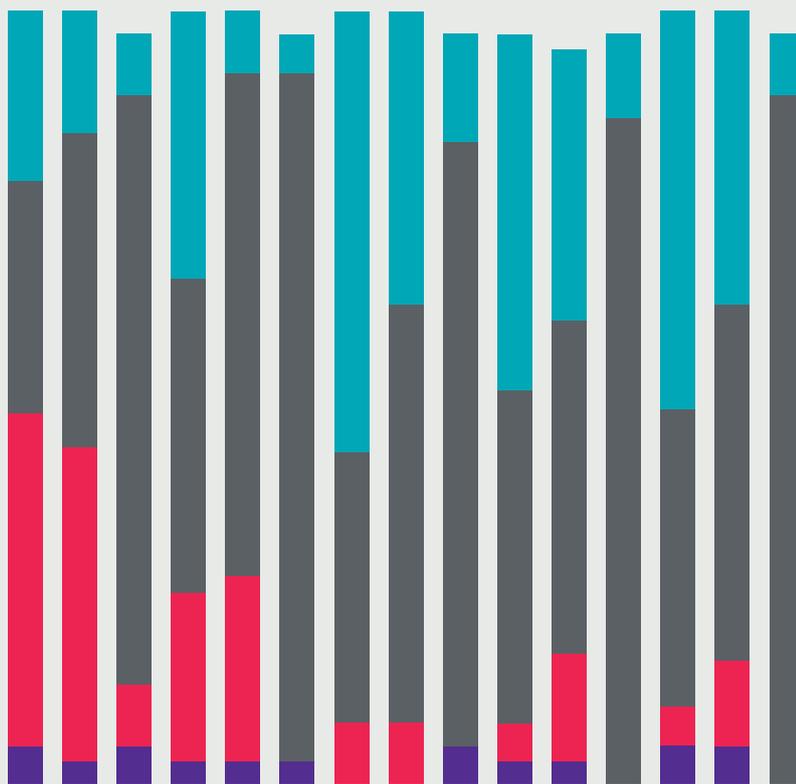


Focus on: Public health and prevention

Has the quality of services changed over recent years?

Appendices



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About QualityWatch

QualityWatch is a major research programme providing independent scrutiny into how the quality of health and social care is changing. Developed in partnership by the Nuffield Trust and the Health Foundation, the programme provides in-depth analysis of key topics and tracks an extensive range of quality indicators. It aims to provide an independent picture of the quality of care, and is designed to help those working in health and social care to identify priority areas for improvement. The programme is primarily focused on the NHS and social care in England, but also draws on evidence from other UK and international health systems.

 The QualityWatch website www.qualitywatch.org.uk presents key indicators by area of quality and sector of care, together with analysis of the data. This free online resource also provides research reports, interactive charts and expert commentary.

About this report

QualityWatch Focus On reports are regular, in-depth analyses of key topics. These studies exploit new and innovative methodologies to provide a fresh view of quality in specific aspects of health and social care. This QualityWatch Focus On provides an overview of public health outcomes in recent years and considers the opportunities and challenges presented as efforts are made to maintain the quality of services in the light of recent reforms and financial pressures. Download and view other resources on this topic area at www.qualitywatch.org.uk/public-health.

Acknowledgements

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A

Public health functions and services within local authorities

Function	2013/14 and 2014/15		2015/16	
	Mandated	Non-mandated	Mandated	Non-mandated
Sexual health services – STI testing and treatment	✓		✓	
Sexual health services – contraception	✓		✓	
NHS Health Check programme	✓		✓	
Local authority role in health protection	✓		✓	
Public health advice	✓		✓	
National Child Measurement Programme	✓		✓	
Prescribed Children 0-5 services ^{*1}			✓	
Sexual health services – Advice, prevention and promotion		✓		✓
Obesity – adults		✓		✓
Obesity – children		✓		✓
Physical activity – adults		✓		✓
Physical activity – children		✓		✓
Drug misuse – adults		✓		✓
Alcohol misuse – adults		✓		✓
Substance misuse (drugs and alcohol) – youth services		✓		✓
Stop smoking services and interventions		✓		✓
Wider tobacco control		✓		✓
Children 5-19 public health programmes		✓		✓
Non-prescribed Children 0-5 services ^{*1}				✓
Miscellaneous ^{*2}		✓		✓

