DEVELOPING SOUTHAMPTON CITY COUNCIL AS AN ORGANISATION EQUIPPED TO BUILD HEALTHY COMMUNITIES

A REPORT TO SOUTHAMPTON CITY COUNCIL

MAY 2010

Rhiannon Walters
Joanna Chapman-Andrews

Towards a healthier future...
ACKNOWLEDGEMENTS

Thanks are due to all the workshop participants who gave their time and thoughtful contributions to this work, and Dave Shields and Chris Hawker who championed and supported the project in the council.

Rhiannon Walters MSc FFPH
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.

Joanna Chapman-Andrews, MSc, FRSPH, MFPH
Head of Public Health Development Programmes, NHS Education South Central (NESC)

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

As one of its programmes to develop the health and wellbeing workforce across all levels and sectors, NHS Education South Central worked with Southampton City Council to develop the council’s capacity to address the healthy communities agenda.

The project used workshops with staff, review of council documents and interviews with key staff. As the project was taking place, the form of the council’s new shared commissioning arrangements for health and adult services with NHS Southampton City were becoming firmer, and evolving. NHS Education South Central and Southampton City Council agreed that the recommendations of the project should feed into how those arrangements were formed.

Southampton City 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. The project revealed concerns from staff about barriers to collaboration across directorates and departments within the council, and the focus of leadership for health in the council. The report makes recommendations for addressing these concerns within the new commissioning arrangements.
CHAPTER 1  BACKGROUND

1.1  Aims and objectives of the project

This report gives findings of a project developed and carried out between April and December 2009.

The aim of the project was to contribute to the development of Southampton City Council as an organisation equipped to progress the healthy communities agenda.

Objectives agreed with Southampton City Council were:

1. to assess whether the council has the capacity to deliver its contribution to the Southampton Partnership’s Health and Wellbeing Strategic Plan 2009-12 by:
   o identifying the range of existing activities which will contribute to achievement of the plan;
   o identifying facilitators and barriers to the City Council maximising its contribution to delivering the plan while remaining resource-neutral;
   o identifying possible actions to improve its capacity to maximise its contribution to delivering the plan;

2. to investigate the appropriateness of governance arrangements, and leadership capacity, to maximise its contribution to delivering the plan;

3. taking into account 1 and 2 above, to make recommendations about further development.

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

Since these objectives were formed, those managing the project for the council and NHS Education South Central have agreed that findings are relevant to development of the new joint commissioning arrangements with NHS Southampton City (see section 2.4 in Chapter 2), and so recommendations have been made in that context.

1.2  Activities of the project

The planned project activities were:

1. Three workshops for council officers leading or key to delivery of the council’s contribution to the strategy objectives, organised under the themes of the three health and wellbeing strategy delivery boards:
   o Healthy Living
   o Healthy Environment
   o Putting People First

2. Review of the leadership and governance arrangements for the strategy in the light of the outcome of the workshops through review of documents on the governance arrangements, and meetings with members and senior council officers (documents reviewed are listed at Appendix 1).
The information collated would inform a proposed action plan for the workforce, and for addressing organisational barriers to development of the council’s ability to contribute to the delivery of Southampton’s Health and Wellbeing Strategic Plan.

It was hoped that the report and its action plan could be adopted by the Southampton Health and Wellbeing Partnership Board, as well as feeding into the considerations of the Joint Strategic Board and the Executive Director of Health and Adult Social Care as they develop joint commissioning arrangements with NHS Southampton City.

The programme for the workshops is given at Appendix 2. Appendix 3 gives the group work exercises used in the workshops.

Uptake for the workshops was lower than planned and there were no participants from important services such as Health and Adult Social Care (apart from the Health and Wellbeing Strategy Manager who managed the project within the council) or Children and Young People’s services. This patchy uptake meant that the objective of identifying the range of existing activities which contribute to achievement of the Health And Wellbeing Strategic Plan could not be achieved as planned, but other objectives were addressed.

