THIS ITEM IS FOR INFORMATION ONLY

Portsmouth CITY COUNCIL

Agenda item:

Title of meeting:	Health Overview and Scrutiny Panel
Subject:	Update on Public Health progress following transfer of responsibility and health information
Date of meeting:	17 September 2013
Report by:	Dr Andrew Mortimore, Director of Public Health
Wards affected:	All

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1. Requested by Health Overview and Scrutiny Panel

2. Purpose: To provide the Panel with:

a. an update on progress following transfer of responsibility to Portsmouth City Council, and

b. the latest Public Health information developments

PROGRESS FOLLOWING TRANSFER

3. Local leadership

3.1 The new health system for England has put local leadership for public health in the hands of local authorities, supported by a new national agency – Public Health England (PHE). People and resources transferred from the NHS to the council to complement the programmes and services that it had previously provided. The council now has a leadership role in:

- tackling the causes of ill-health, and reducing health inequalities
- promoting and protecting health
- promoting social justice and safer communities

3.2 As previously reported, the council has responsibility for five mandated and 16 other public services linked to the Department of Health Public Health Outcomes Framework. Spending on Public Health outcomes will be funded by a ring-fenced grant which, for 2013/14 and 2014/15 has been set at £15.7M and £16.1M respectively; the grant for 2015/16 has yet to be announced. The financial conditions applicable to the grant were also set out in the previous report.

3.3 Use of the grant

The public health grant is provided to give local authorities the funding needed to discharge their public heath responsibilities and that these funds are used to:

- improve significantly the health and wellbeing of local populations
- carry out health protection functions delegated from the Secretary of State
- reduce health inequalities across the life course, including within hard to each groups
- ensure the provision of population healthcare advice.

4. Vision for Public Health in Portsmouth

4.1 The vision is that:

'Public Health will be at the heart of everything that the city council does in working to shape our Great Waterfront City and will provide leadership and influence across all council services and activities to improve the overall health and well-being of the people of Portsmouth, concentrating on improving the health of the poorest, fastest.'

4.2 Strategic principles which underpin the vision:

- Build on the successful citywide collaborative and cooperative model of working across agencies to prioritise Public Health in Portsmouth
- Develop a remodelled, enhanced and locally led Public Health approach
- Focus firmly on the needs of the residents of Portsmouth, working together to shape the environment in which local people live, work and play, as well as challenging and tackling inequality and deprivation to improve health outcomes and reduce health inequalities in the City
- Lead and influence across the full range of services, functions and activities to improve health and reduce inequality

5. Roadmap for delivering the Public Health vision in Portsmouth

5.1 **Where are we now?** In undertaking its public health functions the performance of the city council will be monitored against the Public Health Outcomes Framework (PHOF). A variety of indicators for the responsibilities are grouped in four domains:

- the wider determinants of health
- health improvement
- population healthcare
- health protection

5.2 The national Public Health Observatories have recently released data for the city's performance against some of these indicators where data is available (http://www.phoutcomes.info/). Listed below are key indicators, which are consistent with the findings of the Joint Strategic Needs Assessment, where we are performing significantly worse than the national average or where we need to maintain performance:

Improving wider determinants

- Pupil absence
- 16-18 not in education, employment or training
- Killed and seriously injured on the roads

- Violent crime
- Re-offending
- Statutory homelessness

Health improvement

- Mothers smoking at time of delivery
- Physically inactive adults
- Cervical cancer screening
- Take-up of NHS Health Checks
- Self-reported wellbeing - feeling worthwhile

Health protection

- MMR for 5 year olds

Healthcare public health and preventing premature mortality

- Overall mortality rate from causes considered to be preventable
- Premature mortality rate from cardiovascular diseases
- Premature mortality rate from cancer
- Premature mortality rate from respiratory disease considered preventable
- Preventable sight loss - age related macular degeneration
- Preventable sight loss - diabetic eye disease
- Excess winter deaths

A more detailed overview and explanation of the latest Public Health information, health needs and development of the Joint Strategic Needs Assessment is at Appendix 1.

5.3 **Where would we like to be?** In summary the main aims include:

- Population health gain
- Reducing the inequalities gap
- Achieving value for money across services
- Understanding impact on overall costs to the council and others

5.4 **How do we get there?** Key actions to help move us to where we want to be include:

- Establish a process for review of contractual arrangements to improve value for money and reflect changes in priorities for investment
- Engagement with other PCC services, residents and external stakeholders in line with priorities
- Redesign services and implement improvement initiatives

5.5 There is a unique opportunity in Portsmouth to develop a public health service that builds on a strong track record of delivery. Combining a specialist public health team which transferred from the NHS with the children and young people health improvement team in the council (Health Improvement and Development Service) to become Public Health Portsmouth will provide the capacity and expertise to help

shape how the council undertakes its new responsibilities. Underpinning all areas of work is the public health intelligence team which is an integral and essential part of the core team. Furthermore, following the merger of public health with community safety and licencing, in May 2013 to form the Health, Safety and Licencing Service, additional opportunities for integrated services have been created.

5.6 To ensure that the council's public health responsibilities are delivered, Public Health Portsmouth will continue to work in new and innovative ways; an operating model has been developed and will continue to be refined to support new ways of working. Eight programmes of work have been defined, each comprising of a range of projects that will work collectively to tackle key threats to health and open up opportunities for people to make healthy choices (Appendix 2).

