

HAMPSHIRE COUNTY COUNCIL**Report**

Committee/Panel:	Health and Wellbeing Board
Date:	4 November 2014
Title:	Public Health Priorities for Hampshire County Council – a local authority that considers the health of its residents in its decision-making
Reference:	6235
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1. Executive summary

1.1. The purpose of this paper is to:

- Summarise the stage of development that the Council has reached in the development of its public health function outlining the context in which this is considered, the evidence and services already in place.
- Seek support from the Health and Wellbeing Board to further consolidate the public health ambition over the coming year. Underpinning this is a vision to “support the residents of Hampshire to enjoy healthy, active lives while maximising their opportunities for personal and community resilience and sustainability through economically active lives in the context of the Council’s transformation agenda.”

1.2. The report recommends a range of steps to enable this development:

- a) To maximise the opportunities for the ongoing development of cross-departmental working with Public Health specialist advice and specialist technical support;
- b) To actively increase two-way professional development opportunities for staff across the Council;
- c) To continue to develop senior staff links/shared posts across departments while focusing on the changing nature of the Council’s business created by integration and spearheaded by the Better Care Fund work;
- d) To continue the development of public health responsibilities through Member briefings.
- e) To introduce a health impact assessment (HIA) to sit alongside the statutory equality impact assessment (EIA) that enables officers to consider interventions or changes to services that have an impact (positively or otherwise) on the service change; and

- f) To adopt the Council's role as a provider of public sector services opportunistically across both professional and commissioned public health responsibilities.

2. Contextual information

- 2.1. The Health and Social Care Act (2012) transferred NHS public health¹ responsibilities from Primary Care Trusts (PCT) to a new national public health system that consists of Public Health England (PHE), the NHS Commissioning Board (known as NHS England) and local authorities. The Act requires that each unitary and upper tier local authority act as the local leaders for the public's health and "take on a new duty to take steps it considers appropriate for improving the health² of the people in its area". This is described in terms of the Local Authority considering the health of its residents at the heart of all its decisions.
- 2.2. This new duty has been enabled by the transfer of specialist, professional public health staff, to provide the professional advice and leadership, some specific responsibilities that are well-established as having significant effects on the public's health and, currently, a ring-fenced grant from national public health resources to support this of £40.428M in 2014/15. The grant will reduce to £40.363M in 2015/16 to reflect the correction of an erroneous addition of £65,000 within the 2014/15 allocation, for a NHS England public health responsibility. From 2014/15 onwards, it is expected, depending on this initial pilot year, that the grant will also be influenced by how successful a local authority is in improving the health of its residents against those Public Health Outcomes against which the "health premium" is measured.
- 2.3. Public health is not a new responsibility for local authorities. Unitary and district authorities retained statutory public health duties following the transfer of the medical officer of health and associated responsibilities from local government to the NHS in 1974. In addition to this, Hampshire County Council, along with other local authorities, has well-established wellbeing services and interventions that aim to address the "causes of the causes" directly. These are complemented by working with, and through many partnerships, including voluntary and statutory ones with health commissioners and providers.
- 2.4. Health can be considered as a symptom of how we live our lives and is significantly related to our parent and birth socio-economic circumstances, as well as our own educational attainment and subsequent employment and housing situation, alongside our social capital depending on the community within which we live. Health is not a "nice to have" but essential for an economically active and sustainable community.
- 2.5. The Health and Social Care Act (2012) also established "Health and Wellbeing Boards" as committees of the local authority with duties described in

¹ Public health – The science and art of promoting and protecting health and well-being, preventing ill-health and prolonging life through the organised efforts of society.

² Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity (Preamble to the Constitution of the World Health Organization as adopted by the International Health Conference, New York, 19-22 June, 1946; signed on 22 July 1946 by the representatives of 61 States (Official Records of the World Health Organization, no. 2, p. 100) and entered into force on 7 April 1948.)

Regulation³. This committee is specified as a key vehicle through which the Director of Public Health provides professional leadership across the local area.

2.6. This paper identifies potential next steps for the County Council as it develops and maximizes the delivery of its public health duty.

