Communities Committee

Item No……

Report title:	**Review of the Public Health Strategy 2016 - 2020**
Date of meeting:	**15 November 2017**
Responsible Chief Officer:	**Dr Louise Smith – Director of Public Health**

Strategic impact

In November 2016 members agreed the 2016 – 2020 strategy. It outlined our plans and priorities for:

- promoting healthy living & healthy places
- protecting communities & individuals from harm
- providing services that meet community needs
- working in partnership

Since the strategy was agreed the strategic & system wide landscape has changed particularly in relation to the development of the Norfolk and Waveney Sustainability & Transformation Plan (STP). Prevention has been a strong focus for us with projects being developed related to diabetes prevention, social prescribing, reducing smoking and reducing social isolation. Population growth, and a reducing public health grant, means there are pressures in relation to activity based contracts, for example health checks and sexual health. As commissioners we have been working to ensure that we buy high quality services, this has included a major project to redesign and procure a new drug and alcohol treatment service.

On a corporate level we have seen responsibility for resilience, community safety, and road safety transfer to public health. The last twelve months have also seen the transfer of the public health intelligence team to the Strategy and Delivery Unit thus ensuring the council can harness the potential of our data and use the latest evidence and emerging best practice to inform strategy, plans and financial forecasts.

Future development will be framed around making a significant contribution to delivering the new County Plan 2018 – 22, especially in relation to supporting the development of a local service strategy, a new deal for children and families in crisis, promoting independence in vulnerable adults and by offering smarter information and advice

Executive summary

The strategy was approved by members in November 2016 and it was agreed that public health would review and report progress in a years' time.

Following reductions to the grant, substantial savings of £4.5m (11% from the baseline) have been made in the public health budget and significant contributions (£6.04m) have been made to other council services, including libraries, youth development, children's services and adult social care, and reported previously to committee.

Significant progress has been made against the following priorities:

- improvements to health services for children and young people
- developing a sexual health strategy to drive improvements in our integrated contraception and sexual health service
- redesigning drug and alcohol services to focus on recovery, with the aim of supporting people back into education and employment
- establishing a domestic abuse change programme "Beacon Site" with the Safe Lives national charity using Lottery and Women's Aid funding.

- working with district, borough and city councils to deliver joint programmes and policies
- using a significant amount of the public health grant to support public health activities in other directorates in the council
- delivering substantial savings as a result of staffing restructure, prioritisation of services around key outcomes and service redesign
- focusing on the delivery and performance of commissioned services through the establishment of a dedicated contract team, freeing up public health specialists to concentrate on strategic development and quality improvements
- working with the Strategy and Delivery Unit to integrate the Public Health Intelligence team into the Intelligence and Analytics (I&A) team, ensuring that the council can harness the potential of our data and use the latest evidence and emerging best practice to inform our strategy, plans and financial forecasts

Work has started in the following areas:

- establishing a new stop smoking service
- establishing a workplace health service
- developing a healthy workplace offer for the council
- improving the collection, sharing and use of data to support alcohol licencing decisions
- further development of the suicide prevention strategy
- refreshing our tobacco control strategy and action plan
- developing a new Pharmaceutical Needs Assessment
- developing a new Joint Health and Well Being strategy
- developing projects in the prevention strand of the STP

The latest public health outcomes measured in August 2017 show that we are significantly better than England for overall smoking prevalence in adults, the number of current smokers and under 75 mortality rates from cardiovascular disease and cancer. Also in children's outcomes such as dental decay, obesity, breastfeeding and teenage pregnancy.

However we are significantly worse than England, with the trend getting worse, for admission for social isolation, suicides, self-harm, alcohol related conditions, and the employment of people with long term health conditions and learning disabilities. We are also worse than England for overall successful completions of alcohol and drug treatment, and smoking in young people and pregnancy.

We are also not improving as fast as England in relation to people killed and seriously injured on roads, domestic abuse, hospital admissions caused by injuries to children (0-4 year olds), smoking prevalence at age 15, and excess winter deaths.

Recommendation

1) **Members to note progress in relation to the delivery of the Public Health Strategy.**
2) **Members to agree our strategic priorities and commissioning intentions over the next four years, in order to better meet the needs of the residents of Norfolk.**

1. Proposal

This paper presents the progress made in delivering the Norfolk Public Health strategy and to outline the approach and operational priorities for 2018. More detailed information on the delivery of the strategy can be found at Appendix 1. To ensure the delivery of the Public Health strategy over the next four years we will:

a) Align priorities with the NCC plan and strategic priorities: to support the development and implementation of a local service strategy; a new deal for children and families in crisis; promoting independence in vulnerable adults and by offering smarter information and advice.

b) Focus on key strategic planning to inform and address:
    - healthy child programme integration with the early help offer and Children's Centres
    - health improvement promotion working more closely with health and social care to provide health promotion, information and guidance including self-care, and social prescribing
    - prevention work for the NHS Sustainability and Transformation Plan including the roll out of social prescribing and the development of wider mental health strategies
    - road casualty reduction activity: reviewing and updating approaches to reduce those killed and seriously injured on our roads by developing a revised strategy for road safety
    - work with the Health & Well Being Board focused on agreeing a joint Health and Wellbeing Strategy for Norfolk and Pharmaceutical Needs Assessment

c) Developing commissioning intentions which seek to:
    - ensure the above strategic plans are delivered, targeting those most vulnerable and providing greater value for money
    - support the implementation of the new adult drug & alcohol service
    - improve the way that integrated pathways for domestic abuse are commissioned, working closely with children's services, and wider partners in the Domestic Abuse Beacon Project
    - undertake a strategic review of primary care contracts, and healthy lifestyle services seeking a more targeted approach

d) Provide performance monitoring, review, evaluation and analysis to inform:
    - the quality and sustainability of our commissioned services
    - service improvements including those relating to user experience, and safeguarding
    - improving take up of services by target groups to address health inequalities and outcomes
    - new ways of working to increase those accessing commissioned services whilst not increasing budget spend e.g. through use of digital and online technologies
    - the use of public health budget, in accordance with Department of Health conditions, and the use of funding to support delivery of public health activity throughout the authority

We will aim to improve public health outcomes related to hospital admissions for alcohol related conditions, the overall successful completion of alcohol and drug treatment, late diagnosis of HIV, the employment of people with long term health conditions and to improve faster in relation to people killed and seriously injured on roads, teenage pregnancy rates, smoking prevalence at age 15 and in pregnancy, and the suicide rate.

