

# NICE Community Engagement Guidance: Current Context – Strategies, Drivers and Challenges



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# Consultation process to inform the expert testimony to the PHAC

- Gained the views a **group of Directors of Public** and Consultants in Yorkshire and Humber and 2 DsPH from outside the region
  - Julia Weldon - Hull,
  - Andrew Furber – Wakefield
  - Paul Butcher & Caron Walker- Calderdale
  - Tim Taylor- Leeds,
  - Chris Nield- Sheffield,
  - Jim McManus – Hertfordshire,
  - Dominic Harrison – Blackburn and Darwin,
  - Mark Gamsu Honorary Professor Leeds Beckett
- Meetings with the Yorkshire DsPH
- Developed a questionnaire to be completed directly and as an interview tool for telephone interviews
- Reviewed documents- - PH in Local Authority key policies, strategy and legislation to identify the key issues in relation community engagement and the position of Public Health

# Presentation

A. Public Health in Local Authorities opportunities, roles and challenges

B. Key Issues - PH and NHS, Economic Issues, Key related policy, Settings

C. Developing and supporting community engagement

# Public Health Models in Local Authorities

“Public health transformation nine months on: bedding in and reaching out”  
Local Government Association & Public Health England 2014

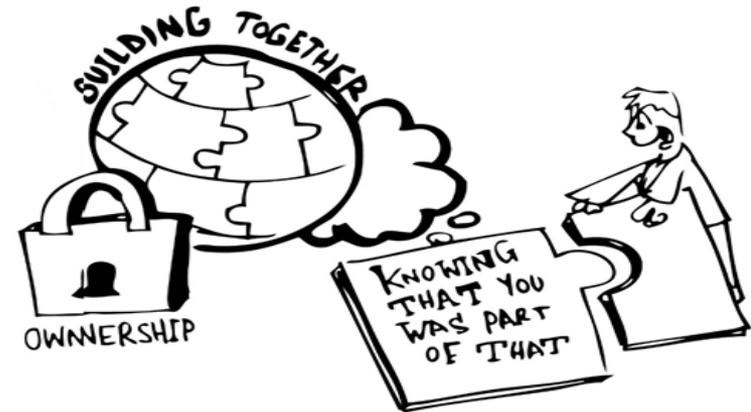
## Embedding Public Health Across Council

Many local authorities are taking a **whole-council approach** to public health. Areas were taking a variety of approaches to this, sometimes in combination including :

- **Other departments** taking on responsibility for indicators in the public health outcomes framework (PHOF).
- A **bidding fund** from the Public Health Grant for other departments to undertake public health tasks linked to the PHOF.
- **Hub and spoke** – small senior team with the rest of public health dispersed across the council, with consultants as members of senior departmental management teams.
- A public health department with **additional responsibilities** (eg leisure, environmental health, licensing and trading standards).
- **The Director of Public Health takes on wider roles** in the council eg Deputy Chief Executive, Director of Adult Social Services, ensuring that public health is at the centre of the council and all its functions.

# Public Health Models cont ...

- Public health department deploys **relationship /account managers** across other departments.
- Processes to ensure that all relevant **policies, decisions and investments** across the council would contribute to health improvement.
- **Systematic changes** across the council eg a shift to assets-based approaches.
- **Strong links with district councils**, including grants, to help them deliver on the Public Health Outcomes Framework e.g. affordable warmth measures and to contribute to the mandatory public health functions.



# Public Health in Local Authorities

Current model of PH in Local Authorities the leadership and influence and strategic position will make a difference to the implementation of the Guidance

## Drivers

**Model where PH has strategic Influence as well an integrated approach in the council has greater potential to use this guidance and embed in practice**

**Position of PH in the LA provides an opportunity in influence a bigger organisation such as leisure services, education, children's services – can all bring 'added public health value' if delivered using evidence-based health improvement**

**Building public health capacity in different services and with providers – opportunity to develop the workforce and recognise the value of empowering and engaging communities**

