Cabinet

19 October 2016

Public Health Annual Update Report

Report of Corporate Management Team:
Jane Robinson, Interim Corporate Director of Adult and Health Services
Gill O'Neill, Interim Director of Public Health
Cllr Lucy Hovvels, Portfolio Holder for Adult and Health Services
Cllr Joy Allen, Portfolio Holder for Safer Communities
Cllr Ossie Johnson, Portfolio Holder for Children and Young People's Services

Purpose of the report

1 This report provides an update on national, regional and local public health developments. In particular, it will highlight to Cabinet the last 12 months work undertaken by the Durham County Council's public health team and areas for priority going forward.

Background

2 Public health has been in Durham County Council for three and a half years. The impetus behind the transfer from the NHS was to transform the approach to improving the health of the population by a re-focus on tackling the social determinants of health as evidenced by the Marmot Review and to work more closely with communities. Tackling the social determinants of health includes improving the life chances for children, reducing income inequality, creating good employment and housing conditions, improving the social environment in which people live and work and helping people to live healthier lives.

Statutory duties

3 As a statutory appointment within the local authority the Director of Public Health (DPH) has statutory delivery requirements and mandated functions for which the public health ring fenced grant must be spent. This is as prescribed in the Health and Social Care Act 2012. The statutory duties of the DPH include:

- Taking appropriate steps to improve the health of their population. This duty complements much of the local authority's existing core business and its strategic responsibility for stewardship of place.
- Supporting local political leaders in their ambitions to improve local health.
- Contribute fully to rigorous and well-informed joint strategic needs assessments and joint health and wellbeing strategies
- Working with wider partners to foster joint commissioning arrangements (where appropriate) and to inform wider strategies, for example around adult social care, children's services, transport, housing and leisure
- Providing officers and elected members with appropriate advice, based on a rigorous appreciation of patterns of local health need, what works and potential returns on public health investment

- Providing advice to partners more broadly
- Being the person who elected members and senior officers look to for leadership, expertise and advice on a range of issues, from outbreaks of disease and emergency preparedness through to improving local people's health and concerns around access to health services
- Working through local resilience fora to ensure effective and tested plans are in place for the wider health sector to protect the local population from risks to public health
- Having a particular focus on ensuring disadvantaged groups receive the attention they need, with the aim of reducing health inequalities
- Commissioning clinical services such as sexual health and drug and alcohol services the DPH will need to ensure that providers have appropriate clinical governance arrangements in place that are equivalent to NHS standards

Mandated functions

4 The work of the public health team is focused on delivering the stipulated mandated functions, as well as high priority discretionary services which are deemed most relevant to reduce health inequalities. The mandated functions include:

A. **Sexual health services** which include prevention and treatment of sexually transmitted infections and contraception
B. **NHS health checks** for 40 – 74 year olds. This is a programme designed to identify those in the population at risk of developing cardiovascular disease
C. **National child measurement programme** (NCMP) part of obesity prevention
D. **Five universal visits to families with children under the age of five** as part of the healthy child programme (as of October 2015)
E. **Support and advice to CCGs*** to commission equitable and evidence based health services to the local population which increase health outcomes and reduce inequalities
F. **Health protection**** – through the DPH holding the system to account and being the senior health advocate for the local population and protecting the health of residents

Health care public health (mandated function E*)

5 The DPH has responsibility, and funding within the grant, to provide a core offer of public health advice and support to the NHS locally. National guidance stipulates that there should be 1 whole time equivalent senior public health specialist / consultant per 250,000 population supporting the CCGs. This support arrangement provides an opportunity for local authorities to build and maintain close links with clinical commissioners and complements the close working relationship required for the health and wellbeing board. A separate public health work plan for the CCGs has been developed and is being delivered.

6 The public health service should have the staff resource to be able to offer:

- Expert advice to ensure that joint strategic needs assessments reflect the needs of the whole population
- Support the development of commissioning strategies that meet the needs of vulnerable groups

- Support the development of evidence-based care pathways and service specifications by CCGs
- Contribute advice on evidence-based prioritisation policies and individual funding requests
- Health needs assessments and health equity audits as required
- Provide other specialist public health advice as required by NHS commissioners

Health protection (mandated function F)**

7 The Secretary of State has the core duty to protect the health of the population. The DPH has a critical role at the local level in ensuring that all the relevant organisations have plans in place to protect the population against a range of threats such as major incidents, biological and radiological hazards and infectious diseases.

8 This will link to, but be different from, their statutory responsibility for public health aspects of planning for emergencies within local authorities. Most health protection incidents are contained locally and managed by Public Health England with assurance being sought from the DPH. The DPH will be the lead for the local authority at strategic coordinating groups (SCG) for major events such as pandemic flu.

9 The DPH and Consultants in Public Health should therefore:

- Provide strategic challenge to health protection plans/arrangements produced by partner organisations
- Scrutinise and as necessary challenge performance
- If necessary, escalate any concerns to the local health resilience partnership (LHRP)
- Receive information on all local health protection incidents and outbreaks and take any necessary action, working in concert with Public Health England and the NHS. This may include, for example, chairing an outbreak control committee, or chairing a look back exercise in response to a sudden untoward incident
- Contribute to the work of the LHRP, possibly as lead DPH for the region;
- Provide the public health input into the local authority emergency plans.

Public Health ring fenced grant

10 The public health grant allocation is ring fenced to commission, provide and discharge the statutory public health functions and achieve the public health outcomes agreed through the joint health and wellbeing strategy and national public health outcomes framework (see appendix two for PH outcomes framework and appendix 4 for the 2016 County Durham Health profile). The grant has been subject to a £4.3 million cut in 2016/17. This means that, as it stands, the grant in County Durham is £51,246 million.

The budget reductions for 2016/17 will be achieved through a re-prioritisation of spending. The following principles were considered when determining how to reduce the budget:

- Mandated / statutory responsibilities within the Local Authority

- Health needs of the local population and the inequality gap
- National research evidence and Public Health England's recommendations for priorities of spend
- Overlay of current proportion of spend in budget compared to the three factors listed above.

