

PROPOSAL TO ESTABLISH A MULTI-AGENCY PUBLIC HEALTH REFERENCE GROUP

To: Health and Wellbeing Board

Date: January 15th 2015

From: Dr Liz Robin, Director of Public Health

1.0 PURPOSE

- 1.1 To propose the establishment of a multi-agency public health reference group, reporting to the Cambridgeshire (and potentially Peterborough) Health and Wellbeing Board(s).

2.0 BACKGROUND

Local organisations with a public health remit

- 2.1 There are a number of different organisations covering the Cambridgeshire area with a public health remit and/or specialist expertise. Some but not all of these organisations are represented on the Cambridgeshire Health and Wellbeing Board. These organisations include:
- Cambridgeshire County Council: Local public health leadership/expertise and a range of Council services which impact on the determinants of health
 - Public Health England (Anglia and Essex Centre): National and regional public health leadership/expertise and delivery of health protection functions.
 - NHS England (Anglia Area Team): NHS Public Health Commissioning functions (e.g. immunisations)
 - District Councils: A range of statutory public health functions and services which impact on the determinants of health
 - Cambridge University Institute of Public Health: Cutting edge public health and behavioural research spread across different University departments.
 - Clinical Commissioning Group and NHS providers – a statutory duty to address health inequalities, and a renewed focus on prevention in the Simon Steven's five year forward view.
 - Voluntary and community sector – delivery of a range of community based approaches and interventions with a preventive focus.
- 2.2 While informal relationships between these organisations are often good, there is potential to achieve better public health outcomes and better use of our joint resources by bringing together an officer group which focusses specifically on key public health priorities for Cambridgeshire. In particular, bringing in Public Health England and the Cambridge Institute of Public Health, which both have offices in Cambridge, would allow access to nationally recognised experts and to potential grant funding – with overall benefit to local residents.

Delivering the public health priorities of the Health and Wellbeing Being Strategy

- 2.3 The Cambridgeshire Health and Wellbeing Strategy 2012-17 has six priorities:

Priority 1: Ensure a positive start to life for children, young people, and their families
Priority 2: Support older people to be independent safe and well

Priority 3: Encourage healthy lifestyles and behaviours in all actions and activities while respecting people's personal choices.

Priority 4: Create a safe environment and help to build strong communities, wellbeing and mental health

Priority 5: Create a sustainable environment in which communities can flourish

Priority 6: Work together effectively

- 2.4 These priorities are taken forward at district level through the work of the local health partnerships, which understand their local populations and services, and are able to establish and work towards local priorities within the wider HWB strategy. However, some issues need to be addressed on a county-wide basis, informed by local needs, to achieve sufficient scale to really drive forward change and efficiencies.
- 2.5 County-wide delivery of Priority 1 'Ensure a positive start to life for children, young people and their families, has been taken on by the Children's Trust - and there has been significant progress in setting up joint commissioning arrangements for children's services across the NHS and the County Council, through the Children's Health Joint Commissioning Board.
- 2.6 The multi-agency Executive Board (Vulnerable Adults) provides an officer infrastructure which is making very significant progress in taking forward Priority 2 'Support older people to be independent safe and well' in an integrated way across the county. There is potential for the Executive Board to also take the lead in delivering the county-wide elements of Priority 4 'Create a safe environment and help to build strong communities, wellbeing and mental health' – due to it's role for vulnerable adults with mental health problems.
- 2.7 The Health and Wellbeing Board currently lacks a county-wide officer infrastructure to support Priority 3 'Encourage healthy lifestyles and behaviours in all actions and activities, while respecting people's personal choices' and priority 5 'Create a sustainable environment in which communities can flourish'. While much of this work can be taken forward at local health partnership level, we have received clear feedback from district officers that some of this work would benefit from a county-wide focus with associated economies of scale. Driving alignment of local authority and NHS budgets and services to achieve effective prevention, will in turn reduce pressure on health and care services.

3.0 DEVELOPING A PROPOSAL FOR A PUBLIC HEALTH REFERENCE GROUP

- 3.1 A multi-agency officer meeting was held in November, to discuss and scope whether there would be benefits from bringing together a public health officer group to support the work of the Health and Wellbeing Board in delivering key public health outcomes for Cambridgeshire. The overall conclusion of the meeting was that the formation of a multi-agency public health reference group would have practical benefits, and there was a strong interest in taking this forward.
- 3.2 Terms of reference for a Public Health Reference Group (PHRG) were discussed and draft TORs revised following this discussion are attached at Annex A.
- 3.3 Officers were very much aware of the pressures on time, and the need only to create new groups or meetings when there was clear evidence of benefit. The proposal to create a multi-agency public health reference group is therefore accompanied by a proposal to reduce the frequency of meetings of the Health and Wellbeing Officer Support Group. This is on the basis that the business of the Health and Wellbeing Board

is now running smoothly, with good support from a dedicated officer, and fewer meetings of the HWB Support Group are required. For district officers, this means in practice there will be no increase in the overall number of partnership meetings, but the time of these officers – who generally have significant public health skills and experience, will be better used .

4.0 RECOMMENDATIONS

4.1 The HWB Board is asked to:

- Approve the creation of a multi-agency Public Health Reference Group (PHRG) for a trial period of one year, following which the effectiveness of the Reference Group will be evaluated.
- Comment on the draft Terms of Reference for the PHRG, and approve the TORs subject to any amendments proposed .