

Local Political Perspectives on Public Health

The Contribution of Councillors in Providing Local Public Health Leadership

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The NHS and local government have always been closely intertwined in fashioning improved health and social care outcomes for their population but what role should be played by locally elected politicians in providing effective public health leadership?

1. CULTIVATING LOCAL POLITICAL LEADERSHIP OF PUBLIC HEALTH

The JSNA and the Health & Wellbeing Strategy

- Putting Public Health at the heart of all local Council policies
 - Housing Strategy
 - Local Plan
 - Licensing Policy
 - Crime Reduction Strategy/ Community Safety Plan
 - Financial Plan
- Embrace 'Assets' as well as 'Needs'
 - focus on local neighbourhoods

Political Leadership Skills

- Council Leader/ Elected Mayor
 - e.g. Mayoral Health Commissions in Liverpool and London
- Cabinet/ Executive
 - public health stand-alone portfolio
 - public health combined with other portfolio
- Health Overview & Scrutiny Committee
 - chair
 - backbench members

Connecting with 'Place'

- Unique Opportunity to address the wider Environmental Determinants of Health
 - Transport
 - Highways
 - Housing
 - Environmental Health
 - Built Environment/ Public Realm
 - Green and Blue Spaces

Local Councillors have a responsibility to provide community leadership as well as act as ‘stewards’ for the 350+ public services which have been delegated to local authorities by statute; this community leadership role can be exercised locally (e.g. ward/ district level), via quasi judicial committee or the executive

2. PROVIDING COMMUNITY LEADERSHIP

Case Study 1. Participatory Budgeting in Thornhill

- £150,000 p.a. transfer to SCC from PCT for supporting local community and voluntary sector health schemes:
 - former Joint Finance support for voluntary sector co-ordinator
 - small grants programme
 - a legacy project for Thornhill community
 - inherited from New Deal for Communities
 - distributed £500,000 to 80+ projects over 8 years
 - 2015 event attended by 175 local residents

Case Study 2. Chances for Change (1)

- Chances4Change awarded £1.8m from Big Lottery Fund
 - July 2013 to June 2015
 - address the key strands of:
 - healthy eating
 - physical activity
 - mental well-being
- lead organisation: Portsmouth City Council.

Case Study 3: Care Navigators

- SPECTRUM awarded a contract for piloting navigators
 - recruited navigator roles for GP clusters 1 and 5 in April 2015.
- partners involved in the early set up of the role
 - including attendance at a networking event in June
- Community Solutions Group (part of Integrated Care Board)
 - supports development of care navigators
 - provides oversight on behalf of Health & Wellbeing Board

How the City Council and its local NHS partners – despite the considerable demographic, social and financial challenges – are working together to improve health outcomes for local people and promote service integration

3. WHOLE SYSTEM LEADERSHIP

Challenge 1. Closure of Bitterne Walk-in Centre

- Southampton CCG facing winter pressures affecting community nursing chose to review services provided at Walk-in Centre
 - proposals deeply unpopular with public
 - GPs opposed to Walk-in Centre Concept
- Timing of Announcement – close to Elections
 - political football – PM Challenge Fund
 - key decision deferred
- Impact on key local relationships

Challenge 2. Fluoridation

- Local NHS long Supporter of Fluoridation
 - High levels of dental caries in young children in poor areas
 - City Council Support (1993 – 2011)
- Campaign of Resistance
 - emotion rather than evidence
 - one-sided media focus
 - Council reversed position to support in 2011
- Decision deferred by PHE – in the absence of any commitment from the Council

Challenge 3: Immigration Street

- central government drive to encourage closer integration
 - £3.8 billion of NHS money transferred to ITF/ BCF
- key role for Health & Wellbeing Boards
 - building on duty to promote integration
- initial focus on stronger joint commissioning
- involvement NHS providers seen as key to success

Does a change in government provide us with fresh opportunities for maximising local public health notwithstanding the scale of the financial challenge?

4. FACING THE FUTURE

Cuts in Council Public Health Funding

- £200 million in-year cut (6.2% of DH investment in local authority public health budgets)
- unfair to LAs below equity target
- impact to be felt by NHS
- reduction in capacity to address inequality

Devolution and Combined Authorities

- debate sparked by Scottish referendum
- cuts in local authority budgets unsustainable
- evidence of considerable public service efficiency through community budget e.g. tri boroughs
- English conurbations to take functions from central government
 - Greater Manchester
- Hampshire & Isle of Wight bid
 - light on the social chapter

NHS Five Year Forward View

- £30 billion needed to sustain NHS as we know it:
 - greater efficiency: integration, technology, redesign etc.
 - massively improved public health
 - additional government investment (£8 billion)
 - social care pressures (£4.3 billion)
- new 'vanguard' models for integrated delivery:
 - Multispecialty Community Providers (primary/ community care-led)
 - Primary & Acute Care Systems (vertical integration)
 - Urgent Care Systems

Personal Reflections

- English Health and Social Care at a 'crossroads'
 - need for additional financial resources cannot be ignored
- integrated NHS and social care an inevitability
 - major cultural, organisational barriers persist
- public health challenge requires more powers for local authorities
- does local government have the capacity and skills to provide the local leadership required for whole system change?