

King's Health Partners Public Health Strategy Update

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on behalf of KHP Public Health Coordinating Group
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Purpose and actions required of KHP Partnership Board

This paper outlines the progress made in developing the KHP Public Health strategy in 2011 and the proposed framework for delivering the priorities identified. (The strategy is appended). The strategy was approved by KHP Executive in April. We seek approval of the work to date and agreement on the timescale and delivery plans.

1. Summary

There are profound Public Health challenges facing the local population served by KHP and opportunities for KHP to work with the local population and organisations to develop and deliver innovative interventions to reduce inequalities and improve the quality of care. This strategy develops a potentially internationally distinctive Public Health contribution from the local population, KHP and its local partner organisations.

Public Health is recognised by KHP in its Strategic Framework as central to its mission yet not currently central to its academic or clinical strategy. The Public Health agenda is necessarily broad, multi faceted and requires multi agency working. Here KHP present a strategy developed with local communities, health and social care commissioners and providers to address the agenda locally and further afield.

Over the next five years the challenge will be for south London to be recognised internationally for its academic and service innovation in Public Health in addressing the challenges and opportunities created by the local population that have international resonance. The focus will be on reducing inequalities in health and healthcare delivery, particularly with regard to ethnicity and deprivation. In addition, KHP through its Clinical Academic Groups (CAGs) and the South London sector will be an innovative test bed for developing and testing solutions in the prevention and management of conditions of Public Health importance.

The contribution KCL has made to Public Health practice has been through partnerships with local health systems and communities using data and evaluation that allow rapid translation along the "pipeline" from proof of concept to implementation in practice, particularly in long term conditions, Public Mental Health, military health, health service quality and safety and workforce. We have expertise in complex interventions underpinned by a range of disciplines and methodologies to feed the translational pipeline. We have identified 33 Key Researchers central to the translational programme we propose for the development and evaluation of Public Health intervention.

A strategic framework is proposed for identifying the Public Health priorities, how we will address them with our partners in local communities and how success will be assessed. The themes identified are the enabling work streams that will deliver a distinctive strategy geared towards innovative Public Health initiatives to reduce inequalities in risk of disease and improve health and wellbeing.

A number of key interdependent work streams have been identified for the KHP Public Health agenda which cover:

1. Developing and delivering Public Health interventions with Local Authorities to reduce risk and improve health and wellbeing
2. Developing and evaluating the Public Health activities arising from the Integrated Care Pilot (ICP)
3. Community Involvement to improve Public Health
4. Developing the culture of Clinical Academic Groups so that they are Public Health focused in all their behaviours and priorities; build public health measures into all KHP activities

This vision will require:

5. Growing capacity in Public Health research to design, test and evaluate novel interventions; disseminate the evidence to inform Public Health practice
6. A Public Health Collaborative, including local authority representation, for joint working to identify priorities and maximise the offer and availability of expertise and information to secure change for improvement.

2. Developing the strategy and initial discussions with Local Authorities

Charles Wolfe was designated Public Health Lead for KHP supported by Zoe Reed in December 2010. An initial strategy document developed over the summer of 2010 formed the starting point for the KHP Public Health coordination group's strategy development. Current members include Graham Thornicroft (KCL Institute of Psychiatry (IOP) and Institute of Health, Policy and Evaluation (IHPE), Matthew Hotopf (KCL IOP and Specialist Biomedical Research Centre Nucleus), Anne-Marie Connolly (Southwark), Ruth Wallis (Lambeth), Danny Ruta (Lewisham), Ollie Smith (Guy's and St Thomas' Charity) supported by Jonathan Champion. The strategy has drawn on discussions with CAG leads, The Mayor's Office, Community group representatives along with 4 stakeholder events, Dennis Gillings (CEO Quintiles), Comprehensive and Specialist BRCs developing their 'Population' and 'Nucleus' Themes respectively, University College and Imperial Academic Health Science Centre Public Health Leads (Raine and Riboli), Inner East London Public Health and Queen Mary's University London (Basnett, Trembath, Griffiths, Greenhalgh), Lambeth and Southwark Commissioners (McLachlan and Osonuga) who have been invited to join the Collaborative Group.

3. What are the initial priorities and timeframe?

1 & 2. Public Health interventions to reduce risk and improve health and wellbeing including ICP

- Importance of considering social determinants of health
- Refer to all data sets including Joint Strategic Needs Assessment
- Identify areas with greatest need and high risk groups: likely to include smoking, obesity, exercise, drug misuse, alcohol
- In terms of improving health and wellbeing the Integrated Care Pilot is a priority

This work stream is the central plank to the strategy. It requires cross community and organisation agreement and this process will require facilitation, academic underpinning and capacity development.

3. Community Involvement to improving Public Health

- Engage different community groups to identify priorities
- Work with range of partner organisations
- Recognise central role of local authorities in harnessing all that influences and improves health

This work stream will be influenced by the different organisations and communities locally along with national levers and priorities. The most efficient and effective ways of engagement and delivery of interventions will require evaluation and the whole process expert facilitation.

