

Equality information analysis - public health

1. What are the directorate's key functions and services?

Public health's goal is to improve and protect the health and wellbeing of Northumberland residents, a priority is improving the health of the poorest members of the community more quickly. Public health is about helping people to stay healthy and avoid getting ill, as well as reducing health inequalities to help people live longer, healthier lives.

The public health team work to raise awareness to support healthy lifestyles.

The key aims of public health are to:

- increase healthy life expectancy in our residents through focusing on health quality as well as the length of life.
- increase equity in life expectancy and healthy life expectancy between communities through achieving bigger improvements in the more disadvantaged communities.

Public health in Local Authorities are responsible for the following mandated functions:

- Sexual health services - STI testing, treatment and contraception
- NHS Health Check programme
- Local authority role in health protection
- Public health advice to NHS Commissioners
- National Child Measurement Programme
- Prescribed Children's 0-5 services

Other commissioning responsibilities for non-prescribed services include:

- Sexual health services - advice, prevention and promotion
- Obesity – adults and children
- Physical activity – adults and children
- Treatment for drug misuse in adults
- Treatment for alcohol misuse in adults
- Preventing and reducing harm from drug misuse in adults
- Preventing and reducing harm from alcohol misuse in adults
- Specialist drugs and alcohol misuse services for children and young people
- Stop smoking services and interventions
- Wider tobacco control
- Children 5-19 public health programmes
- Other childrens' 0-5 services non prescribed
- Health at work
- Public mental health

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

Local authorities commission public health services on behalf of the population. Public Health is funded through a ring-fenced grant from the Department of Health. We put reducing inequality and improving health and wellbeing outcomes at the heart of all activity.

To achieve the above aims, the Public Health Service commissions a range of health and wellbeing services covering areas including:

- tobacco control
- healthy eating
- physical activity
- alcohol harm prevention
- integrated community sexual health services
- long acting reversible contraception in primary care
- mental wellbeing
- NHS health check assessment
- Healthy Child Programme 0-19 years
- specialist drug and alcohol services

Furthermore, the Public Health Service works in tandem with the Health and Wellbeing Board to identify and put in place plans to improve the key priority areas which will make a fundamental difference to the health and wellbeing of those who live in Northumberland. In the new Joint Health and Wellbeing Strategy, the focus will be on:

- Giving every child and young person the best start in life
- Tackling some of the wider determinants of health
- Taking a whole system approach to improving
- Empowering people and communities

Public health also works to achieve the following:

- Health protection: assurance around immunisations and screening, sexual health and contraception, children's public health and health emergency planning.
- Population health: specialist research and intelligence, which includes health needs assessments, joint strategic needs assessment, health impact

assessment, service reviews, healthcare public health advice and evidence-based briefings.

- Wider determinants: working to address the social determinants of health which impact on the health and wellbeing of individuals and communities, and are the key causes of health inequalities.

2. What information does the group or service area have about people for each of the protected characteristics

In analysing data it is important to acknowledge that some people have multiple protected characteristics and this may increase the equality impacts for these people.

As outlined above, the public health service commission a range of services on behalf of the population of Northumberland, these include:

- tobacco control
- healthy eating
- physical activity
- alcohol harm prevention
- integrated community sexual health services
- long acting reversible contraception in primary care
- mental wellbeing
- NHS health check assessment
- Healthy Child Programme 0-19 years
- specialist drug and alcohol services

We collect a variety of information from these providers, some relating to key performance indicators some of which are protected characteristics. However not all of protected characteristics are collected, as we commission services predominantly for the population of Northumberland, regardless of characteristics.

Minimum datasets for commissioned public health services have been established and are reviewed on an annual basis. Some data is collected for national reporting and it is not possible for Northumberland Public Health Service to influence changes to these datasets and therefore the data may not capture all protected characteristics.

The table below outlines the data received or have access to:

	LPHS Services	Exercise on Referral	Health Improvement	Sexual Health	0-19	Specialist Stop Smoking*	Alcohol Brief Interventions	School Nursing	Drug & Alcohol*	GUM
Age	✓	✓	☐	☐	☐	☐	✓	☐	✓	✓
Disability	☐	☐	☐	☐	☐	☐	☐	☐	✓	☐
Gender identity	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

Pregnancy & maternity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Race	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Religion or belief	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Sex	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Sexual Orientation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Marriage and civil partnership for employees, but not service users	The Public Health Services does not collect data from its staff.									

