

HEALTH SCRUTINY PANEL
24 JULY 2013
PUBLIC HEALTH
REPORT OF HEAD OF DEMOCRATIC SERVICES

1. Purpose

- 1.1 To hear from public health colleagues about the Council's new public health responsibilities, the level of resources available to support this work and current public health priorities and challenges in the City.

2. Action required

- 2.1 The Panel is asked to use the information provided to inform questioning and discussion about public health in Nottingham to ensure the Panel is well-informed about the issues and to identify any areas to be included in the Panel's future work programme.

3. Background information

- 3.1 On 1 April 2013 public health responsibilities transferred to the Council. As the Panel will be aware from its work overseeing the transition process during the last year this included the transfer of staffing and financial resources to the Council. The Council has appointed a Director for Public Health jointly with Nottinghamshire County Council. The Director for Public Health is a statutory member of the Health and Wellbeing Board.
- 3.2 Reflecting the changes to health service commissioning and provision, the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 extended health scrutiny powers to enable health scrutiny to review and scrutinise any matter relating to the planning, provision and operation of the health service in their area, including all NHS and public health services commissioned by NHS England, clinical commissioning groups and the local authority (including providers from the private and voluntary sectors). Therefore in addition to considering the work of the local NHS it will be important for the Panel to scrutinise the Council's own approach to health.
- 3.3 As highlighted by the Francis Inquiry Report in relation to NHS services, health scrutiny will want to ensure that there are also effective channels by which service users, the public and the workforce can communicate concerns about the quality of public health services and that there is an appropriate mechanism for responding to such concerns.

- 3.4 To support its role in scrutinising the planning, provision and operation of public health services, the Panel will want to develop a constructive working relationship with those responsible for public health in the City. As a starting point for this, an overview of public health is attached to this report and public health colleagues will be attending the meeting to give a presentation on the Council's public health responsibilities and current activities, and to answer questions from the Panel in relation to this.

4. List of attached information

- 4.1 The following information can be found in the appendices to this report:

Appendix 1 – Public Health: A Brief Overview

5. Background papers, other than published works or those disclosing exempt or confidential information

None

6. Published documents referred to in compiling this report

Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013

7. Wards affected

All

8. Contact information

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Submitted to: Health Scrutiny Committee

Reporting Directors: Lynne McNiven, Caroline Hird, Mary Orhewere and Alison Challenger

Title: Public Health; a Brief Overview

What is Public Health?

Public Health is “the science and art of promoting and protecting health and wellbeing, preventing ill health and prolonging life through the organised efforts of society”. It has three domains:

Health Improvement: education, lifestyles, family & community, housing, employment.

Health Protection: immunisation, environmental hazards, emergency preparedness.

Health Services Quality: service planning, effectiveness, audit and evaluation, prioritisation.

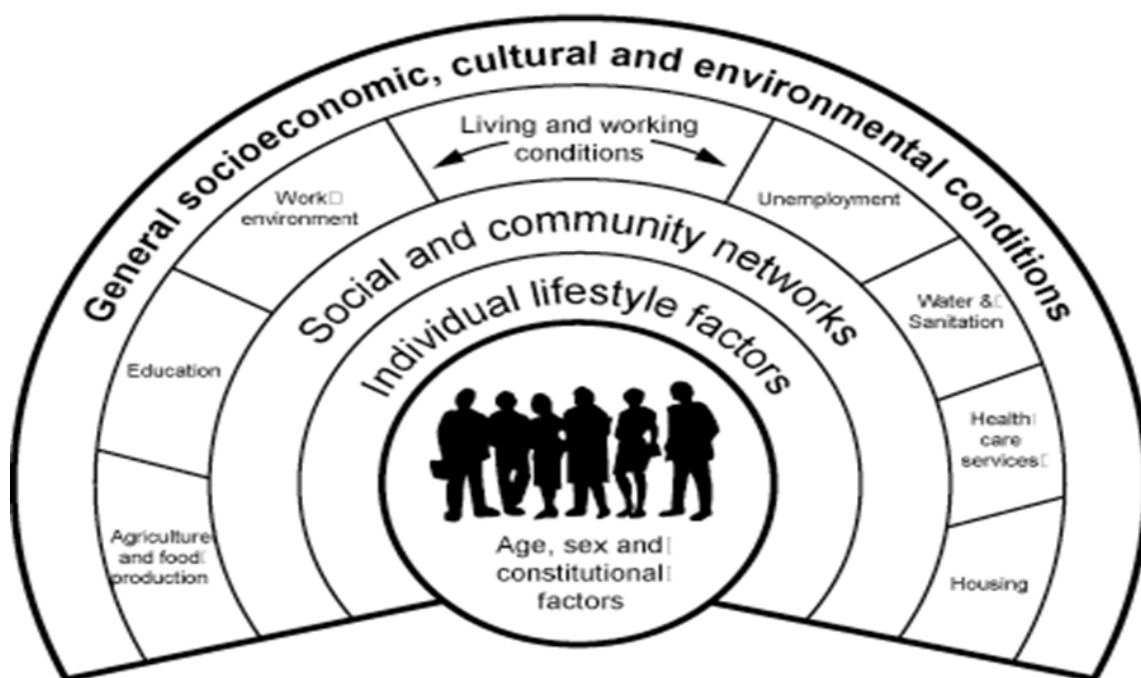
Public Health is about improving population health, underpinned by epidemiology, the study of patterns, causes and effects of health/ill health in populations. Over centuries, it has proposed measures now considered standard, e.g. the provision of clean water and safe disposal of waste. Other epidemiological exposures are asbestos and cancer, smoking and heart disease. A focus on lifestyle has shown links between physical inactivity and heart disease, low birth weight and poor adult health, low educational attainment and poverty.

