FROM TRANSITION TO TRANSFORMATION IN PUBLIC HEALTH

Resource Sheet 6

Collaboration through public health networks

Key messages

Public health networks can produce economies of scale, enable shared expertise, increase capacity and support professional development across all three domains of public health – health improvement, health protection and health care.

Networks potentially fit well with current moves across local government towards cross-authority collaboration.

Transition plans need to ensure that the work of existing public health networks is not lost.

Within local government, public health networks will offer new opportunities for collaboration, including shared services, intelligence and analysis and cross-authority public health commissioning.

It will be important to consider issues of potential duplication, for example with the local units of Public Health England and with Commissioning Support Organisations, but also potential for collaboration and mutual support.

This resource looks at the way in which public health teams have collaborated in the setting up of regional, sub-regional and cross-organisational networks and how such networks might be developed in the new public health and local government landscape as vehicles for economies of scale, exchange of good practice and professional development.

What are public health networks?
Public health networks have developed in different forms across the country. They have operated at least at the following four levels:

• **a single PCT** – public health professionals engaging with each other and with a broader range of professionals and agencies

• **a group of PCTs** (often covering previous health authority boundaries and/or coterminous with local authority boundaries) – public health professionals engaging with each other and with other professionals and agencies

• **throughout a strategic health authority area** – public health professionals within PCTs in the SHA area engaging with each other and with other professionals and agencies

• **at a regional level** – public health professionals engaging across a region with each other and with other professionals and agencies.

Most network members are currently based in the NHS and include public health professionals and practitioners but also draw on contributions from local authorities, community and voluntary organisations, universities and others.

The networks which operate at a regional or sub-regional level (ie across a number of PCT and local authority boundaries) often have their own staff and have attracted funding from a number of sources, including PCTs, the Department of Health and local authorities. They have a steering group or other governance body drawn from directors of public health in the area along with senior representatives of other agencies.

### Cheshire and Merseyside Public Health Network (ChaMPs)

Cheshire and Merseyside Public Health Network (ChaMPs) is led by a federation of eight directors of public health across Cheshire & Merseyside. It also has a multi-agency steering group chaired by the Chief Executive of Sefton Council. To support the directors of public health, network members and partners, ChaMPs has an experienced programme team.

The ChaMPs network has a wide range of stakeholders with a diverse work programme across health care quality, intelligence and evidence, health promotion and health protection. It has delivered a range of innovative projects and some key examples include:

- facilitating a working partnership with the Cheshire and Merseyside PCT directors of finance and commissioning resulting in directors of public health providing strategic direction and public health evidence to improve commissioning for areas such as specialist weight management services, hips and knees and screening.
- facilitating strategic partnerships such as the City Region Safer Healthier Communities Board and Cheshire and Warrington Health and Wellbeing Commission, enabling multi-agency collaborations focusing on reducing alcohol harm.
• leading award winning innovative social marketing campaigns that have shown a reduction in alcohol consumption in harmful drinkers and an improvement of healthy eating in children.
• developing joint working with the Health Protection Agency on key issues such as flu response and establishing an effective and efficient on call system.
• delivering an annual CPD programme with learning events for network members and partners
• delivering an award winning project with Higher Education Institutes across Cheshire & Merseyside to ensure brief intervention and advice training is incorporated into the undergraduate nursing curricula.

The Directors of Public Health and Local Authority Public Health leads are working to develop an effective future public health system based on the ChaMPs model.

For more information visit: www.champspublichealth.com

What do public health networks do?

Public health networks engage in a wide range of activities, including:

• supporting regional or sub-regional or local authority-wide strategic partnerships
• developing and delivering specific programmes of public health work, including behaviour change campaigns
• sharing expertise, skills, resources and good practice
• supporting effective commissioning
• providing research data and intelligence
• providing programmes of professional development and learning for public health specialists
• making links with other sub-regional, regional and national bodies.

