

Communities Committee

Report title:	Annual Review of the Public Health Strategy
Date of meeting:	7 November 2018
Responsible Chief Officer:	Tom McCabe – Executive Director, Community and Environmental Services
Strategic impact In November 2017 members reviewed progress in relation to the delivery of the Public Health Strategy December 2016 – November 2017. Members agreed strategic priorities and commissioning intentions over the next four years which were to: a) Align priorities with the Norfolk County Council vision ‘Caring for Our County’ and the 7 strategic aims of Norfolk Futures. b) Focus on key strategic planning including: healthy child programme integration with the early childhood and family services; health improvement promotion; prevention work for the NHS Sustainability and Transformation Plan (STP); reviewing our approach to road safety; and developing a new joint Health and Wellbeing Strategy for the Health & Wellbeing Board. Our priorities and forward planning for 2019 will further develop our work to date with a focus on the local service strategy, smarter information and advice, prevention, tackling health inequalities, integrating ways of working and sustainable system improvements.	

Executive summary

The previous review was approved by members in November 2017 and it was agreed that public health would provide a further report on year two progress. During the past year the Public Health team have delivered plans and managed resources to ensure a continued focus on our strategic aims to:

- promote healthy living and healthy places
- protect communities and individuals from harm
- provide services that meet community needs
- work in partnership to transform the way we deliver services

Significant developments have been made by working with our commissioned providers to transform how services and support are accessed including an enhanced digital offer, ‘Just One Number’ for our healthy child programme and our on-line digital offer for sexual health services. Both innovations enabled greater numbers of people to obtain support earlier and within current budgets.

Through re-commissioning, alcohol and drug services have been successfully re-designed and transitioned to a new service and provider (CGL) with a greater focus on community-based recovery programmes and providing specialist health services and rehabilitation for the most in need.

We have further developed our work place health activity during the past year working closer with our health & wellbeing service to provide an enhanced offer to council employees including health checks and mental health first aider training.

Integrated pathways have been established to close gaps in support for families experiencing domestic abuse and progress has been made with Children’s Services by outlining ways that the Healthy Child Programme can be integrated with the proposed early childhood and family service. Continued focus on community safety has resulted in the launch of a revised partnership community safety plan. We have further developed the

suicide prevention work including new partnerships with the arts and culture sector to tackle men's mental health.

The work of the wider Public Health team has seen us lead on the resilience, business continuity and emergency planning and saw the Resilience team co-ordinate the council's response to the adverse winter conditions with extensive collaborative working across all agencies.

As a result of close partnership working a new Joint Health & Wellbeing Strategy has been agreed by the council, District Councils, Clinical Commissioning Groups, health providers and the voluntary sector with a clear focus on system wide health and care improvements for Norfolk's population. This closer working is already informing joint work in relation to homes and health with District Council and Adult Services colleagues and a revised STP Prevention programme with five actions focussed on winter pressures.

The public health budget, as reported, continues to be managed within the public health grant allocation. Financial savings of £1million has been re-allocated across NCC to deliver public health outcomes and enable savings by NCC in line with financial plans. A total of £2million of Public Health grant is now funding work within CES, Adult Services, Children's Services and the Managing Director's Department. In addition, one-off funding has been used to support new social prescribing work with Adult Services and smaller joint funded projects to support vulnerable groups. As in previous years we have ensured robust contract management arrangements with a focus on performance, outcomes and value for money.

Forward planning and service delivery for the next year will focus on:

- a) reviewing healthy lifestyles services to inform future commissioning and provision
- b) delivering a comprehensive campaigns plan aimed at targeted groups
- c) joint working with Children's Services and the Healthy Child Programme provider to integrate support for 0-5-year olds
- d) implementing a new approach to improving road safety
- e) expanding online sexual health services
- f) reviewing the primary care service model
- g) review the Norfolk Resilience Forum Community Resilience Strategy

We will provide lead support for the implementation of:

- h) Joint Health and Wellbeing Strategy including homes and health action plan
- i) Prevention strategy with the 5 winter pressures priorities
- j) Community Safety Partnership plans on tackling domestic abuse, the prevent agenda and county lines

We will continue to manage

our resources and budget to ensure continuous improvement building on our workforce and staff performance development and sector led improvements leading to a proposed peer inspection of public health during the autumn of 2019.

Recommendations:

- 1. Members to note and agree progress made in relation to the delivery of the 4-year Public Health Strategy.**
- 2. Members to agree our strategic priorities, commissioning intentions and budget plan outline over the next three years.**
- 3. Approve the proposed savings for 2019-20, as set out in Appendix 5, to meet the reduction in the ringfenced Public Health Grant.**