The majority of public health spend relates to commissioned services and medium term contracts with third party providers. This limits the flexibility/opportunity to react in the time scales that would be required to reduce expenditure in line with the reduced level of public health grant in 2016-17. In order to optimise service delivery and re-prioritise the service provision that can potentially be delivered within the reduced financial envelope, public health management team intend to phase in the saving over 2016/17 and 2017/18, facilitated by the use of public health earmarked reserves. The proposed re-prioritisation will deliver £4.3M reduction in spend by the close of 2017/18, using £3.6 million reserves.

Funding will be reduced from the following areas:

- Drugs and alcohol services
- Sexual health services
- NHS Health Checks
- Stop smoking service and NRT (Nicotine Replacement Therapy)

Public health has a commissioning review programme to manage the reductions to the public health grant. This includes completion of equality impact assessments and risks assessments. There are specific project plans in place for all of the planned reductions. Individual communication strategies and consultations are being managed as part of due processes.

National discussion is taking place currently to consider what the public health grant allocation will include from 2018/19 and whether it should be drawn from local business rates.

National picture

Public Health England

11 PHE is a national agency commissioned by the Department of Health to provide direction and advisory support to the public health system. PHE local centres provide the functions related to health protection and work closely with Directors of Public Health and environmental health services. In addition, they provide specialist advice on health care public health and health intelligence. Working with local authorities through local public health teams, they offer advice and guidance and aim to, where appropriate, suggest ways to operate at scale.

12 Through evidence reviews and engagement with public health professionals PHE has identified seven priorities for the next four years which are laid out in their strategic plan 'Better outcomes by 2020'.

- Tackling obesity – prevention through whole systems

- Reducing smoking – tobacco control, stopping children from starting to smoke and stopping smoking during pregnancy. Changing social norms by making smoking history
- Reducing harmful alcohol consumption – reducing alcohol related admissions
- Every child to have the best start in life – resilience building, parenting programmes, early years provision, addressing poverty
- Reducing the risk of dementia – its incidence and prevalence in 65 – 74 year olds – lifestyle related changes as well as supporting those to live with Dementia and care for people with Dementia
- Tackling the growth in antimicrobial resistance
- Achieving a year in year decline in Tuberculosis

NHS England

13 NHS England has five area teams working to support local system delivery. County Durham sits within the sub-regional area consisting of Cumbria and the North East of England. NHS England commission population health screening and immunisation programmes. The Director of Public Health requires assurance of the effective delivery of these services to protect the health of the local residents. Inequalities can exist within County Durham as well as when compared to the England average or North East. It is therefore vital that local area data is received from NHS England to consider the uptake of screening and immunisation programmes.

Screening and immunisation programmes include:

- Cancer screening
- Bowel, breast, cervical

Non cancer screening programmes

- Diabetic retinopathy, Abdominal Aortic Aneurism (AAA), antenatal and new-born

Immunisation schedule

- Childhood and adolescent programme, flu, pneumococcal,

Overall County Durham performs well in immunisations and screening programmes. A separate report will be presented on the health protection functions of PHE and NHS England's performance on screening and immunisation delivery in November 2016.

Regional picture

NHS Five year forward view and Clinical Commissioning groups: Role of public health

14 To enable the implementation of the NHS five year forward view Sustainable and Transformation Plans (STPs) are being established based on patient flow foot prints. County Durham is part of two STP footprints. North of Tyne and Wear STP which covers: County Durham, Sunderland, Gateshead, South Tyneside, Newcastle and Northumberland. The second STP is County Durham, Darlington, Tees, Richmond, Hambleton and Whitby STP.

15 The main drivers behind the STPs are better quality and more cost efficient health services, incorporating modern ways of working and a focus on prevention / early intervention. It is essential that public health has a strong voice in the prevention and early intervention element of both STPs.

16 The tool to drive the STPs through is known as the 'Better Health Programme' (BHP). There are two component parts to BHP. The review and reconfiguration of hospitals and specialist treatment centres is one element. The second element is the 'not in hospital' care. The 'not in hospital' model is focused on the integration of health and social care and how, through the appropriate skill mix of professionals and by working with communities, residents can stay out of hospital and be well within the community. Public health has a key role to play in both elements of the BHP.

17 Through the *health care public health* remit public health will be providing advice and guidance to CCGs about the re-design of services such as maternity care. Public health must also ensure locally commissioned services such as Health Visiting and the Wellbeing for Life programme are included and built upon in local communities.

North East Combined Authority (NECA) and link with public health

18 Whilst the North East Combined Authority at its meeting on 6th September voted against plans to move forward with public consultation on the deal, there has been much work completed to date on regional partnerships which remains relevant. Over the last 12 months public health staff have been involved in all work streams across NECA which has provided a significant platform to influence plans ensuring health is considered in all strategic thinking and planning.

19 Health and social care (HSC) commission. The largest contribution from public health is on the HSC commission. Prevention and early intervention is a theme that overlaps with the two STPs discussed earlier. Public health is advocating for a higher proportion of spend to be allocated to prevention based activity. Due North says - *The health sector can still do much more to champion action on health inequalities; facilitating and influencing action across all sectors to increase numbers of people seeking help in primary care. Integrating support across agencies for the full range of problems that are driving them to seek help (e.g. employment support, debt, welfare advice, housing), will reduce pressure on GPs and enable early intervention to prevent the exacerbation of problems, reducing poverty among people with chronic illness and reducing children's exposure to poverty, and its consequences. For example by creating or expanding upon services in primary care which consider debt and housing advice and support to access disability-related benefits can impact on health outcomes for those with chronic illness.*

20 Increasing the spend on prevention is about the proportion of total spend across the health and social care system and not only about the public health grant allocation. If secondary prevention is to gain traction then health services must invest. One example of this could be the treatment of nicotine addiction and the financial benefit gained by the NHS with reduced spend on CVD, cancer and respiratory pathways. Local authority public health teams will continue to focus on tobacco control measures and making smoking history. Through this systems approach health

inequalities will reduce and the NHS will be able to re-invest funding elsewhere from what is released from the current spend on smoking related ill health.

