

Public Health Update

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Progress against business plan for 17-18

- See Q4 Business plan report

Health Protection

- Vaccinations and Screening – commissioned and provided through NHSE and PHE – we have assurance function and also additional work to use our comms mechanism to encourage uptake
 - See separate report on Breast Cancer screening from PHE/NHSE in light of recent issues identified with screening algorithm
 - Vaccination coverage in general still good, childhood vaccines very good, and while some adult vaccine levels (esp flu) are below the targets they are still well above the national averages
 - Cancer screening rates still generally below national averages for breast/cervical/bowel
- Team continues to work closely with PHE to manage outbreaks of infectious diseases

Health and Wellbeing Strategy and PH business plans

- Essentially finalised, accepted by the H&WBB, now going back to member organisations for acceptance / ratification
- Business plan for 18-19 essentially complete – working with new portfolio holder to finalise

Commissioned activity

- Drug and Alcohol Services
- Sexual Health Services

- 0-19 services and progress in recommissioning health visiting

Drug and Alcohol Services and risks in this area

- Contract with Society of St James generally performing well, no significant concerns
- Numbers in treatment for drugs have fallen very slightly in the last year, as have successful completions – focus for the service has been on maintaining those using more damaging substances (opioids predominantly)
- For alcohol numbers in treatment have risen, but successful completions have fallen.
- Additional initiatives
 - Alcohol in-reach to the QA to work in collaboration with alcohol nurse service there
 - Additional pilot of harm reduction worker for drug services that is focussing on homeless and using a lowered threshold for prescribing treatment
 - “Systems Thinking” review of SSJ provided services may allow for more efficient ways of working to be implemented over the next year, with increased focus on meeting peoples needs.
- Risks
 - Potential for fentanyl and its analogues to enter street opioid supplies – very strong opioids (~100-400 times stronger than heroin) – risks increasing drug related deaths and could contaminate more recreational drug supplies
 - Need to review approach to licensing and look at additional harm reduction measures in light of tragic events at Mutiny Festival

Sexual Health Services

- Contract with Solent NHS Trust
- 17-18 was first full year of current contract
- Generally performance has been good, however significant concerns about increasing demand and the impact this could have on provider/commissioner budget sustainability
- Need to review activity to see which aspects of the work they do has best impact in terms of identifying disease early and allowing treatment to prevent onward transmission
- Risks
 - National trend for increase in syphilis
 - Challenges with shortages of Hep B vaccines were managed last year, now hoping supply is returning to normal

Children's services

- Health visiting and school nursing work being included in the model for children's directorate overall young peoples services
- Recommissioning progress for this has been reasonable
- Risks – need to reduce budgets, current mandate is very specific and may stifle innovation in delivery options

Risk Factors for non-communicable diseases

- Smoking
 - continued delivery of smoking cessation through wellbeing team – performance affected by combination of restructure and IT
 - Working well with hospital trust to move to a completely smoke-free site
- Obesity / diet / physical activity
 - Implemented initiatives to increase activity in children
 - Daily mile / golden mile
 - Pompey monsters
 - For adults – GoodGym running groups, Ping, cycling initiatives
 - Working with planning and transport to maximise environmental opportunities for improving physical activity

Wellbeing team

- Team has undergone significant restructure
 - Necessitated by reductions in the public health grant
 - This has reduced overall capacity in the team
 - Recognise that even with three times the budget, this service could never address the overall need in Portsmouth (rough estimates = 30-40,000 smokers, around 100,000 people who would benefit from weight loss, unknown proportion who could benefit from reducing their alcohol intake). So it has to focus its work.
- Currently redesigning the way the team works
 - Recognising that previously we have probably tried to offer more than the team was able to deliver
 - Improving how responsive the team is to individuals requests when they are referred to the service
 - More timely responses
 - Less reliant on face to face “you come to us” model of delivery
 - Recognising that the bulk of our referrals come through GP practices and that this is where we need to focus our responses
 - Question about what is the most effective way to focus the work
 - On people with the most health problems or
 - On people who are the most or least motivated to change
- Will continue to review the effectiveness and evidence from other areas

Areas we are being asked to do more by the public

- Air quality
 - Number of deputations from interest groups and members of the public, as well as MEP and others
 - In general have recognised that while there are a range of elements contributing to poor air quality, the best health benefits could be achieved through a modal shift in transport for the city – getting people to take more journeys by active transport
 - Because this means both reduction in a key source of pollution, but more importantly the additional benefits of regular physical activity
 - Recognising that the biggest challenge to this is in building the infrastructure to make this safe and pleasant
 - Also recognising the significant behaviour change this would need to effect to work
 - As a public health team we are working with the transport team and planning team to look at how we can improve the evidence base for action as well as help secure any future funding in this area.
 - DPH chairing officer group on potential plans for improving air quality compliance – incorporates key delivery partners including transport, planning and the port.

Areas we are being asked to do more internally and with partners

- Violent crime and drugs
 - Looking at opportunities to implement harm reduction approaches to serious and violent crime, working closely with colleagues in Hamps Constabulary and Children's services
 - Will need to review potential measures to reduce drug related litter, particularly sharps
- Need to increase strategic intelligence capacity to ensure the JSNA process continues to evolve

Major challenges

- Achieving budget targets for this year will be challenging
 - PH Grant reduction requires a further saving of ~500k
 - Additional cost pressures from rising demand for services and inflationary pressures
- Likely to require further reductions in services – working with partners to decide how these can best be achieved while minimising impact on population health and protecting services to the most vulnerable
- Further uncertainty about arrangements for funding after the PH grant is due to end after 2019-20
 - No explanation yet of how funding will be allocated in 2020-21
 - Recent consultation by DH on mandation of services – awaiting their response to this
 - Also awaiting health and social care green paper and potential for this to impact on PH – unsure how this will also impact on STP and Portsmouth Blueprint implementation