



Public Health Directorate

Overview of the Public Health Directorate

Director of Public Health

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December 2019

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1. Our Directorate

Public Health is a ‘shared social aspiration of communities’ to be delivered by the whole of local government and the whole of society – and is best delivered with a ‘Place-based strategy’. The Directorate’s aim is to provide leadership, specialist public health advice and support and, focus towards local efforts to reduce inequalities in health, increase life expectancy and improve community wellbeing, through harnessing the common endeavour of all stakeholders.

Public Health is one of four directorates across the council and the Director of Public Health reports directly to the Chief Executive for the statutory Public Health functions, the Council’s Evidence, Intelligence and Involvement function, the Health and Wellbeing Board and Strategy and, provides system leadership across the local Integrated Care System.

The Public Health Directorate sits within the Health and Wellbeing portfolio under the Executive Member, Councillor Susan Baines. Cllr Baines is supported by the Executive Member for Adults, Councillor Andrew Morgan and Executive Member for Children, Councillor Christine Wild.

The Public Health Leadership objectives of local government are as follows:

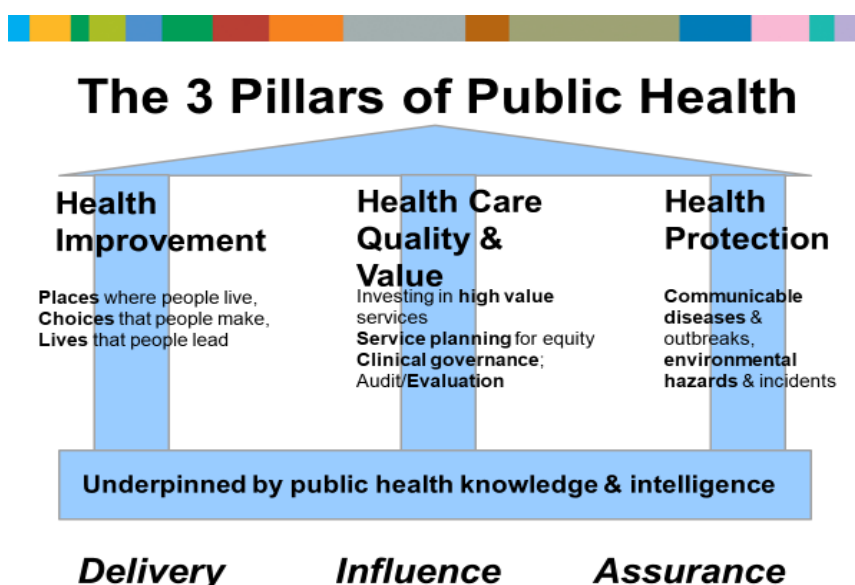
- Including health in all policies
- Optimising the Department of Health’s investment in high-quality Public Health services and interventions
- Encouraging health promoting environments
- Supporting local communities
- Making effective and sustainable use of all resources

The Public Health Directorate has a broad remit of delivery, influence and assurance across the three pillars of Public Health:

1. Health improvement, including the wider determinants of health and,
2. Health and care quality and value and,
3. Health protection.

All of which are underpinned by public health knowledge and intelligence (see Figure 1).

Figure 1. Delivery mechanism of Public Health through its three pillars



Statutory responsibilities for Director of Public Health

Local authorities have responsibility for an array of vital public health activity, ranging from cancer prevention and tackling obesity to drug misuse and sexual health services. The full list of statutory responsibilities can be found in Table 1, whereas the mandated services can be found in Table 2. Just as significantly, the reformed Public Health system gives local authorities an unprecedented opportunity to take a far more strategic role, by promoting Public Health through the full range of local authority's business and become an influential source of trusted advice for their populations, the local NHS and everyone whose activity might affect, or be affected by, the health of the people in their area.

