

HEALTH SCRUTINY COMMITTEE	AGENDA ITEM No. 7
8 JANUARY 2018	PUBLIC REPORT

Report of:	Director of Public Health	
Cabinet Member responsible:	Councillor Diane Lamb	
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PUBLIC HEALTH PORTFOLIO HOLDER'S SIX MONTHLY UPDATE REPORT 2017/18

R E C O M M E N D A T I O N S	
FROM: Councillor Diane Lamb	Deadline date:
<p>It is recommended that the Health Scrutiny Committee</p> <p>1. Note and comment on the Public Health Portfolio Holder's Report six monthly update for 2017/18</p>	

1. ORIGIN OF REPORT

This report was requested by the Health Scrutiny Committee following presentation of the Public Health Portfolio Holder's Report 2016/17 at Health Scrutiny Committee in June 2017.

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 first six to eight months of 2017/18 and progress against the priorities set for 2017/18.
- 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 BACKGROUND
Cabinet Portfolio Holder for Public Health**

The Cabinet Portfolio Holder for Public Health is responsible for the public health functions of the Council under the Health and Social Care Act (2012) including:

- 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) is a joint post with Cambridgeshire County Council, and is supported by a joint Public Health team working across the two Councils.

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 2017/18 the total grant is £11,196,000.

4.4 **Wider partnership arrangements**

The City Council's public health functions are delivered working with the NHS and other partner organisations. Important partnership boards include:

- The Peterborough Health and Wellbeing Board, chaired by the Peterborough City Council Leader. 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 Cambridgeshire and Peterborough Sustainability and Transformation Partnership (STP) which has developed a five year STP Plan 'Fit for the Future' for local health and care services.
- The Cambridgeshire and Peterborough Local Health Resilience Partnership (LHRP) which oversees health emergency planning for the area.

5.0 **KEY ISSUES**

5.1 Strategy

Delivery of Peterborough's Joint Health and Wellbeing Strategy 2016/19 is monitored by the Health and Wellbeing Board through quarterly performance reports, plus an annual report on trends in key health outcomes.

- 5.1.1 The Cambridgeshire and Peterborough Suicide Prevention Strategy 2017/20 was approved by the Health and Wellbeing Board in December 2017.

5.2 Needs Assessment

The following have been completed during 2017/18 or are in progress:

- The Peterborough Joint Strategic Needs Assessment (JSNA) Core Dataset 2017 was approved by the Health and Wellbeing Board in September. The JSNA Core Dataset provides a range of statistics on health and wellbeing in Peterborough and is updated annually.
- The Peterborough draft Pharmaceutical Needs Assessment (PNA) was launched for public consultation from October 23rd – December 23rd 2017. This is a statutory assessment of the need for pharmacies in the area, and the final draft will be taken to the Health and Wellbeing Board for approval in March 2018.

- A Peterborough Joint Strategic Needs Assessment (JSNA) Dataset for Transport and Health was approved by the Health and Wellbeing Board in December, with a focus on active travel (walking and cycling), air quality, and access to services.
- A Cambridgeshire and Peterborough needs assessment to support planning of domestic abuse services has been completed.
- A further appendix to the Diverse Ethnic Communities JSNA (2016) is being developed, with a focus on the health and wellbeing needs of South Asian communities.

5.2.1 Information from the Diverse Ethnic Communities JSNA (2016) was used to underpin a number of successful bids from Peterborough City Council to the Controlling Migration Fund, for projects which aid integration of migrant communities.

5.3 Campaigns

The Healthy Peterborough Campaign has been delivered throughout 2017/18 to date, promoting the following topic areas:

May-June: Mental Health and Wellbeing
 June- July: Children's Health
 August-Sept: Physical Activity
 Sept – Oct: Stop Smoking
 Nov-Dec: Stay Well in winter

5.3.1 The results of a survey and focus groups carried out in 2016/17 showed that the public wanted the Healthy Peterborough campaign to provide more information about local events and services which support healthy living, and this has been done for 2017/18 campaigns.

5.3.2 Website and social media statistics from the Healthy Peterborough campaign are included as Annex A. In the first seven months of 2017/18 there were:

- 122,562 page visits to the Healthy Peterborough website
- 159,370 views of Healthy Peterborough tweets
- 269 Facebook messages were posted, which were seen 386,732 times
- 22 separate paid for Facebook adverts were seen a total of 329,757 times

5.4 Commissioning of Public Health Services

A public health joint commissioning unit (PHJCU) across Peterborough and Cambridgeshire was created in May 2017. It is led by Public Health Consultant, Val Thomas and Assistant Director of Commissioning, Oliver Hayward. The PHJCU is responsible for the commissioning and performance monitoring of contracts for drug and alcohol misuse treatment services; sexual health and contraception; integrated lifestyle services; and public health contracts with GP practices and pharmacies.