Public Health’s role in Identifying Health Inequities

Public Health: Understanding & Tackling Inequities

A key role of Public Health is to investigate why different health status, outcomes and life opportunities are experienced by different populations, and to recommend mitigating action.

Many interdependent factors influence health and social outcomes (illustrated below).



Source

e: Dahlgren & Whitehead

Health inequalities are systematic differences in health status between populations which cannot be explained in biological terms; they are typically due to social or economic factors. Inequities are those differences that are perceived unfair and are potentially avoidable. Examples include:

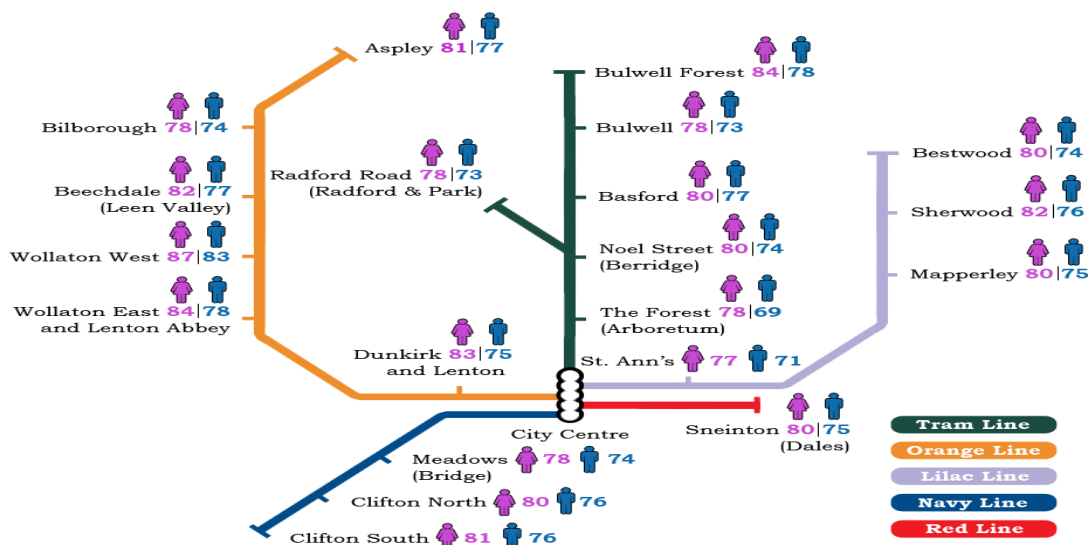
Educational attainment: Poor school readiness is linked to low levels of educational attainment at school, and limited further education/training. These are closely linked to poor lifestyle choices such as smoking, teenage pregnancy, alcohol or drug use. In turn, these limit employability, income and directly impact health. The result is considerably more ill health and premature deaths in comparison to the groups with better educational attainment.

Access to Health Care Services: In theory, access to health care services is universal and based on need. For some, access is limited because of poor health literacy, transport costs, lack of assistance (housebound, people with learning difficulties), alternative health beliefs (travellers), homelessness, complex health needs (substance or alcohol dependence).

Deprivation: Higher levels of deprivation are closely linked with higher levels of poor health outcomes. Income deprivation caused by unemployment or low paid jobs directly correlate with housing quality & access to essential services e.g. schools, police, shops, transport, etc.

Social Drift: Good health is an important factor in protecting a person's economic and social position in society. When health or income is compromised, deprivation levels rise. Similarly, poor mental health such as depression can lead to loss of employment, breakdown in family life and ultimately poorer health outcomes for a family.

In Nottingham the differences in health outcomes are illustrated clearly by the variation in average life expectancy of its citizens dependant on where they live within the city.



