

Agenda item:

Title of meeting: Health Overview and Scrutiny Panel

Subject: Update on Public Health progress following transfer of responsibility and health information

Date of meeting: 8 July 2014

Report by: Dr Janet Maxwell, Director of Public Health

Wards affected: All

1. Requested by Health Overview and Scrutiny Panel

2. Purpose: To provide the Panel with a progress report on establishing public health responsibilities in Portsmouth City Council.

3. Background

3.1 As previously reported, the council now has responsibility for five mandated and 16 other public services linked to the Department of Health Public Health Outcomes Framework (Appendix 1). Funding for these responsibilities is provided through a ring-fenced, central government grant which, for 2014/15 has been set at £16.1M.

3.2 The public health grant is therefore to be used to:

- significantly improve the health and wellbeing of local populations
- carry out health protection functions delegated from the Secretary of State
- reduce health inequalities across the life course, including within hard to reach groups
- ensure the provision of population healthcare advice to Clinical Commissioning Groups.

3.3 Whilst the grant has been provided to deliver better health outcomes for the people of Portsmouth the financial pressure on the council has required that we explore ways of releasing some of the grant to support other services where they contribute to public health outcomes, and therefore help toward the overall council savings target.

3.4 With the majority of the public health grant wrapped up in inherited prevention and health improvement contracts, all of which contribute to the council's new responsibilities, there will inevitably have to be a reduction in the current level of investment in these prevention and health improvement services to achieve the savings required. The risks associated with this reduction are potentially significant if not carefully managed.

4. Integration of public health services

- 4.1 Achieving the reductions and, therefore the savings, requires reviewing and redesigning a significant number of contracts, some of which are complex and high value, e.g. sexual health and substance misuse. Given the scale and breadth of the work this has, and will continue to be, a major focus of the public health team throughout 2014/15 and into 2015/16. Our aim, however, is to achieve more with the resources available, add value to the council's overall offer and that of partner organisations and to ensure more services are provided in a "joined-up" way (e.g. pathways of care).
- 4.2 In particular we have been exploring how best to integrate the key healthy lifestyle services, mainly smoking, drug and alcohol misuse, weight management and sexual health. This is because people often have a range of inter-related behavioural and health issues, but to get support and/or treatment they have to access services which have been commissioned independent of one another, operate in isolation and therefore are unable to provide a holistic approach to the needs of the person.
- 4.3 To provide more responsive and integrated support for residents we have commenced work on the development of an Integrated Healthy Lifestyles Service. This would integrate the current contracted activity of healthy weight, smoking, alcohol misuse services, health checks, health trainers and possibly sexual health promotion and drug misuse. In addition the service would enable access to other services which impact on health, including housing and debt advice.
- 4.4 The model would see multi-skilled staff based in 'hubs' in the city, located in the three areas outlined in Appendix 2. These localities potentially mirror the locality areas being operated by partner services, e.g. police, fire, CCG. From these hubs staff and volunteers would reach out to community locations, including GP practices, Children's Centres, Job Centres, etc. and would be targeted at those with the greatest health inequalities.
- 4.5 Most of the staff within the service will work generically across the range of lifestyle issues, rather than currently where often only single issues are addressed. Where there is a requirement to refer service users with more complex and high needs these generic workers will be supported by a small number of staff who are specialists in alcohol, smoking, weight management etc. By pooling services together we envisage economies of scale and reduction in cost.

5. Strategic development

- 5.1 In parallel with the remodelling of services, and linked to the delivery of the new integrated service, we are also developing a strategic health outcomes plan which reaches into and across council services to create opportunities to work more upstream by addressing the wider determinants of health. The focus will be to reach a wider section of the population to achieve greater health gain and a reduction in council spend on other services. The funding released from implementing the integrated healthy lifestyles service will be used to underpin this strategic plan. However, as we implement this work it is imperative that we do not adversely affect

the health outcomes currently being achieved and that any change in service provision should always aim to improve health outcomes.

5.2 Although very much in the development stage, this strategic plan will underpin and align with the refreshed Joint Health and Wellbeing strategy which is currently being drafted. This strategic plan is centred on the Marmot Review policy objectives and recommendations for action¹ and the recently published King's Fund paper² which provides business cases for nine key areas where public health investment could be made:

- The best start in life
- Healthy schools and pupils
- Helping people find good jobs and stay in work
- Active and safe travel
- Warmer and safer homes
- Access to green and open spaces and the role of leisure services
- Strong communities, wellbeing and resilience
- Public protection and regulatory services
- Health and spatial planning

5.4 The refreshed Health and Wellbeing strategy incorporates several areas of work the public health team including the development of lifestyle hubs and the redesign of services. Additionally, the strategy also includes work streams which focus on some of the areas included in the developing public health strategic plan. A condensed version of the draft Health and Wellbeing Board priorities is at Appendix 3.

