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| HEALTH SCRUTINY COMMITTEE | Agenda Item No. 8 |
| 10 JANUARY 2017 | Public Report |

Report of the Director of Public Health

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DIRECTOR OF PUBLIC HEALTH ANNUAL REPORT

1. PURPOSE

- 1.1 This report is being submitted following a request from the Commission for Health Scrutiny for information on how Peterborough City Council as an organisation is addressing public health outcomes in Peterborough.

2. RECOMMENDATIONS

- 2.1 The Committee is asked to note and comment on the Report. It is also asked to consider whether it would wish to scrutinise any of the following areas of work going forward:
- Implementation of the Health and Wellbeing Strategy for Peterborough and progress against its various sections.
 - The extent to which public health outcomes are considered in the wider range of key decisions made by the Council and the impacts of decisions on public health are evaluated.
 - Whether links should be made to scrutiny of the Combined Authority for Cambridgeshire and Peterborough, as the actions of the Combined Authority may also impact public health.

3. LINKS TO THE CORPORATE PRIORITIES AND RELEVANT CABINET PORTFOLIO

- 3.1 This report links to the corporate priority 'Deliver the best health and wellbeing for the City'. The relevant Cabinet Portfolio is 'Public Health' although potential actions to support public health cut across several Portfolios.

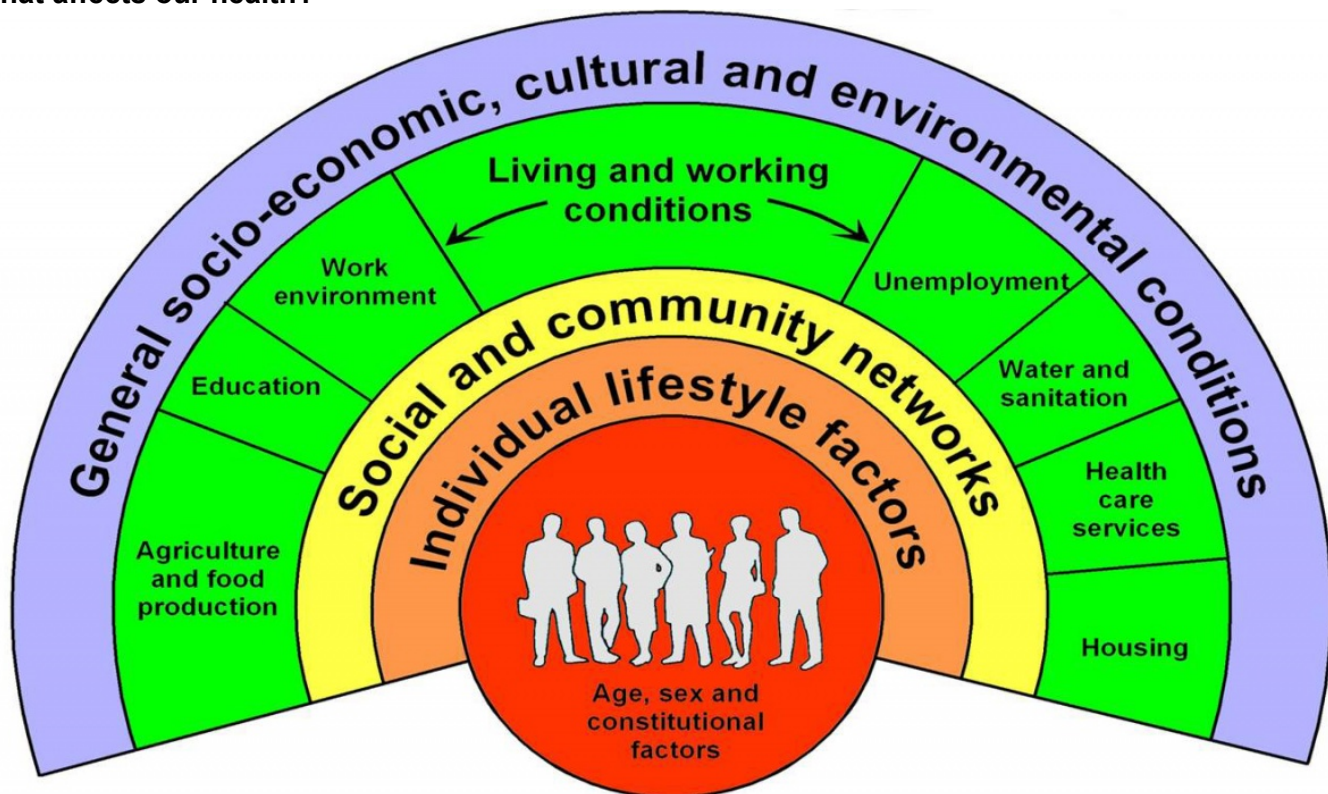
4. BACKGROUND

What is public health?

