

*County Council Meeting – 20 March 2012*

## **Statement / Updates by Cabinet Members**

### **Public Health in Local Government**

#### **1.0 Introduction**

- 1.1 From its foundations in the municipalities of the nineteenth century until its migration to the NHS in 1974, public health was embedded as a local government function. Now, after forty years, it is returning. From April 2013, subject to passage of the Health & Social Care Bill, local authorities will take up new responsibilities for their populations' health and public health teams will formally transfer to them from the NHS. In Surrey, the public health team is relocating from NHS Surrey to Surrey County Council premises in April 2012. This will allow time for team members to develop their role of supporting the Council in meeting its new responsibilities before possible transfer to the Council's employment.
- 1.2 Public health is about population health as well as improving the health of each individual in a community. Improving it therefore requires collective, political efforts. It is also about preventing illness as well as guaranteeing effective treatment that leads to cure. In the long term, prevention reduces the costs of dealing with poor physical and mental health and wellbeing. The factors or determinants which prevent illness and protect population and individual health are access to good housing, clean water, good nutrition, green space, safe environments, physical activity, education and employment. Community success depends on health, education, environment and employment.

#### **2.0 The role of local authorities in public health**

- 2.1 Local authorities are uniquely placed to improve the determinants of health, that is, the factors that influence health. They can act to prevent illness through their strategic role in early years, social care, education, housing, the environment, planning, employment, trading standards, transport and leisure. Public health is a theme running through all council directorates and all their services so that 'Public health is everybody's business'.
- 2.2 The distinct and important role of district and borough authorities cannot be over-emphasised as we work to improve health and wellbeing in Surrey. The services provided and statutory functions undertaken at the district level including housing, leisure services, environmental health to mention a few are the determinants of better health and wellbeing.
- 2.3 Elected members will have an essential part to play in empowering their communities to be involved in shaping the health agenda. They can encourage voluntary and community organisations to take part in consultations and support communities to improve their health, for example

through lifestyle and behaviour change and by ensuring services are accessible and meet individuals' needs. Through the health scrutiny process they can monitor progress towards outcomes and assess the value achieved from the Council's investment.

- 2.4 To enable the Council to meet the new responsibilities, there will be ring-fenced grants for public health work. Returning public health to local government means that councils can provide the democratic link to the community and keep together local efforts to improve health at the grassroots.
- 2.5 Furthermore, through the newly introduced Health and Wellbeing Boards, councils will be responsible for developing Joint Health & Wellbeing Strategies for integrated action with partners to improve health across all the local public services. Directors of Public Health and their local teams will support this. The teams will also fulfil specific public health functions transferring from primary care trusts and provide public health support to the new clinical commissioning groups. Boroughs and districts are represented on Surrey's shadow Health & Wellbeing Board

### **3.0 The public health approach**

- 3.1 Public health professionals take an inclusive approach as facilitators working with professional and community partners to improve individual and so community health, protecting them from known threats and reducing avoidable differences in health and wellbeing. There are three aspects of public health work:
- First, there is a social aspect about health improvement through social networks, promoting healthier lifestyles and working to increase life expectancy
  - Second, the environmental aspect is about protecting health against infection and environmental hazards and being prepared for emergencies
  - Third, there is an aspect concerned with care, both medical and social, about assessing population health needs and ensuring that services are effective and of high quality to meet those needs.
- 3.2 Local government's new responsibilities cover all three aspects of public health. A leaflet explaining local government's new responsibilities has been produced for their members.

### **4.0 The Surrey Public Health Team**

- 4.1 The Surrey public health team will work at the county, district and borough levels and also with our parishes. The team already has a good record of working with the boroughs and districts to improve health. An example of these successful partnerships is that 10 out of the 11 boroughs and districts offer exercise referral and weight management services through their leisure providers. Local GPs can refer patients to these services at no cost to the NHS. The Spelthorne scheme was awarded a Recognising Excellence silver award in 2011.

