

SCRUTINY OF THE INTEGRATED PLAN PROPOSALS 2016/17 – 2017/18

PORTFOLIO: PUBLIC HEALTH, LOCALISM AND LIBRARIES

INTRODUCTION

Please provide a three line summary of what services your portfolio covers and a list of the 5 key issues/ pressures facing your portfolio and what action you have taken/ are taking on them.

Public Health

The Public Health side of the portfolio is responsible for delivering the statutory public health functions ranging from public health needs assessment through to commissioning public health services (drugs, sexual health, health improvement, family planning, school nurses, health visitors); Health Protection (planning for and mitigating threats to population health) and advising and supporting commissioners.

Key issues and pressures:

- Ensuring a portfolio of public health services and functions is retained despite cuts imposed by Government
 - The need to reduce spending by £7.77m from a £50m by 2020 will present a significant range of challenges to ensure we retain outcomes for public health services
 - The removal of the ring-fence for public health has implications which are as yet unclarified by central government
 - Trends in rising need for public health services and antibiotic resistance in sexually transmitted infections may result in additional cost pressures to the service to ensure people are treated
 - Probation are removing their share of funding from drug and alcohol services will place additional demand on drug and alcohol services

Localism

The Localism side of the portfolio includes work on the delivery of the Hertfordshire Localism programme, relationships with town and parish councils and voluntary and community sector, volunteering, and support for the Hertfordshire Lifestyle and Legacy Partnership and the Hertfordshire Armed Forces Community Covenant.

Key Issue:

- Taking forward the principles and values of localism and personalisation to enable residents to take responsibility for themselves, their families and communities.

KEY THEMES AND QUESTIONS

STRATEGY AND CAPITAL INVESTMENT

How do the future service plan priorities contribute to the Corporate Priorities?

Public Health contributes to all of the four corporate priorities

Thrive – our health visitors, child obesity functions and school nurses help young people to reach their potential. Public Health led on the multi-agency whole system review of child and adolescent mental health services, an important programme in re-shaping how we prevent and treat mental ill health in our young people.

Prosper – good health is essential for a productive workforce. Our workforce health programme helps employers improve and protect the health of their population. Our programmes also help people recover from drug and alcohol use and get back into work.

Be healthy and safe

From healthy weight to sexual health, drug and alcohol services, harm reduction in smoking and reducing the risk of threats to population health, our services help keep our population healthy and safe.

Take part

Our drugs and alcohol services ensure people can manage problems with drug and alcohol use and live productive lives, taking part in study or work or volunteering. Most of our services are provided by local providers meaning residents can work or volunteer for them/

Localism makes an important contribution to the ‘Opportunity to Take Part’ theme of the Council’s Corporate Plan.

Hertfordshire County Council’s vision for localism is:

“To shift power from the state (in the form of the County Council and its local partners) to individuals and families, both personally and also in the geographic localities in which they live. It seeks to position councillors as an indispensable resource within active communities. It aims to ensure that residents are suitably informed to allow them to influence and shape local services and take a more active part in helping them help themselves.”

The development of this vision is being taken forward by the Hertfordshire Local programme. The four themes are:

- Supporting democratic leadership and participation
- Improving working with partners and communities
- Promote and improve take up of volunteering opportunities in Hertfordshire
- Changing our organisational culture.

How are you managing your service to make it more efficient?

Localism

The strategic lead for the Council's approach to Localism, including responsibility for administering the member Locality Budget Scheme, is held by the Corporate Policy team within the Environment directorate, the resources for other Localism initiatives are contained within the relevant service area budgets.

There is a proposal in the Integrated Plan to reduce the funding available through the member Locality Budget Scheme by 50% from 2016/17 (ENV120), meaning that going forward each member would have £5,000 rather than £10,000 a year to spend on projects in their electoral division. This would produce savings of £385,000 a year.

How are you developing and delivering partnership approaches to make best use of the Hertfordshire pound and improve outcomes for our citizens?

