Public Health Dorset

Agenda Item:

12

Joint Public Health Board

Bournemouth, Poole and Dorset councils working together to improve and protect health

Date of Meeting	20 July 2015
Officer	Director for Public Health
Subject of Report	**Public Health Stocktake**
Executive Summary	The transfer of NHS public health to top tier local authorities in 2013 was a landmark step in re-establishing some public health roles back as a core responsibility of local authorities. This paper presents the draft report of a summary of the process and findings from the Public Health stocktake which took place between July and December 2014. It also identifies a number of areas which are considered to merit further development with the overall aim of improving the health of the people of Dorset by enhancing the Public Health Impact of regulatory services activities.
Impact Assessment: *Please refer to the protocol for writing reports.*	Equalities Impact Assessment:
	Use of Evidence:

	Budget: No Budget
	Risk Assessment: N/A
	Other Implications:
Recommendation	For the Joint Public Health Board to note the findings of the Public Health Stocktake.
Reason for Recommendation	
Appendices	1. Summary Report of the Public Health Stocktake Review
Background Papers	
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1. Introduction

1.1 The transfer of NHS public health to top tier local authorities in 2013 re-established some public health roles as a core responsibility of local authorities. This also provides an opportunity to take a view of how to best work collectively and in collaboration with colleagues from key professional groups including Environmental Health and Trading Standards across all Local Authorities.

2. Public Health Stocktake

2.1 The Public Health Stocktake was carried out at the request of the Dorset Health Protection Network, with the support of the Dorset Heads of Regulatory services.

2.2 This work was predicated on the realisation that regulatory services form a critical but perhaps under recognised role in the wider public health system across Bournemouth,

Dorset and Poole, yet Health Protection is one of the mandatory services assigned to Local Authorities in 2013.

2.3 In addition it is clear that activities that influence those wider determinants of health often fall within the remit of Regulatory Services (e.g. Environmental Health & Trading Standards) in the District, Borough and Unitary Local Authorities in England (rather than within Public Health or Health Service teams)

2.4 The draft summary report attached with this paper (appendix1) presents a summary of the process and findings from the stocktake which took place between July and December 2014.

2.5 This report also identifies a number of areas which are considered to merit further development with the overall aim of improving the health of the people of Bournemouth, Poole and Dorset by enhancing the Public Health impact of regulatory services activities.

2.6 The areas identified were chosen on the basis of:

- Their evidence base
- Their potential to deliver on improved outcomes for public health across Dorset
- Their ability to enhance the role of regulatory services as part of the public health system
- Their perceived feasibility
- Their potential to enhance the public health workforce

2.7 In addition the areas selected are in line with some of the recommendations set out in the Kings Fund policy document ‘Improving the public’s health; a resource for local authorities’, including recommendations to reduce the negative impacts of air pollution on health and reducing the negative health impact of poor quality food.

3. Developments and future activity

3.1 Since the completion and presentation of the findings of the Public Health Stocktake report there has been a significant amount of very positive collaborative work between professionals from across all the Unitary Authorities, County, District and Borough Regulatory Service Departments, Public Health Dorset and other key national organisations including Public Health England, Health Education Wessex, DEFRA and the Department for Business, Innovation and Skills.

3.2 The Dorset Healthy Homes project was agreed by the Joint Public Health Board and established in October 2014 using Public Health savings from the 2013/14 budget and housing was identified and supported as a key area of collaborative work by the

evidence gathered by the stocktake review process. The.phase 1 feasibility pilot began in April with eligible vulnerable residents across all areas of Bournemouth, Poole and Dorset being identified and offered access to home improvements, particularly insulation, to improve their home environment.

3.3 In developing this that has been and continues to be excellent engagement with the Housing and environmental health teams across all the Local Authority areas who support the development and implementation of this 3 year programme of work as part of a Healthy Homes Steering group.

3.4 This scheme has received national interest due to the innovative use of modelling methodologies to proactively identify residents whose health and wellbeing, according to the international evidence base, should most benefit from improvements to their home environment, particularly by eliminating cold and damp homes.

