



**Belfast City Council**

**Report to:** Health and Environmental Services Committee

**Subject:** **Creation of a Joint Public Health Unit with the Public Health Agency for Northern Ireland**

**Date:** 18th January, 2010

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**Relevant Background Information**

Both the Health and Environmental Services Committee and the Strategic Policy and Resources Committee have been informed over the last year of the intention to set up a joint working arrangement with the newly established Public Health Agency. The purpose in doing this would be to collectively address the significant issues affecting the health and wellbeing of the people of the city and, in particular, to reduce the gap in life expectancy between the people living in more affluent areas and those in the most deprived neighbourhoods in the city.

This work links directly to Belfast City Council's overall purpose, which is to improve quality of life now and for future generations. The 'health gap' is not something which can be addressed by the Health Service alone as its causes relate to many other social, economic and environmental factors such as employment, education, housing, social inclusion, safe, clean and attractive neighbourhoods, access to leisure and recreation etc, as well as people's lifestyles.

Recognising the key role that the Council has to play, it has included the development of a healthier city as one of its key priorities under the **Supporting People and Communities** theme of the Corporate Plan. The development of the Joint Unit will significantly enhance the Council's ability to deliver on this priority. It will also help to set the direction for community planning in this area.

Proposals for the establishment of formal joint working arrangements were first put in front of the Strategic Policy and Resources Committee in January of last year, following a letter from the Minister for Health inviting expressions of interest from district councils willing to explore joint working arrangements. At this time the Council agreed to submit an expression of interest to host a joint team of staff from both the Agency and the Council.

Subsequently, the Health and Environmental Services Committee, at its meeting in September 2009, also agreed to allocate a proportion of the thematic funding for the Health and Wellbeing theme (available during 2009 /2010) to part fund a number of joint posts which would be located within this Unit. These posts include a manager post for the Unit, jointly funded with the Public Health Agency and 2 Project Officer Posts, jointly funded with the Health and Social

Care Trust. In addition to these jointly funded posts, it is also proposed that a number of existing Council and Public Health Agency staff will be co-located within the joint unit. On the Council side, the staff which would move to the joint unit would be from the Health and Wellbeing Team. This includes 2 Environmental Health Officers, and potentially 2 other posts currently the subject of a BIS review carried out in 2008 and reported to the Health and Environmental Services Committee in June, 2008. The recommendations in respect of this element of the review were that two EHO posts should be deleted from the pool of EHOs which currently exists within the Environmental Health Service structure and that 2 Health and Wellbeing Officer posts should be created instead. However, firm decisions around these recommendations were deferred until the proposals for a Joint Public Health Unit were further developed.

On the Public Health Agency side, there is a proposal that five staff members, who were formerly known as Health Action Zone (HAZ) staff, supporting the HAZ Partnership, will move to Council premises to be co-located with the above Council staff.

The Health and Social Services Trust is, along with the Council, investing in two joint project officer posts (agreed by Committee in September 2009). One will focus on community health development, working with neighbourhood renewal partnerships, Healthy Living Centres, Health and Wellbeing Centres, etc. The other will focus on health and wellbeing outcomes for children and young people – with an early focus on alcohol and obesity. The Healthy Aging Co-ordinator and Project Officer, jointly funded by the Council and the Health and Social Care Board, will also be part of this joint team.

The Committee will also note that a Notice of Motion was agreed at the January Council meeting in respect of the development of a mechanism to ensure that health inequalities are addressed when the Council is making relevant policies or strategies. This is an area of work that the Joint Unit would also support. As agreed at Council a separate report will be brought back to the Committee in this regard in the next few months.

## **Key Issues**

To effectively address health inequalities in this city there is a need to create a single health partnership (which eventually sits within a community planning framework) along with a staff team which supports joint planning across agencies and sectors and co-ordinates a work programme around the priorities set by this partnership. This will reduce duplication within the system and ensure that resources are collectively targeted at outcome based work programmes which have the greatest impact.

Partnership support should ideally include provision of a research/ evidence base, policy development, expertise in health inequalities, influencing and advocacy, joint planning and integrated delivery mechanisms, information and data sharing, capacity building, funding support and development of practical support tools.

In terms of joint planning and programmes of work, the following are likely to be priority areas around which there will be a focus of effort:

- Children and Young Peoples' Outcomes – including Early Intervention Programmes, Obesity and Alcohol Use programmes, Integrated Services for Children and Young People in local areas, etc. This would in turn relate to Belfast City Council's strategy on Children and Young People as well as to specific goals of PHA such as reducing teenage pregnancy and improving sexual health. It is also a key priority area of work for other agencies such as the PSNI, the education sector, voluntary organisations, etc.
- Health outcomes in disadvantaged neighbourhoods (to include the link between regeneration and health). This would link to the work that is happening in

Neighbourhood Renewal Partnerships, the Strategic Regeneration Frameworks (and the indicators that are currently being developed on local regeneration and health). Specific programmes of work will be taken forward by the jointly funded post between the Council and the Trust on community based health development. There is considerable potential for the Council to make an impact in local areas, particularly through Parks and Leisure, Good Relations, Community Development and local area working. It also has a role within its Capital Programme and Investment Strategy to maximise the impact these projects can have on health.

