

16 April 2013

Agenda Item: 4

REPORT OF THE DIRECTOR OF PUBLIC HEALTH

PUBLIC HEALTH SERVICE DEVELOPMENTS REPORT

Purpose of the Report

1. To provide the Public Health Sub-Committee with an outline of the proposed Public Health Service Developments totalling £2.71m for approval.

Information and Advice

Public Health Finance Plan

2. The Public Health 2013/14 Finance Plan was presented to and approved by the Public Health Subcommittee on the 11th February 2013. Table 1 summarises the plan and shows how the Public Health Grant of £35.1m will be utilised.

Table 1

	£
Pre-commitments (inc Staff costs and Directorate expenses)	29.9
Estimated Local Authority Overheads	0.4
Income from Police and Crime Commissioner	(0.6)
Prescribing Costs relating to Primary Care Services	0.9
PH Directorate proposals	2.8
Innovation/Development fund	1.2
Earmarked Reserves for recurrent items (premises, service growth)	0.5
Total £	35.1

Public Health Development Proposals

3. This report provides further information on the Public Health service developments totalling £2.71m, which are evidence based and have been requested by Public Health Policy leads to address local need.
4. Table 2 below provides an outline of developments by policy areas along with supporting rationale and anticipated outcomes. Further detail around each policy proposal can be found in **Annex 1**.

1. Sexual Health Services - £507k	
<ul style="list-style-type: none"> To introduce an initiative to prevent HIV and achieve earlier diagnosis Extending the Sexions model for sexual health promotion to include the southern boroughs to achieve county wide coverage To introduce a viral messaging service to increase the uptake of sexual health services by key target groups To fund Chlamydia testing and treatment element of CASH clinics across the county 	
Rationale:	Outcomes:
<ul style="list-style-type: none"> Sexually transmitted infections (STI's) and unintended pregnancy are preventable Many STI's have long term effects on health There has been an increase in risky sexual behaviour, with continued ignorance about the possible consequences There is a clear relationship between sexual health and health Interventions which promote good sexual health are cost effective 	<ul style="list-style-type: none"> Reduction in teenage pregnancies Increased uptake of sexual health services by target population groups Reduction in STI's and re-infections Increased awareness about prevention of HIV and an increase in uptake at point of care testing
2. NHS Health Checks - £459k	
<ul style="list-style-type: none"> Multifaceted approach to underpin the current GP based model to provide a targeted population-based and opportunistic schemes to achieve coverage of age groups not currently engaged and target hard to reach at risk of poorer health outcomes Public Health 'lifestyle intervention basket' to enhance and enable the delivery of the mandatory Health Check scheme to include Alcohol identification and brief advice, Obesity pathway and Smoking Cessation services Social media and Behaviour change for social marketing and communication 	
Rationale:	Outcomes:
<ul style="list-style-type: none"> Commissioning a single provider model with GP practices will not achieve mandatory targets This approach will reduce the risk of widening health inequalities Will alleviate capacity issues associated with increased uptake 	<ul style="list-style-type: none"> Delivery of a primary prevention programme that encompasses public health intervention basket schemes to improve the health and wellbeing of the local population and reduce inequalities
3. Obesity, Nutrition and Exercise - £540k	
<ul style="list-style-type: none"> To commission countywide Tier 2 and Tier 3 Community Weight Management services for adults (including pregnant women) and children across Nottinghamshire 	
Rationale:	Outcomes:
<ul style="list-style-type: none"> Current provision of Tier 2 services is inequitable and there is no Tier 3 service across the county If we do not provide weight management services the number of individuals that become obese and morbidly obese requiring weight loss 	<ul style="list-style-type: none"> Equitable provision of county wide community weight management services for overweight and obese adults and children to access support on weight, diet and physical activity Reduction in excess weight in adults and children