^{*1}Came into effect 1 October 2015 – universal health visiting services and targeted support such as the Family Nurse Partnership (FNP)

^{*2}Miscellaneous, which includes: Non-mandatory elements of the NHS Health Check programme; nutrition initiatives; health at work; programmes to prevent accidents; public mental health; general prevention activities; community safety; violence prevention and social exclusion; dental public health, fluoridation; local authority role in surveillance and control of infectious disease; information and intelligence, any public health spend on environmental hazards protection, local initiatives to reduce excess deaths from seasonal mortality; population-level interventions to reduce and prevent birth defects (supporting role); and wider determinants.

Sources: Department of Health (2013a), Department of Health (2013b), NHS England (2014a)

B

Public health functions and services within NHS England

Programme category/programme	Services	2013/14	2014/15	2015/16
Immunisation programmes	Neonatal hepatitis B immunisation programme	✓		✓
	Pertussis pregnant women immunisation programme		✓	✓
	Neonatal BCG immunisation programme	✓	✓	✓
	Respiratory syncytial virus (RSV) immunisation programme		✓	✓
	Immunisation against diphtheria, tetanus, poliomyelitis, pertussis and Hib	✓	✓	✓
	Rotavirus immunisation programme	✓	✓	✓
	Meningitis B (MenB) immunisation programme			✓
	Meningitis C (MenC) immunisation programme	✓	✓	✓
	Hib/MenC immunisation programme	✓	✓	✓
	Pneumococcal immunisation programme	✓	✓	✓
	DTaP/IPV and dTaP/IPV (pre-school booster) immunisation programme	✓	✓	✓
	Measles, mumps and rubella (MMR) immunisation programme	✓	✓	✓
	Human papillomavirus (HPV) immunisation	✓	✓	✓

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	programme			
	Td/IPV (teenage booster) immunisation programme	✓	✓	✓
	Seasonal influenza immunisation programme	✓	✓	✓
	Seasonal influenza immunisation programme for children	part	✓	✓
	Shingles immunisation programme	✓	✓	✓
Screening programmes	NHS Infectious Diseases in Pregnancy Screening Programme	✓	✓	✓
	NHS Down's Syndrome Screening (Trisomy 21) Programme	✓	✓	✓
	NHS Foetal Anomaly Screening Programme	✓	✓	✓
	NHS Sickle Cell and Thalassaemia Screening Programme	✓	✓	✓
	NHS Newborn Blood Spot Screening Programme	✓	✓	✓
	Newborn Hearing Screening Programme	✓	✓	✓
	NHS Newborn and Infant Physical Examination Screening Programme	✓	✓	✓
	NHS Diabetic Eye Screening Programme	✓	✓	✓
	NHS Abdominal Aortic Aneurysm Screening Programme	✓	✓	✓
Cancer screening programmes	Breast Screening Programme	✓	✓	✓
	Cervical Screening	✓	✓	✓
	Bowel Cancer Screening Programme	✓	✓	✓
Children's public health services (from pregnancy to age 5)* ¹	Healthy Child Programme and Health Visiting (universal offer)	✓	✓	✓
	Family Nurse Partnership (nationally supported targeted offer)	✓	✓	✓

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Child Health Information Systems	Child Health Information Systems	✓	✓	✓
Public health care for people in prison and other places of detention	Public health services for people in prison and other places of detention, including those held in the Young People's Secure Estate	✓	✓	✓
Sexual assault services	Sexual assault referral services	✓	✓	✓

*¹Transferred to local authorities on 1 October 2015

Sources: NHS England (2013), NHS England (2014a), NHS England (2014b).

C

Online survey of directors of public health

Survey begins on the next page.