1. Proposal

- 1.1. This paper presents the progress made in delivering the Norfolk Public Health strategy and to outline the approach and operational priorities for 2019. More detailed information on the delivery of the strategy can be found at Appendix 1. It outlines what work we will prioritise in 2019 to align key programmes, improve the quality and targeting of commissioned services and focus on prevention and early intervention to reduce demand for acute services.
- 1.2. Key achievements in 2018 include:
 - a) The re-design and re-procurement of alcohol and drug service. *Reviewed by Committee January 2018.*
 - b) The design and procurement of a new county wide workplace health service. *Reviewed by Committee 4th July 2018.*
 - c) The initiation of a comprehensive review and redesign of lifestyle and behaviour changes services. *Approach approved by Committee 5th September 2018.*
 - d) The approval of Joint Health & Wellbeing strategy 2018-22 focusing the whole system on prevention, early intervention, tackling health inequalities in our communities and integrating our ways of working. *Approved by Health and Wellbeing Board in July and Policy & Resources in September 2018.*
 - e) The completion of Pharmaceutical Needs Assessment for Health & Wellbeing Board. *Approved by Health & Wellbeing Board 6th March 2018).*
 - f) A member led review of our approach to road safety. *Recommendations to be reviewed by Committee 7th November 2018.*
 - g) Development of a new public health improvement campaign promoting the health of our target demographics, men aged 40 to 70 years and young families. *Approved by Committee 5th September 2018.*
 - h) Increased engagement with the arts to improve mental health and wellbeing in future campaigns and projects. *Approved by Committee 7th March 2018.*
 - i) Development of Norfolk Countywide Community Safety Partnership (NCCSP) Plan 2018/21. *Priorities and performance reviewed by Norfolk Countywide Community Safety Partnership Scrutiny Sub-panel 20th June 2018.*
 - j) A revised STP Prevention programme with five priorities focussed on winter pressures. *To be reviewed at Health and Wellbeing Board 31st October.*
 - k) The establishment of Norwich Connect addressing gaps in the provision for families experiencing domestic abuse. The introduction of Domestic Abuse Champions – Over a thousand across Norfolk, and winner of MJ Achievement Award 2018.
 - l) Recognition for the digital innovation of the Norfolk Healthy Child Programme Just One Number initiative - regional winner in the Person-Centred Care Champion Award category of the NHS70 Parliamentary Awards.
 - m) The establishment of district based local public health plans with support from public health to improve shared outcomes.
 - n) The successful launch of the new adult weight management service accessed via an NHS Health Check or a GP.
- 1.3. The key priorities for 2019 will include:
 - a) Developing detailed proposals with Children's Services and our provider, on how the new early childhood and family service will link up with the Healthy Child Programme.
 - b) Expanding online sexual health services to promote self-care and reviewing the primary care service model.
 - c) Supporting the development of the new alcohol and drug service with a focus on integration and outreach.
 - d) Undertaking a comprehensive review of the council's healthy lifestyle services to develop a modern, integrated, and affordable service offer for

implementation in 2020. *Approach approved by Committee 5th September 2018.*

- e) Implementing a new approach to improving road safety *Recommendations to be reviewed by Committee 7th November 2018.*
- f) Review of the Norfolk Resilience Forum Community Resilience Strategy to seek a greater involvement of elected members at parish, district and county levels and greater engagement with local communities and volunteers in emergency preparedness, response and recovery. (*Approach approved by Committee 21st May 2018.*)
- g) Ensuring the mandated functions and the provision of alcohol and drug services, & Healthy Child Programme are delivered in accordance with Public Health grant conditions.
- h) Supporting the implementation of a prevention strategy with priorities focussed on winter pressures: comprising clearer priorities for four of the current STP themes (respiratory, cardiovascular disease, homes and health, and social prescribing) with the addition of a fifth priority of infection control. In addition, supporting the development of the mental health strategy.

2. Evidence

2.1. Population health

The Director of Public Health Annual Report for 2018 examined what we know about our Norfolk population and its health. Based on Public Health England's Health Profile for England it summarises and interprets current health trends in Norfolk- life expectancy, causes of death and ill health, mental health, prevention and health inequalities. It explored key data about our population's health: the impact of risk factors on health, and how Norfolk compares with the rest of England. Key messages included:

- Life expectancy is not continuing to increase as it has done previously and that we may be seeing early signs that the number of years spent in poor health is increasing.
- Patterns of death are changing with an increasingly advanced age at death associated with frailty. This is changing the demand for health and social care services.
- Most of the top risk factors for ill health are behaviour-related, which means we have a chance to change how we behave to prevent us falling into ill health. Of concern are our rates of smoking, poor diet and alcohol consumption, that particularly lead to reduced life expectancy for those living in deprivation.
- As our population ages, having several illnesses is becoming more common - making individuals' needs more complex.

2.2. The report helps inform the actions we could take as a local system to respond to new patterns of need, with an increasing population health burden from extreme old age, frailty and people with more than one health condition. Our commitments in the Joint Health and Wellbeing Strategy to work together to integrate strategy and services will be important in our service planning. Secondly, to prevent ill health, the data in this report suggests that we need to target health improvement support to areas and individuals with highest needs, especially those living in poverty.

2.3. Performance of key services

The Healthy Child Programme continues to perform well compared to national averages and therefore has more challenging stretch targets. Performance against the mandated functions has improved since the previous year of the contract. The national shortage of Health Visitors requires innovative approaches to delivering the service, and safeguarding children and the most

vulnerable families are priorities. Work is ongoing to improve communication and information sharing from midwives to enable timelier notifications and therefore timely face to face antenatal visits. The provider is working with early years providers to develop integrated early development reviews at 2½ - 3 years to improve delivery. See Appendix 3.