3. The Issues

3.1. The residents of Hampshire:

3.1.1 Hampshire is the third most populous county in England and although defined as a prosperous part of England there are inequalities across the county with areas of significant deprivation. The Hampshire population is about 1.3m, who are predominantly white British but is becoming more diverse over time. Current population predications, suggest that the birth rate will level out in the coming few years, while the low mortality rates at all ages persist. This is leading to increasing proportions of the population consisting of older (65 to 80) and elderly people (over 80). Of note, is that despite living longer, Hampshire residents are not spending any more of their lives 'in good health', with a significant proportion of the population living with one or more long-term illness. Many such illnesses would have led to a shorter life as recently as a decade ago. However, healthcare advances have had a major impact on the lifespan of many people.

3.1.2 Alongside this, sits an apparently diminishing pool of people of working age to support those at either end of their lives. The extent of this paucity of people in their younger adult years varies across the country, but seems more apparent in Hampshire than in other comparable counties, and may be associated with such issues as housing, employment opportunities, and social expectations regarding desirable locations for people at different life stages.

3.1.3 The implications of this are that for people to enjoy their lives and extend their years of healthy life rather than just their lifespan, Public Health specialists are able to recommend the evidence-based, cost-effective services and interventions that can be of optimal impact.

³ Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013(218)

3.2 Inequalities

- 3.2.1 One of the challenges for a county the size of Hampshire is that routine data sets tend to mask the significance of very local issues that are readily visible in smaller authorities, i.e. life expectancy⁴(LE), an internationally credited indicator of the effects of deprivation on a population's life chances. Hampshire has a county-wide LE at birth that is higher than the national and regional averages – with an average LE in the highest national fifth (quintile) of 93.5 years against one of 80.5 years, for the worst quintile. This suggests a LE gap of 13 years across Hampshire. However, the range across individual electoral wards shows the inequality across the county. The highest ward LE at birth currently for men is about 104 years and for women 132, while the lowest is 73 for men and 76 for women, thus clarifying the inequalities gap. While a useful indicator, LE does not reveal either the ill-health that many people are continuing to experience for about a fifth of their lives, or the fact that much of this ill-health and associated dependency can be related to people's life-long socio-economic situation and behaviours. Thus, more local analyses that tell such stories are complementary to county-wide analyses.
- 3.2.2 To address the poor health associated with deprivation and dependency, the County Council continues to work to maximise the opportunity for our children and young people to achieve their potential through the Children and Young People's Plan and the proportion of people of all ages in employment as well as the support for people as they age, but in addition, has the opportunity to work with the planning authorities to enable building developments to be 'healthy' and to work with employers across Hampshire to support them to promote the health of their employees and support people of all ages to be active in their daily lives. This not only improves the productivity of employees, but also their current and future health experiences, and builds on work we have started within the Council's organisational development activities.

3.3 Austerity

- 3.3.1 The effects on the population of service transformation are yet to be fully visible as public sector reductions are still in progress. The integration of health and social care, initially for vulnerable, older people, is being progressed. In support of this there is a technical role for public health to advise and support the use of process, output and outcome indicators as well as the evolving evidence base. Public Health and associated academic links⁵ will have a key role to play in contributing to the evidence base nationally, while ensuring robust performance management of local developments. This is enabled by both the size of the population under consideration and the varied geography of the county, and offers opportunities to boost this aspect of Hampshire's reputation as an excellent authority.

⁴ Life expectancy is a synthetic indicator that proposes how long someone at a defined stage of their life might live for if the current mortality rate of that population is applied.

⁵ The DPH and several consultants and other staff have honorary links with the Department of Public Health, University of Southampton

4 Transformation

- 4.1 Alongside all of this, sits the Council's transformation work where the technical expertise of Public Health staff can be used, as well as access to robust national and international evidence regarding the focus of individual workstreams - not only in terms of interventions and linkages between the effects, intended or otherwise, but also in terms of economic analysis and modelling in support of such interventions. This offers a change in approach for the demand management development that will necessarily be a part of the transformation across all Council services and, supported by the digital strategy, will form integral parts of the work to address community resilience, early targeted help and the partnership approaches towards prevention and services for those living with dementias and other chronic disabling illnesses.
- 4.2 The specialist public health technical input is being complemented by the opportunity to maximise the benefits of the ring-fenced grant across the breadth of Council services.

