Prevention and reduction of health inequalities: working across boundaries

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Source: Dahlgren and Whitehead, 1991
Geographical boundaries
Organisational boundaries

- Two county councils
- Seven district councils
- Two Clinical Commissioning Groups
- One PCT cluster
- Two large NHS provider trusts plus out of county providers
- Multiple voluntary sector organisations
- Multiple private sector organisations
- Communities
The core public health commissioning team

- 1 wte DPH
- 5 wte PH Consultants
- 8.5 wte Managers
- 3.5 wte Admin staff
How do we deliver population scale change with a very limited resource across a complex system of organisations?
How do we affect change at a population scale?

Commissioning relatively small scale interventions → Influencing multiple organisations

Shifting the balance
Building on firm foundations

**Delivery**

- Shared and owned strategic direction
- Priorities and outcomes

**Health and Wellbeing Strategy**

- Shared and owned understanding of needs
- Quantitative and qualitative
- Epidemiology and community insights
- JSNA

Health and Wellbeing Board critical
JSNA

- Refresh and strengthen
- More responsive to needs of different users
- More insights from local communities
- More qualitative information
- Information on clinical and cost effectiveness of interventions
- More supply side information
- Translating data into information
- Ongoing process of engagement
- Needs to be a living process not a hard copy document
JSNA and Health and Wellbeing Strategy – dilemma

• To undertake a refresh of JSNA to produce a robust needs assessment that is owned by stakeholders takes time
• HWBS must be based on JSNA
• There is a need for a joint strategy to inform autumn commissioning and budget rounds
Current JSNA informs Strategy v1

HWBB agrees vision and priorities

Strategy Working Group writes strategy

Strategy version 1

JSNA Steering Board refreshes JSNA esp on supply and customer insights

Refreshed JSNA

Strategy version 2
Health and Wellbeing Strategic Priorities 2011/12

- PCT Strategic Plan
- Staying Healthy Strategy
- Health Inequalities Strategy
- Prevention and early intervention Strategy
- Sustainable Communities Strategy

Health and Wellbeing Strategic Priorities
One set of priorities owned by all partners
Strategic priorities 2011/12

- **Improving health and wellbeing and reducing inequalities**
  - Increasing life expectancy and reducing inequalities
  - Reducing the prevalence of smoking
  - Reducing the harm caused by alcohol and drugs
  - Reducing the prevalence of obesity and physical inactivity

- **Improving service integration**
  - Improving the care of older people with complex needs and enabling more older people to live independently
  - Improving the care of adults and children with complex needs and their carers, including those with mental health needs and complex disabilities
  - Improving choice and control for service users

- **Improving efficiency and balancing the economy**
  - Shifting investment to prevention and early intervention
  - Making urgent care systems for adults and children work more effectively
Delivery

- Who is best placed to deliver?
- One organisation or partnership?
- How do we deliver large scale change efficiently?
- How do we influence others to deliver change?
Influencing organisations

- Plans for HPA to co-locate with PH team
- Plans for PH staff to work within LPT

VS - Next on our list!

PH commissioning team

- Leicestershire County Council
- Rutland County Council
- District councils
- PCT Cluster
- Crescent Consortium
- West Leics Consortium
- University Hospitals Leicester
- Leicestershire Partnership Trust
- Voluntary sector
- HPA

PH staff co-located or hot desking
Working with district councils

- Districts see public health returning to local government NOT public health moving to County Council
- Lead CE for health
- Regular meetings between DPH and CEs
- Elected member champions
- Involvement in Health and Wellbeing Board
- Co-locate Consultant/Senior manager with each district council one day per week
- Opportunities for district staff to work within PH team
- Small amounts of money for local interventions, matched by districts (not always with money)
- Flexibility – different solutions in different districts
Virtual public health department

Health and Wellbeing Board
(The Board)

Staying Healthy Partnership
(Virtual management team)

Public Health Network
(Virtual PH team)
Outcomes

• Already improved outcomes with effective Staying Healthy Partnership and substructures:
  – Childhood obesity
  – Smoking cessation
  – Tobacco control
  – Alcohol related harm (Total Place)

• Better political buy-in

• District councils contributing more to health agenda despite resource constraints
Outcomes

• New commissioning system for physical activity
  – County Council, PCT, Districts, County Sports Partnership, Dietetics service, Healthy Schools
  – Adult and children, exercise on referral
  – More targeted at need
  – More focus on families
  – More holistic – join up physical activity and healthy eating
Working across boundaries

- Shared understanding of needs, shared aims, shared objectives
- Structures and good governance are important, but personal relationships deliver
- Mutual trust is vital
- We must get the benefits of partnership working without the time consuming meetings
- The new public health system gives us opportunities to do things much better