

Public Health Committee

Thursday, 06 March 2014 at 14:00

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

AGENDA

- | | | |
|---|--|---------|
| 1 | Minutes of the last Meeting held on 9 January 2014 | 5 - 8 |
| 2 | Apologies for Absence | |
| 3 | Declarations of Interests by Members and Officers:- (see note below)
(a) Disclosable Pecuniary Interests
(b) Private Interests (pecuniary and non-pecuniary) | |
| 4 | Smoking Cessation Services | 9 - 16 |
| 5 | Public Health Budget Proposals and Realignment of Public Health Grant | 17 - 24 |
| 6 | Public Health Services Performance & Quality Report Q3 | 25 - 72 |
| 7 | Work Programme | 73 - 76 |

NOTES:-

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

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

Customer Services Centre 0300 500 80 80

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

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

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

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

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exception of those which contain Exempt or Confidential Information, may be recycled.

Meeting	PUBLIC HEALTH SUB-COMMITTEE
Date	9 January 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
Kay Cutts
John Knight

Martin Suthers OBE
Muriel Weisz
A Jacky Williams

A Ex Officio: Alan Rhodes

OFFICERS IN ATTENDANCE

Kate Allen, Public Health Consultant
Barbara Brady, Public Health Consultant
Paul Davies, Democratic Services Officer
Sally Handley, Senior Public Health Manager
Chris Kenny, Director of Public Health
Cathy Quinn, Associate Director of Public Health
Anne Pridgeon, Senior Public Health Manager
Lynn Robinson, Senior Public Health Manager

MINUTES OF THE LAST MEETING

The minutes of the meeting held on 12 September 2013 were confirmed and signed by the Chair.

DECLARATIONS OF INTEREST

There were no declarations of interest.

SUBSTANCE MISUSE RECOVERY SERVICES

RESOLVED: 2014/001

- (1) That the progress of the tendering and procurement of substance misuse recovery services be noted.
- (2) That approval be given to the inclusion of Obesity Prevention and Weight Management Services for Children and Adults in the tendering process which will also include substance misuse recovery services.

OBESITY PREVENTION AND WEIGHT MANAGEMENT UPDATE

RESOLVED: 2014/002

That the progress report be noted.

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

The Chair referred to discussion at the Health and Wellbeing Board on 8 January 2014, in the light of which no decision would be taken on the recommendations until a further report had been presented in 2-3 months addressing the points raised.

As a consequence of this, it was:-

RESOLVED: 2014/003

That consideration of the report be deferred, pending a further report to the Health and Wellbeing Board in 2-3 months.

ESTABLISHMENT OF CONTRACT MANAGEMENT FUNCTION TO SUPPORT PUBLIC HEALTH COMMISSIONING

RESOLVED: 2014/004

- (1) That the establishment of the Contract Management Team as set out in the report be approved.
- (2) That the re-assignment of funds from within the Public Health grant and Public Health income be approved to cover the costs of the team.

STAFF TRANSFER FROM COMMUNITY SAFETY TO PUBLIC HEALTH

RESOLVED: 2014/005

That retrospective approval be given to the transfer a 0.8fte Community Safety Officer at Hay band C with effect from 1 October 2013, the costs of the transfer (including on-costs) being met from within existing Public Health grant funding.

PUBLIC HEALTH SERVICES PERFORMANCE AND QUALITY REPORT FOR HEALTH CONTRACTS

During discussion, members asked that future performance reports give an indication of trends and more commentary on performance.

RESOLVED: 2014/006

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

WORK PROGRAMME

Members welcomed a suggestion that each meeting include a ten minute introduction to a Public Health topic related to the agenda.

RESOLVED: 2014/007

That the work programme be noted, subject to the including a programme of introductions to Public Health topics, as discussed.

The meeting closed at 3.00 pm.

CHAIR

REPORT OF THE DIRECTOR OF PUBLIC HEALTH**NOTTINGHAMSHIRE COUNTY SMOKING CESSATION SERVICES****Purpose of the Report**

1. The purpose of this report is to provide a case for the re commissioning of the current smoking cessation services across Nottinghamshire County in order to put new arrangements in place no later than 31 March 2015.

Information and Advice**The Context****2. 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;

- 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
- controlling the illicit trade

Why is Tobacco Control a Public Health issue?**3. 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 79,100 preventable deaths every year (Obesity causes 34,000 and Alcohol 8,724).

In the UK about 8 in 10 non-smokers live past the age of 70, but only about half of long-term smokers live past 70.

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/>

The Local Context

4. The Economic Cost of Smoking for Nottinghamshire

Smoking costs billions of pounds each year. Using national data it is estimated that **the annual cost of smoking for Nottinghamshire is approximately £203.5m**. This includes:

- The total cost of treating smokers on the NHS: £39.9m
- The loss in productivity from smoking breaks: £42.9m
- The loss in productivity from smoking related sick days: £37m
- The cost of cleaning up smoking materials litter: £5.1m
- The cost of smoking related house fires: £7.5m
- The loss in economic output from the deaths of smokers and passive smokers: £60.6m.

5. A Picture of Nottinghamshire

- The percentage of people who smoke across Nottinghamshire County is 19.4%, compared to an England average of 19.5%. 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.
- Smoking is responsible for 1,300 deaths across Nottinghamshire County every year, with 200 more deaths in males than females. 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.
- The difference in life expectancy across the county is approximately 9 years for men and 7.6 years for women and half of this difference is due to smoking.
- Last year, 11,835 adults set a quit date across Nottinghamshire County. 7,354 of those people were reported as successful quitters at four weeks.

6. The Rationale

From April 2013, the Local Authority became the responsible commissioner for Tobacco Control and smoking cessation via funding from the Public Health ring-fenced grant. Nottinghamshire currently invests approximately £2.8m in Tobacco Control and commissions stop smoking services through a number of different contracts and providers.

* 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

7. Current Service Provision

- 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.

8. Future Service Provision

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

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.

10. Expected Outcomes

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

11. Other Options Considered

11a. Maintain the status quo.

This option would not address the issues specified in section 7, nor secure the outcomes identified in section 10 above. In addition, the Local Authority needs to meet its legal obligations in relation to procurement processes.

11b. Internally review services and make changes to the system via variation and/or extensions of current contracts.

This option may fail to disentangle the shortcomings that there are within the current system identified in section 7 above. Without a whole system redesign, it is unlikely to ensure value for money and cost efficiencies may not be maximised. Utilising formal procurement options will increase transparency of process and decision making.

11c. Consider the provision of a smoking cessation service as part of the Health and Wellbeing Integrated Lifestyle Service proposal.

This option may ensure value for money and prevent duplication of work by building on 'making every contact count'. This option may also be more attractive to the potential provider market and will again utilise formal procurement options that will increase transparency of process and decision making. However, as the recommissioning of Obesity and Weight Management services and Substance Misuse services is already in progress, this option is not currently available. As part of this procurement process there will be an opportunity for the providers who are successful in the above tenders to also tender for the smoking cessation service.

