



Cabinet Report

Date **9 MARCH 2023**

Title **PUBLIC HEALTH STRATEGIC PARTNERSHIP**

Report of **CABINET MEMBER FOR ADULT SOCIAL CARE AND PUBLIC HEALTH**

EXECUTIVE SUMMARY

1. The Island's Public Health function is delivered through a formal partnership agreement between Isle of Wight Council (IWC) and Hampshire County Council (HCC) covering the period September 2019 - September 2025.
2. The partnership enables a focus on local island issues under the specialist leadership of senior quality Public Health staff; as well as providing senior Public Health leadership to the Council, Health and Social Care system and a wide range of statutory and community partners for the benefit of the population.
3. In September 2022 a Local Government Association (LGA) peer review was undertaken to ensure the partnership and outcomes continue to meet the needs of the island. The reviewers found clear evidence of significant progress in providing safe, high quality commissioned Public Health services to the IOW community and strong recognition of the value of the Public Health Partnership with potential moving forwards for development.
4. The partnership report and LGA Review was supported unanimously by Policy and Scrutiny Committee for Health and Social Care on 5 December 2022.

RECOMMENDATION

5. That Cabinet agrees to option one:
 - a) That the Cabinet approves the continuation of the Public Health Partnership until September 2025 when an updated agreement will be considered.

BACKGROUND

Introduction

6. In September 2019 a Public Health Partnership between Isle of Wight Council (IWC) and Hampshire County Council (HCC) was agreed to run for 5 years. This

followed a period of 18 months of review and working together between both Councils as part of this a report that set out the key findings from an analysis of the Public Health function was completed.

7. Prior to the formal partnership of the Public Health function in 2018, leadership was lacking, and recruitment of specialist staff had not been successful leading to the Council not fulfilling its public health duties. A number of recommendations were made at the time of the formal partnership the majority of those critical to the IWC Public Health function which have been met, however, further progress has been made to ensure a strong Public Health function leading to a position where the Council can now proudly demonstrate its leadership of public health for the Island. The Progress of the partnership was formally reviewed as part of an LGA peer review with a summary set out in this paper.
8. Since 2018 and the commencement of the formal partnership, the Public Health senior leadership team and IWC Corporate Management Team (CMT) have worked together to address the key issues, with further developments taking place after the formal partnership started. This relationship has continued, and its success is demonstrated by the strong partnership working between the Director of Public Health (DPH) and Public Health Management Team, with members of CMT, Cabinet and partners on the IOW as further demonstrated during the pandemic.
9. As a result of the partnership, IWC is now delivering its mandated Public Health duties and has safe, high quality, value for money commissioned public health services in place for residents.
10. Although some Public Health outcomes still require improvement, the work undertaken through the Public Health Partnership to date has laid firm foundations that enables and facilitates further work to achieve this.
11. Through the Partnership the public health team has strengthened relationships internally within the Council and with the IOW Trust, Integrated Care System (ICS), and the voluntary sector and has brought benefits to IWC due to more effective joint working with other agencies including strengthening with Police and Fire. Feedback from partners, through the peer review, demonstrates the benefits of the Public Health Partnership and has improved the reputation of the Council with regard to Public Health leadership.
12. The Partnership enables a focus on local island issues under the specialist leadership of skilled and qualified senior public health staff; as well as providing senior public health leadership to the ICS for the benefit of the population in accordance with the statutory requirements. Neither of which were possible prior to the Partnership due to the challenges being dealt with by the Council with regard to public health.

LGA review

13. In September 2022, the public health work and arrangements were subject to an LGA review to inform Council thinking on policy, prioritisation and budgeting to best deliver an effective public health function for Isle of Wight residents and provide an external peer assessment for the Council.

