

4 November 2015



Public Health Update Report

Report of Anna Lynch, Director of Public Health, County Durham

Purpose of the Report

1. This report provides an update on national, regional and local public health developments and demonstrates delivery of the Public Health Pledge signed by the Council in February 2014 (appendix 2)

Background

2. The health of the people in County Durham has improved significantly over recent years but remains worse than the England average. Health inequalities remain persistent and pervasive. Levels of deprivation are higher and life expectancy is lower than the England average and there is also inequality within County Durham for many measures (including life expectancy and premature mortality for example). The links between poor health outcomes and deprivation are well documented.
3. Health inequalities are affected by socio-economic conditions that exist within County Durham such as lower household income levels, lower educational attainment levels and higher levels of unemployment, which lead to higher rates of benefits claimants suffering from mental health or behavioural disorders. Local priorities for tackling these inequalities include reducing smoking, tackling childhood and adult unhealthy weight, promoting breastfeeding, reducing alcohol misuse, reducing teenage conceptions (and promoting good sexual health), promoting positive mental health and reducing early deaths from heart disease and cancer.
4. Much of our population suffer from avoidable ill-health or die prematurely from conditions that are preventable. Lifestyle choices remain a key driver to reducing premature deaths but it is clear that social, economic and environmental factors also have a direct impact on health status and can exacerbate existing ill health. The health profile for 2015 is attached at Appendix 3.
5. The rationale for transferring public health functions to local authorities was made clear in Government and Department of Health reports, the impetus clearly to transform and change the approach to improving the health of the population by a re-focus on tackling the social determinants of health as evidenced in the Marmot Review and to work closer with communities i.e., a focus on people and place.
6. The implementation of the Health and Social Care Act 2012 transferred a number of former PCT public health responsibilities to DCC from 1 April 2013 together with a ring fenced public health grant, the Director of Public Health role and associated public health staff to enable the council to discharge the new statutory duties.

7. The former PCT public health commissioned services also novated to the council and for pragmatic reasons and continuity of provision, contract procurement rules enabled the council to extend all commissioned services for one year to 31 March 2014 by means of a waiver.
8. The public health grant allocation is ring fenced which means it must be used to commission, provide and discharge the statutory public health functions and achieve public health outcomes agreed through the joint health and wellbeing strategy and the national public health outcomes framework. These outcomes are wide-ranging to enable local determination of the desired health outcomes and priorities based on the health needs of the population. The grant for 2015/16 totals £45.780m but will be subject to an in year saving (see para 17 below)
9. To support the transformation of public health and required grant realignment a three-year review and procurement programme was developed and is being implemented. This has required detailed work on the identification of priority services to be commissioned for County Durham communities, incorporating reviews of the evidence base, best practice elsewhere, analysis of impact, value for money and the development of a robust prioritisation methodology. Impacting these decisions are requirements for the council to either deliver or commission the public health services mandated i.e., prescribed by the Health and Social Care Act 2012. These are:
 - NHS health checks
 - sexual health services
 - national child measurement programme
 - health protection functions
 - support to CCGs commissioning of healthcare services.
10. Quarterly reports to Cabinet in 2013/14 provided updates on NHS and public health developments following the closure of PCTs and the transfer of PH responsibilities to councils. This report provides a more recent update on the transformation and changes in public health at national, regional and local level.

National developments

11. Both NHS England (NHS E) and Public Health England (PHE) were established on 1 April 2013 following implementation of the Health and Social Care Act 2012. Both organisations either commission or deliver public health functions, complementing and supporting the public health responsibilities of councils. Both have subsequently undertaken reviews and reorganisations that have resulted in a reduced infrastructure across England with staff working across a larger geographical area.
12. NHS England - initially there were nine NHS E area teams working across the North of England. From January 2015 this was reduced to five. One new sub-regional team now covers Cumbria and the North East of England.

