. Gambling

Fixed Odds Betting Terminals (FOBTs)

Rationale:

Fixed odd betting Terminals (FOBTs) are electronic machines that play a variety of games, including roulette. Each machine accepts bets for amounts up to a pre-set maximum and pays out according to fixed odds on the simulated outcomes of games.

The number of FOBTs dramatically increased following changes in October 2001 to the taxation of gambling that made lower margin games profitable for machine owners. Following additional changes to the Gambling Act 2005, they have been restricted to betting shops, tracks and casinos with the vast majority located in betting shops. FOBTs are hugely profitable accounting for 50% of a betting shops income. With FOBTs being largely unregulated and the maximum stake on a single bet being £100 this has a negative impact on problem gambling particularly among our most vulnerable residents. Betting shops and FOBTs target the poorest areas with the highest unemployment levels and lowest levels of income and are considered a driver of inequalities. In Haringey there is an over-proliferation of betting shops in the deprived east of the borough. FOBTs have been linked to increased crime rates, family breakdown and gambling debts.

Proposal:

Existing research into problem gambling has not considered the complex relationship between FOBTs and the harmful social and health impacts. Therefore the aim of this proposal is to conduct a research project into the true health costs of FOBTs in Haringey. The objective of this study is recommend licensing powers over FOBTs as part of new licensing powers for London boroughs which will give local areas additional powers to regulate their number and reduce the maximum stakes. The scope of this pilot will include:

- Conduct a research project into the true health and social impact of FOBTs in Haringey. This will include quantitative data of the number of FOBTs in Haringey and qualitative interviews with FOBTs gamblers and users of mental Health Services. This study will form the evidence base for a licensing regime for FOBTs.
- Design a licensing process for FOBTs which includes measures to reduce the maximum stake on FOBTs and the number of FOBTs in betting shops. This

process will also include proposals of how licensing conditions will be enforced at a local level with the aim of piloting this in Haringey should the opportunity arise.
- Unlock the necessary data to support licensing decisions for FOBTs through the development of a Local Area Profile for Gambling.

Outcomes:

- Develop an evidence base into the health and social impact of FOBTs in Haringey
- Secure powers to enable local authorities to license FOBTs

3. Tobacco

Tobacco licensing

Rationale:

Retailers selling tobacco in England do not need a licence. However, they can have their right to sell tobacco withdrawn if they sell to underage children, sell illicit tobacco or single cigarettes, this is known as a negative licensing scheme.

Trading standards departments can make an application to a Magistrates Court for a restricted premises order and/or a restricted sales order if a retailer is convicted of selling tobacco to a person under the age of 18 and if two other offences occurred in the preceding two years relating to the same premises. In the current climate of reduced Trading Standards resources this is considered to be an over-burdensome process for a product which kills 50% of long term smokers.

Proposal:

The Government is currently drafting a new National Tobacco Plan for England with the aim of achieving a tobacco free generation by 2030. With the government consulting on a licensing scheme for tobacco products it's highly likely that Tobacco Licensing will feature in the new Tobacco Plan as a key mechanism for reducing the availability of tobacco and uptake of smoking by children. The policy environment between now and the Tobacco Plan's completion is unpredictable. Therefore it will be beneficial for Haringey Council to continue to advocate for a Tobacco Licensing scheme and if the opportunity arises input into the following:

- Ministerial Roundtable events for Tobacco Licensing
- Contribute to the Government's consultation and put Haringey forward as a potential pilot area should the opportunity arise.

Outcomes:

- Develop a proactive and prevention-orientated licensing mechanism for tobacco.
- Develop a licensing system which provides a revenue stream to support administration and enforcement programmes.
- Reduce the number of underage sales of tobacco to children under the age of 18.

4. Resources required

How have we verified these proposals?

Extensive internal and external stakeholder consultation has taken place. This includes:

- *Public Health England* - we have accepted their invitation to join their pilot to develop an evidence base and an analytical support package for HALO. The pilot runs from February to May.
- *London School of Hygiene and Tropical Medicine* - have indicated they are keen on the simulated/parallel Licensing Committee project
- *Safer Sociable London*
- *Department of Health*
- *Home Office*
- *London Healthy High Streets Network*
- *Licensing Authority and Responsible Authorities*
- *Haringey Council Directorates: Public Health, Planning, Regulatory*
- *Haringey Metropolitan Police*
- *Camden, Islington and Hackney local authorities*

Internal resources:

The following internal resources are available to support the projects outlined above:

- Policy and Equalities Officer – Policy team
- Head of Health Improvement – Public Health team
- Licensing Officer – Regulatory team
- National Graduate Management Trainee – Public Health team
- Legal support
- Comms support

The HALO and FOBT proposals would require the greatest internal resources - as they would require Haringey officers to make more interventions (such as public health representations in licensing cases) and design/work through the new processes that new powers would involve. Even 'simulated' interventions, such as the simulated licensing committee, would require officer resources *and member time*.