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Signed by Director of Public Health

Appendices:

- Appendix 1: Local authority responsibilities in the new public health system (England)
- Appendix 2: Proposed locality areas for Integrated Lifestyle Service hubs
- Appendix 3: Condensed version of the draft Health and Wellbeing Board priorities

¹ Fair Society, Healthy Lives - The Marmot Review (Feb 2010) chaired by Professor Sir Michael Marmot.
<http://www.instituteofhealthequity.org/projects/fair-society-healthy-lives-the-marmot-review/fair-society-healthy-lives-executive-summary.pdf>

² Improving the public's health - A resource for local authorities (King's Fund 2013)
http://www.kingsfund.org.uk/sites/files/kf/field/field_publication_file/improving-the-publics-health-kingsfund-dec13.pdf

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:

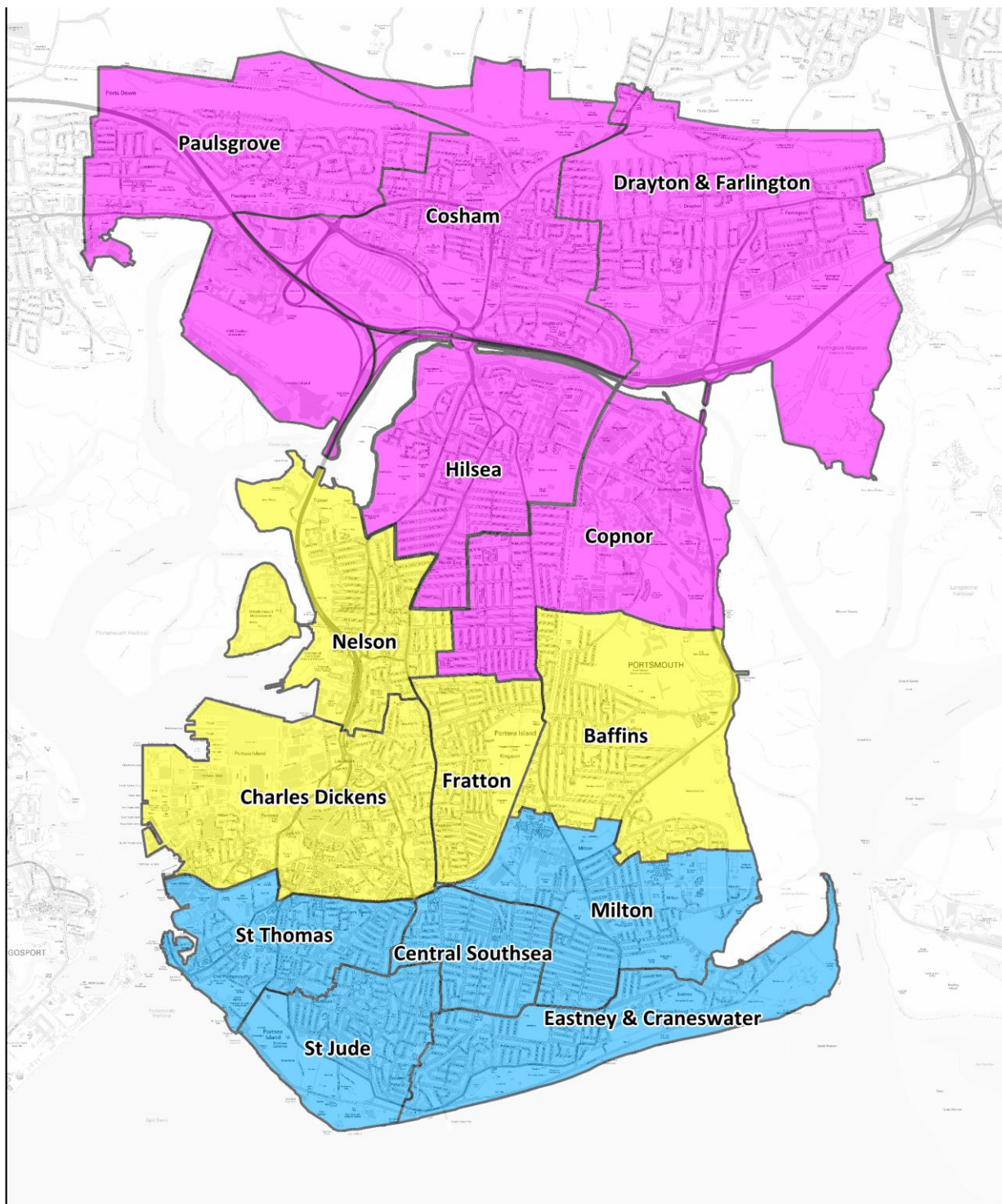
Title of document	Location

Local authority responsibilities in the new public health system (England)

