

HEALTH SCRUTINY COMMITTEE	AGENDA ITEM No. 7
9 MARCH 2020	PUBLIC REPORT

Report of:	Cllr Wayne Fitzgerald	
Cabinet Member(s) responsible:	Cllr Wayne Fitzgerald, Deputy Leader and Cabinet Member for Adult Social Care, Health and Public Health	
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CABINET PORTFOLIO HOLDER FOR PUBLIC HEALTH PERFORMANCE REPORT

R E C O M M E N D A T I O N S	
FROM: Cllr Wayne Fitzgerald	
It is recommended that the Health Scrutiny Committee note and comment on the 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 2019/20.

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?	NO	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 2019/20 is approximately £10.6M. The national public health grant allocation to local authorities has been reducing year on year, with a Health Foundation analysis finding a real terms reduction of 25% between 2015/16 and 2020/21.

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 general 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. When children's public health grant funding was transferred to the Council in 2015, it was 16% below national average funding per 0-4 year old and 29% below the funding per 0-4 year old, in local authorities with similar levels of deprivation (Index of Multiple Deprivation 2015 score).

4.3 In 2019/20, Peterborough City Council planned to spend the ring-fenced public health grant on services as outlined in the table overleaf.

Key points are:

- The majority of spend (over 80%) is on external contracts for public health programmes as listed in the national public health grant commissioning categories. Another 10% is spent on external contracts for wider preventive services which benefit health and wellbeing – Children's Centres and young people's counselling.
- A third (34%) of total public health spend is on children's public health services (health visiting, school nursing, breastfeeding support, healthy schools). If spend on Children's Centres and the CHUMs counselling service for children and young people is added, this rises to over two fifths of total spend (44%).
- 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	PLANNED PUBLIC HEALTH GRANT SPEND 2019/20 £k	PERCENTAGE OF TOTAL PH BUDGET
External public health contracts		
Children's public health (health visiting/school nursing)	3,597	34%
Drug and alcohol treatment	2,269	21%
Sexual health and contraception	1,937	18%
Preventing long term conditions (smoking/weight management/health checks/mental health)	958	9%
Sub-Total	8761	82%

PCC – Children’s Services Portfolio and Communities Portfolio/ Pooled budgets		
Children’s Centres, and CHUMs young people’s counselling	1040	10%
Community safety	277	3%
Corporate overheads and communications	108	1%
Sub-Total	1425	14%
Public health staffing		
Public health staffing (joint team)	497	5%
TOTAL	10,683	100%

4.4 Early in 2019/20 it became clear that there was a gap between the funding transferred to Peterborough City Council to fund our health visiting and school nursing contract, and the cost of the service. After savings from service transformation and a joint Section 75 with Cambridgeshire County Council had been taken into account, this still left a funding gap or pressure of £870,000.

In order to address this, public health grant reserves totalling £355,383 were used to subsidise the contract, the National Childhood Measurement Programme was transferred to another provider, therefore reducing costs, and measures to recurrently address a further £541,000 of annual costs were agreed. A new section 75 was signed in October 2019 which took these changes into account, and will continue to provide some additional Peterborough City Council public health funding into the contract above the level in previous years..

To balance the additional funding for health visiting and school nursing, some reductions in funding for other services have been planned for 2020/21 as outlined in the Tranche 1 Medium Term Financial Strategy. These include savings through joint procurement of contracts with Cambridgeshire County Council.

The current Budgetary Control Reports for 2019/20 indicate that the public health budget does not show any significant variances and is likely to end the year on or close to its target.

4.5 **Performance of commissioned public health services**

- 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 year with the majority of targets achieved. 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 is good - 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. Financial pressures on services are being closely monitored.
- Performance of Cambridgeshire Community Services NHS Trust (CCS) delivering integrated sexual health and contraception services is generally good. Demand for the service continues to be high with challenges meeting this and a number of measures are in place. The rate of diagnoses of Chlamydia infections among 15-24 year olds in Peterborough is better (higher) than the national average, and the teenage pregnancy rate and the proportion of cases of HIV diagnosed late have both improved and reached a similar level to the national benchmark, when previously they were significantly worse than benchmark.

