Nottinghamshire County Council

Public Health Committee

Thursday, 09 January 2014 at 14:00

County Hall, **County Hall, West Bridgford, Nottingham NG2 7QP**

AGENDA

NOTES:-

(1) Councillors are advised to contact their Research Officer for details of any Group Meetings which are planned for this meeting.

(2) Members of the public wishing to inspect "Background Papers" referred to in the reports on the agenda or Schedule 12A of the Local Government Act should contact:-

Customer Services Centre 0300 500 80 80

(3) Persons making a declaration of interest should have regard to the Code of Conduct and the Council's Procedure Rules. Those declaring must indicate the nature of their interest and the reasons for the declaration.

Members or Officers requiring clarification on whether to make a declaration of interest are invited to contact Paul Davies (Tel. 0115 977 3299) or a colleague in Democratic Services prior to the meeting.

(4) Members are reminded that Committee and Sub-Committee papers, with the exception of those which contain Exempt or Confidential Information, may be recycled.

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(3) Reports in colour can be viewed on and downloaded from the County Council's website (www.nottinghamshire.gov.uk), and may be displayed at the meeting.

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Nottinghamshire County Council

minutes

Meeting	PUBLIC HEALTH SUB-COMMITTEE
Date	12 September 2013 (commencing at 2.00 pm)

Membership
Persons absent are marked with an 'A'

COUNCILLORS

Joyce Bosnjak (Chair)
Glynn Gilfoyle (Vice-Chair)

Reg Adair
Steve Carroll
Kay Cutts
John Knight
Martin Suthers OBE
Muriel Weisz
Jacky Williams

A Ex Officio: Alan Rhodes

OFFICERS IN ATTENDANCE

Barbara Brady, Public Health Consultant
Paul Davies, Democratic Services Officer
Sally Handley, Senior Public Health Manager
Chris Kenny, Director of Public Health
Jonathan Morgan, Public Health Management Trainee
Cathy Quinn, Associate Director of Public Health

MINUTES OF THE LAST MEETING

The minutes of the meeting held on 18 July 2013 were confirmed and signed by the Chair, subject to the amendment of 2013/023 to read "That approval in principle be given to a project to review Community Infection Prevention …".

DECLARATIONS OF INTEREST

There were no declarations of interest.

SUBSTANCE MISUSE COMMISSIONING UPDATE

RESOLVED: 2013/026

That the progress report be noted, and the timetable for the re-commissioning process be circulated to Sub-Committee members.

PUBLIC HEALTH SERVICES PERFORMANCE AND QUALITY REPORT FOR HEALTH CONTRACTS

RESOLVED: 2013/027

That the report be received and the performance and quality information be noted.

WORK PROGRAMME

RESOLVED: 2013/028

That the work programme be noted.

The meeting closed at 3.00 pm.

CHAIR

Nottinghamshire County Council

Report to the Public Health Committee

9 January 2014

Agenda Item: 4

REPORT OF THE DIRECTOR OF PUBLIC HEALTH

NOTTINGHAMSHIRE COUNTY SUBSTANCE MISUSE RECOVERY SERVICES

Purpose of the Report

1. The purpose of this report is to provide an update on the progress of the tendering and procurement of substance misuse recovery services, outline the actions undertaken and provide details of the required next steps.

Information and Advice

Definitions

2. In the context of this report, the term "substance misuse" is used to refer to alcohol and/or drug misuse. The term "drugs" extends beyond illegal drugs such as heroin, cocaine, amphetamines to the misuse of other drugs, including prescription only medicines such as anabolic steroids and benzodiazepines and over the counter medications such as preparations containing codeine. his report relates to adult community-based substance misuse services and excludes prison-based substance misuse services.

The Context

4. The decision was made by the Committee in February 2013 to serve notice on current substance misuse treatment and recovery providers, with a view to undertaking a county-wide procurement exercise during the remainder of the year, resulting in new contracts being awarded. This decision was based on:

   a) Addressing inequities and duplication in the current system
   b) Legal EU Procurement requirements

5. A procurement project team has been established, involving key staff from Public Health, the Police and Crime Commissioner's Office and Corporate Procurement. The first phase of the project plan involved engaging and consulting with key stakeholders to share early thinking, and the proposed model. Early discussions raised some concerns with the timescales and scale of the task involved for contracts to be awarded by April 2014. Following consultation with existing providers an additional six month extension was awarded to the contracts, with the new contract start dates revised to 1st October 2014.

Soft Market Testing

6. A Prior Information Notice (PIN) was published in April 2013 that indicated the Council's intention to procure a Substance Misuse Service to start in April 2014. The Notice also stated the intention to undertake informal discussions with the interested parties. A number

of suppliers responded to the Notice, ten of whom were visited by the project lead and a member of the procurement team. Relevant questions were sent in advance of the meetings which enabled suppliers to prepare and ensure the most appropriate staff were present. Typically there was supplier representation from Business Development, the relevant Director and Operational staff. These visits were well received and indicated that the proposed model was acceptable to the market and that they would be able to deliver.

7. Ongoing dialogue has been established with these providers and a series of workshops led by procurement have been running through December 2013 and January 2014 to explore some of the key issues raised during the consultation process.

Consultation Process

8. A three month consultation period was established, commencing in June 2013. The aim of this process was to consult with as wide a range of stakeholders and the public from across the county as possible in order to fully understand views and opinions about the current treatment system, the concept of recovery and a proposed model of delivery for a new recovery-orientated substance misuse system.

9. A number of methods were used as part of the consultation process. They involved stakeholder events held in venues across the county, face to face interviews and focus groups with current and ex-service users, family members/significant others and online questionnaires. In addition a number of emails and letters were received. An executive summary is enclosed as Appendix A and full report as Appendix B.

10. Withdrawn.

11. The key themes arising from the consultation were used to revise the proposed model (Appendix C), which, along with the proposed outcome measures (Appendix D) was presented to two Expert Panels. The first panel consisted of service users or 'experts by experience' and the second of 'experts by profession', individuals who have experience of working, commissioning and leading policy in the world of substance misuse. The Expert Panels were established to provide some independent scrutiny and objectivity to the process.

12. In addition, the project team are working with Healthwatch to ensure that the consultation process was delivered with due diligence.

Key Issues

13. As a result of the consultation process and views from the Expert Panels, on the advice of procurement, the following issues have been identified:

    i. Generally speaking the proposed model promoting a recovery focussed system has been well received, acknowledging that it will present challenges to both service users and staff that are used to working within a traditional treatment focussed model.
    ii. Capturing outcomes in relation to measuring an individual's recovery is challenging and requires support from colleagues within Public Health England

Tender Timescales and Proposed Lots

14. The timescales proposed are:

October - December 2013	Service specification development
February – April 2014	Tender period - Open bid period will be during Feb and March - provisional 6 weeks bid submission period
May – October 2014	Contract awarded and mobilisation period
1st October 2014	Contract start date

15. Concurrent with this work, there is a re procurement of Children and Young People's (CYP) substance misuse services. Now that the timescale for this is aligning with the adult service work it is proposed that these are brought together into a single tendering process. It is also proposed to include in the same tender services to support Obesity Prevention and Weight Management for Children and Adults. (Further detail regarding this particular area is included in a paper later on this agenda.)

16. In effect the recommendation is that Nottinghamshire County Council uses a single tendering process, with several different lots. This approach will enable a variety of different providers to submit a bid or bids for one or more lots.

Statutory and Policy Implications

17. 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.

Implications for Service Users

18. Service users, family members/significant others have been centrally involved in the redesign and evaluation of the services.

Financial Implications

19. The tendering of services will address issues of cost efficiency and value for money. The cost of the contract will be met from within the ring fenced public health grant.

Crime and Disorder Implications

20. The link between substance misuse and crime and disorder is well established. Effective substance misuse services will support a reduction in offending and re-offending.

Safeguarding of Children Implications

21 Effective substance misuse services will have a family focussed approach and safeguarding children, as well as safeguarding vulnerable adults, will be central to assessment and ongoing support.

RECOMMENDATION/S

22. The Public Health Committee is asked to

(1) note the progress of the tendering and procurement of substance misuse recovery services;

(2) approve the inclusion of Obesity Prevention and Weight Management Services for Children and Adults within the tendering process which will also include substance misuse.

Chris Kenny
Director of Public Health

For any enquiries about this report please contact:
Tammy Coles, Senior Public Health Manager

Constitutional Comments

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

Financial Comments (ZKM 11/12/2013)

24. The financial implications are referred to in paragraph 19 of the report.

Electoral Division(s) and Member(s) Affected

25. All

Nottinghamshire County Substance Misuse Consultation

Executive Summary

December 2013

This report is a summary of the key themes identified through the consultation undertaken during 20th June – 20th September 2013 in respect of the proposed changes to substance misuse treatment and recovery services in Nottinghamshire County. A full report is available.

The aim of the consultation was to consult with a wide a range of stakeholders and the public from across the county as possible in order to; fully understand views and opinions about the current treatment system, the concept of recovery and a proposed model of delivery for a new recovery-orientated substance misuse system.

A number of methods were used during the process. All the information and comments received were analysed by a team within the Public Health Directorate.

The key themes identified were:

THEME 1: Those affected by another's substance misuse

- Families and loved ones are potentially a route into (and back into) treatment and recovery for a substance misuser, as well as support whilst the substance misuser is in treatment. Investing in support services for those affected by another's substance misuse reduces the burden on other health and social care services.
- A strong feeling was expressed that support for those affected by another's substance misuse should have been included within the project scope. It was felt strongly that this group (including grandparents who look after their grandchildren due to the parent's substance misuse) need support in their own right regardless of whether the substance misuser is in treatment or not.

THEME 2: Treatment and Recovery

- It was felt that the current system could do more in terms of an aspiration of recovery for service users. Mixed views were expressed regarding the models aspiration of abstinence, with some very clear advocates of an abstinence based approach whilst others were concerned that this is too prescriptive and 'one size doesn't fit all'.

- The positive roles of mutual aid groups and peer-led opportunities were raised and the importance of ensuring that they are 'visible' at all stages of the service users journey.
- The integration of the drug and alcohol pathways was welcomed (also recognising poly-drug and other drug use), as was the inclusion of other system functions (i.e. residential rehabilitation services, supported accommodation services and GP and Pharmacy services).
- Supported access to stable and suitable housing and sustained tenancies, employment and education were considered very important.

"…we need time limited goals, not just hanging around in treatment"

THEME 3: Access to services

- Locally based services which are easily accessible and sensitive to local need was a very strong message, particularly from Bassetlaw representatives.
- Short or no waiting times was viewed as very important, along with out of hours/weekend and outreach service provision, with people generally wanting more provision than is currently provided.
- It was raised that the boundary/cross border issues may become significant unless arrangements are put in place between neighbouring Councils, especially in relation to registered GP practice populations

THEME 4: Concerns

- It was felt by some that there was a lack of clarity about the decision-making process so far and the factors underpinning this. Local organisations were concerned that not all district councils are represented on the Health and Wellbeing Board or the Public Health Committee.
- There was a real fear that local services will be disrupted or cease to exist at all and the effect this will have on service users. This was most acutely felt in Bassetlaw.
- Comments were made on the consultation document itself and the language used within it. Some felt that they didn't know enough about how the system worked currently to make an informed decision on the proposed changes.

BASSETLAW

In parallel with the NCC consultation process, John Mann MP for Bassetlaw undertook his own consultation , calling for the existing GP led service within Bassetlaw to remain unchanged.

A thematic analysis of all the responses, petition papers and testimonies identified the following themes:

Theme 1: The service should remain unchanged

- The current GP led substance misuse service in Bassetlaw received resounding support. There was a call to leave it "unchanged" and that it was "under attack", although there was some who stated that improvements could be made. There was an assumption that a replacement service would be worse than the current one and there was a fear of what this change would represent.

- It was stated that "Bassetlaw is different" to any of the other districts in the county and that this uniqueness warranted a local service. Bassetlaw was perceived as having a much better service provision than ten years ago and that this was a service that was functioning well.

Theme 2: Fear

- It was felt that a change in service provision would represent a negative or even dangerous threat. It was feared that any change would bring with it a diminished standard in the quality of care. . The fear of a rise in crime was evident in some responses.

- It was viewed that if the service moved away from the local GPs, people would stop using the service. The presumption was made that the new model would equate to less conveniently based geographical services – one service operating from one area in the county.

- The reference to privatisation and the perceived detrimental nature of this was made in a number of responses. The use of the word 'privatisation' and reference to this approach can be seen in the documentation presented by John Mann MP but is not reflected in the NCC consultation documents.

Theme 3: Holistic approach

- The importance of a service delivering a holistic approach in one place was seen as important, particularly by service users.

Theme 4: Lack of adequate consultation

- Some respondents believed that the consultation process had been inadequate and that the information being provided by the County Council left them with unanswered questions. It was suggested that the consultation and the proposed model were merely a 'quick fix' approach.

Next steps

The consultation responses have been reviewed by the Expert Panel, and changes have been made to the model proposed. Work is currently underway to ensure that the development of service specification reflects the results of the consultation.

Final Report

Nottinghamshire County Substance Misuse Consultation

December 2013

Introduction

The aim of the consultation was to consult with a wide a range of stakeholders and the public from across the county in order to fully understand views and opinions about; the current treatment system, the concept of recovery and a proposed model of delivery for a new recovery-orientated substance misuse system.

1.0 Consultation Methods

A number of methods were used as part of the consultation process.

1.1 Stakeholder Consultation Events

Four stakeholder consultation events took place across the County with 121 individuals attending. When registered at an event all participants were sent an email containing a copy of:

- *Mark's Family* – to help illustrate the inter-relationships and complexities of substance misuse on a family and to "keep it real" (Appendix 1)
- *Substance Misuse Facts* – highlighting the activity in the current system (Appendix 2)

Hard copies were available on each table during the events themselves. Each table was facilitated by a member of either Nottinghamshire County Council's (NCC) Public Health Directorate or the Police and Crime Commissioner's (PCC) office. A Scribe recorded on a flipchart comments, and encouraged participants to capture extra thoughts/questions on the post-it notes; these would be captured in the final analysis.

In addition a member of NCC's procurement team moved around each of the tables to answer any specific procurement questions.

The purpose of the group work was to answer 3 questions:

- Identify any advantages of the proposed model
- Identify any barriers of the proposed model
- What does success look like?

1.2 Focus groups and interviews

Thirteen focus groups were held across the County 8 were with current and ex-service users and five with family members or those affected by another's substance misuse.

In addition five sessions with service users were held within their usual clinic setting. Each focus group and face to face interviews were facilitated by at least one member of the NCC Public Health Substance Misuse Commissioning Team.

Facilitators gave an overview of the reason for the consultation and the proposed model of delivery . Participants were asked to comment on the following questions:

- What do you think works in helping people reduce and stop their drug and/or alcohol use?
- What do you think doesn't work in helping people reduce and stop their drug and/or alcohol use?
- Of the drug and alcohol treatment and recovery services that you know about, what do you think works well? What could be improved?
- In your experience, do you think the proposed model would meet the needs of drug and alcohol users? If not, why not? Is there anything missing?
- What does successful drug and alcohol treatment and recovery look like to you?
- Any other comments or feedback?

Direct quotes from these events are identified within the document as SHTC

1.3 Questionnaires

A questionnaire was developed, this was advertised on the Substance Misuse consultation website and a link provided to 'Survey Monkey' a web based survey (questionnaire enclosed as Appendix 3). 120 online responses were received.

In response to feedback throughout the consultation period, a simplified version of the consultation questionnaire was developed. *(*Appendix 4*)* Questions mirrored those asked at the focus groups and interviews. All current service providers distributed the questionnaires within their services, and made it available to their clients. In some cases workers supported clients to complete the questionnaire, in other cases clients completed it individually. A freepost address was made available to receive responses. 45 questionnaires were received.

1.4 Textual data collection: emails and letters

An email address was established and this was published alongside a freepost postal address on the consultation website. This was to enable individuals to respond directly and record their experiences and views in addition to the specific questions asked via one of the other consultation methods. Participants attending any of the other events were also given the details to enable them to send any additional beliefs, views and beliefs post-event. The consultation email received 14 responses.

1.5 Other responses

In addition to this, 8 letters were also received.

2.0 Reflexivity

Bias or the potential distortion of the consultation outcomes, has been considered by those leading the consultation and analysing the responses. This is a particularly critical issue for this consultation as the "interviewers and facilitators" were staff from within the Public Health Directorate and the PCC's office. Through the process of collecting the responses efforts were made to establish strong relationships with those being interviewed (and the focus group/stakeholder event participants) in order to delve deeply into the subject matter and extract respondents beliefs.

Bias was minimised throughout this process by acknowledging that the roles of the interviewers/facilitators could influence the outcomes of the consultation. Reflexivity is one way that addresses the distortions or preconceptions the interviewers and facilitators may unwittingly introduce into the methods used to gather the responses. This was minimised within this consultation process by:

- Multiple interviewers and facilitators were used, this lead to the discussions that provided some context to the differing beliefs, values, perspectives and assumptions of those involved
- Use of reflective practice where those involved reflected upon what is happening in terms of one's own values and interests
- Triangulation a method used by qualitative researchers to check and establish validity in their studies by analysing a research question from multiple perspectives. For this process several different members of staff were involved in the analysis process. This consisted of a small team where each team member examined an aspect of the consultation. The findings from each were then compared to develop a broader and deeper understanding of how the different individuals view the issue. If the findings from the different evaluators arrive at the same conclusion, then confidence in the findings was reinforced.

3.0 Analysis

Thematic analysis was the theoretical framework used to analyse the responses. Thematic analysis is a method used for identifying, analysing, and reporting patterns (themes) within data. It organises and describes your data set in (rich) detail.

Each consultation method was analysed separately, and emerging themes collated to produce the overall consultation themes.

4.0 Results

No comparisons or weighting of emergent themes from each method analysed was made, however not surprisingly Theme 1 - Those affected by another's substance misuse, was the dominant theme identified within the service user and carer interviews and focus groups and the on-line survey responses received.

THEME 1:

Those affected by another's substance misuse

A strong feeling was expressed that support for those affected by another's substance misuse should have been included within the project scope. Very few of those accessing currently commissioned services would be Fair Access to Care (FACS) eligible as a carer and so would be left without a service. Of the few who would be FACS eligible, a personal budget is either not the (emotional) support they require or is not enough on its own.

"…. often the addict will not accept help but it has to be there, standing by from the family. However Nottinghamshire, is not prepared it seems to even consider putting this into its strategy" (TDTC30)

Those affected by another's substance misuse need support in their own right:

It was felt strongly that this group (including grandparents who look after their grandchildren due to the parent's substance misuse) need support in their own right regardless of whether the substance misuser is in treatment or not;

"…if the user is not in treatment then families need support even more" (SUTP019)
"…it is these people who pick up the pieces" (SUTP027)
"…I have learnt I need to recover too" (SUTP059)

There is a great deal of shame, stigma and isolation associated with being a family member/loved one of a substance misuser and support is needed to help with this. These emotions and difficulties remain present whether the substance misuser is in treatment or not;

"…many parents see their loved ones drug use as their (the parents) failure" (SUTP002)
"…the feelings of helplessness, anxiety, depression and grief were terrible" (SUTP085)
"…stigma, isolation and the daily emotional and practical upheaval they are faced with" (SUTP125),
"…often taking on the drug abusers child/children with no state support or support from elsewhere either financially or emotionally" (SUTP101)

Very emotive language was used to express this, with accounts of the emotional "*torture*" they have to endure as a result of having a substance misuser in the family.

It was felt that there is a different skill set required for working with this group in their own right when compared to including them in a substance misuser's treatment journey.

Investing in support services for those affected by another's substance misuse reduces the burden on other health and social care services was highlighted. Responses referred to the higher financial burden on wider health and social care services if these services were not invested in;

"…families need support to enable them to effectively manage this, otherwise placing children within local authority care has the potential to cost society thousands" (SHTP125)
"…without the help and support I would still be taking anti-depressants. Knowing I can rely on (the service) I do not feel I need to take antidepressants" (SUTP105)
"…if more complimentary therapies and respite opportunities were available, we would be less likely to go the GP for prescribed meds…" (SUJP003)
"…I really don't know how I would have coped without (the service). I would have probably been off sick from work with stress, taken antidepressants, the list is endless" (SUTP028)

"…families are a key resource, they are a free resource and without them supporting a service user before, through and after treatment will have a huge impact on every other health and social care agenda. We should be investing in our local communities, rebuilding family ties whether or not a service user is in treatment. The family has not asked to be in this position so why should they be penalised by offering the minimum of support?" (SHTP062)

Those affected by another's substance misuse do not generally access other Local Authority carer services. In particular, most of those currently supported by services would not be FACS eligible and so would be left without a service. Of the few who would be FACS eligible, a personal budget is either not the support they require or is not enough on its own.

Where generic non-FACS eligible services for carers exist, it was felt that families and loved ones of substance misusers have different needs to other "carers" (*…" generic services are not equipped to support this client group effectively" (SHTP125))* and that "*…there is a lot of evidence base to support the fact that families do not access generic carer services due to the fact of stigma and shame" (SHTP124).*

It was indicated however that a more integrated approach could be beneficial for some;

"…if generic services are to commission work from specific family services that are specialists in drugs and alcohol then I fell this may be beneficial, as it could mean we could still have the high quality of support plus the option of a small personal budget which for me would have been very beneficial to spend on a range of holistic therapies which I have found dramatically improved my physical and mental health alongside the support I get – but one would not suffice without the other" (SUTP059)

THEME 2:

Treatment and Recovery

Defining recovery and aspiration of abstinence and the need for defining what is meant by 'recovery in Nottinghamshire' was raised with responses indicating widely differing opinions;

*"…abstinence - of **all** substances…" (SUJP006)*
"…no mention of things like 'moderated drinking' – rather that free from all substances" (SHTC20)
"…not using on top of my script…" (SUJP008)
"…being fit and healthy…" (SUJP009)
"…stopping drinking and drugs isn't the only answer…it's the relearning of life after…" (SUJP010)
"…sorting my head out…" (SUJP011)

Whilst there was an acknowledgement that treatment and recovery should be closely linked, this view wasn't shared by all, with concerns expressed that barriers could be developed between

services and service users if too much emphasis is place on recovery it could '*dilute treatment*', and whether it is realistic to have a seamless treatment and recovery system;

"…can't be in recovery and treatment at the same time" (SHTC03)

This difference in opinion also concerned the models aspiration that service users should be drug free or abstinent at discharge, mixed views were given around this issue with some very clear advocates of an abstinence based approach, whilst others were concerned that this is too prescriptive and 'one size doesn't fit all'.

