

**OVERVIEW OF SERVICES AND PERFORMANCE IN THE PUBLIC HEALTH
DIRECTORATE**

To: **Health Committee**

Meeting Date: **May 29th**

From: **Director of Public Health**

Electoral division(s): **All**

Forward Plan ref: **Key decision: No**

Purpose: **To provide the Committee with information about Public Health directorate services and performance**

Recommendation: **The Committee is asked to review and comment upon the report**

<i>Officer contact:</i>		<i>Member contact:</i>	
Name:	Val Thomas	Name:	Cllr Kilian Bourke
Post:	Public Health Consultant: Health Improvement	Chairman:	Health Committee
Email:	Val.thomas@cambridgeshire.gov.uk	Email:	Kilian.bourke@cambridgeshire.gov.uk
Tel:	01223 703259	Tel:	01223 699171

1. BACKGROUND

- 1.1 In 2013/14 a range of public health responsibilities were transferred to local government from the NHS. Ring-fenced funding was transferred to local authorities, together with associated contracts and staff, for the purpose of reducing health inequalities and improving the health and wellbeing of local people.
- 1.2 Conditions of the funding include the requirement that users of public health services should not be charged. In addition, national regulations state that some mandated public health services must be commissioned in a consistent way across the country.
- 1.3 The mandated services are
 - Steps to be taken to protect the health of the local population
 - Ensuring NHS commissioners receive the public health advice they need
 - Appropriate access to sexual health services
 - The National Child Measurement Programme
 - NHS Health Check assessment

2. MAIN ISSUES

Services

- 2.1 The majority of public health services are commissioned from organisations outside the County Council, although selected aspects of service delivery are provided in-house. The main services include:
 - Sexual health services: testing and treatment for sexually transmitted infections, screening for chlamydia, and contraception services are commissioned from NHS providers; preventive services for higher risk groups are commissioned from the voluntary sector.
 - Smoking cessation services: The 'CAMQUIT' service is provided in-house; smoking cessation support is also commissioned from GP surgeries and pharmacies.
 - Healthy Child 5-19 programme: School nursing services are commissioned from an NHS provider; additional services are commissioned from the voluntary sector.
 - Weight management and lifestyle behavior services: There is a mix of services commissioned from the NHS, the independent/social enterprise sector, and in-house provision.
 - NHS health checks: These are mainly commissioned from NHS GP surgeries, with some targeted programmes for higher risk groups.
 - Public Health Intelligence services e.g. Joint Strategic Needs Assessment, analysis of mortality data, are provided in house by public health analysts.
 - Health protection advice services: These are provided in house by public health consultants and a health emergency planning and resilience officer

- Healthcare public health advice services to the Clinical Commissioning Group: These are provided in house by public health consultants, analysts and researchers.
- A range of other public health services tailored to local need are provided in-house or through micro-commissioning, such as public health support to district level Local Health Partnerships, co-ordination of winter warmth activities, and the Travellers Health Team

Key performance indicators

- 2.2 The efficacy of Public Health services is measured against a range of key performance indicators. The key performance indicators for Public Health in the 2014/15 Business Plan are:
- To reduce the difference in life expectancy between areas in Cambridgeshire
 - To maintain the improvement seen in the percentage of children recorded as obese
 - To support people to successfully give up smoking after 4 weeks of support from the stop smoking services
 - To increase the number of health checks offered to people aged 45-70 across Cambridgeshire.
- More information on the key performance indicators for 2014/15 can be found in Appendix A.
- 2.3 Local performance indicators for the Public Health directorate are updated monthly. These indicators are grouped under two broad headings: Sexual Health and Family Planning and Health Improvement. In March 2014, 11 out of the 19 indicators were on target, with some- such as school nursing and access to long-lasting contraception- exceeding expectations. Performance against health checks is of particular concern, and smoking cessation service performance is below expectation – although this is a national trend thought to be related to e-cigarettes. The Public Health performance report for March can be found at Appendix B.