QualityWatch (www.qualitywatch.org.uk) is a joint research programme across the Nuffield Trust and Health Foundation, which examines how the quality of health and social care is changing over time. The programme aims to augment and inform the work of statutory national bodies and initiatives, and highlight areas where improvement is possible and contribute to improving measures of quality.

Little is known about the impact of transferring public health to local government, following the Health and Social Care Act (2012), on the continuity and sustainability of public health functions and population-level outcomes.

We would like to explore these issues in our next Focus on report - Prevention and public health which will aim to examine;

- What was the impact of the transition on the continuity and sustainability of public health functions and subsequent population level outcome measures?
- Can we identify changes in the quality of these functions and outcomes over time?
- What are the key challenges for public health over the next five years?

To do this we wish to track changes in key public health outcomes over the period pre/post transition; and to highlight future issues in public health given the challenging economic climate. The results will inform the debate about system reform and public health.

We would be grateful if you could complete this survey (10-15mins) to identify key areas of interest and help direct the research.

Your views will ensure we focus on the most important public health issues and highlight these at a national level.

Your responses are confidential and will be aggregated and presented at a national level.

If you have any questions please contact Dr Alisha Davies (FFPH) at alisha.davies@nuffieldtrust.org.uk

Many thanks for taking the time to complete our survey.

About you

1. Please tell us your current job role

2. Where are you working at the moment?

3. Please tell us which region you are working in
(this information is to ascertain coverage of responses only)

4. Where were you working for the majority of 2012/13?

Public health functions transferred to Local Government

We would like your views on what has happened to the quality of public health services/functions which were TRANSFERRED to local government.

What has been the effect in terms of the different DIMENSIONS of quality?

The underlying reasons why?

5. Following the transition of public health to local government, how has ACCESS to the following public health services/programmes changed?

	Worsened	No change	Improved	Unsure
Sexual health services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
NHS Health Check programme	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child Measurement Programme	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Children (5-19yrs) public health programmes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Obesity programmes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Physical activity programmes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Substance misuse (drugs and alcohol)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stop smoking services and interventions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
PH advice and support for commissioning (inc PH Intelligence)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other Service (please specify)

6. Following the transition of public health to local government, how has CAPACITY of the following public health services/programmes changed?

	Worsened	No change	Improved	Unsure
Sexual health services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
NHS Health Check programme	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child Measurement Programme	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Children (5-19yrs) public health programmes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Obesity programmes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Physical activity programmes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Substance misuse (drugs and alcohol)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stop smoking services and interventions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
PH advice and support for commissioning (inc PH Intelligence)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other service (please specify)

7. Following the transition of public health to local government, how has the SAFETY of the following public health services/programmes changed?

	Worsened	No change	Improved	Unsure
Sexual health services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
NHS Health Check programme	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child Measurement Programme	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Children (5-19yrs) public health programmes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Obesity programmes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Physical activity programmes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Substance misuse (drugs and alcohol)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stop smoking services and interventions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
PH advice and support for commissioning (inc PH Intelligence)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other service (please specify)

8. Following the transition of public health to local government, have there been changes to the EFFECTIVENESS of public health functions/services listed above?

- Yes
- Maybe
- No
- Unsure

Please comment and if possible provide an example

9. Following the transition of public health to local government, have there been changes to the EQUITY of public health functions/services listed above?

- Yes
- Maybe
- No
- Unsure

Please comment, and if possible provide an example

10. Please describe to us WHY the quality of these services have changed (e.g. business continuity, loss of budget, loss of links with providers/NHS, accountability, workforce)?

Public health functions remaining within the NHS

And next, we would like your views on what has happened to the quality of public health services/functions which REMAINED within the NHS.

What has been the effect in terms of the different DIMENSIONS of quality?

The underlying reasons why?