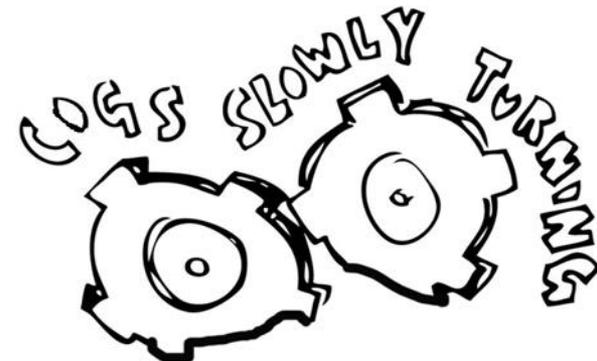
**Commitment to Engaging Communities in Health and Wellbeing Strategies and local public health strategies**

**There has been changing role over the last 2 years leading to recognition of role of public health in a range of other services and a more positive use of the workforce \* see workforce Audit questions**

**Political support can lead to whole system change**

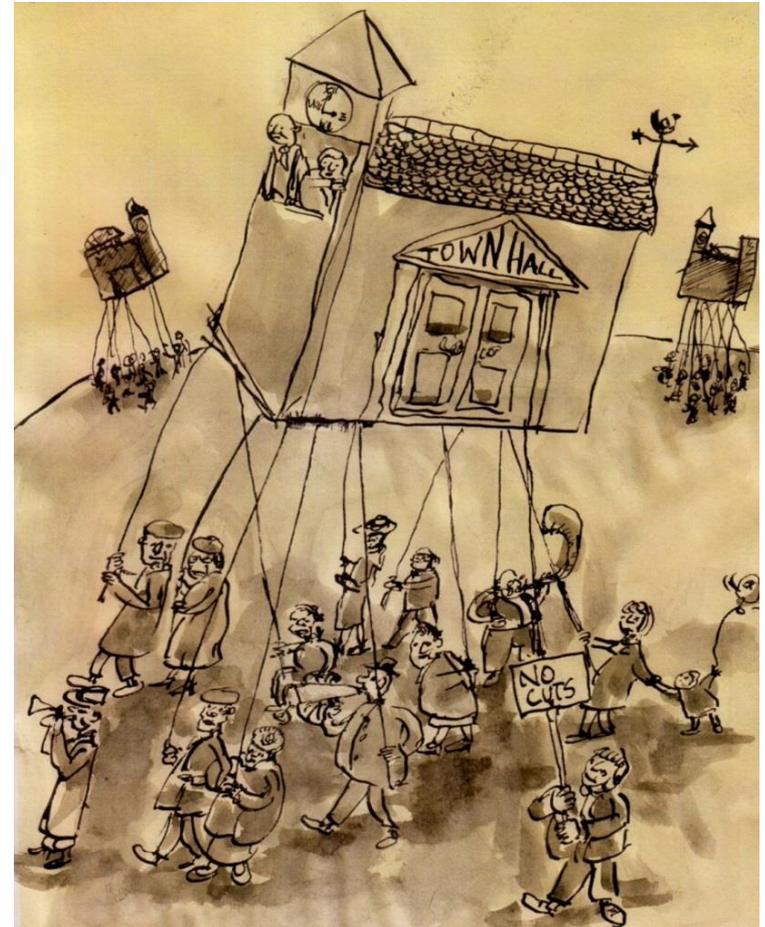
# Public Health in Local Authorities Challenges

- Some local authority models have reduced the influence, capacity and value of public health.
- Some LAs significantly have used the grant for unrelated services without a requirement to achieve and maximise public health outcomes.
- LA departments /portfolios can operate in silos and the Public Health may not be in a position to influence this
- Local authorities see themselves as the expert in Community Engagement and may question the credibility of NICE and PH – although this was recognised most DsPH felt they could resolve this
- Cuts to local Authorities LA present a significant challenge North of England seen the biggest cuts and health inequalities ( see Due North )
- Improvements cannot be made all at once : there needs to be a phased approach in which new ways of working are developed and embedded
- Failing to engage the politicians significant barrier



