

Health and Wellbeing Scrutiny Commission

Public Health Performance

Date: 9th November 2016

Lead Director: Ruth Tennant



Useful information

- Ward(s) affected: All
- Report author: Rod Moore
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- Report version: 2

1. Summary

- 1.1 This report presents an overview of performance within the Division of Public Health and in relation to public health issues in Leicester, based on the Public Health Performance Review Group meeting on 19 September 2016.

2. Recommendations

- 2.1 The Health and Wellbeing Scrutiny Commission are recommended to note the content of this report.

3. Background

- 3.1 Plans and strategies relating to public health in Leicester range from the overarching strategy to improve health and wellbeing in the population; 'Closing the Gap: Leicester's Health and Wellbeing Strategy', through to detailed plans to address specific issues. In some cases a plan or strategy will be owned and driven by the council's public health division, in others it might be a joint plan or strategy with named partners, or indeed it could be a broader plan, strategy or aspiration to which the public health division contributes (e.g. Manifesto commitments).
- 3.2 Governance arrangements for public health therefore reflect the diversity of organisations, issues and delivery mechanisms involved and the requirements for political and clinical leadership, accountability and transparency, including the following.
- The Health and Well-being Board
 - Leicester City Joint Integrated Commissioning Board
 - The City Mayor and his Executive, with a designated Lead Member for public health
 - Better Care Together Partnership Board
 - LLR Health Protection Review Meeting
 - Individual partner and provider governance arrangements.
 - Local authority scrutiny arrangements
 - Strategy groups and plans established around particular issues(e.g., oral health, suicide prevention, Food Plan, breast feeding, alcohol harm, tobacco control, mental health)
- 3.3 In addition to the governance provided as part of the above arrangements, the Division itself has monitored performance and addressed performance issues through its Public Health Performance Review Group (PRG), which was established in 2014, and reports to the DMT. The PRG meets quarterly and considers reports on performance in a number of key areas. The agenda for this meeting has evolved and now covers the following areas

- Contract performance: the oversight and performance of existing contracts with service providers.
- In-house services: services delivered from within the City Council
- Procurement: progress against service reviews and procurement processes to meet the divisions service and finance requirements
- Clinical governance: assurance re safety and effectiveness of commissioned clinical services.
- Equality Impact Assessment monitoring
- Measures related to the overarching Health and Wellbeing Strategy and corporate domain.

4. Performance Summary

- 4.2 Measures from the overarching Health and Wellbeing Strategy and Public Health Outcomes Framework provide a helpful snapshot of overall public health performance. The latest data from the public health measures in the strategy is contained in table 1. and appendix A. Table 1 is a basket of key indicators which may be further developed in the light of the forthcoming new Health and Wellbeing Strategy and in the light of surveillance of the Public Health Outcomes Framework. The table shows that on a range of key indicators overall steady progress is being made, including (in appendix A) on smoking cessation where Leicester is maintaining a stronger performance than either its peer comparators or nationally, in the face of a widespread fall in the numbers of smokers using smoking cessation services.

5. Budget

- 5.1 Table 2 provides a summary of the public health funded programmes in 2016/17. This covers the brief rationale in health need in Leicester, the cost and the main outputs/impacts. Annual budgets are set through the usual budget processes of the Council, and are subject to the usual council processes of review. It should be noted that all lifestyle services are currently being formally reviewed as part of the Division's organisational review. Key budget lines are as follows:

Service Description	2016/17 Budget Ceilings
Sexual Health	4,390,600
NHS Health Checks	521,000
Children 0-19 (including Oral Health)	10,367,50
Smoking & Tobacco	972,000
Substance Misuse	327,000
Lifestyle Services (excl. smoking)	1,623,200
Health Protection	55,000
Public Mental Health	234,000

- 5.2 Some public health activities are mandatory, and some we are expected to report nationally and overall monitored against the Public Health Outcomes Framework.
- 5.3 In addition to the above the Division's Performance Review Group considers progress of services against specifications and targets as indicated in sections 5, 6 and 7 below.

