Local Government Association

Public health transformation three years on

Extending influence to promote health and wellbeing

Case studies

Foreword

It is becoming very clear that the synergies that we have always known were there between public health and local government are now really beginning to pay off. At a time of great financial difficulty for local government and the NHS, Directors of Public Health are acting as 'boundary scanners', bringing together interesting partnerships from different sectors to meet wide-ranging public health objectives with maximum efficiency and effectiveness. With the assistance of public health teams, a significant amount of re-tendering is going on beyond the traditional public health areas, for example in housing support, as shown in the Leicestershire case study. This indicates to me that public health specialists are really bedding in to councils and that councils now understand that their historic core functions have a health impact and that this can be enhanced.

I am interested and pleased to see that councils, through their public health teams, are tackling some of the 'softer' less quantifiable social issues that can either contribute to people's wellbeing or undermine their health – the example of Tameside's programme of tackling loneliness among older people is a case in point.

District councils are working well with public health teams in two-tier areas and this is particularly welcome, as much of the work of district councils affects the wider determinants of health that result in health inequalities.

It is not an easy job settling into a new part of the public sector when the whole sector and the people it serves are under significant economic pressures, while continuing to work with communities on issues that may make a real impact on people's long-term health and wellbeing.

I congratulate the public health teams and councils whose work is showcased in the case studies below and all the other public health staff across local government who continue to innovate to support health and wellbeing and address inequalities.

Councillor Izzi Seccombe
Chair, LGA Community Wellbeing Portfolio

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Introduction

This year's compilation of case studies shows how local authorities continue to make progress on improving health and wellbeing and tackling health inequalities since public health was formally transferred from the NHS in April 2013. It builds on last year's compilation, 'Public health transformation twenty months on: adding value to tackle local needs'. http://www.local.gov.uk/documents/10180/6869714/L15_15+Public+health+transformation+twenty+months+on_WEB_39693.pdf/7bb8060e-9a7b-4b85-8099-e854be74cfb5 In all, since the first publication 38 areas have provided case studies.

The case studies were chosen because they show a range of ways in which public health in councils is approaching its new roles. They include councils spread across England, covering both rural and urban environments and with varying degrees of deprivation and affluence. The case studies are from:

- Coventry City Council
- Knowsley Council
- Leicestershire County Council
- London Borough of Hackney Council
- Plymouth City Council
- South Tyneside Council
- Tameside Council
- Wakefield Council

The case studies provide lessons and key messages, a description of the main ways they are working in partnership to add value, and plans for the future.

A number of themes, challenges and messages have been identified from the case studies. Because this is a small sample these are indicative of the direction of travel of public health but cannot necessarily be seen as representative.

However, there has been considerable consistency of messages from all the case studies covered in this series, both within and across years.

As in all previous years, the enthusiasm of directors of public health (DsPH), portfolio holders and chief executives remains undimmed, despite growing concerns about financial challenges.

Themes

How public health can best make an impact

There was consistent agreement from the directors on how public health should operate to make the greatest impact on health and wellbeing. Influencing others to understand the importance of, and actively promote, health and wellbeing was seen as crucial. A number of ways of increasing influence were identified.

- Rather than advising others from a distance, public health should 'get stuck in', working alongside others, both strategically and in front line delivery. Over time, thinking about improving health should become automatic across all council and NHS areas.
- Everyone is under pressure to deliver in their areas, so it is helpful to understanding people's priorities and help them to deliver these where they add value to health and wellbeing.
- Because of its history of being part of the

NHS, public health can act as an 'honest broker' between the NHS and the rest of the local authority.

- Public health funding can be used to seed or support activity that contributes to health outcomes in a wide range of areas – children's centres, road safety, green spaces etc. Extending the use of the public health grant also means that public health is seen as a full partner, rather than an arms-length advisor.
- Public health skills and expertise in activity such as data analysis, evidence gathering, action planning, evaluation and outcomes-based commissioning can support system-wide reform.
- The pressure in local government is to shorten the cycle from research to final roll-out of programmes and projects. Chief executives and chief officers have noted that public health specialists are taking a practical approach while still maintaining the integrity of evidence-based analysis.
- Some directors acknowledged that they have less experience than their opposite numbers in social care of overseeing and monitoring the commissioning and procurement process. However, they bring with them the specialist knowledge to enable contracts to be carefully specified and outcomes focused, on the basis of identified needs of targeted groups and evidence of what works. Bringing together these two sets of skills and experience is likely to result in positive outcomes from re-tendering exercises and service integration programmes.

Organisation

As in previous years, there was a mix of organisational forms – standalone teams, dispersed models, and the director of public health (DPH) responsible for other functions, particularly environmental health and leisure. Every area had spent time considering the best model and skills mix to suit their needs. DsPH who had taken on a wider remit felt that this gave them a way of developing relationships across the council.

Although they had to undergo a steep learning curve, they felt it was worth it to gain an in-depth understanding of some local authority functions and how they could be harnessed towards public health outcomes. However, those that operated standalone teams, had found other ways of exerting influence, such as public health staff linked to other departments.

Experience from this and previous reports suggests there is no ideal organisational model, and that commitment and communication are the main factors for success. However, it remains crucial for DsPH to be sufficiently senior in the local authority to be able to work closely with the chief executive, the leader, and senior elected members.

There is still a tendency for some public health staff to refer to 'the council' rather than 'we' when talking about different council functions. This may reflect public health's role as a health advocate, independent of both local authorities and the NHS. Particularly in the early years of the transition, it may have the advantage that public health is seen as straddling both health and local government sectors. However, the case studies suggest that it is important for the role of 'independent advisor' to be complemented by that of 'active partner'.

The areas that were involved in plans for devolution had already worked extensively with regional partners, and were very optimistic about the potential for delivering successful health and wellbeing approaches at scale.

Health and wellbeing interventions

While work continues on traditional health protection initiatives such as immunisation, it seems that a shift is taking place to put greater emphasis on tackling the wider determinants of health and supporting people to make better health choices. For example, in Tameside tackling loneliness is a strategic priority for public health, and a range of evidence-based projects to reduce chronic emotional loneliness in older people are being delivered, including participatory

performing arts and bringing housing association tenants together.

As public health teams become more conversant with the details of local government's activities, and as local government staff develop a greater understanding of their own areas' impact on health, new partnerships are developing. As the case studies illustrate, there is a clear recognition that, as part of local government, public health teams can directly influence 'the causes of the causes' of ill health. Unfortunately, as DsPH have also noted, the financial climate in the public sector is reducing their opportunities to change the social, economic and physical environment and the factors that influence people's choices, so that 'the healthier choice becomes the easier choice'.

Listening to local communities and to people who use services was seen as fundamental to the work of public health. For example, in South Tyneside community engagement was the basis of the integration pioneer programme to increase self care – changing the conversation from how can I help you? to how can I help you to help yourself? Most areas were also actively involved in delivering an asset-based approach – mobilising the skills, local knowledge, and social networks found in communities, promoting equity and increasing people's control over their health and lives. Working with communities appears to be most effective when public health skills in engaging with people on health are aligned with wider council capacity for citizen involvement.

Several interviewees mentioned social mobilisation as one of their objectives – Coventry's work as a 'Marmot city' is a notable example of this. To an extent, this is a recognition of the political and financial realities: cuts in services mean fewer resources for public services, but it is also a recognition that public health issues like obesity have multi-factorial causes and therefore need a change in environmental norms and a shift in the mindset and habits of a whole population.

Nearly all areas were implementing comprehensive Making Every Contact Count programmes. Some had recommissioned and integrated health and wellbeing services, including bringing NHS health check into community settings, and starting to align them with information and advice services. Integrated approaches were seen as providing both cost savings and improved access.

Working with planning and regulation
Most case study areas were working closely with colleagues in planning and regulation to make the most of their potential for improving health. Examples include:

- including measures to limit fast food takeaways, gambling establishments and alcohol licenses in the Local Plan or supplementary planning policies
- using 20mph zones as a basis for wider health planning
- working with takeaways to raise standards
- comprehensive use of health impact assessments
- building health and wellbeing into blue prints for large developments.

Working with leisure
Most areas had good partnerships with leisure services. In some, leisure staff were promoting health interventions such as healthy eating, as well as physical activity. Many areas were making good use of green spaces, with green gyms, outdoor activities and walking trails. Parks and council green spaces are being drafted into the service of health much more actively than before, of which Plymouth's 'Grow, Share, Cook' is just one example.

Healthy workplaces
A number of councils, with the support of their public health teams, have set themselves the goal of becoming healthy workplaces, adopting Public Health England Working Well workplace standards. Knowsley Council has worked with Knowsley Chamber of Commerce and hundreds of local businesses to implement the Working Well programme, resulting in a significant improvement in days lost from sickness absence.

In many areas, the council is the largest employer so that a healthy workplace programme can impact directly on a significant number of residents. This also gives councils an opportunity to show leadership, act as a role model and demonstrate to other employers the range of activities, from active travel plans to lunchtime walks to healthier catering offers, that can make for a happier, healthier more productive workforce.

Working with housing
Housing is perhaps an area with potential for greater public health influence than is generally happening at present. However, the Leicestershire case study shows that there are notable exceptions. There, the public health team has worked closely with district councils to develop a cross-cutting, comprehensive integrated housing support service, which is likely to result in a better quality of service as well as cost savings and reduced demand for services.

Promoting and supporting mental health
A number of health and wellbeing boards have prioritised promoting good mental health, particularly in young people, as in Hackney which has a very young population and providing mental health support for pregnant women and new mothers. Re-tendering exercises are under way, led by public health teams and bringing together a range of mental health services delivered by multi-agency teams.

Integration and system-wide approaches
All of the areas were contributing to the integration of health and social care to some extent, through activity such as researching the evidence base, analysing data, evaluating pilots, and funding preventative services such as falls prevention and tackling social isolation. The public health role was particularly well regarded when it was able to make data understandable to a wide audience, when it recognised the need for research to have a practical application, and when it understood the imperative to achieve effective and sustainable reform as quickly as possible.

In a few areas, public health was one of the main system leaders of integration. For example, Wakefield Public Health has been heavily involved in the Connecting Care programme, undertaking evaluations for both integration pioneer and vanguard programmes. This is explored in detail in the forthcoming LGA and Association of Directors of Public Health (ADPH) publication on the public health offer for integration.

Outcomes
Overall, it was seen as too early for population-based improvements to be reflected in the Public Health Outcomes Framework. However, several areas had seen improvements in specific outcomes which had been the focus of sustained attention from partners, such as under 18 conceptions, rates of smoking and cardiovascular disease.

Areas had also seen improvements in patient outcomes following specific programmes such as managing hypertension, atrial fibrillation, and reducing hospital admissions.

Some also saw it as significant that indicators had not deteriorated in a situation where public spending had been so limited.

Challenges
For the first time, directors reported concern that it would become increasingly difficult to maintain progress in the future. All pointed to the problems caused by the in-year reduction in funding, and expressed concern that further reductions would severely impact on their ability to promote prevention.

Many expressed the view that, up to now, funding constraints facing all partners had brought about a willingness to try new ways of working. However, there was a limit to how far progress could continue to be made at pace, with all public services under increasing pressure.

Future plans
All areas had plans for developing priorities specific to their areas, such as increasing access to NHS Health Check, or targeted support to help pregnant women stop smoking.

Also, overall, public health was looking to all areas where it could make the biggest difference. However, some themes for the future were also identified.

All areas intend to build on the Better Care Fund and the imperative, set out in the Comprehensive Spending Review, for system integration. This involves stepping up the role of public health intelligence, widening the scope of the Better Care Fund beyond reducing hospital admissions and speeding up discharge, and working with the NHS and other council departments on opportunities for shared approaches to prevention.

Most areas that have not already done so are looking at ways of integrating health and wellbeing services, and better linking these with wider council services – particularly leisure, culture, and information and advice. The aim was to make better use of physical assets and human resources to provide a more holistic approach to tackling the range of health problems.

Another priority area is to maximise the potential for joined-up preventative work for the health and wellbeing of children and young people. The transfer of responsibility for commissioning 0-5 children's public health services is providing the impetus for bringing together a range of services for this age group, as well as enabling joint work across the full age range to age 25.

Most areas were looking to recommission services; they generally felt that the move to the council meant they had gained expertise in commissioning including measuring impact, designing outcomes, monitoring performance and achieving value for money. Public health skills in researching evidence and designing outcomes as a basis for service specifications could be aligned with council skills in procurement.

Key messages from the case studies

Responding to change by working as an active partner

With the impact of devolution, local government will change radically in future years, and public health will also need to reform as systems evolve; this should mean that public health improves its skills of data and evidence analysis, and continues to actively work alongside other partners, rather than retreating to a 'professional silo', and that it takes its role as a system leader.

