Nottinghamshire County Council

Public Health Committee

Wednesday, 21 January 2015 at 10:30

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

AGENDA

Notes

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

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

Customer Services Centre 0300 500 80 80

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

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.

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

(5) This agenda and its associated reports are available to view online via an online calendar - http://www.nottinghamshire.gov.uk/dms/Meetings.aspx

Nottinghamshire County Council

minutes

Meeting	PUBLIC HEALTH COMMITTEE
Date	11 December 2014 (commencing at 2.00 pm)

Membership
Persons absent are marked with an 'A'

COUNCILLORS

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

	Reg Adair	Steve Carroll
	Nicki Brooks	Alice Grice
	Richard Butler	John Ogle
A	Steve Carr	

A Ex Officio: Alan Rhodes

OFFICERS IN ATTENDANCE

Barbara Brady, Public Health Consultant
Paul Davies, Democratic Services
Jonathan Gribbin, Public Health Consultant
Tristan Snowdon-Poole, Public Health Manager
Lindsay Price, Senior Public Health Manager
Anne Pridgeon, Senior Public Health Manager
John Tomlinson, Deputy Director of Public Health

MINUTES

The minutes of the meeting held on 26 November 2014 were confirmed and signed by the Chair.

MEMBERSHIP

Councillors Brooks, Butler and Ogle been appointed in place of Councillors Weisz, Cutts and Suthers, for this meeting only.

DECLARATIONS OF INTEREST

There were no declarations of interest.

RE-COMMISSIONING TOBACCO CONTROL SERVICES

RESOLVED: 2014/037

(1) That the model for consultation for the re-commissioning of tobacco control services be agreed.

(2) That the proposed timescales be agreed.

(3) That it be noted that the results of consultation will be presented to the May 2015 Public Health Committee at which time there will be a request to formally go out to tender.

OBESITY PREVENTION AND WEIGHT MANAGEMENT SERVICE COMMISSIONING UPDATE

The Committee deferred the decision on the award of the obesity and weight management service contract until after the public had been excluded, in order to be able to discuss the exempt information in the appendix to the report.

RESOLVED: 2014/038

That the information in relation to the tender process be noted.

WORK PROGRAMME

RESOLVED: 2014/039

That the work programme be noted.

EXCLUSION OF THE PUBLIC

RESOLVED: 2014/040

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 OBESITY PREVENTION AND WEIGHT MANAGEMENT SERVICE COMMISSIONING UPDATE REPORT

Anne Pridgeon introduced the exempt appendix to the report on re-commissioning obesity prevention and weight management services, and responded to members' questions.

RESOLVED: 2014/041

That approval be granted to the award of the contract for obesity prevention and weight management services to the successful bidder identified in the exempt appendix to the report.

The meeting closed at 12.15 pm.

CHAIR

Nottinghamshire County Council

Report to Public Health Committee

21 January 2015

Agenda Item: 4

REPORT OF DIRECTOR OF PUBLIC HEALTH

ARRANGEMENTS FOR PROTECTING THE HEALTH OF THE POPULATION IN NOTTINGHAMSHIRE COUNTY

Purpose of the Report

The purpose of this report is to advise the Committee about

a. The duties and responsibilities of the Council in regard to health protection, and
b. The arrangements in place to ensure that these are discharged safely and effectively,

Information and Advice

1. Health protection is one of the key domains of public health action and may be understood as public health activities intended to protect individuals, groups and populations from communicable and non-communicable diseases, environmental hazards such as chemical contamination, and from radiation.

2. This broad definition includes the following functions within its scope:
   - Emergency preparedness and incident response
   - Communicable disease management (including TB, hepatitis)
   - Management of other health protection Incidents e.g.
     - Environmental hazards, including those relating to air pollution, food
     - Meningococcal disease
     - Vaccination preventable diseases
     - Seasonal flu
     - Chemical, biological, radiological, nuclear (CBRN) and terrorist incidents
   - Infection prevention and control (CIPC) in health and social care, including healthcare acquired infections (HCAI) in community settings;
   - National programmes for screening
   - National programmes for immunisation
     - Routine programmes: Childhood immunisations, seasonal flu, PPV (Pneumococcal Polysaccharide Vaccine), school based e.g. HPV (human papilloma virus to prevent cervical cancer) and diphtheria/tetanus/polio
     - Targeted programmes: BCG for Tuberculosis, RSV (respiratory syncytial vaccine) , neonatal hepatitis B
   - Surveillance, Alerting and Tracking
   - Information and Advice
   - Contraception and Sexual Health

Statutory responsibility

3. The Secretary of State for Health has the overarching duty to protect the health of the population. This duty is generally discharged by the Secretary of State to Public Health England.

4. Alongside the health protection functions delivered by Public Health England, the Health and Social Care Act 2012 introduced a new health protection duty for local authorities[1] . This is in addition to the existing health protection functions and statutory powers delegated to local authorities under the Public Health (Control of Disease) Act (1984), the Health and Social Care Act (2008), the Health and Safety at Work Act (1974) and the Food Safety Act (1990).

5. The Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013 delegate to local authorities:

   > "the critical role of providing information and advice to relevant organisations (including PHE) so as to ensure all parties discharge their roles effectively for the protection of the local population".

6. To a large extent, in regard to health protection specifically, the local authority statutory role is envisaged not as one of operational management, nor one of direct commissioning, but of local leadership which rests on the capability of the Director of Public Health and his team to identify issues in the wider system and to advise and influence appropriately, and which is underpinned by legal duties of cooperation, contractual arrangements and clear escalation routes[2].

Who else is responsible for health protection in the local system?

7. In addition to Nottinghamshire County Council, a number of other parties exercise health protection functions on behalf of the local population:
   - Public Health England (PHE): communicable disease control, environmental, chemical, biological, radiological, nuclear, terrorist hazards/incidents.
   - District councils: environmental health including food safety, air quality management
   - NHS England (NHSE): local commissioning and coordination of national programmes for screening and immunisations
   - Primary care providers: delivery of some national programmes
   - Secondary care providers: delivery of some national programmes
   - Clinical Commissioning Groups (CCGs): health emergency preparedness, provider performance

[1] This is set out in Regulation 8 of the Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013, made under section 6C of the National Health Service Act 2006

[2] DH, PHE & LGA (2013). Protecting the health of the local population. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/199773/Health_Protection_in_Local_Authorities_Final.pdf accessed 24/12/14.

Exercise of statutory responsibility

8. The Director of Public Health chairs a Health Protection Group whose remit is to secure assurance about outcomes and arrangements for the health protection functions set out above. Membership of the group includes representatives from PHE, NHSE, CCGs, District Council Environmental Health and Nottinghamshire County Public Health. The group reports to the Nottinghamshire County Health and Wellbeing Board via the Health and Wellbeing Group.

9. The Health Protection Group oversees outcomes and arrangements for the health protection functions which are directly commissioned or provided by Nottinghamshire County Public Health (e.g. Community Infection Prevention and Control, and assessment of need related to health protection issues).

10. The group also secures assurance about outcomes and arrangements for health protection functions which are discharged by other parties within the local health system (e.g. communicable disease management, environmental health and national programmes for immunisation and screening).

11. Separate arrangements exist for two programmes within the health protection agenda: health emergency preparedness and incident response, which is the statutory responsibility of the Local Health Resilience Partnership (which is co-chaired by the Director of Public Health), and sexual health for which there is a separate Integrated Commissioning Group (also chaired by the Director of Public Health).

Key measures of outcome and performance of the health protection system

12. The Public Health Outcomes Framework (PHOF) contains a health protection domain which includes a number of measures relating to air quality, immunisation uptake, timely diagnosis of HIV, and effective treatment of TB. It provides for annual high level benchmarking of Nottinghamshire County's outcomes against those of other local authorities.

13. Outcomes for Nottinghamshire County are favourable compared to national average, and broadly in line with neighbouring counties but it should be noted that county-level indicators mask local areas with poorer outcomes where there remains significant unmet need.