Local picture

21 The work of the DCC public health team is wide ranging and over the last three and a half years has endeavoured to reach out to work with as many stakeholders and communities as possible. The public health team structure can be found in appendix three. The Health and Wellbeing Board, Safe Durham Partnership and Children and Families Partnership are heavily reliant upon the leadership and delivery of the Public Health team to achieve strategic objectives. Much of the local delivery works in close partnership with the AAPs.

22 The remainder of the report provides some highlights of the local delivery over the last 12 months.

Early years and children's public health

0 – 19 service (health visiting and school nursing): Transformation

(Health and Wellbeing Board, Children and Families Partnership, LSCB)

23 Professor Michael Marmot emphasised the importance of investing in 'the best start in life' for the maximum gain in the future. During 2015/16 the health visiting 0 – 5 function moved across from NHS England to local authority control. This provided an opportunity to commission an integrated 0 – 19 service which includes the two mandated functions of the universal visits within the healthy child programme and the NCMP. Following extensive engagement and consultation with children, young people, parents, carers, schools and wider stakeholders a new service specification was designed. A comprehensive procurement process was undertaken to secure the best provider for the new 0 – 19 service.

24 In April 2016 Harrogate and District Foundation Trust (HDFT) were awarded the contract. Through a transformation programme staff numbers were maintained in County Durham and service delivery has altered to be much more focused on mental health and emotional wellbeing. In particular the school nursing service is making significant changes to be more visible for young people, more accessible through a variety of mechanisms such as text messaging and community as well as school based drop-ins. In addition to this a standard core offer for health improvement is being delivered within schools and a more bespoke / enhanced offer for special schools and children educated outside of mainstream. During the academic year 2016/17 these changes will be coming to fruition.

25 A vulnerable parent pathway has been designed for more targeted intervention for those families with risk factors such as domestic abuse, mental ill health, drug and alcohol use. All pregnant teenagers will be assessed through the vulnerable parent pathway to determine level of support. The vulnerable parent pathway is also designed to tackle root causes of ill health and family problems. Strong links are being made with housing and welfare colleagues to address poverty.

Children's wellbeing: Innovation and partnership
(Children and Families Partnership, LSCB early help sub group)

26 A rethink on how to deliver support to families to enhance the work on the best start in life was progressed in close partnership with children's services, education and voluntary and community sector (VCS). A resilience pathway has been created through a:

- Community Parenting Programme which consists of trained, quality assured and supported volunteers to work with families who are pregnant or have a child under the age of five. This programme has dual benefits for both the volunteers to progress on a skills pathway and develop confidence and competence as well as the clear benefits to the families being supported by the volunteers. During the last 12 months 26 volunteers have been recruited and trained, five of which have progressed into employment and training.
- Durham resilience in schools programme. This programme is gaining real momentum in schools. The whole school approach to building resilience enables schools to consider how they could improve their environment and culture to embrace the concept of how the wellbeing of a child impacts directly on how well they achieve academically.
- Longer term outcomes for this programme are focused on the closing of the gap in attainment between children on free school meals, a reduction in absenteeism and an improvement in behaviour. All of which will improve the health outcomes of our future working age adults.

Stop smoking service and tobacco control: Reducing impact on health
(Health and Wellbeing Board, Children and Families Partnership, Safe Durham Partnership)

27 The single most modifiable risk factor for ill health is for people not to start to smoke or to stop as soon as possible. A new stop smoking provider has been secured over the last 12 months. Solutions for Health is already working to increase the 4 week smoking quit rate in County Durham. Smoking at time of delivery continues to be a major priority and significant work has been undertaken with the regional 'Baby Clear' programme. Percentage of women quitting through this service has increased from 43% in 2012 to 60% in 2015/16. 18.1% of women still smoke at time of delivery so there is still much work to do.

28 Smoke free play parks has gained national interest and local media coverage. The most recent population survey demonstrated that 99% of those surveyed were in favour of the voluntary code to make play parks smoke free. This area of work is about changing social norms so smoking is not accepted in public spaces and visible to children and young people. This work was sponsored by the Health and Wellbeing Board.

29 Electronic cigarette use is continuing to increase and be the main form of quitting tobacco for adults. Whilst PHE have suggested stop smoking services should be 'vaping friendly' as the evidence to date demonstrates it is significantly less harmful than tobacco, there should be caution about any unknown long term risks. There is a clear message that public health teams should be making sure young people don't start to vape and become addicted to nicotine. Latest smoking prevalence for County Durham shows a 3.2% decrease since 2012.

30 On 9th March 2016 (No Smoking Day) the Tees Esk Wear Valley (TEWV) Foundation Trust implemented their smoke free policy. The policy covers service users, staff, visitors and contractors are no longer able to smoke tobacco on any Trust premises. However the policy is much wider than a smoke free site provision, it is a policy that recognises that much needs to be done to address the high smoking rates and lower life expectancy amongst those living with mental health problems. The Trust recognise they have a duty of care to their service users and by going smoke free aims to significantly increase both the physical and mental health of service users. The policy does not allow staff members to accompany or support a service user to smoke at any time, and includes nicotine management and smoking cessation support for service users.

31 Pathways have been developed to support the identification of a smoker and provide nicotine abstinent support on admission. A total of 1,479 staff have been trained in smoking cessation brief intervention and a further 187 staff trained as champions on wards to give nicotine management support and provide NRT (nicotine replacement therapy) e.g., patches etc. within 30 minutes of admission. A high proportion of the training has been delivered by the Durham County Council commissioned stop smoking service team. Links have also been made with all community stop smoking services to enable referral of patients to their nearest stop smoking service on discharge, to enable patients to continue their smoke free journey.

Mental health: Review and good practice
(Health and Wellbeing Board, Mental Health Partnership)

32 There is ongoing work to review the commissioned services focused on mental health. The intention is to ensure there is a seamless connection with the Wellbeing for Life programme, adult social care, mental health services and community involvement through AAPs and VCS. The emphasis is to be on mental health promotion and resilience going forward. Working on improving the mental health of the population will reduce the need for mental health treatment services.

33 The County Durham Crees (men's sheds) have undergone a local evaluation delivered through a co-produced piece of work with Teesside University. The Crees are designed to support socially isolated individuals who may be deemed to be at greater risk of suicide. Whilst there remains a focus on men, the Crees model has been expanded to include socially isolated young people and women. By bringing people together through a volunteer led infrastructure the Crees are as autonomous within the community as possible. The County Durham Crees have had national recognition for good practice.

