Nottinghamshire County Council

Public Health Committee

Thursday, 03 July 2014 at 14:00

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

AGENDA

11	Work Programme	103 - 108

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) 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.

(4) 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.

Councillors 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.

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

Nottinghamshire County Council

minutes

Meeting	PUBLIC HEALTH COMMITTEE
Date	8 May 2014 (commencing at 2.00 pm)

Membership
Persons absent are marked with an 'A'

COUNCILLORS

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

Reg Adair
Richard Butler
Steve Carroll
Kay Cutts
Alice Grice
Muriel Weisz
Jacky Williams

A Ex Officio: Alan Rhodes

OFFICERS IN ATTENDANCE

Paul Davies, Democratic Services Officer
Helen Scott, Senior Public Health Manager
Cathy Quinn, Associate Director of Public Health
John Tomlinson, Deputy Director of Public Health

MINUTES OF THE LAST MEETING

The minutes of the meeting held on 5 March 2014 were confirmed and signed by the Chair, subject to the following corrections:

Councillor Grice had been appointed in place of Councillor Bosnjak, for that meeting only. Councillor Gilfoyle was in the chair. Councillor Carroll was a member of the committee and present.

DECLARATIONS OF INTEREST

There were no declarations of interest.

MEMBERSHIP

It was reported that Councillor Butler had been appointed in place of Councillor Suthers, for this meeting only, and that Councillor Grice had been appointed in place of Councillor Knight.

PRESENTATION ON PUBLIC HEALTH POLICY AREA: HEALTH CHECKS

John Tomlinson and Helen Scott gave a presentation on NHS Health Checks, which are commissioned by Public Health and targeted at people aged 40 to 74, intended to reduce the risk of cardio-vascular disease. They outlined the programme in Nottinghamshire, its achievements and plans for the future. They responded to councillors' comments and questions.

RESOLVED: 2014/012

That the presentation be received, and a report be prepared for the July meeting on how councillors and Clinical Commissioning Groups could help promote the provision and take-up of NHS Health Checks.

NOTTINGHAMSHIRE HEALTH AND WELLBEING STRATEGY

RESOLVED: 2014/013

That the content of the Nottinghamshire Health and Wellbeing Strategy and the vision in relation to Public Health services be noted.

EXCESS WINTER DEATHS AMONG OLDER PEOPLE IN NOTTINGHAMSHIRE

RESOLVED: 2014/014

That the report on excess winter deaths among older people be noted.

WORK PROGRAMME

RESOLVED: 2014/015

That the work programme be noted, subject to the inclusion of:

- NHS Health Checks – 3 July 2014
- Local Nature Partnership Board – 11 September 2014
- Feedback on Winter Warmth Campaign – 26 November 2014

The meeting closed at 3.50 pm.

CHAIR

Nottinghamshire County Council

minutes

Meeting	PUBLIC HEALTH COMMITTEE
Date	12 June 2014 (commencing at 11.30 am)

Membership
Persons absent are marked with an 'A'

COUNCILLORS

Joyce Bosnjak (Chair)

Reg Adair	Kate Foale
Steve Carr	Alice Grice
Steve Carroll	Martin Suthers OBE
Kay Cutts MBE	John Wilkinson

A Ex Officio: Alan Rhodes

OFFICERS IN ATTENDANCE

Barbara Brady, Public Health Consultant
Paul Davies, Democratic Services
Chris Kenny, Director of Public Health
Andrw Magyar, Procurement
Amanda Oakley, Procurement
Tristan Poole, Public Health Manager
Anne Pridgeon, Senior Public Health Manager
Robin Smith, Communications and Marketing

APPOINTMENT OF CHAIR AND VICE-CHAIR

The appointment by the County Council on 15 May 2014 of Councillor Joyce Bosnjak as Chair of the Committee and Councillor Glynn Gilfoyle as Vice-Chair was noted.

MEMBERSHIP OF THE COMMITTEE

The membership of the Committee as set out above was noted. Councillors Kate Foale and John Wilkinson had been appointed for this meeting only, in place of Councillors Gilfoyle and Weisz.

DECLARATIONS OF INTEREST

Councillor Carr declared a private, non-pecuniary interest in the obesity prevention and weight management services element of the following report, as a member of Broxtowe Borough Council.

SUBSTANCE MISUSE TREATMENT AND RECOVERY SERVICES AND OBESITY PREVENTION AND WEIGHT MANAGEMENT SERVICES COMMISSIONING UPDATE

Barbara Brady gave a presentation about the background to the recommissioning of the substance misuse and obesity prevention and weight management services. The Chair read a statement and moved the recommendation in the report, which was seconded by Councillor Carroll. The Chair then moved that the public be excluded from the remainder of the meeting, and it was

EXCLUSION OF THE PUBLIC

RESOLVED: 2014/016

That the public be excluded for the remainder of the meeting on the grounds that the discussions are likely to involve disclosure of exempt information described in paragraph 3 of the Local Government (Access to Information) (Variation) Order 2006 and the public interest in maintaining the exemption outweighs the public interest in disclosing the information.

EXEMPT APPENDIX TO THE REPORT

Barbara Brady introduced the exempt appendix to the report on recommissioning, and responded to members' questions. Members requested a progress report after six months' operation of the new contracts.

RESOLVED: 2014/017

(1) That approval be granted to the award of contracts for the substance misuse treatment and recovery services and obesity prevention and weight management services to the successful bidders identified in the exempt appendix to the report.

(2) That a progress report be presented after six months' operation of the new contracts.

The meeting closed at 12.35 pm.

CHAIR

Nottinghamshire County Council

Report to the Public Health Committee

3 July 2014

Agenda Item: 4

REPORT OF THE ASSOCIATE 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 at the end of March 2014 (quarter four – year end).

Information and Advice

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

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

Format of the Report

4. An overview of the contracts where there are current performance issues is summarised in a table and is included in section 2, pages 3 and 4 of the Report.

5. This shows four main areas of concern in relation to:
    - NHS Health Checks – GPs
    - Genito-Urinary Medicine – Sherwood Forest Hospital Foundation Trust
    - Tobacco Control – Four week smoking quitter figure; GPs, Community Pharmacists and Bassetlaw Stop Smoking Service
    - Seasonal Mortality – Greater Nottingham Healthy Housing Service.

6. A summary of the issues and actions that are being taken is included in the tables.

7. In section 3, pages 5 to 39, a performance summary for each of the Public Health function areas is given along with the contract name and value, contract outcomes (as linked to the Public Health Outcomes Framework) name/s of the provider/s, summary of performance and quality and any actions in relation to the contract.

8. A trend column has been added which shows whether there has been; sustained improvement in performance (⇑⇑); short-term or recent improvement in performance (⇑); no

significant change in performance (⇔); short-term or recent deterioration in performance (⇓) or sustained deterioration in performance (⇓⇓) since the last quarter's report.

9. A summary table of complaints, serious incidents and Freedom of Information requests in relation to Public Health contracts is included as section 4 (page 40).

10. Included as section 5 of the Report (pages 41 to 45) are the contract strategic priorities, as linked to the Public Health Outcomes Framework and the Health and Wellbeing Strategy priorities.

Reason for Recommendation

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 notes the performance and quality information as provided in the attached Report.

Appendix One: Quarter Four Performance and Quality Report for Health Contracts (January – March 2013/14).

Cathy Quinn
Associate Director of Public Health

For any enquiries about this report please contact:

Sally Handley
Senior Public Health Manager

Lynn Robinson
Senior Public Health Manager

Constitutional Comments

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

Financial Comments

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

Background Papers and Published Documents

None

Electoral Division(s) and Member(s) Affected

All

Nottinghamshire County Council

Public Health Contract Quality & Performance Report

Quarter 4 January - March 2013/14

3rd July 2014

1. Executive Summary

Introduction

An overview of the contracts where there were performance issues in quarter four, 2013/14 are summarised in section 2, pages 3 and 4.

In section 3, a performance summary for each of the Public Health function areas is given along with; the contract name and value, contract outcomes, as linked to the Public Health Outcomes Framework, name/s of the provider/s, summary of performance and quality and any actions in relation to the contract.

The keys relating to the performance trends and annual financial contract values can be found in the tables below.

A summary table of complaints, serious incidents and Freedom of Information requests in relation to Public Health contracts is included as Section 4 (page 40).

Section 5 (pages 41 to 45) are the contract strategic priorities, as linked to the Public Health Outcomes Framework and the Health and Wellbeing Strategy priorities.

Key to Performance Trends

⇈	Sustained improvement in performance
↑	Short-term or recent improvement in performance
⟺	No significant change in performance
↓	Short-term or recent deterioration in performance
⇊	Sustained deterioration in performance

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

2. Summary of Performance Issues

Public Health Function	Contract Provider	Plan for the quarter / year	Activity for the quarter / year	Summary of performance	Actions
NHS Health Checks (page 5)	GPs	Q4 Target offers = 12,501 2013/14 Annual Target = 50,005 (20% of the 5-year eligible population)	Q4 Actual = 7,957 2013/14 Annual Actual = 37,114	Offers in 2013-14 were 15% against the target of 20%, but uptake increased from 51% in 2012-13 to 62% in 2013-14.	At the last Public Health Committee, Public Health was asked to come back with ideas on how to engage practices and propose a way forward. Since that time we have had the opportunity to hold a development workshop for the Health and Wellbeing Board on this issue. Following this a paper is being drafted which will capture the comments and ideas from the session along with a potential proposal for a future service model for consultation. Along with the outcomes of the Council Budget Consultation, this will inform the review and re-commissioning of the programme in 2016-17.
		Q4 Target health checks received = 6,876 2013/14 Annual Target health checks received = 27,502 (55% of offers)	Q4 Actual = 5,609 2013/14 Annual Actual health checks received = 22,860		
Sexual Health Genito-Urinary Medicine - GUM (pages 8 & 9)	Sherwood Forest Hospital Foundation Trust (SFHT)	First appointment Annual Target = 6,297 Follow-up appointment Annual Target = 4,055	First appointment Annual Actual = 7,495 Follow-up appointment Annual Actual = 4,168	SFHT has exceeded the expected activity levels set for both first appointments and follow-ups within GUM. The proportion of appointments attended that are follow-ups is very high at SFHT.	The reasoning for this will be investigated in 2014/15.

2. Summary of Performance Issues

Public Health Function	Contract Provider	Plan for the quarter / year	Activity for the quarter / year	Summary of performance	Actions
Seasonal Mortality (pages 28 & 29)	Nottingham Energy Partnership (Greater Nottingham Healthy Housing Service)	There are several indicators in relation to this contract. Refer to pages 28 and 29 for detail regarding the indicators , a summary of performance and detailed actions that are currently underway. Tendering for a new contract is now completed and the new contract will commence July 2014. The new contract contains fuller Key Performance Indicators which will support improvements in performance across the county.			
Tobacco Control (pages 31 to 33)	GPs, Community Pharmacists and Bassetlaw Stop Smoking Service	Annual target = 7,077 four-week smoking quitters	Annual actual = 6,858 four-week smoking quitters across Nottinghamshire	The actual activity against plan equates to a 97% achievement of actual against target. In 2013/14 the prevalence rate is 19.4%.	There were discrepancies in performance across the providers. 2014/15 service plans for New Leaf and Bassetlaw Health Partnership, as the two main providers, will be monitored on a monthly basis. Monthly four-week smoking quitter meetings will continue during 2014/15. Extra activity was commissioned from New Leaf. Bassetlaw GPs now based on outcomes – aligned with payment mechanisms across the county. One of the aims of the Tobacco Control Declaration is to increase referrals to Stop Smoking Services.

3. Performance Summary – NHS Health Checks

Contract Name & Value	Contract Outcomes	Provider	Reporting Period	Indicator	Quarter Four Target	Quarter Four Performance	Annual Target	Annual Performance	Progression from Quarter Three	Summary of Performance & Quality	Actions
NHS Health Checks Medium High	To reduce early mortality and improve quality of life for individuals with Long Term Conditions (LTC)	GPs across Nottinghamshire	Q4 Jan – Mar 2014	No. of eligible patients who have been offered health checks	12,501	7,957	50,005 (20% of the 5-year eligible population)	37,114	⬇	Offers in 2013-14 were 15% against the target of 20%, but uptake increased from 51% in 2012-13 to 62% in 2013-14.	At the last Public Health Committee Public Health was asked to come back with ideas on how to engage practices and propose a way forward. Since that time we have had the opportunity to hold a development workshop for the Health and Wellbeing Board on this issue. Following this a paper is being drafted which will capture the comments and ideas from the session along with a potential proposal for a future service model for consultation. Along with the outcomes of the Council Budget Consultation, this will inform the review and re-commissioning of the programme in 2016-17.
				No. of patients offered who have received health checks	6,876	5,609	27,502 (55% of the offers made)	22,860 (62% of offers made)	⬇		

3. Performance Summary - National Child Measurement Programme

Contract Name & Value	Contract Outcomes	Provider	Reporting Period	Indicator	Target	2012/13 school year Performance	Summary of Performance & Quality	Actions
National Child Measurement Programme Medium High	To achieve a sustained downward trend in the level of excess weight in children by 2020	County Health Partnership	2012 / 2013 School Year	% of children in Reception with height and weight recorded	91.5%	91.7%	This is an annual programme. The results shown here are from the school year 2012/13. The school year 2013/14 programme is still underway. Results will be published in December 2014.	
				% of children in Year 6 with height and weight recorded	91.5%	87.6%		
		Bassetlaw Health Partnership		% of children in Reception with height and weight recorded	90.0%	91.0%		
				% of children in Year 6 with height and weight recorded	89.2%	89.3%		

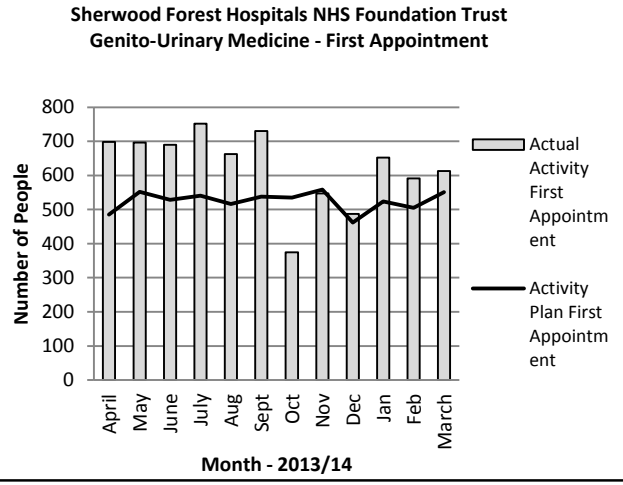
3. Performance Summary – Sexual Health

Contract Name & Value	Contract Outcomes	Provider	Reporting Period	Indicator	Annual Target	Quarter Four Performance	Year End Performance	Progression	Summary of Performance & Quality	Actions
Sexual Health High Contract Value	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	Nottingham University Hospitals (NUH)	Q4 Jan – Mar 2014	Genito-Urinary Medicine (GUM) – First Appointment	6,526	1,288	5,551	⟷	NUH is slightly under the projected activity levels for both first and follow-up appointments. The proportion of appointments attended that are follow-ups is relatively low in NUH .	The GUM services are demand-led and paid for on a Payment by Results (PbR) tariff basis. The expected activity levels were set by the PCT and inherited by the local authority when it took over responsibility for sexual health commissioning from April 2013; they are usually based on activity in the previous year, with an uplift for growth (due to increase in population and increase in need). Where activity is under the expected level, this may be due to lower than expected growth, or unusually high levels of activity in the previous year that have since returned to normal; it is not necessarily a cause for concern unless awareness of the service is decreasing and fewer people who need it are accessing it.
				GUM – Follow-up Appointment	1,336	241	1,267	⟷		
				GUM – Community – First Appointment	747	185	694	⟷		
				GUM – Community – Follow-up Appointment	76	7	35	↓		
		Doncaster & Bassetlaw Hospital (DBH) Foundation Trust		GUM – First Appointment	3,162	877	3,368	⟷	DBH has exceeded the expected activity levels set for both first appointments and follow-ups within GUM.	
				GUM – Follow-up Appointment	1,307	261	1,379	⟷		

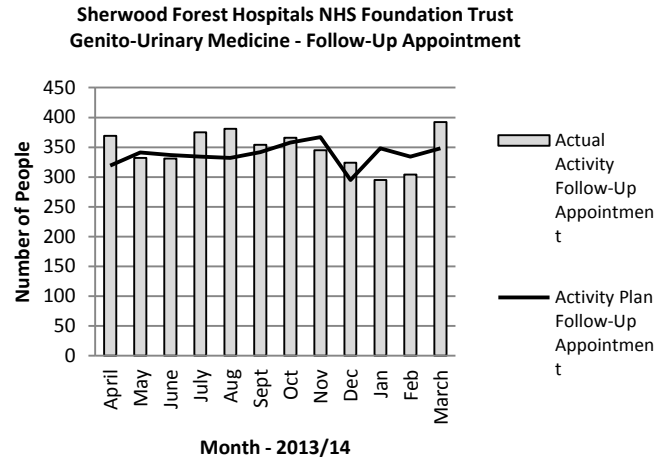
3. Performance Summary – Sexual Health

Contract Name & Value	Contract Outcomes	Provider	Reporting Period	Indicator	Annual Target	Quarter Four Performance	Year End Performance	Progression	Summary of Performance & Quality	Actions
Sexual Health High Contract Value	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	Sherwood Forest Hospital (SFHT) Foundation Trust	Q4 Jan – Mar 2014	GUM - First Appointment	6,297	1,856	7,495	⬆	SFHT has exceeded the expected activity levels set for both first appointments and follow-ups within GUM. The proportion of appointments attended that are follow-ups is very high at SFHT.	The reasoning for this will be investigated in 2014/15.
				GUM – Follow-up Appointment	4,055	991	4,168	⬆		
				Contraceptive and Sexual Health Services (CaSH)	Data not available. Will be reported in quarter 1 2014/15					
				SEXions	Data not available. Will be reported in quarter 1 2014/15					
		Bassetlaw Health Partnership		Contraceptive and Sexual Health Services (CaSH)	550 clinic contacts per month or 6,600 per annum	1,773	8,777	⬆⬆	There is a higher than expected number of people accessing clinics per month. People accessing the services is positive.	This will continue to be monitored. The service specification is being reviewed.

