

HEALTH & WELLBEING BOARD	Agenda Item No. 6b
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Report of the Executive Director of Public Health

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PUBLIC HEALTH COMMISSIONING INTENTIONS

1. PURPOSE

- 1.1 The purpose of this report is to identify the commissioning intentions of the Public Health function transferring from Peterborough Primary Care Trust (PPCT) to the Council.

2. RECOMMENDATIONS

- 2.1 To note that the Council will become responsible for the delivery of certain public health functions with effect from 1st April 2013, and will acquire statutory responsibilities under the Health & Social Care Act 2012.

3. LINKS TO THE SUSTAINABLE COMMUNITY STRATEGY

- 3.1 The successful delivery of a robust public health function for Peterborough is directly linked to the Creating Opportunities – Tackling Inequalities priority, and indirectly linked to the other priorities.

Public Health will commission according to its ability to deliver the outcomes stated in the Public Health Outcomes Framework (see **Annex 1**), as opposed to the traditional National Indicators. Through the delivery of the various programmes by Public Health, **Annex 2** shows the outcomes that will be targeted.

4. BACKGROUND

- 4.1 The Health & Social Care Act 2012 (the “Act”) set out substantial structural change to the organisation and delivery of health & social care services, including transferring the responsibility for certain public health functions to local authorities.

5. KEY ISSUES

- 5.1 Initially the Council’s mechanisms for delivery of public health will be broadly the current responsibilities of the public health team. However it is widely recognised that the transfer is an opportunity to transform the delivery of public health, addressing the wider social determinants of health through the full range of Council functions and partnerships. An important aspect to improving health will be to pursue closer working and integration of health and social care, to respond to individual needs in a more holistic way.

The Council will receive a Public Health Grant from which it will be responsible for commissioning the range of services as shown in **Annex 2**. Some services will be mandatory, and for those which are not, commissioning decisions will reflect the Joint Strategic Needs Assessment and Health & Wellbeing Strategy.

6. IMPLICATIONS

- 6.1 The Council will receive a public health grant which it is intended should enable it to deliver the commissioning intentions. The grant is allocated by the Department for Health using a formula

developed specifically for this purpose. For 2013/14 the sum will be £8,446,100 and this will increase to £9,290,700 for 2014/15.

It is currently expected that this grant will be sufficient to meet the costs of the service. As some elements of the service are demand led, the service will need the same rigorous financial monitoring applied to it as for all other council services. Quarterly reporting to the Department of Health on the usage of the grant is mandated and the local authority Chief Executive will also need to return a statement confirming that the grant has been used in line with the specified conditions.

The Council will also consider how it can take best advantage of the benefits of closer working with neighbourhoods and improved joint commissioning to see where efficiencies can be made. Although the grant is ring fenced, some of the Council's current activities fall within its new responsibilities and the broader approach to public health, and savings can be reinvested to help improve outcomes. The financial implications of the transition itself were covered by a Cabinet Member Decision Notice (Public Health Transition - DEC12/CMDN/159)

7. CONSULTATION

- 7.1 There has been close consultation with delivery partners, both internally within PCC, and externally, on developing the commissioning intentions for Public Health.

8. NEXT STEPS

- 8.1 The next step is for the responsibility for public health, and the staff currently employed by PPCT in the public health team, to transfer to the Council with effect from 1st April 2013. From that time the Council will work to integrate public health into its current core functions, and maximise the opportunity to improve the public health outcomes for the people of Peterborough and deliver the commissioned programmed/interventions.

9. BACKGROUND DOCUMENTS

Used to prepare this report, in accordance with the Local Government (Access to Information) Act 1985

- 9.1 Local Government association: Get in on the Act – Health & Social Care Act 2012

Department of Health Publications and Guidance, including Healthy Lives, healthy People: Update & Way Forward (July 2011), Transitional Working Arrangements (DH/LGA June 2012), Healthy Lives, Healthy People – Update on Public Health Funding (June 2012)

10. APPENDICES

- 10.1 Annex 1: Public Health Outcomes Framework
Annex 2: Local Authority Public Health Commissioning Intentions

