EASTLEIGH BOROUGH COUNCIL – IMPROVING HEALTH AND WELLBEING THROUGH WORKFORCE DEVELOPMENT

A REPORT TO NHS EDUCATION SOUTH CENTRAL

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ACKNOWLEDGEMENTS

Thanks are due to all our interviewees who gave their time and thoughtful contributions to this work, and Mary Amos who supported access to Eastleigh Borough Council and advised on interviewees.

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Specialist in Public Health_

Rhiannon Walters is an experienced public health specialist with skills in research methods and epidemiology. She specialises in health policy, and the evaluation of complex multi-sectoral interventions. She worked as information officer at the Faculty of Public Health Medicine from 1989 to 1996, worked for London Health Economics Consortium to 1999, specialising in public health and health promotion projects, and has worked independently since 1999. She is a registered public health specialist. Before moving to public health she worked in local government at strategic level. She designed and conducted a similar project in London boroughs as part of the London Public Health Workforce Development project.

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Joanna Chapman-Andrews has been working for the NHS for almost 20 years in public health roles. During the last nine years this has been in public health education, training and development; the role now covers the NHS South Central Strategic Health Authority (SHA) area. The work encompasses developing the strategic direction of the development of the PH practitioner and wider workforce, commissioning and ensuring provision of training and education programmes at all levels both with the NHS and with health and social care organisations. The two directors of Public Health specialist training programmes, the Directors of Public health of the SHA, and the nine Primary Care Trusts and the South East Teaching Public Health Network are also involved in this work.
Local authorities are increasingly being given powers and responsibilities for improving their citizens’ health and wellbeing, and are well placed to do so. They can influence health directly through providing and commissioning care and services which improve health. They also influence health indirectly by services affecting housing, community safety, employment and environment which have a profound influence on chances of having a healthy life. These powers and responsibilities are reflected in the policy drivers for local government which are shared with health services. The national indicator set, local area agreements and comprehensive area assessment reflect that both will influence the quality of citizens’ lives in many areas including health.

As one of their programmes to develop practitioners and the wider workforce, NHS Education South Central worked with Eastleigh Borough Council to map the public health workforce to support development to strengthen the health improvement function.

The project found at least 49 members of staff, across several services, who have health and wellbeing as a substantial part of their role or have a profound influence over population health. Eastleigh Borough Council has a strategic focus on health, and is planning to develop its approach to health and wellbeing. Interviewees were aware of the health improvement impact of mainstream activities. There were many ad hoc health improvement activities, suggesting that the council was active in seeking opportunities and funding for this work.

The report includes recommendations to build on Eastleigh Borough Council’s strength in health and wellbeing, through strategic development, better understanding of the NHS, and supporting operations with learning and dissemination.

Eastleigh Borough Council is an authority with a strong commitment to health and wellbeing, and the potential to improve its impact through focused action.
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CHAPTER 1  BACKGROUND

1.1 Aims and objectives of the project

This report gives findings of a project carried out between September and December 2009 which aimed to improve the effectiveness of Eastleigh Borough Council in achieving its objectives in health and wellbeing, through its own actions and engagement with partners.

Objectives were:

• to raise awareness of the council’s role in health and wellbeing across the organisation;
• to establish where there are knowledge and skill gaps, and where there are barriers to development of the council’s function to ensure health and wellbeing of the local population.

This initial work would be the foundation for a workforce development plan that would incorporate a training programme related to existing training within the council.

1.2 Activities of the project

The researcher met a senior officer within each of a prioritised range of services employing staff whose work contributes to health and wellbeing, with agreement of the senior management team to this work, and support from the Health and Community Manager. The meetings covered:

• learning how services are delivered in Eastleigh;
• an explanation of the broad definition of the health and wellbeing workforce;
• consideration of which council staff fall into the health and wellbeing workforce;
• consideration of any development needs of the health and wellbeing workforce;
• discussion of how development is normally conducted in Eastleigh, and the constraints upon it, and what would assist in development of the council’s health and wellbeing function.

The researcher also spoke to the Interim Director of Public Health at NHS Hampshire.

Experience from other areas showed that this process in itself develops the understanding of health improvement within organisations.¹

The information collated informed recommendations for the workforce, and for addressing organisational barriers to development of the council’s ability to contribute to the Eastleigh Health Action Plan.

It is hoped that the report and its recommendations could be adopted by the Eastleigh Health and Wellbeing Partnership.

A list of interviewees is given at Appendix 1. Appendix 2 gives a topic guide used by the researcher for the semi-structured interview.

The project was conducted by Rhiannon Walters. Joanna Chapman-Andrews contributed to the conclusions and recommendations. It was sponsored within the council by Mary Amos, Health and Community Manager, who secured the support of senior managers for the project.
1.3 Health and wellbeing, healthy communities, and public health

Local authorities and the NHS are asked in the white paper Our Health Our Care Our Say to work together on “health and wellbeing”, including addressing inequalities in the health of populations and providing high quality services. The white paper Choosing Health outlined local government’s role in health improvement and addressing the healthy communities agenda.