11. How has ACCESS to the following public health services/programmes which remained within the NHS changed?

	Worsened	No change	Improved	Unsure
Immunisations programmes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cancer screening programmes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Non-cancer screening programmes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Children's services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prison health services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sexual assault referral services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Feel free to comment

12. How has CAPACITY of the following public health services/programmes which remained within the NHS changed?

	Worsened	No change	Improved	Unsure
Immunisations programmes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cancer screening programmes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Non-cancer screening programmes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Children's services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prison health services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sexual assault referral services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Feel free to comment

13. How has SAFETY of the following public health services/programmes which remained within the NHS changed?

	Worsened	No change	Improved	Unsure
Immunisations programmes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cancer screening programmes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Non-cancer screening programmes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Children's services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prison health services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sexual assault referral services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Feel free to comment

14. Have there been changes in the EFFECTIVENESS of public health functions/services listed above?

- Yes
- Maybe
- No
- Unsure

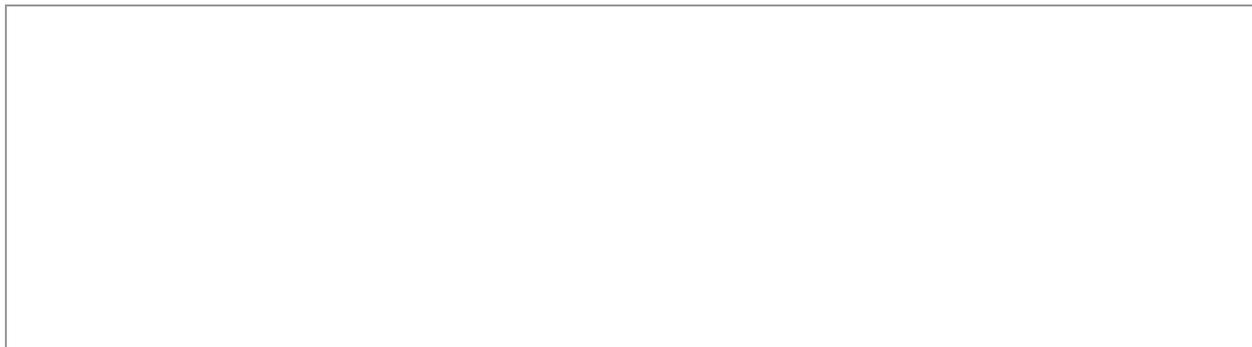
Please comment, and if possible provide an example.

15. Have there been changes to the EQUITY of public health functions/services listed above?

- Yes
- Maybe
- No
- Unsure

Please comment, and if possible provide an example.

16. Please describe to us WHY the quality of these services has changed (e.g. business continuity, loss of budget, links with providers/NHS, accountability, leadership)?

A large, empty rectangular box with a thin black border, intended for the user to provide a detailed answer to the question above. The box is currently blank.

Current population health priorities

17. What are your current key priority areas for population health?

The future for public health functions/programmes

18. What are the biggest challenges facing public health over the next five years? (please tick all that apply)

- Insufficient public health resources
- Ring fenced budget being used for non-public health functions
- Loss of local control over public health budget
- Challenging financial situation across wider local government
- Challenging financial situation across local NHS
- Uncertainty over financial planning for public health (eg ring fence, current and future cuts)
- Local resources misaligned to areas of local concern
- Mismatch between local and central government priorities
- Local working relationships with other commissioners (NHS, local government)
- Public health continues to be considered on the periphery
- Loss of focus on non-statutory functions
- Loss of public health skilled workforce
- Lack of influence on other council departments to focus on supporting prevention

Other (please specify/comment)

19. What is needed at a local and/or national level to mitigate these challenges? (please tick all that apply)

	Local level	National Level
Greater control over public health budget	<input type="checkbox"/>	<input type="checkbox"/>
Joint commissioning public health across local government and NHS	<input type="checkbox"/>	<input type="checkbox"/>
Further development of return on investment evidence to support public health spending	<input type="checkbox"/>	<input type="checkbox"/>

Local level

National Level

Decision making tools to support disinvestment in services

Other government departments taking on responsibility for indicators in the public health outcomes framework

Common performance frameworks (across public health, NHS and social care)

Placing greater responsibility on CCGs for prevention and population health

Placing greater responsibility on NHS providers for prevention and population health

Strong public health leadership

Strengthening the role of Health and Wellbeing board

PH workforce development and long term planning

Increased shared learning public health teams on new models of provision

Other (please state)

Other (please specify/comment)

Your preferences

20. Please provide your email address if you would like us to send you the link to the final report?
(we will not forward this onto other parties)

21. Please also indicate if you are happy for us to contact you again in relation to your points raised?

Yes

No

22. Please also tick the box below if you would like to join our mailing list.

Yes

No

Many thanks for taking the time to complete the survey.