- 4.1 Public health is about creating the conditions in which people can live healthy lives for as long as possible. National and local government both have a significant influence on these conditions, together with businesses and local communities.
- 4.2 The 'Dahlgren and Whitehead' diagram overleaf shows the many different factors which impact on public health, and how these interlink between an individual and the wider population.
- 4.3 The public health system in England, which includes both national agencies and local government has been tasked with two key outcomes¹:
- Increased healthy life expectancy: *taking into account the health quality as well as the length of life*
 - Reduced differences in life expectancy and healthy life expectancy between communities: *through greater improvements in more disadvantaged communities*

¹ The Public Health Outcomes Framework for England 2013-2016. Department of Health 2012

What affects our health?



Source: Dahlgren and Whitehead, 1991

Public health outcomes in Peterborough

4.4 The main public health issues and outcomes in Peterborough have been summarised in a way designed for a wide readership, in the Annual Public Health Report 2016, attached as Appendix A. Of particular concern is that the latest figures for average healthy life expectancy in Peterborough (updated since the Annual Public Health Report 2016) are 60 years for women compared with 66 years nationally; and 61 years for men, compared with 65 years nationally. 'Healthy life expectancy' is defined as the average number of years a person would expect to live in good health. This differs from and is shorter than 'life expectancy' which is the total number of years a person would expect to live.

4.5 Greater detail on public health issues and on inequalities in health between different parts of Peterborough is available in the Peterborough Joint Strategic Needs Assessment Core Dataset available on <https://www.peterborough.gov.uk/healthcare/public-health/JSNA/>. There are significant health inequalities between electoral wards in Peterborough, and areas with poorer health outcomes are clustered in areas of the city which also experience other aspects of socio-economic disadvantage.

4.6 Health inequalities in Peterborough linked to ethnicity are outlined in detail in the Diverse Communities Joint Strategic Needs Assessment (JSNA) 2016, also available on <https://www.peterborough.gov.uk/healthcare/public-health/JSNA/>. One of the issues identified in this JSNA is the higher risk of diabetes and heart disease amongst South Asian communities (both nationally and locally) - which highlights the need for local prevention and health promotion work as well as good access to treatment.

4.7

There are user-friendly national websites which provide information on public health outcomes at local authority level, and allow outcomes in Peterborough to be compared with national averages and with averages from similar local authorities. These include:

- **Healthier Lives** website, which provides headline information on some of the most common causes of death and long term conditions at local authority level.
<http://healthierlives.phe.org.uk/>
- **Public Health Outcomes Framework**, which provides detailed information on a wide range of public health outcomes and factors influencing health at local authority level.
<http://www.phoutcomes.info/>
- **Local Health** website, which provides information on public health outcomes at electoral ward level, and compares them with national and local averages, although some of the information, particularly on estimates of lifestyle behaviours, is out of date.
<http://localhealth.org.uk>

5. KEY ISSUES

- 5.1 The Health Scrutiny Committee has asked for a particular focus on what Peterborough City Council as an organisation is doing to improve public health in the City.

Cabinet portfolio

- 5.2 Peterborough City Council has created a Cabinet Portfolio for public health. The Portfolio holder regularly updates all Councillors on local public health issues and actions through her monthly Cabinet report.

Funding

- 5.3 The majority of funding for public health in local authorities is received through a ring-fenced public health grant from central government. In Peterborough the level of this grant has been historically low, given the needs of the population. There is a national Department of Health funding formula which is used to calculate 'target' public health funding for all upper tier local authorities. In 2014/15, Peterborough was funded at 20% below its target level. Since then government has announced percentage reductions in national public health funding which apply equally to all local authorities. Because of the low level of national funding and the high level of public health need, Peterborough City Council has chosen to replace the reduction in national grant funding with local Council funding.

Public Health Office

- 5.4 Public health functions and budgets are distributed across directorates within the Council. The Director of Public Health leads a small public health office which focusses on analysis and strategy and works jointly with Cambridgeshire County Council, so that public health specialists and 'subject matter experts' can provide input on their particular area of expertise across both Councils. This provides a more comprehensive service at lower cost.

Public health commissioning and contract management

- 5.5 Commissioning and contract management of public health services such as drug and alcohol services, contraceptive and sexual health services, health visiting and school nursing, is carried out by the People and Communities Directorate commissioning team, working closely with 'subject matter experts from public health. Most of the public health grant is spent on externally commissioned services.

Preventing long term conditions

- 5.6 In 2016/17 a procurement exercise was carried out by the City Council, to commission an 'Integrated Lifestyle and Weight Management Service'. This brings together services provided directly by the City Council through its Public Health Delivery Unit, and by Cambridgeshire Community Services dietitians. The focus of the service is to provide support to local residents who are at higher risk of developing long term conditions such as diabetes, heart disease, stroke,

and chronic obstructive pulmonary disease, as a result of lifestyle behaviours. The service supports clients to change behaviours such as physical inactivity, unhealthy diet, unhealthy weight and smoking.