Table 1: Public health measures related to the overarching Health and Wellbeing Strategy and key indicators from the Public Health Outcomes Framework


















Measure	Baseline	Latest	DoT
Breastfeeding at 6-8 weeks	2011/12 – 54.9%	2014/15 – 62.1%	
Smoking in pregnancy	2011/12 – 12.7%	2014/15 – 11.8%	
Conception rate in under 18 year old girls (per 1000)	2011 – 30.0	2014 – 25.4	
Reduce obesity in children under 11 (bring down levels of obesity to 2000 levels, by 2020)	Reception 2010/11 - 10.6%	Reception 2014/15 – 10.5%	
	Year 6 2010/11 - 20.6%	Year 6 2014/15 - 22.1%	
Proportion of five year old children free from dental decay	2011/12 – 47%	2014/15 - 55%	
Number of people having NHS Checks	2011/12 – 8,238	2015/16 – 10,580	
Smoking cessation: number of 4 week quitters	2011/12 - 2806	2015/16 - 1920	
Reduce smoking prevalence	2010 – 26.0%	2015 – 21.4%	
Adults participating in at least 30 mins of physical activity per week	2010/11 – 27.8%	2015/16 – 31.3%	
Alcohol-related harm – narrow definition	2011/12 – 719.1	2014/15 – 704.9	
Self-reported well-being - people with a high anxiety score	2011/12 – 41.99%	2014/15 – 45.4%	
Suicide and unintentional harm (mortality rate per 100,000)	2010-2012 – 10.5	2012-2014 – 9.7	
Direction of travel against baselines in the strategy – All measures			
	Performance has improved from the baseline in the strategy		9
	Performance is the same / very similar to the baseline in the strategy		1
	Performance has worsened from the baseline in the strategy		2
	No data has been published since the baseline, or there are data quality issues		0

Table 2: Summary of Public Health funded programmes

Service	Need	Cost 16/17	Outputs/impact
GP based health check of 40 -74 year olds to assess risk of heart disease, stroke, diabetes, kidney disease, dementia.	High rate of avoidable disease in under 75s in city. Mandated.	£521k	44,514 people have received a check in last 5 years Highest coverage in country Local impact: 1,288 taken up weight loss programme 670 prescribed statins 122 diagnosed with diabetes 278 diagnosed with chronic kidney disease 330 referred to stop smoking services (plus other referrals into wider range of lifestyle services including Lifestyle Hub, Health Trainers Smoking etc.)
Stop Smoking	21% smoking prevalence	£972k	1920 smokers quit each year £348 per quit 4.6% fall in prevalence since 2012
Lifestyle Hub/ Health Trainers (geographically targeted)	34% of adults physically inactive 55% adults are obese/ overweight	£300k (£100BCF)	5,000 referrals each year from GPs. 80% take up services (see below). 900 people see health trainers, 50% achieve goals
Active Lifestyle (exercise on referral)	As above – service focus on high risk only	£145k	3,400 referrals per year from GPs.
Weight management -Universal (BMI>30) -BME -Long-term conditions	As above – service focus on medium to high risk only	£329k	1000 clients each year across three service. 1 in 4 clinically-significant weight loss.

Food for Life/ food growing schemes	22% of children obese at age 11	£120k	43 schools enrolled. Enrolled schools twice as likely to meet 5 a day targets & have increased uptake of school meals.
Probation health trainers (Inclusion Health)		£75k	560 people referred through criminal justice system. 66% complete personal health plan (drug use, smoking etc)
Open Access Sexual Health & contraception (mandated) inc General Practice and Pharmacy. Includes RSE support to schools	High local rate of STIs, linked to city age profile	£3.779m	40,000 attendances per year. 18,400 contraception appointments (inc Emergency Hormonal Contraception appointments) 15,000 STI testing/ treatment appointments STI rates
HIV prevention & outreach testing in high-risk groups	High prevalence area with high late diagnosis rate	£300k	262 tests undertaken PA. 258 counselling sessions
0-19 Healthy Child Programme (health visiting & school nursing)	Mandated (0-5)	£10.3 million	19,000 mandated contacts (under 1) Mandated development checks on 74% of 2 year olds. Higher than average / improving breast-feeding / immunisation/ unintended injury rates. Improvements needed in school readiness.
Oral health programme	Highest rates of tooth decay in country.	£94k + external grant funding	8% improvement in dental decay since start of programme.

