ADDRESSING HEALTH AND WELLBEING:
A WORKFORCE DEVELOPMENT PROJECT FOR HEALTH AND
WELLBEING FOR MILTON KEYNES COUNCIL

A REPORT TO MILTON KEYNES COUNCIL

JULY 2010

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ACKNOWLEDGEMENTS

Thanks are due to all the interviewees who gave their time and thoughtful contributions to this work, and Jane Reed and Colin Wilderspin who championed and supported the project in the council.

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Joanna Chapman-Andrews has been working for the NHS for 20 years in public health roles. During the last ten 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 public health 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.
SUMMARY

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 Milton Keynes Council to support development to strengthen the health improvement function.

The council emerged as an organisation active in improving the health of the local population, and good at partnership working which is essential to health improvement. It has a strategic focus on health, and works closely with NHS Milton Keynes. Interviewees were aware of the health improvement impact of mainstream activities.

The council had embarked on a performance improvement initiative in the face of many challenges, led by a new and committed strategic team. There was potential for developing the organisation’s ability to address health and wellbeing, but any initiatives needed to be aligned with existing pressing priorities.

The report includes recommendations to build on Milton Keynes Council’s strength in health and wellbeing, and support its strategic aim to improve the health and quality of life of the local population.
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CHAPTER 1  BACKGROUND

1.1 Aims and objectives of the project

This report gives findings of a project developed and carried out between March and May 2010.

The project aim was to improve the effectiveness of Milton Keynes Council in achieving its objectives for health and wellbeing through its own actions and engagement with partners.

Objectives were to:

- establish the range of services to be included in considering the workforce whose role falls within an agreed definition of the health improvement workforce;
- establish where there were knowledge and skill gaps, and where there were barriers to development of the council’s function to ensure health and wellbeing of the local population;
- raise awareness of the council’s role in health and wellbeing across the organisation.

This work should 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 (including the Chief Executive). The meetings covered:

- learning how services are delivered in Milton Keynes Council;
- 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 Milton Keynes Council, 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 Deputy Director of Public Health and Senior Health Improvement Specialist at NHS Milton Keynes.

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

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 also involved review of documents relating to and produced by the council, listed in Appendix 3.

The project was conducted by Rhiannon Walters. Joanna Chapman-Andrews contributed to the conclusions and recommendations. It was sponsored within the council by Jane Reed, Assistant Director for Performance Improvement in the Community Wellbeing Directorate, and supported by Colin Wilderspin, National Management Trainee, Policy and Performance Team. Colin also job-shares the part time role to lead on public health development for the council with the senior health improvement specialist in NHS Milton Keynes.
1.3 Health and wellbeing, healthy communities, and public health

Local authorities and the NHS were 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 Unitary councils and health and wellbeing

1.4.1 Unitary council functions

Unitary councils such as Milton Keynes Council are responsible for:

- Education
- Housing
- Planning applications
- Strategic planning
- Economic development
- Transport planning
- Passenger transport
- Highways
- Social services
- Libraries
- Leisure and recreation
- Waste collection
- Waste disposal
- Environmental health
- Revenue collection

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, and more severe cuts are expected in the next Spending Review to report in October 2010.
1.4.2 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’.

1.4.2.1 ‘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 and local government services such as housing, planning and services such as economic development that influence employment and financial stability 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 rarely the primary stated outcomes of these mainstream activities, but none the less they make an important contribution.

1.4.2.2 ‘Ad hoc’ activities contributing to public health outcomes

Some activities are explicitly labelled as health-related. These tend not to be mainstream-funded, but often involve partnership and short-term funding. They are often found within community development or leisure services.

1.5 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 three programmes which are particularly relevant to this project.

- A high level multi-agency programme began in the autumn of 2008 and is now completed. It was an innovative programme to develop key influencers and leaders from all sectors such as Local Strategic Partnership members, councillors, directors of service within local authorities and the voluntary sector, for example. Its aim was 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. An evaluation report is being finalised. 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. Early findings indicate an important need for greater opportunities for specific allocated time to work in partnership across sectors, possibly through learning sets or project groups.

- 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. In Milton Keynes, this role is shared between a council employee and an NHS Milton Keynes employee.
More recently, a Public Health Practitioner Assessment pilot project to identify, assess and verify locally a group of practitioners who demonstrate the required knowledge and skill for Public Health practice in line with current UK Public Health Register public health practitioner standards.