Overall however, it was felt that the current system could do more in terms of an aspiration of recovery (however defined) for service users;

"…I feel as a worker it is definitely (currently) too treatment focussed and have come into contact with many service users and those in recovery who have done so in their own way…they didn't have the aspirations for her she had herself and now she has been clean for many years – although things have changed I still come into contact with this happening on a daily basis. There are far too may treatment staff and not enough recovery staff – I feel recovery should start the minute someone walks through the door…sometimes staff become complacent with working with the client group…they think they know best from what they have seen" (SHTP059)
"…treatment services hold us back, we're not encouraged enough to move on…" (SUJP012)
"…being left with just a script and no support does not help!" (SUJP013)
"…Once in treatment, I couldn't get out" (SUJP014)
"…we need time limited goals, not just hanging around in treatment" (SUJP015)

But with reasonable and realistic recovery goals owned by the service user (*"…recovery comes when I'm ready, not when a worker says I'm ready" (SUJP016))* and delivered within a holistic approach;

"…things to help us get back to normal and learn a life without being on drugs, things like courses, volunteering and job opportunities are important" (SUJP017)
"…access to subsidised gym passes…healthy, body healthy mind!" (SUJP018)

It was thought that other addictions should be treated at the same time, not just the substance misuse.

Having a system that is flexible will be essential to recognise and meet the demands of changing substance use. Ensuring that provision should also be available for those who are dependent on prescribed medication was also highlighted

The therapeutic relationship with the keyworker was viewed as important. There was particular support for having substance misuse workers who understood what the substance misuser was going through;

"…there should be more workers who have been through what we have been through" (SUJP019)
"…workers who have "been there and done that" have credibility and experience" (SUJP020)
"…a good worker who encourages us, not pushes us, listens and understands" (SUJP021)
"…having a worker who you can relate to and rely on" (SUJP022)

"…I would have no confidence seeing someone who has had no personal experience in this field" (TP0155)

It was felt that developing a therapeutic relationship was only possible where the service user's worker remains constant and where that worker had enough time to do in-depth and meaningful work;

"…consistent case worker/key worker who has the time to see them regularly and for at least 45 minutes" (SUTP148)
"…having to see lots of workers sets you back" (SUJP023)
"…in my experience of what my deceased partner went through, change in the support and staff caused him excessive stress and loss in the belief that he would ever recover." (SUTP052)
"…I hardly ever see my worker, we should have more appointments, at least every week or two" (SUJP024)
"…I wish my worker had longer to see me" (SUJP025)

Alongside key working, the role of mutual aid groups was raised, and the importance of ensuring that they are 'visible', at all stages of the service users journey.

"…group and peer support is absolutely essential in the new system …" (SUJP035)
"…we need more mutual aid opportunities, but only if they are local…" (SUJP036)
"…there needs to be a stronger focus on peer support…and it's not just about AA and NA…" (SUJP037)

Positive experiences of mutual aid, group work and peer support were expressed;

"…I have come to realise I am not alone" (SUTP085)
"…Group support works well. Feel less isolated. And can give coping strategies" (SUTP149)
"…Group support for families where one can talk freely to others without being judged" (SUTP151)
"…what works is a group or groups that you can attend regularly even if you don't feel in control if yourself on that day, as it gives you the push and purpose to make an effort…" (SUJP037)
"…groups give you ideas of different ways to help yourself, plus gives you a huge lift when you see other people doing well…" (SUJP038)
"…group work should be meaningful and constructive and include things like relapse prevention, life skills and qualifications…" (SUJP039)
"…group work fills your time positively…" (SUJP040)

Knowing that you are not alone and having the opportunity to share experiences with others and thus reducing the stigma and isolation felt were identified as invaluable.

It was felt that family members and loved ones should be more involved in a substance misusers' treatment and recovery journey and that this would result in better outcomes for the substance misuser;

"…support for users and their families from the beginning so they can take the journey to recovery together" (SHJP002)

but only where it is appropriate*;*

"…families should have the right to determine the level of involvement they have with their loved ones recovery journey without pressure from other services – this right should be safeguarded" (SHTP108)

There was confusion expressed around what role they are expected to have in the treatment/recovery journey, as this doesn't appear to be consistent currently. There also appeared to be an element that when they are expected to be involved they don't always feel prepared:

"…families need information such as what to expect with a home detox" (SHTC09)

The integration of the drug and alcohol pathways was welcomed (also recognising poly-drug use), as was the inclusion of other system functions (i.e. residential rehabilitation services, supported accommodation services and pharmacy services).

There were mixed feelings about whether services should operate "under one roof". It was felt by many that access to all services in one location would be a positive thing;

"…if all services are located under one roof in one building, both clients have improved accessibility to services meaning success of abstinence is heightened and practitioners work more as a team when working under one roof" (SHTP036)

"…multi-disciplinary teams are an asset and opportunity to share good practice, look at how a service user can be supported holistically and from treatment to recovery in a safe and controlled manner, preventing disengagement. Multi-disciplinary teams have broken down previous barriers of professionals hiding behind confidentiality…all services need to be client focussed rather than service focussed" (SHTP178)

Whilst at the same time others felt this could potentially "*stifle innovation" (SHTC09*). Concern was expressed that perhaps mixing chaotic users with stable users wouldn't be a good idea.

There was a very strong feeling that the existing centres where substance misusers attend for their treatment are not an appropriate setting for the delivery of services for families and loved ones;

"*…I certainly would not have gone into a recovery centre to be faced with my worst fears, his friends and dealers" (SUTP059)*

"…as a family member, I feel intimidated going into the recovery centre where other users are…families should have their own recovery centre…" (SUJP005)

"…families should also have recovery centres of their own as they do not want or need to be confronted by their loved ones dealer when accessing support for themselves. They also may not want their loved one to know that they are receiving support" (SUTP108)

Ensuring that robust pathways exist between prisons was discussed, with the model criticised for viewing prison as an exit point, when this should be seen as just another setting in which to receive treatment.

The role of the criminal justice system in its widest sense was discussed, with opinions expressed around what the role of the police should be. Decriminalising users was a recurring sub-theme with thoughts that users should be supported into treatment by the police, and other criminal sanctions (i.e. cautioning) rather than arresting should be considered.

"…they are condemned as criminals, but they are in fact suffering a terrible disease. Yes, they commit petty crime…" (TDTC30)

The importance of having a system that provides stability was felt to be important, with supported access to stable housing and sustained tenancies, employment and education. Concern however was expressed that the lack of suitable housing stock and the implications of the 'bedroom tax' would have a detrimental effect on achieving and sustaining recovery.

"…(they) get put into high crime, run down areas which makes sustaining recovery more difficult" (SHTC11)

It was also felt that the current system could work more closely with other supporting agencies, particularly mental health services.

"…services need to talk to each other more, the right hand doesn't know what the left is doing!" (SUJP033)

"…there's lack of communication between services and lots of repetition" (SUJP034)

"…better links with mental health services needed – waiting times are too long and sometimes the services are not very good" (SUJP035)

Stigma was something that was raised, with the view that by using different buildings within a community could reduce the stigma of being seen going to the substance misuse clinic. Use of GP surgeries as central hubs of activity was suggested. Wherever services are delivered from, they should be welcoming environments;

"… the welcoming nature of the setting is absolutely vital, whether you are a user or a carer…" (SUJP031)

"…a place where you are made to feel welcome and not be discriminated, judged or looked down on…" (SUJP032)

THEME 3:

Access to services

This theme was concerned with both the geographical location of service provision and how individuals access services.

Locally based services which are easily accessible and sensitive to local need was a very strong message, particularly from Bassetlaw representatives. People didn't want to see any reduction in

current access points and neither did they want number of future access points restricted by district, with people generally wanting more provision than is currently provided:

"…local services for local towns" (SHTC01)
"…l*ocally based and accessible and lots of* them" (SHTC25)
"…access into services should be quick, include out of hours, local and have the option of home visits" (SUJP027)

The rural geography of Nottinghamshire was something that people felt needed to be taken into account and concern was expressed that rural communities would either lose current access points if provision was to be centralised and become the "poor relation". Ensuring that people can physically access the provision in rural areas is important, and that perhaps outreach provision should be more readily available:

"…some bus services in the villages are only once or twice a day" (TDTC43)
"…very local access is vital as sufferers will find travelling to sites a reason to give up" (TP052)
"…if we have anything but localised treatment points they will be worse than useless because addicts don't have the money to travel. They spend it on drugs" (TDTC08)
"…I think services based in GP surgeries are good as no-one knows what I am attending for, I can be anonymous…" (SUJP026)

Access to the treatment/recovery system was concerned with the speed at which people access the system was viewed as important, and not having to wait too long to be seen initially:
"…small window of opportunity …… need to be picked up quickly" (SHTC09)

As was the availability of provision, with suggestions that daily access should be available including at the weekend.

"…more flexible and out of hour appointment times are needed, some of us work you know!" (SUJP028)

Gaps were identified in managing crisis when occurring out of hours, it was suggested that links could be made with mutual aid groups to provide this support.

It was raised that the boundary/cross border issues may become significant unless arrangements are put in place between neighbouring Councils, especially in relation to registered GP practice populations

Positive responses were received around self-referral, and the roles of other agencies and/or professionals in facilitating this was mentioned. It was felt there was a role for pharmacists to act as "sign posters" and that GP's shouldn't be seen as the only route in, it was also suggested that GP's need educating in making appropriate referrals.

"…what services are out there need to be advertised more…" (SHJP029)

"…GP's and treatment services don't advertise what support there is for families as much as they should do" (SUJP030)

Those affected by another's substance misuse are often the access point for users into treatment. It was felt that families and loved ones educated in substance misuse issues are a route into (and back into) treatment/recovery for the substance misuser;

"…service users may be brought into treatment through education and input from a family member. There are always times when a service user will not enter into treatment and therefore the family play an immense part in that recovery journey, often being instrumental in bringing the service user to a place of wanting treatment" (SHTP034)
"…it was because of my mam that I got into treatment…" (SUJP004)
"…Hopefully with the one-to-one support I am getting my brother will access treatment at some point now I have the knowledge to pass on of how he is to access it" (SUTP042)

"Families are often the first ones to recognise when a service users is struggling or relapsed and can be quick to respond and help them to re-engage" (SHTP062)

THEME 4:

Concerns

A number of concerns were raised in relation to the proposed model and the consultation process itself. There appeared to be a lack of clarity about the decision-making process so far and the factors underpinning this. Local organisations were concerned that not all district councils are represented on the Health and Wellbeing board or the public health committee.

As with any proposed change it is inevitable that there will be difficulties, with a real fear that local services will be disrupted or cease to exist at all and the affect this will have on service users. This was more acutely felt in Bassetlaw:

" …… concerns that they will lose their providers who have built up trust with clients that has taken years to build up ….." (TCSH11)

"….. the skills learnt over a decade are paramount to keeping the community together especially in tough times" (TDTC24)

The consultation process itself attracted a number of comments. These were centred mainly on the consultation document itself and the language used, it was felt it was difficult to understand, therefore minimising the opportunity for people to engage fully, thus reducing local involvement in decision making. People felt they didn't really know enough about how things worked currently and how the proposed model would differ to make an informed choice. In addition concerns were raised around the timescales involved:

" *we still believe the overall process has been rushed and that there should have been further information available about the merits of existing models and a through cost benefit analysis of existing and proposed models*" (TDTC44)
"…not enough detail to know if the proposal will work or not" (SUJP033)
"…the proposal is not clear enough, needs to be written in plain English" (SUJP034)
"…I don't want to tender to go to national, private organisations who are more bothered about profits" (SUTC00)

Concerns were raised in relation to the use of payment by results, especially for complex substance misusers.

Appendix 1

Mark's family

Mark and Hayley Morris live in a private rented house. They both have a history of dependence.

Mark

Mark started using drugs at an early age. As with many young people he struggled with school and family pressures and turned to cannabis and alcohol to relieve his boredom and failure to achieve. He quickly progressed through the drug using spectrum and for a time was injecting.

Mark has been in and out of treatment with varying degrees of success, during his last inpatient episode he met Hayley, who he lives with. They have two children. He is now engaged with community services.

Mark is currently engaged in methadone maintenance treatment receiving 80mls a day. There is some suspicion that he isn't using it all and is selling a proportion of it. He occasionally uses cocaine. This was previously a big problem for him but he has managed to bring his use down considerably. During the period when he was using both opiates and cocaine chaotically, he was arrested many times for acquisitive crime related offences and has a significant criminal history. During this time he became hepatitis c positive. Mark is a likeable man, who is bright and occasionally ambitious. He is currently undertaking literacy and numeracy courses, as he feels that the only way out of his current situation is to get clean and get a job. Mark drinks heavily at the weekends but doesn't see this as a problem.

Hayley

Hayley is of African Caribbean origin and met Mark in a treatment unit seven years ago. She is originally from Manchester. Mark and Hayley have two children, Tom who is six years old and Lucy who is four years old. Tom is at school and Lucy is due to start in reception in September. They are looked after by Mark's mother while Hayley is at work.

Hayley started using when she met an older drug using man whilst still at school and had a daughter, Chloe who is now 15. Before that she was doing well and achieving normally. Hayley has stopped using opiates since she left treatment seven years ago, however smokes cannabis every day.

She is volunteering for the local community drug treatment service and would like to progress into paid work. She struggles with the fact Mark is still using, but pleased he is on a 'script' and not using illicitly. She feels she can cope as long as this remains the case because previously Mark used all the money available to them to fund his habit. They have a number of debts because of this and are currently in rent arrears.

Hayley suffered with significant episodes of post natal depression following the birth of both Tom and Lucy. She suffers from a low mood from time to time and this affects her ability to care for the children.

Chloe

Chloe is Hayley's 15 year old daughter. She dropped out of school, earlier this year saying it was boring and she wasn't getting on with her teachers. Chloe has had a challenging up bringing living with her mother Hayley during her childhood, whilst she was using. She was often left alone for long periods whilst Hayley was either earning money or scoring. Hayley often had friends around the house that were also using and it was during this time that Chloe was sexually abused at an early age.

Whilst Chloe has a reasonable relationship with Mark and Hayley, she doesn't like living at home as she feels she is treated 'like a child', so often stays with friends sleeping on the sofa. She has an older boyfriend who is using drugs and has just found out she is pregnant. She has recently been arrested a few times for shoplifting and soliciting and has recently engaged with the Targeted Support Team. Mark and Hayley are not aware of the boyfriend, the extent of her drinking and drug use or the sex work and at times use her to babysit Tom and Lucy on occasions. During one of these occasions Lucy was said to have fallen down the stairs and broke her arm.

Sue

Sue is Mark's mother and lives in the same town. She is a 58 year old widow. Sue has problems with her memory and this is becoming increasingly obvious. Most days she drinks a couple of bottles of wine, saying it calms her nerves.

Mark is becoming concerned about this as his mother has been to hospital quite a few times recently having fallen at home and a couple of times whilst out shopping. She is covered in bruises and she says this is because of the falls.

Sue has a significant amount of money as a result of her husband's life insurance following his death. She lives off this money but has recently become anxious about money saying it won't last her until she dies and asking who will care for her then.

Sue looks after Tom and Lucy from time to time and has a good relationship with Chloe who spends time with her.

Tom and Lucy

Tom and Lucy are six and four and are mixed race children. Tom sometimes comes home from school having been in a fight as other children tease him about his heritage. The school say it's not a problem – just children being children.

Lucy is recovering from a broken arm having fallen downstairs whilst being looked after by Chloe. She has become withdrawn since this and wants to be with her mother, getting upset when Hayley leaves for work.

Gareth

Gareth is Marks best friend since childhood. They both dropped out of school at the same time and started using together. Gareth is currently homeless and askes to stay at Marks from time to time. Hayley doesn't like this as Gareth can become aggressive when drinking heavily which is most of the time. His drug use is escalating and he has begun injecting again recently. His situation is worsening and he often cannot afford the bags he wants, his increasing use of benzodiazepines appears to be adding to his aggression. He has also confided in mark that he is also injecting steroids in an attempt to counter weight loss. Mark hasn't told Hayley this.

Gareth currently has a number of infected injection sites, a couple of which have become abscesses. His mood swings are becoming increasingly unpredictable. He has a significant criminal history and has been subject to a Drug Treatment Requirement order in the past. He is not currently engaged in treatment. Mark and Hayley have been having increasing arguments recently about Gareth coming round to the house. Mark understands Hayley's concerns but doesn't want to let his friend down.

Natalie

Natalie is Mark and Hayley's neighbour, the only one they have a close relationship with. She is ten years older than Hayley and they have become good friends over the last two years.

Natalie lives alone having divorced her husband fifteen years ago after suffering violence and abuse due to his drunken rages after he lost his job. Natalie is teetotal and tends to disapprove of drinking in any form. She has a son who visits occasionally out of duty but views his mother as being at fault for abandoning his father, and for his later death from liver failure.

Natalie is concerned about Hayley's wellbeing of late and is particularly concerned about Chloe. Her loyalties are being tested as she feels Chloe is out of control and believes something must be done. She is also becoming increasingly frustrated at mark's reluctance (in her eyes) to do the right thing by his family. Hayley is becoming increasingly dependent on Natalie's advice.

Peter

Peter lives next door to Sue (Mark's mother) he is a 29 year old office manager, he is described as intelligent and hardworking. Peter has been a member of the local gym for a few years now, enjoying weight training and meeting his friends; however over the last 12 months due to work pressures he hasn't been able to go as much. He was getting frustrated because he had reached a plateau with his training, not noticing any visible improvements in his body shape. After discussing with his friends and searching the internet, he began taking steroids, initially orally, but in the last six months has been injecting. He buys the steroids from the internet and uses his local pharmacy to get clean injecting equipment.

He currently lives alone following the breakdown of his last relationship due to his violent mood swings; he has recently accepted that this could be due to his steroid use, but doesn't want to stop using as he is currently happy with his body shape.

Peter doesn't view himself as either 'addicted' or a 'drug user', because he works, has his own home and could stop if he wanted to. He is nothing like his neighbour's son, Mark or his girlfriend Hayley.

Mark's family is taken from the concept initially developed by Denbighshire Local Authority and adapted for use in Nottinghamshire.1

Appendix 2

Substance Misuse in Nottinghamshire

Key Facts about the Current Substance Misuse System (as at 31.3.13)

- 95-98 % of clients waiting for drug treatment wait no more than 3 weeks
- 93-95% of clients waiting for alcohol treatment wait no more than 3 weeks

- Numbers in drug treatment for the whole County are 2778. District breakdown is:
  - Mansfield - 735
  - Ashfield - 485
  - Newark and Sherwood - 314
  - Bassetlaw - 596
  - Broxtowe - 295
  - Gedling - 217
  - Rushcliffe – 136

- Current drug treatment successful discharge rates are 13.1% - i.e. discharges are at the rate of approximately 364 individuals at any one time/reporting period (measured as those individuals who have been successfully discharged drug-free and not re-presented to services within 6 months).

- As a further breakdown, for opiate users the successful discharge rate is 8.2% (approximately 203 individuals out of 2472) and for non-opiate users it is 50.7% (approximately 155 individuals out of 306).

- Re-presentation rates are 22% (approximately 81 individuals out of the 364 successful discharges). Re-presentations are measured as those individuals who are successfully discharged from treatment drug-free but then return to services within 6 months of that discharge.

- 23% of those in drug treatment are also in the criminal justice system (approximately 639 individuals).

- Average length of time in drug treatment is 4 years. For those also in the criminal justice system, it is 2.7 years

- A significant proportion of those in drug treatment have been in for 4 years or more – 42.4% (approximately 1178 individuals):
  - 4 – 6 years: 14.3% (397 individuals)

6 years plus: 28.1% (781 individuals)

- Numbers in alcohol treatment for the whole County are 1781. Planned alcohol treatment exits across the county are 1104 (62% planned exit rate).

