



Cabinet Report

Date	16 DECEMBER 2021
Title	PUBLIC HEALTH PARTNERSHIP
Report of	CABINET MEMBER FOR ADULT SOCIAL CARE AND PUBLIC HEALTH

EXECUTIVE SUMMARY

1. 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.
2. Prior to the formal partnership the Public Health function was not performing, 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 under the following themes and at the time of the formal partnership the majority of those critical to the IWC Public Health function had 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. Progress against the remaining recommendations is reviewed here:
 - Public health grant and budget
 - Senior staff time and team capacity
 - Public health intelligence
 - Public health clinical services
3. The Public Health senior leadership and IWC Corporate Management team worked together to address the keys 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 further demonstrated during the pandemic.
4. As a result of the partnership, IWC is now delivering its mandated public health duties and has safe, high quality commissioned public health services in place for residents.
5. Although some public health outcomes still require improvement, the work undertaken through the Public Health Partnership to date has laid firm foundations that will enable and facilitate further work to enable this to happen.

6. Through the partnership the public health team has strengthened relationships with the IOW Trust, Integrated Care System, 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 demonstrates the benefits of the public health partnership and has improved the reputation of the Council with regard to Public Health leadership.
7. 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 ICS for the benefit of the population. Neither of which were possible prior to the partnership due to the challenges being dealt with by the Council with regard to public health.

RECOMMENDATION

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| 8. It is recommended that the Partnership continues in line with the agreement. |
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STRATEGIC CONTEXT

Public Health Grant and Budget

9. The Public Health grant is allocated to Local Authorities (LA) to use to discharge their duty to improve and protect the health of the population and to reduce health inequalities. 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.
10. While it is recognised and accepted that in order to deliver this duty, the Public Health grant can be used for activity across the Council. However Public Health England (PHE) formerly, and now Department of Health and Social Care, have a role in assuring that the Public Health local 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.
11. 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 this includes resolving long term budget disputes and Agenda for Change Pay uplifts
12. 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.
13. The Director of Public Health and the Management Team now 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; 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.

Public Health Leadership

14. 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 requirements to provide public health advice to the NHS and planning for, and responding to, emergencies that present a risk to public health. Without a specialist public health this was not possible.
15. 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.
16. The Partnership has provided the Faculty of Public Health 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.
17. Continued improvement of public health outcomes is very much dependent upon a strong public health function. Since the development of the Public Health Strategy with public health leadership, NHS partners other and partner agencies working on the Isle of Wight have begun to demonstrate that they are working together on the key outcomes to address the priorities.
18. Further developments in the use of MS Teams digital technology fast-tracked during the COVID-19 pandemic have facilitated improved remote working across both Councils, improving efficiency by reducing travel. This does not negate the benefit of meeting together which continue with the DPH and management team continuing to participate in meetings face to face as this is of benefit to effective working with colleagues.
19. 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 (ICS)
 - 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

Team Capacity

20. 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.

21. The development of the IOW public health Strategy 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.
22. The Island Public Health team has stabilised since the staff restructure which took place in August 2019 with morale improving. There is still a need to further develop the team to fully realise the full potential of the team and appropriate skill set, this is ongoing and will be contributed to through the involvement of Isle of Wight staff members in joint workforce development programme aligned to the refresh of the Isle of Wight Public Health Strategy in early 2022.
23. 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.
24. Further work has been undertaken to upskill the team to ensure robust technical and public health leadership skills to ensure delivery of the public health agenda. This includes additional study and continuing professional development in line with skills expected from public health professionals.
25. Risk management and business processes have improved with an effective public health risk register now in place and monitored by the joint Management Team. The Isle of Wight Public Health Strategy was published in 2020 and progress against objectives is monitored through monthly team meetings and reported to Public Health Management Team on a quarterly basis.
26. 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.

Public Health Intelligence

27. Many of the challenges regarding the IOW public health intelligence function have been resolved including skills development. Matrix working with Hampshire analysts has improved the productivity of the Public Health intelligence function on the Island. The two Isle of Wight Council Public Health Intelligence analysts have increased their specialist skill capability through this arrangement while continuing to need close supervision and guidance with their work

28. 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.

Risks and mitigations

29. Whilst there are still a range of poor Public Health outcomes on the Isle of Wight including male life expectancy, smoking related deaths, 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.

30. 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.

31. Continued success is fundamentally a shared responsibility with NHS partners but is very much dependent upon a strong Public Health function over time. Since the development of the Public Health Strategy, NHS partners and other partner agencies working on the Isle of Wight have begun to demonstrate that they are working together on the key outcomes to address the priorities.

System benefits

32. 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.

33. When considering the work required with NHS England and UKHSA (UK Health Security Agency - successor body to PHE) and the Integrated Care System with regard to 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.

34. 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.

Commissioning of key mandated Public Health Services

35. Since the inception of the partnership there has been a focus on ensuring safe, high quality public health services. The service provision was very challenged and needed focused attention and forensic action to improve quality, safety and outcomes. All mandated services are now in place as described below. Key data relating to services can be found in Appendix 1.

