Warwickshire Public Health - Members Engagement Pack

What is Public Health?

To understand what Public Health is, it is important to recognise how health is firstly defined.

Health is defined as a state of complete physical, mental, and social wellbeing and not merely the absence of disease or infirmity (WHO, 1946).

Wellbeing is about feeling **good** and functioning **well** and comprises an individual's experience of their life, and a comparison of life circumstances with social norms and values.

Public Health is the art and science of promoting and protecting health and wellbeing, preventing ill-health and prolonging life through the organised efforts of society, health not just the absence of disease.

Public health aims to improve and protect the health of groups of people or populations, rather than about treating individuals.

There are three key aspects of public health called 'pillars' of public health, they are:

1. *Health protection* – protecting people's health from environmental or biological threats e.g. infectious diseases such as flu or COVID-19
2. *Health improvement* – improving people's health by helping people healthier lifestyles (quitting smoking) or better living conditions (access to parks).
3. *Healthcare public health* – ensuring that our health services are the most effective, most efficient, and equally accessible e.g. through the individual funding requests panel (IFR).

Public Health - National Responsibilities

The Secretary of State for Health and Social Care continues to have overall responsibility for improving health – with national public health functions delegated to Public Health England (PHE).

From Spring 2021, the government has announced the creation of two new functions with the dissolution of PHE. The two new functions will be:

- **UK Health Security Agency (UKHSA)-** the primary focus is public health protection and infectious disease capability is being established by the government.
- **Office for Health Promotion -** this will sit within the Department of Health and Social Care (DHSC), and will lead work across government to promote good health and prevent illness which shortens lives and costs the NHS billions every year, building on the work of Public Health England

Public Health - Local Responsibilities

The Public Health duty of Warwickshire County Council was legally established in April 2013 as part of the Health and Social Care Act 2012. Upper tier and unitary authorities' local authorities (LAs) were given a leading role in improving and protecting their population's health and reducing health inequalities, backed by a ring-fenced grant and a specialist public health team, led by a director of public health. Upper tier authorities are supported in this by the existing expertise within district councils e.g. environmental health, planning. Local government is best placed to shape solutions that address local needs, tackle the causes of ill health and build healthier communities, through democratically accountable leadership.

Public Health Outcomes Framework (PHOF)

The Public Health Outcomes Framework sets out the key indicators the Department of Health expects local authorities to work towards and sets out the Government's overarching vision for public health, the desired outcomes and the indicators that will be used to measure improvements to and protection of health.

Local authorities must also to comply with National Institute for Health and Care Excellence (NICE) recommendations to fund treatments under their public health functions.

Warwickshire Public Health

What are the mandatory functions and responsibilities of Warwickshire Public Health?

Warwickshire Public Health has inherited several functions and commissioning responsibilities, some of which were traditionally the responsibility of non-public health areas within the former Primary Care Trusts. With these responsibilities has come a ring-fenced, centrally allocated grant, known as the **public health grant.**

There are seven specific responsibilities, described by law that public health must fund and do:

- Provide appropriate access to sexual health services, including GUM services and chlamydia screening
- Ensure there are plans in place to protect the health of the population, including immunisation and screening plans and commission health visiting
- Provide NHS commissioners (Clinical Commissioning Groups (CCGs) with the specialist Public Health advice they need
- Deliver the National Child Measurement Programme (NCMP) for primary school children
- Encourage NHS Health Check assessments
- Have a duty to provide advice and guidance on planning matters related to health and wellbeing e.g. new housing developments
- Provide an annual report on the health and wellbeing of the population. Access the Warwickshire Director of Public Health Annual Reports online - warwickshire.gov.uk/publichealthannualreport

We also carry out a range of research and intelligence activities to support commissioning and other work designed to tackle the scale of health inequalities found in Warwickshire, including leading the production of the statutory Joint Strategic Needs Assessment (JSNA). https://www.warwickshire.gov.uk/joint-strategic-needs-assessments-1

Public Health works across the County council, Districts, and Borough Councils and a range of partners to influence decisions that will impact upon the public's health such as housing, environment, planning and education.

What is the role of the Director of Public Health?

