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Portsmouth CITY COUNCIL

Agenda item:

Title of meeting:	Health Overview and Scrutiny Panel
Subject:	Public Health update, including plans for managing cuts to the ring-fenced public health grant
Date of meeting:	18th September 2015
Report by:	Dr Janet Maxwell, Director of Public Health
Wards affected:	All

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1. Requested by Health Overview and Scrutiny Panel

2. Purpose: To provide the Panel with:

a. The priorities for public health in Portsmouth and update on progress

b. An update on the public health budget and impact of savings

3. Vision for Public Health in Portsmouth

3.1 The public health directorate's purpose is to improve health outcomes of Portsmouth residents by:

- increasing life expectancy
- improving quality of life
- reducing health inequalities.

3.2 Public health moving into the Local Authority in 2013 provided an opportunity for Local Authorities to put health and wellbeing at the heart of everything we do, and make a significant impact on the health and wellbeing of all residents.

Health and wellbeing is a fundamental requirement for Portsmouth City Council to be able to meet its' priorities; to improve life chances, educational attainment and economic prosperity for the city.

3.3 The public health directorate's strategy reflects the five key priorities of city's Health and Wellbeing strategy.

a) **Best start in life.** We are improving outcomes for the pre-birth to 5 age group through effective and integrated support. The public health team is now responsible for all the under 5s childrens services work which is being

integrated with the health visiting service which becomes the responsibility of the local authority in October.

There will be a particular focus on childhood nutrition to reduce obesity and poor dental health and secondly to strengthen positive parenting in the city to improve both physical and emotional health and educational outcomes and reduce the numbers of children subject to a child protection plan or moving into the care system.

b) **Promoting prevention.** This priority focuses on two key areas:

Firstly creating sustainable healthy environments by working with planning, housing, transport, economic development and parks and open spaces teams to support people to live healthy lives and enable to all our residents to benefit from the economic regeneration through the Building a Healthy City programme.

Secondly, we will work collaboratively with wider partners through the four new Alliances to address the four main risk factors of poor nutrition, lack of physical activity, tobacco and excess alcohol use which contribute to the four main causes of poor health and avoidable early deaths of cancer, cardiovascular, respiratory and liver diseases. At the same time we recognise the importance of addressing mental health and wellbeing through the work of the mental health alliance.

The public health team also commissions the sexual health services in the city providing sexual health promotion, teenage pregnancy work and contraception services and genito-urinary medicine services for sexually transmitted infections.

c) **Supporting independence.** The public health workforce will be working in an integrated way with other directorates and partner organisations in multi-agency childrens teams and older peoples teams to support individuals and families to live independently in the community.

We are developing a strong community support model to build capacity and resources in our most deprived neighbourhoods using the approach of empowerment, peer support, community sign posters and community researchers, building on strengths and assets in the different neighbourhoods and communities to reduce social isolation and to build social capital and using volunteering and work placements to help people back into employment where appropriate.

We have developed a new integrated wellbeing service to help people live healthier lives using a person centred, holistic, empowerment approach to enable people to gain confidence, improve their self-esteem and change their behaviours to become healthier both physically and emotionally.

d) **Intervening Earlier**. Together with wider partners across the health and care system we are developing the case for whole system transformation.

Strengthening communities will enable people to stay healthier and support each other so there will be less need for health and care services.

The development of the wellbeing service will enable more people to access this service instead of primary care. General practitioners and their staff will be able to provide improved care to those who most need it with a particular focus on the elderly and those with long term conditions ensuring they have the skills and support to manage their own conditions better, and that all well evidenced interventions are in place (eg appropriate community based care pathways, telehealth and telecare support, falls prevention, dementia support, carer support). This will reduce the numbers of people being admitted for acute hospital care or needing costly social care.

e) Reducing inequality. There is a clear connection between socio-economic deprivation and poor health. Ensuring people have access to good employment is a key priority for the city to help break this cycle of deprivation and reduce inequalities in health outcomes.

The public health team is working with the employment teams to help address the health related barriers to accessing and sustaining employment. The work of the public health childrens team is developing a school based healthy child programme for the 5-19 age group that will be integrated with the wider multi-agency childrens teams in each of the localities to help support children to remain well both physical and emotionally and thus help to improve their educational attainment and further training or employment outcomes.

We have developed excellent drug and alcohol services and mental health services with a strong focus on getting people into treatment and onto recovery using the Recovery College approach and into employment. We are working with primary care colleagues to identify people with health problems to ensure they have appropriate support to remain in employment or have appropriate support to renter employment where possible after a period of unemployment.

3.4 To achieve this work the public health team is structured in three areas - Starting well, Living well and Ageing well.