The importance of influence

Public health best operates through influencing decision makers, operational staff, and communities to engage with health and wellbeing. Influence includes finding ways to support people to achieve their objectives, when these promote health and wellbeing, and using financial levers. Public health needs to tell a consistent, positive story about how it can add value.

Shared vision

Success can only be achieved when all stakeholders – councillors, officers and communities – sign up to a clear, focused vision and agree how they will implement this from the start. It is important that public health helps to deliver the detailed work to make sure delivery is in place, and to monitor results and outcomes.

Integration

A joint approach to commissioning, pooling budgets and resources and building capacity is fundamental to maintaining and growing an effective public health offer at a time of financial constraint.

Involving communities
Listening to local people's priorities, and identifying what communities can contribute to improving health and wellbeing are key to making a shift to approaches that support wellness.

The importance of monitoring and evaluation
Ongoing, real time evaluation of developments is very helpful to address problems quickly, as they emerge. It is important to allocate time to regularly take stock of what progress has been made, what needs to change and what should happen next.

Coventry City Council

"At the moment, where somebody is born, where they live, whether they have work or not will impact on their quality of life, the length of their life and the enjoyment they can get out of their lives. We are committed to changing this, so that it doesn't matter where you are born in this city – you will have equal chances for a good life, a long life and a happy life."

Councillor Alison Gingell
Cabinet Member for Health and Adult Services

"The life expectancy gap in Coventry has been our guilty knowledge. It can't be right that at this stage in the 21st century the health outcomes between the wealthiest and the worst off are so very different. That's why I and the city's political and managerial leadership, with the help of Michael Marmot, took the decision to face up to and tackle health inequalities across the city."

Martin Reeves
Chief Executive, Coventry City Council

"All our work comes together under the Marmot City banner – an approach to moving faster on inequalities as part of a Council and City partnership. We believe we've managed to move this agenda further than many others, with some notable successes."

Professor Jane Moore
Director of Public Health

Key features

- A 'Marmot city' with a city-wide focus on tackling health inequalities.
- A strong emphasis on social mobilisation, prevention and 'Nudge' theory, changing social norms and broadening out from the typical public health areas of health protection and NHS services.
- A council-wide commitment to commissioning for social value which is already seeing results in health.
- The public health team provides research and intelligence for the whole council.

Context

Coventry is a city of 360,000 residents in the English West Midlands. Recent statistics from Public Health England show that men in the most affluent areas of Coventry will live, on average, 9.8 years longer than men in the most deprived areas, while for women the difference is 8.5 years.

Unemployment in Coventry rose from 7.2 per cent to 9.4 per cent of the working age population from 2008-13. The highest increases in unemployment were among people living in the most deprived wards, men, and young adults. The health of people in Coventry is generally worse than the England average. Deprivation is higher than average and about 23.9 per cent of children live in poverty.

Organisation

Prior to the statutory move of public health to local government the public health team at Coventry had already been located with the council for a year. The transfer to Coventry Council in April 2013 provided Coventry with an opportunity to continue to broaden the ownership of the health inequalities agenda. From April 2013 the DPH reported directly to the Chief Executive heading up a directorate with senior public health specialists responsible for different themes. Recently, public health has merged its public health-focused data analysis function to become part of a wider public health responsibility for 'insight' ie research and intelligence, including both quantitative and qualitative data, providing services for the whole council. Other specialist teams within public health have responsibility for 'people' services; health inequalities; lifestyle services (eg relating to housing and green spaces); health protection and strategic support. However, because of the council's and its partners' focus on health inequalities across the board, the whole public health team and the whole of the council's staff are now working to this agenda.

Planning and vision

Following the transfer of public health to the council, Coventry committed to delivering rapid change in health inequalities by 2015. The council's public health work has moved away from a concentration on the typical areas of public health/NHS prevention services to a much wider vision, with an emphasis on influencing the wider determinates of health, based around the council's functions.

Senior leaders and the DPH are clear that creating the conditions for health in the city has almost nothing to do with health services. Instead, an ambitious programme of social mobilisation, involving citizens at every level is what is needed.

The DPH, Professor Jane Moore, emphasises this point by talking about 'social activity' and 'wellbeing' rather than 'health' when engaging with communities and partner organisations, and when developing priorities and objectives. The council's vision is about improving health and reducing inequalities by co-designing services and building on community assets – this is its model for public service transformation for the next several decades.

The City was one of seven in the UK invited to participate in the UK Marmot Network and became a 'Marmot City' in 2013. This means that, across the city, all relevant organisations, including the council, the Clinical Commissioning Group (CCG), the voluntary and community sector, the fire and police services have made a commitment to implementing the six policy objectives of Professor Michael Marmot's report on health inequalities, 'Fair Society, Healthy Lives'. A three year Memorandum of Understanding has been agreed between the council, Public Health England and the Institute of Health Equity at University College London, headed by Professor Marmot, outlining the contribution of each to a concerted attempt to reduce health inequalities in the city.

The council's and its public health team's work on health inequalities is based around the council's own functions, and assessed against the Marmot policy objectives. The public health team has a very significant role to play in ensuring that the Marmot City approach is based on local data and relevant evidence, as well as being involved in developing new approaches to commissioning, partnerships and relationships with and between communities. With a high level of commitment from the council's leadership and the rest of the public sector, Coventry has been able to make significant inroads in tackling inequalities.

Approaches that add value

Commissioning for social value

One of the most important initiatives across the council has been a commitment to commissioning for social value. This means developing commissioning strategies that will result in services that have a wider social, economic and environmental impact in addition to their primary function. Coventry's approach to social value includes:

- offering longer contracts
- developing bespoke terms and conditions to recognise local need
- offering incentives
- being clear about desired outcomes
- consultation on documentation so as to be inclusive
- supporting apprenticeships and local jobs.

This approach has already begun to see results with a health component. Examples include:

- more activity for the same resources, for example Coventry's NHS healthchecks programme has seen the fastest increase in take-up in the country and is recognised as an award-winning service
- a health saving of approximately £1.3 million (7 per cent) achieved through retendering and re-negotiations of extensions to current contracts
- wider coverage of health inequalities supporting the Marmot City agenda, for example by targeting smoking and the prevalence of smoking in the City's most deprived communities and vulnerable groups (eg people with mental health issues) so that it has a bigger impact on those with the highest life risks
- developing a sexual health contract which provides a seamless service across the NHS and the council
- integrating domestic violence into the Community Safety Strategy
- numbers of adults using drug and alcohol services have increased, including a huge increase of non-opiate users and alcohol users – most importantly, the number completing treatment successfully rose by 4 per cent in 2013/14
- a new late night triage service treats approximately 350 intoxicated patients a year and prevents 200 ambulance call-outs.

Asset based working

The public health team has taken the lead in developing plans for asset based working in Coventry, engaging with communities to involve them in uncovering and using their own skills, talents and resources to achieve their ambitions, shape and improve local services and meet local need. An Asset Based Working Strategy outlines action in five areas:

- building capacity locally through the development of a local centre for excellence and the city council's community development services
- co-designing and co-delivering local services with local people eg integrated 0-5 services and community designed activity programmes
- supporting staff across a range of organisations to work differently eg developing a cross-agency scheme (NHS, council, Police, social housing) and checking the skills of front line staff to work differently with communities that has led to participating community designed neighbourhood plans
- working with local statutory and voluntary sector partners to access external funding
- evaluating the impact of this work.

An Active Citizens, Strong Communities Group has been established, bringing together partners from across the public sector, universities, business and voluntary sectors to develop new approaches to working with communities. The group reports to the local public service board and the health and wellbeing board (HWB) as well as through the governance processes of each of its constituent organisations.

Examples of work with a public health component which are already happening include:

- Community Wellbeing Project which has supported grass-roots community ideas to improve the wellbeing of their neighbours and community such as the Men's Shed programme in Spon End which is led by a community volunteer and supports men to develop healthy lifestyles. Using seed funding from the Council's public health budget the scheme is now financially self-sufficient.
- Voluntary Action Coventry's (VAC) Innovation and Development Fund, funded by Coventry and Rugby CCG and public health to support new forms of voluntary sector service delivery around screening, physical activity, HIV testing and unplanned hospital admissions. Many of these are delivered by smaller groups who have significantly developed their capacity as a result of this support. VAC is also linking new migrant communities into wider health initiatives such as how to confront and tackle female genital mutilation.
- Acting Early pilots of integrated services for children aged 0-5 and their families and carers which have been co-designed with local parents and schools and have already shown improved outcomes for children. Coventry is now 'bucking the trend' in relation to physical activities at all ages. School readiness at age five has improved and the co-designed services are being rolled out across the city.

Coventry on the move

In January 2013, Coventry City Council agreed to act as one of eight pilot areas for a new system leadership approach. The challenge was to use the reforms arising from the Health and Social Care Act 2012 to develop new and novel approaches to intractable problems. Coventry chose to tackle the dual issues of physical inactivity and sedentary lifestyles. Senior leaders were clear from the start that the practice of rational persuasion around the health benefits of physical activity had only small scale impact and that they were seeking change at a population level.

It was agreed that they would focus on changing social norms in relation to being physically active in everyday life. A two-pronged approach was adopted:

- using methods of social mobilisation and/or community organising to create a social movement for change. In October, this approach resulted in 10 per cent of the city (36,000) all being active on one day
- the development and application of approaches that draw upon behavioural economics of 'Nudge' theory.

People from all parts of the city were recruited who shared the public health values around the importance of being physically active.

A number of initiatives have been initiated over the two years of the programme, including a Workplaces on the Move programme, Skipping Challenge events across the city, a series of maps showing city walks, Magic Mile, a monthly route through a local park run by volunteers, a Happy Hour activity alternative to visiting the pub and an interactive physical activity booklet, and there have been significant improvement in the number of people who are physically active in the City.

Integration of health across the council

Because the Marmot City approach is about tackling the wider determinants of health, much of the public health team's work is planned and carried out in partnerships which range right across the council's directorates. For example, the work on social value has involved joint working with the procurement team.

In another example, the director of place at the city council acknowledges the influence of the public health team in his new emphasis on rolling out more health and welfare services for the council's own manual workforce. Similarly, the public health team has influenced the direction of Cycle Coventry, a £6 million scheme to increase the provision of cycle lanes.

The scheme has moved away from more cycling provision in areas where people were likely to use it towards areas of deprivation where people have not had access to such schemes before. The whole approach to the public realm and the city scape has been influenced by a public health approach and staff of the place directorate now talk about ways to design the city centre so that "we can get people exercising when they don't know they're exercising".

The council's Chief Executive, Martin Reeves, is clear that to achieve the vision for improved health and reduced inequalities across the city, public health has to be 'locked in' to all the rest of the council's functions.

Partnership working

The Marmot City approach could not happen without the commitment of a huge range of local partners beyond the council. For example, the public health team has worked with the police on drugs and alcohol prevention and the fire service has decided to put Marmot priorities at the heart of its agenda, training fire-fighters on dementia, domestic violence and Making Every Contact Count. The public health team is now talking to the Local Enterprise Board and the Chamber of Commerce to bring the business sector more closely on board.

The development of asset based working has by its very nature required partnerships with the voluntary and community sector, the NHS, local universities, children's centres and others.

Future plans

The council and the public health team together with their partners in the public and voluntary sectors have identified a number of areas in which they want to concentrate over the next year to tackle inequalities. These include:

- economic growth and the relationship between employment, workplace and health
- the diversity agenda, focusing on inequalities which may be hidden in city-wide statistics
- the 5-19 age group, for example trying to work with young people not in employment education or training and addressing teenage conception.

A councillor perspective – Councillor Ann Lucas, Leader

Since Coventry became a Marmot City in 2013, the Marmot principles which aim to reduce inequality and improve health outcomes for all have been embedded into the core functions of the council and its partners.

There has been progress for the health of the city and we have seen improvements in school readiness for children age five, health outcomes, life satisfaction, employment and reductions in crime in priority locations.

Reducing inequality remains a priority in Coventry and we want to continue to work together and to prioritise health, equality and social value in everything that we do.

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London Borough of Hackney Council

"Being part of the council allows us to work far more closely with a range of departments. It has also been good to meet the people in communities whose lives we hope to improve through our work."

Dr Penny Bevan
Director of Public Health

"Our big challenge is how we support people to live healthier lives. Bringing together the expertise of public health specialists with the council's knowledge and relationships with the community should help us to do that."

Councillor Jonathan McShane
Cabinet Member for Health, Social Care and Culture

Key features

- Opportunities arising from the DPH's broad remit over council services and joint appointment between London Borough of Hackney Council and City of London.
- A systematic programme of contract re-tendering.
- Priority to mental health over the past year.
- Closer relationships with social housing providers.
- A number of initiatives on physical activity making use of Hackney's parks and green spaces.
- Successful project working intensively with women who have had two or more children taken into care.
- Successfully re-tendered smoking cessation service in GP practices.

