

Title of meeting:	Cabinet Member for Health, Wellbeing & Social Care Decision Meeting
Subject:	Public Health aspects of the Portsmouth Health and Care Operating Model
Date of meeting:	2 nd July 2019
Report by:	Director of Public Health
Wards affected:	All

1. Requested by

1.1 Councillor Winnington, Cabinet Member for Health, Wellbeing and Social Care

2. Purpose

2.1 To provide an overview of progress, opportunities, and next steps for public health functions within the emerging Health and Care Portsmouth operating model.

3. Information Requested

3.1 Background

- 3.1.1 The agreed direction of a single operating model for Health and Care Portsmouth will form a unified leadership and delivery structure between Portsmouth City Council and NHS Portsmouth CCG, building upon current sound collaborative working.
- 3.1.2 The first phase of this arrangement includes the Director of Public Health becoming a joint role between Portsmouth City Council (PCC) and NHS Portsmouth Clinical Commissioning Group (PCCG), overseeing arrangements for statutory functions in respect to public health, as well as the commissioning and direct delivery of public health services.

Progress to date

3.2 Governance arrangements

- 3.2.1 In Autumn 2018, the Portsmouth Health and Wellbeing Board agreed proposals to revise its remit, enabling it to support the proposed Health and Care Portsmouth operating model. A subgroup of the Board, the Health and Care Portsmouth Commissioning Committee, met for the first time in April 2019 where priorities were considered including the need to use the Joint Strategic Needs Assessment to inform decision making.
- 3.2.2 These new arrangements will provide opportunities for improved co-ordination and collaboration of interdependent services as well as planning and decision making. This is of particular relevance to public health where there is natural alignment between responsibilities of PCC and PCCG.

3.3 Healthy Child Programme commissioning arrangements

- 3.3.1 Currently commissioning responsibility for the Healthy Child Programme is delegated to the Director of Children's and Families. This includes delivery of mandated public health functions within this programme. Under the new arrangements, NHS Portsmouth CCG children's functions will also be within the remit of the Director of Children's and Families.
- 3.3.2 Commissioning arrangements securing on-going provision of the Healthy Child Programme are currently being developed and will feed into the Health and Care Portsmouth Commissioning Committee, alongside wider 0-19 functions.

3.4 Enhancing information and intelligence functions

- 3.4.1 Strengthening information and intelligence functions will be a crucial enabler for informed decision making within the future operating model for Health and Care Portsmouth. The current small resource within Public Health works to comprehensively assess and understand population needs and assets within the local population.
- 3.4.2 A shared vision for Health and Care Portsmouth is to create capacity and capability to collate meaningful information, synthesise these data into intelligence and to present this as engaging and accessible products used to inform decision making.
- 3.4.3 Enhancing intelligence functions is underway. A restructure of the public health intelligence function has taken place through close working with current staff and Human Resources colleagues. Recruitment is in progress to provide a small amount of additional analytical capacity as well as a strategic lead for intelligence role. This strategic role will aim to work with colleagues across the local system to develop greater co-ordination of intelligence under the remit of Health and Care Portsmouth.
- 3.4.4 A benefit of strengthening intelligence functions will be to formulate a single picture of health and wellbeing needs and assets of the Portsmouth population. With increasing use of the Health and Care Portsmouth website, hosting the Joint Strategic Needs Assessment on this domain is an opportunity to explore for the future.
- 3.4.5 Once established, this function will need to develop its role and ways of working - guided by perspectives of a range of colleagues along the way. The intelligence function will need to inform commissioning and strategic decision making and make the link with wider determinants of health. This will need to be accompanied by a better understanding of available evidence about effectiveness of proposed interventions.
- 3.4.6 Portsmouth will benefit from some strands of intelligence work being progressed at Portsmouth and South East Hampshire Integrated Care Partnership level and at the Hampshire and Isle of Wight Integrated Care System level - particularly through the Population Health Management work programmes. The Director of Public Health is playing a key role in driving these programmes forward.

