

Public Health Service

Service Statement 2018 - 2021

Service Director/Head of Service:
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Lead Member: Cllr Veronica Jones

March 2018

Public Health Service

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 minimise health risks to individuals arising from poor accommodation, environment or other factors.

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.

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 public health's purpose, what the Service will do and how it will be carried out.

Primary functions

Responsibilities of the Director of Public Health

The responsibilities of directors of public health 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;
- 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 2016/17, 7,023 NHS Health Checks were delivered across the County to residents aged 40 to 74.

Health improvement services

- During 2016/17, 2342 people undertook a support and treatment programme with the Northumberland Stop Smoking Service; 1098 people successfully gave up smoking.
- In 2016/17, 87.1% of pregnant women were smoke free at the time of delivery.
- In 2016/17, 6290 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

- 9828 contacts requesting contraception were managed within the Integrated Sexual Health Services; 5016 contacts were screened and managed for a Sexually Transmitted Infection
- 1641 Long Acting Reversible Contraceptive (LARC) devices were provided to women across the county during 2016/17 via GP surgeries.
- The latest data for teenage conceptions (2016) 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.
- Under 18 conceptions leading to termination in 2016 were 37.9% compared to 40.5% in the NE and 51.2% in England

0 - 19 Public Health services

- 2536 babies were given a New Birth Visit within 14 days of birth across Northumberland in 2016/17, which is 87.6% of the newborns who were eligible for a visit.
- 2545 mothers with children over the age of 8 weeks received a Mood Review between in 2016/17, which is 88.0% of the 2904 mothers who were eligible for a Mood Review.
- 2,700 of the 2,999 children who were due a 2 to 2½ year review in 2016/17 received one by the age of 18 months.
- 21.1% of Year 6 children measured as part of the National Child Measurement programme during the 2016/17 academic year were obese. This is better than the North East average of 22.4% and better than the

- national average of 22.5%.
- 36% of infants were totally or partially breastfed in 2016/17.

Substance misuse services

- 883 people were in treatment for opiates misuse during 2016/17. Over the year, at their most recent six monthly review between 57.0% and 62.5% of opiate users in treatment had stopped using opiates, which is better than the nationally expected level.
- 578 people undertook treatment for alcohol misuse during 2016/17. Over the year, at their most recent six monthly review between 16.0% and 18.8% of alcohol users in treatment had stopped drinking (which is in line with the nationally expected level) and between 18% and 25% had reduced their alcohol consumption by 10 days or more (which is above the nationally expected level).

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 contributes to 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.
- A multiagency Resilience Strategy/Action plan, and coordinated Training Plan has been developed.
- 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.

Summary of service resources at 1 April 2018:

Function	Number of FTE posts	Staffing expenditure	Non-staffing expenditure	Income	Capital investment
Public Health Service	12.42	£909,910	£15,316,090	-£16,226,000 (Public Health Ring Fenced Grant)	£0
Totals for	12.42	£909,910	£15,316,090	-£16,226,000	£0

Service					
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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 2018/19, Northumberland has been allocated £51 per person, (a reduction from last year) the lowest in the North East and lower than the average for England which is £66 per head.

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)
- 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 (£371,000)
- Intermediate Stop Smoking Advice, including nicotine replacement therapy (£691,500)
- 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)

Contribution to the Corporate Plan

Vision for the service in contributing to 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;
- 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 CCG Diabetes Prevention Programme;
- Commissioned 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 by implementing the findings of the Alcohol CLear Self Assessment Process;
- Supporting and promoting active transport.

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 not only reduces their substance use but it 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.

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.
- Ongoing development of the Local Public Health Services Portal as a digital business solution for contracting.
- Contribution to the Safer Northumberland Partnership.

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.
- 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.

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.

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, 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. Additionally, to satisfy the requirements within contracts with providers, public health will carry out monitoring visits during 2018 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 to demonstrate the state of health within 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.
- Every 2 months the 0-19 service seek user views which gives feedback out of 10 for how services are rated 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 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:

90% found the service to be easy (61%) or OK (29%) to access.

84% report a positive difference in their life as a result of the service
- The Integrated Wellbeing Service evaluates each of its components separately and regularly. Examples include:
 - Health Trainer Service - In Q3 & Q4 of 2016/17, service user satisfaction questionnaire reported that 100% of participants felt they had been treated with dignity and respect and 96% received the

- information they needed.
 - Stop Smoking Service - 100% of users rated the service excellent and 100% thought their Stop Smoking Advisor was excellent.
 - Healthy weight programme - In Q3 2016/17 100% of users would recommend the service to friends and family.
- The Service has worked with communities to strengthen asset based community development (ABCD). ABCD builds 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. 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 surveys 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.
- A new online School Health and Wellbeing Survey has been developed to seek views of Children and Young People from year 4 to year 10.
- 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
	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	24.11%	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	4.66%	England	6.65%