* National datasets

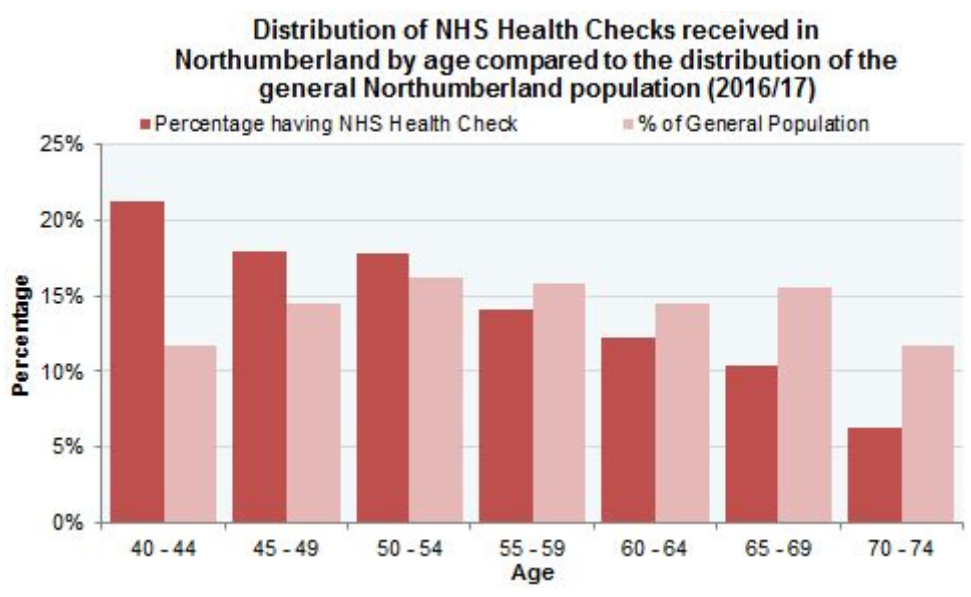
Age % of Population by age - Mid 2015

The proportion of the total population aged 16-64 in mid 2015 was 60.4 % compared with 63.3% in the North East region and in England. Northumberland had a higher proportion of 65+ year olds than the North East region and a smaller proportion of those aged 0-15 years.

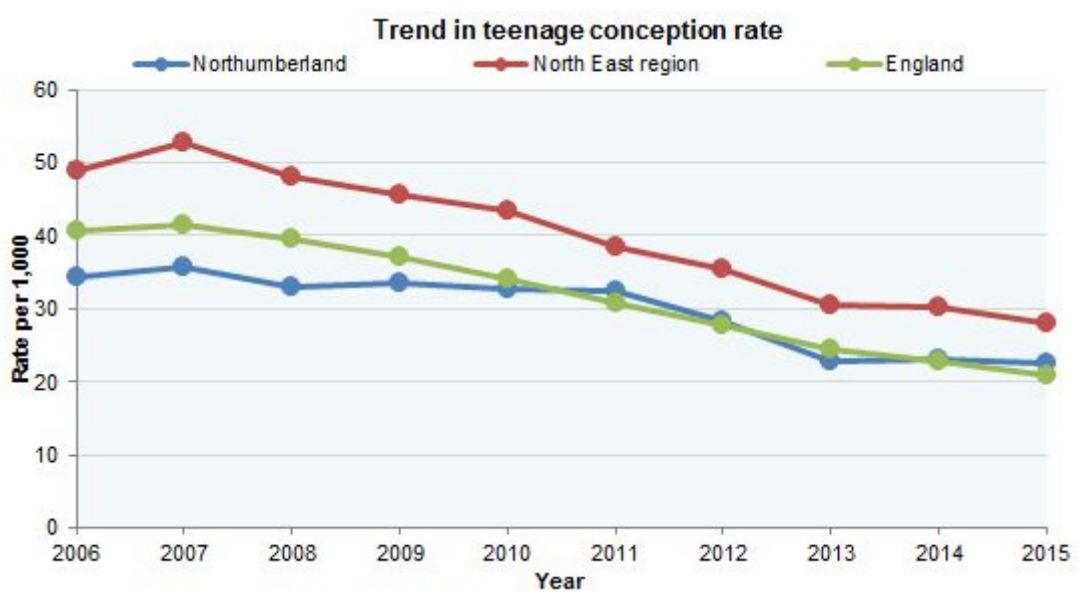
The number of Northumberland residents aged 0 - 15 in 2001 was 57,800 persons, compared to 52,100 in 2015. Looking at older residents, there were 54,100 aged 65 and over in 2001 and this has risen to 72,700 in 2014. The population aged between 16 and 64 years has reduced.