- 2.4. The first year of the new stop smoking service (2017/18) involved the combining of two previous providers which posed challenges. While not reaching locally set stretch targets, performance for 2017/18 was above the national averages for successful quits (53% v 51% for England) and quits from those in routine and manual occupations (34% v 27%). Performance on reaching those in deprived areas is good. There are some signs of improvement in performance this year, for example although the proportion of pregnant women quitting smoking remains below target, the actual numbers have increased due to a change in approach by the provider. The wider issue of smoking in pregnancy is also being addressed through various measures on the part of Public Health, partners and the service provider. See Appendix 3.
- 2.5. Sexual Health services continue to perform well. The online testing service for sexually transmitted infections (STI) began in August 2017 and is proving popular with a high rate of kits returned (62%-79% returned each month). The local rates of late HIV diagnosis continue an encouraging downward trend. To support this, Public Health are successfully implementing HIV education events across Norfolk for our stakeholders. In collaboration with NNUH laboratories, from September 2018 there is a 'Spotting the signs' campaign so that patients who go to A&E are tested for HIV. See Appendix 3.
- 2.6. Public health outcomes
The latest public health outcomes from September 2018 show that we are significantly better than England for under 75 mortality rates from cardiovascular disease, cancer, respiratory disease and liver disease. The diet of young people and adults is better in Norfolk with regards to higher consumption of fruit and vegetables. We are significantly better than England in relation to children's outcomes such as dental decay, obesity and breastfeeding.
- 2.7. However, we are significantly worse than England, with the trend getting worse, for suicides, admissions for 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.
- 2.8. We are also not improving as fast as England in relation to people killed and seriously injured on roads, alcohol related road traffic accidents, hospital admissions caused by injuries to children (0-14 years old), suicide rates, and deaths from drug misuse.

3. Financial Implications

- 3.1. A breakdown of the public health budget can be seen at Appendix 5.

4. Issues, risks and innovation

- 4.1. Where innovations have been implemented these are highlighted in thematic sections and Appendix 2, for example the introduction of digital platforms in the Healthy Child Programme & sexual health services and domestic abuse champions.
- 4.2. Confirmation of the allocations of the Ring-fenced Public health grant were received in January 2018 and whilst 2018-19 was in line with what we had

previously assumed (a reduction of £1.031m), the 2019-20 allocation will also be reduced by a further £1m.

- 4.3. There remains some uncertainty about Public Health grant after 2019-20 when it is expected to be rolled into the 75% Business Rate Retention System but will remain subject to ongoing assurance processes regarding use of the funds as detailed within January 2018 letter from Director Public Health England to all Local Authorities. Current NCC financial planning assumes Public Health budget allocation is maintained at the same level once the ring fence comes off.

5. Background

- 5.1. 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>

Recommendations:

- 1. Members to note and agree progress made in relation to the delivery of the 4-year Public Health Strategy.**
- 2. Members to agree our strategic priorities, commissioning intentions and budget plan outline over the next three years.**
- 3. Approve the proposed savings for 2019-20, as set out in Appendix 5, to meet the reduction in the ringfenced Public Health Grant.**

Officer Contact

If you have any questions about matters contained in this paper or want to see copies of any assessments, e.g. equality impact assessment, please get in touch with:

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If you need this report in large print, audio, braille, alternative format or in a different language please contact 0344 800 8020 or 0344 800 8011 (textphone) and we will do our best to help.

Appendix 1. Progress Report

	<h2>Alignment with Norfolk County Council County Plan and priorities.</h2>
<p>What we said we would do in 2017</p>	<p>Align priorities with the NCC plan and strategic priorities.</p>
<p>What we have done in 2018</p>	<p>Public Health plan on a Page The Public Health Plan on a Page was approved by Communities Committee in March 2018. This showed how we will contribute to the Local Service Strategy, use evidence and data, be more businesslike and use digital technology.</p> <p>Local Service Strategy</p> <ul style="list-style-type: none"> a) developed a population health and wellbeing approach and led the prevention programme for the STP developing a more focused prevention programme with five priorities focussed on winter pressures b) worked with Children Services to outline ways that the Healthy Child Programme could be better integrated with our early childhood and family service. These were incorporated into public consultation on the future of Children's Centres, which included a proposal to link up with the Healthy Child Programme 'Just One Norfolk' digital offer. <p>Evidence and data</p> <ul style="list-style-type: none"> c) produced the Director of Public Health Annual Report (Health Profile for Norfolk), d) developed a metrics dashboard for the STP Prevention Board which included indicators to measure progress towards the new Top five for prevention e) reviewed our Joint Strategic Needs Assessment (JSNA) to provide the areas of focus with the key outcome measures to keep the strategy on track and understand its impact f) reviewed performance measures in relation to road safety and stop smoking g) developed a specification for updating the suicide audit h) assessed and shared the data from over 11,000 children who responded to Childrens' Health Related Behaviour survey <p>Use of digital technology in our commissioned services</p> <ul style="list-style-type: none"> i) actively supported the Healthy Child Programme Just One Number initiative - regional winner in the Person-Centred Care Champion Award category of the NHS70 Parliamentary Awards. j) introduced 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%. <p>Business-like.</p> <ul style="list-style-type: none"> k) developed a learning programme focused on improving our understanding of what we mean by prevention, ensuring our staff are equipped with consistent messages to aid communications on our prevention priorities, making better use of data and intelligence and strengthening our organisational development and capacity l) identified further opportunities for improving value for money initiatives and achieved further budget savings as part of our regular contract reviews. m) developed a strategy to ensure that we are prepared for the second phase of integrated commissioning.
<p>What we will do in 2019</p>	<p>Local service strategy</p> <ul style="list-style-type: none"> a) continue to work with Children Services to outline ways that the Healthy Child Programme could be better integrated with the early childhood and family service <p>Evidence and data</p> <ul style="list-style-type: none"> b) review and update the suicide audit c) use the findings from the CYP Health Related Behavior Survey to inform part of the 2019 DPH Annual Report on children's health d) Launch of new JSNA website and implement recommendations from review.

Use of digital technology in our commissioned services

- e) build on the success of the Healthy Child Programme Just One Number, develop and commission a social media and digital offer for all Norfolk families
- f) Develop the model for on line STI testing to commission an online contraception service, as part of our review of sexual health services.

