

|                                     |  |                                   |                           |
|-------------------------------------|--|-----------------------------------|---------------------------|
| <b>DECISION-MAKER:</b>              | HEALTH OVERVIEW AND SCRUTINY PANEL   |                                   |                           |
| <b>SUBJECT:</b>                     | SCOPING THE PREVENTION INQUIRY: ENSURING A COORDINATED AND COLLABORATIVE APPROACH TO THE FUTURE HEALTH OF THE CITY |                                   |                           |
| <b>DATE OF DECISION:</b>            | 21 NOVEMBER 2013   |                                   |                           |
| <b>REPORT OF:</b>                   | ASSISTANT CHIEF EXECUTIVE  |                                   |                           |
| <b><u>CONTACT DETAILS</u></b>       |  |                                   |                           |
| <b>AUTHOR:</b>                      | <b>Name:</b>   | <b>Dorota Goble</b>               | <b>Tel:</b> 023 8083 3317 |
|                                     | <b>E-mail:</b>   | dorota.goble@southampton.gov.uk   |                           |
| <b>Director</b>                     | <b>Name:</b>   | <b>DAWN BAXENDALE</b>             | <b>Tel:</b> 023 8083      |
|                                     | <b>E-mail:</b>   | dawn.baxendale@southampton.gov.uk |                           |
| <b>STATEMENT OF CONFIDENTIALITY</b> |  |                                   |                           |
| None                                |  |                                   |                           |

## **BRIEF SUMMARY**

This report outlines the proposal for the Health Overview and Scrutiny Panel to undertake a Prevention Inquiry to ensure that there is a proactive and coordinated approach for the future health of the city. At the meeting, the Director of Public Health, Andrew Mortimore, will introduce the case for preventative health care in Southampton. In addition, Alison Elliott, People Director; Stephanie Ramsey, Director of Quality and Integration; and Fiona Dalton, Chief Executive, University Hospital Southampton will highlight the key prevention activities underway and planned within their services, successes to date, alongside issues and barriers to prevention.

## **RECOMMENDATIONS:**

The Panel is recommended to:

- (i) Consider the case for preventative health care in Southampton.
- (ii) Agree the scope and way forward for the Prevention Inquiry based on the information provided in this report, and following a discussion at the meeting.
- (iii) Delegate authority to the Assistant Chief Executive to finalise the draft Terms of Reference, in consultation with the Chair of HOSP, incorporating key issues agreed at the panel meeting, and following further consultation with other key partners.

## **REASONS FOR REPORT RECOMMENDATIONS**

1. To enable the panel to consider the presentations and evidence provided to agree the focus and way forward for the Prevention Inquiry

## **ALTERNATIVE OPTIONS CONSIDERED AND REJECTED**

- 2 None

## **DETAIL (Including consultation carried out)**

3. Over the last few years health services have seen dramatic reforms in both their structures and a continued period of reducing budgets. Other issues such as demographic changes with a growing birth rate and an increasing proportion of older people; continued high levels of deprivation and child poverty in parts of the city; and an increase in unhealthy lifestyles leading to preventable diseases are resulting in increasing demand. These factors are creating critical pressures on health services in terms of their capacity to meet this demand alongside rising costs of services, particularly for acute care.
4. Radical transformation in service delivery and a cultural shift in terms of personal and community responsibility are both required in order to avoid a national 'sickness' service that can only afford to support the most vulnerable people or those in need of acute care.
5. The chair of the HOSP is keen for the panel to undertake a Prevention Inquiry into the current activities for prevention across the city's health services from a whole system either focussing on key theme/s or an integrated approach to prevention and care. The aim will be to identify if there are any barriers, gaps or missed opportunities in the system to ensure that a coordinated and collaborative approach is in place for the long-term health of the city.
6. Nationally the case for investing in preventable healthcare has been evidenced repeatedly. The 2004 Wanless report (Executive Summary attached at Appendix 1) made the case for increased spending on healthcare with a particular focus on prevention.
7. The Marmot review (Executive Summary attached at Appendix 2) supports this need for investment in prevention by identifying one of six key policy objectives to 'strengthen the role and impact of health prevention'.
8. The Care Bill 2013 outlines the local authority duty of preventing, delaying or reducing the need for health care and support, placing a greater emphasis on promoting prevention. Clause 2 Preventing The Need for Care and Support is (see Members' room papers).
9. The Joint Health and Wellbeing Strategy (Appendix 3) sets out how Southampton City Council (SCC), Southampton City Clinical Commissioning Group (CCG) and the NHS Commissioning Board plan to address the key health and well being needs of the city. One of the three themes of the strategy is around 'Building resilience and using preventative measures to achieve better health and wellbeing'. Southampton is fortunate to have a strong partnership in place to support its delivery.
10. Health commissioners and providers in Southampton are working on and planning radical transformation and innovation in service delivery to a move towards a more caring, person-centred, self-managed, integrated and preventative health service. A key element of these changes relies on a huge cultural shift towards investing in prevention and early intervention to avoid acute costs for as long as possible and lead to an independent and self-managed approach to health care.