Context

Hackney is a hugely culturally diverse inner London borough with nearly 260,000 residents speaking at least 89 languages. It is the second most deprived local authority area in England with all wards in the top ten per cent of the most deprived in the country. Hackney's residents are relatively young: 24 per cent of the population is under 20 years old and further 20 per cent are aged between 20 to 29 years old. Life expectancy is below the London average, at 77.7 years for men and 82.8 years for women. Life expectancy is 5.6 years lower for men in the most deprived areas of Hackney than in the least deprived areas.

Organisation

The DPH has responsibility for managing libraries, heritage and culture, leisure and green spaces and the Pause service (see below) as well as public health. She reports to the corporate director for health and community services. She is also the DPH for the City of London Corporation, working with a CCG that also covers Hackney and the City.

The broad remit of the DPH has given her the opportunity to work with a number of council departments on health themes and to introduce health-related elements into their work.

Planning and vision

The council's vision for Hackney is of a healthy community where all residents enjoy high standards of both mental and physical wellbeing. The public health theme in Hackney (and the City of London) for the past year was mental health, a priority for Hackney's HWB. The refugees, economic migrants and young people who come to Hackney in search of employment, stability and opportunity are a key focus group in the drive to improve mental health in the borough. A number of flagship projects have been commissioned in the past year, including:

- the City and Hackney Wellbeing Network bringing voluntary organisations together to provide integrated support, signpost services and ensure that everyone who needs help for a mental health problem has a coordinated care plan
- an Integrated Substance Misuse Service to provide clinical treatment, psychosocial support and recovery options for adults with drug and alcohol problems. The current substance misuse service for children and young people is being expanded to ensure that people of all ages have somewhere appropriate and accessible to go for help
- a schools mental health project is being commissioned as part of a prevention approach, to give young people the knowledge and skills to protect their mental health and recognise early warning signs of mental ill health in themselves and others.

Obesity among children has been another priority and the public health team is pleased that it has manged to access all the schools in the borough, including faith schools, to carry out the Child Measurement Programme in reception classes. It has also been able to influence the PSE curriculum.

Approaches that add value

Our parks

Hackney has the largest expanse of green spaces in inner London, with 58 parks, gardens and open spaces, ranging from the largest concentration of football pitches in Europe at Hackney Marshes to the 15 parks that have been recognised with Green Flag awards. With this amount of space available, Hackney is ideally placed to participate in the Our Parks initiative which provides access to a variety of free exercise classes in local parks across London boroughs from April to October. The Our Parks website is mobile friendly and enables users to see all classes, which are colour coded to indicate the level of intensity available in an area. Classes can be booked online for free. Site users can interact with their classmates and coaches and use tools such as BMI and mood calculators designed to incentivise users. Classes in Hackney are funded by the council as part of its joint sport and health agenda. Classes in Hackney include everything from Brazilian dance, boxing yoga for women, circuit training, Pilates and Run Fit to bootcamp-style exercises.

Our spaces

A series of free courses was commenced, being delivered by local providers at estate-based community kitchens. Through a hands-on approach, residents learn how to cook familiar and new dishes in a healthy and nutritious way whilst keeping to a budget and tasting good. The six-week courses are aimed at local families with children (lunch time or

after school) and adult courses (week nights).

Free membership of leisure facilities is available for all NHS and local authority staff.

The Hackney half marathon is well established in the borough. This year for the first time children were able to participate. They trained by running a mile a week in the period before the marathon and were then able to run the final mile to the finish line on the day of the marathon. This has proven to be a very motivational way of tackling obesity and lack of physical activity.

The Pause Project
This project works with women who have had two or more children taken into care, often having mental health problems or experiencing domestic abuse or both. The programme engages with mothers on a one-to-one basis, providing a bespoke programme of intensive therapeutic activities and practical support. Participation in Pause is voluntary but those taking part must agree to using long-acting, reversible contraception. Instead of the women receiving help from existing services, Pause workers visit them at home and in their communities, accompanying them to doctors' appointments, court hearings and contact sessions with their children.

The project has had good results: none of the 20 women in the pilot programme has had a baby over the 14 months it has been operating – babies which would almost certainly have been taken into care; some of the women have gone into training and they have started to tackle some of the issues that have contributed to their situation. Hackney's pilot project has now been awarded over £3 million by the Department for Education to roll out the project to a number of other local authority areas across the country. Hackney is now looking at offering the service to a second cohort of women who have had one child taken into care, in an attempt to break the cycle that has led to this situation being repeated for other mothers.

Business Healthy in the City
The City of London Corporation aims to be a leader in workplace health, setting an example to the employers of the 380,000 people who work in the City. With the public health team, the Corporation has developed a strategy on workplace health and wellbeing. It has set up a network of employers which includes small employers as well as the global finance institutions that work in the City. The network has an interactive website with a monthly blog and a members' forum to share good practice. The programme of work has prioritised mental health, including supporting with drug and alcohol problems. The Corporation has received a three year award by the Royal Society for Public Health to take forward its workplace health initiative.

Integration of health across the council

As a number of different services come into the same management structure as public health, this has provided opportunities for a cross-cutting approach. For example, the libraries service has introduced more activities in relation to health, including promotional and wellbeing activities: if libraries are holding reading events for children, the opportunity is taken to offer wellbeing activities for parents.

Having responsibility for parks and green spaces has enabled a public health approach to their use, as the 'Our Parks' and 'Our Spaces' programmes described above illustrate.

The public health team has also worked with the children and young people's directorate and the Hackney Education Trust in developing a programme for ages 0-5. A similar programme is currently being finalised for ages five to 19 which will provide support both for young people and for parents.

Councillors want Hackney to be completely petrol free and look to public health for support in developing transport and travel strategies.

Partnership working

Social housing providers have welcomed the public health offer the council has been able to make them. There is now competition among providers to draw on support and advice from the public health team.

Outcomes

The public health team has re-secured the borough's primary-care based smoking cessation service through a GP confederation. All GPs are signed up to the service and the four week quit rate trebled from 119 in June 2014 to 576 in June 2015. This success is attributed to a flexible response from the service, for example in holding evening sessions and sessions in the local job centre. Polish, Turkish and Vietnamese speaking advisers have been engaged in response to the very high levels of smoking in these communities and this has contributed to the significantly increased quit rates.

One notable success in the borough has been the fall in tuberculosis (TB) rates which were among the highest in London. This is attributed both to the expertise at the Homerton Hospital but also to the persistence of the TB nurses in ensuring that people follow up their treatment. Through a thorough knowledge of the area and its inhabitants, they know where vulnerable people with tuberculosis are likely to gather. For example, drug users will go for methadone treatment when they might not attend for TB treatment, but the TB nurses, knowing this, will visit the same locations. The public health team also funds six months tenancies for people with TB who would otherwise be homeless, partly as a means of ensuring that they can be found and assisted to complete their treatment. Coordinating with housing and benefits support is an important aspect of TB nurses' cross-cutting work. TB incidence has halved since 2004, and the treatment completion rate is 95 per cent

Teenage pregnancy rates are falling in the borough and are now similar to national rates.

Outcomes from public health work programmes are regularly reported to the HWB and the Joint Strategic Needs Assessment (JSNA) is updated regularly in relation to outcomes.

Challenges

One of the challenges the public health team has faced is the mismatch between the health and prevention priorities for the borough and the budget allocation the team inherited. An important priority for the team is to ensure greater alignment between the budget and health priorities.

A significant number of public health staff did not transfer to the council, leaving gaps in the public health team. However, the council has seen this as an opportunity to second council staff to the public health team to consolidate the integration of public health in the council. It has welcomed that fact that some former council employees are now gaining qualifications in public health.

Future plans

The council has written a new specification for a school nursing service and hopes that this will transform the way the service is delivered, including improved access to preventative services, early identification of mental health and emotional wellbeing problems and strengthened integration between health and education, supporting both health and educational outcomes.

Lessons and key messages

A wide remit for the DPH and seconding council staff into the public health team has assisted with integrating public health into the council.

A focus on workplace health enables a council to act as a role model and, since councils are almost always one of the largest employers in their area, has a direct impact on a significant number of residents.

Councillor perspective – Councillor Jonathan McShane, Cabinet Member for Health and Social Care and Chair of HWB, London Borough of Hackney

There was a real sea change when public health moved into the council. The DPH had been a joint appointment, but the public health team was very much identified as part of the Primary Care Trust, not as part of the council. I was surprised at the lack of rigour in the contracts we inherited. We've now started a programme of recommissioning, service by service. For example we have recently recommissioned drug and alcohol services. Public health staff are also working with the licensing team using their analytical skills and knowledge of alcohol abuse to advise on how best to use the licensing laws.

The Pause programme described above is one example of how we are trying to prevent a crisis from developing while supporting people to be healthier. We clearly weren't supporting women with complex lives well enough. We have increasingly developed the view that small amounts of discrete support don't necessarily help. Wrap-around, holistic support, although it is costly, may be more cost effective in the long term. We are now thinking, with the help of the public health team and social services, about how we can apply a Pause-type approach to other groups of people such as long-term street drinkers and hoarders.

I am particularly proud of the way we have managed to commission smoking cessation in GP practices. I think it's crucial that on the day that someone finally decides to stop smoking they can see the right person straight away.

People want to see someone near where they live for all sorts of health issues and we have recognised that by developing a system of health hubs across the borough, from which health professionals can work in the community. People can access a number of screening and preventive services and meet with their local 'health coach' to plan how to reach their health goals and develop an action plan.

Hackney was already a pretty progressive place before we officially took on public health and we had a number of health policies and programmes in place. But having the public health team on board means that they challenge us to keep health at the forefront of our policies and plans.

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Knowsley Council

"In Knowsley we have brought together the main council functions that impact on the social determinants of health in the portfolio for public health and wellbeing. This allows us to use all our services to promote health."

Councillor Eddie Connor
Cabinet Member for Public Health and Wellbeing

"The council plays an extremely important role in improving the health and wellbeing of our residents – a key priority for us here in Knowsley. With ever reducing budgets, we have reviewed different ways of working and how we can deliver our services more efficiently and effectively. A key driver to this success is our relationships and joint working between public health and other service areas within the council as well as with our partners, and strong meaningful engagement with our communities."

Matthew Ashton
Director of Public Health and Assistant Executive Director, Public Health and Wellbeing

Key features

- Health and wellbeing is fully integrated across all council functions.
- Strong connections with partners from all sectors, including local businesses.
- Cooperative principles, with wellbeing services provided by social enterprises that can return value to communities.

Context

Knowsley is one of the six local authority districts that comprise the Liverpool City region, located between Liverpool and Manchester and with a population of around 146,000. The borough comprises a belt of large suburban towns and villages including Huyton and Kirkby, fringed by green belt. Over half of the borough is made up of some of the most deprived areas in England, and health is worse than the England average on most measures.

Organisation

The DPH is assistant executive director for public health and wellbeing, with responsibility for leisure, culture, environmental health and adult social care providers. In addition, some public health staff are placed within other functions, such as planning, performance management and the environment. This gives public health influence across the range of wellbeing areas.

The Leader of the council oversaw public health's transition to the council, but now it is within a dedicated portfolio of public health and wellbeing, with a remit for driving health improvement across the council and with partners.

Approaches that add value

Public health influence
Developing influence is seen as fundamental to encouraging people to understand the importance of, and actively pursue, health and wellbeing. There are several elements to this:

- establishing relationships of trust
- deploying public health funding to support activity that contributes to health outcomes eg green space, children's centres, road safety, perinatal wellbeing project in children's centres
- supporting others to meet their own priorities where these have a positive impact on health and wellbeing eg using the intelligence capacity of public health analysts to support service design specifications
- promoting engagement with residents so that their priorities are fundamental to planning and implementation eg through Knowsley Engagement Forum.

Partnership with business – workplace health
The Working Well programme establishes workplace health standards for organisations and businesses. The council has worked with Knowsley Chamber of Commerce and hundreds of local businesses to promote and implement the programme. Days lost from sickness absence in participating businesses have reduced from 1.5 to 1.3 per cent, and with trends in other areas of the North West increasing this is significantly benefiting the local economy. Knowsley Chamber of Commerce has recently been awarded a Health and Wellbeing Award by the Royal Society for Public Health.

Public health has worked with environmental health and consumer protection, occupational health, organisational development, human resources and communications to adopt the Working Well standards, and the council has just been accredited with the National Workplace Wellbeing Charter.