Annex 1: Public Health Outcomes Framework

Vision	
To improve and protect the nation's health and wellbeing, and improve the health of the poorest fastest.	
Outcome measures Outcome 1: Increased healthy life expectancy, ie taking account of the health quality as well as the length of life. Outcome 2: Reduced differences in life expectancy and healthy life expectancy between communities (through greater improvements in more disadvantaged communities).	
1 Improving the wider determinants of health	2 Health improvement
Objective Improvements against wider factors that affect health and wellbeing and health inequalities	Objective People are helped to live healthy lifestyles, make healthy choices and reduce health inequalities
Indicators Children in poverty School readiness Pupil absence First time entrants to the youth justice system 16-18 year olds not in education, employment or training People with mental illness or disability in settled accommodation People in prison who have a mental illness or significant mental illness Employment for those with a long-term health condition including those with a learning difficulty/disability or mental illness Sickness absence rate Killed or seriously injured casualties on England's roads Domestic abuse Violent crime (including sexual violence) Re-offending The percentage of the population affected by noise Statutory homelessness Utilisation of green space for exercise/ health reasons Fuel poverty Social connectedness Older people's perception of community safety	Indicators Low birth weight of term babies Breastfeeding Smoking status at time of delivery Under 18 conceptions Child development at 2-2.5 years Excess weight in 4-5 and 10-11 year olds Hospital admissions caused by unintentional and deliberate injuries in under 18s Emotional wellbeing of looked-after children Smoking prevalence – 15 year olds Hospital admissions as a result of self-harm Diet Excess weight in adults Proportion of physically active and inactive adults Smoking prevalence – adult (over 18s) Successful completion of drug treatment People entering prison with substance dependence issues who are previously not known to community treatment Recorded diabetes Alcohol-related admissions to hospital Cancer diagnosed at stage 1 and 2 Cancer screening coverage Access to non-cancer screening programmes Take up of the NHS Health Check Programme – by those eligible Self-reported wellbeing Falls and injuries in the over 65s
3 Health protection	4 Healthcare Public Health and preventing premature mortality
Objective The population's health is protected from major incidents and other threats, while reducing health inequalities	Objective Reduced numbers of people living with preventable ill health and people dying prematurely, while reducing the gap between communities
Indicators Air pollution Chlamydia diagnoses (15-24 year olds) Population vaccination coverage People presenting with HIV at a late stage of infection Treatment completion for tuberculosis Public sector organisations with board-approved sustainable development management plans Comprehensive, agreed inter-agency plans for responding to Public Health incidents	Indicators Infant mortality Tooth decay in children aged five Mortality from causes considered preventable Mortality from all cardiovascular diseases (including heart disease and stroke) Mortality from cancer Mortality from liver disease Mortality from respiratory diseases Mortality from communicable diseases (Placeholder) Excess under 75 mortality in adults with serious mental illness Suicide Emergency readmissions within 30 days of discharge from hospital Preventable sight loss Health-related quality of life for older people Hip fractures in over 65s Excess winter deaths Dementia and its impacts

Annex 2: Local Authority Public Health Commissioning Intentions

Ref.	Mandatory	Financial Monitoring	LA PH Functions	PH Outcomes	JHWS Objectives * & issue being addressed	Programmes/Interventions Group	Delivery (Directorate)
PH001	N	Y	Tobacco Control & Smoking Cessation	2.9 Smoking prevalence - 15 year olds 2.14 Smoking prevalence - Adults (over 18)	1 – smoking in pregnancy 2 – high levels of smoking and smoking attributable deaths - high levels of smoking attributable hospital admissions		PH
						Stop Smoking Service	OPS
						Pharmacy & GP LIS	PH
						Prescribing costs (primary care)	PH
						Illicit Sales Prevention	OPS
PH002	N	Y	Alcohol Misuse	2.18 Alcohol related admissions to hospital	2 – high levels of alcohol related hospital admissions 4 – high number of young people reporting poor mental health	Reducing Alcohol related admissions to hospital	PH
							PH
PH002a	N	Y	Drug Misuse	2.15 Successful completion of drug treatment	4 – above average numbers in drug treatment	Young Peoples Drug & Alcohol	Childrens
						Adult Drug Treatment Service	OPS
PH003	N	Y	PH Services for CYP (5-19)	2.06i Excess weight in 4-5 year olds 2.06ii Excess weight in 10-11 year olds 4.2 Tooth decay in children aged 5	1 – above average childhood obesity rates 2 – population increase	5-19 Healthy Child Programme	PH
PH004	Y	Y	NCMP	2.06i Excess weight in 4-5 year olds 2.06ii Excess weight in 10-11 year olds	1 – above average childhood obesity rates 2 – around a quarter of adults are estimated to be obese	National Childhood Measurement Programme	PH
							OPS
PH005	N	Y	Tackling Obesity	2.06i Excess weight in 4-5 year olds 2.06ii Excess weight in 10-11 year olds 4.2 Tooth decay in children aged 5	1 – above average childhood obesity rates 2 – around a quarter of adults are estimated to be obese	Reducing Childhood Obesity: Change 4 life Alliance leadership; Carnegie Weight Management Programme; Movers & Shakers follow-on programme; Early Years Food standards training and implementation	OPS
							PH
				2.11 Excess weight in adults 2.13 Proportion of physically active adults 1.16 Utilisation of Green Space for health & exercise	1 – above average childhood obesity rates 2 – around a quarter of adults are estimated to be obese - low levels of physical activity	Reducing Adult Obesity & Increasing Physical Activity: inc. Lets Get Moving and Lets Keep Moving Activity Programmes and GP Exercise Referral Scheme; physical activity programmes for older people	OPS
							PH
PH006	N	Y	Nutrition Initiatives	2.06i Excess weight in 4-5 year olds 2.06ii Excess weight in 10-11 year olds 4.2 Tooth decay in children aged 5	1 – above average childhood obesity rates 2 – around a quarter of adults are estimated to be obese	Eat Better, Start Better - training for Early Years Food Standards to Children Centres; Work with schools and Schools Food Trust & PECT;	OPS