To support this new, broad and extensive role is the specialist Director of Public Health (DPH), who is appointed jointly with the Secretary of State for Health, and who is accountable for the delivery of their authority's duties. The DPH is a statutory chief officer of their authority and the principal adviser on all health matters to elected members and officers, with a leadership role spanning all three domains of public health: health improvement, health protection and healthcare public health. She is supported by three Consultants in Public Health, who are jointly appointed with the Faculty of Public Health. These senior public health roles, which are medical specialty roles, have completed higher specialty training in public health and are on the GMC/GDC/UKPHR register. The current directorate structure is set out in Appendix A.

Table 1. Statutory list of responsibilities for Directors of Public Health in local authorities

Obesity, Physical Activity & Nutrition: Adults & Children	Tobacco Control <i>incl.</i> stop smoking services & interventions	Workplace Wellbeing
Substance Misuse & Alcohol: Adults & Children	Children 5-19 public health programmes (school nursing)	Programmes to prevent accidents
Public Mental Health & Suicide Prevention	Community safety, violence prevention & social exclusion	Dental Public Health <i>incl.</i> Fluoridation
Role in surveillance & control of Infectious Disease	Information & Intelligence	Role in environmental hazards protection
Role in environmental hazards protection	Local initiatives reduce excess deaths - seasonal mortality	Population level interventions to reduce/prevent birth defects

Table 2. Mandated list of responsibilities for Directors of Public Health in local authorities

0-5 years Children's PH (Health Visiting)	NHS Health Check Assessment	PH advice to NHS commissioners / providers (40% of specialist public health time)
Comprehensive Open Access Sexual Health Services for Adults & Young People: STI testing & treatment; Contraception; Advice, Prevention & Promotion	National Child Measurement Programme	Ensure plans in place to Protect Health of Population

All Directors of Public Health (DsPH) should:

- Be the person who elected members and senior officers look to for leadership, expertise and advice on a range of issues, from outbreaks of disease and emergency preparedness through to improving local people's health and concerns around access to health services
- Know how to improve the population's health by understanding the factors that determine health and ill health, how to change behaviour and promote both health and wellbeing in ways that reduce inequalities in health
- Provide the public with expert, objective advice on health matters
- Be able to promote action across the life course, working together with local authority colleagues such as the Director of Children's Services and the Director of Adult Social Services, and with NHS colleagues
- Work through local resilience fora to ensure effective and tested plans are in place for the wider health sector to protect the local population from risks to public health
- Work with local criminal justice partners and police and crime commissioners to promote safer communities
- Work with wider civil society to engage local partners in fostering improved health and wellbeing.

Within their local authority, DsPH also need to be able to:

- Be an active member of the health and wellbeing board, advising on and contributing to the development of joint strategic needs assessments and joint health and wellbeing strategies, and commission appropriate services accordingly
- Take responsibility for the management of their authority's public health services (Tables 1 and 2), with professional responsibility and accountability for their effectiveness, availability and value for money play a full part in their authority's action to meet the needs of vulnerable children, for example by linking effectively with the Local Safeguarding Children Board
- Contribute to, and influence the work of, NHS commissioners, ensuring a whole system approach across the public sector.

Otherwise section 73A(1) of the 2006 Act, inserted by section 30 of the 2012 Act, gives the DPH responsibility for:

- All their local authority's duties to take steps to improve public health
- Any of the Secretary of State's public health protection or health improvement functions that s/he delegates to local authorities, either by arrangement or under regulations – these include services mandated by regulations made under section 6C of the 2006 Act, inserted by section 18 of the 2012 Act
- Exercising their local authority's functions in planning for, and responding to, emergencies that present a risk to public health
- Their local authority's role in co-operating with the police, the probation service and the prison service to assess the risks posed by violent or sexual offenders
- Such other public health functions as the Secretary of State specifies in regulations.

In addition to the core functions, DsPH have the following specific responsibilities:

- To be responsible for their local authority's public health response as a responsible authority under the Licensing Act 2003, i.e. making representations about licensing applications.
- Providing Healthy Start vitamins.
- Must have a place on their local health and wellbeing board.