- Length of time in alcohol treatment:
  <= 1 week – 2% (approximately 35 individuals)
  8 days – 30 days – 9% (approximately 160 individuals)
  31-180 days – 53% (approximately 944 individuals)
  181 – 365 – 23% (approximately 410 individuals)
  More than 1 year – 14% (approximately 248 individuals)

Community Pharmacy Needle and Syringe Programme (NSP)

(Based on activity data for 19 pharmacies in 2012/13. There is no pharmacy based NSP in Bassetlaw)

Total clients*	4741
Estimated number in structured treatment	861
Main drug	
Stimulants	467
Opiates	599
Performance enhancing	970
Heroin and crack	929

District Level Summary

Breakdown by District – number of pharmacies providing NSP

District	Number of pharmacies
Broxtowe	4
Gedling	3
Rushcliffe	3
Mansfield	4
Ashfield	3
Newark and Sherwood	2

***Data is captured as recorded by each pharmacy, clients could visit more than one pharmacy

Activity Summary

Activity by Strategic Community Safety Partnership area

	Mansfield and Ashfield (number and % of total)	**South Nottinghamshire** (number and % of total)	**Newark and Sherwood** (number and % of total)	**Notts Total**
Total clients	3361 (71%)	1029 (22%)	351 (7%)	4741
Estimate in structured treatment	646 (75%)	135 (16%)	80 (9%)	861
Main Drug				
Stimulants	407 (87%)	28 (6%)	80 (7%)	467
Opiates	442 (74%)	87 (15%)	32 (12%)	599
Performance Enhancing	476 (49%)	387 (40%)	70 (11%)	970
Heroin & Crack	759 (82%)	92 (10%)	107 (11.5%)	929

Appendix 3

A proposed new model for an Adult Community Substance Misuse Treatment and Recovery System in Nottinghamshire

Consultation Response Form

The closing date for response is Friday 20th September 2013

Do you agree or disagree this proposed model is a significant improvement from the current model? Please tick which box indicates how you feel about each of the following statements			
Do you agree or disagree the proposed model is a significant improvement from the current model	Agree	Disagree	Don't know
Do you agree or disagree the proposed model addresses the problems in the current model	Agree	Disagree	Don't know
Do you agree or disagree the proposed model meets National standards or is based on best practice	Agree	Disagree	Don't know
Do you agree or disagree the proposed model will provide ready access to substance misuse treatment	Agree	Disagree	Don't know
Do you agree or disagree the proposed model will improve the integration of substance misuse treatment as a holistic model	Agree	Disagree	Don't know
Do you agree or disagree the proposed model will improve recovery and treatment outcomes	Agree	Disagree	Don't know
Do you agree or disagree the proposed model is a more efficient and effective use of resources	Agree	Disagree	Don't know
Do you agree or disagree the proposed model will give users and referrers a clearer understanding of service provision and how to access it	Agree	Disagree	Don't know
Do you agree or disagree the proposed model will improve working practices for staff involved in delivery	Agree	Disagree	Don't know
Do you agree or disagree the proposed model will increase confidence in substance misuse recovery and treatment provision	Agree	Disagree	Don't know
Please use this box to tell us about any comments or suggestions you have for the proposed new model: **Do you have any other comments on a particular part of the model?**			

If you believe the current recovery and treatment model does not need changing , please use this box to tell us what works well:

Which district of Nottinghamshire do you live/work?
If you are responding on behalf of an organisation, please state:

☐ Ashfield
☐ Bassetlaw
☐ Broxtowe
☐ Gedling
☐ Mansfield
☐ Newark & Sherwood
☐ Rushcliffe
☐ Prefer not to say

Appendix 4

Consultation on a proposed new model for an Adult Community Substance Misuse Treatment & Recovery System

Nottinghamshire County Council is consulting on its proposals for a new Adult Community Substance Misuse Treatment & Recovery System.
Now is your opportunity to get involved.

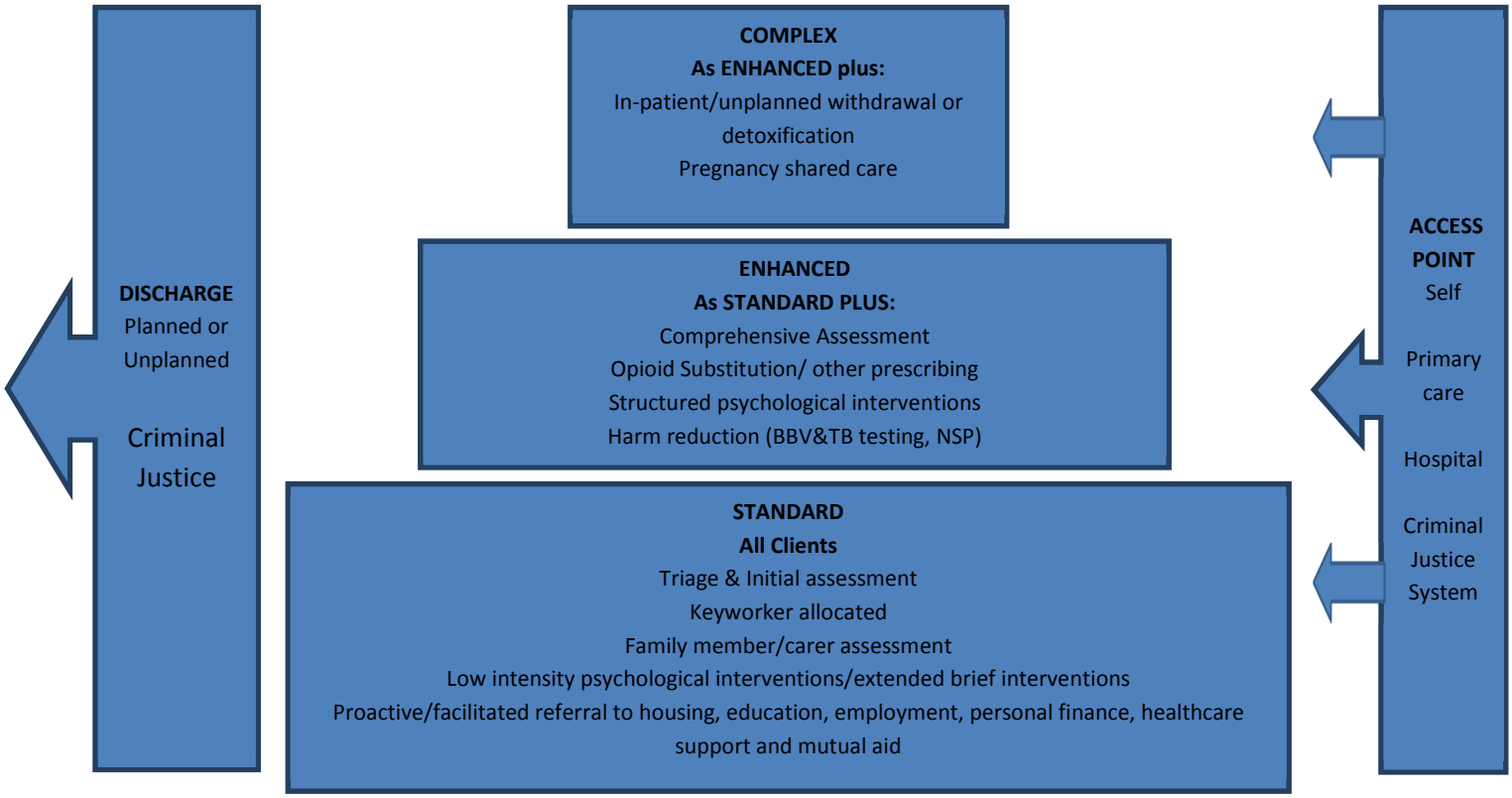
There are approximately 4600 people in Nottinghamshire who currently receive support for their substance misuse issues. However, substance misuse trends are changing and we believe services can be provided more effectively.

We want to redesign the entire system to make sure that services respond to what people need, are more focused on recovery and are available to anyone with substance misuse issues no matter where they live in Nottinghamshire.

Our proposal

Our model is based upon a 'stepped care approach'. You can enter the system at any point based upon your needs, and can move up or down a step as needs change in response to treatment and recovery interventions.

Diagram 1. Proposed Nottinghamshire stepped care model



What benefits can be expected if this model is implemented?

There are a number of benefits that will take effect from April 2014 if this model is agreed:

- A model with the Recovery at its core
- A consistent approach to treatment and recovery service provision and delivery across all seven districts of Nottinghamshire
- A consistent approach to treatment and recovery outcome monitoring
- Equity of treatment and recovery provision regardless of whether an alcohol or drug user
- A consistent approach to commissioning
- Clarity regarding financial efficiency and value for money

Responses

We want as many people as possible to take part in this consultation. You can let us know your views in several ways:

Visit our webpage at: www.nottinghamshire.gov.uk/substancemisuse and complete the online survey

Complete a paper copy of the survey and send by post to:

Jade Poyser
Public Health Nottinghamshire County
Meadow House
Littleworth
Mansfield
Nottinghamshire
NG18 2TB

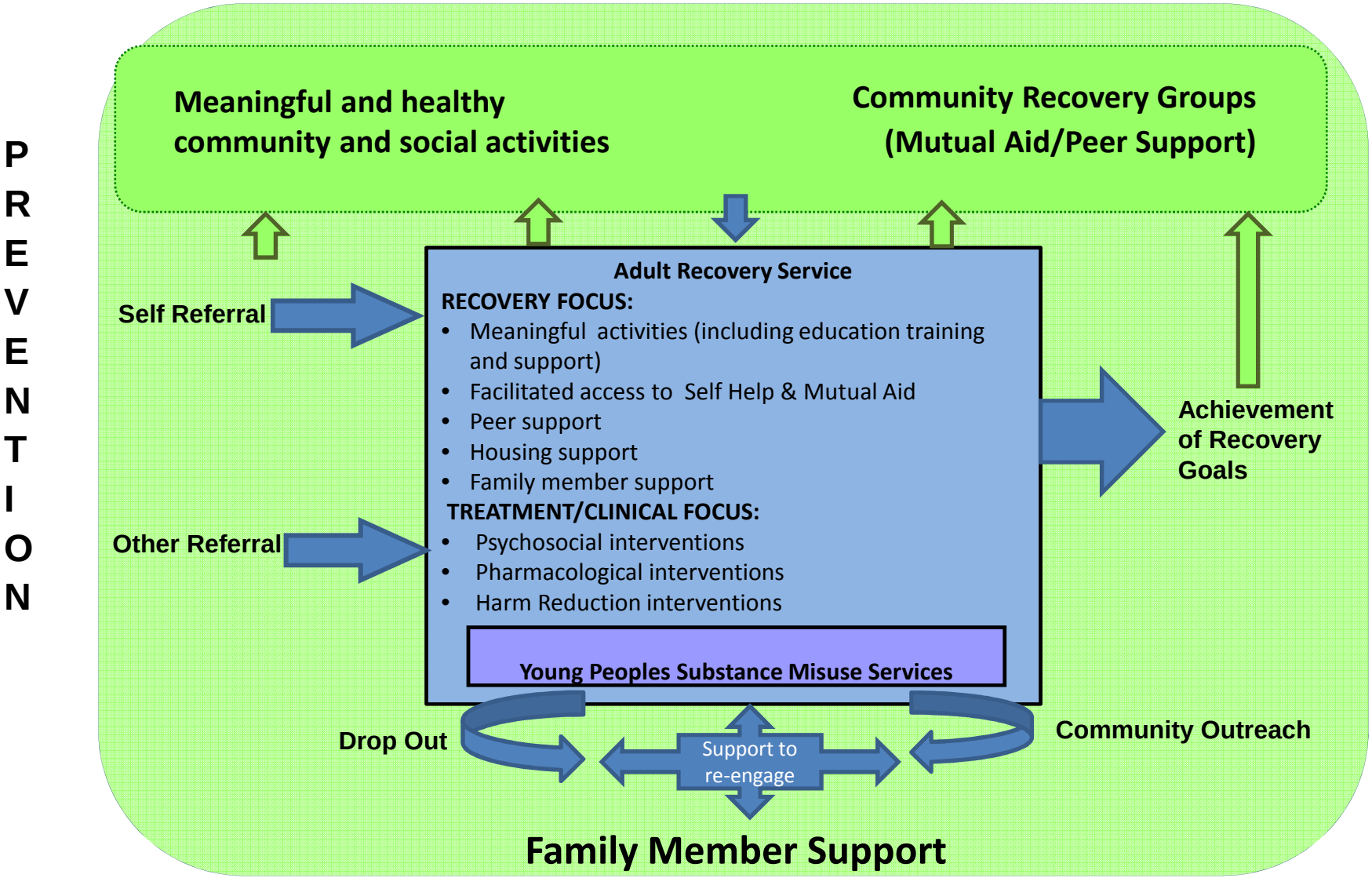
By telephone: 01623 433037

Or by sending an email to: substancemisuse.consultation@nottscc.gov.uk

The deadline for feedback of your comments is Friday 20th September 2013.

We will consider every response received and produce a summary report when the process has been completed that will include an update on the recovery and treatment reconfiguration model and any changes arising from the consultation.

Aspiring for a system that empowers individuals to achieve and sustain abstinence



V3.1_6th NOV2013

Proposed Outcome Measures

Substance Misuse Recovery System

The outcomes below are proposed to measure the impact of the Nottinghamshire Substance Misuse Recovery System. They have are based upon the feedback from the consultation process, discussion through the Expert Panel and establishing whether validated tools are available.

These outcomes represent a marked shift from previous contractual performance requirements. Historically the system has focused on treatment outcomes. The new Nottinghamshire system will be shifting its focus to capturing recovery outcomes.

Outcome 1.

An improvement in mental and physical health and wellbeing from entry and at 12 months

Outcome 2

Reduce substance misuse harm and related deaths

Outcome 3

Increase engagement in education, employment and training entry and at 12 months

Outcome 4

An improvement in sustaining suitable accommodation from entry and at 12 months

Outcome 5

Improvement in positive social networks from entry and at 12 months

Outcome 6

Reduction in reoffending in the offender cohort, with no more than 25% reoffending within XX (PCC to define)

Nottinghamshire County Council

Report to Public Health Committee.

09 January 2014

Agenda Item: 5

REPORT OF DIRECTOR OF PUBLIC HEALTH

OBESITY PREVENTION AND WEIGHT MANAGEMENT UPDATE

Purpose of the Report

1. The purpose of this report is to provide a progress update on the obesity prevention and weight management services re procurement.

Information and Advice

2. Consultation on the proposed new model and outcome measures for obesity prevention and weight management services for adults and children to support sustained behaviour change has taken place between 7th October 2013 and 31st December 2013. The model aims to stop people from becoming overweight and treat those who are overweight. There were a number of ways to take part in the consultation. These were to:

   a. visit the webpage at: www.nottinghamshire.gov.uk/obesityconsultation and complete the online survey
   b. attend one of three stakeholder consultation events
   c. complete a paper copy of the survey, available at local libraries, and return using the freepost address
   d. send an email to obesity.consultation@nottscc.gov.uk

   For young people a short questionnaire appropriate to them was developed to obtain their opinions of the proposals. There was significant interest from the public and stakeholders in the consultation. To ensure involvement of service users, focus groups have taken place with service users of all current commissioned services. A total of 11 service user groups will have taken place by the end of the consultation. A verbal update on the findings of the consultation will be given at the meeting and how these will influence the next steps of the procurement of services.

3. All feedback from the consultation will be analysed and a report produced around what stakeholders and the public have said. This feedback will be used to inform changes to the model and the development of a service specification in preparation for the formal tendering stage which is anticipated to start in February 2014.

4. Informal discussions have taken place and work is under way to identify the potential numbers accessing different parts of the model and the associated costs to enable a greater understanding of value for money.

5. Nationally, there is currently lack of clarity around who is the responsible commissioner for the Tier 3 (Specialist Weight Management) services. These services provide support for those with severe and complex obesity and for those who wish to access bariatric (weight loss) surgery. It is unclear if the responsibility is with Local Authorities or with the Clinical Commissioning Groups. A national team consisting of members from NHS England, Public Health England and NICE have been meeting and are expected to provide recommendations by the end of December 2013.

6. Both the Director of Public Health and the Chair of the Public Health Committee have been provided with regular updates on progress and will be advised if any adjustments to the timescales of the project are needed. The intention is for this service to be part of the overall tender process referred to earlier in the context of substance misuse. Obesity and weight management will be one of the lots within that tender. The final award will be made in accordance with the Authority's Financial Regulations and it is expected that new arrangements will be in place during August 2014.

Statutory and Policy Implications

7. This report has been compiled after consideration of implications in respect of crime and disorder, finance, human resources, human rights, the NHS Constitution (Public Health only), the public sector equality duty, safeguarding of children and vulnerable adults, service users, sustainability and the environment and ways of working and where such implications are material they are described below. Appropriate consultation has been undertaken and advice sought on these issues as required.

Financial Implications

8. The remodelling and tendering of the obesity prevention and weight management services will address issues of cost efficiency and value for money within the current budget limits.

Implications in relation to the NHS Constitution

9. Regard has been taken to the NHS Constitution together with all relevant guidance issued by the Secretary of State in formulating the recommendation.

Implications for Service Users

10. Service users have been consulted as part of the consultation process and their views gathered.

RECOMMENDATION/S

1) The Committee are asked to note the progress report

Dr Chris Kenny
Director of Public Health

For any enquiries about this report please contact:

Barbara Brady
Consultant in Public Health

Anne Pridgeon
Senior Public Health Manager

Constitutional Comments (SG 11/12.2013)

11. Because this report is for noting only no Constitutional Comments are required.

Financial Comments (ZKM 11/12/2013)

12. The financial implications are outlined in paragraph 8 of this report.

Background Papers and Published Documents

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.

- None

Electoral Division(s) and Member(s) Affected

- Nottinghamshire

Nottinghamshire County Council

Report to Public Health Committee

9 January 2014

Agenda Item: 6

REPORT OF DIRECTOR OF PUBLIC HEALTH AND THE DIRECTOR OF COMMISSIONING, DERBYSHIRE AND NOTTINGHAMSHIRE AREA TEAM, NHS ENGLAND

HEALTHY CHILD PROGRAMME AND PUBLIC HEALTH NURSING FOR CHILDREN AND YOUNG PEOPLE

Purpose of the Report

1. To brief Committee members on the national Healthy Child Programme guidance, focusing on public health nursing for children, young people and families.

2. To inform Committee members of the responsibilities placed on Nottinghamshire County Council and NHS England Area Teams for commissioning the Healthy Child Programme and Public Health Nursing services for children and young people.

3. To seek the views and approval of the Committee for the proposed commissioning plans for the delivery of the Healthy Child Programme in Nottinghamshire.

Information and Advice

The Healthy Child Programme

4. Published in November 2009, the Healthy Child Programme[1] [2] (HCP) sets out the recommended framework of universal and progressive services for children and young people to promote optimal health and wellbeing.

5. The HCP provides good practice guidance for all organisations responsible for commissioning services for pregnancy and 0–19 year olds' health and wellbeing, as well as frontline professionals delivering those services. The HCP recognises the key role of a variety of professionals in promoting children and young people's wellbeing and is aimed at the full range of practitioners in children's services, with a particular focus on health visiting from pregnancy to five years, and school nursing for 5-19 year olds.

[1] Department of Health (2009) 'Healthy Child Programme – from 5-9 years'
[2] Department of Health (2009) 'Healthy Child Programme – from birth and five'

6. The HCP aims to provide an opportunity to identify families in need of additional support and children who are at risk of poor outcomes; a key aim is to reduce health inequalities.

7. The HCP consists of three guidance documents:

- Healthy Child Programme - pregnancy and the first 5 years of life
- Healthy Child Programme - the 2 year review
- Healthy Child Programme – from 5-9 years.

8. All documents include a programme schedule defined by age and a description of an age specific 'Healthy Child Team' to deliver the programme. The team includes health practitioners such as school nurses, health visitors and family nurses.

9. Effective implementation of the HCP should lead to:

- Strong parent-child attachment and positive parenting, resulting in better social and emotional wellbeing among children
- Care that helps to keep children healthy and safe
- Healthy eating and increased activity, contributing to a reduction in obesity
- Prevention of some serious and communicable diseases
- Increased rates of initiation and continuation of breastfeeding
- Readiness for school and improved learning
- Early recognition of growth disorders and risk factors for obesity
- Early detection of - and action to address - developmental delay, abnormalities and ill health, and concerns about safety
- Identification of factors that could influence health and wellbeing in families
- Better short and long-term outcomes for children who are at risk of social exclusion.

Public Health Nursing

10. Children's public health nursing services (from pregnancy to age 19 years) comprise those services which deliver the HCP within that age range - health visiting services, school nursing and Family Nurse Partnerships.

11. It is recognised that all nurses have a public health role:

"Public health is the business of every nurse. … Fundamentally it is essential that we take every opportunity to make every contact count so that we not only give the care we specialise in but also help people, families and communities maximise their wellbeing, improve health outcomes and reduce inequalities[3]."

12. As a society, we face significant challenges in tackling the health and wellbeing of children, young people and families. Every nurse and health visitor has a public health nursing role by using their knowledge and skills to

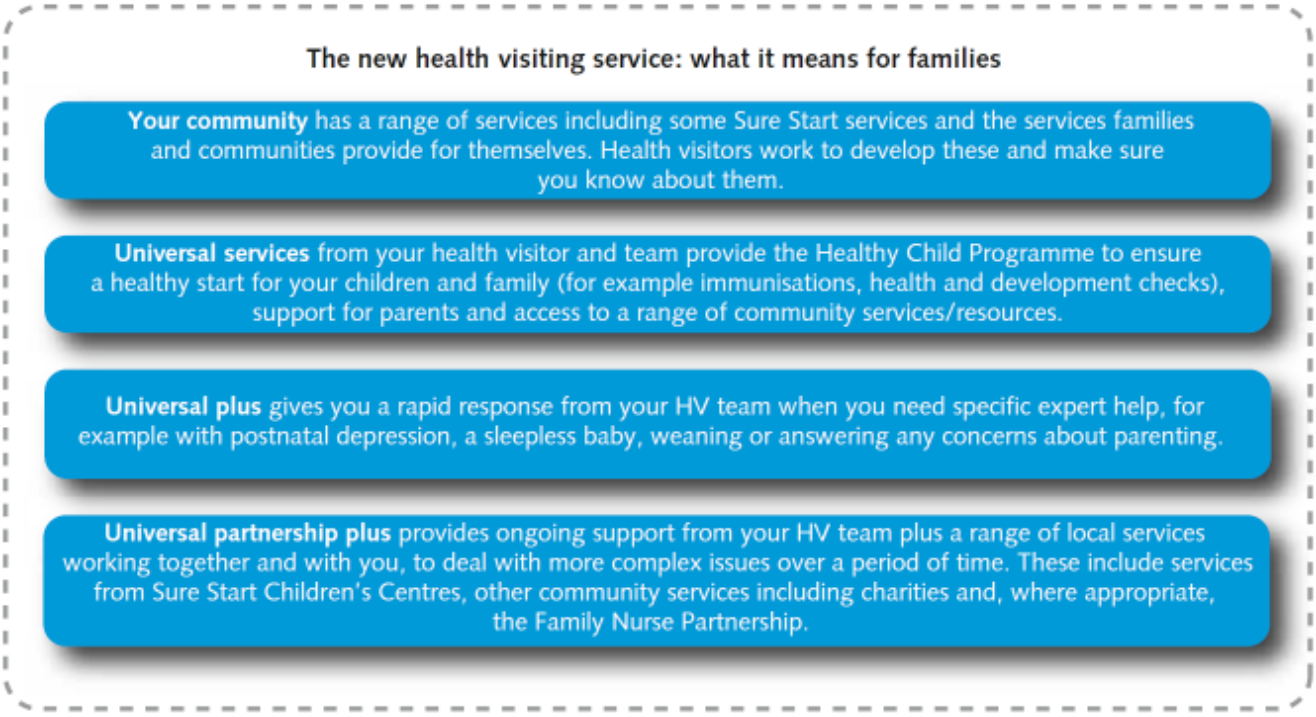
[3] Public Health England (2013) 'Nursing and Midwifery Contribution to Public Health – improving health and wellbeing' (page 3)

make a personal and professional impact, from ensuring a healthy start right through to the end of life, and making sure 'every contact counts' for improved health and wellbeing.