14. In the last PHOF data to be published there was an unexpected exception to the overall pattern of favourable outcomes: for percentage of patients completing TB treatment, the performance was lower than national average and much lower than local historical performance. Audit work to understand this indicates this was largely due to problems of measurement rather than performance of the system: the small number of people who did not complete treatment seem to have included some who, for example, emigrated before completing treatment or where TB was only diagnosed at post mortem). Arrangements for treating and controlling TB remain effective.

15. Although it provides a powerful comparison with other areas, the PHOF on its own does not provide sufficient information for assurance purposes. Therefore, to complement the high level, annual benchmarking of outcomes provided by the PHOF, members of the Public Health team engage directly with the performance management arrangements of other organisations. For example, uptake of national immunisation programmes is reviewed on a

quarterly basis by NHS England's local screening and immunisation Programme Boards, of which Nottinghamshire County Public Health are members. This provides early visibility of performance at a more detailed level to support constructive interrogation and problem solving.

16. In addition to the quantitative measures of outcome and performance, the Health Protection Group also receives reports and intelligence of a more qualitative nature from partner organisations in the local health protection system which may point to vulnerabilities or shortcomings in existing arrangements. For example, PHE colleagues highlighted gaps in arrangements for dealing with communicable disease outbreaks which subsequently required a multi-agency solution. District Council colleagues have highlighted the need for work to update and reinvigorate the local framework for action on air quality, which has resulted in needs assessment work and sponsorship of further work by the Health and Wellbeing Board.

Additional detail to support scrutiny of the Council's health protection functions

17. Appendix 1 sets out 10 questions[3] and corresponding responses drawn up and reviewed by the Health Protection Group to provide the Committee with additional detail regarding local arrangements for health protection.

Reasons for recommendation

18. The Council has a duty to ensure that all parties discharge their roles effectively for the protection of the local population. This duty is mostly exercised through leadership and influence over services which are commissioned and delivered by other organisations. Robust arrangements are in place to monitor and influence the outcomes and arrangements associated with these services.

Statutory and Policy Implications

19. 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

20. None

RECOMMENDATION

The Committee is asked to recognise the duties of the Council in regard to health protection and to note arrangements in place for ensuring that all parties discharge their roles effectively for the protection of the local population.

[3] Acknowledgements to Doncaster Metropolitan Borough Council who developed and used these with their Overview and Scrutiny Panel

Dr Chris Kenny
Director of Public Health

For any enquiries about this report please contact: Dr Jonathan Gribbin Consultant in Public Health (jonathan.gribbin@nottscc.gov.uk)

Constitutional Comments (CH 02/01/2015)

21. The report is for noting purposes only.

Financial Comments (KS 12/01/2015)

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

Background Papers and Published Documents

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

- None

Electoral Divisions and Members Affected

- All

Appendix 1 – additional detail to support scrutiny of health protection functions

Assurance question	Response

1. Does the local authority have a clear understanding of the pathways and providers involved in the delivery of health protection?
 	
Possible supplementary question:
 	
Opportunity to ask further questions about specific aspects of health protection e.g. immunisation/screening etc.
	The DPH and his team can articulate commissioner responsibilities and local pathways for:
	
	• Emergency preparedness and incident response:
	The Local Resilience Partnership oversees multi-agency emergency preparedness and response. Emergency preparedness relating more specifically to health is overseen by the Local Health Resilience Partnership, of which the DPH is co-chair.
	• Communicable disease management:
	Public Health England oversee outbreak management (see recently updated outbreak management plan & action cards)
	• Management of other health protection Incidents (e.g. Environmental hazards, Meningococcal disease, Vaccination preventable diseases, Seasonal flu, Chemical, radiation and terrorist incidents)
	Public Health England lead on the response to these incidents
	• Infection prevention and control in health and social care, including healthcare acquired infections in community settings
	This is currently delivered by Nottinghamshire County public health through an in-house team. But note, recent paper to Public Health Committee and ongoing work to host this within CCGs under a Section 75 agreement and with funding to transform the capacity of primary care and reduce longterm reliance on local authority funding
	• Screening
	Commissioned & coordinated by NHS England; various providers
	• Immunisation
	  ○ Routine programmes: Childhood immunisations, seasonal flu, PPV (Pneumococcal Polysaccharide Vaccine), school based e.g. HPV (human papilloma virus to prevent cervical cancer) and diphtheria/tetanus/polio
	  ○ Targeted programmes: BCG, RSV, neonatal hepatitis B
	Commissioned & coordinated by NHS Area Team; various providers
	• TB
	Treatment is commissioned by CCGs incl. public health response; provided by NUH / SFH / CHP
	• Contraception and Sexual Health

	Commissioned by council; provided by NUH, SFH & other providers • Hepatitis A, B, C & E Outbreak management is provided by PHE; treatment is commissioned by CCGs; County Council has responsibility for prevention, including provision of advice to individuals and organisations Public health lead the Notts Stakeholder meeting and contribute to the E Mids Hepatitis clinical network • Surveillance, Alerting and Tracking PHE • Information and Advice Strategic advice is provided by PHE; operational advice also from PHE duty desk and from County PH IC commissioning matrons for infection control queries. Provision of information to the general public is responsibility of the DPH • Training Provider responsibility
2. What are the local governance structures and responsibilities for Health Protection in the area? Possible supplementary questions: Given the significant changes to the local health system, are partners and providers aware of the new structures, sources of expertise and key contacts? Has a local health protection committee been established and, if so, what is the membership? What are the reporting arrangements for health protection? Is there a development/forward plan for health protection locally?	Following the transfer of Public Health to Local Government under the Health and Social Care Act 2012, local authorities have a new health protection responsibility for "providing information and advice to relevant organisations (including PHE) so as to ensure all parties discharge their roles effectively for the protection of the local population". According to the new Regulations, the Director of Public Health (DPH) has responsibility for strategic leadership of health protection in a unitary/upper tier authority[1]. As such, the DPH, should be absolutely assured that the arrangements to protect the health of their local communities are robust and are implemented appropriately. In Nottinghamshire County Council the DPH provides overall assurance of the health protection system including Health Emergency Planning, Resilience and Response. The DPH oversees outcomes and arrangements relating to Health Protection through the Health Protection Group for which he is Chair. This group secures assurance on behalf of the Nottinghamshire County Health & Wellbeing Board. Alongside this, arrangements for health emergency planning are overseen by the LHRP. Other key partners as follows:

[1] This is in addition to pre-existing health protection functions and statutory powers delegated to local authorities under the 1984 Public Health (Control of Disease) Act, the 2008 Health and Social Care Act, the 1974 Health and Safety at Work Act and the 1990 Food Safety Act. It is also in addition to the local authority's statutory role as a Category 1 Responder under the Civil Contingencies Act 2004.

Agency	Role	Lead Officer
Public Health England	Communicable disease control and monitoring, expert advice on environmental, chemical, biological and radiation hazards, HCAI monitoring Responsibilities include: A duty to take such steps as the SoS considers appropriate to protect the health of the public in England Powers in relation to Port Health Category 1 Responders under the Civil Contingencies Act 2004 Power to provide a Microbiological Service in England PHE also has a team embedded within the NHSE local area team which is responsible for commissioning vaccination and immunisation programmes for Nottinghamshire County	Dr Vanessa MacGregor
NHS England Local Area Team	Commissioning routine vaccination, immunisation and screening programmes, commissioning primary care, responsibility for some closed communities, e.g. prisons Health protection related responsibilities as set out in the Health and Social Care Act (2012) and subsequent regulations include: Commissioning Primary Care in England Clinical Governance and Leadership Commissioning specialist services Emergency planning Commissioning services such as Health Visiting Patient Safety and Service Quality	Linda Syson-Nibbs

CCGs	Broadly speaking: commissioning secondary care and community services (incl. PH aspects of TB control) and HCAI monitoring A CCG has statutory duties to: 1. obtain advice appropriate to enable it to effectively discharge its functions, from persons who, when taken together, have a broad range of professional expertise in: a. Prevention, diagnosis or treatment of illness b. The protection or improvement of public health 2. make available to LAs CCG services or facilities so far as is reasonably necessary to enable LAs to discharge their functions relating to social services, education and public health 3. co-operate with LAs 4. Category 2 Responders duty under Civil Contingencies Act 2004 5. co-operate with category 1 responders to assess risk and prepare plans	Hazel Buchanan acts as point of contact into CCGs
Primary Care Providers	Reporting notifiable diseases, administering vaccination and screening programmes	GPs
Secondary Care Providers	Treatment services, responding to emergencies, communicable disease notification and control	NUH, SFHFT, Nottingham Treatment Centre, sundry 'private providers'

Arrangements for sexual health are overseen by Jonathan Gribbin.