3.5 In addition, several funding bids have been submitted to attract external match funding, primarily from Central Government and Private sector Energy Suppliers, to support the Health Homes programme of work. We hope to hear whether we are successful in the next two months. These bids are considered to be very attractive to the funding bodies due to the strong partnership and collaborative approach already demonstrated across Bournemouth, Poole and Dorset.

3.6 The other five areas of collective focus identified through the Stocktake have been developed into 5 detailed project plans. The project areas are: Infectious Disease Prevention and Control, Workforce Development, Healthy Employees, Healthy Business, Air Quality Monitoring Network and Age Restricted Products.

3.7 For each of the 5 areas multi-disciplinary project teams where established to develop the original draft proposals into detailed and robust project plans, facilitated by an independent experienced researcher. This has been widely recognised as an interesting and very valuable process for both building professional links across the Local Authority teams, aswell as with Public Health Dorset and external colleagues including Health Education Wessex, Public Health England and the Department for Business and Innovation. It has also stimulated an interest in wider professional development and identifying areas of shared skills development which is being used to inform a programme of teaching and training for the breadth of Public Health professionals, funded by Health Education Wessex.

3.8 There has been significant interest from across the UK in this positive and collaborative approach to working together across a range of authorities to deliver

shared identified improvements to Public Health Outcomes. It appears to be the first piece of work of it's kind in explicitly mapping some key work activities to public health outcomes.

3.9 The work has gained national recognition as a model of good practice and is being used as a case study for the LGA District Councils Network and was presented in June to the Chartered Institute Environmental Health (CIEH) national committee at the request of the Chief Executive of CIEH.

3.10 In addition abstracts have been accepted and presented at the PHE Applied Epidemiology workshop and forthcoming Annual Public Health England Conference.

3.11 Prior to the announcement of the funding cut to Public Health Budgets these 5 new projects were expected to begin work from June 2015, however they have currently been put on hold until there is clarity about the financial position.

3.12 It is likely that the funding available will be significantly reduced to support the implementation of these projects, however it is important to acknowledge the positive work and momentum that has be generated through the stocktake and development of these 5 project plans.

3.13 The Dorset Health Protection Network and Heads of Regulatory Services agree that the areas prioritised for the remaining budget should be Infectious Disease Prevention and Control work and a revised project around shared workforce and capacity development at a minimum. These are considered vital to ensure that the public health system is robust and effective in delivering it's health protection functions now and in the future.

4. Conclusion

4.1 The Joint Public Health Board is asked to consider the draft summary report attached in appendix 1 which describes the process and findings of the stocktake.

4.2 The Joint Public Health Board supports the further work on areas identified for development as highlighted by this report.

Dr David Phillips
Director for Public Health
June 2015

Appendix 1: Summary Report of the Public Health Stocktake Review.

Dr Simon Fraser & Rachel Partridge ADPH, Public Health Dorset, on behalf of Dorset Stocktake Review Group

Introduction

The transfer of NHS public health to top tier local authorities in 2013 was a landmark step in re-establishing some public health roles, especially in health improvement, as a core responsibility of local authorities. This was accompanied by several steps to support local action, including the development of Health and Wellbeing Boards, the introduction of a national public health outcomes framework and a set of mandatory and core programmes for top tier local authorities. The resources accompanying the transfer related to core and mandatory programmes previously funded under the NHS.

The responsibilities however relate to 'top tier' authorities only, with no mention in statute of district councils. Moreover, the programmes [and resources] transferred under the legislation have little inherent coherence with existing local authority public health action after 30 years in the NHS.

Given the broader imperatives in the public sector to deliver value for money, it is timely to take a view of how to best achieve public health priorities for the local population and, in doing so, to look at current activity to ensure it delivers outcomes. This involves not just consideration of public health and health service functions, but also to understand how the work of local authority partners may be addressing public health aims.

Background

In the last decade there have been various initiatives to join up action across various parts of the public service, including public health. These included, for example, Local Area Agreements which incentivised all local public services to work in 'whatever fashion they saw fit' to address local priorities, including public health. District councils however found it hard to fundamentally influence this process in public health due to countervailing pressures, including staff numbers and centrally led priorities e.g. food safety. The separation of environmental health and closely related services from the wider public health roles from local authorities to the NHS in 1974 was a decision that is not mirrored in other countries.