National Drivers

13. **The Health Visitor Implementation Plan 2011-15**[4] details the universal provision led by health visitors but also focuses on a new tiered approach, whereby health visitors offer additional targeted support to those most in need as follows:

The Plan will put in place across the country a new health visiting service that all families can expect to access.



14. The Health Visitor Implementation Plan aims to increase the number of health visitors in each locality. Trajectories were achieved for 2013 and are on course for April 2014:

- Nottinghamshire (excluding Bassetlaw) aims to increase numbers from 69 whole time equivalent (wte) health visitors in May 2010 to 136 wte by April 2015.
- Bassetlaw aims to increase numbers from 13.62 wte health visitors in 2010 to 22.4 by April 2015.

15. A growing body of evidence indicates that the first few years of life play a significant and formative role in shaping people's health, wealth and future happiness. Health visitors have a valuable part to play during this period.

[4] Department of Health (2011) Health Visiting Implementation Plan – A call to action'

They are experts in public health and are responsible for ensuring that children get routine health and development checks to make sure they are well and progressing properly. They identify physical problems that a child may have that require further investigation or care, e.g. sight, language or hearing problems, and can intervene early to address any issues before they become serious. Health visitors also deal with the needs of parents, for example providing advice about parenting skills, relationship issues, breastfeeding, bonding, isolation or postnatal depression etc.

16. In 2012, the Department of Health published a **vision and call to action for school nursing**[5] services. It set out a vision and model for school nursing services based on a framework for local services, to meet both current and future needs.

17. The national service model for school nursing is described with a similar tiered approach as health visiting: *'School nursing is a Universal Service, which also intensifies its delivery offer for children and young people who have more complex and longer term needs (Universal Plus). For children and young people with multiple needs, school nurse teams are instrumental in co-ordinating services (Universal Partnership Plus)'*.

18. The **Family Nurse Partnership** (FNP) is an evidence-based, intensive preventive home visiting programme for vulnerable, first-time young parents that begins in early pregnancy and ends when the child reaches age two years. FNP has three aims:

    i. to improve pregnancy outcomes
    ii. to improve child health and development
    iii. to improve parents' economic self-sufficiency.

19. The Government made a commitment in October 2010 to increase the number of places on FNP to 16,000 nationally by 2015. The FNP in Nottinghamshire was launched in February 2013.

20. The **Public Health Outcomes Framework**[6] sets out a vision for public health, desired outcomes and the indicators that will help local areas to understand how well public health is being improved and protected, a key focus being the reduction of inequalities in health. Outcomes that can be achieved through school nursing, health visiting and FNP include a number from the Public Health Outcomes Framework; these are detailed in **Appendix 1**.

Commissioning Arrangements

School Nursing

[5] Department of Health (2012) 'Getting in Right for Children, Young People and Families – Maximising the contribution of the school nursing team: vision and call to action'
[6] DH (2012) Public Health Outcomes Framework https://www.gov.uk/government/publications/healthy-lives-healthy-people-improving-outcomes-and-supporting-transparency

21. The responsibility for commissioning school nursing transferred from Primary Care Trusts (PCTs) to Public Health in the Local Authority in April 2013, following the Health and Social Care Act 2012. Nottinghamshire County Council is responsible for commissioning the service to cover all of Nottinghamshire including Bassetlaw.

22. School nursing services in Nottinghamshire are also commissioned to lead on a statutory duty for the Local Authority to deliver the National Child Measurement Programme (NCMP).

23. Currently Nottingham North East Clinical Commissioning Group (CCG) leads on the commissioning of services provided by the health provider, Health Partnerships, including school nursing; and Bassetlaw CCG is leading on the commissioning of the service in Bassetlaw delivered by Bassetlaw Health Partnerships. Public Health is an associate commissioner to the NHS contracts with the current providers.

24. The Department of Health has recently confirmed that a national service specification for school nursing will be made available in the New Year. Local commissioners will be able to amend the specification to include local priorities.

Health Visiting and Family Nurse Partnership

25. Currently the responsibility for commissioning health visiting and FNP services is delegated to NHS England by the Secretary of State for Health via a Section 7a Agreement. The Government has now stated an expectation for these responsibilities to transfer to local authorities from October 2015. However, there is national debate as to whether the transfer date for health visiting may be postponed further. In addition, there is a lack of clarity regarding the budget transferring to local authorities.

26. Nottinghamshire is covered by two NHS England Area Teams (ATs): the Nottinghamshire and Derbyshire AT and the South Yorkshire and Bassetlaw AT. The ATs commission health visiting services in Nottinghamshire County (area previously covered by Nottinghamshire County PCT) and Bassetlaw respectively. The Nottinghamshire and Derbyshire AT leads on the commissioning of FNP on behalf of both Area Teams.

27. Public Health representatives are active members of the Nottinghamshire FNP Advisory Board and Health Visitor Implementation Stakeholder Group. There are established working links with both NHS England ATs which are also represented at the Nottinghamshire Children's Trust Board and the new Children's Commissioners' Forum for Nottinghamshire.

28. Once commissioning responsibility has transferred from NHS England to Nottinghamshire County Council, health visiting and the FNP will be commissioned by the Children's Integrated Commissioning Hub (ICH) which works across the six Nottinghamshire Clinical Commissioning Groups, and the Public Health and Children, Families and Cultural Services Departments of

Nottinghamshire County Council. Until such time as the transfer, NHS England will work closely with the ICH to ensure integration of early help services across agencies.

Current Commissioning Activity

School Nursing

29. Public Health began a review of the school nursing service across Nottinghamshire in September 2012, with the aim of collating evidence which would shape the service specification for the school nursing service in order to improve outcomes for children and young people aged 5-19 years across Nottinghamshire.

30. A steering group was established, involving Public Health leads and senior managers from the provider organisation. The steering group was instrumental in guiding the review and ensuring ownership amongst current providers of school nursing services. Workshops were held to gain the views of a range of stakeholders, as well as employees working for school nursing services across Nottinghamshire. A specific workshop was held with young people at County Hall in April 2013. Questionnaires were designed and circulated to all schools, chairs of governing bodies, wider stakeholders, school nursing staff and young people. Findings were analysed and used in workshops to inform further investigation and discussion.

31. The findings from the review indicate that current service provision could be strengthened to ensure that children and young people aged 5-19 years receive an equitable service wherever they live, whichever school they attend and whether they are in formal education or not. Findings also suggest that the term 'school nurse' should no longer be used, in order to encourage nurses to work in a range of settings for children and young people, for example Further Education colleges.

32. It is anticipated that current performance management arrangements will be strengthened when commissioning is led by the Nottinghamshire Children's Integrated Commissioning Hub (ICH) and the school nursing service is required to evidence its activity outputs and how these contribute to the outcomes listed in **Appendix 1**.

33. Commissioners in the Children's ICH are seeking approval from the Public Health Committee to serve notice on the current school nursing contract. The ICH plans to implement a procurement exercise during 2014/15 with the aim of having a new service specification and contract in place from 1 April 2015.

34. The Children's ICH will ensure that CCGs, Nottinghamshire County Council and key stakeholders, such as schools, will be kept informed and engaged in commissioning plans.

Health Visiting

35. Transformation funding has been allocated to each NHS England Area Team (AT) to aid the local delivery of the Health Visiting Implementation Plan. The Nottinghamshire and Derbyshire AT will lead on this work for Nottinghamshire including Bassetlaw and has submitted a bid for additional workforce development for health visitors, including the development of local plans to improve health outcomes of 0-5 year olds. Proposals were supported by the Corporate Director of Children, Families and Cultural Services and the Director of Public Health and the bid has been approved.

36. NHS England ATs will transfer the commissioning of health visiting services to the Children's ICH and plans will be developed for this transfer once timescales have been agreed nationally. The East Midlands Health Visiting Transformation Group is in place and includes commissioners from local authorities, NHS England and Public Health England.

37. Nottinghamshire County Council will be required to establish a new contract for health visiting and it is envisaged that the commissioning of health visiting will be aligned with school nursing in due course.

Family Nurse Partnership (FNP)

38. The FNP was commissioned in Nottinghamshire (including Bassetlaw) by Nottinghamshire County Council and both PCTs in 2012. The current service provider (Health Partnerships) was identified through a procurement exercise and the service has been recruiting clients since February 2013. Health Partnerships also provides health visiting and school nursing, which has enabled easier integrated working for public health nursing locally.

39. The Nottinghamshire FNP Advisory Board is provided with performance information from the programme and there are strong links with the Children's Trust Board and Teenage Pregnancy Integrated Commissioning Group, which both receive regular updates. Since the launch of the programme, all performance requirements are being achieved.

40. There are no plans to serve notice on the FNP contract as commissioners want to see the service offer continuous stable support to vulnerable young parents and their children. However, if a different provider is identified for health visiting and school nursing, commissioners may reconsider this position.

41. NHS England ATs will be transferring the commissioning of this service to the Children's ICH from October 2015 and transition plans will be developed for this transfer. Guidance from NHS Central Team is awaited and may be published in January 2014.

Future Commissioning Plans and Implications

42. CCGs will be invited to engage in plans to commission the HCP, as public health nursing services have a substantial co-dependent relationship with

CCG priorities and services. The new Children's Commissioners' Forum will be used as a key communication route.

43. The Children's ICH is currently working with Nottingham City Public Health Commissioners to explore the potential to commission school nursing and in due course health visiting services across both the city and county. This is likely to reduce overall costs, will aid cross border working and establish greater levels of shared service provision. In addition, this would enable potential providers to tender for city and county services.

44. As previously noted, the ICH plans to serve notice to the current school nursing services and a procurement exercise will take place in 2014/15 with a view that one service is in place from 1 April 2015 covering all of Nottinghamshire.

45. The school nursing service will be expected to work with young people aged 5 – 19 years and be proactive in engaging 16-19 year olds in sixth form units and FE colleges and providing additional targeted input for those in need.

46. The review of school nursing has identified the need for the service to deliver to key public health priorities, including emotional health and wellbeing, smoking prevention and improved sexual health. This may result in some elements of work ceasing, such as hearing and sight tests in primary school settings.

47. Regular communication with schools, existing service providers, wider stakeholders and young people will continue whilst new service specifications are being drafted.

48. Working with both NHS England ATs, the commissioning of the health visiting service will be transferred to the Children's ICH in due course. It would be beneficial to align commissioning of health visiting with school nursing, enabling potential providers to tender for both services; this would result in greater integration, aiding the implementation of the HCP. Discussions in relation to this are at an early stage, as a result of the recent change to the timetable of transfer of commissioning.

49. Furthermore there is scope across Nottinghamshire, Nottingham City, Derbyshire and Derby City to work together to procure and commission both school nursing and health visiting. A group of Public Health consultants across these localities meet on a regular basis to consider and progress this option.

50. The commissioning of school nursing, health visiting and the FNP by Nottinghamshire County Council will aid the integration of services for children, young people and families; this is in line with the new operating model for Children, Families and Cultural Services.

Other Options Considered

51. Commissioners have considered retaining the current service providers and existing contracts. However, to date Public Health and CCGs have faced challenges in accessing service performance information (in particular for school nursing), so it is envisaged that a procurement process, leading to implementation of a robust service specification and contract will lead to greater accountability, transparency and challenge if required.

Reason/s for Recommendation/s

52. Guidance and evidence to improve health outcomes for children and young people is vast and varied. The transfer of the commissioning of key services to the Local Authority and joint working between commissioners provides an excellent opportunity for services to deliver interventions that are evidence based; but also provides assurance that service provision is equitable and targets groups and localities with poorer health outcomes.

Statutory and Policy Implications

53. This report has been compiled after consideration of implications in respect of finance, the public sector equality duty, 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.

Implications for Service Users

54. Service users have been engaged in the review of school nursing and will also be involved in planning for commissioning of the health visiting service. This engagement will help commissioners to ensure that service delivery is in line with needs identified by the target population. Each new service contract will also require regular engagement of service users to evaluate service provision, but also to ensure that services adapt to meet emerging needs.

Financial Implications

55. It is important to note that there is unlikely to be an increase in the budget for these key public health services. Commissioners will work with providers to ensure best value and prioritisation of activities and interventions.

Public Sector Equality Duty Implications

56. Health visiting and school nursing services are required to offer a universal service and additional interventions for key target groups including looked after children. Budget constraints and rising need may see a reduction in universal provision for school nursing with a greater focus on target groups and localities. Whilst positively working to reduce health inequalities, this may prevent access to services for those who need them but do not live in a targeted high risk area.

Safeguarding of Children and Vulnerable Adults Implications

57. All services included in this report play a substantial role in relation to safeguarding children. The school nursing review identified that involvement in case conferences should only be considered when a health need has been identified. The regular involvement of school nurses in child protection conferences is taking them away from their public health duties and making them less visible to children and young people.

RECOMMENDATION/S

That the Committee:

1) notes the content of this report.

2) approves the proposal to align the commissioning of school nursing and health visiting to enable an integrated service to be in place from 1 April 2015.

3) comments on early plans to explore joint commissioning of school nursing and health visiting with Nottingham City Public Health or a wider group of neighbouring local authorities.

Chris Kenny
Director of Public Health

Vikki Taylor
Director of Commissioning
Derbyshire & Nottinghamshire Area Team
NHS England

For any enquiries about this report please contact:

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Constitutional Comments (SLB 23/12/13)

58. Public Health Committee is the appropriate body to consider the content of this report.

Financial Comments (ZM 11/12/13)

59. The financial implications are outlined in paragraph 55.

Background Papers and Published Documents

'Nottinghamshire School Nursing Review' Nottinghamshire Children's Trust Board – 5/9/13 http://www.nottinghamshire.gov.uk/caring/childrenstrust/about-the-childrens-trust/childrenstrustCommittee/

Healthy Child Programme and Public Health Nursing for children and young people – report to Health & Wellbeing Board on 8 January 2014

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.

C0346

APPENDIX ONE

The key public health outcomes that can be achieved through school nursing, health visiting and Family Nurse Partnership services will include the following outcomes from the Public Health Outcomes Framework:

	Health Visiting	School Nursing	Family Nurse Partnership
Reduced numbers of children in poverty			
Reduced prevalence of low birth weight of term babies			
Reduced prevalence of smoking status at time of delivery			
Reduced smoking prevalence in adults			
Reduced smoking prevalence in 15 year olds			
Reduced school absences			
Reduced teenage conception rates (repeat pregnancies)			
Reduced Chlamydia prevalence in 15-24 year olds			
Improved child development at 2 – 2½ years			
Reduced hospital admissions caused by unintentional and deliberate injuries in children and young people aged 0-14 and 15-24 years			
Reduced numbers in fuel poverty			
Reduced incidence of domestic abuse			
Improved readiness for school			
Improved emotional wellbeing of looked after children			
Reduced tooth decay in children aged 5			
Reduced alcohol and drug misuse			
Reduced excess weight in 4-5 year olds and 10-11 year olds			
Reduced hospital admissions due to unintentional or deliberate injuries			

Nottinghamshire County Council

Report to Public Health Committee

9th January 2014

Agenda Item: 7

REPORT OF THE DIRECTOR OF PUBLIC HEALTH

ESTABLISHMENT OF THE CONTRACT MANAGEMENT FUNCTION TO SUPPORT PUBLIC HEALTH COMMISSIONING

Purpose of the Report

1. This report provides information on the contract management function required to support the work of the Public Health Department. It seeks approval from the Public Health Committee to establish a formal support function to replace the interim contracts team put in place in April 2013.

Information and Advice

2. Prior to April this year, the Public Health Department received its contract management support from the centralised procurement function within the Primary Care Trusts. Following the transfer to Nottinghamshire County Council, although the procurement function was established within the finance department, the Public Health Department had to set up an internal mechanism for contract management as no central function was available.

3. Due to the immediate need for this function, Public Health established an interim contracts team from existing Public Health staff. These members of staff were temporarily reassigned to establish and maintain systems to manage the service contracts for Public Health.

4. Looking forward and using lessons learnt since April, the Department wishes to establish a formal support function. This includes establishing dedicated contract manager posts within the council with the required skills and experience to undertake the role.

5. **Appendix One** describes the proposed structure for the contracts team. It includes the following roles:
   - Contract managers for higher value contracts
   - Contract managers for lower value contracts
   - Administrative / claims and data entry support

6. Performance management will be incorporated into the contract manager roles, to recognise the breadth of work required. The Performance role is coordinated through one manager, who has the lead role.

7. The proposed team structure anticipates and reflects the changing landscape of the Public Health Contracts in 2014/15. It recognises the support required in the re-procurement of services, contractual changes that will need to be delivered in 2014/15 to support financial savings and the award of and management of revised and new PH Services Contracts for 2015/16.

8. It is acknowledged that flexibility will need to be maintained in order to respond to changes in council systems, future structures and commissioning responsibilities.

Establishing the Contract Management Team

9. The Public Health Department is mindful of the financial pressures facing the council. It has therefore looked creatively at solutions to meet the needs of the department, whilst addressing integration of Public Health within the council, providing security for council staff and minimising financial impact to the council. A combination of the following solutions is proposed to establish the contracts team.

    a. **Appointment of staff from within Public Health:** It is proposed that the establishment of the contracts team be used to start to align Public Health staff onto council terms and conditions. This will apply to Public Health staff whose role currently delivers the contract management function.

    b. **Continued redeployment of Public Health staff:** It is proposed to continue the redeployment of a Public Health professional, and whose role will continue to align to the contracts function.

    c. **Recruitment of staff to fill vacancies:** It is proposed to recruit two new contract managers (one permanent and one fixed term until April 2015) and administrative support. The normal council recruitment process will be followed. The posts will firstly be opened to internal council staff who have the necessary skills and experience. This will offer future employment opportunities to staff ‘at risk’ as a result of the current budget challenge.

Financial Implications

10. There is no new resource required to formally establish the contract management team. A number of funding streams are available to resource the team. This would require recycling the following funding to cover the costs of the team:

a. **Existing staffing resource already assigned to the contract work:** There are three members of Public Health staff assigned to work on contract management, who are keen in continue to develop their roles in this area. It is proposed to use this resource in the funding of the contract management team.

b. **Resource released from staff vacancies:** Following the departure of the administrative team leader, and reallocation of her role across other members of staff, there is £30,061 uncommitted resource associated with this vacancy.

c. **Public Health Grant Overheads:** When the Public Health grant was allocated, £484,000 was assigned to overhead costs associated with the support functions for the department. The majority of this fund is being used to cover support costs from wider council departments, such as accommodation, finance, procurement, human resources and communications. However, the establishment of contracts managers is a legitimate call on this overheads fund.

d. **Income:** Public Health has taken on the responsibility for commissioning services for substance misuse in prisons on behalf of NHS England. This arrangement provides consistency in standards of services for substance misuse across the different patient populations. This agreement runs until April 2015, when it will be reviewed with the potential for transferring the commissioning responsibility back to NHS England. To support the work, NHS England has awarded a management cost of £64,735 up to April 2015.

11. **Table One** details the costs associated with establishing a contract management team to support the Public Health Department. The costs include the salary costs, together with the on-costs relating to employers' national insurance contributions and employers' pension contributions.

Table One: Financial Implication of the establishment of contracts team

Post	Cost (including on-costs)
Contract and Performance Manager - High Value Contracts (Hay Grade D - 1.0FTE)	£49,747
Higher Value Contract Manager & PH Performance Lead (Agenda for Change 8a - 1.0 FTE)	£57,955
Contract Manager – Prison Substance Misuse (Hay Grade C – 1.0FTE) Fixed term to 31.3.15	£45,167

Contract Manager - Lower Value Contracts / LCPHS (Hay Grade A - 1.0FTE)	£34,303
Contract Manager - Lower Value Contracts / Performance Officer (Hay Grade A - 1.0FTE)	£34,303
Claims and Data Entry Clerk (NJE 3 - 1.0FTE)	£20,541
Administrative Support (NJE 3 - 0.8FTE) Review 31.3.15	£16,433
Total Costs	**£258,449**
Total Resources available	**£274,015**

12. The proposed contracts staffing costs are calculated to be £258,449 and this is covered through the available resource. The remaining £15,566 is placed in the Public Health reserves.