2. Evidence

Progress in 2017 has been measured against the commitments made in the Public Health Strategy agreed in November 2016, from local data showing the performance of

our commissioned services, and drawn from Public Health Outcome Framework. The original strategy was informed by sessions with members facilitated by public health service officers and providers of services.

Supporting information, mainly consisting of guidance from the Local Government Association (LGA), Public Health England (PHE) and NHS England was provided that gave a national context and set out the council's responsibilities in commissioning public health services.

3. Financial Implications

There are no direct implications arising from this report. The strategic and financial planning 2018-19 to 2021-22 was reviewed by Committee on 11th October 2017.

4. Issues, risks and innovation

Where innovations have been implemented these are highlighted in thematic sections, for example the introduction of digital platforms in the Healthy Child Programme and sexual health services.

A national public health dashboard was published by Public Health England on 16 October. The data focusses on core public health areas: children under 5 years, childhood obesity, NHS health checks, tobacco control, drug and alcohol treatment, and sexual health. Norfolk data shows the county ranks in the top quartile (i.e. best) for childhood obesity and tobacco control; second quartile for sexual health services, third quartile for children under five years (for example school readiness) and in the bottom quartile for drug and alcohol treatment.

Drug and alcohol services are being redesigned however the depth of the performance issues, complexity of the service redesign and the time needed to achieve improved results (outcomes are measured at 6 months) mean that it is likely to be at least a year before we will have indications as to whether outcomes are improving.

5. Background

The Norfolk public health strategy can be found here: https://www.norfolk.gov.uk/what-we-do-and-how-we-work/policy-performance-and-partnerships/policies-and-strategies/health-policies/public-health-strategy and the Public Health England Health Outcomes Framework here: https://fingertips.phe.org.uk/profile/public-health-outcomes-framework

If you have any questions about matters contained in this paper please get in touch with:

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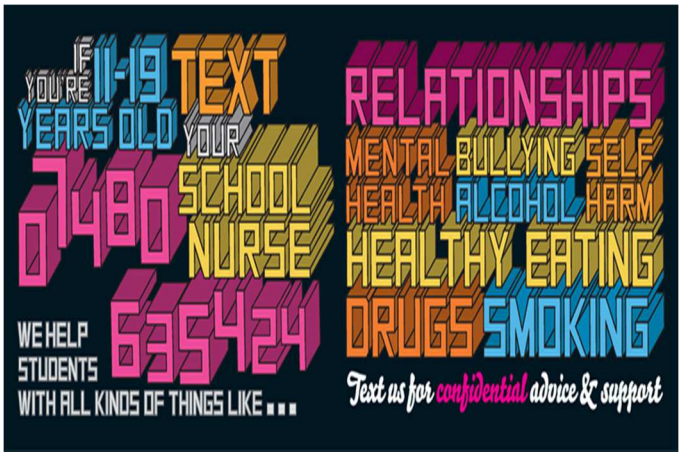
What we said we would do	**Children and Young People Services** Continue to commission the Norfolk Healthy Child Programme (HCP), promote the social and emotional wellbeing of pre-school children, supporting joint working with school nurses and schools to achieve a reduction in school absence due to ill health. Working to integrate health and early years educational setting development checks and explore the integration of health visiting and children's centres and work with the provider to further develop the skill mix of the delivery team.
What we have done	In June 2017 members were updated on the progress that has been made by the Healthy Child Programme (HCP), including: • a re-design of the service for Looked After Children • improvements to health assessments • the integration of health and early years development checks • additional resources in tier one schools to support mental health and wellbeing, and an enhanced offer to teenage parents See the annual report on video https://www.youtube.com/watch?v=c6I6Pdgcs4o In August we agreed to work jointly with the Fire Service on a project that would aim to reduce hospital admissions caused by unintentional injuries in children (aged 0-4 years). The funding will provide home safety equipment targeted at low income and higher risk households with a child between 0-4 years in Breckland and Norwich free at the point of delivery.
Did you know?	The children's health team won a Council Outstanding Contribution Award (OSCA). This was in recognition of the work the team had done with our provider to find an innovative way to provide an accessible school nurse service, introducing a new technology-based solution – a texting service called 'ChatHealth'.
Key outcomes & performance	**Performance** The Healthy Child Programme exceeded all its performance targets for mandated functions in its first year of service and a is a high performer compared to national benchmarks. **Outcomes (August 2017)** Public health outcomes that are significantly worse than England and trend not changing significantly: • hospital admissions caused by injuries in children (0-4) • child excess weight in 4-5 year olds • percentage of children (5-16) who have been in care for at least 12 months
What we will do	We will focus on: • supporting the development of a future model for early help that supports shared outcomes between the Healthy Child Programme and Children's Centres • supporting and evaluating new ways of delivering services to children, young people and their families using innovation and digital technology

Case Study: Reaching out to young people



The ChatHealth service was vital for one young person who, following a recommendation from a friend, contacted the service as they had been struggling with self-harming and thoughts of suicide.

Having established the young person's safety, the nurse responding to the messages built up a relationship with the young person over the next six weeks. The young person had experienced physical and verbal abuse in their home and had dropped out of sixth form as they were feeling overwhelmed by everything happening in their life.

The young person consented to the nurse making contact with a local support project to provide face-to-face help around housing, rights and accessing other services. The nurse also made them an emergency appointment with their GP when it was clear that the young person's feelings of self-harming were becoming stronger. Conversation with the young person is ongoing and they are now accessing a course provided by MIND, which the nurse referred them to and also supported them through the process of meeting the MIND worker.

This young person contacted the ChatHealth service at a moment of crisis in their life, not knowing where to go to for support. The service enabled the young person to access the help they needed and also to feel they were being listened to.

Case Study: Supporting people to lead healthier lifestyles

Last year Slimming World was commissioned to deliver a new weight management service in Norfolk. When Julian Bryant, 53, from Taverham went for his NHS Health Check he was overweight and had health problems such as chest pains, acid reflux and breathlessness. He was unhappy with his weight gain, fitness and general appearance and was ready to change.

The nurse referred him to the Slimming World programme and Julian has lost five stone since joining: "The group was really supportive and motivational. I made new friends and it felt like we were all in it together.

"*The approach to eating worked well for me and I have changed my diet, cutting out all unhealthy snacks between meals. Since losing weight I feel more positive about myself in every respect. My fitness has improved and I cycle and go for long walks. I'm no longer breathless and apparently, I don't snore as much – which makes my wife very happy!"*

To date more than 17% of people taking up the service and completing the course have achieved weight loss of more than 10%. Additionally, 68% have increased their physical activity; 75% have experienced improved mental health; and 85% have increased their fruit and vegetable consumption.