5.7 Recognising the mix of generic and specialist skills available and required, and the need for flexibility and future-proofing, the operating model proposes matrix working, with a mixture of short-life project teams and longer term initiatives. These will address the following five strategic objectives in the Public Health Strategy:

- Get the best possible start in life - by concentrating on pre-birth to 5 year olds, we will ensure that every child has the best possible start in life through access to universal and targeted services supported by positive parenting.

- Help young people to be ready, willing and able to work - by providing services that our residents need and want and to support them staying fit and healthy.

- Create a better environment for people to live, work and play - by working across the city council to fully integrate planning, transport, housing, environmental and health. The aim is to address the social determinants of health and support locally developed and evidence based community regeneration programmes that remove barriers to community participation and action, and reduce social isolation.

- Encourage healthy lifestyles, for example, by helping people to stop smoking, lose weight and not misuse alcohol - by commissioning innovative, evidence-based prevention services and programmes that are effective, targeted and readily accessible to those in greatest need. The aim is to enable communities and individuals to shape their own futures and make informed and appropriate choices about their collective and individual lifestyles.

- Maintain maximum independence and dignity in old age - by working in partnership with all adult and community services to improve physical and mental fitness. The aim is to maximise the potential to be independent, overcome barriers to active life, e.g. improve access to health care and health promotion services for those who are socially isolated, living in poverty, have mental health problems, those from black and minority ethnic groups and protecting vulnerable older people from cold and heat-related illness.

These strategic objectives mirror the health determinant themes and improvement recommendations set out in the Marmot Review.[1]

5.8 The existing and future workforce will be developed to ensure that there is the capacity and the skills to deliver the public health functions. This provides the core of expertise. However, the wider council workforce, as potential public health champions, has a key role in supporting the council's responsibility. Broadening the understanding of public health across the wider workforce to build a network of champions is therefore a key developmental work strand. Underpinning the professional development and training of specialists, attached staff and other practitioners will be in conjunction with the Wessex School of Public Health, and in line with national accreditation standards.

5.9 The ambition during 2013/14 and 2014/15 is to review and redesign public health services to achieve more with the resources available, add value to the council's overall offer and that of partner organisations to ensure more services are provided in a "joined-up" way (e.g. pathways of care). This is a significant change programme which will require focus and leadership. As such we have brought together a small team of senior managers from within Public Health Portsmouth to concentrate on this work. It is envisaged that this review and re-design work will release a proportion of the grant over the next three years (approximately 25%) which will then be redistributed to support other council services activity that meets public health outcomes.

5.10 The following summary table shows a high level breakdown of current service provision, the 2013/14 spend and contract end dates;

Sexual Health	3,758,760	31/03/15
Smoking	1,342,698	31/03/15
Children 5-19 Programme	710,191	31/03/15
Health Checks	191,698	31/03/14
Obesity	747,354	31/03/14
Substance Misuse	4,232,166	30/06/17
Alcohol	1,332,552	30/06/17
General Prevention	507,535	31/10/15
Public Health Advice	192,604	
Dental Health	263,254	31/03/16
Operating Costs	780,681	
Contribution to other services delivering positive public health outcomes	317,000	
Public Health Change Programme - capacity building and system redesign	1,360,907	
Total	**15,737,400**	

5.11 To tackle deep-seated health inequalities and raise the health and well-being of Portsmouth people, the aim is to work collaboratively across the council to identify activities, which have the greatest impact on those public health outcomes identified

[1] Fair Society Healthy Lives' (The Marmot Review) Strategic Review of Health Inequalities in England post 2010.

as priorities in the business planning process. Once identified, the public health team can then work with the relevant city council services to “tailor” activities towards achieving improved public health outcomes.

5.12 Activity which has been identified by Public Health Portsmouth which could potentially contribute to public health outcomes is tabled below. These activities, along with proposals from services, will be evaluated and compared to current public health service provision to assess their respective value and quality toward achieving reduction in inequalities and meeting those outcomes defined in the Public Health Outcomes Framework.

Early Years	Family Nurse Partnership
	Children's Centre Offer
	Parenting Support
5-19	Youth Support Services
	Active Travel inc. Cycling
	Healthy Schools (inc Mental Health & Wellbeing)
	Free Swimming
Adults	Community Projects with a health/physical activity impact
	Domestic Violence
	Green Gyms
Environment	Air Quality Improvement
Later Years	Community Projects
	Independence and Wellbeing Services
	Free Swimming

6. Summary

6.1 Considerable progress has been achieved over these past six months in shaping how public health responsibilities are delivered by the council. There is strong recognition that the opportunity and potential to make a difference for the people of Portsmouth now exists. Closer engagement and understanding the needs of residents to improve public health outcomes and provide supporting services is at the heart of the Public Health strategy. Harnessing the collective capability of the council workforce to support the improvement in public health outcomes is a key driver in the strategy. The focus of the core team now is to review and re-design current services, and identify areas in the council which will provide public health outcomes which are equal to or better than those which are currently in place.