	Partners will be aware of the source of strategic advice and leadership on outbreak management which continues to be provided by health protection colleagues who formerly worked in HPA. In regard to commissioning, key partners and providers are aware of the new structures with which they need to engage, but there may still remain some stakeholders who are uncertain about the respective roles of the local authority, NHS, PHE, CCGs for some aspects of health protection. There is no single "forward plan" for health protection. There are workplans overseen by Public Health and other partners covering (for example) emergency planning, viral hepatitis, TB, infection control, and for local progress on national screening and immunisation programmes
3. Are clear, up to date SLA's/MOU's in place between the local authority and all partner agencies involved in the local health protection system? Possible supplementary question: What process is in place for reviewing these agreements?	Arrangements with all providers directly commissioned by the LA are documented in contracts. These are reviewed as part of the routine commissioning cycle. Arrangements with other partners: NHSE commissioned screening and immunisation programmes work to a national specification. The LHRP have an MoU describing partner roles PHE own an outbreak plan which sets out roles in the event of an outbreak Public health have an MoU with CCGs describing the LA's contribution to the health protection agenda on behalf of CCGs, e.g. input to TB stakeholder group
4. How well does the council understand the potential and existing risks to health in the borough, and how do we ensure that partners also know and understand? Possible supplementary questions: Can data flow to the right people in the new system in a timely manner? Can the system respond to changing health risks appropriately?	Risks to the population are documented in the community risk register by the Local Resilience Forum, in which the Council is a key partner. LRF partners all have visibility of this. The DPH is advised by PHE about longstanding and emerging health protection related risks. Papers on these risks are brought to the HWB from time to time, e.g. Air quality (July 2014) Nevertheless, further work is needed to ensure that: a) Members and officers have a sound grasp of the risks, their scale and of the evidence for effective action b) the Council's targeting of financial savings is achieved in a way which reasonably reflects the risks associated with that service/hazard, and the relative value of public health measures to mitigate them compared to other services
5. What system is in place to provide assurance to the DPH, on behalf of the local authority, that arrangements to protect the health of	See 2 above. Gap: currently no process timetabled for annual review.

residents are robust and being implemented appropriately? Possible supplementary question: Has an annual review process for the local health protection system been agreed?	
6. Is the Council assured that the system can respond appropriately in the event of an outbreak/incident?	Yes. Public health have engaged closely with PHE on an updated outbreak management plan. Some work remains, especially in regard to ensuring that additional resources which may be needed can be mobilised quickly. (There is an associated action here for public health: to ensure that any relevant contracts, e.g. school nurses, contains appropriate wording about this and that this is exercised regularly).
7. What accountability structures would be used by the DPH to escalate health protection concerns as necessary, and can current arrangements ensure a timely response?	In practice the resolution of any concern is likely to be addressed through the DPH's personal influence and longstanding good relationships amongst partners in the area. In the event that a health protection concern is not addressed, options for escalation are: - To the Chief Exec of the Council - To NHSE (via LHRP/NHSE) - To PHE (via Centre Director)
8. What arrangements are in place to manage cross-border incidents and outbreaks?	See 5 & 6 above. The outbreak plan covers the region. PHE's remit is regional. Also to note: DPH role in City/County is currently discharged by same person.
9. How are we developing new joint working arrangements between public health/the wider health protection system and environmental health within the Council?	The DPH is co-chair of the LHRP. The DPH or his deputy engage with structures for managing national screening and immunisation programmes in Nottinghamshire and in Bassetlaw. Senior environmental health officers sit on the HPSG. Public health has engaged with the Notts Environmental Health & Regulatory Managers group. Work arising from this includes work on Air Quality and on reviewing mutual aid arrangements between EH departments responding to (for example) a major outbreak of foodborne disease.
10. What formal agreements are in place between PHE and the Council to determine the specialist health protection support, advice and services PHE will provide to the Council?	This is captured in MoU with PHE Centre Director which has been revisited recently

Nottinghamshire County Council

Report to the Public Health Committee

21 January 2015

Agenda Item: 5

REPORT OF THE DIRECTOR OF PUBLIC HEALTH

DOMESTIC ABUSE SERVICES PROCUREMENT

Purpose of the Report

1. To update Members on progress with domestic abuse services procurement and the commissioning intentions that have emerged from the consultation and market testing exercises that have been conducted.

Information and Advice

2. Approval was given at NCC Public Health Committee of 11th September 2014 to conduct a joint open procurement process with the Police and Crime Commissioner (PCC). NCC will act as the lead commissioner and hold the contract.

3. Since that date, officers from the Council and the PCC have conducted a market testing exercise and a consultation process to harness ideas and experience from across the county and beyond to inform the procurement process, the service specification and the new contracts.

4. These commissioning intentions have been developed in response to feedback from stakeholders, partners and service users:

Outcomes and Quality Standards

5. There is widespread support for the proposal to commission for outcomes. This type of commissioning invites providers to take responsibility for providing services for a given population for a defined period of time under a contractual arrangement. Providers are then held accountable to work within pre-agreed quality standards and for achieving a set of pre-agreed quality outcomes within a given budget or expenditure target. The given population in this case would be adults and children requiring services as a result of their experience of domestic abuse and the risks associated with domestic abuse. The pre-agreed quality standards and outcomes follow national models where possible to allow for benchmarking with other areas and projects.

6. The online consultation with key stakeholders about outcomes and quality standards attracted strong support for the specified outcomes. The majority of respondents agreed with the outcomes relating to Safety, Children and Young People and Health. In addition to this 100% of the respondents agreed with the outcomes relating to stability, resilience and autonomy and 100% of respondents agreeing with the identified quality standards. No

further suggestions were made by respondents about the chosen quality standards indicating commissioners have stipulated appropriate outcomes and quality standards to focus on.

7. In 2013-14 the PCC conducted a comprehensive review of services in preparation for Commissioning in 2015. This review included agencies and service users. The findings of the PCC Review and the recent consultation are being incorporated into the domestic abuse procurement plans and service specification. A number of issues for vulnerable groups with specific needs or risks linked to domestic abuse were raised, and these have been included in an Equality Impact Assessment see para19.

Helpline Service

8. The Helpline Service is within the scope of the current procurement. The Nottinghamshire 24 Hour Freephone Domestic and Sexual Violence Helpline is currently provided by Women's Aid Integrated Services (WAIS). This service offer is an important component of the system we would wish to have in place. All the recent reviews and consultation have revealed high satisfaction from the survivors and partner agencies that use this service. The Helpline covers both City and County and WAIS owns the telephone number which is well-known across the County. The Helpline has always relied on the support of a number of funders to meet the considerable costs of delivery (currently £268,000 pa). Comparisons with other similar services have shown this Helpline to be cost effective. County survivors and practitioners account for approximately 30% of all usage although the current NCC contribution of £25,024 (through Grant Aid arrangements with the cost being met by PH grant) represents less than 10% of the total cost.