‘Public health’ is a term closely related to ‘health and wellbeing’. Most simply it refers to the health of whole populations (as opposed to the health of individuals) but has come to mean a body of knowledge and a set of activities – “the science and art of preventing disease, prolonging life and promoting health through the organised efforts and informed choices of society, organisations, public and private, communities and individuals”. Public health can be taken to refer to people or units of an organisation that hold that body of knowledge and carry out those activities. When used like this, it is generally taken to refer to the health sector, which makes it an unhelpful term in a local government context. ‘Health and wellbeing’ is the preferred term in this report.

However it does help to remember the considerable overlap between the terms because it gives access to valuable resources to support organisational and workforce development. In particular, the Chief Medical Officer’s project to strengthen the public health function (“CMO’s project”) gives a useful way of identifying members of the health and wellbeing workforce and thinking about their development needs.

1.4 What is the public health workforce?

The CMO’s project initiated the training and development of the public health workforce using categories inclusive of a wide range of jobs and organisations going well beyond the NHS to the voluntary and private sectors and particularly to local authorities (Box 1).

Box 1: Public Health Categories from the CMO’s project to strengthen the public health function

- “Most professionals, including managers in the NHS, local authorities and elsewhere eg teachers, would benefit from a better basic understanding of public health. Knowledge of how to gain access to more specialist input would be useful to strengthen their role in furthering health improvement goals in their daily work, a role they may not have recognised as public health” (wider public health workforce).

- “A smaller group of ‘hands on’ public health practitioners spend a substantial part of their working practice furthering health by working with communities and groups. They need more specialised knowledge and skills in their respective fields. This group includes public health nurses, health promotion specialists, health visitors, community development workers and environmental health officers.

- “A still smaller group are public health specialists who come from a variety of professional backgrounds and experience and need a core of knowledge, skills and experience. This core is in urgent need of definition so that generic public health specialists can be fully acknowledged for their contribution. This group includes professionals from backgrounds such as the social sciences, statistics, environmental health, medicine, nursing, health promotion and dental public health. The knowledge, skills and experience needed include the ability to manage strategic change in organisations, to work in management teams and leadership of public health initiatives, as well as more technical areas.”

(From The CMO’s project to strengthen the public health function: report of emerging findings 1998)
These definitions preceded the setting up of the UK Public Health Register,\textsuperscript{5} for which more stringent criteria for the term “public health specialist” and “public health practitioner” were developed. There is scope therefore for some confusion about the terms. In this document, “specialist public health workforce” is used for registered public health specialists and practitioners, or those for whom entry to the register as a practitioner or specialist is a realistic option or logical development for their professional role.

The wider health and wellbeing workforce is broad, containing most of those contributing to delivery of health outcomes in any sector, and two subdivisions were developed (Box 2).

\textbf{Box 2: Public Health Categories from the CMO's project to strengthen the public health function}

- \textit{“Key health influencers}, such as trust and health authority chief executives, or leaders of local authorities, or those in senior positions in education, such as head teachers, whose remit has such a profound impact on population health that their continuing understanding on public health should be specially nurtured”

- \textit{Experts}, such as those with specialised knowledge of radiation, or soil science, or virology, whose work is vital to public health but who normally view development as an activity which lies within their own professional discipline only”

(From Report of the Chief Medical Officer's project to strengthen the public health function in England 1998)\textsuperscript{3}

1.5 Borough councils and health and wellbeing

1.5.1 Borough council functions

Borough councils such as Eastleigh Borough Council are responsible for:

- Local planning
- Housing
- Building regulation
- Environmental health
- Refuse collection
- Sport and Recreation
- Countryside and Trees
- Cultural matters
- Regeneration and Planning Policy
- Revenue and Benefits
- Transportation and Engineering

Sometimes some of these functions will be carried out by one authority on behalf of several others in a region or sub-region. The greatest part of local government funding comes directly from government (revenue support grant and various targeted programmes), and the rest from council tax and redistributed commercial rates. The government funding, and redistribution of commercial rates, allow adjustment for population need. All local authorities were expected to achieve 3% efficiency savings during each year from 2008/09 to 2010/11 under the 2007 Comprehensive Spending Review.

1.5.2 Local authorities’ contribution to delivering public health outcomes

Two kinds of activity in local authorities across England contribute to public health outcomes which can be characterised as ‘mainstream’ and ‘ad hoc’.
1.5.2.1 ‘Mainstream’ activities contributing to public health outcomes

Some activities which are mainstream-funded and usually statutory contribute to the health of the population, without carrying a health ‘label’.

- *Environmental health* addresses transmission of infectious disease and environmental pollution, and so has a direct impact on health.

- Social and economic factors are strong determinants of health and wellbeing. Local government services such as *housing* and *planning* can have a direct impact.

- Community cohesion or ‘social capital’ has an independent impact on health and wellbeing. Services such as *cleansing, refuse and recycling* contribute to how positive people feel about their area, in addition to their impact on infection control.

Health outcomes are not always the primary stated outcomes of these mainstream activities, but none the less they make an important contribution.

1.5.2.2 ‘Ad hoc’ activities contributing to public health outcomes

Some activities are explicitly labelled as health-related. Apart from environmental health services, these tend not to be mainstream-funded, but often involve partnership. They are often found within community development or leisure services.

