Public Health Dorset

**Agenda Item:**

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# Joint Public Health Board

Bournemouth, Poole and Dorset councils working together to improve and protect health

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| Date of Meeting | 9 November 2015 |
| Officer | Director of Public Health |
| **Subject of Report** | **Performance Reporting 2015/16** |
| Executive Summary | This paper provides the Board with:<br>• a quarterly update on progress against the Public Health Dorset workplan, and<br>• a review of the impact of the workplan on life expectancy and inequalities. |
| Impact Assessment: | Equalities Impact Assessment:<br>Equality and diversity implications were considered in developing and agreeing the commissioning intentions plan. There are no further equality or diversity implications arising from this report. |
| | Use of Evidence:<br>Evidence was used to underpin the development of the agreed commissioning intentions. This report makes use of internal performance monitoring information as well as information derived from public consultations and provider engagement events to provide evidence of progress against these intentions. |
| | Budget:<br>Budgetary implications were considered in developing and agreeing the commissioning intentions plan. There are no further budget implications identified as a result of this report. |

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| | Risk Assessment:<br>Having considered the risks associated with this decision using the County Council's approved risk management methodology, the level of risk has been identified as:<br>Current Risk: **LOW**<br>Residual Risk **LOW** |
| | Other Implications:<br>Nil |
| Recommendation | That the Board **notes:**<br>• the broad impact of the Public Health Dorset workplan;<br>• the progress against agreed milestones by programmes as per the updated workplan. |
| Reason for Recommendation | Assurance of performance and progress for the Board |
| Appendices | Appendix 1. RAG rated workplan |
| Background Papers | |
| Report Originator and Contact | Name: Dr Jane Horne<br>Tel: 01305 225872<br>Email: j.horne@dorsetcc.gov.uk |

## 1. Background

1.1 At each meeting of the Board there has been a performance update. To date these have covered progress against the commissioning intentions workplan, with an annual report on performance across the mandatory programmes, and a comparison over time from the nationally produced health profiles.

1.2 This report provides a further update on progress against our plans in appendix 1, focusing on areas that are still in progress or have changed since the last report. The main section of the report takes a different approach, considering the high level population indicators that we and partners are working to achieve and the impact thus far, i.e. a focus which seeks to understand the contribution of many partners to important health outcomes. It also takes a functions based approach to performance reporting consistent with the approach to budgeting outlined in the finance paper.

## 2. High Level Population Indicators

2.1 There are two main high-level population outcomes, namely, how long people live (life expectancy), and how this differs across our population (inequality).


2.2 As illustrated above, both Dorset and Poole do better than expected, while Bournemouth does worse than expected for men and, as expected, for women (for further details see Director of Public Health Annual Report 2015).

2.3 The index of inequality measures the gap in life expectancy at birth between those living in the least and most deprived communities. Within Bournemouth, Dorset and Poole this has remained largely unchanged over time, although Dorset has recently seen a slight increase for women and Bournemouth an increase for men.

## 3. Public Health Dorset Function Areas of Work

3.1 In addition to those services we commission, we also provide support and advice to a range of other partners and organisations in working towards these high level population indicators. This includes:

**Clinical Treatment Services**

3.2 The historical focus of funding for drugs and alcohol services has been around the impact of drug use and drug related crime on communities. This issue continues, and indeed alcohol related crime costs nationally are now on a par with those of drug related crime (£8.75 – £14.78bn for alcohol and £13.32bn for drugs).

3.3 In terms of impact on life expectancy, drug use contributes to 1.9% of years of life lost, whilst alcohol contributes to 6.7% of years of life lost.

3.4 The performance of the drug and alcohol treatment system was reported to the last Board. National figures suggest that around 1 in 4 adults are drinking above the Government's recommended limits (locally this means 155,000 people drinking above safe limits); with 15% of these drinking at higher risk levels (25,000 locally). This compares with approx. 4,000 people locally using crack, heroin or other opiate drugs; a ratio of people at risk of up to 35 to 1 for alcohol compared to drug use.

3.5 Public Health Dorset is leading the development of an Alcohol and Drug Strategy that will ensure a focus on outcomes for:

- Prevention: to reduce the number of people drinking at dangerous levels
- Treatment: to promote sustained recovery from drug and alcohol misuse
- Safety: to limit the damage from drugs and alcohol to communities and people.