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Signed by Director of Public Health

Appendices:

Appendix 1: Report on Public Health Information Developments
Appendix 2: Diagram of Public Health Portsmouth Operating Model

Background list of documents: Section 100D of the Local Government Act 1972

The following documents disclose facts or matters, which have been relied upon to a material extent by the author in preparing this report:

Title of document	Location

Appendix 1

PUBLIC HEALTH INFORMATION DEVELOPMENTS

1. The Joint Strategic Needs Assessment and the health needs of Portsmouth

1.1 The production of the Joint Strategic Needs Assessment (JSNA) is a joint statutory responsibility for the city council and NHS Portsmouth Clinical Commissioning Group, overseen by the Health and Wellbeing Board. The JSNA is used to inform the development of the Joint Health and Wellbeing Strategy. A full description of the health needs of Portsmouth can be found in the annual summary of the JSNA), which is produced by the Public Health Intelligence Team.

1.2 The draft JSNA annual summary for 2013 will be issued at the beginning of October and HOSP members advised accordingly. A period of consultation will take place between October and 4 December 2013 where we will be seeking views about whether the range of issues identified in the JSNA reflects people's concerns about current issues in Portsmouth. It is intended to use the outcomes of the consultation to inform, devise and prioritise a research work programme to understand the root causes of these issues and evaluate the evidence for the most effective way to tackle the problems. This programme will also enable more efficient application of the analytical resource available to the Council.

1.3 It is intended that the consultation will also include a JSNA stakeholder event on 3 December and that the draft JSNA summary will also be discussed at the Health and Wellbeing Board meeting in public on 4 December.

2 "The big picture of health and wellbeing"

2.1 The JSNA provides 'the big picture' of health in Portsmouth. It informs and, where necessary, challenges the objectives in the Joint Health and Wellbeing Strategy.

2.2 A wide range of information about health and wellbeing has been obtained during the last year:

2.2.1 **2011 Census**

- results for a wide range of areas - demography, housing, caring, transport, etc.
- National release of more data behind the wide range of outcome measures affecting health and wellbeing in the Public Health, NHS, Adult Social Care Outcome Frameworks and the Clinical Commissioning Indicator Set Group

2.2.2 Local research examining these issues in more detail is listed below and can (mostly) be found on the JSNA website Joint Strategic Needs Assessment:

Socio-environmental factors:

- Annual crime and anti-social behaviour report
- Fire and rescue profile of Portsmouth
- Scrutiny Panel Review of air quality
- Impact of changes to the welfare system

Tackling inequalities affecting vulnerable groups:

- Profile of people from non-EU countries (as part of EU-funded integration project)
- The health of men (Public Health Annual Report, 2012)
- Profile of adults with a learning disability
- Profile of carers

Surveys carried out this year

- Young people's substance misuse

Specific health and wellbeing issues:

- Why people with HIV infection delay going to see their doctor
- Additional analysis of reasons behind Portsmouth comparatively high rate of excess Winter deaths
- Scrutiny Panel Review "Consider advancing the use of technology in Adult Social Care (telehealth and Telecare)"

Services

- Redesign services from the customer's perspective to meet the needs of families with multiple problems ("Positive Family Steps")
- Review of child and adolescent mental health services
- Starting to use geo-segmentation data from Experian's Mosaic database to profile residents and be able to communicate with them more effectively

On-going needs assessments or research

- Supply of affordable housing (PUSH)
- Diversity of Portsmouth – updating overview of aspects of diversity (
- Children and young people's needs assessment
- Health and wellbeing needs of looked after children (also subject of review by Education, Children and Young People's Scrutiny Panel)
- Health and wellbeing needs of young offenders
- Health and wellbeing needs of city council housing tenants (required by Joint Health and Wellbeing Strategy)
- Profile of children with speech, language and communication needs
- Additional analysis of reasons behind Portsmouth's comparatively high rate of older people falling.

3. Summary of key findings

3.1 Population

3.1.1 Between 2001 and 2011 Portsmouth's population grew by 9.8% overall. Between 2013 and 2021 a smaller level of growth is predicted (4.5%) but there are differences across the age range:

- The 0–4 years population is projected to grow by only 1.1% (from 13,300 to 13,500), while the 5–15 years population is projected to grow by 9.1% (from 24,500 to 26,700)
- The working age population (16-64 years) is projected to grow by only 2.7%
- While the 65+ years population is projected to grow by 11.2% overall, it is the 85+ years population that will see the greatest increase (19.5%, from 4,400 to 5,200).

3.1.2 Portsmouth has a lower percentage of residents from Black and minority ethnic (BME) communities (including White Irish and other White non-British communities) compared to in England (16% compared to 20%). However:

- Portsmouth is a diverse multi-ethnic community with some 32,800 people identifying with an ethnicity other than White English/Welsh/Scottish/Northern Irish/British.

- After White British, the six largest ethnic groups in the city are: Other White (3.8%), Bangladeshi (1.8%), African (1.4%), Indian (1.4%), Other Asian (1.3%) and Chinese (1.3%)

- Polish is the largest single ethnicity within the Other White group, with the Polish community making up 0.8% of the city's total population.

- By 2011, 22% of all births were to non-British born mothers (up from 11% in 2011)

- All BME groups (except Mixed) have larger proportion of their group of working age than White British.

