

Public Health

Audit and Risk Committee

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Description of Key Services

The purpose of public health in the local authority is, as part of a wider system, to

- improve the health of the population
- ensure that the health of the population is protected, and to
- support improvements in health and care services

Responsibilities

- The Health and Social Care Act (2012) lays out specific responsibilities of the Local Authority with regard to public health and the Director of Public Health (DPH).
- Some responsibilities are mandatory either as a mandate of the Secretary of State for Health or as part of a universal system
- Other responsibilities are to be applied in relation to local need following assessment
- Prevention of ill health is important for the population and quality of life and will also drive future reductions in adult social care as well as NHS care.
- Public health is a vital part of the work of the Health and Wellbeing Board and the implementation of the Health and Wellbeing Strategy.

Mandatory services

- Commissioning sexual health services (open access contraceptive services, treatment of sexually transmitted infection, HIV prevention and identification but not HIV treatment, Terminations of Pregnancy and GP contraceptive services).
- Health protection (duty on DPH to ensure plans in place to protect health of population) including community infection prevention and control and the local authority role in dealing with health protection incidents, outbreaks and emergencies.
- Public Health advice, analysis and support to NHS commissioners (CCG's)
- Implementing the National Child Measurement Programme
- Commissioning NHS health checks for 40-74 year olds
- Joint Strategic Needs Assessment
- Pharmaceutical Needs Assessment

Other commissioning responsibilities

- tobacco control and smoking cessation services
- alcohol and drug misuse services
- Public health services for children and young people aged 5-19 (including Healthy Child Programme 5-19) and from 2015/16 all public health services for children and young people 0-19 years.
- interventions to tackle obesity, such as community lifestyle and weight management services
- locally-led nutrition initiatives
- increasing levels of physical activity in the local population
- public mental health services
- dental public health services
- accidental injury prevention
- population level interventions to reduce and prevent birth defects
- behavioural and lifestyle campaigns to prevent cancer and long-term conditions (e.g. diabetes, chronic obstructive pulmonary disease)
- local initiatives on workplace health
- local initiatives to reduce excess deaths as a result of seasonal mortality
- public health aspects of promotion of community safety, violence prevention and response
- public health aspects of local initiatives to tackle social exclusion
- local initiatives that reduce public health impacts of environmental risks.

Additional responsibilities

- Community acquired infection prevention and control
- Clinical Governance
- Oral health epidemiology and oral health promotion

Overview of health need

| Domain | Indicator | Target | Local Value | Eng Avg | Eng Range | Gap |
|-------------------------------|---|--------|-------------|---------|-----------|------|
| Child mortality | 1 Deprivation | 19339 | 411 | 203 | 83.7 | 32 |
| | 2 Proportion of children in poverty | 2166 | 34.1 | 21.1 | 69.6 | 6.7 |
| | 3 Statutory homelessness | 106 | 0.8 | 2.3 | 9.7 | 0.0 |
| | 4 GCSE achieved (SAT-C inc. Eng & Maths) | 1762 | 51.0 | 59.0 | 31.9 | 81.0 |
| Child health | 5 Wicket crime | 7081 | 231 | 136 | 32.7 | 42 |
| | 6 Long term unemployment | 3375 | 16.1 | 6.8 | 37.3 | 1.2 |
| | 7 Smoking in pregnancy † | 646 | 12.3 | 13.3 | 30.0 | 2.9 |
| | 8 Starting breast feeding † | 3666 | 75.5 | 74.8 | 41.8 | 66.0 |
| Adult health need | 9 Obese Children (Year 6) † | 646 | 20.5 | 19.2 | 28.5 | 10.3 |
| | 10 Alcohol-specific hospital stays (under 18) | 38 | 54.0 | 61.8 | 154.0 | 12.5 |
| | 11 Teenage pregnancy (under 18) † | 221 | 36.7 | 34.0 | 58.5 | 11.7 |
| | 12 Adults smoking | na | 21.4 | 20.0 | 29.4 | 8.2 |
| Chronic and acute health need | 13 Increasing and higher risk drinking | na | 18.7 | 22.3 | 25.1 | 18.7 |
| | 14 Healthy eating adults | na | 28.6 | 26.7 | 16.3 | 47.8 |
| | 15 Physically active adults | na | 52.0 | 50.0 | 43.8 | 46.5 |
| | 16 Obese adults † | na | 23.4 | 24.2 | 30.7 | 13.9 |
| Chronic and acute health need | 17 Incidence of malignant melanoma | 24 | 9.3 | 14.5 | 28.9 | 3.2 |
| | 18 Hospital stays for self-harm | 444 | 120.7 | 207.6 | 162.4 | 112 |
| | 19 Hospital stays for alcohol related harm † | 712 | 23.9 | 16.0 | 12.0 | 8.0 |
| | 20 Drug misuse | 2704 | 12.1 | 6.6 | 26.3 | 0.8 |
| Chronic and acute health need | 21 People diagnosed with diabetes | 2138 | 7.3 | 5.8 | 6.4 | 3.4 |
| | 22 New cases of tuberculosis | 201 | 66.8 | 10.4 | 12.0 | 8.0 |
| | 23 Acute sexually transmitted infections | 3108 | 18.9 | 8.04 | 12.0 | 16.7 |
| | 24 Hip fracture in 65s and over | 242 | 47.0 | 40.7 | 62.1 | 32.7 |
| Life expectancy and | 25 Excess winter deaths † | 139 | 18.1 | 18.1 | 25.3 | -0.4 |
| | 26 Life expectancy – male | na | 76.3 | 76.9 | 73.8 | 83.0 |
| | 27 Life expectancy – female | na | 81.0 | 82.8 | 78.3 | 86.4 |
| | 28 Infant deaths | 34 | 6.4 | 4.3 | 6.0 | 1.1 |
| Life expectancy and | 29 Smoking related deaths | 307 | 21.1 | 20.1 | 36.6 | 10.2 |
| | 30 Early deaths: heart disease and stroke | 228 | 85.6 | 89.9 | 113.3 | 28.2 |
| | 31 Early deaths: cancer | 261 | 100.3 | 106.1 | 132.3 | 22.7 |
| | 32 Road injuries and deaths | 99 | 27.5 | 41.9 | 125.1 | 13.1 |

