PUBLIC HEALTH IN LOCAL AUTHORITIES

12 Months on…..

Charlotte Ashton, Consultant in Public Health Camden and Islington Public Health March 2014
To understand the new NHS & public health landscape.

Public Health in the local authority - 12 months on: advantages and challenges

What work we are involved in

Opportunities for collaboration: UCL and Camden & Islington Public Health
THE NEW NHS LANDSCAPE & PUBLIC HEALTH
The health & care system from April 2013
# Health & Social Care Act: Changing Landscape

## National Regulators, Performance Managers and Standard Setters

|-------------|-----------------------------|-----|---------|--------|------|-----------------------|----------------------|

## Local Regulators, Scrutineers and Strategy Setters

<table>
<thead>
<tr>
<th>Islington Health &amp; Wellbeing Board</th>
<th>Joint Health Overview &amp; Scrutiny Committee</th>
<th>Islington Health Scrutiny</th>
<th>GP Practice Members</th>
<th>Islington wide partnerships including Safeguarding</th>
<th>Health Watch Islington</th>
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## Healthcare Commissioners

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<thead>
<tr>
<th>Other CCGs</th>
<th>NHS England</th>
<th>Islington CCG</th>
<th>Commissioning Support Unit</th>
<th>LBI Public Health</th>
<th>LBI Joint Commissioning Teams</th>
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## Healthcare Providers

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<tr>
<th>Other Trusts</th>
<th>UCLH</th>
<th>Whittington Health</th>
<th>C&amp;IFT</th>
<th>Moorfields Eye Hospital</th>
<th>Voluntary Sector</th>
<th>Residential &amp; Domiciliary Care Services</th>
<th>Out of Hours</th>
<th>Private sector providers</th>
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## Independent Contractors

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<tr>
<th>37 GP Practices</th>
<th>45 Pharmacists</th>
<th>25 Optometrists</th>
<th>21 Dentists</th>
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### Public Health England

- Executive agency of the DH
- Aims to support the public health system as a whole and do those things that would not be practicable to replicate in each local authority
- Provide services, expertise, information and advice in a way that is responsive to local needs
- Support PH capacity building and professional development
- Nationally 4 x Hubs (1 for London) and local units (1 for NC & NE London)

### National Commissioning Board

- Arms length non-departmental body
- Commissions specialist services and primary care
- Develops and holds CCGs to account
- Key leadership role in improving outcomes and driving up quality
- Oversees planning for emergency resilience and leading the NHS operational response to emergencies
- Public health services for children <5 (health visiting)
- Screening and immunisation programmes

### Clinical Commissioning Groups

CCGs will be responsible for commissioning:

- Emergency and urgent care
- Community health services
- Maternity services
- Elective hospital care
- Rehabilitation services
- Older people’s healthcare services
- Healthcare for children
- Other services
- Duties include duty to participate in HWBBs and to have regard to health improvement and health inequalities
PUBLIC HEALTH IN THE NEW LANDSCAPE
3 key ‘pillars’ to Public Health

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<tr>
<th>Health Improvement</th>
<th>Health Protection</th>
<th>Health Services</th>
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| • Designing, establishing and managing health promotion and disease prevention programmes  
• Enabling and empowering communities to promote health and reduce inequalities  
• Influence lifestyles and wider determinants of health | • Health surveillance, monitoring and analysis of the population’s health and wellbeing  
• Investigate disease outbreaks, epidemics and risks to health  
• Including infectious disease and emergency preparedness | • Service planning and strategic commissioning  
• Service audits and efficiency  
• Evaluations |
PH within the new system

Patients and public (general taxation) → Parliament → Department of Health → Public Health England → NHS Commissioning Board → Public health departments based in local authorities → GPs → Community health services → Secondary care → Patients and public receive services

New organisation

Funding
Service provision
Holds contracts directly
Direct commissioning of specialised services e.g. specialised mental health services
New statutory responsibilities of Local Authorities

The Act places duties on local authorities spanning all 3 domains:-
- To promote and improve the health of their population (health improvement)
- To ensure robust plans are in place to protect the local population (health protection)
- To provide health advice to NHS commissioners (healthcare public health)