In local response to these challenges, it was recognised that greater understanding was needed of current practice in regulatory services across Dorset, specifically in terms of the delivery of public health functions and the achievement of local and national public health outcomes. This would include trading standards, community safety, licensing, environmental health, and food safety. To facilitate this, we used an accepted and internationally agreed framework that enabled examination of both outcomes and delivery in terms of an underlying rationale.

APPENDIX 1

Conceptual framework

This work was based on the recognition that:

1. Public Health (PH) outcomes are greatly influenced by the wider determinants of health.
2. Activities that influence those wider determinants often fall within the remit of Regulatory Services (e.g. Environmental Health & Trading Standards) in the District, Borough and Unitary Local Authorities in England (rather than within Public Health or Health Service teams)

The Public Health Outcomes Framework (PHOF) includes a broad range of indicators that help demonstrate how well population health is being improved and protected in England.[1]

The indicators are grouped into four 'domains' covering the spectrum of public health:

1. Improving the wider determinants of health
2. Health improvement
3. Health protection
4. Healthcare public health and preventing premature mortality

Using these we derived a conceptual framework that links these nationally-defined Public Health outcomes with areas of work in Regulatory Services in Local Authorities and their evidence base via 'activities' (Figure 1).In developing this framework, we also gave consideration to the 11 Essential Public Health Functions developed by the Pan American Health Organisation (PAHO) and adopted by the World Health Organisation (WHO). (see Box 1)

Box 1. 11 Essential Public Health Functions

1. Monitoring, evaluation, and analysis of health status
2. Surveillance, research, and control of the risks and threats to public health
3. Health promotion
4. Social participation in health
5. Development of policies and institutional capacity for public health planning and management
6. Strengthening of public health regulation and enforcement capacity
7. Evaluation and promotion of equitable access to necessary health services
8. Human resources development and training in public health
9. Quality assurance in personal and population-based health services
10. Research in public health
11. Reduction of the impact of emergencies and disasters on health

42nd Directing Council of the Pan American Health Organisation; 2000

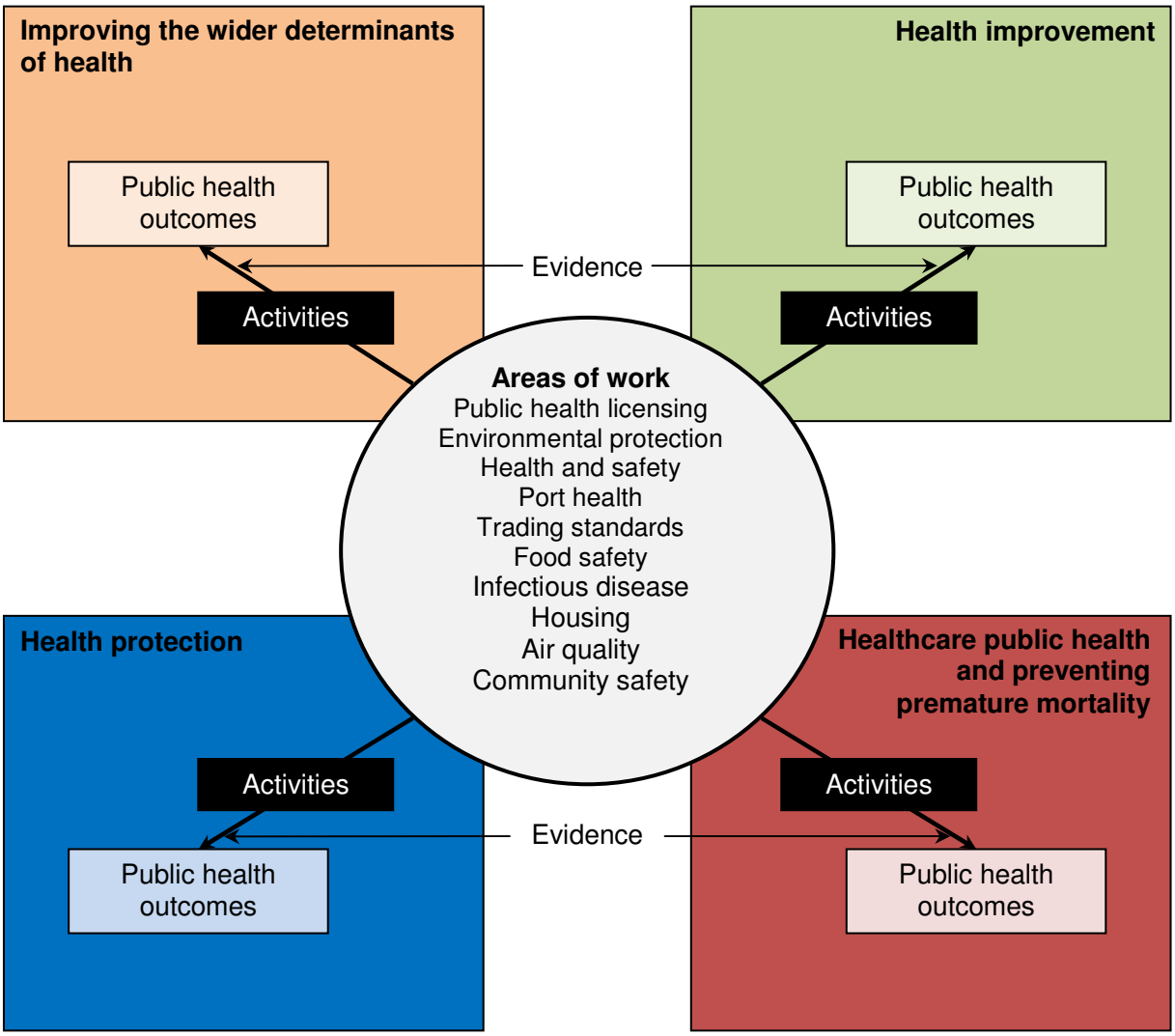
[1]The Public Health Outcomes Framework for England, 2013-2016. Department of Health 2012. Public Health **Outcomes** Framework. Available at: http://www.phoutcomes.info/

