

Agenda Item:

9
---

# Joint Public Health Board

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

Date of Meeting	8 February 2016
Officer	Director of Public Health
<b>Subject of Report</b>	<b>Performance Reporting 2015/16</b>
Executive Summary	<p>This paper provides the Board with:</p> <ul style="list-style-type: none"> <li>• a quarterly update on progress against the Public Health Dorset workplan, and</li> <li>• an updated review of the impact of the workplan on life expectancy and inequalities.</li> </ul>
Impact Assessment:	<p>Equalities Impact Assessment: 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.</p>
	<p>Use of Evidence: 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.</p>
	<p>Budget: 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.</p>

	<p>Risk Assessment:          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:          Current Risk: <b>LOW</b>          Residual Risk <b>LOW</b></p>
	<p>Other Implications:          Nil</p>
<p>Recommendation</p>	<p>That the Board <b>notes:</b></p> <ul style="list-style-type: none"> <li>• the broad impact of the Public Health Dorset workplan;</li> <li>• the progress against agreed milestones by programmes as per the updated workplan.</li> </ul>
<p>Reason for Recommendation</p>	<p>Assurance of performance and progress for the Board</p>
<p>Appendices</p>	<p>Appendix 1. RAG rated workplan</p>
<p>Background Papers</p>	
<p>Report Originator and Contact</p>	<p>Name: Dr Jane Horne          Tel: 01305 225872          Email: j.horne@dorsetcc.gov.uk</p>

## 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).

		Male life expectancy	Male gap between most and least deprived		Female life expectancy	Female gap between most and least deprived
Bournemouth		78.9 years	10.5 years		83 years	5.6 years
Poole		80.3 years	7.9 years		84 years	6.4 years
Dorset		81.3 years	6.4 years		85 years	5.5 years

- 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 principal indicator of inequality in the gap in life expectancy at birth, between those living in the least and most deprived communities in Bournemouth, Dorset and Poole, 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: Areas of Work by Function**

- 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 July Board. National figures suggest that around 1 in 4 adults are drinking above the Government's 2015 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. Note, the implications of the recent changes to the Chief Medical Officer recommended limits are as yet not understood.
- 3.5 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 2014 there were 665 people living locally who are known to have HIV.

#### **Early Intervention 0-19**

- 3.6 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 analysis 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.
- 3.7 A section of the Joint Strategic Needs Assessment (JSNA) that focuses on Children and Young People has now been published at <http://www.publichealthdorset.org.uk/understanding/jsna/children-young-people-2/>

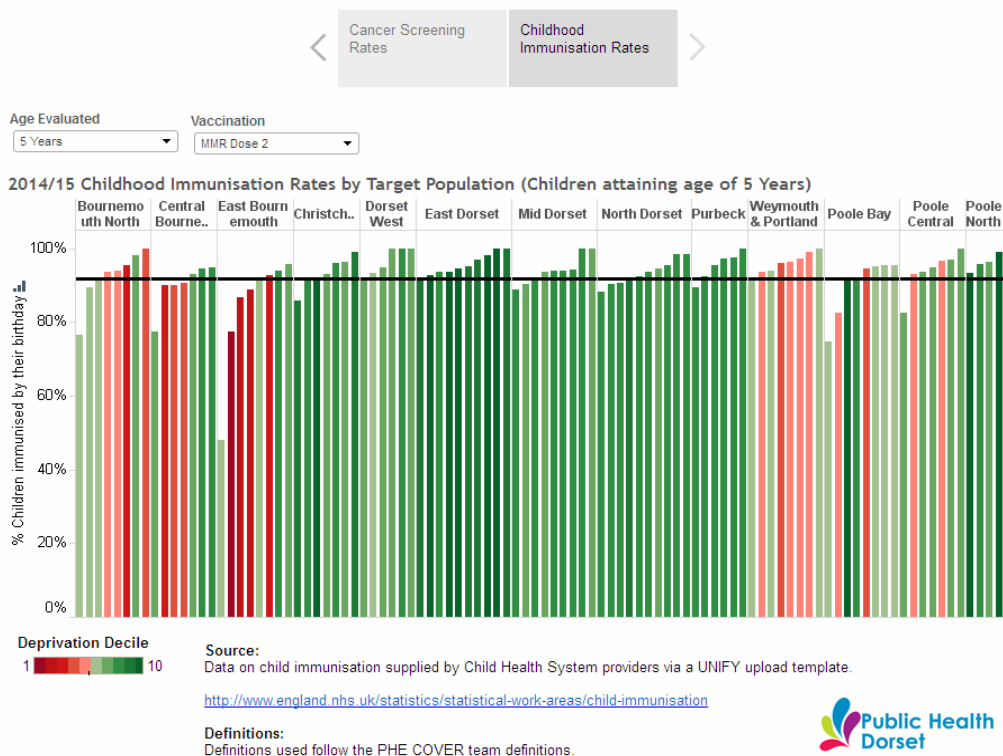
#### **Health Improvement**

- 3.8 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.
- 3.9 The Health Checks programme, which focuses on identifying those at high risk of cardiovascular disease, has improved coverage in 15/16, with 21,150 invitations and 9,447 checks to the end of Q2, up almost a quarter to that date last year.
- 3.10 The health improvement services dynamic purchasing system is now live. One of the first contracts facilitated through this system has enabled us to commission additional Health Checks in Boscombe.