For the authority's public health services, there is a total Department of Health budget which is circa £20million. Through this allocation all of the above statutory responsibilities must be delivered, through a specialist public health skill set, and working closely with providers. Within this allocation is payment to staff the public health directorate, which has a front-line delivery role. The majority of the Department of Health's allocation is spent on externally commissioned services and 25% is commissioned back into the council. The services which are commissioned by public health take a primary prevention, health improvement and health promotion approach through to high-end treatment provision.

Evidence, Intelligence and Involvement

In addition to the DPH's statutory responsibilities, Public Health has corporate leadership for evidence, intelligence and involvement. This agenda is being developed to ensure that there is a clear purpose, remit and is explicit in its parameters, resources required and skill mix, incorporating existing skills across the directorate and working in a matrix approach. The Council's strategic direction and vision is to become an intelligence, evidence-based and engaged organisation to inform decision making, make best use of Bolton's resources and, improve outcomes for its residents. Through this, a strong multi-agency approach to evidence and intelligence will be driven forward, capturing intelligence with our partners.

Bringing together multi-agency data, evidence and local voices into intelligence through a 'place-based outcomes framework' is the start of this change through Bolton's 2030 Vision and will be underpinned by Bolton's joint strategic needs and assets assessment (JSNA). This bringing together of intelligence into a single function enables greater flexibility, skill mix and opportunities to enable change to happen. The key areas of Bolton's evidence, intelligence and involvement will provide technical expertise and support in:

1. Opening up and sharing data
2. Harnessing progress in science and research (i.e. what works)
3. Modelling and forecasting demand
4. Spatial analytics
5. Helping to drive quality improvements and service change
6. Working to reduce inequalities
7. Monitoring and surveillance
8. Realising the potential of new technologies
9. Identifying and measuring impact
10. Creating an environment for research and development to flourish

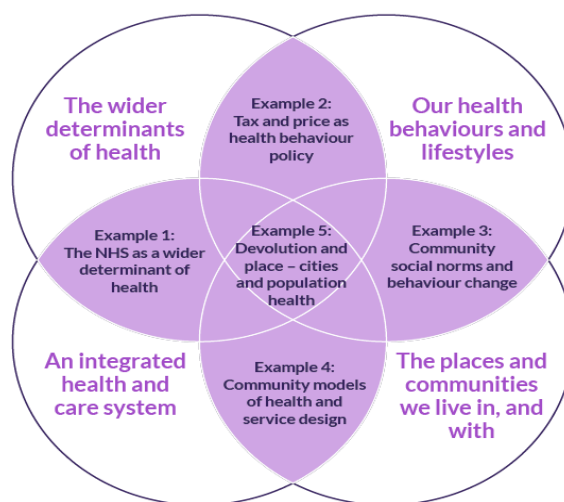
Whilst not exhaustive, the key components from an intelligence perspective include:

1. **Predictive Analytics** i.e. Office for Data Analytics, Decision support tools; vulnerability; prevention
2. **Population Health and Social Care Intelligence** i.e. multi morbidity/frailty/demand and supply modelling; big data
3. **Analysis and Epidemiology** i.e. IMD 2019; JSNA; Annual Report; Population, births and deaths; Poverty and, Deprivation
4. **Monitoring and Surveillance** Corporate performance system; employee survey; statutory returns; customer feedback
5. **Information Governance** Caldicott Guardian; Data flows, quality; sharing agreements; core training
6. **Research and Development** Research and evaluation projects; Teaching and training; Income generation – bid writing; intellectual property

Population Health

The Public Health Directorate is becoming a key influence on Bolton's integrated care system, through development, leadership and influencing of local population health plans. By adopting the population health approach to system change, we will focus on the four pillars of the King's Fund (2018) framework for improving population health and reducing health inequalities and in particular the interdependencies across the pillars (Figure 2). Furthermore, the DPH has a strong lead for social prescribing, community development and, community empowerment is being developed.

