

Case study

Hertfordshire County Council: building a public health movement for the county

“We felt it important that public health had impact across the organisation and reached its population. Public health is key to our corporate ambition for our population to be healthier. Simply bringing public health over to do what it did without looking at opportunities across the council and the county was not what we wanted: transformation, not transfer.”

Councillor Rob Gordon, Leader

“From the beginning the opportunity for public health to make a difference to our residents was clear, and we want to make that happen. Strong member leadership working well with high calibre officers and building partnerships across the county is one of our key principles, and it’s paying off.

Councillor Teresa Heritage, Executive Member Public Health and Localism

“This is a fantastic opportunity to really get into the work we all want to do in public health to deliver sustainable improvement to population health. That requires some new ways of working as well as some solid traditional ways of working. We developed the “four engines” of public health model but equally from the start we realise that district and borough partners and our providers are essential to success.”

Jim McManus, Director of Public Health

Key messages

- A strategic approach to building a ‘public health movement’ across the county is needed.
- The ‘four engines’ approach of public health – epidemiology/analysis, public health expertise, project management to deliver and commissioning – are all needed to deliver effectively.
- A broad and inclusive understanding of ‘public health champions’ enables staff such as environmental health officers to access public health resources.
- A mixed model for a public health structure ensures both dispersed and centralised expertise is available as appropriate.
- Strong partnerships for delivery and strong relationships with NHS and local authority are essential.
- Setting an example as a healthy employer with visible gains for staff is a helpful means of getting corporate ‘buy-in’.

Context

Hertfordshire is one of the home counties (ie adjacent to London). It has a population of 1,116,000 approximately, with 20 per cent of residents under 16, 65 per cent of working age and 15 per cent aged 65 and over. In November 2013, the uSwitch Quality of Life index listed Hertfordshire as the third-best place to live in the UK. The health and life

expectancy of people in Hertfordshire is generally better than the England average. Deprivation is lower than average, although 30,000 children live in poverty. Life expectancy is 7.4 years lower for men and 5.3 years lower for women in the most deprived areas. The disparity in life expectancy between highest and lowest is 11.2 years. Over the last 10 years early death rates from cancer, heart disease and stroke have fallen and are better than the England average. Health priorities for Hertfordshire include physical activity and obesity, helping the expanding older population maintain their health and continuing to reduce levels of smoking.

The county council is the upper tier authority and there are 10 district councils. Two NHS Clinical Commissioning Groups (CCGs) commission health services for the county's residents.

The current director of public health has been in post for 18 months and transferred with 45 staff to the council in April 2013.

Governance

There is a Public Health Board for the county with membership from all the district councils. All members of the Public Health Board have contributed to the recently-published Public Health Strategy for the county which outlines priorities for 2013-2017. There is a statutory Health and Wellbeing Board which the director of public health and executive member for Public Health and Localism are members of, and a Public Health and Localism cabinet panel which joins together Public Health, sport, volunteering, localism and relationships with district and parish council local partnerships under one panel. These two member led fora work closely together. At officer level, a multi-agency Public Health Board was developed to involve a wider range of partners and give more detailed focus to public health issues than is sometimes possible at the Health and Wellbeing Board. The Health and Wellbeing Board and its strategy and the Public Health Board and its strategy share three common

priorities, which Public Health leads on for the Health and Wellbeing Board – reducing the harm from alcohol, reducing the harm from tobacco and maintaining a healthy weight and increasing physical activity.

An inclusive approach to public health

In building a new way to do public health following the transfer to the county council, the director of public health, working with the chief executive took an inclusive approach. Public health is regarded as a family of professions which includes environmental health. Public health strategy and its implementation is conceived as being driven by four 'engines' within the council:

- a project management approach
- evidence and intelligence
- technical public health expertise
- commissioning and contracting.

The strategy is delivered through a 'mixed model', with some functions dispersed, some commissioned and others centralised according to their objectives. The use of agency powers by the council to ask district councils to deliver some functions is currently being developed.

The public health team's vision is of a 'public health movement' across the county within which public health is seen as 'everybody's business' (this is one of the priorities in the Public Health Strategy). A charter is being developed and every staff member in the county and district councils who signs up as a public health champion will have access to resources, including training, advice and support, subscription to relevant journals etc. The public health team is also developing an offer for the voluntary sector – to date half of the training commissioned by the team has been for staff in this sector. A separate workplace offer was launched in January 2014, which includes, for example, a master class on sickness absence.