The majority of commissioned services are not age specific, except the NHS Health Check Programme, teenage pregnancy work and the 0-19 Public Health Service.

The NHS Health Check Programme is a national programme offered to people aged 40-74. The programme was not deemed to be cost-effective for any other age group.

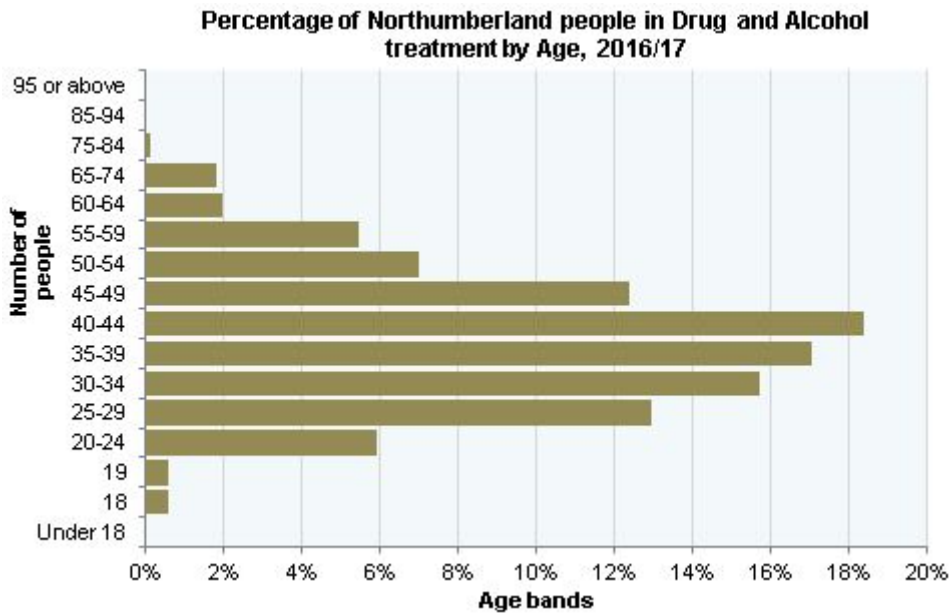


Teenage pregnancy is an important issue for several reasons. For example, there are health risks for the baby and children born to teenage mothers. They are more likely to suffer health, social, and emotional problems than children born to older mothers. Also, women who become pregnant during their teens are at increased risk for medical complications, such as premature labor and social consequences. Overleaf is a chart depicting the trend of teenage conception over the last 10 years (2015 is the latest available data).



The 0-19 Public Health Service supports all young people from birth to 19 years (25 years for those with a special need or disability) through the work of the 0-19 public health workforce which includes health visitors and school nurses.

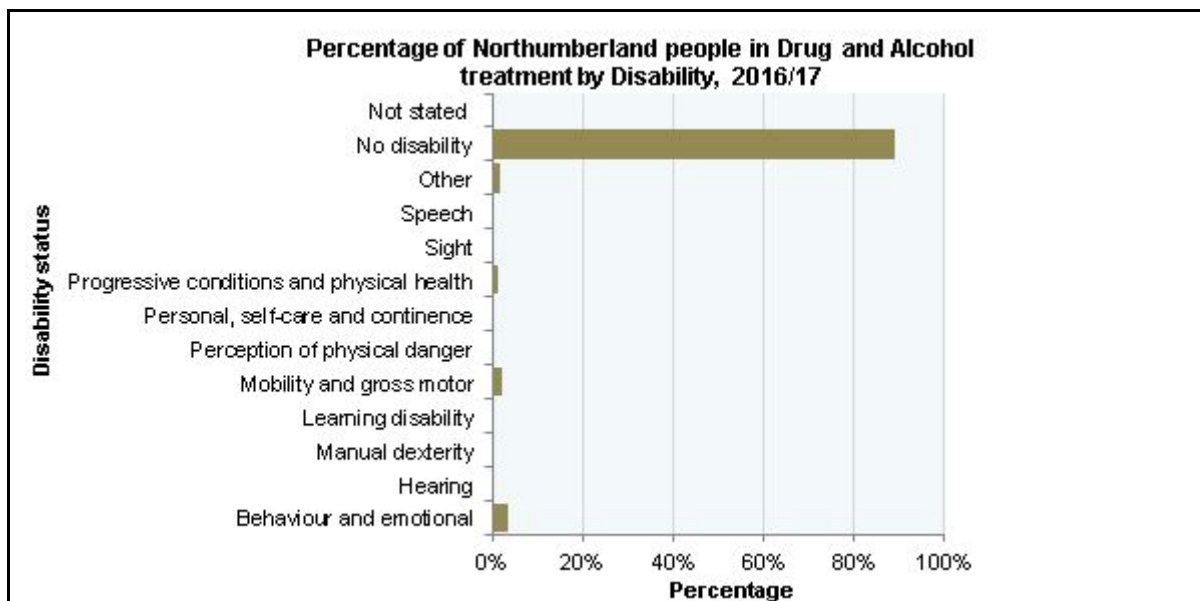
The chart below shows the ages and percentages of those in drug and alcohol treatment in Northumberland. It highlights that the age group of 40-44 has the highest demand for treatment.