Your responses are confidential and will be aggregated and presented at a national level.

If you have any questions please contact Dr Alisha Davies (FFPH) at alisha.davies@nuffieldtrust.org.uk

D

Semi-structured telephone interview questions

Follow-up interviews with directors of public health

In November 2015, you kindly completed our survey on the quality of public health functions and services following the transition of public health to local government.

We would like to ask you some follow-up questions to explore in more detail specific themes which emerged from this survey and from analysis we have undertaken of certain indicators of prevention.

We will ask you 6 open ended questions.

1. The survey suggested that re-tendering within local government had the potential to improve the quality of public health services (especially alcohol and drug misuse, substance misuse services).

a) Do you agree? Which aspects of quality?

b) Why was this stronger than when in PCT?

2. A number of responses felt that ACCESS to public health services (stop smoking, NHS health checks, physical activity & obesity programmes, sexual health services) had improved.

a) Do you agree?

b) Why did ACCESS increase?

3. A number of responses felt that CAPACITY for stop smoking and sexual health services had worsened.

a) Do you agree?

b) Why did capacity decrease?

4. A number of responses reflected that transition reduced the amount and effectiveness of public health input into NHS commissioning (i.e. health care public health or health intelligence).

a) Do you agree?

b) Why did this happen?

c) What is the potential impact on NHS commissioning?

d) Has this issue since resolved?

5. A number of responses mentioned a loss of local knowledge on immunisations and screening following transition to local government, with potential negative consequence for quality of these services.

- a) What is the difference between the new and the old PCT system that caused this specifically?
- b) Why is this challenging at a local level?
- c) Have any of the issues since resolved?

6. A key issue moving forward is the challenging budget. How will that affect PH prioritisation locally?

7. Reflecting on the system before have you any other reflections on:

- a) how commissioning of the following services has changed,
- b) the accountability for these areas
- c) is there anything particular about being in local government which helped facilitate that change?
 - Sexual health services
 - Smoking cessation services
 - Substance misuse services
 - Obesity programmes

Is there anyone nationally or locally would be useful to talk to representing providers in these areas?

Follow-up interviews with providers and advocacy organisations

1. What geographical area does your organisation provide services to/represent?

2. In your view, what has been the impact (positive or negative) of the transition following the health and social care act on the quality of public health services your organisation represents/supports?

- a) In terms of access, effectiveness, safety, equity?
- b) What has contributed to this?

3. We are interested in your views on whether the re-tendering of public health functions via local government has potential to improve the quality of public health services?

- a) How does this compare to when the commissioners (public health) were in the PCT?

4. Are you/your services better linked with other local organisations e.g. housing, children's services, now PH commissioning is within the local government?

5. How are you services held to account for outcomes? Do you think this is stronger or weaker than before the transition to local government?

6. A key issue moving forward is the challenging budget. How will that affect your services? What are doing to try and mitigate any risk?

7. What are the key challenges you face in the next five years, and how are you planning to address these?

E

List of organisations that contributed to the qualitative interviews

Topic area	Organisation
Healthcare (public health)	<ul style="list-style-type: none">• PHE, West Midlands
Immunisations	<ul style="list-style-type: none">• NHS England, London Region• PHE, Local Knowledge and Intelligence Services
Obesity	<ul style="list-style-type: none">• PHE, Health and Wellbeing Directorate
Sexual health	<ul style="list-style-type: none">• British Association of Sexual Health and HIV (BASHH)• Teenage Pregnancy Knowledge Exchange, University of Bedfordshire
Smoking	<ul style="list-style-type: none">• ASH (London)• Tobacco Free Futures
Substance misuse	<ul style="list-style-type: none">• Drugwise• Recovery Group UK

