

<b>HEALTH SCRUTINY COMMITTEE</b>	AGENDA ITEM No. 6
<b>8 JANUARY 2018</b>	<b>PUBLIC REPORT</b>

Report of:	Director of Public Health	
Cabinet Member(s) responsible:	Councillor Diane Lamb	
Contact Officer(s):	Dr Liz Robin, Director of Public Health	Tel. 01733 207175

**THE EXTENT TO WHICH PUBLIC HEALTH OUTCOMES ARE CONSIDERED IN WIDER COUNCIL DECISION MAKING**

<b>RECOMMENDATIONS</b>	
<b>FROM: Director of Public Health</b>	<b>Deadline date: N/A</b>
<p>It is recommended that the Health Scrutiny Committee:</p> <ol style="list-style-type: none"> <li>Note and discuss the information in this report, and make any appropriate recommendations.</li> </ol>	

**1. ORIGIN OF REPORT**

The Report originated from discussion and approval of the Health Scrutiny Committee forward work programme at the start of 2017/18.

**2. PURPOSE AND REASON FOR REPORT**

- 2.1 This report is being presented to update the Health Scrutiny Committee on the extent to which public health outcomes are considered in wider Council decision making and for the Committee to make any appropriate recommendations.
- 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 links to the Corporate Priority : '**ACHIEVE THE BEST HEALTH AND WELLBEING FOR THE CITY**'.
- 2.4 This report links to 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 Public health duties of NHS Primary Care Trusts were transferred to upper tier local authorities in April 2013, as a result of the Health and Social Care Act (2012). This transfer provided the

opportunity for local authorities to consider the health of the public as part of wider decision making across the functions of the Council. This approach is sometimes known as 'Health in All Policies' or HIAP and is described further in Annex A.

4.2 Four main mechanisms have been used within Peterborough City Council to take forward a Health in All Policies approach and promote consideration of public health outcomes in the wider work of the Council:

- Formation of a cross-directorate Public Health Officer board and the actions arising from this
- Development of a Peterborough Joint Health and Wellbeing Strategy
- Presentations and workshops for Councillors
- Role of the Cabinet Portfolio Holder for Public Health and Director of Public Health.

#### 4.3 **Cross-directorate Public Health Officer Board**

The cross-directorate Public Health Officer Board had its initial meeting in May 2015, with senior officer representation from all Council directorates. It provides the forum for joint work on public health outcomes across the Council. The terms of reference and membership of the Board are attached at Annex B. Examples of work across directorates, initiated and/or overseen by the Public Health Board include:

##### 4.3.1 Campaigns

- The Healthy Peterborough Campaign, which is run by the Communications and Marketing Team, with content supplied and/or quality checked by the Public Health Office.

##### 4.3.2 Needs assessments

- Public health specialists and analysts have supported needs assessments requested by the People and Communities directorate for (a) Children with Special Educational Needs and Disabilities (focus on transition) and (b) Domestic Abuse and Sexual Violence. The needs assessments include consideration of health and wellbeing outcomes.
- Joint Strategic Needs Assessments of the health and wellbeing needs of residents (JSNAs) prepared for the Health and Wellbeing Board are considered by the Public Health Board and used across directorates. For example the Joint Strategic Needs Assessment for Diverse Ethnic Communities was used by the People and Communities directorate to support successful bids to the national Controlling Migration Fund.

##### 4.3.3 Embedded public health staff

- A public health consultant and health improvement specialist work with the Growth and Regeneration Directorate, to ensure that health impact is considered as part of planning of new housing developments, transport planning and planning for green spaces.
- A public health consultant works with the Children's Health Joint Commissioning Unit led by People and Communities directorate, to ensure consideration of wider population health outcomes in the work of the unit.

##### 4.3.4 Input to Strategy and Policy

- Public health staff have supported development of a Health and Wellbeing Policy as part of the draft Local Plan
- Public health staff made an input to updating the most recent Statement of Licensing Policy (2016).
- Public health input and data have been used to support development of the Peterborough Active People's Strategy required by Sport England.

##### 4.3.5 Providing Advice and Guidance to Council staff on health issues, for example

- Advice and pathway development on health screening for communicable disease, for unaccompanied minors who enter the care of local authority Children's Services.
- Working with the Growth and Regeneration directorate on the food environment in

- Peterborough and a potential supplementary planning guidance document.
- Working with People and Communities directorate on development health and wellbeing objectives and KPIs for the Youth Service.
- Contributing to the officer steering group on 'Can Do' area investment from a health and wellbeing perspective.

#### 4.3.6 Use of public health grant

- The Public Health Officer Board receives reports on use of the public health grant, including for wider Council services such as Children's Centres, Road Safety and Domestic Abuse Services, which help to support health and wellbeing outcomes.