The project was conducted by Rhiannon Walters. Rhiannon Walters and Joanna Chapman-Andrews considered the findings and made recommendations. It was sponsored within the council by Dave Shields, Health and Wellbeing Strategy Manager and Christopher Hawker, Head of Strategic Development, in the Health and Adult Care Directorate who secured the support of senior managers and colleagues across the council 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 Unitary councils and health and wellbeing

1.4.1 Unitary council functions

Unitary councils such as Southampton City Council are responsible for:

- Education
- Housing
- Planning applications
- Strategic planning
- 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.

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 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 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. 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.

1.5 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 two programmes which are particularly relevant to this programme:

- 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.

1.6 Structure of this report

- Chapter 2 describes the health of the local population, and the agencies, Southampton City Council and NHS Southampton City, with responsibility for health and wellbeing.

- Chapter 3 describes the extent and type of work contributing to health improvement that Southampton City 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 Southampton City Council, and NHS Southampton City.

1.7 Key points from Chapter 1

- This project aimed, as part of the Public Health Development programme of NHS Education South Central, to contribute to the development of Southampton City Council as an organisation equipped to progress the healthy communities agenda.

- A major activity of the project was a series of workshops with council employees in which they learned the potential for local authorities to contribute to the health of the local population and considered the action the council was already taking.

- 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 Southampton City 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  SOUTHAMPTON

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

2.1 Health of Southampton’s population

Information on the health of Southampton’s population is available from health profiles produced by the Department of Health.7 Southampton’s life expectancy and mortality rates are worse than 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 but Southampton’s mortality rates remain above the national rates. None of Southampton’s 16 wards include areas that are among the fifth of areas in England with the lowest deprivation scores.8 There are inequalities in health within Southampton. Life expectancy is 7.0 years shorter for men and 4.2 years shorter for women in the most deprived areas in the city compared to the least deprived.7

2.2 Southampton City Council

2.2.1 Organisational structure of Southampton City 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.

Southampton has a cabinet, and ten portfolio-holding cabinet members. It has five directorates with functional responsibilities, each with around five divisions. The Health and Adult Social Care directorate has lead responsibility for health.

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

2.2.2 Performance

In its Comprehensive Area Assessment, Southampton achieved a score of 3 on a 4-point scale (“an organisation that exceeds minimum requirements and performs well”) in both managing performance and use of resources. It is praised for its 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, including teenage pregnancies and violent crime.9

An Innovation and Development Agency (I&DeA) Peer Review on Healthy Communities was completed in 2008. The report is confidential to the council, but in I&DeA’s report on its Healthy Communities Peer Review programme, the council is praised for its partnership with the primary care trust and its use of information and data to address health issues.10
2.3 NHS Southampton City

NHS Southampton City has a public health leadership role in Southampton. As a unitary authority with a coterminous primary care trust, Southampton has been spared some of the changes in public health leadership experienced by two-tiered authorities. Public health services focus on commissioning programmes through a range of providers. The Director of Public Health has been jointly appointed by both agencies from the start of the primary care trust in April 2002 and from two years after that was jointly funded by both organisations. He is a member of the council’s Chief Officers’ Management Team.

2.4 Joint commissioning arrangements

Southampton City Council and NHS Southampton City are now aligning commissioning processes and structures for adult social care and for health, with plans for full integration by April 2012, including pooled budgets and a single responsible Executive Director reporting to both Chief Executives. A senior commissioning manager for prevention, covering both older people and the general adult population will report both through the joint associate director of the joint body to the executive director, and to the joint Director of Public Health (Figure 1).