11. The Inquiry should not duplicate or replicate any health prevention reviews already underway but seek to build on existing plans, focussing on the impact on the whole system. Indeed, the panel will not have the capacity, resources or time to devote to an in depth study into prevention. The Prevention Inquiry will need to have a very clear focus and scope to ensure a manageable inquiry that can achieve deliverable recommendations in time to influence the budget cycle for 2015/16.
12. Public Health has developed The Case of Preventative Healthcare in Southampton (Appendix 4) which outlines the evidence behind supporting investment in prevention. It highlights that *smoking, excess alcohol consumption, obesity and physical inactivity are responsible for 42% of deaths from leading causes. Addressing these risk factors alone would clearly have an impact on mortality and morbidity.*
13. The key themes identified in the Public Health report for prevention are:
  - Smoking
  - Malnutrition
  - Obesity
  - Alcohol
  - Vascular and coronary heart disease
  - Healthcare acquired infection
  - Self-care
  - Falls and bone health
  - Sexual health
  - Mental health
14. **Andrew Mortimore, Director of Public Health**, will introduce the key themes of health care prevention to the panel, outlining outcomes already achieved or underway, new thinking in the prevention agenda and potential key areas of focus for the inquiry.
15. The following guests are all involved in the commissioning or delivery of health care in the city, and are acutely aware of the need for prevention work to minimise demand and high costs of acute care. They will each give a brief presentation to the panel highlighting the key prevention activities underway and planned within their services, successes to date, alongside issues and barriers to prevention. These presentations and subsequent discussions will support the panel to consider and agree the scope of the Prevention Inquiry.
16. **Alison Elliott, People Director**, will outline the work underway in the People Directorate, including Public Health, Adult Services, Children's Services and Housing, in delivering and supporting the future of health prevention through in-house services and commissioning and the Transformation Programme. The vital role this directorate plays in the city's wellbeing is underpinned by a need to reduce demand on services through prevention.
17. There are a number of other Southampton City Council services that have an impact and play a key part in health prevention in the city. The panel will also need to ensure that their views are sought during the inquiry.

18. **Stephanie Ramsey, Director of Quality and Integration**, will outline the work underway through Integrated Commissioning to achieve Integrated Person-Centred Care, through prevention and promoting positive lives, supporting families and developing a self-management strategy.
19. **Fiona Dalton, Chief Executive, University Hospital Southampton**, will present to the Panel as a key provider in the city. In addition, the Panel should ensure that other providers in the city have an opportunity to have their say in developing the terms of reference and during the inquiry itself.
20. NHS England also has a key role in health prevention, particularly in its role of commissioning Primary Care (including general practice (GPs), dentists, pharmacy and ophthalmology), alongside public health screening and immunisation. Two recent reports support the potential increasing role of GPs and pharmacies in the prevention agenda.
21. A Proactive Approach: Health Promotion and Ill Health Prevention, commissioned by The King's Fund 2010, identifies the crucial role general practice has to play in promoting health and preventing disease, highlighting "*every consultation is an opportunity to detect early warning signs that could prevent illness and disease.*" The report claims that GPs need to be more proactive in improving their work in public health and ill prevention. (See Members Room papers).
22. Now or Never: Shaping Pharmacy for the Future, by the Royal Pharmaceutical Society 2013 (Members Room papers) identifies that pharmacists are increasingly providing services that help people stay well and use their medicines to best effect. However, it claims that "*the pace of change remains slow*".
23. The chair of HOSP has a meeting scheduled with Debbie Fleming, Area Director, NHS England (Wessex) to engage them in the developing Prevention Inquiry terms of reference and programme.
24. Integrated care is much-used in health policy and management circles. The Panel is invited to watch a **short animation by the Kings Fund**, which aims to bring integrated care to life for anyone involved in improving patient care or preventing the need for acute care. The Panel is asked to note this example of a whole system approach to care, using the Integration Transformation Fund, which is being developed by the Southampton Health and Wellbeing Board. Further work will be undertaken to engage the Panel on the ITF.
25. The Panel are recommended to agree a focused and manageable approach to undertaking a Prevention Inquiry. The Panel should consider the below options, alongside other ideas identified at the meeting:
  - a) For the inquiry to focus on one or more health prevention theme where the biggest gaps, issues or potential have been identified and consider how to maximise opportunities for coordination and collaboration and recommend a working model for long term improved outcomes and investment for the selected theme/s.
  - b) For the inquiry to focus on an overview of the current approach to health prevention and consider options for a long term whole-system approach to early intervention for health care, leading to prevention

becoming everybody's business in the city.