Figure 2. Re-designing the system on a population health model. Kings Fund



The integration agenda presents huge opportunities for public health to influence major service changes so that these promote health and wellbeing and reduce inequalities. Our public health team has the skills and expertise that can help local areas to plan and deliver integration effectively. Public health has a long-standing role as a system leader, both at a national and local level and when involved as a system leader, we will:

- Provide a public health, population perspective to all discussions and decision making.
- Lead on partnerships and work programmes within the integration agenda.
- Help clarify concepts such as integration and prevention, so that areas are working to the same definitions and goals.
- Provide a link to academic institutions, public health training programmes, centres of excellence in the UK and internationally.
- Provide a link to regional public health activity.
- Have its own links with the voluntary, community, faith and business sectors.
- Act as a system facilitator, brokering relationships, finding solutions across boundaries.
- Act as an objective 'critical friend' and advisor in assessing approaches to integration.
- Have a strategic plan for allocating public health funding to integrated services which meet health and wellbeing outcomes.

The Public Health Directorate also contributes to the wider Greater Manchester Public Service Reform alongside Greater Manchester's Health and Social Care Integration. This is predominately, but not exclusively, through the Population Health System and through the Greater Manchester's Directors of Public Health Leadership Group. Furthermore, the Director of Public Health has the lead director of public health remit across Greater Manchester for violence prevention and, leading Greater Manchester to be an ACE and Trauma Informed City-Region.

Bolton's 2030 Vision (Health and Wellbeing Strategy and Board)

The Public Health Directorate is responsible for ensuring delivery of Bolton's overarching Health and Wellbeing Strategy, based on a joint strategic needs assessment and supporting the Elected Member for Health and Wellbeing's role in her capacity as lead for health and wellbeing to support Bolton's Health and Wellbeing Board. The purpose of Bolton's Health and Wellbeing Strategy has a strong steer to:

- Be an inclusive diverse group of system leaders who will work together to enable the people of Bolton to be healthier, wealthier and happier
- Champion and build upon both Bolton's unique strengths and its challenges
- Have a strategic approach to increase quality of life and decrease inequalities

By accomplishing this vision, the key health and wellbeing priorities are:

1. Help residents to live longer and healthier lives.
2. Improve life chances for residents by offering improved and joined up health and wellbeing services.
3. Effectively managing public sector demand and put more resources into prevention services.

By bringing Bolton's 2030 Vision alongside our Health and Wellbeing Strategy and Board, there is the opportunity to really drive forward the social determinants and therefore make real difference whilst also ensuring the health and social care integration agenda evolves.

Skills, Values and Behaviours

Bolton Council has a Values and Behaviour Framework which the Public Health Directorate will implement. North West Employers are working with the DPH and her team for them to become 'a high performing team', which has a strong grounding with the Council's values and behaviours so that team members can work individually and with autonomy, whilst coming together as a high performing team. Appendix 2 outlines the council's values and behaviour framework.

Working across the health and social care integrated system, the public sector reform and the scaling up and systematising of prevention across Bolton requires the Director of Public Health and her team to have a strong understanding of system leadership, to be agile and be able to navigate the political nature of the system and its governance. This is best done through adaptive leadership, good emotional intelligence and the capacity to both influence and engage alongside our core technical skills and qualities.

Operating as a distributed leadership function, Public Health staff work across the Metropolitan Council, the local Clinical Commissioning Group (CCG), Bolton's integrated care system, the Greater Manchester public service reform and with our communities with our stakeholders, the voluntary, community sector and local residents.

2. Local context and delivery

2.1 People and demographics

“Bolton has a population of around 285,400¹ and is rich in diversity with an evolving demographic profile. Around a fifth of the population in Bolton is non-White British; of whom the majority are of South Asian origin. The largest ethnic minority group in Bolton is of Indian origin. On a whole, Bolton has a BME population of 18%, with 14% being of Asian ethnicity²”.