APPENDIX 1

Based on this conceptual framework, we undertook a structured investigation with the following aims:

1. Understand the current areas and activities of work in Regulatory Services, including Environmental Health and Trading Standards teams, across Dorset
2. Identify the Public Health impact of these activities
3. Link activities to outcomes in the Public Health Outcomes Framework
4. Identify highest demand activities (in terms of time / team commitment)
5. Identify evidence (and evidence gaps) for activities

Figure 1. **Conceptual framework linking regulatory services work with public health outcomes and evidence.**



APPENDIX 1

Methods

The processes in the stocktake are summarised in Box 2

Box 2. Stocktake meeting process

Group meeting 1
Presentation followed by open discussion of the task, exploring ideas, generating hypotheses in order to define their areas of work.

One to one meetings
Individual meetings were held with the representatives in order to explore their role in detail, including the key tasks that comprise the different activities in each area of their work.

Individual working
Group members were asked to identify the Public Health outcomes that linked to individual activities under each area of work.

Group meeting 2
More focused meeting to feed back, collate and discuss the results of individual discussions. Work was then undertaken by the group to agree the Public Health outcomes linked to each activity.

Individual working
Group members were asked to collect data on which activities were conducted by whom in which local authority, whether tasks were mandatory and an estimate of the quantity of work done for each activity (defined as counts per year). This information was fed back electronically and collated centrally.

Group meeting 3
Structured discussion around the results of the information fed back from councils. Group work to agree (by consensus) the highest demand activities in terms of time / resource use in each area of work.

Following the collection of this information and a pragmatic review of the evidence base for activities under each area of work, the information was collated and grouped according to the conceptual framework.

Group meeting 4
The group met with the committee of the Heads of Regulatory Services for Dorset and fed back the initial findings in order to ensure on-going support for the project and to further inform the subsequent development of ideas.

APPENDIX 1

Results

Areas of activity

Eleven key areas of Regulatory Services activity were identified by the working group (see Box 3).

