

The new Local Public Health agenda.

Local Government has a long history of promoting and protecting the public's health dating back to Victorian times. (It was only in 1974 that the NHS took over most public health functions.)

The Government is now returning responsibility for improving public health to local government for several reasons, namely their:

Population focus – recognising the importance of 'place' and local democratic accountability.

Ability to shape services – local government holds many of the levers for promoting and shaping services to meet local demand.

Ability to influence wider social determinants of health – these include the conditions in which people are born, live, work and age (and are important factors in health inequalities.)

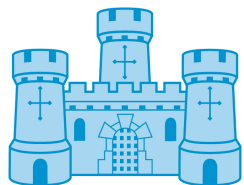
Ability to tackle health inequalities – housing, economic, environmental, planning and community safety strategies can positively impact on local inequalities.

Progress to date.

- ❖ **County Shadow Health and Well Being Board** meeting regularly.
- ❖ ToR's include **District Council representation**.
- ❖ **Director of Public Health**, Dr Aliko Ahmed, appointed and heading up the transition process.
- ❖ Public Health **staff will be co-located** with the district teams within the Civic Offices.
- ❖ County wide **Health and Well Being Strategy** (being reviewed with refreshed JSNA information)
- ❖ **Public Health Support Officer** role established for Borough Council.
- ❖ **Public Health accountability** at both District and County Health Scrutiny arrangements.
- ❖ North Staffs **Clinical Commissioning Group** established under leadership of Dr David Hughes.

Key Local Health Challenges

- ❖ **Infant mortality** (around double county and national level)
- ❖ **Smoking** (a quarter of the pop smoke 2nd worst in Staffs)
- ❖ Substance mis-use (particularly **alcohol** as it has wider effects on health, social and crime and disorder problems.)
- ❖ **Teenage pregnancy** (3rd worst in County – prevalent in deprived areas and lower socio-economic groups.)
- ❖ **Life expectancy** (overall close to national ave. but wide local inequalities – 10yrs!)
- ❖ **Healthy eating and physical activity.** (both need improvement)
- ❖ Understanding the availability of funding for **preventative funding programmes** (commissioning opportunities)
- ❖ Public Health **Outcomes Framework** (66 Statutory indicators?)



NEWCASTLE
UNDER LYME
BOROUGH COUNCIL

Working with Partners

To deliver the local strategy we aim to:

- ❖ Develop sustainable community based services that address **health inequalities** and improve the physical and mental wellbeing of people.
- ❖ Support efforts to improve the **long-term health** of our communities.
- ❖ Help and encourage vulnerable people to **lead independent lives** and enjoy continued social contact.
- ❖ Encourage people to **adopt healthy behaviours** enabling them to be healthy and improve their wellbeing.
- ❖ Identify and tackle the **social, environmental and economic factors** that can affect the health and well being of individuals. (wider determinates of poor health)
- ❖ Empower **residents to take responsibility** for improving their own health and wellbeing. ('hand up' support not 'hand out')

Immediate Priorities

- ❖ **Support and engage** with work of Health and Well Being Board.
- ❖ Build **sound understanding** of local population needs and priorities.
- ❖ **Engage local partners** in the process.
- ❖ Position the Council and local partners to respond to outcome based priorities to attract **commissioning opportunities**.
- ❖ Develop Borough **Health and Well Being Strategy**.
- ❖ Ensure **policies and decisions impact positively** on health and well being.
- ❖ Ensure **health inequalities** are recognised as a priority for the Health and Well Being Board and that resources are available to address these.
- ❖ Continue to develop **local democratic accountability** for health improvement.