We predict, over the next 20 years life expectancy will increase. The number of people in England aged 65-84 will increase by more than a third, and the number aged 85 and above will more than double.

Disability

The majority of commissioned services are not specifically for those with a disability, therefore it is felt unnecessary to collect this protected characteristic, however we do have access to a national dataset for drug and alcohol treatment. The chart below shows that majority of those in treatment do not have a disability.



We know that disabled people have the same general health care needs as everyone else, and therefore need access to mainstream health care services.

This data for other commissioned services will be held at provider level and population need would be discussed through contract meetings.

Gender identity

It is estimated that 1% of the population could be transgender or gender variant. There is a continuing and rapid growth in the number of transgender people in the UK. The Equality Human Rights Commission’s online survey of 10,000 people found, 1% answered “yes” to a question about gender reassignment. The growth in referrals to the seven English gender identity clinics during 2010-2012 was 21% per annum.

GIRES figures prepared for the home office found the following percentages :

- gender nonconforming to some degree (1%)
- likely to seek medical treatment for their condition at some stage (0.2%);
- receiving such treatment already (0.03%);
- having already undergone transition (0.02%);
- having a Gender Recognition Certificate (0.005%);
- likely to begin treatment during the year (0.004%).

The number who have sought treatment seems likely to continue growing at 20% per annum or even faster. Few younger people present for treatment despite the fact that most gender variant adults report experiencing the condition from a very early age. However referrals for treatment of young people are growing even more rapidly (50% p.a.). Organisations should assume that there may be nearly equal numbers of people transitioning from male to female (trans women) and from female to male (trans men).

Gires monitoring gender nonconformity

Data is not collected at commissioner level on this protected characteristic,

however, the commissioned Integrated Sexual Health Service works proactively to increase sexual health equality amongst vulnerable groups including trans and gender variant people. This data will be held at provider level and would be discussed through contract meetings.

Pregnancy and maternity (which includes breastfeeding)

Estimated that around 1.3% of the population in Northumberland will be pregnant (leading to a live birth) at any one time. The services that do record this data would be the Specialist Stop Smoking Services, Integrated Sexual Health Service, Drug and Alcohol Treatment Service and 0-19 public health programme.

There is much documented evidence that shows smoking in pregnancy is associated with increased risk of serious adverse pregnancy outcomes (such as miscarriage), and further short- and long-term health consequences for children born to smoking mothers. The North East has the highest rates of smoking in pregnancy in England. The Public Health Service commission a Specialist Stop Smoking Service, with a specific workstream to support pregnant women to stop smoking. This workstream is called BabyClear which aims to reduce exposure to the effects of smoking for unborn babies during pregnancy and work with midwives and hospital Foundation Trusts across the North East to ensure pregnant women who smoke get the best help to quit. BabyClear started in 2013/14. Since 2013/14 the rate of mothers smoking at time of delivery has declined from 16.6% to 12.9% in 2016/17, which is a percentage decline of 28.7. However, there may well be other variables that have contributed to this drop for example, fewer people smoking in the population, increased societal pressure.

We commission a range of services to support teenage mothers, such as supporting education, employment, housing health issues and support for breastfeeding, as it appears teenage mothers are less likely to breastfeed than older mothers. This could be due to many young mothers lacking access to key sources of information and advice on breastfeeding such as antenatal classes, peer support programmes, friends, family and other social support networks, due to lack of assertiveness to access these support mechanisms. The Public Health Service commissions services to support an increase in the prevalence of breastfeeding.

The Drug and Alcohol Service ensure that each client will have an individually tailored care plan, reviewed frequently through the time of their treatment.

Race

According to the 2011 Census, in Northumberland 311,100 residents (98.4%) described themselves as White compared to 95.3% in the North East and 85.4% in England. In Northumberland there were 5,000 residents classed as Non-White, and the greatest number of these were Asian or Asian British (0.7%) compared to North East which has a proportion of 2.9%.