12. Timescales

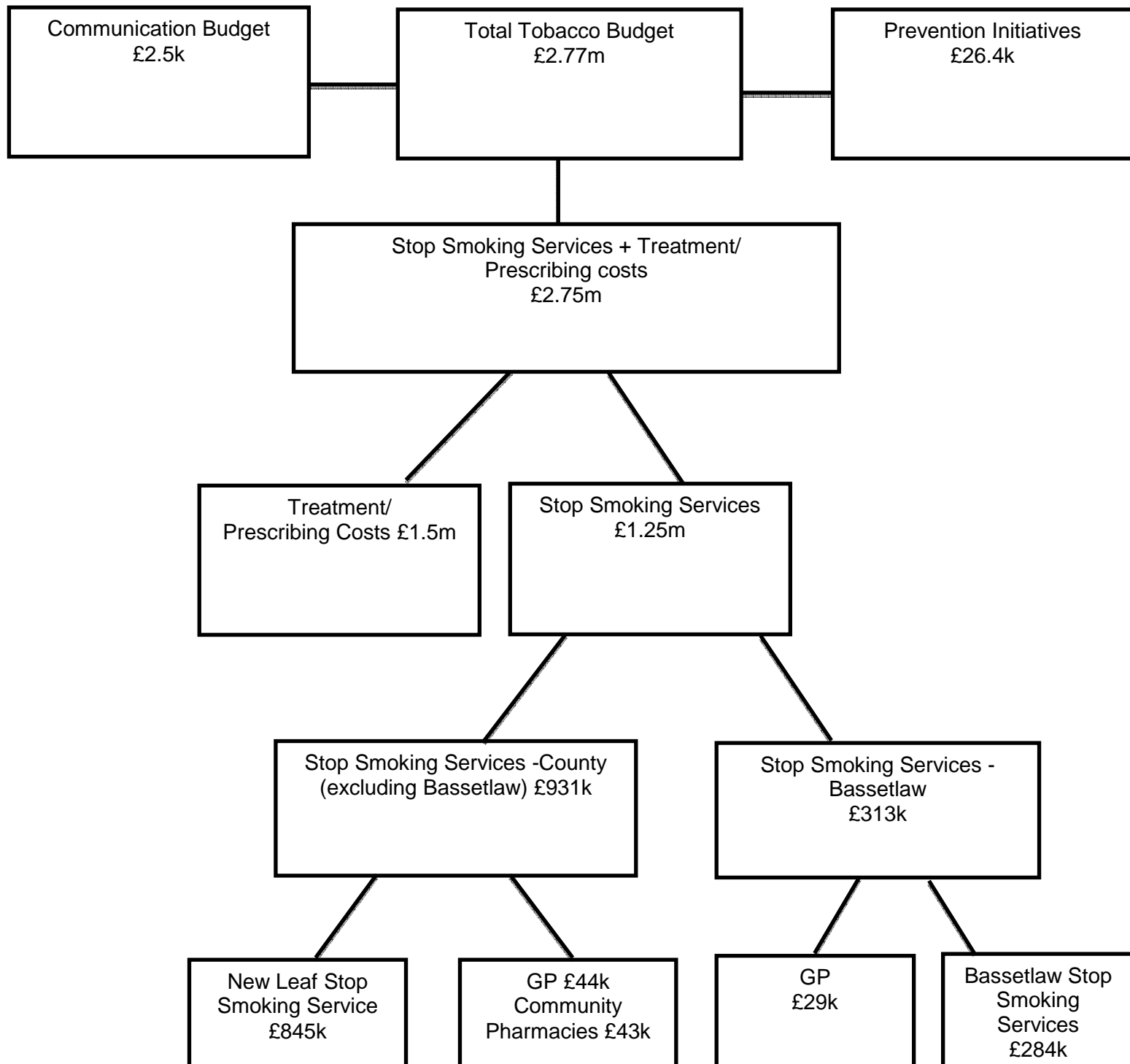
Pending the decision by the PH committee it is our intention to recommission the smoking cessation services from 1 April 2015. Projected timescales are;

- consultation in the summer of 2014
- awarding of the tender by the end of 2014

In the event of a delay services will be requested to continue to provide provision.

13. Tobacco Budget Nottinghamshire County

The overall Tobacco budget within the PH grant of Nottinghamshire County is broken down in the flow chart below.



14. Statutory and Policy Implications

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.

15. Implications for Service Users

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

16. Financial Implications

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

17. RECOMMENDATION/S

That the PH Committee are asked to:

- i. Approve the decommissioning of the current smoking cessation services across Nottinghamshire County and put in place new arrangements no later than 31 March 2015.
- ii. Receive a follow up report in 6 months' time to outline progress made.

Chris Kenny
Director of Public Health

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

Constitutional Comments (SG 28/01/14)

The Committee has responsibility for taking decisions in respect of Public Health by virtue of its Terms of Reference and is the appropriate body to decide the issues set out in this report.

Financial Comments (KAS 11/02/14)

The financial implications contained within paragraph 13 of this report.

Background Papers and Published Documents

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

None

Electoral Division(s) and Member(s) Affected

All districts

6 March 2014**Agenda Item: 5****REPORT OF THE DIRECTOR OF PUBLIC HEALTH****PUBLIC HEALTH BUDGET CHANGES AND REALIGNMENT OF THE PUBLIC
HEALTH GRANT****Purpose of the Report**

1. This report provides information on the recent budget proposals to release £5 million efficiencies within 2014/15 and realignment of the Public Health (PH) grant to new areas to deliver additional PH outcomes.

Information and Advice

2. PH transferred to Nottinghamshire County Council (NCC) on 1 April 2013. As PH was previously part of the National Health Service (NHS), a process of integration within the Council was required to identify functions that could be aligned across departments. A process took place between April and October to identify new ways of working, allowing the Council to reduce duplication and take advantage of opportunities for efficiencies.
3. Through the alignment of functions and routine contract review, PH plans to release £5 million efficiency savings during 2014/15. Although efficiencies are being made, the overall PH expenditure for 2014/15 (£36.1million) will not be reduced. This will be reinvested within the NCC to address additional PH outcomes.
4. The PH department is responsible for commissioning and delivering a range of PH functions from the PH grant. These include five mandated services and a variety of other PH services. In addition, the department also holds responsibility for delivering health improvements and reducing health inequalities overall. Therefore, this list is not exhaustive and the department already influences work in many areas that deliver PH outcomes. **Figure One** details the range of nationally specified PH functions. These will continue to be delivered through 2014/15.

Figure One: Public Health Functions

Public Health Priorities (Mandated Functions)	
1	NHS Health Checks
2	National Child Measurement Programme
3	Comprehensive Sexual Health Services
4	Public Health Advice to the Clinical Commissioning Groups (CCGs) via a Memorandum of Understanding (MoU)

5	Local Authority (LA) role in dealing with health protection incidents, outbreaks and emergencies
Other Public Health Priorities	
6	Accidental Injury Prevention
7	Alcohol & Drug Misuse
8	Children & Young People
9	Community Safety, Violence Prevention and Social Exclusion
10	Dental Public Health
11	Immunisation Screening & Support
12	Infection Control
13	Mental Health
14	Nutrition
15	Physical Activity
16	Prevention of cancer & long term conditions
17	Reduce & prevent birth defects
18	Seasonal Mortality
19	Social Exclusion
20	Tobacco Control
21	Weight Management
22	Workplace Health

Budget Proposals

5. To take full advantage of new ways of working, the PH department has reviewed its current expenditure to identify potential efficiencies. **Figure Two** describes identified savings to release £5 million for realignment.