As part of the Working Well programme, a number of local businesses who were unable to afford to fund stand-alone occupational health services were able to purchase council services via a cost recovery scheme – thereby benefitting staff health and local businesses, as well as generating business for the council.

Partnership with business – healthier fast food
Public health had worked with the council, particularly environmental health, to encourage healthier takeaway food since 2011, and this work accelerated after the transfer. This included nutritional sampling of popular dishes to illustrate the high levels of fat, salt and sugar present, and interviews with takeaway owners and residents. It was found that some residents would like the option of healthier meals, and some local takeaways were open to improving the nutritional quality of their food. A project was developed with the following measures:

- free training for participating takeaways to improve understanding of health and nutrition, and advice to make some dishes healthier
- follow up support at takeaways to develop an alternative options menu
- promotional materials to inform customers, including posters advertising healthy options available and promoted via social media.

To date, 11 takeaway establishments have signed up to the scheme. The programme is continuing to be promoted with all takeaways as part of routine visits by environmental health food safety officers.

Regulation and licensing – takeaways and betting shops
The fast food project has been supported by the development of a supplementary planning document to limit takeaways and betting shops clustering within local shopping parades. Approval will not be granted for takeaways in council owned shopping areas, if there is already a high density of such establishments. The supplementary planning documents will be adopted with the Local Plan, once approved (expected January 2016).

Fixed odds betting
The council has undertaken a number of activities in partnership with a range of stakeholders to tackle the issue of problem

gambling locally, including activity to address the particular issue of fixed odds betting terminals – high speed casino-style forms of betting which have a significant impact on problem gamblers.

Activities include:

- establishing a Knowsley-led Merseyside steering group following research commissioned by Merseyside directors of public health from Liverpool Public Health Observatory
- lobbying central government for tighter legislative frameworks and urgent action
- working with the charity Beacon Counselling Trust, including alerting partners to the issue of problem gambling and Beacon Trust's services, and developing a locally based service in the Council's One Stop Shops
- following an Overview and Scrutiny Board review of Council Owned Shopping Parades, Cabinet agreed a complete ban on new betting shops in council owned premises
- public health has been added as a consultee about all new gambling premises applications
- gambling included as a topic within the two minute brief intervention training for front-line staff (see below)
- gambling is one of the six themes included in Knowsley Youth Mutual (Youth engagement organisation) public-facing campaigns.

Targeting people in areas of poor quality housing

Public health has funded a £1 million Healthy Homes initiative which targets areas of poor quality housing in the most deprived areas of the borough. The aim of the initiative is to improve living conditions, which will ultimately lead to health and wellbeing improvements. Predominantly, council and Merseyside Fire and Rescue Service staff, with support from other partners, are delivering the initiative and as a result, it is trusted and recognised by residents. Since September 2014, the team has completed over 550 surveys and generated over 1700 referrals into local services including debt advice, access to benefits and healthy living support. An evaluation found that individuals believed the project had made a significant improvement to their lives. The team found that the initiative was particularly helpful for people who might not ordinarily ask for help, and those who were isolated as advocates proactively visit their homes; some of those contacted were in extreme difficulty and were able to access life changing support.

Local partners are now looking at how the learning from the project can be made sustainable within mainstream services.

Headstart – preventing mental health problems in young people

The council has worked with the CCG, police, fire and rescue, schools, the voluntary sector and the community to develop the Headstart programme, funded by the Big Lottery. The programme trials new ways of providing early support both in and out of school to build resilience and improve wellbeing in young people aged 10 to 14 years. The intention is to help equip young people to deal better with difficult circumstances in their lives to prevent them developing common mental health problems. A successful evaluation found large improvements in reported wellbeing scores from the young people involved in the project.

Building Bonds – perinatal support

The Building Bonds pilot offers a model of psychotherapeutic interventions to vulnerable parents/carers and infants to increase support during the first 1001 critical days of a baby's life. Outcome data from the pilot shows significant improvements in women's mental health including:

- 40 per cent of women no longer taking anti-depressant medication
- 81 per cent reduction in women using drugs and alcohol
- 83 per cent reduction in women involved with domestic abuse
- 100 of parents showed improvement in attachment, positive feelings and interaction with their child.

Follow up information post discharge shows that 67 per cent of families moved onto accessing universal services and some also became involved in volunteering and further education. This is seen as an exceptional result given that the families are from the most deprived super output areas of the borough. Cost projections indicate that this is a highly cost effective intervention for the longer term.

Domestic abuse
Public health identified domestic abuse as an issue that has a significant health impact, but can fall between the responsibilities of various partners. This led to the development of a domestic abuse needs assessment jointly with the community safety and social inclusion team, and was followed by a scrutiny review on domestic abuse. Following this, recommendations have been implemented including:

- a local domestic abuse campaign
- a regional campaign through Cheshire and Merseyside Public Health Collaborative
- public health commissions a domestic violence 'InPACT' programme working with perpetrators of abuse and has input into other related services.

The two minute health message training programme
The two minute health message training programme is Knowsley's unique approach to brief intervention training, and building health improvement capacity in health and non-health roles. Training is targeted at people with frontline roles, including One Stop Shop staff and councillors, and two programmes are offered – for adults and children.

The programme has been rolled-out extensively across all areas of the council, and work is now taking place to extend it to partners, such as Merseyside Fire and Rescue Service. The programme was shortlisted for a Local Government Chronicle Award in 2015.

Adult social care
Public health and adult social care work closely together, particularly on the evidence base for preventative services and quality improvement.

Recent collaborations include:

- developing nursing and residential care home service specifications with an emphasis on health, such as hydration, physical activity and mental stimulation
- commissioning a new falls service
- awareness raising on acute kidney risk in care home residents
- extensive flu vaccine programme targeted at frontline staff, carers and people with social care needs such as those with learning disabilities
- a comprehensive review on the reasons for long stays in the social care sector, which will influence commissioning intentions regarding residential care and preventative services.

Maximising the potential of green spaces
In Knowsley Green Gym Initiative, public health capital funding was used to install gym equipment in parks, with revenue funding to maintain the equipment until 2018. The Initiative is being delivered across 15 sites and includes a range of equipment including hydraulic resistance equipment, multi-user equipment to promote group activities and a range of trim trails, way markers and interpretation material.

A Green Space Health Activity pilot programme was delivered to improve understanding and awareness of the links between health and green spaces, and to encourage greater public independent use of green spaces. This resulted in a significant increase in people using the facilities, and the creation of three new 'Friends of Parks' groups.

Community involvement and engagement

Knowsley is a cooperative council which aims to encourage social enterprises to provide employment opportunities and return benefit to local people. Both the stop smoking services and combined drug and alcohol services are commissioned by the council and run as community interest companies.

Challenges

Funding is seen as the main challenge. The new proposed formula for reducing the national public health budget seems likely to penalise some Northern councils. Reduced funding will mean that opportunities to incentivise work that promotes health and wellbeing will be limited.

Severe funding pressure across councils and the NHS means it is more difficult to shift budgets to the preventative measures which all agree should be the aim. An important way of trying to tackle this is to consider pooled budgets which allow the sharing of opportunity and risk.

Future plans

Building on the Better Care Fund, public health will be working with other council departments and the CCG to consider opportunities for shared approaches to prevention.

Public health is looking at ways of integrating its wellbeing services so they provide a more holistic approach to tackling the range of health problems.

A shared health and wellbeing offer across leisure, libraries, culture and public health is also being planned. This offer involves maximising the use of physical assets and human resources to promote health and wellbeing and reach into communities.

Lessons and key messages

Public health best operates through influencing decision makers, operational staff and communities to engage with health and wellbeing. Influence includes finding ways to support people to achieve their objectives, when these promote health and wellbeing, and using financial levers.

In implementing activity, success can only be achieved when all stakeholders – councillors, officers and the community – sign up to a vision and agree ways of implementation from the start. Public health needs to undertake the detailed work to make sure agreement is in place.

Councillor perspective – Councillor Eddie Connor, Cabinet Member for Public Health and Wellbeing

In Knowsley we have brought together the main council functions that impact on the social determinants of health in the portfolio for public health and wellbeing. This allows us to use all our services to promote health.

There are still more areas that can be joined up, and portfolio holders meet together to consider where links can be made. Bringing together health-related functions also means that we can be more flexible about how we use funding, which is particularly important when budgets are so tight. It is important that councillors, managers and frontline staff have a wide understanding of how health can be improved. For example, Knowsley has 18 Green Flags for its parks and green spaces, and these provide good and cost effective locations for people to take more exercise.

Until 2012, Knowsley had an integrated health and social care system, but this was disbanded with NHS reforms. The council and CCG are now looking to work more closely together and are undertaking a review of expenditure to identify where resources are best allocated. Public health will have a significant role in helping to focus on prevention across the council and the NHS.

The development of a devolution deal for the Liverpool City Region has great potential to promote public health, through making economies of scale and pursuing successful developments on a regional basis.

As well as cuts to funding, one of the main challenges is to go further in engaging with people in deprived local communities who, so far, are not involved in health and wellbeing activities.

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Leicestershire County Council

"The highlight for me of the last year or two has been moving away from a traditional public health approach based on tackling individual lifestyle behaviours, to harnessing partner responsibilities and influence around the wider determinants of health, like housing, or in our approach to communities."

Mike Sandys
Director of Public Health

"When public health came back to the county council in 2013, we made a point of ensuring that the DPH's annual report is presented to full council as part of our commitment to the prevention agenda. This has been a small but important step in engaging all councillors in the council's role in public health. The interest in the debates has been exceptional."

John Sinnott
Chief Executive

"My role as co-chair with the DPH of the County/District Unified Prevention Board makes for a very strong partnership which is delivering change – we have a good joint knowledge of likely partners and possible available resources to help meet our public health objectives."

Sandra Whiles
Chief Executive, Blaby District Council

"I want to see public health messages embedded not just in all our county council service planning but across all our communities and especially in every single resident, whatever their age."

Councillor Ernie White
Cabinet Member for Health and Sport

Key features

- Strong relationships with and involvement of district councils.
- Development of public health's role as a lead commissioner, a partner and an advocate.
- By 2018 a 'unified prevention offer' overseen by a Unified Prevention Board.
- Development of a cross-cutting comprehensive integrated housing support service.
- Local Area Coordinators working with social care, police and GPs as single point of contact.

Context

The health of people in Leicestershire is generally better than the England average. Deprivation is lower than average, although about 11.5 per cent (13,100) live in poverty. Life expectancy for both men and women is higher than the England average. Life expectancy is 6.2 years lower for men an 5.0 years lower for women in the most deprived areas than in the least deprived areas. Approximately 24 per cent or adults and 16 per cent of children in year 6 are classified as obese. Priorities for public health in Leicestershire include tackling the wider determinants of health, getting it right from childhood, making the shift to early intervention and prevention, supporting the ageing population, improving services for people with learning disabilities and improving mental health and wellbeing.

Organisation

The DPH for Leicestershire is a chief officer, directly accountable to the Chief Executive and a member of the county council's corporate management team. John Sinnott, Chief Executive of Leicestershire County Council, emphasises that having this corporate role and heading up a standalone department has been important in establishing public health as a key function in the organisation. He also stresses that the DPH plays an important part on the HWB and its executive group, as well as on the CCG, noting that debates cover the wider social determinants of health because of a public health presence.

Consolidating close working relations with the district councils in the county has been a high priority. This is coordinated through a Unified Prevention Board (UPB) and a district council/public health officer network. The UPB was set up in 2014 as a key part of the health and social care integrationagenda. The Chief Executive of Blaby DC, Sandra Whiles, co-chairs the UPB with the DPH and also leads for the Leicestershire District Councils on housing and public health. A designated senior member of the public health team is allocated to each district council to facilitate two-way communication.

Planning and vision

The public health team has taken a structured approach to the determinants of health, based on the King's Fund report, Improving the Public's Health – A resource for local authorities. The way that public health operates across the councils has been analysed in relation to the following roles:

- as a lead (commissioning via the public health grant)
- as a partner (developing joint initiatives)
- as an advocate (championing public health issues.

The DPH, Mike Sandys, believes that finding the correct balance between these roles is the key to success in improving health. The ultimate aim is to transform the way that all partners develop their policies so that the impact the policies will have on health is a central consideration. The most recent DPH annual report for the council is structured so as to show the contribution of public health in each of these roles across a wide range of council functions.

Approaches that add value

In its first year at the county council, the public health team carried out a review of prevention activities across the council. The starting point for developing a comprehensive prevention strategy was assurance of existing work programmes to ensure they were on track. During the past year, the council has become more proactive, as the examples described below indicate.