14. Led by the LGA Improvement Team, reviewers found clear evidence of significant progress in providing safe, high quality commissioned public health services to the IOW community and strong recognition of the value of the Public Health Partnership with potential moving forwards for development.
15. Importantly, the independent review provided reassurance that the Partnership provided good leadership for public health with:
 - (i) clear structures and processes in place to support the public health function
 - b) teams working well to understand the needs of residents and using intelligence to shape decision making
 - c) team skills and capacity strengthened to deliver public health corporate priorities
 - d) Island outcomes improving through strong public health leadership.
16. The report noted that strategic leadership for improving health and tackling health inequalities is provided by the Director of Public Health, supported by Consultants in Public Health through engagement with members, partners and through representation at key Island and ICS Boards with further work to refresh the role of partners with regard to public health actions.
17. A refresh of the Public Health Strategy, aligned to the Joint Health & Wellbeing Strategy and the IOW Health & Care Plan and the Hampshire and IOW ICP Plan, with system wide goals will help to deliver a unified public health vision for the Island with clear priorities visible to partners.
18. The Public Health team will continue to promote a culture of quality improvement within service provision by continuous monitoring of the public health service outcomes and working with partners to embed public health approaches in the system.
19. The Public Health Team lead the work of the Island Health Protection Board which undertakes key functions of communicable disease oversight, assurance, and escalation, bringing together partners from across the health protection system. This Board met for the first time, in its new format and with a renewed scope covering a broader range of health protection matters, in September 2022.
20. The Public Health team, with partners, will look to build on community engagement and co-production initiatives to shape Council priorities. This includes where appropriate, championing place-based health improvement work, and setting-based work for example the PEACH program (Partnership Education Attainment and Children's Health), underpinned by local engagement strategies to gain insight into local areas of need encouraging delivery of more local outcomes.
21. Staff recruitment and retention across all sectors on the Island come with significant challenge, with specialist Public Health workforce being no exception. This is being addressed through the Public Health Workforce Development Strategy and aligned work plan provide a platform for strengthening the skills and practice of our public health staff, with developments such as Public Health Apprentices. This plan aligns across the Island and Hampshire to fully realise the potential of the Partnership. The Public Health team also play an active role in the Systems Workforce Board which oversees a range of activities to facilitate partnership working between all health and care system partners and ensuring that workforce activity is aligned, structured, and provides system benefit.

Public Health Grant and Budget

22. The Public Health grant is allocated to Local Authorities (LA) from the department of Health and Social Care to use to discharge their duty to improve and protect the health of the population and to reduce health inequalities and is ring-fenced for this purpose. A Unitary Authority undertakes many activities and has wide reaching opportunities to shape their services in a way that will support delivery of these objectives requiring strong public health leadership.
23. It is recognised that a wide range of social and environmental factors impact on the health of the population and therefore accepted that to deliver the duty described above, the Public Health grant can be used for activity across the Council. However, the Department of Health and Social Care, who, as the funding department, have a role in assuring that the Public Health grant is used appropriately, are clear that the first call on the grant must be to deliver the mandated and prescribed Public Health services and services with prime function of public health.
24. The Public Health ringfenced grant for the IOW has been reviewed and most recently has been aligned to the key areas of public health with an increased budget for smoking cessation, weight management and public mental health. In 2020/21 a longer-term financial plan was developed putting the budget on a stable foundation which included resolving long term budget disputes and Agenda for Change¹ Pay uplifts to NHS providers of public health services in line with NHS pay settlements and set out in the Public Health Grant conditions.
25. A robust Service Level Agreement (SLA) to monitor Public Health outcomes against use of the Public Health Grant in other areas of the Council has been developed and implemented and is regularly reviewed by the Public Health Management Team
26. The Director of Public Health and the Management Team have clear oversight of all commissioned public health services and robust processes are in place to support commissioning which has taken time to develop and implement. The Partnership has enabled rapid transfer of the substance misuse service; mobilisation of a new Specialist Sexual and Reproductive Health service; completion of a needs assessment and commissioning of a new Domestic Abuse service, procurement and mobilisation of Healthy Lifestyles Isle of Wight and mobilisation of the 0-19 Public Health Nursing Service ensuring that safe high quality mandated public health services which align with the conditions of the Public Health grant are now in place.
27. It is expected that the conditions on the Public Health grant for 2023/24 will be the same as those in 2022/23, specifically in relation to the basis of the ring-fence. The remit and grant must be signed off by the Director of Public Health and the Council's Section 151 Officer. It is anticipated that the level of the grant for 2023/24 will be announced in early 2023. It is also expected that there will be an allowance for inflation and the recently agreed uplift to NHS pay for our commissioned services, but it is unknown at what percentage. When greater clarity is provided the budget will be updated accordingly. The remit of the budget is set out below.

