

Case study

Staffordshire County Council: connecting with communities, partnerships and assets including business and universities

“As Cabinet Member for Health and Wellbeing, I have seen first-hand the positive impact that bringing public health to the local authority has made. Through integrating the expert skills and experience of existing public health teams with commissioning areas at the county council, we are already seeing improvements in the way services are designed, commissioned and delivered. Ultimately this new way of working is helping to ensure that Staffordshire residents have an environment that supports their health and wellbeing and enables them to make healthier decisions in their day to day lives.”

Councillor Robbie Marshall, Portfolio Lead for Safer and Healthier Communities

“The strength of the long-standing relationship between the county council and NHS established long before my joint appointment in 2010 and the later reforms meant that the transition to the local authority was built on effective strategic relationships and commitment to public health. Building on these excellent foundations, the transfer of public health to the county council in April has been a catalyst for further transformation in the county council. Staffordshire has kept itself at the forefront of these national developments, and by embedding public health at the heart of its strategic operating model, the county council has enabled system-wide leadership for health and wellbeing with all partners.”

Professor Aliko Ahmed, Director of Public Health

Key messages

- The transfer of public health has enabled the council to enhance its community leadership role for health and wellbeing through forging stronger connections, networks and partnerships across all sectors including business.
- Public Health Staffordshire team has been integrated horizontally, with an outcome focus across the council. It has been operating as a ‘team without borders’ working across all the council’s areas of work.
- The public health team’s ‘local action: central support’ operating principle recognises the vital role of district and borough councils in addressing the wider determinants of health and supports them to take an active role in health improvement at a local level.

Context

Staffordshire County Council covers a population of 845,000 people. The council is primarily rural, interspersed with five major towns and a network of market towns and villages. Staffordshire does not experience concentrated areas of deprivation, although pockets exist in some urban areas. However, the remote rural areas in the county have issues with hidden deprivation, particularly around access to services.

Since 2010, public health and the council have worked closely together; for example, the council's health and wellbeing work programme was aligned with the work of public health in the two PCTs. Around 40 to 45 people transferred into the council in April 2013, and the previous history of joint work meant that public health was able to embed quickly and effectively.

Staffordshire has a complex commissioning landscape: Staffordshire County Council, eight second tier district and borough councils, five CCGs and one Police Authority. Public Health Staffordshire consists of team members drawn from and working within all these partners. The team is integrated across council functions at the upper tier, e.g. in an integrated team including Public Health Intelligence and Customer Insight and at the lower tier, eg secondments and joint appointments in districts. The Director of Public Health is a member of the council's senior leadership team reporting to the CEO.

Vision and outcomes – 'Connected Staffordshire'

The council has been transforming – moving from a service-based approach to become a strategic commissioning council whose work is based on improving outcomes and building on assets. It has established three overarching outcomes – people in Staffordshire should be able to:

- access more good jobs and feel the benefits of economic growth
- be healthier and more independent
- feel safer, happier and more supported in and by their community.

Public health has been a catalyst in the transformation to 'Connected Staffordshire', helping to establish stronger 'connectivity' in corporate thinking. The three outcomes are interdependent, and public health operates across all of them, either in a direct

leadership role or by influencing others to promote health and wellbeing (e.g. links with business described below). The outcomes underpin the operating principles used to transfer and embed public health:

- 'local action:central support' – enhancing the district role in the delivery of health and wellbeing outcomes
- asset-based approaches – recognising the assets and connecting across business, community, district and academic partnerships
- mainstreaming health and wellbeing into corporate practice e.g. health impact assessment integrated into all county council policies, plans and cabinet decision making, and public health approaches embedded in the commissioning excellence operating model.

Public Health Staffordshire Principle – 'local action:central support'

The 'local action:central support' operating model is based on acknowledging the important role of district and borough councils in addressing the wider determinants of health and wellbeing. The eight lower-tier councils have been very keen to take an active role in achieving public health outcomes, supported by the county council.

In producing its Joint Strategic Needs Assessment (JSNA) Staffordshire moved from a statistic-based county JSNA to Enhanced Asset-based Joint Strategic Needs Assessments produced by the eight councils with CCGs and other local partners. These build on the knowledge, insights, skills and assets of local areas to establish local priorities which have been included in local work programmes overseen by local health and wellbeing groups/boards. Districts have match-funded public health development officer posts with the county council; officers are based in local offices with a remit to

deliver on the work programme and influence action on the wider determinants of health. Some examples of work so far include the following.

