

Case study

Blackburn with Darwen Borough Council: social determinants of health fund and lobbying for national change

“Delivering improved public health outcomes for residents is one of the councils top priorities. We have made a very good start this year at ensuring that it is not just ‘another service’ – but that it is at the heart of everything we do across policy, service delivery and decision making in the council. As we head into our second year we are exploring what it means to be a public health council – not just a council with a public health service. Many of the factors that affect the health for our residents are determined by national policy – in areas such as welfare reform, food policy, tobacco control and alcohol pricing. We therefore see national advocacy for health promoting policy (supporting the most vulnerable) as a growing part of our local public health role”.

**Councillor Mohammed Khan OBE,
Deputy Leader and Executive Member
for Public Health and Adult Social Care**

“Local government expenditure is actually a mix of taxpayer cost and investment. The dedicated Public Health Grant is clearly an investment as it both delivers improved citizen health outcomes and reduces avoidable costs to health and social care later on. Non-health local government budget spend areas – leisure services, education, children’s services, regeneration, housing – can all bring ‘added public health value’ if undertaken in ways which address the Marmot Report’s areas of evidence-based health improvement action outside the healthcare system. One legitimate use of the Public Health Grant is to find ways to lever governance and accountability for health outcomes from these non-health cost centres.”

**Dominic Harrison,
Director of Public Health**

Key messages

- Public health initiatives should be regarded as an investment in the social and economic wellbeing of the local area.
- There is potential for local government to influence health improvements at the national level by lobbying based on local knowledge.

Context

Blackburn with Darwen is a unitary local authority with a population of around 148,000. Almost 20 per cent of the population is Muslim, the third highest level in the country. The health of people in Blackburn with Darwen is generally worse than the England average and deprivation is higher, with around 9,000 children living in poverty. The difference in life expectancy is around 13 years for men and seven years for women between the most and least deprived wards. Early deaths from cancer, heart disease and stroke have fallen, but at a lower rate than the national average.

Blackburn with Darwen Council, Public Health and NHS have a long history of close partnership including a Care Trust Plus. Around twenty public health staff came to the local authority, where the Specialist Public Health directorate is part of the Adult Services directorate.

Public health investment and accountability across the council

Blackburn with Darwen has established an investment framework for the Public Health Grant which involves a shift from a medical to a social model, and uses the World Health Organisation tool for evidence-informed decision making in public health.

New ways of working in Blackburn with Darwen's public health operating model include:

- 'Health Included in All Policies' (HIAP) – a health impact assessment process to ensure all relevant policies decisions and investments in each directorate contribute to health improvement, eg through the development of existing staff.
- A £1 million Social Determinants of Health Fund invested for two years across all council directorates so they can take direct action on health improvement.
- Public Health Delivery Agreements which commit each council directorate to delivery against the Public Health Outcomes Framework (PHOF).

This approach spreads both investment and accountability for delivery against public health outcomes across the council, and has generated useful discussion about the use of mainstream funding for health outcomes. Because of the budget cuts facing the council, some of the fund has been used to count against further savings to continue to provide services that have been identified as having a strong evidence-base for improving health and wellbeing. For example, contributions to the falls service and to children's centres.

Public Health Delivery Agreements will involve formal contracts involving two main requirements:

1. Each directorate is responsible for five outcomes from the PHOF as an added value to their existing activity and investment. For example, the outcomes for the Resources Directorate (shared with some other directorates) are:
 - children in poverty
 - 16-18 year olds not in education, employment or training
 - households in temporary accommodation

- self-reported wellbeing
- reducing mortality from causes considered preventable.

The Resources directorate will contribute to these outcomes through their range of general and targeted advice services.

2. Each directorate is also responsible for additional PHOF outcomes through interventions agreed as part of the Social Determinants of Health Fund. For example, the Regeneration directorate is responsible for 'killed and seriously injured casualties on England's roads' through road safety team interventions including existing 20mph zones.

A development next year will be to identify proxy indicators which show how directorates contribute to shared and overarching outcomes such as reducing child poverty.

Performance against the outcomes will be monitored quarterly in each directorate through existing council systems; additional support and oversight will be provided by the Portfolio Holder for Public Health and the Director of Public Health.

Integrated health and wellbeing service

Blackburn with Darwen has been reviewing its stand-alone health and wellbeing services to identify how these can best meet local health priorities in the most cost effective way. An integrated health and wellbeing service, to be launched in January, has been designed with the following key features:

- Targeted at people with long term conditions who are high users of health and social care services (eg unplanned hospital admissions), may be subject to health inequalities, and may have multiple lifestyle risk factors which can benefit from health and wellbeing interventions.

- A single point of access Wellbeing Hub which will receive referrals from GPs and another professionals, and self-referrals. The hub will be staffed by health trainers offering a holistic assessment and, dependent on need and what people want to achieve, may provide:
 - brief intervention and advice
 - signposting to an appropriate service, with follow-up to ensure successful access
 - a lifestyle consultation with a health trainer and personalised guidance and support
 - reassessment and follow up as appropriate.
- Services that can be provided through the Hub tackle both healthy lifestyle and the wider determinants of health such as: sustainable neighbourhood services, decent and safe homes, one stop shops and 'advice for all', drug and alcohol services, falls prevention, self care, stop smoking, weight management and physical activity. Services also have their own 'front door' for direct referrals.

Lobbying for national change

Blackburn with Darwen councillors are committed to looking at what needs to change in the national picture in order to bring about local health improvements. Issues in which they have been involved include:

- the full council agreed to support and lobby for a minimum unit price for alcohol
- the council is looking at the potential for ethical investment in pension funds
- using local public health experience to inform national debate through research based publication.

Also, shisha bars are a growing leisure pursuit in Blackburn with Darwen as in many towns and cities; shisha bars are unregulated but represent potential public health hazards such as infection. The council is lobbying for more effective local authority control over these venues and for these to be put on the same footing as alcohol.

Integrated commissioning

Public health is involved in integrated commissioning both across the council and with the NHS. With adult and children's services, it forms part of the newly formed council Integrated Commissioning Team, and provides expertise in intelligence, data analysis and evidence based interventions.

It provides a similar role in the Integrated Commissioning Group that operates with the CCG. For example, borough-wide mental health services have been reviewed with a view to commissioning services with more focus on early intervention, prevention, timely and easy access for GP referrals for anxiety and depression, and community based services. Public health advised on the evidence base for the service specification and also contributed funding for advice and counselling.

Future plans

GPs in Blackburn with Darwen are federating into groups of practices sharing services and resources. This provides an opportunity for integration with the council's neighbourhood delivery model. Public health is involved in brokering discussions on how this can be achieved, including links to the Better Care Fund.

Public health has identified evidence of a significant crisis emerging from the recession and from welfare reforms; there has been a massive increase in referrals to food banks,

child malnutrition has doubled and there is an increase in mental health problems. It will be important to identify and measure the extent of these problems and to work with others to identify ways of taking action. The Specialist Public Health directorate's chosen charity for 2014 is the local food bank.

Public health will have a role in identifying the health impact of fracking which will be tested in the area.

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