

Health Scrutiny Committee – June 2012

Briefing Note on Public Health/Health and Well-Being

In relation to the recent set of health reforms, the view from Government is that no one organisation can ‘do’ Public Health alone and that – despite upper tier authorities leading on this area of work – districts have a clear role to play in delivering improvements.

Public health is based on three main areas (as reflected in our own Health and Well-Being Strategy – attached): -

- Health improvement – three main areas being smoking, alcohol and healthy eating
- Wider determinants of health – economic development, community safety
- Health protection – e.g. food safety, noise control, pest control

The ‘district offer’, therefore, centres on 4 aspects of district work: -

- Frontline services provided by districts which contribute to public health – specifically environment health, housing and planning
- Public assets owned by districts
- Partnership working overseen by districts
- Assessing needs – the role played by districts in understanding needs

In terms of health improvement, partnership working and assessing needs could see districts play a part in delivering this agenda.

There are also links to the wider determinants of health which involve districts – leisure provision, economic development, community safety for example.

In terms of health protection, districts directly provide most of these services.

The delivery of the Public Health Outcomes, therefore, involves considerable input from districts. This work can be translated into three main areas: -

- Strategic – linking needs set out in the Joint Strategic Needs Assessment (JSNA) to interventions and developing understanding of the impact of these interventions
- Partnership working – working with others to achieve positive outcomes
- Working with health – liaising with CCGs and H & WB Boards to develop work and create opportunities

Public Health England has argued that health is not really improving in England, and that is because of a focus on hospital care rather than prevention.

Issues to consider

There are a number of issues the Committee may want to consider.

- Are the needs of our individual service areas and the local authority clearly understood in health terms by the Health and Well Being Board ?
- Could joint service offers be made to the H & WB Board?
- How do our services fit with the H & WB Board?
- Do our services provide anything to the evidence base to support future interventions?

Some councils such as Chelmsford have developed a distinct public health role for themselves – is that something we want to do - to address our data and issues through clear liaison with the CCG and Public Health. Chelmsford has produced a PH Strategy in order to encapsulate the issues they are facing and how they propose to deal with them.

The role our services play – environmental health, planning, housing, as well as economic development, community safety – are central to this, and we need them to play a bigger part in how public health is developed in the Borough. In environmental health, for example, officers work 100% of their time on public health issues and we need to ensure that these areas contribute to the JSNA, engage with the CCG/Public Health; and influence the H & WB Board (same with Planning and Housing).

There may be an opportunity for us to debate with Public Health and the CCG about funding – there is nothing stopping us from pooling resources in key areas of work and for us potentially to take our share of savings from preventative approaches which cost less than acute care – a number of other areas have included % savings targets in their joint strategies to move from acute to preventative work – is this something we can do?

The overall message was that the changes to public health represent an opportunity for districts such as ours, but we need to seek to bring all the different elements together and ensure that they are speaking with the structures at county level.