By 2018 Leicestershire aims to have a comprehensive offer for community based prevention (known as its 'unified prevention offer') for the citizens of Leicestershire, funded by bringing together all the resources available to local councils and NHS partners. The Better Care Fund (BCF) has enabled prevention to become a core strand within the county's approaches to health, social care and integration. The public health team has encouraged a broad, wide-ranging approach to tackling the wider social determinants of health, rather than a narrow focus on individual behaviour.

Involving CCG members in the Unified Prevention Board's work on the BCF has helped them to understand how council services can provide short-term practical solutions to health issues they see every day, as well as contributing to long-term prevention. The Light Bulb housing project is an example of this.

The Light Bulb project

In 2013, the Chartered Institute of Housing was commissioned to map out Leicestershire's housing offer to health, showing the current position, key gaps and the impact that housing services have. Working with both tiers of local government and written into Leicestershire's BCF plan, there are several practical housing based projects which are now reducing demands on health services. The Light Bulb project involves the redesign of the eight councils' housing support services. From a single financial pot, an entirely new delivery system is being built, supplying integrated housing support services which will reduce demand on health and social care services.

The focus of the project is on achieving three frontline changes all with the aim of supporting people to live independently in their own homes and to prevent or delay people going into care homes:

- a single point of contact for service users or referrers such as GPs
- a single assessment service under which a case worker produces a menu of interventions for the client, managing referrals and coordinating delivery
- a broader lower-cost service range, including handyperson schemes, recycled furniture, affordable warmth advice and housing-based assessment.

A cost benefit tool has demonstrated that Light Bulb could deliver £15 million worth of savings over 10 years.

The Housing Discharge Enabler project is already improving the lives of individuals. A team of 'housing enablers' work with people in hospital to ensure they have appropriate housing and support in place to facilitate timely discharge. A housing enabler arranged temporary accommodation near his family for one patient, helped him complete housing application and medical forms to apply for rehousing, helped him with an Employment Support Allowance claim and organised a Hamper2home food parcel service to his temporary home. Through this support, the patient was able to leave hospital after nine days, rather than the many weeks he would have had to wait without the housing enabler's assistance. For another patient, her housing enabler arranged to collect her house keys, be there to let a plumber repair her lavatory, and arranged for the patient's gas and electricity pre-payment cards to be topped up with emergency funds from the district council. A similar project in an acute trust is resulting in fewer delayed discharges and readmissions.

Local Area Coordination

Another important prevention project overseen by the UPB is Local Area Coordination (LAC) LAC is a long-term integrated evidence-based approach to supporting people with disabilities, mental

health needs, older people and their families/carers. In Leicestershire's pilot programme, a team of eight Local Area Coordinators is working initially with GP surgeries, adult social care and the police, to identify individuals who may benefit from support and provide a single point of contact, as well as developing a presence within their local communities. An evaluation exercise is taking place over 12 months from September 2015 with both a qualitative and a quantitative element.

Integration of health across the council

Since public health's return to local government, the public health team has been working across the councils to raise awareness of the health impact of different council functions. This is illustrated in the most recent DPH annual report which is structured around a full range of council services and how they have contributed to wider determinants of health over the year.

The Chief Executive has noticed a particular impact on environmental and transport services, a greater emphasis on cycling routes being one example. He also points out that as the largest employer in the county and now as a public health authority, the county council has a duty to consider the health and wellbeing of its staff. There is already a programme of workplace wellbeing and activity in place, based on advice and participation from the public health team. The council has also commissioned a Healthy Workplace Programme for Leicestershire's small and medium-sized enterprises (SMEs).

Lessons and key messages

The presence of public health on the HWB and corporate management team is vital in ensuring attention to the wider determinants of health.

In two-tier areas, a strong, consistent working with relationship with districts, both officers and members is essential.

Paying attention to the health of the council's own workforce is a good way to show commitment, and a showcase for public health.

Councillor perspective – Councillor Ernie White, Cabinet Lead Member for Health and Sport and former Leader of Blaby District Council

A major part of my role is to chair the HWB which is strongly supported by the DPH. It is important that the board has two representatives elected by the forum of district council leaders and that they are supported by a district council chief executive. This ensures that information about public health initiatives is disseminated and resources agreed. Each district council has its own health forum and councillor lead for health.

I think the involvement of district councils is absolutely vital in two-tier areas because they have such an impact on the wider determinants of health through their services such as housing, planning, environmental health and leisure. I understand from talking to many GPs that often people present with problems that are nothing to do with specific illnesses and often to do with issues like housing and debt. So it's vital that we are making links through our Light Bulb project and Local Area Coordinators with other agencies that can help.

One of my top priorities is to ensure that public health prevention is a high priority embedded right across the council.

Having the DPH as part of our chief officers team is already beginning to pay dividends. For example, his influence was clear this year on our Local Transport Plan which, for the first time, was laced with references to health and the health impact of transport strategies. I have also noted a public health influence in my portfolio

area of sport – we are now, through public health, funding a number of physical activity initiatives at district council level.

We are also working with schools not only to promote activity and healthy eating but going further than that to help children understand where food comes from and how to use it. Being a rural county, Leicestershire has some schools with an onsite farm. Children are learning how to grow crops and look after animals – I see this as one way of tackling the many factors that contribute to obesity.

We still have a long way to go to ensure that health is seen as 'everybody's business' across the council. I want to see public health input in every department and outcomes that reflect our objective of helping all the county's children and adults to have long and healthy lives.

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Plymouth City Council

"We have a £462 million pooled budget across the council and the CCG which includes community safety, adult social care, children's services and leisure services as well as the public health budget. The whole budget is seen as a public health budget and health inequalities is very central to everything we do and how we work. It informs our conversations with businesses, housing, GPs, everyone."

Tracey Lee
Chief Executive, Plymouth City Council

"Public health was part of the big civic narrative before 1974 and now that it has come back to local government, we need to ensure that it is incorporated into our 'business as usual'. The keys to this, I believe, are partnership, risk-taking and trust."

Councillor Sue McDonald
Cabinet Member for Children, Young People and Public Health

"There are factors that operate in our environment that influence the choices people make. Our job is, by influencing the environment, to make the healthy choices the easier choices."

Professor Kelechi Nnoaham
Director of Public Health

Key features

An integrated health and wellbeing budget pooling council budgets such as public health commissioning, adult social care, housing, education with the CCG's budget for Plymouth.

A single plan for Plymouth with read across to a single health strategy.

Focus on the four lifestyle behaviours that contribute to the four chronic diseases that cause 54 per cent of deaths.

Comprehensive surveys commissioned by public health to understand health issues for the population, both adults, children and young people which have revealed features not understood before.

Specific programmes to address workplace health and food poverty.

Context

Plymouth is a maritime city in the south of England with a population of 261,000. Deprivation is higher than average and about 20.9 per cent of children live in poverty. Life expectancy for both men and women is lower than the England average and in the most deprived areas is 7.5 years lower for men and 5.4 years for women than in the least deprived areas. Alcohol-related hospital stays for both adults and children, smoking and sexually transmitted infections are all worse than the England average.

Organisation

The DPH is a corporate director whose responsibilities in addition to public health include public protection services (environmental health, licensing, trading standards) and civil protection (emergency planning and response). Each of the consultant-led public health teams is twinned with a different council department. Public health staff have spent time finding out about the work of the council departments, following the dictum, 'seek first to understand, then be understood'. Relationships with individual departments are beginning to bear fruit. For example, new planning policies have been introduced with a health component such as restricting the sale of fast food near schools.

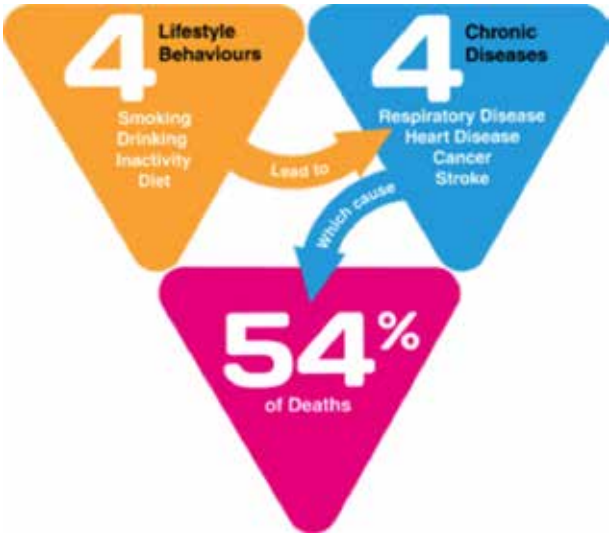
There is a fully pooled budget with the CCG for Plymouth which includes the public health commissioning budget, enabling the public health team to contribute to across-the-board commissioning strategies and to ensure they are based on evidence and appropriate intelligence.

Planning and vision

The transfer of public health to the council took place at a time when the council as a whole was being reorganised and was developing its overall vision for the next 10 years. The council had a 'bonfire' of 121 different plans and strategies and brought all its priorities together into one document, the Plymouth Plan. The Plymouth Plan has health and wellbeing embedded throughout its vision for the city. One of its three overarching strategic outcomes for 2031 is 'Plymouth as a healthy city'. The first part of the Plymouth Plan was approved, after widespread consultation and community involvement, in September 2015.

Sitting alongside the Plymouth Plan and reading across to it is Thrive Plymouth, a 10-year framework to improve health and reduce health inequalities which the council and every major player in the city has bought into. Thrive Plymouth is based on the assumption that there are factors in the social and physical environment that influence the people's lifestyle choices. The council and its partners have a significant role in affecting that environment and acknowledge that their decisions and the priorities in the Plymouth Plan will impact on people's choices and their health outcomes. Thrive Plymouth spells out the implications of these facts for action by each of the partners, for families and for individuals, residents, businesses and institutions, promoting the idea that 'the healthy choice needs to be the easier choice'.

The Thrive Plymouth strategy is developed around the 4-4-54 construct which is now so well-known across the council and the city that it trips off the tongue of council staff, councillors and city leaders. It stands for the four lifestyle behaviours that lead to the four most common diseases that cause 54 per cent of deaths.



The strategy takes a three-pronged approach:

- whole population action on prevention
- tackling multiple risk factors – clusters of unhealthy behaviours that lead toill health, moving away from a single issue approach (eg someone seeking help with smoking might also benefit from advice on one or more other behaviours)
- changing the context in which people make choices

Approaches that add value

Wellbeing survey
In September and October 2014 a household-based survey was carried out to generate baseline information on wellbeing across Plymouth. Although the initial focus was on wellbeing, the survey was extended to include information on the four Thrive Plymouth behaviours. Additional ward-based analysis was carried out by the public health team to inform the development of the Thrive Plymouth Dashboard (see below).

Thrive Plymouth Dashboard
This Thrive Plymouth performance table was developed from work originally carried out by Bristol City Council's public health intelligence unit. Indicators for the 20 Plymouth electoral wards are ranked by Index of Multiple Deprivation score and grouped into a number of sections:

- the basics – life expectancy and wellbeing
- mortality
- physical activity
- healthy diet
- drinking
- smoking.

The Dashboard helps to illustrate differences between different parts of the city, and the clustering of risk factors and poor outcomes, and will be used to assess progress towards healthier outcomes for the people of the city.

Workplace wellbeing
The first year of Thrive Plymouth focused on workplace wellbeing, working with local businesses and other employers to enable staff to make healthier choices. It was first launched at an event with local businesses, the city's largest employers,a symbol of commitment which has resulted in over 40 businesses in the city to date developing a health and wellbeing strategy for their employees. The city council was itself the first organisation in Plymouth to receive accreditation under the national Workplace Wellbeing Charter.

Employers are supported by Livewell@Work (part of Plymouth Community Healthcare) with assessment and advice to work towards the Workplace Wellbeing Charter. Training opportunities are provided for staff, eg Health Champion training and Mental Health First Aid.

Plymotion at Your Workplace is part of a wider Plymotion programme to make it easier for people to get around Plymouth under their own steam. Employees have access to a free Personalised Travel Planning (PTP) services. Trained travel advisors meet with employees to discuss their travel needs and provide incentives to try different modes of travel to and from work. Individuals are given information about the cheapest, quickest and healthiest options and advice is given for all kinds of journeys including daily commuting and business trips.

Grow, Share, Cook
Grow, Share, Cook is a flagship volunteer-based project in Plymouth, coordinated and supported by the council, and backed by Nesta, the UK's innovation foundation. The project addresses food poverty and promotes healthy eating through growing, sharing and cooking food, and has been supported by the public health team both financially and strategically. The council provides two large multi-allotment sites in the city for volunteers to grow food. A local company Tamar Grow Local supports the allotments, training volunteers, and also provides fresh fruit and vegetables, locally grown, which are distributed to families in need in Plymouth.