Figure Two: Public Health Budget Proposals

Public Health Budget Proposals by Programme Area	Budget Proposals for 2014-15 £ 000	
Substance Misuse Re-commission new substance misuse services to improve quality and consistency, including elements previously funded through adult social care.		450
Health Check Programme Review the Health Checks programme to maintain the current number of health checks offered to patients and revise payment structure to bring consistency across the county.		182
Tobacco Review smoking cessation services offering Nicotine Replacement Therapy (NRT) to patients to reflect best evidence, capping NRT supply to 4 weeks (previously 12 weeks.)		166
Release of uncommitted Public Health funding	Subtotal	4,202
Dental Public Health and Fluoridation- Review contract value with Severn Trent Water, which provides fluoride in the mains water support to parts of the county.		20
General Prevention (Older People, LTNC and Stroke) - Release contract efficiencies on ageing well services (including Handy Persons Adaptation Scheme, First Contact, and Community Outreach Workers – jointly funded		30

with adult social care.) Review stroke prevention health promotion service and Chair Based Exercise to release efficiencies.	
Public Health Staffing - Release PH vacancies, and realign PH staff costs from other departments to PH.	157
Public Health Corporate Misc. (– including Staffing-non-pay, Health & Wellbeing Board, overheads, NHS property costs) - Review budgets to release uncommitted expenditure.	50
Contingency/development - Review budgets to release previously committed but unspent resource.	3,945
Total Efficiencies	5,000

6. Most of these proposals involve routine review of contracts, identification of internal efficiencies and small changes to service specifications. These were not therefore included in NCC's budget public consultation. One exception is the re-tendering of substance misuse services, which was subject to a dedicated three month public consultation during June-September 2013. Service user consultation has also been undertaken to explore the impact of the tobacco control proposal.

Realignment of the Public Health Grant

7. The PH grant is currently ring fenced and national guidance dictates that it is spent on activities whose main or primary purpose is to improve the health and wellbeing of local populations (including restoring or protecting their health where appropriate) and reducing health inequalities. NCC provides quarterly returns through the whole government accounts to justify the use of the grant. In order to fulfil this requirement, NCC will ensure that the grant continues to deliver PH Outcomes.
8. Review of Council functions identified a number of PH responsibilities, with the potential for realignment to streamline commissioning of services and reduce duplication. Examples include:
- a. Domestic violence services have historically been commissioned and delivered through a number of departments. Realignment of the PH grant will bring services together, drive up quality and allow economies of scale to be explored.
 - b. Healthy ageing services have been part-funded across PH and Adult Social Care for a number of years. Review of service specifications and alignment of funding will help identify efficiencies.
 - c. The Nottinghamshire Family Nurse Partnership Programme is currently jointly funded by NHS England and Children's Services within NCC. Realignment of funding will simplify and streamline future commissioning of the service as it fits with the transfer of commissioning responsibility to PH in 2015.
9. Within NCC, a working group led by Anthony May, Deputy Chief Executive, agreed a framework to ensure that any reallocation of the PH grant continues to meet the

requirements for the grant. The group agreed a prioritisation framework to ensure a consistent prioritisation process with the work of the Health & Wellbeing Board. Principles include assessing the health benefits of services, along with cost effectiveness and fit with local and national PH priorities.

10. In addition, it was agreed that the fund would be used for existing services only. Therefore a supplementary principle was accepted that no new developments would be supported for 2014/15.
11. The realignment of the PH grant will facilitate the ongoing integration of PH within the Council. Plans have identified opportunities to avoid duplication and provide PH leadership to complex areas. Due regard has been taken during the realignment process to emerging health and wellbeing priorities as identified in the Joint Strategic Needs Assessment.
12. The PH department will keep a whole programme overview of what it commissions to deliver improvements in PH outcomes. It is proposed that formal monitoring take place on all areas of realignment. As with all PH services, monitoring of outcome measures and value for money will be carried out and reported to the Public Health Committee to ensure that the Council, and local residents, continue to receive maximum benefit from the allocated grant.
13. **Appendix A** describes the full list of realignment functions for 2014/15.
14. Alongside this process, the review of PH functions identified that the Council already holds contracts with citizen's advice bureau which are managed through the Community and Voluntary Sector team. It is therefore proposed that the contract management be brought together to avoid the need to contract twice with the same organisations. The Community and Voluntary Sector team will accept this new responsibility from March 2014.

Communication & Engagement

15. Communication and engagement work is included in all service reviews. This process will therefore continue alongside routine PH activity. This includes consultation with service users, as required, engagement with Clinical Commissioning Groups (CCGs) and other health and voluntary sector stakeholders to explore any impact of the commissioning changes.
16. Significant service redesign, such as the re-tendering of substance misuse services or weight management services, are subject to a comprehensive project specific public consultation in line with Council processes.
17. Further discussions around efficiencies and realignment will need to take place for 2015 /16 onwards. PH plans to strengthen the engagement process with stakeholders to ensure that any implications from proposed commissioning decisions and realignment of the PH grant are properly discussed. CCG representatives will be invited to participate in the Council realignment process.
18. A supporting communication and engagement plan for PH is being developed to pull all the individual consultation and engagement activity into one plan.

19. The PH budget proposals and grant realignment were presented to the Finance and Property Committee on 10 February 2014. The changes to the PH grant are due to be presented to Full Council for approval on 27 February 2014. The report is therefore for information purposes only.

Statutory and Policy Implications

20. 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

21. The overall allocation of the Public Health grant remains unchanged although there are a number of changes relating to individual responsibilities. These are described in Figure Two and Appendix A.

Implications in relation to the NHS Constitution

22. Regard has been taken to the NHS Constitution together with all relevant guidance issued by the Secretary of State in any service changes relating to this report.

Public Sector Equality Duty implications

23. Equality impact assessments are carried out for any changes to services. In addition, monitoring of contracts ensures providers undertake their equalities duties.

Implications for Service Users

24. Any resultant changes to services have been consulted in accordance with the Council policy. In addition, good practice dictates that service users are engaged with any service change. Subsequent performance and quality monitoring and reporting of contracts is carried out to assure the Council on patient safety and quality of service.

RECOMMENDATION/S

1) The Public Health Committee is asked to note the changes in the allocation of the PH grant for 2014/15 due to be decided by Full Council on the 27 February 2014.

Dr Chris Kenny
Director of Public Health

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

Constitutional Comments (SG 20/12/13)

25. Because the report is for noting only, no Constitutional Comments are required.

Financial Comments (KAS 11/02/14)

26. The financial implications are contained within paragraph 20 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.

- Public Health Grant and Budget Planning Report to the Public Health Subcommittee 11 February 2013
- Nottinghamshire County Community Based Substance Misuse Treatment and Recovery Services Report to Public Health Subcommittee 11 February 2013

Electoral Division(s) and Member(s) Affected

- All

Appendix A: Summary of Public Health Realignment Plans

Proposal Name	Description	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 services to promote educational, psychological social and emotional development of young carers, that are complementary to delivery of ASC Personal Budgets.	340
Young People's Sexual Health.	Dedicated out of hours sexual health services and staff training directed to young people aged 13-19.	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

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) at the end of December 2013 (quarter three).
2. Due to the timing of the report, not all quarter three data is available. Where this is the case, the most up-to-date information is reported.

