

## SERVICES IN A UNITARY STRUCTURE

### PUBLIC HEALTH

#### Introduction

1. Consideration of a possible unitary structure for Leicestershire presents an opportunity to consider whether to redesign how services are delivered by local government, and if so what form the redesigned structure should take. The focus is on how better outcomes can be delivered for residents, local business and partner organisations, and how local government can best work with those organisations recognising the challenging times ahead as a result of public sector finance restraints. This appendix, and other appendices prepared in part to facilitate discussion at scrutiny bodies, set out the opportunities that a unitary structure could afford to each service, as well as some examples of best practice from the county unitary councils established in 2009.
2. This appendix should be read alongside the appraisal of options in the Cabinet report. In the 'Opportunities' section and case studies which follow, some of the changes highlighted offer the greatest benefits in a single unitary structure.

#### Background

3. The Public Health Department undertakes a wide range of services to fulfil the County Council's statutory duty to take steps to improve the health of the population. These include: commissioning sexual health and substance misuse treatment services, the provision of smoking cessation and weight management services, information and advice services and community capacity building services. It also improves health by action, on its own or in partnership with others such as CCG's and districts, on issues such as air quality.
4. Many public health services are universal and impact on the lives of all of Leicestershire's residents.
5. Under the current two tier system of local government, a number of these functions sit entirely with the County Council, however, districts have a number of functions that affect public health. These include roles in housing, environmental health, sport and leisure services, planning and community engagement.

#### Opportunities for the Service presented by a Unitary Structure

6. Services can be better delivered by unifying the services now provided by eight existing councils. Some of the main opportunities and advantages of this would be:
  - Simplifying Public Health services for residents, dealing with a unitary council, providing a single point of contact and easier access to local authority services.

- Consistency of public health services, one policy, one set of service standards and clear expectations.
  - Reducing administrative and back office costs, without impacting on front line services, enabling more efficient delivery of outcomes for residents.
  - Economies of scale: a unitary council would be in a much stronger buying position and better placed to negotiate contracts to achieve best value for Leicestershire residents.
  - Opportunities to explore the combination of services currently delivered by several councils across the county; for example information and advice services currently provided by the districts could be combined with other public health services currently provided by the County Council, such as First Contact Plus; leading to more streamlined, efficient and cost effective service delivery.
  - Administering alcohol licensing (currently a district council function) in a unitary authority would allow a consistent approach to licensing and closer integration with substance misuse treatment services and strategy.
7. From a strategic perspective, the Public Health Department seeks to improve health by working with a variety of partners. A unitary authority would facilitate the following strategic opportunities:
- Coherent, universal place making strategies incorporating many elements currently delivered across several councils. Currently the Department has a partial role to play in all of these objectives. A unitary council would maximise the benefits of any infrastructure or improvement schemes by considering a wider set of outcomes at the design stage. Public Health specialist advice on systematic tools to enable maximised health improvement, such as Health in All Policies (HIAP) or Health Impact Assessment (HIA) can make a big long term difference to health. Currently the County Council, works on a 'coalition of the willing' basis, advising and working with districts to undertake HIA's on their Local Plans and specific developments. A unitary council would enable better working between the planning, housing and economic development functions with improved ability to apply HIA and HIAP principles.
  - A single voice to promote priorities for public health to major bodies such as Public Health England, Ministry for Housing, Communities and Local Government with equal resource and experience available across the area.
  - A single voice to promote public health priorities and service integration with local NHS bodies.
  - Clear accountability for public health issues which are currently split across authorities. Across a range of lifestyle behaviours there is currently a split between service responsibility (County Council) and broader policy responsibility (districts). For instance, the County Council is responsible for the provision of substance misuse treatment services whilst districts are

responsible for alcohol licensing matters, the County Council is responsible for the provision of weight management services, with districts responsible for planning in relation to fast food outlets. A unitary council would enable a more cohesive public health system for Leicestershire, bringing together policy and services in one organisation.

- Streamlined arrangements for responding to outbreaks and incidents. Most aspects of environmental health services have an impact on health. The current district council role in environmental health covers functions such as monitoring and managing local air quality, food safety, enforcing the smoking ban, ensuring compliance with occupational health and safety regulations, and dealing with contaminated land, among others. Longer term work on air quality, and short term work on managing outbreaks and incidents are dependent on complex management arrangements and meetings involving Council partners, and other agencies such as Public Health England (PHE) and the CCG's. Through integration with the regulatory services function, a unitary council would provide a more co-ordinated and consistent approach to delivering this model, reducing the bureaucracy of partnership meetings currently necessary to respond to outbreaks.

### **Existing Unitary Council Best Practice**

8. Durham Council – Comprehensive, consistent programme of tobacco control: Durham Council have set an ambitious vision of “reducing smoking in County Durham to 5% by 2030, to achieve our vision of a tobacco free generation”.
9. In common with Leicestershire, the Council provides a smoking cessation service, including support for vapers, but Durham Council goes beyond this by incorporating a consistent County wide programme of tobacco control in its plans.
10. The whole programme delivers a consistent county wide package of:
  - developing infrastructure, skills and capacity at local level and influencing national action
  - media, communications and social marketing
  - reducing the availability and supply of tobacco products
  - tobacco regulation including a voluntary no-smoking code to make play areas in all parks smokefree and a county wide smoke free homes campaign.
  - research, monitoring and evaluation

### **Case Studies**

11. The Public Health Department has identified two areas where different elements are currently delivered by the County Council and the Districts Councils, the preventative model of public health (also known as the social prescribing model or locality model) and sport and physical activity.