“The health of people in Bolton is generally worse than the England average. Bolton is one of the 20% most deprived districts in England and around 20% (12,000) of children live in low-income families³. The employment rate is currently 70.6% which is lower than the England average (75.6%) which is at its highest rate for five years, and issues persist such as the very low rates observed in those with long-term health conditions and disabilities⁴. Life expectancy for both men and women are lower than the England average and this challenge has proved difficult to overcome⁵”.

2.2 Council links

The Corporate Plan has been established to provide a clear statement of the Council's strategic objectives and priorities. These objectives and priorities take account of what can realistically be achieved, within given resources, and on what can be progressed by joining forces through integrated working.

For the first time, Public Health has been identified as its own directorate and has three specifically defined corporate priorities:

1. Develop an intelligence and evidence-based organisation to inform decision-making
2. Develop a Health and Wellbeing Strategy and prevention framework to underpin health and social care integration
3. Enable the Council's journey to become a wellbeing organisation.

Further to this, the Public Health Directorate has opportunities to contribute and add value to the corporate priorities across the three other directorates of People, Place and Chief Executives. The Public Health Directorate is taking a wider remit for Intelligence for Bolton, and now has leadership across for the Council for intelligence, evidence and involvement in addition to leading across the wider partnership on Joint Strategic Needs Assessment. Each Consultant in Public Health has a link with each directorate leadership team (DLT) and is the main point of contact to develop relationships, support overlapping agendas when required, and provide challenge and opportunity where necessary.

The Council's current Corporate Plan closely aligns to Bolton's 2030 Vision, where there are six thematic areas, all of which offer valuable opportunities for the Public Health Team to lead and advise across the council to enable the authority to deliver its public health responsibilities.

¹ <https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates> - ONS Population estimates - local authority based, ONS June 2018 Mid-Year Estimates

² <https://www.nomisweb.co.uk/query/select/getdatasetbytheme.asp?theme=75&subgrp=Detailed+Characteristics> – NOMIS, 2011 Census Data

³ <https://www.bolton.gov.uk/downloads/file/1919/imd-2015-extended-briefing-report> - IMD Briefing Report, 2018

⁴ <https://www.nomisweb.co.uk/query/select/getdatasetbytheme.asp?theme=28> – Annual Population Survey, NOMIS, April 2018 – March 2019

⁵ <https://fingertips.phe.org.uk/profile/public-health-outcomes-framework/data#page/4/gid/1000049/pat/6/par/E12000002/ati/202/are/E08000001/iid/90366/age/1/sex/2> - PHOF, 2015/2017

The six thematic areas are:

1. Our children get the best possible start in life, so that they have every chance to succeed and be happy
2. The health and wellbeing of our residents is improved, so that they can live healthy, fulfilling lives for longer.
3. People in Bolton stay healthier for longer and feel more connected with their communities.
4. Businesses and investment are attracted to the Borough, matching our workforce's skills with modern opportunities and employment.
5. Our environment is protected and improved, so that more people enjoy it, care for it and are active in it.
6. Stronger, cohesive, more confident communities in which people feel safe, welcome and connected.

Over the past six years, Bolton has been in a process of transformation, whether that be physical transformation with the development of our Town Centre regeneration or organisational transformation with the development of new ways of working, especially through the health and social care integration.

3. The Directorate of Public Health's Priorities

The directorate priorities below seek to balance the responsibilities of the directorate and reflect the emerging priorities that will help up to move forward and continue to develop services that respond to local need.

These priorities are underpinned by a detailed action plan (section 7) and monitored through regular performance reviews, the process of which is being developed.