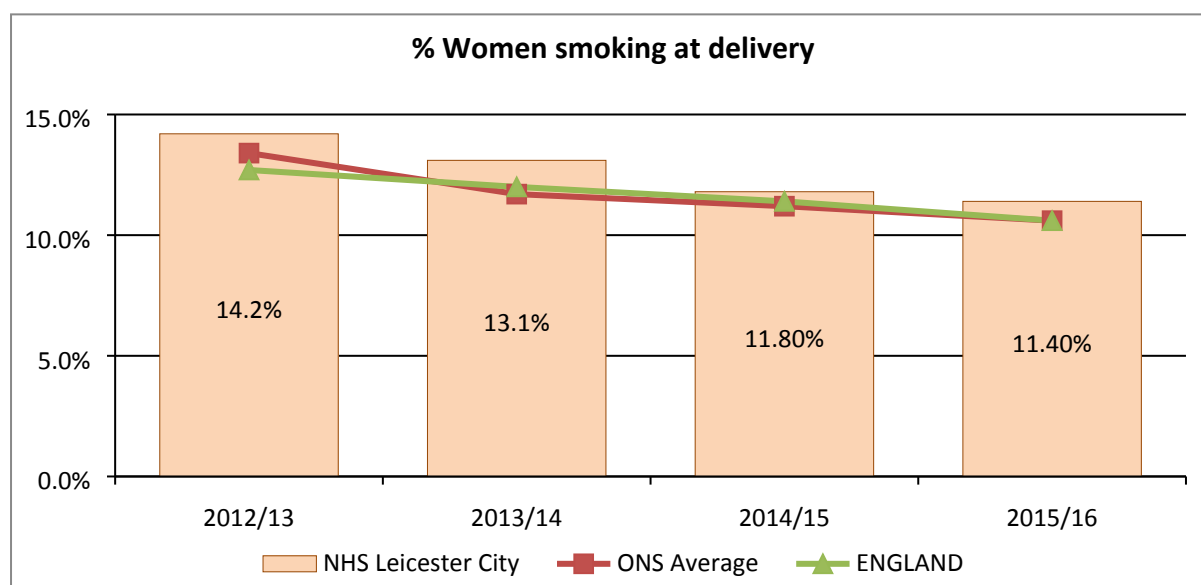
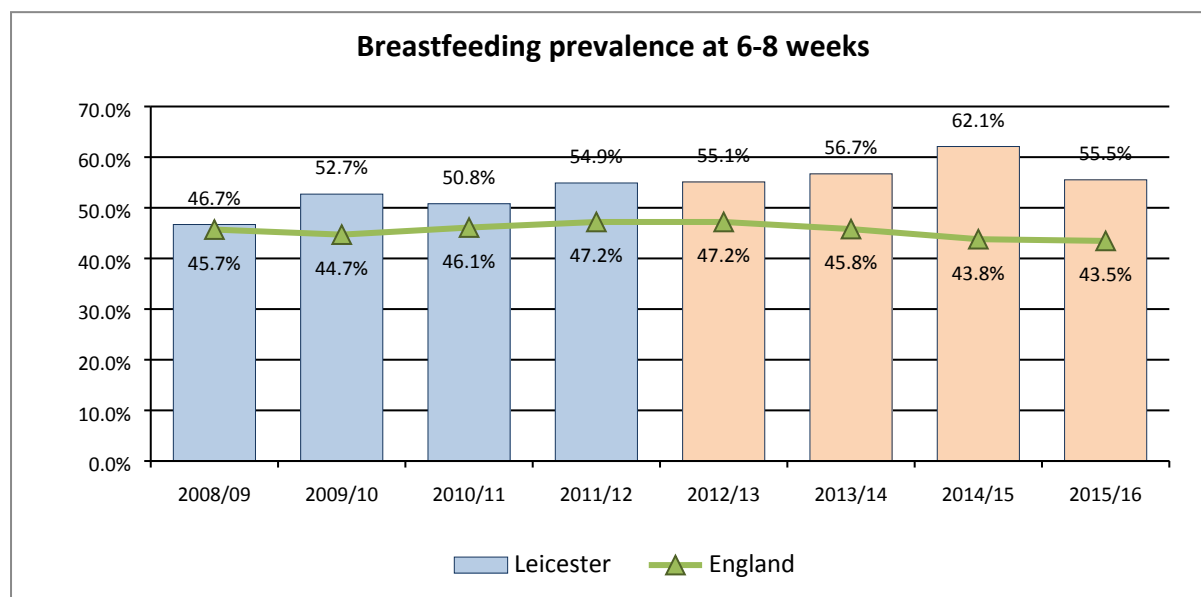
Sexual and Domestic Violence Prevention	Two domestic violence homicides in Leicester each year. 700 reports of domestic violence made to the Police in Leicester every month. Estimated that Serious sexual assaults per year in Leicester to be as high as 595 and the total number of sexual assaults 3,173.	£75K to pooled budget	Jan – March 2016 1158 helpline calls received from city residents 275 city cases opened - 34 children identified within these families 32 perpetrators referred to the perpetrators interventions contract
Suicide awareness training	After many years of being higher than the national average the suicide rate in the city is now similar to the national average. (current level 8.7 per 100,000 compared to 11.2 per 100,000 in 2008-10) Financial cost of 1 suicide to the local community is £1.67 million (not including personal impact on people bereaved or affected)	£35k	12 sessions annually with 300 people per year receiving training. Attendees from across the Leicester community, significantly raising awareness of stigma linked to suicide. Pre-course assessment and post-course evaluations show positive outcomes in terms of knowledge of risk and initial response to suicide. People feel empowered to talk about suicide in difficult circumstances.
Workplace health promotion initiatives	Mental ill health is now the leading cause of absence from work with 91 million working days lost per year	£10k	Mental wellbeing initiatives have included mindfulness training, diabetes testing (130 staff) wellbeing events (500 staff per year attend events), physical activity challenges (265 staff signed up to workplace challenge 130 staff attended physical activity events, 20 staff signed up to beginners running club), training of workplace health and wellbeing champions (40 champions trained and delivering workplace health and wellbeing initiatives)
Workplace Mental Health Champions	In the UK a total of 91 million days are lost to mental health problems every year and nearly half of all long-term sickness absences are caused by a mental health problem	£20 k	Work in progress

