

THIS WAS NOT A PUBLIC MEETING

Public Health System Partnership

MINUTES of a meeting of the Public Health System Partnership held on 10th September 2012 at County Hall, Lewes.

PRESENT - Councillor Keith Glazier (ESCC) – Chairman
Becky Shaw – Chief Executive East Sussex County Council
Dr Diana Grice – Director of Public Health
Tim Albright – Lewes District Council
Lisa Bruton – Voluntary and Community Sector Representative
Ian Fitzpatrick – Eastbourne Borough Council
Richard Homewood for Councillor Turner – Hastings Borough Council
Richard Parker-Harding for Councillor Bob White – Rother District Council
Vanessa Taylor for Craig McEwan - East Sussex Local Pharmaceuticals Committee
Ian Walsh for Des Prichard – East Sussex Fire and Rescue Service
Neil Waterhouse – Service Director, Sussex Partnership NHS Foundation Trust

ALSO PRESENT - Anita Counsell – Head of Specialist Health Improvement, Public Health
Peter Crowley – Wave Leisure
Barbara Deacon – ESCC
Cynthia Lyons – Deputy Director of Public Health
David Onuoha – Boots the Chemist Healthy Living Pharmacy

APOLOGIES - Marie Casey - Voluntary and Community Sector Representative
Matt Dunkley – Director of Children and Family Services East Sussex County Council
Keith Hinkley – Director of Adult Social Care East Sussex County Council
Ian Kedge – Lewes District Council
Craig McEwan – Chairman East Sussex Local Pharmaceuticals Committee
Des Prichard – Chief Fire Officer
Councillor Mike Turner – Hastings Borough Council
Councillor Bob White – Rother District Council
Dr Greg Wilcox – Hastings and Rother CCG

1. Welcome, Introduction and Purpose

1.1 This is a time limited Partnership set up to ensure that there is a focus on Public Health. There were a large number of apologies and the limited health attendance was noted.

2. Minutes of the last meeting

2.1 No amendments.

2.2 The Joint Strategic Needs Assessment (JSNA) stakeholder consultation has now closed. Feedback and an updated 2012/13 development plan will be provided at the November meeting

3. Public Health Indicative Budget Update

3.1 The final ring fence grant is yet to be announced by the Department of Health. It is clear that the funding is going to be limited as it is based on historic spend no local needs. In addition a number of 'new' responsibilities will be coming to the Council which have no additional funding attached to them. The focus must be on prioritising the limited spend to improving the health of residents and reducing the health inequalities within the County.

3.2 The funding transfer is complicated. Each element of PCT has to be transferred to a 'receiver' organisation (either a current or new body that will be replacing the PCT.

Actions

- Please let barbara.deacon@eastsussex.gov.uk know if you have any jointly funded (Public Health or PCT) posts or activities so we can double check this has been included in the funding transfers and challenge if necessary.
- A copy of the transferring responsibilities including the new additional ones is attached as requested. A presentation about the responsibilities will be on the November agenda.

4. Developing the East Sussex Health and Wellbeing Strategy

4.1 The draft Health and Wellbeing priorities are currently being consulted on – closing date 14th September. There has been a good response with over 90% of respondents to date supporting the priorities. The life course approach has been used to ensure all age groups and their needs relating to priorities have been considered.

4.2 The lack of a priority for older people was raised.

4.3 All attendees were encouraged to put forward their views through the consultation website.

5. Update on tobacco control.

5.1 A good multi agency officer group has met since the PHS Partnership in May. Most organisations from the Partnership have been represented. Officers identified a number of key evidence based actions in relation to the 6 strands of tobacco work highlighted at the PHS Partnership in May, which officers would wish to support and which could be done better and /or more efficiently together. A shared draft Tobacco plan to take these forward will be tabled at the next meeting.

5.2 Work has started to develop the local response to the Stoptober (stop smoking in October) national campaign. There will be a range of activities including multi media campaigns at a national level which can be 'piggy backed' onto locally.

5.3 Partners were asked to see what help / support this campaign they may need and contact anita.counsell@eastsussex.gov.uk

5.4 Wide discussion included:

- Positive response Eastbourne Borough Council staff had from the 'Make every contact count' training provided by Public Health.
- The use of local bylaws can support changes in smoking behaviours eg no smoking in parks and playgrounds
- Most NHS grounds are 'smoke free' with clear messages to all staff and visitors about smoking on NHS property
- Need to think creatively eg should we support people to stop smoking as part of debt and budget management particularly as the welfare reforms kick in
- The link between smoking and mental health is well known and Sussex Partnership NHS Foundation Trust would like to be involved in future officer meetings

Actions

- Public Health team to feedback activities and outcomes from the campaign at the November meeting
- Dates of future officer meetings to go to all PHSP organisations

6. Future Meetings

6.1 The PHSP got off to a good start and we would like to see a positive future attendance please encourage colleague to attend.

Dates of next meeting:

6th November 2012. 2pm – 4pm Council Chamber, County Hall

Local Authority Public Health responsibilities

The **Local authorities will be responsible for:**

- the National Child Measurement Programme*
- NHS Health Check assessments*
- comprehensive sexual health services (including testing and treatment for sexually transmitted infections, contraception outside of the GP contract and sexual health promotion and disease prevention)*
- Protecting the health of the population in dealing with health protection incidents, outbreaks and emergencies*
- Public health advice to Clinical Commissioning Groups*
- tobacco control and smoking cessation services
- alcohol and drug misuse services
- public health services for children and young people aged 5-19 (including Healthy Child Programme 5-19) (and in the longer term all public health services for children and young people)
- interventions to tackle obesity such as community lifestyle and weight management services
- locally-led nutrition initiatives
- increasing levels of physical activity in the local population
- public mental health services
- dental public health services
- accidental injury prevention
- population level interventions to reduce and prevent birth defects
- behavioural and lifestyle campaigns to prevent cancer and long-term conditions
- local initiatives on workplace health
- supporting, reviewing and challenging delivery of key public health funded and NHS delivered services such as immunisation and screening programmes
- local initiatives to reduce excess deaths as a result of seasonal mortality
- public health aspects of promotion of community safety, violence prevention and response
- public health aspects of local initiatives to tackle social exclusion
- local initiatives that reduce public health impacts of environmental risks.

* Mandated services

Mandated services have to be provided. It is not currently clear if the government will prescribe statutory minimum service levels of delivery for these areas.

As part of the November meeting the PHSP will have a presentation on these responsibilities for clarification and discussion.