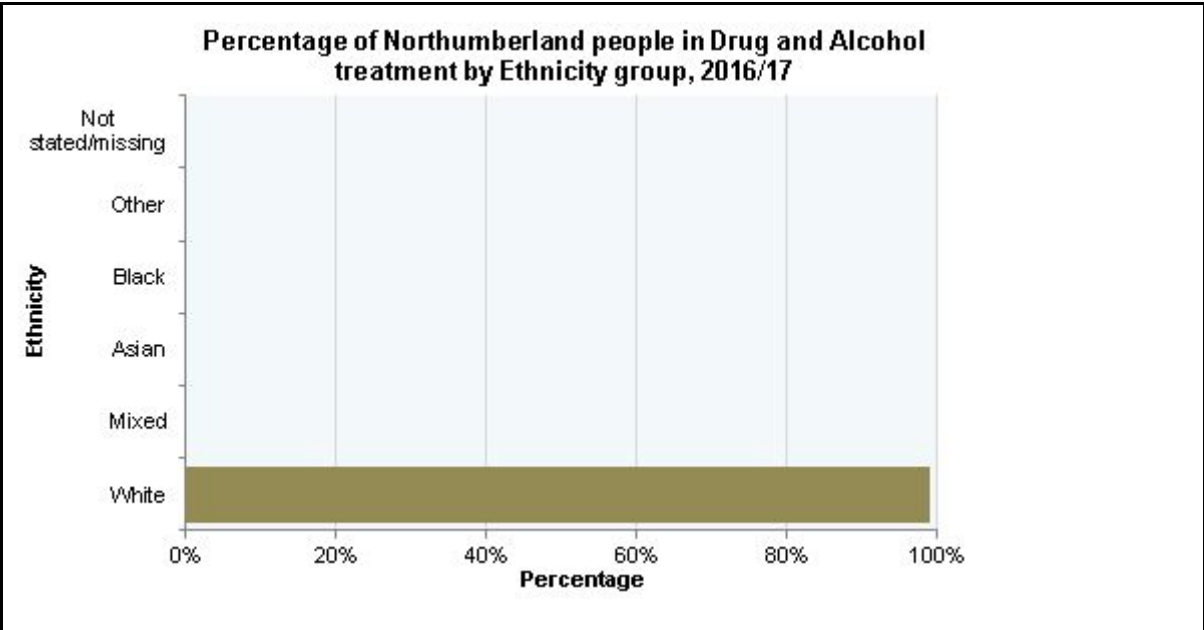
Local Public Health Services (LPHS) collect data on ethnicity. The purpose of this data collection is to gain an understanding of, for example, the demography of service users, which may help support future commissioning intentions.

We know from previous data analysis and national studies that:

- poor sexual health amongst ethnic minority groups is more prevalent than for White British people.
- Black British people are 30% more likely to rate their health as fair, poor or very poor.
- Pakistani and Bangladeshi people have the worst health of all the ethnic groups and are 50% more likely than white people to report fair, poor or very poor health.
- South Asian people who live in the UK are up to six times more likely to have diabetes than the white population. With the prevalence predicted to increase by 47% by 2025 (in England), the condition will continue to have a considerable impact on South Asian communities across the UK.
- The premature mortality rate for stroke in England is higher for those born outside the UK than for those born within. Furthermore, stroke mortality rates are falling more slowly in minority ethnic groups than the rest of the population, widening inequalities.
- Smoking rates are higher in Bangladeshi men (40%) and Pakistani men (29%) than in the general population (21%). Indian men and south Asian women are less likely to smoke. Some chew tobacco which can cause cancer and can be as addictive as smoking. If this was a particular issue for Northumberland, the Public Health Service would ensure relevant commissioned services were altered and campaigns would be promoted around the County.

One LPHS is the NHS Health Check programme. The NHS Health Check Programme aims to help prevent heart disease, stroke, diabetes, kidney disease and certain types of dementia. Everyone between the ages of 40 and 74, who has not already been diagnosed with one of these conditions or have certain risk factors, will be invited (once every five years) to have a check to assess their risk of heart disease, stroke, kidney disease and diabetes and will be given support and advice to help them reduce or manage that risk. Although the majority of Northumberland's population is white, the NHS Health Check Programme is inclusive to all residents in Northumberland and from the data outlined above, it is important those in a BME group attend for their Health Check.

We also have access to a national dataset for drug and alcohol treatment. The chart below shows the majority of those in treatment are white.

