

Public Health Service Statement 2017/18

Celebrating our
Creative, Collaborative
and Connected Communities

- our approach to increasing wellbeing in Northumberland



Director of Public Health Annual Report 2016

March 2017

Public Health

Purpose:

The Public Health Service supports the Council to deliver the responsibilities delegated to it under the Health and Social Care Act 2012 (The Act). The Council has a legal duty under the Act to:

- Improve the health and wellbeing of residents; and
- To reduce differences in health outcomes between communities and along the life-course ensuring the inclusion of seldom heard/hard to reach groups.

The Director of Public Health (DPH) is a statutory appointment. Public Health England provides the Secretary of State for Health with assurance (through the recruitment process) that the appointed DPH, has the necessary technical and professional skills required to fulfill the function. The DPH has responsibility for the Council's duties to improve the health and wellbeing of the population and a number of other statutory functions delegated by the Secretary of State.

Primary functions:

The Act sets out five mandatory programmes including:

- The provision of an open access sexual health service (treatment and testing for sexually transmitted infections and the provision of long acting contraception)
- NHS Health Check programme
- Assurance that appropriate steps are being taken to protect the health of local residents. This includes ensuring that the Council's planning for, and response to public health emergencies is fit for purpose; seeking assurance that screening and immunisation programmes commissioned by NHS England meet the needs of the population; and that the public health response to infectious disease incidents (managed by Public Health England) is appropriate.
- Public health advice service to NHS commissioners, helping to lead a whole system approach across the public sector.
- National Child Measurement Programme
- Prescribed public health services for children aged 0-5

The following are non-prescribed local authority public health functions:

- Sexual health services – Advice, prevention and promotion
- Activities to reduce obesity in adults and children
- Activities to increase physical activity in adults and children
- Treatment for drug and alcohol misuse in adults
- Preventing and reducing harm from drug and alcohol misuse in adults
- Specialist drugs and alcohol misuse services for children and young people
- Stop smoking services and interventions
- Wider tobacco control
- Public health programmes for children 5-19 years
- Other Children's 0-5 services non prescribed
- Health at work
- Public mental health

- Miscellaneous, which includes:
 - o Nutrition initiatives
 - o Accidents Prevention
 - o General prevention
 - o Community safety, violence prevention and social exclusion
 - o Dental public health
 - o Fluoridation
 - o Infectious disease surveillance and control
 - o Environmental hazards protection
 - o Seasonal death reduction initiatives
 - o Birth defect preventions
 - o Other public health services

The Local Authority, under the terms of the Public Health Grant agreement, must have regard to the need to improve the take up of, and outcomes from, its drug and alcohol misuse treatment services.

Service Parameters

Key Service Facts and Figures

NHS Health Checks Programme

- During 2016 7,036 NHS Health Checks were delivered across the County to residents aged 40 to 74.

Health improvement services

- Between April and December 2016, 1571 people undertook a support and treatment programme with the Northumberland Stop Smoking Service; 733 people successfully gave up smoking.
- In 2015/16, 85% of pregnant women were smoke free at the time of delivery.
- Between April and December 2016 5,008 alcohol brief interventions were given to individuals at Wansbeck General Hospital and Northumberland Specialist Emergency Care Hospital in Cramlington to patients whose medical conditions suggested misuse of alcohol.

Sexual health services

- 11,616 contacts requesting contraception were managed within the Integrated Sexual Health Services; 7008 contacts were screened and managed for a Sexually Transmitted Infection and all received their results within 10 days.
- 1,570 Long Acting Reversible Contraceptive (LARC) devices were provided to women across the county during 2016 via GP surgeries.
- The latest data for teenage conceptions (2015) showed an annual rate of 22.5 conceptions per 1,000 women aged 15 - 17 years; the lowest rate since 1998 and the lowest of all the North East England local authorities.

0 - 19 Public Health services

- 1,934 babies were given a New Birth Visit within 14 days of birth across Northumberland between April and December 2016, which is 87.6% of the newborns who were eligible for a visit.
- 1,912 mothers with children over the age of 8 weeks received a Mood Review between April and December 2016, which is 87.0% of the 2,198 mothers who were eligible for a Mood Review.
- 2,006 of the 2,241 children who were due a 2 to 2½ year review between April and December 2016 received one.