Provide services that meet community needs

What we said we would do	**Sexual Health Services** Continue to commission an integrated sexual health service in Norfolk and develop a countywide, all age sexual health improvement strategy. Aim to halve the number of people unknowingly infected with HIV and support the delivery of a teenage pregnancy strategy for Norfolk to reduce the rates of under-18 conceptions.
What we have done	We have continued to support the development of the service in Norfolk and a countywide sexual health strategy, incorporating teenage pregnancy, was approved by the Communities Committee on 6th September. The council team commissioned iCASH to introduce innovative ways to meet the needs of people who may be too embarrassed or don't have the time to attend a clinic. The Express Test is an online service to test for sexually transmitted infections (STI). It is free, quick and easy to use and has already reduced clinic demand by over 200 appointments. By making testing even faster, convenient and anonymous we hope to reduce the number of people in Norfolk living with undiagnosed STIs and ultimately stop them passing on these infections to sexual partners. In July we agreed to extend access to long acting reversible contraception though the Healthy Living Centre in Thetford. This is aimed at reducing the rates of under 18 and under 16 conception, minimising the proportion of pregnancies that are unplanned in women following birth and under 25yrs and ensuring that women of all ages are able to access information about their available choices for contraception.
Did you know?	Norfolk piloted the first social media campaign for HIV awareness, with a low-cost Facebook campaign to increase awareness and uptake of HIV testing. Over 120 extra HIV home testing kits were sent out compared to the previous year and the return rate increased to 55%.
Key outcomes and performance	**Performance** The sexual health service has met its key performance indicators for 2016-2017. **Outcomes (August 2017)** • HIV late diagnosis has reduced • sexually transmitted infections have fallen
What we will do	We will focus on supporting the development of the contraception and sexual health services by: • using local audits and national guidelines to increase quality and reduce service costs • delivering and sharing education programmes about HIV clinical indicators to primary and secondary care physicians across Norfolk • coordinating & reinvigorating the locality based teenage pregnancy sub groups to get local services to more closely target local need

Promote healthy living and healthy places

What we said we would do	**Health Improvement** Provide health improvement services and campaigns especially focussed on healthy weight, stopping smoking, promoting physical activity, and moderate consumption of alcohol. Continue to commission NHS Health Checks for 40 to 75 year olds. Develop and commission a 'workplace health offer' and deliver health improvement services and campaigns.
What we have done	We achieved targets for NHS Health Checks, with over 95,500 checks delivered, helping to identify people at a high risk of cardiovascular disease who were referred on to their GP. In April we awarded a new workplace health contract to Thrive Tribe Ltd to deliver a county-wide workplace health service. For more information www.thrivingworkplaces.org.uk. Workplace wellbeing charter meetings with district councils and acute hospital trusts have been coordinated by the public health teams to help them improve workplace health and wellbeing. In September we awarded a new adult weight management service to Slimming World accessed via an NHS Health Check or a GP. Early results are promising. The stay well this winter campaign has started this month with packs being distributed. The LGA celebrated our good practice in their publications by featuring our: • development of a Warm and Well Partnership securing external funding for a range of activities including social prescribing pilots, home improvements and extended fire safety checks • work of our weight management in tackling obesity in a rural area. It showed that our approach of jointly prioritising actions that develop healthier social, cultural and environmental choices, are more likely to have a far reaching and sustainable impact The DPH joined the national advisory panel for the What Works Centre for Wellbeing, bringing together evidence about impacts on wellbeing: https://www.whatworkswellbeing.org/
Did you know?	In January, on the back of our communications campaign, Norfolk had the highest rate of registrations per 100,000 population compared to its matched county neighbours who signed up to One You adult behaviour change campaign to promote healthy lifestyles
Key outcomes & performance	**Performance (2016/17)** • the NHS Health Checks programme met its target for 2016-2017 • 76% of people who finished the Slimming World programme achieved their target of a 5% weight loss **Outcomes (August 2017)** • 60% of people in Norfolk eat 5 portions of vegetables and fruit a day, compared to 52% nationally • employment for people with long term health conditions is improving but still significantly lower than the national average
What we will do	The County Council workplace health programme will be launched in 2018, working in partnership with our well-being team and we will evaluate the impact of the new workplace health and adult weight services. Campaigns will focus on the stigma of mental health, sexual health & HIV (end of November 2017) and a work and health event. The Health Check programme will be reviewed within the coming two years, to consider future strategy following its first five years.

Promote healthy living and healthy places

What we said we would do	**Norfolk and Waveney Sustainably and Transformation Plan (STP)** Contribute to the delivery of the STP for health and social care. Provide public health support to the delivery of the local roll out of the Diabetes Prevention Programme and review and agree a new offer to support NHS Commissioning with a stronger emphasis on health and social care integration.
What we have done	Prevention is a strong focus of the STP with the public health team, supported by health intelligence officers, making a significant contribution to projects. We led the STP prevention agenda and developed a "Social Prescribing" offer for Norfolk and Waveney, working with our colleagues in Adult Social Care, district councils, CCGs, and the voluntary sector. This aims to link people with the advice, practical help or access to social and cultural activities to help improve their health and wellbeing. We have provided support to the delivery of the National Diabetes Prevention Programme and the development of new plans to roll this programme out across the whole of Norfolk and Waveney. We also led a successful STP bid for investment to improve the diagnosis, self-care and treatment of diabetes. We are also supporting the "Right Care" work being led by NHS colleagues to improve the care given to people with diabetes, chronic obstructive pulmonary disease (COPD), asthma, cancer and coronary heart disease making sure people receive the *Right Care* in the *Right Place* at the *Right Time*.
Did you know?	The Director of Public Health was the Senior Responsible Officer for a successful bid for £700k of investment in diabetes diagnosis and care. The project will roll out patient education programme to ensure that people diagnosed with diabetes are best able to manage their condition themselves reducing NHS time and improving outcomes.
Key outcomes & performance	**Performance** The STP proposals for Norfolk and Waveney were approved at each checkpoint across 2016 and 2107 and feedback from PH England shows that the proposals for prevention were a strong feature of the plans. **Outcomes (to Date)** The diabetes prevention programme in central Norfolk was so successful it was oversubscribed. Plans have now been submitted to NHS England to roll the programme out to West Norfolk and Great Yarmouth and Waveney.
What we will do	Align the statutory public health offer to support the NHS commissioning with the STP strategy rather than individual Clinical Commissioning Groups, and increase our input into healthcare information and intelligence. Be a key partner in developing joint working with the University of East Anglia to evaluate the impact of the STP. Continue to make a significant contribution to STP prevention projects including leading: • the roll-out and evaluation of the Social Prescribing programme • the STP Self Care agenda Continue to support the "Right Care" projects and the roll-out of the National Diabetes Prevention programme.