Families also receive support in learning how to cook with the produce from another local company, Food is Fun, which delivers training which is socially and family-orientated

Over 60 volunteers were trained in the 15 months to October 2015. 'Share volunteers' drive around the city using the Vegucator (a van donated by Plymouth Community Homes) delivering the freshly grown produce to the city Foodbank, soup runs and disadvantaged families on a fortnightly basis. Fifteen thousand free meals will have been provided by the end of the project in May 2016.

Evaluations underway are showing families are eating more fruit and vegetables, have increased their cooking skills and, interestingly, food is increasing their social contact and helping them to engage with other services on offer, such as training and education.

There are plans to make the project sustainable after May 2016 by developing a commercial arm to sell produce to those who can afford it, enabling a subsidised fruit and vegetable supply to those who can't.

Integration of health across the council

The role of the DPH as a corporate director of the council signalled the city's commitment to having the health and wellbeing of the population at its heart. This gives public health a voice in all strategic decision-making processes, which is followed through by the partnering arrangements of public health with other key council directorates.

Partnership working

Plymouth has a strong tradition of partnership working. The public health team has been able to create and lead some partnerships (such as the Alcohol Strategic Partnership), support some (such as Food Plymouth, a network consisting of organisations in Plymouth with a strong interest in food from a food poverty perspective), and join in with others.

The approach of integration of health and wellbeing spending across the city has created particularly strong partnerships between the council, the CCG and providers across the city; as well as involving partners such as the police.

Outcomes

The life expectancy gap has narrowed from 9.8 to 7.5 years for men and from 5.8 to 5.4 years for women over the course of the past two years.

There are some positive signs that the difference in life expectancy between areas within Plymouth is reducing eg the gap in life expectancy by ward narrowed from 12.8 years in 2008-2010 to 9.8 in 2011-2013.

Breast feeding has increased by four percentage points over the last year and teenage conceptions are down to 5.3 per 1000 from 9.1 in 2009.

Alcohol-related hospital admissions are going against the national upward trend, showing a slight drop in the most recent figures available (from 708 per 100,000 in 2012/13 to 665 per 100,000 in 2013/14).

Challenges

In the first year of Thrive Plymouth, considerable effort has been put into developing the Thrive model and to gathering and disaggregating intelligence about the lifestyles of the people of Plymouth. This enables priorities and outcomes to be based on evidence and on the particular characteristics of different population groups. The challenge now is to take further action, using the model and intelligence to break the 4-4-54 cycle.

As with all the other case study areas, cuts in local authority funding have restricted what the public health team and partners in other council directorates can do to address the population health implications of the lifestyle choices articulated in the 4-4-54 construct. Nonetheless, the Chief Executive, the DPH and councillors are determined to go ahead

with their vision of making Plymouth, through upstream interventions, a healthier city with better life chances for its citizens.

Future plans

The focus of Thrive Plymouth in the coming year will be on schools, children and young people. The public health team commissioned a survey of children and young people in years eight to 10 across the city. For the first time, the team has real data that links low emotional resilience with the prevalence of the four harmful lifestyle behaviours, indicating a vicious self-reinforcing cycle. The survey also found high levels of drinking among children in the 'leafy suburbs' of Plymouth, that is, in the less deprived areas, in the form of 'pre-loading' at home before they go out for the evening. The response to these findings will include a social marketing strategy targeted at different groups of children and young people.

Lessons and key messages

'Seek first to understand, then be understood' – public health should learn about all local government's core functions as well as ensuring departments understand the impact of their work on health.

Local government, by bringing all its resources together, can do much to ameliorate the factors in the social and physical environment that influence the choices people make.

A focus on workplace health is a good way to interest and involve local businesses in the public health agenda, and to influence the health and wellbeing of a large number of residents.

Food poverty and healthy eating requires a multi-pronged, multi-agency partnership approach.

New patterns of alcohol drinking among adults and children are changing the way this issue needs to be addressed.

Councillor perspective – Councillor Sue McDonald, Leader, Plymouth City Council

I'm old enough to remember the 1980 Black Report on Health Inequalities in the UK and my sense of injustice on reading it. I represent the St Peter and Waterfront ward in Plymouth, one of the most materially deprived areas in the city and this gives me strong personal and political motivation for tackling health inequalities. We have worked hard to make organisational boundaries semi-permeable and to establish working relationships between the NHS, the council, the police, other public sector organisations and businesses in Plymouth. Our biggest commitment has been to put all our money into one budget with the CCG.

One area where partnership is essential to producing outcomes and where public health can play an important part is in tackling abuse of alcohol. We have seen a drop in alcohol-related hospital admissions, but through surveys commissioned by the public health team, we have learned more about the increasing amount of wine that people drink at home. We need to understand this issue and what we can do to prevent and mitigate harm.

I'm proud of the work we've done around access to good, nutritious food. The Grow, Share, Cook project [described above] is one instance and the example it has set has spilled over into other areas.

For example my little local school now has a small garden where children learn about and grow vegetables and people are growing vegetables now on roof spaces. We were concerned about what happens in the school holidays to the 25 per cent of children in the city entitled to free school meals. We got our school meals service, Cater Ed, to provide packed lunches and deliver them to drop-off sites twice a week in the holidays. This is the sort of thing

that can make a real difference to young people's educational readiness.

At the end of 10 years, I would like to see the tanker turning towards health and away from a focus on illness. There should be less reliance on care homes, increased life expectancy for the worst off and increased quality of life. There should be a universal entitlement to the basic necessities for health. I'm pleased that our public health team were welcomed into the council and that they are helping revive the tradition of the city council bringing benefit to its residents and touching people's lives for the better. Public health is helping us make the connections between our different functions and doing it quickly, despite the horrendous spending cuts we've experienced.

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South Tyneside Council

"As Lead Member for Public Health and Wellbeing I am extremely pleased to see how public health is having an impact across the council and local partners. This has ranged from working with elected members to increase their knowledge of ward level health outcomes to the tangible benefits of improving housing. I am sure that this impact will result in positive changes in health outcomes for our local residents."

Councillor Moira Smith
Lead Member, Health and Wellbeing, and Chair HWB

"Although local authorities are facing really difficult financial decisions, the opportunities to improve and protect the health of local residents is greatest here. Colleagues across the council from parks to planning, economic regeneration to environmental health, have welcomed their additional public health responsibilities. This has enabled public health to influence new areas of work and make everyday satisfying."

Amanda Healy
Director of Public Health

Key features

- Responsibility for health and wellbeing activity has been taken on by workers in the council – formally included in job descriptions.
- A community led approach to engaging with local communities to shape health and wellbeing support is fundamental to all activity.
- Integrated care pioneer, developing community-based self care via 'changing conversations'.
- Health protection assurance framework in place.

Context

South Tyneside is a metropolitan borough in Tyne and Wear with a population of around 150,000 people. It hosts the end of the Great North Run – the biggest half marathon in the world. The health of people in South Tyneside is generally worse than the England average; child poverty and life expectancy are worse than the England average, and deprivation is higher – some areas of South Tyneside are amongst the most deprived in England.

Organisation

Public health operates as a team within the children, adults and family group, and has a lead role in supporting the HWB and the Joint Health and Wellbeing Strategy. After transfer from the PCT, the skills and capacity of the team were reviewed to determine what was needed to best promote health and wellbeing across the council and beyond, and it was found that a smaller team with more senior capacity would be most effective.

The number of public health consultants was increased to two, covering:

- health protection and wider determinants of health
- general healthcare, linking with Tyneside CCGs and supporting six local authorities and CCGs on individual funding requests on behalf of the five Tyneside councils and Northumberland.

South Tyneside was a pilot area for the national skills passport, intended to enable public health staff to move easily between areas. This focus on skills and work conditions has meant that public health workers recently moved onto local authority terms and conditions – one of the few teams to have done this so far.

Approaches that add value

Change 4 Life – integrated health and wellbeing model

Following extensive community engagement, in April 2015 South Tyneside introduced a local Change 4 Life (C4L) model, which will become an integral element of embedding public health across the council and beyond. The model builds on South Tyneside's Every Contact training for front line council and NHS staff which won the Local Government Public Health award 2014 and has seen over 1200 staff trained in health conversations.

C4L takes a life course approach and focuses on behaviour change covering the areas of stop smoking, substance and alcohol misuse, physical activity, healthy eating, sexual health, emotional health and wellbeing and the promotion of NHS Health Check. C4L services are coordinated, supported and delivered by a programme hub of public health professionals, but parts of the programme are delivered by partners across the council and in partner organisations in settings such as children's centres, community centres and leisure centres. Job descriptions have been changed to include health and wellbeing responsibilities, and workers are supported by a comprehensive training programme which provides three competency levels. A community interest company has been commissioned to provide the training.

Staff involved have been enthusiastic about their new role, and to date there have been over 400 referrals into the C4L system.

Public health continues to commission services from a range of external organisations such as primary care, schools, dentists and pharmacists, and these are now being coordinated within C4L to ensure an integrated approach which streamlines, avoids duplication and maximises access.

C4L has helped shift the emphasis from a medically driven public health service to a community development approach, working with community assets and involving volunteers. It has moved beyond the traditional approach of referring people to a narrow range of specialist services, to linking with universal services such as libraries and debt advice. The voluntary and community sectors are also involved in C4L; financial constraints mean that funding is limited, and there has been a shift to better use of local assets. Public health is supporting the sector to develop skills in behaviour changes, and in developing a C4L quality standard which includes access to training.

C4L has an important role in contributing to health outcomes, and performance on measures such as uptake of healthy nutrition, smoking quit rates, and improved health profiles of referred clients will be regularly monitored.

Limiting fast food outlets

The council's environmental health section had already worked with the public health observatory to map hot food takeaways, which had increased by 69 per cent from 2009 to 2014. With the transfer of public health, this data was combined with childhood obesity data (from the National Child Measurement Programme) to provide comprehensive evidence about the impact of fast food on communities.

The Local Plan will include a threshold for hot food takeaways, which will support the Planning Committee to turn down proposals for new outlets above a certain density.

Health protection assurance framework
The council has worked with NHS England, Public Health England and the Health and Safety Executive to develop an assurance framework covering health protection, immunisation, screening, environmental hazards, emergency planning, and communicative/non communicative diseases. This work is conducted through a health protection group, chaired by the DPH and reporting to the HWB. The assurance framework has improved communication and understanding of local risks, and established shared priorities. This year's priority has been to increase flu immunisation across all 'business critical' staff. As part of this, pharmacies and the Foundation Trust have provided vaccinations for care workers in the private and voluntary sectors.

Developing community led approaches
Public health carried out an extensive programme of community engagement to identify what being healthy means to local residents. The work identified that emotional wellbeing and physical activity were more important to people, and that smoking alcohol and excess weight were less important. This information has been used to develop a community based approach to health and wellbeing which underpins C4L. The Joint Strategic Needs Assessment has now been turned into a Joint Strategic Needs and Assets Assessment so it can reflect the extensive range of interventions that support and protect community resilience. Development work has taken place with the community and voluntary sector to identify examples of good practice. Examples so far include:

A partnership with a sight loss campaigner, South Tyneside Sight Service and the RNIB has led to work on eye health needs assessments to improve eye health, and raising awareness with stakeholders, such as GPs, about the NHS accessible information standards which must be implemented by July 2016.

Friends of local parks are promoting exercise and events in parks, such as community gardens, health walks, and activities for people with Alzheimer's disease.

The Happiness and Wellbeing Network coordinates a number of activities and events, bringing together many local agencies to celebrate national health weeks for mental health and learning disabilities.

Peer mentoring has been established in the Substance Misuse Treatment Service.

Public health has also run training for councillors, using ward profiles to provide objective information about specific health needs in their wards. While councillors already have a good understanding of health needs in the local population, there have been some surprises, such as the high level of hospital admissions related to alcohol. The training has also encouraged a deeper understanding of the groups, activities and support networks that are available in local communities.

Integrated health and social care pioneer – a Better U

The focus of the integrated care pioneer programme is self-care and achieving a cultural shift in which conversations change from 'how can I help you' to 'how can I help you to help yourself'. Public health has been integral to the programme, utilising the evidence base, supporting asset mapping, and developing the evaluation framework. Staff across all local statutory organisations, alongside the community and voluntary sector and residents, have been trained in 'changing conversations'. This includes integrated community teams working with those at risk of hospital admission. In all, over 4000 staff and residents have attended skills workshops to increase their understanding of self-care.

Research into models of integration was also part of the pioneer programme, and local partners are now investigating whether the New Zealand Canterbury health system, which

aligns financial flows and patient pathways, would be suitable for implementation in South Tyneside. Public health will be involved in providing an evidence base for integration priorities and outcomes.