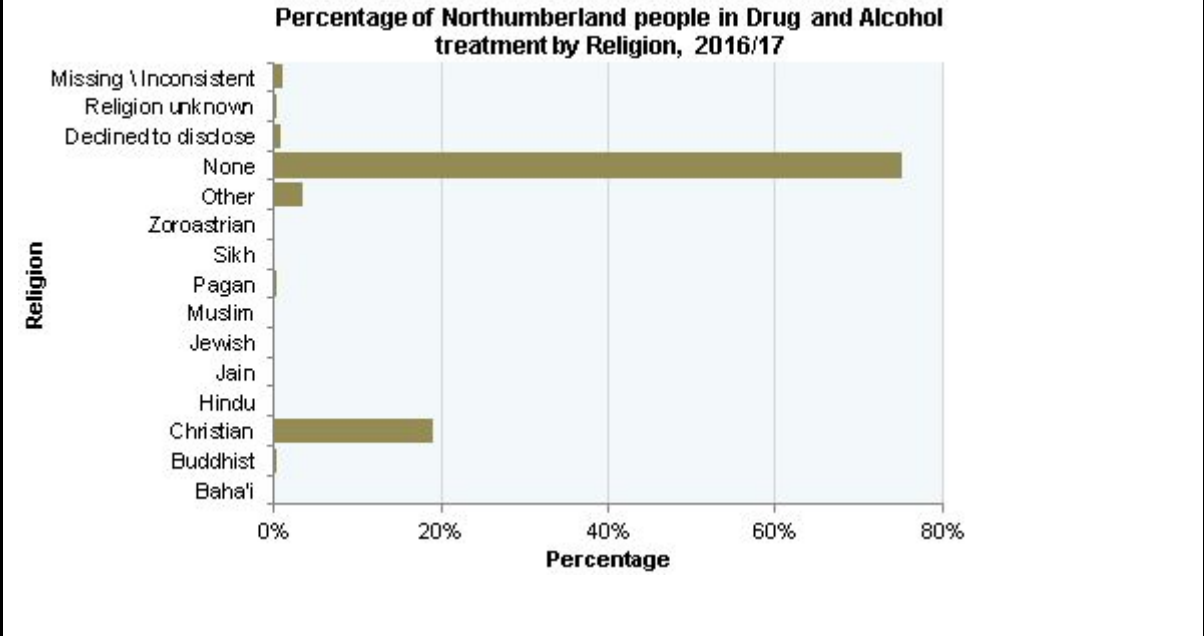


Religion or belief

In Northumberland, 69% of the population were classed as ‘Christian’. The next highest group at 24% were people who classed themselves as having no religion.

Minimum datasets for commissioned public health services have been established and reviewed on an annual basis. They do not include data on religion and belief, as public health services are not commissioned specifically for people with particular religions or beliefs. However, this may be held at provider level and can be discussed at contract meetings should any issues arise.

We also have access to a national dataset for drug and alcohol treatment. The chart below shows that majority of those in treatment have indicated that they have no religion.



Sex

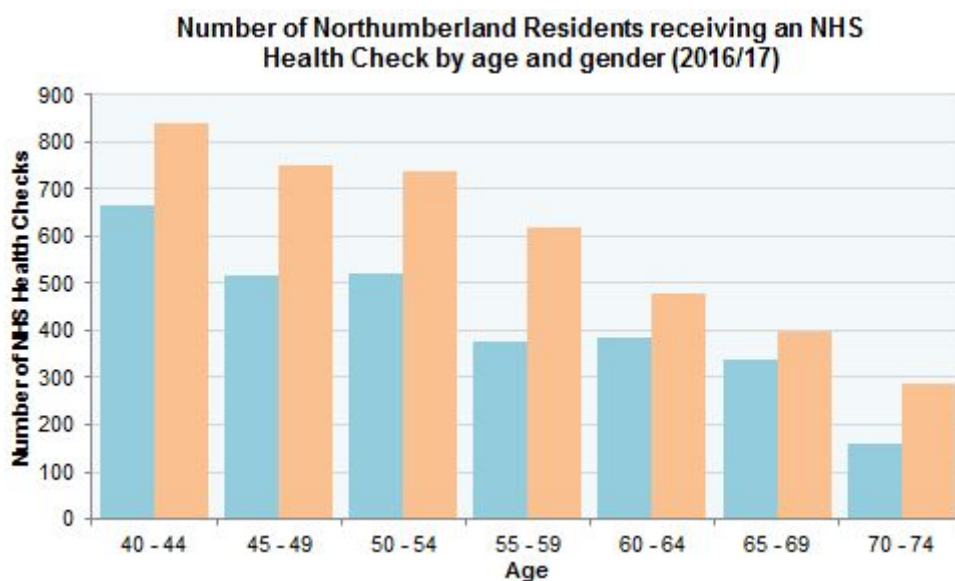
In Northumberland just over 51% of the population are female and just under 49% are male, which is similar to the national gender ratio.

