

Case study

West Sussex County Council: a DPH with a strong corporate commissioning role

“Bringing back public health to the local authority has been an incredibly positive experience for West Sussex County Council. The appointment of the director of public health to a wider commissioning role across health and social care has built on strong foundations in order to continue to successfully take forward the work of the council as a commissioning organisation.”

Kieran Stigant,
Chief Executive, West Sussex
County Council

“We are already seeing the benefits of Public Health being part of West Sussex County Council in terms of focusing our work on prevention and providing people with the tools and resources to improve their health and wellbeing. It has never been more important to work in partnership across the health and social care economy and public health being part of the council has helped to drive this exciting work forward.”

Louise Goldsmith,
Leader of the Council

Key messages

- Giving additional responsibilities to the director of public health has highlighted synergies with other council functions.
- Drawing on public health skills across the board has added new resources to the local authority.

Context

The population of West Sussex is approximately 810,000. The health of the population is generally better and life expectancy is longer than the England average. Deprivation is lower than average, although about 19,300 children live in poverty, mainly in the towns along the coastal strip and in Crawley. Life expectancy is 7.2 years lower for men and 5.3 years lower for women in the most deprived areas than in the least deprived of the county. Early death rates from cancer, health disease and stroke have fallen and are better than the England average. Levels of obesity, teenage pregnancy, alcohol-specific hospital stays, breast feeding and smoking in pregnancy and adult physical activity are all better than the England average. However, GCSE attainment, the rate of road injuries and deaths and incidence of malignant melanoma are worse than average. Twenty-one per cent of the increasingly older population are aged 65 years or over compared with 17 per cent in England. The biggest challenge to the council is an aging population.

The expanded role of the DPH

Before the transfer of public health to local government, the director of public health in West Sussex had been working closely with the local authority, West Sussex County Council, and already had some responsibilities for safeguarding and research in the council. This background provided invaluable experience and knowledge in supporting the transfer of around 40 public health staff. Following the transfer, the local authority took the view that it now had a new pool of talent and experience and that, in the context of budget cuts, it should make the best possible use of this new pool. The council made a decision to expand the role of the director of public health to include responsibility for commissioning health and social care services for residents, her new title being Director Public Health, Commissioner for Health and Social Care. This means that she now has responsibility for:

- public health services
- commissioning all adult social care and related wellbeing services
- children's social care and related services (eg children and family services, but not learning, which comes under Education)
- joint commissioning of mental health, learning disability and other services, including drug and alcohol services
- telecare
- safeguarding and domestic violence services
- continuing healthcare
- and is the lead officer for the Health and Wellbeing Board.

The local authority is on a journey to become a 'commissioning organisation'. Therefore, alongside the role of the director of public health as 'commissioner for people', there is also a 'commissioner for place' and a

'commissioner for resources' on the corporate management team.

There is agreement among leading councillors and senior management in the council that this wide-ranging corporate role should be part of developing the council into a fully evidence-based organisation.

Working at the heart of the council

The director of public health is working right at the heart of the council's policy agenda, taking a central role in helping the council review the outcomes it is seeking for the people of the area and the measures and indicators it will use to evaluate its success in achieving those outcomes. The new expanded role has also provided the director of public health with the opportunity to work closely with the leader and cabinet. A good relationship has been developed with the portfolio holder for public health, who has a key role at cabinet meetings, making links across the social determinants of health and intervening to propose ways of joining up services for a potentially greater health impact.

Drawing on public health strengths

The director of public health's new role has also enabled her to bring public health staff into areas which might not traditionally have been seen as part of their remit. For example, some of the public health team are working on issues around building stronger communities and community resilience, economic development and supporting capacity development in the voluntary sector. The technical skills of the public health team, such as modelling, are highly valued by the rest of the council, assisting it to estimate longer term and population-wide health effects of interventions, integrate evidence

from different domains, consider hypothetical 'what if' scenarios, and address issues of cost and cost-effectiveness.

One of the challenges has been to align the public health team with the rest of the local authority. This alignment is on-going with an expanded senior management team across public health and health and social care commissioning.

Another challenge has been to integrate public health work with existing work within the council. For example, a public health team member is now working on drug and alcohol issues, using public health skills such as analysis and clinical understanding of the impact of drug and alcohol misuse and appropriate support and treatment. This provides an opportunity to demonstrate to colleagues within the council and councillors how clinical knowledge can bring added value.

A similar opportunity has arisen in relation to commissioning clinical services and managing contracts, for example in relation to detoxification programmes, in-patient services, prescribing and dispensing services in the community, where clinical skills are needed to specify the right contracts and oversee their implementation. Public health has brought clinical governance into the commissioning of services by the council.

Clinical and other public health skills are also now being drawn on in adult and children's social care and in developing work on community wellbeing. This work and the work described above has enabled both council colleagues and cabinet portfolio holders to gain a greater understanding of where public health skills can be useful to the council, not just within the strict remit of public health, but also in relation to other council functions.

Working with district councils and Clinical Commissioning Groups (CCGs)

While in the NHS, public health teams worked with district councils and the CCGs. In the council, that relationship has both changed and developed with public health taking on more locality working. In addition, district councils have been commissioned by the public health team to carry out the traditional health promotion role in their areas. This means that the districts themselves are now commissioning some public health services, such as those relating to reducing obesity.

This year, the DPH's annual report is focused on health and housing, which also involves working closely with the district councils, taking a lifecourse approach to housing and homelessness; and addressing the impact of the large, poor quality private rented sector and lack of social housing in the county. The public health report considers the need to:

- improve carers' access to housing both in terms of affordable housing, and the risk of carers being made homeless (due to sale of properties to fund residential care)
- work with private landlords to improve the condition of private accommodation offered in West Sussex
- review how housing support for older people is funded and services delivered
- monitor the impact of the recession and changes in benefits on people's access to suitable accommodation
- provide accessible housing advice and support for carers such as financial and welfare benefit advice; information on adaptations and home improvements to enable carers and their families to 'stay put' in their home.

Future plans

The public health team has worked with stakeholders to develop priorities for a five-year (2012 to 2017) public health plan 'Healthy and Well in West Sussex' which outlines the needs, challenges and commitment to action in a number of different areas related to the Marmot priority policy areas. There is an emphasis on support for carers, as this is seen as a particular issue among the ageing population; and on the influences on health of housing, employment, education and alcohol, all areas in which the county faces increasing challenges.

Some areas of the five-year plan are more developed than others and for some issues the council will be working initially to understand more about them and their impact on residents' health.

Alongside the public health five-year plan, a partnership plan for action on health inequalities covering the same period has been developed and agreed with all seven district councils. Three areas have been identified for action to reduce health inequalities:

- tackling area-based urban deprivation
- finding solutions to rural poverty and isolation
- meeting the needs of vulnerable groups.

Individual high-level actions for organisations and partnerships have been agreed to address these issues. The implementation of key actions will be tracked by the West Sussex Inequalities Network, which reports to the West Sussex Health and Wellbeing Board.

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