Ref.	Mandatory	Financial Monitoring	LA PH Functions	PH Outcomes	JHWS Objectives * & issue being addressed	Programmes/Interventions Group	Delivery (Directorate)
						Targeted work with looked after children	
PH007	N	Y	Physical Activity	2.11 Excess weight in adults 2.13 Proportion of physically active adults 1.16 Utilisation of Green Space for health & exercise	1 – above average childhood obesity rates 2 – around a quarter of adults are estimated to be obese - low levels of physical activity	Reducing Adult Obesity & Increasing Physical Activity	PH
							PH
							OPS
PH008	Y	Y	NHS Health Checks	2.22 Take up of NJS Health Check Programme 4.4 Mortality from cardiovascular disease under 75s (rate per 100000)	2 – difference in avg life expectancy between council wards - high mortality rates for CHD - high prevalence of COPD - high levels of smoking - high levels of adult obesity - high levels of alcohol related hospital admissions - high level of deaths attributable to diabetes 3 – increase in population (over 65s) - flu vaccinations for over 65s below average - incidence of dementia is rising	Delivering NHS Health Checks Programme	PH
PH009	N	N	PH Mental Health Services (inc. Promotion)	4.10 Suicide Rate (per 100k of pop.) 1.15i Statutory homelessness - acceptances 1.15ii Statutory homelessness - households in temp accommodation	4 – suicide levels are above average - unemployment levels are high - above avg numbers in drug treatment - rate of access to adult specialist mental health services are low - increasing number of people with dementias - high number of young people self reporting poor mental health	Mental Health Suicide Prevention	OPS
						Suicide Prevention	OPS
						Homelessness Prevention	OPS
PH010	N	Y	PH Dental Promotion	4.2 Tooth decay in children aged five	1 – above average childhood obesity rates	Incorporated within childhood obesity agenda	-
PH011	N	Y	Accidental Injury Prevention	2.24 Injury due to falls in people (all indicators)	3 – increase in population (over 65s) - high number of hip fractures - increase in reported vulnerable adults over 85	Care & Repair	OPS
PH012	N	Y	Reduce & Prevent Birth Defects	2.1 Low birth weight of term babies 2.1i Breastfeeding initiation 2.2i Breastfeeding prevalence at 6-8 weeks 2.3 Smoking status at time of delivery 4.1 Infant mortality rate (per 1000)	1 – above avg teenage pregnancy rate - high levels of low weight birth babies - high levels of child mortality 2 – high levels of smoking prevalence 5 – increase in birth numbers will include increased number of children born with special needs	Improving the health of pregnant women and infants, reducing infant mortality: Baby Cafes; peer supporters programme	PH
							Childrens
PH013	N	N	Lifestyle Campaigns/Interventions that	1.20 Social Connectedness 2.14 Smoking Prevalence	2 – high levels of smoking prevalence - low levels of physical activity	Accredited PH/HP Training Centre delivering to health and care	PH