Business like

- g) develop plans for the second phase of NCC integrated commissioning
- h) aim to reduce transactional activity in relation to payments and contracting arrangements

Appendix 1. Progress Report

	Strategic Planning
<p>What we said we would do in 2017</p>	<p>Focus on key strategic planning including:</p> <ul style="list-style-type: none"> a) healthy child programme integration with the early help offer and Children's Centres b) health improvement promotion working more closely with health and social care to provide health promotion, information and guidance including self-care, and social prescribing c) prevention work for the NHS Sustainability and Transformation Plan including the roll out of social prescribing and the development of wider mental health strategies d) road safety: reviewing and updating approaches to reduce those killed and seriously injured on our roads by developing a revised strategy for road safety e) work with the Health & Well Being Board focused on agreeing a joint Health and Wellbeing Strategy for Norfolk and Pharmaceutical Needs Assessment
<p>What we have done in 2018</p>	<p>Healthy child programme integration</p> <ul style="list-style-type: none"> a) worked with Children Services to outline ways that the Healthy Child Programme could be better integrated with our early childhood & family service. Proposals were incorporated into public consultation on the future of Children's Centres. Including proposing to link up with the Healthy Child Programme 'Just One Norfolk' digital offer. <p>Health Improvement promotion</p> <ul style="list-style-type: none"> b) developed a new public health media campaign promoting the health of our target demographics, men aged 40 to 70 years and young families. <i>(Approved by Committee 5th September 2018)</i>. c) reviewed the Tobacco Control Alliance including membership and ways of working and we initiating a sector led improvement review. d) established a smoking in pregnancy action group and a task group to support NHS partners to deliver a smoke free NHS <p>STP Prevention</p> <ul style="list-style-type: none"> e) f) Participated in the STP strategic work especially prevention and mental health. g) Developed a more focused STP Prevention programme with five priorities focussed on winter pressures h) Social Prescribing rolled out with funding secured for a two-year programme. i) Suicide prevention funding from NHS England secured and released to the lead Mental Health Clinical Commissioning Group for Norfolk and Waveney. <i>(Delegated decision report to committee 4th July 2018)</i>. <p>Healthy Places and road safety</p> <ul style="list-style-type: none"> j) Reviewed our approach to road safety through a member's task and finish group. <i>(Recommendations to be reviewed by Committee 7th November 2018)</i>. k) Completed the work of the Falls Steering group and successfully handed over further work to Healthy Aging Group led by the frailty commissioning lead for Adult Social Care. <p>Health and Well Being Board</p> <ul style="list-style-type: none"> l) Developed a new Joint Health & Wellbeing strategy 2018-22 focusing the whole system on prevention, early intervention, tackling health inequalities in our communities and integrating our ways of working. <i>(Approved by Health and Wellbeing Board on 7th July and Policy & Resources in 24th September 2018)</i>. m) Commissioned a revised Pharmaceutical Needs Assessment. <i>(Approved by Health & Wellbeing Board on 6th March 2018)</i> n) Brought together over two hundred system leaders at the Health and Wellbeing Board (HWB) stakeholder event.

<p>What we will do in 2019</p>	<p>Healthy child programme integration</p> <ul style="list-style-type: none">• With Children's Services and our provider, develop detailed proposals on how the new early childhood and family service will link up with the Healthy Child Programme 'Just One Norfolk' digital offer. <p>Healthy places and road safety</p> <ul style="list-style-type: none">• Implement a new approach to improving road safety• Evaluation of the district based local public health plans. <p>STP Prevention</p> <ul style="list-style-type: none">• Implement a prevention strategy with five priorities focussed on winter pressures: comprising clearer priorities for four of the current STP strategies (respiratory, cardiovascular disease, homes and health, and social prescribing) with the addition of a fifth priority of infection control.• Support the development and implementation of an STP wide mental health strategy. <p>Health and Well Being Board</p> <ul style="list-style-type: none">• Identify the actions that we will take in delivering our strategy, either through existing plans or new initiatives.
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Appendix 1. Progress Report

	Service improvement
What we said we would do in 2017	<p>We agreed to:</p> <ul style="list-style-type: none"> • 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.
What we have done in 2018	<p>Implementation of new drug and alcohol service</p> <ul style="list-style-type: none"> • Re-designed and re-procured a new alcohol and drug service. • Bid to Public Health England Innovation fund to tackle the unmet need of children living with alcohol dependent parents. • Extension of Take Home Naloxone pilot at HMP Norwich. (<i>Delegated decision report to committee 4th July 2018</i>) <p>Targeted support for people with complex needs</p> <ul style="list-style-type: none"> • Partnership with the Police and Crime Commissioner to work with women detained in the Norfolk Constabulary Investigation Centres. • Contribution to the Making Every Adult Matter (MEAM) coalition (Norwich City Council, Norwich CCG and Adult Social Care) formed to improve policy and services to people with multiple needs. (<i>Delegated decision report to committee 7th March 2018</i>) • Contribution to the M-Power project run by Ormiston Families supporting people whose children have been taken into care and are at risk of it happening again. (<i>Delegated decision report to committee 11th October 2018</i>) <p>Community Safety & resilience</p> <ul style="list-style-type: none"> • Working with our partners and a national charity, Safe-Lives we have developed a service of five interconnected interventions to tackle domestic abuse (known as Norwich Connect) centred on whole family support and addressing known gaps in provision nationally. • Development of Norfolk Countywide Community Safety Partnership (NCCSP) Plan 2018/21. (<i>Priorities and performance reviewed by Norfolk Countywide Community Safety Partnership Scrutiny Sub-panel 20th June 2018</i>). • The Resilience team have continued to ensure that business continuity plans are reviewed, exercised and kept up-to-date across the council. • 2018 has brought a wide range of incidents from heavy snow, ICT disruptions, coastal erosion and other wide-ranging service disruptions. All incidents were either managed and led by the Resilience team and they made a significant contribution to our response and the recovery. • During the year we also conducted a successful live exercise took place to test the robustness of our Recovery Site and the delivery of a multi-agency recovery Exercise - Exercise Springboard. This is first time Norfolk has completed a large-scale recovery exercise. <p>Review of primary care contracts, and healthy lifestyle services</p> <p>We have:</p> <ul style="list-style-type: none"> • Designed and procured a new county wide workplace health service delivered by Thrive Tribe. (<i>Reviewed by Committee 5th July 2018</i>) • Established priority actions to support NCC to become a healthy workplace focused on encouraging healthy eating, improving mental health and stopping smoking (<i>Approved by Committee 5th July 2018</i>). • Funded further mental health first aid courses for members and managers. (<i>Delegated decision report to committee 4th July 2018</i>) • Designed and procured a new adult weight management service delivered by Slimming World accessed via an NHS Health Check or a GP. • Proposed a comprehensive review and redesign of lifestyle services commissioned and provided by Norfolk County Council (<i>Approved by Committee 5th September 2018</i>).
What we will do in 2019	<ul style="list-style-type: none"> • Continue to work with and support CGL to implement the new service with the emphasis on outreach and integration