1.6 Context of the project

This project forms part of a Public Health Development programme within the NHS Education South Central Public Health Development function across the South Central NHS Strategic Health Authority.

The Public Health Development Programme encompasses a range of education, training and development opportunities for increasing the public health knowledge, skill and competence of people working in public health and wellbeing across sectors and at all levels of the workforce who have or would like to have public health as part of their role.

Working across sectors and at all levels of the workforce this includes two programmes which are particularly relevant to this project:

- An innovative programme to develop key influencers and leaders from all sectors to enhance their strategic leadership of partnerships for health and well-being, and their abilities to deliver transformational change to services to improve the health and well-being of their communities. A high level multi-agency programme began in the autumn of 2008. This was offered to strategic leaders and key influencers, such as Local Strategic Partnership members, councillors, directors of service within local authorities and the voluntary sector, for example. It was planned in conjunction with national and local partners and uniquely combines and offers development in the three areas of health improvement, quality and service improvement as well as personal leadership skills.

- A Public Health Development Leads group of public health practitioners, who are nominated by and work on behalf of PCT Directors of Public Health, and take the lead on identifying and development of the local public health workforce.

1.7 Structure of this report

- Chapter 2 describes the health of the local population, and the agencies, Eastleigh Borough Council, Hampshire County Council and NHS Hampshire, with responsibility for health and wellbeing.

- Chapter 3 describes the extent and type of work contributing to health improvement that Eastleigh Borough Council now undertakes, sometimes in partnership, and workforce and organisational development relevant to health improvement.
• Chapter 4 gives a profile of the health improvement workforce in the council.
• Chapter 5 draws conclusions from the findings.
• Chapter 6 makes recommendations for Eastleigh Borough Council, NHS Hampshire and NHS Education South Central.

1.8 Key points from Chapter 1

• This project aimed to strengthen Eastleigh Borough Council in health and wellbeing, as part of the Public Health Development programme of NHS Education South Central.
• A major activity of the project was mapping of the council's workforce engaged in delivering public health outcomes, using definitions developed for the ‘CMO’s project’.
• The term ‘health and wellbeing’ is preferred to ‘public health’ for this project, but the two terms are closely related.
• Borough councils such as Eastleigh Borough Council engage in a range of activities funded from mainstream and more short-term funding streams which contribute to delivering public health outcomes.
CHAPTER 2  EASTLEIGH

This chapter describes the health of Eastleigh’s population. It then sets out the organisation of Eastleigh Borough Council and some of its collaboration with local agencies including NHS Hampshire. It also describes how NHS Hampshire is organised to engage with the council on health improvement matters.

2.1 Health of Eastleigh’s population

Information on the health of Eastleigh’s population is available from health profiles produced by the Department of Health. Eastleigh’s life expectancy and mortality rates are better than the average for England. As in the rest of the country, mortality rates for men and women have been improving in recent years but Eastleigh’s mortality rates remain below the national rates. None of Eastleigh’s 19 wards include areas that are among the most deprived fifth of areas in England. There are inequalities in health within Eastleigh. Life expectancy is 3.8 years shorter for men and 1.8 years shorter for women in the most deprived areas in the borough compared to the least deprived.

2.2 Eastleigh Borough Council

2.2.1 Organisational structure of Eastleigh Borough Council

How local authorities are organised varies:

- in the way they structure governance by elected members;
- in the management structure for employed officers;
- in how functions are deployed between different services;
- in what functions are delivered directly, and what is delivered by other organisations contracted to the council.

Eastleigh has a cabinet responsible for implementing the council’s policy, securing effective service delivery and overseeing the management of council assets, and the cabinet members for health, and social policy are reported to be engaged in the health and wellbeing role of the council. The council has three corporate directors, and operational responsibility is distributed between heads of service and geographical area co-ordinators. Since 1996 Eastleigh Borough Council has operated a devolved structure across five geographic areas. These have Local Area Committees which take decisions and allocate budgets to Local Area Plans. Local area co-ordinators are responsible for drawing up local area plans at officer level, engaging with local people, partner organisations and expertise within the council.

Social housing in Eastleigh is held by housing associations, with two housing associations holding 80% of the stock. The council’s main leisure facility is provided externally, with close contract management. The borough contracts a number of free-lance fitness and dance instructors who contribute to the council’s health improvement activities. A directly-employed labour force delivers cleansing, parks and cemetery services.

2.2.2 Performance

The last Comprehensive Area Assessment by the Audit Commission reported that the council delivers well in improving community safety, community cohesion and health and
well being. The council was assessed as an overall 3 out of 4 for our organisational assessment in December 2009. Its most recent annual audit letter includes the following recommended actions related to this project:

- accelerate progress in equality and diversity work including completing equality impact assessments to ensure equality outcomes are achieved in all service areas;
- complete work to produce and communicate an agreed corporate strategy and detailed delivery plans for each of its three priorities.