Other options considered

13. Consideration was given to retaining the current contracts support structure. However, this was rejected as it does not meet the needs of the Public Health Department.

Reason for recommendation

14. Advice from procurement colleagues, and experience working within the local authority setting, identified a new need for greater capacity and specialist skills and experience in managing complex contracts of high financial value. These skills do not currently exist within the Public Health Department, but are critical for the successful management of Public Health commissioning business, including the realisation of cost efficiencies from contracted services.

Statutory and Policy Implications

15. 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, the NHS constitution (together with any statutory guidance issued by the Secretary of State) and 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.

16. **Human Resources Implications**
Human Resource implications are contained in the body of the report.

17. **Finance Implications**
Finance implications are contained in the body of the report.

RECOMENDATIONS

The Public Health Committee is asked to:

1. Support the establishment of the contracts team structure.

2. Agree for the re-assignment of funds from within the Public Health grant and Public Health income to cover the costs of the team.

Cathy Quinn
Associate Director of Public Health

For any enquiries about this report please contact:
Cathy Quinn, Associate Director of Public Health

Constitutional Comments (KK 23/12/13)

14. The proposals in this report are within the remit of the Public Health Committee.

Financial Comments (NDR 24/12/13)

15. The financial implications are set out in the report.

Background Papers

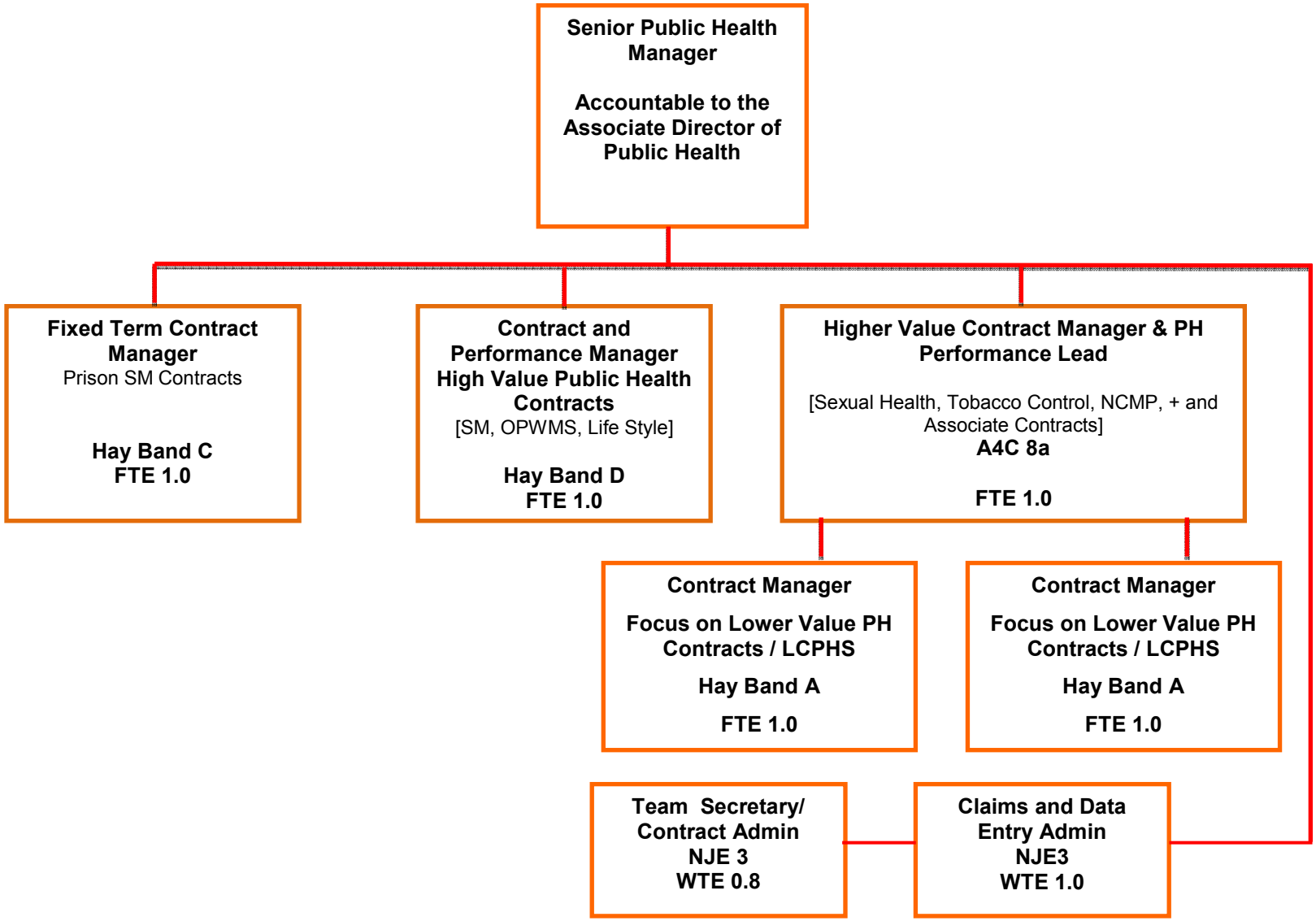
Except for previously published documents, which will be available elsewhere, the documents listed here will be available for inspection in accordance with Section 100D of the Local Government Act 1972.

Public Health Sub-Committee paper on the Public Health Grant January 2013

Electoral Division(s) and Member(s) Affected

All

Appendix One: Proposed Structure for Contract Management Team



Nottinghamshire County Council

Report to Public Health Committee

9 January 2014

Agenda Item: 8

REPORT OF DIRECTOR OF PUBLIC HEALTH

STAFF TRANSFER FROM COMMUNITY SAFETY TO PUBLIC HEALTH

Purpose of the Report

1. The purpose of the report is to seek approval to transfer a member of staff from the County Council's Community Safety Team to the County Council's Public Health Department.

Information and Advice

2. Tackling Domestic Violence is a priority for the Safer Nottinghamshire Board, the Police and Crime Commissioner and the Health and Well Being Board. Currently there are members of staff within both the Public Health and Community Safety teams in the County Council who contribute to this agenda. This is not the best use of scarce resources as it can lead to duplication of effort as well as potentially causing confusion to external partners regarding how best to engage with the authority on this policy issue.

Reason for Recommendation

3. A single policy lead role for Domestic Violence within Public Health in Nottinghamshire County Council will help to ensure a 'one council approach', effective use of staff time and minimise duplication. Public Health staff will continue to support the Community Safety Committee within the council as well as the Public Health Committee. In fact the Vice Chair of the Public Health Committee is the chair of the Community Safety Committee.

RECOMMENDATION

4. That the Public Health Committee give retrospective approval to the transfer of a 0.8fte Community Safety officer at Hay Band C, with effect from 1st October 2013; the cost (including on-costs) of this transfer to be met from within the existing the Public Health grant funding.

Dr Chris Kenny
Director of Public Health

For any enquiries about this report please contact Barbara Brady, Consultant in Public Health: barbara.brady@nottscc.gov.uk

Statutory and Policy Implications

5. This report has been compiled after consideration of implications in respect of finance, the public sector equality duty, 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.

Constitutional Comments (KK 11/12/2013)

6. The proposal in this report is within the remit of the Public Health Committee.

Financial Implications (ZKM 11/12/2013)

7. The financial implications are outlined in paragraph 4.

Human Resources Implications

8. The postholder has transferred on existing terms and conditions.

Background Papers Available for Inspection

Nil

Electoral Division(s) and Member(s) Affected

All

Nottinghamshire County Council

Report to the Public Health Committee

9th January 2014

Agenda Item: 9

REPORT OF THE DIRECTOR OF PUBLIC HEALTH

PUBLIC HEALTH SERVICES PERFORMANCE AND QUALITY REPORT FOR HEALTH CONTRACTS

Purpose of the Report

1. This report provides a summary of the performance and quality data relating to the Public Health contracts that are commissioned by Nottinghamshire County Council for Quarter One and Quarter Two 2013/14.

Information and Advice

2. The Public Health contracts and performance team continue to receive performance and quality data in relation to all the Public Health contracts.

3. The data is presented by provider at a service level. Data requirements do not include locality level information.

4. Public Health is able to scrutinise locality outcomes through conducting Health Equity Audits.

5. A schedule of contract review meetings has been implemented. An aim of these meetings is to review performance and quality issues and agree any actions plans to rectify under or over performance.

Key Issues

6. An overview of the contracts where there are current performance issues are summarised in a table and is included as Appendix One.

7. This shows the main areas of concern are in relation to:
    - NHS Health Checks – GPs
    - Genito-Urinary Medicine – Sherwood Forest Hospital Foundation Trust and Doncaster & Bassetlaw Hospitals
    - Alcohol and Drug Misuse – The Recovery Partnership and Regents House
    - Children and Young People – Healthy Schools, County Health Partnership
    - Seasonal Mortality – Nottingham Energy Partnership

- Tobacco Control – Four week smoking quitter figure; GPs, Community Pharmacists and Bassetlaw Stop Smoking Service.

8. A summary of the issues and actions that are being taken is included in the table.

9. There is currently no data for the School Nursing contract with County Health Partnership. The Children's Integrated Commissioning Hub is working with the provider to resolve this issue and ensure timely and accurate data is provided in the future.

10. Detailed information regarding all commissioned services is included as Appendix Two. The services are grouped together in relation to the Public Health function that they relate to. Details and remedial actions, key issues affecting delivery, actions to address the issues and whether there have been any quality and safety issues in relation to the contract then follow.

Reason/s for Recommendation/s

11. The recommendation is made to support future development of performance and quality reporting for Public Health Services contracts.

Statutory and Policy Implications

12. This report has been compiled after consideration of implications in respect of crime and disorder, finance, human resources, human rights, the NHS Constitution, the public sector equality duty, safeguarding of children and vulnerable adults, service users, sustainability and the environment and ways of working and where such implications are material they are described below. Appropriate consultation has been undertaken and advice sought on these issues as required.

Financial Implications

13. Robust performance and quality reporting ensures that financial implications are monitored and reviewed effectively to minimise financial risk to the council.

Implications in relation to the NHS Constitution

14. Regard has been taken to the NHS Constitution together with all relevant guidance issued by the Secretary of State in formulating the recommendation.

Public Sector Equality Duty implications

15. Monitoring of the contracts ensures providers of services comply with their equality duty.

Implications for Service Users/Safeguarding of Children and Vulnerable Adults Implications

16. The performance and quality monitoring and reporting of contracts is a mechanism for providers to assure commissioners regarding patient safety and quality of service.

RECOMMENDATION

17. That the Public Health Committee receives the report and note the performance and quality information provided in Appendices One and Two.

Appendix One: Summary of main areas of concerns/issues regarding Public Health contracts.
Appendix Two: Quarter Two Report (July – September 2013/14).

Cathy Quinn
Associate Director of Public Health

For any enquiries about this report please contact:
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Constitutional Comments (KK 11/12/2013)

18. Because this report is for noting only, no Constitutional Comments are required.

Financial Comments (ZKM 11/12/2013)

19. There are no financial implications arising from this report.

Background Papers and Published Documents

None

Electoral Division(s) and Member(s) Affected

All

Table Showing Summary of Main Concerns/Issues Regarding Public Health Contracts

Public Health Function	Contract Provider	Plan	Activity	Issue	Actions
NHS Health Checks (1)	GPs	Offered health checks = 17,790	Actual = 10,908 (39% under-activity)	Risk of inequalities and missing high risk groups	Implementation of proposed Commissioning and Implementation Plan
		Received health checks = 11,562	Actual = 6,291 (46% under-activity)		
Sexual Health (3)	Sherwood Forest Hospital Foundation Trust – Genito-Urinary Medicine	First appointment = 1595	Actual = 2145 (33% over-activity)	As this contract is paid on an activity basis, this over-activity represents an overspend	Continuous monitoring. Comparing activity to last year's activity. Contract review meeting to discuss.
		Follow-up appointment = 1008	Actual = 1110 (4% over-activity)		
	Doncaster & Bassetlaw Hospitals – Genito-Urinary Medicine	First appointment = 809	Actual = 855 (6% over-activity)	As this contract is paid on an activity basis, this over-activity represents an overspend	Continuous monitoring. Comparing activity to last year's activity. Contract review meeting to discuss.
		Follow-up appointment = 335	Actual = 376 (12% over-activity)		
Alcohol & Drug Misuse (4)	The Recovery Partnership	Successful discharges as a proportion of those in treatment (non-opiate users) = 44%	Actual = 40.9%	Reduction in performance by 4.1%, which equates to 2 individuals.	Continuous monitoring. Contract review meeting to discuss.
		Increase of alcohol assessments as an increase on 2010 / 11 baseline = 25%	Actual = 11%	A decline in alcohol assessments by 14%	
	Regents House	Number of referrals in = 36	Actual = 18	Under activity by 50%	Service is currently being reviewed with NCC Carer's Support.
Children & Young People (5)	Healthy Schools, County Health Partnership	Number of schools with an out-of-date Whole School Review = 60/year	Actual = 128 quarters one and two	Under performance	Each school contacted to explain the procedure for re-accreditation Locality information will be provided to the Child & Family Health teams
		Number of schools with an up-to date Whole School Review = 160/year	Actual = 71 quarters one and two		

Public Health Function	Contract Provider	Plan	Activity	Issue	Actions
Seasonal Mortality (8)	Nottingham Energy Partnership (NEP)	Number of people trained to deliver brief intervention = 27 quarter two	Actual = 0	No training courses were delivered due to restructuring of teams and annual leave.	Service continues to work with key individuals to encourage staff to attend.
		Number of home heating and insulation referrals = 126 quarter two	Actual = 29	Referrals are low.	Mailshot is planned.
Tobacco Control (10)	GPs, Community Pharmacists and Bassetlaw Stop Smoking Service	Number of four-week smoking quitters = 3,449 quarters one & two	Actual = 3,190 quarters one & two	Under performance, especially of GPs and community pharmacists.	NCC Public Health is exploring the potential to commission extra quitters.

Public Health Performance and Quality Report for Health Contracts

Quarter Two (July – September) 2013/14

Contents

Format of the Report

The contracts are grouped together in relation to the Public Health function that they relate to. In the first table, the functions and contracts have been linked to the National Public Health Outcomes Framework and the priorities from the Nottinghamshire Health and Wellbeing Strategy.

Annual financial values of contracts are summarised into categories as shown below.

Annual Financial Value of the Contract Range	Category
More than or equal to £1,000,000	High
£100,000 to £999,999 inclusive	Medium High
£10,000 to £99,999 inclusive	Medium
Less than or equal to £9,999	Low

For each of the Public Health functions, the name of the providers of the contracts are included, along with appropriate indicators, plan and actual figures achieved, as outlined in the service specifications.

Details and remedial actions, key issues affecting delivery, actions to address the issues and whether there has been any quality and safety issues in relation to the contract then follow.

1. Public Health Priority: NHS Health Checks

National Public Health Outcomes Framework		Health and Wellbeing Strategy Priorities
Outcome	**Reference National Public Health (PH) Outcomes Framework**	
Recorded diabetes Take up of the NHS Check Programme – by those eligible*	PH 2.17 PH 2.22	- Physical Disability, Long term Conditions and Sensory Impairment - To reduce early mortality and improve quality of life for individuals with Long Term Conditions (LTC)
Category of contract value	Medium High	

Name of Providers
GPs

Target and Measure	**Per Quarter - 2013/14 Plan**	**Quarter One – 2013/14 Actual**	**Quarter Two – 2013/14 Actual**	**Cumulative Total – 2013/14**
Numbers of eligible* patients who have been offered health checks	17,790	10,779	10,908	21,687
Numbers of patients offered who have received health checks	11,562	5,839	6,291	12,130

*eligible = adults in England aged between 40-74 who have not already been diagnosed with heart disease, stroke, diabetes or kidney disease

Summary / performance issues:

- High degree of variation in coverage and uptake between practices
- Risk of inequalities and missing high risk groups
- Different remuneration arrangements and targets across Bassetlaw and the rest of the County due to legacy from previous commissioners

Actions to address issues:

• Implement the proposed NHS Health Check Commissioning and Implementation Plan (medium term action) • Continuing shared ownership of action plans with the Clinical Commissioning Groups (immediate) • Submit an update on the NHS Health Check Commissioning and Implementation Plan following procurement (medium term).
Quality and Patient Safety: No issues reported.

2. Public Health Priority: National Child Measurement Programme (NCMP)

National Public Health Outcomes Framework		**Health and Wellbeing Strategy Priorities**
Outcome	**Reference National Public Health (PH) Outcomes Framework**	
Excess weight ages 4-5 (Reception Year) Excess weight ages 10-11 (Year 6)	PH 2.6i PH 2.6ii	- To achieve a sustained downward trend in the level of excess weight in children by 2020
Category of contract value	Medium High	

Name of Providers
County Health Partnership
Bassetlaw Health Partnership

PROVIDER = COUNTY HEALTH PARTNERSHIP		
INDICATORS (from Annual Report)	**Target 2012/13 (school year)**	**Actual 2012/13 (school year)**
Parents/carers receive letter informing them of their child's weight	6-weeks post measurement	99.9% achieved

Operational Group meetings	3 per year	5
Results of current programme uploaded to the Information Centre website	19th August 2013	Achieved

Summary / Performance Issues:

- A service review meeting has taken place. The results from the annual report are reported above. All performance targets achieved.
- The results of the participation rates and weight of children are being published nationally on the 11th December 2013 and will be reported on in the quarter three report.

Actions to be taken:

- Work with Bassetlaw Health Partnership to ensure the same reporting requirements are established.
- Continue to provide Public Health support to the operational group.

Quality and Patient Safety: No issues reported.

3. Public Health Priority: Comprehensive Sexual Health

National Public Health Outcomes Framework		**Health and Wellbeing Strategy Priorities**
Outcome	**Reference National Public Health (PH) Outcomes Framework**	
Chlamydia diagnoses (15-24 year olds) People presenting with HIV at a late stage of infection Under 18 conceptions	PH 3.2 PH 3.4 PH 2.4	Draft strategy 2014/16: - Promotion of the prevention of Sexually Transmitted Infections to include HIV - Increased knowledge and awareness of all methods of contraception amongst all groups in the local population
Category of contract value	High	

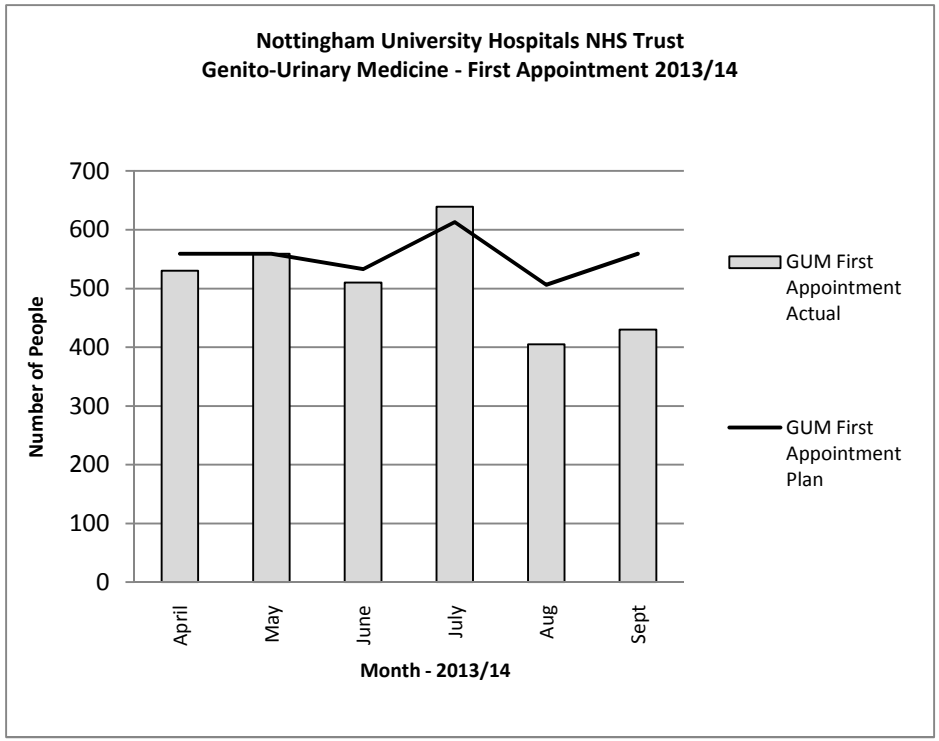
Name of Providers	**Service**

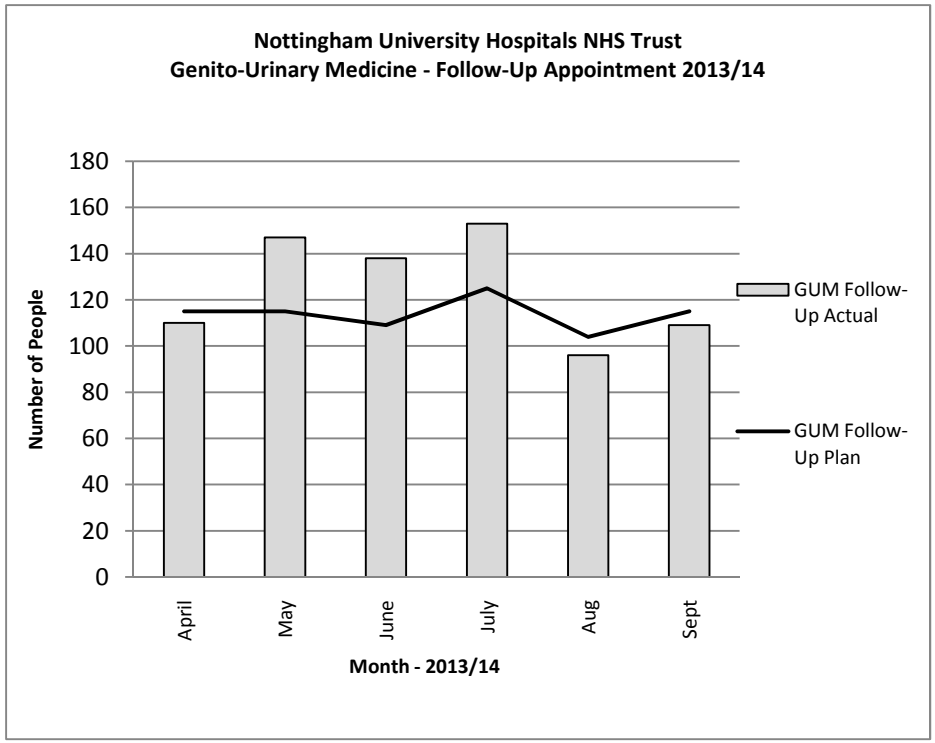
Nottingham University Hospitals	Genito-Urinary Medicine (GUM)
	GUM – community
	Contraceptive and Sexual Health service (CaSH)
Sherwood Forest Hospital Foundation Trust	Genito-Urinary Medicine (GUM)
	CaSH
	SEXions
Doncaster & Bassetlaw Hospital	Genito-Urinary Medicine (GUM)
Terrence Higgins Trust	HIV Advice/support
Bassetlaw Health Partnership	CaSH
Community Pharmacists – Local Enhanced Service (LES)	- Emergency Hormonal Contraceptive (EHC) - C-Card
GPs – Local Enhanced Service	Long-Acting Reversible Contraceptive (LARC) - Sub Dermal Implants - Intra Uterine Contraceptive Device (IUCD)