<table>
<thead>
<tr>
<th>Mandated services (HAVE TO DO…)</th>
<th>Non-mandated services (SHOULD DO…)</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Sexual health services (excluding HIV treatment)</td>
<td>To provide or commission a wide range of other services to improve and protect the health of the local population and reduce health inequalities. Includes:</td>
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<tr>
<td>• NHS Health Checks</td>
<td>• alcohol and drug misuse services</td>
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<tr>
<td>• Health protection - to ensure plans are in place to protect the health of the population and to have a supporting role in infectious disease surveillance and control and in EPPR</td>
<td>• public health programmes for children aged 5-19</td>
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<tr>
<td>• Public health advice to Clinical Commissioning Groups</td>
<td>• stop smoking services and tobacco control</td>
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<tr>
<td>• National Child Measurement Programme</td>
<td>• interventions to prevent and manage obesity</td>
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<td>• Physical activity</td>
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<td>• Public mental health programmes</td>
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<td>• Health at work</td>
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<td></td>
<td>• Nutrition and healthy eating</td>
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<td></td>
<td>• Community safety, violence prevention &amp; social exclusion</td>
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<td></td>
<td>• Dental public health</td>
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<td>• Seasonal mortality interventions</td>
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## Public Health Priorities

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<tr>
<th>Short term</th>
<th>Medium term</th>
<th>Long term</th>
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| - Preventing early deaths from:  
  - Cardiovascular disease  
  - Cancer  
  - Infant mortality  
  - Seasonal excess deaths  
  - Suicide | - Promoting healthy lifestyles  
  - Smoking  
  - Healthy eating  
  - Physical activity  
  - Mental health  
  - Alcohol  
  - Substance misuse  
  - Teenage pregnancy  
  - Sexual health | - Influencing the socioeconomic determinants of health  
  - The Islington environment  
  - Economy and employment  
  - Housing  
  - Education and life-long learning  
  - Community safety |
Key Points

System characterised by complexity

Operational arrangements still emerging

Local Authorities the ‘lynchpin’ in new PH system

Aligning priorities & high quality relationships will be key

Major opportunity to re-focus on the wider determinants
PH in LA’s 12 months on advantages

- Health & Well-Being Board
- Tackling wider determinants of health
  - Housing
  - Welfare reform
  - Annual public health report
- Using data
- Embedding evaluation
- Collaborative projects
  - Active spaces
  - Licensing
- Elected members
PH 12 months on – the challenges

- Managing the safe landing
  - Contracts
  - Procurement
  - Decision making process
- Maintaining relationships with ‘health’ - CCGs / NHSE/PHE
- Wider priorities
- Fragmented health landscape – accountability and seamless service
- Evidence base vs. politics
- Financial uncertainty
- Elected members
What are we doing

Housing
• Long established links between housing, health and inequalities.
• Evaluating impact of external wall insulation to properties in Holly Park estate - measuring thermal comfort, energy usage and bills, damp, condensation & mould, and self-reported health & wellbeing using surveys & interviews pre, post and 1 year after

Employment commission
• Established to look into the local challenges and barriers to becoming employed and staying in employment, PH role: evidence reviews, data analysis, qualitative research
• Collaboration across PH, housing, Chief Exec’s office, adult social services & engagement with voluntary and third sector

Annual Public Health Report
• Statutory requirement to produce independent report on health and well-being of the HWBB area.
• Camden & Islington focused on social determinants of health - employment, housing, education & supporting people to afford healthy standard of living.
• Included analysis of local & national data. Examples of local good practice, recommendations for what else could be done to reduce the inequalities
What are we doing

**Integrated care**
- Islington successfully become a pioneer site. PH part of team who developed bid.
- Primary & secondary prevention embedded into approach
- Risk identification and stratification across disease pathways
- Robust, planned evaluation: individual projects & wider system

**Alcohol**
- Alcohol a priority for both Health and Wellbeing Boards
- Worked with Community Safety and Licensing to promote and evaluate initiatives aimed at removing high strength, low cost, alcohol from the shelves of off licences.
- PH examine alcohol licence applications to understand it's potential impact on health. Approach held up as an example of good practice. Feeding into licensing policy reviews to influence approach
- Treatment pathways: improving ways of working with alcohol treatment services

**Healthy weight**
Camden HWBB priority. Action plan identified 5 initiatives to achieve by end of 2014:
- Providing a range of innovative, accessible physical activity e.g. mobile swimming pool
- Working with Camden schools to support them in becoming water only schools
- Mobilisation of adult and child weight management programmes
- Camden Healthy Catering Commitment pilot developed and implemented
- Identification of sites and providers for the Camden Active Spaces programme
Collaboration

- Alcohol harm reduction
  - CLAHRC web-based alcohol interventions
  - NIHR PHPES evaluation of alcohol licensing policy
- Evaluation of interventions and policies
  - Active spaces
  - Integrated care
  - Other CLAHRC opportunities
- Health & Wellbeing Board priorities – programme based
- Teaching
- Data & intelligence
Questions