4. Developing the CAG public health culture

- Liaise and listen to views regarding priorities
- Different CAGs doing things slightly differently
- Identify common themes across CAGs e.g alcohol, smoking, obesity
- Use leading edge methodologies to secure cultural change

The strategy group is working with Frances O'Callaghan to develop this work stream and it is envisaged it will require specialist Public health input and close working with Local Authorities, along with training in Public health

5. Developing academic capacity

- Develop a 'School' of Public Health
- Expertise and increased capacity is required to estimate and interpret inequalities and what drives them
- Increased capacity and expertise is required to develop, execute and evaluate interventions and scale up
- Infrastructure to deliver the interventions are required: integrated primary and secondary care databases with capacity to incorporate research databases to deliver personalised medicine

CW is working with Robert Lechler, Chris Mottershead and Schools in KCL to develop a business case.

6. Public Health Collaborative

- The London boroughs are developing their health and wellbeing strategies
- Key part of this strategy is identifying priorities for next 5-10 years
- Opportunity to go beyond other models
- Liaise with public health delivery organisations
- Liaise with commissioners and primary care

This work stream needs to develop at a pace that enables the different players to feel comfortable with the KHP strategy and involve key players who deliver the Public Health agenda locally and academics who are required to develop the intervention platforms.

4. Delivery of interventions

- Identify participants and ask them to join 'good enough' groups to take forward each strand and produce a clear delivery plan for each
- Establish a group to coordinate the work of the strands and produce the overall strategy
- Identify resources to support the development of each strand and the overall strategy – bid to GST Charity in August 2011
- Produce an outline strategy for consideration by KHP Executive and potential funders such as KCL and GSTT Charity by Late Summer 2011
- Produce a coherent, widely owned strategy and funding bid [s] by the Autumn 2011

5. Timelines and Funding

Immediate

- There is a need to draw down on KHP funding to employ someone to support the strategic development and development of proposals for funding and develop the themes – an individual in post for 6 months part time. A bid is being submitted to the charity for Programme Management and administrative resource to develop the work streams:
- Develop proposals for a School of Public Health with KCL and GST Charity-scope, structure, leadership, capacity in areas identified in this strategy
- Identify Public Health priorities for CAGs and develop proposals for interventions for funding-training, leadership and a Public Health Physician
- Identify priority areas for interventions through the Collaborative and Community Involvement themes and develop proposals for interventions for funding

Within 1 year

- Secured funding for aspects of the School of Public Health and appointed to key posts
- Secured funding for 2 CAG Public Health interventions and CAG culture change proposals

Secured funding for 1 major intervention to reduce risk and evaluation of the Integrated Care Pilot

6. Update on Local Authority Discussions

A meeting was held with Lambeth Council on 24th June to discuss an offer to the Council to support them in their public health new responsibilities. Similar meetings with Lewisham and Southwark are currently being scheduled although initial an initial meeting with the CEO at Lewisham was positive.

Robert Lechler, Charles Wolfe, Zoe Reed attended the meeting - together with Peter Hewitt and Ollie Smith from the GST Charity. The Lambeth Council confirmed attendees were Derrick Anderson Chief Executive, Jo Cleary Executive Director Adult and Community Services, Debbie Jones Executive Director Children and Young People's Services, Helen Charlesworth-May Executive Director Integrated Commissioning, and Kieron Williams Head of Health and Well Being Partnership. In the event Derrick Anderson had a funeral to attend so sent apologies, Helen Charlesworth-May was unable to make the meeting and Sophia Looney Director of Policy also attended.

Robert presented a slide set he had prepared and Peter briefly stated that the Charity was keen to form partnerships with KHP as well as with other bodies. Both confirmed a real commitment to Public Health and to supporting Local Authorities in their new roles. They confirmed that we saw local authorities as leading on this work.

Charles introduced the 5 themes within the outline Public Health Strategy and asked Zoe to introduce the Improving Public Health through Community Involvement theme.

Jo Cleary said that they saw Public Health as "coming home" to local authorities. She stated that Public Health had a lot to contribute to commissioning and would impact all council functions including housing and culture. She stated that Jim Dickson was talking about developing a shared public health resource with Greenwich, Southwark and Lewisham. She said the discussion was timely as they had not yet decided the shape of public health.

KHP's offer was confirmed by Robert as evaluation support including for novel approaches to community involvement, deciding on priorities jointly and evaluating them. Jo responded that she liked the idea of testing interventions together and that this fitted well with the Cooperative Borough approach.

There was talk of a partnership bid to GST Charity. The discussion focused on the need to develop clear outcomes and to test interventions that were innovative and sustainable to scale. The JSNA contained the outcomes and an issue was how to get citizens engaged in identifying needs and priorities.

Jo Cleary said it had been a useful meeting and she saw the work fitting into the Health and Wellbeing Board development workshops they are running in Lambeth. She felt it was important to find some tangible pieces of work to do together.