Public Health

- The Public Health Strategy is to ensure as much as possible of the public health ring-fenced grant is spent appropriately on public health services which prevent further need or alleviate problems making people more independent, while recognising that in previous years before public health became the County Council's responsibility some services were not commissioned, which has meant that services for some areas have had to be developed from a low baseline (e.g. NHS Health Checks.)
- At the same time, Public Health seek to properly ensure that what the County Council does already which needs to be picked up by public health will enable the rest of the Council Departments to use the money freed up by this internal commissioning and financial absorption, and enable Public Health to work on quality of those services. One example of this is children and young people's drug and alcohol misuse services
- We have led and initiated a *Strategic shift to prevention* programme specifically aimed at seeking to reduce the burden of avoidable disease and disability and the costs to the public purse associated with it. This work programme was approved by the Health and Wellbeing Board recently
- We work with providers to identify where we can improve outcomes and efficiency. For example, the follow up visits to our Watford Sexual Health Hub have reduced by up to 30% because much cheaper telephone follow up is done where direct clinical face to face contact is not needed.
- In all commissioning we undertake we use evidence of effectiveness and work with partners to identify the best models for delivery. We use the public health board (a multi-agency stakeholder board) to regularly review our commissioning and priorities. We are also developing joint proposals with

the NHS and Childrens and Health and Community Services Directorates including:

- Shared approaches to health and social care integration (e.g. joint plans to reduce falls, putting public health and psychology skills into social care to help people stay at home, redesigning services to ensure better outcomes and more efficiency)
- Shared approaches to prevention including pathways to ensure people transfer easily between NHS and public health services
- Public Health, with Community Protection and Resources and Performance are working on a County Council wide prevention assessment project which seeks to identify how we can intervene earlier and more cheaply across everything the council does, to reduce the cost to the public purse
- Our work with the NHS focuses on helping them reduce avoidable variations in care outcomes and avoidable disease and disability
- The Public Health Service runs a range of multi-agency partnerships including physical activity, the public health board, drugs and alcohol Board and early year's board. These Boards focus on shared outcomes where improvement is required across the system. This aspect of system leadership is central to public health.

Localism

A key focus of the Council's work on localism has been work to strengthen the relationship between the County Council and local partners.

Significant work has been undertaken with the county's town and parish councils in order to explore ways of working more closely together in the interests of local communities

Over the course of the last year, a Shared Statement of Partnership Principles between the County Council and the county's town and parish councils has been developed and agreed in conjunction with the Hertfordshire Association of Parish and Town Councils. This statement seeks to clarify mutual expectations and was officially adopted in June 2015.

A key focus of this work so far has been exploring opportunities for town and parish Councils working more closely with the county council on highways matters through the 'Highways Together' programme. Following the piloting projects, Highways Together was rolled out countywide at an event on 29 June 2015. A new webpage and toolkit was launched shortly afterwards and a number of mandatory Risk Assessment Briefings have been held.

The County Council also holds regular Town and Parish Councils conferences. The most recent took place on 5th November and focused on joint working in the areas of Highways, Libraries and Public Health.

Considerable work has also been undertaken to strengthen relationships between statutory agencies and the voluntary and community sector in the county. Commencing in early 2015, a steering group, including representatives from both sectors, have worked together to develop a draft 'Compact' document for consultation. The consultation on this draft began on 14 October and will continue until 15 January 2016. Representatives from both sectors will be encouraged to adopt the Compact principles to ensure that strong, effective partnerships are at the heart of all relationships between the voluntary and public sector.

Alongside this our Community Wellbeing Commissioning team have drafted a Voluntary Sector Commissioning Strategy and are undertaking a review of the work we currently commission with the voluntary and community sector. The aim is to have more strategic and long term contracts with the sector that deliver on the Preventative agenda. One example of this approach is a new Connecting Communities service, currently out to tender, that will provide a Hertfordshire wide organisational support structure for voluntary organisations and a single entry portal for volunteering.

The Hertfordshire Lifestyle and Legacy Partnership (HLLP), chaired by the Executive Member for Public Health, Localism and Libraries, brings together partners from across the county to develop a shared vision for sport, physical activity, recreation and culture in the county. Key achievements include:

- The approval of a Hertfordshire Physical Activity and Sport Framework;
- Hertfordshire's involvement in a nationally acclaimed Chief Cultural & Leisure Officers Association (CLOA) and Sport England project on how sport and physical activity can be used by commissioners to tackle wider health and wellbeing issues.
- The creation of Creative Hertfordshire – www.creativehertfordshire.com - a free online interface for cultural organisations and the public countywide has been developed as a means to maximise public and partner engagement in arts, museums and libraries in Hertfordshire.

