

SCRUTINY COMMISSION FOR HEALTH ISSUES	Agenda Item No. 8
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Report of the Director of Public Health

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PUBLIC HEALTH

1. PURPOSE

- 1.1 This report provides the Commission with an overview of progress in relation to the transfer of Public Health which transferred to the council in April 2013. The report refers to the Public Health Business Plan 2013.

2. RECOMMENDATIONS

- 2.1 The Commission is asked to note the information provided within the report at Appendix 1.

3. LINKS TO THE SUSTAINABLE COMMUNITY STRATEGY

- 3.1 This report links to the SCS priority: Creating opportunities, tackling inequalities

4. BACKGROUND

- 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 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 Through its new duty to promote and protect the health of the population, and through providing public health healthcare advice to NHS Commissioners, the City 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.
- 4.3 A summary of the Public Health Outcomes Framework is attached at Appendix A. This provides some context in terms of the broad range of Public Health Outcomes that could be explored in greater depth by the Commission. At Appendix B we have attempted to utilise a high level template to provide a snapshot of the progress against group of indicators.
- 4.4 The 2013 Health Profile for Peterborough is attached as Appendix C. This nationally produced profile provides high level commentary on some key areas and is designed to help local government and health services understand their community's needs so that they can work to improve people's health and reduce inequalities.

5. KEY ISSUES

- 5.1 In this first year following transition of the majority 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 some of the key priorities locally. The table below gives a short update on progress against these objectives:

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

Strategic Objective	Progress
1. Successful integration of commissioning functions into the corporate commissioning model	During the first six months of the year two major areas of commissioning have been transferred into Children's Directorate in preparation for the full integration of commissioning responsibilities within a new commissioning directorate. These areas are: contraceptive and sexual health; 5-19 Healthy Child Programme. These areas alone amount to over £2.5 million.
2. Design of an integrated care pathway for contraceptive and sexual health services, and subsequent procurement	This pathway has been designed in collaboration with commissioners, service providers and service users. The procurement exercise will commence in December of this year.
3. Work with commissioning partners to develop and agree a commissioning framework for children's health services	This work has progressed significantly, however due to the complexities of aligning commissioning plans across four commissioning bodies it was agreed that a comprehensive re-commissioning process will be implemented across Peterborough and Cambridgeshire during 2014/15. The work to further develop a joint commissioning framework will continue as part of the government's integration strategy.
4. Develop and implement a Healthy Lives Strategy which will include: <ul style="list-style-type: none"> • Delivery through the Neighbourhoods function; • Healthy Weight Strategy • Tobacco Control Strategy • Localising the PH Responsibility Deal 	Delivery of the live Healthy Services within the Neighbourhoods Directorate has been fully implemented resulting in some excellent pieces of joint work, particularly for example in relation to licensing applications involving alcohol.
5. Refresh of the Joint Strategic Needs Assessment (JSNA), focussing initially on health inequalities and building on recent work completed as part of the welfare reform needs assessment.	The refresh of the JSNA has commenced. A pilot project utilising infographics is underway, the aim is to bring together a visual interactive picture of health and the wider determinants of health, enabling far greater access to this data than has been the case to date. The results will be shared widely and made available both to commissioners and the public. The pilot project is focussing on children and young people. The project will run for four months, ending in January 2014.
6. Development of a Long Term Conditions Strategy focussing on prevention and early intervention particularly in relation to CHD/Stroke,	This work is being channelled through the Clinical Commissioning Group's Coronary Heart Disease Board
7. 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.	There is now PH membership of the LD Partnership Board. Specific work is being taken forward with the LAC Team and LD Team. PH has supported specific events for people with LD. A specific strand of the Health Checks Programme is being targeted to ensure people with LD receive their annual health check.

6. IMPLICATIONS

- 6.1 The Commission may wish to enquire in greater depth into areas of concern highlighted in red within the Health Profile.

7. CONSULTATION

- 7.1 Public Health continues to work closely with partners externally and colleagues internally in the development, commissioning and delivery of Public Health Services.

8. NEXT STEPS

- 8.1 The Commission may wish to consider this first attempt to provide information in an accessible way and discuss how these reports can be improved to ensure that the Commission feels properly informed in terms of areas of concern. It may wish to question other commissioning bodies in the light of areas of concern highlighted.

9. BACKGROUND DOCUMENTS

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

- 9.1 Public Health Business Plan 2013/2014
Peterborough's Health Profile 2013
Public Health Outcomes Framework

10. APPENDICES

- 10.1 **Appendix A – Public Health Outcomes Framework summary**
Appendix B – Snapshot of Public Health activity linked to indicators within the Outcomes Framework
Appendix C – Peterborough's Health Profile 2013

SUMMARY OF PUBLIC HEALTH OUTCOMES FRAMEWORK

APPENDIX A

Vision	
To improve and protect the nation's health and wellbeing, and improve the health of the poorest fastest.	
<p>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).</p>	
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
<p>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</p>	<p>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</p>
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
<p>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</p>	<p>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 death</p>