Review of young people's substance misuse specialist services

A staff member of Public Health England was based with the council to get experience of working in a council setting and to undertake an independent review of young people's specialist services. Initial findings from the review are that there should be more emphasis on prevention, linking specialist services with the C4L programme.

Outcomes

South Tyneside has seen improvements to the adult smoking prevalence, which recently, for the first time, has dipped under 20 per cent, and below the North East average. In 2010 South Tyneside had an adult smoking prevalence of 24.5 per cent, the latest rate was 19.5 per cent. Recently, South Tyneside has had the fifth best quit rate of English local authorities. There is also a small reduction in mortality from cardiovascular disease.

Challenges

Public health can be described as being 'in the right place at a difficult time', with developments that would have been easy in a time of better funding now proving difficult to achieve. On the positive side, financial constraints so far have made organisations more open to trying new models.

Councils are hierarchical organisations, and it takes time for public health to understand how best to operate quickly and effectively in a council setting.

Future plans

The C4L model will be extended over time to include workers in areas such as adult social care, children's social care and South Tyneside Homes, which hosts welfare rights services. Existing C4L services, such as leisure centres, will have a health equity audit to see who is being supported by the service and whether access needs to be improved.

While general stop smoking services in settings such as pharmacies and GP practices are doing well, there is a need for improvement in helping pregnant women who smoke. Early evaluation of research found too many breaks in the pathway, women feeling too stressed to give up smoking, and midwives needing confidence to have early conversations about health. Improving performance is a HWB priority.

North East partners have worked closely together on public health for many years, for instance, FRESH the longstanding tobacco control office. This will be pursued in regional devolution, through the forthcoming Health and Social Care Commission to be set up by the North East Combined Authority. Public health will be involved in devolution, seeking to utilise it as an opportunity to reduce the health inequality gap through increased devolved powers.

Lessons and key messages

Being in a council means public health is involved in opportunities to promote health and wellbeing from the beginning. Its links with councils and with the NHS mean that it is well placed to undertake system leadership between the two, as well as close connections to the community and voluntary sector.

Influence is central to the public health role; it needs to develop, and tell, a positive story about its role and how it can add value.

Colleagues are very busy, so public health needs to work closely with others to understand their priorities and show where these can also be aligned with priorities for health and wellbeing.

Through developing trust and positive networks, public health can encourage others to automatically think about making a health difference in all they do. It also means that public health is well placed to support system leadership, working across the council and the NHS.

Listening to local people is crucial. South Tyneside's self care pioneer programme is achieving success by starting from what the individual wants to do to improve their lives.

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Councillor perspective – Councillor Moira Smith, Lead Member Health and Wellbeing and Chair HWB

Public health has made a big impact on the work of the council by working alongside other council departments to adapt what they do to improve health and wellbeing.

When looking at new housing developments, planning officers now consider whether they include sufficient green space and facilities to support people walking – looking at how the built environment can promote physical and mental health and wellbeing.

In a Decent Homes project, residents in a block of flats were asked what they thought about where they lived, and this information contributed to the refurbishment. They were re-interviewed following the work, and confirmed that the flats were warmer and brighter; some people said they were more enthusiastic about cooking in new kitchens, and didn't like to smoke in their newly decorated homes.

Engaging with local people is fundamental to how the Council works. Public health plays a major role in this, for example, through the 'A Better U' pioneer programme which supports people to take greater responsibility for their heath. The programme was piloted in one area, extended to two, and is now being rolled out across South Tyneside.

Environment health is carrying out work to improve the safety of tattoo shops. Many are unlicensed and may not be following health and safety. An information programme for tattooists and the public has been run, and tattooists are encouraged to be licensed, and advertise this to clients.

It is important for cabinet members to work across portfolios to promote public health. I am currently working closely with the children's lead on smoking in pregnancy and child obesity, with adult social care on integration, and with regeneration and economy on issues to look at licensing and health.

By persisting with public health messages, in time, promoting health and wellbeing will become the norm in all council activity.

Tameside Council

"In Tameside, public health is everyone's business, and everyone can play an important role in helping to shape our place-based approach. Greater Manchester devolution presents a great opportunity to improve health and wellbeing through partnership across a wider area."

Councillor Lynn Travis
Executive Member for Health and Neighbourhoods

"Our journey over the last three years has been transformational in shaping a new vision and shared ambition across the public sector and with wider partners to redesign how we make a difference together by supporting people to live long, healthy and fulfilling lives. There is a fresh understanding of the importance of public health and with it a renewed desire and momentum for change."

Angela Hardman
Director of Public Health

Key features

- The council, CCG and Foundation Trust place health and wellbeing at the centre of the integration agenda.
- Tameside is contributing to the new model of public health being developed in the Greater Manchester devolution agreement.
- Public health continues to deliver evidence-based, outcomes-focused and cost effective commissioning.

Context

Tameside is a metropolitan borough of Greater Manchester with a population of around 219,300 people. The borough consists of a number of small towns and villages, with around 63 percent of land being green space, and a large number of waterways. The health of people in Tameside is generally worse than the England average; child poverty and life expectancy are worse than the England average, and deprivation is higher – some areas of Tameside are amongst the most deprived in England.

Organisation

Improving health and tackling health inequalities has long been an issue of concern to Tameside Council, and it has worked in partnership for many years to secure improvements in health. The transfer of public health has given a positive focus to deliver services with a much wider role of shaping local places, and to work with partners to adopt a wider wellbeing role through increased capacity and shared

priorities. The DPH has been given additional responsibility for sports and leisure and is an executive director of the council. Lead political responsibility for public health lies with the executive member for health and neighbourhoods, with other cabinet members having responsibility for some aspects of health and wellbeing in their portfolios.

There has been a strong commitment across the organisation– councillors, senior managers and operational staff – to integrate the work of public health across directorates. Public health is seen as a core part of council business, with a shared agenda to promote health and wellbeing priorities.

Approaches that add value

Health, care and wellbeing integration
Tameside HWB developed a system of reporting on performance against the Health and Wellbeing Strategy. Action plans have been developed using the life course approach eg 'Start Well', 'Age Well' etc, measured against the Public Health Outcomes Framework and local indicators. Performance reports provide a narrative about the contribution of individual organisations and partnerships to the action plans. For example, the Ageing Well report covers primary care and foundation trust activity, such as screening and clinical pathways, as well as health and wellbeing interventions, housing and social care. The reports are also considered by Cabinet and NHS boards, encouraging shared ownership and understanding of local priorities.

The NHS in Tameside are fully engaged in the wellbeing agenda – both the CCG and the Foundation Trust are signed up to the Making Every Contact Count (MECC) programme, with MECC part of Organisational Development in the Foundation Trust. They also actively support preventative work in the community as a way of improving health and reducing demand. Rather than just focusing on clinical pathways, the Foundation Trust are looking to promote prevention, and work has been undertaken to develop community based programmes in cardiovascular disease, chronic obstructive pulmonary disease and diabetes.

In the Care Together health and social care integration programme, the council and the NHS are working together on a range of measures to promote integration.

Public health has developed a range of evidence-based primary falls prevention initiatives via their commissioned partner, Age UK Tameside. The programme was informed by a local consultation with older people about barriers to exercise, and a review by academic and public health colleagues which recommended a 'gold-standard model' of older people's exercise. As part of the programme, public health commissioned a multi-disciplinary falls clinic to provide comprehensive assessment, treatment and signposting for people at high risk. This is being further extended to develop a system-wide response to falls and bone health, with plans to introduce a distinct fracture liaison function to support existing practice.

A Care Together business case to transform poorly performing drug and alcohol services was agreed by partners. The integrated treatment and recovery service is geared towards reducing health related harms and increasing life expectancy through working with individuals and families with multiple and complex needs. The new model has a lead provider to create a more coherent system with a single point of access. It was launched in August 2015 and early results are promising, with over 350 new referrals in the first two months, and a noticeable change in the behaviour and attitudes of those engaging in treatment and recovery.

Tameside was one of four national pilot sites to test the efficacy of a clear assessment process for alcohol. This involved an in depth self and peer assessment process which identified areas for development as well as good practice and innovation.

Building on the success of Care Together, partners are working to establish an integrated care organisation.

A local memorandum of understanding has been signed with the strategic intent of pooled resources and shared commissioning within a locality-based delivery model. Plans are being developed with a view to establishing shadow ICO arrangements in April 2016. Public health is fundamental to Tameside's integration plans, leading a 'Healthy Lives' workstream, supporting the inclusion of themes such as early intervention, staying healthy, self care, and good housing.

Working across council directorates
The public health licensing toolkit – Tameside has developed and implemented a toolkit which enables public health to screen every licensing application against a range of measures, which then generate cumulative alcohol risk scores. When an application is in an area of high risk, the public health team contribute a representation to the Licensing Committee leading to either a licence being refused or stringent conditions being imposed. This systematic process is the only one of its kind in the country and reached the final three of an iNetwork Innovation award.

Public health commissions environmental health to provide workplace support to businesses. Tameside Council is one of four local organisations which have achieved the Public Health England National Workplace Wellbeing Charter; four other organisations are working towards the Charter.

Regional partners – Greater Manchester devolution
Greater Manchester has had an active directors of public health network for many years, and many cross-region interventions, such as 2014's Working Well initiative, have taken place. The DPH network has been represented at the top level of combined authority devolution discussions. This has meant that public health has had an important role in shaping the Greater Manchester memorandum of understanding. Within the overall themes of reducing health inequalities and demand for health and care services, priorities supported by public health include:

- asset based community development
- employment and health
- early years.

A director of population health has been appointed to the devolution programme to accelerate progress on health and wellbeing. A new model of a single unified GM public health leadership system, based around wellbeing, prevention and targeted intervention, is being developed.

Within GM each area is developing a locality plan which will show how they intend to close the gap on health inequalities and how they will meet the challenges facing health and social care.

Commissioning and investment
Tameside has a continuous programme of review of public health commissioning plans and investment programmes, and redesigns services with a view to improving outcomes while delivering financial efficiencies. Commissioning continues to be based on evidence and delivered to meet agreed outcomes. As part of this, the service has recommissioned services with amended specifications and new collaborative models and approaches.

Wellness service
Following a public consultation, public health lifestyle services have been brought together into an integrated Wellness Service which includes NHS Health Checks, stop smoking, physical activity, weight management, diet and nutrition, alcohol misuse, oral health, mental wellbeing, and self care. This has brought about efficiencies of scale while providing a more integrated experience for people who use the services, particularly those most at risk of health inequalities, through a locality approach. In future the service will also help with volunteer community health champions, issues like debt and employment, and access to specialist health and care services.

A review of NHS Health Check by Tameside Health and Wellbeing Scrutiny Panel recommended recommissioning a community programme and extending the GP programme. Following this, an incentive

scheme was used to attract more GP practices, and the Tameside Community NHS Health Check team was commissioned from the Health Improvement Team in Pennine Care NHS Foundation Trust, to design, implement and evaluate a two-year programme in community, workplace and pharmacy settings. The team has a particular remit to address health inequalities by targeting checks to those least likely to access their GP and those at high risk of ill health. The take-up of health checks continues to rise. The team has delivered checks in over 78 different community venues and has been successful in reaching homeless people, users of drugs/alcohol, shift workers, BME groups and people with dementia. The Health Improvement Community Health Checks team won the Heart UK 'Best impact on patient experience award' in November.

Reducing loneliness and social isolation in older people

Loneliness is a strategic priority for public health, and as a result of involvement in the Campaign to End Loneliness, new evidence-based projects to reduce chronic emotional loneliness are being delivered for older people. These include:

- funding a local housing association to develop localised activities to bring tenants together
- an older persons bereavement support service in a local hospice.
- walking football and dance classes, accessible to all abilities. Initial evaluation showed people return to the classes because of the friendships they have developed
- participatory performing arts activities. These include enabling older people to write the Tameside Opera, which was performed at the Bridgewater Hall, and arts-based activity to help people with dementia and their carers form new emotional connections, showcased via an art exhibition.

Outcomes

The council monitors the impact or policies and programmes aimed at addressing inequalities and improvements on the Public Health Outcomes Framework over the short, medium and long term. Short term and medium impacts and improvements in health outcomes are already being seen through programmes commissioned through primary care to identify and manage hypertension and atrial fibrillation, and wellness services such as smoking cessation.

Over the past four years Tameside has seen the number of under 18 conceptions halve, following measures to improve support to young people and increase access to contraceptives. This was the largest drop in GM, with the indicator moving for the first time from red to amber, and the number continuing to reduce. Deaths from coronary heart disease are also reducing slightly, although from a very high baseline, with much more work planned to make a real impact, including risk stratification and identifying people earlier with treatment and support.

