Prevention at scale
Innovation in Local Government Public Health. What is possible and where next?

Professor Kevin Fenton
Strategic Director of Place and Wellbeing, London Borough of Southwark
Snr. Advisor, Health and Wellbeing Public Health England
Twitter: @ProfKevinFenton
Email: Kevin.Fenton@southwark.gov.uk

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Content

• London Borough of Southwark – an introduction
• Reshaping public health in Southwark
• Moving towards prevention at scale through innovation – selected case studies
  i. Health in All Policies
  ii. Social Regeneration
  iii. Training and Capacity Building
• Conclusions
Southwark is a young, densely populated and ethnically diverse inner London borough

**POPULATION**

In 2016 Southwark’s population was estimated at around 310,000.

Southwark is the 9th most densely populated borough in London, and the population is predicted to grow by 12% to 347,000 by 2026.

Southwark’s population is one of the youngest in the country with median age of 32.7 years old (in London the median age is 34.6 years and in England 39.8 years).

However, in the next 10 years the Southwark population structure is predicted to change substantially with growth mainly among the older age groups.

Southwark is ethnically diverse; since the turn of the century, the proportion of the population identifying themselves as White fell from 63% in 2001 to 54% in 2016.
Adding life to years should be our public health ambition

2017 PUBLIC HEALTH INDICATOR DASHBOARD

Note: The arrow indicate the direction of travelling for a specific indicator and the colours show if that indicator is improving, is stable/worsening and/or is worse than average. The slide to be considered as part of the entire PH indicators dashboard slide deck.
Health inequalities persist within Southwark, which has a marked effect on the health outcomes of residents.

**HEALTH INEQUALITIES OVERVIEW**

Health inequalities arise from a complex set of interactions between socio-economic, geographic and cultural factors, which have a clear impact on life expectancy among Southwark residents.

![Infographic showing health inequalities and life expectancy](image)

- **Educational attainment**
  - Fewer children eligible for free school meals (FMS) achieve good GCSE grades, affecting their future life opportunities.
  - 62% achieve 5x GCSEs A* to C overall.

- **Risk factors and behaviour**
  - People from less affluent backgrounds are at much higher risk of facing, and less resilient to, a wide range of risk factors.
  - 16% adult smoking prevalence overall.
  - 69% achieve recommended physical activity levels.

- **Healthy life expectancy**
  - Is the number of years someone can expect to live in full health - that is without life-limiting disability.
  - 6% at age 55, are physically limited in their daily activities who possess a degree.

- **Life expectancy**
  - Healthy life expectancy 65 years.
  - Is the average number of years someone’s expected to live from a given point in time - such as at birth.

- **Ages and Life Expectancy**
  - Aged 16: 52% achieve 5x GCSEs A* to C eligible for FSM.
  - Aged 25: 23% smoking prevalence among manual and routine occupational groups.
  - Middle-age: 50% achieve recommended physical activity levels.
  - Healthy life expectancy 55 years.
  - Aged 55: 44% at age 55 are physically limited in their daily activities, who have no qualifications.

- **Dieti**
  - 3 March 2102: 85 years old.
  - 13 February 2095: 78 years old.

Only one of these children will see the next century.

**References**

1. Southwark.gov.uk/publichealth
Reshaping public health in Southwark
Exploring the drivers and underpinning principles
Reshaping public health in Southwark

AN OPPORTUNITY FOR A RESET

- Appointment of new DPH provide opportunity for Southwark to re-examine the council’s health and wellbeing ambitions for residents
- Clear desire from the CE and Leader of the council for a higher profile for public health, a renewed focus on wellbeing of residents, and improved relationships with the CCG and NHS
- There was a sense that the council was not benefiting from public health being back in local government and there were many missed opportunities for Southwark to lead in this regard
- Since 2017, key structural and governance changes include:
  - Job title changed to Director of Health and Wellbeing
  - PH team moved from Adult and Children Social Services to Environment and Leisure
  - DPH reporting to both the CE and Strategic Director Environment and Leisure
  - DPH is a member of the Chief Officers Team
  - DPH tasked with taking forward cross-council initiatives on Social Regeneration and Commercialisation
  - DPH active member of STP leadership, Integration Boards, HWB, HIN, AHSN
## Reshaping public health in Southwark