Through continuing work with Sport England, Hertfordshire also now has funding, between County Council, NHS, Hertfordshire Sports Partnership, Districts and Boroughs, of over £2 million for sport and physical activity. Public Health's District Offer funding to the Districts and Boroughs has provided the match funding to leverage in these monies.

This portfolio also leads on the county's relationship with Hertfordshire armed forces. The Executive Member for Public Health, Localism and Libraries chairs the county's Community Covenant Board responsible for overseeing the county's pledge to support its Armed Forces community. As part of the work of this partnership, a countywide War Veteran's Waiver has been agreed for the Blue Badge Scheme; the NHS have launched a poster campaign to encourage veterans to register themselves as such at their GP; and community projects such as the Pastoral Support Centre at Hartsbourne School in Bushey have been able to access national Covenant Grant funding.

How have you prioritised capital investment and what opportunities have you considered that might mitigate or reduce future capital and/or revenue costs?

Public Health

The only capital investment has been to ensure sexual health services are fit for purpose to meet the needs of the future and bring activity back into Hertfordshire (which is cheaper) out of London and other areas. Premises work in Stevenage and Watford is underway currently. We also seek for external investment in Capital developments, recently achieving success in obtaining funding for capital services to develop social enterprises which get people off drugs and alcohol and back into work.

Localism

There is no capital investment associated with localism.

Have you considered any other investment approaches to reduce future costs to the authority?

There is no capital investment associated with localism.

ENGAGEMENT

How have the proposals been informed by staff/public/partner/staff engagement?

Public Health

The Public Health Strategy and every strategy since then have included partner and public engagement as part of it. To give two examples:

- The Sexual Health Strategy was developed following a user engagement exercise which engaged over 100 service users and stakeholders. A further needs assessment was undertaken and stakeholder events organized. The draft sexual health improvement work plans are the subject of a multi-agency stakeholder process culminating in a stakeholder conference day in early 2015
- Drug and Alcohol services for adults are commissioned through a strategic commissioning group which includes clinical, community safety, social care, police, probation and provider stakeholders. In addition, user and carer representative take part. The Director of Public Health and an NHS clinician co-chair. Independent agencies are commissioned specifically to undertake service user and carer engagement and consultation respectively and they are represented on the commissioning group.
- We monitor all complaints to our provider organizations and include these in our commissioning and quality reviews
- A Public Health stakeholder (officer) Board meets six times a year with over 50 agencies statutory and non-statutory represented on it. Healthwatch are

included on this. The Service also runs annual conferences for stakeholders.

- The Executive Member chairs a portfolio leaders group with the Districts where all the members with public health responsibilities convene.
- The Directorate has a lead team member to liaise with every HCC Department.
- The Director of Public Health meets regularly with key partners and a Consultant in Public Health is embedded in each NHS Clinical Commissioning Group to ensure advice, support and liaison.
- A communications officer is funded by Public Health and produces a monthly electronic newsletter which is circulated to over 800 stakeholders and residents.
- The Executive Member and Deputy also ensure they attend regularly every LSP in the County
- The District Offer, which is a package of financial and technical advice, support and assistance to Districts, through the District Council, has a dedicated lead officer and they meet regularly with District officers to ensure work is supported
- A member of the Public Health team is embedded in the County Community Safety Unit to ensure effective liaison
- An equality impact assessment is undertaken for every strategic or commissioning proposal which goes to Cabinet Panel

Localism

Questions in the council's Resident Survey are used as proxy to measure public perception and views in regards to localism. The latest results, collected during Autumn 2015, show that 62% of residents would like to be more involved in decisions that affect their local area. This compares favourably to the national average of 43% of people indicating they wish to be more involved in decision making.

In terms of engagement with district and borough councils, the Executive Member and Deputy Executive Member for Public Health and Localism represent the County Council at each of the district and borough's local strategic partnerships (LSPs). The county council also has a designated senior officer Lead Officer for each district and borough council. These Lead Officers act as the principal point of contact between the county council's managerial leadership and their allocated district and borough council. Lead Officers also act as the county council's officer representatives on the district and borough LSPs.