1.6 Structure of this report

- Chapter 2 describes the health of the local population, and the agencies, Milton Keynes Council and NHS Milton Keynes, with responsibility for health and wellbeing.
- Chapter 3 describes the extent and type of work contributing to population health and wellbeing that Milton Keynes Council now undertakes, sometimes in partnership, and workforce and organisational development relevant to health improvement.
- Chapter 4 draws conclusions from the findings.
- Chapter 5 makes recommendations for Milton Keynes Council and NHS Milton Keynes.

1.7 Key points from Chapter 1

- This project aimed, as part of the Public Health Development programme of NHS Education South Central, to improve the effectiveness of Milton Keynes Council in achieving its objectives for health and wellbeing through its own actions and engagement with partners.
- The project used interviews with the key informants and documentary review to identify scope for developing the council's workforce to improve delivery on health and wellbeing.
- The term ‘health and wellbeing’ is preferred to ‘public health’ for this project, but the two terms are closely related.
- Unitary city councils such as Milton Keynes 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  MILTON KEYNES

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

2.1 Health of Milton Keynes’s population

Information on the health of Milton Keynes’s population is available from health profiles produced by the Department of Health.7

Milton Keynes’s life expectancy and mortality rates are similar to the average for the South Central region and for England. As in the rest of the country, mortality rates for men and women have been improving in recent years. Some wards in the south and west of Milton Keynes include areas that are among the fifth of areas with the high deprivation scores in England.8 There are inequalities in health within Milton Keynes. Life expectancy is 7.0 years shorter for men and 6.0 years shorter for women in the most deprived areas compared to the least deprived.7

2.2 Milton Keynes Council

2.2.1 Organisational structure of Milton Keynes 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.

Milton Keynes has five directorates with functional responsibilities led by corporate directors, each with around five divisions. The Community Wellbeing directorate has lead responsibility for health.

It owns its own housing stock. Some administrative functions, including human resources are outsourced to a strategic partner, Mouchel.

2.2.2 Performance

The Care Quality Commission found that adult services were ‘performing well’ (the rating one below the best in a four-point scale) in its annual assessment for 2008/09.9 Children’s services were assessed by Ofsted as ‘performing adequately’ in 2009, improving from a ‘performing poorly’ rating in 2008,10 with plans being prepared to exit the service from government Department of Education (previously Department for Children, Schools and Families) intervention. Overall the council achieved a score of 2 on a 4-point scale (“an organisation that meets only minimum requirements and performs adequately”) in both managing performance and use of resources. It is praised for its commitment and approach to addressing inequalities and partnership and resolving earlier problems, through work in many areas including the environment, housing, equality and partnership. The assessment
identifies some problems, but reports that the council is taking action to address these issues.\textsuperscript{11}

2.3 NHS Milton Keynes

NHS Milton Keynes has a public health leadership role in Milton Keynes. The Director of Public Health has been jointly appointed by both agencies from the start of the primary care trust in April 2002 and the Deputy Director of Public Health (also a joint appointment) sits on the most senior officer body on the council, the Corporate Leadership Team. The commissioning arrangements for adult community-based services are fully integrated across NHS Milton Keynes and Milton Keynes Council.

2.4 Key points from Chapter 2

<table>
<thead>
<tr>
<th>The health of Milton Keynes’s population is similar to that of England as a whole. There are social and health inequalities within Milton Keynes.</th>
</tr>
</thead>
<tbody>
<tr>
<td>The council has directorates defined by function with the Community Wellbeing directorate leading for health.</td>
</tr>
<tr>
<td>NHS Milton Keynes is responsible for leading in public health across Milton Keynes, and for commissioning health improvement services through a range of providers. The council works closely with NHS Milton Keynes and the Director of Public Health and Deputy Director of Public Health are jointly appointed.</td>
</tr>
<tr>
<td>Adult community-based services are jointly commissioned by Milton Keynes Council and NHS Milton Keynes.</td>
</tr>
</tbody>
</table>
CHAPTER 3 MILTON KEYNES COUNCIL’S DEVELOPMENT OF ITS HEALTH AND WELLBEING ROLE

This chapter describes the extent and type of work contributing to health outcomes that Milton Keynes 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. Findings for this chapter come from interviews with senior staff (a list of interviewees is given at Appendix 1, and the topic guide is given at Appendix 2), and from document review (documents listed at Appendix 3).