Dr Shade Agboola is Warwickshire's Director of Public Health (DPH). The core purpose of the DPH is as independent advocate for the health of the population and system leadership for its improvement and protection. As such it should be a high-level statutory role bridging local authorities, the NHS and other appropriate sectors and agencies with responsibilities for health and well-being for a defined population.

Directors of Public Health are responsible for determining the overall vision and objectives for public health in a local area or in a defined area of public health, such as health protection. They are accountable for delivering public health objectives and reporting annually on the outcomes and future work.

The Department of Health and Social Care (DHSC) sets out the Roles and Responsibilities of DPH's:

All Directors of Public Health (DsPH)should:

- be an independent advocate for the health of the population and provide leadership for its improvement and protection
- **be the person who elected members and senior officers look to for expertise and advice on a range of public health issues, from outbreaks of disease and emergency preparedness through to improving local people's health and access to health services**

- improve population health by understanding the factors that determine health and ill health, how to change behaviour and promote both health and wellbeing in ways that also reduce inequalities in health
- provide the public with expert, objective advice on health matters using a variety of communication and engagement methods
- 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
- contribute to and influence the work of NHS commissioners, helping to lead a whole system approach to public health across the public sector. For screening and immunisation programmes, DsPH are expected to provide appropriate challenge to arrangements and also to advocate for an emphasis on reducing health inequalities and improving access in underserved groups in the work of commissioners, providers and other key stakeholders

In Warwickshire the Director of Public Health is supported by Public Health Consultants and a wider public health team. There is a detailed structure chart of the Warwickshire Public Health team in Appendix 1.

Warwickshire's Public Health Consultants and Lead Areas of Responsibilities

Consultants in Public Health (CPH) are strategists or senior managers or senior scientists. They require skills in all three main pillars of public health (health protection, health improvement, healthcare public health), but in practice they may specialise in one area. They will:

- deal with complex public health issues

- either lead, or work with senior colleagues on the planning and delivery of policies and programmes that aim to influence the health of groups of people at local, regional and national levels

- plan and lead the evaluation of such programmes

- provide professional, evidence-based, and ethical advice to guide the commissioning of services, ensuring that they are high-quality, clinically safe, cost-effective, and that they will improve health and wellbeing and reduce health inequalities across primary care, secondary care, and social care

- lead on the gathering and interpretation of information

- work with a range of organisations

Each Cleads on specific public health priorities across the county. Some CPH also have a lead Place (Table 1).

Table 1: Warwickshire Public Health Consultant lead areas

Consultant name	Portfolio	Place	COVID setting lead
Dr Nadia Inglis **nadiainglis@warwickshire.gov.uk**	Health protection	-	All
Dr Gordana Djuric **gordanadjuric@warwickshire.gov.uk**	Healthcare Public Health Training lead Workplace wellbeing	-	Care settings
Emily van de Venter (Associate Director of Public Health)	Inequalities Mental health	South	Workplaces Community engagement

emilyvandeventer@warwickshire.gov.uk	Harm reduction		
Duncan Vernon, Joint Post with South Warwickshire Foundation Trust **Duncan.Vernon@swft.nhs.uk** **duncanvernon@warwickshire.gov.uk**	Wider determinants Health improvement	Rugby	Data and intelligence/Vulnerable groups
VACANT (Associate Director of Public Health) Joint Post with CCG **xx@warwickshire.gov.uk**	Children and maternal health (0-19)	North	School and Education

Table 2: Brief Description of Public Health Consultant Portfolio Responsibilities

