

Public Health

# Service Statement

April 2019



**Service Director:** Liz Morgan  
**Executive Director:** Cath McEvoy-Carr  
**Lead Member:** Cllr Veronica Jones

# **Public Health Service, including Northumberland Sport**

## **Service purpose and functions**

### **Background**

Section 12 of the Health and Social Care Act 2012 introduced a new duty for all upper tier and unitary local authorities in England to take appropriate steps to improve the health of the people who live in their areas. These steps include carrying out research, providing information, advice and facilities for the prevention and treatment of illness and providing incentives to encourage the adoption of healthy lifestyles. We also seek to maximise opportunities to improve health and wellbeing through the wider determinants such as housing and the environment.

Regulations made under Section 6C of the NHS Act 2006 require local authorities to take particular steps in exercise of their public health functions, or aspects of the Secretary of State's public health functions.

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.

A ring fenced grant – with attached conditions – currently supports local authorities in the discharge of these responsibilities.

On 1st June 2018, the Council entered into an agreement with Sport England to host the County Sports Partnership (CSP), Northumberland Sport. Northumberland Sport is the strategic lead for physical activity and sport in Northumberland and is one of 43 CSPs in England, who are primarily funded by Sport England. Within the council, Northumberland Sport is supported by the Public Health Service.

### **Purpose**

To work alongside communities and partners to maximise wellbeing and health among the residents of Northumberland through building on strengths in communities, improving health and reducing inequalities and protecting the public's health.

The image at Appendix A is Public Health's Strategic Plan on a Page for 2017 - 2020. It describes the Service's purpose, what the Service will do and how it will be carried out.

Northumberland Sport's vision is for 'Everyone to be more active for life by 2028' which will be unpinned by a whole system approach to tackling inactivity in Northumberland. This will contribute to some of the public health agenda and Sport England outcomes, which include:

- Improved physical wellbeing
- Improved mental wellbeing
- Improve social and community development
- Improved skills development
- Increase economic development

### Responsibilities of the Director of Public Health

The responsibilities of DsPH include:

- The health improvement duties placed on local authorities;
- The exercise of any public health functions delegated by the secretary of state;
- Any public health activity undertaken by the local authority under arrangements with the secretary of state
- Local authority functions in relation to planning for, and responding to emergencies that present a risk to public health
- The local authority role in cooperating with police, probation and prison services in relation to assessing risks of violent or sexual offenders
- Other public health functions that the Secretary of State may specify in regulations (eg functions in relation to making representations about the grant of a license to use premises for the supply of alcohol).

### Mandatory programmes

These include:

- 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;
- Five universal health visitor reviews;

- Oral health - consulting with residents on any proposals to introduce, vary or terminate fluoridation in the area; surveys to assess the oral health needs for their population and implement actions to promote and improve oral health.

#### Non-mandated functions but 'conditions of the public health grant'

- Drug and alcohol misuse treatment services and evidence based prevention activities;
- Public Health for Children and Young People (0-19 services).

#### Discretionary services

Alongside the mandated functions we commission a range of public health improvement services e.g. tobacco control, weight management, behavioural and lifestyle campaigns.

## **Service parameters**

### **Key service facts and figures**

#### NHS Health Checks Programme

- During 2017/18, 6239 NHS Health Checks were delivered across the County to residents aged 40 to 74.

#### Health improvement services

- During 2017/18, 1556 people undertook a support and treatment programme with the Northumberland Stop Smoking Service; 729 people successfully gave up smoking.
- In 2017/18, 86.6 % of pregnant women were smoke free at the time of delivery.
- In 2017/18, 6405 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 18/19

- 9838 contacts requesting contraception were managed within the Integrated Sexual Health Services; 5931 contacts were screened and managed for a Sexually Transmitted Infection

- 1603 Long Acting Reversible Contraceptive (LARC) devices were provided to women across the county during 2017/18 via GP surgeries.
- The latest data for teenage conceptions (2017) showed an annual rate of 20.3 conceptions per 1,000 women aged 15 - 17 years; the lowest rate since 1998.
- Under 18 conceptions leading to termination in 2016 were 38.1% compared to 41.6% in the NE and 51.8% in England

