

Protecting and improving the nation's health

Tees Valley Nature Partnership Steering Group Overview of the public health/health and care system

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https://www.kingsfund.org.uk/projects/nhs-65/alternative-guide-new-nhs-england



Public Health England

PHE is an executive agency sponsored by the Department of Health that seeks to:

- protect the country from threats to health, including outbreaks of infectious diseases and environmental hazards, in the UK and abroad
- improve the public's health and wellbeing
- improve population health through the development of sustainable health and care services
- build capacity and capability of the public health system

At a local level PHE centres provide advice and support to Directors of Public Health and their teams as required and requested.

Local authorities

Under the Health and Social Care Act 2012, local authorities have a duty to:

- improve significantly the health and wellbeing of local populations
- carry out health protection and health improvement
- carry out some functions delegated from the Secretary of State (health protection, NHS Healthcheck, National Child Measurement Programme, sexual health services etc.)
- reduce health inequalities across the life course, including within hard to reach groups
- ensure the provision of population healthcare advice

Health and Wellbeing Boards

Established and hosted by local authorities, Health and Wellbeing Boards bring together the NHS, public health, adult social care and children's services.

HWBs provide <u>oversight</u> of the local health and care system and have a statutory duty, with clinical commissioning groups (CCGs), to produce a joint strategic needs assessment and a joint health and wellbeing strategy for their local population.

Core members

- One local elected member of the Council
- Representative of the local Healthwatch
- Representative of each local Clinical Commissioning Group
- Director of Public Health
- Director for Adult Social Services
- Director for Children's Services

Clinical Commissioning Groups

Clinically-led statutory NHS bodies responsible for the planning and commissioning of health care services for their local area.

This involves assessing local needs, deciding priorities and strategies, and then buying services on behalf of the population from providers such as hospitals, clinics, community health bodies, etc.

Joint Strategic Needs Assessment

JSNAs for Hartlepool, Middlesbrough, Redcar & Cleveland and Stockton can all be found at: <u>http://www.teesjsna.org.uk/</u>

under 5 themes:

- People
- Vulnerable groups
- Wider determinants
- Behaviour and lifestyle
- Illness and death

Joint Strategic Needs Assessment

Headline messages for Environment theme:

| Hartlepool | Hartlepool's environment needs to be improved in terms of tackling derelict land and buildings; making streets safer, cleaner and greener; and developing, maintaining and improving green spaces. Tackle climate change and maintain sea defences. Hartlepool has 6,900 dwellings (21.2%) which contain households in fuel poverty. |
|---------------|--|
| Middlesbrough | Middlesbrough must create an environment that supports health and wellbeing, including both physical and emotional wellbeing. |

Joint Strategic Needs Assessment

Headline messages for Environment theme:

| Redcar & Cleveland | There is a need to reduce emissions from industrial and commercial sectors. Rising fuel costs, low household income and homes with poor energy efficiency lead to an increase in households in fuel poverty. |
|-----------------------|---|
| Stockton on Tees | Flooding remains a risk for 3,300 homes in Stockton-on- Tees. There are over 70 additional deaths in the winter months in Stockton-on-Tees compared to the non-winter period. Fuel poverty affects more that 20% of households and despite long-term energy efficiency improvements, a substantial number of properties still require improvement. |

JSNA priorities for commissioners

Short-term (1 to 2 years)

Tackling alcohol-related crime. This would help relieve weekend pressures on A&E services, reduce domestic violence, and tackle location-based hotspots.

Develop a systematic approach to maximising benefits claimants, improving the lives of disadvantaged people and boosting the local economy.

Medium-term (3-5 years)

Ensuring school readiness of children and parents.

Improving the quality of housing in the private rented sector, including thermal efficiency.

Optimise opportunities for job creation for all, but with a focus on young people **Long-term (over 5 years)**

Develop transport infrastructure to maximise physically active travel and minimise injury and death.

Create an environment which supports health and wellbeing.

Joint Health and Wellbeing Strategy

Example: Stockton 2012-2018 https://www.stockton.gov.uk/media/1384/joint-

health-and-wellbeing-strategy.pdf

Like many – is based on the 'Marmot' policy objectives:

1. giving every child the best start in life

2. enabling all children, young people and adults to maximize their capabilities and have control over their lives

- 3. creating fair employment and good work for all
- 4. ensuring a healthy standard of living for all
- 5. creating and developing sustainable places and communities
- 6. strengthening the role and impact of ill-health prevention

'What works' - Good quality green and open spaces improve physical and mental health.

'What we will do' - Maximise the use of green and open spaces; Develop community engagement to champion health and wellbeing issues and reduce social isolation.

Sustainable Development Unit (SDU)

The SDU is funded by, and accountable to, **NHS England** and **Public Health England** to work across the NHS, public health and social care system and support them to embed and promote the three elements of sustainable development - environmental, social and financial.



Regional networks include a Sustainability and Health Network for Northern England