

Case study

Durham County Council: asset-based approach through Area Action Partnerships, and regional coordination

“Transferring to the council presents the public health team with a great opportunity to work closer with our communities and focus on the issues that matter to them in relation to their health. In the past we tended to default to the medical / disease based approach to improving health but now at the council we are starting to get to grips with the real causes of poor health – the social determinants. It is a really exciting time to be in public health, although many of the challenges remain of course”.

Anna Lynch, Director of Public Health

“Durham County Council is absolutely committed to helping residents take action to improve their health and we have demonstrated this by overtly signing a public health pledge at a full council meeting. We think our 14 Area Action Partnerships are a major force in working with us to achieve this”.

Cllr. Lucy Hovvells, Portfolio Lead for Safer and Healthier Communities

Key messages

- The move to local authorities, with their wide range of responsibilities for people and places, provides new opportunities for improving health both locally and regionally.
- Improvements cannot be made all at once; there needs to be a phased approach in which new ways of working are developed and embedded.

Context

Durham County Council covers a population of around 513,000. Much of the council is rural, with 12 conurbations of more than 6000 people including Durham City with a population of 49,000. As well as areas of affluence there are deprivation and health inequalities in the county with a difference in life expectancy of eight years between different areas. Durham became a unitary council in 2009 and established a system of 14 Area Action Partnerships (AAPs), the purpose of which is to enable people in local areas to work with the council and service providers such as police and GPs to tackle local issues and to monitor the effectiveness of local services. Public health transferred from the PCT with around 40 staff, and is hosted within the Children and Adults Services Department.

Council-wide commitment to public health

Durham County Council has signed a pledge setting out how it intends to promote its ambition for all residents to enjoy health and wellbeing equal or better than the England average. This will be led by the public health team through measures including:

- working across the council to ensure all opportunities to improve health and wellbeing and reduce health inequalities are taken

- ensuring that action is based on research, best practice and current data
- working with partners such as the NHS, other local authorities and Public Health England to 'galvanise action'
- working with the AAP model to build on the strength and assets of local communities.

Asset-based approach in area action partnerships

Durham's AAPs are based on shared planning, community participation and coproduction with the council. Each has two levels of operation: a board involving seven councillors, seven public representative and seven partner representatives (e.g. council, voluntary sector, health, business) and a forum open to everyone who lives or works in the area. AAPs control a range of funding streams including influencing the spending of councillors' individual budgets, funding contributed by CCGs and public health, and elements of county-wide budgets such as Highways. There are regular grants programmes to stimulate community and voluntary sector action. In the latest programme, in which health is a theme, each AAP has between £20,000 to £60,000 in their fund, and applications are decided by public voting events – this is being rolled out across all AAPs following successful pilots in which hundreds of people turned up to vote. There is also a county-wide community chest fund focused on health and wellbeing (prevention and early intervention) which seeks to add value to AAP initiatives.

Public health has always worked with AAPs, but since transfer the relationship has become closer, and it is now supporting the partnerships to develop an asset-based community development model for health and wellbeing. An offer to AAPs has been developed which sets out what they can expect from public health, for example:

- Director of Public Health attends the board at least once a year
- a member of the public health team is aligned with each AAP
- public health will provide access to resources for health related programmes and campaigns
- public health will support the development of health-related funding bids.

The offer also describes what public health would expect in return, for example:

- the AAP will consider how to best incorporate specialist public health advice into its decision making process
- the AAP will become involved in public health related programmes and campaigns, including those linked with national campaigns from Public Health England (PHE) – an example of a previous campaign is plain packaging for tobacco.

Work with AAPs is at an early stage, but is more advanced in two areas in which initiatives are being developed with public health funding.

- In Shildon two community health workers will be commissioned to map assets in the AAP area and to establish community health champions.
- In Stanley a service is being commissioned to apply an asset-based community development approach to tobacco control (specification available from contact below).

These programmes will be evaluated with the intention of applying learning across all AAPs.

Other developments following public health transfer

The Public Health Team is aligned with departments across the Council. Some of the work they are engaged in includes proposals for:

- health impact assessments on all major policies
- an exclusion zone for fast food outlets near schools
- speed management policy of 20mph in areas with high levels of children's activity
- social marketing campaigns, for example on alcohol issues.

Public health across the region

The North East has a history of councils and public health working together on public health issues through the Association of North East Councils (ANEC) which took a proactive approach to the transfer of public health – identifying regional opportunities for change. Improving health and wellbeing is a major strand of ANEC's work and is undertaken jointly with the North East Directors of Public Health Network and Public Health England. Life expectancy in the North East has risen faster than in any region except London, but remains low overall, with high rates of early deaths from cancer and high levels of smoking in pregnancy. ANEC and the DPH network work closely with Fresh, the North East's office for tobacco control and Balance, the North East's alcohol office both collectively commissioned by the 12 local authorities. Recent initiatives include:

- babyClear – a collaboration between stop smoking services, midwives and foundation trusts to ensure every woman smoking during pregnancy is given full information about harm from a trained health professional and encouraged to quit
- large regional consultation fed into the Government's alcohol strategy consultation.

Future plans

Future priority areas include:

- shifting from lifestyle and disease models to holistic health and wellbeing services based on tackling social determinants across council functions
- considering pathways for reducing alcohol consumption and harm with partner agencies e.g. CCGs and police
- integrating health improvement services for children with early years services (when transferred to local authorities) and school nursing to develop a holistic service; this to be phased in starting with areas of highest health need.

Contact

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