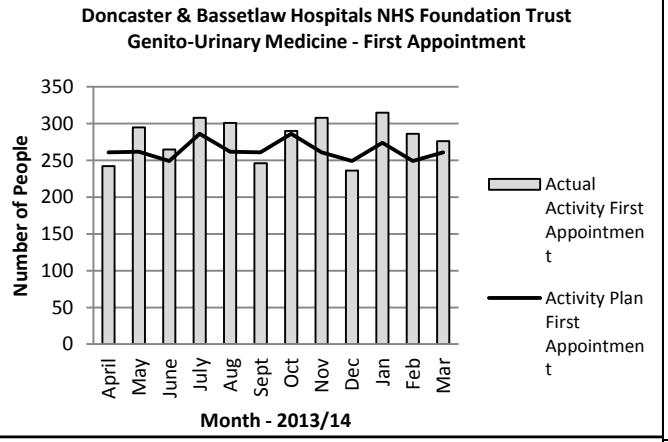
3. Performance Summary – Sexual Health



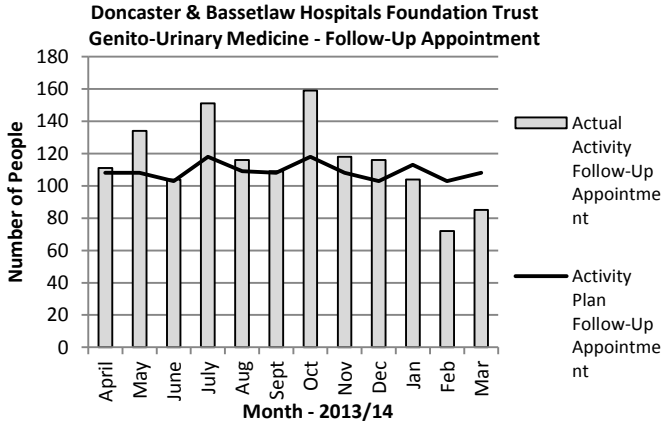
Across the year there is 19% over-activity compared to the plan.



Across the year there is 3% over-activity compared to the plan.



Across the year there is 7% over-activity compared to the plan.



Across the year there is 6% over-activity compared to the plan.

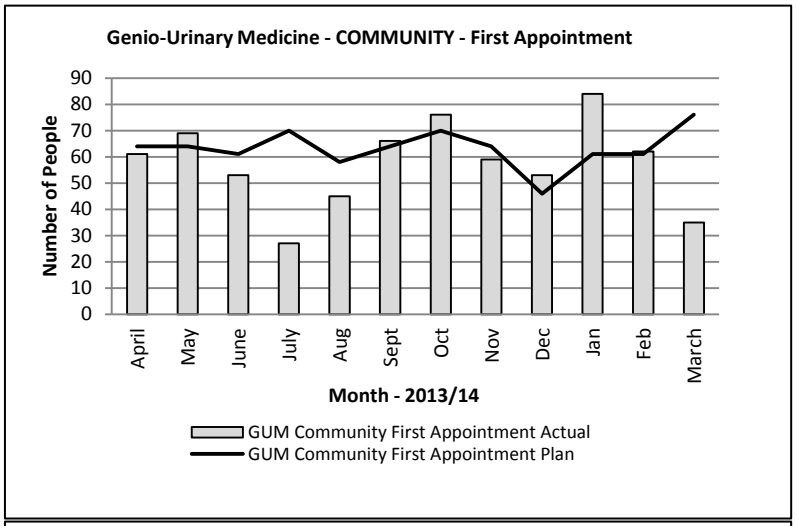
Impact of the service:
The GUM services treat and manage all sexually transmitted infections that are diagnosed in outreach/CaSH clinics (except chlamydia, for which treatment is often made available through other routes), as well as diagnosing and treating conditions that people present to the service with (often symptomatic Sexually Transmitted Infections). They are therefore a core part of the pathway for improving sexual health.

GUM services are responsible for 28.6% of the chlamydia screening activity across Nottinghamshire county. This has contributed to achieving a diagnosis rate for chlamydia of 2,064 per 100,000 15-24 year olds, although this remains below the recommended rate of 2,300 per 100,000.

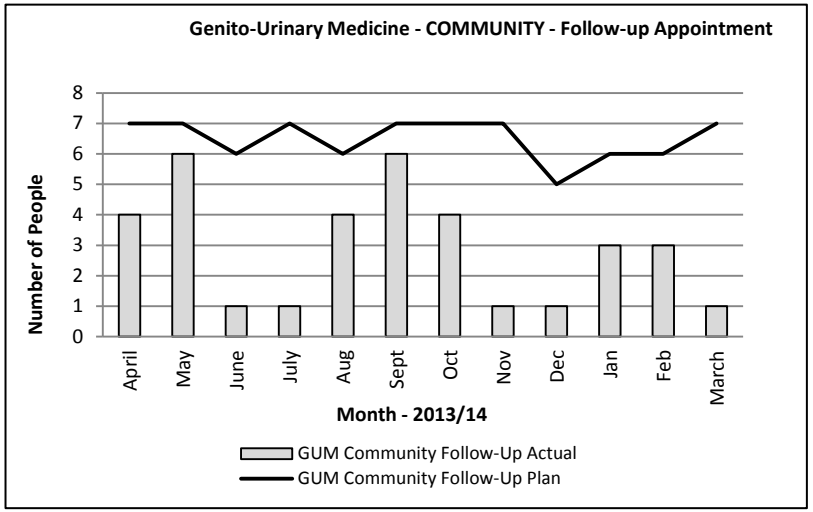
Strategic priorities:
The NUH and SFHT services have agreed to run an integrated sexual health tariff in shadow format in 2014/15 in order to provide better information on activity across sexual health services. This will also be discussed with DBH in the near future. As part of the negotiations relating to the city contract, NUH have agreed to move 5% of activity into the community clinics from 2014/15, which should ensure services are provided closer to residents' homes where appropriate as well as reducing costs.

3. Performance Summary – Sexual Health

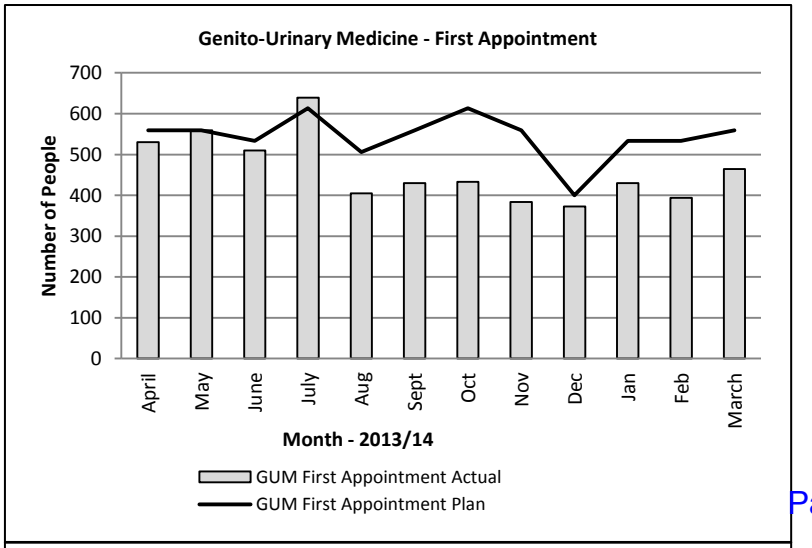
Nottingham University Hospital Trust



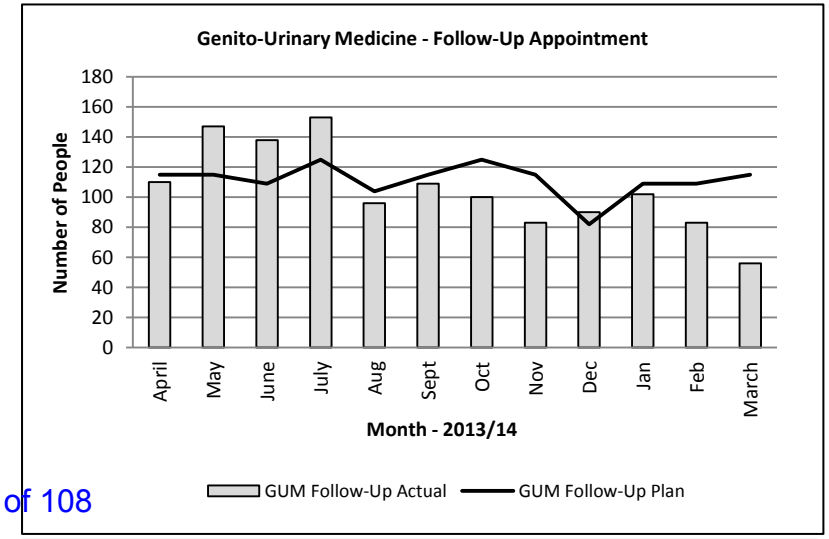
Across the year there is 7% under-activity compared to the plan.



Across the year there is 54% under-activity compared to the plan.



Across the year there is 15% under-activity compared to the plan.



Across the year there is 5% under-activity compared to the plan.

3. Performance Summary – Sexual Health

Contract Name & Value	Contract Outcomes	Provider	Reporting Period	Indicator	Target	Quarter Four Performance	Progression	Summary of Performance & Quality	Actions
Sexual Health High Contract Value	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	Terrence Higgins Trust (THT)	Q4 Jan – Mar 2014	Number of People Living with HIV supported in Nottinghamshire County	8	10	⬆⬆	Type of support offered includes; practical , support regarding legal issues, support for newly diagnosed, relationship issues etc.	Work continues to monitor the service. No outstanding issues.
				Point of care testing	60 per quarter	73	⬆⬆	Testing and support in a friendly and safe environment, takes place at the THT office on a daily basis by appointment	
				Condom Packs distributed	2,500	185	⬆	There are several outlets for distribution, including via the; health promotion worker, health and treatment worker, clinical sessions, mass events etc.	
				Outreach group events in Nottinghamshire targeting high risk groups	2	3	⬆⬆	A mixed group has been established, which has proved to be very popular with service users taking ownership and suggesting future subjects for discussions/visitors and for outings/events.	
				Chlamydia – percentage of all 15-24 year olds offered a screen	100%	100%	⬆⬆	THT works with many clients in partnership with both the HIV specialist social worker and GUM clinics, along with other service providers, and all relevant services are promoted to all clients.	
				HIV training sessions	6 sessions per year	4 sessions	⬆⬆	Training is always available on request and is very popular with repeat visits often requested for additional staff or more advanced information.	

3. Performance Summary – Sexual Health

Contract Name & Value	Contract Outcomes	Provider	Reporting Period	Indicator	Target	Quarter Four Performance	Year End Performance	Progression	Summary of Performance & Quality	Actions
Sexual Health High Contract Value	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	Community Pharmacists – Locally Commissioned Public Health Services (LCPHS)	Q4 Jan – Mar 2014	Emergency Hormonal Contraceptive (EHC)	These are demand-led service, therefore there are no targets.	810 consultations	3875	Not applicable	87 community pharmacists deliver this service across Nottinghamshire.	Demand-led service. Continue to monitor the service.
				C-Card – number of transactions		79	442		10 community pharmacists deliver the service.	From the 1st April 2014 the management of this service has transferred to the Children's & Young Peoples Integrated Commissioning Hub.
		GPs – Long-Acting Reversible Contraceptive (LARC) Sub Dermal Implants		Fittings		323	1196		Numbers continue to remain consistent across the year. No quality issues reported for these services.	Demand-led service. Numbers will continue to be monitored.
				Removals		222	827			
				Combined		98	425			
		GPs - Intra Uterine Contraceptive Device (IUCD)s		Fittings		1563	1892			
				Removals/Review		319	1113			

3. Performance Summary - Alcohol and Drug Misuse

Contract Name & Value	Contract Outcomes	Provider	Reporting Period	Indicator	Annual Target	Quarter Four Performance	Progression	Summary of Performance & Quality	Actions
Alcohol and Drug Misuse High contract value	Reduction in Alcohol related admissions to hospital Reduction in mortality from liver disease Successful completion of drug treatment	Notts Recovery Partnership	Q4 Jan – Mar 2014	Clients have a waiting time of 3 weeks or less for a first appointment	95%	98%	⬆	No exceptions to report.	Alcohol and drug misuse services have been decommissioned. These services will run from the 1st April until 30th September 2014. During this period Public Health will continue to monitor their performance. A Mobilisation Plan is being developed to ensure the safe transfer of clients from these providers to the new provider/s.
				Opiate User presentations in effective treatment	90%	93%	⬆		
				Over 18's (all drugs) presentations in effective treatment	90%	93%	⬆		
				New presentations offered Hepatitis B Virus (HBV) vaccination	98%	100%	⬆		
				% of clients accepting the offer commence HBV vaccination	65%	79%	⬆		
				% of clients in treatment that are injectors are offered an Hepatitis C Virus test	98%	100%	⬆		
				% of those in treatment with a Hepatitis C test	85%	86%	⬆		
				New treatment journeys with a Treatment Outcome Profile (TOP) completed	98%	96%	⬇	There isn't a concern in relation to this 2% underperformance, as this relates to a small number of clients. The threshold is 80% to ensure data quality for detailed analysis.	This is due to a data inputting error. Processes have been reviewed and measures are in place to ensure it doesn't re-occur.

3. Performance Summary - Alcohol and Drug Misuse

Contract Name & Value	Contract Outcomes	Provider	Reporting Period	Indicator	Annual Target	Quarter Four Performance	Progression	Summary of Performance & Quality	Actions
Alcohol and Drug Misuse High contract value	Reduction in Alcohol related admissions to hospital Reduction in mortality from liver disease Successful completion of drug treatment	Notts Recovery Partnership	Q4 Jan – Mar 2014	Care plan reviews with a TOP completed	85%	91%	⬆	No exceptions to report.	Alcohol and drug misuse services have been decommissioned. These services will run from the 1st April until 30th September 2014. During this period Public Health will continue to monitor their performance. A Mobilisation Plan is being developed to ensure the safe transfer of clients from these providers to the new provider/s.
				Completion of TOP on planned exit	90%	97%	⬆		
				% of successful discharges as a proportion of those in treatment (opiate users)	10%	10.7%	⬆		
				% of successful discharges as a proportion of those in treatment (non-opiate users)	44%	45%	⬆		
				% increase of alcohol assessments as an increase on 2010 / 11 baseline	25%	0%	⬇⬇	The provider is challenging the baseline and there is ongoing to discussion in relation to the interpretation of the indicator. The provider is carrying out alcohol assessments on clients.	The target is 1262 assessments. 1003 were achieved. This indicator doesn't capture those clients where brief treatment is the appropriate treatment option. Alcohol access sessions operate across the county, which non-reportable.

3. Performance Summary - Alcohol and Drug Misuse

Contract Name & Value	Contract Outcomes	Provider	Reporting Period	Indicator	Annual Target	Quarter Four Performance	Progression	Summary of Performance & Quality	Actions
Alcohol and Drug Misuse High Contract Value	Reduction in Alcohol related admissions to hospital Reduction in mortality from liver disease Successful completion of drug treatment	Notts Recovery Partnership	Q4 Jan – Mar 2014	Of those discharged from alcohol treatment, % discharged successfully	55%	60%	⬆	No exceptions to report.	Alcohol and drug misuse services have been decommissioned. These services will run from the 1st April until 30th September 2014. During this period Public Health will continue to monitor their performance. A Mobilisation Plan is being developed to ensure the safe transfer of clients from these providers to the new provider/s.
				Percentage of representations from those successfully completed treatment	19.7 – 21.4%	21%	⬆		
				% 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	No target	70%	⬆	There are no targets for these indicators as they are being monitored to capture the recovery work. The data will be used as a baseline for developing the new service.	
				% of families who successfully engaged in family / carer support post referral (data is provided by the RP Family and Carers service)		70%	⬆		

3. Performance Summary - Alcohol and Drug Misuse

Contract Name & Value	Contract Outcomes	Provider	Reporting Period	Indicator	Annual Target	Quarter Four Performance	Progression	Summary of Performance & Quality	Actions
Alcohol and Drug Misuse High Contract Value	Reduction in Alcohol related admissions to hospital Reduction in mortality from liver disease Successful completion of drug treatment	Notts Recovery Partnership	Q4 Jan – Mar 2014	% of all clients having family / partner involved in their recovery plan	No target	56%	⬇	There are no targets for these indicators as they are being monitored to capture the recovery work. The data will be used as a baseline for developing the new service.	Alcohol and drug misuse services have been decommissioned. These services will run from the 1st April until 30th September 2014. During this period Public Health will continue to monitor their performance. A Mobilisation Plan is being developed to ensure the safe transfer of clients from these providers to the new provider/s.
				% of clients engaged in self-help / mutual aid / structured group work & peer support		33%	⬇		
				% of clients receiving a financial health check		53%	⟷		
				% of clients that improve their economic sustainability (reduce debt, maximise income, avoid eviction & homelessness)		75%	⟷		
				% of clients in sustained accommodation		86%	⟷		
				% reduction in homelessness		71%	⟷		

3. Performance Summary - Alcohol and Drug Misuse

Contract Name & Value	Contract Outcomes	Provider	Reporting Period	Indicator	Annual Target	Quarter Four Performance	Progression	Summary of Performance & Quality	Actions
Alcohol and Drug Misuse High Contract Value	Reduction in Alcohol related admissions to hospital Reduction in mortality from liver disease Successful completion of drug treatment	Notts Recovery Partnership	Q4 Jan – Mar 2014	% of clients in structured treatment accessing a Needle Exchange	No target	23%	⟺	There are no targets for these indicators as they are being monitored to capture the recovery work. The data will be used as a baseline for developing the new service.	Alcohol and drug misuse services have been decommissioned. These services will run from the 1st April until 30th September 2014. During this period Public Health will continue to monitor their performance. A Mobilisation Plan is being developed to ensure the safe transfer of clients from these providers to the new provider/s.
				% of clients in employment, education & training		29%	⟺		
				% of clients receiving care for mental wellness and mental health issues		25%	⟺		
				% 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%	⟺		
				% of clients engaged in healthy lifestyle pursuits, such as complementary therapies, exercise, smoking cessation, healthy diet		74%	⟺		

3. Performance Summary - Alcohol and Drug Misuse

Contract Name & Value	Contract Outcomes	Provider	Reporting Period	Indicator	Annual Target	Quarter Four Performance	Progression	Summary of Performance & Quality	Actions
Alcohol and Drug Misuse High Contract Value	Reduction in Alcohol related admissions to hospital Reduction in mortality from liver disease Successful completion of drug treatment	Notts Recovery Partnership	Q4 Jan – Mar 2014	% of clients who have reduced their overall risk taking behaviour i.e. change in injecting practices, reduction in overall alcohol and / or drug intake	No target	95%	⬆	There are no targets for these indicators as they are being monitored to capture the recovery work. The data will be used as a baseline for developing the new service.	Alcohol and drug misuse services have been decommissioned. These services will run from the 1st April until 30th September 2014. During this period Public Health will continue to monitor their performance. A Mobilisation Plan is being developed to ensure the safe transfer of clients from these providers to the new provider/s.
				% of clients expressing satisfaction with the services provided by the RP		97%	⟺		