Health protection and regulatory services

- 5.7 The work of Environmental Health Officers in particular focusses on protecting public health from infectious disease and environmental hazards. EHOs will often work with specialists from Public Health England and the local Public Health Office when there are outbreaks of suspected food poisoning, or concerns about contaminated land or polluting industries. Trading standards and licensing services also carry out a variety of functions which protect the health of the public – for example work to identify and prevent sales of illegal tobacco, or under-age sales of alcohol and tobacco.

Communications and campaigns

- 5.8 The City Council Marketing and Communications team play an important role in communication with the public, and receive public health communications materials directly from Public Health England to support national campaigns. The 2016 ‘Healthy Peterborough’ campaign was led by a member of the Marketing and Communications team with subject matter expertise supplied by the Public Health Office, and through wider partnerships with the local NHS and HealthWatch.

Growth and Regeneration

- 5.9 A public health specialist working across Cambridgeshire and Peterborough on land use planning and transport issues has been seconded into the Growth and Regeneration Directorate for 1.5 days per week. He works with Directorate officers on land use planning, housing, and transport planning issues to ensure that appropriate evidence on health and wellbeing is considered and included in plans.

Active people’s strategy

- 5.10 The City Council is currently developing an ‘Active People’s Strategy’ with support from Sport England. This is primarily about development and distribution of sports facilities in Peterborough, and reflects physical activity indicators included in the public health outcomes framework as well as public health information on where levels of inactivity related long term health conditions are most prevalent in the City.

Strategic Overview of work across directorates – the Public Health Officer Board

- 5.11 Since May 2015, senior officers from the City Council have been meeting bi-monthly at a Public Health Officer Board chaired by the DPH. This allows senior officers to work together on public health issues in Peterborough, and has initiated or contributed to some of the activities outlined above. Each meeting focusses on one or two themes, and to date have covered:
- Healthy lifestyles and campaigns/communications
 - Cardiovascular disease and healthcare public health
 - Children and young people’s public health services
 - Land use planning, transport, housing and Health Inequalities
 - Domestic violence, substance misuse and mental health
 - Health protection and Sexual Health
 - Diverse ethnic communities
 - Public health impact of regulatory services

Peterborough Health and Wellbeing Strategy

- 5.12 Development of a Joint Health and Wellbeing Strategy is a statutory duty of the Peterborough Health and Wellbeing Board, which is a sub-committee of Peterborough City Council and chaired

by the Council Leader. A new Peterborough Health and Wellbeing Strategy (2016/19) was agreed in July 2016, following public consultation. This involved input from officers across the Council, as well as the local NHS, HealthWatch and other partner agencies. It addresses several of the public health issues outlined in the Annual Public Health Report and Joint Strategic Needs Assessments. The Health and Wellbeing Strategy is now being implemented overseen by a joint Health and Wellbeing/Safer Peterborough Partnership Delivery Board.

Devolution and the Combined Authority

- 5.13 The new Combined Authority for Cambridgeshire and Peterborough is likely to have an impact on some aspects of public health locally. For example a new university in Peterborough is likely to impact on educational attainment and qualification levels, while local sustainable transport plans may impact on population levels of physical activity. While the first devolution 'deal' was focussed on growing the economy, which in itself should impact positively on income and employment levels and therefore public health, exploratory work is being done on whether the second devolution deal could include funds for preventive work in areas of Cambridgeshire and Peterborough which experience more challenges and health inequalities – potentially bringing in a local prevention fund which enables the public sector to work with communities in new and more flexible ways.

Potential areas for further scrutiny

- 5.14 This paper has described some of the 'building blocks' for the City Council's public health role which are already in place. The reality of improving public health and reducing health inequalities is that this requires ongoing and persistent work, which needs to be embedded in the mainstream of organisational functions, including partnership working and relationships with communities. On this basis, areas for scrutiny that the Committee might wish to pursue going forward include:
- Implementation of the Health and Wellbeing Strategy for Peterborough and progress against its various sections, including addressing health inequalities.
 - The extent to which public health outcomes are considered in the wider range of key decisions made by the Council, and how any impacts of decisions on public health are evaluated .
 - Whether links should be made to scrutiny of the Combined Authority for Cambridgeshire and Peterborough, as the actions of the Combined Authority may also impact on public health.
- 5.15 Alternatively, the Committee may wish to identify another specific aspect of public health in Peterborough on which to focus scrutiny going forward.

6. IMPLICATIONS

- 6.1 Because this is a general report on public health issues in Peterborough, and relevant activities within Peterborough City Council, there are no direct financial, legal or staffing implications.

7. CONSULTATION

- 7.1 No specific consultation has taken place in preparation of this paper.

8. NEXT STEPS

- 8.1 Recommendations made by the Scrutiny Committee may be fed back to the Cabinet Portfolio holder for Public Health and/or the Health and Wellbeing Board for further consideration.

9. BACKGROUND DOCUMENTS

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

- 9.1 None.

10. APPENDICES

10.1 Annual Public Health Report (2015)