NHS E continue to commission a number of population public health programmes including all immunisations and screening programmes (cancer and non-cancer), 0 to 5 years healthy child programme (up to 30th September 2015), child health information services (CHIS), public health services for people in prison and other places of detention including those held in children and young people's secure estate and sexual assault services. The commissioning of the children's public health services (with the exception of CHIS, new born infant physical check and the 6-8 GP check) transferred to councils on 1st October 2015, elements of which are included in mandated responsibilities in secondary legislation.

13. NHS E published the "Five Year Forward View" in 2014 which set out a clear direction for the NHS, showing why change is needed and how it will impact. The report focuses on a greater emphasis on prevention across the system, recognising that deprivation and other social and economic factors drive inequalities and unhealthy lifestyle choices. Secondly, the report details radical new healthcare delivery options that local areas should consider as they review and commission services to improve health.
14. In June 2015 NHS E published a follow up report that highlighted progress made over the first year. The initial developments of the prevention element are being progressed by a national prevention board which has prioritised work to tackle and reduce diabetes. The diabetes prevention programme aims to halt the steady rise in diabetes, delivering at scale lifestyle interventions that have been shown to help individuals at risk of developing type 2 diabetes. Seven demonstrator sites have been identified and these are developing the detail of the early stages of the programme which will be rolled out across England in 2016 (see paragraph 31).
15. Public Health England - initially there were 15 Public Health England local centres across England, including one that covered North East England. Following their restructure, there are now eight local centres, plus a different arrangement for London. The local PHE centre for North East England has been retained and covers the same geographical footprint. The PHE local centres provide the functions related to health protection and work closely with local directors of public health and environmental health services in councils. In addition they support the work of the public health teams in councils specifically related to health improvement programmes and associated functions.
16. PHE has published its business plan for 2015/16 and the following priorities have been identified:
 - Tackling obesity
 - Reducing smoking
 - Reducing harmful drinking
 - Ensuring every child has the best start in life
 - Reducing dementia risk
 - Tackling antimicrobial resistance
 - Reducing TB

17. In early June the Department of Health announced there would be an in- year reduction of £208 million to the local authorities public health grant. The detail of this is subject to consultation and the Government's preferred option is a straight cut of 6.2% applied to the 2015/16 public health grant allocation inclusive of the funding for the 0-5 services contract transfer. This equates to an in-year cut of £3.142m for Durham County Council. Three other options have been included which are more complex and timely to calculate and clearly not preferred by the Department of Health. The consultation period of four weeks ended on 28 August 2015. Clearly this will have implications for the public health services commissioned by the council and preparatory analysis of the impact is underway. There is also no indication of whether this cut is one-off for 15/16 or recurrent. At the time of writing no further information on the in-year cut is available.
18. The Advisory Committee for Resource Allocation (ACRA) is currently consulting on a proposed methodology for future public health grant allocations for 2016 onwards. The consultation period runs from 8 October 2015 to 5 November 2015 and DCC will be submitting a response.

Regional Developments:

19. The infrastructure changes to NHS E are being worked through at a local level and impact mainly on the health protection assurance arrangements for councils. New oversight boards for the immunisation and screening programmes and a new Local Health Resilience Partnership for the emergency planning functions are being established at a scale that covers Cumbria and the North East of England. Local authority public health staff are members of these boards.
20. Public health sector led improvement programmes are being developed by the 12 directors of public health working as a network, supported by PHE and a work programme identifies priorities for 2015/16.
21. Fresh and Balance, the North East offices for tobacco control and alcohol respectively and the coordination of the North East workplace award are commissioned collaboratively across the 12 councils and discussions are taking place regarding other public health services that may offer efficiencies if commissioned at scale.
22. There are early discussion between NE Directors of Public Health of the potential impact of devolution with particular interest around the unified public health leadership system in Greater Manchester and its contribution to delivering transformation in Greater Manchester population area.

