

<b>HEALTH SCRUTINY COMMITTEE</b>	<b>AGENDA ITEM No. 7</b>
<b>21 JANUARY 2019</b>	<b>PUBLIC REPORT</b>

Report of:	Cllr Diane Lamb	
Cabinet Member(s) responsible:	Cllr Diane Lamb Portfolio Holder for Public Health	
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**CABINET PORTFOLIO HOLDER FOR PUBLIC HEALTH PERFORMANCE REPORT**

<b>R E C O M M E N D A T I O N S</b>	
<b>FROM:</b> Cllr Diane Lamb	
It is recommended that the Health Scrutiny Committee note and comment on the Public Health Portfolio Holder's Performance Report .	

**1. ORIGIN OF REPORT**

- 1.1 This report was requested by the Health Scrutiny Committee during planning of the Committee's annual work programme for 2018/19.

**2. PURPOSE AND REASON FOR REPORT**

- 2.1 This report provides an overview of the performance of the public health functions of the Council over the past year.
- 2.2 This report is for the Health Scrutiny Committee to consider under its Terms of Reference Part 3, Section 4 - Overview and Scrutiny Functions, paragraph No. 2.1 Functions determined by Council - Public Health.
- 2.3 This report focuses on the Strategic Priority: 'Achieve the best health and wellbeing for the City'
- 2.4 This report supports the Children in Care Pledge 'Help encourage you to be healthy'

**3. TIMESCALES**

Is this a Major Policy Item/Statutory Plan?	<b>NO</b>	If yes, date for Cabinet meeting	N/A
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**4. BACKGROUND AND KEY ISSUES**

- 4.1 In 2013 under the Health and Social Care Act (2012), upper tier local authorities were given a statutory duty to improve the health of their local population. The Councils' public health function supports this duty by:

- Providing public health system leadership, specialist advice and analysis, and practical support to the City Council and partner organisations, in order to improve the health and wellbeing of local communities.
- Commissioning and contract managing a range of public health programmes.

To maximise value for money and make best use of specialist staff, these functions are delivered by a joint public health directorate across Peterborough City Council and Cambridgeshire County Council.

#### 4.2 Public Health Funding

The majority of funding for the Council's public health functions comes from the national ring-fenced public health grant. The grant allocation to Peterborough City Council in 2018/19 is approximately £10.9M. The national public health grant allocation to local authorities has been reducing year on year, with a real terms reduction of 17% between 2014/15 and 2018/19.

Peterborough's ring-fenced public health grant allocation (originally based on historic funding transferred from Peterborough Primary Care Trust) is particularly low in relation to local levels of need. In 2014/15, Peterborough's public health grant funding was 20% below its 'target' fair funding allocation, based on a formula developed by the Department of Health Advisory Committee on Resource Allocation. Public health need is closely related to socio-economic deprivation, and the chart in Annex A shows that Peterborough had the lowest level of public health spend in 2016/17 of all local authorities with a similar Index of Multiple Deprivation (2015) score.

Annex A, the detailed Quadrant Chart, shows that Peterborough (the red diamond) is one of the smaller number of local authorities in the lower left quadrant (worse IMD score; lower Public Health RO spend). Peterborough has the lowest public health RO spend (horizontal axis) for all local authorities at its level of deprivation (vertical axis).

4.3 In 2018/19, Peterborough City Council plans to spend £11,584k on public health services and functions (including corporate overheads). The majority of this spend is from the £10,905k national public health grant allocation for 2018/19. In addition there is planned spend of £198k from PCC public health ring-fenced grant reserves; £200k from the Better Care Fund; £182k through joint commissioning with Cambridgeshire & Peterborough Clinical Commissioning Group and £99k from adult and children's social care contributions to drug and alcohol services.

The following table outlines planned spend of public health budgets in 2018/19. Key points are:

- The majority of spend (over 80%) is on external contracts for public health programmes - preventive health and wellbeing services which are listed in the national public health grant commissioning categories.
- A third (33%) of total public health spend is on children's public health services (health visiting, school nursing). If spend on Children's Centres and the CHUMs counselling service for children and young people is added, this rises to two fifths of total spend (42%).
- 5% of the total grant is spent on in-house public health staff, who deliver mandated specialist advice and analysis services, public health commissioning, partnership work and campaigns.