9. The PCC has already committed to funding the WAIS Helpline until March 2019 along with the City Council. NCC has considered its position regarding the Helpline (in terms of continuing the WAIS offering or including it as part of this procurement). The advantages of continuing the funding are a continued common approach across Nottingham from funders; the success of the Helpline and the well-established number marketed across Nottingham. On this basis, NCC will join PCC in continuing to support this service (and together with the PCC) commissioners have devised a way to ensure this work is integrated with the new services that are being commissioned. The proposal is that this service contract is novated into the new specialist domestic abuse service contract(s) as of 1st October 2015 (when new arrangements will be in place). New provider(s) would be required to passport this identified Helpline funding directly to WAIS and manage the contract accordingly. The novated contract would end in 2019.

10. A key element in commissioning the Helpline until 2019 is that it will be 'jointly' commissioned by NCC and PCC. Consequently the contract will be transacted via a Direct Award. Procuring via a Direct Award carries the risk of legal challenge although in this case the risk is deemed to be low.

11. A change from a NCC Grant Aid Agreement to a Service Contract is required with effect from the 1st April 2015 to support this approach. To support this, it would be sensible to establish the contract value at a level that better represents the County's level of usage. This additional cost of up to a further 20% will be met from PH reserves.

Refuge provision

12. There are currently four women's refuges in Nottinghamshire, Bassetlaw, Mansfield, Broxtowe and Newark). These are owned by two Registered Social Landlords (RSLs). The cost to any individual using this accommodation is met through housing related benefits, so is outside the scope of this procurement.

13. Despite this position re accommodation, the successful provider will be expected to provide DVA services to survivors and their children who may be residing in the refuge accommodation (in other words this is just one of a number of settings within which providers will be expected to deliver services). Providers will be expected to liaise with the RSLs in order to ensure this element of the specification can be met.

14. A recent development has been the announcement by the Department of Communities and Local Government of a fund to support refuges for survivors of domestic abuse. This fund is open to housing authorities only, so NCC has been working with our District colleagues to put forward a bid for this fund to support the long term survival of refuge provision in Nottinghamshire. NCC, PCC and the Districts are working with the RSLs who own the four refuges to see if this injection of funds can offer all four Nottinghamshire refuges a sustainable future.

Contracting arrangements

15. Feedback from the soft market testing and the PCC led consultation indicates the optimal contract length is three years plus an optional addition of one or two years. This timescale compares well with other similar contracts held by NCC Public Health.

16. The DA Procurement is being conducted jointly by NCC and PCC with NCC as the lead partner. This indicates that NCC will hold the contract(s) with the provider(s) and that there is an additional partnership agreement with the PCC to cover financial and governance arrangements in relation to the contract(s).

Financial Implications

17. In order to sustain County Helpline provision, Commissioners intend to increase funding to meet the proportion of County Helpline usage. This will be an increase in funding of up to 20% of the cost of the Helpline. The funding for this shall come from Public Health reserves.

Reasons for Recommendation

18. Significant engagement has been undertaken to ensure the plans that have been developed are in accordance with the requirements of the PCC and in line with best practice and the views of local stakeholders.

Statutory and Policy Implications

19. 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.

Public Sector Equality Duty implications

20. Members should note that the funding source for the domestic abuse services changed in April 2014. This means that the current contracts (which are a mix of service and grant agreements) cannot continue in their current form. This information has been made available to existing contractors who have been kept informed about the NCC/PCC commissioning plans. Due to the lack of grant funding, domestic abuse services will now be funded by public health through service contracts. As part of this process, an Equality Impact Assessment has been written about the domestic abuse procurement plans and this has revealed:

- a positive impact in relation to age and gender with additional support services for teenagers and for male survivors.
- a neutral impact on the other protected characteristics of disability, gender re-assignment, pregnancy and maternity, race, religion, sexual orientation, marriage and civil partnership.

21. The Assessment cites a number of improvements to contract management and data collection in the plans that will monitor the impact on vulnerable groups when the contract is in place. The majority (80%) of those responding to the online consultation agreed that the domestic abuse procurement plans have no negative impact on people with protected characteristics.

RECOMMENDATION/S

Members are asked to:

- Note the progress made to date regarding the procurement of domestic abuse services.
- Support the commissioning intentions outlined in the report.
- Note the proposed increase in funding for the Helpline as of the 1st April 2015.

Chris Kenny
Director of Public Health

For any enquiries about this report please contact:
Nick Romilly nick.romilly@nottscc.gov.uk or Rachel Adams rachel.adams@nottscc.gov.uk

Constitutional Comments (AK 12/1/2015)

22. The Public Health Committee has delegated authority within the Constitution to approve the recommendations in the report.

Financial Comments (KAS 13/01/15)

23. The financial implications are contained within paragraph 17 of the report.

Background Papers and Published Documents

- Equality Impact Assessment has been completed and is available on request from the report's author
- Papers from agenda item 5 from 11th September 2014

Electoral Divisions and Members Affected

- All

Nottinghamshire County Council

Report to the Public Health Committee

21st January 2015

Agenda Item: 5

REPORT OF THE DIRECTOR OF PUBLIC HEALTH

DOMESTIC ABUSE SERVICES PROCUREMENT – AMENDMENT TO REPORT

Purpose of the Report

1. To update members of the Public Health Committee about the Domestic Abuse procurement specifically in relation to:

    - seeking confirmation of the budget allocation for Domestic Abuse ahead of the final decision on the allocation of the full Public Health budget for 2015/16.
    - the commissioning of refuge provision for survivors of Domestic Abuse.

Domestic Abuse Budget 2015-16

2. The PH committee gave approval for a joint procurement process with the Police and Crime Commissioner (PCC) in September 2014 which is now well underway. The process of allocating the Public Health budget for 2015/16 is also underway. However, it is currently forecasted that this process is unlikely to conclude before March 2015.

3. In order to avoid delay in the procurement process it is necessary to confirm the PH domestic abuse budget allocation by February 2015. The timing of this is to ensure commissioners are absolutely sure of the total joint budget between NCC and PCC in time for the Prequalifying Questionnaire (PQQ) stage of the procurement process.

4. NCC is under considerable financial pressures and budgets across the Council face reductions. As much as it is undesirable to reduce funding for victims of domestic violence and abuse an indicative reduction of £100,000 is proposed against a total Public Health commitment for domestic abuse of £1,192,438.

Refuge provision

5. Current commissioning arrangements for refuge provision are complicated. The reasons for this are largely historical. Repeated attempts by NCC and key stakeholders to resolve this in respect of the proposed procurement have not come to fruition.

6. The Department of Communities and Local Government currently has funding for 2014/15 and 2015/16 to support refuge provision. The funding is available to housing authorities and is capped at £100,000 per local authority. However, a countywide bid is being compiled by

district councils, domestic abuse services and partners with the intended purpose of sustaining current refuge accommodation and where possible to enhance service infrastructure. It is noticeable that this is a significant amount of funding and has recently resulted in a somewhat more harmonious dialogue between the refuge providers.

7. If the countywide bid is successful, over the course of the next 12 months it will become apparent as to how and where the DCLG funding has been utilised. This will provide commissioners with further information as to any potentially new or different refuge provision arrangements arising from the impetus of the DCLG funding that could in the future be commissioned or even included within the newly procured service.

8. Given these developments, NCC and PCC intend to omit refuge provision from the scope of the current tender and seek to review and commission refuge provision under a separate contractual arrangement at a later date. Current provision will be sustained for one year through an extension of the current contract with existing providers so as to ensure service continuity and place the providers in the best position possible to benefit from the funding.

Financial Implications

9. The 2014/15 PH domestic abuse commitment is £1,192,438. This paper proposes an indicative reduction of £100,000. Consequently this paper is seeking PH committee approval, prior to the final approval of the total PH budget, of a domestic abuse budget allocation of £1,092,438 for 2015/16.

Reason/s for Recommendation/s

10. The primary reason for the decision to approve the DA budget in January 2015 is to avoid any delay in the procurement process. The reason for the placing refuge out of scope of the current DV procurement process is to allow time for the benefits of central government funding to materialise and time to work through current complexities regarding refuge provision.