3.1 Strategic focus on health and wellbeing

Milton Keynes Council is committed to improving the health of the local population. The council’s six strategic aims, set out in the council’s plan\textsuperscript{12} include one to:

*Improve health and ensure a high quality of life for all aspects of the community*

These aims are supported by sets of objectives and a cross-council performance project has been initiated to deliver them.

The council is an active member of the health and wellbeing group of the Milton Keynes Local Strategic Partnership. The group is chaired by the joint Director of Public Health with strong council input. This group is focused on improvement on health-related indicators from the local area agreement.

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 and involving partners.

Interviewees cited examples of both types of activity.

3.2.1 Mainstream activities

Interviewees showed a high awareness of the health impact of the council’s mainstream functions including for example:

- the transport planning function takes account of both health and environmental impact. Its staff includes a fitness specialist with a health promotion background who works with transport engineers to improve infrastructure for cycling and walking, and to promote these modes of transport in the community;
- the need for stability in the lives of deprived children is being considered in the housing strategy and will influence decisions relating to avoiding family moves.
3.2.2 Ad hoc activities and multi-agency partnership activity

Examples of partnership work drawing on a range of funding sources which contribute to health include:

- the Safer Milton Keynes Partnership’s initiative, ‘Safe at Home’ led by Age Concern Milton Keynes whereby community-based workers from a range of agencies visiting vulnerable older people will support access to safety interventions such as smoke alarms;
- active parish-level partnerships where trust built up between agencies leads to joint action which gives many benefits of shared budgets without having formal pooling arrangements;
- integration of NHS Milton Keynes’s health improvement work with the work of the council and other partners. For example, work on smoking and obesity is linked to community safety, transport planning, and planning for the Olympics;
- partnership between health improvement and council regulatory services existed in alcohol-related harm and tobacco control but could be developed in other areas.

3.3 Workforce and organisational development for health improvement

3.3.1 Training and development processes

We gathered information on the training and development process in order to consider how development for health and wellbeing could be incorporated.

The council is overhauling its training and development process, streamlining the competency framework and appraisal process to improve uptake, compliance and accountability. There is a workforce strategy which will lead to a training plan including actions to link individually identified needs to training which will deliver the council’s aims and objectives. Services are developing their own training plans linked closely to service objectives.

Training is used in regulatory professions such as trading standards and environmental health as a way of overcoming recruitment problems (by training to qualification within the organisation) and improving retention. These groups have formal requirements for a certain number of hours of training a year.

Although most interviewees reported a heavy workload, they also reported that time for training was well-protected.

3.3.1.1 Member training

There is induction for new members of the council. Members are offered the chance to develop a personal development plan through the Innovation and Development Agency, with training provided by the council.

3.3.1.2 Joint training

In keeping with the council’s commitment to partnership the council takes part in shared training with other organisations. The joint adult care services mean that the training programmes of the council and NHS Milton Keynes are open to staff of both organisations regardless of employer. The parish level partnerships engage in training for all participating organisations, and this joint training, for example in community safety, has the added value of strengthening partnership networks.
3.3.2 Competing demands
Milton Keynes Council has a particularly heavy workload:

- it has a young and growing population and its services must keep pace;
- it has been particularly hard hit by the recession, and needs to attract and stimulate employment, and improve the skills level of its working age population;
- some of its original housing stock is no longer adequate, and it is undertaking housing regeneration;
- it is recovering from a failure within its children and young people’s services leading to Department of Children, Schools and Families intervention.

These issues are being addressed by a largely new senior management team, and steps taken were praised in the council’s most recent organisational assessment.11 These valuable renewal processes, however, mean that any development of the council’s capacity and capability to address health and wellbeing should support and be complementary to its efforts, and not compete.

As in most councils, there are difficulties in recruiting into regulatory and social care professions.

3.3.3 Perceived needs for development in public health skills and competences
The public health development leads in Milton Keynes Council and NHS Milton Keynes (see Section 1.5 in Chapter 1) set up a programme of seven workshops, “Public Health: Everybody’s business”, open to council workers and partners. Up to 20 people attended each workshop including councillors and partners from the voluntary sector.

Interviewees were asked about public health skills and competences, related to two of the four core competencies in the public health skills and career framework.13

3.3.3.1 Surveillance and assessment of population health
The council runs an observatory, MKi, which provides data analysis and intelligence for the council and has strong links to the public health information analysts at NHS Milton Keynes. This is an unusual asset, and was valued by interviewees particularly for demographic information. It was not clear, however, that staff at operational management level understood the benefits that MKi could offer. The Joint Strategic Needs Assessment recommends “use of population profiling datasets in planning and delivering health and social care services, in order to ensure that services are being delivered to the right areas and in a manner to which the clients are likely to be most receptive.”14

The introduction of the performance framework was likely to motivate dissemination of data and evidence skills and understanding across a wider range of council employees.