CATEGORY	PUBLIC HEALTH BUDGET 2018/19 £k	PERCENTAGE OF TOTAL PH BUDGET
<b>External public health contracts</b>		
Children's public health (health visiting/school nursing)	3,800	33%
Drug and alcohol treatment	2,495	22%
Sexual health and contraception	1,831	16%

Preventing long term conditions (smoking/weight management/health checks/mental health)	1,226	11%
<b>Total</b>	<b>9,352</b>	<b>81%</b>
<b>PCC – Other Portfolios/Pooled budgets</b>		
Children’s Centres, and CHUMs young people’s counselling	1,090	9%
Community safety	297	3%
Corporate overheads and communications	244	2%
<b>Total</b>	<b>1622</b>	<b>14%</b>
<b>Public health staffing</b>		
Public health staffing (joint team)	<b>610</b>	<b>5%</b>
<b>TOTAL</b>	<b>11,584</b>	<b>100%</b>

The current Budgetary Control Reports for 2018/19 indicate that the public health budget does not show any significant variances and is likely to end the year on target.

#### 4.4 Performance of commissioned public health services

The performance of commissioned public health services is laid out in detail in Annex B. Performance against key public health outcomes for the population is outlined in Annex D. Key points include:

- Performance of Cambridgeshire and Peterborough NHS Foundation Trust (CPFT) on delivering mandated health visitor checks for new babies and young children has been generally good over the past 18 months – at or above the national average. Nationally benchmarked data indicates that breastfeeding rates when the baby is aged 6-8 weeks are better than average in Peterborough, but child dental health and ‘school readiness’ – the proportion of children achieving a good level of development by the end of reception year - are worse than average.
- Performance of CGL (Aspire) drug and alcohol treatment services has improved significantly following a dip in 2016/17 when the new integrated drug and alcohol contract was implemented, and is now generally above benchmark for numbers of clients completing treatment, and in some cases top quartile. The most recent figures on drug related deaths and on alcohol related admissions to hospital in Peterborough are similar to the national average. Increased costs for some medications used in drug treatment services are placing financial pressure on the services, and this is being closely monitored.
- Performance of Cambridgeshire Community Services NHS Trust (CCS) delivering integrated sexual health and contraception services is generally good. The service is experiencing significant demand pressures, with activity over 20% higher than contracted for - and this means that the proportion of clients seen within ‘best practice’ waiting time thresholds has reduced. Outreach services to more vulnerable groups are also limited. The rate of diagnoses of Chlamydia infections among 15-24 year olds in Peterborough is better (higher) than the national average, but the teenage pregnancy rate and the proportion of cases of HIV diagnosed late are worse than the national average.
- Integrated Lifestyle Services delivered by Solutions4Health are on track to deliver against the majority of their contract KPIs for smoking cessation, weight management, physical activity and falls prevention. The latest figures indicate that smoking and obesity rates are

similar to the national average in Peterborough, although physical activity rates are lower. The service is succeeding in reaching more vulnerable communities, delivering sessions in community venues as well as GP surgeries.

- NHS Health checks delivery by GP practices is currently below target but this may be related to late return of data from some practices. The proportion of eligible residents who have received health checks in the past five years is well above the national average. Deaths from cardiovascular disease in Peterborough have shown some improvement over the last five years, but remain worse than the national average.
- Sixteen pharmacies in Peterborough are now providing free Emergency Hormonal Contraception, for which public health contracts were introduced in 2017/18. This may help to address high teenage pregnancy rates.
- New contracts with Sports and Leisure Management (Everyone Health) for Workplace Health and for the Healthy Schools Support Services are now in place. These are jointly commissioned with Cambridgeshire County Council to maximise value for money and economies of scale.

#### 4.5 **Public Health Specialist Advice to NHS Commissioners**

Provision of public health specialist advice to Cambridgeshire and Peterborough Clinical Commissioning Group (CCG) is a statutory duty for the local authority public health team. This service is provided jointly by Peterborough City Council and Cambridgeshire County Council. The Annual Report of the Healthcare Public Health Advice Service for 2017/18 is provided at Annex C. The services delivered included:

- Public health advice on NHS clinical policies and thresholds.
- Public health advice on aspects of CCG commissioning plans, preventive and lifestyle services and service redesign, including the Sustainability and Transformation Plan (STP).
- Public health advice covering the 'health' response to housing growth and associated NHS priorities and planning.
- Partnership work covering preventive and healthcare services for children and young people.
- Partnership work covering preventive and healthcare services for older people.
- Partnership work for mental ill health prevention and mental health services.
- Public health attendance at CCG and STP meetings,
- General partnership area-based needs assessments and local health and wellbeing strategy monitoring - in partnership with local Health and Wellbeing Boards.
- Further public health intelligence based analytical support.

#### 4.6 **Health Protection and Emergency Planning**

Provision of specialist health protection advice is a statutory duty of local authority public health teams. The Director of Public Health and a local NHS England Director co-Chair the Local Health Resilience Partnership, which oversees health emergency planning in Cambridgeshire and Peterborough.