Information and Advice

3. The PH contract and performance team continue to receive performance and quality data in relation to all the PH contracts.
4. A schedule of contract review meetings has been implemented. An aim of these meetings is to review performance and quality issues and agree any action plans to rectify under- or over-performance.

Key Issues

5. An overview of the contracts where there are current performance issues is set out in a table and included as Appendix One.
6. This shows three main areas of concern in relation to:
 - NHS Health Checks – GPs
 - Genito-Urinary Medicine – Sherwood Forest Hospital Foundation Trust and Doncaster & Bassetlaw Hospitals
 - Tobacco Control – Four week smoking quitter figure; GPs, Community Pharmacists and Bassetlaw Stop Smoking Service.
7. A summary of the issues and actions that are being taken is included in the table.
8. Detailed information regarding all commissioned services is included as Appendix Two. The services are grouped together in relation to the PH function to which they relate.

9. Each PH function is linked to expected outcomes. Detail in relation to the outcome and background information, as well as the link to the Nottinghamshire Health and Wellbeing Strategy is included.
10. Details and remedial actions, key issues affecting delivery, actions to address the issues and whether there have been any quality and safety issues in relation to the contract then follow.
11. 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.

Reason/s for Recommendation/s

12. The recommendation is made to support future development of performance and quality reporting for PH Services contracts.

Statutory and Policy Implications

13. 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

14. 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

15. 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

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

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

17. 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

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

Appendix One: Summary of main areas of concerns/issues regarding PH contracts.

Appendix Two: Quarter Three Report (October – December 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 (SG 11/2/14)

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

Financial Comments

20. To follow.

Background Papers and Published Documents

None

Electoral Division(s) and Member(s) Affected

All

Table Showing Public Health Contract Performance Summary – Key Exceptions

Public Health Function	Contract Provider	Plan	Activity	Issue	Actions
NHS Health Checks (1)	GPs	Offered health checks = 17,790	Actual = 10,104 (57% under-activity)	Risk of inequalities and missing high risk groups	<p>Public Health aims to offer a health check to 20% of eligible people by the end of March 2014. By the end of quarter 2 (September), 4.4% of people had received offers and by the end of quarter 3 (December) this had increased to 11%.</p> <p>There is normally a marked increase in practice activity between January and April, because practices manage their activity over the year to accommodate other fluctuating demands on their capacity. Therefore expected actual coverage is likely to be around two thirds i.e. 33,303 offers against the aim of 50,005.</p> <p>Public Health aims to complete a health check on 55% of people invited to take part. By the end of quarter 3 (September) 58.9% of people offered a health check had received one.</p> <p>This figure however hides considerable variation between practices, with some achieving rates of around 80% whilst others are achieving around 50%.</p>
		Received health checks = 11,562	Actual = 6,805 (59% under-activity)		
Sexual Health (3)	Sherwood Forest Hospital Foundation Trust – Genito-Urinary Medicine - GUM (months April – November 2013)	First appointment = 2853	Actual = 5152	This service is an open access service, with no maximum threshold. Higher than planned activity represents an overspend.	<p>Actions include:</p> <ul style="list-style-type: none"> -Continuous monitoring of GUM activity/spend against plan. -On-going work to understand the patient pathway to ensure patients are being seen appropriately. -Negotiations around service specification development. -Implementation of a monitoring and reporting system to measure quality indicators stated in the service specification. - Spend against budget is monitored with finance colleagues on a monthly basis.
		Follow-up appointment = 1008	Actual = 1110		

	Doncaster & Bassetlaw Hospitals – Genito-Urinary Medicine (months April – December 2013)	First appointment = 796	Actual = 834 (5% over-activity)	This service is an open access service, with no maximum threshold. Higher than planned activity represents an overspend.	<p>Actions include:</p> <ul style="list-style-type: none"> -Continuous monitoring of GUM activity/spend against plan. -On-going work to understand the patient pathway to ensure patients are being seen appropriately. -Negotiations around service specification development. -Implementation of a monitoring and reporting system to measure quality indicators stated in the service specification. - Spend against budget is monitored with finance colleagues on a monthly basis.
		Follow-up appointment = 329	Actual = 393 (19% over-activity)		
Tobacco Control (8)	GPs, Community Pharmacists and Bassetlaw Stop Smoking Service	Number of four-week smoking quitters = 4,475 (April – Nov)	Actual = 3,848 (April – Nov)	Under performance, especially of Bassetlaw Specialist Stop Smoking Service, GPs and community pharmacists.	<p>-Nottinghamshire County Public Health is working closely with all providers. It has received assurances from both County Health Partnership (CHP) and Bassetlaw Health Partnership (BHP) that their year-end targets will be achieved.</p> <p>-Public Health has commissioned New Leaf to deliver an additional 350 quitters during January – March 2014 (January = an extra 50 quitters; February = an extra 150 quitters; March = an extra 150 quitters)</p> <p>-A Public Health Manager has been allocated to work, on a project basis for three-months, to support primary care contractors. This work includes; contacting them to ensure all paperwork has been completed and submitted and assessing any ongoing training needs to ensure an effective service is being delivered.</p> <p>-Four-week smoking quitter figures are checked and reported on a weekly basis to a Senior Public Health Manager.</p> <p>-Monthly performance meetings are taking place and additional actions identified and implemented.</p>

Public Health Performance and Quality Report for Health Contracts

Quarter Three (October – December) 2013/14

Contents	
Page	Area
2	Format of the Report
3	Key Indicators for Priority Public Health Contracts, including Details and Remedial Actions and Quality Issues: <ul style="list-style-type: none"> - NHS Health Check - National Child Measurement Programme - Sexual Health
16	Key Indicators for other Public Health Contracts, including Details and Remedial Actions and Quality Issues
41	Table showing complaints relating to health contracts and summary of Serious Incidents reported within Public Health Contracts and Freedom of Information requests.

Format of the Report

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

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

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

The table below provides a key to the performance trends shown within the tables.

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

1. Public Health Priority: NHS Health Checks

Outcome / Indicator	Reference National Public Health (PH) Outcomes Framework and background information
Recorded diabetes	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.
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)	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)	
Category of contract value	Medium High
Name of Providers	GPs

Summary of Performance
<ul style="list-style-type: none"> Nottinghamshire County Council aims to have achieved offers to 20% of the eligible population by the end of 2013-2014. By the end of quarter 2, actual offers were 4.4% and by the end of quarter 3 this had increased to 11%. There is normally a marked increase in practice activity between January and April, because practices manage their activity over the year to accommodate other fluctuating demands on their capacity, so expected actual coverage is likely to be around two thirds i.e. 33,303 offers against the aim of 50,005. Nottinghamshire County Council aim to have achieved 55% uptake (checks done as a proportion of offers made). By the end of quarter 3 uptake was 58.9%. This figure however hides considerable variation between practices, with some achieving rates of around 80% whilst others are achieving around 50%.

Target and Measure	Per Quarter - 2013/14 Plan	Quarter Three – 2013/14 Actual	Cumulative Total – 2013/14	Trend
Numbers of eligible patients who have been offered health checks	17,790	10,104	21,687	↔
Numbers of patients offered who have received health checks	11,562	6,805	12,130	↑

Actions to address issues
<ul style="list-style-type: none"> Involvement of Patient Participation Groups is now being planned and will be actively pursued where uptake is low among high risk groups, alongside other promotional strategies informed by the market research undertaken in October-December.
Quality and Patient Safety: No issues reported.