Box 3. 11 key areas of activity

1. 'Public health licensing'
2. Environmental protection
3. Health and safety
4. Port health
5. Food safety
6. Infectious disease
7. Housing
8. Alcohol licensing
9. Air quality
10. Community safety
11. Trading standards

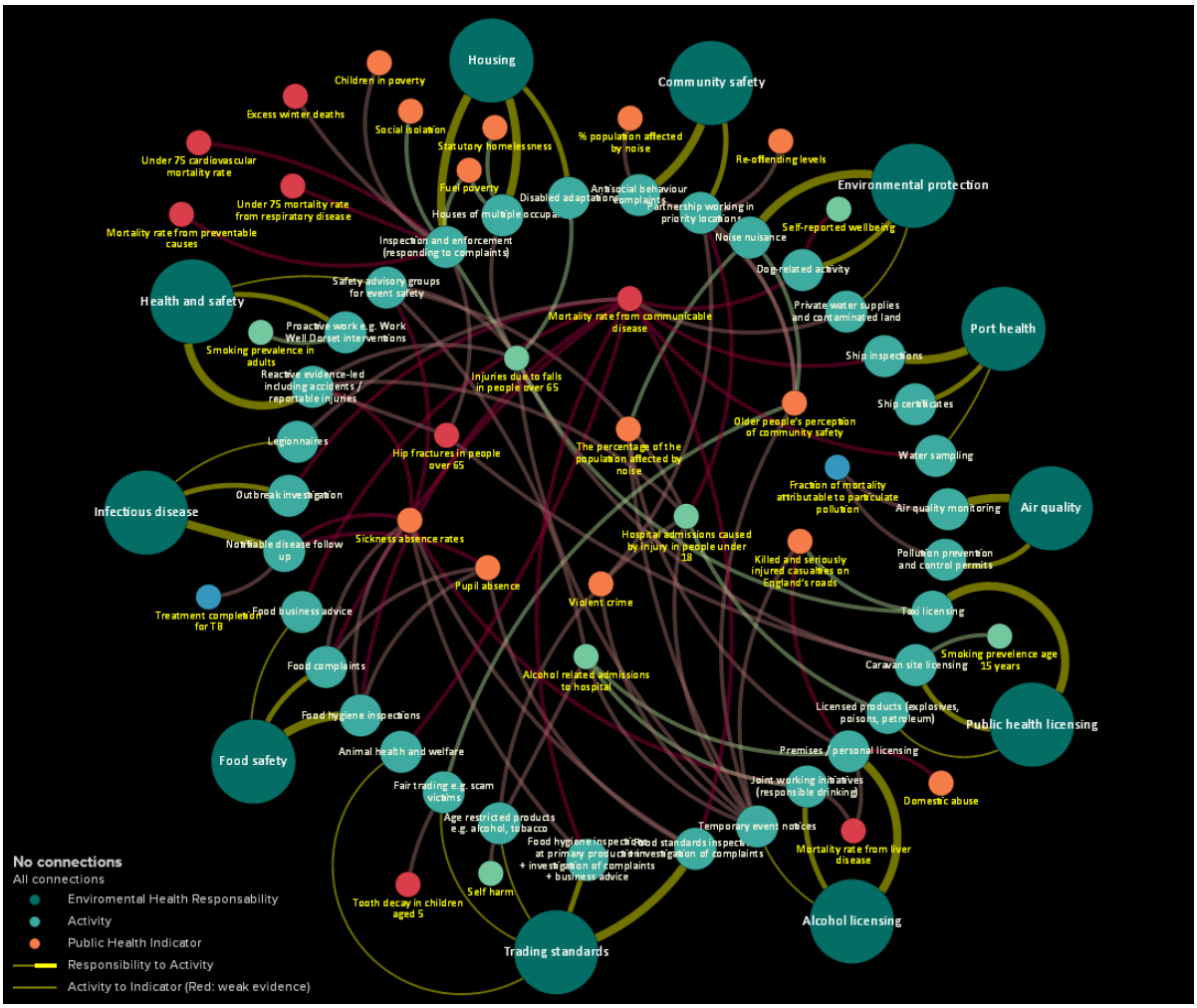
The results of this stocktake are summarised by these areas rather than by roles (e.g. 'Environmental Health') in order to achieve a greater degree of granularity and because certain activities are performed by different teams in different councils.
Within these eleven areas, 107 individual activities were identified
Most activities linked to at least one PHOF indicator and all four PHOF domains were included.

