

PUBLIC HEALTH INTEGRATION STRATEGY – UPDATE

To: Health Committee

Meeting Date: 16th July

From: Dr Liz Robin

Electoral division(s): All

Forward Plan ref:

Key decision: No

Purpose: To note progress on the Public Health Integration Strategy

Recommendation: To agree

- a) The delivery vehicle for integration of public health outcomes across directorates within the Council to be the 'New Operating Model'
- b) The delivery vehicle for integration of public health outcomes across district/city councils and the wider health system to be through the Public Health Reference Group, with an initial focus on PHRG priorities of obesity prevention (diet and physical activity) and community engagement approaches.
- c) Adoption of a sub-heading for the Strategy 'Integrating public health outcomes across local government and the health system'

| <i>Officer contact:</i> | |
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| Name: | Dr Liz Robin |
| Post: | Director of Public Health |
| Email: | Liz.Robin@cambridgeshire.gov.uk |
| Tel: | 01223 703261 |

1. BACKGROUND

- 1.1 The Health Committee in January 2015 proposed that the integration of Public Health should move beyond the 'shared priorities' process already agreed with SMT and achieve a higher level of ambition as outlined in the following excerpt from the Health Committee minutes.

'The Chairman expressed appreciation for the shared priorities work, but commented that members had probably visualised something more than these relatively minor pooled budget measures in order to drive integration. He suggested that the Committee make it a priority to put together a project looking at the best way of accelerating and integrating public health outcomes across the county, including the involvement of both District Councils and the Health and Wellbeing Board. This was particularly important at a time when local authority budgets were under huge pressure. It was proposed by the Chairman and seconded by Councillor Scutt that a second recommendation be added, 'requests the Director of Public Health to develop a project plan for deepening the integration of Public Health across the Council, local government and the health system'

- 1.2 As part of developing the public health integration strategy, it is important to acknowledge existing mechanisms through which public health input and outcomes are integrated into the work of the County Council and other partners, so that the strategy is adding value rather than duplicating. Some existing mechanisms through which public health outcomes are integrated into local government and the wider health system are listed briefly below:

County Council

- The DPH is a member of the Council's strategic management team. Specialist public health staff attend management teams across Council directorates, to provide advice on achieving public health outcomes through Council strategies and services.
- Public health grant funds are invested across Council directorates to achieve shared priorities, with defined action plans and monitoring.
- Public health implications are included in all Committee papers.

Wider health system

- Significant County Council public health specialist resource is allocated to the healthcare public health advice service (HPHAS) to the Cambridgeshire & Peterborough Clinical Commissioning Group. This service supports the local health system to achieve public health outcomes.
- As part of the HPHAS, County Council public health specialists provide input to all workstreams of the NHS System transformation programme. and DPH sits on NHS system transformation board.

District and City Councils

- County Council health improvement specialists work with District and City Council officers to deliver joint projects and initiatives, mainly through the Local Health Partnerships which sit under the Health and Wellbeing Board. Since the transfer of public health from the NHS in 2013, there has been no significant investment of public health grant funds in achieving public health

outcomes through district council functions – e.g. leisure services, planning, housing, environmental health, and this is relatively unusual.

Health and Wellbeing Board and other multi-agency partnerships

- County Council public health specialists lead on preparation of joint strategic needs assessments for health and wellbeing involving a wide range of stakeholders, and on production and updating of the county-wide Health and Wellbeing Strategy. Both of these are statutory partnership duties of the County Council and Clinical Commissioning Group.
- The recently established multi-agency Public Health Reference Group which sits under the HWB Board has the lead for partnership implementation of priorities 3 and 5 of the Health and Wellbeing Strategy, which are focussed on core public health outcomes:
Priority 3: Encourage healthy lifestyles and behaviours in all actions and activities while respecting people's personal choices
Priority 5: Create a sustainable environment in which communities can flourish
- A County Council public health specialist leads the Better Care Fund implementation project 5 'Ageing Healthily and Prevention', working closely with a multi-agency group and overseen by the Cambridgeshire Executive Partnership Board.
- A County Council public health specialist is a member of the Children's and Young People's Joint Commissioning Board and provides support as required to the CYP Joint Commissioning Unit. It is planned that age 0-19 public health services will be commissioned in partnership with the wider Council and CCG through these joint commissioning arrangements.
- A County Council public health specialist chairs the multi-agency suicide prevention group, and is co-ordinating multi-agency work to 'join up' local mental health strategies.
- County Council Health Improvement specialists attend district Local Health Partnerships which report into the Health and Wellbeing Board.