F

List of indicators, descriptions and data sources for each topic area

Figure or page reference	Indicator	Source and notes (web link if available)	Years available	Available by LA?
3.1	Rate of GP prescribed long acting contraception (LARC) rate per 1000 resident female population age 15-44 years	NHS Business Services Authority and Office for National Statistics http://fingertips.phe.org.uk/sexualhealth	2011 to 2014. Earlier years available but not at local authority level.	Y
Text: p. 18	Women using sexual and reproductive health services, by main method of contraception	A woman contacting a service multiple times during the year will only be counted once. KT31 and SRHAD return, Health and Social Care Information Centre, Lifestyles Statistics. HSCIC. Table 6. Women using sexual and reproductive health services by main method of contraception. http://www.hscic.gov.uk/searchcatalogue?productid=18929&topics=2%2fPublic+health%2fLifestyle%2fContraception&sort=Relevance&size=10&page=1#top	From 2004/05 to 2014/15. In 2014/15 the methodology used to determine the choice of contact was revised. As such, the data prior to 2014/15 is not directly comparable. See appendix B of the Sexual and Reproductive Health Services Report 2014/15 for more details.	N

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Figure or page reference	Indicator	Source and notes (web link if available)	Years available	Available by LA?
3.3	Under 18 years conception rate and proportion of conceptions resulting in abortion from 2004 to 2013	ONS Conception Statistics, England and Wales, 2013 http://www.ons.gov.uk/ons/rel/vsob1/conception-statistics--england-and-wales/2013/index .	2009 to 2013	Y
3.4	Crude new genital herpes diagnosis rate per 100,000 population	PHE, STI data tables. Table 1b https://www.gov.uk/government/statistics/sexually-transmitted-infections-stis-annual-data-tables	2005 to 2014	Y
3.4	Crude new syphilis diagnosis rate per 100,000 population	PHE, STI data tables. Table 1b https://www.gov.uk/government/statistics/sexually-transmitted-infections-stis-annual-data-tables	2005 to 2014	Y
3.4	Crude new gonorrhoea diagnosis rate per 100,000 population	PHE, STI data tables. Table 1b https://www.gov.uk/government/statistics/sexually-transmitted-infections-stis-annual-data-tables	2005 to 2014	Y
3.4	Crude new genital warts diagnosis rate per 100,000 population	PHE, STI data tables. Table 1b https://www.gov.uk/government/statistics/sexually-transmitted-infections-stis-annual-data-tables	2005 to 2014	Y
3.4	Crude new chlamydia diagnosis rate per 100,000 young people aged 15 to 24	PHE, STI data tables. Table 1b https://www.gov.uk/government/statistics/sexually-transmitted-infections-stis-annual-data-tables	2012 to 2014. Data available for earlier years but not comparable	Y

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Figure or page reference	Indicator	Source and notes (web link if available)	Years available	Available by LA?
3.6	Late HIV diagnosis: Percentage of adults (aged 15 years or more) diagnosed with a CD4 cell count less than 350 cells per mm ³ among all newly diagnosed adults with CD4 cell count available within 91 days of diagnosis and with known residence-based information.	National HIV surveillance data tables. Table 27 https://www.gov.uk/government/statistics/hiv-data-tables	2005 to 2014	N
3.6	Late HIV by diagnosis category, UK only	Table 24 from National HIV Surveillance table at https://www.gov.uk/government/statistics/hiv-data-tables	?	N
3.7	Number of individuals in substance misuse treatment services	PHE Adult substance misuse statistics from the National Drug Treatment Monitoring System (NDTMS)	2009/10 to 2014/15	N
3.8	Proportion waiting 3 weeks and under for first intervention	PHE Adult substance misuse statistics from the National Drug Treatment Monitoring System (NDTMS). 1 April 2014 to 31 March 2015 Appendix B	2009/10 to 2014/15	N
3.9	Treatment completion	Defined as the number of users that left drug treatment successfully who do not then re-present to treatment again within 6 months as a percentage of the total number of users in treatment. Adult Substance Misuse Statistics from the	2009/10 to 2014/15	N