5.4.1 The performance of public health services commissioned by the PHJCU is provided in detail in Annex B. In summary:

- Performance of Integrated Contraception and Sexual Health Services commissioned from Cambridgeshire Community Services (CCS) is generally good. There is pressure on services, with higher demand for appointments than forecast, and the targets for the number of patients offered an appointment within 48 hrs and seen within 48 hrs are not being met.
- The Integrated Drug and Alcohol Service provided by Aspire (CGL) saw a dip in performance during implementation of the new contract in 2016/17 and early 2017/18. A turnaround plan has been successful and the latest performance figures for the

percentage of clients successfully completing treatment are at or above the national average, with successful treatment of opiate users close to top quartile performance.

- The Integrated Lifestyle Service provided by Solutions4Health has shown very good performance by the health trainer service and on outreach health checks, both of which are well above target. There were challenges implementing the tier 2 weight management service at the start of the contract, resulting in below target performance so far this year. The tier 3 weight management (specialist) service has now been subcontracted to Addenbrookes, which will provide clinics in Peterborough, and is planned to start in January.

5.4.2 Children's public health services, such as health visiting, family nurse partnership and school nursing are commissioned alongside other children's wellbeing services, through the Cambridgeshire and Peterborough Joint Children's Health Commissioning Unit. The performance of children's public health services is provided in detail in Annex C. Key points include

- Targets for mandated visits by health visitors for new births, 6-8 week checks and 12 month checks are being met
- Timely health visitor checks at age 2 are slightly under target, which is linked to capacity and difficulty recruiting to vacancies
- Antenatal visits to pregnant women by health visitors are being prioritised for first time mums and families where there are identified vulnerabilities.
- The percentage of babies who are breast fed at eight weeks has remained stable at 45%, similar to the national average
- The main demand for one to one school nursing interventions, is for mental health and wellbeing needs of young people.

5.5 Services funded by the public health grant, overseen by other portfolio holders

The public health grant contributes funding to some Peterborough City Council services which are the responsibility of other Cabinet portfolio holders, because these services contribute to public health outcomes. These include

- Children's Centres £1,240k
- Domestic violence services £200k
- Road safety service £116k

5.6 Joint working with the NHS

As part of their work with the NHS, public health staff have jointly led development and implementation of three preventive programmes included in the Sustainable Transformation Plan (STP):

- A multi-agency falls prevention programme across Peterborough and Cambridgeshire which will involve campaigns; falls prevention health trainers; falls prevention assessments by NHS community staff; and provision of evidence based strength and balance training to older people most vulnerable to falls. Because falls amongst older people are a common cause of being admitted to hospital and to residential care, preventing falls results in better outcomes for people and lower costs to the NHS and social care services.
- A stroke prevention programme in primary care, based on identifying and treating people with a heart condition called atrial fibrillation which increases the risk of having a stroke. This programme is being piloted in Peterborough and Wisbech. By preventing strokes the programme should achieve better outcomes for people and reduced costs for the NHS and social care.
- A suicide prevention training programme for GPs, and development of counselling and support suicide for people who have been bereaved by suicide.

5.7 Joint Work On Health Emergency Planning And Health Protection

- 5.7.1 The Cambridgeshire and Peterborough Public Health team has a duty to plan for public health emergencies, and to work with other organisations to ensure local people's health is protected. Public health staff have led the development of the following multi-agency plans which were approved for validation in December by the Cambridgeshire and Peterborough Local Resilience Forum (CPLRF):
- Cambridgeshire and Peterborough Pandemic Influenza Plan
 - Cambridgeshire and Peterborough Vulnerable People Protocol
- 5.7.2 Emergency planning training and exercises which involved public health staff included:
- CPLRF Exercise Falmouth: which included testing of the Vulnerable People's Plan
 - CPLRF tactical co-ordination Group training with the national Emergency Planning College
 - A care home training event on managing outbreaks
- 5.7.3 Public Health England and NHS England asked all Local Health Resilience Partnerships (LHRPs) in England to carry out a self-assessment of local arrangements to protect people's health from infectious diseases and chemical hazards. The assessment for Cambridgeshire and Peterborough was led by the public health team, who gathered evidence across organisations. The overall score was better than the national average, and an improvement plan for areas of partial assurance will be overseen by the LHRP.

