

Case study

York City Council: additional roles and extended influence

“We need to consider how each and every public health function and service should be delivered in a council setting and think about what difference it makes, now that they are commissioned by the local authority and not by the NHS. If it ends up making no difference at all and there are no significant benefits realised for residents then we will have completely wasted that once in a lifetime opportunity given to us by the transfer to local authorities in April 2013.”

**Councillor Tracey Simpson-Laing,
Deputy Leader and Executive Member for
Health, Housing and Social Care and Chair
of City of York Health and Wellbeing Board**

“The transfer of responsibility for public health has provided a once in a lifetime opportunity for public health to demonstrate its leadership in building on the rich social reform heritage within the City of York and to begin to significantly improve the stark health inequalities faced by a significant number of residents by directly tackling poverty and the other wider determinants of health. We must demonstrate a level of public health leadership that John Snow, one of the founding fathers and pioneers of public health who was born in the City of York 200 years ago, would be proud of.”

**Paul Edmondson-Jones,
Deputy Chief Executive and Director of
Public Health and Adult Social Services**

Key messages

Combining the roles of director of public health, director of adult social services and deputy chief executive is seen as having great potential for:

- putting public health at the heart of all council activities and beyond
- ensuring that preventing poor health and loss of independence is fundamental to health and adult social care.

Context

York is a unitary authority with a population of around 200,000. Overall, this is an affluent area with an unemployment rate of just 1.7 per cent. However, there are areas of deprivation and poverty scattered around the city which are often not immediately obvious. The greatest problem is “in work poverty” which is often related to the relatively high cost of housing and high cost of living in the city.

York has a long history of individuals and organisations committed to philanthropy and social justice. It has a well-established voluntary and community sector and a tradition of council service provision. York’s challenge for the coming years is to harness these assets to shift the emphasis from providing services to empowering individuals and communities to develop resilience and capacity for independence and self-help.

Combining roles

Prior to the transfer of public health there had been limited joint working across the council and PCT. The current director of public health was the first joint appointment; previously the emphasis had been on healthcare public health and health protection rather than health improvement. A team of only five people transferred to the local authority from the PCT, and these were brought together with the council's existing drug and alcohol action team and sports and leisure team to form the new Public Health Team on 1 April 2013.

In July 2013 the council separated the functions of children's services and adult social care and the director of public health also became director of adult social services. He was subsequently appointed deputy chief executive in August 2013 with a role to support and deputise for the chief executive and to help wider organisational development.

Combining roles has meant that public health is at the centre of the council, with extensive opportunities to bring a public health perspective across all functions and to the work of front-line staff. Also, the council, the clinical commissioning group (CCG), the citizen's advice bureau and other partners have recently co-located to the same building which brings great potential for close relationships and provides a one stop shop with a wide range of services for local people, eg linking vulnerable families with debt-advice.

Arrangements have only been fully in place for a few months, and York is at an early stage in the process of reform.

Partnerships for change

The director of public health / director of adult social services (DPH/DASS) is lead officer for the Health and Wellbeing Board, and health overview and scrutiny, and also represents the council on the CCG governing body.

This presents considerable opportunities in terms of leveraging change and influence. It will allow public health methodology such as understanding population needs and working to an evidence-base to become embedded in how the council and local partners work. A recent example of joint work is the 'Stop (smoking) before your Op' campaign with the CCG.

Working to Joint Health and Wellbeing Strategy priorities, York Health and Wellbeing Board has agreed a series of commitments for future joint work; these include the following:

- Adopting the national carers charter and the disabled children's charter as a basis for future improvements to information, advice, support and involvement of carers.
- Adopted the national Mental Health Challenge for local authorities which involves ten pledges including mental health champions, a lead officer for mental health in the local authority, reducing mental health inequalities, and encouraging positive mental health. Specific actions are being discussed at the board's next development meeting.
- Adopted the national Local Government Declaration on Tobacco which involves a number of pledges – this ensures that all partners are bound-in and committed and not just the local authority (information available).