Health and housing

Public Health Staffordshire has been working with the Housing Department in Tamworth on a 'Healthier Housing Strategy'. Actions include a focal approach on winter warmth interventions, such as identifying vulnerable people who would benefit from immunisation and from improvements to their housing. This initiative has contributed to a significant improvement in rates of excess winter deaths, with Tamworth now having one of the lowest rates in England.

Community food programmes

Public health and the districts are working together on a sustainable approach to prevent the cycle of food poverty, based on priorities identified through the JSNA and insight from local community leaders who report poor food budgeting and lack of cooking skills in disadvantaged areas. This involves devolving county funding to localities where it is match-funded by districts/partners. Capacity building is taking place through districts and local voluntary and community sectors.

An asset-based approach with Staffordshire businesses

The council recognises the vital role that the business sector has in improving and connecting the economy with health and wellbeing in local communities. Public health has developed networks with large and smaller local businesses and is encouraging the adoption of the Staffordshire Workplace Health Framework, which supports businesses to take action on:

- sickness absence management
- workforce, family and community health and wellbeing
- supporting vulnerable people and carers in employment
- the interdependence of mental health and

employment and the growing impact of unpaid care demands on the working age population

- an incentivisation scheme, with specific standards and criteria, which enables businesses to demonstrate their commitment, improvements and outcomes
- Corporate Social Responsibility (environmental awareness, business community development and mentoring, third sector engagement and staff placements, and wider community development work).

Corporate Social Responsibility (CSR) involves two important assets – business and the voluntary and community sectors working with each other and collaborating to achieve positive social and economic outcomes. Examples include business mentoring schemes, voluntary work placements, community sports events and a mental health and wellbeing training programme delivered by the voluntary sector with businesses.

Public Health Staffordshire is currently working with one of county's largest employers – Alstom, who are working through the framework, particularly focusing on areas around sickness absence management and workplace mental health. The Public Health Intelligence team are also supporting Alstom to develop monitoring systems that will measure the impact of their CSR activity, enabling them to demonstrate the benefits and further mobilise valuable resources in the community.

An asset-based approach with Staffordshire community and voluntary sector

Previously, commissioning from the community and voluntary sector was largely based on grant-giving and historical patterns. The transfer of public health to the council allowed for the development and implementation of a more connected and effective approach to commissioning based on outcomes and assets.

Public health and the sector co-produced and piloted the Staffordshire Public Health Commissioning Prospectus which facilitates outcome-based investment. This involved working together on commissioning processes, timescales, documentation, health and wellbeing outcomes, performance measurements, and showing transparency.

The pilot was independently evaluated by the Young Foundation which concluded that overall it was an effective approach which could demonstrate improved outcomes. As a result, the prospectus approach has been mainstreamed and now forms the basis for future public health commissioning.

An asset based approach with universities

The university sector is seen as a major asset for improving health and wellbeing through research, evidence and technology. The transfer has facilitated a stronger relationship with the sector, focussed on strategic priority areas rather than individual research projects. This broader approach used health inequalities and social exclusion as the platform to bring key partners together to establish the Centre for Research and Action on Health Inequalities' (CRAHI) – a partnership between Staffordshire County Council, Stoke on Trent City Council and the two local Universities to integrate research and evidence-based practice and to translate this into action to reduce health inequalities.

CRAHI involves the following elements:

- address the gap between academic researchers and health and social care practitioners
- research into factors that contribute to and combat health inequalities
- research into action– translate research and evidence into practice
- best practice – share learning between member organisations on health inequalities and explore collaborations and networks with a wider range of research and action organisations

- central hub for the application, co-ordination, and delivery of research funding applications and programmes
- training and development – develop and deliver a high quality training programme targeted at researchers, practitioners and the local community, such as community peer-led researchers.

Future plans

Developing integration will be a key priority for Staffordshire, and public health is already involved in a range of integration initiatives: eg joint leadership of an early intervention team to reduce the demand for more intensive health and care. Future plans include the following.

- integrating public health resources for children and young people into wider integrated and pooled commissioning approaches to enable primary, secondary and tertiary prevention across child health and wellbeing
- integrated commissioning across key themes, services and geographies, including devolving resources to locality level partnerships and local pooled budgets
- 'One Council' approach – mainstreaming and integrating resources into one Commissioning Prospectus
- integrating workplace health into core commissioning for carers.

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