3. Performance Summary - Alcohol and Drug Misuse

Contract Name & Value	Contract Outcomes	Provider	Reporting Period	Indicator	Target	Quarter 3 Performance	Progression	Summary of Performance & Quality	Actions
Alcohol and Drug Misuse High Contract Value	Reduction in Alcohol related admissions to hospital Reduction in mortality from liver disease Successful completion of drug treatment	Bassetlaw Drug and Alcohol Service (BDAS)	Q4 Jan – Mar 2014	Clients have a waiting time of 3 weeks or less for a first appointment	95%	100%	⟺	No exceptions to report.	Alcohol and drug misuse services have been decommissioned. These services will run from the 1st April until 30th September 2014. During this period Public Health will continue to monitor their performance. A Mobilisation Plan is being developed to ensure the safe transfer of clients from these providers to the new provider/s.
				Over 18's (all drugs) presentations in effective treatment	90%	93%	↑		
				New presentations offered Hepatitis B Virus (HBV) vaccination	98%	99%	⟺		
				% of clients accepting the offer commence HBV vaccination	65%	43%	↑	The service has approx. 500 clients in treatment. The majority of service users will already have had the vaccination.	
				% of clients in treatment that are injectors are offered an Hepatitis C Virus test	98%	100%	⟺	No exceptions to report.	
				% of those in treatment with a Hepatitis C test	85%	89%	↑		
				New treatment journeys with a TOP completed	98%	100%	⟺		
				Care plan reviews with a TOP completed	85%	88%	⟺		

3. Performance Summary - Alcohol and Drug Misuse

Contract Name & Value	Contract Outcomes	Provider	Reporting Period	Indicator	Target	Quarter 3 Performance	Progression	Summary of Performance & Quality	Actions
Alcohol and Drug Misuse High Contract Value	Reduction in Alcohol related admissions to hospital Reduction in mortality from liver disease Successful completion of drug treatment	Bassetlaw Drug and Alcohol Service	Q4 Jan – Mar 2014	Completion of TOP on planned exit	90%	100%	⟺	No exceptions to report.	Alcohol and drug misuse services have been decommissioned. These services will run from the 1st April until 30th September 2014. During this period Public Health will continue to monitor their performance. A Mobilisation Plan is being developed to ensure the safe transfer of clients from these providers to the new provider/s.
				% of successful discharges as a proportion of those in treatment (all clients/drugs)	10%	7%	⟺		
				Numbers in alcohol treatment	220 per year	169	⬆		
				Of those discharged from alcohol treatment, % discharged successfully	No target	36%	⟺		

3. Performance Summary - Alcohol and Drug Misuse

Contract Name & Value	Contract Outcomes	Provider	Reporting Period	Indicator	Target	Quarter Four Performance	Progression	Summary of Performance & Quality	Actions
Alcohol and Drug Misuse High Contract Value	Reduction in Alcohol related admissions to hospital Reduction in mortality from liver disease Successful completion of drug treatment	Notts Probation SM Service	Q4 Jan – Mar 2014	Clients have a waiting time of 3 weeks or less for a first appointment	95%	100%	⟺	The client group consists of small numbers. They are usually seen within the Probation Substance Misuse Service as part of a Court Order.	Alcohol and drug misuse services have been decommissioned. These services will run from the 1st April until 30th September 2014. During this period Public Health will continue to monitor their performance. A Mobilisation Plan is being developed to ensure the safe transfer of clients from these providers to the new provider/s.
				Opiate User presentations in effective treatment	90%	88%	⬆		
				Over 18's (all drugs) presentations in effective treatment	90%	74%	⬆		
				New presentations offered Hepatitis B Virus (HBV) vaccination	98%	98%	⬆		
				% of clients accepting the offer commence HBV vaccination	65%	75%	⬇		
				% of clients in treatment that are injectors are offered an Hepatitis C Virus test	98%	99%	⬆		
				% of those in treatment with a Hepatitis C test	85%	83%	⬇	The clients seen have usually been in the Drug and Alcohol Treatment system for a long time, therefore they will have already received the test.	

3. Performance Summary - Alcohol and Drug Misuse

Contract Name & Value	Contract Outcomes	Provider	Reporting Period	Indicator	Target	Quarter Four Performance	Progression	Summary of Performance & Quality	Actions
Alcohol and Drug Misuse High Contract Value	Reduction in Alcohol related admissions to hospital Reduction in mortality from liver disease Successful completion of drug treatment	Notts Probation Substance Misuse Service	Q4 Jan – Mar 2014	New treatment journeys with a TOP completed	98%	99%	↑	The client group consists of small numbers. They are usually seen within the Probation Substance Misuse Service as part of a Court Order.	Alcohol and drug misuse services have been decommissioned. These services will run from the 1st April until 30th September 2014. During this period Public Health will continue to monitor their performance. A Mobilisation Plan is being developed to ensure the safe transfer of clients from these providers to the new provider/s.
				Care plan reviews with a TOP completed	85%	98%	↑		
				Completion of TOP on planned exit	90%	100%	↑		
				% of successful discharges as a proportion of those in treatment (opiate users)	10%	40%	↑↑		
				% of successful discharges as a proportion of those in treatment (non-opiate)	45%	87%	↑↑		

3. Performance Summary - Alcohol and Drug Misuse

Contract Name & Value	Contract Outcomes	Provider	Reporting Period	Indicator	Target	Current Performance	Year End Performance*	Progression	Summary of Performance & Quality	Actions
Alcohol and Drug Misuse High Contract Value	Reduction in Alcohol related admissions to hospital Reduction in mortality from liver disease Successful completion of drug treatment	Notts Healthcare Trust – Substance Misuse Service in HMP Ranby	Q4 Jan – Mar 2014	% 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%	68%	91%	⬇	In quarter 4 405 out of 526 new receptions were referred within 1 working day. Performance against this target has recently declined by 20%. This was due to referrals not automatically being generated from reception templates. This is issue is now resolved through training of reception staff.	Audit planned to ensure staff learning is embedded.
				% of where ongoing clinical prescribing need identified, prescription reviewed by GPwSi within 2 working days of referral	95%	100%	50%	⇔	Performance against this target is at 100% which is excellent and should continue in future quarters.	
				% 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%	77%	66%	⬆	There has been a 17% improvement for this indictor but it remains at below target. The service was not able to organise full assessments within the timeframe. Some changes are being made to the review process to free up time for assessments to be undertaken.	Consistent improvement to be demonstrated over the next quarters.
				% of clinical caseload in treatment in HMP Ranby < 12 months	>73%	89%	89%	⇔	Good performance against this target and is a continuing trend.	
				% 13 week multi-disciplinary review due are completed	100%	97%	N/A	Only Q4 data ava	Target nearly met, the reviews out of timescales were out by just 1-2 days due to a bank holiday when scheduling dates.	Tighten up on diary management for booking reviews.

**Due to issues with backdating data Year End performance for this service has been calculated based on the last 6 months.*

3. Performance Summary - Alcohol and Drug Misuse

Contract Name & Value	Contract Outcomes	Provider	Reporting Period	Indicator	Target	Current Performance	Year End Performance*	Progression	Summary of Performance & Quality	Actions
Alcohol and Drug Misuse High Contract Value	Reduction in Alcohol related admissions to hospital Reduction in mortality from liver disease Successful completion of drug treatment	Notts Healthcare Trust – Substance Misuse Service in HMP Ranby	Q4 Jan – Mar 2014	% of HMP Ranby SMRS successful completions have re-engaged into the service within 6 months	<30%	0%	0%	⇔	Good performance against this target and is a continuing trend.	
				% of successful discharges as a proportion of those in treatment (Opiate users)	25%	19%	Not Available	↑	Although performance against these indicators is low it is improving. At the last review meeting it was made clear that there are additional prisoners completing their structured treatment (Tier 3) successfully but have to remain open to access continued advice and support (Tier 2) which prisoners sometimes disengage from and is seen as unsuccessful.	NHT to work with Contract Manager to look at Tier 3 vs Tier 2 treatments to ensure discharges reflect outcomes.
				% of successful discharges as a proportion of those receiving interventions (Non-Opiate users)	44%	17%		↑		
				% of successful discharges as a proportion of those receiving interventions (Alcohol user)	55%	14%		↑		
				% 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%	40%		↑	Performance here has improved from 0% to 40%. There is always a review before patients leave the establishment. However, the recovery plan is not always recorded on the system. Often it is paper based.	Further training for recovery plans to be entered onto the system is required.
				Number of releases who had CJIT/Community Substance Misuse service 3-way communication prior to release	85%	71%		1st time reported	Performance for local transfers is good but could be better. Those moving across large geographical areas has been more challenging.	Staff from local community teams invited to HMP Ranby to firm up links.

**Due to issues with backdating data the Year End performance for this service, where available, has been calculated based on the last 6 months.*

3. Performance Summary - Alcohol and Drug Misuse

Contract Name & Value	Contract Outcomes	Provider	Reporting Period	Indicator	Target	Current Performance	Year End Performance *	Progression	Summary of Performance & Quality	Actions
Alcohol and Drug Misuse High Contract Value	Reduction in Alcohol related admissions to hospital Reduction in mortality from liver disease Successful completion of drug treatment	Notts Healthcare Trust – Substance Misuse Service in HMP Whatton	Q4 Jan – Mar 2014	% 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%	33%	73%	⬇	This is the first time this indicator has under-performed. This represents 2 patients out of three missing the 1 day target. Reception templates were used incorrectly so that referrals did not automatically send.	Training complete and performance should improve for Q1 14/15.
				% of where ongoing clinical prescribing need identified, prescription reviewed by GPwSi within 2 working days of referral	95%	100%	100%	⬌	Performance against this target continues to be 100% which is excellent and should continue in future quarters.	
				% 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%	67%	88%	⬇	This is the first time this indicator has under-performed. As before this was an issue with reception templates and has been resolved.	Training complete and performance should improve for Q1 14/15.
				% of clinical caseload in treatment in HMP Whatton < 12 months	>73%	100%	75%	⬆	Performance against this target is at 100% which is an improvement on last quarter.	
				% 13 week multi-disciplinary review due are completed	100%	100%	97%	⬆	Performance against this target is at 100% which is an improvement on last quarter.	

**Due to issues with backdating data Year End performance for this service has been calculated based on the last 6 months.*

3. Performance Summary - Alcohol and Drug Misuse

Contract Name & Value	Contract Outcomes	Provider	Reporting Period	Indicator	Target	Current Performance	Year End Performance*	Progression	Summary of Performance & Quality	Actions
Alcohol and Drug Misuse High Contract Value	Reduction in Alcohol related admissions to hospital Reduction in mortality from liver disease Successful completion of drug treatment	Notts Healthcare Trust – Substance Misuse Service in HMP Whatton	Q4 Jan – Mar 2014	% of HMP Whatton SMRS successful completions have re-engaged into the service within 6 months	<30%	0%	0%	⇔	Performance against this target continues to be 0% which is excellent and should continue in future quarters.	
				% of successful discharges as a proportion of those in treatment (Opiate users)	25%	5%	Data Not Available	↑	Performance has improved here but this target can be difficult to meet due to low numbers in treatment. A number of patients are near completion of their detox plan.	NHT to work with NCC Contract Manager to look at performance managing over longer periods due to low numbers.
				% of successful discharges as a proportion of those receiving interventions (Non-Opiate users)	44%	18%		↓	Performance against these targets is declining and work is underway to address this. No. of patients have been in the service for a long time that are no longer engaged. Once caseloads have been modified, more proactive case management will take place.	
				% of successful discharges as a proportion of those receiving interventions (Alcohol user)	55%	22%		↓		
				% of those receiving clinical/non-clinical treatment and interventions transfer/releases from HMP Whatton with a reviewed, up-to-date Recovery Plan in place	85%	100%		↑	Performance against this target is 100% which is excellent and should continue in future quarters.	
				Number of releases who had CJIT/Community Substance Misuse service 3-way communication prior to release	85%	100%		↑	Performance against this target is 100% which is excellent and should continue in future quarters.	

**Due to issues with backdating data Year End performance for this service has been calculated based on the last 6 months.*

3. Performance Summary - Community Safety and Violence Prevention

Contract Name & Value	Contract Outcomes	Provider	Reporting Period	Indicator	Annual Target	Quarter Four Actual	Year End Performance	Progression	Summary of Performance & Quality	Actions
Community Safety and Violence Prevention Medium Contract Value	Reduction in Violent crime Domestic violence	Notts Women's Aid – Bassetlaw Children's Services	Q4 Jan – Mar 2014	Number of children supported this quarter	No annual target	263	550	↑↑	The service has outreached into the community/schools and raised awareness of support available to children affected by domestic violence. The figures reflected in the groups this quarter are from awareness raising sessions in schools - 205 children/young people. They receive a one hour session per group .	In 2015/16 the Key Performance Indicators will be reviewed so that the monitoring will become more outcome focused.
				Number of children new to service this quarter		262	519	↑↑		
				Number of children who received support for less than 6 weeks		255	502	↑↑		
				Number of children who received support for more than 6 weeks		5	36	⟷		
				Number of children who disengaged from the support being offered		5	22	⟷		
				Number of children who were supported 1-1		16	56	⟷		
				Number of children who were supported in groups		247	478	↑↑		

3. Performance Summary - Seasonal Mortality

Contract Name & Value	Contract Outcomes	Provider	Reporting Period	Indicator	Annual Target	Quarter Four Target	Quarter Four Actual	Year End Performance	Progression	Summary of Performance & Quality	Actions
Seasonal Mortality Medium Contract Value	Reduction in excess winter deaths	Nottingham Energy Partnership (Greater Nottingham Healthy Housing Service (HHS))	Q4 Jan – Mar 2014	Number of people trained to deliver brief intervention	153	42	11	19	⬇	Two training courses for district nurses booked for March were rescheduled for April. Links with Local Pharmaceutical Committee established, one training completed and other opportunities sought.	Training events scheduled for 10th and 22th April for nurses. Further trainings to be arranged through County Health Partnerships.
				Number of awareness raising community presentations / events held	5	2	0	4	⬇	Issue raised at the contract review meeting with Healthy Housing Service (HHS), First Contact and Southern Borough Housing leads on 12 March.	Events being scheduled through links with First Contact and Borough Housing officers.
				Number of people attending awareness raising community presentations / events	100	40	0	85	⬇	As above.	Participation in rural events May/June. Following up other opportunities.
				Number of home heating and insulation referrals	600	144	29	225	⟺	Following meeting with First Contact and Southern Borough's Housing leads 12 March referral pathway to HHS re-established from April 28th.	Increased referrals anticipated through First Contact.

3. Performance Summary - Seasonal Mortality

Contract Name & Value	Contract Outcomes	Provider	Reporting Period	Indicator	Annual Target	Quarter Four Target	Quarter Four Actual	Year End Performance	Progression	Summary of Performance & Quality	Actions
Seasonal Mortality Medium Contract Value	Reduction in excess winter deaths	Nottingham Energy Partnership (Greater Nottingham Healthy Housing Service)	Q4 Jan – Mar 2014	Number of homes in which heating and insulation improvements are made as a result of referrals	390	93	6	25	⬇	County under-performance is a key discussion point at quarterly contract monitoring meeting.	This is an associate contract held by City, and overall performance for the year is 88%. Energy companies efficiency interventions available to support in County have been limited. Contract tendering completed for new contract commencing July 2014. The new contract contains fuller KPI details to support improvements in County performance.

3. Performance Summary - Social Exclusion

Contract Name & Value	Contract Outcomes	Provider	Reporting Period	Indicator	Annual Target	Quarter Four Performance	Progression	Summary of Performance & Quality	Actions
Social Exclusion Medium High Contract Value	To improve outcomes for children and their families by reducing poverty and Social Exclusion	Citizen's Advice Bureau (Bassetlaw Positive Paths)	Q4 Jan – Mar 2014	Patients/clients to be provided with advice and support services	520	623	⬆⬆	No exceptions to report. Performance against contract continues to be over-achieved.	
				Additional Annual income for patients/clients	£1,240,774	£1,253,172	⬆		
		Citizen's Advice Bureau (Broxtowe)		Client Contacts	400	598	⬆		
				Enquiries dealt with	1000	729	⬆		
				Additional Annual income for clients	No target	£340,000	⬆		
		Citizen's Advice Bureau (Notts and District CAB)		The data is not available for quarter four. It will be reported on in the quarter one report 2014/15					
		The Friary Drop-in Service		One to one specialist advice interviews	6,372	1,364	⬆	Total number of one to one specialist advice interviews over the year was 6,955. This equates to an over-performance of 4%.	