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

Outcome / Indicator	Reference National Public Health (PH) Outcomes Framework and background information
Excess weight ages 4-5 (Reception Year) and ages 10-11 (Year 6)	<p>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.</p> <p>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.</p>
Health and Wellbeing Strategy Priorities	
- To achieve a sustained downward trend in the level of excess weight in children by 2020	
Category of contract value	Medium High
Name of Providers	County Health Partnership (CHP)
	Bassetlaw Health Partnership (BHP)

Summary of Performance
<p>The NCMP across Nottinghamshire 2012/13 ran successfully. Public Health continues to meet with the providers to ensure the programme runs as effectively in the 2013/14 school year.</p> <p>Two schools opted out of the programme in 2012/13, but there was still an increase in participation rates for schools in the CHP catchment area. For Bassetlaw schools participation by reception children remained the same and there was a slight decrease in children from Year 6. However for the 2013/14 programme there is 100% participation by schools in Nottinghamshire. This will increase the participation rate. The only children who will not be included in the programme are ones where parents have not given their consent; where children refuse on the day; and when an individual child is off sick on the day of measurement. CHP has agreed to carry out 'mop-up' sessions in schools to capture the data from children who were off sick on the initial day of weighing and measuring.</p>

INDICATORS - PARTICIPATION RATES	Target 2012/13 (school year)	Actual 2011/12 (school year)	Actual 2012/13 (school year)	Trend compared to 2011/12
PROVIDER = COUNTY HEALTH PARTNERSHIP				
Percentage of children in Reception with height and weight recorded	91.5%	90.5%	91.7%	↑
Percentage of children in Year 6 with height and weight recorded	91.5%	89.6%	87.8%	↑
PROVIDER = BASSETLAW HEALTH PARTNERSHIP				
Percentage of children in Reception with height and weight recorded	90.0%	91.0%	91.1%	↔
Percentage of children in Year 6 with height and weight recorded	89.2%	89.3%	88.5%	↓

INDICATORS – OBESITY AND EXCESS WEIGHT RATES						
Low is good	Reception – Nottinghamshire 2012/13	Reception - national average 2012/13	Trend in Nottinghamshire from 2011/12	Year 6 – Nottinghamshire 2012/13	Year 6 - national average 2012/13	Trend in Nottinghamshire from 2011/12
% of children obese	8.1%	9.3%	↑	17.5%	18.9%	↔
% of children excess weight (overweight and obese combined)	21.4%	22.3%	↔	31.2%	33.3%	↑

Actions to be taken
<ul style="list-style-type: none"> Providers are to action mop up sessions for the school year 2013/14 with the outcome to improve participation rates. In relation to the obesity and excess weight rates, Public Health is currently re-commissioning its obesity and weight management services. A reduction in excess weight in children will be an outcome of any new service that is commissioned.

- The 2012/13 results are currently being analysed. A comprehensive outcome report will be presented to a Children's Trust Executive Board meeting in the future.

Quality and Patient Safety: No issues reported.

3. Public Health Priority: Comprehensive Sexual Health

Outcome / Indicator	Reference National Public Health (PH) Outcomes Framework and background information
<p>Chlamydia diagnoses (15-24 year olds)</p> <p>People presenting with HIV at a late stage of infection</p> <p>Under 18 conceptions</p>	<p>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.</p> <p>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.</p> <p>Teenage pregnancy is a key measure of health inequalities and child poverty.</p>
Health and Wellbeing Strategy Priorities	
<p>Draft strategy 2014/16:</p> <ul style="list-style-type: none"> - Promotion of the prevention of Sexually Transmitted Infections to include HIV - Increased knowledge and awareness of all methods of contraception amongst all groups in the local population 	
Category of contract value	High

Summary table showing trend of performance in relation to the sexual health services

Name of Providers	Service	Trend
Nottingham University Hospitals	Genito-Urinary Medicine (GUM)	↔
	GUM – community	↔
	Contraceptive and Sexual Health service (CaSH)	Data not yet available for quarter three
Sherwood Forest Hospital Foundation Trust	Genito-Urinary Medicine (GUM)	↔
	CaSH	↔
	SEXions	Data not yet available for quarter three
Doncaster & Bassetlaw Hospital	Genito-Urinary Medicine (GUM)	↔
Terrence Higgins Trust	Targeted point of care testing	Data not yet available for quarter three
Bassetlaw Health Partnership	CaSH	↑
Community Pharmacists – Locally Commissioned Public Health Services (LCPHS)	<ul style="list-style-type: none"> - Emergency Hormonal Contraceptive (EHC) - C-Card 	Data not yet available for quarter three
GPs – LCPHS	Long-Acting Reversible Contraceptive (LARC) <ul style="list-style-type: none"> - Sub Dermal Implants - Intra Uterine Contraceptive Device (IUCD) 	Data not yet available for quarter three

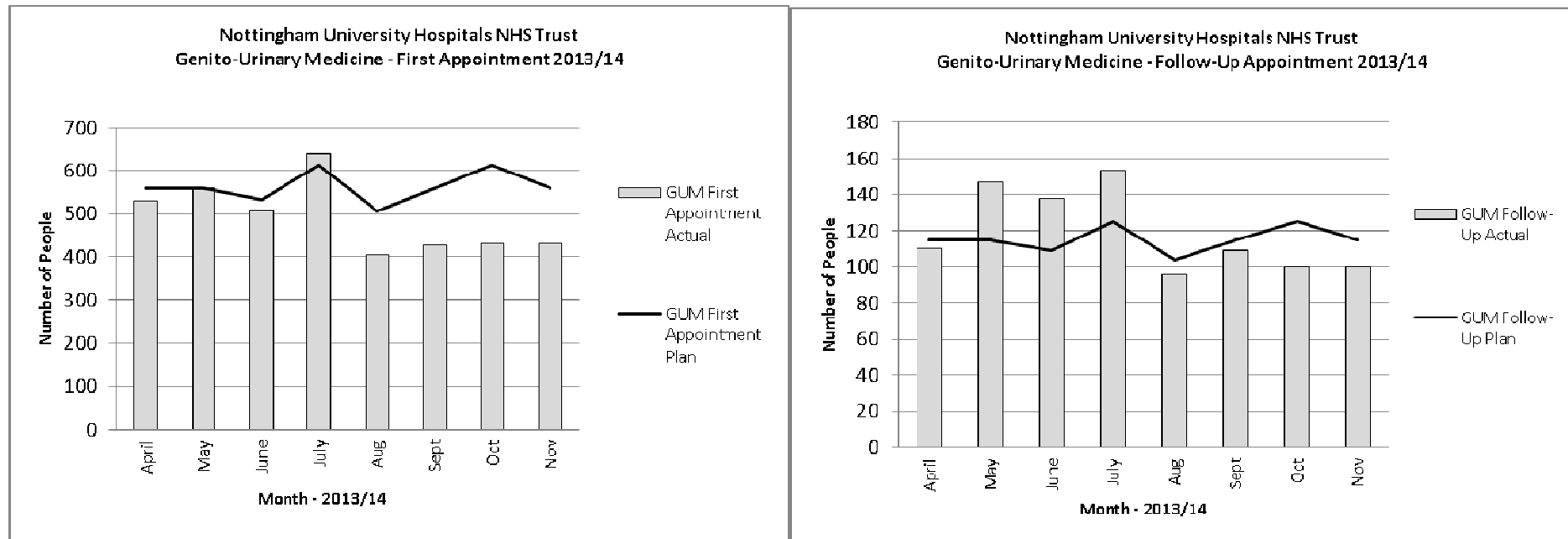
Summary of Performance

- Performance issues are discussed below each graph/table above.
- In relation to GUM activity, although local services are performing under plan, there is a year on year increase in activity. If this trend continues, this will mean an increase in activity next year.
- The main performance issue is regarding over-activity against plan of Genito-Urinary Medicine provided by Sherwood Forest Hospital Foundation Trust.
- Contract service review meetings are taking place with all providers.