5 Evidence of what makes a difference

- 5.1 Public Health relies on the needs of the population (or capacity to benefit from an intervention) to inform the delivery of evidence-based changes in environment, services or those in support of behavioural change. This all aims to protect and improve the current and future health of citizens and their need to access services. In local government, much of the detailed analysis is undertaken nationally and made available to Public Health teams to make relevant to their population. In support of this, we also ensure that robust evaluations are enabled to support the increasing use of benchmarking by Public Health England of local outcomes. Alongside this, sits the Local Authority Public Health commissioning and oversight responsibilities across a range of issues for which the local authority often has established or aligned responsibilities. For example, a recent publication suggests that Hampshire County Council may spend over £10m each year on adult social care that is a direct effect of current and past smoking habits of its residents.
- 5.2 The international evidence compiled by Sir Michael Marmot documents the "causes of the causes" of ill-health with the recognition that disadvantage starts before birth and accumulates throughout life. This is reflected in six policy objectives, which are familiar to the Council and will resonate throughout this paper:
1. Giving every child the best start in life;
 2. Enabling all children, young people and adults to maximise their capabilities and have control over their lives;
 3. Creating fair employment and good work for all;
 4. Ensuring a healthy standard of living for all;
 5. Creating and developing sustainable places and communities; and
 6. Strengthening the role and impact of ill-health prevention.
- 5.3 Marmot's emphasis on the lifelong significance of giving children the best start in life is reflected in our Children and Young People's Plan. The review and renewal of the plan, due in 2015, will provide the opportunity to acknowledge

the local authority public health responsibilities and how we can realize the benefits of the local authority public health grant for our younger residents. While safeguarding and prevention and early intervention services are readily related to health outcomes, educational attainment and literacy, enabling people to maximise their independence and capability, the environment in which they live, work, travel and spend their leisure time, supported by regulatory services and access to cultural and sport, are indirect but equally important contributors.

- 5.4 The district responsibilities of housing, planning and environmental health are included in the list of the most important local authority responsibilities that contribute to a healthy local population. Many of the established responsibilities of a local authority, either directly or indirectly support the health of its residents. These range from regulatory services, housing and neighbourhoods, sustainability and environment, planning and transport, enabling employment, to culture and sport. The formal local authority Public Health duty requires local authority responsibilities to be delivered across the two tiers locally, as well as the specified list of responsibilities. This emphasises the benefits of working with our district colleagues.
- 5.5 Marmot's priorities also support of focusing on specific public health responsibilities to maximise the Council's stated ambitions for its residents of all ages. For example, the responsibility for children's public health 5-19 years provides the opportunity to review and revisit what we ask of such a service, to support our children and young people develop into well-educated and resilient adults. Likewise, NHS Healthchecks enables the Council to access and link to people in their mid years, and influence how they become our future older generation, potentially starting to minimise the effects of some components of lifestyle, and associated ability to benefit from Council services.
- 5.6 It is internationally demonstrated that disease epidemiology changes over time. The life experiences, expectations and health of different age cohorts of people are not consistent. A national and local example is the change of the main cause of mortality over the last three decades from cardiovascular diseases to cancers. In addition, we see illnesses that resulted in a rapid deterioration and early death as recently as a decade ago, now being managed by new technologies and interventions, and lead to people living for some years after, but with that illness as a chronic condition. The ill-health experiences of 70 year olds of two decades ago need to be related to that of 80 plus year olds, currently.
- 5.7 Thus, we cannot directly relate past experience of the use of services by age group to project on-going need. Alongside this, international research is now starting to demonstrate that these same treatments also have a significant effect on reducing the impact of dementia - about half of which can be directly attributable to vascular effects on the brain. The Council can therefore also evolve its 'spend to save' approach through delivery of some of its Public Health responsibilities, to mitigate avoidable health risks by implementing the interventions that treat issues identified through NHS Health checks as part of its demand management and early intervention approach.