Planned service changes and developments in 2014/15

- 2.4 The main service changes and developments planned for 2014/15 include:
- Implementation of a county-wide community sexual health service, following the procurement process carried out during 2013/14 and early 2014/15. The new service specification will increase accessibility and equity of provision of sexual health and contraception services, within available resources.
 - Commissioning of childhood vision screening services (previously commissioned by the CCG, but now a duty of the County Council).
 - County-wide procurement of health trainer and weight management services. This procurement process will be carried out during 2014/15.
 - Delivery of mental health and suicide prevention training to front line staff who are not mental health professionals.
 - Delivery of workplace health programmes within the Council, including a physical activity pilot in Scott House; and support for implementation of the

smoke free environment policy, working closely with the Corporate Directorate and LGSS services.

- Delivery of savings outlined in the Business Plan.

Business planning for 2015/16

- 2.5 In order to improve health outcomes for residents and to assist the Council in its wider public health role, a proposed strategic priority for 2015/16 is to identify shared priorities for public health outcomes across the Council. It is also important to work with organisations outside the Council which make a significant contribution to public health and, where appropriate, to jointly commission with partner organisations.

3. ALIGNMENT WITH CORPORATE PRIORITIES

3.1 Developing the local economy for the benefit of all

Effective public health programmes result in a healthier workforce, with reduced sickness absence/people lost to the workforce and increased productivity.

3.2 Helping people live healthy and independent lives

Effective delivery of public health programmes will support this priority.

3.3 Supporting and protecting vulnerable people

Effective delivery of public health programmes will support this priority.

4.1 Resource Implications

This paper outlines the services provided through resources allocated to the Public Health Directorate

4.2 Statutory, Risk and Legal Implications

Services are required to comply with the conditions of the public health ring-fenced grant

4.3 Equality and Diversity Implications

Community impact assessments were carried out for service changes and developments in the 2014/15 business plan.

4.4 Engagement and Consultation Implications

No significant implications

4.5 Localism and Local Member Involvement

No significant implications

4.6 Public Health Implications

Effective delivery of public health services will support improvements in health and reduction in health inequalities within the County.

SOURCE DOCUMENTS GUIDANCE

Source Documents	Location
Cambridgeshire County Council Business Plan 2014/15	http://www.cambridgeshire.gov.uk/info/20043/finance and budget/90/business plan 2014 to 2015

Appendix A: Key performance indicators for Public Health 2014/15 (taken from Cambridgeshire County Council's Business Plan 2014/15)

Indicator	Responsible service	Rationale for indicator	Frequency	What is good?	Target for 2014-15	Comments on target
Differences in life expectancy between areas in Cambridgeshire	Public Health	A key principle of the Health and Wellbeing Strategy states 'Reduce inequalities by improve the health of the worst off fastest'. Note: indicator may be subject to review following publication of national 'Health Premium' outcome indicators for Local Authorities	Annual	Low (differences)/ High (life expectancy)	TBC- awaiting data for year 2013-14	
The percentage of children weighed and recorded as obese according to the national childhood measurement programme	Public Health	Priority 3 of the Health & Wellbeing Strategy states 'Encourage healthy lifestyles and behaviours in all actions and activities while respecting people's personal choices'. Note: indicator may be subject to review following publication of national 'Health Premium' outcome indicators for Local Authorities	Annual	Low	Reception: 7.5% Year 6: 15.8%	Target is to maintain improvement seen in 2012-13
The number of people successfully quitting smoking with support from stop smoking services as measured at 4 weeks	Public Health	Priority 3 of the Health & Wellbeing Strategy states 'Encourage healthy lifestyles and behaviours in all actions and activities while respecting people's personal choices'. Note: indicator may be subject to review following publication of national 'Health Premium' outcome indicators for Local Authorities	Monthly	High	3,600	The best measure would be smoking prevalence- the percentage of people in Cambridgeshire who smoke. But this is too expensive to measure accurately as a short-term performance target
The number of health checks offered to people aged 40-75	Public Health	Priority 3 of the Health & Wellbeing Strategy states 'Encourage healthy lifestyles and behaviours in all actions and activities while respecting people's personal choices'. Note: indicator may be subject to review following publication of national 'Health Premium' outcome indicators for Local Authorities	Monthly	High	21,000	To be reviewed following 2013-14 out-turn