The Executive Member for Public Health and Localism also chairs meetings of the Hertfordshire Members Localism Network, which brings together representatives

from each of Hertfordshire's Borough and District Councils as well as the Hertfordshire Association of Parish and Town Councils (HAPTC).

Alongside this, the Executive Member has recently been invited to represent the County Council at HAPTC Board meetings as a participating observer'.

Engagement with key partners involved in sport, recreation, culture and volunteering is being taken forward the Hertfordshire Lifestyle and Legacy Partnership.

The Executive Member also represents the County Council on the Hertfordshire Community Foundation's Board of Trustees.

The internal County Council volunteering group has been reinvigorated with staff representation from a range of services that work with volunteers. This group has developed a recognition scheme for County Council volunteers and is leading the 2016 Year of Volunteering project.

How do your proposals support engagement with or delivery to local communities including the enhancement of the role and visibility of Members?

Public Health

In addition to the above, our Executive Member and Deputy head up all our major work and initiatives, launches and releases with the public. We have a communications officer in corporate communications working specifically to engage populations and ensure high member visibility.

Public Health leads on the Year of Mental Health and has built a network of elected members at County and District level to be public health champions.

Localism

A key component of the Localism agenda is to increase individuals and communities influence, engagement and involvement in issues that affect their local area. An important part of this is the objective of positioning county councillors as activists within their local communities and ensuring that the county council supports councillors effectively to perform this role.

Measures to support this include the continuation of the Locality Budget Scheme, through which it is proposed that going forward each County Councillor will have £5,000 per year to spend on community projects in their division, and the Highways Locality Budget, through which County Councillors have £90,000 a year each to fund highways works in their electoral divisions.

In addition, the Members Information System was introduced in May 2013 to provide Members with easier access to information about their divisions and county council services.

Alongside this, the Hertfordshire Local Action Plan outlines a number of proposals designed to improve communities and individuals' ability to influence and get

involved. This includes strengthening and joining up Hertfordshire's approach to volunteering and strengthening relationships with the voluntary and community sectors, town and parish councils and others in order to deliver targeted, efficient local services.

To what extent do your proposals encourage self reliance e.g. volunteering, accessing services on line etc. enabling people and communities to help themselves?

Public Health

Most public health services are commissioned to local providers including voluntary organisations, which are required to encourage volunteering and also have service user engagement programmes, including service users on decision making bodies. We also fund specific service user engagement for largest programmes.

Our services and Public Health itself makes use of encouragement awards for achievement (weight loss awards, public health excellence awards)

There is a specific self-management programme of our work which works with the NHS, County Departments, Districts and Third Sector to develop self-management approaches for long term conditions and diseases

We have been moving services onto digital platforms to encourage people to become more self-reliant (e.g. the new managing your diabetes app.)

Localism

This portfolio leads on developing the council's approach to volunteering including efforts to promote volunteering in all localities with the view of developing more coherent approach across the county.

The County Council is currently reviewing its approach to volunteering. Alongside the ongoing work with the voluntary and community sector outlined above, there are plans to run a 'Year of Volunteering' in conjunction with other partners across the county. Due to begin in April/ May 2016, the aim is to promote the value and benefits of volunteering across the county and encourage therefore more people to get involved.

Work is also underway to join up and enhance practice across the Council on how it rewards and recognises those who volunteer for county council services. A range of materials, such as e-cards and certificates, have been developed and an annual celebration event hosted by the Chairman is planned. Alongside this, the volunteering pages on Hertsdirect are being revamped as part of the wider development of the council's next generation website.

PERFORMANCE, STANDARDS & TARGETS

What contribution are you making to the broader partnership working both within Hertfordshire County Council and outside?

Public Health

Public Health has a significant range of partnerships mentioned above. In addition to this Public Health through delivery of the Joint Strategic Needs Assessment and Pharmaceutical Needs Assessment plays an important role in enabling other partnerships like the Health and Wellbeing Partnership to play their roles. The Director of Public Health co-chairs the Drugs and Alcohol Strategic Board and the Local Health Resilience Partnership. The Public Health Board is also a key partnership to ensure public health works across the whole Hertfordshire system. In addition the portfolio leads relationships with the University and the portfolio is the HCC Sponsor for the Adults with Complex Needs Programmes and Public Health hosted and led the Child and Adolescent Mental Health Review.