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| | <ul style="list-style-type: none">• Consider the extension of Take Home Naloxone to other prisons across Norfolk• Continue to commission the young person's drug service and if PHE bid is successful, develop the delivery model for supporting children of alcohol dependent parents.• Evaluate the Ormiston families pilot aimed at improving outcomes for women at risk of multiple care proceedings• Review the outcomes of the Making Every Adult Matter (MEAM) coalition initiative.• Support the implementation of the priorities of Norfolk Countywide Community Safety Partnership (NCCSP) Plan 2018/21, focusing on tackling domestic abuse, the Prevent agenda and County Lines.• Continue to commission the integrated contraception and sexual health service, seeking to improve the proportion of client's first accessing the service on-line. Continue to commission HIV testing service on behalf of NHS England• Undertake the review of the council's healthy lifestyle services to develop a modern, integrated, and affordable service offer for implementation in 2020. In the meantime, continue to commission individual lifestyles services including stop smoking, weight management workplace health and NHS Health Checks.• Review of the Norfolk Resilience Forum Community Resilience Strategy to seek a greater involvement of elected members at parish, district and county levels and greater engagement with local communities and volunteers in emergency preparedness, response and recovery. (Approved by Committee 21st May 2018). |
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Appendix 2. Awards, Innovation and campaigns

MJ winner for domestic abuse champions programme.



In our drive to tackle abuse in Norfolk, we pioneered ways of working more effectively with partners, and created a plan to go into the community to train 150 'champions' to spot the signs of abuse and offer appropriate support. A video can be seen by clicking on the link below.
[MJ Award.mp4](#)

Healthy Child Programme



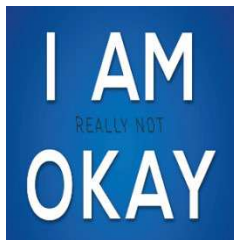
Norfolk Just One Number initiative - regional winner in the Person-Centred Care Champion Award category of the NHS70 Parliamentary Awards.

Suicide Prevention learning event



A free event held on 3rd October 2018 which focused on exploring new opportunities for partnership working to prevent suicide in Norfolk

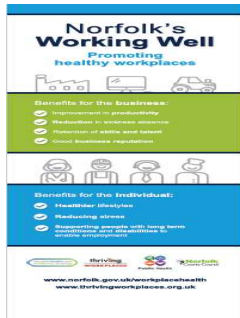
Men's mental health week.



Norfolk County Council in partnership with Norwich Theatre Royal delivered a month-long programme of productions, workshops and special events to help reduce stigma surrounding men's mental wellbeing. Part of the Theatre Royal's *Creative Matters* series. A video can be seen by clicking on the link below.
[Creative Matters.mp4](#)

Appendix 2. Awards, Innovation and campaigns

Work and Health Event



Norfolk County Council hosted a free Work and Health Event in Norwich on 2 February 2018. This free event was for businesses that would like to improve the health of their workforce. Stress, depression and anxiety, as well as some physical conditions such as back, shoulder and knee pain are amongst the biggest causes of absence from work. A video can be seen by clicking on the link below.

[Work and Health Event.mp4](#)

Safe Sleeping



In a bid to highlight the dangers of co-sleeping and drinking alcohol as key risk factors in cases of Sudden Infant Death Syndrome (SIDS), the Norfolk Safeguarding Children Board supported by Public Health launched a Safer Sleeping campaign in July 2018. A video can be seen by clicking on the link below.

[Safer Sleeping Campaign.mp4](#)

Mobile Phone Detection pilot



An innovative demonstration of partnership working with a local firm. This system is the first in the UK to be used as a roadside mobile phone detection system. The campaign attracted national, local, and European press coverage for the launch of the pilot scheme, including TV broadcasts on BBC News, and ITV.

Sexual Health campaign



Part of a two-year campaign to reduce the incidence of late diagnosis of HIV and to reduce the prevalence of sexually transmitted diseases in young people.