Figure 1: Location of Commissioning Manager for Prevention in joint commissioning arrangement

2.5 Key points from Chapter 2

- The health of Southampton’s population is worse than that of England as a whole, and there are social and health inequalities within Southampton.
- The council has directorates defined by function with the Health and Adult Social Care directorate leading for health.
- NHS Southampton City is responsible for leading in public health across the city, and for commissioning health improvement services through a range of providers. The council works closely with NHS Southampton City and the Director of Public Health is jointly appointed.
- A joint commissioning arrangement between these organisations is to be implemented from April 2010 with full integration by April 2012.
CHAPTER 3 SOUTHAMPTON CITY COUNCIL’S DEVELOPMENT OF ITS HEALTH AND WELLBEING ROLE

This chapter describes the extent and type of work contributing to health outcomes that Southampton City 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 group work at the workshops (the content is given at Appendix 3), and from document review (documents listed at Appendix 1).

3.1 Strategic focus on health improvement

The strategic lead for health in the corporate team is the Executive Director for Adult Social Care. Two complementary streams of activity determined Southampton’s strategic approach to health.

- the city’s Health and Wellbeing Partnership, an example of the partnership for health praised by the Innovation and Development Agency (I&DeA). The council plays a full part in the partnership, which directs the local area agreement and has recently published a city health and wellbeing strategy. The Joint Strategic Needs Assessment (JSNA) provided evidence of the city’s strategic needs, using not just statistics but also local views, and Southampton City Council made a substantial contribution to the work on the document. The JSNA was cited by NHS Evidence as an example of good practice; 

- integrated commissioning through the new commissioning structure for preventive approaches in adult care. NHS Southampton City and Southampton City council have recently produced an integrated commissioning strategy which will be followed up with a plan.

Internally, and beyond the provision of care and prevention of the use of adult services, a strategic approach to population health and wellbeing was less clear. Responses from workshop participants and examination of the council’s governance arrangements and documents did not show an integrated and comprehensive strategic approach to health improvement within the organisation which would allow a consistent and considered approach to its contributions to health partnership.

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.

Workshop participants cited examples of both types of activity.
3.2.1 Mainstream activities

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

- the council’s road safety team in the environment service aims to reduce death and injury through training and public awareness;
- a range of housing activities directly influences health, including work to achieve the decent homes standards, a handy-person scheme to support people to remain independently in their own homes, and work to address anti-social behaviour;
- building control and food hygiene are among many areas where council enforcement has a direct impact on health.

3.2.2 Ad hoc activities

Examples of work drawing on a range of funding sources, and not involving statutory services, which contribute to health, include:

- the youth fitness academy secured continued funding through evidence from a positive evaluation;
- the council’s Healthy Communities team addresses health inequalities in areas with the worst health indicators, drawing on council and external funding.

3.2.3 Multi-agency partnership activity

Examples of cross-agency working include:

- Southampton’s Tackling Alcohol Partnership, reporting through the Safe City Partnership, brings together the council, NHS Southampton City, the police and the local hospital. It addresses Southampton’s high level of indicators of alcohol-related harm;¹³
- the Drug Action Team involves the council, NHS Southampton City, police, probation service, service users, carers and voluntary sector groups, and reports to the Safe City Partnership;
- Southampton Warmth for all Partnership (SWAP) makes links between the warm front programme and services which come into contact with service users in fuel poverty, by raising awareness of fuel poverty among those services.

3.3 Workforce and organisational development for health improvement

3.3.1 Training and development processes

Needs identified at annual appraisal feed into training plans which form part of business plans. The council is committed to shared training and development with partners.

3.3.2 Perceived needs for development

3.3.2.1 Organisational development

Workshop participants were concerned about three issues which could influence the council’s ability to progress the healthy communities agenda:

- cross-service working
- leadership for health
communication within the organisation

Participants in both workshops were concerned about the lack of cross-directorate and cross-department work for health. They cited strategies that were not linked, a lack of knowledge of related work for the same target group (for example work for older people) in different services, and missed opportunities for collaborative projects. This contrasted with the council’s strength in partnership with external organisations. Southampton City Council’s directorates and departments are based on function, and this has delivered benefits for the council in performance and resource management. However, some participants thought this might contribute to difficulties in cross-service collaboration.