Further opportunities within public health related functions

3.5 Integration of planning, prioritisation and leadership of commissioned services

- 3.5.1 The Health and Care Portsmouth operating model aligns with delivery of the NHS Long Term Plan through delivering 'triple integration' of primary and specialist care, physical and mental health services, and health with social care.

- 3.5.2 Related to these aims, there are several interdependencies between services commissioned by Public Health and those commissioned by PCCG. Currently PCCG and PCC work collaboratively to mitigate any unintended consequences of decisions made within their respective, separate functions. There is appetite and opportunity under the single Health and Care Portsmouth model to deliver an integrated approach to care, overcoming current divisions in responsibilities for the benefit of local residents.
- 3.5.3 These areas include further integration of:
- *Public Health sexual health promotion, contraception, psychosexual counselling and sexually transmitted infection services alongside CCG termination of pregnancy and vasectomy services.* Services are delivered via a single point of access, however, there is opportunity to bring commissioning of these areas closer together. This would include relevant GP and community pharmacy locally commissioned services e.g. provision of long acting contraception (LARC) and emergency contraception. (HIV services are commissioned by NHS England Specialist Commissioning)
 - *Public Health drug and alcohol services and preventative mental health planning (suicide prevention) alongside CCG adult mental health and hepatology services*
 - *Further areas may include integrating health improvement (weight management, smoking cessation services) and cardiovascular disease prevention (NHS HealthChecks) alongside maternity commissioning and diabetes prevention programmes enabling greater focus on reducing inequalities in outcomes*
- 3.5.4 Beyond services directly commissioned or provided within its remit, Public Health is able to contribute to decisions about wider service planning and delivery. As well as planning needed at City level, announced by the NHS Long Term Plan, Primary Care Networks (groups of GP practices based on populations of 30,000 to 50,000), are expected to make decisions about how services are best configured for their population. This is an example of where intelligence and wider public health skills such as population needs assessment and appraising evidence may be useful resources to draw upon as Primary Care Networks develop.
- 3.5.5 It is useful to note that some areas of public health commissioning are NHS England responsibilities such as screening and immunisation programmes. Here, integration will enable greater co-ordination of local initiatives to understand variation in, and encourage, uptake.
- 3.5.6 There are opportunities to develop closer working arrangements in relation to specialist functions such as Emergency Planning, Resilience and Response, and in local health protection arrangements such as outbreak control.
- 3.5.7 Facilitating and enhancing joint working between wider PCC and PCCG functions to improve population health and wellbeing is a further opportunity. This may be in exploring how integration can deliver improvements for specific population groups such as healthcare provision for individuals who are homeless or in advocating for the determinants of health to be considered and embedded across relevant areas of PCCG work - for example in considering contributions to improving air quality, or in working collaboratively with colleagues in housing, leisure, communities, education, economic development, transport and planning.

3.6 Proposed next steps

- 3.6.1 Work towards creating an integrated Director of Public Health role between PCCG and PCC to support the Health and Care Portsmouth operating model
- 3.6.2 Review existing capacity delivering functions identified in section 4 and establish an operating model reporting to the Director of Public Health aligned to these roles and functions
- 3.6.3 Continue to strengthen intelligence functions including to further define how it intelligence can best support the Health and Care Portsmouth operating model
- 3.6.4 Explore potential for the Health and Care Portsmouth website to host the Joint Strategic Needs Assessment
- 3.6.5 Continue to support appropriate use of the public health grant for Health and Care Portsmouth activities to improve population health and wellbeing and reduce inequalities

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Signed by Dr Jason Horsley, Director of Public Health

Appendices:

None

Background list of documents: Section 100D of the Local Government Act 1972

The following documents disclose facts or matters, which have been relied upon to a material extent by the author in preparing this report:

Title of document	Location