2.3 Hampshire County Council

County councils deliver some important functions related to health and wellbeing, including adult and children’s services and education. They also lead Local Area Agreements on behalf of borough councils, covering a range of services including health. Joint strategic needs assessments (collaborations between councils and the NHS to inform strategic planning through local data and community engagement) are county-level initiatives. It is important that borough councils are engaged in local area agreements and joint strategic needs assessment, through Hampshire Health and Wellbeing Partnership Board and operational links, to allow dovetailing of county and borough priorities and actions.

2.4 NHS Hampshire

NHS Hampshire has a public health leadership role across Hampshire, including in Eastleigh. The organisations responsible for the health of borough council populations have changed several times in the years from 1997 preceding the start of this project, and these changes have had some impact on continuity and priorities for health improvement programme delivery.

- From 1997, England’s 100 health authorities were given clear responsibility for the health of local populations, and each had a director of public health.
- Between 2002 and 2004, responsibility for public health was transferred from health authorities to 302 primary care trusts (PCTs) operating at a more local level, coterminous with local authorities as far as possible. Joint appointments of directors of public health with local authorities were encouraged.
- In 2005 a planned reduction in the number of PCTs was announced, and in 2006 the number of PCTs was reduced to 152, with 7 PCTs including Eastleigh and Test Valley South merging to form Hampshire PCT (now NHS Hampshire), the largest in the country.

Within the public health directorate, there is a small team responsible for both the strategic leadership and commissioning of health improvement programmes at both county and locality level. Public health services focus on commissioning programmes through a range of providers.
2.5 Key points from Chapter 2

- The health of Eastleigh’s population is better than that of England as a whole, but there are social and health inequalities within Eastleigh.
- The council’s management combines functional and geographical management structures.
- Many functions and policy initiatives affecting the health of Eastleigh’s population are led by Hampshire County Council, and Eastleigh Borough Council makes links to these activities.
- NHS Hampshire is responsible for leading in public health across the county, and for commissioning health improvement services through a range of providers.
CHAPTER 3  EASTLEIGH BOROUGH COUNCIL’S DEVELOPMENT OF ITS HEALTH AND WELLBEING ROLE

This chapter describes the extent and type of work contributing to health outcomes that Eastleigh Borough Council now undertakes, and the level of development of its health and wellbeing function, including partnership with the NHS. It also reports on current organisational and workforce development activities which could be supportive to health improvement, and some factors which support or impede development. Key informants were asked about these topics in a semi-structured interview, and the topic guide used is given at Appendix 2.

3.1 Strategic focus on health improvement

One of the council’s three strategic priorities is:

A *Healthy Community: active and lively with a spirit of togetherness, health and wellbeing*\(^{12}\)

The first of three strategic priorities of Eastleigh Strategic Partnership is:

*To ensure the continuing development of a happy and healthy community*\(^{13}\)

Eastleigh Strategic Partnership has established a Health and Wellbeing Partnership chaired by the Director of Public Health of NHS Hampshire, which developed the Eastleigh Health Action Plan.

The council takes its contribution to partnership work on health seriously. Within the council, there is a Cabinet Member for Health, and a post of Health and Community Manager, jointly funded by NHS Hampshire and held by a registered public health specialist. This post is located within the Local Areas Unit, which reports to the Chief Executive. The present project contributes to a wider project located within the Local Areas Unit on developing the council’s approach to health improvement. These activities suggest an unusual level of commitment to health at strategic level.

3.2 Activities delivering public health outcomes

Chapter 1 identified two types of activity within local authorities which contribute to public health outcomes:

- ‘mainstream’ activities forming part of the council’s statutory functions and funded from mainstream sources;
- ‘ad hoc’ activities, generally explicitly labelled as health activities, often funded from short-term funding or an opportunistic combination of mainstream and ad-hoc funding.

3.2.1 Mainstream activities

Interviewees showed a high awareness of the health impact of the council’s mainstream functions including for example the environmental health functions such as food hygiene and infection control, health and safety considerations in building control, the role of planning policy in creating urban spaces conducive to health, and many housing functions. This high level of awareness had led to actions within these services specifically to address health issues, including:
• an interest within environmental health in expanding its health improvement role including greater engagement in tobacco and alcohol issues;
• an emphasis in building control in supporting healthy travel through securing developers’ contributions and the design and location of new developments;
• priority to lifetime and wheelchair-accessible homes in new build, and facilitating alterations to existing housing association stock;
• work on alcohol’s role in the evening economy in the town-centre management function of planning policy.

3.2.2 Ad hoc activities
Three services, the Culture Unit, Community Development, and Sports and Lifestyles raised considerable amounts of external funding, and commissioned from local providers. The Culture Unit operates a central cultural venue, the Point, and commissions outreach projects. Health-related work includes:
• an issue-based drama commission each year including in recent years projects on breast cancer and teenage pregnancy where drama was followed by audience discussion;
• outreach work with people with Alzheimer’s Disease, with good outcomes.
There was high awareness of the potential health impact of this work. Dance attracted girls who might not enjoy sports-based fitness projects, and the outreach projects engaged young people with problems.
Community Development is within the Local Areas Unit and reports through the Health and Community Manager. It employs development workers, and commissions from the voluntary and community sector.
Sports and Lifestyles work also reports through the Local Areas Unit. It involves management of the contract for a large leisure centre, and a range of outreach projects using volunteers and free-lance fitness instructors. Health was a priority for the service and health work included health walks and a GP exercise referral scheme part-funded by NHS Hampshire.
The level of activity suggested that the council was active in seeking opportunities and funding for this kind of work.