There was, however, interest in support to measure mainstream services against health outcomes, and to further highlight the links and common causes joining health and deprivation to educational outcomes, in the Children and Young People’s Service. This kind of measurement is likely to become increasingly important in the government’s approach to public health.15

3.3.3.2 Leadership and collaborative working for health
Council officers at strategic level had strengths in leadership for health, and were focused on other priorities for development at the time of the project. It would be an inappropriate time for leadership development for officers until action plans to address some of the issues in
Section 3.3.2 above are formed and under way. Officers were not encouraging about the benefits of leadership for health training for members.

Some interviewees suggested that partnership skills at strategic and senior management level could be improved. A wider understanding of partnership working is recommended in the Joint Strategic Needs Assessment.\textsuperscript{14}

3.3.3.3 Health promotion
There was interest in strengthening the skills of frontline workers from a range of agencies in opportunistic health promotion and signposting. Opportunistic action for local priorities was already accepted. The council used payroll slips to encourage action on safeguarding children, and there was the multi-agency project, ‘Safe at Home’, described in Section 3.2.2 above. This kind of project should be targeted in accordance with existing council priorities, including older people, and areas prioritised for regeneration in the council’s neighbourhood strategy. Flexible working of frontline staff in priority areas is the subject of a Joint Strategic Needs Assessment recommendation.\textsuperscript{14}

3.4 Key points from Chapter 3

- Milton Keynes Council includes an aim to improve the health and quality of life of the local population among its five strategic aims.
- The council is committed to partnership, and is an active partner in the local strategic partnership and its health and wellbeing group.
- Interviewees were aware of the health improvement impact of mainstream activities. There were many ad hoc health improvement activities involving partnership.
- The council has a number of pressing priorities, and developing its capacity and capability for health and wellbeing should be aligned to existing priorities.
- A number of areas for public health skills development were identified including:
  - wider understanding of the use of local profiling information available through MKi;
  - partnership for health, at senior officer level;
  - health promotion skills for frontline workers in a range of agencies, providing services to priority population groups.
CHAPTER 4  CONCLUSIONS

This chapter summarises conclusions from the findings of the project.

4.1  Strengths of Milton Keynes Council as a health improvement organisation

Milton Keynes Council had a number of strengths as an organisation committed to addressing the healthy communities agenda:

- the council has a strong commitment to the health of its population at strategic level. One of the council’s six corporate strategic aims is “to improve health and ensure a high quality of life for all aspects of the community”\(^{12}\). A good understanding of the link between council functions and population health, and its implications for delivery, was found among all strategic-level interviewees;

- the council has strengths in partnership for health at every level. The jointly-appointed Director of Public Health and his deputy and team are well integrated in the council’s structure, with the Deputy Director of Public Health a member of the council’s highest officer body, the Corporate Leadership Team. The health and wellbeing partnership is a well-structured body with commitment from leaders from a range of local organisations influential to the health of Milton Keynes’s citizens chaired by the Director of Public Health, and tightly focused on achievement of Milton Keynes’s local area agreement health targets. There is genuine joint commissioning for adult community-based services;

- partnership with the NHS is an example of success in collaboration with statutory, commercial and third sector organisations at strategic and operational levels. Such partnership is essential to addressing population wellbeing. At parish level there are examples of efficiencies through joint work for shared objectives. These local examples of partnership transferable experience in pooled budgets, or more informal collaborative arrangements which give similar benefits in terms of savings, the chance to work proactively, and improved experience for service users. These benefits depend on trust between organisations;

- the council’s services collaborate well within the organisation. The ability to work corporately across services is supportive of good delivery for population health;

- the council has a relatively new and dynamic senior officer team and is embarking on a new performance framework to support delivery of its strategic aims and their related outcomes. This renewal of the council’s commitment to delivery gives an opportunity for strengthening its impact on population health;

- that renewal includes workforce strategy, which will lead to developing the council’s skills and competencies through a training plan. The timing of this project to strengthen the council’s work on health and wellbeing gives an opportunity to influence the training plan, building on work already achieved by the programme “Everybody’s Business; Public Health in Milton Keynes” developed by the public health workforce development leads for Milton Keynes.