3.2 Poverty

3.2.1 About 11,000 children live in poverty and the cost of child poverty to the city is estimated at £121m each year. The consequences of poverty cost society: in the money that government spends in trying to counter the effects of child poverty, and in the economic costs of children failing to reach their potential. People and agencies across the city are seeing the effects of increasing poverty:

- Between 2011 and 2012, the number of people using the Foodbank in Portsmouth doubled. Between 1 January to 31 August 2013 1,939

vouchers were given out (increase of 50% for the same period in 2012). The main reason for referral to a Foodbank is benefit delays or changes

- Spend has been rising sharply within the Local Welfare Assistance Scheme (although some of this is due to seasonal variation)

- Money, debt and benefits advice services are reporting record numbers of people asking for help

- Rent arrears are rising in relation to reforms such as under-occupancy (the bedroom tax)

- About 131 Portsmouth families have been hit by the benefits cap and are each losing an average of £73 a week

- The Centre for Economic and Social Inclusion (2013) estimates that, in Portsmouth in 2015/16, the average loss per claimant household from key housing benefit reforms will be £976 (affecting 12.5% of all households).

3.3 **Community safety**

3.3.1 The Safer Portsmouth Partnership has seen a 16% reduction in reported crime (greater than 7% reported nationally).

3.3.2 Alcohol services are showing positive achievements but we still have a slightly higher proportion of people drinking at levels that may harm their health.

3.3.3 Drug services are going through a period of change and require monitoring to ensure that the hoped for improvements are achieved. There is a link between substance misuse and prolific offending/anti-social behaviour and more work is needed to try and target this (hard to engage) group.

3.3.4 There are concerns regarding our most prolific young and adult offenders and those committing more serious offences

3.3.5 We need to understand why only a small proportion of domestic abuse incidents are recorded as crimes.

3.3.6 Internet crime and cyber-bulling are likely to be increasing, but this is likely to be very under-reported so we cannot get an accurate picture of whether the pattern of crime types is changing.

3.3.7 Although crime is going down, we still need to focus on improving performance by working together. We have the opportunity to identify specific vulnerable groups or locations where the experience of crime remains higher than expected and target our resources

3.4 Give every child the best start in life

3.4.1 The report summarises areas where Portsmouth compares better or worse than England and also identifies key risk factors for poorer developmental outcomes in children:

Key risk factor	Impact in Portsmouth
Parental depression	Applying national prevalence estimates, about 265 women each year could suffer perinatal mental ill-health
Parental illness or disability	Paulsgrove (9%), Wymering (8%) and Buckland (7%) had the highest percentages of households where one person in the household had a long-term health problem or disability **and** had dependent children aged 0-4 years
Smoking in pregnancy	All pregnant women who **smoke** are offered smoking cessation advice and/or referred to smoking cessation services. Last year, 62 pregnant women used NHS Smoking Cessation services to set a quit date and 42 successfully quit. Other women will quit smoking without using NHS services. However, we want to encourage more women to have support from NHS Stop Smoking Services as they are more likely to remain smoke-free for life than when they quit on their own. Last year, 463 women were still smoking at the time their babies were born.
Parent at risk of alcoholism	National prevalence estimates that 11,346 (30%) of children aged under 16 years live with one binge drinking parent. The local substance misuse survey of secondary school pupils found that 79% of pupils were not worried at all about their parents'/guardians' drinking. Three per cent were 'worried a lot' and 4% said parents'/guardians' drinking affected their home life
Domestic violence	Domestic abuse remains the largest driver of violence – accounting for 1,102 assaults (29% of all assaults
Financial stress	About 24% of children live in poverty but much higher rates of childhood poverty are in Landport (67% of children living in poverty) and City Centre North (66% of children living in poverty) areas of Charles Dickens ward
Parental worklessness	12% of households in Buckland, 11% of households in Wymering and 9% of households in City Centre had no adults in **employment** and had dependent children aged 0-4 years
Teenage mother	**Teenage conception** rates are significantly higher than the national level but are improving. In the most recent rolling quarter there were 39.9 conceptions per 1,000 girls aged 15-17 years (about 34 conceptions). More deprived areas have higher teenage conception rates
Parent lack of basic skills which limits their daily activities	No local intelligence about parents in particular but we know that Portsmouth adults have comparatively lower skills in for example numeracy
Household overcrowding	Households in City Centre, Somerstown, Palmerston and Seafront areas were most **overcrowded**
Source: ONS. 2011 Census. CHIIMAT: http://atlas.chimat.org.uk/IAS/profiles/profile?profileId=48&geoTypeId=#iasProfileSection1	

3.5 A better environment to live, work and play

3.5.1 The report incorporates more information from the Portsmouth Plan, the Regeneration Strategy and the Parks and Open Spaces Strategy as we try to make better connections between the information about 'people' and the information about 'place'. We need to make sure that we derive maximum

benefit from the socio-economic environment to impact positively on health and wellbeing eg use of open spaces, the built environment, employment, the economy, housing and winter warmth.

3.5.2 Although Portsmouth is densely populated, it also has a rich natural environment with internationally protected harbours and other nationally and locally protected sites. Most of the city is flat and compact and offers an ideal environment for walking and cycling. Portsmouth is ranked 16th of 348 authorities for percentage of people cycling to work and ranked 22nd for people walking to work.

