

SCRUTINY COMMISSION FOR HEALTH ISSUES	Agenda Item No.5
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Report of Councillor Diane Lamb, Cabinet Member for Public Health

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CABINET MEMBER FOR PUBLIC HEALTH PORTFOLIO PROGRESS REPORT

1. PURPOSE

- 1.1 This report provides an overview of the public health functions of the Council over the past year, including services delivered, public health outcomes achieved, progress made and future plans.

2. RECOMMENDATIONS

- 2.1 The Scrutiny Commission is asked to note and comment upon the progress made since March 2015 and the public health priorities, challenges and opportunities over the coming period.

3. LINKS TO THE SUSTAINABLE COMMUNITY STRATEGY

- 3.1 This report links to the overall strategic vision for the City Council – improving the quality of life for all its people and communities, and focuses on Strategic Priority 7: Achieve the best health and wellbeing for the City.

4. BACKGROUND

4.1 Adoption of health as a strategic priority

- 4.1.1 The 2015/16 municipal year has seen the adoption of a seventh strategic priority for the City Council ‘Achieve the best health and wellbeing for the City’. Both the Council’s website and the hard copy materials such as posters have been changed to reflect this priority. A manager and staff briefing has encouraged staff to consider and contribute to this priority, alongside other strategic priorities of the Council, in appropriate aspects of their work.

4.2 Cabinet Portfolio Holder for Public Health

- 4.2.1 Following the May 2015 elections the post of Cabinet Portfolio Holder for Public Health was created, with responsibility for the public health functions transferred from the NHS to the City Council as part of the Health and Social Care Act (2012). These functions include:

- To help people live healthy lifestyles and make healthy choices
- To reduce health inequalities between different social groups in the city and amongst hard to reach groups
- To carry out health protection functions delegated from the Secretary of State, in relation to infectious diseases and chemical hazards.
- To ensure that public health advice is available to all local NHS organisations

4.3 Public Health Delivery arrangements

- 4.3.1 The Director of Public Health (DPH) has statutory Chief Officer responsibility for the public health functions outlined in the Health and Social Care Act (2012). The DPH has been seconded into Peterborough City Council from Cambridgeshire County Council for two days a week, which has enabled joint working and efficiencies across the public health functions of the

two Councils. In Peterborough, the commissioning and delivery of statutory public health functions is carried out jointly by the Public Health office and the People and Communities directorate.

4.4 The Public Health Grant to local authorities

4.4.1 Peterborough City Council receives a ring-fenced public health grant from the Department of Health to deliver public health responsibilities and services. At the start of 2015/16, this grant was approximately £9.2M, which was 20% below the target public health grant funding for an area with Peterborough's needs. During 2015/16 central government announced a 6.2% in-year reduction to the public health grant to all local authorities – a reduction of £673,000 in Peterborough. This was covered by using Care Act funding for £450,000 of community and neighbourhood services previously funded by the public health grant, a £50,000 reduction in the sexual health services contract which had already been agreed, a £50,000 reduction in the children's age 0-5 public health services contract, and £123,000 public health grant funding which had been carried over from 2014/15.

4.4.2 A further reduction of 2.2% in the public health grant (in addition to the 6.2% reduction in 2015/16) is planned for 2016/17. Phase 2 budget proposals to be considered by full Council are that, due to the significant public health needs in Peterborough, this reduction should be met through Council funding.

4.5 Wider partnership arrangements

4.5.1 The City Council's public health functions are delivered within the context of wider partnership arrangements for health and wellbeing. These include:

- The work of the Peterborough Health and Wellbeing Board (see 5.2 and 5.3 below)
- The statutory duty to deliver public health advice to NHS commissioners, known as the 'healthcare public health advice service'.
- This service is delivered jointly with Cambridgeshire County Council and agreed annually through a Memorandum of Understanding (MOU) with Cambridgeshire and Peterborough Clinical Commissioning Group.
- Work through the 'Health Protection Steering Group' to protect residents against infectious disease and environmental hazards. Membership includes representatives from Peterborough City Council Public Health, Environmental Health and Emergency Planning; Public Health England; NHS England; C&P Clinical Commissioning Group and Peterborough hospital. More detail is provided in the Peterborough Annual Health Protection Report which will be taken to the Health and Wellbeing Board in March.