### 4.4 **Development of a Peterborough Joint Health and Wellbeing Strategy**

4.4.1 The Peterborough Health and Wellbeing Board is chaired by the Leader of the Council, with the Clinical Chair of the Cambridgeshire and Peterborough Clinical Commissioning Group as deputy. The purpose of the HWB Board is to promote joint commissioning and integration of health, social care and public health services. It has a statutory duty to carry out a Joint Strategic Needs Assessment of the health and wellbeing needs of local residents and to produce a Joint HWB Strategy to meet those needs.

4.4.2 The development of the Peterborough Health and Wellbeing Strategy 2016/19 was carried out collaboratively across Council Directorates and the NHS. The chapter headings and basic proforma were agreed by the HWB Board, and for each chapter a Peterborough City Council lead, an NHS lead and a public health lead was identified. The leads then wrote the chapter together, focussing on (a) Needs identified in the JSNA (b) Current joint work across the Council and NHS (c) Future joint plans. The HWB Strategy helps to embed health outcomes across a range of the work of the Council.

4.4.3 The main sections and chapters of the 2016/19 HWB Strategy are:

#### Health needs analysis

- JSNA findings on a page
- Forecasting future needs for health and care in Peterborough

#### Health and Wellbeing through the Lifecourse

- Children and Young People's Health
- Health behaviours and lifestyles
- Long term conditions and premature mortality – cardiovascular disease
- Mental health for adults of working age
- Health and wellbeing of people with disability or sensory impairment
- Ageing well
- Protecting health – communicable disease

#### Creating a Healthy Environment

- Growth, health and the Local Plan
- Health and Transport Planning
- Housing and Health

#### Tackling Health Inequalities

- Geographical health inequalities
- Health and wellbeing of diverse communities

#### Working Together Effectively

4.4.4 Performance and progress against the joint plans outlined in each chapter are reported on quarterly to the Health and Wellbeing Board in the 'Health and Wellbeing Strategy Performance Report'. Progress is RAG rated and the HWB Strategy risk register is reviewed. There is an annual report to the HWB Board on trends in relevant health and wellbeing outcome measures. The latest HWB Strategy quarterly performance report is attached at Annex C.

### 4.5 **Awareness Raising: Presentations and workshops for Councillors**

The Cabinet portfolio holder for public health, Councillor Diane Lamb, routinely updates all Peterborough City Councillors on public health activities through her monthly Cabinet Report. In

addition the following workshops and topics to raise awareness of public health issues amongst all Councillors have been held.

<b>Date</b>	<b>Name of event and item presented</b>
9 <sup>th</sup> June 2015	Cardiovascular Disease: Evening Workshop
30 <sup>th</sup> July 2015	Annual Public Health Report presented at All Party Policy
8 <sup>th</sup> October 2015	Dementia: Evening Workshop
27 <sup>th</sup> July 2016	Falls Prevention: Evening Workshop
2 <sup>nd</sup> November 2016	Cardiovascular Disease Strategy: Evening Workshop
26 <sup>th</sup> January 2017	Health and Wellbeing Strategy at All Party Policy
Planned for the 5 <sup>th</sup> February 2018	Mental Health: Evening Workshop (to also include Relevant Officers).

#### **4.6 Role of the Cabinet Portfolio Holder for Public Health and Director of Public Health**

4.6.1 By establishing a Cabinet portfolio for public health, there is a Councillor present at Cabinet discussions and decision making meetings, who specifically advocates for impacts on the public's health to be considered. Similarly, because the Director of Public Health is a member of the Corporate Management Team, this enables public health input to wider service and budget planning. Public Health advice from the DPH is available to all Cabinet members and the wider Council if requested.

4.6.2 Some other Councils have further strengthened such arrangements by putting routine processes in place to ensure that public health is considered in decision making. For example in Luton Council, there is a 'screening mechanism' as part of the Council's programme management arrangements, where all new projects are subject to a brief assessment of any potential impact on health before they start, and in Cambridgeshire all Executive Committee papers for political decision include 'public health implications' alongside legal, financial, risk, equalities, consultation and other implications.

### **5. CONSULTATION**

5.1 There was a three months public and stakeholder consultation as part of the process of developing the Peterborough Health and Wellbeing Strategy.

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

6.1 The anticipated outcome of this paper is for the Health Scrutiny Committee to consider the extent to which public health outcomes are considered in wider Council decision making, and to make appropriate recommendations on whether or how this could be strengthened further.

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

7.1 The Health Scrutiny Committee is an appropriate forum in which to review and consider these issues and to make recommendations.

### **8. ALTERNATIVE OPTIONS CONSIDERED**

8.1 *N/a*

### **9. IMPLICATIONS**

**9.1 Financial Implications**

No significant financial implications

**9.2 Legal Implications**

No significant legal implications

**9.3 Equalities Implications**

No immediate equalities implications, although a key public health objective is to address health inequalities.

**9.4 Rural Implications**

No significant rural implications

**10. BACKGROUND DOCUMENTS**

**11. APPENDICES**

- 11.1 Annex A: Health in All Policies Slide Set
- Annex B: Terms of Reference for the Public Health Officer Board
- Annex C: Health and wellbeing strategy performance report (December 2017)

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