Several participants mentioned issues around leadership. Some mentioned the need for strengthening elected members’ understanding of public health issues. They were also concerned about distributed leadership and ownership of the healthy communities agenda, a concern which related to the difficulties in cross-service work for health. Some found that location of the Health and Wellbeing Strategy Manager and colleagues in the Health and Adult Care directorate could lead to a lack of ownership of health and wellbeing elsewhere in the council. There was low awareness of role of the joint Director of Public Health, and participants did not perceive the role as one that could support them at operational level. Suggestions were made about inclusion of health in job descriptions, and strengthening the health content of induction.

Finally there was a concern about communication within the council, both generally, and specifically related to health. For example, some middle managers argued that employees had low awareness of the council’s role in health, and a lack of a clear and engaging message or identity to which council staff could relate. Participants also reported a lack of feedback to staff who provided data for the council’s statistics about the value of the data and how it was used, leading to disengagement.

3.3.2.2 Public health skills

Workshop participants reviewed the public health skills identified in the Public health skills and career framework (in Appendix 3, group work session 2) and considered what the council was already very good at and where they could benefit from further development.

They were aware of the skills the council had in surveillance and assessment, identified by the I&DeA and demonstrated by the sound information base for the city’s JSNA. They also agreed with external evaluators which praised Southampton’s local partnership. They identified skills in health improvement and health protection in particular services, but not shared across the organisation.

They would like the surveillance and assessment skills to be strengthened and shared more widely so that for example those collecting data had a better understanding of why they were doing it and had feedback on its benefits. They argued for more evaluation skills to guide future spending and make business cases for internal and external funding. Some made a case for more joined up policy across services and directorates, and argued for stronger leadership for health from elected members and directors to drive this work.
3.4 Key points from Chapter 3

- Southampton City Council is committed to partnership, through which it focuses its strategic approach to health and wellbeing.
- Workshop participants were aware of the health improvement impact of mainstream activities. There were many ad hoc health improvement activities.
- Participants identified a number of areas for development including:
  - organisational development to strengthen collaboration within the organisation, and communication;
  - leadership for health, at member and officer level;
  - development for some groups in public health skills related to evidence for action to improve health and wellbeing.
CHAPTER 4 CONCLUSIONS

This chapter summarises conclusions from the findings of the project.

4.1 Strengths of Southampton City Council as a health improvement organisation

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

- it has good engagement in partnership, which has been praised by outside agencies, and was evident in the work for this project, and in its contributions to the Health and Wellbeing Strategic Plan\(^1\) and the Joint Strategic Needs Assessment;\(^{11}\)
- it has set up three delivery groups for the Health and Wellbeing Partnership, two of which are led by senior council officers, and through this mechanism have dedicated a significant amount of officer time to achieving the Strategic Plan;
- the posts of Health and Wellbeing Strategy Manager and Head of Strategic Development, in the Health and Adult Social Care Directorate, have given leadership for health and been a mechanism for engaging services across the council in health partnership activities such as the Health and Wellbeing Strategic Plan and the Joint Strategic Needs Assessment;
- the new joint commissioning structure with NHS Southampton City is an opportunity to develop a comprehensive strategic and operational approach to improving the health of Southampton’s adult population. An integrated health and wellbeing commissioning strategy has already been produced.