3.6 In addition, brief interventions for alcohol are now embedded within the LiveWell service to provide a low cost intervention for many people.

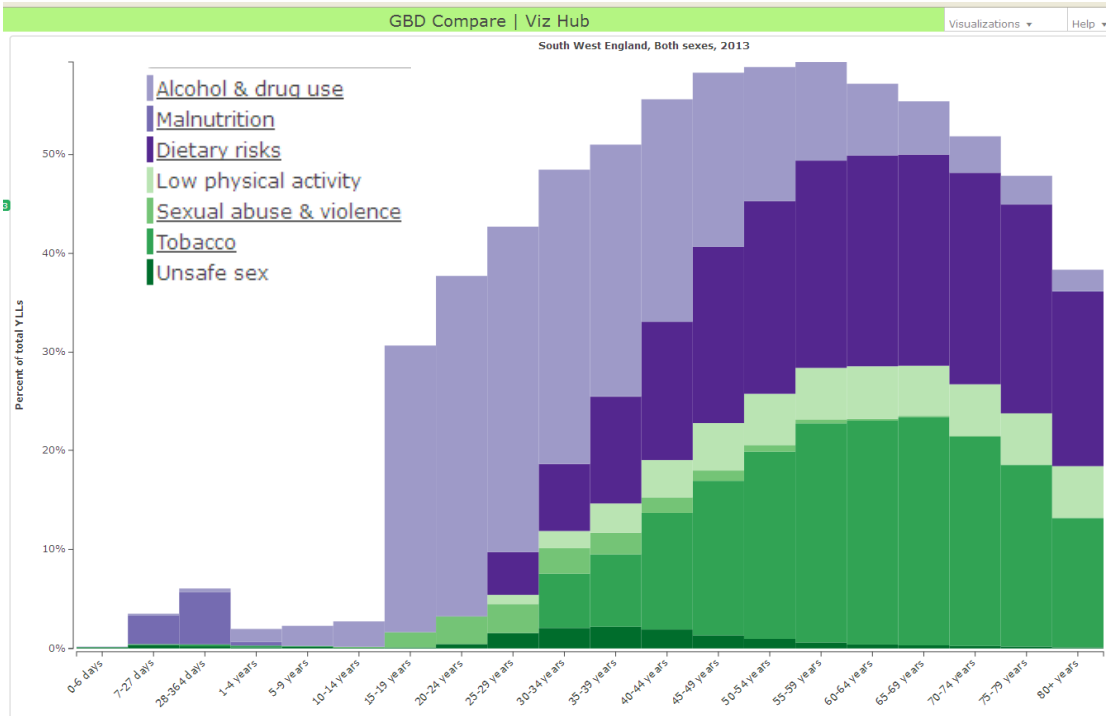
3.7 While HIV treatment is the remit of NHS England the years of life lost from HIV has fallen significantly and now accounts for less than 0.1% of years of life lost. Numbers of people living with HIV have increased as patients live longer, and in 2013 there were 621 people living locally who are known to have HIV.

**Early Intervention 0-19**

3.8 Deaths in children and young people have fallen over many years and account for only 0.5% of all deaths and 4% of years of life lost respectively. While years lived with disability has increased. The most common cause of death in children over 1 is unintentional injuries. Public Health Dorset as a core member of the Children's Trust Boards have done analyse on local childhood injuries and attendance at emergency departments to support local services and we chair the Child Death Overview Panel which maintains an oversight of the wider local picture of childhood deaths

**Health Improvement**

3.9 In 1990 nearly 50% of years of life lost were due to behavioural risks (lifestyle factors). This has fallen to 40% in 2013, but is still the biggest risk for years of life lost. This group of risk factors is broken down by age group in the figure below. This illustrates that prevention remains the most important approach to reducing rates of premature death, in all age ranges.




3.10 The Health Checks programme, which focuses on identifying those at high risk of cardiovascular disease, has improved coverage in 15/16 to date, with 11,458 invitations and 4,661 checks in Q1, up a third on this time last year.

3.11 The health improvement services dynamic purchasing system, discussed in the last Board paper is now live. The first contract to be put up through this system will enable us to commission additional Health Checks, in areas of deprivation or for other groups with higher risk. This system encourages us to manage the value of services delivered depending on resource available.