What we said we would do	**Road Safety** Support the Road Safety Partnership and lead the work to reduce the numbers killed and seriously injured on Norfolk's roads.
What we have done	The road safety team moved into public health in June 2017. They delivered a wide ranging set of interventions including: • investing surplus money from safety cameras in equipment for roadside drug testing, which provided the roads policing teams with the opportunity to deal with this ever growing problem • motor cyclist group training and 1-2-1 sessions • attending the Norfolk County Council Pensions Forum, with over 200 attendees discussing older driver issues • running the "We Mean Business" fleet safety workshops • delivering taxi assessments for Norwich City Council • working with the most vulnerable groups of road users to promote safer road use, including Syrian refugees, youth offenders and adults with learning difficulties They ran a series of media and other campaigns including • outdoor media to promote positive behaviour change at petrol stations, on the back of buses and other key locations based around the 'Why Wouldn't You' slogan • engaging with the motorcycle community throughout the summer season, attending all relevant events and having a presence in key dealerships over weekends • a drink and drug driving campaign involving proactive patrols acting upon intelligence and experience to identify and deal with offending drivers and riders
Did you know?	The road safety team has engaged with over 16,000 children as part of road safety education in schools and run a campaign of child seat checks around the county during which they checked over 1,400 child seats.
Key outcomes & performance	**Outcomes (August 2017)** Significantly worse than England and trend not changing significantly: • killed and seriously injured (KSI) on the roads • motorcyclists KSI (aged 15-24) • car occupants KSI (aged 15-24)
What we will do	Despite the wide range of evidence based interventions delivered by the road safety team, the numbers killed and seriously injured on the roads has not improved over recent years. We will bring a detailed paper to Communities Committee to seek scrutiny of the current strategy in early 2018. We will also undertake a review with a view to developing a revised strategy for road safety reviewing the most cost effective delivery models based upon current evidence and research.

Case Study: Helping to keep motorcyclists safer

The Safe Rider scheme is a partnership with Norfolk Constabulary aimed at reducing motorcycle deaths and serious injuries. It introduces people to police defensive riding practices through a demonstration ride by a police motorcyclist, and assessed rides.

Involving one evening classroom session and a weekend road session, the course helps riders improve hazard awareness, observation and planning and safe cornering and overtaking techniques.

Feedback from participants on the course has been extremely positive:

"*This course is an absolute bargain. As a new rider, I feel much more confident in my riding ability and a lot safer as a result. I feel good habits building following this course and would recommend it to any rider for both the fun it is and the skills you take away*."

"*Absolutely fantastic course. So much relevant information that will stay with me for the rest of my riding life. I am actually more excited to go on a ride with the knowledge I now have. Many thanks to them and for their time*."

Case Study: Providing a new start

Public Health commissions advice and treatment for adults with drug and alcohol problems across Norfolk.

Andy started using "party drugs" aged 15 years old, such as ecstasy and cocaine, as well as drinking alcohol and smoking cannabis daily. During his 20's the alcohol and cannabis use increased until it became every weekend. Aged 30, Andy began using heroin, and his alcohol consumption escalated further. During this period he separated with his fiancée, lost his job, nearly lost his flat and turned to crime (shoplifting and begging) to help fund his substance misuse.

Following the suggestion of his GP, Andy first went to our provider in his early 30's. He started on a methadone prescription which helped him to reduce his illicit drug use. Andy received support from a wide range of professionals, and after successful completion of a detox, and attendance at support groups, has remained alcohol and drug free. Whilst receiving Employment and Support Allowance, Andy accepted an offer of work experience at the Job Centre, and currently has plans to teach English as a foreign language abroad.

"Without the service, I wouldn't have got into a 12 step rehab, since then I have become involved with Narcotics Anonymous which has helped keep me clean" (off illicit drugs and alcohol).

"The service kept with me, stuck with me and never gave up on me. Even if I didn't use it in the best way, I knew it was there. Volunteering with the service has helped a lot, increased my confidence, helped with structure and it's a field I would like to work with".

What we said we would do	**Alcohol and drugs** Redesign drug and alcohol services to focus on recovery, with the aim of supporting people back into education and employment. Support coordinated approaches and initiatives to tackle the harm from novel psychoactive drugs, and steroid abuse. Further investigate and strengthen the links with criminal justice services, including the recovery pathway element. Develop an evidence-based alcohol licencing policy and use this to respond to licensing applications.
What we have done	A recovery based drug and alcohol services was successfully re-procured in 2017. The contract is due to be awarded in November 2017. This new service includes treatment, recovery and building community resilience for Norfolk adults aged 18+ who are affected by substance misuse. There will be a sharp focus on reducing harm caused to children and on helping to build a flourishing recovery community in Norfolk. It includes the provision of needle exchange and information to adults who use non-prescribed anabolic steroids and other performance and image-enhancing drugs. Public Health partnership funds have been used to contribute funds to a project led by the Police and Crime Commissioner to work with women detained in the Norfolk Constabulary Investigation Centres. We have also joined the Norfolk & Suffolk Criminal Justice Strategy Board seeking opportunities for partnership working. In September we continued the contract for a drug and alcohol service for children delivered by The Matthew Project. This service, known as Unity, provides an invaluable service to young people who misuse or are at risk of misusing substances, and to children and young people affected by the substance misuse of others. We have also provided funding to the Youth Offending Team for liaison. In October we started a project with Ormiston Families. The “MPower” project which works with women at risk of having multiple children taken into care. The public health grant enables the service to be enhanced in Norwich, and extended to Kings Lynn.
Did you know?	Public Health led the Norfolk Constabulary, NHS & Norwich City Council in a successful bid to make Norwich a Home Office Local Alcohol Action Area to improve the collection, sharing and use of local data to support licensing decisions. This makes Norwich one of twenty pilot areas across England.
Key outcomes & performance	**Performance 2016/17** The drug & alcohol service did not meet its targets in relation to successful completion of alcohol and drug treatment. **Outcomes (August 2017)** Significantly worse than England and trend getting worse • successful completion of drug treatment • admissions for alcohol related conditions
What we will do	Ensure the mobilisation of the new alcohol and drug service which will begin in April 2018. Continue the work of the Local Alcohol Action area and consider further strategy with partners to address the impact of drugs and alcohol misuse. Consider options for incorporating advice on alcohol during pregnancy as part of the work on healthy pregnancies and to reduce the risk of fetal alcohol syndrome.