1. Ensure evidence and place-based commissioning of public health programmes and services to improve outcomes for our population and demonstrate social value with regards to public sector investment.
2. Develop a skilled, resilient and resourceful workforce through effective recruitment, retention, support, performance management and capability building, and embedding wellbeing across the Council.
3. Develop a Corporate Evidence, Intelligence and Involved function, transferring and applying knowledge in order to accelerate improvements in the health and wellbeing of our population.
4. Engage with Bolton residents and partners to co-produce improved health and wellbeing outcomes, taking a whole system all age approach.
5. Provide Bolton's Integrated Care System and Greater Manchester's Public Service Reform, with access to the public health leadership and advice needed to transform the agenda, ensuring prevention and wellbeing is at the centre.
6. Ensure a productive and effective health and wellbeing board is in place, that has a clear strategy, aligned to Bolton's Vision 2030 and is underpinned by a comprehensive joint strategic needs assessment.

4. How we will monitor progress and performance

The monitoring of progress against priorities and the performance of the public health's outcomes will develop over the next 6-12 months. However, the current performance report that is led by the Assistant Director - Performance, Planning and Resources will remain in place for the foreseeable future.

5. Directoral Plan

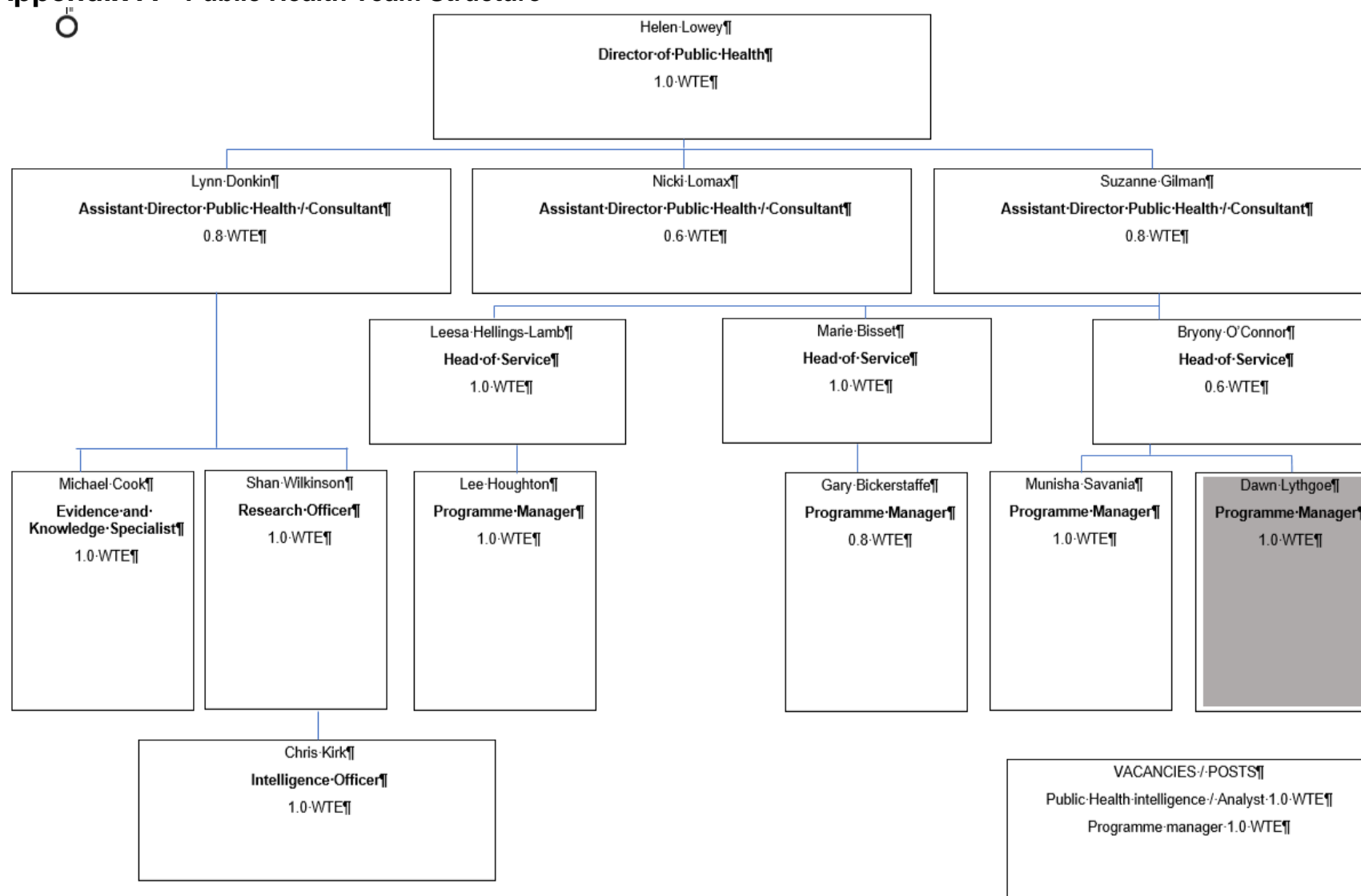
Ref.	Action	Owner	Timescales
Priority 1. Ensure evidence and place-based commissioning of public health programmes and services to improve outcomes for our population and demonstrate social value with regards to Public Sector Investment			
1.1	Ensure there is an effective JSNA process to support and inform commissioning of public health programmes (e.g. coordination and input to needs assessments, service reviews, and evaluation of projects and initiatives)	Lynn Donkin	
1.2	Develop and deliver a robust public health commissioning framework with a strong focus on preventative approaches and social value principles that supports the Joint Commissioning Plan.	Suzanne Gilman	April 2019 - Ongoing
1.3	Coordinate and lead the development and implementation of an all age, whole system mental health and wellbeing programme based on a comprehensive need and assets assessment of mental wellbeing in Bolton	Nicki Lomax	March 2020
1.4	Coordinate and lead the development and implementation of an all age, whole system violence prevention programme based on a comprehensive need and assets assessment of violence prevention in Bolton	Suzanne Gilman	March 2020
1.5	To develop an integrated Sexual Health Service, that has wider stakeholder involvement, resident engagement and based on a needs and assets assessment of adult sexual and reproductive health with a digital first approach	Suzanne Gilman	March 2021
1.6	To provide leadership to ensure positive implementation of the Healthy Child Programme across Bolton with a strong focus on emotional wellbeing and, aligned to other pathways.	Suzanne Gilman	July 2020
1.7	Develop leadership and systems to ensure challenge and support for the local delivery of key public health services commissioned by NHS England including consistent engagement with NHS England screening and immunisation programmes	Nicki Lomax	July 2020
1.8	Provide leadership and an evidence base to inform the function of commissioning and procurement across the Council to improve Public Health outcomes and increase social value	Suzanne Gilman	July 2020
1.9	Ensure that appropriate plans are in place to protect the health of the local population	Nicki Lomax	July 2020

Priority 2. Develop a skilled, resilient and resourceful workforce through effective recruitment, retention, support, performance management and capability building, and embedding wellbeing across the Council.				
2.1	Enable a strategic and organisational wide approach to staff health and wellbeing, and identify opportunities for public health to support as appropriate	Lynn Donkin		March 2021
2.2	Coordinate a Public Health Review that considers function followed by form	Helen Lowey		March 2020
2.3	Deliver a coordinated approach to public health staff training and development that is informed by skills audit, review of learning and development objectives arising from Insight Exchange, the directorate objectives and business plan.	Helen Lowey		Annual review in September
2.4	Support a healthy, active and resilient workforce	Helen Lowey		Annual
2.5	Further develop and enable opportunities for personal and professional development across the public health team	Helen Lowey		Annual
2.6	Develop Bolton Council as a placement for training across a range of public health relevant disciplines and maintain accredited educational supervisory training	Lynn Donkin		Annual
Priority 3. Develop a Corporate Evidence, Intelligence and Involved function, transferring and applying knowledge in order to accelerate improvements in the health and wellbeing of our population.				
3.1	Lead the development and implementation of a Bolton wide shared evidence and intelligence function for Bolton's Vision and, Bolton's Health and Care integration, working closely with partners	Lynn Donkin		Annual
3.2	Establish a process for delivering joint strategic needs assessment for the Health and Wellbeing Board and CCG partnership, with a jointly agreed programme	Lynn Donkin		Annual
3.3	Publish the Director of Public Health's Annual Report	Lynn Donkin		Annual
3.4	Develop and implement a Public Health and Corporate Knowledge and Intelligence Plan	Lynn Donkin		Annual
3.5	Provide leadership for the development of a system wide outcomes framework for Bolton's Vision 2030	Lynn Donkin		Annual
3.6	Support public health research and research training opportunities in collaboration with Bolton College, Bolton University and other key partners	Lynn Donkin		Annual