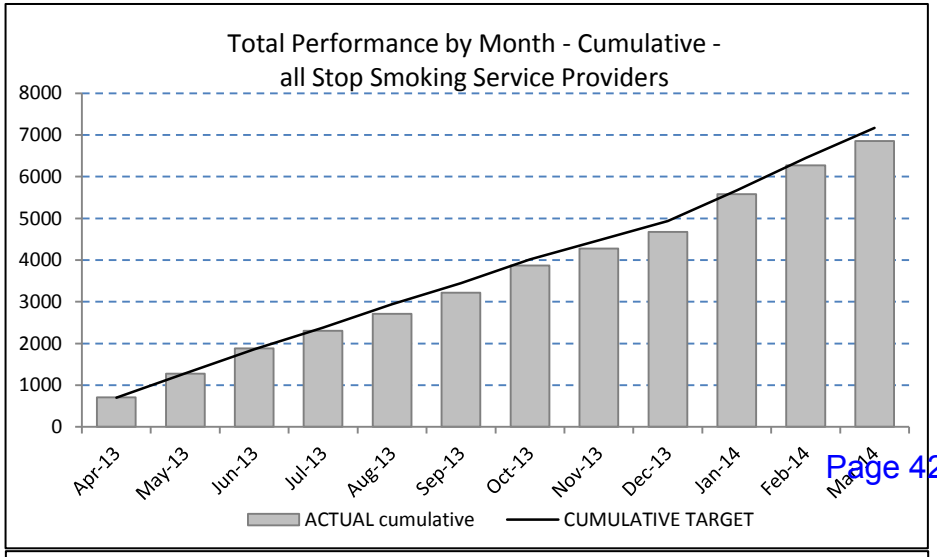
3. Performance Summary - Tobacco Control

Contract Name & Value	Contract Outcomes	Provider	Reporting Period	Indicator	Annual Target	Quarter Four Performance	Year End Performance	Progression	Summary of Performance & Quality	Actions
Tobacco Control High Contract Value	Reduce adult (aged 18 or over) smoking prevalence Behaviour change and social attitudes towards smoking Prevalence rate of 18.5% by the end of 2015/16	New Leaf – County Health Partnership (CHP)	Q4 Jan – Mar 2014	Four-week smoking quitter	5303	1790	5306	⬆	The Nottinghamshire target for 2013/14 was 7,077 four-week smoking quitters. 7,170 four-week smoking quitters were commissioned. The actual number achieved across all providers was 6,858. This equates to a 97% achievement of actual against target. In 2013/14 the prevalence rate is 19.4%.	There were discrepancies across the providers as shown in the performance year-end target and the graphs on the following two pages. 2014/15 service plans for CHP and BHP, as the two main providers, will be monitored on a monthly basis. Monthly four-week smoking quitter meetings will continue during 2014/15. Bassetlaw GPs now based on outcomes – aligned with payment mechanisms across the county.
		Community Pharmacists – Notts		Four-week smoking quitter	390	79	377	⬇		
		GPs - Notts		Four-week smoking quitter	484	113	430	⬇		
		Bassetlaw Stop Smoking Service (BHP)		Four-week smoking quitter	700	156	567	⬇⬇		
		Bassetlaw GPs		Four-week smoking quitter	293	41	178	⬇⬇		

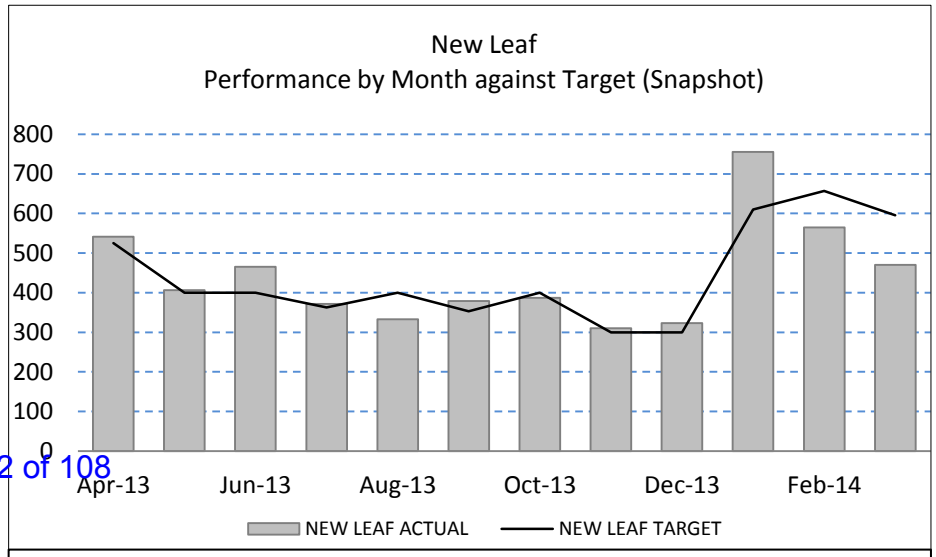
3. Performance Summary - Tobacco Control

The tables on pages 31,32,and 33 show the performance of providers against the year-end commissioned target. At the beginning of 2013/14 an additional 111 quitters was commissioned from New Leaf to ensure the target of 7,077 was achieved. As part of the continuous performance management of the providers throughout 2013/14, it became apparent that primary care were not going to achieve their targets and therefore an additional 239 quitters were shifted from their targets and commissioned from New Leaf. The targets for New Leaf, Nottinghamshire GPs and Community Pharmacists were adjusted. The table below shows the four-week smoking quitters for 2013/14 at the beginning of the year then the adjusted 2013/14 targets and achievements.

Provider	*Commissioned target beginning of 2013/14*	Adjusted commissioned target during 2013/14	Actual achievement 2013/14	% of adjusted target achieved	% of original target achieved
New Leaf	*4953*	5303	5306	100%	107%
Notts GPs	*580*	484	430	89%	74%
Notts Community Pharmacists	*533*	390	377	97%	71%
Bassetlaw Stop Smoking Service	*700*	700	567	81%	81%
Bassetlaw GPs	*293*	293	178	61%	61%
	7059	7170	6858		

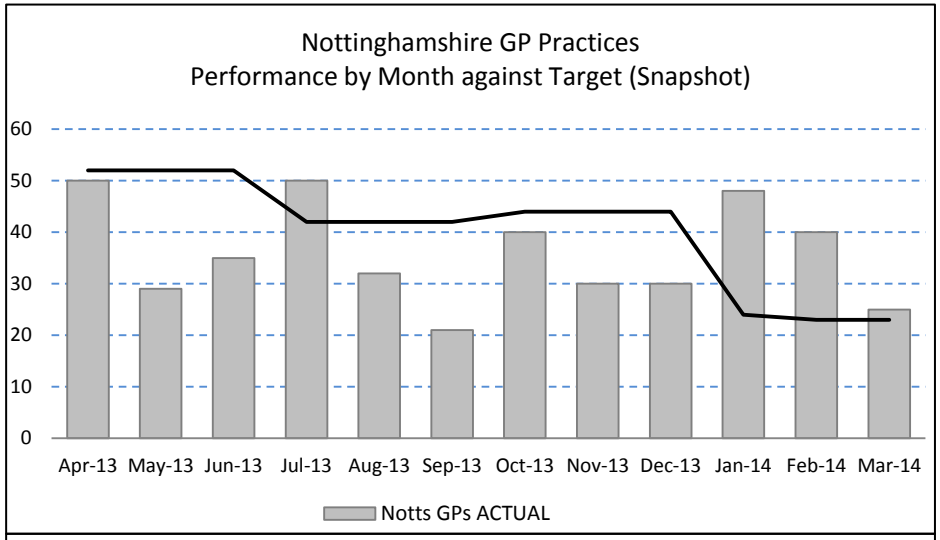


Cumulatively 97% of the target was achieved

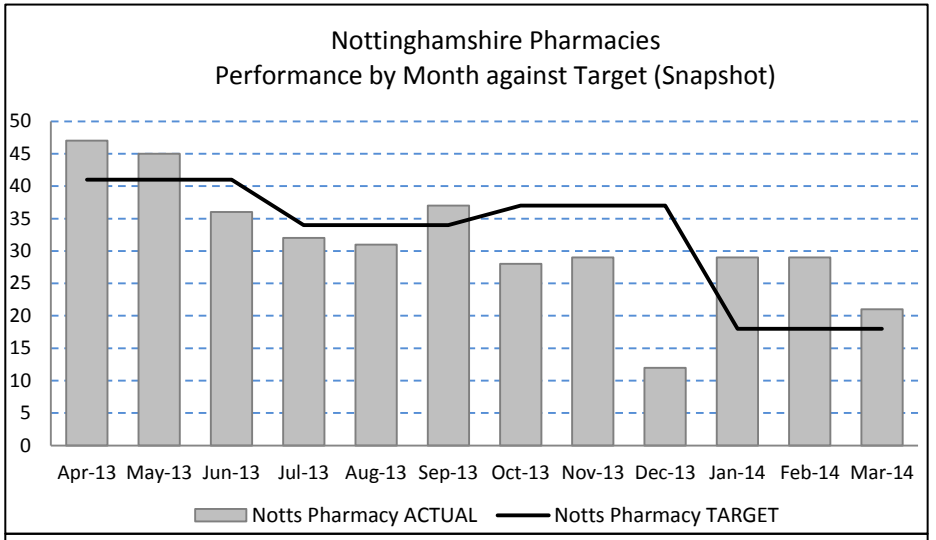


New Leaf achieved 100% of their target

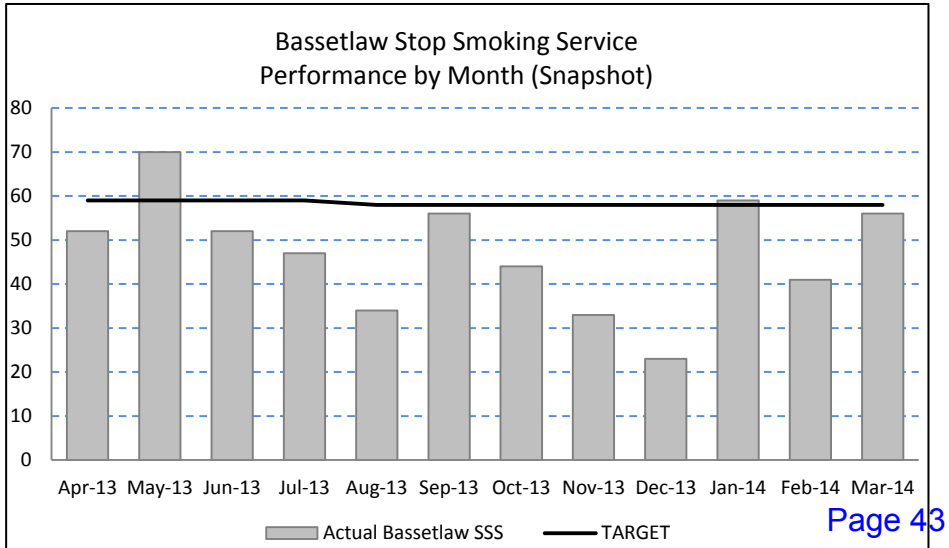
3. Performance Summary - Tobacco Control



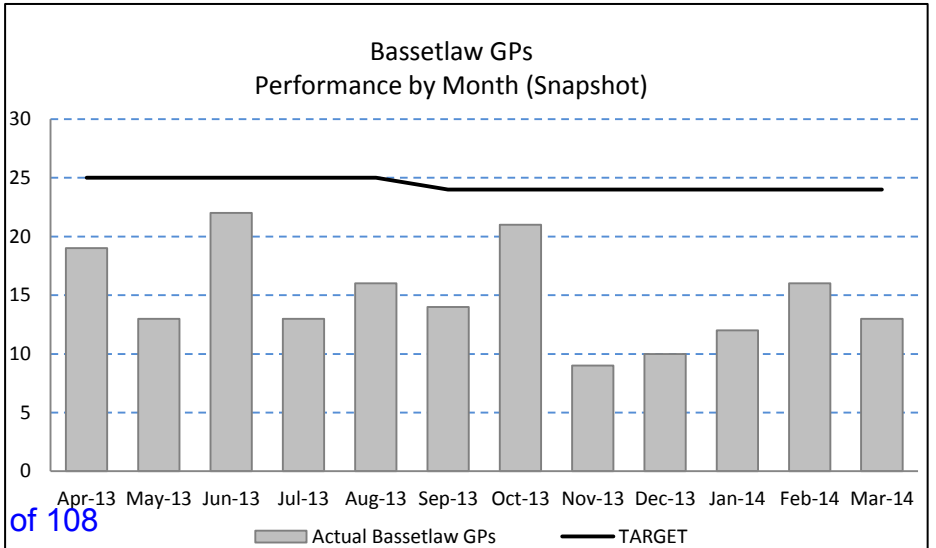
Nottinghamshire GPs achieved 89% of their target



Community Pharmacists achieved 96% of their target



Bassetlaw Stop Smoking Service achieved 81% of their target



Bassetlaw GPs achieved 61% of their target

3. Performance Summary – Weight Management

Contract Name & Value	Contract Outcomes	Provider	Reporting Period	Indicator	Annual Target	Quarter Four Performance	Year End Performance	Progression	Summary of Performance & Quality	Actions
Weight Management – Medium High contract value	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	Ashfield District Council – Community Nutrition	Q4 Jan – Mar 2014	Targeted one-off awareness sessions - Community	43	9	41	⟺	Only slightly under performance over the year by two sessions.	Weight management services have been decommissioned. These services will run from the 1st April until 30th September 2014. During this period Public Health will continue to monitor their performance. A Mobilisation Plan is being developed to ensure the safe transfer of clients from these providers to the new provider/s.
				Targeted one-off awareness sessions – School	25	4	17	⬇	Under performance by 32%.	
				Targeted one-off awareness sessions - Workplace	4	1	24	⇈	This shows over performance against plan by 20 sessions.	
				Cookery Courses (cook & eat) - School	4	2	2	⬇	Only provided half the sessions in schools.	

3. Performance Summary – Weight Management

Contract Name & Value	Contract Outcomes	Provider	Reporting Period	Indicator	Target	Current Performance	Year End Performance	Progression	Summary of Performance & Quality	Actions
Weight Management – Medium High contract value	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	Bassetlaw District Council - Exercise Referral Scheme	Q4 Jan – Mar 2014	Number of referrals	400	100	465	⬆	16% over target for referrals.	Weight management services have been decommissioned. These services will run from the 1st April until 30th September 2014. During this period Public Health will continue to monitor their performance. A Mobilisation Plan is being developed to ensure the safe transfer of clients from these providers to the new provider/s.
				Number of people who start the 12-week programme	340	N/A	382	⟺	12% over target.	
				Number of people who have completed the 12-week programme	204	N/A	154	⟺	Final year-end performance not known due outcome for 12-weeks not yet known.	
		Bassetlaw Health Partnership - Community weight manage-ment programme (ZEST)	Mar 13 – Feb 14	Number of people completing a 12-week ZEST programme	150	36	87	⬇	Final year-end performance not known due outcome for 12-weeks not yet known.	
				Participants achieving 5-10% weight loss	40%	20%	Not Known	⬇	Final year-end performance not known due outcome for 12-weeks not yet known.	
		Broxtowe Borough Council – Exercise Referral Scheme	Q4 Jan – Mar 2014	Number of referrals	N/A	115	484	⬆	Referrals into the service increased in quarter four.	
				Number of people who start the 12-week programme	500	66	289	⟺	Only 42% of the year-end target achieved.	
				Number of people who have completed the 12-week programme	N/A	49	169	⟺	Final year-end performance not known due outcome for 12-weeks not yet known.	

3. Performance Summary – Weight Management

Contract Name & Value	Contract Outcomes	Provider	Reporting Period	Indicator	Target	Current Performance	Year End Performance	Progression	Summary of Performance & Quality	Actions
Weight Management – Medium High contract value	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	County Health Partnership	Q4 Jan – Mar 2014	Targeted one-off awareness sessions - Community	160	69	307	⬆	The provider over-achieved in all areas of Key Performance Indicators.	Weight management services have been decommissioned. These services will run from the 1st April until 30th September 2014. During this period Public Health will continue to monitor their performance. A Mobilisation Plan is being developed to ensure the safe transfer of clients from these providers to the new provider/s.
				Targeted one-off awareness sessions – School / nursery / children / young people – those signed up to the Enhanced Healthy School Status	180	113	397	⬆		
				Targeted one-off awareness sessions – School / nursery / children / young people - school facilities and children's centres	60	14	110	⬆		
				Targeted one-off awareness sessions - Workplace	15	7	19	⬆		
				Cookery Courses (cook & eat) - Community	65	50	142	⬆		
				Cookery Courses (cook & eat) – School	15	3	18	⬆		
				Training sessions, minimum of 10-12 participants per course	65	16	104	⬆		
				Awareness Raising Events	20	4	43	⬆		

3. Performance Summary – Weight Management

Contract Name & Value	Contract Outcomes	Provider	Reporting Period	Indicator	Target	Current Performance	Year End Performance	Progression	Summary of Performance & Quality	Actions
Weight Management – Medium High contract value	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	Gedling Borough Council – Positive Moves, Exercise Referral Scheme	Q4 Jan – Mar 2014	Number of referrals	N/A	130	486	↑	No target .	Weight management services have been decommissioned. These services will run from the 1st April until 30th September 2014. During this period Public Health will continue to monitor their performance. A Mobilisation Plan is being developed to ensure the safe transfer of clients from these providers to the new provider/s.
				Number of people who start the 12-week programme	300	97	351	↑	17% over achievement of the target.	
				Number of people who complete the 12-week programme	180	28	148	↔	18% under achievement of the target.	
				Number of people reaching goal	150	28	141	↔	9 people or 4% of total did not reach their goal weight.	
		Mansfield District Council – Community Nutrition		Targeted one-off awareness sessions - Community	36	9	41	↔	Over achievement.	
				Targeted one-off awareness sessions – School	25	7	30	↑		
				Targeted one-off awareness sessions - Workplace	24	9	23	↑	Just one session under performance.	
				Cookery Courses (cook & eat) - School	4	2	4	↑	Target achieved.	

3. Performance Summary – Weight Management

Contract Name & Value	Contract Outcomes	Provider	Reporting Period	Indicator	Target	Current Performance	Year End Performance	Progression	Summary of Performance & Quality	Actions
Weight Management – Medium High contract value	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	Newark & Sherwood District Council – Community Nutrition	Q4 Jan – Mar 2014	Targeted one-off awareness sessions - Community	60	15	120	↑	Over achievement	Weight management services have been decommissioned. These services will run from the 1st April until 30th September 2014. During this period Public Health will continue to monitor their performance. A Mobilisation Plan is being developed to ensure the safe transfer of clients from these providers to the new provider/s.
				Targeted one-off awareness sessions – School	140	24	161	↑		
				Targeted one-off awareness sessions - Workplace	25	6	11	↓	Even though performance has improved in quarter four, overall it is still 56% below target.	
				Cookery Courses (cook & eat) - Community	20	3	22	↑	Over achievement	
		Newark and Sherwood District Council – Exercise Referral Scheme		Number of referrals	N/A	105	297	↑	No annual target.	
				Number of people who start the 12-week programme	300	87	298	↑	Improvement in quarter four and overall only 0.7% below target.	
				Number of starters that complete the 12-week programme	N/A	103	212	↑	No annual target.	