Making the county council a public health organisation

The overall objective of the public health team, as far as being embedded within the county council is concerned is to make the council into a public health organisation. Eight steps are envisaged towards achieving this objective:

- a leadership committed to public health
- an understanding of public health challenges
- a clear strategy
- identifying what each area/department can do and developing the workforce
- identifying what public health tools and skills are available for use
- considering every area of the council's business systematically from a health perspective
- making the council an example of a healthy employer and service provider.

Each of these eight steps are backed up by an action plan developed with partners. Embedding the public health service into core business is also important – the director of public health is a sponsor for the leadership development programme for the council; the council's corporate policy and performance workshops in October 2013 focused on public health. In January 2014 the scrutiny function is asking every directorate how it is engaging public health in corporate and directorate objectives.

For example, in relation to the objective of being a healthy employer:

- there is a smokefree policy in place for employees which is moving to the next stage a Healthy Herts campaign for council staff has been nominated for two awards and can demonstrate a reduction in sickness absence
- a workplace health, counselling and wellbeing offer is available for staff, which includes gym discounts, workplace activities like walking, running and yoga and smoking cessation and other benefits

- the county council took part in the trial for the Stepjockey workplace wellbeing initiative and is now rolling it out across council buildings; during the trial, stair use by staff increased by 29 per cent from the baseline.

The action plans have 'buy-in' across the council and there is a corporate commitment to mainstream public health mindsets and approaches throughout the council's strategic thinking and activities. For example, at the workshops referred to above, discussion among public health and policy and performance staff and councillors led to a mutual understanding that ensuring the provision of warm, decent homes is a public health strategy and should be approached as such. It will require the county council, district and parish councils, the NHS and the business and community sectors to work together – one forum for making this happen will be the Health and Wellbeing Board.

Improving performance

The county is not complacent about its achievements in health care. It recognises that its performance on NHS health checks was well behind where it should be. A combination of public health expertise with project management and contracting expertise has seen a significant improvement in uptake and delivery of Health Checks with more being delivered in the first quarter of 2013/14 than the last two quarters of 2012/13.

Plans to embed this further are being put in place, for example by:

- targeting people who are obese or have other health risk indicators, and designing a referral pathway around them. If they meet certain criteria, GP remuneration is dependent on referring them onwards, for example to an exercise programme or a specialist
- developing a jointly agreed tobacco policy that commits partners to various actions
- cutting the commissioning timescale for public health by more than half, by setting

up a Commissioning Board, agreeing its priorities and employing project management specialists who treat the work of the Board as a project with a monitored project plan

- ensuring staff have received training in project management and on how to work with elected members.

Working with district councils

- The public health team sees it as a priority to work with district councils, given the contribution of their core functions to health.
- The county council's executive member for public health and deputy participate in all ten of the district local strategic partnerships. The council's executive members for adult care and children also have strong relationships. Districts are also represented on the Health and Wellbeing Board.
- District councils are members of the county-wide officer Public Health Board, whose meetings are held around the county, hosted by the district councils.
- District councils helped co-produce the public health strategy.
- There are two district council officers and two district council elected members on the county Health and Wellbeing Board.
- All of the above create forums at which the district councils are encouraged to learn from each other's health strategies.
- The county council continued the NHS public health partnership fund from which each district council received £10,000 in the first year which can be spent on a public health and/or Health and Wellbeing Board priority. This fund will increase significantly in size in the next financial year to fund local programmes.
- A workforce development strategy is in place to provide joint training for district, county and third sector public health roles, funded by the county council.

- The public health team is currently scoping health and housing projects, and has already developed links with the planning, leisure, environment and community safety teams in district councils. A year of cycling is currently being planned between districts and county and a whole system obesity pilot is being developed in one district, led by the district with public health supporting, in Broxbourne.

Future plans

Now that the strategy is agreed the delivery of an implementation plan is expected by March 2013 and the following key priorities are already being worked on for the next two years:

- Obesity Plan
- Physical activity and lifestyle offer
- Tobacco Control Plan
- developing a harm reduction approach to tobacco
- recommissioning sexual health services
- a child health strategy
- integrating childrens centres and health visitors
- enhancing the public health role of partners (commissioning health improvement services from the county council, district councils and third sector agencies)
- older peoples' health
- health improvement in residential care.

Contact

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