The figures against each 'stop' show average life expectancy at birth for **males and females in Nottingham** living in that city ward area.

For **females** the average across the city is **80.5** compared with the English national average of **82.3**. For **males** the average across the city is **75.3** compared with the English national average of **78.3**.

Public Health tackles inequalities in a number of ways including through health needs assessments, health equity audits and service redesign. By scrutinising quantitative data (population details, current service use, etc.) and qualitative data (e.g. service user and professional views), the case for action is made and an acceptable, efficient, effective intervention is recommended.

The result is Public Health leadership in partnership to change policy, strategy and commissioning. Good quality monitoring and critical evaluation deliver outcomes, impact and value for money. It informs the on-going development of the Joint Strategic Needs Assessment (JSNA) which enables responsible commissioning by agencies across the City.

What is Public Health's responsibility in Local Government?

Local Government has a long tradition of public health responsibilities, for example education, transport, housing, leisure, business growth and employment, community safety. Recent additional responsibilities creates a real opportunity to work with partners in Health and the Third Sector, using Public Health Specialist resources as the 'glue' to bring the evidence and the expertise together to improve the population's health and prosperity. Below is a list of the wide range of commissioning responsibilities.

Local authority commissioning responsibilities (1)

Department of Health

- Tobacco control & smoking cessation
- Alcohol and drug misuse
- Services for children 5-19
- National Child Measurement Programme*
- Obesity and weight management
- Local nutrition services
- Increasing physical activity
- NHS Health Checks*
- Public mental health services
- Dental public health services
- Injury prevention
- Birth defect prevention
- Behavioural and lifestyle campaigns to prevent LTCs
- Local initiatives on workplace health
- Support and challenge of NHS services (imms and screening)
- Public health advice to NHS*
- Sexual health services*
- Seasonal mortality initiatives
- Local role in health protection incidents*
- Community safety
- Social exclusion

* Indicates mandated services

The Public Health Team? The Director of Public Health in Nottingham City Council, a jointly appointed post with Nottinghamshire County Council. A Corporate Director in both authorities, he is responsible for the health and wellbeing of almost one million Nottinghamshire residents.

At Director level there are four Public Health Consultants each of whom has completed five-year Specialist training and is on the national Specialist Register. Together, they bring over 80 years' local and international experience to the council. Each consultant has a defined portfolio of responsibility, is linked to a specified Directorate and contributes to the corporate agenda.

The team consists of Public Health Managers, Information Analysts, Health Promotion Specialists and vital Administrative Support. Most of the team have a Masters in Public Health as a second qualification or are working towards this; they bring additional breadth of expertise to the council. As an approved training location, the department hosts Public Health Specialty Registrars and Foundation Year 2 Doctors, developing the workforce of tomorrow.

The Public Health Team's role includes:

1. Assess and advise on the health and wellbeing needs and interventions for the population of Nottingham City
2. Develop close working relationship within Nottingham City Council by integrating with all Directorates
3. Provide public health expertise to the Clinical Commissioning Group to discharge its commissioning responsibilities for Nottingham
4. Lead the onward development of the JSNA; support the development and implementation the Health and Wellbeing Strategy
5. Integrate the local public health system with Public Health England and NHS England
6. Commission services and support partners to commission services that contribute to the Public Health Outcomes Framework indicators.
7. Additionally, the Director of Public Health is the statutory lead for Health Protection Assurance in Nottingham City Council.

The Public Health Outcomes Framework

The Public Health Outcomes Framework is an instrument to improve the quality of outcomes that matter most to people. The goal is that people live better for longer and to offer better value for all. It is part of a three-way alliance (with Adult Social Care and the NHS) to re-focus for government and partners on better outcomes, allow local areas to make their own decision on how to achieve this whilst allowing service users and the public to hold them to account. It tracks progress without overshadowing local priorities.

There are four domains, each supported by more detailed indicators.

1. Improving the wider determinants
2. Health improvement
3. Health protection
4. Healthcare public health and preventing premature mortality.

Examples of indicators that predict the likely long term health and prosperity of a population:

	Nottingham value	England average	England lowest	England highest
16-18 year olds not in education, employment or training (NEETs)	5.40	6.10	1.60	11.80
Low birth weight of term babies	4.4	2.8	1.8	7.8

Source: phoutcomes.info 2013

Aligned outcomes and indicators support local partners across government, health and care systems identify common ground and integrate work locally e.g. giving children the best start in life, preventing people from dying prematurely. It allows local measurement of the pace of improvement and enables comparison with others. The Outcomes Framework provides assurance and accountability for quality improvement. Above all, it re-focuses local systems on people and the outcomes that matter most to them.