Many of the activities on this list could be beyond the capacity of a single public health team working in a local authority. Networks offer potential for economies of scale, in providing public health services, such as campaigns aimed at a regional or sub-regional geographical population group that crosses administrative and organisational boundaries. They are also able to draw on the different areas of expertise in a number of public health teams, for example in advising on screening for particular conditions and in offering professional development opportunities that a single authority could not offer.
The London Public Health Network was established in Autumn 2006. Hosted by the London School of Hygiene and Tropical Medicine, it is a London-wide collaboration of stakeholders, all of whom share a common objective to improve the capacity to deliver public health goals for Londoners. Stakeholders include universities, colleges of further education, PCTs, Health Protection Agency, local authorities, voluntary sector organisations and others. Its achievements include support for several capacity-building initiatives, including:

- cardiovascular disease prevention
- foundation degrees in public health
- development of e-learning materials
- support for primary care practitioners with special interest in public health.

For more information visit: http://lphn.lshtm.ac.uk/

Some networks have developed around specific health topics, to share good practice, evidence and learning support to public health practitioners and initiatives which address the specific needs of the region’s population.

Fresh – Smoke Free North East was set up in 2005 as the UK’s first dedicated regional tobacco control office and programme. It supports the work of key partners including the Association of North East Councils, all 12 Primary Care Trusts, the Strategic Health Authority and all the local authorities in the region. The work of Fresh concentrates on three main areas - to motivate and support smokers to stop, to turn off the tap of new smokers, and to protect individuals and communities from tobacco related harm. Its approach focuses on changing community norms rather than just changing individual behaviour.

For further information visit: http://www.freshne.com

Smokefree South West is a network funded by all 14 PCTs in the South West of England with the aim of reducing smoking rates in the region and making smoking less desirable and accessible. The network focuses on what members believe will have the biggest impact in the region. As a collectively commissioned body, members believe the network is well placed to:
Offer economies of scale of up to 40% when delivering behaviour change campaigns;
Use effective evaluation and research to deliver evidence-based interventions to address tobacco control issues;
Engage with partners at a strategic level and enable local areas to adopt a cost-effective approach;
Tackle both the supply and demand of illegal tobacco by catalysing a significant increase in partnership working.

In one example of its work, Smokefree South West developed a media campaign, ‘Wise up to Roll ups’, targeting users of hand rolled tobacco to dispel myths and stimulate quit attempts. A follow up survey of those who ordered information ‘pouches’ resulted in 62% of the sample saying they had either completely quit smoking (19%) or are now smoking less (43%).

For further information visit: http://www.smokefreesouthwest.org.uk/what-we-do/about-us.html

In the North West, a similar network, Tobacco Free Futures, aiming to make smoking history for children has seen the halving of 14-year-old smoking prevalence from 18% in 2009 to 9% in 2011, alongside an overall 4 percentage point drop in 14-17-year-old prevalence.

For further information visit: http://www.tobaccofreefutures.org.

Looking to the future

Much of the work done by public health networks falls under the areas for which the Health and Social Care Bill proposes that local authorities will be the primary commissioner. This includes activities across all three of the domains of public health. For example:

- Cheshire and Merseyside Partnerships for Health (ChaMPs) has provided strategic support to the Merseyside City Region and Cheshire and Warrington Commission on reducing alcohol harm by supporting minimum unit pricing and developing a draft By-Law. ChaMPs also hosts the regional alcohol programme, Drink Wise.
- Bradford Public Health Network has provided support for Health Impact Assessments and advice to the Overview and Scrutiny Committee
- Greater Manchester Public Health Network’s continuing professional development programme includes an introduction to health protection and workshops on assessing cost-effectiveness of treatments and interventions.
- Lancashire Public Health Network is running workshops with the Health Protection Unit for school nurses and immunisation coordinators on vaccinations and, for those working with young people, on sexual health and Chlamydia screening.
- ChaMPs led work with Directors of Commissioning and Directors of Finance to identify potential savings of approximately £40 million through reducing NHS treatments where the evidence shows they are clinically less effective.

Public health networks are now considering how they can build on the kind of work described above to add value through embedding the public health function within local authorities. For example, ChaMPs is working with new local government partners such as environmental health officers. West Midlands Learning for Public Health is running joint workshops for public health professionals and local authority regulatory services to explore how each supports health and wellbeing. These examples suggest that future public health networks may need to expand their stakeholder and membership base to include as a minimum those parts of local government that that will form part of new directorates and partnerships with a broad health and community protection remit.