Statutory and Policy Implications

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

RECOMMENDATION/S

12. The Public Health Committee is asked to:
    - Note the content of this report
    - Approve the proposal to reduce the Public Health budget for domestic abuse for 2015/16 by £100,000
    - Support the commissioning plans for refuge services.

Chris Kenny
Director of Public Health

Report author Nick Romilly, Public Health Manager

For any enquiries about this report please contact:
Nick Romilly nick.romilly@nottscc.gov.uk

Constitutional Comments (ADK 15/01/15)

13. The Public Health Committee has delegated authority within the Constitution to approve the recommendations in the report.

Financial Comments (KAS 15/01/15)

14. The financial implications are contained within paragraph 8 of the report.

Background Papers and Published Documents

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

- Equality Impact Assessment has been completed and is available on request from the report's author
- Papers from agenda item 5 from 11th September 2014

Electoral Division(s) and Member(s) Affected

All

Nottinghamshire County Council

Report to the Public Health Committee

21 January 2015

Agenda Item: 6

REPORT OF THE DIRECTOR OF PUBLIC HEALTH

PUBLIC HEALTH GRANT REALIGNMENT - PROGRESS REPORT 2014/15

Purpose of the Report

1. Following endorsement by the Public Health Committee, £5 million from the Public Health grant for 2014/15 was realigned into new areas within the Council that deliver Public Health Outcomes. This report provides an update on the activities funded through this realigned Public Health grant.

Background

2. Public Health transferred to Nottinghamshire County Council (NCC) on 1 April 2013. With it was transferred £35.1m of ring-fenced Public Health grant, to be used to support activities leading to Public Health outcomes. The allocated grant increased to £36.1m for 2014/15. As part of integrating the Public Health function within the Authority, a review was undertaken to align Public Health functions, reduce duplication and achieve efficiencies, whilst maintaining overall spend on Public Health at the ring-fenced level.

3. On 6th March 2014, the Public Health Committee received a report containing details of 16 proposals for realignment of Public Health grant which had been approved by full Council as part of budget setting in February. This report also gave the Public Health Committee responsibility for maintaining an overview of performance on the realigned grant. It was agreed that formal monitoring take place on all areas of realignment, focusing on monitoring of outcome measures and value for money. In accordance with this decision, this update report describes the results of such monitoring to the Public Health Committee.

4. Details of the activities being supported through realigned Public Health grant in 2014/15 are attached at Annex A.

Information and Advice

Public Health Realignment and Outcomes

5. The Public Health grant available for realignment was achieved through efficiency savings as a result of release of uncommitted expenditure, re-procurement exercises, underspends from staffing and policy areas, and from the absorption of costs previously held by Departments into Public Health. This included some budgets for substance misuse previously held by Adult Social Care, Health & Public Protection and the movement of some staff from other Departments into Public Health, with the absorption of the associated salary costs.

6. The Public Health Outcomes Framework is a national framework which sets out a vision for public health, desired outcomes and the indicators to help understand how well public health is being improved and protected. These outcomes relate to not only how long people live, but also how well they live at all stages of life. They include long term indicators such as improvements to life expectancy.

7. The main Public Health outcomes being positively addressed by each of the realignment activities are as follows:

Public Health Outcomes	**Realigned Activity**	**£ (£000s)**
1.11 – Domestic abuse	Domestic Violence Realignment	1,034
1.12 – Violent crime 1.13 Re-offending levels	Youth Violence Reduction,	380
1.15 Statutory homelessness 2.15 Completion of drug treatment 2.18 Alcohol related admissions	Supporting People	1,000
1.15 Statutory Homelessness 1.05 Young people not in employment, education or training 2.10 Self harm	Young People's Supported Accommodation	460
2.15 Completion of drug treatment 2.18 Alcohol related admissions to hospital	Substance misuse including young people's substance misuse	468
2.14 Smoking prevalence	Illicit tobacco prevention and enforcement	91
1.18 Social Isolation 1.8 Employment for those with long term conditions	Mental Health Co-Production Service,	206
1.18 Social isolation 2.23 Self-reported well-being	Building community resources to support people	200
1.18 Social isolation 2.23 Self-reported well-being	Community Outreach Advisors	164
2.24 Injuries due to falls	Handy Persons Adaptation Scheme	95
2.23 Self-reported wellbeing	Stroke service	13
2.23 Self-reported wellbeing	Information Prescriptions	27
1.05 - 16-18 year olds not in education employment or training 1.03 - Pupil absence 1.01 Children in poverty	Young Carers	340
2.04 Under 18 conceptions 3.2 Chlamydia diagnoses	Young people's sexual health project	80
2.01 - Low birth weight of term babies 2.07 - Hospital admissions caused by unintentional and deliberate injuries in children 2.02- Breastfeeding 2.03 - Smoking status at time of delivery	Family Nurse Partnerships	100
1.02 School readiness	Speech and Language Therapy	350

8. The process followed for managing the realigned Public Health grant is through the assignment of a relevant Public Health manager to provide liaison with the department and take an overview of progress. A "contract" with the Department is agreed for each activity through discussion with the Department, to identify appropriate measures of success, which may . As the Public Health outcomes are long-term, and so not always possible to monitor in-year, the identified markers for success are monitored instead.

Benefits Realisation

9. Examples of some of the benefits being brought about through the re-alignment activities are described below:

   ***Reducing duplication and doing things once*:** Aligning the Council's domestic violence activity within Public Health has brought a range of activities into a single location. This will lead to streamlined commissioning to improve efficiency and increased value for money. The overall outcome for services is to produce increased reporting of domestic and sexual abuse but reduced severity of that abuse as measured by repeat victimisation and risk level analysis. Clinical Commissioning Groups are implementing the IRIS programme[1] and GP practices are information sharing using MARAC[2], which is being re-aligned to a single streamlined City-County procedure. The Encompass project of alerts to schools has also been implemented. These initiatives together are leading to earlier intervention. Re-commissioning of domestic abuse and sexual abuse services is due in 2015 and further alignment of contracting is expected to generate increased efficiencies in future.

   Achieving Public Health benefits from other areas of NCC's work: The innovative Illicit tobacco prevention and enforcement activity engages the power of Trading Standards in an approach to smoking cessation which focuses on the removal of cheap, illegal tobacco from the market. Making available officer time within Trading Standards has reduced the amount of illegal tobacco available and prevented shops from selling it. Partnership approaches to enforcement, including licensing, are being used with cooperation from District Councils. In this case realignment has led to an integrated approach across Notts County Council departments and led another County Council service to deliver Public Health outcomes.

   Improving Public Health outcome delivery: The Family Nurse Partnership service provides intensive support to first-time teenage parents with a range of Public Health impacts, including reducing smoking in pregnancy, reducing alcohol and drug use, improving maternal health in pregnancy (with impact on birth weights) increasing breastfeeding, immunisation uptake, reducing Accident & Emergency attendances and increasing numbers of teenage mothers into education, training or employment. The service is paid for through a mix of NHS funds and Public Health realignment. This is an example of the NHS and County Council working together in an holistic approach covering both NHS and Public Health outcomes for a vulnerable target group.

   The above are examples: work continues in other areas of realignment with Departments to develop good practice and joint working, for example in the mental health co-production

[1] **IRIS** - Identification and Referral to Improve Safety; a general practice-based domestic violence and abuse (DVA) training support and referral programme

[2] Multi-Agency Risk Assessment Conferences (MARACs) are regular local meetings where information about high risk domestic abuse victims (those at risk of murder or serious harm) is shared between local agencies.

service and the development of initiatives to combat loneliness as described elsewhere in this report.