- Integrated Lifestyle Services delivered by Solutions4Health are on track to deliver against the majority of their contract key performance indicators (KPIs) weight management, physical activity and falls prevention, although smoking cessation KPIs for Q2 were not achieved. The latest figures indicate that smoking and obesity rates are both higher than the national average in Peterborough. The service is succeeding in reaching more vulnerable communities, delivering sessions in community venues as well as GP surgeries, and with staff who speak a number of languages.
- 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 total proportion of eligible residents who have received health checks in the past five years is well above the national average.
- Sixteen pharmacies in Peterborough are now providing free Emergency Hormonal Contraception, for which public health contracts were introduced in 2017/18. There is a gradual increase in uptake of the service.

4.6 Local authority public health dashboard

Public Health England produce a Local Authority public health dashboard. This recognises that public health outcomes are closely related to deprivation and therefore the performance of local authorities should (a) be compared with local authorities with similar deprivation levels and (b) reflect some 'process measures' such as waiting times for services and delivery of mandated checks, as well as outcome measures. On the domains for the Local Authority public health dashboard, Peterborough City Council scores as follows:

Domain	Quartile compared with local authorities with similar deprivation	Quartile compared with England
Childhood obesity	Quartile 2 (better than average)	Quartile 3 (worse than average)
NHS health check	Quartile 2 (better than average)	Quartile 1 (best quartile)
Tobacco control	Quartile 4 (worst quartile)	Quartile 4 (worst quartile)
Alcohol treatment	Quartile 1 (best quartile)	Quartile 1 (best quartile)
Drug treatment	Quartile 1 (best quartile)	Quartile 1 (best quartile)
Sexual health	Quartile 1 (best quartile)	Quartile 1 (best quartile)

<https://fingertips.phe.org.uk/topic/public-health-dashboard>

This **dashboard** which focusses on public health service performance, provides a different picture from Peterborough's local authority public health **profile** (4.11 and Annex A) which focusses on population level health outcomes compared with the national average.

4.7 Recommissioning and Transformation of Commissioned Public Health Services

2019/20 has seen significant development work on recommissioning of public health services. The approach has generally been to recommission joint contracts with Cambridgeshire County Council. This helps to maintain front line services despite a difficult funding position, through reducing management costs and creating economies of scale. It also makes joint commissioning of services with the NHS more feasible, as the Clinical Commissioning Group covers both Cambridgeshire and Peterborough. In all re-commissioning exercises, needs assessments have identified the local community issues and diversity in Peterborough, and specified a requirement to address them in the services to be provided.

The re-commissioning and transformation outlined above has covered

- Health visiting and school nursing services – a new Section 75 joint with Cambridgeshire County Council implemented on 1st October 2019.
- Integrated Lifestyles Services – currently out to procurement for a joint Peterborough and Cambridgeshire service including joint commissioning with the CCG, for implementation in June 2020.
- Sexual health and reproductive services – currently out to procurement for a joint Peterborough and Cambridgeshire service, including joint commissioning with NHS England and the CCG, for implementation in October 2020.
- Sexual ill health prevention services – procurement exercise across Peterborough and Cambridgeshire completed, and new service due to commence in April 2020.

4.8 **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 services delivered included:

- Public health advice on NHS clinical policies and thresholds.
- Public health advice on the Sustainability and Transformation Partnership Plans (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.
- Partnership work providing advice on prevention of diabetes and cardiovascular disease
- 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.
- Production of health profiles for STP Alliances and Primary Care Networks
- Further public health intelligence based analytical support.

4.9 **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 Annual Health Protection Report for Cambridgeshire and Peterborough (2019/20) is available on weblink

[HWB Board Whole System Sub-Committee March 2020](#)

Key points from the 2019/20 Annual Health Protection Report included:

- Some childhood vaccinations are lower than the recommended 95% target. Flu vaccination uptake overall are slightly lower than last year, for those under 65 years and at risk, those over 65 years and pregnant women.
- Screening, in which cervical screening continues to have lower than 'acceptable' uptake, corresponding with the national pattern.
- Healthcare associated infections, the reduction in cases of MRSA, the observed increase in E. coli bacteraemia, and the successful work to reduce anti-microbial resistance.
- The Environmental Health role of city and district councils in protecting health including pollution control and air quality monitoring and advice.
- The higher rate of TB cases diagnosed in Peterborough, compared with national rates and the local work to assess the need and appropriate service response across Cambridgeshire and Peterborough.
- Sexual health including the increasing level of sexually transmitted infection diagnoses, and an improvement in the rates of late HIV diagnosis. The teenage pregnancy rates in Cambridgeshire and Peterborough have declined, and the latest Peterborough rates are statistically similar to the national average.