Portfolio Area	Description	Key Responsibilities / links / examples
Health Protection	Health Protection is one of our mandated areas of public health work. Definition: "The protection of individuals, groups and populations through expert advice and effective collaboration to prevent and mitigate the impact of infectious disease, environmental, chemical and radiological threats" (ref: Oxford Medicine).	• Fuel Social Inequality • Air Quality • Active Travel • Sexual health and relationships • Antimicrobial Resistance (AMR) • Climate Change • Infectious Diseases • Hot and Cold Weather
Health Improvement	Health Improvement describes our work to improve the health and wellbeing of individuals or communities through enabling and encouraging healthy choices as well as addressing underlying determinants of health such as social inequality and lack of educational opportunities. Working with a wide range of partners we influence policy, service provision and wider environmental factors that help support positive health outcomes for our population, especially those in greatest need.	• Tobacco control including stop smoking services commissioned from GPs and Pharmacists. • Healthy Lifestyles including Obesity / physical activity. • Drugs and alcohol • Wider Determinants e.g. homelessness, planning
Healthcare Public Health	Healthcare Public Health ensures that our health services are the most effective, most efficient, and equally accessible e.g. through the individual funding requests panel (IFR).	• Care settings and inequalities in vaccination Covid-19 • IFR panel • Child Death Overview Panel • Training of doctors – F2, GP registrars, PH registrars
Wider Determinants	Wider determinants are also known as social determinants and include social, economic and environmental factors which impact on people's health.	• Housing and homelessness • Transport • Built environment • Green spaces

	Factors are influenced by local, national and international distribution of power and resources which in turn shape the conditions of daily life of our residents. They determine the extent to which different individuals have the physical, social and personal resources to identify and achieve goals, meet their needs and deal with changes to their circumstances.	• https://www.warwickshire.gov.uk/healthy-places/wider-determinants-health/1 • https://fingertips.phe.org.uk/profile/wider-determinants
Health Inequalities	Health inequalities are unfair and avoidable differences in health across the population, and between different groups within society. Health inequalities arise because of the conditions in which we are born, grow, live, work and age. These conditions influence our opportunities for good health, and how we think, feel and act, and this shapes our mental health, physical health, and wellbeing. HI in everything we do, but more explicit lead identified due to findings from pandemic around HI and NHS system programme to tackle HI	• Link to HI briefing on inequalities work across public health and strategy and commissioning - Health Inequalities Briefing - for Portfolio Holder.docx
Children and maternal health 0-19	The foundations for virtually every aspect of human development start from preconception. What happens from this point forward has lifelong effects on many aspects of health and well-being – from obesity, heart disease and mental health, to educational achievement and economic status.	• Chid accident steering group • Local Maternity & Neonatal Services • Commissioned services • Smoking at time of delivery (SATOD)
Mental Health & Mental Wellbeing	Mental health is vital to public health; mental wellbeing is profoundly important to quality of life and the capacity to cope with life's ups and downs. Mental wellbeing protects against mental (1) and physical (2) health problems by: • Increasing resilience (3) to common emotional, social and financial stressors • Increasing protective factors such as academic achievement (4) (5) and participation in community life (6), • Reducing risk factors including sickness absence and poor productivity, (7) and risk taking behaviour (8).	• Commissioned services and initiatives e.g. Wellbeing for Life • Suicide prevention • Perinatal mental health • Mental health briefing note

Public Health Intelligence	The dedicated Business Intelligence team that support Public Health deliver high quality outputs for the service area and organisation. For the past year, the team has monitored and reported on COVID-19 cases, tests, deaths and vaccinations on a daily basis and provided timely and detailed information, analysis and investigation to support the operational response, including weekly place-based Incident Management team meetings and activity related to the Test & Trace team.
	
	Business As Usual Public Health intelligence work includes supporting Joint Strategic Needs Assessment (JSNA), the Director of Public Health Annual report, outputs on Warwickshire as a place, including key intelligence from the 2021 Census and any relevant population and socio-economic issues.
		• COVID-19 reporting and analysis:
		  o Strategic monitoring and reporting relating to cases, deaths, hospitalisations & vaccinations
		  o Supporting the operational response with surveillance, reporting & epidemiological analysis
		  o Test & Trace
		• Monitoring Health Inequalities dashboard
		• Director of Public Health Annual Report
		• Joint Strategic Needs Assessment
		• Supporting development of metrics around monitoring Warwickshire's Health & Wellbeing Strategy
		• Population Health Management
		• Relevant and timely analysis of datasets linked to:
		  o Population (including 2021 Census results)
		  o Deprivation
		  o Social Inequality