4.2 Need for development

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

- workshop participants identified difficulties in addressing health issues, which arose from strong functional divisions in the council’s structure, and little cross-service strategic collaboration. This finding was supported by document review, and was particularly notable between adult services and those for children and young people. Lack of collaboration between services within the council is likely to act as a drag on delivery by partnerships, because need for internal collaboration must be identified, and links made, from outside the organisation. It also means that opportunities such as drawing on the expertise of NHS Southampton City’s public health team are missed. The council needs to explore ways of retaining the benefits gained from being organised on functional lines while overcoming the drawbacks;
- there was a lack of clarity about corporate leadership for health. The Executive Director for Health and Adult Social Care was responsible for health across the organisation. In practice this tended to mean relationships with NHS services and preventive health interventions to avert the use of council care services. The joint Director of Public Health had a responsibility to the council on broader matters of population health but he and his team were under-used by the council. It was not clear where strategic-level advocacy or operational advice lay for the health impact of those services such as housing, planning leisure and culture which influenced health determinants;
• there were some needs for workforce development in public health skills which could be met by a range of approaches including formal training and some more informal approaches:

♦ development of *skills which support business cases for health action* – surveillance and assessment, assessing the evidence (including needs assessment and evaluation), and health and social care quality could be valuable across the council. For example, the leisure service collects and holds a considerable database which could be applied for a wider range of uses, with its use better communicated to those responsible for collecting data. The joint strategic needs assessment, although praised, did not achieve engagement across every service important to health in the council.

♦ Participants' concerns about cross-service working within the council supported the development of skills from the public health skills framework in both *leadership for health*, and *policy and strategy development*, including the understanding and sharing of funding programmes and influencing those outside one’s own service who can contribute to the success of health action. This kind of shared learning can build understanding and reduce costs by reducing duplication and conflict of activities of different services with the same objectives.

♦ Most councils can benefit from shared development of *health improvement skills* of front line staff across a range of services including partners in NHS primary and secondary care, and voluntary, community and private sector partners. The Southampton Warmth for all Partnership's work linking the warm front programme and services which come into contact with service users in fuel poverty, by raising awareness of fuel poverty among those services, is an example of this type of work but there are many other areas where different front line services can support each others' work with benefits for health.

Suggestions for health and wellbeing knowledge and skill development in these areas are given in Appendix 4.
CHAPTER 5 RECOMMENDATIONS

The new joint commissioning structure offers an opportunity to address some of the issues raised by this report in that could provide leadership for services contributing to health and wellbeing of Southampton's population through the two agencies with statutory responsibility. All recommendations have been placed in the context of development of the new structure and the post of commissioning manager for prevention.

1. **Better corporate leadership for health in the council**
2. **A comprehensive approach to commissioning for health and wellbeing**
3. **Commissioning for the health and wellbeing of children**
4. **An explicit public health focus for the post of commissioning manager for prevention**
5. **Development of ‘public health’ skills and competences across the council**
6. **Learning from the post of Health and Wellbeing Strategy Manager**

1. **Better corporate leadership for health in the council**

Southampton was quick to respond to encouragement for appointment of directors of public health jointly across local authorities and primary care trusts. Since then the role of the joint director of public health within the council has become constrained, and its full potential not used. With the setting up of a new joint commissioning structure for adults, there is a chance to renew the partnership between the organisations and take opportunities to use the skills and resources offered by the Director of Public Health and his team, and also to ensure that the Executive Director for Health and Social Care works collaboratively with the Director of Public Health to deliver corporate goals relating to health.

It is recommended:

- that the two posts work collaboratively across the organisation to ensure that there is a strategic focus for the comprehensive range of council activities which improve the health of the city's population, agreeing where it is appropriate for the joint Director of Public Health to lead;
- that the joint Director of Public Health be charged with delivery of the remaining recommendations of this report within Southampton City Council.

2. **A comprehensive approach to commissioning for health and wellbeing**

A wide range of services provided or commissioned by the council contribute to health and wellbeing of Southampton’s population, and there are opportunities through the new commissioning arrangements for maximising potential, delivering seamless services and avoiding duplication and conflict. It will add unproductively to the workload of the commissioning manager for prevention if the postholder has to make all links between council services for health and wellbeing. These include many mainstream services which influence wider determinants of health.