5. KEY ISSUES

5.1 Communications

5.1.1 Effective communication of public health information and messages is an important part of overall public health work. This has been taken forward through.

- The Annual Public Health Report 2014/15, which gives an overview of health in Peterborough usual a lot of visual information and pictograms rather than more traditional 'technical' text and tables. This has been presented to the Health and Wellbeing Board and other partnership boards and is on the Council's website. www.peterborough.gov.uk/healthcare/public-health/annual-public-health-report/
- Communication with all Councillors through the monthly Public Health Cabinet portfolio holder report, and through events such as All Party Policy meetings and the Dementia workshop held in October 2015.
- A year-long campaign 'Peterborough: Creating a Healthy City' was launched on February 29 2016. This has been developed by the Council's communications team, working closely with Public Health staff and with input from Public Health England and

local NHS colleagues. The campaign includes a dedicated website www.healthypeterborough.org.uk, together with flags, posters, magazine and newspaper articles, radio and events. It covers a specific health theme each month which has a strong emphasis on what actions people can take themselves to stay healthy, and local support for this – launching with ‘heart health’ in March and ‘stroke’ in April.

5.2 Analysis and public health intelligence

5.2.1 The Peterborough Health and Wellbeing Board has a statutory duty to carry out a ‘Joint Strategic Needs Assessment’ to identify health and wellbeing needs in Peterborough. During 2015, the Public Health Office led the production of:

- An updated ‘Joint Strategic Needs Assessment Core dataset’, which outlines the key health and wellbeing needs in Peterborough, including information broken down to electoral ward level
- A Joint Strategic Needs Assessment on the health and wellbeing of Children and Young People
- A Joint Strategic Needs Assessment on Cardiovascular Disease
www.peterborough.gov.uk/healthcare/public-health/JSNA/

5.2.2 A Joint Strategic Needs Assessment on Adult Mental Health will be presented to the Health and Wellbeing Board in March.

5.3 Joint Health and Wellbeing Strategy

5.3.1 Production of a Joint Health and Wellbeing Strategy is another statutory duty of the Health and Wellbeing Board. This should be designed to meet the needs identified in the Joint Strategic Needs Assessment. The Peterborough Health and Wellbeing Strategy (2012/15) required refreshing, and the Public Health Office has led the collaborative production of a draft Health and Wellbeing Strategy (2016/19) which is currently out for a three month period of engagement and consultation with stakeholders and the public.

www.peterborough.gov.uk/council/consultations/health-and-wellbeing-strategy-consultation/

5.4 Public Health across the work of the Council

5.4.1 Public health responsibilities were transferred from the NHS into local government in 2013, recognising the essential role that local government policies and services play in improving and protecting health. To ensure that public health is fully considered in the wider work of the Council, a Public Health Officer Board was set up, chaired by the Director of Public Health, with the Corporate Director, Growth and Regeneration as vice-chair. The Public Health Board meets bi-monthly to cover a specific theme of the Council’s work, and has Director and senior management representation from across the Council. Examples of public health work across the Council include:

- A health improvement specialist working part-time on a one year secondment in the Growth and Regeneration Directorate to support the health aspects of the Local Plan, Housing Strategy, and Local Transport Plan – as well as more general training and development work with planning officers.
- Feedback from a health improvement specialist into the renewal of the Council’s Licensing Policy.
- A joint commitment with the People and Communities directorate to work on a Healthy Schools programme
- The Peterborough: Creating a Healthy City campaign outlined under para 5.1.