34 Since the 2014 DPH annual report focusing on social isolation there has been a significant amount of activity driven by the AAPs in local communities. Funding has been invested in befriending schemes and inter-generational projects; all designed to connect people back into their communities and reduce isolation.

Wellbeing for Life: Effective implementation and roll out
(Health and Wellbeing Board)

35 The Well Being for Life service is commissioned by public health and delivered by Durham County Council Culture and Sport, County Durham and Darlington Foundation Trust, Leisureworks, Durham Community Action and Pioneering Care

Partnership. Taking a community asset based approach, the Wellbeing for Life service is operating in the 30% most deprived areas as well as providing outreach support to individuals and communities with specific needs outside of these geographical boundaries. The service provides 'one to one' support, group activities, volunteering opportunities and community development approaches.

36 Over the last 12 months the wellbeing for life service has had a specific drive to promote LOCATE, the DCC information website. There has also been significant success with the more targeted elements of the service working closely with AAP colleagues. In South Moor and Quaking Houses 222 clients have engaged with the service and 98% of them demonstrated improvements in confidence, wellbeing and self-esteem.

37 The key performance indicators for the service have been exceeded in most cases, with those engaged with the service reporting improvements in their sense of wellbeing and being more engaged in their local community. This includes:

- From April 2015 to the end March 2016, 78 community-based group intervention programmes, in response to expressed community need were delivered, including friendship groups, walking, seated exercise and physical activity across the Wellbeing for Life target areas. A total of 715 participants benefited from these groups.
- From April 2015 to the end of August 2016, 2815 people received a 'one to one' wellbeing intervention. Two in five had sought help for multiple reasons, while one in five wanted help with weight loss or weight maintenance
- 209 volunteering opportunities have been created including 15 participants going into employment.

38 One of the main outcomes of the wellbeing for life programme is to reduce social isolation and work to enable people to connect with others in their communities. An independent evaluation is being completed by Durham University and will be published by December 2016.

39 The second phase of the Wellbeing for Life approach is to move beyond the specific commissioned service and engage social housing providers. The housing and health group has been established and is focusing on two main areas to begin with:

- Tackling fuel poverty and links to managing long term conditions
- Making every contact count (MECC) training for housing staff to deliver brief intervention messages and sign post to relevant health providers

This second phase of wellbeing for life has a primary aim of tackling the impacts of poverty.

Fuel poverty / Warmer Homes: Social determinants of health
(Health and Wellbeing Board)

40 The Warm and Healthy Homes programme is a joint programme between public health and the housing regeneration team part of economic development and housing in DCC. It aims to reduce fuel poverty and improve health and wellbeing.

41 The programme has become more embedded with health and social care this year with 193 referrals made by health practitioners, social care staff and partner

organisations. In particular working with both CCGs' who now have information on their websites. Information has also been disseminated to DDES CCG Patient Reference Groups and links with the Dales Federation have been made with a view to exploring how the scheme can be targeted utilising Care Connectors. The project is embedded into the Health and Wellbeing and Affordable Warmth Strategies and performance managed via the respective systems.

42 Both in terms of patient disease profile and age range, the intervention is reaching the priority groups identified by the project. The project has also brought additionality, including external funding of £100K awarded from the Department of Energy and Climate Change Health Booster fund.

Fire and Rescue: safe and wellbeing visits: Partnership working
(Safe Durham Partnership, Health and Wellbeing Board)

43 Public health have worked collaboratively with County Durham and Darlington Fire and Rescue Service (FRS) to implement safe and wellbeing visits (S&WBV) across the county. The idea of Making Every Contact Count (MECC) is based on the 3 As' – Ask, Advise, Assist, and can include one or more of the following; giving individuals information, directing them where to go for further help, raising awareness of risks and providing encouragement and support for change.

44 The safe and wellbeing visits use a MECC approach and focuses on a number of health issues such as alcohol, smoking, dementia, social isolation, winter warmth and slips, trips and falls. These are health issues identified in the Joint Strategic Needs Assessment and Health and Well Being Strategy. Public health worked with the FRS to:

- Design a framework document for the programme
- Co-design the safe and wellbeing visits through consultation with partner agencies
- Support the delivery of training and development for MECC and topic based modules.
- Advise on systems and processes to ensure relevant data is provided to partners when a referral is made via the appropriate pathway.
- Commissioned an external evaluation from Teesside University to evaluate the medium to longer term impact of the intervention.

45 Between 15th Feb (when the visits were first introduced) and 31st August a total of 9,255 visits were carried out. 3,506 people agreed to answer the lifestyle related questions. 1352 referrals were made to partner agencies. The highest numbers of referrals made were regarding loneliness and isolation which is a key issue for communities in County Durham.

MacMillan: Joining the dots: Innovation and investment
(Health and Wellbeing Board)

46 Due to the history of strong partnership working between the former PCT and MacMillan, as well as work with the local authority over the years, MacMillan approached DCC to be an early adopter of a new social model of managing cancer. As we progress to consider cancer as a long term condition due to much improved survival rates, we need to consider how patients and carers live with and beyond cancer. There has been a £1 million investment into Durham to develop the joining

the dots programme. Led by public health, Joining the Dots will consider new ways of working across the system to bring together health, social care, employers and the VCS to work to best effect for patients and carers. Implementation of this programme will be September 2017.

20 MPH: Policy change
(Health and Wellbeing Board, Safe Durham Partnership)

47 The 'Slow to 20 for Safer Streets' is an important initiative that is being rolled out across a number of communities throughout the county over the next two years and will help ensure our children are happier and safer as well as better environments for walking and cycling, improvements to health and calmer and quieter streets. Public health were instrumental in working with colleagues in Neighbourhood services to bring a proposal to Cabinet in 2014 that approved a programme of 20mph limits across 33 schools with higher accident rates. The 'Slow to 20mph for Safer Streets' campaign was developed to support the programme and has met with local success. This programme is being extended to other schools after the first phase of 33 schools is complete. The programme is being evaluated by Durham University and public health. Following the roll out of the slow to 20 programme many elected members have chosen to back the scheme to enable expansion into their own constituent areas.