¹ Agenda for Change is the NHS pay structure

28. SERVICE AREAS

| | Current Budget £000 |
|---|---------------------|
| Sexual Health Services | 1,116 |
| Substance Misuse Services | 1,873 |
| 0-19 Healthy Child Programme | 2,143 |
| Wellbeing Services (Smoking, Healthy Weight, NHS Health Checks, Mental Wellbeing) | 656 |
| Domestic Abuse | 150 |
| Core Services | 2,831 |

29. The Public Health team continue to take advantage of opportunities to make the service more efficient and prioritise the funding available to those services that make the most difference to the residents of the Island. This includes closer work with the NHS to better align services, where appropriate, to deliver those improved service outcomes for the residents of the Isle of Wight.
30. In 2022/23 the ring-fenced Public Health grant received by the Isle of Wight was increased by £216,832 to £7.935m. This increase was given to cover the recurring inflationary costs incurred by providers most notably the increase in staff cost experienced by the NHS providers for the years 2021/22 and 2022/23. In addition, the grant increase was to cover specialist sexual and reproductive health service activity to enable Pre-exposure prophylaxis for HIV which was previously funded through a standalone grant. At this time there has not been any confirmation of the actual grant level in 2023/24, the budget has therefore been set on the minimum expectation of a grant equivalent to that received in 2022/23 of £54.4m. When the ring-fenced grant and all other grants received and utilised by Public Health in 2022/23 are confirmed for 2023/24 with specific allocations, these will be added to the budget.
31. Within the current year Public Health resources have continued to include a residual element of funding remaining from the COVID-19 response. From a financial perspective any forecast costs relating to this funding are expected to be met from those resources.
32. Despite the recent grant increases and the likelihood of a further inflationary increase in grant for 2023/24 there remains significant challenges for delivery of the County Council's core public health responsibilities and for wider work to improve the public's health. Continued careful planning, delivery and evaluation of evidence-based interventions will ensure that the available Public Health resources are focused on the key public health priority areas.
33. The refreshed focus will seek to reduce the prevalence of the conditions contributing the most to years lived in ill health and the impact of these on health inequalities, namely smoking, cardiovascular disease, diabetes, unhealthy weight, low physical activity and poor mental health by acting on the risk factors, environment and conditions which combine to drive them. In keeping with the population structure of the Island, work is also ongoing to develop more targeted evidence-based interventions to improve the physical and mental health of older residents. This work will also contribute to wider work of system partners in enabling independence and reducing social isolation in older age. Together this work recognises the links between health and wealth, as well as the vision and strategic direction set out through the Corporate Plan.

34. A key priority is to ensure efficient delivery of the public health mandate to best meet the public health needs of Island residents and to continue to ensure that these services are providing best value for money. These include the mandated services: the National Child Measurement Programme, (NCMP) delivered through the school nursing service; delivering quality assured NHS health checks with the aim of both reducing future ill health, particularly cardio-vascular disease and dementia, and the associated demand for health and social care services; enabling access to comprehensive good value for money sexual and reproductive health services through transformation, providing public health expertise and leadership to NHS commissioners and to local Integrated Care Systems to inform the planning and commissioning of health services and the delivery of health protection and public health emergency planning responsibilities and cooperation with the criminal justice system in respect to violence prevention.
35. A focus on improved outcomes, narrowing the gap in outcomes for groups at most risk of ill health and increased quality in the public health commissioned services remains our key priorities.
36. There is compelling evidence that what happens at the start of life is vital in laying the foundations for good adult outcomes. The Healthy Child Programme (0-19) is an evidence based universal prevention and early intervention public health programme that is offered to all families. These services are supported by a mandate that requires universal delivery of five key child 'development reviews. It supports parents and promotes child development, leading to improved child health outcomes and reduced inequalities while ensuring that families at risk are identified at the earliest opportunity. To ensure that we get the best outcomes for children and families the Public Health team is working in partnership with Children's Services and NHS colleagues to transform and provide collaborative services for children and young people and their families. Effective use of resources will help to maximise the universal nature of the service, as well as to provide an enhanced offer to vulnerable families, to get the best possible outcomes in the six high impact areas, focus on prevention, and early identification of children and families at risk of future health and social problems. The Public Health nursing service, commissioned in 2021/22 has continued to support the Island's vulnerable families at a time of resource constraint and national staffing challenges through an active partnership between commissioner and provider.
37. The proportion of our population making unhealthy lifestyle choices, which will impact on their future health and care needs, remains a real public health challenge. These choices already have an impact on public services and lead to considerable costs to the system. This is likely to get worse over time. Focusing on prevention and making a healthy lifestyle 'the norm' for people of all ages is key to keeping people healthy, in employment and independent for longer and to reducing future demand for services. We continue to work to achieve this through appropriate nutrition, reducing obesity, promoting physical activity and supporting people to stop smoking and to drink sensibly. The Stop Smoking Service is accessible to the whole population and aims to increase quit rates, through focussing on population groups for whom smoking prevalence is still high. This requires strategic leadership and collaboration to change the system alongside effective services for the population.