6. PUBLIC HEALTH COMMISSIONING

6.1 Overview of sexual health services

- 6.1.1 The Public Health commissioning team in the People and Communities Directorate has responsibility for commissioning sexual health services. A tender process resulted in a new, fully integrated contraceptive and sexual health service operated by Cambridgeshire Community Services (CCS), now based at Kings Chambers, Priestgate. Results are positive with high levels of service user satisfaction. We also commission long-acting reversible contraception (LARC) implants and removals by GPs.
- 6.1.2 A new sexual health strategic group has been established comprising a wide range of partners and is developing a sexual health strategy for the city. Priorities will include:
- Increase sexual and contraceptive health awareness amongst the local population;
 - Increase detection of sexually transmitted infections (STIs) amongst the local population;
 - Reduce the number of unplanned pregnancies; and
 - Improve early HIV detection within the city to reduce the rate of late diagnosis.

6.2 Commissioning of integrated drug and alcohol service and award of contract

- 6.2.1 During 2015/16 PCC has re-tendered specialist drug and alcohol services, combining the two themes for the first time. The successful bidder was CRi, the current provider of the adult drug treatment service, and work is at an advanced stage to mobilise the new contract with effect from 1st April 2016. The Council anticipates efficiencies from having a combined service whose key outcomes are to:

- Increase the number of people free from drug and alcohol dependence (and substitute medication) and in sustained recovery;
- Improve the health and wellbeing of people with drug and alcohol misuse issues;
- Reduce the harm experienced by individuals, families and the community arising from problematic drug and alcohol use;
- Reduce crime experienced by individuals, families and the community associated with problematic drug and alcohol use; and
- Reduce future demand on health, criminal justice and treatment services.

- 6.2.2 In support of this last outcome, combining all substance misuse work into one contract has also enabled the Council to take responsibility for commissioning the hospital alcohol liaison project on behalf of the CCG, and in conjunction with the Police & Crime Commissioner and the Constabulary, commission specific work to target the P&CC's priorities through an "innovation fund". The priority for 2016/17 will be frequent attenders of police custody suites and we anticipate developing a model that may be transferrable to other frequent users of public services, such as A&E.

- 6.2.3 Historically, successive national policies have delivered greater resource to the treatment of drug misuse and a further anticipated outcome of the new, combined service is to re-balance the treatment system, increasing the proportion of alcohol and non-opiate users in treatment as the proportion of opiate users successfully completing treatment increases.

6.3 Workplace health contract with BITC

- 6.3.1 Peterborough City Council, working in partnership with Cambridgeshire County Council, have agreed a two year contract with Business in the Community (BITC) to work with local employers to support the health and wellbeing of their workforce.

- 6.3.2 The workplace provides an ideal place to promote healthy lifestyles to a large proportion of local residents. Evidence shows that health improvement initiatives within the workplace have positive impacts on employee health resulting in reduced absenteeism and increased productivity, which, in the longer term, will also reduce the burden on health and social care.

6.3.4 Through the programme local businesses will be able to develop health networks, access accredited health champion and mental health training and receive tailored health and wellbeing support such as stop smoking services and health checks for employees.

6.3.5 BITC held their first health and wellbeing networking meeting with local businesses in February 2016 to identify local support needs and opportunities.

6.4 Plans to jointly commission an integrated lifestyle service with the CCG

6.4.1 Work is being undertaken to jointly commission an integrated lifestyle service with the Cambridgeshire and Peterborough Clinical Commissioning Group (CCG), for local people who want help and support to change key behaviours that are adversely affecting their health. Some services are already delivered by City Council public health and other organisations, but are not enough to meet local needs, and could be more effective if integrated. The new integrated lifestyle service will start in early 2017 with a focus on supporting people to change behaviours that either cause or make worse long term health conditions such as heart disease and stroke, diabetes, chronic lung disease, some cancers, and chronic liver disease.