Nottingham University Hospitals NHS Trust

Genito-Urinary Medicine

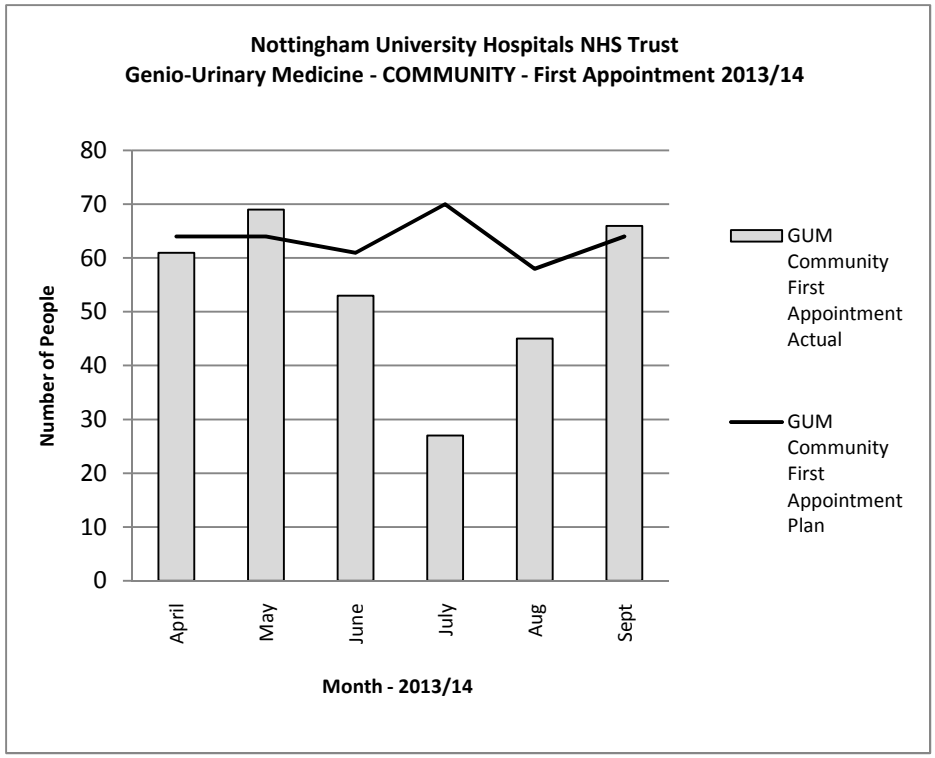
The two graphs below summarise the activity against plan for patients accessing Genito-Urinary Medicine (GUM) in hospital based clinics. They show activity for first appointments and follow-up appointments.

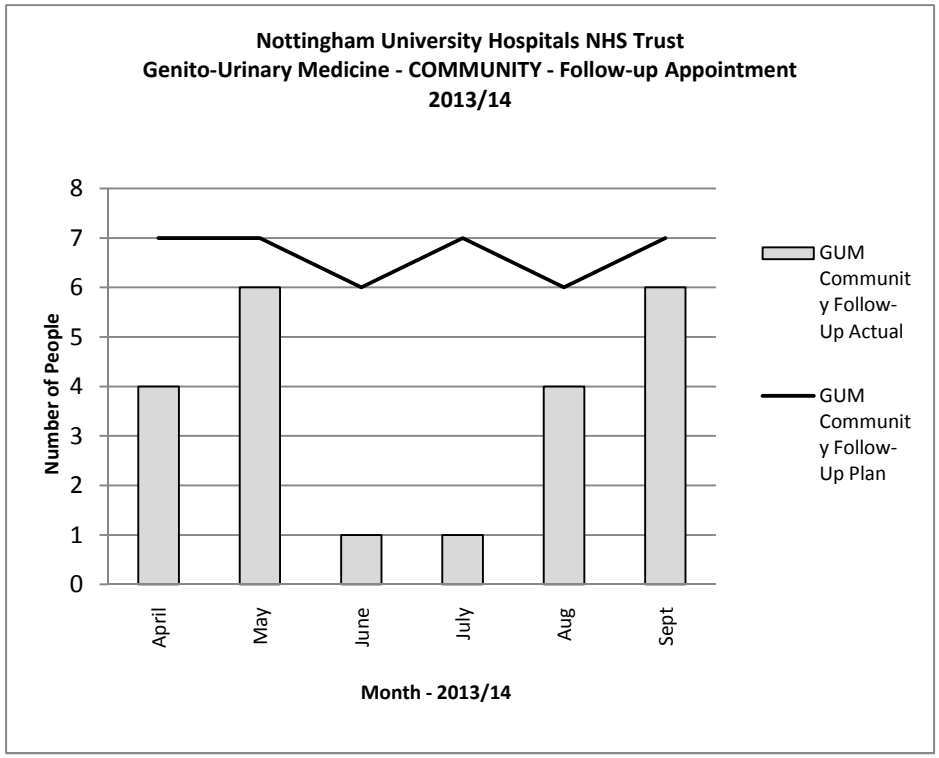

Nottingham University Hospitals NHS Trust
Genito-Urinary Medicine - First Appointment 2013/14
Number of People
700
600
500
400
300
200
100
0
April
May
June
July
Aug
Sept
Month - 2013/14
GUM First Appointment Actual
GUM First Appointment Plan



For quarters one and two, overall both hospital and community based clinics are underspent against the planned budget. The above two graphs show 12% under activity in quarter two for first appointments and 4% over planned activity in quarter two for follow-up appointments.

The GUM service is open access service which experiences seasonal fluctuations in relation to attendance. The providers are paid for services on an activity basis, as opposed to a block contract. The price is set nationally. Activity plans are developed, to aid with budget setting and monitoring.

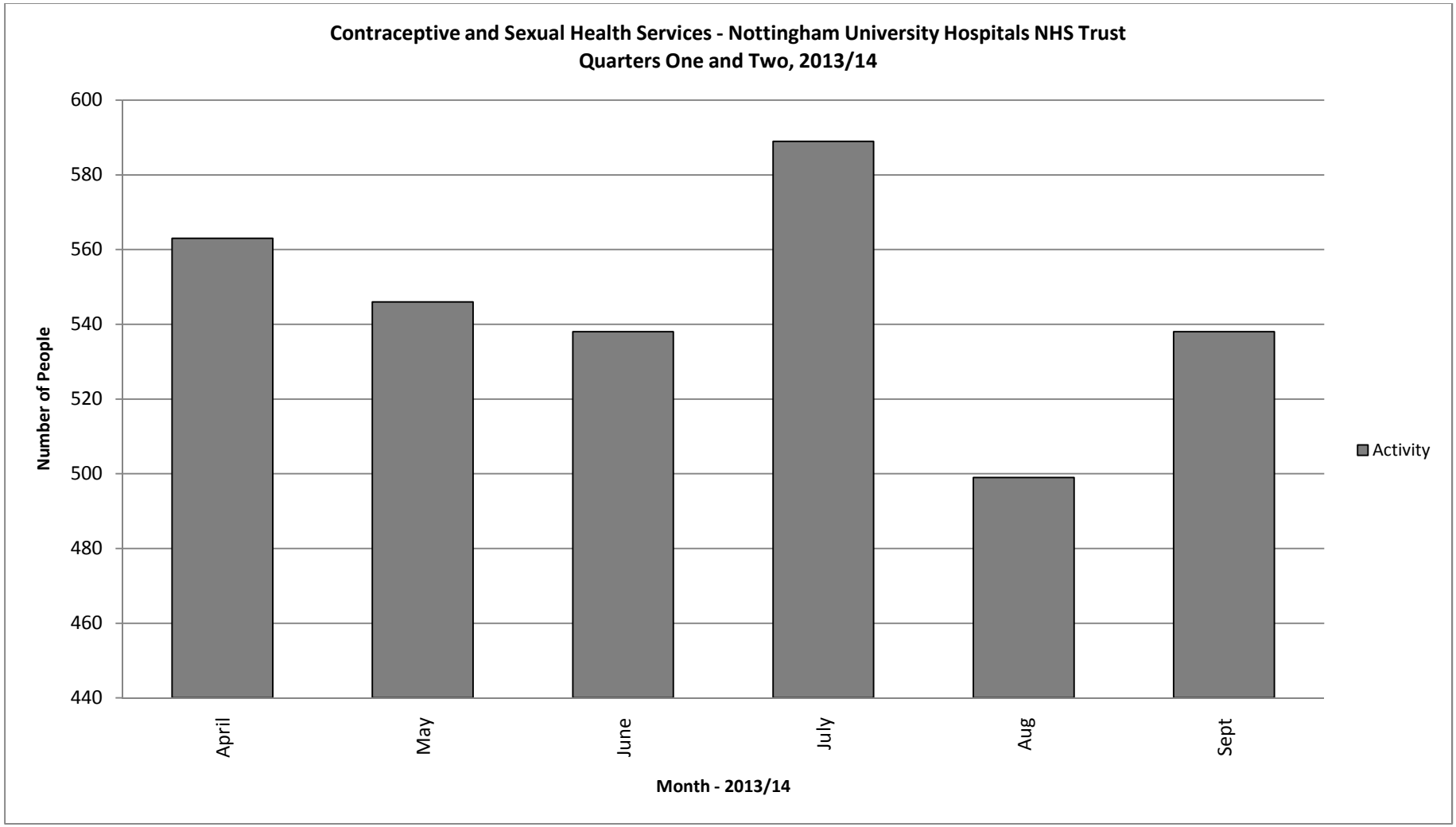

Nottingham University Hospitals NHS Trust
Genio-Urinary Medicine - COMMUNITY - First Appointment 2013/14
Number of People
80
70
60
50
40
30
20
10
0
April
May
June
July
Aug
Sept
Month - 2013/14
GUM Community First Appointment Actual
GUM Community First Appointment Plan



The two graphs above summarise the activity against plan for patients accessing GUM in community based clinics. They show activity for first appointments and follow-up appointments.

The above two graphs show a 28% under planned activity for first appointments during quarter two, and 45% under planned activity for follow-up appointments. The GUM community service is a small service which is reflected in the numbers of people accessing services.

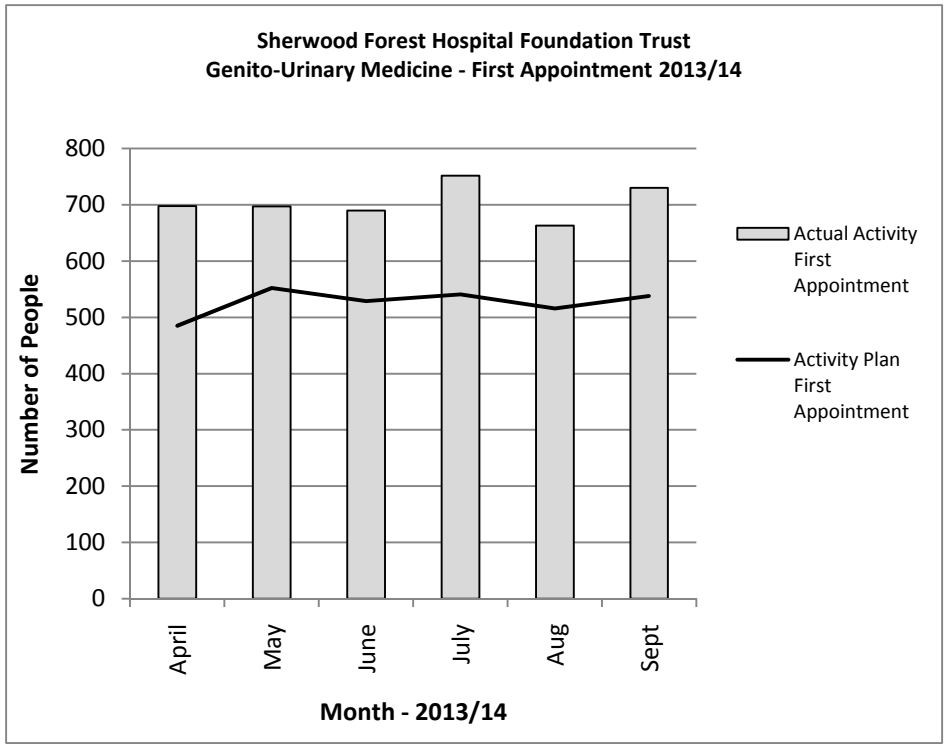
Contraceptive and Sexual Health Services (CaSH)

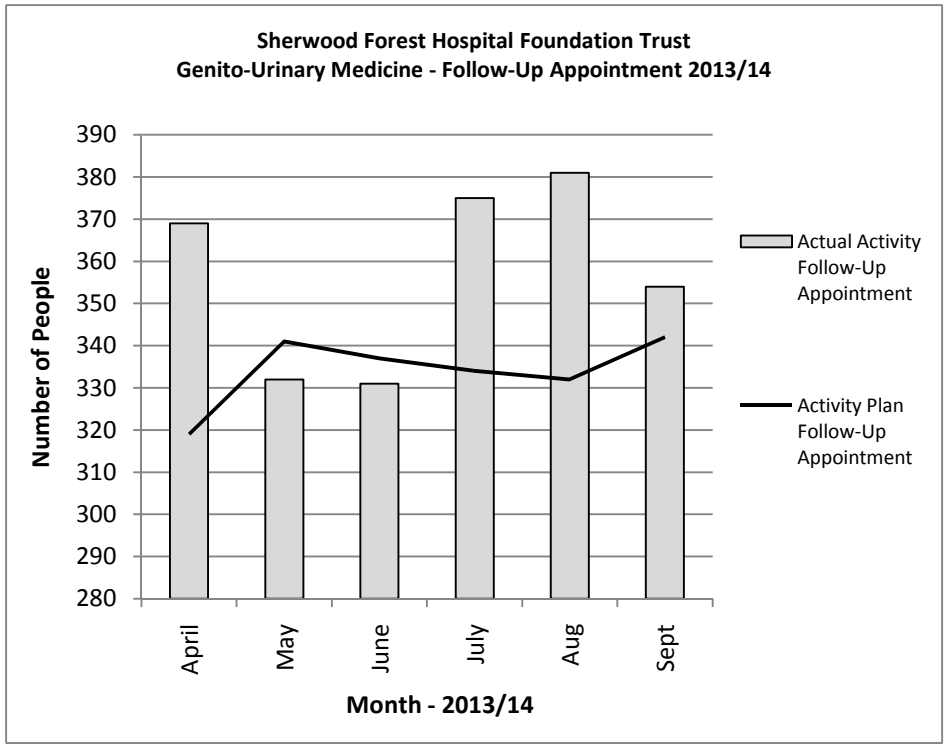


CaSH is an open access service which is demand led. Payment of the contract is via a block contract.

Sherwood Forest Hospital Foundation Trust

Genito-Urinary Medicine


Sherwood Forest Hospital Foundation Trust
Genito-Urinary Medicine - First Appointment 2013/14
Number of People
800
700
600
500
400
300
200
100
0
April
May
June
July
Aug
Sept
Month - 2013/14
Actual Activity First Appointment
Activity Plan First Appointment

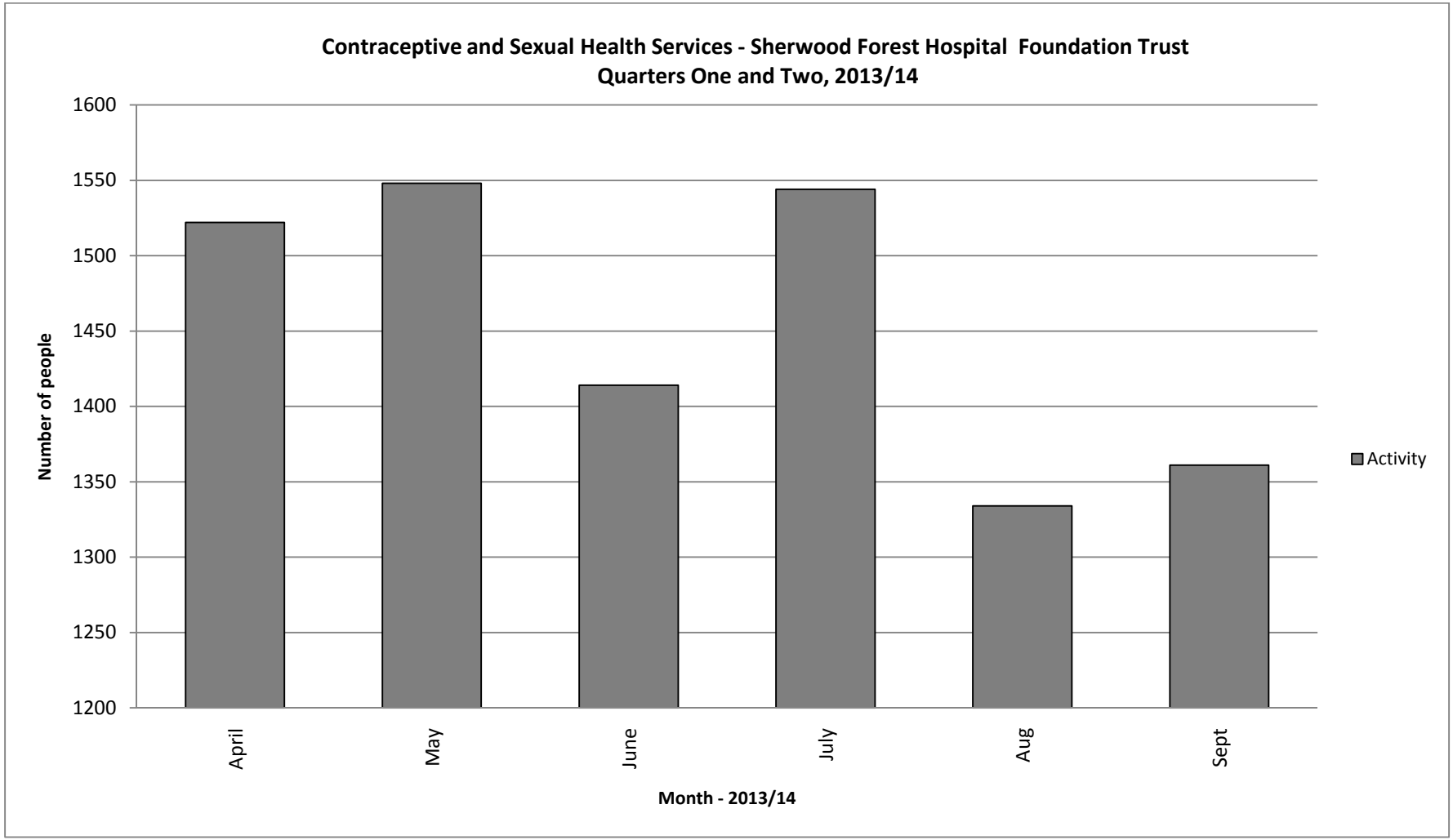


The two graphs above summarise the activity against plan for patients accessing hospital based Genito-Urinary Medicine. They show activity for first appointments and follow-up appointments for the first six-months of 2013/14. The graphs show over activity for both first appointments and follow-up appointments for quarter two.

The GUM service is open access service which experiences seasonal fluctuations in relation to attendance. The providers are paid for services on an activity basis, as opposed to a block contract. The price is set nationally. Activity plans are developed, to aid with budget setting and monitoring.

There is continuous monitoring of GUM activity/spend against plan.

Contraceptive and Sexual Health Services (CaSH)



The above graph shows the number of people accessing CaSH that are provided by Sherwood Forest Hospital Foundation Trust. CaSH is an open access service which is demand led. Payment of the contract is via a block contract.