3.5.3 Between 2001 and 2011, the city accommodated an additional 6,754 households. Owner-occupiers are still the largest tenure category (47,722 households, 56% of households) but the biggest change is the 87% increase in the number of households renting from a private landlord or letting agency (an increase from 10,164 households in 2001 to 19,044 households in 2011).

8.5.4 Compared to England and the South East region, Portsmouth has a significantly higher rate of statutory homelessness (397 homeless households in 2010/11, 4.8 per 1,000 households). Family homelessness was also significantly higher (363 homeless families in 2011/12, 4.9 per 1,000 households).

3.5.5 The key challenge is to provide a good mix and the right level of housing to meet the needs of the whole community - the forthcoming Strategic Housing Market Assessment will provide information about this

3.5.6 The Economic Area Assessment (2012) found:

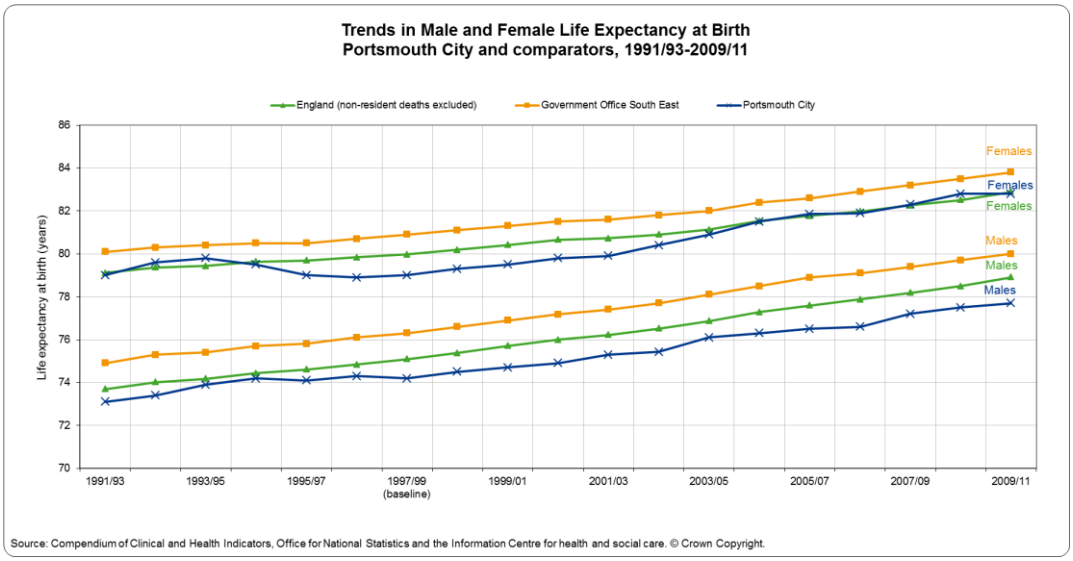
- In-commuters tend to occupy the 'better'/higher level jobs
- Prosperity (Gross Value Added per head) is satisfactory but not as high as similar areas
- Productivity (Gross Value Added per job filled) is improving but remains low
- Possible reasons for Portsmouth's lower prosperity and productivity:
    - **Skills** - Current residents of working age, and those entering workforce, continue to have low skill levels
    - **Innovation** - Portsmouth has potential for "innovativeness" – we can build on what is already here, remove barriers to firms wanting to expand
    - **Competition** - Low business density (implying lack of competitiveness), due in part to a high proportion of large firms (employing over 1,000 people), in Portsmouth
    - **Entrepreneurship** - improving rates of business start-ups and survival.

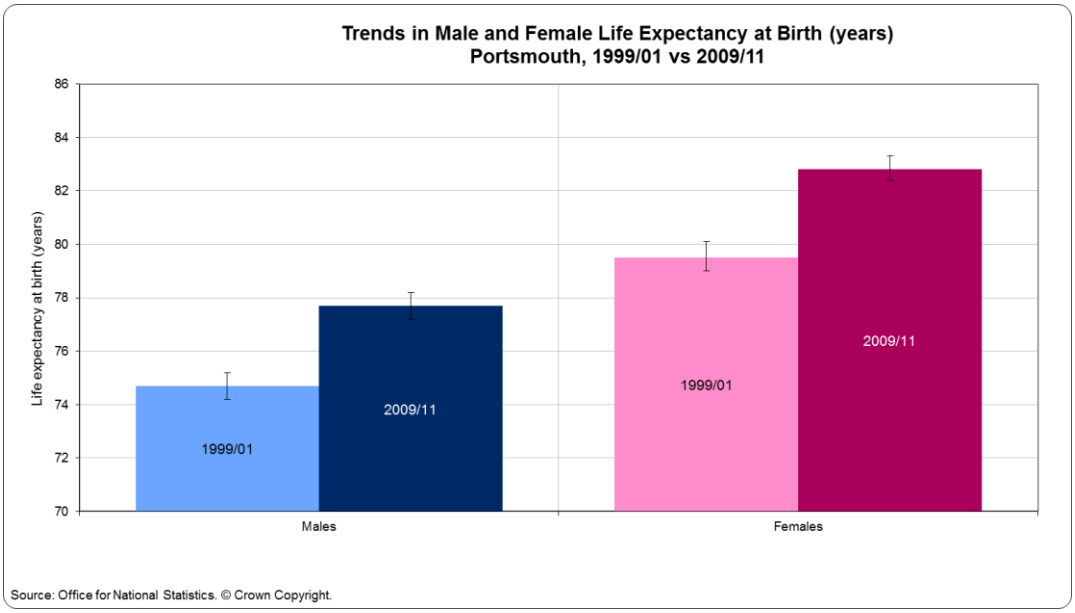
3.5.7 Portsmouth's employment rate is usually slightly higher than the GB rate, but slightly lower than the SE rate. The local rate has not changed significantly over time. However, higher rates of Job Seeker Allowance are claimed in the

more deprived areas. The rate of unemployment amongst BME community is 11% higher than that of whole population.