- 19.6% of Year 6 children measured as part of the National Child Measurement programme during the 2015/16 academic year were obese. This is better than the North East average of 22.4% and better than the national average of 19.8%.
- 35.1% of infants were totally or partially breastfed at the end of the 2015/16 financial year.
- 832 people undertook treatment for opiates misuse during 2016. Over the year, at their most recent six monthly review between 58% and 64% of opiate users in treatment had stopped using opiates, which is better than the nationally expected level.
- 635 people undertook treatment for alcohol misuse during 2016. Over the year, at their most recent six monthly review, which was reported in quarter 3 of 2016/17, between 15% and 18% of alcohol users in treatment had stopped drinking (which is in line with the nationally expected level) and between 21% and 25% had reduced their alcohol consumption by 10 days or more (which is above the nationally expected level).

Substance misuse services

- 9,355 needle packs were provided to substance misusers through community pharmacies in 2016; clean needles reduce the risk of transmission of infections such as Hepatitis B, Hepatitis C and HIV.

Public mental health and community safety

- The service has developed and leads on a number of multi-agency strategies and action plans e.g. Northumberland Multi-agency Suicide Prevention Strategy and action plan; the Northumberland Children and Young People's Safety Strategy and action plan.

Summary of Service Resources at 1 April 2017

	Number of FTE posts	Staffing Expenditure	Non-Staffing Expenditure	Income	Capital Investment
Public Health Service	15.04	£932,960	£15,804,590	-£16,654,000 (Public Health Ring Fenced Grant)	£0
Total for Service	15.04	£932,960	£15,804,590	-£16,654,000	£0

Spend on Public Health services is funded by the Public Health ring-fenced grant, provided by the Department of Health through Public Health England. The level of the grant is largely determined by a weighted and adjusted formula reflecting the needs and size of the population. For 2017/18, Northumberland has been allocated £53 per person, the lowest in the North East and lower than the average for England which is £59 per head.

Non-staffing expenditure is attributed to a range of commissioned public health services and contributions to other areas of Council activity (e.g. £500k to support the delivery of Children's Centres). These services include larger commissioned services, such as:

- Integrated Sexual Health Service (£1,745,000)
- Integrated Substance Misuse (drug and alcohol) services for Adults (£2,674,520)
- 0-19 Public Health Service (£6,402,422)
- Integrated Wellbeing Service (£1,626,500)

There is also a range of smaller services, which are demand-led such as:

- NHS Health Check Programme (£200,000)
- Long Acting Reversible Contraception (£444,000)
- Intermediate Stop Smoking Advice, including nicotine replacement therapy (£386,900)
- Supervised consumption of opioid substitutes for selected patients in community based treatment and needle exchange scheme (£294,000)
- Payments for Northumberland residents accessing genito-urinary medicines (GUM) services outside the area (£70,000)

External Validation

Inspections

Local Authorities are required to report public health spend to the Department for Communities and Local Government twice a year, who will share them with Public Health England (PHE). PHE will review the returns on behalf of the Department of Health. The spend is split against 24 public health categories, including the prescribed public health functions that all local authorities must undertake. The Department for Communities and Local Government monitors usage of the grant.

Northumberland County Council Public Health is an accredited training location for Public Health Specialty Registrars in training to become Consultants in Public Health. The Public Health department has to ensure it meets certain requirements set by the Faculty of Public Health, Local Education and Training Boards and General Medical Council, as the statutory regulators for medical and public health training. The Public Health Service has been approved to be a training location following a quality visit from the Public Health Training Programme Director and Head of Public Health School for the North East.

The Public Health Service commissions a range of services from external providers - both large and small. These include relatively small providers based in the community, such as general practitioners and community pharmacists, to the larger providers, such as NHS Trusts. The majority of providers are registered with the Care Quality Commission (CQC). The CQC monitors, inspects and regulates services to make sure providers meet fundamental standards of quality and safety and they publish findings, including performance ratings. Feedback on these services is an indirect measure of the effectiveness of our commissioning responsibilities.

Customer perception

- The Director of Public Health has a statutory duty to write an Annual Public Health Report to demonstrate the state of health within their communities. The most recent report is available here <http://www.northumberland.gov.uk/Care/Health.aspx>. The 2015 report was very well received and has been used by Health Education England in one of its online learning modules on community centred approaches.

- The majority of the Public Health grant is spent on commissioned services. As such, much of the customer perception about Public Health is obtained

indirectly via client/patient feedback from these services. This reflects how well we commission services to meet the needs of the communities they're intended to support. These are routinely monitored as part of the contract management mechanism and as part of the processes being put in place to

quality assure our services orientated around the three areas of healthcare quality - safety, effectiveness and patient-centredness.

