

HEALTH SCRUTINY COMMITTEE	AGENDA ITEM No. 5
19 JUNE 2017	PUBLIC REPORT

Report of:	Cabinet Member for Public Health	
Cabinet Member responsible:	Councillor Diane Lamb	
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PUBLIC HEALTH PORTFOLIO HOLDER'S REPORT 2016/17

R E C O M M E N D A T I O N S	
FROM: Cabinet Member for Public Health	Deadline date: N/A
<p>It is recommended that the Health Scrutiny Committee</p> <p>1. Note and comment on the Public Health Portfolio Holder's Report for 2016/17</p>	

1. ORIGIN OF REPORT

- 1.1 This Report was requested by the Health Scrutiny Committee during the annual work-planning process.

2. PURPOSE AND REASON FOR REPORT

- 2.1 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.
- 2.2 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.
- 2.4 This report focusses on the Strategic Priority 'Achieve the best health and wellbeing for the City'
- 2.5 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

BACKGROUND

4.1 Cabinet Portfolio Holder for Public Health

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, reducing their risk of developing long term health problems and conditions.
- 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

4.2 **Public Health Delivery arrangements**

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). A Public Health Board with senior officers from across directorates supports the embedding of public health outcomes across the work of the City Council.

The DPH is 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 two Councils. The wider public health team now works jointly across the two local authorities, and a joint public health commissioning unit has recently been established involving staff from both Councils, which is jointly led by Val Thomas, Public Health Consultant (Cambridgeshire), and Oliver Hayward, Assistant Director of Commissioning (Peterborough).

4.3 **The Public Health Grant to local authorities**

Peterborough City Council receives a ring-fenced public health grant from the Department of Health to deliver public health services. For 2016/17 the total grant was £11,479,000.

4.4 **Wider partnership arrangements**

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

- The work of the Peterborough Health and Wellbeing Board, which is a partnership board chaired by the Council Leader with senior representation from the City Council, local NHS, HealthWatch and Safeguarding Boards. The HWB Board has agreed a joint Health and Wellbeing Strategy 2016/19 for Peterborough and has a duty to promote integrated working across health and social care.
- The statutory duty to deliver public health advice to NHS commissioners, known as the 'healthcare public health advice service' (HPHAS). 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. The Annual Report of the HPHAS is included as Appendix 3.
- Work through the 'Health Protection Steering Group', which is joint with Cambridgeshire County Council, 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. More detail is provided in the Peterborough Annual Health Protection Report, which was presented to the HWB Board in March 2017.

KEY ISSUES

4.5 **Strategy**

Peterborough's Joint Health and Wellbeing Strategy was approved by Cabinet in June 2016 and by the Health and Wellbeing Board in July 2016. Implementation of the HWB Strategy is being monitored through quarterly performance reports to the HWB Board, and an annual review of key metrics and outcomes.

Peterborough's Cardiovascular Disease strategy was approved by the Health and Wellbeing Board in September 2016 and implementation is being overseen by a multi-agency

Cardiovascular Disease Steering Group, ensuring close alignment with the wider Cambridgeshire and Peterborough Sustainability and Transformation Plan (STP) cardiovascular workstreams.

4.6 **Needs Assessment**

A Joint Strategic Needs Assessment (JSNA) to review the health and wellbeing needs of Diverse Ethnic Communities was approved by the Health and Wellbeing Board in September 2016. The People and Communities policy team reviewed the implications of this JSNA for City Council services and it is being used to support bids to the national Migration Fund. It was also referenced in the NHS Cambridgeshire and Peterborough Sustainability and Transformation Plan

A Joint Strategic Needs Assessment on Primary Prevention of Ill Health for Older People was presented to the Health and Wellbeing Board in June 2017. The purpose of this JSNA is to help inform further development of the Healthy Ageing programme for Peterborough.

Health needs assessments have also been completed or are in progress

- to support a review of Special Educational Needs transition services earlier in the year (completed)
- to identify needs, priorities and vulnerable groups for sexual health and contraception services in Peterborough (currently in draft)

Support has also been provided for a needs assessment for domestic abuse/ violence against women and girls across Cambridgeshire and Peterborough (currently in draft).