#### 0 - 19 Public Health services 2018/19

- 2698 babies were given a New Birth Visit within 14 days of birth across Northumberland, which is 91% of the newborns who were eligible for a visit.
- 2564 mothers with children over the age of 8 weeks received a Mood Review, which is 95% of the 2701 mothers who were eligible for a Mood Review.
- 2,859 of the 3,171 children (90%) received their 36 month review which included assessment and support around communication, motor skills, problem solving and personal-social skill assessments
- 20.7% of Year 6 children measured as part of the National Child Measurement programme during the 2017/18 academic year were obese. This is better than the North East average of 22.8%.
- 36.7% of infants were totally or partially breastfed in 2017/18. This is significantly worse than the England average of 42.7%

#### Substance misuse services

- 847 people were in treatment for opiates misuse during 2017/18, a reduction of 36 against the previous year. Of those asked at their most recent six monthly review between 62% and 72% of opiate users in treatment had stopped using opiates, which is better than the nationally expected range of between 34% and 58%.
- 451 people were in treatment for alcohol misuse during 2017/18, a reduction of 127 against the previous year. Over the year, at their most recent six monthly review, between 23% and 24% of alcohol users in treatment had stopped drinking (which is in line with the nationally expected range) and between 17% and 19% had reduced their alcohol consumption by 10 days or more (which is at or above the nationally expected level of 17%).

Public mental health, community safety, healthcare public health advice to NHS commissioners, influencing the wider determinants.

- 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.
- The service also strategically supports the Northumberland Children and Young People's Transformation Plan for Emotional Health and Wellbeing.
- The identification of Mental Health Leads in Northumberland Schools is being led by the Service, which links to the resilience agenda

- Active contribution to the Safer Northumberland Partnership.
- As part of the mandated 'core offer' of public health advice to Northumberland CCG, the Public Health team has, for instance, led the development of a Northumberland Cancer Strategy and the planning for the implementation of the NHS Diabetes Prevention Programme in Northumberland.
- The service is working closely with the planning team on the development of the core strategy to ensure opportunities to improve health are exploited.
- We have employed 5 locality coordinators to map and mobilise assets within communities and are using community centred approaches to improve health and wellbeing across the county.

### Summary of service resources at 1 April 2019:

Function	Number of FTE Posts	Staffing Expenditure	Non-Staffing Expenditure	Income	Capital Investment
Public Health	12.93	£1,142,020	£14,487,150	-£15,842,630 (Public Health Grant & income from seconded staff)	£0
Northumberland Sport	6.00	£253,860	£587,970	-£841,830	£0
<b>Totals for Service</b>	<b>18.93</b>	<b>£1,395,880</b>	<b>£15,075,120</b>	<b>-£16,684,460</b>	<b>£0</b>

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 the historical spend on public health activities identified at the time the function transferred into the LA and a formula based on area population and an adjustment for relative health needs. For 2019/20, Northumberland has been allocated £50 per person, (a reduction from last year) the lowest in the North East and lower than the average for England which is £62 per head. Currently, there is no indicative allocation for a ring fenced grant in 2020/21. The funding of public activities will be informed by the outcome of the Fair Funding Review which reports in 2019.

Non-staffing expenditure, which is the majority of the public health spend, is attributed to a range of commissioned public health services and contributions to other areas of Council public health 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). The SORTED service which provides direct harm reduction work with young people (£329,000)
- 0-19 Public Health Service (£6,031,767)
- Integrated Wellbeing Service (£1,068,350)

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

- NHS Health Check Programme (£200,000)
- Long Acting Reversible Contraception (£362,000)
- Intermediate Stop Smoking Advice, including nicotine replacement therapy (£702,600)
- Supervised consumption of opioid substitutes for selected patients in community based treatment and needle exchange scheme (£306,000)
- Payments for Northumberland residents accessing genito-urinary medicines (GUM) services outside the area (£70,000)

From 19/20 the service will also be responsible for existing Council commissioned Ageing Well and Citizens Advice services.

Northumberland Sport non staffing expenditure, including small commissioned services is on:

- Sport England Children & Young People funded programmes, including School Games, Satellite Clubs and Young Volunteer recruitment and development (£101,561)
- Strategic engagement and development of local initiatives, including a workforce review (£21,000)

## Contribution to the Corporate Plan

Vision for the service in contributing to the delivery of the Corporate Plan in the period to 2021, including improved outcome areas.