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

- Ongoing Delivery of a local action plan following a national audit of arrangements for Health Protection Incidents.
- Finalising the Cambridgeshire and Peterborough Local Resilience Forum Vulnerable People Protocol
- Participation in system-wide emergency planning training and exercises
- Work with communications team to deliver health messages to the public during episodes of very hot weather

4.10 **Health in All Policies**

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

- Work with Children's Services and Early Years Education Services on the 'Best Start in Life' Strategy and Service Model
- Work with Children's Services on a needs assessment for vulnerable adolescents and a needs assessment for children and young people's mental health
- Work with Children's Services on the action plan for the Peterborough SEND statement of action including providing a responsible officer for workstream 4- Getting support early.
- Work with the officer group supporting the development of the Think Communities approach and service model
- Working with the Communities and Safety Rough Sleepers outreach team to introduce a part time drug and alcohol worker
- Public health input to the Adult Social Care Service management team and work with Adult Social Care and Communications colleagues on the 'Stay Well in Winter' campaign.
- Work with Environmental Health to support the launch of their Peterborough 'Healthier Options' scheme for food outlets.
- Public health input to the Member working group on air quality
- Chairing 'Discarded needles' task force, working closely with Community and Safety directorate
- A presentation to managers across the Council on how their work helps to improve the health of residents.
- Work with the communications team to promote public health messages through the Council's social media channels.

4.11 **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
- Safer Peterborough Partnership
- Cambridgeshire & Peterborough (C&P) Safeguarding Boards
- C&P MASH Governance Board
- C&P Child Death Overview Panel
- C&P Child Health and Wellbeing Executive Board
- C&P Children's' Emotional 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
- C&P Child health and wellbeing joint commissioning board
- 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:

- Ongoing implementation of a successful bid to Sport England, across Cambridgeshire and Peterborough, to support participation in physical activity for disadvantaged families, working closely with Vivacity.
- Input to the Combined Authority's Local Transport Plan Steering Group to ensure that appropriate advice was provided on health and wellbeing policies within the plan
- Work with the Sustainable Transformation Partnership on Suicide Prevention, including a successful bid for national NHS funds.
- Work with Cambridgeshire County Council, Cambridgeshire and Peterborough CCG and NHS England to develop a joint commissioning model for sexual and reproductive health services (currently out to tender).
- Work with Cambridgeshire County Council and Cambridgeshire & Peterborough CCG to develop joint commissioning of Integrated Lifestyle Services (currently out to tender)
- Preventive work with the Safer Peterborough partnership on key priorities in relation to drugs and alcohol, and other relevant issues.
- Ongoing joint work on the Best Start in Life Strategy across PCC, CCC, the local NHS and voluntary sector.
- Work to implement a health and wellbeing action plan from the Diverse Ethnic Communities: South Asian Joint Strategic Needs Assessment (JSNA)

4.12 **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 2019
- Peterborough JSNA Core Dataset 2019
- Diverse Ethnic Communities: South Asian Joint Strategic Needs Assessment 2019

These are available on

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

The Peterborough Joint Health and Wellbeing Strategy (JHWS) 2016-19 has now completed its third year and has been extended while a draft joint Cambridgeshire and Peterborough Health and Wellbeing Strategy is consulted on. The consultation materials are available on

<https://www.peterborough.gov.uk/council/consultations/joint-health-and-wellbeing-strategy-for-cambridgeshire-and-peterborough>

4.13 **Public Health Outcomes**

The Public Health England Health Profile for Peterborough (2018) is attached as Annex A. 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.