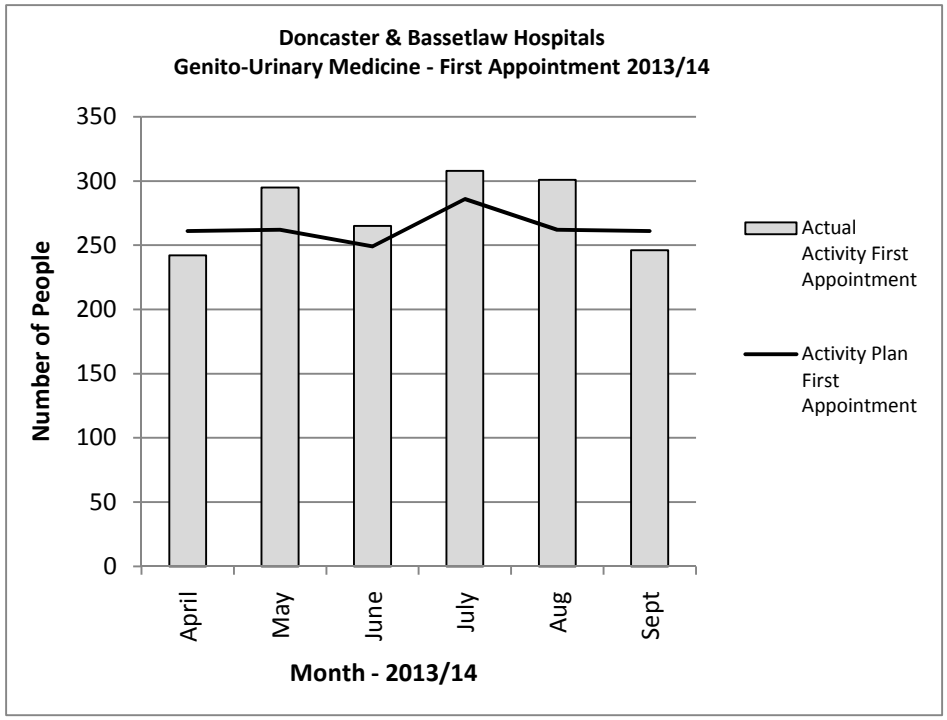
SEXions – school based service

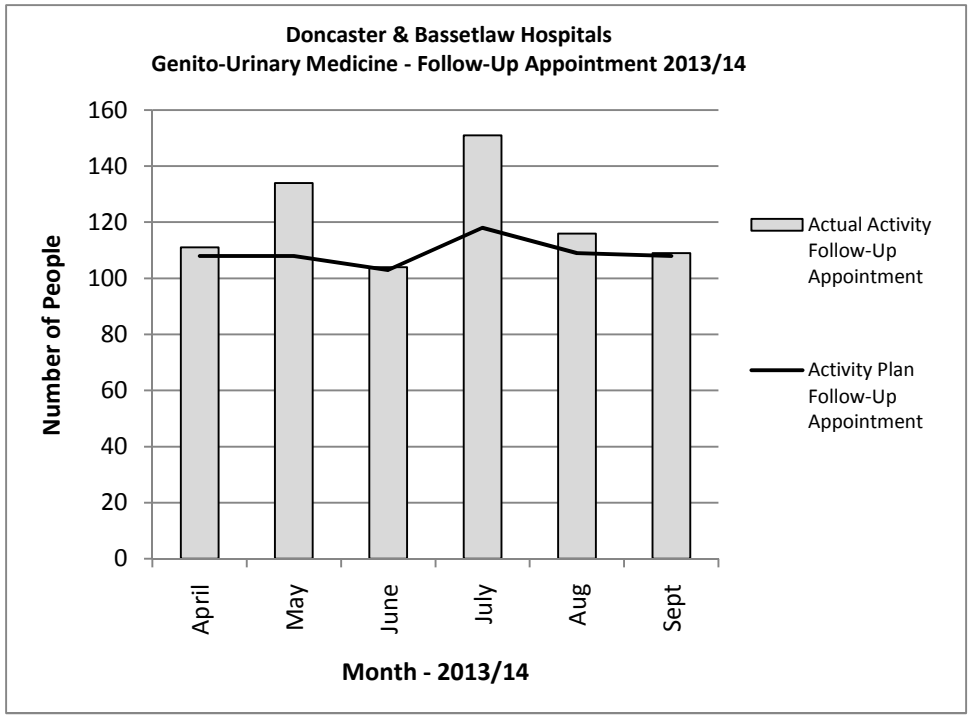
INDICATORS	Annual target - 2013/14	Quarter Two – 2013/14 Target	Quarter Two – 2013/14 Actual
Number of young people taught	7000	1750	1474
Number of young people who have received 1:1 advice	2,800	700	590
Numbers of C card registrations obtained	400	100	11
Percentage of young people who have a 1:1 contact and are offered a chlamydia test	80% offered	80% offered	26% offered
Percentage of those offered a chlamydia test who took up the offer	30%	30%	100%

Payment of the contract is via a block contract. The service is roughly on target for the year end. However, there was a drop of activity in quarter two, which is likely to be due to the six-week summer holiday as all activity takes place in schools.

Doncaster & Bassetlaw Hospitals

Genito-Urinary Medicine


Doncaster & Bassetlaw Hospitals
Genito-Urinary Medicine - First Appointment 2013/14
Number of People
350
300
250
200
150
100
50
0
April
May
June
July
Aug
Sept
Month - 2013/14
Actual Activity First Appointment
Activity Plan First Appointment



The above two graphs show over activity in relation to GUM first appointments and follow-up appointments.

The GUM service is open access service which experiences seasonal fluctuations in relation to attendance. The providers are paid for services on an activity basis, as opposed to a block contract. The price is set nationally. Activity plans are developed, to aid with budget setting and monitoring.

Continuous monitoring of GUM activity/spend against plan.

Terrence Higgins Trust

INDICATORS	Target (City/County)	Quarter One - 2013/14 Actual (City/County)	Quarter Two – 2013/14 Actual (City/County)
Number of People Living with HIV (PLWHIV) supported in Nottinghamshire County and Nottingham City	50 per quarter	62	37
Point of care testing	60 per quarter	85	76
Condom packs distribution	625 per quarter	1,062	2,100
Outreach group events in Nottinghamshire targeting high risk groups	3 per quarter	7	5
Chlamydia - All 15-24 year olds offered a screen	100%	100%	100%
HIV training sessions	6 sessions per year	3	4

Nottingham City Council is the lead commissioner for this contract. The figures above shows activity for both City and County residents combined. Because of the nature of the service, postcodes are not collected, which is a challenge for both City and County commissioners. Work is on-going as to how this will be resolved for 2014/15 to ensure only the services County residents are reported on and paid for.

NHS Nottinghamshire County Community Pharmacists

Emergency Hormonal Contraceptive

87 Community Pharmacists deliver the service across Nottinghamshire. This is a demand-led service, therefore there are no targets.

Emergency Hormonal Contraceptive	Activity - Year 2013/14 Quarter One	Activity - Year 2013/14 Quarter Two
Number of consultations by Community Pharmacists	885	1,201

C-Card – condom distribution scheme

10 Community Pharmacists deliver the service across Nottinghamshire. This is a demand-led service, therefore there are no targets.

	Activity - Year 2013/14 Quarter One	Activity - Year 2013/14 Quarter Two
Numbers of young people accessing the C-Card scheme from Community Pharmacists	143	95

Nottinghamshire County GPs

Long-Acting Reversible Contraceptive (Sub Dermal Implants and Intra Uterine Contraceptive Devices)

This is a demand-led service, therefore there are no targets.

Long-Acting Reversible Contraceptive (LARC)	Activity - Year 2013/14 Quarter One	Activity - Year 2013/14 Quarter Two
Sub Dermal Implants - Insertions	396	373
Sub Dermal Implants - Removal	237	215
Sub Dermal Implants – Insertion and Removal combined	158	146
Intra Uterine Contraceptive Device – Insertions	700	638
Intra Uterine Contraceptive Device – Removals (County GPs only)	329	299
Intra Uterine Contraceptive Device - Annual Check (Bassetlaw GPs only)	30	18

Comprehensive Sexual Health Services - Summary / Performance Issues:

- Performance issues are discussed below each graph/table above.
- The main performance issue is regarding over-activity against plan of Genito-Urinary Medicine provided by Sherwood Forest Hospital Foundation Trust.

Actions to be taken: • Continuous monitoring of GUM activity/spend against plan.
Quality and Patient Safety: No issues reported.

4. Alcohol and Drug Misuse

National Public Health Outcomes Framework		**Health and Wellbeing Strategy Priorities**
Outcome	**Reference National Public Health (PH) Outcomes Framework**	
Successful completion of drug treatment People entering prison with substance dependence issues who are previously not known to community treatment	PH 2.15 PH 2.16	- Alcohol related admissions to hospital - Mortality from liver disease - Successful completion of drug treatment
Category of contract value	High	

Notice has been served with a service end date of 30.09.14 on all substance misuse providers. Retendering for a Nottinghamshire Adult Substance Misuse Recovery Services is currently underway. We anticipate that a new contract will be awarded with delivery effective from the 01.10.14.

Service Providers
The Recovery Partnership (including Hetty's and Framework, Last Orders)
Bassetlaw Drug and Alcohol Service
Nottinghamshire Probation Substance Misuse Service
Regents House, Carers Federation
Recovery in Nottingham, Health Shop, Nottingham (Specialist Needle Exchange)
Nottinghamshire Healthcare NHS Trust (Substance Misuse in Prison, HMP Ranby)
GPs
Community Pharmacists

PROVIDER = THE NOTTINGHAMSHIRE RECOVERY PARTNERSHIP			
INDICATORS	**TARGET For each quarter- 2013/14**	**ACTUAL Quarter One – 2013/14**	**ACTUAL Quarter Two – 2013/14**
Access to services			
Clients have a waiting time of 3 weeks or less for a first appointment	95%	100%	100%
Effective Treatment			
Opiate User presentations in effective treatment	87%	91%	91%
Over 18's (all drugs) presentations in effective treatment	90%	91%	92%
Blood Borne Viruses			
New presentations offered Hepatitis B Virus (HBV) vaccination	98%	98.4%	99.2%
Percentage of clients accepting the offer commence HBV vaccination	65%	83.3%	77.1%
Percentage of clients in treatment that are injectors are offered an Hepatitis C Virus test	98%	100%	98.3%
Percentage of those in treatment with a Hepatitis C test	85%	86.7%	86.8%
Treatment Outcome Profiles (TOP)			
New treatment journeys with a TOP completed	98%	99%	98%
Care plan reviews with a TOP completed	85%	87.5%	96.8%
Completion of TOP on planned exit	90%	97.9%	93.1%
Successful Discharges from Treatment			

Percentage of successful discharges as a proportion of those in treatment (opiate users)	10%	8.3%	9.2%
Percentage of successful discharges as a proportion of those in treatment (non-opiate users)	44%	45%	40.9%
Percentage increase of alcohol assessments as an increase on 2010 / 11 baseline	25%	25%	11%
Of those discharged from alcohol treatment, % discharged successfully	55%	58.3%	61.7%
Percentage of representations from those successfully completing treatment within six-months	19.7% - 21.4%	24.8%	21.9%

Summary / Performance Issues:

Percentage of successful discharges as a proportion of those in treatment (non-opiate users) – reduction in performance by 4.1%, which equates to 2 individuals. The number of non-opiate users in structured treatment is declining.

Percentage increase of alcohol assessments as an increase on 2010 / 11 baseline – alcohol access sessions operate across the county provide quick and effective access to short non reportable episodes of alcohol intervention.

Actions to be taken:

One element of delivery is currently being reviewed. It is expected that this indicator will demonstrate improved performance from quarter two onwards.
A review of non-opiate users in treatment will be conducted, ensuring recovery capital is being maximised to optimise successful outcome.

PROVIDER = THE NOTTINGHAMSHIRE RECOVERY PARTNERSHIP (RP)		
QUALITY INDICATORS	**ACTUAL Quarter One – 2013/14**	**ACTUAL Quarter Two – 2013/14**
Social Capital		
% of clients at assessment that are asked whether they would like a family member / partner involved in their care or a referral for family support	60.4%	67.4%
% of families who successfully engaged in family / carer support post referral (data is provided by the RP Family and Carers service)	89%	76.5%
% of all clients having family / partner involved in their recovery plan	45%	43.8%
% of clients engaged in self-help / mutual aid / structured group work & peer support	40%	50.6%
Physical Capital		
% of clients receiving a financial health check	65%	65.2%
% of clients that improve their economic sustainability (reduce debt,	88%	100%

maximise income, avoid eviction & homelessness)		
% of clients in sustained accommodation	83%	85.2%
% reduction in homelessness	74%	54.5%
Human Capital		
% of clients in structured treatment accessing a Needle Exchange	30%	14.6%
% of clients in employment, education & training	27%	32.2%
% of clients receiving care for mental wellness and mental health issues	67%	28.4%
Cultural Capital		
% of clients who represent to Substance Misuse Criminal Justice Services within 3 months of the offence will have their treatment and support packages reviewed with all relevant professionals	100%	100%
% of clients engaged in healthy lifestyle pursuits, such as complementary therapies, exercise, smoking cessation, healthy diet	80%	75%
% of clients who have reduced their overall risk taking behaviour i.e. change in injecting practices, reduction in overall alcohol and / or drug intake	91%	96.5%
% of clients expressing satisfaction with the services provided by the RP	98%	95.5%

PROVIDER = HETTYS (Brief interventions / Family services). Part of The Nottinghamshire Recovery Partnership	
INDICATOR	**ACTUAL Quarter One – 2013/14**
Number of new referrals to the service during the quarter	94
The number of clients engaged with family services completed by the service during the quarter	84
Active clients	290
Events / interventions	2478

PROVIDER = FRAMEWORK LAST ORDERS (specialist triage service). Part of The Nottinghamshire Recovery Partnership		
INDICATOR	**TARGET Quarter One – 2013/14**	**ACTUAL Quarter One – 2013/14**
Number of completed assessments during the quarter	N/A	36
Complaints/Compliments	N/A	No complaints received
Consent and Confidentiality form - to be completed for all service users	95%	100%
Waiting Times - % service users assessed on the day of presentation	98%	99%
Screening Identification - audit for self-referrals	95%	100%
Alcohol consumption - recording of units consumed	95%	100%
Hypertension Screening - Blood Pressure age 40+	95%	100%
Standard Assessment Form - to be completed for all service users	95%	100%
Risk assessment - to be completed for all	95%	100%
Triage - same day triage to another service	98%	100% attempted
Assessment and Discharge reports - to be complete and with the GP within 2 weeks of discharge	95%	98%

PROVIDER = BASSETLAW DRUG AND ALCOHOL SERVICE		
INDICATOR	**TARGET Quarter One – 2013/14**	**ACTUAL Quarter One – 2013/14**
Access to services		
Clients have a waiting time of 3 weeks or less for a first appointment	95%	100%

Effective Treatment		
Over 18's (all drugs) presentations in effective treatment	90%	94.3%
Blood Borne Viruses		
New presentations offered Hepatitis B Virus (HBV) vaccination	98%	100%
Percentage of clients accepting the offer commence HBV vaccination	65%	45.7%
Percentage of clients in treatment that are injectors are offered an Hepatitis C Virus test	98%	98.8%
Percentage of those in treatment with a Hepatitis C test	85%	89%
Treatment Outcome Profiles (TOP)		
New treatment journeys with a TOP completed	98%	100%
Care plan reviews with a TOP completed	85%	100%
Completion of TOP on planned exit	90%	100%
Successful Discharges from Treatment		
Percentage of successful discharges as a proportion of those in treatment (all clients/drugs)	10%	7.1%
Numbers in alcohol treatment	220 clients (full year)	258
Of those discharged from alcohol treatment, % discharged successfully	55%	53%

Summary / Performance Issues: Public Health is aware of the issues relating to under performance.
Actions to be taken: Performance is being reviewed with the provider.

PROVIDER = NOTTINGHAMSHIRE PROBATION SUBSTANCE MISUSE SERVICE		
INDICATOR	**TARGET Quarter One – 2013/14**	**ACTUAL Quarter One – 2013/14**
Access to services		

Clients have a waiting time of 3 weeks or less for a first appointment	95%	100%
Effective Treatment		
Opiate User presentations in effective treatment	90%	85%
Over 18's (all drugs) presentations in effective treatment	90%	84%
Blood Borne Viruses		
New presentations offered Hepatitis B Virus (HBV) vaccination	98%	100%
Percentage of clients accepting the offer commence HBV vaccination	65%	75%
Percentage of clients in treatment that are injectors are offered an Hepatitis C Virus test	98%	100%
Percentage of those in treatment with a Hepatitis C test	85%	91%
Treatment Outcome Profiles (TOP)		
New treatment journeys with a TOP completed	98%	100%
Care plan reviews with a TOP completed	85%	100%
Completion of TOP on planned exit	90%	100%
Successful Discharges from Treatment		
Percentage of successful discharges as a proportion of those in treatment (opiate users)	13%	5%
Percentage of successful discharges as a proportion of those in treatment (non-opiate users)	45%	38%

Summary / Performance Issues: Because of a Court Order the client may be in the care of the probation service for a set period of time and are then referred onto the Recovery Partnership for on-going treatment once the time period of the court order is completed.
Actions to be taken: Continued monitoring of the service.

PROVIDER = REGENTS HOUSE (offers support to families and carers and those affected by someone else's substance misuse)		
INDICATOR	**TARGET Quarter One – 2013/14**	**ACTUAL Quarter One – 2013/14**
Number of referrals in	36	18
Number successfully leaving the service	27	13
Carers clinics	9	16
Referrals to counselling	4	1
Referrals to mentoring	8	1
Rickter reviews	20	1
Calls answered next working day	100%	100%
Feedback sought from planned/unplanned exits	100%	62%
Feedback received	50%	50%
Satisfaction rate	90%	100%

Summary / Performance Issues:
Number of referrals into the service is very low.

Actions to be taken:
The service is currently being reviewed alongside Nottinghamshire County Council Carer's Support, as to whether the two services can be incorporated.

PROVIDER = HEALTH SHOP (Recovery in Nottingham Needle Exchange)	
INDICATOR	**ACTUAL Quarter One – 2013/14**
Usage by County Clients	94

SUBSTANCE MISUSE IN PRISON – HMP RANBY PROVIDER = NOTTINGHAMSHIRE HEALTHCARE NHS TRUST	TARGET 2013/14	Quarter One – ACTUAL	Quarter Two – ACTUAL
Reception			
Number of New Prison Receptions	No target – based on activity	571	647
% of new receptions screened for substance misuse		99.8%	100%
% of new receptions screened identified as having an alcohol problem		20.1%	15%
% of new receptions screened identified as an Opiate User		17.9%	19%
% of new receptions screened identified as an Non-Opiate User		9.6	23
% of new receptions identified with a substance misuse need are referred to Substance Misuse Recovery Service within 1 workday from Reception Substance Misuse Screening	100%	76	72
% of new receptions identified with a substance misuse need, offered full substance misuse assessment and recovery plan in place within 5 working days of referral	95%	Data not available	
Internal Initiations			
% of internal referrals identified as having an alcohol problem	No target – based on activity	10.34	22.22
% of internal referrals identified as having opiate drug problem		13.79	22.22
% of internal referrals identified as having Non-opiate drug problem		75.86	55.56
% of internal referrals are offered a full substance misuse assessment within 1 working day	100%	58.62	22.22
% of internal referrals with a substance misuse need have a recovery plan in place within 5 working days of referral	95%	Data not available	
Total entry into Substance Misuse Recovery Service (SMRS)			
Total new assessments (Reception + Internal - activated)	No target	376	248
% identified with a substance misuse need are referred to SMRS within 1 workday (reception + internal)	No target	30	60.68
% of where ongoing clinical prescribing need identified reviewed by GPwSi within 2 working days (reception + internal)	No target	1	0
% identified with a substance misuse need, offered full substance misuse assessment and recovery plan in place within 5 working days (reception + internal)	No target	4	1.34
Interventions and Treatment			
% of new presentations offered a full recovery package of care	No target	74.5	74.1
% of those accepting and receiving a full recovery package of care	No target	25.5	35
% of clinical caseload in treatment in HMP Ranby < 12 months	< 75%	31.4	83.4
Recovery			
% of HMP Ranby SMRS successful completions have re-engaged into the service within 6 months	< 30%	0	0

% of successful discharges as a proportion of those in treatment (Opiate users)	25%	6.4	4.34
% of successful discharges as a proportion of those receiving interventions (Non-Opiate users)	44%	1	7.86
% of successful discharges as a proportion of those receiving interventions (Alcohol user)	55%	0	0
% of those receiving clinical/non-clinical treatment and interventions transfer/releases from HMP Ranby with a reviewed, up-to-date Recovery Plan in place	85%	Data not available	
Number of releases who had CJIT/Community Substance Misuse service 3-way communication prior to release	85%	95	90

Supervised Consumption – Local Enhanced Service (individual community pharmacists) – 2013/14

Supervised Consumption	**Activity Quarter One – 2013/14**
Number of clients	3,998
Number of supervisions	52,958
Total number on methadone supervisions	43,418
Total number on Subutex supervisions	9,540

Quality and Patient Safety in relation to all Substance Misuse Contracts:

In quarter two there was one Serious Incident. The investigation into it was concluded in quarter two.

5. Children and Young People

National Public Health Outcomes Framework		Health and Wellbeing Strategy Priorities
Outcome	**Reference National Public Health (PH) Outcomes Framework**	
Under 18 conceptions Excess weight in 4-5 and 10-11 year olds	PH 2.4 PH 2.6	- To achieve a sustained downward trend in the level of excess weight in children by 2020 - To change knowledge, skills and attitudes towards substance misuse to prevent problematic use
Category of contract value	High	

Name of Provider	Service Provided
County Health Partnership	School Nursing
Bassetlaw Health Partnership	School Nursing
County Health Partnership	Healthy Schools Programme

No data is currently available regarding the school nursing contract. The Children's Integrated Commissioning Hub is working with the provider to ensure timely and accurate data is provided in the future.