# Local Authority Role

- Opportunity to focus on wider determinants of health
- Paradigm has shifted much more understanding of causal relationships eg Asthma, Falls
- The LA role means that public health can broker solutions which are wider than NHS services and put those solutions in place.
- More opportunity to for working with local communities rather than Acute Trusts
- LA history of working with Communities and member relationship with their ward
- Democratic role of council and duty to consult



# Public Health Approach

- Recognition of the PH approach needs assessment t, **evidence base**, evaluation – the CE guidance can be used as another tool
- Public Health can be the **interface for engagement of communities in** services using a different model of engagement and commissioning
- PH can **evaluate** and demonstrate the value of Community empowerment which leads to more resilient and self-reliant communities –
- Potential for this approach to lead to **less demand** on specialist services

Through **PH leadership role** can influence the Council approach and improved, engagement, consultation and ownership of services by users and communities



# Commissioning and Purchasing

## Key Issues

- Important to engage communities and VCF sector in commissioning and purchasing
- Local Authority have a greater commissioning remit
- Local authorities can use the Social value Act \* for commissioning Community services – which values local knowledge and engagement of communities , provide support for VCF to collaborate and apply for funding
- Use Public health and LA investment to support local economy this in turn can influence health
- Competitive tenders and European commercial regulations can exclude local VCF providers
- Public Health can bring its approach to commissioning - examples
  - all new strategies required to consider health impact and health inequalities
  - LA leading cross organisational master training in commissioning includes PH approach
  - Champion for voluntary sector engagement engage voluntary sector through commissioning of the public Health grant

\* Public Services (Social Value) Act 2012

<http://www.legislation.gov.uk/ukpga/2012/3/contents>

# Public Health & NHS

## Feedback from Public Health Specialists

- Public Health Relationships with clinical commissioning groups (CCGs) very good
- Public health was now in the council not a barrier – individuals are already well known & seen as an independent voice.
- PH Community initiatives such as Health Trainers & Champions act as an interface between GP Practices and local communities
- The Director of Public Health on the CCG board
- Public health broker role between the council and the NHS.
- The 'core offer' to the NHS is an opportunity to influence

## Key strategy NHS 5 Year Forward View

<http://www.england.nhs.uk/ourwork/futurenhs/>

- The economic prosperity of Britain now depends a focus on prevention and public health – (Wanless fully engaged )
- Involve public and communities in strategic direction and service change.
- Create new roles for public engagement (volunteers), work to support VCF infrastructure through contracting recognise their role as influencers as well as providers



# Economic issues

## Drivers

- **Public Health Grant** is an investment as it both delivers improved citizen health outcomes and reduces avoidable costs to health and social care later on
- Use **Public Health Grant** to find ways to lever governance and accountability for health outcomes from these non-health cost centres.
- The cuts in services have forced organisations to engage with service users and local communities
- **Community Resilience** is seen as important for future service development and delivery
- More focus on interventions to reduce the impact of poverty on health , mental health and debt and promoting a 'living wage'.

## Challenges

- Anticipated loss of ring fenced Budget
- **Public Health funding** being used to fund other LA services difficult to maintain a focus on PH
- Overall budget reductions in investment in **Communities** and community development as huge cuts mean focus on mandatory services such as social care
- Expectation that PH interventions with local communities will reduce costs and demand on other services and evidence this
- The impact the recession is having on health and well being of the poorer members of society.