Drugs and alcohol: Service delivery and tackling trade through licencing
(Safe Durham Partnership)

48 The provision of effective substance misuse services in County Durham makes a significant contribution to tackling health inequalities, increasing life expectancy, improving the health and well-being of families and reducing crime and disorder in local communities.

49 The integrated Drug and Alcohol Service is beginning to show signs of improvement in relation to numbers of successful treatment completions and Blood Borne Virus (BBV's) testing and vaccination rates. Due to the public health grant reductions a new service is currently being designed and will focus on community outreach and recovery in the community.

50 The Alcohol Harm Reduction Group saw County Durham innovatively partnering with Gateshead Council to undertake a mock licensing hearing to support Public Health England's need for evidence to help advocate for a new national public health objective. If successful this will go some way to help to reduce the cumulative impact of alcohol harm across all local communities in County Durham.

51 The partnership between public health, Durham County Council's Trading Standards and Consumer Protection departments and the Alcohol Harm Reduction Unit based in Durham Constabulary continues to provide a comprehensive approach to managing the Licensing Act (2003) at a local level. This enables the activity of the 1724 on and off-sale licensed premises (April-June, 2016) to be effectively monitored, helping to reduce the cumulative impact of alcohol within our local communities. The positive outcomes for utilising this innovative approach results in the prevention of crime and disorder, increasing public safety, the prevention of public nuisance and the protection of children from harm.

Domestic abuse and sexual violence: Re-designing service

(Safe Durham Partnership, Health and Wellbeing Board, Children and Families Partnership)

52 A review of domestic abuse and sexual violence services across County Durham was completed which informed the service review of the public health contract held by Harbour Support Services. This enabled an informed re-modelling of the service taking into consideration the reductions in the funding available going forward. The contract was awarded to Harbour Support Services with additional funding sourced and secured from children's services, doubling the value of the contract, to provide specialist workers within social work led teams provided alongside the specialist domestic abuse service. This will ensure no duplication of provision, better value for money and an improved service for victims and families.

53 Part of the Harbour contract is to deliver "Operation Encompass" which is a programme designed to provide schools with information about a domestic abuse incident that has taken place and witnessed by one of their pupils. The police will phone the school following the incident and share the alert. This will enable to school to support the pupil and have a greater appreciation of why the pupil may not be behaving or performing as usual. Operation Encompass has been financially supported by members budgets led by Cllr Joy Allen. This is a strong example of multiple members coming together to back a priority which impacts on the public's health.

54 A service to reduce Lesbian, Gay, Bisexual and Transgender (LGBT) health inequalities by promoting education around providing better access, better range of services, and more integrated services has also been commissioned which commenced in April 2016. The service, provided by DISC will deliver a collaborative and innovative partnership, working across a wide range of agencies including primary & secondary care, local authority, education and voluntary agencies for Durham County Council raising awareness about a variety of issues around the wider determinants of health, domestic abuse, homophobic bullying and hate crime.

Sexual health and teenage pregnancy: Reducing inequalities

(Health and Wellbeing Board, Children and Families Partnership)

55 Public health has a statutory duty to commission sexual health services to treat and prevent sexually transmitted infections (STIs). During the last 12 months an integrated sexual health service has been delivered by County Durham and Darlington Foundation Trust (CDDFT) and bespoke work with LGBT&Q via DISC.

56 Regionally sexually transmitted infections (STIs) have increased in line with national trends. However, rates in County Durham, which are lower than region rates in the first place, have largely remained steady or have fallen. Public health commissioned services have played an important role in this trend.

57 County Durham continues to have a low prevalence of HIV. For over a decade, the most common probable route of infection for new HIV diagnosis in the North East has been heterosexual sex. However, we are now seeing a greater percentage of new diagnosis attributed to sex between men. Public health commissions community-based sexual health and HIV prevention services with LGBT communities through a contract with DISC.

58 Teenage pregnancy rates have gone down progressively over the last 14 years which is good news. The current (2014) rate is 28.5 per 1,000 females aged 15-17 which amounts to 243 individuals. This has fallen from a rate of 48.8 in the year 2,000 (435 individuals). There is further work to do to narrow the gap between County Durham and the national average. A rapid health needs assessment (HNA) for teenage pregnancy has been completed. This focused on preventing pregnancies, supporting teenagers who were pregnant and teenage parents. The outcomes of the HNA have informed the refreshed teenage pregnancy action plan which has been ratified by the Health and Wellbeing board.

59 There is a much greater emphasis on building the resilience of our young people, improving the relationship and sexual health education delivered within schools, better integration of support for those young people more likely to become teenage parents such as those in the looked after system or criminal justice system. There is also further work to be done on contraception services and take up of long acting reversible contraception options such as implants and depo injections.

60 During the last 12 months a very successful teenage parent support programme has been delivered through partnership working and is being maintained through the European investment of Durham Works. The programme has been oversubscribed by teenage parents who are normally reticent to engage. The programmes evaluation has demonstrated an increase in confidence, social skills and the young people gaining qualifications such as Duke of Edinburgh award.

Obesity: Whole systems approach – A national pilot
(Health and Wellbeing Board)

61 During 2015/16 work commenced on thinking differently about tackling obesity rates as population statistics remain stubborn in spite of a multitude of activity happening across County Durham. Work commenced in the Four Towns AAP area on a pilot whole systems approach to obesity. The approach aimed to include a variety of local stakeholders to understand obesity through their eyes. During the months of work in partnership with national experts on whole systems thinking it became clear that as a community obesity and weight did not resonate as a topic or a priority with the population.

62 A huge amount of obesity related activity was already happening in the Four Towns area and yet this work may not have been as connected as it could be or working towards a shared goal. Work is ongoing through schools and community groups to better connect the system such as certain schools applying for funding to create after school play rooms, or develop school allotments. This initial local pilot work, as well as the work being undertaken by the wider healthy weight alliance, was sufficient evidence for DCC public health team to submit a bid to become a national pilot working with PHE and Leeds Beckett University on whole systems thinking. During the last 12 months the DPH annual report has been a call to action on obesity.