5.8 There is considerable and accumulating evidence that public health gains are witnessed earlier and more extensively than previous analyses suggest. A prime example of this was the introduction of smoke-free legislation when the anticipated reduction in acute cardiac events was significantly faster and far greater than modelled from international experience.

6.0 Hampshire County Council as a local authority with public health at its core

6.1 As outlined above, the departments across the Council deliver services to support, protect and improve the health of Hampshire's residents. While this is summarised in the Council's objectives, there is an opportunity to expand and confirm the developing ambition. With the formal Public Health duty, the Council is well-positioned to acknowledge what it already does to deliver its public health ambitions across all services, and actively build on this as it transforms over the coming years. There can be no doubt that the Council aspires for its residents to be living in a county that actively works to support economic development and provide the best-evidenced, most effective services, that sustain and improve health and wellbeing for all people.

6.2 This ambition includes opportunities that range from how we use our country parks, to what speed limits are on roads, cycle routes within towns, volunteering, developing communities through sustainable developments and access to culture and open spaces, dementia-friendly approaches, healthy living pharmacies, and most importantly, how we support future generations through our Children and Young People's Plan. This plethora of activity offers a platform for on-going coordination and sharing across Council departments and with partners. A component of these activities is the influence that the Council brings to how it and its citizens view their local area and way of life.

6.3 At the same time as we formalise the internal development of Public Health within the County Council, it is important to look at specific outcomes for Public Health in the context of Hampshire. Arguably, Public Health cuts across most of the principal services of the County Council. This offers an opportunity to shape those services and to integrate them with Public Health.

6.4 In common with other Council services, Public Health is defined by working towards delivery of key objectives and measuring its progress towards them. This helps guide political priorities, informs decision making and use of the public health budget and reflects the democratic accountability of the County Council to influence public services in Hampshire for the benefit of its residents. Cutting across all of this, is the opportunity that the County Council has through its Public Health responsibilities to gain far stronger traction than previously in addressing inequalities across Hampshire. Key objectives would include:

1. A focus on increasing the uptake of NHS Health Checks by Hampshire's residents, to at least the national average. However, true success will be both a high uptake and evidence of the public implementing change to their lives as they take control of maintaining their health.

2. Establishing a range of interventions to improve and protect the health of Hampshire's young people within the "second early intervention" window of adolescence.
3. Ensuring the effective and smooth transfer of the zero to fives public health commissioning responsibilities, thus completing the portfolio of the life course responsibilities to improve the public's health from within local government.

6.5 The Public Health grant enables delivery of Local Authority Public Health duties across all County Council business, whilst helping to achieve Public Health outcomes relevant to the local population. Hampshire County Council has been able to start to maximise opportunities across Adult and Children's Services, as well as working with district councils.

6.6 Appendix 1 summarises the key areas of planned expenditure⁶ against the grant for 2014/15 and the draft budget proposals for 2015/16. It should be noted that future allocations are likely to rely on demonstrable achievements in up to 34 separate Public Health Outcome Framework indicators should the 'Health Premium' pilot be successful in 2014/15.

7.0 Next steps

7.1 To realise further the opportunity that being a high-performing local authority brings to discharging the duty to improve the public's health, simple steps should be taken which largely build on work underway. These are:

1. Publicise access to Health Education Wessex development opportunities for Council staff who are looking to develop skills and knowledge in respect of the public's health, while ensuring that public health-based staff access Council, as well as specialist external public health development programmes and opportunities;
2. Build on initial co-funded posts and projects to develop more cross-departmental coordinated posts, starting with those areas of joint responsibility, with a view to the Council's transformation;
3. Increasingly use the full skills and competencies of the Public Health specialists in the Council to support the work of departments.
4. Continue to contribute to Members' briefings, in Hampshire County Council and the districts;
5. Pilot and introduce a Health Impact Assessment;
6. Actively seek to rationalise shared work with neighbouring authorities.

⁶ Key areas of expenditure summarised in line with specified criteria set out by the Department of Health for Local Authority Public Health, and CIPFAs 'Service Reporting Code of Practice (SeRCOP)' for 2014/15.