Appendix 3. Performance – key services

Stop Smoking Services

The first year of this new service (2017/18) involved the combining of two previous providers which posed challenges. While not reaching locally set stretch targets, performance for 2017/18 was above the national averages for successful quits (53% v 51% for England) and quits from those in routine and manual occupations (34% v 27%). Performance on reaching those in deprived areas is good. There are some signs of improvement in performance this year, for example although the proportion of pregnant women quitting smoking remains below target, the actual numbers have increased due to a change in approach by the provider. The wider issue of smoking in pregnancy is also being addressed through various measures on the part of Public Health, partners and the service provider.

Indicator	Numerator	Denominator	Value 2017/18	Target	Value vs Target ● Target met ● Target not met
Number of smokers treated	n/a	n/a	3,403	3700	
% of successful quits excl. pregnant women	1,480	2,872	51.5	57.0	
% of successful quits - pregnant women	36	127	28.3	40.0	
% of quits coming from the 20% most deprived areas	584	1,516	38.5	32.0	
% of quits classified as routine or manual workers	515	1,516	34.0	40.0	

NHS Health Checks programme (latest 5-year cycle 2013-18)

Over the first full five-year cycle 2013-2018, the NHS Health Checks programme performed well against national averages and targets:

Indicator	Numerator	Denominator	Value 2013-18	Target	Value vs Target ● Target met ● Target not met
% of Health Checks offered	242,850	264,133	91.9	90.9	
% of Health Checks delivered	117,298	264,133	44.4	44.3	

Healthy Child Programme

The HCP continues to perform well compared to national averages and therefore has more challenging stretch targets. Performance against the mandated functions shown below has improved since the previous year of the contract. The national shortage of Health Visitors requires innovative approaches to delivering the service, and safeguarding children and the most vulnerable families are priorities. Work is ongoing to improve communication and information sharing from midwives to enable timelier notifications and therefore timely face to face antenatal visits. The provider is working with early years providers to develop integrated early development reviews at 2½ - 3 years to improve delivery.

Indicator	Numerator	Denominator	Norfolk as at Jul18	National values	Target	Value vs Target ● Target met ● Target not met
% women that received a timely face to face antenatal visit	4,431	5,825	76	Not available	90	
% of women receiving a timely face to face New Baby Review	4,554	5,080	90	89	90	
% of infants that received a timely 6-8 week assessment	5,966	6,198	96	85	90	
% of children who received a timely 1 year assessment	6,135	6,576	93	82	90	
% of children that received a timely developmental review	5,748	7,024	82	70	90	
NCMP participation (academic year 2017/18)	n/a	n/a	17,068	n/a	16,375	

Sexual Health services

Sexual Health services continue to perform well. The online testing service for sexually transmitted infections (STI) began in August 2017 and is proving popular with a high rate of kits returned (62%-79% returned each month). The local rates of late HIV diagnosis continue an encouraging downward trend. To support this, Public Health are successfully implementing HIV education events across Norfolk for our stakeholders. In collaboration with NNUH laboratories, from September 2018 there is a 'Spotting the signs' campaign so that patients who go to A&E are tested for HIV.

Indicator	Numerator	Denominator	Value 17/18	Target	Value vs Target
Maximum female rate of repeat infections within one year	37	623	5.9	7.2	Target met
Maximum male rate of repeat infections within one year	32	726	4.4	8.5	Target met
% of first time service users accepting an HIV test via Hub	11,049	13,117	84.2	80.0	Target met
Maximum % of HIV late diagnoses	17	43	39.5	50.0	Target met
% of results given within 10 working days of test taken	8,618	8,743	98.6	90.0	Target met
% of women with access to all contraceptive methods	14,777	14,777	100.0	100.0	Target met
% of eligible contacts who were offered a LARCs	14,777	14,777	100.0	90.0	Target met
% of receiving EHC within 24 hours of requesting it	502	502	100.0	100.0	Target met
% offered an appointment, or walk-in, within 48 hours	16,734	16,734	100.0	100.0	Target met