3.6 Encourage healthy lifestyles by helping people to stop smoking, drink responsibly and be a healthy weight

3.6.1 Life expectancy at birth is a key indicator of the overall health of a population. Male life expectancy at birth remains significantly lower than the England average. Female life expectancy at birth is not significantly different to that of England.





HOSP has previously received reports on life expectancy at birth. The Annual Public Health Report 2012 focussed on male health and wellbeing.

3.6.2 Stopping smoking - Smoking is the main reason for the gap in life expectancy between rich and poor. Compared to England, Portsmouth has significantly higher levels of:

- Mothers continuing to smoke throughout pregnancy
- Lung cancer registrations
- Smoking attributable deaths from heart disease
- Smoking attributable deaths overall
- Deaths from lung cancer, and from chronic obstructive pulmonary disease (COPD).

But, smokers who use Portsmouth's NHS Smoking Cessation Service are significantly more likely successfully to quit smoking than the England average.

3.6.3 Drinking responsibly - Compared to the South East or England, Portsmouth has significantly higher rates of:

- People claiming incapacity benefit or severe disability allowance due to alcoholism
- Alcohol-attributable crime, violent crime and sexual crimes
- Alcohol-attributable hospital admissions – and the male trend is increasing
- Alcohol-specific mortality rate for males (see chart below).

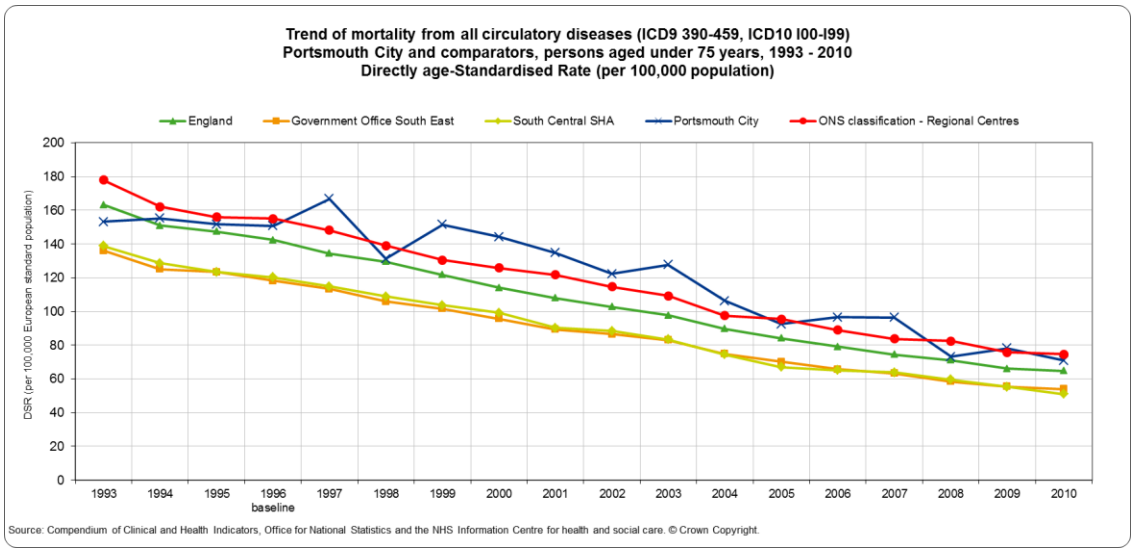
3.6.4 Be a healthy weight - Obesity prevalence is estimated – 23.8% of Portsmouth adults are estimated to be obese (not significantly different to England). However, we do not have enough information about adult obesity in the city – particularly what motivates people to keep to a healthy weight