63 DCC is leading by example to tackle obesity by changing the County Hall canteen and wider catering offer to emphasise the healthier alternatives. Vending machines in civic sites are being changed to include healthier options and to have brand advertising removed from outside of the machines. DCC has participated twice in the Step Jockey initiative to get people moving more and using the stairs.

64 Working collaboratively with Culture and Sport the newly formed Physical Activity Leadership Group have agreed to include the national child measurement programme (NCMP) childhood weight measures as part of their success criteria. This is in addition to standard metrics for demonstrating an increase in physical activity.

65 Further work is ongoing to influence planning and the impact the County Durham Plan can have on health outcomes including obesity.

Oral Health: Strategy development
(Health and Wellbeing Board)

66 The most recent oral health survey of five year olds highlights the health inequalities which exit within County Durham. Of those surveyed within the wards Woodhouse close has 61% of five year olds with decayed, missing or filled teeth. This is compared to Chester le Street South which has 6% of children with decayed, missing or filled teeth. In light of this health intelligence and the publication of the NICE guidance for oral health promotion, the DCC public health team are leading on the development of an oral health strategy and action plan. This is out for consultation and will go live once ratified by the Health and Wellbeing Board in November 2016.

Better health at work award: Regional programme demonstrating local success

67 The North East Better Health at Work Award recognises the efforts and achievements of local businesses in addressing health and wellbeing within the workplace. The award scheme is available to all organisations regardless of size, location or type of business and supports them to move forward in a structured and supportive way. For those employers who have not considered promoting health at work, taking part in the award helps them reap the rewards of encouraging a healthier workforce and better business productivity.

68 Public health commissions and provides strategic advice and support to the co-ordination of the local award programme. There are four levels of the Award, Bronze, Silver, Gold and Continuing Excellence, with appropriate criteria at each stage to build into an Award Portfolio which is assessed annually. This allows organisations to move through a level each year.

69 The accreditation process follows a calendar which means that many assessments take place during spring. The initial contract required the providers to work with 45 organisations currently 58 are actively involved in the award.

- 11 Businesses working towards Bronze
- 16 Businesses working towards Silver (includes 2 multi-site businesses)
- 7 Businesses working towards Gold
- 24 Businesses working towards Continuing Excellence

Public Health Pharmacy: health embedded in communities

70 The Public Health Pharmacist works across DCC and community pharmacies to support a wide range of initiatives including the publishing of the pharmaceutical needs assessment, the development of Healthy Living Pharmacies programme and

advice on pharmacy and medicines to public health, commissioning, social care and education.

71 The pharmaceutical needs assessment (PNA) is a statutory responsibility of the Director of Public Health and determines whether there are sufficient pharmacies distributed across the population. The Health and Wellbeing Board endorses the PNA and requires regular updates on the progress made against recommendations. The Health and Wellbeing board are also made aware of any pharmacy closures or requests for new businesses to be established as these changes alter the distribution in local communities. The last PNA was completed in 2014 and concluded that County Durham has above the national average supply of community pharmacies with good overall access to pharmaceutical services. This is an opportunity to allow more patient choice and links strongly into the belief of self-care and managing illness closer to home.

Healthy Living Pharmacy (HLP) programme

72 The aim of the healthy living pharmacy programme is for the pharmacy to become involved with the local community in order to improve the health and wellbeing of that community. HLPs are largely driven by the pharmacy staff who train to become healthy living champions. There are three levels to the HLP programme: levels 1, 2 and 3 which follow a national framework. Public health currently supports the HLP programme through the employment of part time public health pharmacist and funding for resources in the pharmacies to run health campaigns. Currently there are 54 pharmacies engaged in the HLP programme at various levels. This equates to 40% of pharmacies across County Durham. The programme is very well received by both the pharmacies and the local communities. Examples of successful areas of work include stop smoking advice and support, alcohol brief interventions, weight management advice and support, flu vaccination promotion and most recently an oral health promotion campaign running.

Gypsy Roma Traveller (GRT) Communities: Targeting vulnerable groups
(Health and Wellbeing Board)

73 Work has continued to address the sizable health gap between our GRT communities and the general population. The public health team has commissioned two health trainers and a specialist Health Visitor to work with the communities. There is ongoing work with the local community to develop accessible health related information. The work of the GRT health project is showing early signs of success and is being evaluated by a national expert, who is due to feedback outcomes in spring 2017. This will coincide with the delivery of a regional conference sharing the good practice which has developed across County Durham in work with our GRT communities. This will mainly focus on the health related work but will also include the range of other excellent GRT services provided locally through DCC.

Health checks and Diabetes prevention: mandated function and national example of good practice
(Health and Wellbeing Board)

74 The NHS Health Check is a free health MOT for adults aged 40-74 who do not have a pre-existing condition. It is one of the mandated public health functions in the Health and Social Care Act 2012. Not only does it check circulatory and vascular health but also informs patients of their risk of developing vascular disease. Health

Checks are also used to establish risk of diabetes. In County Durham there is a more targeted approach to Health Checks. This more targeted approach was endorsed by the Health and Wellbeing board and is a way to ensure those invited for a check are more likely to need the support to reduce their risk of CVD. The Health Check service is currently under review and a new programme will be operating through GP Federations from April 2017.

75 County Durham was a demonstrator site for the National Diabetes Prevention Programme and as such has contributed significantly to the development of the national programme. As part of this an intensive lifestyle programme, linked to local Health Checks, was established to help those identified as being at risk of developing diabetes to reduce their risk. As well as feeding local learning into national, the results of this programme have been discussed at regional, national and international conferences. Going forward County Durham, in part due to its previous experience, was chosen as a First Wave Site for the new national programme. The provider is now in place and is beginning to accept referrals. Whilst this is now a national process with local leadership provided by CCGs the public health team continues to provide advice through regular meetings with CCG representatives and the national provider.