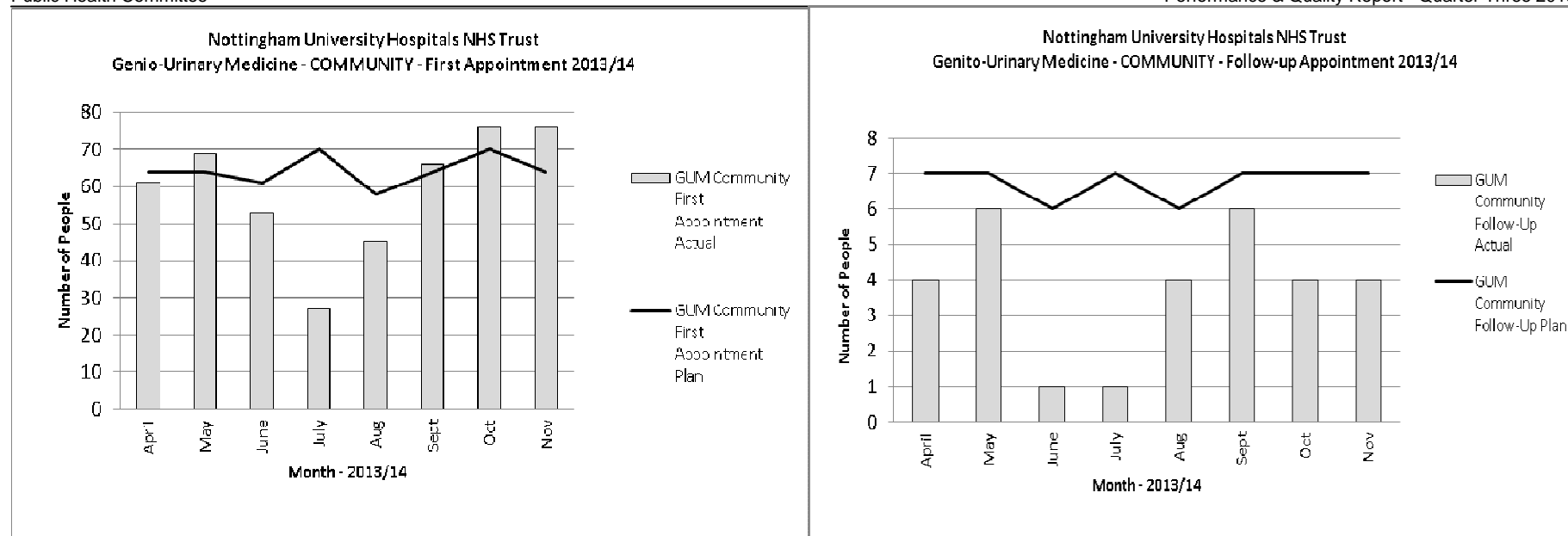
Nottingham University Hospitals NHS Trust**Genito-Urinary Medicine (GUM)**

The GUM service is open access service which experiences seasonal fluctuations in relation to attendance.

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

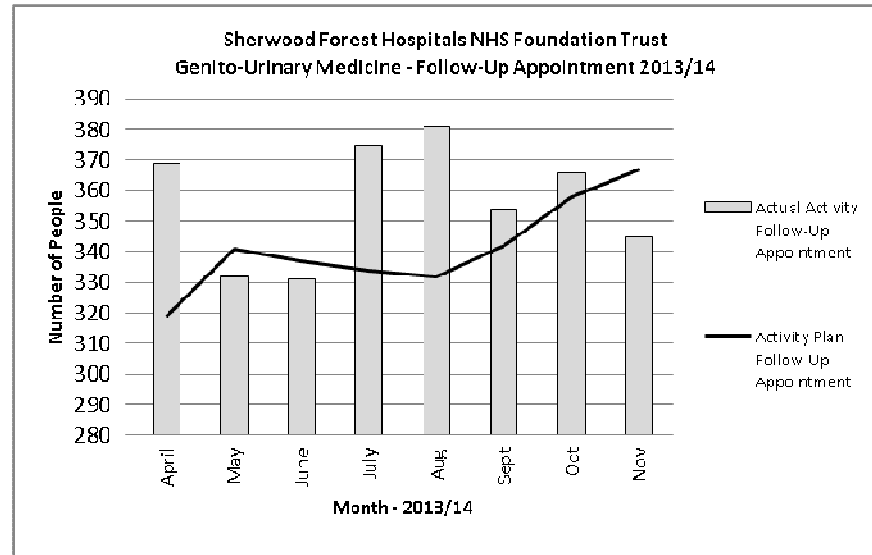
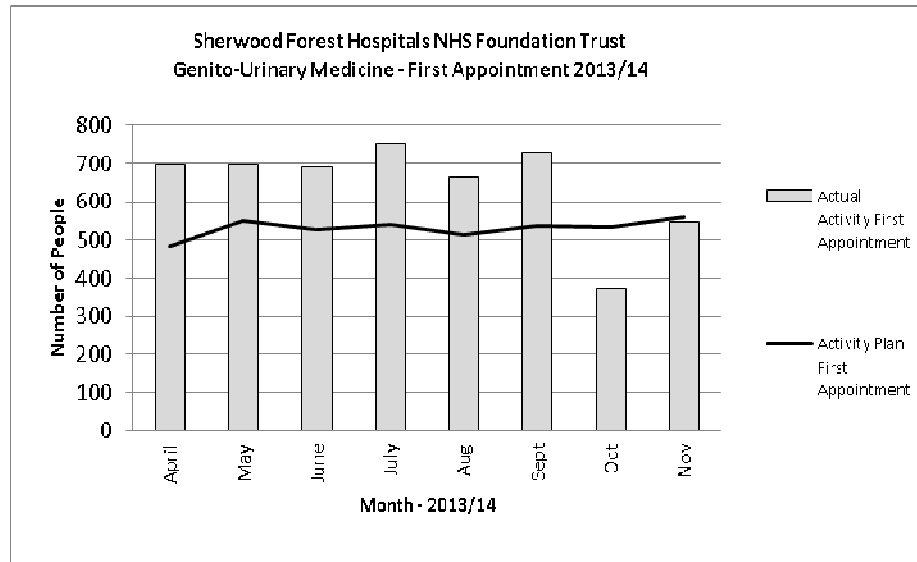


For the first eight months of the year, hospital based clinics are underspent against the planned budget. Also, this relates to under activity for both first appointments and follow-up appointments.