It is recommended:
that the spending of both organisations with a primary purpose of contributing directly to the Local Area Agreement targets for health and wellbeing should be identified and allocated as a budget to the commissioning manager for prevention;

that commissioning should not be constrained by historic patterns of provision except in the very short term;

that a group of ten to 15 senior council officers led by the Director of Public Health and representing a wide range of key functions supportive to the health of Southampton’s population, such as partnership, children and young people, planning, housing, leisure, regeneration and environmental health be given the task of ensuring that joined up commissioning contributes effectively to corporate goals for health and wellbeing;

that part of the role of the commissioning manager for prevention be to advise on (but not conduct) health impact assessment and evaluation of health outcomes in any council service, particularly those services which influence determinants of health, including mainstream statutory services.

3. Commissioning for the health and wellbeing of children

The joint commissioning structure will not include commissioning for children and young people. Nevertheless, the importance of addressing health across the life course, and the influence of adult health behaviour on the health of children, means that it is important that links are made.

It is recommended:

- that the joint commissioning structure have a clear identified liaison point to services for children and young people with regular scheduled meetings, at least quarterly, to ensure effective alignment between the Be Healthy Commissioning Plan (now in preparation) and commissioning for adult prevention.

4. An explicit public health focus for the post of commissioning manager for prevention

This senior post will require both commissioning expertise and a strong understanding of public health issues. Public health skills include prioritising the needs of different population groups; identifying and comparing the effectiveness of different interventions through critical appraisal of the evidence base; conducting or advising on evaluation of interventions; conducting or advising on assessing the health impact of a wide range of council activities where health improvement is not a primary objective; and identifying and influencing the range of players whose work contributes to population health. Southampton City Council and NHS Southampton City have demonstrated their understanding of the importance of public health skills and competences by making the joint Director of Public Health a joint manager of the commissioning manager for prevention (with the joint associate director of integrated strategic commissioning).

It is recommended:

- that a postholder with public health knowledge and experience should be sought;

- an integrated public health team be built across the council and NHS Southampton City, including the postholder and any other appropriate council officers, who would share continuing professional development activities, and consider where synergies and efficiencies could be made through joint working.
5. **Development of ‘public health’ skills and competences across the council**

A single focus for health and wellbeing across the council and NHS Southampton City would give an opportunity to identify shared needs for development of public health skills and competences in both organisations and in voluntary and private sector providers. The council is already committed to joint workforce development with partners.

**It is recommended:**

- that the Director of Public Health lead a group involving the commissioning manager for prevention, the NESC Public Health Development Lead for Southampton, human resources from both organisations and the senior council officers’ group for health and wellbeing referred to in recommendation 2, conduct a training and development needs assessment and make recommendations for a programme for council staff focusing on:
  - competencies which contribute to leadership and supporting business cases for action on health including surveillance and assessment and assessing the evidence, policy and strategy development, leadership and collaborative working, and health and social care quality;
  - health improvement skills for front-line staff.

  Health and wellbeing should be recognised as a cross-cutting theme within the workforce strategy.

6. **Learning from the post of Health and Wellbeing Strategy Manager**

There is scope for learning from the operation of the post of Health and Wellbeing Strategy Manager, which, although different in function, is, like the commissioning manager for prevention, a single focus for health and wellbeing. The workshop participants had some concerns about this single focus.

**It is recommended:**

- that the Executive Director for Health and Adult Social Care establish a review of the operation of the post of Health and Wellbeing Strategy Manager, involving interviews with the present postholder, his line manager, and stakeholders in other services and organisations, to consider any transferable lessons for the new post of commissioning manager for prevention.
APPENDIX 1: DOCUMENTS REVIEWED FOR THE PROJECT

Published documents


http://www.southampton.gov.uk/council-partners/decisionmaking/plans/CYPP/

Southampton City Council and Southampton Partnership internal documents


Health & Wellbeing Partnership for Southampton. Proposed new Terms of Reference & Membership (n/d)