- 4.2 In a new pilot project with Guildford Borough Council, members of the public health team are working with the management team to facilitate partnerships with the potential to reduce avoidable differences in health. Lessons learnt from this project can then be applied as far as possible in other boroughs and districts. Like all public health projects, this one depends on accurate assessment of the health needs of target populations and on insights into how those needs can be met to improve health and wellbeing.

## **5.0 The Joint Strategic Needs Assessment and its application**

- 5.1 The Joint Strategic Needs Assessment (JSNA) is the essential tool that enables the creation of those insights. It has been developed jointly over the past four years by public health and county council analysts working in close collaboration. The JSNA now has more than 50 chapters. They explore the health and social care needs of Surrey's population, including hard-to-reach and at risk groups. Since November 2011, the JSNA has been delivered on the Internet using the Surrey-i. This vast electronic resource is a of information about Surrey's population from county to community comprehensive encyclopaedia level, gathered by the analysts and presented in charts, tables and maps. It is available to the public as well as to service commissioners and providers.
- 5.2 Information in the JSNA identifies where action is needed to improve services and health outcomes. For example, knowing which population groups are most likely to smoke enables stop smoking services to be made more accessible and acceptable to smokers who want to quit. Public health professionals have expertise in weighing up the evidence that interventions are effective and then evaluating their success and cost effectiveness.
- 5.3 Surrey's stop smoking services provide excellent examples of using cost effective interventions targeted at vulnerable populations at risk of poor health. By focussing resources on services that achieve the highest success rates for the lowest cost, the Surrey public health stop smoking service has achieved the highest quit success rate and the lowest cost-per-quit in the region. Effective, targeted approaches have resulted in a very high quit rate among people with mental health problems, who are more likely to smoke than the rest of the population and to experience more difficulty in quitting.

## **6.0 Resources for public health work**

- 6.1 From April 2013, Councils will receive a ring-fenced grant for public health work to enable them to meet their new responsibilities. The size of the grant will depend on a complex formula based on population size and need.
- 6.2 To inform this process, Primary Care Trusts supplied the Department of Health with information about what they spent on public health in 2010/2011. This revealed Surrey to have a low spend per head of population. An exercise has started to compare Surrey's public health outcomes and spend with those of its neighbours to ascertain whether this estimate is realistic. We will

continue to work with the department to ensure that there is adequate funding for the new responsibilities of the council.

## **7.0 Conclusions and summary**

- 7.1 The Government considers that making councils responsible for public health will more effectively tackle the serious health challenges facing this country, including preventable long-term illnesses and premature deaths which result from obesity, smoking, excess alcohol, poor housing and other causes. It is giving Councils the money, power, expertise and information to build healthier communities. To make this a reality in Surrey, all council directorates and business must embrace their potential to improve health and wellbeing so that public health is truly 'everybody's business.'
- 7.2 This is not to ignore the challenges that lie ahead. As an affluent county with diverse pockets of urban and rural deprivation, Surrey has historically received relatively less financial resource for public health than its neighbours. Difficult choices have had to be made in deciding priorities for action.
- 7.3 One of Surrey's major public health problems, over-indulgence in alcohol, related harm and the attendant chronic problems tackled daily by health and social care teams is apparently atypical and so far remained intractable. The case must be made for sufficient funding for innovative approaches to achieve better outcomes, save money in the long term and improve wellbeing.
- 7.4 To summarise, the role of the public health team in the Council will be to identify and forecast risks to health and how they can be prevented or dealt with efficiently and effectively to avoid preventable differences and variations in people's experiences of services, life chances and outcomes. The team will face up to the challenges and help the Council to 'get the basics right, innovate intelligently and be prepared to respond to known and unknown threats to people's wellbeing in Surrey.'

**Michael Gosling,  
Cabinet Member for Adult Social Care and Health  
20 March 2012**