Public Health Dorset

Agenda Item:

10

Joint Public Health Board

Bournemouth, Poole and Dorset councils working together to improve and protect health

Date of Meeting	3 February 2015
Officer	Director of Public Health
Subject of Report	**Medium Term Savings Plan**
Executive Summary	This paper outlines the rationale for, and the content of, the proposed investment of savings 2015/16 and 2016/17. It suggests that a clear and consistent approach to the use of these savings will constitute a more sustainable approach to improving core public health outcomes.
Impact Assessment:	Equalities Impact Assessment:
	Use of Evidence: Activities proposed are based on methodologically robust analyses of current actions and outcomes.
	Budget: No implications for budget management in the medium term.
	Risk Assessment: Having considered the risks associated with this decision using the County Council's approved risk management methodology, the level of risk has been identified as: Current Risk: LOW Residual Risk LOW

	Other Implications:
Recommendation	The Board is asked to approve the division of up to £1 million savings in years 2015/16 and 2016/17 equally between the early years/children's agenda and Health Protection.
Reason for Recommendation	To ensure a sustainable and consistent approach to savings redeployment and thereby maximise return on investment.
Appendices	Appendix 1 – Policy areas, evidence and important Public Health outcomes for each area.
Background Papers	
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1. Background

1.1 The nationally mandated goals of public health in local authorities are to:

- Improve the health and wellbeing of local populations;
- Carry out health protection and health improvement 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.

1.2 The agreed aims which underpin the work of Public Health Dorset are to:

- Address Inequalities;
- Deliver mandatory and core Public Health programmes in an equitable, effective and efficient manner;
- Improve local and national priority public health outcomes as defined by the Health and Wellbeing strategy and national Public Health Outcomes Framework;
- Transform existing programmes and approaches to population health to include better coordination of action across and within all public service agencies.

1.3 The agreed principles underpinning our commissioning to deliver the above aims are improving effectiveness, efficiency and equity. This has been reflected in the current re-procurement and overall work-plan for 2014/15.

- **Transformation of existing programme to improve coherence of service e.g.** Health Improvement services re-commissioning.

- **Improving efficiency of commissioning & delivery of existing programmes e.g.** Drugs & Alcohol governance changes.

- **Improving specific public health outcomes:** National priorities or outcomes without a locally coherent activity base, e.g. inequalities.

- **Improving each authority's internal focus on the health of its populations:** Linking public health activity more systematically to council priorities and work-plans, e.g. regeneration.

2. Introduction

2.1 While a pragmatic approach to the redeployment of the 13/14 savings was taken at the November Joint Public Health Board, it was decided that given our understanding of our medium term spend it is possible to plan for a consistent savings target in the region of £1m per annum. The Board considered different approaches to future redeployment of these savings and noted there are several challenges including:

- the on-going financial challenges to Local Authority funding;
- the audit requirements of the Department of Health & Public Health England;
- The delivery of quality, value for money, services reflecting need in our local populations.

2.2 Whilst recognising these challenges the Board agreed that the most appropriate approach would be to develop a medium term strategy, underpinned by a clear rationale. Specifically, any re-investment of these savings should:

- Enable building of a more coherent set of activities;
- Not generate new costs for local authorities and absorbs some current running costs;
- Improve opportunities for joint action on priority public health functions;
- Be 'defensible' to all stakeholders [including PHE & the DH].

3. Future Approach

3.1 To deliver on this it is important that we are pragmatic and ensure that the public health team has the capacity and resource to be able to manage any investment programme effectively across all three localities. To that end it is suggested that we attempt to make progress in one or two major thematic areas over the medium term while:

a) retaining the ability for each authority to fine tune their activities within these areas to suit their own development plans and,

b) ensuring as much commonality of approach as possible where a key objective is to build resilience within a service or workforce group.

3.2 Using the three domains of public health practice, health improvement, health protection and healthcare public health, it should be possible to identify thematic areas that lend meet the principles and approach agreed by the board.

1. Health improvement:
We already have major transformation programmes underway in health improvement including sexual health, combined with a commitment through the 13/14 savings to support several specific locality health improvement initiatives that also address inequalities.

The 'Hub' will promote development of lifestyle services for adults including weight, smoking, alcohol, Similarly the re-procurement of sexual health services will support a better service for adults and young people and also hopefully better link to adolescent mental health and related lifestyle services.

One area where there is potential for significant transformation around a core workforce and programme is within the children's agenda, particularly with the transfer of Health Visitors to Local Authorities and the review of school nursing. All Local Authorities have ambitious plans for the redevelopment of local services especially in the early years where the evidence base for early intervention and the extent and duration of impact is very clear. ***Public health has not invested in a systematic way in these services and as part of the overall transformation it would seem timely to consider investment of medium term financial savings in this area*** where a more coordinated approach might yield benefits. This would not only benefit major public health outcomes around giving every child the best start in life, but is also an important set of interventions in tackling inequalities in health.

Another population group where health improvement has little explicit attention are parts of the older population, in particular the role of loneliness, population mental health and inclusion. The evidence base for action has been evolving. This area is often led through the voluntary sector and on a project basis. Such an approach is a useful response until we have a better understanding of the evidence base in this area.