3.2.3 Multi-agency partnership activity
Examples of cross-agency working include NHS Hampshire funding contribution to:
• Active options – health walks and exercise referral addressing obesity
• Accident prevention through home check/handyperson scheme
• Alcohol and young people work
Several interviewees in senior roles were eager for their services to provide more health improvement activities, if external funding were available.
The housing service has joint posts with the Hampshire County Council to integrate housing and care services for older people, and works very closely with the largest housing associations on accessible housing.
However, in interviews, senior staff in services relevant to health were unlikely to mention the Health and Wellbeing Partnership, Joint Strategic Needs Assessment or the health elements of the Hampshire Local Area Agreement.
3.3 Workforce and organisational development for health improvement

3.3.1 Training and development processes

Council interviewees praised the council’s training and development process, which they found efficient and responsive to changing needs. Many needs were identified at annual staff appraisal, but there was also scope to meet emerging needs through the year and take opportunities for low cost training.

Training budgets were based on staffing levels, but the Culture Unit used their budget to develop the free-lance outreach workers they used as well as directly employed staff.

Many professionals employed by the council are required by their professional regulatory bodies to provide evidence of a certain number of hours of continuing professional development through the year. These requirements were met at modest cost by events laid on by professional bodies’ local or national offices, or organised by one council on behalf of several neighbouring ones. Building Control organised regular internal continuing professional development sessions for the planners they employed, with invited speakers, to which staff from other units were invited.

3.3.2 Perceived needs for development

3.3.2.1 Organisational development

When interviewees were asked about needs for development to address health and wellbeing, several believed that there would be value in some development for senior managers and elected members. This type of training is identified in the CMO’s project for key health influencers “whose remit has such a profound impact on population health that their continuing understanding on public health should be specially nurtured”.

There was, from several interviewees, a complementary area for development – they believed that if their colleagues across the council understood better the normal operation of their own service, they could contribute to that service’s impact on health. For example:

- a better understanding of the planning consultation process would allow those informed about health impact to target the planning consultations on which their input could make a difference (although this need could also be met through training the Building Control Team in health impact assessment);
- knowledge about the reach of the outreach work of the Culture Unit to high need groups could give opportunities for community development and health improvement.

3.3.2.2 Partnership

There was some concern about the level of understanding of the functions of NHS Hampshire, from interviewees in both Eastleigh Borough Council and NHS Hampshire. This related both to the changing structure of primary care delivery over recent years (see Section 2.4 in Chapter 2), and the complexity of primary care delivery (how the commissioning function related to the roles of general practices, pharmacists and other providers). There was a need for this understanding to be gained at many levels and settings, with content specific to the setting.

Interviewees were also aware that there was value in sharing training and development with partners and contractors.

3.3.2.3 Public health skills

When informed about the skills and competences necessary for public health, several interviewees thought that the council generally, and their own service, could benefit from
strengthening skills in surveillance and assessment of the population’s health, and assessing the evidence. These are the skills within the Public health skills and career framework\textsuperscript{14} which support the development of business cases and evaluation of work to deliver health outcomes, by giving a sound understanding of what the important health problems are, and what will work to address them. Some of these skills are demonstrated in the council’s evidence document to support the corporate strategy,\textsuperscript{15} but work on health and wellbeing could benefit by their being more widely shared.

Interviewees were sceptical about whether the development of health improvement skills in front-line staff was appropriate for their services or could add to what they were already doing.

3.3.3 Recruitment and retention

Interviewees were asked about recruitment and retention issues, to give a context in which to think about capacity for development on health and wellbeing. The council was aiming for efficiency savings over those required by the Comprehensive Spending Review, without redundancy. Natural wastage could alter the balance of the workforce away from business needs, but the senior managers interviewed were positive and creative in addressing that challenge, even in professions in national shortage. They reported low turnover in most areas, except where, as a small organisation, they were not able to offer career progression.

3.4 Key points from Chapter 3

- Eastleigh Borough Council has a strong strategic focus on health, and is planning to develop its approach to health and wellbeing.
- Interviewees were aware of the health improvement impact of mainstream activities.
- There were many ad hoc health improvement activities, including many involving free-lance contractors, suggesting that the council was active in seeking opportunities and funding for this work.
- Interviewees identified a number of areas for development including:
  - organisational development;
  - greater understanding of the role of NHS Hampshire
  - development for some groups in public health skills related to evidence for action to improve health and wellbeing
CHAPTER 4  PROFILE OF THE WORKFORCE CONTRIBUTING TO HEALTH OUTCOMES

This chapter gives data on how the workforce is distributed between the CMO’s categories, and illustrates how the criteria were applied. Illustrations show how the classifications set out in Box 1 and Box 2 in Chapter 1 have been applied.

4.1 Number of posts by CMO’s category

Members of the specialist public health workforce, ‘key health influencers’ and ‘technical experts’ (see Section 1.4 in Chapter 1) in Eastleigh Borough Council are given in. Table 1.