38. With an increasingly older population, tackling social isolation and malnutrition, preventing falls and maintaining mobility in our vulnerable and older residents remain important areas of focus for our work with colleagues in Adult Social Care and the NHS.
39. Domestic abuse is a serious public health problem; Public Health leadership of the strategic partnership is driving work across the system to reduce domestic abuse. The Domestic Abuse service for victims and perpetrators provides further impetus to this work and has an increased focus on reducing the impacts of domestic abuse on children to prevent long term sequelae and impact. In 2022/23, this work continues to be supported by a specific additional grant to support domestic abuse services.
40. Poor mental health represents a significant burden of disease on the Island and increases the risk of developing physical illness and of premature mortality. We will continue our work to improve the mental wellbeing of our communities and the focus on preventing suicide. The Mental Health Partnership and plan has been further developed this year. Promoting emotional wellbeing, resilience and good mental health in children is a priority for both our health visiting (through action on maternal mental health and promoting attachment) and school nursing services.
41. The substance misuse service delivers a robust drug and alcohol treatment system that fully meets the diverse needs of the Island population and empowers and enables people to recover from alcohol and/or drug dependency. Through a transformation programme the service will take a family approach and deliver a comprehensive treatment service. Wider system work continues to support responsible drinking and promote safe and healthy places for people to live and work. An additional grant (SSMTRG) was received specifically to improve substance misuse services in line with the national drugs strategy and to increase access to Inpatient detoxification.
42. Sexual and reproductive health services and substance misuse services, being demand led, are challenged by the number of patients requiring these services. However, they are continuing to meet the demand through service transformation to ensure that the right service is provided at the right time in the right way for those who need it including through upstream preventative work and shifting more activity from face to face to digital interventions where appropriate. These approaches, begun prior to the pandemic, have been further developed during the response to COVID-19.
43. The Director of Public Health (DPH) continues to deliver the Health Protection responsibilities through partnership work with the UK Health Security Agency, and NHS England. The Council's health protection responsibilities have been significantly stretched this year with the added responsibilities of COVID-19 pandemic leadership, Outbreak Control Plan, local contact tracing service and leadership and coordinating testing services. This will continue to be a core part of the Directorates work in the coming year. The Emergency Planning responsibilities are delivered through work with the Emergency Planning teams in the Council and wider Local Resilience Forum (LRF) partners.
44. To ensure delivery of the Joint Strategic Needs Assessment on behalf of the Health and Wellbeing Board the team continues deliver key analysis for partners including working with the developing Primary Care Networks. Our leadership of Population

Health Management will enable more effective delivery of healthcare for the system. Our leadership of COVID-19 intelligence work has led to continued intelligence analysis and enabled services to be needs led and tackle inequalities

45. The public health team are engaged in a wide range of partnership work, much of which aims to prevent ill health and reduce health inequalities through action on social and environmental factors which drive, and impact health, sometimes referred to as the building blocks of health. For example, Public Health are contributing to reducing the impact of food poverty and are part of the officer-led Anti-poverty group. The public health team are also engaged with planning policy and the development of the emerging Local Transport Plan.