CCG core offer and health care public health: mandated function with NHS partners

76 The public health team continue to provide extensive support which is agreed through a CCG health care public health work plan. There is comprehensive work carried out on NHS value based commissioning policies for treatments that fall outside of NICE guidance, are not being utilised as cost effectively as possible and are causing unnecessary variation in treatment and care. Public health advice is also given for individual funding request (IFR) panels. A recent example of a policy update includes changes to the patient pathway for varicose veins and what is available through NHS funded treatment. IVF treatment would be another example where County Durham and the North East are seen as an example of best practice for adherence to NICE guidance. The public health team is an important part of the system, which also includes several CCGs, which reviews and writes such evidence based clinical policies.

77 Patient pathway reviews and service re-design contributes to the work load of the public health team. The skills of the Public Health Consultants and health intelligence team enable the patterns of disease to be mapped (epidemiology) and then to benchmark local pathways to international, national and regional comparators. This work supports service re-design to encourage the NHS to commence pathways starting from prevention and progress to treatment and maintenance or recovery. The public health team are working to encourage greater link up between the NHS and people based services into place based thinking and community development. The Sustainable Transformation Plans (STPs) work highlighted earlier is part of this thinking.

Health intelligence and academic public health: Core work - Adding to the evidence base

78 The health intelligence team lead on the health data aspects of the DCC integrated needs assessment (INA). The INA is intended to be the central repository for key population statistics to inform county wide strategies and lead to informed

commissioning of services. If there is a gap in health intelligence then further specific tools are used by the public health team to bridge that gap. Examples include health needs assessments, health equity audits, health impact assessments and more general health profiles for certain population groups or diseases. Examples of work completed over the last 12 months include:

Health Needs Assessments (HNA)

79 A health needs assessment is used to review and provide a baseline of the current needs of a population including whether there is a mismatch between what is needed and what is currently provided, that can include service provision. A health needs assessment is a much more in depth analysis compared the integrated needs assessment factsheets being provided to fulfil the important function of the JSNA.

80 A teenage pregnancy HNA has been completed which has informed the refreshed action plan and commissioning intentions.

81 A HNA of the Youth Offending services currently underway and report due in November 2016.

Health Equity Audits (HEA)

82 A HEA is a tool that can be used to reduce health inequalities within a population. A HEA identifies and measures health inequalities within a population so that services or other resources can be fairly redistributed relative to the health needs of different group or areas.

83 The 2014 Health Equity Audit of County Durham NHS Stop Smoking Services highlighted that the gap between people in the more deprived areas setting a quit date and going onto quit has reduced compared to 2007, therefore reducing inequalities. This demonstrates good strategic planning and effective delivery.

84 The cancer HEA from 2014 is currently being refreshed. The previous HEA found increasing early deaths in female lung cancer in both CCG areas and male bowel cancer in North Durham.

85 A breastfeeding HEA has begun. The profile, highlighting the inequality gap, was completed in July 2016. Currently the recommendations and actions for where and what we should work on for the next two years are being disseminated. A follow up analysis in 2018 will complete the HEA cycle to determine if inequalities have narrowed.

Health Impact Assessment (HIA)

86 A HIA can be used to assess policies programmes or projects and is intended to help make decisions by predicting the health consequences if a proposal is implemented, both good or bad. It may examine the overall population and the particular impact on discrete groups within that population. Work is underway to support the County Durham Plan.

Health profiles

87 In 2015 Early Years Profiles were created at children's centre cluster level. They contained a mix of both local and national data and were designed to help commissioners and providers to assess their priorities. Rather than comparing against England averages, which does not consider the specific social or economic nature of the County, the profiles benchmarked against similar local authorities. Benchmarking in this way gives local context, enabling a more detailed look at whether local people's health is better, worse or similar to like authorities and to consider how other areas achieve the higher levels

Co-production evaluation programme: Skills development

88 The Durham Evaluation project is a co-production piece of work involving collaboration between Teesside University and the public health team on the evaluation of new and existing public health services. Public health initiatives tend to be complex and context specific and it is imperative that these initiatives are evaluated to prove effectiveness. It is an opportunity for public health to test new and innovative ways of working and add to the evidence base. Collaboration with university partners allows robust and timely assessment of initiatives and provides a real world evidence base upon which to make decisions.

89 Previous evaluations have included: Alcohol Hospital Liaison Team; Exercise Referral Scheme; Durham CREE evaluation; Real Time Suspected Suicide Surveillance Early Alert Pilot; Asset based tobacco control evaluation; Relax Kids Evaluation; B Mindfulness in Schools Evaluation; Teenage Parent Support and Teenage Apprentice Programme Evaluation; Healthy Horizons Evaluation. Current collaborations include Operation Encompass; Safer Home Visits; Excess Winter Deaths and Youth Aware Mental Health Evaluation. These evaluations have informed de-commissioning decisions as well as identifying which interventions should be expanded due to their success.

Next steps

90 This report has provided an overview of national, regional and local developments during the last 12 months. Going forward public health is passionate about collaborating across the whole of DCC and continues to build on the positive relationships with wider stakeholders. Public health must become a core part of DCC at policy and strategy level as well as front line delivery. With the accountability *dotted line* between public health and culture and sport there is a significant opportunity to build upon existing work and further exploit the links between the two service areas.

91 Priorities going forward are in alignment with PHE and best available evidence, building on community assets and impacting on the health needs of our population. Wellbeing for life and AAP connections will be pivotal in achieving this.

92 As the County Durham Plan gathers pace public health has much to offer to describe the impact on health and how growth in the local economy benefits health

outcomes. *Work and Health with an aging population* will be the DPH annual report for 2016.

93 Further work will be undertaken through the housing and health group and links with the poverty action group to consider how by maximizing income and improving the quality of housing can reduce premature mortality and increase life expectancy.

94 The work with the NHS on the STPs and the Health and Social Care Commission will take up increasing amounts of time within the public health team to ensure prevention and early intervention is at the forefront of thinking across all work streams.

95 The public health budget remains uncertain so further work needs to be done at a local level to ensure the mandated and statutory functions are delivered effectively and that the continued drive to reduce health inequalities is maintained as a shared priority.

Recommendations

96 Cabinet is requested to:

- note the content of this report
- agree to receive an annual update on public health in relation to ongoing transformations in service delivery and commissioned services.