4.7 **Campaigns**

The Healthy Peterborough Campaign was delivered throughout 2016/17 covering a new topic each month. It was promoted through posters in a variety of places, lamp-post banners, magazines and newspaper advertorials, press releases, radio jingles and social media.

The campaigns generated 127,252 page views on the Healthy Peterborough website, 7,172 clicks from paid Facebook adverts and over 2,710 followers on Facebook. .

A survey of 333 Peterborough residents as part of an evaluation of the campaign found good recognition of the Healthy Peterborough brand with up to 46% of respondents recalling the campaign and 38% free recalling (unprompted) one of the campaign topics.

The results of the evaluation are being used to shape the 2017/18 Healthy Peterborough campaign, which has started with a focus on Mental Health during May.

4.8 **Commissioning of Public Health Services**

A new drug and alcohol treatment contract delivered by Change Grow Live (CGL) (previously Criminal Reduction Initiatives (CRI)) commenced on April 1st 2016, integrating all parts of the local treatment system into one service. Successful transition and transformation of the service has been the priority during its first year.

The Integrated Contraception and Sexual Health service delivered by Cambridgeshire Community Services NHS Trust continued with some enhancement of preventive outreach services. The service faced pressure from high demand, and a limited amount of additional in-year funding was agreed to maintain the quality and accessibility of provision.

A Section 75 agreement was signed for health visiting, school nursing and family nurse partnership services delivered by Cambridgeshire and Peterborough NHS Foundation Trust. The purpose of the Section 75 is to continue the current services while further work is carried out on integration of child health services for ages 0-19, working with Cambridgeshire County Council and Cambridgeshire and Peterborough Clinical Commissioning Group (CCG). The specification for the Family Nurse Partnership service for vulnerable teenage mothers, which sits within the Section 75 was changed to a new more inclusive model.

A tender process for a new Integrated Lifestyles Service which supports people to make changes to their lifestyle behaviours, to reduce their risk of developing health conditions such as diabetes

or heart disease, was won by Solutions4Health. Since April 1st 2017, the new service is now in the implementation phase, with staff TUPE'd from Peterborough City Council based at the Gladstone Community Centre and working at venues across Peterborough. This service was jointly commissioned with Cambridgeshire and Peterborough CCG.

4.9 **Joint working**

In December 2016, the Health and Wellbeing Board agreed a Local Authority Appendix to a wider Memorandum of Understanding between local NHS organisations, outlining key principles and behaviours on how Council services (including public health services) would work with the NHS on the Cambridgeshire and Peterborough Sustainability and Transformation Plan. The document recognised the importance of aligning key services, including public health services, for the benefit of residents, while recognising the statutory duty of the Council to scrutinise NHS service changes as representatives of local communities, and the role of all Councillors to represent the views of their local constituents and speak up on their behalf.

4.10 **Performance**

Performance of key public health services against target is outlined in Appendix 1. Key points are

- Smoking cessation services achieved 83% of their annual quitter target. Performance fell in quarter 2 associated with low staff capacity, but following staff recruitment the Q4 target was overachieved.
- Health checks achieved 86% of annual target – again with reduced performance in Q2 and over-achievement in Q4.
- Children's weight management and adult physical activity programmes achieved completion rates above the national average.
- The percentage of drug users in treatment for opiate drugs in Peterborough who were retained for 12 weeks or more or completed treatment has remained steady at around 93-94% which is below the national average, while for non-opiate drug users the figure is 90-92% which is above the national average.
- The percentage of alcohol users completing treatment in Q3 was 34.6%, below the national average of 39.5%.
- The percentage of young people completing a planned exit from substance misuse treatment has ranged between 76% and 100% in different quarters.
- Service targets for mandatory health visitor checks were achieved for new birth visits and 6-8 week checks. The 12 month check was slightly below target and the 2 ½ year check showed some decrease in the final quarter, so these are being closely monitored.
- The majority of interventions carried out by school nurses in 2016/17 were mental health interventions
- The i-CASH service achieved its target to see more than 80% of people who contacted the service for an appointment within two days, in nine months out of twelve.