**Living.** The Public Health Service contributes to improving good health and wellbeing; the provision of fit-for-purpose accommodation; safeguarding; friendship and belonging; supporting people back into work; and good financial management through:

- Promoting and supporting community-centred approaches to improving wellbeing and health;
- The commissioned Integrated Wellbeing Service brings together health improvement and training functions, asset-based community development approaches, Health Trainers and the Stop Smoking Service.

- Contributing to the development of a Northumberland Physical Activity Strategy;
- Co-ordinating a multiagency response to promote a whole systems approach to ensuring CYP are of a healthy weight
- Promoting collaborative approaches to ensuring Children and Young People get the best start in life through engaging education partners into health agendas including SEND, PSHE and RSHE, emotional health and resilience
- Exercise on Referral scheme and the development of a Tier 2 weight management service;
- Working with Planning colleagues to revise the Core Strategy and Local Plan to maximise opportunities to improve health and wellbeing;
- Supporting the implementation of the NHS England Diabetes Prevention Programme;
- Commissioning NHS Health Checks;
- System wide approach to promote and support breastfeeding;
- Tobacco Control;
- Supporting people with substance misuse disorders through the commissioned Northumberland Recovery Partnership;
- Reducing the harms caused to our communities by drugs and alcohol
- Supporting and promoting active transport;
- Driving forward and coordinating the strategic agenda to promote Making Every Contact Count (MECC) and Social Prescribing across sectors in Northumberland.
- Encouraging the development of a Health in All Policies approach across the Council.

**Enjoying.** The Public Health function contributes to enjoying the quality of the local environment; the revision of the Core Plan; community participation; investing in our leisure and cultural assets through:

- Supporting people with a substance misuse service which not only reduces their substance use but also reduces their involvement in crime.
- Working with communities to strengthen asset-based, community-centred approaches; using existing leisure facilities, cultural and natural assets to promote wellbeing and health.
- Working with Planning colleagues to revise the Core Strategy and Local Plan to maximise opportunities to improve health and wellbeing.
- Promote and support the use of green and blue space within the county. This includes the use of our countryside, coastline and many natural assets for walking, cycling and other physical activity initiatives.



**Connecting** - The Public Health function contributes to digital solutions to support business intelligence; accident prevention.

- Promote and develop digital solutions e.g. breastfeeding Facebook group and Feedfinder App; mental health resources for young people, School Zone and Rise Above and Change for Life campaigns
- Ongoing development of the Local Public Health Services Portal as a digital business solution for contracting which includes the development of additional contracts
- Use of Tableau software to provide and visualise actionable intelligence.
- Contribution to the Safer Northumberland Partnership.
- Work to ensure walking and cycle routes are integrated with accessible public transport links to support longer journeys.

**Learning** - The Public Health function contributes to improving readiness to learn in children and young people; community centred approaches which lift aspirations; workforce development through:

- Early identification of and support for children failing to meet ages and stages milestones to reduce the gap in inequalities and ensure every child enjoys the best start in life.
- Through the multi-agency young person resilience strategy, enabling young people to be healthy and spend time in education productively making the best of their opportunities without distraction of enduring health problems.
- Supporting outputs of the Health and Wellbeing Board relating to workforce development.
- Support effective transition for children and young people to continue an active lifestyle between schools and community settings.

**Thriving** - The Public Health function contributes to cultural development, supporting businesses, community-led regeneration and people into employment through:

- Ensuring that health and wellbeing is reflected in the County's cultural strategy;
- Applying community-centred approaches to how we work;
- Promoting the North East Better Health at Work Award, an established, evidence-based workplace health improvement programme;
- The Northumberland Recovery Partnership - supporting recovering service users into employment.
- Use Physical Activity to support people out of work to become and remain economically active.

# 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 resource accounting codes, 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 and the General Medical Council, as the statutory regulators and 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 in November 2016.

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. Additionally, to satisfy the requirements within contracts with providers, public health will carry out monitoring visits during 2019 with a range of its providers.