With the research and additional licensing enforcement activities, the premise is that this would be either carried out by external secondees or temporary posts funded by external bodies. All proposals are therefore predicated on success in securing external support. A summary of the support required is included below:

Summary of support required

Organisation	Support required	For which proposal?
Public Health England or NHS England	• Secondee to provide additional project management/coordination resource to support the implementation of the pilot projects. • On-demand access to research and policy support/expertise around alcohol and gambling licensing. • Funding for an additional Trading Standards Officer to conduct a comprehensive review of off-licence premises in the borough. • Convening and running a series of focus groups with Licensing Officers across London. i.e. meeting space and administrative support. • Funding to cover publication of a final research report with policy recommendations. • Identification of key influencers and opinion formers and experts to form an Editorial Committee and oversee research and report drafting. This group will ensure that our research projects have the necessary scope, ambition and rigour to be effective in shaping clear and concise recommendations.	All proposals All proposals FOBTs HALO, Duty+VAT, FOBTs All proposals All proposals
London School of Tropical Medicine and Hygiene and/or another notable academic institution	• Academic researcher to develop the proposal and research protocols for the simulated Licensing Committee. Support will also include analysing and writing up the results. • Academic researcher to conduct qualitative interviews with people purchasing low price, high volume alcohol (designing the study protocols, implementing fieldwork and writing up the results) • Academic researcher to conduct qualitative interviews with people using FOBTs (developing the proposal and research protocols, analysing the data and writing the report).	HALO Duty+VAT FOBTs

Appendix 2:

Prevention Pilot (Sustainable Employment strand): Proposals for working with Government/external agencies

The declaration laying out the aims of our Prevention Pilot described the following aims of the Sustainable Employment strand:

a) develop ways of embedding work as a health outcome within the local health service, and ensure there is a parallel emphasis in social care
b) equip Haringey GPs with the segmentation tools and referral pathways to direct more patients (both in and out of work) to earlier and effective local support
c) pilot new ways of integrating the employment support, health and care systems so that the service user experiences a seamless service.
d) develop a more effective local offer for employers to help them create healthy workplaces, retain employees with health problems (through better access to local support options) and recruit people from the ESA cohort. This might involve work to maximise the impact of DWP commissioned services like Fit for Work and Work Choice in Haringey
e) explore opportunities for co-commissioning and pooled budgets
f) ensure Haringey has more control over the future of the Work Programme to ensure its integration into our local system of health and employment support.

This will involve building on existing interventions, using existing partnerships at a local level, and linking into initiatives with other boroughs at the regional level where we will require assistance from Government/external agencies.

Local approach

We published the joint Haringey CCG and Haringey Council Mental Health and Wellbeing Framework in March 2015 that focuses on an enablement approach – helping people with mental health problems to live well in the community. The Framework articulated our strategic ambition to support people across the whole system in a more integrated way to achieve their full potential. Employment was one of the outcomes clearly articulated in the Framework.

Haringey CCG and Council have jointly commissioned Individual Placement Support (IPS) for people with severe mental illness and this programme has achieved 10 job outcomes in the first four months of its existence. The model attracted additional Social Finance investment making it a sustainable model going forward. We have also applied for European Social Fund alongside our colleagues in North Central and North East London to extend this programme to people with common mental health problems and we are proposing to build sustainable capacity for this intensive support within our local system. Outcomes will be known in early March.

There are a number of other initiatives such as Welfare Hubs (CAB located in GP practices), First Steps to Work run by HAIL and activities at Clarendon College and IAPT that are focusing on supporting people to have meaningful activities and paid

employment as soon as they are able to do so. Furthermore, our new model of social prescribing will ensure that employment is seen as one of the health outcomes.

There is still a long way to go as there are currently 12,730 people on Employment Support Assistance (ESA) in Haringey and 46% (6,000) of these have mental health problems as their primary diagnosis. People over 45 years of age claiming work related benefits are overrepresented relative to their share of the working age population; they are likely to live in the east part of the borough and be from mixed ethnic origin.

Often the current health care and employment support systems, including the GP 'Fit note' conversation, do not provide sufficiently intensive and tailored support for those with complex mental health needs. There are stark inequalities in employment rates between those with health problems and the general population. ESA claimants in Haringey referred to the Work Programme have poorer employment outcomes than the national average - due to complex health needs, co-morbidities and the lack of targeted, focused support.

Pilot status will provide opportunities to use policy levers and a focus on whole system transformation so that we can build on best practice and start pioneering/piloting new models of bespoke support.

Further work is underway to fully understand different segments within the ESA cohort. Anecdotal evidence suggests that approximately 1/3 of the cohort came on to ESA from work, one third were on Job Seeker Allowance (JSA) and developed mental ill health issues and therefore transferred on to ESA, and one third are young people moving straight onto ESA from school/college.

Once on ESA, there are different cohorts depending on what state of the process people are in, and whether they are assessed as being in the Work Related Activity Group or the Support Group. Below are our proposals that focus on three different ESA cohorts:

Prevention/early intervention for people who are in work

Rationale

At present, pathways between health and employment support are fragmented at the local level. There is not enough practical support for employers to ensure that retention in employment for staff with mental health conditions is maximised. Employment is not a clinical outcome so health care providers often do not have sufficient time to raise 'back to employment' issues during their conversations.