On line Counselling (11-19 year olds)	Developing initiatives in early help for young people with mental health problems	£20k	Service commissioned in partnership with Leicestershire County Council and the 3 local CCGs. Young people from Leicester are the most frequent users of the service -110 new registrations Q1 2016/17.
Mental Health First Aid	<p>Raising awareness and partnership to influence the different settings that have an impact on mental wellbeing.</p> <p>Without MHFA the sole focus will be on treatment of mental disorder, which will not reduce the individual, social and economic burden of mental illness.</p>	£27k	Partnership between LCC, Leicestershire county Council and Office of Police and Crime Commissioner to train trainers and deliver mental health first aid training. 200 people across the Police, Fire Service local authorities and district councils have completed intensive training programme including 25 attendees from Leicester City Council 88 LCC staff trained in Mental Health awareness since July 2016
Specialist Inpatient detoxification (co-commissioned with Leicestershire and Rutland).	For a small number of clients with complex needs community based detoxification is not clinically safe. This client group require specialist inpatient services. Deaths from alcohol related liver failure has doubled in the UK since 1980	£277k	Information is currently awaited and will be reported at the meeting.

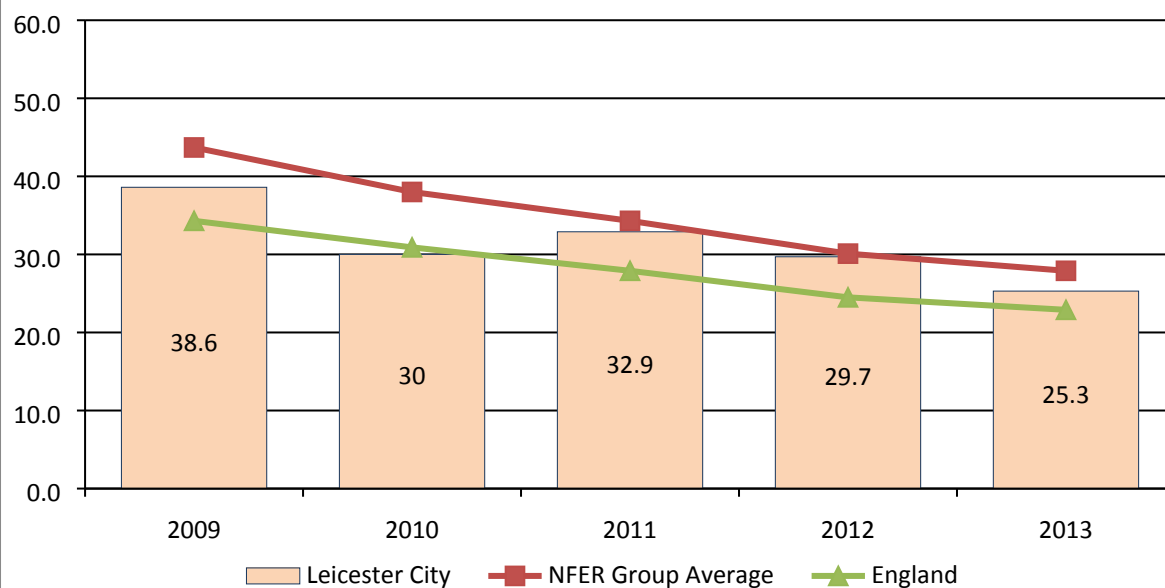
8. Conclusion

- 8.2 This report has provided information on the performance of the Division of Public Health with regard to key indicators related to the Health and Wellbeing Strategy and the Public Health Outcomes Framework. It has also provided a summary of the rationale, costs and outputs of key funded programmes.

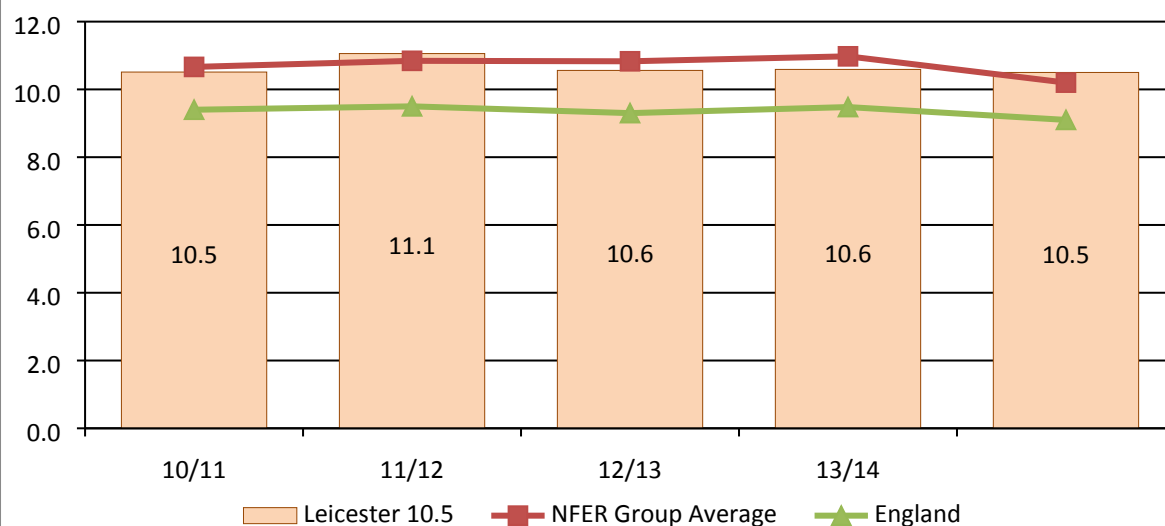
Appendix A: Health and Wellbeing Performance measures