Public Health contributes to Local Authority Inspections including Children Safeguarding, SEND and Joint Targeted Area Inspections.

## Customer perception

- The Director of Public Health has a statutory duty to write an Annual Public Health Report on a relevant health or health related topic which is of relevance to their communities. The most recent report is available here <http://www.northumberland.gov.uk/Care/Health.aspx#publichealth>
- 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 are 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.

- Regular service user feedback from commissioned services ensures high levels of satisfaction ( consistently above 9.5/10) and quarterly case studies verify assurance of impact in 0-19 IPH and Sexual Health Service
- The Health Visiting Plus Programme has been developed and is now being rolled out across the whole of Northumberland for mothers who are pregnant and considered especially vulnerable. The criteria for enrollment includes a range of risk factors and has a wider capture than the previous programme of FNP. Any mother enrolled on the programme receives up to 4 antenatal one to one visits, with strong evidence of impact in that period. It also includes more support in the postnatal period and has links to the domiciliary/rapid access pathway for Long Acting Reversible Contraception (LARC)
- Substance misuse service users responding to the most recent survey (Summer 2018) on the service told us:
  - 75% of service users surveyed said they were extremely likely to recommend the drug and alcohol to their family and friends with 25% saying they were likely to recommend.
- The Integrated Wellbeing Service evaluates each of its components separately and regularly. Examples include:
  - Health Trainer Service - In 2017/18, service user satisfaction questionnaire reported that 100% of participants felt they had been treated with dignity and respect and 100% received the information they needed.
  - Stop Smoking Service - 100% of users rated the service excellent
  - Healthy weight programme - In 2017/18 100% of users would recommend the service to friends and family.
- The Service has worked with communities and wider stakeholders to adopt asset-based, community-centred approaches to improving wellbeing and health across Northumberland. These approaches build on the assets that are already found in the community, facilitating people and communities to come together to achieve positive change, using their own knowledge, skills and lived experience of the issues they encounter in their own lives. The Empowering Communities project has seen five Locality Coordinators embedded within voluntary and community sector (VCS) or not-for-profit organisations, one in each of the five localities (local area council areas) in Northumberland. Their role will initially be to map and mobilise assets with a view to recommending approaches to improving wellbeing and health that are priorities for the communities and other stakeholders in the locality (which will be supported by a grant fund). The project has been well received at the Health and Wellbeing Board, Local Area Council meetings, the Town and Parish Councils' Conference and by communities and wider

stakeholders, with interest regionally and nationally.

- A 6 month feedback survey of users who attended the Integrated Sexual Health Service indicate that the service scores 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.
- An online School Health and Wellbeing Survey seeks views of Children and Young People from year 4 to year 10. 5,940 pupils completed the survey in the School Academic year 2017/2018. The survey is completed bi-annually and will be taking place in Winter 2019/20.
- 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.

## Benchmarking

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

Measure	Outturn	Comparator Area	Comparator Outturn
	2017-18		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	27.76%	England	36.96%
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	4.51%	England	6.67%
3. Percentage of users of alcohol that left drug treatment successfully (free of drug(s) of dependence) who do not the pre-present to treatment again within 6 months, as	35.01%	England	38.64%

a percentage of the total number of alcohol users in treatment			
4. The number of people in secondary healthcare who receive an alcohol brief intervention screen	6405	None	None
5. Percentage of women not smoking at time of delivery	86.63%	NHS England North (Cumbria and North East)	83.93%
6. Newly diagnosed cases of Chlamydia Rate per 100,000 population (aged 15 to 24)	1873.66%	North East	1874.87%
7. Number of positive Chlamydia tests as a percentage of the number of Chlamydia tests performed	9.06%	North East	9.88%
8. Percentage of infants being breastfed at 6-8 weeks	36.71%	North East	32.09%
9. Proportion of children receiving a 2 to 2.5 year review	92.39%	None	None
10. Percentage of children in Reception with height and weight recorded who are obese	10.72%	North East	10.94%
11. Percentage of children in Year 6 with height and weight recorded who are obese	20.73%	North East	22.80%
12. Percentage of children in Reception and Year 6 with height and weight recorded	96.56%	North East	95.61%
13. Percentage who received an NHS Health Check of those offered	34.82%	North East	38.14%