3.12 The LiveWell Dorset service has been live since April 2015, and has had nearly 3,000 referrals. Around half of referrals come from GPs and a fifth are self-referrals. The service has been set up to focus on delivery in more deprived areas, and a third are from the most deprived 20% of our population.

3.13 Smoking accounts for 16% of all years of life lost. Smoking rates are falling nationally and locally, as are numbers of people using traditional smoking cessation services. Locally the fall in numbers of quitters at 4 weeks is no different than expected when compared with the national fall. Local data on longer term quitters suggests that up to 50% of those who quit at 4 weeks may have started smoking again by 3 months. Increasing numbers of people choose to use e-cigarettes to help them to quit, which is not currently supported by traditional smoking cessation services.

**Health Protection**

3.14 Health protection seeks to prevent or reduce the harm caused by communicable diseases, and minimise the health impact from environmental hazards such as housing conditions, chemicals and radiation. Environmental risk factors account for 6.3% of years of life lost.

3.15 Public Health Dorset are members of both the Dorset Health Protection Network and the Local Health Resilience Partnership (LHRP). At the Health Protection Network Public Health Dorset seeks assurance from NHS England and PHE on delivery of the

national immunisation and screening programmes, and we continue to push for improvements in delivery particularly in areas of greatest need.


3.16 Additional local areas of focus include:

- Healthy homes;
- Flu Vaccinations for eligible Local Authority Staff;
- Supporting partners with analysis and evidence, e.g. Community Safety Partnership;
- Research into Climate Change – supported by a grant from the Big Lottery.

**Public Health Intelligence/Health Care Public Health**

3.17 Public health support to the NHS is a mandated function of local authority public health teams. We have begun discussion about refocusing the workplan to focus more on locality profile information that can support the development of 'out of hospital models' as part of the Clinical Services Review, and providing more input to support developments as part of Better Together.

## 4. Recommendation

**4.1 The Joint Public Health Board is asked to note:**

- the broad impact of the Public Health Dorset workplan; and
- the progress in programme areas as per the updated workplan in Appendix 1.

**Dr Jane Horne**
**Consultant in Public Health**
October 2015

| Programme / activity | Key milestones | Previous report | Progress | Comments |
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| **CLINICAL TREATMENT SERVICES** | | | | |
| Review of Drugs and Alcohol Commissioning Arrangements | **Revised timescale – agreed detail for in year impact by Oct 2015.** | Delay as detailed arrangements of change needed further work | Detailed arrangements now agreed, and implementation in progress. | • Review completed Oct 2014<br>• Delays in agreeing detailed arrangements, now resolved.<br>• Some changes already affected, a few remaining issues to implement in full. |
| Sexual Health Service Review | **Winter 2015/16**: Go live with new contract | Procurement currently live | Tender withdrawn | • Plan and timetable being remapped. |
| **EARLY INTERVENTION 0-19** | | | | |
| Review of public health nursing offer to school age children | **Summer 2015:** Develop commissioning intentions and approach | Draft needs assessment report in progress | Complete | • Intention to transform as part of a 0-19 service with Health Visitor service |
| Preparation for return of Health Visitors from NHSE to local authorities | **Oct 2015**: Contract novates in line with agreed approach | Novation agreement signed to take effect Oct 2015. | Contract novated 1 Oct 2015 | • Interdependencies including public health nursing offer for school age children and 0-5 offer<br>• Comprehensive Healthy Child Programme Offer<br>• Risk identified regarding resident vs. registered population |

| Programme / activity | Key milestones | Previous report | Progress | Comments |
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| 0-19 service transformation | **Feb 2016:** Project plan and timetable | NEW | Scoping phase has begun | • On forward plan<br>• Working closely with children's services and CCG |
| **HEALTH IMPROVEMENT** | | | | |
| Bring all community health improvement services provision under one framework | **Sep 2015 (latest):** Go to 'framework approved providers' with contract | May slip but needs to be in place by Mar 2016 | Framework live from August 2015 and approved providers signed up. | • Current contracts currently extended to Mar 2016 to enable phased implementation. |
| NHS Health Check Outreach service for seldom heard groups and areas of high need | **Revised timetable Sep 2015**: Go live with service | Now likely to be September 2015 | Plan and timetable being revised. | • The system is live. This will be the first call-off contract.<br>• Plans are being revised in light of in year funding cuts and potential outcome of Comprehensive Spending Review. |

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| Green – complete | Amber – in progress, on track | Red – behind schedule |