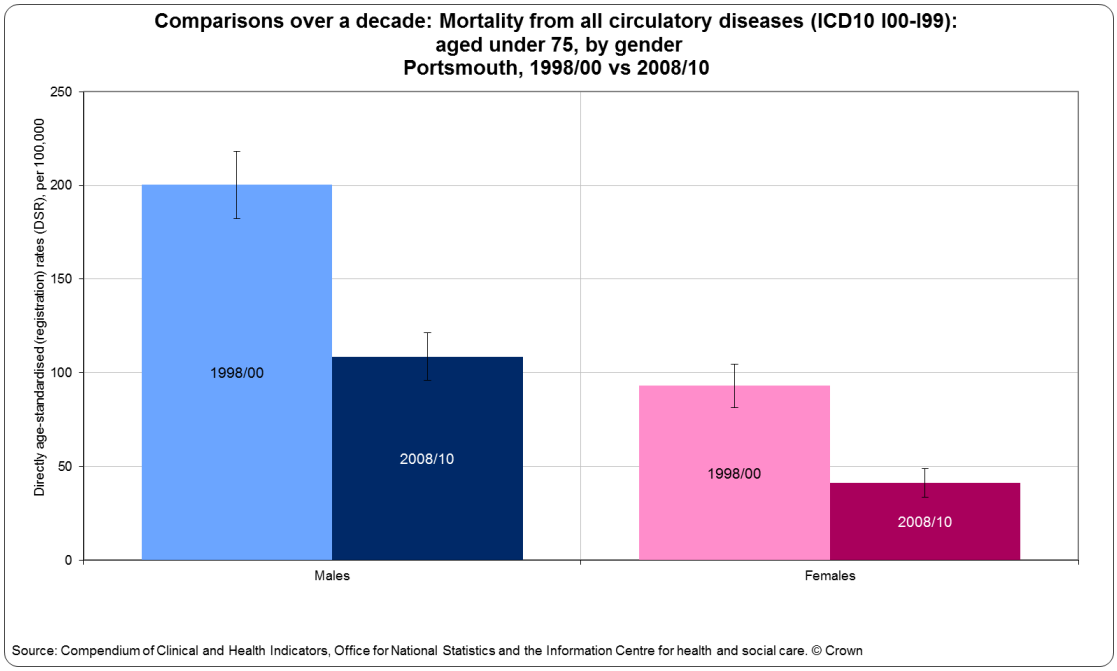
A Healthy weight strategy is currently in development with a main theme of 'making the healthy choice, the easy choice'.

3.7 **Mortality**

8.7.1 Mortality from circulatory disease aged under 75 years.

Premature mortality rates are improving but Portsmouth's rate is again higher than the England average.