What we said we would do	**Suicide prevention & Mental health** Audit suicides in Norfolk and lead a multi-agency county suicide reduction strategy and plan Lead the Norfolk Health and Wellbeing Board to prioritise mental health and lead a campaign to increase awareness of mental health issues, reduce stigma, and support the delivery of the Norfolk Health and Wellbeing Board Dementia strategy.
What we have done	A comprehensive review of suicides in the last ten years identified the groups most at risk and the factors which may influence. A strategy has been agreed with Communities Committee and the Health and Wellbeing Board. Our action plan identifies preventative actions designed to help at an earlier stage, with two targeted suicide prevention campaigns, one for farming and one for men's wellbeing. More recently we hosted a multi-agency suicide prevention learning event with the coroner's office and mental health trust. The event aimed to equip anyone working with vulnerable adults or young people with the skills, knowledge and confidence to support those affected by suicide. The event was so well attended we were overbooked. Public Health grant reserves have been used by Children's Services to continue to commission a perinatal and infant mental health service that did not have a funding stream. The service provides high intensity input for infants and mothers at high risk of failed attachment and relationship breakdown. Earlier in the year we supported the combatting loneliness campaign 'In Good Company' across Norfolk with many pledges of support being made. We also supported the delivery of the dementia element of the health and wellbeing strategy. The dementia strategy implementation group have produced a range of outputs including a strategy, review of prevention, and advice on medications.
Did you know?	Our school nurses are signposting schools, other stakeholders and parents to web based MindEd resources, helping them to understand & identify early mental health issues. https://www.minded.org.uk/
Key outcomes & performance	**Outcomes (August 2017)** Significantly worse than England and trend not changing significantly • suicide rate • adults in contact with mental health services who live in stable and appropriate accommodation • employment rate for those in contact with mental health services
What we will do	The suicide audit will be updated to include more detailed information on occupations that may be at most risk. An updated Suicide Prevention Strategy and Action Plan will be presented to Communities Committee in the new year. Aim to introduce a quality mark to recognise organisations that run services or events for lonely people. Work with the STP and with the Health and Wellbeing Board to agree a system wide approach to mental wellbeing and public mental health.

What we said we would do	**Tobacco control and stop smoking** Lead the Tobacco Control Alliance to implement a tobacco control strategy and action plan. Commission specialist stop smoking services, targeting women who smoke during pregnancy, people living in deprived areas, or working in routine and manual jobs
What we have done	In April 2017 we awarded a contract for a new stop smoking service. The 'SmokeFree' Norfolk scheme is a single service for the whole county which supports the reduction in smoking prevalence and reduces the associated harm. For more information visit http://www.smokefreenorfolk.nhs.uk/ A paper to the Health & Wellbeing Board confirmed our commitment to a smoke free premises and detailed work with Norfolk & Suffolk Foundation mental health trust to support their board's commitment to go smoke free. For smoking in pregnancy we have ensured that it is a priority in the maternity section in the STP delivery plan and meet regularly with midwives, providing training from the stop smoking service and providing addition CO monitors for midwives.
Did you know?	We provided funding to Trading Standards for additional sessions with sniffer dogs to track down illicit tobacco. There have been several large finds in 2017.
Key outcomes & performance	**Performance 2016/17** The stop smoking services met many of their key performance indicators for 2016-2017. **Outcomes (August 2017)** Significantly worse than England and trend not changing significantly: • smoking prevalence at age 15 – current smokers Significantly worse than England: • smoking at time of delivery
What we will do	The Tobacco Control Alliance has been reviewing its membership and will seek to secure representatives from CCGs, secondary care and the voluntary sector to join the group. We will evaluate the impact of the new Stop Smoking Service to assess whether it has resulted in an increased number of pregnant smokers, mental health patients and routine & manual workers who had set a quit date and successfully quit. We will be conduct a detailed analysis into smoking during pregnancy and provide support to the STP maternity group.

What we said we would do	**Emergency planning, protection and resilience** Plan, prepare for and respond to countywide incidents, including being the lead county council responder for health and communicable disease and outbreaks working with Public Health England and CCGs to ensure a coordinated approach across services in tackling threats from communicable diseases. Lead the Local Health Resilience Partnership jointly with NHS England and support the Norfolk Resilience Forum.
What we have done	The Council Emergency Planning, Protection and Resilience Team joined public health in 2017. The team works to strengthen the resilience of the Norfolk community and council services to prepare for, respond to and recover from emergencies and business disruptions. The team provides business continuity planning for Norfolk County Council. In addition the Council is a key member of the Norfolk Resilience Forum, as is the Director of Public Health. Events this year have emphasised the importance of effective business continuity planning. The power cut to the NCC Data Centre in April resulted in the loss of ICT, but business continuity planning meant that critical services were able to continue and the impact on the public was kept to a minimum. There have been many lessons identified which now need to be implemented to enhance our resilience to future events. The Director of Public Health co-chairs the Norfolk Local Health Resilience partnership with NHS England. Over the past year audits of emergency preparedness have been undertaken with all of the larger NHS providers and commissioning organisations. The assurance process showed improvements from 2016/17 with all organisations achieving substantial or full compliance. The implementation of actions from incidents and the overview of Norfolk County Councils' business continuity activities have been overseen by the Resilience Management Board, which is chaired by public health.
Did you know?	An 'Emergency' is defined as: *an event or situation, with a range of serious consequences that require special arrangements to be implemented by one or more emergency responders*. The top identified risks for Norfolk are: • flooding; and • pandemic flu
Key outcomes & performance	In August 2017, 85% of Norfolk Resilience Forum plans to which NCC contributes were up to date and reviewed within target timeframes.
What we will do	We will review and consider the risk to the council and the population of Norfolk from extreme weather events and climate change. Continue to participate in the Norfolk resilience "Multi agency Thursdays" and executive forum. Review plans including the mass fatalities plan, pandemic influenza framework, fuel supply disruption plan and local emergency mortuary arrangements. Organise and participate in staff training and exercises. Run and chair the County Council Resilience Management Board, assuring the councils' business continuity plans.