3. Performance Summary – Weight Management

Contract Name & Value	Contract Outcomes	Provider	Reporting Period	Indicator	Target	Current Performance	Year End Performance	Progression	Summary of Performance & Quality	Actions
Weight Management – Medium High contract value	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	Bassetlaw GPs - Weight Management	Q4 Jan – Mar 2014	No. of patients that have completed a 12-week Adult Weight Management session	No annual target	47	199	⟺	No exception to be reported.	Weight management services have been decommissioned. These services will run from the 1st April until 30th September 2014. During this period Public Health will continue to monitor their performance. A Mobilisation Plan is being developed to ensure the safe transfer of clients from these providers to the new provider/s.
				Number of patients who attended 6 or more sessions		66	287	⟺		
				Number of patients who achieved a target weight loss 6+ sessions		34	148	⟺		

4. Complaints, Serious Incidents & Freedom of Information Requests

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	None	None	None	Three	Three	Three	Four
Tobacco Control	None	None	None	None	None	None	One
Weight Management	None	None	None	None	None	None	One
Sexual Health	None	None	None	None	None	None	One
Community Pharmacy Public Health Services	None	None	None	None	None	None	One
Public Health Funding	None	None	None	None	None	None	Two
Information relating to management functions	None	None	None	None	None	None	Six

5. Contract Strategic Priorities

NHS Health Checks

Outcome/Indicator	Public Health Outcome Framework and background
Recorded diabetes Take up of the NHS Check Programme – by those eligible (adults in England aged between 40-74 who have not already been diagnosed with heart disease, stroke, diabetes or kidney disease)	This indicator will raise awareness of trends in diabetes among public health professionals and local authorities. Diabetic complications (including cardiovascular, kidney, foot and eye diseases) result in considerable morbidity and have a detrimental impact on quality of life. An increased uptake is important to prevent people developing vascular disease and to identify early signs of poor health leading in turn to opportunities for early intervention and for driving down health inequalities.
Health and Wellbeing Strategy Priorities	Physical Disability, Long term Conditions and Sensory Impairment To reduce early mortality and improve quality of life for individuals with Long Term Conditions (LTC)

National Child Measurement Programme

Outcome/Indicator	Public Health Outcome Framework and background
Excess weight ages 4-5 (Reception Year) and ages 10-11 (Year 6)	Obesity is a priority area for the Government. The "Healthy Lives, Healthy People: A call to action on obesity in England" document includes national ambitions relating to excess weight in children. Excess weight (overweight and obesity) in children often leads to excess weight in adults, and this is recognised as a major determinant of premature mortality and avoidable ill health. The data source for the numbers of excess weight children is the National Child Measurement Programme. Public Health commissions the school nursing service to carry out this programme on its behalf. It takes place in all schools in Nottinghamshire on an annual basis. The results of the 2012/13 school year programme were published on the 11th December 2013 and are outlined below.
Health and Wellbeing Strategy Priorities	To achieve a sustained downward trend in the level of excess weight in children by 2020

5. Contract Strategic Priorities

Comprehensive Sexual Health

Outcome/Indicator	Public Health Outcome Framework and background
Chlamydia diagnoses (15-24 year olds)	Chlamydia causes avoidable sexual and reproductive ill-health. The chlamydia diagnosis rate among under 25 year olds is a measure of chlamydia control activities that can be correlated to changes in chlamydia prevalence.
People presenting with HIV at a late stage of infection	There is a need to increase targeted point of care HIV testing among high risk groups. Without a reduction in late HIV diagnosis, consequences may include; continued high levels of short-term mortality in those diagnosed late, poor prognosis for individuals diagnosed late, onward transmission of HIV and higher healthcare costs.
Under 18 conceptions	Teenage pregnancy is a key measure of health inequalities and child poverty.
Health and Wellbeing Strategy Priorities	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

Alcohol and Drug Misuse

Outcome/Indicator	Public Health Outcome Framework and background
Successful completion of drug treatment	Individuals achieving this outcome demonstrate a significant improvement in health and well-being in terms of increased longevity, reduced blood-borne virus transmission, improved parenting skills and improved physical and psychological health. It aligns with the ambition of both Public Health and the Government's drug strategy of increasing the number of individuals recovering from addiction.
People entering prison with substance dependence issues who are previously not known to community treatment	There is considerable evidence that treatment interventions for the management of substance misuse can help to reduce offending. It will also serve as a measure of prevention work on substance dependence among vulnerable groups.
Health and Wellbeing Strategy Priorities	Alcohol related admissions to hospital Mortality from liver disease Successful completion of drug treatment

5. Contract Strategic Priorities

Community Safety and Violence Prevention

Outcome/Indicator	Public Health Outcome Framework and background
Domestic Abuse Violent crime (including sexual violence)	Tackling domestic abuse as a public health issue is vital for ensuring that some of the most vulnerable people in our society receive the support, understanding and treatment they deserve. The more we can focus in on interventions that are effective, the more we can treat victims and prevent future re-victimisation. It is also the government's strategic ambition, as set out in *Call to end violence against women and girls 2010* and successive action plans to do what it can to contribute to a cohesive and comprehensive response. The inclusion of this indicator enables a focus on the interventions that are effective and evidence-based including a greater focus on prevention and treatment, which need to be considered alongside criminal justice measures for a balanced response to the issue.
Health and Wellbeing Strategy Priorities	Crime and Community Safety: Violent crime Domestic violence

Seasonal Mortality

Outcome/Indicator	Public Health Outcome Framework and background
Excess winter deaths	There are significantly more deaths in winter than in the rest of the year, particularly amongst older people and those on low incomes. Cold weather exacerbates minor and pre-existing medical conditions, and mental health is negatively affected by fuel poverty and cold housing. Excess winter deaths were identified as a public health challenge in Healthy Lives, Healthy People and the Marmot Review. The Excess Winter Deaths Index is a key measure for the Cold Weather Plan for England.
Health and Wellbeing Strategy Priorities	Excess winter deaths

5. Contract Strategic Priorities

Social Exclusion

Outcome/Indicator	Public Health Outcome Framework and background
Domestic Abuse	Tackling domestic abuse as a public health issue is vital for ensuring that some of the most vulnerable people in our society receive the support, understanding and treatment they deserve. The more we can focus in on interventions that are effective, the more we can treat victims and prevent future re-victimisation. It is also the government's strategic ambition, as set out in *Call to end violence against women and girls 2010* and successive action plans to do what it can to contribute to a cohesive and comprehensive response.
Violent crime (including sexual violence)	The inclusion of this indicator enables a focus on the interventions that are effective and evidence-based including a greater focus on prevention and treatment, which need to be considered alongside criminal justice measures for a balanced response to the issue.

Health and Wellbeing Strategy Priorities	Crime and Community Safety: Violent crime Domestic violence

Tobacco Control

Outcome/Indicator	Public Health Outcome Framework and background
Excess winter deaths	There are significantly more deaths in winter than in the rest of the year, particularly amongst older people and those on low incomes. Cold weather exacerbates minor and pre-existing medical conditions, and mental health is negatively affected by fuel poverty and cold housing. Excess winter deaths were identified as a public health challenge in Healthy Lives, Healthy People and the Marmot Review. The Excess Winter Deaths Index is a key measure for the Cold Weather Plan for England.

Health and Wellbeing Strategy Priorities	Excess winter deaths

5. Contract Strategic Priorities

Weight Management

Outcome/Indicator	Public Health Outcome Framework and background
Diet	The importance of diet as a major contributor to chronic disease and premature death in England is recognised in the White Paper 'Healthy Lives, Healthy People'. Poor diet is a public health issue as it increases the risk of some cancers and cardiovascular disease (CVD), both of which are major causes of premature death. These diseases and type II diabetes (which increases CVD risk) are associated with obesity, which has a very high prevalence in England. The costs of diet related chronic diseases to the NHS and more broadly to society are considerable. Poor diet is estimated to account for about one third of all deaths from cancer and CVD.
Excess weight in adults Excess weight in 4-5 and 10-11 year olds	The Government's "Call to Action" on obesity (published Oct 2011) included national ambitions relating to excess weight in adults.
Proportion of physically active and inactive adults	Physical activity provides important health benefits across the life-course. Participation in sport and active recreation during youth and early adulthood can lay the foundation for life-long participation in health-enhancing sport and wider physical activity.

Health and Wellbeing Strategy Priorities	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

Nottinghamshire County Council

Report to the Public Health Committee

3 July 2014

Agenda Item: 5

REPORT OF THE DIRECTOR OF PUBLIC HEALTH

NOTTINGHAMSHIRE COUNTY TOBACCO CONTROL AND SMOKING CESSATION SERVICES

Purpose of the Report

1. The purpose of this report is to update the Public Health Committee regarding the timescales for re-commissioning the tobacco control and smoking cessation services across Nottinghamshire County.

Information and Advice

The Context

2. On March 6th 2014 the Public Health (PH) Committee agreed that Tobacco Control Services be re-commissioned across the county. The rationale for that decision was based upon the evidence presented around the ongoing harm caused by tobacco use (Appendix 1) across the county and the opportunity to commission more effectively to reduce this harm as evidenced below.

3. Current Service Provision can be described as follows:
   - Historically, smoking cessation in the NHS has been driven by a top down, nationally monitored smoking quitter target. Four week quitter numbers were used as a proxy measure for a reduction in smoking prevalence.
   - This priority led to investment in a reactive, target driven smoking cessation service which concentrated on numbers rather than on identified local and individual needs.
   - This resulted in a very small resource being available to fund specific prevention work.
   - Services were commissioned from local specialist service providers and from GPs and Pharmacists, supported by a subsidised Nicotine Replacement Therapy Voucher Scheme.
   - Concerns have existed around the delivery of service targets by Primary Care Contractors. These providers are also currently not able to provide 6 and 12 month follow up data.

Future Service Provision

4. A new approach to the prevention and cessation of smoking is required as services need to:
   - reflect local priorities

- focus on reducing prevalence (as opposed to quit targets)
- target key populations agreed by the Health and Wellbeing Board [Young people; routine and manual workers and pregnant smokers]
- be integrated with the prevention agenda
- be integrated with the smokefree agenda
- align with the wider Tobacco Control agenda e.g. Illegal and illicit tobacco, to protect families from the harm caused by tobacco

5. The commissioning of an integrated smoking cessation service will meet local needs through a targeted approach which integrates prevention with stop smoking services. An integrated service will work alongside key stakeholders for Tobacco Control. It will be more cost efficient and provide value for money.

Expected Outcomes

6. Having new arrangements in place will ensure that future smoking cessation services are:
   - designed and focussed on improved outcomes for service users, their family members and carers, as well as the wider community
   - equitable across the county
   - responsive to (changing) local needs
   - cost effective
   - fit for purpose
   - delivered in accordance with national guidelines e.g. National Institute for Health and Care Excellence (NICE)
   - innovative, by creating new models of delivery and ways of working
   - integrated with preventative services and the wider Tobacco Control agenda
   - supportive of the outcomes specified in the Health and Wellbeing Strategy and the Public Health Outcomes Framework
   - contributing to a reduction in smoking prevalence in Nottinghamshire
   - contributing to a reduction in the harms caused by tobacco and the costs, both financial and social of tobacco use to the population of Nottinghamshire

Timescales

7. Further to the decision by the PH Committee it was the intention to re-commission the smoking cessation services from 1 April 2015. However, some key considerations need to be explored to identify if this proposed timescale remains appropriate.

Current issues

8. Two Public Health services, Substance Misuse Services and Obesity Services are currently still out to tender. These processes are now not projected to be concluded until after the consultation for tobacco control services would begin (proposed July 4th to begin consultation). Running the three processes concurrently would potentially place pressure on the capacity of the organisation and may therefore compromise the ability of the organisation to complete all three processes. There would be little or no opportunity to share the learning from the earlier procurements for the tobacco control re-commissioning process.

9. Re-commissioning processes for Substance Misuse and Obesity Services are still utilising procurement capacity within the organisation. The consequence of the extended preceding re-commissioning processes has been that procurement capacity has been used for these contracts.

Consequently, the soft marketing for the tobacco control re-commissioning process has been delayed. This has resulted in a challenge to the existing timescales:

- A two month period is required for a full soft marketing (SM) process
- The SM process is required to inform the model for consultation
- The PH Committee have stated that the model for consultation must go to the committee on the 3rd July to be agreed.
- Consultation would have to start on the 4th July to meet the project deadlines
- It is not possible now to carry out the SM process in these timescales

Service Provision

10. In order to ensure that services remain available for the population, arrangements will be put in place with existing providers to ensure business continuity.

Proposal

11. It is proposed that re-commissioning of the tobacco control services is delayed for one year, in order to enable earlier re-commissioning processes to be concluded. This will allow for learning from those processes to be shared and will ensure adequate capacity within the organisation to deliver a robust re-commissioning process.

Recommendations

12. The PH Committee is asked to approve the suggested timings for commissioning future tobacco control services.

Statutory and Policy Implications

13. 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

14. The local population of Nottinghamshire will still be able to access quality smoking cessation services across the county.

Financial Implications

15. The remodelling and re-commissioning of service provision and ways of working will address issues of cost efficiency and value for money within the revised timescale. Any expenditure related to the re-commissioning of services will be met within the current budget allocation.

RECOMMENDATION/S

16. That the PH Committee is asked to:

    Approve the suggested revised timescale for commissioning future tobacco control services.

Chris Kenny
Director of Public Health

For any enquiries about this report please contact: Lindsay Price (Public Health)

Constitutional Comments (SG 12/06/2014)

17. The Committee has responsibility for public health by virtue of its terms of reference and the proposals in this report fall within the remit of this Committee.

Financial Comments (KAS 11/06/14)

18. The financial implications are contained within paragraph 15 of the report

Background Papers available for Inspection

See references in Appendix 1

Electoral Division(s) and Member(s) Affected

19. All districts

Appendix 1

What is Tobacco Control?

Tobacco Control is an evidence-based approach to tackling the harm caused by smoking. It includes strategies that reduce the demand for, and supply of, tobacco in communities through;

- Stopping the promotion of tobacco
- Making tobacco less affordable
- Effective regulation of tobacco products
- Helping tobacco users to quit
- Reducing exposure to secondhand smoke
- Effective communication for tobacco control

Why is Tobacco Control a Public Health issue?

The National Context

- Smoking is the greatest cause of preventable death in England. It is costly to both individuals and the economy and is the greatest single cause of health inequalities placing a huge burden on local finances.
- Smoking remains Public Health enemy number one causing 80,000 preventable deaths every year [*](Obesity causes 34,100[†] and Alcohol 6495[‡]).

[*] [ONS, DH 2012] Statistics on Smoking: England, 2013. Health and Social Care Information Centre (HSCIC).

[†] Statistics on obesity, physical activity and diet: England, 2014, Health and Social care Information Centre

[‡] *ONS Alcohol-related deaths in the United Kingdom, registered in 2012*

- In the UK on average, cigarette smokers die about 10 years younger than non-smokers. About half of all persistent cigarette smokers are killed by their habit—a quarter while still in middle age (35-69 years)[§]
- Stopping smoking improves the health and wellbeing of smokers, their families and their communities

Through successful tobacco control measures, reductions in smoking can be achieved resulting in;

- short, medium and long term health benefits to individuals
- reductions in the difference in life expectancy between the most and least deprived areas across the country
- reductions in smoking attributable deaths from major diseases including cancer, respiratory, cardiovascular and digestive deaths
- reductions in smoking related hospital admissions
- reductions in the number of children initiating smoking

Table 1 – The short, medium and long term benefits of stopping smoking on health

Time after stopping smoking	Improvements to your health
20 minutes	Blood pressure and pulse return to normal
8 hours	Nicotine and carbon monoxide levels in blood reduce by half, oxygen levels return to normal.
24 hours	Carbon monoxide is eliminated from the body
48 hours	There is no nicotine in the body. Ability to taste and smell is greatly improved
72 Hours	Energy levels increase and breathing becomes easier
2-12 weeks	Circulation improves
3-9 months	Coughs, wheezing and breathing problems diminish as lung function increases by up to 10%
5 years	Risk of heart attack falls to about half that of a smoker
10 years	Risk of lung cancer falls to half that of a smoker and risk of a heart attack falls to the same as someone who has never smoked

Source: http://smokefree.nhs.uk/why-quit/timeline/

[§] Doll R, Peto, R, Boreham& Sutherland I. Mortality in relation to smoking: 50 years' observations on male British doctors. BMJ 2004; 328: 1519

The Local Context

The Economic Cost of Smoking for Nottinghamshire County and Nottingham City

It is estimated that smoking costs society £203.5million for Nottingham County and 93million for Nottingham City[**]. This includes

Area	Costs to society (£ mill)	Costs consist of (£mill)						
		Estimated output lost due to early deaths	Estimated cost of lost productivity from smoking breaks	Total to the NHS	Estimated cost of lost productivity from smoking related sick days	Estimated costs of passive smoking	Cost of smoking reacted fires in the home	The cost of cleaning smoking materials litter
Nottingham City	£93	£27.7	£19.6	£18.2	£16.9	£4.8	£3.4	£2.3
Notts County	£203.5	£10.5	£42.9	£39.9	£37	£60.6	£7.5	£5.1

A Picture of Nottinghamshire County and Nottingham City

Fact and Figures					
Smoking Prevalence			**Difference in Life Expectancy**[††]	**Male**	**Female**
Nottinghamshire County	19.4%		Nottinghamshire County	9 years	7.6 years
Nottingham City	28%*		Nottingham City	10 years	9.1 years
England average	19.5%				
East Midlands average	19.8%				

*Note: Nottingham City's prevalence data is taken from the Citizens Survey, 2013. All other data is taken from the Integrated Household Survey(IHS) 2012. The IHS prevalence figure for Nottingham is 24.4%

- This figure masks differences across the county with 14.6% of the population of Rushcliffe smoking whilst this figure is 26.3% for the population of Mansfield. Smoking rates for routine and manual workers[‡‡] have a national average of 29.7% for England. However rates vary across the county.
- Similarly smoking prevalence varies across the City. Area 2 (Basford and Bestwood) has the highest smoking rates at 34.6% compared with area 7 (Wollaton West, Wollaton East

[**] Local estimates based on information from the 'Cough Up' report, Nash, H and Featherstone R (2010)

[††] Public Health Observatories, Public Health Profiles, 2013.

[‡‡] Definition of a Routine and Manual (R/M) smoker is a smoker whose self-reported occupational grouping is of a R/M worker, as defined by the National Statistics Socio-Economic Classification – R/M occupations includes;
Lower supervisory and technical occupations, Semi-routine occupations and routine occupations

& Lenton Abbey) where smoking prevalence is much lower than the national average at 13.5%.

- In Nottingham City more than 50% of unemployed people smoke.

	Nottinghamshire County	**Nottingham City**
Total yearly deaths[§§]	1300	414

- The main causes of death are cardiovascular disease, cancers and respiratory disease. Smoking related hospital admissions are also above regional and national averages in Bassetlaw, Mansfield and Ashfield. All these are underpinned by tobacco.

2012-2013	**Nottinghamshire County**	**Nottingham City**
No of people setting a quit date[***]	11,835	4898
Number of people quit (at 4 weeks)[8]	7354	2743

[§§] Estimates based on national data taken from Health and Social Care Information Centre (HSCIC) Statistics on Smoking: England , 2011

[***] Statistics on NHS Stop Smoking Services, England - April 2012 to March 2013. Health and Social Care Information Centre, 2013.

Nottinghamshire County Council

Report to Public Health Committee

3 July 2014

Agenda Item: 7

REPORT OF DIRECTOR OF PUBLIC HEALTH

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

Purpose of the Report

1. To brief members on the national Healthy Child Programme (HCP), focusing on the roles of Public Health (PH) nurses for children, young people and families.

2. To inform colleagues of the responsibilities placed on Nottinghamshire County Council (NCC) and NHS England Area Teams for commissioning the HCP and PH nursing services for children and young people.

3. To discuss opportunities to future commissioning and delivery of PH nursing services, linking with children's centres.

Information and Advice

The Healthy Child Programme

4. The HCP[1] was published in November 2009[2] and sets out the recommended framework of services for children and young people aged 0 -19 (including during pregnancy) to promote optimal health and wellbeing, to prevent ill health and to provide early intervention when required.