### WHAT ARE OUR PRIORITIES:

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<thead>
<tr>
<th>Priority</th>
<th>Area for action</th>
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<tbody>
<tr>
<td>1</td>
<td><strong>Social Regeneration:</strong> Making urban regeneration work for all communities</td>
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<td>2</td>
<td><strong>Better Care for All:</strong> Supporting the creation of sustainable, high quality, and effective local health and social care systems</td>
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<td>3</td>
<td><strong>Improving Health Outcomes:</strong> Improving health, wellbeing and tackling inequalities for all of Southwark's residents</td>
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<td>4</td>
<td><strong>Making health everyone’s business:</strong> Developing and expanding a health in all policies approach in Southwark</td>
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<td>5</td>
<td><strong>Investing in our staff:</strong> Making the Southwark the best place to work for our staff and partners</td>
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Our strategic priorities are supported by 3 core values: (1) Tackling inequalities (2) Promoting effective partnerships (3) using data and evidence to inform practice and policies
Prevention at scale through innovation: The Southwark experience

SEIZING THE OPPORTUNITIES

- Prevention at scale is an approach to tackling critical public health challenges by **utilising all available levers** across the health and care system and wider organisations.

- Our goal is to transform the ability of the health and care system to provide support to people to improve their health and wellbeing, and **increase the reach and impact** of prevention approaches.

- Our approach to prevention at scale involved focusing on two key principles:
  1. Developing our **Health in All Policies** approach as the foundation for system leadership, strengthened partnerships, and scaling prevention
  2. Identifying a **few high profile and relevant initiatives** to demonstrate new ways of working, reinforce new behaviours, build momentum and trust
Health in All Policies
Creating the foundation for Prevention at Scale and Innovation
Prevention at scale: Health in all policies

WHY IMPORTANT?

• **Health in All Policies (HiAP)** is an approach to policies that systematically and explicitly takes into account
  – the health implications of the decisions we make
  – targets the key social determinants of health
  – looks for synergies between health and other core objectives and the work we do with partners
  – avoiding harm with the aim of improving the health of the population and reducing inequity.

• The Health in All Policies approach provides an **opportunity for transformational change**. Success will depend on getting healthy policies embedded in all aspects of what a council and its partners do or, put simply, the extent to which councils become genuine public health councils.

• Achieved through **collaboration, integration, co-funding, embedding and partnership working** with every department in the Council with clear monitoring accountability.
Prevention at scale: Health in all policies

SETTING A FOUNDATION FOR PREVENTION AT SCALE

• Through novel partnerships with colleagues in Southwark’s culture, leisure, environment, planning, regeneration, human resources, and housing departments, the public health team now have a range of collaborative initiatives, jointly developed, monitored and delivered.

• Key accomplishments to date:
  – Social regeneration, which prioritises wellbeing as primary outcome of all local regeneration efforts, is now included as a priority for Southwark and a central theme in the Council plan.
  – A free ‘Swim and Gym’ programme, a collaboration with the council’s leisure team, has had notable success in registering nearly a quarter of the borough’s residents and attracting 50 per cent of attendances by BME residents and 50 per cent by women.
  – Partnership with our HR and Organisational Development colleagues to revamp the councils Staff Health and Wellbeing Strategy and Programmes. Now embarking upon council-wide training on Mental Health and Wellbeing, MHFA, and identifying Wellbeing Champions.
  – Healthy free school meals are now provided for all primary school children and the public health team has worked with colleagues across the council to identify significant under-claiming of the Government’s free school meals and the pupil premium.
Social Regeneration
Creating healthy people in healthy places
Prevention at scale: Social regeneration

WHY IMPORTANT

• Regeneration has a fundamental role in improving our life chances. This is due to the ‘social’ aspect of regeneration which includes: health, education and skills development, community facilities, arts and culture, family and child wellbeing.

• Social regeneration is a holistic approach to sustainable regeneration which aims to embed community-based activities alongside physical and economic regeneration.

