

Case study

North Lincolnshire Council: integrated public health and strategic public health outcomes fund

“The transfer of public health brings a significant opportunity to improve the health of the residents of North Lincolnshire. The government are quite rightly empowering local councils to pick up on the key challenges which impact on their local population. In our area, as a result of public health being embedded in the council, we have already started to deliver on our ambitious plans to improve our residents’ wellbeing through the planning process. This will ensure that planning policies which put the health and wellbeing of North Lincolnshire residents in the front of the planning process. There is a great deal to do, however we will rise to the challenge.”

Councillor Rob Waltham
Chair Health and Wellbeing Board, and
Cabinet Member for People Services

“With the transfer of public health to North Lincolnshire Council strong links remain, governed by the core offer MoU and work plan; the noticeable impact has been the recognition, by CCG staff and members, of the need for public health input proactively into strategic discussions and implementation of action plans and advocating for public health interventions.”

Allison Cooke, Accountable Officer
North Lincolnshire CCG

“From the outset we wanted to ensure the reach of public health throughout North Lincolnshire Council, embedded in all we do. A Hub and embedded teams supported by the outcomes fund has meant that across the organisation discussions have taken place regarding how all aspects of the council can help achieve the public health outcomes.”

Simon Driver, Chief Executive

Key messages

- The transfer to local authorities means it is easier to have discussions about health and wellbeing; it also provides the mechanisms to take plans beyond discussion to completion.
- Sharing public health funding with responsibilities for the public health outcomes framework (PHOF) is a useful way of achieving ownership of health across the council.

Context

North Lincolnshire is a unitary council which includes both rural areas and urban conurbations, with a population of around 167,000 people. Overall, deprivation is lower than the England average, but there are areas of deprivation and health inequalities, with a variation of around ten years in life expectancy between different areas. The population of older people is growing more quickly than the England and Yorkshire and Humber average. Public health worked closely with the council during a shadow transfer phase and around 25 public health staff transferred to the council along with two direct provision teams: breast feeding peer support and health trainers (around 45 in total). Some of the staff who formally transferred were already embedded in the council as part of joint teams.

Integration across the council

One of the aims of the transfer of public health in North Lincolnshire was to distribute benefits, responsibility and risks across the council, with shared ownership of the PHOF. Some of the main ways in which this is being achieved include structure, shared budgets and commissioning.

Structure

North Lincolnshire operates a hub and spoke model with a small, senior public health team at the hub to coordinate and drive public health across the council. This includes the Director of Public Health and three consultants responsible for strategic oversight assurance, partnerships and emergency planning. The consultants each have a lead, but not exclusive, responsibility to each of the three council directorates: People, Places, and Policy and Resources. They attend the senior management teams in each directorate so that public health influences the work of the council at a senior level.

Health improvement teams are located within two of the council's three directorates:

- People Directorate – a health improvement team
- Places Directorate – a health improvement team, a public health intelligence team and a substance misuse team.

These teams are embedded into the most appropriate area of the council with the aim of getting added value and synergy of co-working.

Public health outcomes fund

The council identified £600,000 from the Public Health Grant to invest in council services that would help deliver public health outcomes in 2013-14 and again in 2014-15. As well as shared ownership of outcomes, the aims of this fund are to raise awareness of the importance of health and wellbeing through all levels of the organisation, and to help front-line staff to work with a health improvement perspective.

All directorates were invited to submit proposals for one-off initiatives that would contribute to outcome measures and indicators from the public health outcomes framework. There was a huge response to the process and 19 bids, which sought to tackle a wide range of social determinants of health, were selected by the Directors of Public Health and Policy and Resources. Progress

will be assessed through quarterly monitoring of the PHOF. Successful proposals include:

- extending the Get Going programme to reduce obesity in children and young people aged 6-16 to children aged 4-16
- training suicide prevention advisors and delivering self-harm courses in the community
- targeted swimming classes for specific groups such as looked after children
- transport to multi-sport sessions for people recovering from a stroke
- an independent domestic violence advocate for young victims of domestic abuse
- extending the Walking the Way to Health programme to include half-hour walks from GP surgeries
- funding for the voluntary and community sectors' grants programme.

Commissioning

Public health is working with council commissioning to share learning and improve and integrate within the council's emergent 'one council commissioning' model. An example from the shadow transition period was joint work on re-commissioning sexual health services. The PCT and council agreed that they wanted to move towards a community based model of service delivery. The subsequent process resulted in a more cost effective service based in five localities which started in April 2013. Public health has brought skills around forming evidence and outcomes-based specifications, the local authority around contracting. The contract for childhood weight management has successfully been brought in-house and the council is now considering whether the weight management service for adults could also be delivered internally.

Integration

Public health is integral in the health and wellbeing board's plans for increased integration. It has agreed an Integration

Statement setting out the collective ambition to transform services to provide sustainable and integrated care and support, and to develop a 'single organisational model'. The three priority workstreams which all have public health consultant input are:

- conception to age two-years
- young people vulnerable to risk taking behaviours aged 13 to 19 years
- the frail and elderly.

The role of public health and the skills in working across the NHS/council boundary brings an added dimension to strategic thinking and delivery plans.

Other developments following public health transfer

The Public Health Intelligence Team forms part of the Council's research and intelligence function. Key developments include:

- joint work on developing the scope and depth of health and wellbeing data on the council's Data Observatory
- the development of a single council and health and wellbeing board joint strategic needs assessment
- the development of a shared work programme and opportunities for joint work
- across the research and intelligence function
- sharing scarce resources such as specialist GIS, data analysis, statistical and data presentation skills e.g. infographics.

The Cabinet Member for People is keen to increase the profile of health and wellbeing in spatial planning and development. While health is referred to in a range of planning documents there is a danger that it can be lost within numerous other requirements.

A 'supplementary document to planning' is being produced which pulls together all health issues for the use of planners and developers.

The Directors of Public Health and Policy and Resources are developing a risk management register which identifies the risks and accountabilities associated with the council's public health statutory functions.

Future plans

- The council is reviewing the school nursing specification, as well as working closely with NHS England in relation to the health visiting service ahead of it being transferred to local authorities in 2015, to develop both services as parts of an integrated service for 0-19 year olds.
- It will also look at how public health can be more involved in supporting the development of community resilience; for example using health trainers to support more vulnerable people, or developing the role of community health check teams.
- Work is underway to further develop and embed the pilot local 'start4life' programme that works with women who are pregnant and have a BMI of 30 plus and their families to support them with exercise and healthy eating. The programme is based within the leisure services department.

Contact

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