7. Deliver the Public Health key objectives for the County Council.

8.0 Conclusion

8.1 This paper summarises the existing work across the Council that supports residents to live healthy, sustainable and safe lives in Hampshire. It describes the ambition for Hampshire as a local authority that considers the health of its public as core to all it does, and proposes some simple next steps for the coming year.

9.0 Recommendations

9.1 It is recommended that the Health and Wellbeing Board considers this paper and agrees the recommendations, which will enable it to progress the implementation and integration of its public health duties over the coming year.

- a) Maximise opportunities for the on-going development of cross-department working with Public Health colleagues.
- b) Actively increase two-way professional development opportunities for staff across the Council and within the Public Health Team.
- c) Continue to develop senior staff links/shared posts across departments while focusing on the changing nature of Council business created by integration and spearheaded by the Better Care Fund work.
- d) Continue development of public health responsibilities through Member briefings.
- e) Introduce a health impact assessment to sit alongside the statutory EIA that enables officers to consider interventions or changes to services that have an impact (positively or otherwise) on the service change.
- f) Adopt the Council's role as a provider of public sector services opportunistically across both professional and commissioned public health responsibilities.

Appendix 1

Service Activity	Revised budget 2014/15 £'000	Draft (forward) budget 2015/16 £'000
Central Public Health	2,409	2,419
Information and Intelligence	39	39
Nutrition, Obesity, and Physical Activity	2,191	1,782
Drugs and Alcohol	9,479	9,475
Tobacco	3,149	3,149
Dental	180	180
Children 5-19	4,121	4,121
Health Checks	1,447	1,447
Miscellaneous Health Improvement and Wellbeing	5,763	6,306
Sexual Health	11,534	11,329
Infection prevention and Control	116	116
Total Budgeted Expenditure	40,428	40,363
Public Health Grant Allocation	40,428	40,363

CORPORATE OR LEGAL INFORMATION:**Links to the Corporate Strategy**

Hampshire safer and more secure for all:	yes
Corporate Improvement plan link number (if appropriate):	
Maximising well-being:	yes
Corporate Improvement plan link number (if appropriate):	
Enhancing our quality of place:	yes
Corporate Improvement plan link number (if appropriate):	

Section 100 D - Local Government Act 1972 - background documents

The following documents discuss facts or matters on which this report, or an important part of it, is based and have been relied upon to a material extent in the preparation of this report. (NB: the list excludes published works and any documents which disclose exempt or confidential information as defined in the Act.)

DocumentLocation

None

IMPACT ASSESSMENTS:

1. Equality Duty

1.1. The County Council has a duty under Section 149 of the Equality Act 2010 ('the Act') to have due regard in the exercise of its functions to the need to:

- Eliminate discrimination, harassment and victimisation and any other conduct prohibited under the Act;
- Advance equality of opportunity between persons who share a relevant protected characteristic (age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, gender and sexual orientation) and those who do not share it;
- Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

Due regard in this context involves having due regard in particular to:

- a) The need to remove or minimise disadvantages suffered by persons sharing a relevant characteristic connected to that characteristic;
- b) Take steps to meet the needs of persons sharing a relevant protected characteristic different from the needs of persons who do not share it;
- c) Encourage persons sharing a relevant protected characteristic to participate in public life or in any other activity which participation by such persons is disproportionately low.

1.2. Equalities Impact Assessment:

The objective and interventions are evidence based and aim to improve health and reduce inequalities in all groups of the population. All effects on groups with protected characteristics should be positive. Each intervention is specifically assessed prior to implementation for its impact and adjusted accordingly.

9.0 Impact on Crime and Disorder:

- 9.1 Interventions to improve the health of young people are demonstrated to reduce high risk behaviours and possible associated crime and disorder.

10.0 Climate Change:

How does what is being proposed impact on our carbon footprint / energy consumption?

The proposed interventions do not negatively impact on our carbon footprint. These proposals are intended to support our residents to be healthier and more active, thus enabling them to adopt active travel approaches in their daily lives. 10.2 How does what is being proposed consider the need to adapt to climate change, and be resilient to its longer term impacts? N/A