Local Developments

23. A three year public health contract review and procurement programme was developed in 2013 following the novation/ transfer of the former PCT commissioned public health services to the council. A number of contracts ended and others were recommissioned as part of the public health transformation process into new models of provision following service reviews.

The largest commissions in 2014/15 were an integrated drug and alcohol recovery service, integrated sexual health service (mandated), wellbeing for life service and NHS healthchecks (mandated). Smaller commissions included the innovative health improvement service for the Gypsy, Roma and travelling community.

24. The wellbeing for life service (WB4L) takes an asset based approach to improving health and is targeted at the 30% most deprived communities in the County. A consortium of five providers (County Durham and Darlington Foundation Trust (CDDFT), DCC leisure service, Leisureworks, Community Action Durham and Pioneering Care Partnership) was awarded the tender for the adult element and commenced delivery on 1st April 2015. The children and families element has been commissioned from One Point, CDDFT and includes new resilience worker posts, community parenting pilot, resilience in schools and enhancement to the family initiative supporting children's health (FISCH).
25. New commissions in 2015/16 following service reviews include the stop smoking service and the 0-19 years service which incorporates the health visitor contract (transferred to the council on 1st October 2015), the school nursing service and domestic abuse services.
26. A number of reviews commenced in 2015/16 including all public mental health services, cancer information services and access to health services transport schemes.
27. A new programme to reduce obesity in children is being piloted across the 4 Together Area Action Partnership footprint. This takes a system – wide approach to the issue and involves key local stakeholders who will drive the programme forward.
28. The public health transformation programme includes a shift to closer working with communities in County Durham. This is being progressed by partnership working with the AAPs. A member of the public health team is aligned with each AAP and supports them in the delivery of health related programmes. Examples of the AAP programmes have been presented to Cabinet in earlier update reports from the assistant Chief Executive. The largest public health programmes in partnership with AAPs are in Stanley, with a focus on smoking, Shildon with the Health Express programme, Trimdons with a focus on health trainers in the community, Mid Durham AAP with a focus on older people's health and wellbeing.
29. Public health staff have developed a number of strategies to improve health in collaboration with a range of partner organisations. These include the healthy weight framework which is being implemented by the healthy weight alliance, a cardio-vascular disease strategic framework, drug strategy, public mental health strategy and accidental injury prevention in children and young people. These are implemented in partnership and monitored via the health and wellbeing board governance arrangements. Strategies currently being progressed include the alcohol harm reduction strategy (refresh), an oral health strategy and domestic abuse and sexual violence strategy.
30. A further five mandated responsibilities became operational for the council on 1st October 2015 as the 0-5 years healthy child programme transferred to local authority from NHS England:

- Antenatal visits
- New birth visits
- 6-8 week reviews
- One year reviews
- 2-2.5 year review

These are being commissioned through the new 0-19 years service.

31. Public health staff have worked across council service areas to provide specialist support and in many case funding public health related services. These include environmental health and tobacco and alcohol enforcement, housing strategy and housing providers role in improving health, various examples of work with children's and adult services including prevention and early help/ intervention, transport, planning etc..
32. The public health service commission a County wide diabetes prevention programme called Just Beat It and this was awarded demonstrator site status by NHS E, one of only seven in England and the only one being led by a council.

This programme is informing the commissioning of a national diabetes prevention programme which will be launched in 2016. The two County Durham CCGs, Darlington CCG, Durham County Council and Darlington Borough Council have collectively submitted an application to be an early implementer site for the new programme.

33. The County Durham tobacco control alliance, chaired by Cllr Laing received a national award in March 2015, one of only four awarded by PHE, Action Against Tobacco (ASH) and Cancer Research UK. This is testament to the commitment and progress being made by the alliance.

Recommendations

34. The Adults Wellbeing and Health Overview and Scrutiny Committee is requested to:
 - Note the contents of the report
 - Agree to receive annual updates in relation to the transformation of the Public Health Service.