What we said we would do	**Community Safety - domestic abuse, sexual violence and safeguarding** Work with partners across the Norfolk Community Safety Partnership, to develop safe, supportive and resilient communities and to reduce crime, accidents, alcohol and substance misuse, domestic abuse and mental ill health.
What we have done	Public Health officers run the county wide Community Safety Partnership. Chaired by the Chief Executive of Norwich City Council, it is made up of local authorities, police and housing providers and committed to working in partnership with victims and communities to tackle anti-social behaviour. Our approach is evidence-based, and follows from a strategic assessment of crime and disorder issues in Norfolk. This combines police and partner data with professional knowledge from other stakeholders. Priorities are to: • reduce incidences of anti-social behaviour • tackle domestic abuse and sexual violence • prevent extremism and • build community resilience Significant work is underway in Norfolk under our Domestic Abuse Change Programme. We have been identified as a "Beacon Site" for the national charity Safe Lives. This £3m Lottery and Women's Aid funded project has three elements: • "One Front Door" which builds on the existing Multi Agency Safeguarding Hub model to integrate safeguarding children and domestic abuse referrals; • "Penta" project - creating interventions with national experts for key groups especially medium risk clients, young people, people with complex needs and couples staying together; • "Drive" – with additional funding from public health and the Police Transformation Fund we will work with the Police and Crime Commissioner to develop and deliver a perpetrator programme. This will aim to change behaviour to reduce re-offending. Throughout 2016-17 the Child Death Overview Panel has been chaired by a Consultant in Public Health. Panels have been held consistently every two months and a database to record information and monitor the status of outstanding cases has been put in place.
Did you know?	We were successful in a bid to the Home Office "Violence against Women and girls" fund, receiving £310k to further roll out the Norfolk Domestic Abuse Champions scheme with children's services. Over eight hundred champions have been recruited and trained to date, focused on healthcare and schools settings.
Key outcomes & performance	**Outcomes (August 2017)** Levels of domestic abuse not significantly different from England and trend not changing significantly.
What we will do	Review and update the Norfolk Community Safety Partnership strategy for 2018 onwards. Roll out domestic abuse champions to schools and the NHS, ensuring that all frontline staff, particularly in health and social care, are trained to enable them to respond to disclosures about abuse. Continue the development and implementation plans for the Domestic Abuse Beacon project.

What we said we would do	**Health and Wellbeing Partnerships** Lead the development of the Norfolk Health and Wellbeing Board and of a new joint Health and Wellbeing strategy, and review the Joint Pharmaceutical Needs Assessment. Continue to develop the Joint Strategic Needs Assessment (JSNA) as the primary source of data and information on population health and care needs Work with Norfolk's district, borough and City councils to deliver joint programmes and policies; and develop a district public health offer and a district Public Health Directors Group to provide coordinated public health advice to the Health and Wellbeing Board.
What we have done	The JSNA for Norfolk was updated throughout the year providing key information on the past, health care needs of our population, helping partners to plan and commission services. From this data electoral division health profiles were provided for councillors. In June 2017 we commissioned work to review the Pharmaceutical needs Assessment (PNA). In July 2017 we presented the final evaluation report on the 2014-2017 Norfolk Health and Wellbeing strategy. The strategy was instrumental in streamlining how partners worked together to achieve better outcomes, particularly around dementia and progress has been made in school readiness. We held a Health and Wellbeing Board (HWB) stakeholder event in June 2017 to develop and shape future Joint Health and Wellbeing Strategy for Norfolk. The event brought together around two hundred leaders, and influencers to think about best practice for health and wellbeing in the broader context, hear national and local speakers and debate some of the challenges facing us. Feedback from the day will inform the new Joint Health and Wellbeing Strategy. Public health officers work with directors from Norfolk's district councils, formally meet about three times a year. These meetings provide both Norfolk County Council and district, city and borough Councils the forum to steer the direction of the locality work plans to address public health outcomes. Supported by a review paper from this group, the Health & Wellbeing Board recognised the importance of locality working and the role played by district councils, in building stronger communities, creating wellbeing, early help and prevention. We have agreed district based local public health plans with each district with support from public health officers to improve shared outcomes, including: • the commissioning of voluntary and community sector services within Great Yarmouth • an housing improvement officer within Broadland to support vulnerable individuals identified from early help hubs or GP surgeries • the provision of training to improve the use of data tools to better understand health outcomes in districts • community connectors in South Norfolk In South Norfolk we contributed to a joint workshop for councillors with the LGA: "Prevention Matters"
What we will do	The draft findings from the PNA will be presented to the Health & Well Being Board in January 2018. Publication is scheduled for April 2018. We will undertake further consultation and discussion with a view to a new Joint Health and Wellbeing Strategy in 2018

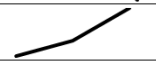
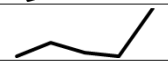
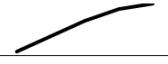
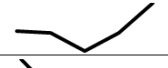
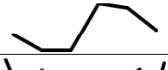
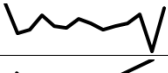
What we said we would do	**Finances** Use some of the public health grant to support public health work in other directorates in the county council. Work with wider partners, particularly third sector and voluntary groups, and support cross-sector partnership working.
What we have done	The public health grant is ring fenced for spend on public health activities including mandated and core services, and related to a national outcomes framework. The grant value received by the Council has been reducing since 2015 with further reductions planned. To ensure resources and funding are allocated and aligned to achieve council priorities we applied a strategic approach: prioritising prevention to reduce demand for services, utilising public health technical skills in population needs assessment, and data analysis, and increasing the rigour of our contract management. Further to this we supported County Council priorities when we used public health grant funding to fund related work the council already does in other directorates. In 2016/17 we delivered £4.5m of savings (11%) from our budget. Savings came from reductions in staffing, efficiencies generated from the redesign of services, and renegotiation of contracts. For example: • budget savings for the Healthy Child Programme and weight management • a renewed focus on the monitoring of reward payments and the ceasing of contracts as planned • alternative commissioning arrangements developed with the delivery of grants of £150k to VSCE sector for sexual health projects • £1.55 million of cross-cutting funding to CES and Adult Services In June members agreed to proposals for public health reserves to be allocated in 2017-18 to Children's Services (£650,000) and Adult Services (£1.2m) to support homelessness and mental health services. Reserve funding of £400k has also been allocated to work jointly with Adult Services on developing social prescribing.
What we will do	Forward budget planning will include a focus on our future commissioning intentions, delivering against our strategic priorities and the use of the public health grant across the council working collaboratively with all Directorates to deliver public health outcomes.