- 3.11 The LiveWell Dorset service has been live since April 2015, and has had over 4,000 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.
- 3.12 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**

- 3.13 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.
- 3.14 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; a task and finish group has been set up to support this with a focus on areas of greatest need. Full delegation for GP practice contracts to NHS Dorset CCG in April 2016 is currently under discussion and may also have implications for this area of work.



3.15 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**

3.16 Public health support to the NHS is a mandated function of local authority public health teams. The workplan now focuses more on providing the population focus, information and wider support to help the development of 'out of hospital models' as part of the Clinical Services Review, and ongoing developments as part of Better Together.

3.17 Public Health also lead the Health and Wellbeing Commissioning Group which co-ordinates the Joint Strategic Needs Assessment (JSNA) for the two Health and Wellbeing Boards. Products of the JSNA are now being published on the Public Health website at: [www.publichealthdorset.org.uk/understanding/jsna](http://www.publichealthdorset.org.uk/understanding/jsna)

**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 function areas as per the updated workplan in Appendix 1.

**Dr Jane Horne**  
**Consultant in Public Health**  
February 2016

Programme / activity	Key milestones	Previous	Report to Nov Board	Current Progress	Comments
<b>CLINICAL TREATMENT SERVICES</b>					
Review of Drugs and Alcohol Commissioning Arrangements	<b>Revised timescale – agreed detail for in year impact by Oct 2015.</b>	Detailed arrangements now agreed, and implementation in progress.	Detailed arrangements now agreed, and implementation in progress.	Final details implemented January 2016	<ul style="list-style-type: none"> <li>Review completed Oct 2014</li> <li>Delays in agreeing detailed arrangements, now resolved.</li> <li>Some changes already affected, a few remaining issues to implement in full.</li> </ul>
Drug and Alcohol Service Review	<b>Long term aim is for re-procurement in 2017/18</b>		NEW	Scoping phase to be completed by March 2016	<ul style="list-style-type: none"> <li>Initial review to consider commissioning options</li> </ul>
Sexual Health Service Re-procurement	<b>Winter 2015/16:</b> Go live with new contract	Procurement currently live	Tender withdrawn	New plan in place	<ul style="list-style-type: none"> <li>See Commissioning Update paper – Sexual Health</li> </ul>
<b>EARLY INTERVENTION 0-19</b>					
Review of public health nursing offer to school age children	<b>Summer 2015:</b> Develop commissioning intentions and approach	Draft needs assessment report in progress	Complete	See 0-19 service transformation	<ul style="list-style-type: none"> <li>Intention to transform as part of a 0-19 service with Health Visitor service</li> </ul>

Programme / activity	Key milestones	Previous	Report to Nov Board	Current Progress	Comments
Preparation for return of Health Visitors from NHSE to local authorities	<b>Oct 2015:</b> Contract novates in line with agreed approach	Novation agreement signed to take effect Oct 2015.	Contract novated 1 Oct 2015	See 0-19 service transformation	<ul style="list-style-type: none"> <li>• Interdependencies including public health nursing offer for school age children and 0-5 offer</li> </ul>
0-19 service transformation	<b>Feb 2016:</b> Project plan and timetable	NEW	Scoping phase has begun	High level timetable drafted and discussed with partners	<ul style="list-style-type: none"> <li>• See Commissioning Update paper – 0-19 Children’s services</li> <li>• Working closely with children’s services and CCG</li> </ul>
<b>HEALTH IMPROVEMENT</b>					
Bring all community health improvement services provision under one framework	<b>Sep 2015 (latest):</b> 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.	Framework live from August 2015 and approved providers signed up.	<ul style="list-style-type: none"> <li>• Current contracts currently extended to Mar 2016 to enable phased implementation.</li> </ul>
NHS Health Check Outreach service for seldom heard groups and areas of high need	<b>Revised timetable Sep 2015:</b> Go live with service	Now likely to be September 2015	Plan and timetable being revised.	First Call Off contract awarded.	<ul style="list-style-type: none"> <li>• For delivery of Opportunistic Health Checks at event in Sovereign Centre, Boscombe.</li> </ul>
Green – complete		Amber – in progress, on track		Red – behind schedule	