

# facing *the* *future* *with* confidence

2

Local government  
is a public health  
organisation

SOLACE Summit

11-13 October 2011

SOLACE Gold Partners



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Participants in the work stream on public health at this year's SOLACE Summit were unanimous in concluding that the statutory transfer of responsibility for public health to local councils has the potential to strengthen the capacity of local organisations to improve the wellbeing and health of local communities.

Exploiting this opportunity will require significant culture change in local government, in the health service and in their relationship with the voluntary and community sector. There is an important role for chief executives in creating the conditions in which this change can happen. Behaviours are key. An important strand of public health is about influencing individuals' behaviour. Making a success of the new public health role will also require new behaviours within the organisations involved.

From the discussions in the four sessions at the summit here are 7 things for chief executives to think about:

**Public health is not a bolt-on.** It is a theme around which the whole of the council and its partners should be marshalled. Member and staff development and induction will be necessary to achieve this.

**Shared leadership will be essential throughout the system:** between GPs and ward councillors at a local level, between the health and wellbeing board and clinical commissioning groups and through the successful incorporation of a director of public health into the corporate management of a council.

**There are a series of challenging boundaries to be negotiated:** between the health service and local government; between localities and the centre (in the form of the NHS Commissioning Board and Public Health England); between specialist functions and the wider determinants of health; between commissioners and providers. There is a crucial role for chief executives in negotiating these boundaries and creating the conditions for local solutions.

**The new arrangements, including the health and well being board, must be capable of driving whole system change** including an ability to cash the prevention cheque, to develop of a new relationship with the voluntary and community sector and to secure a shift from acute and intensive care to activity in the community.

**A shift in approach is required from contracting for activity to commissioning for outcomes.** The use of data is critically important, as is maintaining a focus on long term outcomes.

**This is about leverage.** The public health budget is small in NHS terms, and the big financial prize is in influencing the management of long term conditions.

**Think about the three-track approach recommended by Ciaran Devane, chief executive of Macmillan Cancer Support:**

- Do more of what works;
- Build community-based solutions;
- Begin to do things in radically different ways.