What we said we would do	**Public Health development** Review and restructure our current public health team skills and organisation. Maximise the quality and effectiveness of our commissioned services through a dedicated contract management team. Support the development of public health skills and knowledge for council members and officers, NHS and other partners including regional specialist public health training, the UKPHR practitioner registration, and developing our own public health staff. Seek continual improvement in clinical and corporate governance, patient safety, and customer experience.
What we have done	We have implemented a major re-structure of the public health department in 2016/17. This resulted in staff savings of £1million and the reduction of 20 posts creating a new senior management team (including Deputy Directors and a Head of Performance and Delivery), a new team structure and prioritised work programme. Since June 2017, we have been joined by teams from Community Safety, Road Safety and Emergency Planning, Protection and Resilience. As part of the 2016 re-organisation we introduced a contract management team to lead on the relationship with our providers, and the implementation and monitoring of contracts. This has allowed us to gain a holistic picture of the lifecycles of our contracts (£37.8 million, ranging in value from £3k to £16.5 million pa) and when decision or review points will be needed. This has helped us to plan ahead, map and manage the commissioning cycle more effectively, and get better value from contract. We have reviewed the information and intelligence function within the council and in April 2017 as a result of which the public health team was integrated into the Strategy and Delivery Unit and now forms part of the Intelligence and Analytics (I&A) team. This will ensure that the council can harness the potential of our data and use the latest evidence and emerging best practice to inform our strategy, plans and financial forecasts. We have develop a Public Health Performance Board with a clear set of Performance Scorecards for all service areas with data and information on commissioned services, enabling us to focus on areas for improvement.
What we will do	New public health consultants will provide additional expert advice and leadership to support and inform an evidence-based approach for commissioning and the development of high quality services. Undertake a review of the activity based primary care contracts. Achieve further budget savings, improve the way that we support our business, and introduce a new organisational development plan. Participate in the regional sector led improvement programme.

Appendix 2: Public Health outcomes

	Significantly Worse Than England	Not Significantly Different	Significantly Better Than England
Trend Getting Better	Smoking at time of delivery Year 1 achievement in phonics screening Pupil absence	School readiness Social Isolation: care users Conceptions in those aged under 16 Self-reported wellbeing - people with a high anxiety First time entrants to the youth justice system Adults with a learning disability who live in stable and appropriate accommodation First time offenders Under 16 conceptions	Complaints about noise Smoking Prevalence in adults Under 75 mortality rate from cardiovascular disease and from cancer Current smokers Under 75 mortality rate from cancer
Trend not changing significantly OR not improving as fast as England	Employment rate for those in contact with mental health services Killed and seriously injured (KSI) on roads Motorcyclists KSI (aged 15-24) Car occupants KSI (aged 15-24) Social Isolation: carers Child excess weight in 4-5 year olds Excess weight in Adults Adults in contact with mental health services who live in stable and appropriate accommodation Hospital admissions caused by injuries in children (aged 0-14) Percentage of children where there is a cause for concern Smoking prevalence at age 15 - current smokers Emergency Hospital Admissions for Self-Harm Successful completion of alcohol treatment Suicide rate	16-18 year olds not in education employment or training Sickness absence Utilisation of outdoor space for exercise/health reasons Fuel poverty Proportion of the population meeting the recommended "5-a-day" at age 15 Percentage of physically active adults Recorded diabetes Percentage of the eligible population aged 40-74 who received an NHS Health check Self-reported wellbeing Fraction of mortality attributable to particulate air pollution Hip fractures in people aged 65 and over Excess winter deaths index Domestic abuse Re-offending levels Successful completion of drug treatment - opiate users Infant mortality Under 75 mortality rate in adults with serious mental illness Low birth weight of term babies Slight casualties from road traffic accidents (aged 0-24) Children aged 0-5 KSI Alcohol related road traffic accidents Pedal cyclists KSI (aged 0-24)	People aged 16-64 in employment Under 18 conceptions Child excess weight Proportion of five year old children free from dental decay Health related quality of life for older people Hospital admissions for violence Under 75 mortality rate from respiratory disease Adults in the population in contact with secondary mental health services Children in low income families Breastfeeding Incidence of TB Five year old children free from dental decay Pedestrians KSI (aged 0-24)
Trend Getting Worse	Employment rate: people with long-term health conditions Employment rate: people with learning disability Admission for alcohol-related conditions Successful completion of drug treatment - non-opiate users	Violence offences Sexual offences Re-offending levels Hospital admissions caused by injuries (aged 15-24 years) Children aged 6-10 KSI	Under 75 mortality rate from liver disease

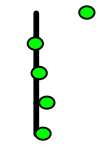
		PHOF profile for Norfolk CC	LA Number	LA Value	England Average	England Worst	England Range	England Best	Trend start	Trend	Trend end	Change (higher or lower)
General	1	Life expectancy Female	n/a	83.6	83.1	79.4		86.4	81.7		83.6	↑
	2	Life expectancy Male	n/a	80.2	79.5	74.3		83.4	77.5		80.2	↑
Children & Young People	3	Children in low income families	25,510	17.9	20.1	39.2		3.1	18.0		17.9	↓
	4	School readiness	6,585	69.3	69.3	59.7		78.7	45.6		69.3	↑
	5	Pupil absence	1,638,208	4.8	4.6	5.5		3.2	6.2		4.8	↓
	6	Low birth weight	222	2.7	2.8	4.8		1.3	2.7		2.7	↓
	7	Breastfeeding	4,441	50.1	43.2	18.0		76.5	50.1		50.1	-
	8	Under 18 conceptions	496	36.9	43.6	43.8		5.7	37.0		36.9	↓
	9	Excess weight 4-5yrs	2,100	23.1	22.1	30.1		14.3	n/a		23.1	-
	10	Excess weight 10-11yrs	2,541	32.1	34.2	43.4		22.9	n/a		32.1	-
	11	Hospital admissions caused by injuries in children (0-14)	1,621	116.2	104.2	207.4		53.5	108.2		116.2	↑
	12	Hospital admissions caused by injuries in children (15-24)	1,384	136.6	134.1	280.2		72.0	122.5		136.6	↑
	13	Regular smokers aged 15	n/a	7.9	5.5	11.1		1.3	7.9		7.9	-
	14	Infant mortality	109	4.0	3.9	7.9		2.0	4.4		4.0	↓
	15	Five year old children free from dental decay	1,196	81.7	75.4	43.9		85.9	72.8		81.7	↑
Sexual Health	16	HIV late diagnosis	66	53.2	40.1	75.0		12.5	44.1		53.2	↑
Vulnerable People	17	Domestic abuse	n/a	21.7	22.1	38.4		9.4	21.7		21.7	-
	18	Social isolation: care users	n/a	47.5	45.4	35.8		55.1	37.9		47.5	↑
	19	Social isolation: carers	n/a	32.2	38.5	18.2		52.6	39.4		32.2	-
	20	Emergency Hospital Admissions for Self-Harm	1,898	225.0	196.5	635.3		55.7	189.4		225.0	↑
	21	Successful completion of drug treatment: opiate users	135	6.2	6.7	2.5		17.8	8.6		6.2	↓
	22	Successful completion of drug treatment: non-opiate users	164	25.8	37.3	19.0		61.8	38.7		25.8	↓
	23	Successful completion of alcohol treatment	451	34.4	38.4	16.8		64.9	39.2		34.4	↓
	24	Admission for alcohol-related conditions	6,134	675.7	646.6	1163.3		389.9	558.7		675.7	↑
	25	Suicide rate	290	12.4	10.1	17.4		5.6	10.3		12.4	↑
	26	Hip fractures aged 65+	1,276	595.7	589.5	820.1		390.9	585.6		595.7	↓
	27	Alcohol related road accidents	159	29.4	26.0	48.7		0.0	30.9		29.4	↓