We also have responsibility for the following areas of work:

- Health protection - supporting the work of the Public Health England regional team in Whiteley with regard to infectious disease control and planning for emergency events including adverse weather conditions
- Public health intelligence - we provide data and intelligence for the Joint Strategic Needs Assessment - a web based tool to show up to date health profiles of the population of the residents in Portsmouth, with more in depth work when needed by the PH team or other directorates or partners.
- Healthcare public health - we provide support to the Clinical Commissioning Group with regard to population based commissioning.
- Workforce development - we have a role in training the public health workforce through placements for specialist registrars on the five year

consultant training programme and through the public health practioner training scheme. We contribute to the Continuing Professional Development Programme across Wessex

4. Progress to date

4.1 A review and redesign of alcohol, obesity and smoking provision has been undertaken, the outcome of which has resulted in the introduction of an in-house integrated wellbeing service that provides a more holistic service to residents. This service is due to be launched on 1 October 2015. A report on the implementation of the integrated wellbeing service was provided separately for the June HWB.

4.2 The alcohol and substance misuse services have been reviewed and remodelled to a more recovery oriented "hub and spoke" model of delivery which is supporting more people to sustain recovery. We have seen significant reductions in alcohol related violent crime and acquisitive crime, over the last 5 years, following a previous period of gradually increasing resources for prevention and treatment. We have also had a reduction in alcohol related hospital admissions in the past 5 years are one of only 8 upper tier Local Authorities in the country to achieve this.

4.3 Teenage conceptions in Portsmouth have reduced from 57 conceptions per 1000 girls in 1998 to 39/1000 in 2012. Every £1 spent on teenage pregnancy saves £11 of ongoing health and social care services. A process of transformation of Sexual Health services is currently underway. We plan to retender the existing contract with partners in Hampshire and Southampton, to maximise economies of scale, release efficiencies and deliver a seamless Hampshire wide service.

4.4 From 1 October 2015 responsibility for commissioning public health services for children aged 0-5 will transfer from NHS England to local authorities. Responsibility for providing Children's Centres has also transferred from Education following the Council's senior management review. A review of the 5-19 programme, delivered by the school nursing and public health delivery teams is already underway and will be extended to 0-19 following transition, building on the programme of integration work undertaken by the pre-birth to 5 Board. Outcomes for pre-school children have improved over the period this integration work has taken place.

4.5 The Director of Public Health's independent Annual Report will be published this month. Entitled Building a Healthier City, it reports on a series of PCC wide workshops held during 2014/15. It outlines pan-council work on promoting prevention throughout services to deliver better public health outcomes and recommendations for future work.

5. Use of the public health ring-fenced grant

5.1 The ring-fenced public health grant is provided to Local Authorities to enable them to fulfil their public health responsibilities. It is ring-fenced in recognition of the importance of prevention in improving health outcomes for the population. It must

be used to improve health outcomes as defined in the Public Health Outcomes Framework (Appendix 1).

5.2 The transformation of public health's contracted services has enabled efficiencies to be released. These savings have been redistributed to fund services other Directorates were obliged to cut due to budget pressures, where these can be shown to demonstrate public health outcomes. The savings required for redistribution and area redistributed to is shown below.

Table 1 - Public Health Savings and Redistribution

Financial Year	**2013/14**	**2014/15**	**2015/16**
Savings requested	£0.6m	£1.8m	£3.405m
Redistributed to	Independence & wellbeing service (IWT) Health improvement & delivery team (HIDS)	Sports development Arts and culture IWT & HIDS	TBA IWT & HIDS

5.3 Improving public health outcomes has shown savings to both council and other areas. There is a risk that this preventative approach will be lost if public health services are further reduced, with resulting costs to the public purse.

5.4 Nationally we are expecting an in-year cut during 2015 to the ring-fenced public health grant. This is currently out for consultation, however, is expected to be a reduction of 6.2%, equating to £1.2m for Portsmouth.

5.5 Public health services have been or are in the process of transforming and this has released efficiencies. However, further savings will be challenging. Further cuts to services that have been already been through transformation brings risks that they will no longer be sustainable.

6. Whole system transformation

6.1 We are currently developing our whole Healthy Child Programme. This is a nationally proscribed programme from 0-19 to keep children well from pre-birth through to adulthood with universal services such as immunisations programmes and health promotion advice through to targeted support for the most vulnerable or those with special needs. So far we have focused on the prebirth to 5 age group through the integration of early years and Health visiting services. We are currently developing the healthy school programme to fit with the multi-agency children teams. We are exploring the opportunities to support our children and young people better through more positive activities including wider sports and physical activity

programmes and through arts and culture in a Cultural Education Partnership across the city. These activities involve working with partners to help bring more funding into the city through Sport England, the Arts Council and other funding bodies.