Table 1: Number of posts by public health workforce category

<table>
<thead>
<tr>
<th></th>
<th>Number</th>
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<tbody>
<tr>
<td>Key Influencer</td>
<td>12</td>
</tr>
<tr>
<td>Technical expert</td>
<td>19</td>
</tr>
<tr>
<td>Practitioner *</td>
<td>16</td>
</tr>
<tr>
<td>Specialist *</td>
<td>2</td>
</tr>
</tbody>
</table>

Number of employees at end September 2009. Includes elected members and agency staff. Does not include vacancies.

* Includes both those who the UK Public Health Register standards, based on the need for public protection, and those whose roles mean they would benefit from meeting these standards, and might aspire to do so. See Section 1.4 in Chapter 1.

No estimate has been made of the size of the workforce contributing to health outcomes, which are likely to include a third to a half of the workforce in nearly every service, based on studies in other local authorities. Table 2 gives the distribution of the workforce in the council by service.
Table 2: Workforce in Eastleigh Borough Council by service, October 2009 (filled posts)

<table>
<thead>
<tr>
<th>Service</th>
<th>Workforce</th>
</tr>
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<tbody>
<tr>
<td>Direct Services</td>
<td>156</td>
</tr>
<tr>
<td>Regeneration and Planning Policy</td>
<td>43</td>
</tr>
<tr>
<td>Transportation and Engineering</td>
<td>42</td>
</tr>
<tr>
<td>Revenue &amp; Benefits</td>
<td>39</td>
</tr>
<tr>
<td>Customer Service and ICT</td>
<td>36</td>
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<tr>
<td>Environmental Health</td>
<td>34</td>
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<tr>
<td>Development Control</td>
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<tr>
<td>Human Resources</td>
<td>32</td>
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<td>Legal &amp; Democratic Services</td>
<td>30</td>
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<tr>
<td>Culture</td>
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<tr>
<td>Finance</td>
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<tr>
<td>Chief Executives</td>
<td>21</td>
</tr>
<tr>
<td>Countryside and Trees</td>
<td>19</td>
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<tr>
<td>Health &amp; Community</td>
<td>12</td>
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<tr>
<td>Sports &amp; Active Lifestyles</td>
<td>10</td>
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<tr>
<td>Area Co-ordination</td>
<td>7</td>
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<tr>
<td>Building Control</td>
<td>5</td>
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<tr>
<td>Community Safety</td>
<td>3</td>
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<tr>
<td>Housing</td>
<td>2</td>
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<tr>
<td>HIOW</td>
<td>2</td>
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<tr>
<td><strong>Total</strong></td>
<td><strong>580</strong></td>
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The extent of the contribution of the workforce to health outcomes varied greatly, and illustrations are given in Box 3. Box 4 illustrates the work of health technical experts by the CMO’s classification who were found in Environmental Health, Regeneration and Planning Policy, and Building Control. Key health influencers were restricted to a few settings – the strategic directors, and some elected members. Members of the public health specialist workforce (specialists and practitioners) were found only in Environmental Health and Health and Community (Box 5).

**Box 3: Examples of members of the wider workforce contributing to public health outcomes**

- The private sector housing team addresses health and safety and the decent homes standard
- The Housing Service’s handyperson scheme supports older people to remain independent in their own homes
- Dance and drama professionals, often free-lancers, sub contracted by the Culture Unit, work with schools, older people and groups, and have an impact on fitness and inclusion
- The sustainable transport officer promotes non-car use through a range of initiatives
- Staff in direct services care and plan for parks and open spaces, cleansing streets and collecting and recycling or disposing of waste
Box 4: Examples of health technical experts

Eastleigh employs a number of people who could be considered public health technical experts because their expert work is vital to public health. The Chief Medical Officer drew attention to this type of expert because they normally view development as an activity which lies within their own professional discipline only, and would benefit from shared development with others who contribute to health outcomes. Examples of these posts include planners, and the environmental health officers and technicians who work in animal welfare and pollution.

Box 5: Examples of members of the specialist public health workforce

There are two employees of Eastleigh Borough Council whose roles include public health specialist work.

The Health and Community Manager is funded jointly by NHS Hampshire and the council. Unusually for a post located in a local authority, the postholder is registered as a specialist with the UK Public Health Register. She is responsible for leading the council's work on health, as well as for community development. The responsibility for community development shows the council's recognition of the links between health and a broad range of social and economic determinants, and the importance of reducing health and social inequalities.

The Head of Environmental Health is a chartered environmental health officer and leads the council's regulatory enforcement work on a range of environmental influences on health including food hygiene, pollution and health and safety at work. He also develops the council's strategic role in these areas, and is exploring the scope for a larger role in tobacco and alcohol control and health improvement.

Although no council employees are at present registered with the UK Public Health Register as practitioners, there are some who spend a substantial part of their working practice furthering health by working with communities and groups. Within Health and Community there is a health manager and community development manager, responsible for a range of projects to improve health and reduce inequalities. Some environmental health officers and technicians respond to a range of direct threats to health. Registration would be a possible development, particularly for those working in health and community which lacks the structured career path offered in environmental health.