Public Health Leadership

46. One of the key concerns on development of the Partnership was the IOW Council not fulfilling all the statutory and mandatory Public Health functions. Of particular concern was the requirement to provide public health advice to the NHS and planning for, and responding to, emergencies that present a risk to public health. Without specialist public health expertise this was not possible. The Corporate Plan allows for scrutiny of public health action and review of performance against important indicators. The development of an overall Public Health Strategy, Joint Strategic Needs Assessment (JSNA) and subject specific planning have led to improved policy and service development.
47. During the COVID-19 pandemic we have seen the benefit of working together and the ability of the IOW Council to provide public health leadership in a public health emergency. The strength of the joint senior team was essential to manage the complexity of the response to this global pandemic. Whilst the pandemic stretched the senior team, the joint working was of benefit to both Councils through increased efficiencies and more focused roles e.g., testing and tracing. During the pandemic the Public Health team led with others in the Council on the rollout of the first COVID-19 app on the Isle of Wight bringing learning to both Councils.
48. The Partnership has provided Faculty of Public Health (FPH)-approved senior public health leadership to IWC Public Health team members to enable them to contribute productively and safely to the pandemic response including ensuring public health services were able to operate safely, providing robust epidemiological information to partners, supporting the social care and education response to prevention and management of outbreaks, and contributing to impactful communication campaigns.
49. Continued improvement of public health outcomes is very much dependent upon a strong public health function. With public health leadership we are seeing NHS partners other and partner agencies working on the Isle of Wight demonstrating that they are working together on the key outcomes to address the priorities.
50. Through local senior public health leadership further work has developed across the Council including with:
- The Regeneration team to improve health through place
 - Adult Social Care on infection control and development of the Integrated Care Systems

- Community Safety on Domestic Abuse prevention and implementation of the new Domestic Abuse Act
- Corporate resources on the Health and Wellbeing of Staff
- Children's Services on early help
- Emergency Planning on local extreme weather plans

51. A strong Public Health Strategy aligned to the Joint Health & Wellbeing Strategy and the IOW Health & Care Plan, will continue inform the Council's Corporate Plan. System wide goals will deliver a unified public health vision for the Island with clear priorities visible to partners. Risk management and business processes have improved with an effective public health risk register now in place and monitored by the joint Management Team

Team Capacity

52. The Partnership has delivered effective senior leadership and specialist staff as set out above which enables the Isle of Wight Council to fulfil its public health duties. In addition, it has benefited positively the Council with the increased capacity of senior staff who are able to focus on key areas of work and embed strongly in the ICS. This has met the technical and leadership capability within the public health function which wasn't present at all levels. This ensured the IWC Public Health team has permanent professionally qualified public health consultant resource which was previously lacking.
53. The development of the IOW Public Health plan has enabled clear team and personal objectives to be developed and has resulted in good progress across a number of domains of public health including development of Early Help, development and publication of the Physical Activity Strategy with Energise Me and a resumed focus on partnership working to take forward other important work including smoking cessation in pregnancy, Partnership Education Attainment and Children's Health (PEACH) programme and work to support people challenged by co-occurring mental health conditions and substance misuse. There has been a renewed focus on mental health which will be increasingly important to maintain in the recovery from COVID-19.
54. Due to the challenge of recruitment to specialist posts on the IOW some of the staff have been jointly based in Hampshire, for example, specialist health protection practitioners and consultants in public health. During the COVID-19 pandemic, remote working has facilitated the way that staff based in different geographical locations work together effectively. The LGA review supports this approach and suggests further close working together of both teams. Through the Partnership investment from Health Education England, we have been able to increase the hours of the public health Workforce Development lead for the Isle of Wight working with the council workforce team. This is enabling the team to be supported to develop and progress professionally in line with public health need and IWC corporate needs.
55. Many of the challenges regarding the IOW Public Health intelligence function, including skills development, have been resolved. The Isle of Wight Council Public Health Intelligence analysts have increased their specialist skills and enabled focused productivity working together in a matrixed public health intelligence team.

Priority will continue to be placed on using Intelligence to shape thinking and drive action with an updated core JSNA which has been delivered in 2022.