<b>Key</b>	
	Northumberland data is worse than the comparator average
	Northumberland data is better than the comparator average

## Priorities for 2019 - 2021

Priority area	Key milestones
1. Develop, implement and manage a county wide model for community centred approaches	<ul style="list-style-type: none"> <li>• Develop a robust system of grant application and dissemination by April 2019.</li> <li>• Commence evaluation of the Empowering Communities project in April 2019 (with interim reporting in November 2019, May 2020 and</li> </ul>

	<p>November 2020).</p> <ul style="list-style-type: none"> <li>• Work with partners to develop a funded, system-wide programme of social prescribing by March 2020.</li> </ul>
2. Embed an integrated approach to commissioning public health services that support the wellbeing for children and young people aged 0-19	<ul style="list-style-type: none"> <li>• Identify opportunities to improve quality &amp; CYP outcomes across partner agencies including Early Years, Education, Health and Social Care taking a proportionate universal approach to all strategic plans by 2020</li> <li>• Support the strategic response for prevention and early intervention across Emotional Health and Wellbeing and the resilience agenda for 2020/2022</li> </ul>
3. Review and remodel the Integrated Wellbeing Service to achieve cost effective, outcome driven improvements	<ul style="list-style-type: none"> <li>• Implement new model during 19/20.</li> <li>• Demonstrate impact through new agreed measures (March 2020).</li> </ul>
4. Joint Health and Wellbeing Strategy	<ul style="list-style-type: none"> <li>• Through the HWB, develop a process for monitoring and reporting on progress against the HWB priorities (July 2019)</li> </ul>
5. Reducing the harm caused by drugs and alcohol	<ul style="list-style-type: none"> <li>• Continue implementing the recommendations of the Alcohol CLear namely: <ul style="list-style-type: none"> <li>○ Develop alcohol, health related evidence tool by Summer 2019</li> <li>○ Complete and implement findings of Coexisting Mental Health and substance misuse disorder Health Needs Assessment Dec 2019</li> <li>○ Establish a substance misuse death process and early alert system by Sept 2019.</li> <li>○ Complete an all age, drug and alcohol needs assessment by Dec 2019</li> </ul> </li> </ul>
6. Promote a Health in All Policies approach to policy, strategy and programme development across the Council	<ul style="list-style-type: none"> <li>• Increase knowledge and capacity of Planning, Public Health and other Council workforces in Health Impact Assessment by October 2019.</li> <li>• Support the development of Health Impact Assessment supplementary guidance for the Local Plan by October 2019.</li> </ul>

	<ul style="list-style-type: none"> <li>Develop shared priorities with Housing and Public Protection Service following workshop in Jan 2019. To be achieved by May 2019.</li> </ul>
7. Drive forward and coordinate the strategic agenda to promote Making Every Contact Count (MECC) across sectors in Northumberland	<ul style="list-style-type: none"> <li>Implement the system MECC project plan throughout 2019, which includes the development of a MECC 'Train the Trainer' model, standard evaluation framework and communications plan to stimulate demand (by October 2019).</li> </ul>
8. Physical Activity	<ul style="list-style-type: none"> <li>Finalise a long term 'multi-agency' county physical activity strategy until 2028, with a phase 1 implementation plan until 2021.</li> <li>Develop a robust performance management framework, with agreed joint strategic success measures for evidencing the impact of physical activity interventions.</li> </ul>
9. Workplace Health	<ul style="list-style-type: none"> <li>Complete Workplace Health Needs Assessment for Northumberland County Council. Provide recommendations and agree priority actions with Workforce Committee. Work in conjunction with North Tyneside Council and NHFT (By April / May 2019).</li> </ul>
10. Healthy Weight across the life course which addresses the wider determinants	<ul style="list-style-type: none"> <li>Engage with multi-agency partners working with CYP to inform a lifecourse strategic approach to supporting healthy weight</li> <li>Facilitate a whole system strategic approach to obesity by 2020</li> </ul>