Sexual Health Service

36. Sexual health is a complex area due to the clinical risk and the need for partnership with the CCG and NHS England to ensure an integrated service with termination, vasectomy, and HIV services.
37. On 1 April 2020 the IOW Sexual Health Service (SHS), previously provided by IOW NHS Trust, transitioned to Solent NHS Trust. This was a challenging time as the mobilisation occurred during the COVID-19 pandemic, but due to the flexibility and commitment from the staff on the IOW as well as the staff within the Sexual Health Service in Solent the transition was successful.
38. Transitioning to Solent has meant the team have the support from a wider clinical, operational and leadership team. The benefits to both staff and patients include:

Stronger Leadership

- a. Wider leadership and management team to support senior leadership in the IOW service, including more access to management supervision and support from corporate teams leading to strengthened governance, quality systems and processes. Access to a wider clinical expertise for clinical supervision and 8-weekly education days for all staff, clinical and non-clinical to provide cross cover for leave, sickness, and training. There is a new culture of reporting and learning from incidents, including near misses.

Improved access to services

- b. Access to treatment by post for non-complex Chlamydia treatment, combined hormonal contraception and progesterone only contraception, herpes suppression therapy and HIV Pre-Exposure Prophylaxis (PrEP) follow-up.
- c. Specialised lead nurse roles to support the delivery of patient care including safeguarding and practice and development and an Outreach nurse for young vulnerable people.
- d. Full Sexually Transmitted Infections (STI) testing service online, including testing for men who have sex with men.
- e. Permanent services include Consultant cover for HIV patients and complex genitourinary conditions. Deep implant removal clinic which means patients no longer have to travel to the mainland to access this. Ultrasound clinic reducing referrals to secondary care.

Electronic access to services

- f. Electronic requesting for laboratory tests and electronic results making the turnaround time for patients shorter and stopping manual entry of results. Electronic patient record that is integrated with the mainland, improving continuity of care if the patient attends any of the clinics in Hampshire or the IOW; with planned improvements to introduce a patient health record which will allow patients to log in to their own health record to access results, book appointments and request online STI screening.

Substance Misuse Service

39. Substance misuse services are another complex and challenging area with clinical risk and the need for strong partnerships with other services. The previous substance misuse service provider, IRIS, had faced a number of challenges which had led to the

need for a new service provider. A new provider, Inclusion (part of Midlands Partnership NHS Trust), is now commissioned by the Council as part of its Public Health responsibilities and has been running since 1 December 2019.

40. The IOW service has undergone a considerable period of consolidation and more recently, expansion. This has happened in a gradual transition from the service start, the first year of which was strongly focussed on improving internal systems, training and support for staff and ensuring the clinical safety and resilience of the service. More recently the focus has been on becoming more outward looking, focussed on partnerships and meeting the needs of the range of localised communities across the island geography.
41. During the first waves of the pandemic the service transformed its provision to be a mix of online and face to face based on the needs of the clients in the service. The service is now re-established as a face-to-face service and delivering in a covid-secure way.
42. The benefits to both staff and patients include:

Improved staffing capability

- a. The service has developed volunteers and attracted new staff to work at the service via a staff bank, this has enabled the service to respond quickly and benefit from additional government funds, expanding the team quickly at the start of the COVID-19 pandemic to cope with additional demands at no cost to local commissioners or authorities. This approach also enabled the protection of vulnerable staff who worked from home and led the partial transformation to telephone and on-line working.
- b. The service has also been able to recruit to Criminal Justice Worker, Harm Reduction Worker, Volunteer Coordinator and Recovery Activities Lead roles as a result of Dame Carol Black investment. The Isle of Wight Service was the first in the South-East Region to fill these posts following approval of the grants. The Harm Reduction work has also been significantly improved through the introduction of a mobile vehicle enabling interventions to reach individuals in outlying areas (including people not previously known to services) and ensure they have access to overdose prevention, testing and vaccination services as well as links into work to reduce and stop using drugs.

Improved partnership working

- c. Partnership working has been a strong area of development and the service has joined the existing outstanding local commitment to vulnerable adult's work. Currently the service employs a Housing Navigator, Homeless Mental Health Navigator and a Hospital Liaison Nurse via local partnerships, greatly strengthening the quantity and coherence of the work undertaken to support high need individuals.
- d. The Young People's service has offered monthly sessions to all Island secondary schools & Colleges (6 regularly take these up with a number of others working with us ad-hoc) and weekly satellites in The Foyer and the Pupil Referral Unit. These ensure mainstream needs are met in schools, focussing on those children most at risk of developing substance problems and those at

risk of crime and exclusion. Further work is taking place on Gangs, County Lines and Criminal Exploitation. Partnership working with YOT (Youth Offending Team) and CAMHS (Child and Adolescent Mental Health Services) have both been improved with regular joint visits and sharing of resources. The Family and Carers service works closely with the adult and young people's services to ensure those affected by other's substance misuse have access to support whilst recognising the need to respect confidentiality