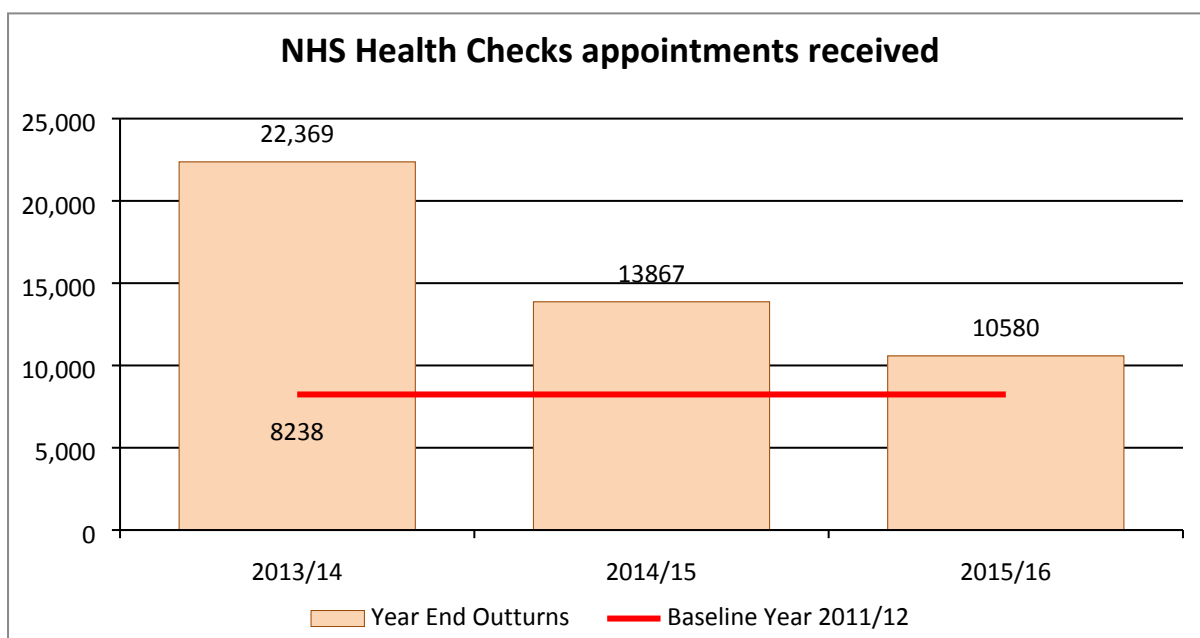
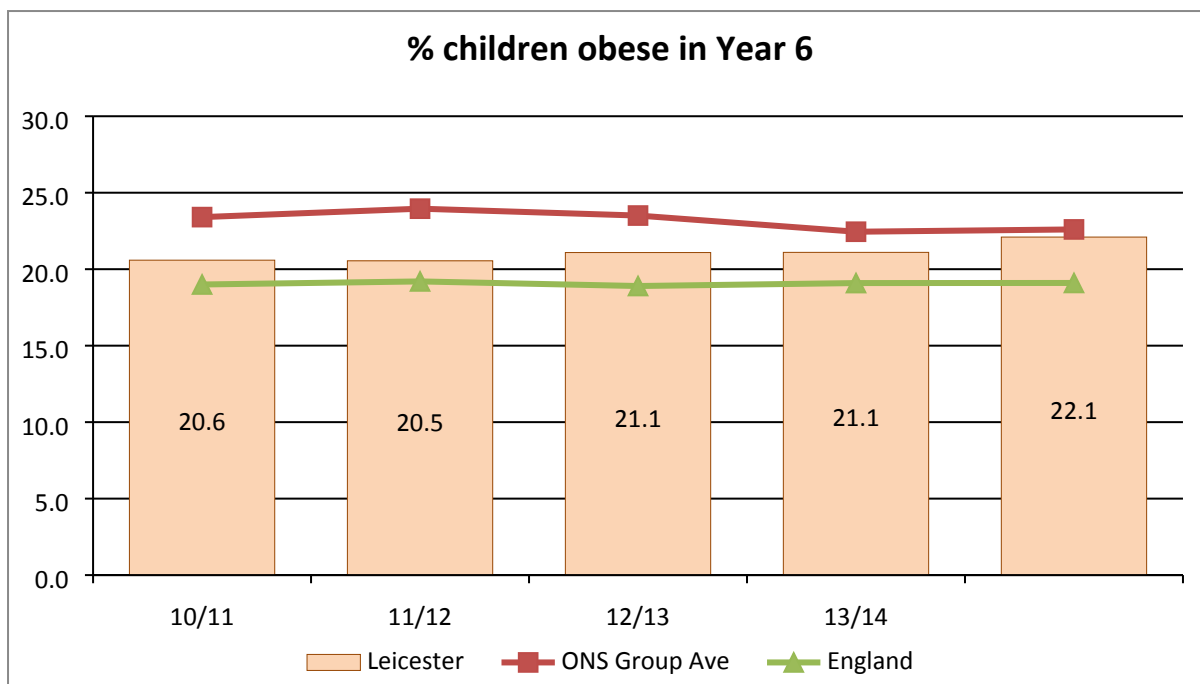