- Older People's health and wellbeing – this is already a priority area for the Council and bringing this work within the Unit would ensure that any duplication in the system is reduced and synergies are identified and exploited to maximise the benefits to older people.
- Improved Physical Activity for all – a theme that could underline the children and young people agenda, policy development, older people and regeneration. The Council's strategies for parks, leisure, capital works, and community support should all make significant contributions to this programme.

Support will also be given by the Unit to the two Councillors on the Belfast Local Commissioning Group. The current Chair of the Belfast Local Commissioning Group has requested that consideration be given to him having access to an office space in the City Hall to demonstrate a commitment to joint working with local government and to enable local Councillors to have access to him. This would be an informal arrangement and a desk in the emergency suite has been identified as a suitable location as there would be no additional cost associated with this.

The Stages to take the development of the unit forward are:

1. Report to Committee on the development of the Joint Public Health Unit.
2. Develop formal agreements / SLAs between the Council, PHA and Trust.
3. Agree interim work programme and project plan.
4. Populate Unit with staff from PHA, Council and Trust.
5. Set up Governance Arrangements – Joint Management Board put in place, initially with representation from the Council, PHA and the Trust.
6. Appoint a jointly funded Manager reporting to the Chair of the Joint Management Board.
7. Continue to work to develop one health partnership for the City.
8. Identify skills gap and continually review the evolution of the Unit including whether Healthy Cities will co-locate with, or be aligned to, the Unit.
9. Define a mechanism for enabling political input to the work of the Unit and the Partnership.
10. Rationalise priorities and team members and ensure that appropriate management arrangements are embedded in the sponsoring organisation(s).
11. Develop a robust performance management and reporting system for the Unit.
12. Put in place a formal review process to examine progress with regular briefings to the Chief Executives of the Public Health Agency and Belfast City Council on a quarterly basis in the first instance.

In terms of the Council staff there will be no changes to terms and conditions. A further reporting line will however be put in place to the new jointly funded Unit Manager. There will also be a need to agree the Health and Wellbeing Team Structure as this has not been formally agreed through Committee. This cannot happen however until the Revenue Estimates for 2010/2011 are set and the skills gaps in the Joint Unit are analysed fully.

Due to delays in the logistics in setting up the new unit, recruitment of the Manager Post is not likely to happen until the next financial year. Therefore it is proposed that the proportion of the thematic budget set aside for this is re-allocated to:

- Support project work already being undertaken on health outcomes for young people and community based health development work in leisure, parks and community centres;
- One-off costs associated with setting up the office for the Joint Unit.

## **Resource Implications**

### **Financial**

There will be no increase to the revenue estimates either this year or next year as a result of the establishment of this Unit. As detailed above, the unit will be populated by:

- 2 existing EHO staff already accounted for in the Revenue Estimates
- 2 existing EHO posts identified to be re-profiled within a BIS structural review (currently filled only temporarily)\*
- 3 jointly funded posts with the Trust and PHA – (BCC funding provided through the Thematic Budget. Approval already granted - to be recruited as soon as possible.
- 2 existing jointly funded posts with the Health and Social Care Board, working on Older People's Health and Wellbeing – already accounted for in Revenue Estimates.

In respect of the current thematic budget for health, as it has not yet been possible to appoint a jointly funded Manager Post for the new Unit it is proposed that the proportion of the budget set aside to do this within the 2009/2010 be re-allocated to:

- Support project work already being undertaken on health outcomes for young people and community based health development work in leisure, parks and community centres;
- One-off costs associated with setting up the office for the Joint Unit.

### **Staffing**

The 2 EHO positions that would be affected by this change have only been filled on a temporary basis (this was implemented following 2 permanent EHO staff leaving the Council). In addition, the Committee agreed in September 2009, that should thematic funding not be available in the future, then the jointly funded posts mentioned above would have to be funded from within existing resources and this could have implications on the ability of the Service to fill these two proposed positions. Therefore these re-profiled positions will not be filled until the thematic funding is approved by the Council in February and the precise nature of the proposed spend is subsequently agreed by the Health and Environmental Services Committee.

Although the Public Health Unit will be located within the Council, the employment status of staff will not change in that each of the sets of staff in the Unit will continue to be employed by their host organisations.

**Recommendations**

It is recommended the Committee:

- Notes progress with the set up of the Joint Public Health Unit;
- Notes that the exact structure of the Council's Health and Wellbeing Team, which was the subject of a BIS review in 2008, will need to be finally agreed by the Committee once the nature of the two re-profiled posts are more clearly defined and the Revenue Estimates are agreed for 2010/2011;
- Agrees that the current Chair of the Belfast Local Commissioning Group can have access to a desk in the City Hall on an informal basis;
- Agrees to reallocate £25,000 of the 2009/2010 thematic budget set aside to jointly fund a Manager for the new Unit to office set up costs and to project work already being undertaken on health outcomes for young people and community based health development work in leisure, parks and community centres.

**Decision Tracking**

The Head of Environmental Health will:

- Bring a report to a future meeting of the Committee finalising the position on the Structure of the Health and Wellbeing Team;
- Bring a report to Committee to address the recent Council Motion on the development of a mechanism to assess relevant Council policies in respect of their impact on health and wellbeing;
- Continue to update the Committee on progress in setting up the Joint Unit.

**Key to Abbreviations**

PHA – Public Health Agency  
LCG – Local Commissioning Group  
BIS - Business Improvement Service  
HAZ - Health Action Zone

**Documents Attached**

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