It is likely that this cohort, if assisted at an early stage, would have stress, anxiety and depression as their main conditions and therefore potentially preventable with the right care at the right time.

Proposal

It is proposed to design a pathway where 'Fit note' discussions will be asset-based and primary care will be supported and skilled on how to have those conversations. A support package for early help could include tools for primary care on how to foster positive attitudes to work. This could be linked to our social prescribing model and IPS model for common mental disorders, pending agreed funding.

We would like to explore developing an enhanced in-support service aimed at work retention and possibly aligned to DWP's national Fit for Work service. This service would include a 'brokerage' role between the health system and employers, and would provide structured and meaningful occupational health advice.

We will also work with employers to promote flexible opportunities for people with mental health problems including flexible working, and more opportunities to use the 'permitted work' entitlement when on benefits. We will promote the Healthy Workplace Charter amongst all employers in the borough including the NHS, Primary Care and small businesses, and support the Time to Change campaign to make workplaces in Haringey more welcoming for people with mental health problems. . Haringey CCG, Haringey Council and Mental Health Trust can lead by example, as one of the largest employers. Tottenham Hotspur recently signed up to Healthy Workplace Charter and we would explore if they would be willing to participate too.

Outcomes

- There is an early intervention and help package co-ordinated across health and employment support system that is triggered during the sick leave period or/and when people who have been previously employed first receive ESA.

Supporting the Work Related Activity Group (WRAG) cohort though a local programme (outside the Work Programme)

Rationale

The outcomes for people with mental health issues in the WRAG group are generally poor. There are many factors behind this: evidence suggests that invitations to interviews and activities, if not tailored specifically to the individual needs of people with mental health problems can add to already existing anxiety and stress. Anxiety and stress can be induced by the Work Capability Assessment, which currently sits outside of clinical governance mechanisms, although there may be plans at the national level to change this.

Proposal

It is proposed to first fully understand the different mental health conditions that people in the WRAG group have and consider how we might tailor a set of interventions to meet those needs. These interventions are likely to be those already within the health and care systems but we will work in a more co-ordinated, whole system approach to ensure Job Centre Plus is fully linked with our health care pathways for mental health and wellbeing.

We would like to explore having 'Work Related Activities' specifically tailored to people with mental health needs. At the same time, we will work to equip healthcare providers with a package of tools that will enable the promotion of employment opportunities through asset-based conversations.

Ultimately we would like to develop a clear 'employment pathway' with eligibility criteria and referral routes for healthcare providers. At present, we have CAB co-located within GP practices so we could be looking to extend this scheme and consider JCP co-location either within GP practices or other appropriate healthcare settings.

We would also like to explore innovative ways of undertaking the Work Capability Assessment in Haringey, for example within healthcare settings with staff (e.g. occupational health) trained for work capability assessment.

To grow the number of employment opportunities for this cohort we will use our social value toolkit to ensure it is embedded in all of the Council's commissioned services but also wider across the partnership.

Outcomes

- All people claiming ESA for mental health conditions are assessed and assigned to the package of support based on their health condition.

- Healthcare providers (primary, secondary care and mental health trust) feel fully supported and informed to have asset-based conversations that foster a positive attitude to work.

- Healthcare providers have a good working relationship with the local Job Centre Plus.

Joint working between partners to identify which long term claimants in the ESA Support Group should be offered intensive assistance to return to work

Rationale

This cohort of people often have the most complex needs and receive healthcare and financial support and are not required to engage in employment support. Consequently many people in this cohort do not engage in regular work-related activity. However initial conversations with Islington Council and Manchester suggested that, when this cohort is appropriately supported, employment outcomes can be achieved albeit over a longer-term.

Proposal

It is proposed to first understand this cohort in Haringey better and tease out what would be the most effective interventions needed. Since this cohort of people has typically been unemployed for a longer-time, support would need to be phased and

longer-term e.g. staring with opportunities for volunteering and building confidence and self-esteem and then progressing to IPS level of support. This project would also incorporate a 'brokerage' role between clients and employers to ensure adequate employment opportunities are available and work retention is articulated as one of the main outcomes longer-term. This numbers likely to be engaged within the Support Group are thought to be relatively small in numbers (25-30 people in Islington, for example).

Outcomes

- More people with complex health and care needs are supported intensively and long-term to obtain employment.

Developing the proposals

It is planned to develop further these proposals by working closely with all relevant internal and external stakeholders including London Councils and the DWP/DH Joint Health and Work Unit, perform data analyses to better understand the ESA cohort with a particular focus on their mental health needs, and perform a comprehensive mapping of all the existing services available in the borough and neighbouring boroughs.

The following internal resources are available to support the projects outlined above:

- Assistant Director of Public Health and Public Health Intelligence Team
- Head of Economic Development
- Economic Development Policy and Projects Officer
- Policy and Equalities Officer – Policy team
- National Graduate Management Trainee – Public Health team
- Legal support
- Communications support
- Stakeholders steering group (CCG, JCP, DWP, BEH MHT, HAIL, Twinning, Economic Development, Public Health)

National expertise on this subject will be sought from PHE, DWP and the Joint Health and Work Unit.

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