		PHOF profile for Norfolk CC	LA Number	LA Value	England Average	England Worst	England Range	England Best	Trend start	Trend	Trend end	Change (higher or lower)
Healthy Living	28	Gap in employment rate: long term health condition	n/a	41.0	29.6	41.0		12.7	38.9		41.0	↑
	29	People in employment 16-64	398,500	76.3	73.9	60.4		84.3	73.8		76.3	↑
	30	Sickness absence	n/a	2.3	2.2	3.9		0.7	1.8		2.3	↑
	31	Smoking status at time of delivery	1,099	12.7	10.6	26.0		1.8	16.1		12.7	↓
	32	Population meeting the recommended '5-a-day'	n/a	59.8	52.3	36.5		68.8	57.4		59.8	-
	33	Excess weight in Adults	n/a	67.0	64.8	76.2		46.5	66.3		67.0	-
	34	Physically active adults	n/a	56.5	57.0	44.8		69.8	57.1		56.5	↓
	35	Current smokers: adults	n/a	13.5	15.5	24.2		7.4	18.6		13.5	↓
	36	Recorded diabetes	47,425	6.4	6.4	8.9		2.8	5.7		6.4	↑
	37	Received an NHS Health Check	95,619	36.3	36.2	15.1		89.0	36.3		36.3	-
	38	Health related quality of life aged 65+	n/a	0.8	0.7	0.6		0.8	0.7		0.8	↑
Healthy Places	39	Fuel poverty	38,826	10.2	10.6	20.4		5.7	11.0		10.2	↓
	40	Fraction of mortality attributable to particulate air pollution	n/a	5.0	4.7	7.0		2.9	5.0		5.0	↑
	41	Excess winter deaths index	764	25.5	27.7	50.7		10.0	27.4		25.5	↓
KSI	42	KSI casualties	1,156	43.9	38.5	652.5		11.8	43.1		43.9	↑
	43	Slight casualties (aged 0-24)	3,556	297.5	291.9	3036.9		152.7	297.5		297.5	-
	44	Pedestrians KSI (aged 0-24)	105	8.8	12.0	95.3		0.0	8.8		8.8	-
	45	Motorcyclists KSI (aged 15-24)	168	32.9	22.9	71.3		0.0	32.9		32.9	-
	46	Car occupants KSI (aged 15-24)	217	42.5	28.5	89.9		0.0	42.5		42.5	-

Appendix 2: Performance – key services

Stop Smoking Services

Indicator	Numerator	Denominator	Value 2016/17	Target	Value vs Target (Target met / Target not met)
Number of smokers treated	n/a	n/a	3435.0	2414.0	
Number of successful quits	n/a	n/a	1690.0	1687.0	
% of successful quits	1,665	3,247	51.3	50.0	
% of quits coming from the 20% most deprived areas	531	1,665	31.9	29.0	
% of quits classified as routine or manual workers	619	1,665	37.2	35.0	

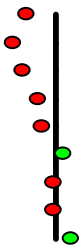


The NHS Health Checks programme started in 2013/14 and runs for 5 years:

Indicator	Numerator	Denominator	Value 2016/17	Target	Value vs Target (Target met / Target not met)
% of Health Checks offered	198,184	263,071	75.3	74.1	
% of Health Checks delivered	95,622	263,071	36.3	36.2	

Adult Drug and Alcohol services

Indicator	Numerator	Denominator	Value 16/17	Target	Value vs Target (Target met / Target not met)
% of successful completions - opiate	132	2,177	6.1	8.0	
% of successful completions - non-opiate	177	639	27.7	43.0	
% of successful completions - alcohol & non-opiate	80	308	26.0	36.0	
% of successful completions - alcohol	413	1,246	33.2	39.0	
% of opiate users in treatment for 6 years or more	544	1,528	35.6	32.0	
% of opiate users in effective treatment	2,040	2,132	95.7	90.0	
% of non-opiate users in effective treatment	241	272	88.6	90.0	
% of alcohol & non-opiate users in effective treatment	293	332	88.3	90.0	
% of planned exits	926	1,633	56.7	50.0	



The **Healthy Child Programme** completed its first year of service in October 2016. The mandated functions delivered by the Healthy Child Programme and their corresponding values at the end of the first year of service are:

Indicator	Numerator	Denominator	Value Year 1	Target	Value vs Target (Target met / Target not met)
% women that received a timely face to face antenatal visit*	6,972	8,556	81.5	79.0	
% of women receiving a timely face to face New Baby Review	8,391	8,982	93.4	90.0	
% of infants that received a timely 6-8 week assessment	8,510	9,008	94.5	90.0	
% of children who received a timely 1 year assessment*	8,500	9,201	92.4	88.0	
% of children that received a timely developmental review*	7,946	9,324	85.2	83.0	
NCMP participation rate	16,888	17,568	96.1	95.0	

Sexual Health services

Indicator	Numerator	Denominator	Value 16/17	Target	Value vs Target (Target met / Target not met)
Maximum female rate of repeat infections within one year	19	616	3.1	7.2	
Maximum male rate of repeat infections within one year	3	690	0.4	8.5	
% of first time service users accepting an HIV test	11,941	14,703	81.2	80.0	
Maximum % of HIV late diagnoses	0	3,573	0.0	50.0	
% of results given within 10 working days of test taken	15,923	16,028	99.3	90.0	
% of women with access to all contraceptive methods	14,126	14,126	100.0	100.0	
% of eligible contacts who were offered a LARCs	14,126	14,126	100.0	90.0	
% of receiving EHC within 24 hours of requesting it	476	476	100.0	100.0	
% of offered an appointment, or walk-in, within 48 hours	14,403	14,403	100.0	100.0