

DEVELOPMENT OF SHARED PUBLIC HEALTH PRIORITIES

To: Health Committee

Meeting Date: 10th July 2014

From: Director of Public Health

Electoral division(s): All

Forward Plan ref: **Key decision:** No

Purpose: To consider the process for development of shared priority outcomes for public health across the work of the Council, to inform business planning in 2015/16

Recommendation: The Committee is asked to:

- a) Endorse the proposed approach to development of shared priority outcomes for public health
- b) Request that a report with more detailed proposals is brought to Health Committee in September

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1. BACKGROUND

- 1.1 The Health Committee has been delegated the following public health functions in the County Council constitution:
- To assist the Director of Public Health in the exercise of the Public Health statutory duties set out in the Health and Social Care Act 2012
 - Authority to oversee and undertake the Council's functions relating to the public health duty of the Council including health improvement, individual and community wellbeing, and the reduction of health inequalities.
- 1.2 In reality, opportunities to improve health and wellbeing and reduce health inequalities extend across a wide range of County Council services overseen by other Service Committees, as well as the core public health services commissioned or delivered by the public health directorate. Some of these County Council services would meet the requirements of the public health ring-fenced grant in that their primary purpose is to improve health, others would have a different primary purpose and therefore would not meet the terms of the grant - although they still make a strategic contribution to health outcomes.

2. MAIN ISSUES

- 2.1 In order to maximise the impact of County Council services on health improvement, wellbeing and the reduction of health inequalities, officers have proposed a process to identify shared strategic priorities for public health outcomes across County Council directorates, to feed into Business Planning for 2015/16. The process proposes that the Health Committee provides the overall steer on the priority public health outcomes for the Council, and that other Service Committees review how the services they oversee could contribute to these outcomes.
- 2.2 The aim of this process would be to strengthen collaborative working to achieve public health outcomes. It would ensure that public health ring-fenced grant funding allocated to directorates across the Council is used strategically, alongside the core resources of service directorates which are often at a much larger scale. This would be a significant shift from the current position, where ring-fenced public health funding is allocated to other directorates in small tranches against existing programmes or posts, in a way which is not based on agreed strategic priorities.
- 2.3 Feedback to date from the Health Committee in relation to early discussion of public health priorities has identified
- Public mental health
 - The public health impact of transport and access
 - Addressing health inequalities
- as areas which the Health Committee considers important, and this will be fed into discussions with other directorates.
- 2.4 Early discussions between officers have indicated that the national public health outcomes framework (PHOF) as presented and summarised in the Annual Public Health Report (APHR) and presented to the Health Committee meeting on May 29th is a useful practical tool, to provide focus for work on

public health outcomes across directorates.

- 2.5 It is proposed that a process should now take place in which officers work across directorates to produce draft proposals for shared priority public health outcomes, using the preliminary steer from the Health Committee outlined in paragraph 2.4, together with further review of the national PHOF. A paper outlining these draft proposals for priority public health outcomes and how these could feed into business planning for 2015/16, should be brought back to Health Committee for further consideration in September.

3. ALIGNMENT WITH CORPORATE PRIORITIES

3.1 Developing the local economy for the benefit of all

Effective public health programmes and health services result in a healthier workforce, with reduced sickness absence/people lost to the workforce and increased productivity.

3.2 Helping people live healthy and independent lives

Effective delivery of public health outcomes will support this priority.

3.3 Supporting and protecting vulnerable people

Effective delivery of public health outcomes will support this priority.

4. SIGNIFICANT IMPLICATIONS

4.1 Resource Implications

Decisions on shared priority public health outcomes will impact on use of resources in 2015/16 business planning.

4.2 Statutory, Risk and Legal Implications

Business planning for the ring-fenced public health grant must meet the terms of the grant.

4.3 Equality and Diversity Implications

Early discussions by the Health Committee have indicated health inequalities as a priority.

4.4 Engagement and Consultation Implications

It is proposed that public health questions will be included in this year's consultation on the County Council business plan

4.5 Localism and Local Member Involvement

Addressing geographical health inequalities may result in a particular focus on some local areas.

4.6 Public Health Implications

As outlined in the main text of this paper.

Source Documents	Location
Public Health Outcomes Framework	http://www.phoutcomes.info/
Annual Public Health Report 2013/14	Public Health Directorate, Castle Court, 3B