# Key related policy and legislation

## **Integrated Health and Social Care**

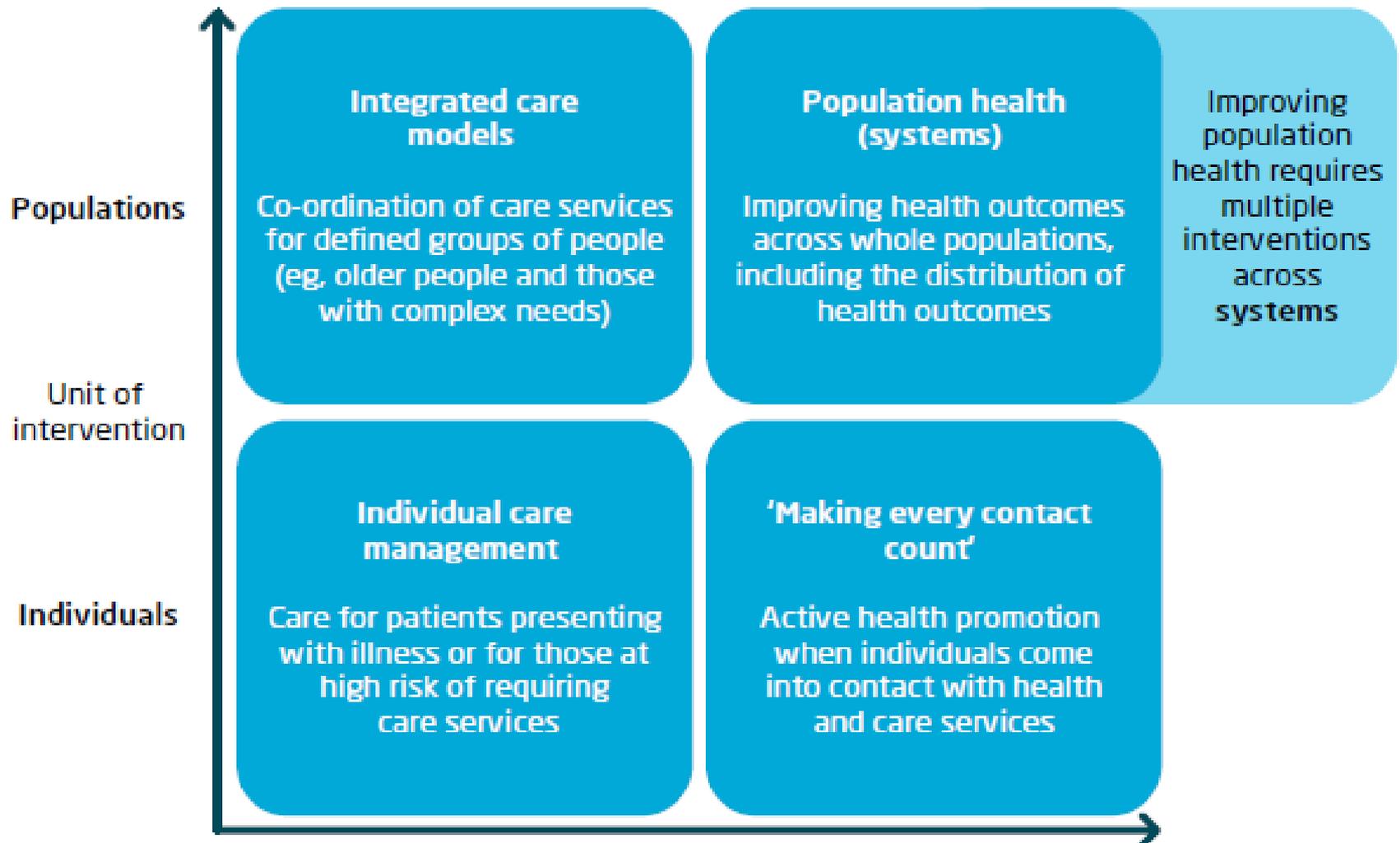
- The main focus of integrated care has been on building bridges between health and social care. Focussed on Individual Care for older people and those with long-term conditions,
- Some in some areas consulted PH had a key role but experienced there were few examples of this extending into a concern for population health and engagement of Communities
- Most of the current initiatives have started with local government and the role of public health is not yet well articulated within work on the Better Care Fund\*
- System leadership is critical for the times in which we live, and there needs to be active support for its development

## **Care Act 2014** seen as a positive way in for public health

“The general duty of a local authority, ... in the case of an individual, is to promote that individual’s wellbeing”.