Challenges

With the work of establishing public health within the council in place, the main challenge is future funding, particularly with the reductions to the public health grant. While the collaborative approach that has been developed will allow joint solutions to continue, a sustained focus on early intervention and prevention will be key in reducing future demand for costly local services.

Future plans

There will be a large focus on integration of services and the locality plan. Public health will be looking to support the areas where it can make the biggest difference.

Another priority area is to maximise the potential for joined-up preventative work for the health and wellbeing of children and young people 0-25 yrs.

Local communities, both in the sense of place and in social groupings, are a fundamental resource for health and wellbeing. Delivering an asset based approach will be a fundamental part of Tameside's future vision for health and social care integration.

Lessons and key messages

It is essential to remain focused on agreed priorities – there is so much to do that it is easy to get pulled in many directions; robust reporting mechanisms help maintain focus.

A single approach to commissioning, pooling budgets and resources and building capacity are fundamental to maintaining and growing an effective public health offer at a time of financial constraint.

Thinking about what communities can contribute to improving health and wellbeing is key to making a shift to approaches that support wellness.

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Councillor perspective – Councillor Lynn Travis, Executive Member for Health and Neighbourhoods

Tameside Council welcomed the transfer of public health and spent a lot of time developing the team to ensure that it had the right profile, capacity and skills. The DPH and senior colleagues are part of the senior management team and are able to influence all levels of the council and its external partners.

The Leader of the council is Chair of the HWB, reflecting that this is a very important partnership, both locally and within the overall Greater Manchester Combined Authority. Public health across GM already work closely together, for example, in a regional approach to sexual health, and devolution will bring even greater opportunities.

As Executive Member for Health and Neighbourhoods, I am able to focus on improving health and wellbeing through our work with communities, housing, leisure, and the voluntary sector. I also work closely with the Executive Member for Adult Social Care and Wellbeing to ensure that preventative approaches are reflected in our work on Care Together and the forthcoming integrated care organisation.

It is important that public health is able to actively work alongside others at the front line of services and in communities. The team has a number of project workers skilled at working with others to develop their capacity to promote health and wellbeing.

Combining public health and local government data has led to greater understanding of the needs of local areas, and to identifying priorities and outcomes within the Joint Health and Wellbeing Strategy. Our main challenge is meeting the increase in demand at a time of massively reduced resources. A particular concern is the in-year reduction, which means we have to reconsider some of our non statutory activities. To try and maintain an effective public health offer we need to go further in pooling financial and other resources across the borough, and to make a strong case for public health with our health partners.

Overall, we need to keep enthusiastic and focused on what we want to achieve.

Wakefield Council

"In these times where we have huge challenges, we have to look at different ways of working to try our best to protect the most vulnerable in our society especially with an ageing population. Working together with all partners is the best opportunity for all to be able to achieve services in this holistic way."

Councillor Pat Garbutt
Portfolio Holder for Adults and Health, and Chair of HWB

"Wakefield Council has taken on its new public health responsibilities very positively. This has enabled my team to work with colleagues both within the council and across the public sector to deliver actions to improve the health of our residents. The public health team aims to be relentlessly helpful! Despite the pressures of reduced funding and growing need, the challenge to protect and improve health remains an exciting one."

Andrew Furber
Director of Public Health

Key features

- Public health is supporting Wakefield's work as an integration pioneer and a vanguard site for new NHS models of care.
- The model of health impact assessment has been adopted by West Yorkshire Authorities.
- An Outcomes Based Accountability framework is used for commissioning.

Context

The area covered by Wakefield Council has a population of 325,800. It includes Wakefield City, several large towns and rural villages. The health of people in Wakefield is generally worse than the England average, as is deprivation, child poverty and life expectancy. Much of the district includes the old coal mining towns, and some areas are among the most deprived in England. However, employment in Wakefield has improved but remains below average. In recent years, levels of affluence have increased in several areas, but inequalities remain.

Organisation

Public health had strong links with the council for six years prior to transfer, with a joint unit and jointly appointed DPH. Public health transferred as a standalone team, and the council took time to identify the most effective organisational form to embed public health across the council. In 2014 a dispersed model was adopted.

The DPH is in the adults, communities and health directorate, where the team includes

health intelligence, CCG links, health protection and community development. The DPH is a member of the corporate management team.

Public health officers work in the regeneration and economic growth directorate, primarily in leisure, culture, planning and transport.

Emergency health planning is located with council emergency planning in corporate services.

Lead political responsibility is with the portfolio holder for adults, communities and health who is Chair of the HWB, and other portfolios also have responsibility for aspects of health delivery.

Approaches that add value

Public health influence
Even though there had been extensive joint work between public health and the council, the transfer and the dispersed organisational model are seen as accelerating this, with 'huge movement' through the opportunities provided by everyday contact in teams at all levels of the organisation.

In seeking to influence all sections of thec that have impact on the determinants of health, public health believes it is important to 'wear its professional credentials lightly' and not be an 'expert' advising from a distance. Instead it takes the following approaches:

- listening to others to understand their expertise, points of view and priorities
- dialogue to develop shared understanding and priorities
- working alongside people to achieve shared priorities until health improvement becomes an automatic part of their role
- using tools such as workshops, action planning, seeding projects with small amounts of funding, regular project evaluation and Outcomes Based Accountability reviews.

Commissioning based on outcomes
Wakefield is using an Outcomes Based Accountability approach to provide a framework for planning, commissioning and performance managing health and wellbeing services. The aim is to ensure that public health commissions services that are based on evidence, can be measured by outcomes, and provide the most cost effective option at a time of financial constraint. Examples include:

- Moving to outcomes-based grant funding; organisations are increasingly invited to enter dialogue with the council to identify how they can contribute to health and wellbeing outcomes. A recently evaluated project to introduce arts into care homes has resulted in significantly higher reported wellbeing outcomes in participants.
- A specialist child weight management programme was decommissioned when a review found that it was not meeting the outcomes of helping children reduce weight.
- Information and advice services are funded by a number of organisations and sections within the council, including public health. Work is now taking place to streamline provision and reduce duplication.
- Sexual health services have been redesigned and recommissioned. By combining these with family planning and genitourinary medicine services, both financial and quality benefits will be achieved.

Spatial and transport planning
A number of workshops have taken place to explore the potential of planning for tackling the wider determinants of health, so that measures such as footpaths, cycle paths and green space becomes embedded in its work. A key tool to implement this is through health impact assessments (HIA). Wakefield has a comprehensive approach to the process and implementation of health impact assessments, and their HIA model has been now adopted across West Yorkshire authorities.

HIAs are undertaken on all major developments including City Fields – a proposal for a major urban extension of roads, homes and affordable homes, which is planned to include strategies for open space and public rights of way as well as cycle lanes, and safe children's play areas.

Wakefield also operates an approach in which a blue print is produced for major planning developments, and public health staff are working to embed healthy urban design into this level so it is inbuilt within the overall development.

Work to create 20mph zones has been an opportunity to consider how people can live more healthily as well as preventing accidents, and a Road Safety and Healthy Places Action Plan with interlinked priorities has been developed.

Leisure, housing and environmental health
Following work to establish shared understanding and a joint agenda, health action plans have been developed with leisure, housing and environmental health. Initiatives include:

Public health has supported the council's dementia friendly communities initiative, including what may be the first fully dementia friendly library in the country, providing dementia awareness training within the council and beyond. Public health was involved in analysing demographic data to choose the most suitable library. It has also worked with the local Alzheimer's Society to redesign the library, including signage and a reminiscence room which will play a sideshow of digitalised local history images.

Publich has worked with leisure services to make small differences to increase the public use of green spaces. For example, the Room on the Broom adventure trail features sculptures and activities suitable for children. Ongoing evaluations found that the number of people using the country park had tripled, while individual evaluations showed that 20,000 additional miles had been walked by visitors. Many young families are making this a regular outing, and numbers remain high, as workers continue to refresh the venue with new activities. Another small change that has increased footfall in a local park has been to make extend a pathway into a circular 'trim trail'.

Connecting Care
Public health has been closely involved in the development of Wakefield's Better Care Fund and the wider integration agenda – Connecting Care. Wakefield is both an integration pioneer and a vanguard site for new models of care. The DPH is represented on the Integration Executive Board which oversees Connecting Care.

Partners have agreed that integration must follow a research-based programme, where evidence is available, and that initiatives should be evaluated. Funded by the CCG, public health undertook a review of the effectiveness of preventative approaches which informed the development of the Better Care Fund.

A major initiative was the development of multi-disciplinary assessment and care planning teams involving health, care and voluntary sector workers, based around geographical hubs to enable care closer to home. The first stage of the development was evaluated by public health, and shown to deliver benefits to service users, who are usually older people with complex needs. Following this two further hubs were established.

Public health was also involved in commissioning an independent evaluation, funded by the CCG, of the roll-out of multi-disciplinary teams. This is a 'real-time' evaluation in which feedback from staff and service users combined with quantitative data is used to re-shape the services as they are operating. Working with Healthwatch, the evaluation is interviewing 1000 patients/service users about their experiences of care.

There are two elements to the vanguard programme:

- person centred care in care homes and supported housing

- establishing a multi-speciality community provider.

Public health is also delivering the care home vanguard evaluation, based on a previous evaluation of pilots that have been running across the district. In these, joined up work across primary and social care for people in care homes and supported housing has resulted in the following positive early findings:

- 25 per cent reduction ambulance calls compared with a 12 per cent increase in calls from other care homes in the district
- 30 per cent reduction in A&E attendances, and 27 per cent reduction in A&E admissions
- 94 per cent of residents with resuscitation plan
- 100 per cent current care plan
- 99 per cent seen by a GP
- estimated average cost saving per resident would be £13.59 per month (£163 per annum) x 2,600 residents in 98 care homes.

The multi-speciality community provider is intended to extend the work of Connecting Care in locality based support including: evening and weekend GP appointments, direct access to physiotherapists, a greater role for pharmacists on medicines management, video and email consultations, video technology for GP and hospital consultations in care homes, an electronic service directory, and a wide range of apps to help people stay healthy and find the right service.

Outcomes

It is too early to see an overall impact on the Public Health Outcomes Framework, but there have been improvements in the rates of smoking which has been the focus of interventions across all partners for several years. Smoking in pregnancy rates reduced significantly from 22.8 percent in 2013 to 19.7 percent in 2014-15, and are continuing to reduce, currently at a quicker rate than comparable areas.

It is believed that Connecting Care may be having an impact on demand for urgent care, because although this is not reducing, it is not experiencing the big increase of other areas.

Challenges

Reductions to future public health funding, in the context of both the NHS and councils facing severe funding constraint, is the main challenge that is threatening to slow the progress of public health.

Future plans

Performance on NHS Health Check needs to improve, and the service is being re-commissioned to deliver accessible, community-based provision.

A prioritisation framework for future commissioning is being developed to ensure that interventions with the most impact are commissioned at a time or reduced resources.

Lessons and key messages

- With the impact of devolution, local government will change radically in future years, and public health will also need to reform as systems evolve; this should mean that public health uses its skills of data and evidence analysis, and continues to actively work alongside other partners, rather than retreating to a 'professional silo'.
- Ongoing, real time evaluation of developments, as in Wakefield's multi-disciplinary teams, is very helpful to address problems quickly, as they emerge.
- Even in an area with a strong history of joint work, it takes time to form real partnerships based on mutual understanding and trust. Consistency of personnel, over years, is important for this.
- It is important to allocate time to regularly take stock of what progress has been made, what needs to change and what should happen next.

Councillor perspective – Councillor Pat Garbutt, Portfolio Holder for Adults and Health and Chair of Health and Wellbeing Board

Public health and Wakefield Council had worked closely for several years, so the transfer took place very smoothly and public health integrated well with other council functions, such as planning, housing and environmental health. Preventing poor health and loss of independence has been an important theme, and recent developments include a new recovery based community drug and alcohol service, a national community learning project to support people with mental health problems into education, and dementia friendly communities, including a dementia friendly bus station.

Public health has also had an important role in helping partners from the public sector, the voluntary and community sectors and private sector to work together to promote health and wellbeing. The three main local partnerships: HWB, Children and Young People Partnership and Community Safety Partnership are now working together within the district outcomes framework. The framework is intended to establish shared priorities and outcomes, reduce duplication, and make the best use of resources. Public health is reflected throughout the framework's four priority areas:

- caring for our people
- caring for our places
- ambitions for our young people
- modern public services.

Public health is also involved in supporting the integration of health and social care, through the Connecting Care programme which is overseen by the HWB.

It is only by working together in these ways that we can try to find solutions to the main challenge facing all public services – to maintain outcomes for citizens in the face of massively decreasing funding, including the reductions to this year's public health budget. Public health is central to ensuring that areas are helped to prioritise which areas will make the biggest impact on health and wellbeing at a time of limited resources.

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