Appendix 4. Public health outcomes

		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	0.1iii - Life expectancy at birth (Female 2014 - 16)	n/a	83.7	83.1	79.4		86.8	81.7		83.7	↑	
	2	0.1ii - Life expectancy at birth (Male 2014 - 16)	n/a	80.0	79.5	74.2		83.7	77.5		80.0	↑	
Children and Young People	3	1.01ii - Children in low income families (under 16s) (Persons 2015)	21,685	15.2	16.8	30.5		2.7	18.0		15.2	↓	
	4	1.02i - School Readiness: the percentage of children achieving a good level of development at the end of reception (Persons 2016/17)	6,806	70.1	70.7	60.9		78.9	45.6		70.1	↑	
	5	1.03 - Pupil absence (Persons 2016/17)	1,673,500	4.9	4.7	5.7		2.5	6.2		4.9	↓	
	6	2.01 - Low birth weight of term babies (Persons 2016)	255	3.1	2.8	5.8		1.3	2.8		3.1	↑	
	7	2.02ii - Breastfeeding prevalence at 6-8 weeks after birth - current method (Persons 2016/17)	4,102	45.7	44.4	19.3		75.6	50.1		45.7	↔	
	8	2.04 - Under 18 conceptions (Female 2016)	285	20.9	18.8	36.5		4.6	37.0		20.9	↓	
	9	2.06i - Child excess weight in 4-5 and 10-11 year olds - 4-5 year olds (Persons 2016/17)	2,108	22.7	22.6	28.2		15.0	n/a		22.7	↔	
	10	2.06ii - Child excess weight in 4-5 and 10-11 year olds - 10-11 year olds (Persons 2016/17)	2,523	32.1	34.2	43.9		25.3	n/a		32.1	↔	
	11	2.07i - Hospital admissions caused by unintentional and deliberate injuries in children (aged 0-14 years) (Persons 2016/17)	1,688	119.4	101.5	190.5		43.3	108.2		119.4	↑	
	12	2.07ii - Hospital admissions caused by unintentional and deliberate injuries in young people (aged 15-24 years) (Persons 2016/17)	1,155	114.4	129.2	254.8		64.0	122.5		114.4	↑	
	13	2.09ii - Smoking prevalence at age 15 - regular smokers (WAY survey) (Persons 2014/15)	n/a	7.9	5.5	11.1		1.3	7.9		7.9	↔	
	14	4.01 - Infant mortality (Persons 2014 - 16)	101	3.7	3.9	7.9		1.6	4.4		3.7	↓	
	15	4.02 - Proportion of five year old children free from dental decay (Persons 2016/17)	1,510	84.6	76.7	52.9		87.1	72.8		84.6	↔	
	Sexual Health	16	3.04 - HIV late diagnosis (Persons 2015 - 17)	44	43.1	41.1	68.6		0.0	49.0		43.1	↓
	Healthy Living	17	1.11 - Domestic abuse-related incidents and crimes - current method (Persons 2016/17)	n/a	21.4	22.5	44.4		10.7	21.7		21.4	↔
18		1.18i - Social Isolation: percentage of adult social care users who have as much social contact as they would like (Persons 2016/17)	n/a	49.3	45.4	34.5		52.9	37.9		49.3	↑	
19		1.18ii - Social Isolation: percentage of adult carers who have as much social contact as they would like (Persons 2016/17)	176	32.0	35.5	21.5		55.0	39.4		32.0	↔	
20		2.10ii - Emergency Hospital Admissions for Intentional Self-Harm (Persons 2016/17)	1,498	177.5	185.3	578.9		50.6	189.4		177.5	↓	
21		2.15i - Successful completion of drug treatment - opiate users (Persons 2016)	139	6.4	6.7	2.4		17.4	8.6		6.4	↓	
22		2.15ii - Successful completion of drug treatment - non-opiate users (Persons 2016)	161	27.5	37.1	18.1		60.6	38.7		27.5	↓	
23		2.15iii - Successful completion of alcohol treatment (Persons 2016)	405	33.7	38.7	17.3		70.9	39.2		33.7	↓	
24		2.18 - Admission episodes for alcohol-related conditions - narrow definition (Persons 2016/17)	6,020	653.4	636.4	1151.1		388.2	558.7		653.4	↑	
25		4.10 - Suicide rate (Persons 2014 - 16)	295	12.5	9.9	18.3		6.1	10.3		12.5	↑	
26		4.14i - Hip fractures in people aged 65 and over (Persons 2016/17)	1,233	565.8	575.0	854.2		364.7	585.6		565.8	↓	
27		12.01 - Alcohol Related Road Traffic Accidents (Persons 2014 - 16)	220	30.4	26.5	48.7		0.0	30.9		30.4	↓	

Healthy Lives	28	1.08ii - Gap in the employment rate between those with a learning disability and the overall employment rate (Persons 2016/17)	n/a	73.5	68.7	82.1		48.2	67.1		73.5	↑
	29	1.08iv - Percentage of people aged 16-64 in employment (Persons 2016/17)	401,100	76.9	74.4	60.9		82.4	73.8		76.9	↑
	30	1.09i - Sickness absence - the percentage of employees who had at least one day off in the previous week (Persons 2014 - 16)	n/a	2.5	2.1	4.0		0.9	1.8		2.5	↑
	31	2.03 - Smoking status at time of delivery - current method (Female 2016/17)	1,067	12.7	10.7	28.1		2.3	16.1		12.7	↓
	32	2.11i - Proportion of the population meeting the recommended '5-a-day' on a 'usual day' (adults) (Persons 2016/17)	n/a	61.2	57.4	45.7		68.8	57.8		61.2	↔
	33	2.12 - Percentage of adults (aged 18+) classified as overweight or obese (Persons 2016/17)	n/a	62.2	61.3	74.9		38.5	63.2		62.2	↔
	34	2.13i - Percentage of physically active adults (Persons 2016/17)	n/a	66.5	66.0	53.3		78.0	66.6		66.5	↔
	35	2.14 - Smoking Prevalence in adults - current smokers (APS) (Persons 2017)	100,061	13.8	14.9	23.1		8.1	19.2		13.8	↓
	36	2.17 - Estimated diabetes diagnosis rate (Persons 2017)	n/a	73.3	77.1	41.3		96.3	70.3		73.3	↑
	37	2.22v - Cumulative percentage of the eligible population aged 40-74 who received an NHS Health check (Persons 2013/14 - 17/18)	117,298	44.4	44.3	18.1		98.9	44.4		44.4	↔
	38	4.13 - Health related quality of life for older people (Persons 2016/17)	n/a	0.8	0.7	0.6		0.8	0.7		0.8	↑
Healthy Places	39	1.17 - Fuel poverty (Persons 2015)	36,389	9.5	11.0	19.4		4.8	11.0		9.5	↓
	40	3.01 - Fraction of mortality attributable to particulate air pollution (Persons 2016)	n/a	5.1	5.3	6.9		2.6	5.0		5.1	↑
	41	4.15i - Excess winter deaths index (single year, all ages) (Persons Aug 2015 - Jul 2016)	417	13.4	15.1	50.7		10.0	27.4		13.4	↓
KSI	42	1.10 - Killed and seriously injured (KSI) casualties on England's roads (Persons 2014 - 16)	1,170	44.1	39.7	567.0		13.5	43.1		44.1	↑
	43	Slight casualties from road traffic accidents (aged 0-24) (Persons 2012 - 16)	3,399	283.2	276.0	3036.9		152.7	297.5		283.2	↔
	44	Pedestrians killed or seriously injured in road traffic accidents (aged 0-24) (Persons 2012 - 16)	102	8.5	11.4	95.3		0.0	8.8		8.5	↔
	45	Pedal cyclists killed or seriously injured in road traffic accidents (aged 0-24) (Persons 2012 - 16)	56	4.7	4.3	163.4		0.0	4.5		4.7	↔
	46	Motorcyclists killed or seriously injured in road traffic accidents (aged 15-24) (Persons 2012 - 16)	159	31.2	23.3	71.3		0.0	32.9		31.2	↔
	47	Car occupants killed or seriously injured in road traffic accidents (aged 15-24) (Persons 2012 - 16)	214	42.0	27.8	89.9		0.0	42.5		42.0	↔