56. By working together within the Partnership, access to insight work has supported the IOW Public Health Team. Increased use of targeted social media to reach specific communities on the Island presents a further opportunity to deliver impactful public health behaviour change campaigns.

Outcomes

57. Whilst there are still a range of public health outcomes that need to improve for the Isle of Wight population including male life expectancy, smoking related deaths, and low childhood immunisation rates the increased oversight by the strategy work programme, together with safe and high quality commissioned public health services will enable these to be addressed, however this will be a long-term ambition.
58. As with other areas, the impact of the COVID-19 pandemic has highlighted and widened existing inequalities in physical and mental health for residents of the Isle of Wight. It will be important to continue to work at system level to influence and support improvements in these outcomes.

System benefits

59. Work is ongoing to refresh and test partner responsibilities to take account of changes to planning and accountability brought about by the new ICS governance structures. Relationships with ICS partners are being fostered which will embed public health thinking across the wider system.
60. The Partnership between Hampshire County Council and Isle of Wight Council has brought a wider benefit to the Isle of Wight and the system. With the majority of the Pan Hampshire area being led by one Director of Public Health and his team has meant an increased influence with partners and for issues of importance to the Isle of Wight.
61. When considering the work required with NHS England and UKHSA (UK Health Security Agency - successor body to PHE) and the Integrated Care System regarding public health matters including health protection, screening and immunisations and population health management there have been considerable benefits to leading this at scale for the benefit of the population in line with the Council's responsibilities.
62. When commissioning Public Health services as a team we have been able to align services and bring cost efficiencies to areas with the same service provider whilst also retaining the ability to meet the needs of Isle of Wight residents. This has improved outcomes for the whole population.

CORPORATE PRIORITIES AND STRATEGIC CONTEXT

Responding to climate change and enhancing the biosphere

63. The recommendation to continue the Partnership will seek to build on and progress the Council's climate change agenda. All new service specifications developed and commissioned by Public Health will consider the impact of climate change and the need for environmental sustainability.
64. The ability for the Partnership to function using remote working has reduced the carbon footprint from travel of team members. When travel to and from the Island is necessary to fulfil Partnership functions the carbon footprint of those travelling will be considered and lift sharing or active transport will be the preferred options.
65. Environmental and infectious disease risks from climate change fall under the remit of the Health Protection and Emergency Planning Preparedness and Response Teams who work collaboratively to ensure the safety of Island residents.

Economic Recovery and Reducing Poverty

66. Public Health services act to reduce inequalities by identifying areas of greatest need, highlighted by the Joint Strategic Needs Assessment, working across systems to influence decision making and procuring services in line with the Council's ambitions to reduce poverty and develop skills for sustainable economic growth and regeneration. The team is a member of relevant council forum linked to tackling poverty and recovery from the COVID pandemic

Impact on Young People and Future Generations

67. Public Health has a clear mandate to make a positive difference to the lives of children and young people from before birth through to adulthood. Positive interventions in early childhood can have lifelong impacts on the health, education, employment and well-being of individuals.
68. The Island has established a successful Early Help intervention including Family centres offering support to children from the most vulnerable families. The Health Visiting and School Nursing teams actively engage with service users to understand their needs and views. Work is currently being undertaken in conjunction with the Maternity Voices Partnership on a First 1001 days review to understand how we can better serve our population. Moving forwards, Public Health will place insight and involvement from children and young people at the heart of design of service and implementation and the development of Family Hubs
69. The decisions the Council makes now not only affect current residents, but may have long term impacts, both positive and negative, on young people and future generations. These impacts may not immediately be apparent, emerging after a number of years or decades. Impacts will be interrelated across the various domains of young people's lives from housing, training and employment, health and the environment.
70. The United Nations Conventions on the Rights of the Child (UNCRC) in 1989, in particular article 12, places a duty for children and young people to have an active

voice in decision making on matters that affect them. We value the views of our young people. Incorporating coproduction and consultation with young people into our decision-making process is a robust way of ensuring young people's views are taken into consideration. Participation workers experienced in coproduction can support engagement with the Youth Council, our Island children and wider groups of young people to ensure the voice of young people is sought, heard and acted upon on important matters that will affect them.