4.2  Barriers to development

The council has much to do at present and may have to consider how strengthening its work on health and wellbeing can be aligned to other priorities:
• it has been particularly hard hit by the recession and needs to stimulate the local economy;
• it has an unusually high level of population growth, and needs to ensure that services and the local economy keep pace with that growth;
• it is improving following a low performance rating, and its children’s services are still in Department for Children, Schools and Families intervention.

4.3 Need for development

Strengthening Milton Keynes Council’s capacity and capabilities for contributing to the health and wellbeing of the Milton Keynes’s population needs to build on its existing strengths, and take account of existing pressing issues:

• we found interest in a collaborative model for delivery of front-line services which could improve the effectiveness of signposting between a range of services affecting determinants of health, and the quality of service;
• the new performance framework gives an opportunity for exploiting the strengthening of skills in providing evidence of improvement across all council services, and the availability of sound data on a range of indicators on health, wellbeing, and determinants of health contributing to the council’s strategic aims.
CHAPTER 5 RECOMMENDATIONS

The council was well set up to achieve its aim of improving health, with a dynamic new senior team, and good external and internal collaboration. However, it was not at present well placed to develop a major cross council initiative for health, and these recommendations focus on complementing existing activities and priorities.

1. Delivering on the council’s aim to improve health, through targeted activity
2. A workshop to develop collaboration between NHS Milton Keynes and Milton Keynes Council regulatory services

1. Delivering on the council’s aim to improve health, through targeted activity

It is recommended:

- that joint health improvement initiatives be designed by council and NHS officers and any other relevant partners, for priority population groups or settings. Possible early initiatives include a focus on:
  - an age group within the Children and Young People’s service;
  - populations within areas targeted by the council’s neighbourhood regeneration strategy.
- The initiatives would be launched with workshops involving the widest possible range of services including:
  - those providing services directly to the target group;
  - those dealing with the sectors which influence their health such as food businesses, and employers
- The outputs of these workshops would be definitions of:
  - what managers can do (set objectives, monitor and evaluate, drawing on existing resources including MKi, NHS Milton Keynes’s public health team, and the indicators in the council’s performance framework);
  - what frontline workers can do (identify, intervene, collaborate, signpost);
  - what skills and competences are needed;
  - how these skills and competences can be acquired

2. A workshop to develop collaboration between NHS Milton Keynes and Milton Keynes Council regulatory services

Local Authorities Coordinators of Regulatory Services (LACORS) and the Improvement and Development Agency (I&DeA) have demonstrated, in a recent publication, the potential for achieving health objectives through collaboration between health services and council regulatory services. In Milton Keynes collaboration was strong in some areas such as alcohol and tobacco control but could be developed in some other areas.
It is recommended:

- That this publication form the basis of a joint workshop between key staff in NHS Milton Keynes and Milton Keynes Council Regulatory Services, tasked with identifying an action plan for building on existing collaboration.
APPENDIX 1: INTERVIEWEES

Milton Keynes Council

Michael Bracey, Assistant Director for Partnerships, Commissioning and Performance (Children and Young People’s Services)

Caroline Godfrey, former Community Liaison Officer

Ceri Griffin, Cycling & Walking Development Officer, Transport, (Environment)

David Hill, Chief Executive

John Moffoot, Head of Democratic Services (Strategy & Partnerships)

Jane Reed, Assistant Director, Performance Improvement (Community Wellbeing)

Brian Sandom, Corporate Director, Environment

Lyn Scott, Assistant Director for Adult Social Care (Community Wellbeing)

Colin Wilderspin, National Management Trainee, Policy and Performance Team (Community Wellbeing)

Philip Winsor, Assistant Director for Regulatory Services (Environment)

NHS Milton Keynes

Diane Gray, Director of Strategy & Planning and Deputy Director of Public Health

Derys Pragnell, Senior Health Improvement Specialist
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
APPENDIX 3: DOCUMENTS REVIEWED FOR THE PROJECT

Published documents

Internal and unpublished documents
Organisation Charts for council October 2009
Milton Keynes Council Strategic Aims and Outcomes
Health and Wellbeing Select Committee Work Programmes 2009/10 and 2010/11
Programme and attendance data for Public Health Development Programme “Everybody’s Business; Public Health in Milton Keynes”
Papers for Milton Keynes Health and Wellbeing Partnership Group meetings 29 March 2010 and 7 December 2009
REFERENCES