	better than England average		not significantly different from England average		worse than England average		No significance can be calculated
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	Increasing getting worse		Increasing getting better		Decreasing getting worse		Decreasing getting better		Increasing		Decreasing		No significant change		Could not be calculated
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Appendix 5. Budget.

1. Current Public Health Budget

The PH budget for 2018/19 is summarised below:

Year	Grant (£m)	Reduction from previous year (£m)	% reduction from previous year
2015/16	43.60		
2016/17	41.11	2.49	5.7
2017/18	40.10	1.01	2.5
2018/19	39.06	1.04	2.6
2019/20	38.00	1.06	2.7

Historically the grant allocation to Norfolk is low compared to other areas. Current annual spend is £45 per person, compared to England average of £68. CIPFA benchmarking shows that we spend similar proportions of budget on each category compared to statistical neighbour councils.

2. Current Public Health Budget

The PH budget for 2018/19 is summarised below:

	Main contract area of spend	2018/19 £m
Business & Staffing	Staff £2.74m Organisational costs £0.87m	4.38
Children & Young People	Healthy child programme contract £16.47m	16.48
Vulnerable People	Adult alcohol & drug contract £6.50m Children misusing substances contract £0.61m Children affected, substance misuse others £0.20m	7.48
Healthy Living	NHS Health Checks contract: GP's & Pharmacies £0.93m Workplace place health contract £0.20m Active Norfolk MOU £0.19m Weight management contract £0.14m	1.50
Smoking	Specialist stop smoking contract £0.75m Stop smoking contracts with GP's & Pharmacies £1.01m	1.90
Sexual health	Specialist sexual health service contract £5.05m Sexual health contracts with GP's & Pharmacies £1.35m Out of Area Activity £0.20m	6.77
Other	Healthy places - District council agreements £0.13m NCC Resilience £0.26m Intelligence & information management £0.16m	0.75

As the total budget reduces an increasingly large proportion is now committed to the main, mandatory services. The large contracts for sexual health, healthy child programme, Drug and Alcohol treatment and NHS Health Checks represent £34m of the total £40m grant.

3. Public Health Grant Savings to date:

Communities Committee has previously considered and agreed savings proposals as part of the annual NCC financial and budget planning process. In the 2016 planning round the budget and department were restructured, and savings of £8.4m over the period 2016/17 to end 2018/19 were agreed. The distribution of these savings was informed by a prioritisation exercise with the following reductions in budget from the 2015 baseline:

- business and staffing costs: -40%
- adult healthy lifestyle services: -34%
- sexual health: -27%
- drug and alcohol services: -10%

Further savings were agreed in January 2017 for 2018/19 totalling a further £1m. Whilst these budgets savings were not presented to committee in the same format – broadly they represent further reductions to business and staffing costs of £209k, partnership and joint posts £78k, and drugs & alcohol of £445k.

Budget forecasts suggest that the directorate is currently to track to deliver the savings agreed to date.

4. Budget and savings for 2019/20

To deliver within budget in 2019/20, savings of at least £1m need to be identified reflecting the reduction in the grant. All the proposed savings for 2019/20 are achievable. Note: savings proposals are shown as a negative figure.

PH budget area	Description	Proposal	2019/20 Proposed £m	Risk assessment
Road Safety	Service redesign	Road safety team to no longer receive PH grant funding.	-0.100	Amber
Children & Young People	Review of Healthy Child Programme	Review and end CCS ICENI contract element of the HCP for 2019/20	-0.500	Green
Health Protection	New working arrangements with CCGs on infection control	Infection control nurses now working directly for CCGs.	-0.083	Green
Healthy Living and Smoking	Review PH funding to Active Norfolk	End PH grant allocation to Active Norfolk to deliver activity classes and programmes. Current agreement between Active Norfolk and PH	-0.188	Red

		due to cease March 2019.		
	End contract enhancement	End enhanced activity payment aimed at children & YP as part of smoking reduction contract.	-0.075	Green
Healthy Places	End funding of health improvement post for South Norfolk	Current funding agreement ending October 2018.	-0.011	Green
	End funding of Healthy Norwich post	Current funding agreement due ending September 2018.	-0.010	Green
	Commercialisation	Joy of Food team to no longer receive PH grant funding.	-0.040	Amber
	Review community-based health improvement activity funded by PH	2018/19 is the final year of the 3-year PH grant funded district offer working with District Councils in achieving health outcomes.	-0.167	Amber
Sexual Health	End grant funding allocation for sexual health services	Continue with grant funding sexual health voluntary sector projects for 2 years only. End funding after 2 years.	-0.150	Green

Total savings PH grant core budget	-1.324
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