- From a formal consultation process undertaken at the beginning of 2017, parents tell us that they greatly value Health Visitors (a component of the 0-19 Public Health Programme) and feel that it provides a timely and responsive service.
- Every 2 months the 0-19 service seek user views which gives feedback out of 10 for how the a services rate in regards to user involvement in their care, accessibility, and confidence in the care delivered. Scoring is regularly between 9.31 and 9.94/10
- Health Visitors run Maternal Mental Health Community Support Groups over 8 week blocks; they receive positive feedback and women feel more connected to neighbours and more self- confident. They also run Challenging Behaviour Groups where parents report positively about being be able to take their child somewhere that understands their behaviour, and where they can learn about their child's behaviour traits and behaviour management strategies which make them feel less isolated.
- Substance misuse service users responding to the most recent survey on the service told us:

88% found the service to be easy (60%) or OK (28%) to access.
92% found the service to be good (75%) or OK (17%)
86% report a positive difference in their life as a result of the service
78% reported that they were currently abstinent as a result of the service
- The Public Health team have been working with three Community Trusts across north Northumberland (The Glendale Gateway Trust, Seahouses Development Trust and Berwick Community Trust) to pilot a small grant system to support community groups to improve the wellbeing of their local communities. Grants of up to £100 were managed and distributed by the Trusts and early evaluation has shown how a small amount of money, a simple application process and lots of energy and passion from communities can achieve positive impact in these rural areas. This asset based approach to health and wellbeing is gaining traction and Northumberland is being

recognised regionally and nationally as a leader in the field.

- A 3 month feedback survey of users who attended the Integrated Sexual Health Service (213 responses) indicated that the service scored highly for aspects including recommending the service to friends and family; being treated with dignity and respect; and involvement in decisions about their care and if they were given all the information they needed.
- A Youth Service Feedback regarding services for young people aged 13yrs and above recommended better signposting and more user friendly websites to improve accessibility of pharmacies, sexual health services and mental health support and provision
 - Northumberland Health and Wellbeing Board is required to publish a Pharmaceutical Needs Assessment (PNA) which assesses need for, and provision of, pharmaceutical services in the county. Consultation is undertaken with commissioners, providers and services users and it is used by NHS England to make decisions on whether applications to open a new pharmacy are approved. The Northumberland PNA is recognised as a good example of what a PNA should look like.
 - The Joint Strategic Needs Assessment is supported by the Public Health team. It is a statutory requirement of the Health and Wellbeing Board and is used to inform commissioning decisions across the health and social care system through the Joint Health and Wellbeing Strategy .

Benchmarking

This table shows how Northumberland is currently performing against our closest best fit comparator area.

Measure	Outturn	Comparator Area	Comparator Outturn
	2016-17		2016-17
1. Percentage of users of non-opiates that left drug treatment successfully (free of drug(s) of dependence) who do not then re-present to treatment again within 6 months as a percentage of the total number of non-opiate users in treatment	24.27% (January 2017)	England	36.80%
2. Percentage of users of opiates that left drug treatment successfully (free of drug(s) of dependence) who do not then re-present to treatment again within 6 months as a percentage of the total number of opiate users in treatment	3.85% (January 2017)	England	6.60%
3. Number of clients in alcohol treatment who successfully completed treatment as a proportion of all in treatment	34.96% (January 2017)	England	39.69%
4. Percentage of women not smoking at time of delivery	87.19%	NHS England North (Cumbria and North East)	83.98%
5. Percentage who received an NHS Health Check of those offered	36.31% (Q3 2016-17)	North East	41.33%
6. Newly diagnosed cases of Chlamydia Rate per 100,000 population (aged 15 to 24)	1525.94 (Q2 2016-17)	North East	1748.52
7. Percentage of children in Reception and Year 6 with height and weight recorded	95.92% (Latest data 2015/16)	England	95.6% (Latest data 2015/16)
8. Percentage of children in Reception with height and weight recorded who are obese	9.8% (Latest data 2015/16.)	North East	10.7% (Latest data 15/16)
9. Percentage of children in Year 6 with height and weight recorded who are obese	19.6% (Latest data 2015/16)	North East	22.4% (Latest data 15/16)

Measure	Outturn	Comparator Area	Comparator Outturn
	2016-17		2016-17
10. Percentage of infants being breastfed at 6-8 weeks (breastfeeding prevalence)	35.59% (Q2 2016-17)	North East	32.15%
11. People in secondary healthcare who receive an alcohol intervention, as a proportion of those who are identified as needing one	99.53% (Q3 2016-17)	None	None
12. Number of new workplaces joining the Better Health at Work Award scheme	13 (Q2 2016-17)	None	None
13. Percentage of Children aged 0 to 5 who are registered with a Sure Start Children's Centre	94.50% (Q2 2016-17)	None	None