4.2 Key points from Chapter 4

- Members of Eastleigh Borough Council’s workforce contributing to public health outcomes were found across most services and units.

- Some workforce categories were found in a limited range of roles. Key public health influencers were found in a small set of senior roles, and all members of the public health specialist workforce were working in Environmental Health and Health and Community.
CHAPTER 5 CONCLUSIONS

This chapter summarises conclusions from the findings of the project.

5.1 Strengths of Eastleigh Borough Council as a health improvement organisation

Eastleigh Borough Council has a number of strengths as a health improvement organisation.

- It gives high priority to the health of its population, demonstrated by the inclusion of “healthy community” as one of three strategic priorities in its corporate strategy. It employs and part-funds a Health and Community manager, with a role to develop the council’s health related work at strategic and operational level.

- The council is embarking on a project to develop the council’s approach to health improvement. It is open to advice about how to sharpen its strategic focus and ensure that opportunities to improve the health of Eastleigh’s population are not missed.

- There is a high level of awareness of the health impact of the council’s mainstream functions such as housing and planning.

- There is a great deal of health-related activity, and the council is both proactive and opportunistic in finding opportunities for this work.

- The interviewees had a constructive and positive approach to further development in health improvement.

5.2 Need for development

There were findings which suggested that development could strengthen the council’s impact on the health of its population:

- There were some areas where interviewees recognised that council staff could benefit from the development of public health-related skills, particularly those skills that contributed to making the case for, and evaluating, health improvement activity.

- There were areas where the health impact of council activities could be improved if different units understood more about each others’ operation, including opportunities and constraints.

- There was concern in the council and in NHS Hampshire about the level of understanding of the operation of the NHS within Eastleigh.

- The numbers of independent contractors in activities related to health gave an opportunity for shared development of these employees across several services.
CHAPTER 6 RECOMMENDATIONS

The following recommendations arise from this work:

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<th>Strategic development in health improvement</th>
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<td>1. Workshops for leaders to build on earlier work</td>
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<td>2. A statement of the council’s role in health improvement and reducing health inequalities</td>
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<tr>
<td>3. Knowing Eastleigh’s gap</td>
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<tr>
<th>Understanding the NHS in Eastleigh</th>
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<td>4. A presentation on the NHS in Eastleigh for a range of council audiences</td>
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<th>Operational development</th>
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<tr>
<td>5. Sharing and building skills in health surveillance and assessment, and assessing evidence on health interventions</td>
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<td>6. Health improvement development for independent contractors</td>
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<tr>
<td>7. Presentation of Eastleigh’s learning in health improvement and reducing health inequalities</td>
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<tr>
<td>8. Opportunities to learn about the operations of the council</td>
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6.1 Strategic development in health improvement

Eastleigh Borough Council gives a greater strategic priority to health improvement than many other councils, but more could be achieved.

1. **Workshops for leaders to build on earlier work**

‘Health influencers’ in senior roles determine the use of significant resources and their decisions influence the health of the population profoundly.

**It is recommended:**

- that workshops be run by council officers and outside speakers to help senior managers and elected members understand the scope for improving the health of the population of Eastleigh and reducing health inequalities through both mainstream services and projects dedicated to health outcomes, and the importance of multi-agency partnership in that work.

2. **Knowing Eastleigh’s gap**

First amongst the government’s “high impact changes for local government to narrow health inequalities” is that local authorities should “know their gap” in life expectancy and infant mortality. Creative epidemiology – the use of a statistic dramatised by something to which people can relate in their everyday lives – can be a motivator for local action. A familiar example is the difference in life expectancy found at London Underground stops on the Jubilee line moving eastward from Westminster to Canning Town, a statistic illustrated with a map giving it visual impact. This was developed by the London Health Observatory for the white paper *Our Healthier Nation* and has been widely used since then.
It is recommended:

- that council officers propose such a local illustration of health inequalities in Eastleigh that the council can recommend to the Eastleigh Strategic Partnership and the Health and Wellbeing Partnership;
- that recommendation of the local illustration of health inequalities be one outcome of the workshop for council leaders.

3. A statement of the council’s role in health improvement and reducing health inequalities

The existing council priority for healthy communities could be strengthened by a statement of the extent of its role, supported by citation of its statutory responsibilities in this area. This statement would contribute to the development of an agreed corporate strategy and delivery plan for this priority, identified by the Audit Commission as a recommended action.11

It is recommended:

- that the strategic priority for healthy communities be supported by the statement of the council’s role in improving health and reducing health inequalities;
- that endorsement of such a statement be another outcome of the workshop for council leaders.

6.2 Understanding the NHS in Eastleigh

Some interviewees mentioned a difficulty in understanding the role of different parts of the NHS locally, particularly since the change from the former smaller PCT to the present NHS Hampshire. This knowledge is likely to be needed in a great range of operational settings, and it is probably not within the capacity of NHS Hampshire to explain to council staff in the range of settings where it is needed.