Public Health PMF Dashboard

The Public Health Service Performance Management Framework (PMF) for March can be seen within the tables below:

	More than 5% away from YTD target
	Within 5% of YTD target
	YTD Target met

	Below previous month actual
	No movement
	Above previous month actual

HEALTH IMPROVEMENT												
Service		Measures										
	Overall RAG status	Measure	Y/E Target 2013/14	YTD Target	YTD Actual	YTD %	YTD Actual RAG Status	Previous month actual	Current month target	Current month actual	Direction of travel (from previous month)	Comments
Sexual Health & Family Planning : Treating and caring for people in a safe environment and protecting them from avoidable harm	A	Prevalence of Chlamydia. Number of positive screens.	651	651	601	92%	R	96%	63	108%	↑	
		Chlamydia Screening - includes GP, CASH, Pharmacy and Outreach	18119	18119	13740	76%	R	104%	1427	82%	↓	Information based on attendances
		GUM Access - Clinic 6 Oaktree Centre - 90% within 2 working days	90%	90%	95%	95%	G	98%	90%	95%	↓	Information based on attendances
		GUM Access - other (includes services in Cambridge, Ely and Fenland) - 90% within 2 working days	90%	90%	84%	84%	R	92%	90%	92%	↔	Information based on attendances
		DHIVERSE (HIV Prevention)										Information awaited
		LARC - access to long acting reversible contraception - Implanon Insertion	2618	2618	2826	108%	G	106%	218	107%	↑	Targets are based on 2012/13 actuals. LARC is running above all expectations year to date. February has seen an decrease in attendances.
		LARC - access to long acting reversible contraception - Implanon Removal	2047	2047	2210	108%	G	93%	171	117%	↑	
		LARC - access to long acting reversible contraception - IUCD Insertion	2781	2781	2928	105%	G	101%	231	103%	↑	
		LARC - access to long acting reversible contraception - 6/52 checks	1697	1697	1814	107%	G	101%	141	134%	↑	
		Access to contraception and family planning	14175	14175	14712	104%	G	106%	1116	100%	↓	
Health Improvement: Caring for people and assisting in improving all aspects of their general wellbeing	G	Ensuring Health Check invitations are sent, and health checks carried out	26959	26959	18004	67%	R	52%	2702	65%	↑	Targets are based on 2012/13 actuals. Invitations are being sent out by the GP practices, but it would appear that the current uptake is very low
		Smoking Cessation - four week quitters	3900	3136	2472	79%	R	67%	429	56%	↓	Figures for January showed no impact as expected with New Year quitters
		School Nursing : one to one activities	6800	6800	9688	142%	G	162%	536	225%	↑	Activity is currently exceeding expectations, and the only dips anticipated will be around the school holiday periods
		School Nursing : Group activities	3200	3200	5796	181%	G		252	346%	↑	
		Childhood Obesity (School year) - 90% coverage of children in year 6 by final submission (EOY)	90%	90%	92%	92%	G	92%	90%	92%	↔	
		Childhood Obesity (School year) - 90% coverage of children in reception by final submission (EOY)	90%	90%	92%	92%	G	92%	90%	92%	↔	
		Personal Health Trainer Service - number of referrals received	2205	919	828	90%	R	77%	184	96%	↑	Plans in place to increase referrals.
		Personal Health Trainer Service - number of initial assessments completed	1874	781	847	108%	G	124%	156	83%	↓	Plans in place to increase assessments.
		Personal Health Trainer Service - Personal Health Plans produced	1593	665	547	82%	R	82%	133	66%	↓	
		Personal Health Trainer Service - Personal Health Plans completed	1115	465	376	81%	R	81%	93	85%	↑	

* All figures received in April, relate to March year end actuals.

** Direction of travel against previous month actuals

*** The assessment of RAG status for services where targets and activity are based on small numbers may be prone to month on month variation. Therefore RAG status should be interpreted with caution.