Proposed Terms of Reference for Healthy Living and Healthy Environment Delivery Groups for Southampton Health & Wellbeing Partnership


Short term working plans for Healthy Living, Putting People First and Healthy Environment Delivery Groups for Southampton Health & Wellbeing Partnership

Quarter 2 reports for Healthy Living, Putting People First and Healthy Environment Delivery Groups for Southampton Health & Wellbeing Partnership
APPENDIX 2: PROGRAMME FOR WORKSHOPS HELD ON 12 AND 13 OCTOBER 2009

Objectives for today

Course participants will:

1. gain a full understanding of what we already do well for the health and well-being of Southampton’s citizens
2. learn about how we might do even better and what support is available to help achieve this
3. maximise the Council’s contribution to the Health and Well-being Strategy delivery plan

Timetable for Today

9.00  Registration, refreshments
9.30  Introductions and welcome from the Chair and Course Leader
9.40  Session 1  Local Authorities and Public Health
10.00  Group Work: what is the City Council doing to address public health priorities?

Objectives for Session 1

Course participants will be familiarised with:

• the Government’s national priorities for public health
• what is meant by ‘public health’
• the wider environmental, social and economic, ‘determinants of health’
• opportunities for the City Council to influence health, well-being and the wider determinants of health

10.20  Session 2  Southampton’s Public Health Priorities
      (includes feedback from Group Work)

Objectives for Session 2

Course participants will be enabled to:

• describe Southampton’s public health priorities
• have a broad overview of actions required to address these priorities and possible gaps
• consider the strengths and weaknesses of the Council’s structures (and those of its key partners) in addressing public health priorities
• know what other resources are available to address some of the gaps identified

10.55  BREAK
11.15  Session 3  Developing the Council’s public health workforce
11.45 Group work: Building on the City Council’s existing strengths
12.00 Feedback from Group Work

Objectives for Session 3
Course participants will be enabled to:

- identify members of the wider public health workforce within the Council and beyond
- access a wide range of relevant local public health skills and knowledge at different levels of the Council’s organisational structure
- re-affirm what the Council is good at; identify what could make it even better and overcome barriers to utilising those public health resources that are on offer

12.15 Summary and evaluation
12.30 LUNCH
13.00 CLOSE

Rhiannon Walters
28 September 2009
## APPENDIX 3: WORKSHOP GROUP WORK

Group work session 1: What is Southampton CC doing to improve health and wellbeing?

<table>
<thead>
<tr>
<th>Where possible, please include a contact name for each activity</th>
<th>Project/ activity name</th>
<th>Health problem</th>
<th>Service/ contact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Living and working conditions</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Social and community networks</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Individual lifestyle factors</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Determinants of Health (Dahlgren and Whitehead 1991)*

![Determinants of Health Diagram](image)
Group work session 2: Developing skills for health