5. The HCP delivers universal services to all children and families, including routine screening and developmental checks. Through the programme, families in need of additional support and children who are at risk of poor outcomes can be identified and the appropriate support provided; a key aim of the HCP is to reduce health inequalities.

6. Effective implementation of the HCP contributes to a range of health and wellbeing outcomes such strong parent-child attachment and positive parenting; care that helps to keep children healthy and safe (e.g. healthy eating, prevention of certain serious communicable diseases, increased rates of breastfeeding); readiness for school and improved learning.

[1] The HCP comprises three guidance documents: HCP - pregnancy and the first 5 years of life; HCP - the 2 year review; HCP – from 5-19 years. The documents include a programme schedule of age appropriate health and development reviews.

[2] The HCP is currently undergoing a national review and an update version is anticipated to be published during the first half of 2014. This will include a refresh of current evidence based interventions.

Public health nursing for children and young people

7. The main groups of PH nurses who provide services to children and young people and their families are health visitors, school nurses and family nurses (this final group delivering the Family Nurse Partnership Programme). An overview of the roles of each professional group is given below.

8. There is overwhelming evidence that the first few years of life play a significant and formative role in shaping children's future health, social and educational outcomes. Health visitors have a valuable part to play during this period of a child's life; as the universal provider of health and wellbeing services for under five year olds, they carry out routine health and development checks for all children (as part of the HCP), assessing if they are healthy and progressing well. As experts in PH, they complete holistic assessments of families, recognising the wider determinants of health and supporting parents and families as well as children. Supporting parents can include providing advice about parenting, relationship issues, bonding, isolation or postnatal depression. As qualified, registered nurses, they are able to help identify physical and mental health issues and other problems that require further investigation or care, e.g. sight, language or hearing problems, or they can intervene early to address any issues before they become serious.

9. School nurses are acknowledged as leaders in delivering PH services to children and young people between school entry age and 19; their position within schools and local communities gives them the opportunity to work with children, families, education and wider community services to deliver a broad range of health and wellbeing interventions as part of the HCP. As experienced registered nurses and experts in PH, they deliver universal health reviews, advice, information and support in relation to staying healthy, emotional health and wellbeing, substance misuse and sexual health as appropriate. In addition to providing early help for children and young people with additional needs, they support children with established health conditions to manage them in school.

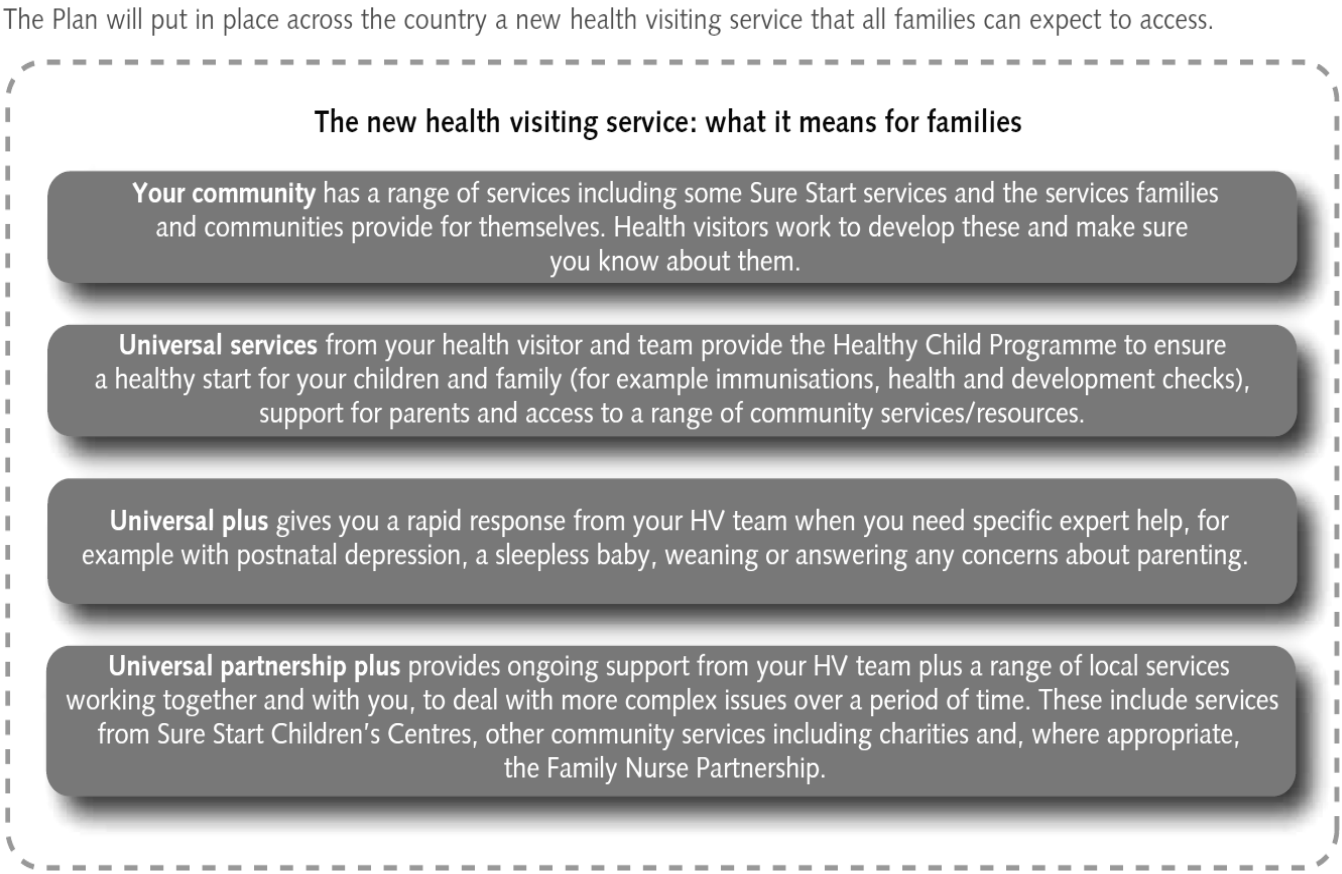
10. The **Family Nurse Partnership** (FNP) is an evidence-based, intensive, preventive home visiting programme for vulnerable, first-time teenage parents. The programme begins in early pregnancy and ends when the child reaches two years of age. Family nurses tend to have a background in health visiting, school nursing or midwifery and are experienced, highly trained professionals, delivering the programme to strict fidelity criteria, in line with the evidence base. The FNP has three aims:

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

National Policy Drivers

11. There have been recent national developments in relation to all three professional groups and the services they provide.

12. **The Health Visitor Implementation Plan 2011-15**[3] details the universal provision led by health visitors as part of the HCP and outlines a tiered approach, whereby health visitors offer additional targeted support to those most in need, as shown below:



13. A key element of the Health Visitor Implementation Plan (HVIP) is the increase in the number of health visitors in each area across England. Locally, the target number of health visitors to be in post April 2015 is shown below:

- In Nottinghamshire (excluding Bassetlaw) there will be 136 whole time equivalent (wte) health visitors, from a baseline of 69 in May 2010
- In Bassetlaw there will be 22.4 wte health visitors, increased from 13.62 in May 2010.

14. NHS England published a National Health Visiting Service Specification in March 2014[4] and it is anticipated that local areas will be required to commission services using this specification, although they will be able to add additional elements.

15. **Getting it Right for Children, Young People and Families – Maximising the contribution of school nursing**[5] was published in 2012 by the Department of Health. The document sets out a vision and model for school nursing services to meet both current and future needs of children and young people. There are no targets or benchmarks set for

[3] Department of Health (2011) Health Visiting Implementation Plan – A call to action'
[4] http://www.england.nhs.uk/wp-content/uploads/2014/03/hv-serv-spec.pdf
[5] Department of Health (2012) 'Getting it Right for Children, Young People and Families – Maximising the contribution of the school nursing team: vision and call to action'

numbers of school nurses nationally or locally. The proposed service model for school nursing is described with the same 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)'[4].

16. In April 2014, the Department of Health and Public Health England published **Maximising the school nursing team contribution to the public health of school aged children: Guidance to support the commissioning of public health provision for school aged children 5-19**[6]**.** This document provides guidance for local commissioners and providers, setting out the core school nurse offer and innovative ways that school nursing services can be commissioned and developed to meet local needs. It includes a structured service specification that can be used by commissioners locally.

17. In relation to the **Family Nurse Partnership** (FNP) programme, the Government made a commitment in October 2010 to increase the number of places on the programme to 16,000 nationally by 2015. It is unlikely that there will be further expansion of the Nottinghamshire programme.

18. The **Public Health Outcomes Framework**[7] sets out the desired outcomes for PH and how they will be measured, enabling local areas to understand how well PH is being improved and protected. A key focus is the reduction of health inequalities. Improvements in a range of the PH outcomes can be achieved or influenced through delivery of high quality health visiting, school nursing and FNP services. These outcomes are detailed in **Appendix 1**.

Current commissioning arrangements and activity in Nottinghamshire

Health Visiting and FNP

19. Currently the responsibility for commissioning health visiting and FNP services is delegated to NHS England. This responsibility will transfer to local authorities by October 2015. Two NHS England Area Teams (ATs) cover Nottinghamshire: the Nottinghamshire and Derbyshire AT and the South Yorkshire and Bassetlaw AT. These ATs commission health visiting and FNP services in Nottinghamshire County (area previously covered by Nottinghamshire County PCT) and Bassetlaw respectively.

20. Health visiting services and the FNP are currently provided across the whole of Nottinghamshire by Health Partnerships, part of the Nottinghamshire Healthcare NHS Trust.

School Nursing

21. The responsibility for commissioning of school nursing services transferred from PCTs to PH in the Local Authority in April 2013, following implementation of the Health and Social

[6] https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/303769/Service_specifications.pdf
[7] DH (2012) Public Health Outcomes Framework https://www.gov.uk/government/publications/healthy-lives-healthy-people-improving-outcomes-and-supporting-transparency

Care Act 2012. Nottinghamshire County Council (NCC) commissions the service for all of Nottinghamshire including Bassetlaw.

22. As for health visiting and the FNP in Nottinghamshire, Health Partnerships provide school nursing services.

23. The PH team has completed a review of the Nottinghamshire school nursing service to inform future commissioning intentions. The final review report will be published in the next two months but initial findings indicate capacity and demand challenges, inequity in provision across the county and gaps in services for those not in formal educational settings. While recognising that the service needs to deliver to key public health priorities, (e.g. improving emotional health and wellbeing, reducing alcohol and drug misuse), this is not always possible with the current demands on the service.

Proposed future commissioning arrangements

24. Once commissioning responsibility has transferred to NCC, health visiting services and the FNP will be commissioned by the Children's Integrated Commissioning Hub (ICH), which currently leads commissioning of school nursing. By bringing commissioning of all three PH nursing services together, it will be possible to integrate these services more effectively and also align them with the operating model for CFCS. It is envisaged that this will lead to improved working across children's services in local areas, providing better value, improved service quality and better outcomes for children, young people and families.

25. The current contract with Health Partnerships for health visiting and school nursing services expires in March 2016, requiring NCC to undertake a procurement exercise (alongside NHS England AT colleagues) in order to award a new contract during 2015-16. Timescales for this provide an opportunity to align the commissioning of health visiting and school nursing, with the aim of having an integrated 0 - 19 HCP service in place from April 2016.

Public health nursing and children's centres

26. It is recognised that there is an overlap between elements of PH nursing services and children's centres, with both services targeting and supporting many of the same children and families in relation to the same presenting problems. There are close working arrangements in place between the PH nursing services and children's centres in many areas of Nottinghamshire but planning, commissioning and delivery is not currently aligned.

27. In future, it may be appropriate to consider joint planning, commissioning and provision of the services provided by PH nurses and children's centres to families requiring additional support and early help. This will reduce duplication and improve delivery of efficient, coordinated services. However, as part of this process, it will be important to recognise that PH nurses provide services to all children, young people and their families through the HCP and their clinical and PH training is essential to their role. Early help (*Universal Plus, Universal Partnership Plus* on tiered service model) is just one element of the work of PH nurses.

Other Options Considered

28. The timeframe for transfer of commissioning of health visiting and the FNP to the local authority is set nationally. The option of re-procuring the school nursing service before transfer of other commissioning responsibilities has been considered. However, in order to facilitate integration of PH nursing services across Nottinghamshire, it is recommended that this option is not pursued.

29. PH nursing and children's centres could continue to be commissioned separately with clearly defined responsibilities for CFCS and PH/ICH commissioners. However, in order to explore a whole system approach to planning and commissioning, it is recommended that options for aligning and integrating processes are considered.

Reasons for Recommendations

30. There is a substantial body of evidence available on how to improve health outcomes for children and young people. The transfer of the commissioning of key PH services to the Local Authority and joint working between commissioners provides an excellent opportunity for services to deliver interventions that are evidence-based and integrated across partners. It also provides the opportunity to ensure that service provision is equitable and targets groups and localities with poorer health outcomes in order to reduce health inequalities.

Statutory and Policy Implications

31. 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.

RECOMMENDATION/S

That members of the Public Health Committee:

1) Note the content of this report.

2) Support the proposal to align the commissioning of school nursing and health visiting services, to ensure an integrated 0 -19 HCP for Nottinghamshire.

3) Support the recommendation to consider options for aligning and integrating planning and commissioning processes in relation to public health nursing and children's centres.

DR CHRIS KENNY
DIRECTOR OF PUBLIC HEALTH

Dr Kate Allen
Children's Commissioning and Consultant in Public Health

For any enquiries about this report please contact:
Gary Eves
Senior Public Health and Commissioning Manager, T: 0115 977 4130

Constitutional Comments (SG 25/6/2014)

The Committee has responsibility for public health by virtue of its terms of reference and the proposals in this report fall within the remit of this Committee.

Financial Comments (KAS 11/06/14)

32. There are no financial implications contained within the report.

Background Papers

'Nottinghamshire School Nursing Review' Nottinghamshire Children's Trust Committee – 5 September 2013
http://www.nottinghamshire.gov.uk/caring/childrenstrust/about-the-childrens-trust/childrenstrustCommittee/

'Healthy Child Programme and Public Health Nursing for Children and Young People' Nottinghamshire Health and Wellbeing Board – 8 January 2014
http://www.notBtinghamshire.gov.uk/dms/Committees/tabid/62/ctl/ViewCMIS_CommitteeDetails/mid/381/id/505/Default.aspx

APPENDIX 1

National Public Health Outcomes influenced by Health Visitors, School Nurses and the Family Nurse Partnership Programme

DOMAIN 1: Improving the wider determinants of health

Objective: Improvements against wider factors that affect health and wellbeing, and health inequalities

Reduced numbers of children in poverty
Improved readiness for school
Reduced school absences
Reduced numbers in fuel poverty
Reduced incidence of domestic abuse

DOMAIN 2: Health improvement

Objective: People are helped to live healthy lifestyles, make healthy choices and reduce health inequalities

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 teenage conception rates (repeat pregnancies)
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
Improved emotional wellbeing of looked after children
Reduced alcohol and drug misuse
Reduced excess weight in 4-5 year olds and 10-11 year olds

DOMAIN 3: Health protection

Objective: The population's health is protected from major incidents and other threats, while reducing health inequalities

Population vaccination coverage
Reduced Chlamydia prevalence in 15-24 year olds

DOMAIN 4: Healthcare public health and preventing premature mortality

Objective: Reduced numbers of people living with preventable ill health and people dying prematurely, while reducing the gap between communities

Reduced tooth decay in children aged 5

Nottinghamshire County Council

Report to the Public Health Committee

3 July 2014

Agenda Item: 8

REPORT OF THE DIRECTOR OF PUBLIC HEALTH

PUBLIC HEALTH DEPARTMENT PLAN

Purpose of the Report

1. The report presents the Public Health department plan for 2014-15 for approval by the Committee. It details the key priorities for the department and relating financial and procurement plans.

Information and Advice

2. Public Health formally transferred into the Council on 1 April 2013. During its first year within Local Government, Public Health concentrated on integrating into the new environment, whilst ensuring that all Public Health responsibilities were transferred safely and services maintained.

3. The transfer to the Council has highlighted a number of new opportunities for Public Health. The new departmental plan captures these new ways of working, alongside continuous service improvement to shape the strategic approach for Public Health over the coming year.

4. The Public Health department plan is presented in **Appendix One**. It has been developed in conjunction with the individual policy leads to include key priorities. These are summarised under the following headings:

    - Improving efficiency and quality in commissioned services
    - Exploring new opportunities to improve health
    - Building on success
    - Embedding Public Health leadership

5. The plan will be supported by detailed action plans and monitored using local performance information and linked to the Public Health Outcomes Framework. This will ensure that Public Health continue to deliver health improvement outcomes for local people.

6. A procurement plan is included to describe the activity that will take place during 2014-15 to review services which will result in re-procurement of Public Health services. Future plans will be informed by the County Council Budget consultation during the Autumn 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 financial implications in delivering the Public Health services are described in the departmental plan.

Implications in relation to the NHS Constitution

9. Regard will be taken to the NHS Constitution together with all relevant guidance issued by the Secretary of State in any service changes relating to the implementation of the Public Health department Plan.

Public Sector Equality Duty implications

10. Any Public consultation undertaken as a result of implementing the Public Health department plan will take people with protected characteristics and from seldom heard groups into consideration. Equality impact assessments will also carried out for any changes to services relating to the implementation of the plan.

RECOMMENDATION/S

1) The Public health Committee is asked to approve the Public Health Department Plan for 2014-15

Cathy Quinn
Associate Director of Public Health

For any enquiries about this report please contact: Cathy Quinn

Constitutional Comments (SG 12/06/2014)

11. The Committee has responsibility for public health by virtue of its terms of reference and the proposals in this report fall within the remit of this Committee.

Financial Comments (KAS 11/06/14)

12. The financial implications are contained within paragraph 8 of the report and the attached Business Plan.

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.

- Public Health Business Plan 2013-14

Electoral Division(s) and Member(s) Affected

- All

Nottinghamshire County Council

Public Health Departmental Plan 2014-2015

Section One: Introduction

Nationally, the Health & Social Care Act 2012 marked a change in Public Health leadership from the NHS to Local Government.

At a local level, the Health & Social Care Act gives local authorities the responsibility for improving the health of their local populations. By maintaining a broad view of what services can impact positively on the public's health, Local Authorities have the opportunity to lead the integration of traditional public health activities with other activity to maximise benefits. This includes continued close work with the NHS and social care along with developing new ways of working with housing, environmental health, leisure and transport, influencing the wider determinants of health.

The Act described the core functions of Public Health and included five mandated functions along with the statutory responsibility for Local Authorities to produce a Joint Strategic Needs Assessment, Pharmaceutical Needs Assessment and Health & Wellbeing Strategy, led through local Health & Wellbeing Boards.