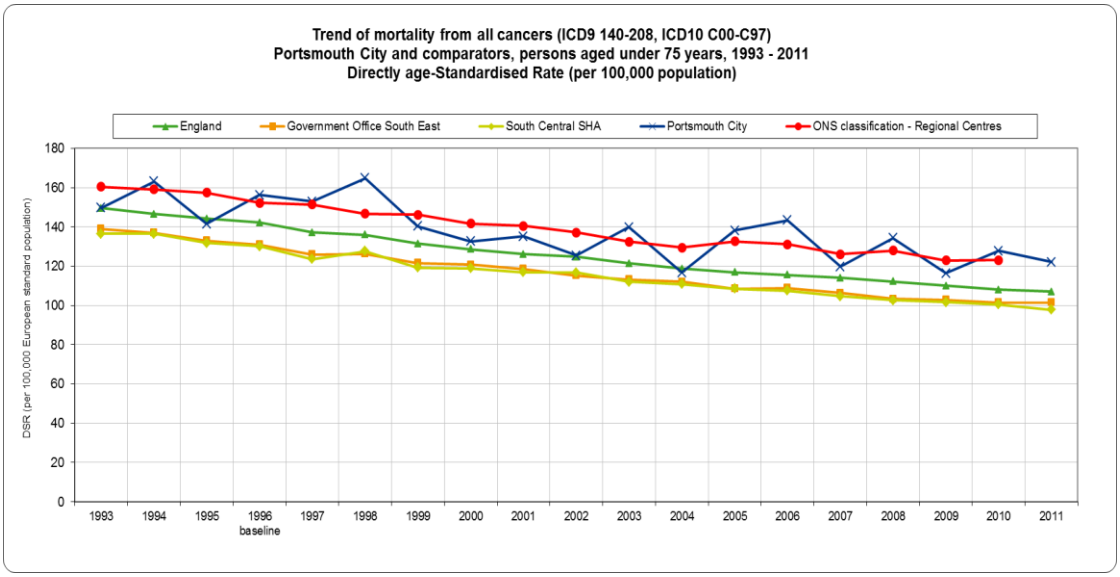


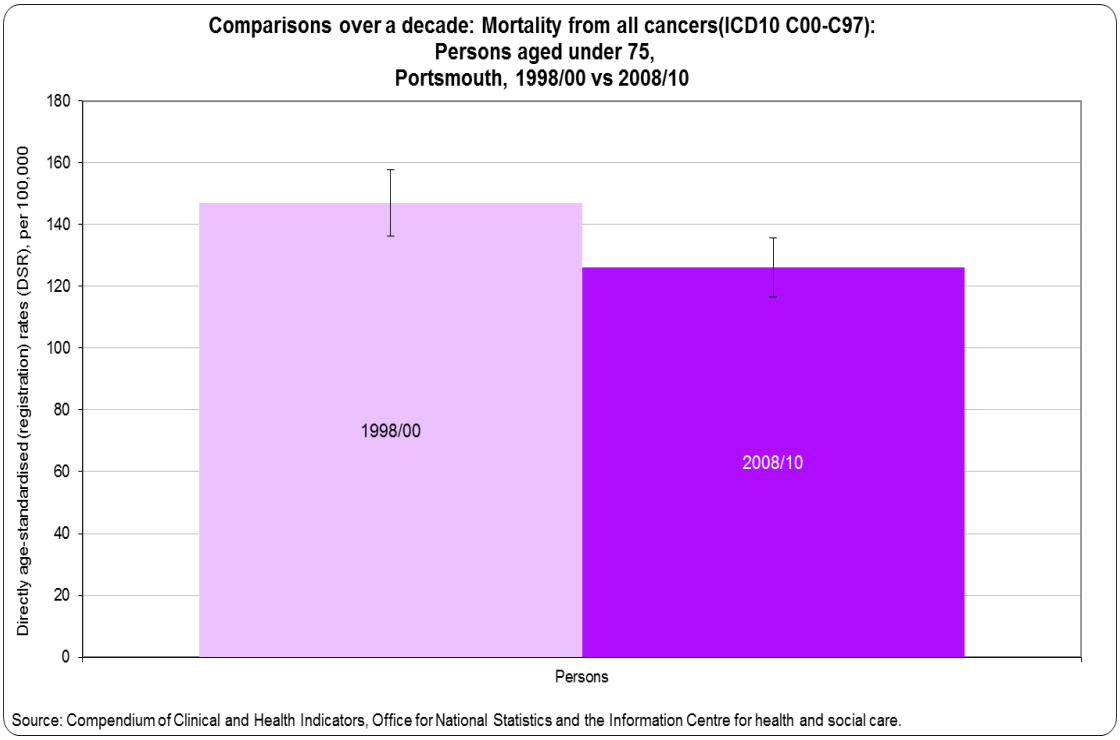


Circulatory disease premature mortality rates have improved for males and females but the male rate has yet to reach the level of the female rate 10 years ago.

3.7.2 Mortality from all cancers

Premature mortality from cancer has also declined





3.7.3 Respiratory disease

Compared to England, Portsmouth has significantly higher rates of premature mortality due to respiratory disease and of premature mortality from respiratory disease considered preventable. Respiratory diseases contribute 18.1% of the gap in female life expectancy between Portsmouth's least and most deprived quintiles, and 14.8% of the male gap in life expectancy.

3.8 The Summary also looks at good mental health, diabetes, adults with a learning disability, issues affecting older people, carers, excess Winter deaths and dementia.

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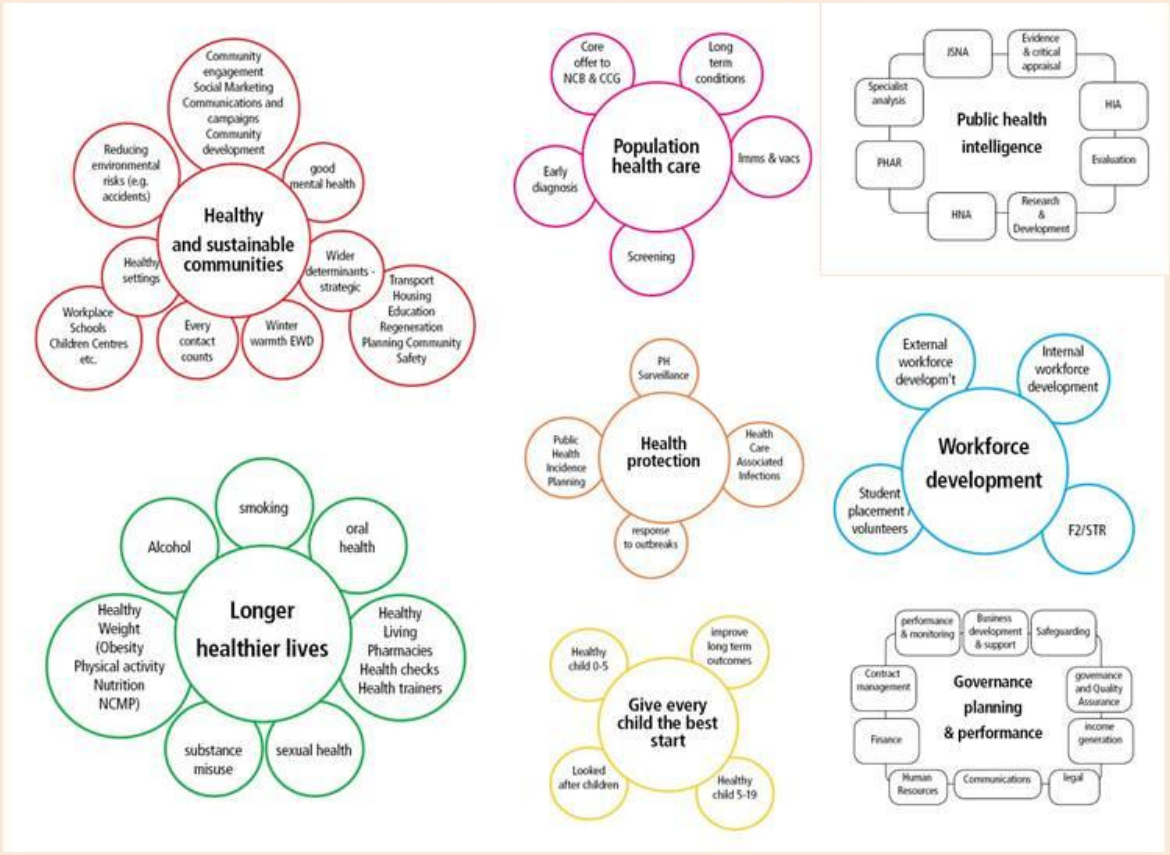
Appendix 2

Public Health Portsmouth Operating Model



Transferred Staff

20 posts
17.74 FTE (5 vacant but 3 filled temp)

HIDS
18.74 FTE

Designed to provide a more flexible way of working