Progress

- **CVD mortality:** CVD mortality: Premature mortality (under 75s) rate in Leicester is significantly worse than the England rate but has shown a steady improvement over the past 12 years from 153 per 100,000 in 1998-2000 to 78 in 2010-12
- **Teenage pregnancy:** Leicester rates have reduced by 49% between 1998 (64.6 conceptions per 1,000 15-17 year old females) and 2012 (32.9 per 1,000) where nationally rates have reduced by 41% for the same period. TP for Leicester is significantly higher than the national rate (27.7 per 1,000)
- **Breast feeding:** Rates at 6-8 weeks in Leicester are better than the national rate and have shown an improvement from 53% in 2009/10 to 55% in 2012/13 cw England 44.7% to 47.2%
- **Childhood immunisations:** % of under 2 and under 5 year olds vaccinated in Leicester has also improved over the past few years and is higher than the national rate in DTP, MenC, MMR, Hib/MenC and PCV
- **Smoking prevalence:** Levels of smoking prevalence are falling nationally and the Leicester Lifestyle Survey suggests rates are falling locally too.
- **Alcohol-related hospital admissions:** Rates are significantly worse in Leicester (2,038 per 100,000) than nationally (1,951 per 100,000) in 2012/13 but have shown an improvement over the past few years in narrowing the gap between Leicester and national rates

Ring-fenced public health grant

- Announced January 2013
 - 2013/14 £19,995k
 - 2014/15 £21,994k
 - The ring-fence has been extended to 2015/16
 - Further years to be announced
 - Council is required to report spend by type of expenditure
 - Nationally published public health outcomes framework
- Formal accountability rests with the Chief Executive of the local authority, but DH expects day-to-day responsibility for the grant to be delegated to the Director of Public Health (DH Dec 2011).

Commissioning arrangements for Public Health

- Commissioning is now entirely within the processes and procedures of the City Council.
- The transferred commissioned activity is subject to a two year programme of review and re-procurement which reflect mandatory requirements, City Council priorities and partnership priorities as set out in the Leicester Health and Wellbeing Strategy, [Closing the Gap](#).
- Decisions on policy and direction of commissioning are taken by the Executive with advice and options developed by the Director of Public Health.

Key areas of progress

- Agreement and mobilisation of Oral Health Strategy with key partners and funding secured for four years.
- Development, procurement and implementation of Integrated Sexual Health services for the city.
- High take up rates for NHS Health Checks.
- Breast Feeding - achievement of stage 2 UNESCO Baby Friendly Initiative.
- Support to CCG on “core offer”.
- Delivery of programme of needs assessments (JSNA)

Summary

- Successful transition with some changes still to be worked through.
- Health of the population remains poor despite good progress on some short term indicators.
- Some new responsibilities require new funding.
- Some development needed in line with population need and to meet Health and Wellbeing Strategy agreed April 2013.
- Commissioning within the processes of the council.
- Progress made in key areas since April 2013