'High demand' activities

Thirty three high demand activities were identified and these were linked to thirty PHOF indicators, of which twenty were linked to one or two activities and ten were linked to three or more (Figure 2). Thirteen indicators were in the 'Improving the wider determinants of health' domain of the PHOF, seven were in the 'Health improvement' domain, two were in the 'Health protection' domain and eight were in the 'Healthcare public health and preventing premature mortality' domain. Of these high demand areas, those associated with the highest number of PHOF indicators were housing and alcohol licensing (Table 1 and Figures 3).

APPENDIX 1

Figure 2. 'Kumu' map showing connections between areas, activities and outcomes.



Key:	**Indicator colours show the relevant PHOF domain**
Orange:	Improving the wider determinants of health
Green:	Health improvement
Blue:	Health protection
Red:	Healthcare public health and preventing premature mortality

See www.kumu.io/drdjlemon/ehphstocktake for further detail.

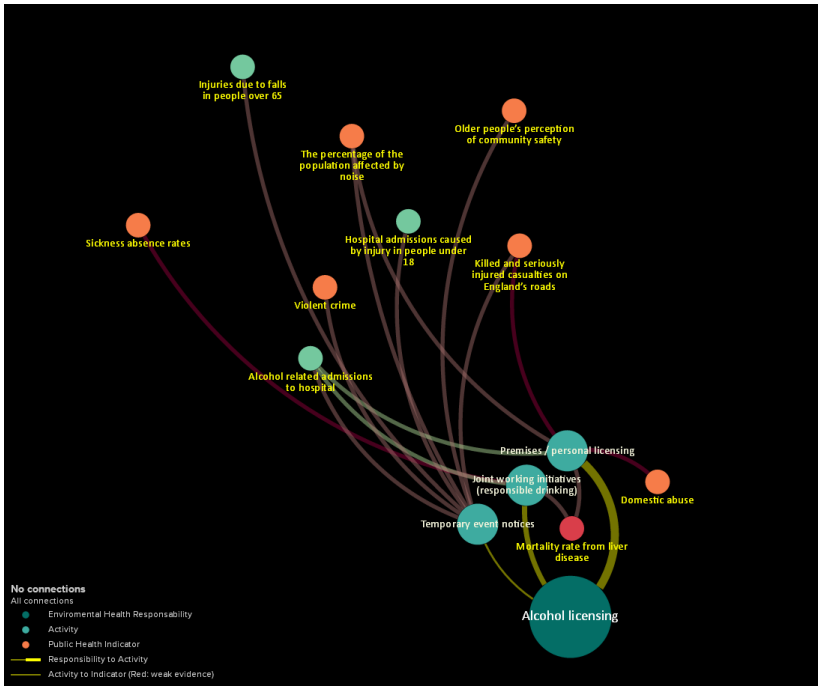
APPENDIX 1

Table 1. Association between area of work and number of Public Health Outcome Framework indicators

Area	Number of PHOF indicators
Housing	10
Alcohol licensing	10
Trading standards	8
Health and safety	6
Public health licensing	5
Community safety	5
Environmental protection	4
Infectious disease	4
Food safety	3
Port health	2
Air quality	1

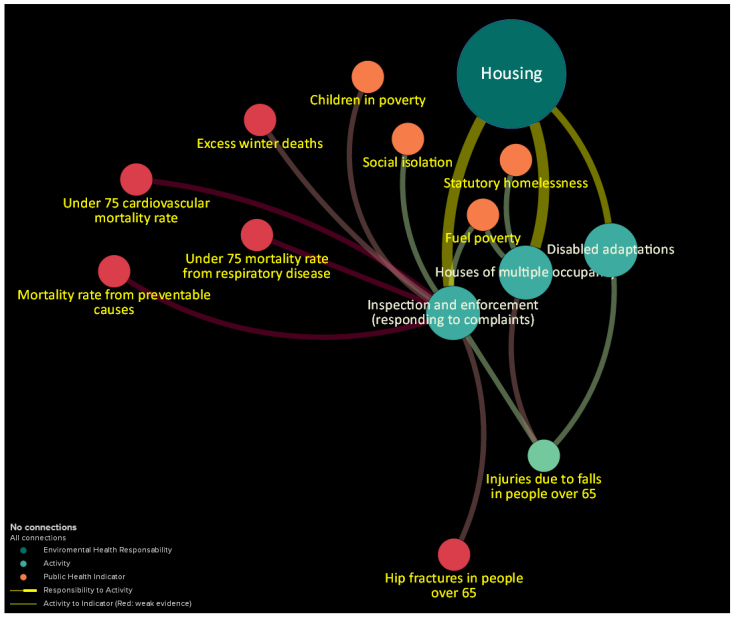
Figure 3. High demand areas with highest number of related Public Health Outcome Framework indicators