Corporate Aims

71. The Public Health Strategy is clearly aligned with the Corporate Plan 2021-2025, specifically the core values:
- a. Being community focussed – understanding the needs of people living and accessing services on the Isle of Wight underpin the development of new service specifications.
 - b. Working together – specialist teams and individual work closely with key partners both within the Council and the ICS.
 - c. Being effective and efficient – evaluation and/or audit processes are embedded within service provision. Key performance indicators (based on the latest evidence of effectiveness) are routinely reported and shared with stakeholders
 - d. Being fair and transparent – quantitative and qualitative data derived from the Joint Strategic Needs Assessment, service reviews, and service user feedback inform decision making.

CONSULTATION

72. This report is informed by findings from the Local Government Association (LGA) review carried out in September 2022. The review by the LGA team included consultation with external stakeholders including Council members and key partners including Police, Fire and NHS (Hospital & ICS).
73. Consultation has concluded that the Partnership has led to significant improvement in the delivery of public health services on the Island. Progressing action learning points will be prioritised in public health workplans and programmes.

SCRUTINY COMMITTEE

74. The report was considered by the Health and Social Care Policy and Scrutiny Committee on 5 December 2022. Findings received widespread support. The recommendation to continue the Public Health Partnership in line with The Agreement was fully endorsed by Members.

FINANCIAL / BUDGET IMPLICATIONS

75. Continuation of the Partnership will maintain delivery of existing systems and processes established to provide financial governance for expenditure via the Public Health Grant and additional funding sources.
76. Terminating the Partnership will would necessitate urgent consideration of financial governance arrangements, with possible consequences for future delivery of Council statutory public health functions and the health and wellbeing of Island residents.

LEGAL IMPLICATIONS

77. The Partnership agreement currently in place states:
“During the term of this agreement, Hampshire County Council will provide the statutory role of Director of Public Health.”

“Either party may terminate this Agreement at any time by giving no less than 6 months’ notice in writing to the other party.”

If a decision is not made to continue the Partnership then the termination criteria set out in Clause 23 of the Partnership Agreement must be followed.

78. The Partnership agreement covers a period from Sept 2019 to Sept 2025, unless either party wishes to terminate by giving 6 months’ notice.

EQUALITY AND DIVERSITY

79. The decision relates to continuation of the current Partnership agreement and is strategic/administrative in nature, therefore, there is no anticipated impact on equality and diversity.

OPTIONS

80. Option 1 (recommended option)
a) That Cabinet approves the continuation of the Partnership until September 2025 when an updated agreement will be considered.
81. Option 2
a) Cabinet does not approve the continuation of the Partnership and makes a decision to follow termination procedures.

RISK MANAGEMENT

82. Risks associated with option 1 are:
a) Minimal - aims and objectives underpinning the delivery of the Public Health function are closely aligned to the Council’s corporate priorities. The DPH and senior management team maintain and scrutinise a comprehensive risk register embedding reporting and governance structures for all public health services. Statutory duty is being met, and outcomes are improving.
83. Risks associated with option 2 are:
a) Failure to deliver the Council’s Public Health statutory duty and partner relationships
b) Staff recruitment and retention issues
c) Probable decline in health and wellbeing outcomes and a widening of inequalities faced by the Island’s population.
d) Potential for the Council to expend additional resource & incur extra costs in establishing alternative arrangements to facilitate public health leadership and service provision

EVALUATION

84. The Public Health function on the Isle of Wight is in a markedly stronger position in 2022 than in October 2018 and has continued to improve following the inception of the formal Public Health Partnership. The LGA review provides evidence that public health mandated functions are being effectively delivered through a range of commissioned services with robust monitoring of activity, outcome and risk. The public health budget is being used appropriately and the team have good support from IWC finance colleagues.
85. The Public Health team has stabilised, and morale has improved. The Workforce Development team continue to support staff to develop professionally and as a team.
86. Continuation of the Public Health Partnership will facilitate further progress and support the further improvement of public health outcomes for Isle of Wight residents.

APPENDICES ATTACHED

87. Appendix 1 – Key data for services.

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