## Common Standards for prescribed public health functions

The standards listed below have been developed to detail headline standards for the prescribed and priority non prescribed areas.

In addition to the prescribed functions we have included standards relating to Drugs and Alcohol services, tobacco, mental health and wellbeing as these are also key functions related to the Public Health Grant and are of significance to improvement of GM population outcomes.

These headline standards have been chosen based on a judgement on how we can best meet the prescribed function and also achieve population health improvement for residents within Localities and across GM. For some areas there is a more detailed suite of standards for other areas are in production and will be added over time.

functions	Common Standard	Guidance Measures or Metrics	Outcome Area	GM Outcomes Framework measure
	Each locality has an agreed arrangement for the statutory post of Director of Public Health	Each locality has a named Director of Public Health	All	n/a
Sexual health services - STI testing and treatment	To provide timely open access to STI advice and treatment services (in each locality)	To offer an appointment within 48 hours for 98% of people	Reduction of Sexually Transmitted Infections	New HIV diagnosis rate / 100,000 people aged 15+
	Provision of personalised risk reduction support and information for all who attend sexual health services and their partners	Advice and treatment pathway in place forpatients and partners in place for all sexual health providers and locaclities	Reduction of Sexually Transmitted Infections	
	Routine offer of an HIV test in high prevalence areas and a regular, targeted offer to those in high risk groups	Appropriate testing offer publicised	New HIV diagnosis rate / 100,000 people aged 15+, Eradication of HIV	
Sexual health services - Contraception	All under 18s within a locality are encouraged to access a sexual & reproductive health service or GP before engaging in sexual activity	Young Peoples Education and Promotion programme in place in each locality	Conception Rate per 1,000 (15-17 year olds)	Total Prescribed Long Acting reversible Contraception (LARC) (Excluding Injections)  Under 75 mortality rate from CVD considered preventable
	Open access to specialised services for young people up to the age of 19	Specialist clinic session offered each week for young people in each locality	Reduction in Teenage Pregnancy and Reduction in Abortion rates under 25s	
			Drop-in sessions available in every secondary school	
	All women (15-44 years old) are fully informed about and, if clinically appropriate, encouraged to use LARC as their form of contraception	LARC Rate per 1,000 (15-44 year olds)	Reduction in unwanted pregnancy	
	For all women having a LARC removed and requiring contraception to have immediate access to an alternative, reliable method of contraception	Service audit in place	Reduction in unwated pregnancy	
	All eligible individuals aged 40-74 to be offered an NHS Health Check once in every 5 years, with pilot areas prioritising people at greater risk, and for each individual to be recalled every 5 years if they remain eligible	% Offer and Uptake of eligible population of NHS Health Checks	Reduction in CVD premature mortality rates	
	All identified at high risk to receive the advice and support to manage that risk	Local data collection or description of service offer	Reduction in CVD premature mortality rates	considered preventable
Health Protection	Locality provision of community infection prevention and control service for proactive management, advice and response across social care, education and other community settings	Evidence of infection prevention and control service - audits completed , campaigns and initiatives, outbreak response, AMR plans	Reduction in communicable and infectious diseases	— MMR vaccination rate
	Local arrangements and plans to achieve good uptake of NHS immunisation programmes	Local seasonal flu plan, including approaches to achieve targets of flu vaccine in over 65s, clinical risk groups and children	75% Flu Vaccination Uptake [NOTE suggest focus on clinical risk groups or children]	
		Local plans to achieve high immunisation rates including regular review of coverage	MMR uptake rates of 95% (2 doses) at 5 years across GM and all localities	
	Across GM and in each Locality there will be a robust Outbreak Plan and response for health protection incidents and emergencies	Agreed and exercised outbreak plan in place in each locality with arrangements to identify, implement and share lessons learn	t Reduction in communicable and infectious diseases	
Public Health advice to NHS Commissioners	Public Health specialist advice and support is available to NHS Commissioners, integrated commissioners and care organisations in all Localities and at a GM level	Memorandum of Understanding or programme of work agreed	All	n/a
National Child Measurement	Completion of the National Child Measurement Programme in every Locality with above average uptake	Good uptake of the prorgamme in every Locality	Prevalence of overweight and obese as measured by NCMP part of GM and Local	Prevalence of overweight children (including obese) as measured by NCMP
	Each Locality has a documented service offer for children and families identified as being overweight, obese or underweight identified through the NCMP	Service offer for children and families publicised in each area	Reductions in levels of obesity and overweight children in reception and Year 6	
Prescibed Children's 0-5 services	Commissioning and delivery of the national 0-5 Healthy Child Programme in line with agreed targets	Number of mothers who receive an antenatal contact with the service at 28 weeks or above	Eary years outcomes	Breastfeeding Initiation; Proportion of 5 year old children free from dental decay; % of children achieving a good level of development at the end of reception
		95% of births that receive a face to face New Birth Visit within 14 days by a health visitor	Eary years outcomes	
		95% of babies who receive a 6-8 week review.	Eary years outcomes	
		95% of children who receive a 8- 12 month review by the time they turned 12 months old	Eary years outcomes	
		95% of children who received a 2-2.5 year review (stage 5).	Eary years outcomes	
Headline services (non- prescribed functions)	Common Standard	Guidance Measures or Metrics	Outcome Area	GM Outcomes Framework measure
*Drugs and Alcohol	All localities to demonstrate how they are meeting the local needs for the take up and the outcomes of its drug and alcohol treatment services	% of opiate / non-opiate drug users that left drug treatment successfully who do not re-present to treatment within 6 months	Reduced drug related harm and deaths	Alcohol-related hospital admissions (narrow definition)
		% of alcohol users that left drug treatment successfully who do not re-present to treatment within 6 months	Reduction in harm caused by alcohol including alcohol related hopsital admissions	
*Tobacco	All pregnant women who smoke are referred to services which can help them to stop smoking during their pregnancy	Number of mothers who quit smoking during pregnancy	Smoking at time of delivery rates (SATOD) reduce (N.B. target 6% by 2021 for GM).	% of women who smoke at time of delivery
	Publicised arrangements are in place for smokers to access pharmacotherapy and motivational support in all areas (Including advice about nicotine inhaling products)	Numbers accessing smokng cessation services in each locality	Adult Smoking prevalence rates reduce (N.B. target 13% by 2021 for GM).  % of smokers helped to quit through local stop smoking services.	Smoking prevalence in adults - current smokers (APS)
I*()rai Heaith i	LA's commission oral health preventive programmes in line with Commissioning Better Oral Health guidance and ensure oral health is embedded with children's services.	Local oral health plan and services in place in each locality	Proportion of 5 year old children free from dental decay	Proportion of 5 year old children free from dental decay
*Mental Health	All Localities will support the GM Suicide Prevention Strategy and we will have a GM and Locality suicide prevention action plans in place.	Local suicide action plan in place that is in line with the GM plan	Age-standardised mortality rate from suicide and injury of undetermined intent per 100,000 population	Suicide Prevalence
L"Physical Activity	Every community will offer a range of high quality spaces and opportunities for people to live active lives, supported by welcoming leaders and suited to different motivations, attitudes and interests.	Local plan in place that aligns with #GMMOving	% of physically active adults (<150 minutes per week)	% of GM population who are Active or Fairly Active
			% of physically inactive adults (>30 minutes per week)	% of physically inactive adults (>30 minutes per week)

\* Non-precribed functions