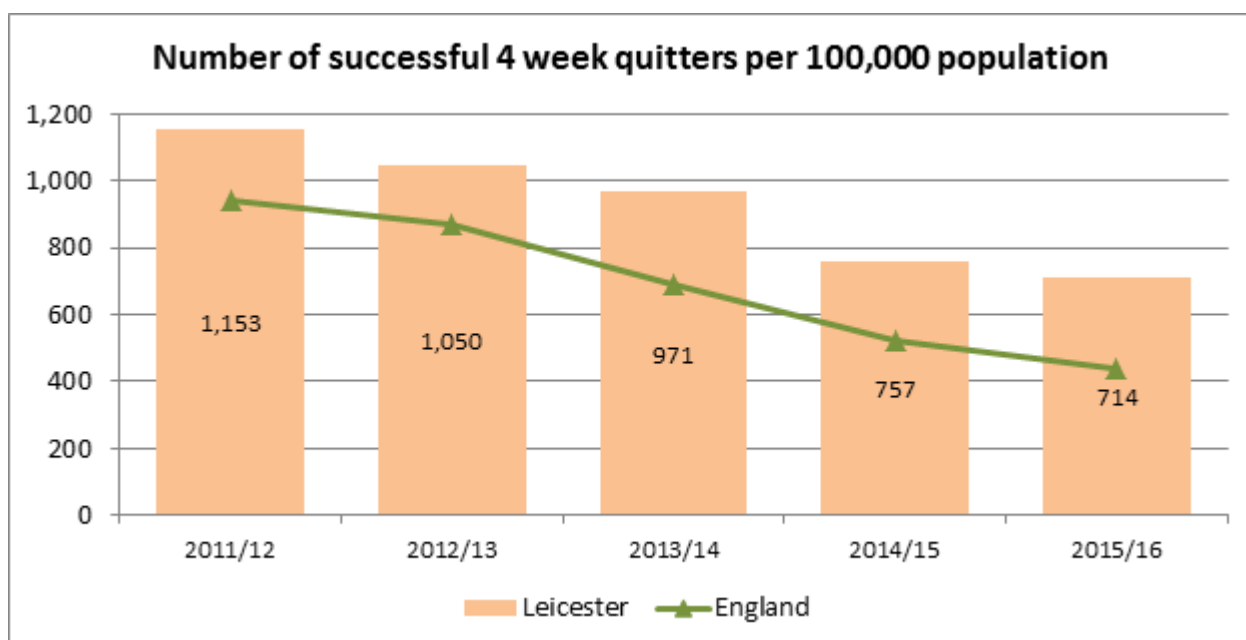
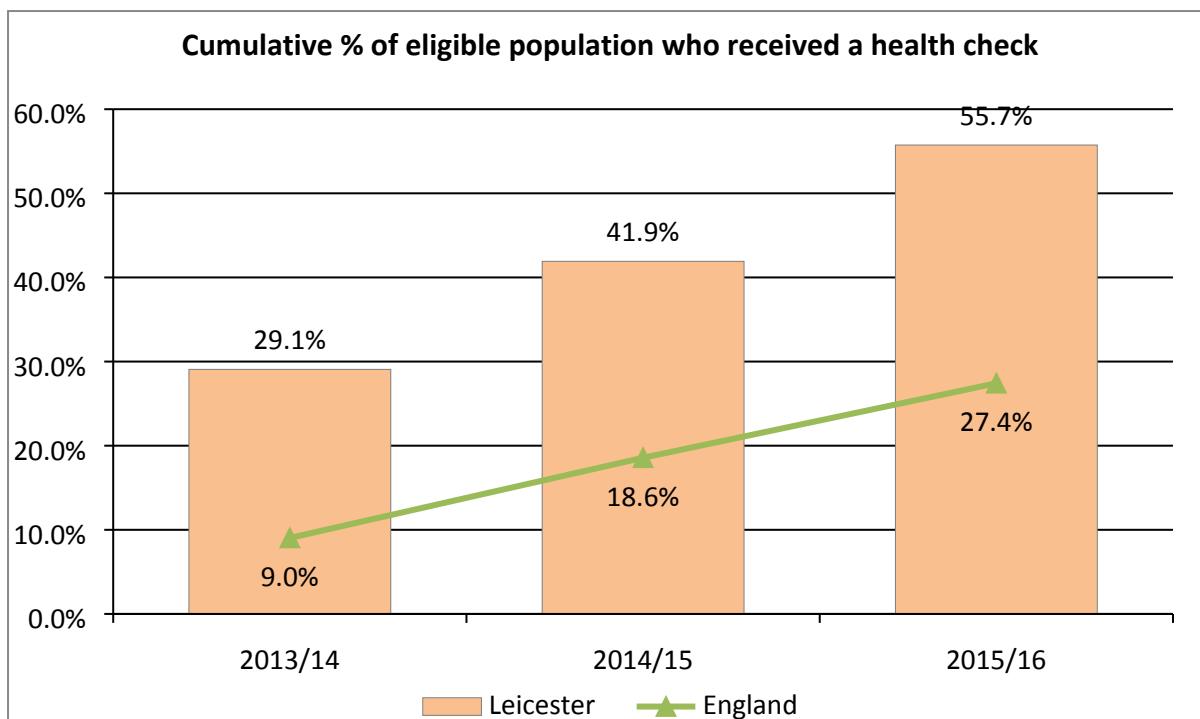
Under 18 conception Rates per 1000 girls (15-17)



