

# HOSP – Public Health general update for Portsmouth

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## Commissioned Areas – Drug and Alcohol service

- There are currently 1032 people in drug and alcohol treatment. Since the Covid 19 pandemic we have seen a slight net reduction of people in treatment, however this is primarily for alcohol and non-opiate clients.
- We have seen a slight net increase in opiate users in treatment, from 645 to 656
- The service has adapted to lockdown and social distancing measures by providing telephone assessments and support and online support such as Zoom therapy groups
- Substitute medication has prioritised low risk prescribing of Espranor (buprenorphine) rather than methadone, as this can be prescribed via telephone assessment. There are currently limited face to face appointments (10 per week) for methadone prescribing.
- There has been a reduction in the provision of inpatient detoxification and rehabilitation during the pandemic
- There has been excellent joint working and information sharing between the service provider and police throughout this period regarding the drugs market and impact on vulnerable service users
- There is an expectation that demand for drug and alcohol treatment will increase once lockdown eases further and services normalise

## Joint working – homelessness and health

- The Homeless healthcare team has been delivering clinics and support to the residents of the homeless hotels, this includes physical and mental health
- As we currently have over 200 people in two hotels, PCC, along with Public Health England and Portsmouth Hospitals NHS Trust are planning for mass TB and blood borne virus screening of the sites later this month
- Public Health have been supporting the management and exit planning from the hotels to support homeless people move on.

## Commissioned Areas – health visiting and school nursing

- Section 75 agreement in place for integrated Early Help and Prevention service 0 - 19, integrating council and community health services
- Full performance framework in place
- The intensive health visiting offer (ECHO) proving to be highly effective in targeting and supporting the most vulnerable families
- School nursing working effectively with wider school support offer
- Strong response to Covid including risk assessed prioritisation of families
- Joint work with PHT to improve maternity to health visiting flow
- Continued high performance of Family Nurse Partnership offer

# In house service - Wellbeing Service



Combined service delivering smoking cessation, weight management and alcohol support.

Also provide training to Health Care Professionals

Provides support to approx. 2100 referrals per annum

- Smoking cessation (66%)
- Healthy weight (29%)
- Alcohol (5%)

Screening for 4 risk factors, mental wellbeing and activation level:

- Smoking status
- BMI
- Physical Activity
- Alcohol consumption
- Warwick Edinburgh
- Patient Activation Measure

Smoking: 1094 set quit date of which 48% quit at 4 weeks and 29% remained quit at 12 weeks

Weight: 70% of clients lost an average of 2 kilos, with 28% clients losing over 3% of start weight

Activation: average increase of 6.35% in individual's activation following Wellbeing Support

## Training:

Trained 481 Health Care Professionals in Connect 9 (Mental Health), MECC (Making Every Contact Count), Smoking Cessation Practitioner Level 2

## Covid-19:

Still providing support via phone/Zoom

Currently 220 active clients and supporting over 50 homeless residents to reduce/quit smoking with support of e-cigarette

## Joint working – childhood obesity

- The Project Bridge on “whole systems” approach to childhood obesity climaxed with a final workshop attended by colleagues across the council and VCS.
- The ‘pilot superzone’ with a local primary school was the outcome of project bridge and three years of work on whole systems obesity. It started in January, unfortunately it was postponed because of the coronavirus pandemic, but it will be re-launched at appropriate time.
- Family weight management via Wellbeing Service and work with key professionals (maternity, health visitors and school nurses) and community physical activity organisations will continue to assist with trying to tackle childhood obesity.

## Mental health and emotional wellbeing

- Review of conduct disorders completed and recommendations made. This work will be picked up again in the following months
- Mental Health Alliance set up jointly with Solent NHS trust to support response and recovery to COVID-19 and the likely negative impact on mental health of the pandemic and associated interventions
- Communications around mental health and wellbeing and COVID-19 including a refreshed crisis card for the vulnerable and packages of support for staff and volunteers
- Training in Connect 5 – recognising and supportive conversations re mental health – to be rolled out further along with Making Every Contact Count
- Suicide prevention programme set up across HIOW, Southampton, Portsmouth pre COVID-19. Priorities include: bereavement, debt/financial hardship and real time surveillance