2. Health Protection:
Health protection remains a core role and statutory function for both top tier and district councils and as this year has highlighted this retains challenges and a high profile. Internationally we have seen the Ebola outbreak in West Africa and its ramifications for local preparedness and services and more locally we have seen an extra-ordinary outbreak of *E. coli*.

This emphasises the need for a competent local workforce and coordinated local approaches. Recent publications have re-emphasised the linkages of local environmental hazards to human health e.g. air quality.

Locally we have had a Dorset wide health protection network since April 2013. The network has led a fundamental look at what we do across all local authorities in health protection, how we do it and how this relates to national and local core public health outcomes. This provides an evidence base for identifying core services which most demonstrably link to priority outcomes and which have the strongest evidence base. Support to the effective delivery of these services would be an identifiable high priority in terms of mitigating risk and resilience, and improving specific outcomes.

The work illustrates an inherent and growing vulnerability in this core domain of public health. Surge capacity has been reduced to a level where the response to major health protection events may be compromised; while 'statutory' functions and roles are being delivered this may not always be done so consistently, and there is often little understanding or consideration of the impact of these actions on the health of the public.

Given the above findings we have identified several cross cutting high demand areas and specific projects within them for support. At the same time we would recommend supporting local workforce development plans to ensure we retain a competent HP workforce in Dorset.

3. Health Care Public Health:
The recent NHS Future plan reinforced the pivotal role of the NHS in health improvement, especially the secondary prevention of long term conditions, viz: 'The future health of millions of children, the sustainability of the NHS, and the economic prosperity of Britain all now depend on a *radical upgrade in prevention and public health***.** The NHS will therefore now back hard-hitting national action on obesity, smoking, alcohol and other major health risks. While the health service certainly can't do everything that's needed by itself, it can and should now become a more activist agent of health-related social change. We will lead where possible, or advocate when appropriate, a range of new approaches to improving health and wellbeing.'

This provides a useful template for local working across Local Authorities and the NHS.

The Clinical Services Review and its outputs will reframe the PH contribution but this will not need a fundamental investment from PH nor would it be appropriate to do so, given the resources of the NHS and that fact that the NHS will benefit from the significantly improved lifestyle offer.

The broader agency systems challenge across Local Authorities and the NHS are reflected and funded through existing mechanisms such as the Better Care/Better Together programmes and do not require support from the limited PH budget.

4. Recommendation

4.1 In summary, we therefore propose that these medium term savings should principally be reinvested in early intervention (Children and Young People) and health protection. On-going work on the 0-5 offer and HV transition and the current stocktake of EH are likely to inform more detailed thinking about where within these areas this should be focused. Initial thoughts on the policy areas, evidence and important public health outcomes for each area are set out in Appendix 1.

Dr David Phillips
Director of Public Health
February 2015

1. Health Improvement - Early Intervention (Children and Young People)

National policy	Local interventions and services	Local public health outcomes	Evidence base
Six early years high impact areas – area 6 **Health, wellbeing and the development of the child aged 2 – two year old review and support to be 'ready for school'**	**Health visiting and school nursing** **Local authority Children's Centres** **Early years practitioners including nursery** **Voluntary organisations supporting family** **Extended primary care team** **Wider Healthy child programme (Universal plus, Universal partnership, community)** **Troubled families**	**ASQ-3 results at 2-2.5 years** **Childhood immunisation rates** **Readiness for school at age 5** **Children in Poverty** **Breastfeeding initiation and maintenance rates** **Maternal smoking** **Domestic violence** **Healthy weight in children**	**Early Intervention: the next steps (Allen, G)** **Good quality parenting programmes and the home to school transition (UCL Institute for Health Equity, 2014)**

2. Health Protection - Improving local capacity and capability

The Public Health stocktake work was a collective piece of in depth analysis carried out by a team representing all of the Local Authority regulatory services alongside Public Health Dorset. The proposed areas of work developed from the stocktake have been identified for their ability to enhance the capacity of regulatory services to further develop their work as part of the Public Health system to deliver on improved outcomes for Public Health across Dorset.

Key areas of Regulatory services delivery on Public Health Outcomes:

- Impacts of Air Quality on Health
- Healthy Homes including Housing standards and related activity
- Health and Safety including Workplace/employee health
- Licensing work as a key part of a harm reduction strategy re Alcohol, drugs and Tobacco
- Food Safety and Infectious disease outbreak investigation systems.

One of the key components of the investment will also be to establish a programme of workforce capacity development to promote the professional development of existing staff as well as attracting a number of training placements across the Local Authorities.

This has the potential for a transformative programme of work developing and enhancing the role of regulatory services and build a more effective and efficient ways of working to deliver against Key Public Health outcomes.

Table 1: Evidence based interventions delivered by Regulatory Services as determined by a literature review carried out as part of the Public Health Stocktake.

Strong evidence identified	**Reasonable degree of evidence identified**
Alcohol licensing	Food premises inspection
Air quality	Food sampling
Health and safety interventions	Noise prevention
Notifiable disease follow up	Housing adaptations
	Safety advisory groups