Alcohol licensing



APPENDIX 1

Housing



While this shows that some activities were associated with many PHOF outcomes, conversely some PHOF indicators were found to be associated with many different activities. An example of this is shown in Figure 4 in relation to injuries due to falls in older people.
It is worth noting, therefore, that certain activities might be regarded as 'high impact' from a public health perspective. It is also worth considering that, in trying to address a particular health outcome (such as falls or sickness absence), many areas of environmental health and regulatory services may have a role to play.

Moreover, as can be seen for alcohol licensing (in Figure 3) some public health outcomes are direct (and perhaps therefore more 'obvious') such as 'alcohol-related admissions to hospital', whereas others (such as 'older people's perception of community safety') are more indirect, but nonetheless important.

Evidence

Variable quality of evidence was identified to link activities to health outcomes.
Selected findings of the evidence review are summarised in Table 2.

Table 2. Summary of the evidence base for the link between selected area / activities and health outcomes

Strong evidence identified	Reasonable degree of evidence identified	Weak or no evidence identified
Alcohol licensing Air quality Health and safety interventions Notifiable disease follow up	Food premises inspection Food sampling Noise prevention Housing adaptations Safety advisory groups	Caravan licensing Food hygiene rating Dog fouling activities Taxi licensing Ship inspections Houses of multiple occupancy Temporary event notices

APPENDIX 1

Conclusions and next steps

This 'stocktake' has resulted in a greater understanding of the current areas and activities of work in environmental health and regulatory services across Dorset. It has allowed us to identify the evidence base for and potential public health impact of these activities by linking them to many outcomes in the Public Health Outcomes Framework. It has also afforded us the opportunity to identify the highest demand activities (in terms of time / team commitment) and demonstrate where links do and do not exist with public health evidence and outcomes. We have found that strength of evidence varied widely across areas and the extent to which evidence could be linked to activities also varied. However, we believe that the degree of knowledge, understanding and increased dialogue that has resulted from this work has facilitated the potential to enhance certain areas of environmental health and regulatory services' activities for public health benefit.

Building on this stocktake, a number of areas of work were identified as meriting further development, with the overall aim of improving the health of the people of Dorset by enhancing the public health impact of regulatory services activities. These areas of work formed the basis for a funding proposal to make a medium term investment in the area of health protection, which consisted of six distinct areas of work, each with specific aims.

The areas identified were chosen on the basis of:

- Their evidence base
- Their potential to deliver on improved outcomes for public health across Dorset
- Their ability to enhance the role of regulatory services as part of the public health system
- Their perceived feasibility
- Their potential to enhance the public health workforce

The areas were:

1. **Reducing the negative impacts of poor air quality on health**
2. **Enhancing health and safety at work**
3. **Licensing and harm reduction**
4. **Improving food safety and infectious disease outbreak investigation systems**
5. **Workforce development**
6. **Promoting healthy homes**

These areas of work are in line with some of the recommendations set out in the Kings Fund policy document 'Improving the public's health; a resource for local authorities', including recommendations to reduce the negative impacts of air pollution on health and reducing the negative health impact of poor quality food.[2] They have the potential to be a transformative programme of work that develops and enhances the role of regulatory services and builds more effective and efficient ways of working in order to deliver against key public health outcomes.

[2] Buck D, Gregory S. Improving the public's health; a resource for local authorities. The King's Fund, London, 2013

APPENDIX 1

Detailed proposals have been received relating to each of the areas and are currently in a process of consideration, review and refinement. Whilst it is unlikely they will all receive funding, they represent an important next step in developing the public health role of Environmental Health and Regulatory Services.