6.4.2 The service will focus on the following key health behaviours:

- smoking/tobacco use
- diets high in sugar, fat and salt and low in vegetables/fruit
- lack of physical activity and long sedentary periods
- maintaining a healthy weight
- alcohol use above recommended limits.

6.5 Commissioning of Children's Public Health Services

6.5.1 Peterborough City Council has been responsible for commissioning school nursing services since April 2013. In October 2015, the commissioning of health visiting and family nurse partnership services also transferred to the City Council from NHS England. These services are provided locally by Cambridgeshire and Peterborough Foundation Trust (CPFT).

6.5.2 When health visiting services were commissioned by NHS England, they were based on the GP practice which a child was registered with, whereas services are now based on the local authority area in which a child lives. A focus of work in the months since the transfer has been to ensure that no children were 'lost' or disadvantaged by these boundary changes. The changes mean that CPFT has taken on the care of additional children who live within the Peterborough City Council area. Another focus is to explore new models for a service for vulnerable teenage mothers, which are more inclusive than the current family nurse partnership model.

6.5.3 The People and Communities Directorate hosts the Cambridgeshire and Peterborough Joint Children's Health Commissioning Unit. This provides an exciting opportunity to 'join up' children's health and wellbeing services to achieve best outcomes and best value, through an integrated procurement of services for 0-19 year olds. The planned procurement would include health visiting, family nurse partnership and school nursing services, but also child and adolescent mental health services (a CCG responsibility) and wider preventive services such as Children's Centres.

7. PUBLIC HEALTH PERFORMANCE

7.1 Performance of locally commissioned/delivered services

7.1.1 High level performance metrics for public health commissioned and delivered services are provided in Annex A. These show that commissioned sexual health and substance misuse services are generally performing well. However services for smoking cessation, health checks, physical activity and children's weight management are not achieving locally set targets. This is

being addressed in the short term by recruitment to additional fixed term posts to support these services. In the medium term, the jointly commissioned integrated lifestyle service outlined in para 6.4 will address performance in these areas of service.

7.2 The Public Health Outcomes Framework

7.2.1 Nationally, the public health outcomes in local authority areas is monitored through the public health outcomes framework (PHOF), which covers five domains:

- Overarching indicators – life expectancy, healthy life expectancy, inequalities in life expectancy.
- Wider determinants of health
- Health improvement
- Health protection
- Premature mortality and population healthcare

7.2.2 There are a total of PHOF indicators, and compared with England as a whole Peterborough does better than benchmark (either the national average, or in a few cases a set target) for 14% of indicators, is similar to benchmark for 51% of indicators and is worse than benchmark for 35% of indicators. PHOF indicators are used to inform the annual public health report (para 5.1) and the Joint Strategic Needs Assessment (para 5.2). They are updated quarterly and are available on website www.phoutcomes.info/. The website enables comparisons with the England average, other local authorities in the East of England, and with Peterborough's CIPFA nearest neighbours (socio-demographically similar local authorities) and provides information on year on year trends.

8. IMPLICATIONS

8.1 This report sets out details of the work being carried out across the Council and partner organisations which will deliver improvements in public health outcomes for Peterborough's residents. We will ensure that Scrutiny Members are kept informed and engaged in this work throughout the process.

9. CONSULTATION

9.1 The joint Health and Wellbeing Strategy for Peterborough is currently out for engagement and consultation.

10. NEXT STEPS

10.1 In addition to next steps already outlined, these will be guided by feedback from the consultation on the HWB strategy.

11. BACKGROUND DOCUMENTS

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

- Annual Public Health Report – www.peterborough.gov.uk/healthcare/public-health/annual-public-health-report/
- Joint Strategic Needs Assessment Core Dataset – www.peterborough.gov.uk/healthcare/public-health/JSNA/
- Draft Health and Wellbeing Strategy – www.peterborough.gov.uk/council/consultations/health-and-wellbeing-strategy-consultation/

12. APPENDICES

- Appendix A – Public Health Services: Performance