## Joint working – air quality

- Chairing and supporting with health information and evidence to air quality board
- Strong links with transport and planning teams, as well as environmental health
- Complex
  - Responding to ministerial directive is first priority
    - Risk of legal challenge on anything we do – will inevitably disappoint someone somewhere
  - Really an infrastructure problem
    - Need integrated public transport and active transport infrastructure to offer acceptable alternative to private cars
    - Hard to deliver this in timeframe required by central govt
  - Also need to recognise health and economic co-benefits
  - Challenge of ensuring that any proposed CAZ does not worsen inequalities, and need to be considerate of links to IoW and other ferry linkages



# Public Health Intelligence

- Working with HIOW Public Health analyst teams to provide a suite of products to support the Covid-19 response and recovery. This has included providing models of Covid-19 scenarios for the Local Resilience Forum, and developing a Compendium of key Covid-19 data and analysis that is available to organisations across HIOW.
- Continuing to develop a refreshed Joint Strategic Needs Assessment that will underpin and enable cross-system priority setting through the next Health and Wellbeing Strategy for Portsmouth
- Supporting commissioners and managers within the council and with our partners by providing high quality intelligence products to inform decision-making
- Building on the learning from joint work to address Covid-19 in order to effectively implement Population Health Management

## Joint working – violent crime

- Working with Police, Community Safety and colleagues across HIOW, we supported a strategic process to understand and tackle serious violence by applying a 'public health' approach (focus on prevention rather than just protection and prosecution).
- First task was supporting production of the Problem Profile for Portsmouth, which showed
  - significant rises in serious violence, though numbers remain low
  - Key drivers include domestic violence; high demand for heroin and crack cocaine fuelling a county lines drug market that risks children being drawn into violence; and an increasingly challenging cohort of young offenders that see under-25s as the most likely victims and perpetrators of knife crime in particular
- We continue to support the implementation of the serious violence strategy, including further research to understand the cohort at risk of being drawn into serious violence, though this work has been delayed by Covid-19 response.

# Joint Working – CCG

- Merging commissioned functions where appropriate with CCG and adults / children's
  - Shared resources
  - Potential to pool funding on programme areas
  - Main benefits from PH services perspective
    - Better join up of sexual health commissioning (remove false barriers between funding / provision)
    - Opportunity to improve join between mental health and addiction services
    - Link / support into Primary Care Networks as they develop
- Strengthened Intelligence links including:
  - Supporting intelligence-led Population Health Management approaches across PSEH
  - Providing reports and analysis to Primary Care Networks on key issues facing their communities
  - Providing maps and analysis e.g. using SHAPE to support CCG decision-making, and securing training opportunities to build capacity in the CCG in the future
  - Engaging the CCG in joint approaches to key city challenge through the Knowledge Network

## Locally Commissioned Services

Local Commissioned Services (LCS) are health services which provide a response to local health needs and priorities, sometimes adopting national service specifications, and ensure additional local provision in the areas of sexual health, smoking cessation, NHS Health Checks and substance misuse (alcohol and drugs), delivered by GP and Pharmacy providers:

- Contracts extended for 12 months – until March 2021
- Cabinet Office PPN notice applicable until end June 2020
- Providers following RCPG guidance around prioritisation e.g. pause in NHS Health Checks until July 2020
- All services to be retendered for next financial year

## COVID-19 Public Health Response

- PH rota provide advice and interpretation of the national guidance into HR plans for staff including use of PPE, social distancing, resident home visits, volunteering and infection control in care homes, schools, sheltered housing and our homeless accommodation
- Via our Communications lead, much of the internal and external facing communication messages on our intranet and internet sites have a PH focus
- Public Health Portsmouth has worked in partnership with colleagues across HIOW to develop a range of Covid-19 Intelligence products that are being used to inform the local response and recovery efforts – incl. modelling, recovery timeline and PCC GOLD dashboard
- PH are part of local Test and Trace arrangements (working with PHE) in terms of managing more complex outbreaks in Portsmouth.
- PH have led the development of the local outbreak plans and the DPH Chairs the local Health Protection Board and sits on the local Member Led Engagement Board