4. A presentation on the NHS in Eastleigh for a range of council audiences

It is recommended:

- that a member of council staff be given the task of developing a presentation on the operation of the NHS in Eastleigh, including the commissioning and providing roles of different NHS organisations;
- that this presentation be offered to all units of the council who need to collaborate with the NHS at any level, and kept up to date;
- that development and maintenance of the presentation be supported by NHS Hampshire staff including the Head of Communications, and the two Health Improvement Practitioners who act as Public Health Development Leads in NHS Education South Central’s programme (see Section 1.6 in Chapter 1).

6.3 Operational development

Eastleigh Borough Council is an organisation that prioritises the health of its population to a greater extent than many other councils. The following recommendations are for the council’s consideration, to enhance its impact on health at operational level.
5. **Sharing and building skills in health surveillance and assessment, and assessing evidence on health interventions**

Some interviewees thought that their contribution to health improvement might benefit from skills in health surveillance and assessment, and assessing evidence of interventions to improve health, which are required for those working in public health. Some of these skills are already found within the council, but a wider range of council officers would benefit from them, and these benefits would also contribute to the achievement of other strategic priorities.

**It is recommended:**

- that consideration be given to an ‘intelligence and evidence’ group of officers from several services being convened for joint learning, through:
  - sharing of existing skills
  - presentation of current pieces of work by council officers
  - presentations by outside speakers
  - a forum in which to discuss problems

The focus of this group would be skills round data and statistics, assembling and critical appraisal of research evidence for interventions, health needs assessment, health impact assessment and design of evaluations.

6. **Health improvement development for independent contractors**

Several units within the council including the Culture Unit, Sports and Lifestyle, and Community Development, contract to free-lance trainers or small voluntary and community sector organisations for projects which have an impact on health, and economies of scale may be achieved by offering these key front-line staff some shared training in health improvement.

**It is recommended:**

- that these units and any others who contract to similar individuals and organisations consider collaborating to offer them health improvement training.

7. **Presentation of Eastleigh’s learning in health improvement and reducing health inequalities**

For ten years the government has had a policy to reduce inequalities in health, and during that time, nationally the gap in life expectancy and some other indicators of health has stayed the same or widened. Health inequalities are an intractable problem, and there is a shortage of evidence of effective interventions. Local organisations, particularly those such as Eastleigh Borough Council which are active in health and wellbeing, can contribute to the national body of knowledge by sharing their experience both of success and of promising approaches which in fact made no difference.

**It is recommended:**

- that the council consider looking for opportunities to present its learning in health improvement to other councils, locally and nationally. These opportunities could be taken across a range of services and professional groups, and set in the context of the council’s strategic priority, its statement of its role and its illustration of its health inequality gap referred to above.
8. **Opportunities to learn about the operations of the council**

It was clear from several interviews that some units would have more impact on health if their operations were better understood by others, or if they in turn understood operations of units which related to theirs. Better understanding of operations of different units could also have benefits for other strategic priorities of the council.

**It is recommended:**

- that the council consider how understanding of operations of different units could be improved. This could be achieved by reviewing its induction process, and possibly ‘refresher induction’ sessions for staff of longer standing, or by periodic presentations by teams of current high profile projects to colleagues in other units who might benefit from them.
APPENDIX 1: INTERVIEWEES

**Eastleigh Borough Council**
Julia Birt, Sport & Active Lifestyles Manager  
Matt Blythe, Head of Environmental Health  
Cheryl Butler, Head of Arts & Culture  
Helen Coleman, Community Development Manager  
Gail Grant, Head of Direct Services  
Tony Hall, Head of Housing & Environmental Health  
Colin Peters, Head of Development Control  
Paul Ramshaw, Head of Planning Policy and Regeneration  
Sarah Wallbridge, Sustainable Transport Officer

**NHS Hampshire**
Christine Jackson, Interim Director of Public Health
APPENDIX 2: SEMI-STRUCTURED INTERVIEW TOPIC GUIDE

Meetings with key informants took the form of an exchange of information and understanding, with the researcher both informing and learning from informants. Questions were not scripted but all meetings had the following structure.

Preamble

• Summary of definition of health improvement, local authority role in health improvement, importance of partnership, need for mutual understanding between local authorities and NHS public health
• The project – objectives, funding, outputs, timescale
• Outline of the structure of the interview

Understanding of key informant’s service

• Key informant asked about the functions and structure of their service
• Identification of health improvement action within the service
  ♦ Which activities explicitly improve or maintain health
  ♦ Which activities have an impact on underlying determinants of health
  ♦ How were public health actions of both types funded (mainstream, short term, extent of funding)
  ♦ Did they involve partnership with other agencies

Identification of public health roles

• Posts contributing to public health.
• Data on numbers, and whether posts were full- or part-time, filled or vacant and any time-limits to funding collected on a pro-forma

Barriers and facilitating factors to public health action and public health development

• Exploration of labour market – recruitment, retention, professional structures
• Exploration of operation of local partnership
• Explanation by key informant of current process for identifying and meeting training and development needs
• Identification of public-health-related training
• Key informant’s views on existing public health training and development needs
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17 http://www.lho.org.uk/LHO_Topics/National_Lead_Areas/HealthInequalitiesOverview.aspx