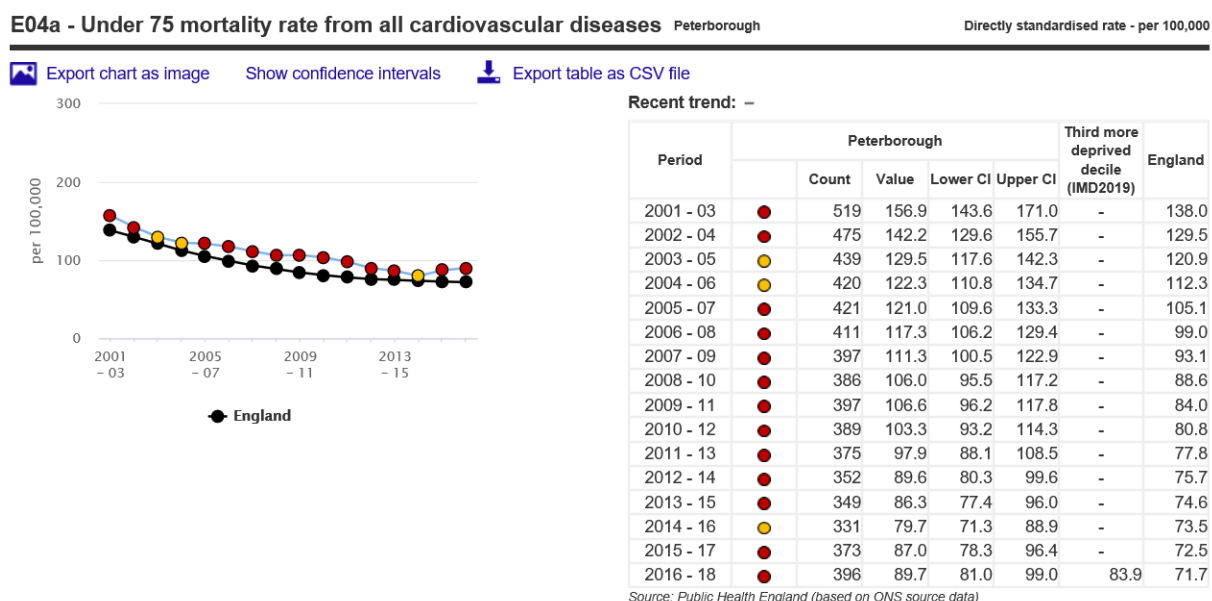
As stated earlier in section 4.2, public health need and outcomes are closely linked with socio-economic deprivation. Because Peterborough has a higher level of socio-economic deprivation than the national average (Index of Deprivation 2019), the most realistic comparison is with health outcomes in other 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/

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:

- Infant mortality rate
- School readiness (children achieving a good level of development at the end of reception)
- Percentage of five year olds with dental decay
- Hospital admissions for unintentional and deliberate injuries, young people aged 0-14
- Hospital admissions for self-harm
- Uptake of bowel cancer screening
- Uptake of some childhood vaccinations including MMR, and adult flu vaccination
- Incidence of TB
- Mortality from specified infectious diseases (including influenza)
- Hip fractures in people aged 85+

4.14 Cardiovascular disease in Peterborough

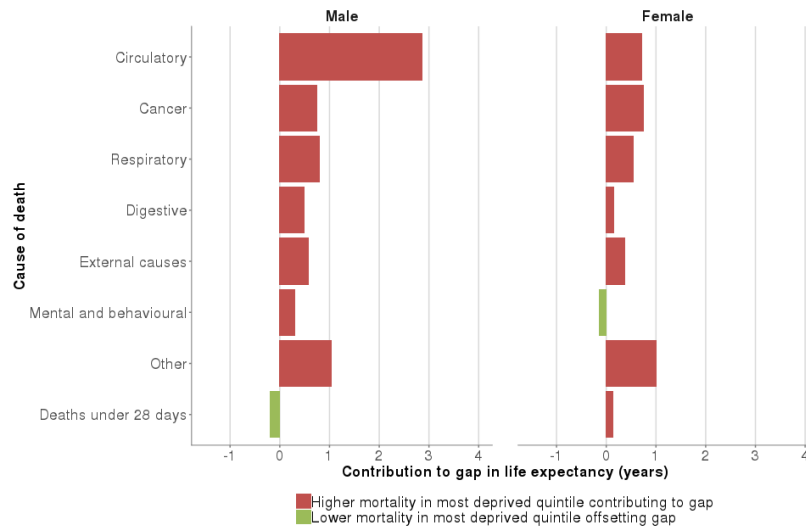
There was a specific request from the Health Scrutiny Committee to include information on cardiovascular outcomes in Peterborough in the Cabinet Portfolio Holder's report. The national public health outcomes framework includes benchmarking of mortality from cardiovascular disease under the age of 75. In Peterborough the death rate under age 75 from cardiovascular disease has historically been significantly above the national average (coloured red on the graph below). In 2013 the Clinical Commissioning Group made reducing inequalities in heart disease across Cambridgeshire and Peterborough one of its three main priorities. A programme of close joint work between GP practices and City Council public health was developed, including a focus on health checks, smoking cessation, and provision of preventive advice and best medication by GP practices. The graph below indicates that this may have had some effect as for one 'point' covering 2014-16, rates of premature death from cardiovascular disease fell to similar to national average. However since then, they have returned back to levels significantly above average, although still lower than historical rates before 2010.