Lifestyles, Smoking Cessation and Weight Management Services

43. At the time of the formal partnership agreement, smoking cessation and weight management services were delivered by a very small challenged in-house team. In early 2019 the service was audited against national standards and as a result, improvements were rapidly made to ensure delivery of a safe and high-quality service.
44. In July 2019 the decision was made to procure an external provider for these services, to ensure service resilience and bring in the wide range of technical and other skills and assets required. Separate procurements were undertaken for evidence-based healthy weight and stop smoking services. The services were mobilised in 2020/21 respectively. The services are now well embedded and enables residents to access a range of support options specific to their individual needs, with services available digitally and in-person.
45. Partnership working to improve health outcomes for vulnerable residents has also been a key focus for the team. This has included working with NHS Maternity Services to support women to give up smoking while pregnant. The team is also expanding its scope of work to develop a local action plan for the HIOW Physical Activity Strategy and integrate health into spatial planning.

0-19 Public Health Nursing Service

46. Like sexual health, Public Health Nursing is a complex area due to clinical and safeguarding risks and the need for partnership with other agencies.
47. In 2018/19 a tender was run to procure a provider to run the 0-19 Public Health nursing service to a new specification. Solent NHS trust were successful and began to mobilise just before the COVID-19 pandemic; the start date of the service was delayed to 1 November 2020 due to the restrictions and demands on the Trust. Since that time benefits for staff and patients include:

Clinical Delivery and Care Pathways including Safeguarding

48. The development of a new specific Year 3 to Year 7 offer (as part of the wider 0-7 offer) is underway in partnership with other Solent 0-19 services to support the islands most vulnerable children around readiness for school and transition including those with SEND and electively home educated population.
49. Development of specialist roles across the 0-19 service has been completed and will be implemented across the service as opportunities arise with staff engagement and as vacancy arises over the next 3-6 months.

50. The school nursing service redeployed staff to support the delivery of the COVID-19 vaccines both as part of the primary care networks and the mass vaccinations centre at Riverside.

Workforce Transformation

51. Development of a demand and capacity tool to support service transformation has been completed. A leadership review was undertaken and appointment of clinical team co-ordinators to manage and quality assure clinical practice have been appointed. There has also been a review and recruitment to increase resource of Business support team.

52. Skill mix roles have been introduced for Community Health Nurses and apprenticeship opportunities to 'grow our own' workforce.

53. A management, clinical and safeguarding supervision model has been implemented alongside regular communication opportunities for staff to contribute and engage in service development.

54. A wellbeing offer to support staff including wellbeing day, team away day opportunity and service development days.

55. System1 record keeping system has been introduced as the primary record.

Quality and Performance

56. A Clinical Voice Group has commenced with regular staff engagement and involvement, including service user stories and feedback. The performance team have supported with regular reporting of service Key Performance Indicators (KPI's). An Audit has been undertaken regarding safeguarding information received and partnership working with wider IOW safeguarding service underway to streamline and quality assure processes.

Estates

57. A new fit for purpose office space has been secured and funded by Solent NHS Trust. The 0-19 service has moved to Enterprise House, Newport and is offering co-location alongside the School Aged Immunisations service as part of Solent NHS Trust and CHIS as part of Southern Health Foundation Trust. All staff have mobile working options include laptop and smart phone to support clinical delivery and digital options.

Partnership working

58. Established and new relationships have been built upon with the following partners and opportunities for joint working have been implemented- for example – Health Visiting team leads now join the Early Help team allocations on a weekly basis to review all families in need of Early Help on the island to identify the most appropriate lead professional who can work directly with the family.

- Safeguarding/IOW Trust partners
- Maternity Partners
- Social Care
- Early Help
- Barnardo's
- Voluntary - Youth Trust, Home-Start

- Education/Early Years
- Primary Care Networks

Process and functions

59. Procurement of a new digital system to be offered across the 0-19 Service in IOW, Southampton and Portsmouth based on West Sussex Family Assist Model with the associated implementation project to commence in September 2021.
60. The Business Support function of the service has been increased to include 2 new administrators and a new team lead function with increased activity to release clinicians from administrative duties. A new copy and paste function has been implemented to support information sharing across and in primary care information systems.

CONCLUSION

61. The Public Health function on the Isle of Wight is in a markedly stronger position in 2021 than in October 2018 and has continued to improve following the inception of the formal Public Health Partnership. Public Health mandated functions are being effectively delivered through a range of commissioned services with robust monitoring of activity, outcomes and risks. The public health budget is being used appropriately and the team have good support from IWC finance colleagues.
62. The Public Health team has stabilised and whilst morale has improved there remains a need to support staff to develop and plans are in place to enable this through the work of the Partnership and Health Education England.
63. Continuation of the Public Health Partnership will facilitate further progress and support the further improvement of public health outcomes for Isle of Wight residents.

CLIMATE, ENVIRONMENT & UNESCO BIOSPHERE IMPACT

64. No implications.

EQUALITY AND DIVERSITY

65. The decision relates to a programme and is strategic/administrative in nature; therefore, there is no anticipated negative impact on inequalities.

RISK MANAGEMENT

66. Risk management is included within the body of the report.

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