The Peterborough Annual Health Protection Report (2017/18) was presented to the Health and Wellbeing Board in March 2018 and is available on weblink

<https://democracy.peterborough.gov.uk/documents/s33960/Item%207-%20Appendix%20A%20AHP%20report%20Peterborough%202017-8.pdf>

Key points from the 2017/18 Annual Health Protection Report included:

- A local and national increase in infections caused by Group A Streptococcus, including scarlet fever and more invasive infection.
- Immunisations which showed a steady state for some and a gradual increase in uptake of many childhood immunisations and of seasonal flu vaccination. The uptake of the preschool booster and MMR2 were of concern.

- Below national average uptake of breast, cervical and bowel cancer screening.
- Healthcare associated infections and work to reduce anti-microbial resistance
- The City Council Environmental Health role in protecting health including pollution control and air quality monitoring and advice
- The national TB strategy and successful local implementation of some key areas of the strategy notably Latent TB Infection Screening (LTBI)

Work on public health emergency planning delivered through the public health directorate over the past year includes:

- Exercising and validation of the Cambridgeshire and Peterborough Local Resilience Forum (LRF) Pandemic Influenza Plan
- Delivery of a local action plan following a national audit of arrangements for Health Protection Incidents.
- An audit to provide system wide assurance against the Heatwave Plan
- Participation in system-wide emergency planning training and exercises
- Work with communications team to deliver health messages to the public during episodes of severe cold weather

#### 4.7 **Health in All Policies**

The following work has been carried out by public health staff working with Peterborough City Council directorates to support a Health in All Policies approach:

- A Health and Wellbeing Policy incorporated into the new Peterborough Local Plan
- Review of fast food and other food outlets in Peterborough, and discussions with the strategic planning team on developing a fast food Supplementary Planning Document
- Collation of data for the review of Peterborough Alcohol Licensing Policy and Cumulative Impact Zone, and feedback into the consultation.
- Collation of Joint Strategic Needs Assessment data on Transport and Health in Peterborough to feed into transport planning.
- Support to the Can-Do Area working group, planning capital investment and environmental improvements.
- Organising training on air quality for transport colleagues
- Creation of a joint working group with Sustainable Travel Team and Public Health focusing on a coordinated approach to promotion of active travel.
- Public health input to Member working group on 20 mph speed limits.
- Chairing 'Discarded needles' task force, working closely with Community and Safety directorate
- Public Health input to the recent Integrated Communities bid
- Work with Vivacity to develop and deliver evidence based strength and balance classes for falls prevention.
- Work with children's social care to develop and support health screening pathways for unaccompanied minors.
- Work with the communications team on various public health campaigns, including the recent 'Stronger for Longer' fall prevention campaign and '50,000 reasons' campaign to address loneliness among older people.

#### 4.8 **Partnership working**

Public Health staff work with many multi-agency partnerships, providing public health input, evidence and analysis in order to maximise impact on health and wellbeing. In some cases public health staff chair and co-ordinate the work of the partnership. Relevant partnerships include:

- Peterborough Health and Wellbeing Board
- Peterborough Living Well Partnership
- Safer Peterborough Partnership
- Cambridgeshire & Peterborough (C&P) Safeguarding Boards

- C&P MASH Governance Board
- C&P Child Death Overview Panel
- C&P Best Start in Life Group (Co-Chair)
- C&P Child Health Joint Commissioning Unit
- C&P Children's Transformation Board
- C&P Children's Mental Health and Wellbeing Board
- C&P County-wide Community Safety Strategic Board
- C&P Drug and Alcohol Misuse Delivery Board (Co-Chair)
- C&P Sexual health delivery board (Chair)
- C&P Mental health Partnership board
- C&P Suicide Prevention Steering Group (Chair)
- C&P Integrated Commissioning Board (Better Care Fund oversight)
- C&P Ageing Well Board (Chair)
- C&P Local Nature Partnership
- C&P Road Safety Partnership
- C&P Health Protection Steering Group (Chair)
- C&P Health and Care Executive
- C&P Sustainable Transformation Partnership (STP) Board

Some examples of partnership work delivered this year include:

- A Falls Prevention programme, jointly funded in Peterborough by the STP and Better Care Fund and co-ordinated by public health staff, which aims to address the high number of hospital admissions for falls for older people.
- A Stroke Prevention programme funded by the STP and Better Care Fund and delivered in Peterborough and Wisbech
- Participation in two successful bids to Sport England, across Cambridgeshire and Peterborough, one to support sport and physical activity in new housing developments, and the other to support participation in physical activity for disadvantaged families.
- Work with the Combined Authority to support procurement and implementation of the regional 'Work and Health' programme
- Work with Peterborough Hospital A&E to support information sharing with licensing officers, about premises where alcohol related violence takes place.
- Ongoing work on the Best Start in Life/Early Years Strategy
- Input into the development of the Combined Authorities Ambitions and Cambridgeshire and Peterborough Independent Economic Commission to ensure that health and wellbeing and Health Inequalities are considered.