12. It should be stressed that these case studies are designed to represent a brief overview of what a unitary service could look like, and that further, more detailed work would be required to arrive at a fully evidenced, preferred model.

### **Preventative model of public health**

#### **Current**

13. The model of public health for Leicestershire County Council places reliance on community based approaches to self help and community capacity building, with First Contact Plus providing universal access to advice and information and Local Area Coordinators supporting more intensive work in defined areas. These services provide support and advice on areas such as affordable warmth, homelessness support and debt advice.
14. These services sit alongside commissioned and in-house delivery of lifestyle services such as smoking cessation and weight management.
15. The full prevention model in a locality relies on partnership working with districts, recognising that districts deliver their own community capacity building and health improvement work in communities (Figure 1).

Figure 1 - Locality prevention offer



16. This model has been embraced as the locality prevention offer for Integrated Locality Teams (ILTs) and as the social prescribing model for GPs.
17. In reality, this means seven different locality offers across Leicestershire. There is variation in the local health improvement 'offer' provided by districts, on top of the County wide core offer. Duplication also arises. First Contact Plus has been established as the 'single front door' to prevention services across Leicestershire within that model, but there remain several district points of access to information, advice and health improvement services.
18. Similarly, the provision of support for those at risk of becoming homeless is split, and potentially duplicated, across the seven districts, given the existing district responsibilities as the Housing Authority) and the public health responsibility to improve health in priority groups such as the homeless.
19. This can be confusing to the public and other public bodies and makes the provision of clear, consistent communication messages on the availability of

service on a county wide basis more difficult. Additionally, significant officer time, across local government and the NHS, is required to manage interactions between the County Council and the District Councils at both a strategic and operational level.

### **What could the preventative model of public health look like in a unitary authority?**

20. A unitary council would deliver a consistent model for broader public health services for all residents. Residents would benefit from a single point of access to information, advice and access to services through First Contact Plus. This would include information across the unitary council area on the opportunities provided by the voluntary sector for support.
21. A unitary council would result in a better and more comprehensive service for those at risk of homelessness through the integration of homelessness support and the provision of general information and advice such as First Contact Plus.
22. Economies of scale and the consistent application of evidence based principles to locality based commissioning would enable better value for money.
23. Simplified partnership working arrangements would enable the unified prevention offer to work closely and seamlessly with health and social care partners in Integrated Locality Teams. The same simplified working arrangements for services such as Local Area Coordination would enable more consistent referral pathways by health and other professionals for those individuals in need of help.
24. It would also allow clear, simple communications and access to initiatives which would support the prevention model, maximising participation through ease of use and branding.
25. There would also be other opportunities to integrate other areas, such as healthy public policy initiatives around alcohol and food licensing or smoke free zones, into the overall approach of a unified service.
26. There would be further opportunities to rationalise spend, including management overheads, and release a greater proportion of resource to the front line prevention offer overall.

### **Sport, Physical Activity and Leisure**

#### **Current**

27. Currently the seven district councils are responsible for the provision of leisure services and access to parks. The County Council is responsible for the commissioning of weight management services and broader programmes of physical activity designed to encourage the inactive to become active, commissioned and funded by public health (delivered by districts). The County Council is also responsible for the provision of cycle lanes and other sustainable transport infrastructure and country parks.

28. This involves considerable officer time, notably through Leicester-Shire and Rutland Sport, in the coordination and administration of district plans for broader physical activity and a lack of consistent across Leicestershire. There are seven different plans for delivery against an overall framework.
29. At the locality level there is a potential for a lack of join up between the core leisure centre offer and broader county wide work, including taking a broader physical activity approach that encompasses sustainable travel.

**What could the model for sport and physical activity look like in a unitary authority?**

30. A unitary council structure would enable a single programme of physical activity, focussed on priority groups that are currently more likely to be inactive, without the need for the amount of existing officer time in delivering this on a partnership basis.
31. It would establish a clear set of priorities across the unitary council, with efficiencies in the delivery of programmes against the priorities.
32. Simplified management structures would enable a closer working relationship with national partners such as Sport England, and enable funding opportunities from national bodies to be pursued across the unitary area.
33. The bringing together of several council leisure operations would enable efficiencies in the either the direct operation of those centres or in the commissioning of such centres. It would place the core spend on leisure services at the heart of a physical activity model, rather than peripheral to the achievement of an uptake in physical activity among the inactive. The rationalisation of several services into one would also enable closer joint working with programmes designed to promote physical activity through the use of green spaces and switches to greener travel modes.
34. Health partners would benefit from a clear, unitary council wide physical activity pathway into which to refer patients.