<ul style="list-style-type: none"> drugs and surgery is likely to increase There is an increasing amount of evidence of the need to tackle obesity before, during and after pregnancy to improve the outcome for both mother and child 	<ul style="list-style-type: none"> Improved outcomes for both mother and child in pregnancy Reduction in the numbers requiring weight loss drugs and surgery
4. Tobacco Control - £767k	
<ul style="list-style-type: none"> To commission a Go Smoke Free service to raise awareness of the harm caused by second hand smoke, focussing on the impact of tobacco smoke in the home and on children's health Commission a tobacco control specific education programme for young people about the dangers of smoking and equip them with the skills challenge perceptions around cigarette smoking Work with colleagues across public health to commission lifestyle programmes e.g. peer support for young people/social norms campaigns Maintain the current quitter rates previously commissioned on a non-recurrent basis 	
Rationale:	Outcomes:
<ul style="list-style-type: none"> Currently only £5k of the budget is spent on prevention and reducing the number of young people who start to smoke Build on smoke free legislation and extend smoke free areas across Nottinghamshire To invest with partners in the regional collaborative to tackle illegal and illicit tobacco across the whole county 	<ul style="list-style-type: none"> Reduce the demand and supply of tobacco in Nottinghamshire and tackle the harm caused by smoking Reduce health inequalities and associated wider determinants of health in the longer term
5. Workplace Health - £227k	
<ul style="list-style-type: none"> For Nottinghamshire County to become an exemplary role model for health and wellbeing To establish a workplace health and wellbeing award scheme To establish partnership initiatives to assist people back into the workplace after periods of ill health 	
Rationale:	Outcomes:
<ul style="list-style-type: none"> An opportunity for an integrated approach to improving workplace health and wellbeing Evidence suggests the better people feel at work the greater their contribution, the higher their personal performance and the performance of their organisation 	<ul style="list-style-type: none"> Improved health outcomes for staff Improvements in performance, lower sickness absence, staff turnover, presenteeism and HR/Manager time on conflicts, disputes, tribunals etc.. Improved involvement, innovation, energy, motivation, engagement, commitment and trust leading to greater financial efficiency, improved reputation and resilience
6. Public Mental Health - £38k	
<ul style="list-style-type: none"> Suicide Prevention Training to raise awareness and provide skills to primary care and other professionals to identify individuals at risk of suicide (£35k) Books on prescription to build, strengthen and improve the existing scheme by replacing, purchasing new books and marketing the service (£3k) 	

Rationale:	Outcomes:
<ul style="list-style-type: none"> • No mental health awareness/suicide prevention training taking place to identify 'at risk' individuals • Evidence based cost effective intervention recommended through both national suicide and mental health strategies • To provide this self help scheme and ensure that Nottinghamshire supports the new national books on prescription scheme being introduced in 2013 • NICE intervention to help individuals with common mental health problems such as anxiety and depression 	<ul style="list-style-type: none"> • Professionals are aware of where to signpost individuals when there is a concern • Reduce the number of suicides in Nottinghamshire • To enable people to access self help to understand and manage their wellbeing • Through self help reduce the demand on other mental health services
7. Community Safety, violence prevention and response - £153k	
<ul style="list-style-type: none"> • Implementation of a domestic violence training, support and referral approach consistently across general practice 	
Rationale:	Outcomes:
<ul style="list-style-type: none"> • Domestic violence has been identified as a priority for action for the Safer Nottinghamshire Board, the Nottinghamshire Health & Wellbeing Strategy and for the recently elected Police and Crime Commissioner • 1:4 women in their lifetime and 1:10 women a year are victims of domestic violence. Survivors of domestic abuse experience chronic health problems 	<ul style="list-style-type: none"> • General Practice can play an instrumental role in responding to and preventing further domestic violence. Implementing this approach will lead to increased case findings, improved support available sooner, reduction in people accessing emergency care, reduction in safeguarding issues and improvement in the quality of care for patients
8. Other Public Health Developments - £19k	
<ul style="list-style-type: none"> • Falls Awareness (£5k) • Dementia Awareness (£5k) • Loneliness (£5k) • Health Protection, incidents and emergencies (£3k) • Infection prevention and control services (£1k) 	
Rationale:	Outcomes:
<ul style="list-style-type: none"> • To support a range of different public health related issues e.g. raising awareness of falls and dementia, enhancing the quality of life for people with long term conditions and/or care and support needs • To create a small non pay budget to support the Infection prevention and control services and Health Protection policy areas 	<ul style="list-style-type: none"> • To develop plans identifying the most effective initiatives to support and tackle these issues

5. It was recommended in the last report that a Public Health Innovation/Risk Reserve is created with the remaining Public Health Grant balance of £1.2m. The first call on this budget should be any additional funding required from the finalisation of NHS Contract envelopes. Further proposals against this fund will be prioritised in line with the Health & Wellbeing Strategy, the Business Plan and the Public Health Outcomes Framework. A further report will be presented to the Public Health Subcommittee for approval of any proposed plans and any changes to plan shown in Table 1.

Statutory and Policy Implications

6. This report has been compiled after consideration of implications in respect of finance, equal opportunities, human resources, crime and disorder, human rights, the safeguarding of children, sustainability and the environment and those using the service and where such implications are material they are described below. Appropriate consultation has been undertaken and advice sought on these issues as required.

RECOMMENDATION/S

The Public Health Sub-Committee are asked to:

- 1) Consider and approve each of the Public Health service developments outlined in Table 2 of this report.
- 2) Receive a further update on the Innovation fund/Risk Reserve and the Summary Finance Plan following agreement of final NHS contracts for 2013/14.

Chris Kenny
Director of Public Health

For any enquiries about this report please contact:
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Constitutional Comments (NAB 28.03.13)

7. Public Health Sub-Committee has authority to approve the recommendation set out in this report by virtue of its terms of reference.

Financial Comments (ZM 28.03.13)

8. The financial implications are set out in paragraphs 1 to 5 of this report.

Background Papers

Except for previously published documents, which will be available elsewhere, the documents listed here will be available for inspection in accordance with Section 100D of the Local Government Act 1972.

Electoral Division(s) and Member(s) Affected

All