The following services are defined as mandatory and underpin the overarching duty for health improvement:

- NHS Health Check assessments
- Open access to sexual health services
- The national child measurement programme
- Health protection incidents, outbreaks and emergencies
- Public Health Advice to NHS Clinical Commissioning Groups (CCGs)

The local authority statutory health protection role includes providing information and advice to relevant parties within their area in order to promote the preparation of, or participation in, health protection arrangements against threats to the health of the local population, including infectious disease, environmental hazards and extreme weather events.

The Health Inequalities challenge

By working to improve health, Public Health is also committed to helping those who are most disadvantaged, reducing the gap between the most and least disadvantaged, and reducing gradients across the whole population.

The Marmot review 'Fair Society; healthy lives' was published in 2010. It identified important health inequalities within England, making recommendations to build a framework for action to address two main policy goals:

- Enabling society that maximises individual and community potential
- Ensuring social justice, health and sustainability are at the heart of policies.

Although the review was published four years ago little has changed to reduce health inequalities, and therefore public health's contribution, through its expertise and influence, has been never more essential.

What Public Health Aims to Achieve

Public Health strives to improve health by maintaining a broad overview on what can be done to improve the health of whole communities. By taking a system wide approach, Public Health offers expertise, working with partners to help improve the quality of commissioning to improve health. Health policy can be developed that uses the strengths of collaboration to achieve a common goals, addressing local need and reducing health inequalities.

Public Health aims to improve the public's health through the following actions:

> **Health Improvement:** Helping people to live healthy lives, to make healthy choices and reducing health inequalities.
>
> **Health Protection:** Ensuring the population's health is protected from major incidents and other threats, such as infectious diseases and environmental hazards.
>
> **Healthcare public health and preventing premature mortality:** Through effective service commissioning, reduce the numbers of people living with preventable ill health and of people dying prematurely, while reducing the inequalities gap between communities.

The Marmot review highlighted that people living in the poorest areas die on average seven years earlier than people living in richer areas, and have higher rates of mental illness; disability; harm from alcohol, drugs and smoking. Public Health aims to work to address the causes of this health inequality through identifying policy changes that will have the most impact for those in greatest need.

Section Two: Corporate Strategy & Public Health

Public Health contributes to the Strategic Objectives of the Council through the following priorities and actions:

Nottinghamshire County Council's Strategic Plan for 2014-18 sets the vision for Nottinghamshire to be a better place to live, work and visit. It sets out the Council's values; treating people fairly, value for money and working together; and describes its five core priorities:

- Supporting safe and thriving communities

- Protecting the environment
- Supporting economic growth and employment
- Providing care and promoting health
- Investing in our future

Public Health arguably contributes to all areas, but specific outcomes for Public Health are included for health protection and health improvement.

Supporting safe and thriving communities

Outcome	How will we measure progress	Role of the Council
The health and safety of local people are protected by organisations working together	A multi-agency plan is agreed to lead a response across partners to health emergencies from infectious diseases, environmental, and chemical hazards	Through the Director of Public Health, we will provide leadership across partner organisations to protect the health and safety of local people

Providing care and promoting health

Outcome	How will we measure progress	Role of the Council
The health inequalities gap is narrowed, improving both health and well-being	Effective health and well-being interventions are targeted to where they are most needed	We will work in partnership to maximise the use of resources to target the areas of greatest need, highest demand and tackle inequality

The Strategic Plan is supported by a corporate delivery plan that demonstrates how these outcomes will be met. This was formally approved by the Policy Committee on 2 April 2014.

Outcome – The health and safety of local people are protected by organisations working together

- Agree multiagency plans for effective management of communicable disease outbreaks and incidents arising from environmental and chemical hazards (May 2014)
- Agree updates to multiagency Pandemic Flu plan (Sept 2014)
- Implement arrangements for protecting people against healthcare associated infections in community settings (March 2015)

Outcome – The health inequalities gap is narrowed improving both health and wellbeing

- Implement the Nottinghamshire Health & Wellbeing Strategy agreed by the Health & Wellbeing Board

- Maximise the use of resources to deliver health improvements and identify opportunities to make value for money improvements, whilst still delivering public health outcomes.
    - Tobacco control – Use a targeted approach to reach people from priority and hard to reach groups (e.g. routine and manual workers, pregnant women and young people) enabling them to receive stop smoking support.
    - Alcohol misuse – Establish new services across Nottinghamshire to support recovery from substance misuse.
    - Obesity & Healthy Weight – Establish equitable obesity prevention and weight management services in each district across the county
- Agree five evidence based interventions that target areas of greatest need and are known to address health inequalities, as recommended by the Health & Wellbeing Board

Redefining Your Council is the Councils new approach to ensuring that the services that the people of Nottinghamshire value can be delivered in a sustainable way. It will provide a framework for transformation and will ensure the Council can deliver the Strategic Plan priorities.

Public Health is a core function for the Council, but as for all services, Public Health will review delivery and performance to make sure that commissioning outcomes deliver maximum health gain and value for money is optimised..

Our Strategy for Health & Wellbeing in Nottinghamshire sets out the Health & Wellbeing Boards vision for improving health and wellbeing for the people of Nottinghamshire. The strategy identifies four main ambitions:

- For everyone to have **a good start in life**
- For people to **live well**, making healthier choices and living healthier lives
- That people **cope well** and that we help and support people to improve their own health and wellbeing, to be independent and reduce their need for traditional health and social care services where we can.
- To get everyone to **work together**

The four ambitions drive work around a wide range of priorities, which include drugs and alcohol, obesity, sexual health, emotional and mental health. Public Health are responsible for commissioning many of the services related to the priorities areas, therefore the delivery of the strategy is embedded in the priorities for Public Health.

In addition, the Public Health knowledge and skillset are important in influencing the commissioning of a wide range of other services to improve health and wellbeing as highlighted within the corporate strategies and departmental priorities.

Section Three: Public Health Functions

Public Health works on a number of levels to deliver improvements in health.

- Public Health has responsibility for directly commissioning a range of services to improve health.
- Public Health offers direct advice and support to NHS and Local Authority commissioners.
- Public Health uses its influence to work in partnership with others to establish health improving policies and programmes as part of a system wide approach.

Table One describes all the core functions of Public Health

Table One: Public Health functions

Directly Commissioned Public Health Functions	
Public Health Service Commissioning	
Comprehensive sexual health services	Comprehensive Sexual Health Services for the advice and provision of contraception, identification, treatment and prevention of spread of sexually transmitted infections including HIV, and termination of pregnancy.
The National Child Measurement Programme	A national programme that measures the weight and height of children in reception class (aged 4 to 5 years) and year 6 (aged 10 to 11 years) to assess overweight children and obese levels within primary schools.
NHS Health Check assessments	A national risk assessment and prevention programme that identifies people at risk of developing heart disease, stroke, diabetes, kidney disease or certain types of dementia, and helps them take action to avoid, reduce or manage their risk of developing these conditions
Substance Misuse Services	Reducing the harm caused by drug and alcohol misuse through preventative lifestyle advice and through the commissioning of services that support the needs of the individual, their families and carers to enhance their recovery potential
Public Health services for children and young people aged 5-19 years	Including (1) the School Nursing Service, which provides a universal service to all school-age children and young people, delivering the Healthy Child Programme, providing prevention and early intervention services, and addressing key public health issues including obesity, emotional health and wellbeing, sexual health, drug, alcohol and tobacco misuse. In addition, school nurses support children with illness and disability to access education and recreation. And (2) The Healthy Schools and Early Years Programme, which supports schools and children's centres to become "Healthy Schools" or "Healthy Early Years" respectively, by providing opportunities within these settings to enhance emotional and physical health. Through encouraging children and young people

	to lead healthy lives, making healthy choices, this will lead to better health and wellbeing, improved educational attainment, increased social inclusion and reduced health inequalities.
Dental public health services	Public Health life-course Interventions to promote good oral health and prevent oral disease, through advice and education during pregnancy and to parents of young children, dental advice in schools, special schools and Residential Homes, funding of water fluoridation by water companies.
Obesity & Healthy Weight	Interventions to tackle obesity such as community lifestyle and weight management services, locally led nutrition services and exercise services to Increase levels of physical activity in the local population.
Tobacco control and smoking cessation services	Programmes to tackling the harm caused by smoking that includes strategies that reduce the demand for, and supply of tobacco in communities through enforcing the minimum price of tobacco, ensuring that non price measures such as advertising restrictions, smoke-free laws and health warnings are in place locally, providing information and advocacy, providing effective stop smoking programmes, restricting access to minors and controlling the illicit trade
Other Core Public Health Functions	
Health Protection Functions	
The local authority role in dealing with health protection incidents, outbreaks and emergencies	This involves a statutory leadership role for health protection, executed through the DPH. The role extends to health emergency preparedness, resilience and response and the assurance of health protection functions for which responsibility for commissioning or coordinating lies with other organisations in the system, such as arrangements for the preventative aspects of health protection e.g. national screening immunisation programmes commissioned by NHS England.
Community Infection Prevention and Control	Provision of specialist advice and education to health and social care organisations to prevent and reduce the risks of harm to the population from acquiring healthcare associated infections.
Environmental risks	Local initiatives that reduce Public Health impacts of environmental risks
Health Improvement Functions	
Behavioural and lifestyle campaigns	Health promotion campaigns or initiatives to prevent cancer and long-term conditions.
Community safety & violence protection	Public health aspects of promotion of community safety and prevention of violence against the person (Domestic and sexual.)
Public mental health services	Strategic leadership to improve mental health and wellbeing of the population to prevent mental illness and ensure appropriate access to, and delivery of, mental health and social care services for individuals with a mental health illness and reduce the rate of suicide.
Seasonal mortality	Local initiatives to reduce excess deaths as a result of seasonal mortality.

Social exclusion	Public Health aspects of local initiatives to tackle social exclusion
Public Health Advice Functions	
Public Health Advice to the Clinical Commissioning Groups (CCGs) via a Memorandum of Understanding (MoU)	Provision of population health advice, information and expertise to CCGs to support them in commissioning evidence-based, cost-effective health services that improve population health and reduce inequalities
Avoidable injury prevention	Strategic leadership to help prevent avoidable injuries in children and young people, including the co-ordination and development of clear communication channels between agencies and targeting of population groups.
Population level interventions to reduce and prevent birth defects	Surveillance systems to monitor the incidence of birth defects and share learning; advise commissioners of maternity services as appropriate.
Local initiatives on workplace health	Initiatives to promote the importance of health and wellbeing at work, such as workplace wellbeing programmes and employers accreditation schemes.
Prisoners Health	Strategic leadership to help deliver and sustain good health among the prison population.

Section Four: Public Health Priorities for 2014-15

Public Health will continue work on all areas of responsibility to deliver health improvements and tackle health inequalities across the County. Key actions are identified in this Business Plan to meet the following priorities:

Improve efficiency and quality in commissioned services

With the current financial pressure on public services, it is more important than ever that public money is used to achieve the maximum benefit possible. Public Health is a systems leader in commissioning for outcomes, and will continue to assess its responsible functions, reviewing and re-commissioning services to improve cost-effectiveness, quality and performance. Priority projects for 2014-15 include:

Obesity & Weight Management
Following review of local need and access to services, Public Health identified significant gaps in services. A re-procurement plan was agreed to commission new services to address local health needs and promote a healthy weight programme.

- Develop a strategic departmental plan to secure resources for areas of greatest priority within Public Health.

- Maximise the use of resources to deliver health improvements and identify opportunities to make value for money improvements, whilst still delivering public health outcomes for substance misuse, obesity and tobacco control.

- Commission new services to deliver an effective community infection prevention and control service for Nottinghamshire.

- Review the effectiveness of the current Health Checks programme and consider new approaches to achieve more equitable coverage of local residents and better targeting at hard to reach groups.

- Assess current sexual health services, public health services for children and young people aged 5-19 years and dental public health services to determine impact, cost-effectiveness and opportunities for future efficiency.

- Assess the current provision of information to people with health and social care needs to ensure that it meets the needs of all sections of the community.

Explore new opportunities to improve health

Changes to the health and social care system have brought health and social care colleagues closer together. Public Health is in prime position to maximise the opportunities for joint work and wider influence to collectively improve health across sectors.

- Lead work through the Health & Wellbeing Board to deliver significant improvements in health through delivery of the Health & Wellbeing Strategy.

- Work through the Health & Wellbeing Board to target areas of greatest need, in order to address health inequalities.

- Jointly commission services for domestic violence that are evidenced based, joined up and managed to deliver significant improvements in outcomes.

- Work with Trading Standards to implement a new approach to tackling illicit tobacco that contributes to Public Health Outcomes.

- Work alongside Adult Social Care, Health & Public Protection to commission services to build community independence and reduce the impact of loneliness.

- Work with partners to agree strategies for tackling fuel poverty and seasonal mortality.

- Establish an evidence resource around health improvement benefits from all Public Health expenditure.

Tobacco Control

As part of the realignment of the Public Health Grant, £91,000 has been allocated to support Trading Standards to undertake targeted work on illegal and illicit tobacco. This funds two full time officers with associated costs to complete prosecutions.

The service started in April 2014, and has already carried out two operations in the county which have resulted in the seizure of tobacco products with a **street value of £46,162.**

Building on success

Over the years, Public Health has delivered significant improvements in health. It is important this success is acknowledged and built on, when attention on efficiency and value for money is paramount. Important actions for 2014-15 include:

Breast Feeding Peer Support

In response to low breast feeding levels in Nottinghamshire, Public Health has worked with CCGs to identify funding and to lead the commissioning of new breast feeding peer support programmes in the following CCG areas – Mansfield & Ashfield, Newark & Sherwood, Nottingham North & East and Nottingham West CCGs. Evidence indicates that peer support programmes are effective in increasing maintenance of breast feeding, which is important for health and wellbeing of both mother and baby. Early results in 2014 are positive.

- Work with Clinical Commissioning Groups and wider NHS colleagues to strengthen links with Public Health, building on previous achievements to influence NHS commissioning and promote preventive health services.

- Build on the early successes in the Integrated Commissioning Hub for children's services, to lead the joint approach to commissioning services for this age group.

- Maintain the skills and experience of our Public Health workforce to continue to lead the commissioning for outcomes and greater partnership working to achieve shared goals.

- Use the insight gained from the Wellbeing at Work programme to develop Nottinghamshire County Council as an exemplary model for staff wellbeing and lead a countywide Workplace Health Scheme to improve health outcomes for employees.

Embedding Public Health leadership

The changes over the past year provide an opportunity for Public Health to extend its influence and build a sustainable approach, working with a wider range of partners and organisations and communities. Key actions for 2014-15 include:

- Use Public Health expertise to ensure multi-agency plans and services are in place to protect the health of the population from environmental, communicable and chemical threats.

- Lead the development the Joint Strategic Needs Assessment and Pharmaceutical Needs Assessment, to engage partners in identifying and building services to address the needs of local people.

- Publish the Director of Public Health annual report to highlight areas of public health that require particular focus and attention.

- Develop an Adolescent Public Health strategy to support investment in their futures and improving health and wellbeing outcomes for this group.

- Work within Council to embed Public Health principles into the commissioning and delivery of services, improving health improvement outcomes.

- Build new links with Local Authority to provide Public Health advice to spatial planning.

- Develop a programme to extend Public Health skills to the wider workforce.

Public Health Principles
Through the work of the JSNA, and completion of individual health needs assessments, Public Health has raised the profile of local need through the Health & Wellbeing Board. Specific examples include review of the Child & Adolescent Mental Health Services (CAHMS), Children & Young People's emotional and mental health, homelessness, domestic violence and dementia.

Procurement Plan

Review of all Public Health functions will continue in year. As a result of this work, a procurement plan is being developed to detail which services are to be re-commissioned. **Appendix One** includes information for 2014-15. Procurement Intentions for 2015 onwards will be considered as part of Nottinghamshire County Council Budget consultation during the Autumn 2014.

Workforce and Training

The Public Health workforce have specialist training and experience to undertake intelligent commissioning of Public Health services, which improve health and wellbeing and reduce health inequalities across local communities. Workforce development is essential is maintaining these competencies, and assists staff to maintain professional registration for many members of the department.

The Public Health department also holds a training responsibility, in conjunction with the Public Health departments across Nottinghamshire, Derbyshire and Leicestershire Northamptonshire and Lincolnshire. This role includes the training and supervision of Public Health speciality registrars and Foundation Year Two doctors. These members of staff are not employed by the Councils but undertake a placement within the Public Health department.

A workforce development plan is under development to document the key education and training needs of the department and how these will be addressed.

Section Five: Resources

Department Structure

The Director of Public Health works across Nottinghamshire County and Nottingham City Councils to lead local health improvement. Collaborative working across Councils and partners is encouraged where possible to improve consistency, efficiency and quality in services.

Each Public Health policy is led through a nominated Public Health Consultant and supported by a small specialist team.

The Department business function, including contracting, Information, performance and administration, are lead through the Associate Director of Public Health. **Figure One** provides an overview of the Department structure.