Performance

10. Quarterly reporting is now taking place against spend and output profiles. The results of the first half year monitoring show 14 out of the 16 schemes on target to achieve spend and outputs. The two exceptions are:
    a. Building Community Resources to Support People. The original proposal to set up a Notts-wide organisation for delivery was rejected owing to concerns about long term sustainability and the diversion of resources to core running costs rather than direct service delivery. With Public Health input, plans have been revised to maximise deliverable outcomes. As a result, a range of small projects are being devised that will meet the aims of the proposal. This will provide targeted interventions to combat loneliness and isolation, some of which are being developed in conjunction with Libraries and Country Parks and thus will provide further opportunities for integration.
    b. Substance Misuse including Young People's Substance Misuse. Initial estimates of service costs have been clarified in year and the required realigned budget amended accordingly. The forecast has been revised downwards to £262K from £368K. This underspend is due to cost savings achieved through the re-procurement exercise.

11. Financial underspend on the realigned public grant overall will be put into reserves ready for realignment in the following financial year. Based on current forecasts, this is not anticipated to be more than 8% of the total realigned Public Health grant in 2014/15.

12. In summary, monitoring process for the realigned grant confirms that the grant is being used to deliver Public Health outcomes. The majority of the realigned activities are on track to meet annual targets set, with a number still setting baselines and agreeing detailed targets with providers following the commissioning process. Where projections fall below the full achievement of targets, remedial action plans are being developed to tackle this.

Other Options Considered

13. This report has been brought for information. No other options are required.

Reason for Recommendation

14. In March 2014, the Public Health Committee agreed to keep an overview of the use of realigned Public Health grant and receive updates on performance.

Statutory and Policy Implications

15. 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

16. There are no direct financial implications for this performance report. The Council previously agreed to allocate Public Health grant to these activities in its budget-setting process.

RECOMMENDATION

17. That Committee notes the report and receives a further report on realignment proposals for 2015/16 on a date to be determined.

Chris Kenny
Director of Public Health

For any enquiries about this report please contact: cathy.quinn@nottscc.gov.uk

Constitutional Comments

18. This report is for noting only and no Constitutional comments are required.

Financial Comments (KAS 12/01/15)

18. The financial implications are contained within paragraph 16 of the report.

Background Papers and Published Documents

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

Report to Public Health Committee, 6 March 2014, Public Health Budget Changes and Realignment of the Public Health Grant

Public Health Grant and Budget Planning Report to the Public Health Committee 11 February 2013

Electoral Divisions and Members Affected

- All

Appendix A: Summary of Public Health Grant Realignment 2014/15

Proposal Name	Description	Approved Value £000
Domestic Violence	Centralisation & coordination of domestic violence services across council.	1,034
Youth violence reduction	Service to deliver preventative case management and psycho-social interventions through Youth Offending Teams with children aged 8-17.	380
Supporting People	Adult Homelessness Services, including homelessness prevention	1,000
Young people's supported accommodation	Young people's service to support homelessness, learning disability, offenders, substance users, those with poor mental/ emotional health.	460
Substance Misuse including Young Peoples Substance Misuse	Residential rehabilitation and supporting people accommodation, early intervention and diversion programmes, including services for young offenders (aged below 18)	468
Illicit Tobacco Prevention & Enforcement	Funding of Trading Standards Officer (TSO) dedicated to reducing the supply of illicit tobacco across the County.	91
Mental Health co-production service	Services to support people who have low/ moderate mental ill health needs and low mental wellbeing.	206
Handy Persons Adaptation Scheme	Service to provide small adaptations to retain older people in their own homes.	95
Building community resources to support people	Services to support people to retain independence and reduce loneliness.	200
Community Outreach Advisors	Service to provide community outreach to support people to stay independent in their own homes	164
Information Prescriptions	Service to provide information on request on a number of areas of health and social care.	28
Stroke	Service to people at risk of stroke or who have experienced stroke.	13
Young Carers	Services to support young carers of a disabled parent, and to promote educational, psychological social and emotional development of young carers, complementary to ASC Personal Budgets.	340
Young People's Sexual Health	Dedicated out of hours sexual health services and staff training directed to young people aged13-19.	80
Family Nurse Partnerships	Intensive home visiting programme for first time teenage mothers.	100
Speech and Language Therapy	Services/support to early childhood services, including Health Visitor teams, to improve screening and promote communication and language development.	350
		5,000

Nottinghamshire County Council

Report to the Public Health Committee

21 January 2015

Agenda Item: 7

REPORT OF THE DIRECTOR OF PUBLIC HEALTH

PUBLIC HEALTH SERVICES PERFORMANCE AND QUALITY REPORT FOR HEALTH CONTRACTS

Purpose of the Report

1. This report provides a summary of the performance and quality data relating to the Public Health (PH) contracts that are commissioned by Nottinghamshire County Council (NCC) for the period April to September 2014 (quarters one and two, 2014/15).

Background

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

3. The PH contract and performance team continue to manage a schedule of contract review meetings with all providers, where all Performance Indicators within the service specification for the services are reviewed and monitored. Action plans to rectify under or over performance are developed with the providers.

Information and Advice

4. The team has reviewed the format of previous reports in order to streamline what is reported.

5. The team has worked with PH Policy Leads to identify a suite of Key Performance Indicators, for each contract, whose performance reflects the overall performance of the contract.

6. The revised Report identifies whether the providers performance in relation to the Key Performance Indicators are improving / whether there is no change / if improvement is required from the last quarter in the 'status' column.

7. Also included in the Report are columns stating their performance in quarters 1 and 2, the cumulative total, annual target and the percentage of the annual target that has been met.

8. A summary of the providers' performance and actions that are being taken, if underperformance, has been reported is also included.

9. A table showing the number of Complaints, Serious Incidents and Freedom of Information Requests made in quarter 2 is reported on page four.

Key Issues

10. Three main areas of concern are shown in relation to:
    - Tobacco Control – Four week smoking quitter figure; GPs, Community Pharmacists, New Leaf and Bassetlaw Stop Smoking Service.
    - Obesity Prevention and Weight Management Services
    - Seasonal Mortality

11. A summary of the issues and actions that are being taken is included in the Report.

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

The recommendations are:

17. To note the progress made in the reporting and formatting of the Report.

18. That the Public Health Committee receives the report and notes the performance and quality information provided in the report.

Cathy Quinn
Associate Director of Public Health

For any enquiries about this report please contact:

Lynn Robinson
Senior Public Health Manager

Nathalie Birkett
Group Manager, Public Health Commissioning

Constitutional Comments

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

Financial Comments (KAS 12/01/2015)

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

Background Papers and Published Documents

None

Electoral Divisions and Members Affected

All

PUBLIC HEALTH CONTRACT QUALITY & PERFORMANCE REPORT. QUARTER TWO 2014/15

Key to the Status Column	
Improving from last quarter	↑
No change from last quarter	↔
Needs improvement from last quarter	↓