<table>
<thead>
<tr>
<th>What do we already do very well in Southampton CC?</th>
<th>GIVE EXAMPLES</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Surveillance and assessment of the population's health and wellbeing <em>Managing, analysing, interpreting and communicating information on health, wellbeing and determinants</em></td>
<td></td>
</tr>
<tr>
<td>2. Assessing the evidence of effectiveness of interventions, programmes and services to improve population health and wellbeing <em>Critical assessment, audit and evaluation</em></td>
<td></td>
</tr>
<tr>
<td>3. Policy and strategy development and implementation to improve population health and wellbeing</td>
<td></td>
</tr>
<tr>
<td>4. Leadership and collaborative working for population health and wellbeing <em>Teamworking, alliances, partnership and use of media</em></td>
<td></td>
</tr>
<tr>
<td>5. Health improvement <em>Health promotion, prevention, community development</em></td>
<td></td>
</tr>
<tr>
<td>6. Health protection <em>against communicable disease and environmental hazards</em></td>
<td></td>
</tr>
<tr>
<td>7. Public health intelligence</td>
<td></td>
</tr>
<tr>
<td>8. Academic public health <em>Teaching and research</em></td>
<td></td>
</tr>
<tr>
<td>9. Health and social care quality <em>Commissioning, governance, quality improvement</em></td>
<td></td>
</tr>
<tr>
<td>What would help Southampton CC do even better?</td>
<td>GIVE EXAMPLES</td>
</tr>
<tr>
<td>-----------------------------------------------</td>
<td>----------------</td>
</tr>
<tr>
<td>1. Surveillance and assessment of the population's health and wellbeing Managing, analysing, interpreting and communicating information on health, wellbeing and determinants</td>
<td></td>
</tr>
<tr>
<td>2. Assessing the evidence of effectiveness of interventions, programmes and services to improve population health and wellbeing Critical assessment, audit and evaluation</td>
<td></td>
</tr>
<tr>
<td>3. Policy and strategy development and implementation to improve population health and wellbeing</td>
<td></td>
</tr>
<tr>
<td>4. Leadership and collaborative working for population health and wellbeing Teamworking, alliances, partnership and use of media</td>
<td></td>
</tr>
<tr>
<td>5. Health improvement Health promotion, prevention, community development</td>
<td></td>
</tr>
<tr>
<td>6. Health protection against communicable disease and environmental hazards</td>
<td></td>
</tr>
<tr>
<td>7. Public health intelligence</td>
<td></td>
</tr>
<tr>
<td>8. Academic public health Teaching and research</td>
<td></td>
</tr>
<tr>
<td>9. Health and social care quality Commissioning, governance, quality improvement</td>
<td></td>
</tr>
</tbody>
</table>
APPENDIX 4: SUGGESTIONS FOR HEALTH AND WELLBEING KNOWLEDGE AND SKILL DEVELOPMENT

Participants in workshops with council officers identified some skills in the public health competency framework which could support the council in its work. Some suggestions for meeting these needs are given below.

Skills which support business cases
Development of skills which support business cases for health action – surveillance and assessment, assessing the evidence (including needs assessment and evaluation), and health and social care quality could be valuable across the council. For example, the leisure service collects and holds a considerable database which could be applied for a wider range of uses, with its use better communicated to those responsible for collecting data. The joint strategic needs assessment, although praised, did not achieve engagement across every service important to health in the council.

Shared learning of these skills and competences, based on the public health skills framework could help to address the concerns that workshop participants had about collaboration between council services. An example of a valuable initiative could be 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.

Skills to support collaborative working
Participants’ concerns about cross-service working within the council supported the development of skills from the public health skills framework in both leadership for health, and policy and strategy development, including the understanding and sharing of funding programmes and influencing those outside one’s own service who can contribute to the success of health action. This kind of shared learning can build understanding and reduce costs by reducing duplication and conflict of activities of different services with the same objectives. An example of action in these areas could be a set of thematic priority-setting and planning awaydays across different areas, addressing council priorities such as physical activity, obesity, and older people’s independence and wellbeing, teenage pregnancy, alcohol-related harm or tobacco control. These sessions should involve a wide range of partners - for example older people’s health and physical activity takes in safer communities, stronger communities, and good public transport. Events should cover:

- activity mapping and understanding each others’ roles
- partnership development and influencing without authority
- development of shared outcome measures
- scope for further joint activities.
Skills for front-line staff

Most councils can benefit from shared development of health improvement skills of front line staff across a range of services including partners in NHS primary and secondary care, and voluntary, community and private sector partners. The Southampton Warmth for all Partnership’s work linking the warm front programme and services which come into contact with service users in fuel poverty, by raising awareness of fuel poverty among those services, is an example of this type of work but there are many other areas where different front line services can support each others’ work with benefits for health. The collaboration between NHS Sefton and its local authority and voluntary and community sector for joint accredited health improvement training provides a good example of this type of work.
REFERENCES