Contact: Gill O'Neill
Email: Gill.O'Neill@durham.gov.uk **Tel:** 03000 267696

Appendix 1: Implications

Finance
Public health budget has been used to commission services designed to reduce health inequalities and improve health outcomes for the local population.

Staffing
There is a core public health team which is paid for out of the public health grant. The public health workforce goes beyond those specifically trained in public health. Part of the making every contact count (MECC) work is to ensure that multiple professionals provide health improving messages as part of their routine work.

Risk
All commissioned services are performance managed which includes risk management.

Equality and Diversity / Public Sector Equality Duty
Public health aims to reduce health inequalities and narrow the gap in health outcomes.

Accommodation
Public health team is based within County Hall.

Crime and Disorder
Impact on the reduction of crime and disorder through partnership working and specific commissioned services.

Human Rights
Mandated functions, such as sexual health services, are available to those who need them.

Consultation
Following commissioning and procurement guidelines any changes to service delivery are consulted upon where required.

Procurement
Close working with DCC procurement colleagues for all commissioned services to ensure due diligence processes are adhered to.

Disability Issues
Considered as part of equality impact assessments for services.

Legal Implications
Close partnership working with legal and democratic services.

Appendix 2

Public Health Outcomes Framework 2013–2016
At a glance

VISION

To improve and protect the nation's health and wellbeing and improve the health of the poorest fastest

Outcome measures

Outcome 1) Increased healthy life expectancy, i.e. taking account of the health quality as well as the length of life

Outcome 2) Reduced differences in life expectancy and healthy life expectancy between communities (through greater improvements in more disadvantaged communities)

Alignment across the Health and Care System

* Indicator shared with the NHS Outcomes Framework.

** Complementary to indicators in the NHS Outcomes Framework

† Indicator shared with the Adult Social Care Outcomes Framework

†† Complementary to indicators in the Adult Social Care Outcomes Framework

Indicators in italics are placeholders, pending development or identification

1 Improving the wider determinants of health

Objective

Improvements against wider factors which affect health and wellbeing and health inequalities

Indicators

1.1 Children in poverty
1.2 School readiness
1.3 Pupil absence
1.4 First time entrants to the youth justice system
1.5 16-18 year olds not in education, employment or training
1.6 Adults with a learning disability / in contact with secondary mental health services who live in stable and appropriate accommodation† *(ASCOF 1G and 1H)*
1.7 People in prison who have a mental illness or a significant mental illness
1.8 Employment for those with long-term health conditions including adults with a learning disability or who are in contact with secondary mental health services *(i-NHSOF 2.2) †(ii-ASCOF 1E) **(iii-NHSOF 2.5) †† (iii-ASCOF 1F)*
1.9 Sickness absence rate
1.10 Killed and seriously injured casualties on England's roads
1.11 Domestic abuse
1.12 Violent crime (including sexual violence)
1.13 Re-offending levels
1.14 The percentage of the population affected by noise
1.15 Statutory homelessness
1.16 Utilisation of outdoor space for exercise / health reasons
1.17 Fuel poverty
1.18 Social isolation † *(ASCOF 1I)*
1.19 Older people's perception of community safety †† *(ASCOF 4A)*

2 Health improvement

Objective

People are helped to live healthy lifestyles, make healthy choices and reduce health inequalities

Indicators

2.1 Low birth weight of term babies
2.2 Breastfeeding
2.3 Smoking status at time of delivery
2.4 Under 18 conceptions
2.5 Child development at 2 – 2 ½ years
2.6 Excess weight in 4-5 and 10-11 year olds
2.7 Hospital admissions caused by unintentional and deliberate injuries in children and young people aged 0-14 and 15-24 years
2.8 Emotional well-being of looked after children
2.9 *Smoking prevalence – 15 year olds (Placeholder)*
2.10 Self-harm
2.11 Diet
2.12 Excess weight in adults
2.13 Proportion of physically active and inactive adults
2.14 Smoking prevalence – adults (over 18s)
2.15 Successful completion of drug treatment
2.16 People entering prison with substance dependence issues who are previously not known to community treatment
2.17 Recorded diabetes
2.18 Alcohol-related admissions to hospital
2.19 Cancer diagnosed at stage 1 and 2
2.20 Cancer screening coverage
2.21 Access to non-cancer screening programmes
2.22 Take up of the NHS Health Check programme – by those eligible
2.23 Self-reported well-being
2.24 Injuries due to falls in people aged 65 and over

3 Health protection

Objective

The population's health is protected from major incidents and other threats, whilst reducing health inequalities

Indicators

3.1 Fraction of mortality attributable to particulate air pollution
3.2 Chlamydia diagnoses (15-24 year olds)
3.3 Population vaccination coverage
3.4 People presenting with HIV at a late stage of infection
3.5 Treatment completion for TB
3.6 Public sector organisations with board approved sustainable development management plan
3.7 Comprehensive, agreed inter-agency plans for responding to health protection incidents and emergencies

4 Healthcare public health and preventing premature mortality

Objective

Reduced numbers of people living with preventable ill health and people dying prematurely, whilst reducing the gap between communities

Indicators

4.1 Infant mortality* *(NHSOF 1.6i)*
4.2 Tooth decay in children aged 5
4.3 Mortality rate from causes considered preventable ** *(NHSOF 1a)*
4.4 Under 75 mortality rate from all cardiovascular diseases (including heart disease and stroke)* *(NHSOF 1.1)*
4.5 Under 75 mortality rate from cancer* *(NHSOF 1.4i)*
4.6 Under 75 mortality rate from liver disease* *(NHSOF 1.3)*
4.7 Under 75 mortality rate from respiratory diseases* *(NHSOF 1.2)*
4.8 Mortality rate from communicable diseases
4.9 Excess under 75 mortality rate in adults with serious mental illness* *(NHSOF 1.5)*
4.10 Suicide rate
4.11 Emergency readmissions within 30 days of discharge from hospital* *(NHSOF 3b)*
4.12 Preventable sight loss
4.13 Health-related quality of life for older people
4.14 Hip fractures in people aged 65 and over
4.15 Excess winter deaths
4.16 Estimated diagnosis rate for people with dementia * *(NHSOF 2.6i)*

Appendix 3

PH TEAM – SEPTEMBER 2016