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Figure or page reference	Indicator	Source and notes (web link if available)	Years available	Available by LA?
		National Drug Treatment Monitoring System (NDTMS). Table 7.4.1		
3.10	Treatment completion by local authority	Public Health England: Public Health Outcomes Framework, indicator 2.15i	2010 to 2014	Y
3.11	Alcohol related admissions	Public Health Outcomes Framework Indicator 2.18. Admissions episodes for alcohol-related conditions - narrow definition, directly standardised rate per 100,000 population	2008/9 to 2013/14	Y
3.12	Adult smoking prevalence	Public Health England: Public Health Outcomes Framework, indicator 2.14	2010 to 2014	Y
Text: p. 30	Percentage of mothers that had a status of smoking at time of delivery	Public Health England: Public Health Outcomes Framework, indicator 2.03	2010/11 to 2014/15	Y
3.14	Individuals who set a quit date	Health and Social Care Information Centre: Statistics on smoking – England 2015 http://www.hscic.gov.uk/catalogue/PUB17526/stat-smok-eng-2015-rep.pdf	2009/10 to 2014/15	Y
3.14	Proportion of those who set quit date who successfully quit	Health and Social Care Information Centre: Statistics on smoking – England 2015 http://www.hscic.gov.uk/catalogue/PUB17526/stat-smok-eng-2015-rep.pdf	2009/10 to 2014/15	Y

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About the authors

Alisha Davies is a Fellow of the Faculty of Public Health and a Senior Research Analyst at the Nuffield Trust. She joined the Trust in 2014 and has a particular interest in evaluation of innovative models of health and social care, with a focus on prevention and quality improvement. Prior to joining the Nuffield Trust, Alisha worked in public health roles in a primary care trust, a local authority and an acute trust supporting service redesign and evaluation in practice. Since completing the report Alisha has taken up the post of Head of Research and Development at Public Health Wales.

Eilís Keeble joined the Nuffield Trust as a Research Analyst in October 2015 and is working on a range of quantitative projects relating to health and social care. Prior to joining the Trust, Eilís worked in the Census Transformation Programme at the Office for National Statistics. While there, she worked on developing methods to produce population statistics from administrative datasets. She was also seconded part time to HM Revenue & Customs as part of this project to assess the suitability of their data for statistical purposes. Eilís holds an MSc in Demography and Health from the London School of Hygiene and Tropical Medicine and a BSc in Human Sciences from University College London.

Tazeem Bhatia is a Specialty Registrar in Public Health and joined the Nuffield Trust in January 2015 as a Public Health Trainee. Tazeem is particularly interested in access to services and patient centred systems. As a Public Health Registrar, she previously worked at West Kent PCT on a health equity audit for HIV, Greenwich Local Authority on improving cardiovascular disease outcomes and auditing their NHS health check programme and South East London Health Protection team. Prior to joining the Nuffield Trust, Tazeem trained as a GP in the UK and then worked for several years in Afghanistan and Myanmar. Her work in Afghanistan concentrated on health system strengthening, improving access to healthcare and service provision. In Myanmar, she worked on improving the access of marginalised, oppressed populations to healthcare; HIV service provision and setting up an HIV clinic in the largest prison in Yangon. Tazeem has an MPhil in Public Health from Humbolt University, Berlin. Her thesis studied the factors influencing Tuberculosis medication adherence.

Elizabeth Fisher joined the Nuffield Trust in May 2012 from the Care Quality Commission, where she was an Analyst Team Leader. In this role, she worked on the development and continued production of Quality and Risk Profiles (QRPs) for NHS, independent health care, adult social care and primary medical care organisations, which use information to help target regulatory inspection activity. Prior to that, Liz worked at the Healthcare Commission where she supported the Core Standards Assessment – a major component of the Annual Health Check – for many years. Liz has a PhD in Cell Physiology and Pharmacology, which she obtained from Leicester University. Liz graduated from Manchester University with a first-class degree in Pharmacology, which included a year's work placement at the pharmaceutical company Novartis.

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