4.11 **Wider public health outcomes**

Peterborough indicators in the national Public Health Outcomes Framework have been reviewed as part of the Annual Performance Report for the Health and Wellbeing Strategy, attached as Appendix 2. Although the time needed by Public Health England to collate, quality check and nationally benchmark indicators means that they are generally for years before 2016-17, the report shows some encouraging trends in outcomes including:

- Although under 75 mortality from all cardiovascular diseases is statistically significantly worse in Peterborough than England for all persons and for females, for males, Peterborough's directly age-standardised rate fell in 2013-15 from statistically worse to statistically similar to England for the first time since 2004-06.
- The suicide rate in Peterborough has fallen in each of the past three years and is now below that of England, although not statistically significantly different.
- Smoking prevalence in Peterborough for 2015 is 18.1%, statistically similar to England but among the lowest figures within Peterborough's group of nearest socio-economic neighbours

- Under 18 and under 16 conceptions both fell in 2015, although the under 18 rate remains statistically significantly worse than England

However

- The directly age-standardised rate of hospital admission episodes for alcohol-related conditions worsened in 2015/16 and was statistically significantly worse than England for five consecutive years.
- A significantly high directly age-standardised rate of emergency hospital admissions are attributable to the residents living in the 20% most deprived areas in Peterborough. Both the observed number of admissions and the directly age-standardised rate increased between 2013/14 and 2014/15.
- The rate of hospital admissions caused by unintentional and deliberate injuries in people aged 15-24 years, including self harm, was significantly worse than England for five consecutive years and rose in 2015/16.
- The percentage of people receiving a late HIV diagnosis in Peterborough was worse than benchmark national goal of 50.0% for five consecutive pooled periods.

4.12

Priorities for 2017/18

Public health delivery in Peterborough is carried out within the overall framework of the Peterborough Health and Wellbeing Strategy 2016/19. Priorities for delivery in 2017/18 include:

- Successful implementation of the new 'Solutions4Health' Integrated Lifestyle Service
- Implementation of agreed 'Sustainability and Transformation Plan' falls prevention and stroke prevention programmes jointly with the NHS
- Implementation of an emergency contraception service in pharmacies as part of the teenage pregnancy action plan
- Implementation of the new Cambs & Peterborough public health joint commissioning unit (substance misuse, sexual health, integrated lifestyles, primary care services)
- Further development of the Healthy Peterborough Campaign/Brand in response to recent evaluation
- Contributing to joint commissioning/integration plans for 0-19 children's health services, led by Wendi Ogle-Welbourn, which include health visiting and school nursing services
- Developing a Supplementary Planning Document for Health and Wellbeing as part of the Peterborough Local Plan
- Targeted work in the 20% of areas/communities in Peterborough with the highest deprivation levels to improve health and reduce high hospital admission rates.
- Further development of the Healthy Ageing Programme - including work on a dementia friendly City and the associated research project.
- Work with the constabulary to contribute to the Local Alcohol Area Action Plan

5. CONSULTATION

5.1 A number of consultation and engagement activities took place in relation to the activities outlined in this report, for example:

- Public consultation on the draft Health and Wellbeing Strategy 2016/19
- Consultation on the new Integrated Lifestyles Service prior to tendering
- Survey to evaluate the Healthy Peterborough Campaign 2016/17
- Surveys of migrant workers and stakeholders for the Diverse Ethnic Communities JSNA
- Focus groups with stakeholder and service users for the Sexual Health Needs Assessment
- Stakeholder events for the Older People and Primary Prevention JSNA

6. ANTICIPATED OUTCOMES OR IMPACT

- 6.1 The overall impact of Peterborough City Council's public health functions in 2016/17 should be to further 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 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 This report is not for decision and therefore does not have direct financial implications. Priorities for 2017/18 will be delivered within the available budget. Because the services funded are preventive, successful development and delivery will result in reduced demand pressures on wider NHS and social care services.

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.

Equalities Implications

- 9.3 There is a wider focus within 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 be delivered in both urban and rural areas of Peterborough, and 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 Annual Health Protection Report for Peterborough 2016, as presented to the Health and Wellbeing Board, available on weblink
http://democracy.peterborough.gov.uk/documents/s30553/7.%20Appendix%201%20-%20PCC%20AHPR%202016_7%20v0.1.pdf

11. APPENDICES

- 11.1 Appendix 1: PH commissioned services overview and appendix
Appendix 2: Health and Wellbeing Strategy 2016-19 Annual Review
Appendix 3: Healthcare Public Health Advice Service (HPHAS) Annual Report