Key	
	Northumberland data is worse than the comparator average
	Northumberland data is better than the comparator average

Priorities for 2017 – 18

Priority Area	Key Milestones
1. To implement a Community Centred approach to health and wellbeing improvement programmes, with a renewed focus on the social determinants of health	<ul style="list-style-type: none"> • Development of proposed model May 2017 • Consultation with key stakeholders June – July 2017 • Final model agreed and implementation commenced September 2017
2. Embed an integrated approach to commissioning a 0-19 Public Health service	<ul style="list-style-type: none"> • Work with stakeholders to establish integrated Public Health model which is both universal and targeted for 0-19s and includes health, social care and education - July 2017
3. To review all commissioned public health services to achieve cost effective, outcome driven improvements	<ul style="list-style-type: none"> • To review major commissioned public health services during 2017/18 which will include service evaluation and health needs assessment. • Performance manage newly procured services and continue to create efficiencies whilst maintaining quality offer - ongoing
4. Continue to ensure that the Marmot principles are the core drivers for addressing health inequalities across the Council	<ul style="list-style-type: none"> • Continue to work with the Health and Wellbeing Board to embed these principles across local commissioning and provider functions - ongoing • Establish a system wide approach to addressing health inequalities across Northumberland - ongoing
5. Work with partners to support the integration of a preventative approach across the Accountable Care Organisation (ACO) in Northumberland and wider services.	<ul style="list-style-type: none"> • Work with key stakeholders in the ACO to ensure prevention is part of their strategy and embedded across the system - June 2017
6. Develop a Public Health Strategy	<ul style="list-style-type: none"> • Develop a number of overarching principles to drive the public health agenda - May 2017 • Identify some key areas of activity which will enable public health to work towards achieving the strategy - May 2017 • Share Strategy with key stakeholders - July 2017

Performance Framework

Measure	Outturn	Target	Outturn	Target
	2015-16	2016-17	2016-17	2017-18
1. Percentage of users of non-opiates that left drug treatment successfully (free of drug(s) of dependence) who do not then re-present to treatment again within 6 months as a percentage of the total number of non-opiate users in treatment	22.57%	21.50%	24.27% (January 2017)	22.00% *
2. Percentage of users of opiates that left drug treatment successfully (free of drug(s) of dependence) who do not then re-present to treatment again within 6 months as a percentage of the total number of opiate users in treatment	5.73%	6.00%	3.85% (January 2017)	3.00% *
3. Percentage of users of alcohol that left drug treatment successfully (free of drug(s) of dependence) who do not then re-present to treatment again within 6 months as a percentage of the total number of alcohol users in treatment	30.26%	No target - new indicator	35.66% (January 2017)	37.00% *
4. Percentage of women not smoking at time of delivery	84.43%	85.70%	85.78% (Q3 2016-17)	86.00%
5. Percentage who received an NHS Health Check of those offered	38.78%	42.50%	36.31% (Q3 2016-17)	37.00%
6. Newly diagnosed cases of Chlamydia Rate per 100,000 population (aged 15 to 24)	1646.09	2178.00	1525.94 (Q2 2016-17)	1900.00
7. Percentage of children in Reception and Year 6 with height and weight recorded	95.92%	96.00%	To be reported Nov 2017	96.00%
8. Percentage of children in Reception with height and weight recorded who are obese	9.76%	9.00%	To be reported Nov 2017	9.00%

Measure	Outturn	Target	Outturn	Target
	2015-16	2016-17	2016-17	2017-18
9. Percentage of children in Year 6 with height and weight recorded who are obese	19.59%	17.00%	To be reported Nov 2017	18.00%
10. Percentage of children who received a 2 to 2½ year review	No data provided	No target - new indicator	91.48% (Q3 2016-17)	85.00%
11. Percentage of infants being breastfed at 6-8 weeks (breastfeeding prevalence)	36.13%	39.00%	36.98% (Q3 2016-17)	38.00%
12. People in secondary healthcare who receive an alcohol intervention, as a proportion of those who are identified as needing one	New indicator for 2016-17	99.00%	99.53% (Q3 2016-17)	99.00%
13. Number of new workplaces joining the Better Health at Work Award scheme	Unreliable data	7	13 (Q2 2016/17)	7

* This target is subject to change due to ongoing negotiations with the service delivering the programme.

Key	
	16/17 data is worse than the target
	16/17 data is better than the target