- tobacco control and smoking cessation services
- alcohol and drug misuse services
- public health services for children and young people aged 5-19 (including Healthy Child Programme 5-19) (and in the longer term all public health services for children and young people)
- the National Child Measurement Programme
- interventions to tackle obesity such as community lifestyle and weight management services
- locally-led nutrition initiatives
- increasing levels of physical activity in the local population
- NHS Health Check assessments
- public mental health services
- dental public health services
- accidental injury prevention
- population level interventions to reduce and prevent birth defects
- behavioural and lifestyle campaigns to prevent cancer and long-term conditions
- local initiatives on workplace health
- supporting, reviewing and challenging delivery of key public health funded and NHS delivered services such as immunisation and screening programmes
- comprehensive sexual health services (including testing and treatment for sexually transmitted infections, contraception outside of the GP contract and sexual health promotion and disease prevention)
- local initiatives to reduce excess deaths as a result of seasonal mortality
- the local authority role in dealing with health protection incidents, outbreaks and emergencies
- public health aspects of promotion of community safety, violence prevention and response
- public health aspects of local initiatives to tackle social exclusion
- local initiatives that reduce public health impacts of environmental risks



Proposed locality areas for Integrated Lifestyle Service hubs



Title: **Portsmouth City Council Localities**

Drg No:



**Portsmouth
CITY COUNCIL**

Prepared for:

Scale: 1:50000

Prepared by: **Geographic Information Service**

Date: 30/05/2014

N

Priority	Proposed Workstreams ((sections highlighted in grey are led by another strategic partnership) Emboldened workstreams are Public Health Lead
1. Best Start: Ensure Portsmouth is a city where all young people get the best possible start in life, focussing on the crucial pre-birth to five years and achieve their full potential	a) Children's Trust Priority A - 'Improve outcomes for the pre-birth to 5 age group through effective and integrated support'. The work stream will focus on reducing childhood obesity; improving scores at foundation stage and reducing the number of children under the age of 5 who are subject to a child protection plan.
	b) Children's Trust Priority C - 'Ensure all schools are good or outstanding' by supporting the delivery of the 'Effective learning for every pupil' strategy.
	Children's Trust Plan - An action plan to improve overall emotional wellbeing and increase emotional resilience of children and young people. Ensure healthy sustainable and affordable food is available for all.
2. Promoting Prevention: PCC, PCCG and other partners supporting individuals and communities to lead healthy and fulfilling lives	a) Create sustainable healthy environments - explore how the built environment, (housing, planning and open spaces and transport) can support healthy lives and local people can benefit from the economic regeneration of the city.
	b) Improve mental health by putting actions in place to address known issues in the City.
	c) Reduce the prevalence of smoking, alcohol and substance misuse.
3. Supporting Independence: Developing and implementing new models of care that empower people in Portsmouth and communities to support themselves preventing costlier more specialist interventions in the future	a) Develop and implement the Better Care Fund plan, delivering integrated health and social care services including a fully integrated locality based health and social care community teams; a review of the current bed based provision; and increased delivery of reablement services.
	b) Explore and develop lifestyle hubs as a one stop shop working with lifestyle issues such as smoking, healthy weight and alcohol.
	c) City of Service (CoS) - a new model of high impact volunteering in which local people and communities are engaged in addressing some of the city's key challenges.
4. Intervening Earlier: Delivering the right services of the right quality, at the right time and in the right setting, recognising that by intervening earlier we achieve better outcomes for local people	a) Ensure that all key strategic plans include safeguarding as a cross-cutting theme to take account of the impact on safeguarding arrangements in the city.
	b) Deliver Portsmouth Clinical Commissioning Group's strategic priorities: <ul style="list-style-type: none"> • Everyone to be able to access the right health services, in the right place, as and when they need them • Ensure that people are treated with compassion, respect and dignity and that health services are safe, effective and excellent quality • Join up health and social care services so that people only have to tell their story once and avoid unnecessary assessments • Work with our partners to tackle the biggest causes of ill health and early death
	c) Prioritise improving the quality of dementia services and the care that those with dementia receive.
5. Reducing Inequality: Making Portsmouth a city where all people have the opportunity to have a healthy life, by improving the health of the poorest fastest and reducing health inequalities	a) Ensure that no-one is prevented from achieving a happy, productive and health life through the effects of poverty or financial hardship.
	b) Tackling health-related barriers to accessing and sustaining employment.
	c) Targeted work to address the issues raised in the Public Health Annual Report.