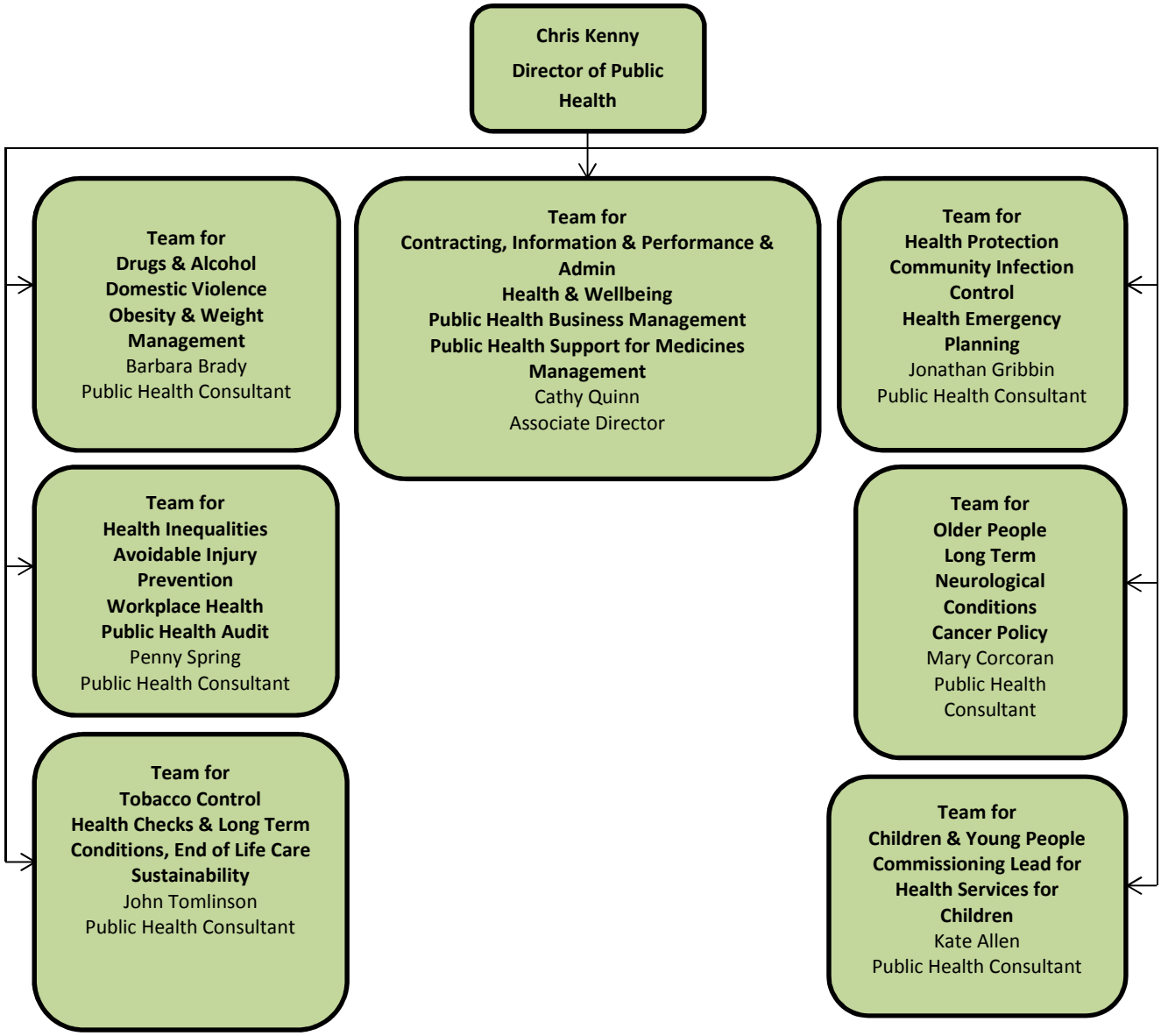


Figure One: Public Health Overview

Public Health Grant

NB: The following financial Information is subject to change pending agreement on final contract values for 2014/15.

Public Health Policy Area	Budget	Notes
Directly Commissioned Services		
Alcohol and drug misuse services	**£11,056,840**	*New contract value for 2014/15*
Children and young people Public Health services aged (5-19 years)	**£3,035,368**	*Excludes special school nursing*
Community safety and violence prevention	**£106,211**	*Excludes realigned grant*
Dental Public Health services	**£135,204**	
National child measurement programme	**£69,830**	
NHS Health Check assessments	**£859,150**	
Obesity & Healthy Weight	**£1,157,264**	*Includes Weight management, Nutrition and Physical Activity New contract value for 2014/15*
Sexual health services	**£6,888,680**	
Tobacco control and smoking cessation services	**£2,727,663**	
Other Core Services		
Public Health Corporate	**£3,887,580**	*Includes staff and general overhead & running costs*
Avoidable injury prevention	0	
Community Infection Prevention and Control	**£119,623**	
Environmental risks	0	
Health protection incidents, outbreaks and emergencies	0	**Staff costs associated with function included in corporate costs*
Public Health Advice to the Clinical Commissioning Groups (CCGs)	0	** Staff costs associated with function included in corporate costs*
Public Mental Health services	0	
Population level interventions to reduce and prevent birth defects	0	
Behavioural and lifestyle initiatives • Stroke Prevention • General Prevention	**£218,935**	
Seasonal mortality	**£15,000**	
Social exclusion • Loneliness • Homelessness	**£17,884**	
Workplace health	**£7,000**	
Public Health Contingency	**£797,768**	
Re-aligned Public Health Grant	**£5,000,000**	
Total Public Health Grant	**£36,100,000**	

Section Six: Action Planning and Managing Performance

Action Planning

Each programme area is developing an action plan to review services and identify opportunities to improve health and increase efficiency. These plans are live and will therefore be regularly updated.

Key supporting functions, such as the contract & performance, information & intelligence, and health & wellbeing board development are also developing service plans to describe key objectives in more detail.

The Director of Public Health and Senior Leadership Team will maintain oversight to monitor achievements, and address any risks and issues.

Public Health Outcomes

The Public Health Outcomes Framework, *Healthy lives, healthy people: Improving outcomes and supporting transparency,* was published by the Government in January 2012. It sets out a vision for public health, desired outcomes and the indicators that will help us demonstrate how well public health is being improved and protected. The framework concentrates on two high-level outcomes to be achieved across the public health system,

- Increased healthy life expectancy through focussing on the health quality of life as well as its length
- Reduced differences in life expectancy and healthy life expectancy between communities (through greater improvement in more disadvantaged communities)

The framework groups indicators into four 'domains' that cover the full spectrum of public health. The outcomes reflect a focus not only on how long people live, but on how well they live at all stages of life. Each domain is supported by a set of public health indicators which have been set out in the Public Health Indicator Set: Technical Specification (Department of Health, January 2012).

The Public Health Outcomes Framework provides an overview of all areas which is comprehensive but not easy to summarise. Information is contained in a regular performance report. Key areas of achievement and areas for further developments are summarised below:

Current Picture for Nottinghamshire

Nottinghamshire shows a mixed picture of health and a high degree of variation across the County.

In summary, Nottinghamshire has a better than average position for childhood obesity, breast and cervical cancer screening, successful completions of drug treatments and lower mortality from communicable diseases.

Within Nottinghamshire, however, there are several public health outcomes where further improvements are required. Healthy life expectancy at birth continues to be lower than the national average, and Chlamydia and Tuberculosis pose ongoing local communicable diseases concerns. Adult obesity and smoking at time of delivery require further lifestyle interventions and sickness absence from work is higher than average. Low breastfeeding rates, loneliness and fuel poverty are also highlighted for local attention.

A detailed analysis of the performance data is undertaken by the Public Health Information Team on a regular basis to ensure any changes are highlighted and any pressures and risks considered by the Senior Leadership Team.

Reporting

The department will monitor high level outcomes through the Public Health Outcomes Framework, reporting through the Health & Wellbeing Board and Public Health Committee, on a regular basis as part of the Public Health performance report.

Regular reports against delivery of the Business Plan will also be presented to the Public Health Committee.

In addition, commissioning support for the Clinical Commissioning Groups is detailed in the Memorandum of Understanding quarterly progress 'checkpoint' reports are produced detailing activity, issues and risks across the Public Health function.

Appendix One: Public Health Procurement Plan

	PH Consultant Lead	Consultation, Market Assessment and Development of Service Specification	Open Tender Period	Award of Tender	Mobilisation period	New Service Start Date
Public Health Services Under Active Re-commissioning in 2014-15						
Community Substance Misuse	Barbara Brady	June 2013-February 2014	Feb 2014 – 7 Apr 2014	June 2014	May to Sept 2014	1 October 2014
Obesity, Prevention and Weight Management Services	Barbara Brady	October 2013-February 2014	Feb 2014 – 7 Apr 2014	June 2014	May to Sept 2014	1 October 2014
Community Infection Prevention and Control	Jonathan Gribbin	TBC	TBC	TBC	January – March 2015	1 April 2015
Domestic Violence Services	Barbara Brady	Consultation Dec 2013 – Mar 14 Development of Service specification TBC	TBC	TBC	TBC	TBC

The outcomes of the Council Budget Consultation will inform the review and re-commissioning of the following Public Health in 2016-17

- Smoking Cessation
- Health Checks
- General Prevention Services
- Dental Public Health
- School Nursing
- Healthy Schools
- Sexual Health Services

Nottinghamshire County Council

Report to the Public Health Committee

3 July 2014

Agenda Item: 9

REPORT OF PUBLIC HEALTH

NOTTINGHAMSHIRE COUNTY DOMESTIC VIOLENCE SERVICES

Purpose of the Report

1 To secure the approval from the Public Health committee to re-procure Domestic Violence services in conjunction with the Nottinghamshire Police and Crime Commissioner.

Information and Advice

2 Tackling Domestic Violence remains a strategic priority for Nottinghamshire and this is articulated in the Police and Crime Commissioners (PCC) plan, the Health and Well Being strategy and Safer Nottinghamshire Board priorities. Recently a comprehensive review of domestic violence services has been completed (led by the PCC), this along with the update of the Domestic Violence section in the JSNA provide us with a base upon which to inform commissioning intentions. This work is very timely as the majority of domestic violence services commissioned by the Council have a contract end date of summer 2015.

3 As of 1st April 2014 all funding to support Domestic Violence from NCC comes from the Public Health Grant and is in the region of £1million per annum, and is a mixture of contracted services and those funded through Grant Aid. An additional £800,000 comes from other partners, the biggest contributor being the PCC. Over the next few years NCC will need to meet budgetary challenges and this will have an impact on the way in which the Public health grant is used.

4 Permission is being sought to begin the process of retendering DV services. The Council would like to work with the PCC to develop a joint commissioning arrangement which would involve the Council acting as the lead commissioner. At the time of writing this paper, it is anticipated that new service arrangements will be in place by October 2015. However this will be dependent on there being clarity by February 2015 regarding the financial envelope allocated to Domestic Violence.

Reasons for Recommendations

5 The recommissioning of services offers an opportunity to make some changes which enable freedom and flexibility on the part of providers to meet the needs of victims of domestic violence and their children against agreed outcomes. By jointly commissioning with the PCC there is a greater opportunity for efficiencies.

Crime and Disorder Implications

6 Tackling Domestic Violence is a community safety priority

Safeguarding of Children and Vulnerable Adults Implications

7 Services working with and for Victims of Domestic Violence are required to work in accordance with local safeguarding arrangements

RECOMMENDATIONS

That the Public Health Committee:

1) Approves the reprocurement of Domestic Abuse Services through a competitive procurement process, and authorises work to begin on the process.

2) Receives a further report regarding the process timetable and proposed budgetary envelope following further discussion with the PCC and appropriate internal authorisations.

3) Agrees to the Council acting as the lead commissioner working with the PCC.

Barbara Brady,
Consultant in Public Health

For any enquiries about this report please contact:
Barbara Brady, Consultant in Public Health, Barbara.Brady@nottscc.gov.uk
Mobile: 07887 898126

Constitutional Comments (HD – 24/6/2014)

The recommendations fall within the remit of the Public Health Committee

Financial Comments (KAS 11/06/14)

8. The financial implications are contained within paragraphs 3 and 4 of the report.

Background Papers and Published Documents

Nottinghamshire PCC Domestic Abuse Review will be available from the following website http://www.nottinghamshire.pcc.police.uk/Home.aspx

Domestic Violence chapter JSNA Nottinghamshire 2014

Health and Wellbeing Board January 2013: Tackling Domestic Violence in Nottinghamshire

Electoral Division(s) and Member(s) Affected

- All

Nottinghamshire County Council

Report to Public Health Committee

3 July 2014

Agenda Item: 10

REPORT OF THE ASSOCIATE DIRECTOR OF PUBLIC HEALTH

ESTABLISHMENT OF AN EXECUTIVE OFFICER TO SUPPORT THE PUBLIC HEALTH BUSINESS FUNCTION

Purpose of the Report

1. This report provides information on the business function required to support the work of the Public Health Department. It seeks approval from the Public Health Committee to establish an executive officer to support the work of the Director of Public Health and his department.

Information and Advice

2. Prior to April this year, the Public Health department received much if its business support through the centralised functions within the Primary Care Trusts. Following the transfer to Nottinghamshire County Council; the Public Health department had to set up an internal mechanism for business support as no central function was available.

3. Over the course of the year, the function has been partially undertaken by the Administrative manager with support from a Public Health Manager. However staff departure and changes to roles have left much of the workload unallocated.

4. As the majority of staff within the department undertake specialist Public Health duties, there has been little staff resource available to support the general business management. Over time, the pressures associated with the day to day duties have expanded as the department becomes more integrated into Council systems and processes.

5. The pressure falls predominantly to the Associate Director of Public Health, who in response is diverted from their strategic duties to ensure routine operational tasks are maintained. Other Council Departments have executive officers that support the Corporate Directors and general business of the departments.

6. Whilst a review of business support is currently underway across the Council, it has been suggested that this will not be able to provide the required support to Public Health in the near future.

7. A recent internal audit report highlighted some gaps in the internal business management of the department. These have been addressed in the short term. However, the Associate Director of Public Health has identified further gaps that are likely to cause risks for the department over the longer term. As the situation has been ongoing since April, many of the competing work pressures are becoming critical and an urgent solution needs to be found.

Establishing an Executive Officer for Public Health

8. The Executive Officer will perform the following core roles:

    - Undertake financial monitoring for corporate budget codes and maintain oversight of the full budget
    - Support the development of strategic plans for the Public Health department across Nottinghamshire County and Nottingham City
    - Support the resolution of contract management and financial issues
    - Provide business support through writing of reports, responding to correspondence and requests for information from elected members, members of the public and senior officers.
    - Maintain an effective communications process, across the senior management team, within the department and across the Councils
    - Maintain oversight of human resource and pay issues, including monitoring of emerging HR policy and changes to terms and conditions.
    - Lead on the risk, safety and emergency planning for the department
    - Lead of the development of a workforce plan that recognises the range of professionals and general skills of the Department, and the relationship with external partners
    - Maintain a system to ensure mandatory training and processes are in place for the department

9. The Public Health department is mindful of the financial pressures facing the council. It has therefore wishes to look 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.

10. It is proposed to recruit an executive officer for a 2 year fixed term period. The opportunity will be opened to internal council staff that 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

11. There is no new resource required to formally establish the executive officer post. At transfer, Public Health established a transition fund for the sole use of establishing the necessary infrastructure to support the Public Health function. In addition, the Public Health grant also includes an element to cover overheads. The establishment of an executive officer is a legitimate call on both these funds.

12. The grade has been evaluated as Band D. The costs associated with establishing the post at top of the scale will be £40,254 per year. NB: The salary costs are also subject to on-costs relating to employers national insurance contributions and employers pension contributions.

Other options considered

13. An enquiry was made to confirm whether the emerging business support project could provide the business manager support for the Public Health Department. The scope of the business support project currently only covers the adult and children departments. Although this will be rolled out, it is uncertain whether the scope of the project will meet the current needs of the Department.

14. On investigation, the scope of the project covers mainly the roles undertaken by administration staff. The broader business development role is likely to still be required within each Department. Therefore, this option was rejected as it would not meet the needs of the Public Health department in the near future.

Reason for recommendation

15. The role of an executive officer is in line with arrangements within other departments. It will provide the necessary support to the Director of Public Health and Associate Director of Public Health to ensure the operational business management is undertaken for the department.

Statutory and Policy Implications

16. 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.

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

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

RECOMMENDATIONS

The Public Health Committee is asked to:

1. Support the establishment of the post of an Executive Officer, Band D scp 42 – 47 (£35,784 - £40,254) for Public Health.

2. Agree to the re-assignment of funds from within the Public Health grant and Public Health transition fund to cover the costs of the post.

Cathy Quinn
Associate Director of Public Health

For any enquiries about this report please contact:
Cathy Quinn, Associate Director of Public Health
Cathy.quinn@nottscc.gov.uk

Constitutional Comments (SG 12/06/2014)

19. The proposals in this report fall within the remit of this Committee. The Employment Procedure Rules provide that the report to Committee include the required advice and HR comments and that the recognised trade unions be consulted on all proposed changes to staffing structures (and any views given should be fully considered prior to a decision being made).

Financial Comments (KAS 11/06/14)

20. The financial implications are contained within paragraphs 11 and 12 of the report.

Background Papers

Public Health Subcommittee paper on the Public Health Grant January 2013

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

Nottinghamshire County Council

Report to Public Health Committee

3 July 2014

Agenda Item: 11

REPORT OF CORPORATE DIRECTOR, POLICY, PLANNING AND CORPORATE SERVICES

WORK PROGRAMME

Purpose of the Report

1. To consider the Committee's work programme for 2014/15.

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

Meeting Dates	PH Committee	Lead Officer	Supporting Officer
3 July 2014	Presentation on Public Health policy area – Public Health services for Children and Young People	Kate Allen	
	Healthy Child Programme and Public Health Nursing for Children and Young People	Kate Allen	
	Public Health Departmental Plan 2014-15 (Inc procurement intentions)	Cathy Quinn	
	Domestic Violence re-commissioning	Barbara Brady	Nick Romilly
	Tobacco Control re-commissioning	John Tomlinson	Lindsay Price
	Public Health Services Performance and Quality Report for Health Contracts - Jan-Mar 2014	Cathy Quinn	Lynn Robinson
	Establishment of Executive Officer for Public Health	Cathy Quinn	
11 September 2014	Presentation on Public Health policy area – Sexual Health	Alison Challenger	
	Sexual Health Priorities	Alison Challenger	
	Local Nature Partnership	Martin Suthers	Helen Ross
	Community Infection Prevention & Control commissioning	Jonathan Gribbin	Tracy Burton
	Tobacco Control Declaration TBC	*John Tomlinson*	*Lindsey Price*
	Public Health Services Performance and Quality Report for Health Contracts – April – June 2014	Cathy Quinn	Lynn Robinson

26 November 2014	Presentation on Public Health policy area – General Prevention Winter warmth report Child & Adolescent Mental Health service review Report on Realignment of Public Health grant 2014-15	Mary Corcoran Mary Corcoran Kate Allen Cathy Quinn	Gill Oliver Gary Eves
21 January 2015	Presentation on Public Health policy area – Health Protection Progress report on Public Health Business Plan / Health & Wellbeing Strategy Dental Public Health & Fluoridation Public Health Services Performance and Quality Report for Health Contracts – July - September 2014	Jonathan Gribbin Cathy Quinn Kate Allen Cathy Quinn	 Lynn Robinson
12 March 2015	Presentation on Public Health policy area – Obesity Obesity performance report Public Health Budget Proposals 2015-16 Domestic Violence Public Health Services Performance and Quality Report for Health Contracts - October – December 2014	Barbara Brady Barbara Brady Chris Kenny Barbara Brady Cathy Quinn	Anne Pridgeon Anne Pridgeon Nick Romilly Lynn Robinson
12 May 2015	Presentation on Public Health policy area – Substance Misuse Substance Misuse performance report	Barbara Brady Barbara Brady	Sally Handley Sally Handley

	Public Health Business Plan 2015-16 (Inc procurement intentions) Report on Realignment of Public Health grant 2014-15	Cathy Quinn Cathy Quinn	
2 July 2015	Presentation on Public Health policy area – Social Exclusion Progress report on Public Health Business Plan / Health & Wellbeing Strategy Tobacco Control performance report Public Health Services Performance and Quality Report for Health Contracts - Jan-Mar 2015	Penny Spring Cathy Quinn John Tomlinson Cathy Quinn	Lynn Robinson