Background Papers

Health Profile 2015

Contact: Anna Lynch, Director of Public Health, County Durham

Email: anna.lynch@durham.gov.uk

Tel: 03000 268146

Appendix 1: Implications

Finance

Commissions and staff funded via the public health grant. No implications from this report. There are implications being considered dependent on the public health grant cut.

Staffing

No implications from this report. There are implications being considered dependent on the public health grant cut.

Risk

Public health grant cut will impact on commissioned public health services.

Equality and Diversity / Public Sector Equality Duty

No implications.

Accommodation

No implications.

Crime and Disorder

No implications.

Human Rights

No implications.

Consultation

Public health grant cuts consultation 31 July – 28 August 2015.

Procurement

Implications as a consequence of public health grant cuts.

Disability Issues

No implications.

Legal Implications

No implications.

Appendix 2

DURHAM COUNTY COUNCIL PUBLIC HEALTH PLEDGE

Our Ambition for County Durham

Durham County Council is committed to working with residents across the County to work with them where possible to take ownership of issues that impact on their health and wellbeing. We believe it is simply not acceptable that residents in some of our communities die more than 8 years earlier than residents in other parts of the County. Our ambition is that County Durham residents enjoy good health and wellbeing, equal or better than the average across England.

How will we do this?

The Council is already committed to the Area Action Partnership model of shared planning and community participation and we will build on this in relation to the public health responsibilities that transferred to the Council on 1st April 2013. We will work with these geographical communities as well as our communities of interest and identity, valuing their diversity, building on their strengths and assets and on issues they feel will have the greatest impact on their health and wellbeing. Our way of working will be a co-production between the Council and our communities.

Working Differently

It has long been acknowledged that, factors known as the wider or social determinants of health such as education, income, housing, workplaces, employment etc., have a great impact on the health and wellbeing of our communities. The new public health team will work with members and officers in the Council to ensure that all opportunities to improve health and wellbeing and to reduce health inequalities are taken.

Evidence- based practice

We will ensure that action taken to improve health and wellbeing and to reduce health inequalities is supported by research and best practice and that at the same time we encourage innovative approaches in our communities. We will provide up to date information about the health of our communities and information on ways that health can be improved locally.

Partnership working to improve health and wellbeing

We will work with a range of partner organisations locally, regionally and nationally to galvanise action to improve the health and wellbeing of County Durham residents. This will include the new and existing NHS organisations, local authorities in the North East, our voluntary and community partners, the universities and of course Public Health England, the new national public health organisation that will be supporting and providing professional advice and information to the Council as we work collaboratively to improve health outcomes for our communities.

Strategies to improve health and wellbeing

We will ensure that Council strategies explore opportunities to improve the health and wellbeing of our residents. The County Durham Joint Health and Wellbeing Strategy is our first strategy with a clear vision that makes clear the role of the Council and our partners in working together to improve the health and wellbeing of residents. The current financial challenges for the Council mean that wherever possible, health and wellbeing must demonstrate added value for both the Council, partners and also for our residents. We do believe that everyone has a role to play - health and wellbeing is everybody's business, including individuals and communities as well as the private and voluntary sectors.

Protecting the health of our residents

We will work with experts in Public Health England to ensure that the health of County Durham residents is protected from harm from infectious and communicable diseases. We will ensure that effective immunisations and screening programmes are available to our communities and work with partners to encourage uptake of these highly effective public health programmes.

Who will lead this work?

The Director of Public Health for County Durham and the public health team transferred to the Council on the 1st April 2013 from the NHS. This specialist public health team will ensure the Council develops a clearer understanding of its role in improving health and wellbeing and the actions that can be taken across the organisation to achieve this. The Council will ensure effective use of the public health grant and we will commission services that improve the health and wellbeing of residents. Where it makes sense we will work with our partners across the North East to achieve better health outcomes and be advocates for the health and wellbeing of our residents at every opportunity.

Signed..... Date.....
Leader of the Council

Signed..... Date.....
Portfolio Holder for Safer and Healthier Communities