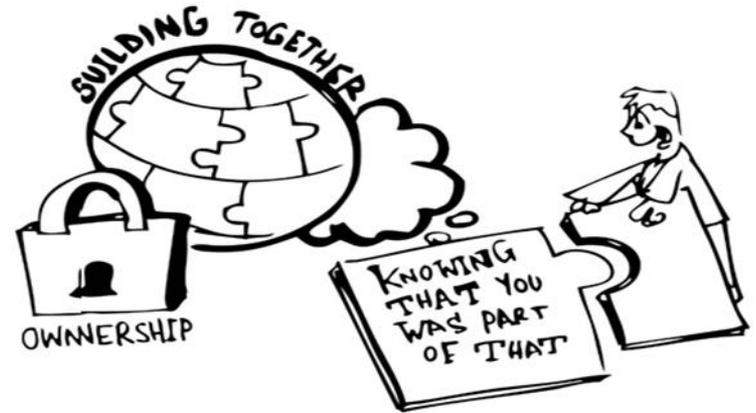
- Legislation national care and support system
- An individual’s wellbeing must be considered as part of Social Care provision
- Support available in the community must be considered as part of this

**Figure 1** The focus of population health systems



# Settings

- A setting is where people actively use and shape the environment
- Where people create or solve problems relating to health..
- Examples of settings include schools, work sites, hospitals, villages and cities.
- Actions often involve some level of organizational development, including changes to the physical environment or to the organizational structure, administration and management.
- Settings can also be used to promote health as they are vehicles to reach individuals, to gain access to services, bring together the interactions throughout the wider community



- WHO Healthy Settings Approach [http://www.who.int/healthy\\_settings/about/en/](http://www.who.int/healthy_settings/about/en/)

# Settings, Communities and Economic Issues

## Centre Local for Economic Strategies (CLES)

- Economic value of VCF sector as part of a wider economic system and whole system thinking
- Economic benefit positive outcomes,
- Requires pro-active engagement and leadership
- Connection between social and economic are aspects of a good local economy and are ripe for acceleration . The sector can develop and accelerate this work as
  1. the sector is a significant economic actor in its own right;
  2. it can connect the social and the economic;
  3. can reduce public service demand.
- There is proven capacity that the sector grow by developing community assets and supporting the codesign and coproduction of services,
- This will help to change social norms and build self-help , wellbeing and community-resilient models of organisation
- Public Service reform often disregards wellbeing and community-resilient models of organisation. (This includes Integrated health and Social Care)

# Implementation Considerations

- Location, Location, Location! – although key themes identified each area is different & has its own drivers and barriers
- Write from different angles e.g. what does this mean for you if you are a Councillor, a Senior officer etc
- Health & Wellbeing Board and Strategy important also need other ways in including commissioning process
- Value importance of community engagement evidence base and economic impact will help
- Recognise LA mandatory duty to consult
- Linking up with Local Government Association briefings

# What can organisations do to develop and support community engagement

Jane South 'People in Public Health' Leeds Beckett University

National Institute for Health Research (NIHR) Service Delivery and Organisation (SDO) Programme

## **Study recommendations - 3 levels of support**

- Level 1: Enabling people to make a contribution
- Level 2: Support systems for delivery
- Level 3: System change for sustainability

# Level 1

## Harnessing People Power

- Participation can occur at many levels
- Enable people to make a contribution – commitment is a key factor in sustainability
- Address barriers to recruitment
  - stigma
  - financial concerns
  - bureaucracy
  - literacy
  - not ‘right time of life’
- Recognise and enhance the skills and qualities people bring



# LEVEL 2: Investment in delivery and support systems

- Provide light touch support as people will feel valued and boundary issues can be easily managed
- Manage risk through training and development opportunities
- Consider the pros and cons of providing some financial support
- Invest in development and support within delivery organisations



## LEVEL 3

# Think differently and be prepared to demonstrate trust

- Recognise potential for social and health gains beyond immediate intervention
  - this is more than delivery ‘on the cheap’
- Commissioning, target setting and evaluation needs to fit approaches on the ground
  - long term investment
  - focus on development of people not delivery
  - new relationships between services and communities
- Leadership and sustainability