HEALTHY SCHOOLS NOTTINGHAMSHIRE PROVIDER = COUNTY HEALTH PARTNERSHIP		
Improving Health Outcomes through Healthy Schools Whole School reviews	**TARGET 2013/14**	**ACTUAL 2013/14 Quarters One & Two**
Number of schools that have completed the Whole School Review (WSR)	150	29
Number of Schools with an out-of-date WSR	60	128
Number of schools with an up-to-date WSR	160	71
Improving Health Outcomes through the Healthy Schools Enhancement Model (HSEM)		
Number of schools that have commenced work on the Enhancement Model	100	76
Number of schools that have completed the Enhancement Model	50	50
Reducing Inequalities		
Proportion of schools with high Free School Meals (FSM) eligibility engaged in HSEM	70%	29%
Proportion of Children Centres (CCs) achieving Healthy Early Years Status	50%	55%
Ensuring a Positive Service User Experience		
Positive feedback from pupils & wider school community	85%	96.3%
Positive feedback from children, families & early years setting	85%	100%
Engaging schools to address key priority health themes		
Number of schools within Healthy Schools Enhancement working on key health themes	No target	141
Improving Health Outcomes in Early Years settings		
Children Centres engaged in the Healthy Early Years Status	85%	57%
Children Centres that are working towards Healthy Early Years Status	No target	36%
Children Centres not yet engaged	No target	7%

Summary / Performance Issues:

- The Healthy Schools team are finding it difficult to engage schools. This may be in part due to the end of the National Programme.

• There are 128 schools that have not notified the Healthy Schools team as to whether they are working on their WSR. • The team hasn't been able to achieve the target for number of schools with an out-of-date WSR, although there has been a reduction over the past few years from 216 to 128. • There are 25 schools that have never achieved the status of 'Healthy School'
Actions to be taken: • Each school has been contacted explaining the necessary procedure to become re-accredited • Locality information will be provided to the Child and Family Health teams, so that their named School Nurse can encourage and support completion of WSR
Quality and Patient Safety: No issues reported.

6. Community Safety and Violence Prevention

National Public Health Outcomes Framework		**Health and Wellbeing Strategy Priorities**
Outcome	**Reference National Public Health (PH) Outcomes Framework**	
Domestic Abuse Violent crime (including sexual violence)	PH 1.11 PH 1.12	Crime and Community Safety: - Violent crime - Domestic violence
Category of contract value	Medium	

Service Providers
Nottinghamshire Women's Aid – Bassetlaw Children's Services

Monitoring Data	Activity Quarter One – 2013/14	Activity Quarter Two - 2013/14
Number of children supported this quarter	29	37
Number of children new to service this quarter	25	18
Number of children who received support for less than 6 weeks	21	19
Number of children who received support for more than 6 weeks	8	9
Number of children who disengaged from the support being offered	4	9
Number of children who were supported 1-1	12	12
Number of children who were supported in groups	19	7
Number of children who were supported through schools delivery	6	18
Number of Common Assessment Frameworks (CAF's) initiated/open to other agencies	1	1
Number of children subject to a child protection plan	5	8
Number of children subject to child in need plan	1	1
Number of looked after children	3	0

Summary / Performance Issues:

- No targets to monitor activity against.

Actions to be taken:

- Continue to monitor activity.

Quality and Patient Safety: No issues reported.

7. Dental Public Health

National Public Health Outcomes Framework		**Health and Wellbeing Strategy Priorities**
Outcome	**Reference National Public Health (PH) Outcomes Framework**	
Tooth decay in children aged 5	PH 4.2	None identified
Category of contract value	Medium High	

Service Provider
County Health Partnership – Oral Health Promotion Team

Oral Health Promotion	**TARGET 2013/14**	**ACTUAL Quarter One - 2013/14**
Health Promotion		
Pregnant women receive oral health messages (midwifery)	70%	75%
<1 year receive oral health messages	70%	99%
School Entrants receive oral health messages	80%	26%
2 Year olds receive oral health messages	70%	54%
Primary Schools receive oral health information	70%	100%
Children receive oral health information (targeted)	50%	100%
Dental Access		

Practices to be members of accreditation	80%	82%
Active Dental Practices within the Oral Health Network	20 Sites	46 sites
Community Involvement		
Special Schools to be part of the accreditation	90%	90%
Offer training to residential homes	40 delegates a year	17

Summary / Performance Issues:

- Quarter Two data has not yet been received.
- Production of the oral health packs have gone out to tender

Actions to be taken:

- Have streamlined the available training due to staffing
- Plan to charge non-attendants of training

Quality and Patient Safety: No issues reported.

8. Seasonal Mortality

National Public Health Outcomes Framework		Health and Wellbeing Strategy Priorities
Outcome	**Reference National Public Health (PH) Outcomes Framework**	
Excess winter deaths	PH 4.15	- Excess winter deaths
Category of contract value	Medium	

Service Provider
Nottingham Energy Partnership (Greater Nottingham Healthy Housing Service)

INDICATOR	Annual Target	TARGET Quarter One – 2013/14	ACTUAL Quarter One – 2013/14	TARGET Quarter Two – 2013/14	ACTUAL Quarter Two – 2013/14	CUMULATIVE ACTUAL
Number of people trained to deliver brief intervention	153	30	8	27	0	8
Number of training courses held for front line staff	11	N/A	2	N/A	0	2
Number of awareness raising community presentations / events held	5	N/A	4	N/A	0	4

Number of people attending awareness raising community presentations / events	100	N/A	85	N/A	0	85
Number of home heating and insulation referrals	600	162	140	126	29	169
Number of homes in which heating and insulation improvements are made as a result of referrals	390	106	19	82	0	140
Number of people attending the training who rate service provided as good or better	85%	85%	100%	85%	0	50%
Percentage of people attending the training who rate service provided as good or better	N/A	N/A	41	N/A	0	N/A

Summary / Performance Issues:

- No training courses were delivered in quarter two, due to restructuring of teams and annual leave
- The service has been attending flu clinics to promote the message of Affordable Warmth.
- Referrals for grants are low.

Actions to be taken:

- The service continues to work with key individuals to encourage staff to attend the training.
- A mailshot to inform people regarding available grants is planned. It is anticipated this will raise increase the number of referrals in quarters three and four.

Quality and Patient Safety: No issues reported.

9. Social Exclusion

National Public Health Outcomes Framework		Health and Wellbeing Strategy Priorities
Outcome	**Reference National Public Health (PH) Outcomes Framework**	
Children in poverty Social Isolation	PH 1.1 PH 1.18	- To improve outcomes for children and their families
Category of contract value	Medium High	

Service Providers
Citizen's Advice Bureaus (Nottinghamshire and District CAB)

Citizen's Advice Bureau (Bassetlaw Positive Paths)
The Friary (Drop-in Service)

Citizen's Advice Bureau (Nottinghamshire and District CAB)	
INDICATORS	**1st April– 30th September 2013 ACTUAL**
Location = Bestwood Village	
Number of new clients assisted/cases opened	28
Number of client appointments	29
Amount of benefit gained	£30,388
Amount of debt handled	£23,200
Location = Daybrook GPs	
Number of new clients assisted/cases opened	29
Number of client appointments	36
Amount of benefit gained	£61,275
Amount of debt handled	£22,318
Location = Netherfield GPs	
Number of new clients assisted/cases opened	29
Number of client appointments	34
Amount of benefit gained	£30,388
Amount of debt handled	£23,200
Location = Newstead Village	
Number of new clients assisted/cases opened	26
Number of client appointments	32
Amount of benefit gained	£14,486
Amount of debt handled	£24,220

PROVIDER = Citizen's Advice Bureau (Bassetlaw Positive Paths)				
INDICATORS	**Annual Target 2013/14**	**ACTUAL Quarter One – 2013/14**	**ACTUAL Quarter Two – 2013/14**	**CUMULATIVE ACTUAL**
Patients/clients to be provided with advice and support services	520	153	179	332
Additional Annual income for patients/clients	£1,240,774	£347,159.06	£205,281.61	£552,400.67

PROVIDER = The Friary (Drop-in Service)				
INDICATORS	**Annual Target 2013/14**	**ACTUAL Quarter One – 2013/14**	**ACTUAL Quarter Two – 2013/14**	**CUMULATIVE ACTUAL**
One to one specialist advice interviews	6,672	1,881	1,678	3,559

Summary / Performance Issues:

- None to report

Actions to be taken:

- None to report

Quality and Patient Safety: No issues reported.

10. Tobacco Control

National Public Health Outcomes Framework		Health and Wellbeing Strategy Priorities
Outcome	**Reference National Public Health (PH) Outcomes Framework**	
Smoking prevalence in over 18 years	PH 2.14	- Prevention: behaviour change and social attitudes smoking and tobacco control
Category of contract value	High	

Service Providers
New Leaf – County Health Partnership

GPs –Nottinghamshire
Community Pharmacists – Nottinghamshire
Bassetlaw Stop Smoking Service
Bassetlaw GPs

Service Provider Four-week smoking quitter* INDICATOR	**2013/14 Annual Target**	**Quarter One – 2013/14 Target**	**Quarter One - 2013/14 Actual**	**Quarter Two - 2013/14 Target**	**Quarter Two - 2013/14 Actual**	**Cumulative Target**	**Cumulative Actual**
New Leaf – County Health Partnership	4,953	1,325	1,412	1,116	1,060	2,441	2,472
GPs – Nottinghamshire	600	156	108	126	91	282	199
Community Pharmacists – Notts	531	123	99	102	42	225	141
Bassetlaw Stop Smoking Service	700	177	188	175	153	352	341
Bassetlaw GPs	293	75	21	74	16	149	37
Total annual target / actual	**7,077**	**1,856**	**1,828**	**1,593**	**1,362**	**3,449**	**3,190**

A quit date is the date on which a smoker plans to stop smoking altogether with support from a stop smoking adviser as part of an NHS-assisted quit attempt.

***A four-week smoking quitter** is a treated smoker whose quit status at four-weeks from their quit date (or within 25 to 42 days of the quit date) has been assessed (either face to face, by telephone, text or email). The four-week smoking quitter rate is used as a proxy measure for the prevalence rate.

Summary / Performance Issues:

- The above table and graph show that performance against target has not been achieved during the months of August and September. At the end of quarter two the target had not been achieved. This reflects the national picture, where there has been a decline in people stopping smoking.
- The key issues affecting delivery is the underperformance of the GP's and community pharmacies.

Actions to be taken:

- Nottinghamshire County Public Health is exploring the potential to commission extra quitters and support for primary care contractors from the specialist stop smoking services

Quality and Patient Safety: No issues reported.

11. Weight Management (including nutrition and physical activity)

National Public Health Outcomes Framework		Health and Wellbeing Strategy Priorities
Outcome	**Reference National Public Health (PH) Outcomes Framework**	
Diet Excess weight in adults Excess weight in 4-5 and 10-11 year olds Proportion of physically active and inactive adults	PH 2.11 PH 2.12 PH 2.6 PH 2.13	- To achieve a downward trend in the level of excess weight in adults by 2020 - A sustained downward trend in the level of excess weight in children by 2020 - Utilisation of green space for exercise/health reasons
Category of contract value	Medium High	

Notice has been served with a service end date of 31.07.14 for all weight management services. Retendering for a Nottinghamshire Obesity Prevention and Weight Management Services is currently underway. We anticipate that a new contract will be awarded with delivery effective from the 01.08.14.

Name of Service Providers	Service

Ashfield District Council	Community nutrition
Bassetlaw District Council	Exercise referral scheme
Bassetlaw Health Partnership	Weight management
Broxtowe Borough Council	Exercise referral scheme
County Health Partnership	Community nutrition
Gedling Borough Council	Exercise referral scheme
Mansfield District Council	Community nutrition
Newark and Sherwood District Council	Community nutrition and exercise referral scheme
Bassetlaw GPs	Weight management

Ashfield District Council – Community Nutrition INDICATORS	**2013/14 Annual Target**	**Quarter One - 2013/14 Actual**	**Quarter Two - 2013/14 Actual**	**2013/14 Cumulative Actual**
Targeted one-off awareness sessions - Community	43	10	13	23
Targeted one-off awareness sessions – School	25	0	5	5
Targeted one-off awareness sessions - Workplace	4	8	8	16
Cookery Courses (cook & eat) - School	4	0	0	0
Cookery Courses (cook & eat) – GP Referral	2	0	0	0

Bassetlaw District Council - Exercise Referral Scheme INDICATORS	**2013/14 Annual Target**	**Quarter One- 2013/14 Target**	**Quarter One- 2013/14 Actual**	**Quarter Two- 2013/14 Target**	**Quarter Two- 2013/14 Actual**	**2013/14 Cumulative Actual**
Number of referrals	400	100	124	100	147	271
Number of people who start the 12 week programme	340	85	N/A	85	Q1&Q2 = 240	240
Number of people completed the 12 week programme *	204	51	N/A	51	Q1&Q2 = 37*	37

* this figure is a running total. For example, a referral that started in the scheme on the 01.04.2013 will not be due a 12-week assessment until the 12.04.13. This will be reported on in the first quarter of 2013/14.

Bassetlaw Health Partnership - Community weight management programme (ZEST) INDICATORS	2013/14 Annual Target	Quarter One- 2013/14 Target	Quarter One- 2013/14 Actual	Quarter Two- 2013/14 Target	Quarter Two- 2013/14 Actual	Cumulative Target 2013/14	2013/14 Cumulative Actual
Number of people completing a 12 week ZEST programme	150	36	32	36	19	75	51
40% of participants achieving 5-10% weight loss	40%	40%	N/A	40%	43%	40%	N/A

Broxtowe Borough Council – Exercise Referral Scheme INDICATORS	2013/14 Annual Target	Quarter One- 2013/14 Target	Quarter One- 2013/14 Actual	Quarter Two- 2013/14 Target	Quarter Two- 2013/14 Actual	2013/14 Cumulative Actual
Number of referrals	No target	No target	123	No target	122	245
Number of people who start the 12 programme	300	75	63	75	91	154
Number of starters that did not complete 12 weeks	No target	No target	29	No target	48	77

County Health Partnership INDICATORS	2013/14 Annual Target	Quarter One- 2013/14 Actual	Quarter Two - 2013/14 Actual	2013/14 Cumulative Actual
Targeted one-off awareness sessions - Community	160	70	66	136
Targeted one-off awareness sessions – School / nursery / children / young people – those signed up to the Enhanced Healthy School Status	180	89	78	167
Targeted one-off awareness sessions – School / nursery / children / young people - school facilities and children's centres that are not participating in the Healthy Early Years Standard	60	0	28	28
Targeted one-off awareness sessions - Workplace	15	6	3	9

Cookery Courses (cook & eat) - Community	65	17	18	35
Cookery Courses (cook & eat) – School	15	11	3	14
Training sessions, minimum of 10-12 participants per course	65	26	25	51
Awareness Raising Events	20	14	14	28

Gedling Borough Council – Exercise Referral Scheme INDICATORS	**2013/14 Annual Target**	**Quarter One - 2013/14 Target**	**Quarter One - 2013/14 Actual**	**Quarter Two - 2013/14 Target**	**Quarter Two- 2013/14 Actual**	**Cumulative Target Quarters One & Two**	**2013/14 Cumulative Quarters One & Two**
Number of referrals	No target	No target	135	No target	131	No target	266
Number of people who start the 12 programme	300	75	117	75	79	150	196
Percentage of people completed the 12 week programme	60%	60%	60%	60%	61%	N/A	103%
Percentage of those reaching goal	50%	23	44	23	46	46	90

Mansfield District Council – Community Nutrition INDICATORS	**2013/14 Annual Target**	**Quarter One - 2013-14 Actual**	**Quarter Two - 2013-14 Actual**	**2013/14 Cumulative Actual**
Targeted one-off awareness sessions - Community	36	9	14	23
Targeted one-off awareness sessions – School	25	6	12	18
Targeted one-off awareness sessions - Workplace	24	2	5	7
Cookery Courses (cook & eat) - School	4	1	0	1
Cookery Courses (cook & eat) – GP Referral	2	1	0	1

Newark & Sherwood District Council – Community Nutrition INDICATORS	**2013/14 Annual Target**	**Quarter One - 2013-14 Actual**	**Quarter Two - 2013-14 Actual**	**2013/14 Cumulative Actual**
Targeted one-off awareness sessions - Community	60	37	35	72
Targeted one-off awareness sessions – School	140	46	50	96
Targeted one-off awareness sessions - Workplace	25	3	2	5
Cookery Courses (cook & eat) - Community	20	5	7	12

Newark and Sherwood District Council – Exercise Referral Scheme INDICATORS	2013/14 Annual Target	Quarter One - 2013/14 Target	Quarter One - 2013/14 Actual	Quarter Two - 2013/14 Target	Quarter Two - 2013/14 Actual	2013/14 Cumulative Actual
Number of referrals	No target	No target	113	No target	93	206
Number of people who start the 12 programme	300	75	70	75	68	138
Number of starters that did not complete 12 weeks	No target	No target	46	No target	55	101

Bassetlaw GPs Weight Management INDICATORS	Quarter One - 2013/14 Actual	Quarter Two - 2013/14 Actual	2013/14 Cumulative Actual
Number of patients that have completed a 12-week Adult Weight Management session	68	57	125
Number of patients who attended 6 or more sessions	66	69	135
Number of patients who achieved a target weight loss 6+ sessions	37	58	95

Summary / Performance Issues:

- Service review meetings are taking place with all providers
- There is inequity of service provision across Nottinghamshire

Actions to be taken:

- Notice has been served, until 31.07.14 on all weight management providers.
- Retendering for a Nottinghamshire Obesity Prevention and Weight Management Services is currently underway.
- Consultation on the future service model concludes on the 31.12.13.

Quality and Patient Safety: No issues reported.

Quality - Exception Report Q2 2013-14

Table showing complaints relating to health contracts and summary of Serious Incidents reported within Public Health Contracts and Freedom of Information requests. *Please note areas where zero reports have not been listed.*

Public Health Area	Complaints relating to Health Contracts			Summary of Serious Incidents (SI)			Freedom of Information Requests relating to Public health Functions and Health Contracts
	Number of new complaints in period	Number of complaints under investigation in period	Number of complaints concluded in period	Number of new SIs in period	Number of Sis under investigation in period	Number of SIs concluded in period	
Alcohol and Drug Misuse services	0 (Zero)	0 (Zero)	0 (Zero)	1 (One)	1 (One)	1 (One)	0 (Zero)
Comprehensive Sexual Health Services	0 (Zero)	0 (Zero)	0 (Zero)	0 (Zero)	0 (Zero)	0 (Zero)	2 (Two)
Information relating to management functions	0 (Zero)	0 (Zero)	0 (Zero)	0 (Zero)	0 (Zero)	0 (Zero)	3 (Three)

Nottinghamshire County Council

Report to Public Health Committee

9 January 2014

Agenda Item: 10

REPORT OF CORPORATE DIRECTOR, POLICY, PLANNING AND CORPORATE SERVICES

WORK PROGRAMME

Purpose of the Report

1. To consider the Committee's work programme for 2013/14.

Information and Advice

2. The County Council requires each committee or sub-committee to maintain a work programme. The work programme will assist the management of the committee's agenda, the scheduling of the committee's business and forward planning. The work programme will be updated and reviewed at each pre-agenda meeting and committee meeting. Any member of the committee is able to suggest items for possible inclusion.

3. The attached work programme has been drafted in consultation with the Chair and Vice-Chair, and includes items which can be anticipated at the present time. Other items will be added to the programme as they are identified.

4. As part of the transparency introduced by the revised committee arrangements in 2012, committees are expected to review day to day operational decisions made by officers using their delegated powers. It is anticipated that the committee will wish to commission periodic reports on such decisions. The committee is therefore requested to identify activities on which it would like to receive reports for inclusion in the work programme.

Other Options Considered

5. None.

Reason/s for Recommendation/s

6. To assist the committee in preparing its work programme.

Statutory and Policy Implications

7. 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

1) That the committee's work programme be noted, and consideration be given to any changes which the committee wishes to make.

Jayne Francis-Ward
Corporate Director, Policy, Planning and Corporate Services

For any enquiries about this report please contact: Paul Davies, x 73299

Constitutional Comments (HD)

1. The Committee has authority to consider the matters set out in this report by virtue of its terms of reference.

Financial Comments (PS)

2. There are no direct financial implications arising from the contents of this report. Any future reports to Committee on operational activities and officer working groups, will contain relevant financial information and comments.

Background Papers

None.

Electoral Division(s) and Member(s) Affected

All

Public Health Committee Forward Plan 2013/14

Meeting Dates	Public Health Committee	Lead Officer	Supporting Officer
9 January 2014	Healthy Child Programme and Public Health Nursing for Children and Young People	Kate Allen	Irene Kakoullis
	Update on Substance Misuse Services	Barbara Brady	Tristan Poole
	Update on Obesity services	Barbara Brady	Anne Pridgeon
	Performance and Finance Report for July – Sept 2013	Cathy Quinn	Sally Handley
	Internal Staff Transfer	Barbara Brady	
	Staffing Structure for Public Health contract management	Cathy Quinn	Sally Handley
6 March 2014	Follow up report on Public Health Budget proposals	Cathy Quinn	Lindsay Price
	Performance and Finance Report for Oct - Dec 2013	Cathy Quinn	Sally Handley
	Draft Health & Wellbeing Strategy	Cathy Quinn	Nicola Lane
	Report on Integrated Commissioning Hub for children and young people's health services	Kate Allen	Sarah Everest
8 May 2014	Draft Public Health Business Plan 2014-15	Cathy Quinn	
	Performance and Finance Report for Jan-Mar 2014	Cathy Quinn	Sally Handley
3 July 2014			

Proposed Future Items (& suggested date)

- Procurement plan for retendering PH services

Updated: 7 November 2013

- Follow up report on Community Infection Prevention & Control TBC