6.0 PRIORITIES FOR 2017/18

The following priorities for 2017/18 were described in the Cabinet Portfolio Holder's annual report presented to the Health Scrutiny Committee in June 2017. Since then, a further priority to improve population mental health and to raise awareness of mental health within the Council has been added. Progress is as follows:

- **Improve population mental health and raise awareness of mental health within the Council**
On track: See para 5.1.2 and para 5.6 for progress with suicide prevention. An evening Mental Health workshop for Councillors and senior officers is planned for Monday February 5th 2018, to raise awareness of mental health within the Council.
- **Successful implementation of new 'Solutions4Health' Integrated Lifestyle Service**
Completed: See para 5.4.2 and Annex B
- **Implement agreed Sustainability and Transformation Plan falls prevention and stroke prevention programmes jointly with NHS**
On track: See para 5.6
- **Implement emergency contraception service in pharmacies as part of teenage pregnancy action plan**
On track: A template contract for pharmacy provision of emergency hormonal contraception has been created and to date twelve pharmacies in Peterborough have signed up
- **Implement Cambs & Peterborough public health joint commissioning unit (substance misuse, sexual health, integrated lifestyles, primary care services)**
Completed: see para 5.4.1
- **Further develop Healthy Peterborough Campaign/Brand in response to recent evaluation:**
Completed: see para 5.3.2
- **Contribute to joint commissioning/integration plans for 0-19 children's health services, led by Wendi Ogle-Welbourn, which include health visiting and school**

nursing

On track: a public health consultant and an analyst from the Cambs & Peterborough public health team are allocated to support the Joint Children's Health Commissioning Unit.

- **Develop Supplementary Planning Document for Health and Wellbeing as part of Peterborough Local Plan**

On track: a Health and Wellbeing Policy has been included in the draft Peterborough Local Plan. Public health staff are working with the Growth and Regeneration directorate to explore development of a supplementary planning document for fast-food premises.

- **Targeted work in 20% of areas/communities with highest deprivation to improve health and reduce high hospital admission rates.**

On track: The Annual Public Health Report focused on mapping deprivation and health outcomes across small areas within Peterborough. The Integrated Lifestyle Service is required to target work in areas of highest deprivation. A detailed linking deprivation factors in communities with hospital admission rates will be completed across Peterborough and Cambridgeshire by the end of 2017/18, to help both local authorities and the NHS target preventive work appropriately.

- **Further develop the Healthy Ageing Programme - including dementia friendly City and associated research project.**

On track: Research is underway on Peterborough as a dementia friendly city. A multi-agency Dementia Strategy for Cambridgeshire and Peterborough is being developed and is due to be taken to the Health and Wellbeing Board in March 2018 for approval. Cambridgeshire and Peterborough have been selected as pilot areas for the 'Campaign to End Loneliness'.

- **Work with constabulary on Local Alcohol Area Action Plan**

On track: The main public health requirement in the Local Area Action Plan was to promote joint work between Peterborough Hospital and the Safer Peterborough Partnership. The focus of the joint work is to use anonymized A&E data to help identify premises where frequent alcohol related violence takes place, so preventive measures can be taken. This work to put this in place is progressing well.

7.0. CONSULTATION

7.1 The draft Pharmaceutical Needs Assessment is currently out to public consultation. Public health savings plans are being consulted on as part of the Council's wider budget consultation.

8. ANTICIPATED OUTCOMES OR IMPACT

8.1 The overall impact of Peterborough City Council's public health functions in 2017/18 should be to further improve the health of local residents and reduce health inequalities.

9. REASON FOR THE RECOMMENDATION

9.1 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.

10. ALTERNATIVE OPTIONS CONSIDERED

10.1 The Committee may have chosen to focus on one topic, rather than a more comprehensive Cabinet Portfolio Holder's six monthly 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.

11. IMPLICATIONS

Financial Implications

- 11.1 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

- 11.2 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

- 11.3 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

- 11.4 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.

12. BACKGROUND DOCUMENTS

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

- 12.1 Peterborough Joint Health and Wellbeing Strategy 2016-19

13. APPENDICES

Annex A: Healthy Peterborough Digital Statistics

Annex B: Public Health Joint Commissioning Unit Performance Report

Annex C: Children's Public Health Services Report

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