When compared with other local authorities with similar levels of deprivation, rather than the national average, premature deaths from cardiovascular disease in Peterborough are higher than average, but this is not statistically significant difference.

There are significant differences between the most and least deprived areas of Peterborough in rates of early deaths from heart disease, particularly for men. The chart below shows that cardiovascular disease accounts for almost three year of the difference in life expectancy between men in the most and least deprived quintiles (20%) of small areas in Peterborough. Nationally and locally, heart disease is linked with social and economic deprivation and with ethnicity – there are higher rates in both South Asian and some Eastern European communities.

Bar chart showing the breakdown of the life expectancy gap between the most deprived quintile and least deprived quintile of Peterborough, by broad cause of death, 2015-17



Source: Public Health England based on ONS death registration data and mid year population estimates, and Ministry of Housing, Communities and Local Government Index of Multiple Deprivation, 2015

Public

Health England. Segment Tool <https://analytics.phe.gov.uk/apps/segment-tool/> Downloaded 14/01/2020

The ongoing inequalities in cardiovascular disease in both Peterborough and Wisbech are recognised across the health and care system and have been included as a priority in the draft Cambridgeshire and Peterborough Health and Wellbeing Strategy. The proposed actions for Health and Wellbeing Board member organisations to address this inequality are:

- Adopt and implement the Cambridgeshire and Peterborough Smoking and Tobacco Strategy, led by the Smoke Free Alliances.
- Adopt and implement the CCG prevention strategy, which has a strong focus on improved management of high blood pressure by GP practices.
- Adopt the STP Clinical Strategy for cardiovascular disease, to ensure that best treatment is available across the system
- Focus resources on working together with primary care networks in the most deprived areas of Peterborough and Wisbech to prevent and effectively treat cardiovascular disease.

Locally, work has started on co-producing a Health and Wellbeing action plan for South Asian communities, addressing the findings of a joint strategic needs assessment. One of the three priorities for this Health and Wellbeing Action plan is preventing diabetes and heart disease.

The specification for the procurement of the Integrated Lifestyle Service includes preventive services which will address cardiovascular disease risk – including smoking cessation, out-reach health checks, weight management and physical activity promotion services, and there will be a focus on communities at higher risk of heart disease.

5. CONSULTATION

5.1 Consultation has been carried out on public health savings as part of the wider Tranche 1 MTFS budget consultation.

There has been consultation with service users on changes to the CPFT health visiting service young parents' pathway; and on changes to the child health promotion clinic offer, which will be aligned with increased use of digital communication.

Consultation with stakeholders has been carried out as part of the process for re-procuring Integrated Lifestyle Services, Sexual and Reproductive Health Services, and Prevention of Sexual Ill Health Services.

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 grant's 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.

Carbon Impact Assessment

- 9.5 This is a general report on activity in the previous year not a new project and therefore does not have specific carbon impact implications. Some public health recommendations made to promote health and wellbeing – such as increased active travel (walking/cycling/use of public transport) and increased consumption of fruit and vegetables rather than meat, also result in improved carbon footprint.

10. BACKGROUND DOCUMENTS

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

- 10.1 Public health directorate budget spreadsheets
Public health joint commissioning unit performance reports
Annual health protection report (2019)
These documents are held by the public health directorate on electronic systems, based at Sandmartin House, Bittern Way, Fletton Quays, Peterborough, PE2 8TY

11. APPENDICES

11.1 Annex A: Health Profile for Peterborough 2019

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