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

Nottinghamshire County Council

Service and Outcome	Contract Value Category	Status	Performance Indicators	Q1	Q2	Cumulative Total	Annual Target	% of target met	Summary of Performance and Quality	Actions Reported if Underperformance Reported
NHS Health Check Assessments To reduce early mortality and improve quality of life for individuals with Long Term Conditions (LTC)	**Medium High**	↑	No. of eligible patients who have been offered health checks	10072	12201	22273	49,268	45%	The considerable variation in levels of activity between practices is being addressed directly with low performers.	Models of interpractice working are being scoped.
		↑	No. of patients offered who have received health checks	4294	5680	9974	27,172	37%	The considerable variation in levels of uptake between practices is being addressed through sharing national and local marketing insight.	Targetted social marketing planned in Quarter 4.
Comprehensive Sexual Health Services Promotion of the prevention of Sexually Transmitted Infections including HIV Increased knowledge and awareness of all methods of contraception amongst all groups in the local population	**High**		**NUH - Integrated sexual health contract**							
		↑	No. of contraception treatments / interventions	1849	2155	4004	7,425	54%	This is a block contract for Contraceptive and Sexual Health (CaSH) and Payment by Result Tariff for Genito-Urinary Medine (GUM).	The provider is working to reduce GUM appointments for Level 2 Sexually Transmitted Infection testing by routing patients, where clinically acceptable, through to the CaSH service (which is paid on a block contract.)
		↑	No. of other treatment interventions - full sexual health screens (Chlamydia, Gonorrhoea, Syphilis & HIV)	220	250	470	350	134%		
		↑	% receiving a positive result (positivity % within the service should not fall below 7.5%)	9.0%	10.0%	n/a	7.5%	N/A		
			BHP - CaSH							
		↑	Total monthly face-to- face contacts	1579	N/A	1579	2,200	72%	Quarter 2 data will be reported on in Quarter 3.	
			SFHFT							
		↑	GUM First Appointment	1714	1745	3459	3872	89%	This is a block contract for Contraceptive and Sexual Health (CaSH) and Payment by Result Tariff for Gentio-Urinary Medine (GUM).	The provider is working to reduce GUM appointments for Level 2 Sexually Transmitted Infection testing by routing patients, where clinically acceptable, through to the CaSH service (which is paid on a block contract.)
		↓	GUM Follow-up Appointment	1075	1026	2101	2190	96%		
		↑	Contraception and Sexual Health Services (CaSH) First Appointment	1302	2638	3940	no target	no target		
		↑	Contraception and Sexual Health Services (CaSH) Follow-up Appointment	1165	2744	3909	no target	no target		
		↓	SEXions - number of education sessions provided in schools	59	39	98	no target	no target		
		↓	SEXions - number of 1-1 advice & sessions sessions given to young people	120	98	218	no target	no target		
			DBH - GUM							
		↑	GUM First Appointment	841	846	1687	1,675	101%	No issues to report.	
		↑	GUM Follow-up Appointment	360	411	771	744	104%		
			NHT - The Health Shop							
		↑	Percentage of 15-24 year olds in contact with The Health Shop service who are offered a Chlamydia screen	56%	N/A	56%	50%	112%	This is a block contract. The service engages with a diverse population group, some of whom may have increased sexual health risks / needs.	
		↑	Percentage of appropriate clients aged over 14 years who are offered advice on contraception	100%	N/A	100%	100%	100%		
		↑	Planned Face-to-Face Activity - Sexual Health Only	1093	N/A	1093	780	140%		
			Terrence Higgins Trust							
		↑	No. of Point of Care testing (POCT) for people residing in Nottinghamshire County	18	27	45	96	47%	The provider is having difficulty finding premises in the county suitable for POCT sessions.	The provider will continue to try and find suitable premises.
		↑	No. of support sessions delivered in Notts targeting high risk groups	33	44	77	96	80%	No issues to report.	
National Child Measurement Programme To achieve a sustained downward trend in the level of excess weight in children by 2020	**Medium High**	N/A	% of children in Reception with height and weight recorded	Academic year 2013/14		0			The results for the 2013/14 programme will be published in December 2014. Once analysed they will be reported in Quarter 3.	
		N/A	% of children in Year 6 with height and weight recorded	Academic year 2013/14		0				
		N/A	Parents/Carers receive the information regarding their child within 6-weeks post measurement	Academic year 2013/14		0				

Page One

Alcohol and Drug Misuse Services Reduction in Alcohol related admissions to hospital Reduction in mortality from liver disease Successful completion of drug treatment	**High**	**The Recovery Partnership - Nottinghamshire Healthcare Trust**								
		⟺	Percentage of successful discharges as a proportion of those in treatment (Opiate Users)	9.9%	N/A	9.9%	10%	99.0%	The provider was decommissioned on the 30.9.14 and a new service provider commenced providing substance misuse services on the 1.10.14	
		⟺	Percentage of successful discharges as a proportion of those in treatment (Non Opiate Users)	39.3%	N/A	39.3%	44%	89.3%		
		⟺	Of those discharged from alcohol treatment, percentage discharged successfully	42.5%	N/A	42.5%	55%	77.3%		
		⟺	Percentage of representations from those successfully completing treatment	14.2%	N/A	14.2%	19.7 - 21.4%	66.4%-72.1%		
Prisoner's Health Reduction in Alcohol related admissions to hospital Reduction in mortality from liver disease Successful completion of drug treatment	**High**	⇧	Number and % of HMP Ranby SMRS successful drug free discharges as a proportion of those in treatment - Opiates - Nottinghamshire Healthcare Trust	(4)4%	(15)13%	0	25%	Monthly targets	Although there is still under performance against this target improvements have been made. Checks have been made on recent discharged cases and from this Nottinghamshire County Council has been assured by Nottinghamshire Healthcare Trust that this is not actual under performance but is a data error due to the coding within the reporting of SystmOne. Work has been done to rectify the coding within the system and an increase in performance will be shown in quarter 3 data.	There is an introduction of exception reporting on each individual who is not receiving a 'drug free' discharge for analysis purposes.
		⇧	Number and % of HMP Ranby SMRS successful discharges have re-engaged into the service within 6 months – Nottinghamshire Healthcare Trust	(0)0%	(3)2%	0	<30%	Monthly targets		
		N/A	Number and % of HMP Whatton SMRS successful drug free discharges as a proportion of those in treatment - Alcohol - Nottinghamshire Healthcare Trust	N/A - 6 months data due to small numbers	(5)19%	0	55%	Monthly targets	Although there is still under performance against this target improvements have been made. Checks have been made on recent discharged cases and from this Nottinghamshire County Council has been assured by Nottinghamshire Healthcare Trust that this is not actual under performance but is a data error due to the coding within the reporting of SystmOne. Work has been done to rectify the coding within the system and an increase in performance will be shown in quarter 3 data.	There is an introduction of exception reporting on each individual who is not receiving a 'alcohol free' discharge for analysis purposes.
		N/A	Number and % of HMP Whatton SMRS successful discharges have re-engaged into the service within 6 months – Nottinghamshire Healthcare Trust	N/A - 6 months data due to small numbers	(1)2%	0	<30%	Monthly targets		
		N/A	Number and % of 6 weekly reviews where health outcomes are assessed as having improved - HMP Ranby Direct Award	N/A	(20)91%	0	75%	Monthly targets		
Tobacco Control and Smoking Cessation 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	**High**	**Four-week smoking quitter rate**								
		⇩	Bassetlaw GP's	32	20	52	178	29%	Performance by all providers against the commissioned activity for smoking cessation is significantly below target. Although all providers are below target, performance still varies with New Leaf being 34% against target in September whilst Community Pharmacies were achieving only 13%. All Providers have been contacted and supported in developing actions to address this underperformance. However, it is very unlikely that underperformance at this level can be redressed by March 2015.	Consequently, we are working with providers and the contracting team to put in place a more robust service model for 2015/2016. This will be a pilot service which will mirror some aspects of the proposed model for smoking cessation services to be re commissioned for delivery from April 2016 onwards. This interim arrangement will ensure that activity improves in 15/16 whilst at the same time providing a useful pilot for the recommissioning process. In this way we will ensure cost effectiveness and accountability in the short term 15/16 and the long term through the re commissioning process.
		⇩	County GP's	70	60	130	430	30%		
		⇩	County Community Pharmacies	27	22	49	377	13%		
		⇩	New Leaf - County Health Partnership	980	707	1687	4953	34%		
		⇧	Bassetlaw Stop Smoking Service	109	116	225	700	32%		
Obesity Prevention and Weight Management (OPWM) 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	**High**	⇩	No. of people who complete a 12-week weight loss programme - BHP	7	0	7	150	5%	Due to the OPWM retender, providers have had their contracts extended twice and this has led to a lot of uncertainty which has resulted in underperformance.	The new OPWM service will be in place 1st April 2015. Assurances have been received from services around improvements in performance.
		⇩	No. of people who complete a 12-week weight loss programme - Bassetlaw GP's	71	41	112	no target	no target		
		⇩	Community targeted one off sessions - CHP	71	68	139	160	87%		
		⇧	Cookery courses (cook and eat) community - CHP	15	19	34	65	52%		
		⇩	Targeted one off sessions in the community - Ashfield District Council	19	3	22	43	51%		
		⟺	Targeted one off sessions in the community - Mansfield District Council	11	11	22	36	61%		
		⇩	Targeted one off sessions in the community - Newark & Sherwood District Council	29	11	40	35	114%		
		⇩	Number of people who complete a 12 week exercise referral programme - Gedling Borough Council	70	76	146	267	55%		
		N/A	Number of people who complete a 12 week exercise referral programme - Broxtowe Borough Council	41	N/A	41	no target	no target		
		⇩	Number of people who complete a 12 week exercise referral programme - Newark & Sherwood District	69	53	122	no target	no target		