Ref.	Mandatory	Financial Monitoring	LA PH Functions	PH Outcomes	JHWS Objectives * & issue being addressed	Programmes/Interventions Group	Delivery (Directorate)
			include Cancer & Long Term Conditions	2.11 Diet 2.23 Self reporting wellbeing	- high levels of CHD - high prevalence in COPD 4 – unemployment levels above avg - increasing number of people with dementias - high number of young people self reporting poor mental health	professionals, other public sector and voluntary and community sector	OPS
						Improving Community Health Through Volunteering (Community Health Champions)	PH
							OPS
PH014	N	Y	Workplace Health	1.9 Sickness absence rates 4.5 Mortality from cancer under 75s (rate per 100000)	2 – difference in avg life expectancy between council wards - high mortality rates for CHD - high prevalence of COPD - high levels of smoking - high levels of adult obesity - high levels of alcohol related hospital admissions - high level of deaths attributable to diabetes	Workplace health programme: health improvement interventions delivered for local business	PH OPS
PH015	N	Y	Screening & Immunisation and Infectious Disease	2.19 Cancer diagnosed at stage 1 and 2 2.20i Breast screening coverage (age 50-70) 2.20ii Cervical screening coverage (age 25-64) 3.3 Population vaccination coverage	2 – difference in avg life expectancy between council wards - high mortality rates for CHD - high prevalence of COPD - high levels of smoking - high levels of adult obesity - high levels of alcohol related hospital admissions - high level of deaths attributable to diabetes 3 – flu vaccinations are below avg	Scrutiny and challenge role	PHE
PH016	Y	Y	Sexual Health Services/Commissioning	1.12 Rates of violent crime (inc. sexual violence)	1 – above avg teenage pregnancy rate - high levels of domestic abuse 4 – unemployment levels above avg - above avg numbers in drug treatment - high level of school exclusions	ISVAs	PH
							PH
				2.4 Under 18s conception (per 1000)	1 – lower than avg educational achievement - above avg teenage pregnancy rate - above avg NEETs 4 – high number of young people reporting poor mental health	Integrated Offender Management	OPS
							PH
				3.2 Chlamydia diagnosis 15-24 year olds (rate per 1000)	1 – lower than avg educational achievement - above avg teenage pregnancy rate - above avg NEETs - high levels of domestic abuse	Prescribing costs (primary care)	PH
							PH
3.4 People presenting with HIV at a late stage of infection	4 – above avg numbers in drug treatment	Reducing under 18 conception rate	PH				
						Reducing chlamydia infection in 15-24 year olds	PH
						Improving sexual health (prevention, treatment and care)	PH

Ref.	Mandatory	Financial Monitoring	LA PH Functions	PH Outcomes	JHWS Objectives * & issue being addressed	Programmes/Interventions Group	Delivery (Directorate)
						HIV Prevention	PH
PH017	N	Y	Reduction in Excess Deaths through Seasonal Mortality	4.03 Mortality from causes considered preventable	2 – difference in life expectancy between wards - high levels of alcohol related hospital admissions - high levels of smoking related hospital admissions - high levels of adult obesity 3 – increase in population of over 65s - increase in reported vulnerable adults over 85	Seasonal Campaigns	OPS
PH018	Y	Y	Health Protection	3.6 Public sector orgs with board approved management plan 3.7 Comprehensive agreed interagency plans for responding to public health	-	Emergency preparedness & business continuity	PH
PH019	N	Y	Promotion of Community Safety, Violence Prevention and Emergencies	1.11 Domestic Abuse	1 – lower than avg educational achievement - above avg NEETs - high levels of domestic abuse 4 – unemployment levels high - above avg number of drug treatments	DV Outreach Service	OPS
						Reducing the impact of Domestic Abuse	OPS
PH020	N	N	Social Inclusion & Community Development	1.4 First time entrants in youth justice system by 18 years old 1.5 16-18 year olds NEET	1 – lower than avg educational achievement - above avg NEETs - high levels of domestic abuse 4 – high levels of unemployment - above avg number drug treatments - high level of school exclusions	Development & delivery of healthy lifestyle interventions for young people	PH OPS
						Neighbourhood Management	OPS
						Social Connectedness	OPS
						NACRO	OPS
PH021	N	Y	Environmental Risks	1.14i % of population affected by noise (no. of complaints)	-	Air Pollution	OPS
PH022	Y	Y	PH Advice	-		PH Specialist Advice to CCG	PH

* Key for JHWS Objectives:

- 1 – Securing the foundations of good health
- 2 – Preventing and treating avoidable illness
- 3 – Healthier older people who maintain their independence for longer
- 4 – Supporting good mental health
- 5 – Better health and wellbeing outcomes for people with long-term disabilities and complex needs

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