

CABINET	AGENDA ITEM No. 7
1 JULY 2013	PUBLIC REPORT

Cabinet Member(s) responsible:	Councillor Walsh, Cabinet Member for Community Cohesion, Safety and Public Health	
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PUBLIC HEALTH

R E C O M M E N D A T I O N S	
FROM : Director of Public Health	Deadline date : N/A
Cabinet is asked to note the information provided within the report and at Appendix 1, Delivering Public Health in Peterborough, Public Health Business Plan 2013/2014.	

1. ORIGIN OF REPORT

- 1.1 This report is submitted to Cabinet following Scrutiny Committee for Health Issues on 20 June 2013.

2. PURPOSE AND REASON FOR REPORT

- 2.1 This report provides Cabinet with an overview of Public Health responsibilities that have transferred to the local authority, along with details of how these responsibilities will be delivered during 2013/14.
- 2.2 This report is for Cabinet to consider under its Terms of Reference No. 3.2.1, to take collective responsibility for the delivery of all strategic Executive Functions within the Council's Major Policy and Budget Framework and lead the Council's Overall improvement programmes to deliver excellent services.

3. TIMESCALE

Is this a Major Policy Item/Statutory Plan?	NO
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4. BACKGROUND, VISION AND STRATEGIC OBJECTIVES

- 4.1 Local authorities (LAs) now have the lead for improving health and coordinating local efforts to protect the public's health and wellbeing, working together with health services to ensure the effective promotion and protection of population health. Local political leadership will be central to making this work. The NHS will continue to play a full role in providing care, tackling health inequalities and ensuring every clinical contact counts.
- 4.2 Most local Public Health roles and functions in Peterborough transferred successfully to Peterborough City Council on 1 April 2013. Others transferred to Public Health England (PHE). This system is new – the combination of local government leadership for the public's health supported by an expert national body is a first for England.
- 4.3 Through its new duty to promote and protect the health of the population, and through providing public health healthcare advice to NHS Commissioners, the Council is taking on a major strategic and visionary leading role in influencing and direct decision-making

concerning health, healthcare and wellbeing in the city. In order to deliver this transformational agenda, our aim is to embed a public health approach within all council functions so that taking action to improve health is an automatic part of the work and culture of every department. Work is underway to integrate Public Health commissioning functions with other Council commissioning functions, reducing the potential for duplication across departments, commissioning in isolation, and thereby improving the overall quality of commissioning through the harnessing of a wide range of skills and expertise.

4.4 The Public Health Improvement Team, known as the Live Healthy Team, has been integrated within the Neighbourhoods division of Operations Directorate. This brings together a community health development focus with other services focussed on service delivery within neighbourhoods across the city. Public Health advice and input is being provided across Neighbourhoods teams, and alongside them out into local communities. New joint interventions are emerging from these newly established relationships.

4.5 The Joint Strategic Needs Assessment (JSNA) will be refreshed this year, and as part of the refresh process work with partners will be undertaken to ensure that the JSNA is in a format that is accessible to both to commissioners and others who wish to understand more fully how wider social determinants impact on health outcomes. This refresh will also support the Joint Health and Wellbeing Board, a driving force locally in efforts to reduce health inequalities, to deliver its Joint Health and Wellbeing Strategy (JHWS) that starts to integrate local commissioning strategies, ensuring a community-wide approach, and aligns public health responsibility with the many levers to tackle the wider determinants of health.

4.7 **Vision and strategic objectives**

4.7.1 In this first year following transition of Public Health roles and responsibilities, it is essential that key issues are identified and resolved in order to deliver on the health outcomes needed to reduce health inequalities. Therefore we have identified a vision and objectives that focus in on this transitional first year and on some of the key priorities that need to be addressed.

4.7.2 Our vision is: to enable the Council to reduce health inequalities in Peterborough through the successful integration and delivery of Public Health.

The strategic objectives are:

- Successful integration of commissioning functions into the corporate commissioning model
- Design of an integrated care pathway for contraceptive and sexual health services, and subsequent procurement
- Work with commissioning partners to develop and agree a commissioning framework for children's health services
- Develop and implement a Healthy Lives Strategy, which will include:
 - Delivery through the neighbourhoods function
 - Healthy Weight Strategy
 - Tobacco Control Strategy
 - Localising the PH Responsibility Deal
- Refresh of the Joint Strategic Needs Assessment, focussing initially on health inequalities and building on recent work completed as part of the welfare reform needs assessment.
- Development of a Long Term Conditions Strategy focussing on prevention and early intervention particularly in relation to CHD/Stroke, Diabetes and Cancers.

4.8 We will ensure that there is a specific focus on improving access to public health services for vulnerable people, including Looked after Children and people with learning disabilities.

5. **CONSULTATION**

Public Health continues to work closely with partners externally and colleagues internally in the development, commissioning and delivery of Public Health Services. Appendix 1 is an

internal administrative document describing how PH services will be delivered in this first year. This has not been consulted on, although the transfer of Public Health was subject to thorough Equality Impact Assessment.

6. ANTICIPATED OUTCOMES

It is anticipated that following receipt and noting of this first report, further Public Health reports will be presented concerning specific areas of work being taken forward in-year. These will include the procurement of contraceptive and sexual health services that have transferred from NHS Peterborough and which must be re-procured during this financial year.

7. REASONS FOR RECOMMENDATIONS

From 1 April 2013, the Council had a new statutory duty to improve and protect the health of the population of Peterborough. The Public Health roles, functions and resources that have transferred are intended to support the Council in fulfilling this new duty. This report (and its accompanying appendix) is intended to provide Cabinet with information concerning plans to deliver Public Health functions during this first transitional year.

8. ALTERNATIVE OPTIONS CONSIDERED

The Business Plan attached at Appendix 1 sets out the context for the transfer of Public Health along with details of the roles and responsibilities that have been transferred to the Council as part of the implementation of the Health and Social Care Act (2012). Alternative options for the configuration of Public Health within the Council were considered during 2012/2013 and were detailed within the Public Health transition plan: Options for delivering Public Health in Peterborough. The option chosen was to integrate PH functions rather than choose a 'lift and shift' option. Therefore the business plan focuses on taking forward the model of integration.

9. IMPLICATIONS

As the Local Authority now has responsibility for the delivery of certain Public Health functions, the implications are wide reaching. The Council will need to ensure the public health responsibilities (described further in Appendix 1: Delivering Public Health in Peterborough) are delivered as required.

10. ADDITIONAL DOCUMENTS

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

See the list of references in Appendix E of the Delivering Public Health in Peterborough, Public Health Business Plan 2013/2014 attached at Appendix 1 of the report.

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