COVID-19	Public Health has been at the forefront of the response to the COVID-19 Pandemic. Our Warwickshire Outbreak Control Plan is published on the Coventry, Solihull and Warwickshire (CSW) Stay Safe Website (dedicated website as a beacon for our COVID-19 response) - staysafecsw.info. Impact of COVID-19 locally has been explored in a health impact assessment and in the recent Director of Public Health Annual Report which explores the impact of COVID-19 on health inequalities. An online gallery of residents COVID-19 stories has been produced and a dashboard to monitor the impact on health inequalities – all available online at warwickshire.gov.uk/publichealthannualreport	• CSW Stay Safe website (access to the outbreak control plan, latest COVID-19 data and communication resources – staysafecsw.info) • COVID-19 Health Impact Assessment • Director of Public Health Annual Report, COVID-19 Stories and a monitoring health inequalities dashboard – warwickshire.gov.uk/publichealthannualreport • Ongoing lead role in reactive and proactive elements of the pandemic response.

What's Driving our Priorities?

- Director of Public Health Annual Report: https://www.warwickshire.gov.uk/publichealthannualreport
- Warwickshire Health and Wellbeing Strategy: https://www.warwickshire.gov.uk/healthandwellbeingstrategy

To implement our Health and Wellbeing Strategy we are taking a place-based approach to delivery. In Warwickshire our 3 places refer to:

• North – covers North Warwickshire Borough and Nuneaton and Bedworth Borough

• Rugby – covers Rugby Borough

• South – covers Stratford on Avon District and Warwick District

Each place has a Health and Wellbeing Partnership and a Health and Care Executive that will play a key role in delivering the Strategy locally making sure that action plans have been tailored to meet local needs and build on the strengths, of each place.

Table 3: Place-based Priorities in Warwickshire

Place	Priority 1	Priority 2	Priority 3	Priority 4	Priority 5
North Warwickshire (CPH lead: Recently vacant)	Housing and Homelessness	Obesity	Smoking	Health Inequalities	COVID-19 Recovery
Rugby (CPH lead: Duncan Vernon)	Social Inequalities theme - Homelessness	Health behaviours - Smoking	Mental health Self-Harm in Young People	COVID-19 Recovery	-
South Warwickshire (CPH lead: Emily Van De Venter)	Mental Health and Wellbeing	Children and Young People	Climate Change	COVID-19 Recovery	-

How we work – matrix working

A matrix working agreement with Strategic Commissioning has been in place since November 2019. It was due for review in November 2020 but had to be delayed due to the pandemic response taking priority.

The matrix working agreement ensures oversight of commissioning using the public health grant and input from public health into key areas. Monthly meetings are held between Consultants in Public Health and the strategy and commissioning leads.

Appendix 1 Public Health Team Structure Chart (July 2021)

Dr Shade Agboola
Director of Public Health

Sue Scott
PA to DPH / Office Manager

Yasser Din
Commissioning Manager

Duncan Vernon
Consultant in Public Health

Emily van de Venter
Associate Director in Public Health

Dr Gordana Djuric
Consultant in Public Health

Vacant Post
Associate Director in Public Health

Dr Nadia Inglis
Consultant in Public Health

Catherine Shuttleworth
Public Health Principal

Emily Fernandez
Wider Determinents of Health Manager

Katie Wilson
Health Improvement Manager

Suicide Prevention post

Gemma McKinnon
Health and Wellbeing Delivery Manager

Selena Foroghi
Public Health Principal

Vacant Post

Mona Afzal
Programme Delivery Manager - Covid-19

Gemma Stainthorp
Health Protection Manager

Isher Kehal
Public Health Principal

Ruby Dillon
Public Health Principal

Jo Southan
Wellbeing Partnership Manager

Ashely Simpson
Public Health Officer

Yasser
(Yasser - Line managed by Shade in interim)

Emma Robinson
Prevent and Response Officer

Hayley Sparks
Public Health Principal

Michelle Gravatt
Community Development Officer

Jaki Leaker
Regulatory Services Officer

Caroline Lamming-Chowen
CDOP Mangager

Ripon Danis
Community Development Officer

Gazala Chauhan
Regulatory Services Officer

Claire Bills
Regulatory Services Officer

Stuart Bird
Regulatory Services Officer

Sam Turpin
Public Health Prinicpal

Fedalie Richardson
Public Health Principal

Michelle Wykes
Public Health Prinicpal

Siann Finn
Public Health Principal