In addition:

- York is seeking to become a Dementia Friendly City; for example, a film created with the Joseph Rowntree Foundation and others is being shown in local schools (information available)
- the council has adopted the local government declaration on tobacco and was the first in Yorkshire and Humber to do so
- the council is establishing a domestic violence strategy and seeking to obtain White Ribbon status by May 2014 (commitment to tackling violence against women).

The DPH/DASS chairs the Integrated Transformation Board overseeing the current health and social care integration. Public health is seen as being able to be the 'gatekeeper at the front door' to adult social care and health with a focus on prevention and early identification; this includes physical activity to reduce obesity and reduce falls as well as risk-identification and prevention of vascular disease. It is hoped that a different focus and better targeting of the whole public health budget can lead to increased real savings in health and social care: an initial target has been set by the director of public health that this needs to yield cashable savings to the social care budget of around £1 million a year by better diagnosis, prevention and early intervention.

Another recent development has been York Cabinet's decision to establish a health and social care hub. This collaboration between the council, NHS and voluntary and community sector will involve a city-centre venue for a range of organisations and services aimed at supporting people with low to moderate needs to avoid more extensive services. The hub will be a very important element of the overall Integrated Transformation Fund and Plan and Adult Social Care Transformation programme.

Tackling poverty and inequalities

The Archbishop of York commissioned a Fairness Commission in 2010 which sat through 2011 and reported in 2012. The Commission found that while York was outwardly affluent there were pockets of deprivation and poverty which were often hidden. It made a range of recommendations for tackling this and the council and partners have adopted a York-wide strategy to drive poverty from York supported by information from the Joint Strategic Needs Assessment. This has proved an excellent opportunity to address the economic and social

determinants of health, and York public health is fully involved in the strategy. The four key themes of the Anti- Poverty programme are as follows.

- Reduce stigma – the local media has been running a year-long campaign aimed at raising awareness of poverty and tackling negative images.
- Reduce the cost of living – this includes promoting uptake of free schools meals, better availability of white goods, cheaper energy deals.
- Promote a living wage – York council has agreed to pay all its workers a living wage of at least £7.45 an hour and the council is now an Accredited Living Wage Organisation; a requirement of this was that a living wage is part of York's procurement system. Other partners in the city, including Joseph Rowntree Foundation, CVS and St John University have already adopted the living wage and it is hoped that other partners will also do so.
- Tackle destitution – the council supports local food banks and is working with local churches and others to provide crisis loans and support those in trouble.
- Future priorities are measures to tackle:
 - the cost of child care which can be prohibitively expensive for people in work
 - the high cost of renting houses.

Public health as everyone's business

With a small public health team, influencing others to take an active role is vital. The council is adopting the concept of "Making Every Contact Count" and is looking for opportunities to use the contacts made by front-line staff to promote public health. Public Health Champions are being identified across the council, particularly in functions that have contact with people who may benefit from healthy living advice, such as

housing and education. So far there has been a very positive reaction, described as 'pushing at an open door'.

A number of people have been seconded or transferred to the public health team. These include:

- a member of the communications team supporting activity around social marketing and media awareness
- a member of the wider children and education team to lead on the children's public health agenda
- a member of the policy and strategy team to support the work of the Health and Wellbeing Board.

Future plans

The director of public health describes the full integration of public health into the City of York Council as being a five-year journey in which health improvement is stitched into all levels and parts of the council. Public health will be considered in all council policies and strategies, and all relevant functions, services and individuals will make a contribution to health and wellbeing.

Specific developments underway include:

- considering the future role of school nursing, health visiting and other children's services in a holistic child-centred service that maybe is available 12 months in a year and works from different settings
- considering the future role of tobacco control and the wider prevention, treatment and enforcement issues around nicotine addiction rather than simply smoking cessation.

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