6.2 We are currently developing a whole systems approach to work differently with adults and families in communities, primary care and social care to keep people healthier, reduce ill health and maintain their independence. This will help to reduce the cost to Adult Social Care and health services as well as wider savings to society including the criminal justice system and the wider economy.

7. Conclusion

7.1 A significant amount of work has taken place to transform public health services. There have been improvements in many outcomes in these areas, along with positive impacts on the council budget, and other public sector budgets including crime, health and social care.

7.2 Further savings to public health services run the risk that:

- Transformed services become unsustainable so providers are not willing to continue to provide them.
- The improvements seen in public health outcomes will not be sustained.
- There will be an increased cost to other public sector budgets including the police, health, social care and criminal justice system.
- Areas that the redistribution fund is allocated to may not be able to demonstrate public health outcomes so will not eligible for spend against the ring-fenced public health grant.

7.3 It is proposed that the public health grant is used to provide efficient and effective services that we are responsible for. That any savings accrued through efficiencies from transformimg existing public health services are used to help transform other services through the whole system approach as described above.

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Signed by (Head of Service)

Appendices:

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

Appendix A: Overview of outcomes and indicators

Vision

To improve and protect the nation's health and wellbeing, and improve the health of the poorest fastest.
Outcome measures
Outcome 1: Increased healthy life expectancy, ie taking account of the health quality as well as the length of life.
Outcome 2: Reduced differences in life expectancy and healthy life expectancy between communities (through greater improvements in more disadvantaged communities).

1 Improving the wider determinants of health

Objective

Improvements against wider factors that affect health and wellbeing and health inequalities

Indicators

- Children in poverty
- *School readiness (Placeholder)*
- Pupil absence
- First time entrants to the youth justice system
- 16-18 year olds not in education, employment or training
- People with mental illness or disability in settled accommodation
- *People in prison who have a mental illness or significant mental illness (Placeholder)*
- Employment for those with a long-term health condition including those with a learning difficulty/ disability or mental illness
- Sickness absence rate
- Killed or seriously injured casualties on England's roads
- *Domestic abuse (Placeholder)*
- *Violent crime (including sexual violence) (Placeholder)*
- Re-offending
- *The percentage of the population affected by noise (Placeholder)*
- Statutory homelessness
- Utilisation of green space for exercise/health reasons
- Fuel poverty
- *Social connectedness (Placeholder)*
- *Older people's perception of community safety (Placeholder)*

2 Health improvement

Objective

People are helped to live healthy lifestyles, make healthy choices and reduce health inequalities

Indicators

- Low birth weight of term babies
- Breastfeeding
- Smoking status at time of delivery
- Under 18 conceptions
- *Child development at 2-2.5 years (Placeholder)*
- Excess weight in 4-5 and 10-11 year olds
- Hospital admissions caused by unintentional and deliberate injuries in under 18s
- *Emotional wellbeing of looked-after children (Placeholder)*
- *Smoking prevalence – 15 year olds (Placeholder)*
- Hospital admissions as a result of self-harm
- *Diet (Placeholder)*
- Excess weight in adults
- Proportion of physically active and inactive adults
- Smoking prevalence – adult (over 18s)
- Successful completion of drug treatment
- People entering prison with substance dependence issues who are previously not known to community treatment
- Recorded diabetes
- Alcohol-related admissions to hospital
- *Cancer diagnosed at stage 1 and 2 (Placeholder)*
- Cancer screening coverage
- Access to non-cancer screening programmes
- Take up of the NHS Health Check Programme – by those eligible
- Self-reported wellbeing
- Falls and injuries in the over 65s

3 Health protection

Objective

The population's health is protected from major incidents and other threats, while reducing health inequalities

Indicators

- Air pollution
- Chlamydia diagnoses (15-24 year olds)
- Population vaccination coverage
- People presenting with HIV at a late stage of infection
- Treatment completion for tuberculosis
- Public sector organisations with board-approved sustainable development management plans
- *Comprehensive, agreed inter-agency plans for responding to public health incidents (Placeholder)*

4 Healthcare public health and preventing premature mortality

Objective

Reduced numbers of people living with preventable ill health and people dying prematurely, while reducing the gap between communities

Indicators

- Infant mortality
- Tooth decay in children aged five
- Mortality from causes considered preventable
- Mortality from all cardiovascular diseases (including heart disease and stroke)
- Mortality from cancer
- Mortality from liver disease
- Mortality from respiratory diseases
- *Mortality from communicable diseases (Placeholder)*
- *Excess under 75 mortality in adults with serious mental illness (Placeholder)*
- Suicide
- *Emergency readmissions within 30 days of discharge from hospital (Placeholder)*
- Preventable sight loss
- *Health-related quality of life for older people (Placeholder)*
- Hip fractures in over 65s
- Excess winter deaths
- *Dementia and its impacts (Placeholder)*