**Synergy with local government**

Within local government, the need to achieve efficiency savings and increased resilience and capacity is also leading to new cross-authority partnerships, shared services and agreements on lead authorities and joint working. In many cases these could extend to public health. Existing examples of shared services across local authorities include joint highways maintenance contracts, shared trading standards teams, shared resilience teams and shared mobile library services.

Aside from the need for efficiency, in some cases the nature of the work itself dictates that cross-authority working is a sensible option – for example, roads do not stop at county or city boundaries. This principle also applies to public health - resilience planning for epidemics being a case in point. This is recognised in the proposed provision for public health input into emergency planning, which will have local, regional and national dimensions. Similarly, the recent Department of Health factsheets on Public Health in Local Government indicate that one authority might take the lead on behalf of several in providing an information and intelligence service to NHS commissioners².

---

Coventry City Council, Solihull Metropolitan Borough Council and Warwickshire County Council have signed a Memorandum of Understanding on collaborating in developing ‘new ways and methods of service delivery across the full scope of services that each of the three authorities are responsible for’. Other public
sector organisations and the third sector have an open invitation to join the agreement and an opportunity to participate on individual projects where there is considered to be mutual benefit. The initial focus will be on adult social care, children’s services and assets and procurement.

At the same time, the public health departments for Warwickshire and Coventry are carrying out joint work on a number of fronts, including sexual health, smoking cessation, drugs and alcohol and weight management. A sexual assault referral centre is being commissioned jointly between the PCT cluster, councils and police forces. More recently, a joint approach to health protection is being developed across Coventry and Warwickshire public health departments.

Existing public health networks and their funders and steering groups will also need to consider whether they might be in a position to offer new or different services or to work in a different way within this new public health and local government landscape. For example, shared cross-authority services could be hosted on a network or lead authority basis, such as health protection arrangements or some public health commissioned services.

Greater Manchester is made up of ten local authority areas with a long history of joint working. The Greater Manchester Public Health Network commissioned a review of public health intelligence across Greater Manchester in order to look at how best to ensure that the public health intelligence system is capable of delivering high quality advice, analysis and interpretation to support public health decision makers in the NHS and local authorities in the future.

The review, completed in March 2011, concluded that the collegiate and federal model of collaboration underpinning the existing arrangements was not robust enough to deal with the challenges being faced. The review recommended that there should be a move towards the establishment of a hub and spoke arrangement consisting of a central team with sufficient resource to deliver those functions best delivered at a Greater Manchester level together with independent local teams based with directors of public health in local authorities. The Greater Manchester Public Health Practice Unit is hosting a programme of work to implement the findings of this review.

A shared Health Protection Service for Greater Manchester is under development, building on experience of emergency planning shared services. A dedicated programme for Greater Manchester on screening resilience and future function is in place, there is a Greater Manchester Public Health Practice Unit, a number of joint social marketing programmes and the public health contribution
to collaborative commissioned healthcare services is co-ordinated through the Greater Manchester Commissioning Board.

For more information visit: http://www.gmpublichealthpracticeunit.nhs.uk/gm-public-health-intelligence/

Local authorities and public health teams will also need to think proactively about the potential role of networks in building partnerships within the proposed new system. For example, the proposed local units of Public Health England will have the same or overlapping footprints with some existing public health networks; and some commissioning support organisations may also cross authority boundaries. There is clearly potential here for duplication, but also for collaboration in the division of responsibilities and for mutual support.

Questions for councils and public health to consider

How will any existing public health networks covering your area fit with your transition plans?

Are there potential synergies between public health networks and other forms of collaboration between local authorities in your area?

Is the current structure and mode of operating of existing public health networks fit for purpose in relation to the new public health and local government landscape (for example does the footprint of existing networks fit with other local authority partnerships; should a public health network encompass a wider range of staff; should a hub and spoke or lead authority model be considered)?

What further potential is there, following the transition to local government, to use collaboration through networking for economies of scale, shared expertise, shared services, joint commissioning and shared professional development in each of the public health domains?

How will funding and budget issues be managed in relation to existing public health networks?

How will duplication be avoided and mutual support be offered to other cross-authority organisations, including local units of Public Health England and Commissioning Support Organisations?

February 2012

2 Department of Health, *Public Health in Local Government*, 2011, p.6: