

Case study

Bedford Borough Council and Central Bedfordshire Council: developing a proactive 'core offer' to the clinical commissioning group while embedding in local government

"We have been able to use the skills Public Health brought to the Central Bedfordshire Council very effectively in the re-procurement of our leisure services. Public Health has helped us develop a service specification which ensures that the provider engages with the more vulnerable groups in Central Bedfordshire to help reduce health inequalities."

Councillor James Jamieson, Leader, Central Bedfordshire Council

"We welcome the opportunity that Public Health moving to the council has given. As well as using public health skills and resources to improve health for local residents, the core offer to the clinical commissioning group (CCG) has provided an opportunity to work together with the CCG to improve outcomes particularly for children and older more vulnerable residents. We have been able to challenge and influence each other to really make a difference, for example, the action we need to take to reduce the number of people dying prematurely."

Dave Hodgson, Directly Elected Mayor, Bedford Borough Council

Key messages

- Public health is working with Bedfordshire Clinical Commissioning Group (BCCG), the local area team and commissioners within Bedford Borough and Central Bedfordshire Councils to prioritise the health and social care needs of the population and ensure an evidence based approach to commissioning services.
- The public health team is beginning to embed within both Bedford Borough and Central Bedfordshire councils. A key strand of work is in identifying synergies with traditional local authority functions that can be aligned with public health functions to achieve the best outcomes for the residents of each council area.

Context

Central Bedfordshire

Central Bedfordshire, a predominantly rural location, is home to about 260,000 residents. The population, which is ageing, is expected to increase to 274,400 by 2016 which has implications for future health and social care needs. Average life expectancy at birth is increasing and is currently 79.5 years for men and 83.0 years for women, similar to East of England and better than the England averages. The life expectancy gap between the most affluent and most deprived areas is

on average 5.5 years for women and 7.4 years for men. Also, some disadvantaged groups have lower life expectancy. People in the more deprived areas die earlier predominantly due to diseases of the circulatory system, cancers, especially lung cancer; diseases of the respiratory system and diseases of the digestive system.

Bedford Borough

Bedford Borough is a unitary authority with a population of approximately 159,200. It is estimated that this will increase to more than 170,000 by 2021. There are up to 100 different ethnic groups living in the borough and the Black and Minority Ethnic population make up 28.5 per cent of the total population. Average life expectancy is comparable to the England average but there are large inequalities. The difference in life expectancy between the least and most deprived wards is 11.3 years for males and 9.1 years for females.

Organisational structures

The two authorities (Bedford Borough and Central Bedfordshire) share a director of public health. There is one CCG covering both councils. The CCG divides itself into five areas, which it calls localities. These are: Bedford, Chiltern Vale, Leighton Buzzard, Ivel Valley and West Mid Bedfordshire. Bedford Locality covers approximately the same area as Bedford Borough Council, while the other four localities form the area covered by Central Bedfordshire Council.

The director of public health has built a strong public health team within each unitary authority. For reasons of consistency, effectiveness and economy of scale, there is also a 'core public team' working across the two local authorities. The core team provides health protection, health care public health, commissioning of prevention programmes and health intelligence functions and delivers much of the core offer to BCCG.

The 'core offer' to the NHS

The 'core offer' to clinical commissioning groups is a mandatory function of local authorities, as outlined in the Health and Social Care Act 2013. The 'core offer' provides public health advice, information and expertise in relation to the healthcare services that they commission.

The leaders and chief executives of the two authorities and the director of public health believe that this 'core public health offer' to the NHS allow local authorities to have a really significant role in influencing CCGs' strategies and reducing health inequalities.

The following are examples of how this has taken place:

Public health staff have developed reports for Bedfordshire CCG to suggest that they can make significant impact on hospital activity around chronic obstructive pulmonary disease (COPD) and asthma by improving a range of prevention measures including improving the uptake of immunisation for influenza in both the over 65 and the under 65 'at risk' groups. This message was well received by the CCG's Executive Committee which then identified 'flu vaccination as a key area to target amongst all its commissioned services and a vital strand of work in trying to achieve a reduction in hospital activity.

The Public Health team has also worked closely with BCCG to develop 2014/15 commissioning intentions using the priorities identified within the Joint Strategic Needs Assessments (JSNA) for both Bedford Borough and Central Bedfordshire councils. A year long programme of consultation and prioritisation with varied groups of stakeholders led to a robust set of commissioning intentions. The public health team supported BCCG in this process by providing an analysis of the evidence base and an in-depth understanding of the health needs of the population together with methodologies for prioritisation and resource allocation.

A Locality Profile has been developed for each of the five localities of BCCG. The focus of the profiles was to segment the population and identify the specific population health needs of each locality around the five major killers: cardiovascular health, respiratory conditions, diabetes, cancer and stroke. These profiles then helped localities prioritise primary and secondary prevention as well as early diagnosis using NHS Health Checks within the commissioning plans for the localities. The locality profile was also helpful for clinicians for each of the disease areas to target interventions to deprived communities where outcomes could be improved.

The Public Health team worked with both clinicians within BCCG and senior officers within local authorities and developed a joint approach to Public Health England's 'Longer Lives' programme of work developed in response to the Secretary of State's call to reduce mortality rates for major killers such as cardiovascular disease and stroke. The public health team worked with the chief operating officer of BCCG and other senior officers within Central Bedfordshire Council and presented an action plan to Central Bedfordshire's Health and Wellbeing Board. This approach resulted in prioritising actions to tackle premature mortality by all members within Central Bedfordshire Health and Wellbeing Board including the local councillors who are very keen to prioritise the prevention and early identification agenda across all business within the local authority.

The public health team has worked with BCCG to develop specific CQUIN (Commissioning for Quality and Innovation) objectives around Making Every Contact Count (MECC) for all health care providers including the two major acute trusts. This will help embed prevention and early interventions and support behaviour change where required.

The public health team is working jointly with BCCG on a pilot project to reduce health inequalities. The pilot project aims to identify

a range of support networks available to GP practices to meet the multifaceted needs of their practice populations. This project also involves a new level of engagement with the public, community and voluntary organisations and local authority colleagues, and will assist GP practices in providing a well measured package of health and wellbeing interventions for their patients. This project has had engagement from senior leaders within Bedford Borough Council including the elected mayor.

Relations with councillors and within each local authority

Within both the local authorities, the public health team has carried out a mapping exercise of current local authority work against public health outcomes, to identify synergies across directorates and focus work in those areas which could have the greatest impact on improving the health and wellbeing of the residents of Bedford Borough and Central Bedfordshire councils.

Priority areas for action

The public health team is beginning to make links across council departments in developing the priority areas for the Joint Health and Wellbeing Strategies (JHWS). A large proportion of key actions have been identified around the wider determinants of health. An example around this is the work that has been identified in relation to educational attainment and skills, looked after children and people on low incomes.

The aim of the public health team going forward is to continue to raise the profile of population-level outcomes, embedding language and understanding of public health across both the local authorities as well as BCCG.

The team aspires to engage councillors as champions of health within local authorities.

The team would also want to influence clinicians who are commissioners within BCCG to be aware of the social determinants that impact on the health of the population. The team aims to do this by bringing forward evidence, comparator data, and facts and figures with particular emphasis on improving health outcomes and reducing health inequalities.

Future plans

As part of a corporate approach to making Central Bedfordshire Council a public health organisation, a focused piece of work is planned, based on where the council can have the greatest impact in relation to children in poverty and inequalities across a wide range of indicators, including those relating to mental health.

Bedford Borough has also identified the health and wellbeing of children and young people as a priority in its Joint Health and Wellbeing Strategy, along with improvements to safeguarding and action to maximise the independence of older people and improving care and choice at the end of life. The team is engaged in developing and implementing 'Make Every Contact Count' MECC charter in both local authorities. This charter outlines a commitment to ensure MECC principles of using brief interventions to make lifestyle change a core business of health and social care service providers across both local authorities, as well as BCCG and partner organisations, including the voluntary sector.

As part of the work on integrating health and social care, the public health team is working with BCCG and commissioners of adult social care of both local authorities to commission lifestyle hubs for the residents of Bedford Borough and Central Bedfordshire councils. These hubs will bring together health, social care and other council services through an integrated approach making lives of people with long term conditions easier and improve their outcomes.

The public health team is developing health inequalities assessments at a GP practice level and recommendations for action. This function will aim to deliver on BCCG's statutory requirement to deliver on tackling health inequalities and help target interventions to improve the health and wellbeing of deprived communities

The team is developing locality profiles with phase two outlining the health of children. These profiles will help commissioners across health and social care identify key priorities for these vulnerable groups for small geographical areas within each local authority and BCCG locality.

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