Domestic Abuse Services Reduction in Violent crime Reduction in Domestic violence	**Medium**	**Notts Women's Aid - MARAC**							This work is actually over delivering and the providers have a good strategy for keeping in touch with those children waiting for a service.	
		⇔	Percentage of engagement with an Independent Domestic Violence Advisor (IDVA) (Target = 80%)	86%	83%	169%	80%	211%		
		WAIS - MARC								
		⇔	Percentage of engagement with an Independent Domestic Violence Advisor (IDVA) (Target = 80%)	78%	73%	151%	80%	189%		
		Notts Women's Aid								
		⇔	Utilisation of refuges (Target = 95%)	94.9%	96.3%	191.2%	95%	201%		
		⇔	Successful departures from refuges (Target = 88%)	100%	100%	200.0%	88%	227%		
		⇔	Children's Outreach - volume	28	25	53	130	41%		
		WAIS								
		⇔	Children's Outreach - volume	50	53	103	130	79%		
Seasonal Mortality Reduction in excess winter deaths	**Medium**	**Nottingham Energy Partnership - Healthy Housing**								
		⇩	Number of homes of people in the target groups in which heating and insulation improvements and/or preventative adaptation are made a s a result of referrals	8	5	13	390	3%	Reasons for underperformance by the provider is unknown.	The Contract and Performance team is working with the provider to investigate and agree actions regarding the underperformance.
		⇩	Number of individuals trained to deliver Brief Interventions i.e. number of people attending the training courses	15	14	29	159	18%		
Social Exclusion To improve outcomes for older people by reducing risk and health impacts of loneliness	**Medium**	**Together We Are Better - Service commences 6.11.14. Will be reported on from Quarter 3 onwards.**								
Social Exclusion To improve outcomes for single people and families by reducing risk and health impacts of homelessness	**Medium**	**The Friary Drop-in Centre**								
		⇩	Number of one-to-one specialist advice interviews undertaken	1456	1330	2786	7,280	38%	Reasons for underperformance by the provider is unknown.	The Contract and Performance team will work with the provider in Quarter 3 to investigate and agree actions regarding the underperformance.
The complete data for the following two policy areas will be reported on from Quarter 3										
Public Health Services for Children and Young People aged 5-19	**High**	N/A	% young people and/or parents carers surveyed who through the school nursing service was good or excellent	N/A	N/A	N/A	85%	n/a	New indicator, so no trend data. data not available until Q3, due to changes made to SystmOne so that data could be collected.	None at present
		N/A	Number of brief interventions offered by school nurses and delivered with children and young people by public health topic	N/A	128	128	no target set (baseline year)	no target set (baseline year)	New indicator set up from Q2, so no trend data. This is a baseline year, so data is being closely monitored to establish what 'good' looks like.	None at present
		N/A	% children with a school entry health review by end of year one	N/A	N/A	N/A	no target set (baseline year)	no target set (baseline year)	New indicator, so no trend data - annual data only	None at present
		⇧	Total number of schools that have completed the Healthy Schools Whole School Review across Nottinghamshire in this financial year	2	14	16	200	8%	Performance this year so far is poor.	Public Heath is working with the provider to address under-performance. The programme has been rebranded to be a leaner, more colourful and vibrant to encourage schools to re-engage.
		N/A	Proportion of schools engaged in the Healthy Schools Programme with high Free School Meal eligibility	N/A	N/A	N/A	90%	N/A	Annual data only	None at present
		N/A	% of children's centres engaged in the Healthy Early Years Programme	N/A	72%	72%	95%	76%	Engagement with Children's Centres has been positive, though not as good as Q3 & Q4 in 2013/14. However, the provider is already reporting improved engagement so far in Q3.	There are plans to develop early year's enhancements around nutrition and oral health.
Dental Public Health Services	**Medium**	N/A	% mothers with a child under 6 months who receive oral health advice who report that it is very useful	N/A	N/A	N/A	80%	N/A	New indicator, so no trend data - annual data only	None at present
		⇧	% staff trained who have gained knowledge and have confidence in offering oral health brief interventions	100%	100%	100%	80%	125%	Training for Health Visiting, School Health and Midwifery is now conducted via a Training Forum, which has increased capacity. The training has been very well received.	None at present
		N/A	Number of primary schools using the resource pack that have found the "Teeth Tools for Schools" resource pack both useful and educational	24	N/A	24	43	56%	New indicator, so no trend data	None at present

Complaints, Serious Incidents & Freedom of Information Requests **Quarter 2 2014/15**

	Complaints relating to Health Contracts			Summary of Serious Incidents (SI's)			Freedom of Information
Public Health Area	**No.of new Complaints in period**	**No.of Complaints under investigation in period**	**No.of Complaints concluded in period**	**No.of new SI's in period**	**No.of SI's under investigation in period**	**No.of SI's concluded in period**	**Freedom of Information Requests relating to Public Health Functions and Health Contracts**
Alcohol and Drug Misuse Services	0	0	0	1	1	1	3
Mental Health	0	0	0	0	0	0	1
Information relating to management functions	0	0	0	0	0	0	4
Sexual Health	0	0	0	0	0	0	1
Cross Departmental	0	0	0	0	0	0	3
Obesity Prevention	0	0	0	0	0	0	1
NHS Health Checks	0	0	0	0	0	0	1

Nottinghamshire County Council

Report to Public Health Committee

21 January 2015

Agenda Item: 8

REPORT OF CORPORATE DIRECTOR, POLICY, PLANNING AND CORPORATE SERVICES

WORK PROGRAMME

Purpose of the Report

1. To consider the Committee's work programme for 2015.

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 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.

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 (NS)

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

Background Papers

None.

Electoral Division(s) and Member(s) Affected

All

Public Health Committee Work Programme 2015 - 16

12 March 2015	*Presentation on Public Health policy area – Substance Misuse TBC*	Barbara Brady	
	Follow-on report on Sexual Health	Jonathan Gribbin	Sally Handley
	Domestic Abuse update	Barbara Brady	Nick Romilly
	Progress report on Public Health Business Plan	Cathy Quinn	Kay Massingham
	Public Health Services Performance and Quality Report for Health Contracts - October – December 2014	Cathy Quinn	Nathalie Birkett
	Health Visiting and Family Nurse Partnerships	Kate Allen	Irene Kakoullis
12 May 2015	Presentation on Public Health policy area – Obesity	Barbara Brady	Anne Pridgeon
	Public Health Procurement Plan 2015-16 TBC	Chris Kenny	Cathy Quinn
	Substance Misuse performance report	Barbara Brady	Lindsay Price
	Winter warmth report	Mary Corcoran	
	Public Health Business Plan 2015-16 (Inc procurement intentions)	Cathy Quinn	Kay Massingham
	Report on Realignment of Public Health grant 2015 -16	Cathy Quinn	Kay Massingham
	School nursing review (*deferred from Feb*)	Kate Allen	Irene Kakoullis
2 July 2015	Presentation on Public Health policy area – General Prevention	Mary Corcoran	Gill Oliver
	Progress report on Public Health Business Plan / Health & Wellbeing Strategy	Cathy Quinn	
	Tobacco Control performance report	John Tomlinson	
	Public Health Services Performance and Quality Report for Health Contracts - Jan-Mar 2015	Cathy Quinn	
	Domestic Violence – contract award	Barbara Brady	
	Oral health and fluoridation	Kate Allen	Geoff Hamilton
September (date TBC)			

November (date TBC)			
January 2016 (date TBC)			
March 2016 (date TBC)			