The portfolio also works actively with the Police and Crime Commissioner and County Community Safety Unit and through the Tobacco Control Alliance works on tobacco control, winning the national award for 2015.

Localism

The work on localism involves working with a wide range partners including the district and borough councils, towns and parishes, the voluntary and community sector and the armed forces community.

What contribution is your service making towards the efficiency savings Hertfordshire County Council needs to make?

Public Health

Public Health supports this through the following contributions

1. Consuming its own inflation and staying within the ring-fenced grant
2. Ensuring it meets the cuts imposed by Government to public health services
3. Supporting and advising HCC functions where they ask on evidence of effectiveness and outcomes
4. Winning external resource (over £2.5m from Sport England; helping us achieve £2m national government funding for Child Mental Health; £100k for capital investment in social enterprises for drugs services from government; success in becoming an early adopter site for the National Diabetes Prevention Programme.)
5. Ensuring that services within the council which meet public health priorities are considered for commissioning or joint commissioning as part of making the best of the Hertfordshire Pound

Localism

Whilst the strategic lead for the Council's approach to Localism, including responsibility for administering the member Locality Budget Scheme, is held by the

Corporate Policy team within the Environment directorate, localism initiatives are primarily taken forward by the relevant service areas.

There is a proposal in the Integrated Plan to reduce the funding available through the member Locality Budget Scheme by 50% from 2016/17 (ENV120), meaning that going forward each member would have £5,000 rather than £10,000 a year to spend on projects in their electoral division. This would produce savings of £385,000 a year.

More broadly, the aspiration is that the development of active communities will not only develop more locally responsive services but also help increase self-reliance which will in turn reduce demand for council services.

What is your services contribution to the IP cross-cutting themes and how are these impacting on your proposals?

Public Health

- **Health and social care integration** – We provide a public health consultant into this work and lead on several workstreams including self-management and prevention. Hertfordshire features as a case study in a forthcoming publication on integration from the Local Government Association.
- **Family focused working** – We provide a senior public health professional for the Board and are working to align public health and other services. A joint early year's board between public health and children's services is in place.
- **Adults with complex needs** – Public Health are lead sponsor for this programme and are funding the evaluation
- **Asset rationalisation/shared accommodation** – We have identified where public health services could operate from shared accommodation and most of our services already do
- **Hertfordshire civil service** – we share billing facilities and payment facilities with the rest of HCC resulting in savings.
- **Skills, jobs and work opportunities** - Jim McManus leads this workstream because it has clear health outcomes.
- **Enabling the citizen and communities** – We continue to fund voluntary sector provision and work and provide information and training
- **Enabling the Worker** – All our business plans include this work. We have recently moved to having countywide team meetings by skype to reduce travel costs.
- **Selected extension of trading activity** – We have done an assessment of trading opportunities and agreed there are no opportunities for trading at present but review regularly.

Localism

The Executive Member for Public Health, Localism and Libraries is the lead member for the Enabling the Citizen Transformation theme. The work outlined above in regards to the work around developing a more co-ordinated approach on volunteering and with the voluntary sector is a key element of this work.

In addition, the service actively supports the delivery of Enabling the Worker programme.

How are you continuing to drive service improvement and how do you compare against the top performers in your area?

Public Health

We use national and regional benchmarking as part of our work in driving service improvement. As stated above:

“The Public Health Service has a framework to continuously improve the efficiency of our services which comprises:

- A performance indicator suit of 69 national indicators, plus additional local indicators
- Use of procurement to market test and develop services
- Benchmarking our services using the new CIPFA benchmarks
- Prioritising our service commissioning against the Joint Strategic Needs Assessment
- Basing our services on evidence of effectiveness wherever possible
- Seeking to reduce management and other costs where possible

We are systematically working through every service we commission to identify potential efficiencies.

Starting from evidence of need (JSNA or specific needs assessments) and evidence of effectiveness we work to identify where pathways could be streamlined or other efficiencies made.