#### 4.9 Health and Wellbeing Board

Peterborough Health and Wellbeing Board have a statutory duty to deliver a Joint Strategic Needs Assessment (JSNA) and a Pharmaceutical Needs Assessment (PNA) for the area. During the past year, public health staff have led production of the

- Cambridgeshire and Peterborough JSNA Core Dataset 2018
- Peterborough Transport and Health JSNA Dataset 2018
- Peterborough Pharmaceutical Needs Assessment 2018-21

These are available on

<https://www.peterborough.gov.uk/healthcare/public-health/JSNA/>

<https://www.peterborough.gov.uk/healthcare/public-health/pharmaceutical-needs-assessment/>

The Peterborough Joint Health and Wellbeing Strategy (JHWS) 2016-19 is now in its third year. Performance monitoring of the JHWS is led by the People and Communities Directorate, and public health analysts produce an annual update on progress against the JHWS metrics and outcome measures, available on

<https://www.peterborough.gov.uk/healthcare/public-health/health-and-wellbeing-strategy/>

#### 4.10 Public Health Outcomes

The Public Health England Health Profile for Peterborough (2018) is attached as Annex D. This compares a range of health outcomes in Peterborough with the England average. Life expectancy in Peterborough remains below the England average, and health outcomes are generally either similar to or worse than national averages.

As stated earlier in section 4.2, public health need and outcomes are closely linked with socio-economic deprivation. Because Peterborough has a higher level of deprivation than the national average (Index of Multiple Deprivation 2015), the most realistic comparison is with health outcomes in other local authorities with similar levels of deprivation (Peterborough's deprivation decile). It is possible to make these comparisons using the national Public Health Outcomes Framework (PHOF) website [www.phoutcomes.info/](http://www.phoutcomes.info/)

Public health outcomes which may be particularly worthy of further attention, which the 'PHOF indicates are worse than Peterborough's deprivation decile average as well as the England average include:

- School readiness (children achieving a good level of development at the end of reception)
- Child dental health
- Teenage pregnancy
- Hospital admissions for unintentional and deliberate injuries, young people aged 15-24
- Hospital admissions for self-harm
- Late diagnosis of HIV
- Incidence of TB

## **5. CONSULTATION**

- 5.1
- Development of the South Asian Communities Joint Strategic Needs Assessment Supplement (to be finalised in January 2019) involved a survey and focus groups with community members.
  - Changes to the iCASH (sexual health and contraception service) clinics planned for 2019/20 have been subject to consultation with service users
  - Changes to the structure of the public health joint commissioning unit restructure were subject to staff consultation.

## **6. ANTICIPATED OUTCOMES OR IMPACT**

- 6.1 The overall impact of Peterborough City Council's public health functions should be to improve the health of local residents and reduce health inequalities.

## **7. REASON FOR THE RECOMMENDATION**

- 7.1 This paper enables the Health Scrutiny Committee to consider and comment on the delivery of the public health functions of Peterborough City Council and make appropriate recommendations.

## **8. ALTERNATIVE OPTIONS CONSIDERED**

- 8.1 The Committee may have chosen to focus on one topic, rather than a more comprehensive Cabinet Portfolio Holder's update report. However the wider work of the Council's public health functions would not then have been submitted to the same level of democratic scrutiny in public.

## **9. IMPLICATIONS**

### **Financial Implications**

- 9.1 These are outlined in paragraphs 4.2 and 4.3

### **Legal Implications**

- 9.2 Under the Health and Social Care Act (2012) the Council has a statutory duty to take such steps as it considers appropriate to improve the health of local residents. The public health grant is currently ring-fenced for use on services meeting the grants terms and conditions.

### **Equalities Implications**

- 9.3 There is a wider focus within public health services on reducing health inequalities, which in turn should impact positively on a number of equalities groups.

### **Rural Implications**

- 9.4 The public health functions outlined should, where feasible, be delivered in both urban and rural areas of Peterborough. It is important to ensure that where services are based centrally within the City there is appropriate outreach into rural areas, based on need.

## **10. BACKGROUND DOCUMENTS**

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

- 10.1 *List any documents and other information used to write this report. DO NOT include exempt items. Be specific as anything you list here must be available for public inspection for several years after the committee meeting.*

## **11. APPENDICES**

- 11.1 Annex A: Detailed Quadrant Chart  
Annex B: Public Health Joint Commissioning Unit Performance Report  
Annex C: Healthcare Public Health Advice Service 2017/18 Report  
Annex D: Health Profile for Peterborough 2018