## Performance framework

Measure	Outturn 2017-18	Outturn 2018-19	Target 2018-19	Target 2019-20	Target 2020-21
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	27.76%	Not yet known	20.00%	20.50%	21.00%





again within 6 months as a percentage of the total number of non-opiate users in treatment					
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	4.51%	Not yet known	3.00%	3.00%	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	33.65%	Not yet known	32.00%	32.50%	33.00%
4. Number of alcohol brief interventions delivered to people in secondary healthcare	6405	Not yet known	6000	6000	6000
5. Percentage of women not smoking at time of delivery	86.63%	Not yet known	87.00%	88.00%	89.00%
6. Newly diagnosed cases of Chlamydia Rate per 100,000 population (aged 15 to 24)	1873.66	Not yet known	1800	1800	1800
7. The number of positive Chlamydia tests as a percentage of the number of Chlamydia tests performed	9.06%	Not yet known	5.00%	5.00%	5.00%
8. Percentage of infants being breastfed at 6-8 weeks	36.71%	Not yet known	37.50%	38.00%	39.00%
9. Percentage of children who received a 2 to 2½ year review	92.39%	Not yet known	88.00%	90.00%	92.00%
10. Percentage of children in Reception and Year 6 with height and weight recorded	96.56%	Not yet known	95.00%	95.00%	95.00%
11. Percentage of children in Reception with height and weight recorded who are obese	10.72%	Not yet known	10.50%	10.00%	9.50%
12. Percentage of children in Year 6 with height and weight recorded who are obese	20.73%	Not yet known	21.11%	21.00%	21.00%
13. Percentage who received an NHS Health Check of those offered	34.82%	Not yet known	37.00%	37.25%	37.50%




# Appendix A

## Northumberland Public Health Strategic Plan on a Page – 2017-2020

**Our purpose:** "To work alongside communities and partners to maximise wellbeing and health among residents in Northumberland, through:  
 ▶ Building on strengths in communities ▶ Improving health and reducing inequalities ▶ Protecting the public's health

WE WILL:	WE WILL DO THIS BY:				
 <p><b>Build on strengths of PEOPLE</b> in our communities</p>	▶ Building a network of partners to develop asset-based, community centred approaches to increasing wellbeing	▶ Using our knowledge, social networks and relationships with communities to help identify community assets and work in partnership with them	▶ Producing a Joint Strategic Needs and Assets Assessment that includes maps of assets identified by communities and organisations	▶ Working with communities, organisations and services to develop volunteer and peer roles, and support and champion the people in those roles	▶ Working with communities and partners to maximise resources (including financial resources, skills, and social and natural resources)
 <p><b>Work in PARTNERSHIP</b> to improve wellbeing and health</p>	▶ Working creatively with partners internally and externally to address the wider issues that affect wellbeing and health (e.g. housing, transport, education, and planning)	▶ Taking a whole systems approach on issues such as tobacco, healthy weight, mental wellbeing and resilience, and reducing harm from alcohol and drug use and domestic violence	▶ Building capacity in the health and social care system to identify and deliver opportunities for health improvement ('Making Every Contact Count')	▶ Working with partners to give every child the best start in life and continue throughout childhood to maximise opportunities to improve wellbeing	▶ Offering strategic and tactical support to the CCG and NHS to maximise health and reduce inequalities whilst making best use of resources
 <p><b>PROVIDE</b> services to improve health and reduce inequalities</p>	▶ Involving communities and using health intelligence and evidence in the design and evaluation of services	▶ Commissioning (or entering into partnerships to provide): stop smoking services, wellbeing services, health visitor and school nursing services, drug and alcohol services, sexual health services, and an NHS Health Check programme	▶ Ensuring that services: contribute to decreasing health inequalities, are effective and efficient, build on assets, build capacity, balance universal and targeted provision, meet safeguarding principles, and complement other services (e.g. social care and education)		
 <p><b>PROTECT</b> the public's health</p>	▶ Working with partners to maximise early detection of infectious diseases, including HIV	▶ Working with partners to maximise uptake of screening and immunisation programmes (including flu vaccination of frontline health and social care workers) and ensure that the programmes are effective, safe and equitable	▶ Assuring local strategies for emergency planning and response, protection and resilience		

Northumberland County Council's core values underpin all that we do: Consistency, Creativity, Customer Driven, Efficiency, Opportunistic, Passionate, Trustworthy


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