• Southwark’s vision is to enable strong, healthy and resilient communities. This can be achieved if:
  – the healthy choice is the easy choice
  – people are able to access good quality housing, health and social care, education and employment, benefits, and leisure and cultural activities
  – people are happy, healthy, safe and connected in their local area, whether they are new or existing residents.
Prevention at scale: Social regeneration

OBJECTIVES AND ACTIVITIES

• What will social regeneration add?
  – Wellbeing becomes a primary outcome of our regeneration efforts
  – A whole system approach to improving the wellbeing of future generations
  – A whole council approach to ensure all our assets are used and aligned in shaping place for wellbeing

• New ways of working to support at scale activities:
  – New political lead for social regeneration
  – DPH leading cross-council work on social regeneration
  – Cross-council directors forum on social regeneration established bringing planning, regeneration, health education, environment, leisure and others to develop more joined up approach
  – Proactive partnership with NHS and CCG on estates planning, learning from Healthy New Town Initiative
  – Work with local communities to engage on regeneration and new ways of engagement and co-production
Prevention at scale: Social regeneration

ACHIEVEMENTS TO DATE

Established social regeneration governance structures
- Ensures social regeneration progresses as a priority
  - LMB, directors project board and an officers group
  - SR outcomes and indicators: development & challenge process

Agreed social regeneration policy framework for Southwark
- Cabinet adopted the emerging social regeneration policy framework in September 2017 and agreed to start the Southwark Conversation

Conducted the Southwark Conversation
- The largest ever Council engagement, reaching about 3,000 people
- Cabinet received initial findings earlier this month

Embedding the social regeneration approach in planning and regeneration
- Social regeneration is hardwired into the New Southwark Plan
- Developing a health plan for Old Kent Road
- Work with major developers to ensuring social regeneration and wellbeing plans are fully integrated into local plans
- Creation of new Place and Wellbeing Department integrating PH, planning, regeneration, community engagement from September 2018.
The Place and Wellbeing Department

ORGANISATIONAL STRUCTURE

Strategic Director Place and Wellbeing*
(*statutory role of Director of Public Health)

Professor Kevin Fenton

Regeneration  
Planning  
Public Health  
Community and VCS engagement
## Cross-departmental priorities

### PLACE AND WELLBEING DEPARTMENT

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<th>Priority programmes for the department</th>
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Our strategic priorities are supported by 3 core values: (1) Investing in our staff (2) Promoting effective partnerships (3) ensure promoting equity and tackling inequalities underpin all activities.
Training and capacity building
Supporting the next generation of public health leaders in Southwark and beyond
Training and capacity building

A NEW STRATEGIC APPROACH

• Southwark’s Public Health Division is recognised across London as a great location to learn about and train in public health.

• The Division has established relationships with Health Education England, King’s College Hospital NHS Foundation Trust, Imperial College London and University College London among others.

• In financial year 2018/19 we will provide / have provided minimum capacity as follows:
  – 2x higher specialty ST1 training posts of 12 months (each 1.0 WTE)
  – 2x higher specialty ST2+ training posts of 6-12 months (each 1.0 WTE)
  – 3x medical foundation training posts of 4 months (each 1.0 WTE)
  – 6x public health foundation training posts of 4 months (each 0.6 WTE)
  – 2x Masters in Public Health (MPH) of 3 months (each 1.0 WTE)
  – 1x Masters in Health Psychology (MSc) of 4 months (0.4 WTE)

• Our educational supervision also reaches beyond Southwark – and recognises our role as a system partner. Since January 2017, we have provided educational supervision for higher specialty trainees in Guy’s and St Thomas’ NHS Foundation Trust, South London and Maudsley NHS Foundation Trust, Greater London Authority, The Royal Borough of Greenwich, and SH:24.
Training and capacity building

A NEW STRATEGIC APPROACH

• FEEDBACK
  – Formal evaluation of our higher specialty training programme and local Public Health Foundation Programme is underway.

• IMPACT
  – Providing supervision is ultimately in the interests of the organisation as aside from the local Public Health Foundation Programme and consultant costs, all other trainees seconded in are salaried by other organisations providing a substantial level of additional capacity.
  – Providing training externally, as Southwark is now recognised improves the reputation of the organisation as one of the best places to train in local authority public health in London.
  – Although no statistics officially exist, we believe we are the largest local authority public health training organisation in England.
Conclusions

• **Prevention at Scale** is an approach to tackling critical public health challenges by utilising all available levers across the health and care system and wider organisations.

• We want to use **innovation** to support the expectation that the whole system including the NHS, communities and the voluntary, faith and community sector will be involved in achieving improvements where appropriate.

• Key to our successes in Southwark have been:
  – Leadership buy-in and support for local government’s role and responsibilities for public health, community wellbeing
  – Strong systems leadership and advocacy by the DPH and PH team
  – Building trust and confidence in the public health team through delivery, consistency, relevance, and the ‘can do’ spirit of Southwark
  – Building relationships across the organisation, combining systems leadership with strong operational partnerships
  – Identifying a few priorities, doing them well and monitoring impact
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