2. MAIN ISSUES

2.1 Despite the existing mechanisms for public health input and advice to a range of partnerships and organisations as outlined above, some significant gaps were identified in the extent of public health integration:

- Until the formation of the Public Health Reference Group, which first met in April 2015, there was no multi-agency strategic forum across the county with a specific focus on public health and on taking forward priorities 3 and 5 of the health and wellbeing strategy. This is now in place.
- A strategic evidence base, which assessed the most effective and cost effective interventions to improve public health outcomes across a range of local organisations and their functions, was lacking.
- While some innovative commissioning of public health services by the County Council public health team has been taken forward over the past two years, there has been very little joint commissioning with partner organisations (the exception is joint commissioning with NHS England of sexual health/HIV services).
- The role of preventive public health services in supporting the wider demand management priorities of the County Council had not been fully thought through and developed.

- 2.2 In order to address these issues, a project was initiated to review the research evidence on public health interventions by upper and lower tier local authorities, looking specifically at (a) impact on health outcomes (b) impact on financial outcomes and (c) impact on health inequalities. Findings of this evidence review were presented to a Health Committee seminar at the end of March.
- 2.3 The summary evidence reviews (attached as Appendices A(1) and A(2)) were taken to the newly established multi-agency Public Health Reference Group (PHRG). The PHRG proposed priorities for 2015/16 of (a) addressing obesity through impact on diet and physical activity (b) engaging with communities on health through an asset based approach. The rationale for this was (a) poor health resulting from obesity and sedentary behaviour have been identified by the NHS system transformation programme as a highly significant and rising cost pressure to local health and social care services (b) community engagement and resilience is a key part of the Council's demand management approach.
- 2.4 A PHRG task group with input from the Cambridge institute of Public Health, was set up to propose evidence based multi-agency actions against these two priority areas and options were presented to the PHRG meeting on July 9th. A verbal update will be provided to Health Committee.
- 2.5 It is proposed that the multi-agency delivery of the Public Health Integration Strategy should be prioritised and co-ordinated through the PHRG (Terms of Reference attached at Appendix B), although actual delivery may be through a wider range of multi-agency partnerships, and that the initial focus should be on the identified multi-agency priorities of preventing obesity (diet and physical activity) and community engagement.
- 2.6 During this development phase of the Public Health Integration strategy Cambridgeshire County Council has also been exploring the development of a new Operating Model for the council to identify outcome and placed-based budgets which encourage and enable efficient cross-service delivery. Within the Operating Model the following outcome priorities have been identified:-
- Older people live well independently
 - People with disabilities live well independently
 - People and families at risk of harm are kept safe
 - Children reach their full potential at school settings
 - Prosperity and financial stability is spread to more families
 - People benefit from a prosperous economy
 - People in Cambridgeshire lead a healthy lifestyle
 - People live in a safe environment

A presentation outlining how integrating public health outcomes will help to achieve the wider council outcomes in the new operating model, in particular contributing to prevention and demand management, is attached at Appendix C. It is proposed that the aspects of the Public Health Integration Strategy which are internal to the County Council should be delivered through work on the New Operating Model, rather than setting up separate delivery mechanisms.

- 2.7 A less strategic, but still relevant issue, is that the title 'Public Health Integration Strategy' is open to a wide range of interpretations by different audiences – varying from strategic integration of public health outcomes to operational restructuring of public health staffing. To clarify the intention of the strategy and avoid confusion it is proposed to adopt the sub-heading 'Integrating public health outcomes across local government and the health system'.

3. ALIGNMENT WITH CORPORATE PRIORITIES

3.1 Developing the local economy for the benefit of all

Public health measures to ensure a healthy workforce are supportive of the local economy.

3.2 Helping people live healthy and independent lives

The purpose of the public health integration strategy will be to support people in improving and protecting their health.

3.3 Supporting and protecting vulnerable people

The public health integration strategy will support vulnerable people in improving and protecting their health, and in some cases will prevent vulnerability. .

4. SIGNIFICANT IMPLICATIONS

4.1 Resource Implications

It is proposed in the end of year Financial and Performance Report that £850k of non-recurrent public health grant reserve carried over from 2014/15 should be earmarked for pump-priming and delivery of the Public Health Integration Strategy. This is sufficient resource to drive transformational change, both through the evidence based approach of the PHRG and through the Council's new operating model.

4.2 Statutory, Risk and Legal Implications

Delivery of the Public Health Integration Strategy will support the Council's statutory duty to improve the health outcomes of local residents, and to promote integration and joint commissioning through the Health and Wellbeing Board.

4.3 Equality and Diversity Implications

Reducing health inequalities has been considered in the evidence review carried out by the PHRG task group.

4.4 Engagement and Consultation Implications

Further engagement and consultation will be required on the Public Health Integration Strategy.

4.5 Localism and Local Member Involvement

Community engagement approaches as prioritised through the multi-agency PHRG are likely to involve local Members.

4.6 Public Health Implications

The purpose of the Strategy is to deliver effective improvement of public health and reduction in health inequalities.

| Source Documents | Location |
|--|---|
| Cambridgeshire Health and Wellbeing Strategy | http://www.cambridgeshire.gov.uk/info/20004/health_and_keepin_g_well/548/cambridgeshire_health_and_wellbeing_board |