Sex is collected from some of our commissioned services, although the majority of commissioned services are not specifically for people of a particular sex. We routinely collect sex from the following commissioned services: Health Checks, Needle Exchange Scheme, Supervised Opioid Substitute Consumption and Intermediate Stop Smoking Services. Some services, such as Long Acting Reversible Contraceptives (LARCs) and some elements of the Integrated Sexual Health Service are obviously provided for females. The Service can also access information, for example, drug prevalence in the county by gender.

One purpose of this data collection is to gain an understanding of, for example drug prevalence in both males and females, or through a Health Check the prevalence of patients who have a high risk of developing cardiovascular disease (CVD) and whether prevalence is higher in males or females. This type of data may help support future commissioning intentions.

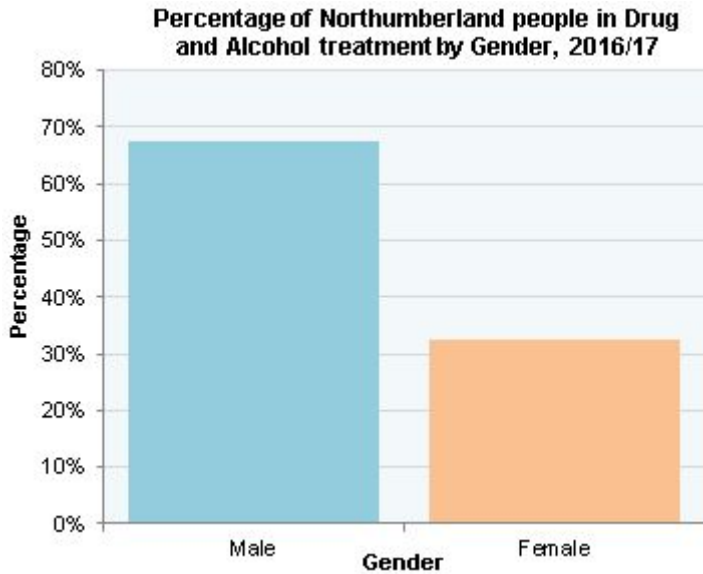
For example, the graph below shows the gender split of Northumberland residents attending their general practice surgery for their NHS Health Check during 2016/17.

More women in Northumberland receive Health Checks than men. This is consistent across all age groups but is particularly noticeable in those in the 45 to 49 and 55 to 59 age groups.



Drug and alcohol services in Northumberland have always seen more males in treatment than females, and this is true across the country. This is reflective of the

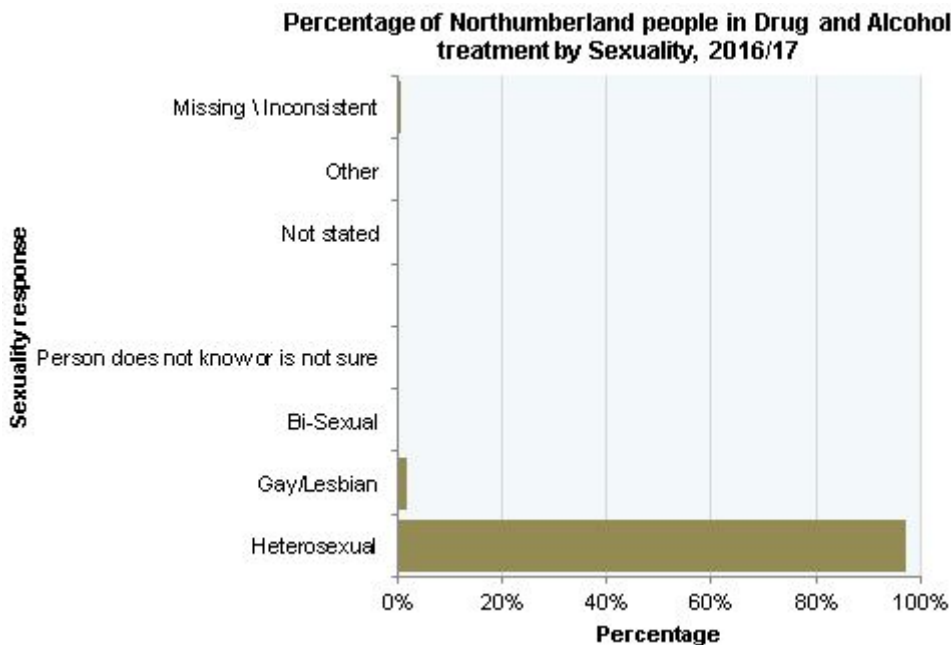
estimated prevalence of drug and alcohol misuse, with males being more likely to misuse substances than females.