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

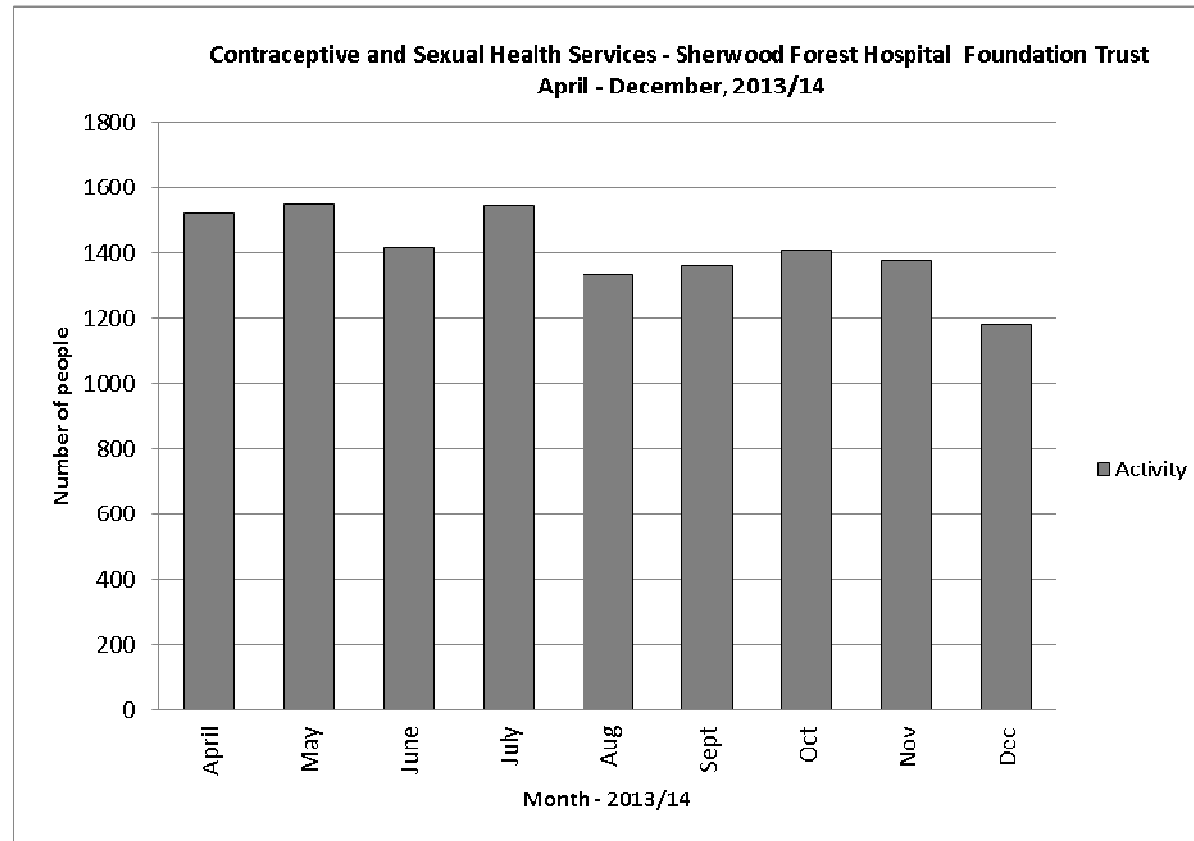
The GUM community service is a small service which is reflected in the numbers of people accessing services.

Sherwood Forest Hospital Foundation Trust**Genito-Urinary Medicine**

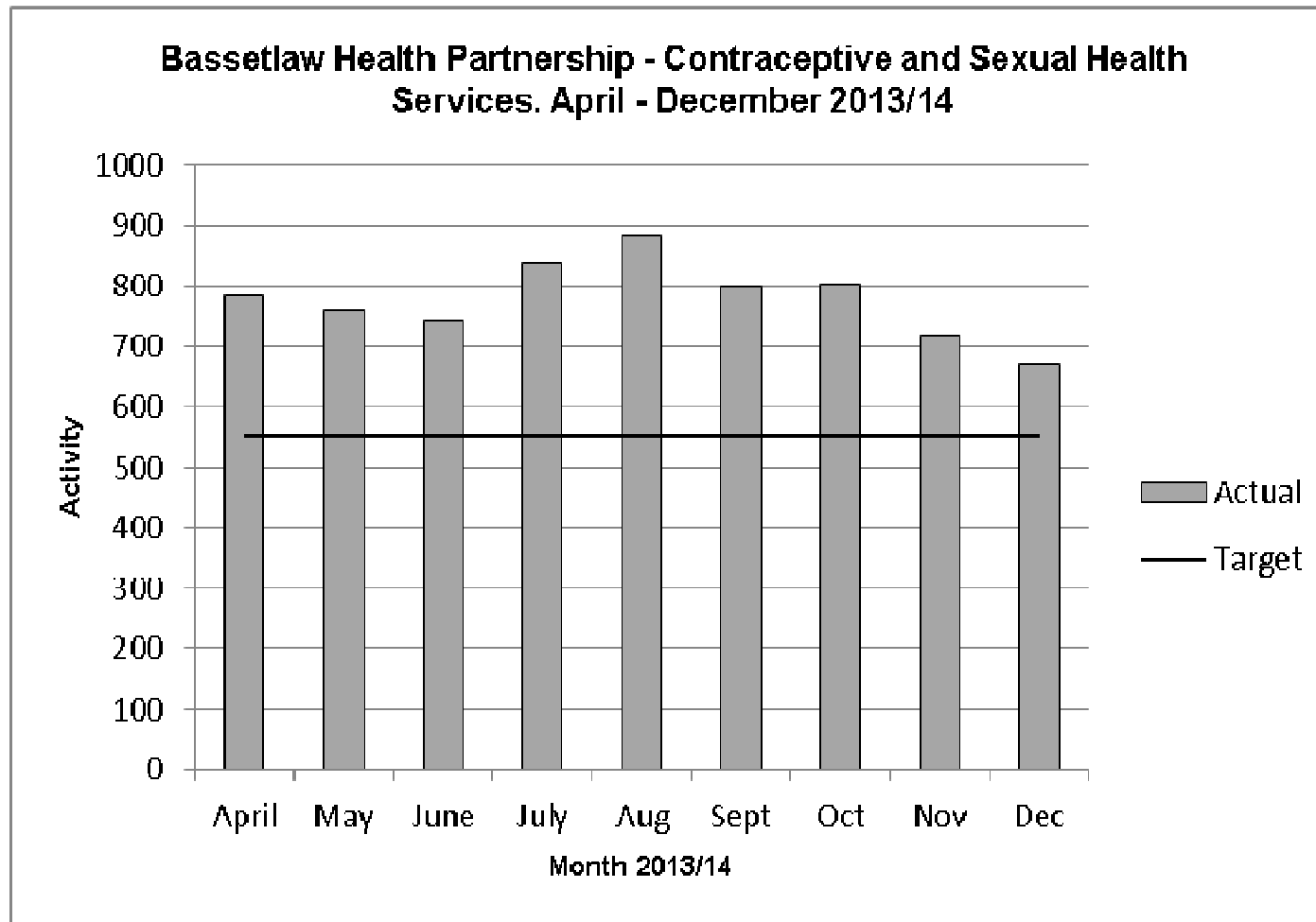
The two graphs above summarise the activity against plan for patients accessing hospital based Genito-Urinary Medicine. They show over activity for first appointments and follow-up appointments for the first eight-months of 2013/14, with a slight dip in activity during October for first appointments. This is reflected with a dip in activity for follow-up appointments for November.