3.7	Develop effective working with Greater Manchester H&SCP and PHE to maximise benefits of GM programmes to accelerate population health improvements, aligning/adapting to meet local needs	DLT		Annual
3.8	Develop an organisational approach to evidence and intelligence by creating the space and skills to develop a clear vision with appropriate skills and competence	Lynn Donkin		Annual
3.9	To develop an overall approach for public health for the design and delivery of future services and respond to the digital challenge for residents across Bolton	Lynn Donkin		Annual
Priority 4. Engage with local residents and partners to co-produce improved health and wellbeing outcomes, taking a whole-system all age approach.				
4.1	Facilitate development of an evidence informed approach to co-design, community engagement, involvement and community development	DLT		Annual
4.2	Develop a system wide prevention plan for the emerging integrated care system based on inequalities, child poverty and life expectancy			Annual
4.3	Lead on the development of system-wide ACE and trauma informed approaches to build capacity and embed principles in communities and neighbourhoods as part of an all-age approach to Violence Prevention. Ensure alignment with restorative approaches	Suzanne Gilman		Annual
4.4	Whole system, all age public health strategies – <ul style="list-style-type: none"> • Tobacco Control • Sexual Health • Substance Misuse including reducing alcohol harm • Infection, prevention control • Healthy weight, physical activity and obesity • Accident prevention • Ageing well • Mental health and wellbeing • Violence Prevention 	DLT		Annual

Priority 5. Provide Bolton's Integrated Care System and Greater Manchester's Public Service Reform, with access to the public health leadership and advice needed to transform the agenda, ensuring prevention and wellbeing is at the centre.			
5.1	Develop and lead the prevention framework for Bolton's Integrated Care System to ensure that both a population approach and prevention focus is embedded	Helen Lowey	Annual
5.2	To lead and oversee the population health component of the neighbourhood model and provide public health expertise into the models, ensuring proportionate universalism	Helen Lowey	Annual
5.3	To provide public health advice and leadership to the integrated care system, across the whole system with a strong focus on population health and prevention	Helen Lowey	Annual
5.4	To provide public health advice and leadership to Greater Manchester's Population Health	Helen Lowey	Annual
5.5	Direct, influence and contribute to the Greater Manchester collaborative public health programme delivery arrangements	Helen Lowey	Annual
Priority 6. Ensure a productive and effective health and wellbeing board is in place, that has a clear strategy, aligned to Bolton's Vision 2030 and is underpinned by a comprehensive joint strategic needs assessment.			
6.1	Review and establish effective partnership arrangements, governance and accountability for Health and Wellbeing Strategy and Board	DLT	Annual
6.2	Coordinate and lead the development of a whole system framework for health and wellbeing, aligned to the vision, with key partners to improve health and wellbeing outcomes for people who live and work in Bolton	DLT	Annual

Appendix A - Public Health Team Structure



Appendix 2 – Values and Behaviours

<https://boltoncouncilcloud.sharepoint.com/:b:/r/sites/cecommark/INTRANET%20Communications/Values%20and%20behaviours%20final%20framework%20document%20Aug%202019.pdf?csf=1&e=JNxiDk>