Sexual orientation

It is estimated that around 6% of the population are gay, lesbian or bi-sexual. Data is not collected on this protected characteristic, however, this data may be held at provider level and data and the needs of different groups can be considered through contract meetings. The commissioned Integrated Sexual Health Service works proactively to increase sexual health equality amongst vulnerable groups including people who identify as LGBT+.

We also have access to a national dataset for the drug and alcohol treatment. The chart below shows that the majority of those in treatment have indicated that they are heterosexual.



Marriage and civil partnership for employees, but not service users

The Public Health Service is relatively small compared with other Council Services. Marriage status is not collected on those employed within the Service, however, given that the Service is small, all members of the Service are likely to be aware of team members marital status.

3. What consultations or engagement has the group undertaken, were there any differences in results for different protected groups?

Detail any specific engagement or initiatives to find out about people's experiences or improve services for people with protected characteristics. Are there any gaps in the data collection for any of the protected groups in any of the service areas? Does the profile of people employed in the service areas match census data if any groups are underrepresented what has the group/service done to address this?

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. Through this work the Service has gained an understanding of what is important to local people, community strengths and assets, helped people connect to support and resources and listened to feedback to try and shape services differently to meet need. The intention of this work is to identify any gaps in need.

The Public Health Service meets with service providers on a regular basis to discuss performance. Feedback from providers would be given on service provision and need.

In January and February 2017, the Public Health Service held a consultation on the proposal to put in place a formal Partnership Agreement for the delivery of the 0-19 Public Health Service. The 0-19 Public Health Service (also referred to as the Healthy Child Programme) includes health visiting and school nursing; support for vulnerable parents; young person's substance misuse services; and support for health and wellbeing improvement in schools.

Before a partnership agreement could be put in place, the Council and Northumbria Healthcare were required to consult with any stakeholders who may have been affected by the arrangement. It was important that views were gathered and feedback was listened to about the proposal and to ensure all considerations were taken into account. The 0-19 Public Health Service covers the following protected characteristics: age, sex, disability, gender identity, sexual orientation and pregnancy and maternity.

The Service has also consulted with members of the public regarding the Pharmacy Needs Assessment (PNA). The purpose of the PNA is to identify health needs which could be met by services commissioned from community pharmacies and to match these against the services currently provided, identifying any gaps. NHS England will use the PNA to determine whether applications for additional NHS pharmacy contracts would fill these gaps. The consultation was open to residents of Northumberland.

There are gaps in the Service's data collection on some of the protected characteristics e.g. disability, gender identity, religion and belief and sexual orientation. Some of this will be held at provider level and can be discussed at contract meetings should any issues arise.

In general, the staff employed in the Public Health Service match the census data.

4. Are there any good practice examples or progress in improving services or employment opportunities for people with protected characteristics within your group or service areas?

The Public Health Service has an Equality Ally, as well as an Ageing Well Ally

Northumberland County Council through the Public Health Service is an approved training location for Consultants in Public Health. These placements are driven by a national recruitment process and are governed by fair recruitment policies.

Managers within the Public Health Service are aware of the guidance on supporting LGBT and disabled staff and disseminate any corporate messages.

5. What actions have been taken or are planned within the group or service area to achieve the NCC equality objectives?

The Public Health Service collects data from its commissioned services as outlined in section 2. It does not currently collect the remaining 5 characteristics

The Service has worked with communities to strengthen asset based community development (ABCD). Through this work it is anticipated that the Service will be able to gain an understanding of the experiences disabled people and older and disabled people have using Council Services.

Public Health Service relies on the Human Resources Department to collect equality monitoring data for all staff The Service would ensure any corporate messages were shared with it's staff.

As outlined above the Service has worked with communities to strengthen ABCD. As work develops with the communities, so will trust, which may allow discussions about hate incidents and crime to occur.

Public Health commissions a psychosexual therapy service as part of the Integrated Sexual Health Service which offers support to individuals around sexuality.

Completed by: Judith Keepin

Date: 05 December 2017