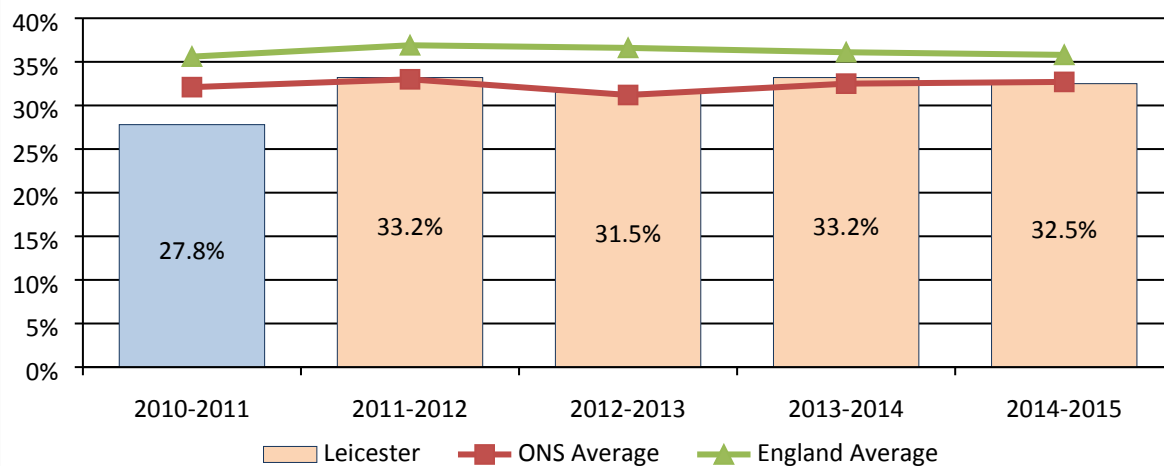
% children obese in Reception year



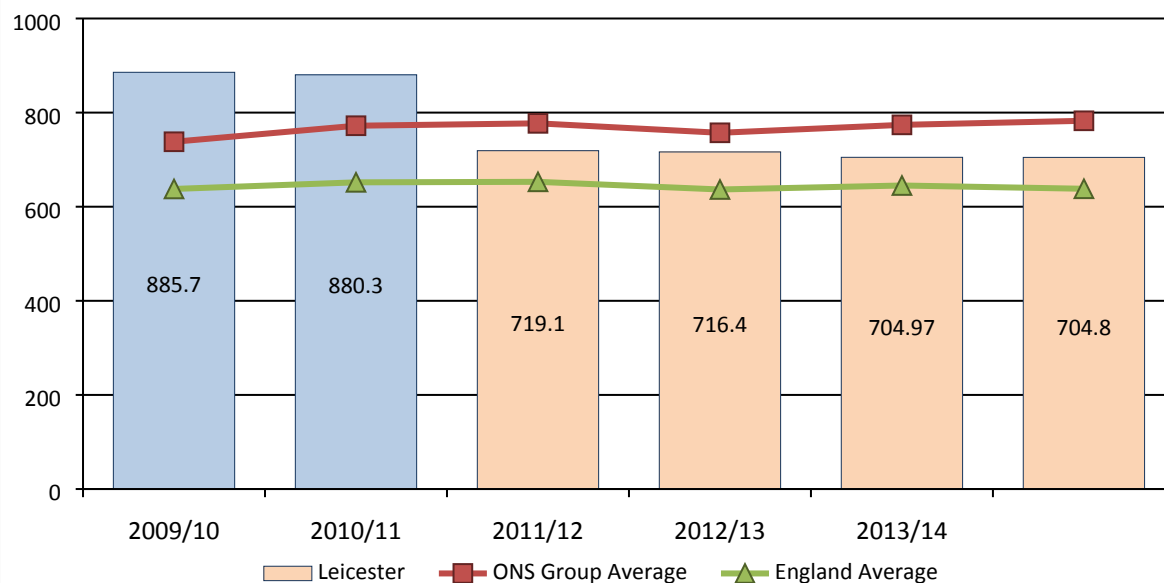




% participating in 30 mins sport/phys activity once per week



Hospital admissions for alcohol related harm, rate per 100,000



% of those surveyed smoking cigarettes nowadays (Lifestyle Survey)