For example in school nursing we are working to look at the model of service we want to ensure it is more efficient and responsive. In sexual health services we redesigned the service including clinical roles to deliver efficiencies and at the same time enable wider geographical access than had been the case previously

In drug and alcohol services we adopted a risk sharing approach with the provider which has seen efficiencies in residential rehabilitation admissions

We have a monthly Management Board which oversees all our services. We are also actively making use of the Sector Led Improvement offer from the LGA to benchmark and improve our services.”

Localism

Councils across the country are looking to develop localism in different ways. At Hertfordshire County Council, the lead for developing this agenda rests with the Corporate Policy team but will rest in other areas in other local authorities.

Given this, there is no benchmarking data available. However, in the absence of this, work has previously been undertaken by the Corporate Policy team in 2013 to compare and contrast its approach on corporate policy with three authorities that

were either of a similar size, were a neighbouring authority and/ or were facing similar challenges. This research showed that the level of capacity and approach that councils dedicate to this area does vary considerably. However, the level of resource that the County Council allocates to this area seems slightly less than that of the two authorities examined that employ a similar approach. One County Council spent roughly £630,000 and had 10 members of staff working on corporate policy activities. The other spent roughly £730,000 and had 9.33 FTE working on corporate policy activities. Hertfordshire County Council's Corporate Policy team currently has a budget of £585,000 with 9 members of staff (7.8 FTE).

We are not aware of any incidences where other county councils are doing anything dramatically different to the approach the Hertfordshire County Council is employing in this area. However, the Corporate Policy Team does regularly engage with other councils through the County Council Network and Association of County Chief Executives to share best practice and keep abreast of different approaches that other councils might be exploring.

SUSTAINABILITY, DELIVERABILITY & IMPLEMENTATION

How is your service supporting economic growth and prosperity?

Public Health

We seek to commission local services where possible; we have supported creation and development of social enterprises to get people off drugs and alcohol and into employment and we have developed a workplace health offer to help employers reduce lost productivity from ill-health.

We are also leading with corporate policy and the LEP the work to bring European investment in health into the County.

Localism

Work on localism does not make a direct contribution to supporting economic growth and prosperity.

What effect is the change in the economy and society having on your services? e.g. levels of demand, inflation, changing income etc. and how are these impacts being managed or mitigated?

Public Health

- The need to reduce spending by £7.77m from a £50m by 2020 will present a significant range of challenges to ensure we retain outcomes for public health services
- The removal of the ring-fence for public health has financial implications as yet unclarified by central government
- Trends in rising need for public health services and antibiotic resistance in sexually transmitted infections may result in additional cost pressures to the service to ensure people are treated
- Probation are removing their share of funding from drug and alcohol services will place additional demand on drug and alcohol services

We cannot charge for Public Health Services so a fundamental prioritisation review for Public Health Services is underway to ascertain how best we protect and improve the health of the population with a reduced budget.

Localism

There is no direct link between the changes in the economy and work on localism.

What are the major risks to delivery of your proposals and how are you proposing to manage these? e.g. capacity, time, budget in regard to these proposals.

Public Health

The key risk is being unable to make the required savings and we are managing these through weekly meetings to assess progress. Partner engagement to identify what partners can do is also crucial.

Localism

In terms of localism, the key risk is whether it is possible to deliver the necessary cultural change both internally within the County Council and with local partners and communities in order to progress and develop its vision for localism. Internally, management of this is being taken forward through targeted learning and organisation development interventions. Externally, partner engagement is vital.

What is the basis of your demographic predictions? What effect is demographic change having on your service? How flexible is your budget to demographic changes?

Public Health

The Joint Strategic Needs Assessment, a statutory process to identify the needs of the population, is led by Public Health and is central to our predictions.

Demographic change is necessitating changes to smoking cessation, sexual health and other services to manage demand and engage new populations. For example our work on HIV testing has seen new postal home sampling services developed.

Our service is very sensitive to demographic changes since some services (sexual health) are universal access and free of charge, so we are developing mechanisms to manage demand wherever possible.

Localism

The Localism agenda will need to recognise the changing nature of our communities e.g. an increasing elderly population, more young children, and changing ethnic composition of different communities. It will be important that all sections of our communities have a voice and access to services, and are encouraged to take an active part in their communities.