26. The Panel should ensure that Southampton Healthwatch and the Portfolio Holder for Health and Adult Social Care continue to be engaged in the inquiry terms of reference and programme. Other key partners to engage in the emerging Prevention Inquiry Terms of Reference and programme include the voluntary sector, the Community Safety Partnership, the Children's Trust, the Health and Well Being Board and employers.
27. The Panel is invited to have an open discussion on the issues around health prevention with those present and, considering this report and the papers attached, to agree an approach for a focussed Health Prevention Inquiry that adds value to the current activity and future plans in the city and the direction for prevention nationally.
28. Given the need for further consultation with key partners, the Panel are recommended to agree to delegate authority to the Assistant Chief Executive, in consultation with the Chair of HOSP and other partners, to finalise the draft Prevention Inquiry Terms of Reference and Inquiry Programme.
29. The draft version of the Prevention Inquiry Terms of Reference will be emailed to Panel members by mid December for final comments.
30. Notwithstanding that the scope and programme of the Inquiry is still to be agreed, it is however anticipated that additional Panel meetings may be required to complete the final report before the election, with the first meeting of the Inquiry planned in February 2014. Panel members are asked to consider the proposed meeting dates, including those already scheduled, albeit that additional dates are yet to be confirmed:
  - 20 February 2014
  - 20 March 2014 (already scheduled)
  - 2 April 2014
  - 17 April 2014
  - 14 May 2014 (Draft final report and recommendations)

## **RESOURCE IMPLICATIONS**

### **Capital/Revenue**

31. The outcomes and recommendations of the Prevention Inquiry will aim to be reported to Cabinet by May 2014 to allow sufficient time to influence the budget cycle 2015/16.

### **Property/Other**

32. None

## **LEGAL IMPLICATIONS**

### **Statutory power to undertake proposals in the report:**

33. The duty to undertake overview and scrutiny is set out in Section 21 of the Local Government Act 2000 and the Local Government and Public

Involvement in Health Act 2007.

**Other Legal Implications:**

34. None

**POLICY FRAMEWORK IMPLICATIONS**

35. The outcomes of the Prevention Inquiry will potentially influence council policy documents, in particular the Joint Health and Well Being Strategy.

**KEY DECISION?** No

|                                    |     |
|------------------------------------|-----|
| <b>WARDS/COMMUNITIES AFFECTED:</b> | All |
|------------------------------------|-----|

**SUPPORTING DOCUMENTATION**

**Appendices**

|    |  |
|----|--|
| 1. | <a href="#">Executive Summary of the Wanless Review (2002)</a>                     |
| 2. | <a href="#">Executive Summary of the Marmott Review (2010)</a>                     |
| 3. | <a href="#">The Joint Health and Wellbeing Strategy 2013-2016</a>                  |
| 4. | <a href="#">The case for preventative healthcare in Southampton, Public Health</a> |

**Documents In Members' Rooms**

|    |   |
|----|---|
| 1. | <a href="http://www.kingsfund.org.uk/sites/files/kf/field/field_document/health-promotion-ill-health-prevention-gp-inquiry-research-paper-mar11.pdf">http://www.kingsfund.org.uk/sites/files/kf/field/field_document/health-promotion-ill-health-prevention-gp-inquiry-research-paper-mar11.pdf</a> |
| 2. | <a href="http://www.rpharms.com/promoting-pharmacy-pdfs/moc-report-full.pdf">http://www.rpharms.com/promoting-pharmacy-pdfs/moc-report-full.pdf</a>   |
| 3. | <a href="#">Care Bill 2013: Preventing the need for care and support, clause 2: page 2-3</a>  |

---

**Equality Impact Assessment**

|  |        |
|--|--------|
| Do the implications/subject of the report require an Equality Impact Assessment (EIA) to be carried out. | Yes/No |
|--|--------|

**Other Background Documents**

**Equality Impact Assessment and Other Background documents available for inspection at:**

| Title of Background Paper(s) | Relevant Paragraph of the Access to Information Procedure Rules / Schedule 12A allowing document to be Exempt/Confidential (if applicable) |
|------------------------------|--|
|------------------------------|--|

|    |  |  |
|----|--|--|
| 1. |  |  |
|----|--|--|

Report Tracking

|                    |          |
|--------------------|----------|
| VERSION NUMBER:    | 2        |
| DATE LAST AMENDED: | 12/11/13 |
| AMENDED BY:        | D Goble  |

**FOR DEMOCRATIC SERVICES USE ONLY:**

DATE AND TIME REPORT RECEIVED:      Date  Time:

CLEARANCE:  [TYPE YES or NO]

Name: