

Mid

# **Health Scrutiny Panel**

# **Public Health - An Overview**

# June 21 2022





## **Public Health Statutory Duties and Responsibilities**

The Local Authority, via the Director of Public Health, has a duty to improve public health under **Section 12** of the **Health and Social Care Act 2012**. This duty is expected to be executed via the delivery of mandated and non-mandated functions that best meet the needs of the local population (including having regards to the Joint Strategic Needs Assessment and Joint Health & Wellbeing Strategy)

Mandated functions include:

- Weighing and measuring of children at reception and year 6 (i.e. the National Weight Measurement Programme)
- NHS Health Check assessment and delivered, offered every 5 years to eligible residents who meet screening criteria;
- Provision of sexual health services;
- Provision of Public Health advice to the Clinical Commissioning Group;
- Health protection, including prevention, planning for and responding to emergencies;
- Oral health, including initiation, variations and termination of fluoridation; oral health promotion; oral health surveys; oral health needs assessment (subject to change)

Non-mandated functions that are conditions of the Public Health Grant:

- Drug and alcohol provision
- Children and young people (Health Visiting and School Nursing)



## Public Health Statutory Duties and Responsibilities continued...

As part of it's Public Health functions, Local Authority's have a duty to participate in the local **Health and Wellbeing Board** of which Directors of Public must be a statutory member.

Together with the **Clinical Commissioning Group**, and via the Health and Wellbeing Board, Local Authorities have a duty to publish:

- a Joint Strategic Needs Assessment (JSNA)
- a Joint Strategic Health and Wellbeing Strategy
- a Pharmaceutical Needs Assessment (PNA)



## Public Health: Who are we for....

Developing and delivering a universal, area-wide prevention offer with a specific focus on targeting vulnerable groups

## Public Health: What are the problems we're trying to fix...

- Addressing inequalities in life expectancy and health outcomes;
- Reducing mortality and morbidity from preventable causes;
- Ensuring local population health is protected from infectious and communicable disease

#### Our **priority programme areas** (the 'big tickets') within this are:

- Creating environments for healthy food choices and physical activity
- Protecting health
- Preventing ill-health
- Reducing vulnerability at a population-level
- Promoting positive mental health and emotional resilience



## Public Health: Our approach...

Using a place-based framework to deliver a high impact, population health approach, by tackling the causes and providing solutions at the civic, community and service level.



#### **Community-Level:**

Using the assets within communities, such as skills & knowledge, social networks, local groups & community organisations, as building blocks for good health

- with consistent quality & scaled to benefit enough people
- Reduce unwarranted variation in service quality & delivery
- Reduced unwarranted variability in the way the population uses services & is supported to do so

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## Public Health: Our value proposition

5 Programmes	4 Business Imperatives	3 Levels of Intervention across the life-course:
<ul> <li>Creating environments for healthy food choices and physical activity</li> <li>Protecting health</li> <li>Preventing ill-health</li> <li>Reducing vulnerability at a population level</li> <li>Promoting positive mental health and emotional resilience</li> </ul>	<ul> <li>Improved financial efficiencies</li> <li>Better use of intelligence to inform decision-making</li> <li>Building purposeful relationships with key Partners</li> <li>Address health inequalities with a determined focus on the best start in life</li> </ul>	<ul> <li>Civic-level – healthy public policy</li> <li>Service-level – evidence-based, effective, efficient and accessible services</li> <li>Community-level – family of community centred approaches &amp; place-based working for population-level impact</li> </ul>



## **Public Health Strategic Plan Priorities**

### We will work to address the causes of vulnerability and inequalities in Middlesbrough and safeguard and support the vulnerable:

- Further develop the 'Dementia Friendly' Middlesbrough programme to improve the wellbeing of individuals with dementia and their carers, connecting communities and business
- Achieve 'Age Friendly Communities' status, thereby reducing the prevalence and impact of loneliness and isolation in Middlesbrough

**Directorate Plan** 

- Launch and deliver an integrated model of support for Middlesbrough, bringing together services for domestic abuse, homelessness and substance misuse and development of mental health partnership provision, through the vulnerable persons model
- Develop and deliver an improved offer of support for addiction recovery through employment, housing and social / community re-integration

### We will show Middlesbrough's children that they matter and work to make our town safe and welcoming and to improve outcomes for all children and young people:

#### **Directorate Plan**

 Ensure the best start in life for Middlesbrough children by reducing early health inequalities, with a focus on the first 1001 days of life

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## Key issues & Opportunities

## 1. Relationships:

- Need for council-wide (and wider partner) buy-in to develop and implement key policy change;
- Potential to build on whole-council response to covid-19;
- Build the role of the HWB to be the key driver across partners;
- Build mutual agendas with NHS FTs and PCNs

## 2. Capacity & Capability:

- Recruitment, retention and career progression;
- Getting the balance right as a South Tees Service;
- Build Live Well Centre concept into Town Centre plans;
- Community Wealth Building and Anchor Institutions
- 3. Uncertainty:
  - Built on non-recurrent funding

