



Public Health
England

Protecting and improving the nation's health

Tools to support 'Place-based approaches for reducing health inequalities'

Tool D: Civic to service integration

About Public Health England

Public Health England exists to protect and improve the nation's health and wellbeing, and reduce health inequalities. We do this through world-leading science, knowledge and intelligence, advocacy, partnerships and the delivery of specialist public health services. We are an executive agency of the Department of Health and Social Care, and a distinct delivery organisation with operational autonomy. We provide government, local government, the NHS, Parliament, industry and the public with evidence-based professional, scientific and delivery expertise and support.

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Introduction to 'Place-based approaches for reducing health inequalities' tool set

Chapter 4 of the 'Place-based approaches for reducing health inequalities', describes the Population Intervention Triangle (PIT) as a model for planning action to reduce health inequalities. A series of tools exists to support local areas apply the principles set out in each part of the model.

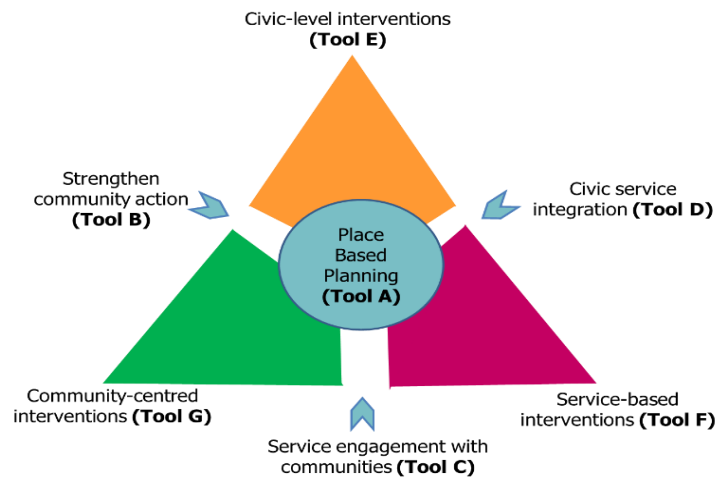


Figure 1 Population Intervention Triangle

How to use the tools

All of these tools have been developed to use either through:

- self-guided means,
- a Peer-Peer Support process (e.g. Sector Led Improvement) or
- facilitated workshops

If you would like further information about potential practical support for the application of these tools then please contact health.equity@phe.gov.uk.

It is important to note that local areas should not work through all tools in one go. It is recommended to start with Tool A on Place Based Planning, which examines key elements of place-based working as a whole. Then local areas can pick and choose which section of the model could benefit from further investigation given local circumstances.

Tools A, B, C and D provide a checklist of questions based on experience of what makes a difference to that component of the model. This informs what good practice

looks like in this area and can be used by different parts of the system to identify the strengths and weaknesses of their current approach.

Tools for E, F and G are pre-existing documents which readers can use to inform further action on the apices of the triangle: civic, service and community interventions. The links to these tools are provided in Chapter 4.

Checklist for this tool – Tool D

- 1 Integrated working planning
- 2 Issue-based planning
- 3 Joint commissioning and procurement
- 4 Defining integrated care pathways
- 5 Integrated service design: user perspective
- 6 Integrated service design: service provider
- 7 Joint training and shared vision
- 8 Information sharing
- 9 Engagement meetings
- 10 Inspection, regulation and governance

Screening Tool D: Civic to service integration

Detailed diagnostic for civic to service seam:

1. Is there a planning group for integrated working for this issue set within the overall place-based working arrangements, and answerable to the joint board?
2. Has the issue-based planning process been built on focused:
 - consideration of integrated reporting of local needs and assets
 - a resultant agreed series of shared priorities
 - objectives to match
 - a corresponding shared outcomes framework
 - common areas for all involved
 - an outline of possible partner contributions
3. Is there a joint commissioning and procurement process established? Does this involve:
 - a single commissioner reporting to the planning group
 - a joint review of the landscape and market of provision
 - intention to work from an integrated service specification
4. Is there a process to define integrated pathways of care, driven and owned by professional leadership across the services?
5. From a user perspective, does integrated service design build on:
 - shared assessment and monitoring processes
 - streamlined points of access
 - key worker arrangements for complex inputs
 - consistency of processes and language
 - avoiding unnecessary duplication of interactions
6. From service provider perspective, does integrated service design build on:
 - shared assessment and monitoring processes
 - streamlined points of access
 - key worker arrangements for complex inputs

- consistency of processes and language
 - avoiding unnecessary duplication of interactions
7. Have there been opportunities for joint training and developed shared vision across organisations and professions, exploring and mitigating:
- cultural differences
 - understanding roles of others
 - possible barriers of technical jargon and definition
8. Were information sharing processes given importance and established from an early stage, based on:
- agreed policies and protocols
 - technical connectivity and integrated IT
 - integrated strategic processes for internal and external communication
9. Are there ongoing arrangements for engagement meetings with users and potential users of the integrated service to help drive modifications to and development of the services?
10. Are the external Inspection and Regulation systems brought 'on-side' with these arrangements, and the integration system recognised by inspectors? Are processes of governance and risk management within the system considered safe and acceptable?