within 6 months, as a percentage of the total number of opiate users in treatment			
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 a percentage of the the total number of alcohol users in treatment	33.65%	England	38.27%
4. People in secondary healthcare who receive an alcohol intervention, as a proportion of those who are identified as needing one	99.54%	None	None
5. Percentage of women not smoking at time of delivery	86.41%	NHS England North (Cumbria and North East)	83.66%
6. Newly diagnosed cases of Chlamydia Rate per 100,000 population (aged 15 to 24)	1557.49%	North East	1960.63
7. Percentage of infants being breastfed at 6-8 weeks	35.91%	North East	31.38%
8. Proportion of children receiving a 2 to 2.5 year review	90.03%	None	None
9. Percentage of children in Reception with height and weight recorded who are obese	10.50%	North East	10.73%
10. Percentage of children in Year 6 with height and weight recorded who are obese	21.11%	North East	22.53%
11. Percentage of children in Reception and Year 6 with height and weight recorded	97.00%	North East	95.40%
12. Percentage who received an NHS Health Check of those offered	35.66%	North East	45.06%
13. Number of new workplaces joining the Better Health at Work Award scheme	13	None	None

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

Priorities for 2018 - 2021

Priority area	Key milestones
1. Develop, implement and manage a county wide model for community centred approaches	Commence implementation of new model April 2018 Evaluate model in May 2019.
2. Embed an integrated approach to commissioning a 0-19 Public Health service	Continue to work with stakeholders to establish and embed integrated Public Health model which is both universal and targeted for 0-19s and includes health, social care and education - 2018/2019
3. Review and remodel the Integrated Wellbeing Service to achieve cost effective, outcome driven improvements	Complete evaluation of the current service by July 2018. Redesign model based on prioritisation exercise and anticipated funding. Implement new model during 19/20
4. Community Integrated Sexual Health Services and ensure LARC offer in Primary Care remains equitable	<ul style="list-style-type: none"> • Undertake sexual health needs assessment as part of commissioning cycle by March 2020. • Review countywide accessibility to services for both STI screening and LARC coverage by September 2018. • Review and agree commissioning approach for future provision of sexual health services by September 2020.
5. Public health support to planning policy and processes	<ul style="list-style-type: none"> • Work with colleagues in Planning to revise the Core Strategy and Local Plan to include developing policy on hot food takeaways by May 2018. • Develop a policy for Health Impact Assessments by May 2018. • Support the development of Health Impact Assessment guidance by December 2018
6. Integration of services to support positive health outcomes for Children and Young People	<ul style="list-style-type: none"> • Initiate and support a review of services which impact on children's physical and emotional wellbeing outcomes to identify and exploit opportunities for integration by March 2019.
7. Joint Health and Wellbeing Strategy	<ul style="list-style-type: none"> • Develop the draft JHWS by May 2018. • Develop and deliver engagement strategy for JHWS by August 2018. • Deliver JHWS by September 2018. • Ensure ongoing reporting and monitoring
8. Implement the findings of Alcohol	<ul style="list-style-type: none"> • Implement the recommendations of the

CLear Self Assessment Process	Alcohol CLear self assessment process by March 2019.
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Performance framework

Measure	Outturn 2016-17	Outturn 2017-18	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 again within 6 months as a percentage of the total number of non-opiate users in treatment	24.11%	Not yet known	To be decided with the service	To be decided with the service during 2018/19 financial year	To be decided with the service during 2019/20 financial year
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	4.66%	Not yet known	To be decided with the service	To be decided with the service during 2018/19 financial year	To be decided with the service during 2019/20 financial year
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	To be decided with the service	To be decided with the service during 2018/19 financial year	To be decided with the service during 2019/20 financial year
4. Number of alcohol brief interventions delivered to people in secondary healthcare	6290	Not yet known	6000	To be decided during 2018/19 financial year	To be decided during 2019/20 financial year
5. Percentage of women not smoking at time of delivery	86.41%	Not yet known	To be decided	To be decided during 2018/19 financial year	To be decided during 2019/20 financial year
6. Newly diagnosed cases of Chlamydia Rate per 100,000 population (aged 15 to 24)	1557.49	Not yet known	To be decided	To be decided during 2018/19 financial year	To be decided during 2019/20 financial year
7. The number of positive	7.41%	Not yet	5.00%	5.00%	5.00%

Chlamydia tests as a percentage of the number of Chlamydia tests performed		known			
8. Percentage of infants being breastfed at 6-8 weeks	35.91%	Not yet known	To be decided	To be decided during 2018/19 financial year	To be decided during 2019/20 financial year
9. Percentage of children who received a 2 to 2½ year review	90.03%	Not yet known	85.00%	85.00%	85.00%
10. Percentage of children in Reception and Year 6 with height and weight recorded	95.92%	Not yet known	95.00%	95.00%	95.00%
11. Percentage of children in Reception with height and weight recorded who are obese	10.50%	Not yet known	10.50%	To be decided during 2018/19 financial year	To be decided during 2019/20 financial year
12. Percentage of children in Year 6 with height and weight recorded who are obese	21.11%	Not yet known	21.11%	To be decided during 2018/19 financial year	To be decided during 2019/20 financial year
13. Percentage who received an NHS Health Check of those offered	35.66%	Not yet known	To be decided	To be decided during 2018/19 financial year	To be decided during 2019/20 financial year

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

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



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