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

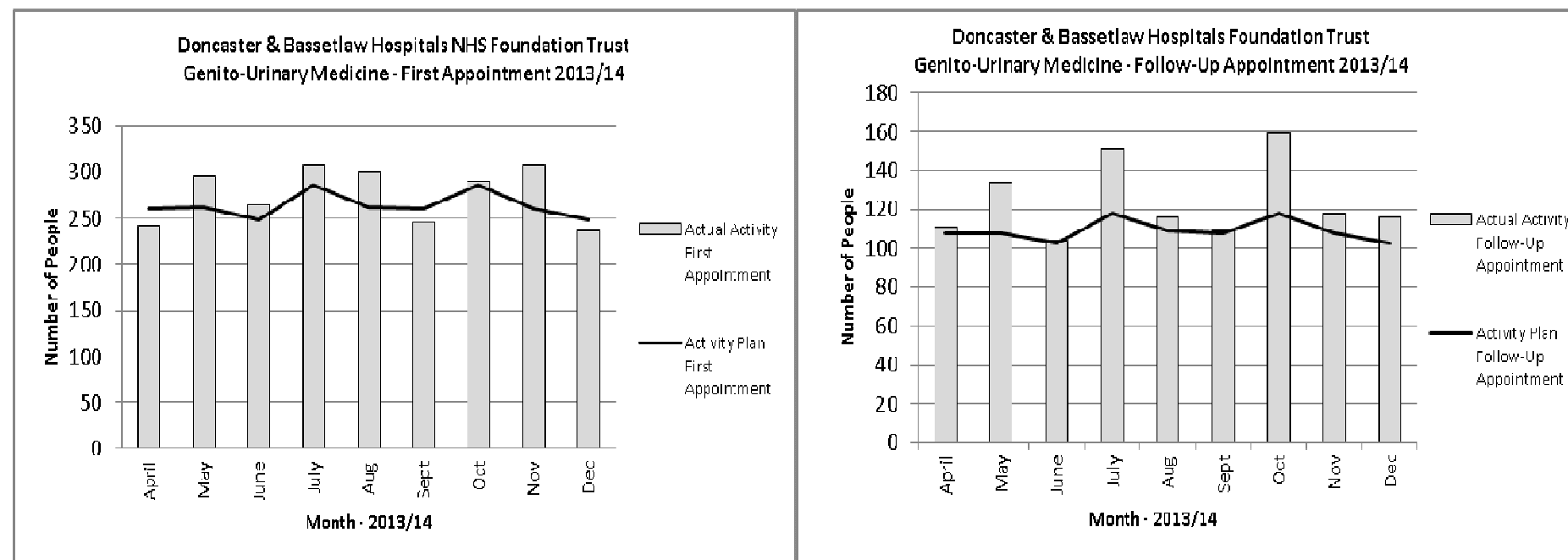
There is continuous monitoring of GUM activity/spend against plan.

Contraceptive and Sexual Health Services (CaSH)

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



The above graph shows the number of people accessing CaSH services that are provided by Bassetlaw Health Partnership. The CaSH service is an open access service which is demand led. Payment of the contract is via a block contract. There has been slight fluctuations in the number of people accessing the service throughout the year, which has been constantly higher than the target.

Doncaster & Bassetlaw Hospitals**Genito-Urinary Medicine**

The above two graphs show slight over activity in relation to GUM first appointments and follow-up appointments. In October there was a slight raise in the number of people attending follow-up appointments.

Actions to be taken

- Continuous monitoring of GUM activity/spend against plan.
- Work is on-going to understand the patient pathway to ensure patients are being seen appropriately.
- Negotiations ongoing in relation to service specification development.
- To implement a system of monitoring and reporting against the quality indicators stated in the service specification.

Quality and Patient Safety: No issues reported.

4. Alcohol and Drug Misuse

Outcome / Indicator	Reference National Public Health (PH) Outcomes Framework and background information
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	
<ul style="list-style-type: none"> - Alcohol related admissions to hospital - Mortality from liver disease - Successful completion of drug treatment 	
Category of contract value	High
Name of Providers	The Recovery Partnership (including Hetty's and Framework, Last Orders)
	Bassetlaw Drug and Alcohol Service
	Nottinghamshire Probation Substance Misuse Service
	Regents House, Carers Federation
	Recovery in Nottingham, Health Shop, Nottingham (Specialist Needle Exchange)
	Nottinghamshire Healthcare NHS Trust (Substance Misuse in Prison, HMP Ranby)
	GPs
	Community Pharmacists

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

PROVIDER = THE NOTTINGHAMSHIRE RECOVERY PARTNERSHIP			
INDICATORS	TARGET For each quarter- 2013/14	ACTUAL Quarter Two – 2013/14	Trend
Access to services			
Clients have a waiting time of 3 weeks or less for a first appointment	95%	100%	↔
Effective Treatment			
Opiate User presentations in effective treatment	87%	91%	↔
Over 18's (all drugs) presentations in effective treatment	90%	92%	↑
Blood Borne Viruses			
New presentations offered Hepatitis B Virus (HBV) vaccination	98%	99.2%	↑
Percentage of clients accepting the offer commence HBV vaccination	65%	77.1%	↔
Percentage of clients in treatment that are injectors are offered an Hepatitis C Virus test	98%	98.3%	↔
Percentage of those in treatment with a Hepatitis C test	85%	86.8%	↔
Treatment Outcome Profiles (TOP)			
New treatment journeys with a TOP completed	98%	98%	↔
Care plan reviews with a TOP completed	85%	96.8%	↑
Completion of TOP on planned exit	90%	93.1%	↔
Successful Discharges from Treatment			
Percentage of successful discharges as a proportion of those in treatment (opiate users)	10%	9.2%	↑
Percentage of successful discharges as a proportion of those in treatment (non-opiate users)	44%	40.9%	↓
Percentage increase of alcohol assessments as an increase on 2010 / 11 baseline	25%	11%	↓↓
Of those discharged from alcohol treatment, % discharged successfully	55%	61.7%	↔
Percentage of representations from those successfully completing treatment within six-months	19.7% - 21.4%	21.9%	↔

Summary / Performance Issues and actions to be undertaken:

Percentage of successful discharges as a proportion of those in treatment, opiate users (0.7% below target):

- This quarter has seen a rise of 0.9%. This improvement in performance was anticipated in the last exception report and been borne out.
- 0.7% equates to 15 individuals
- It is anticipated that this indicator will continue to rise in the following quarter

Percentage of successful discharges as a proportion of those in treatment, non-opiate users (3.8% below target)

- Reduction in performance by 3.8%
- This equates to 2 individuals
- Non opiate users in structured treatment are declining
- Review will be conducted of those within treatment ensuring recovery capital is being maximised to optimise successful outcome

Percentage increase of alcohol assessments as an increase on 2010 / 11 baseline:

- Target is 631 assessments, 554 were achieved. Deficit is 77.
- This indicator does not capture those clients where brief treatment is the appropriate treatment option - alcohol access sessions operate across the county providing quick and effective access to short non reportable episodes of alcohol intervention

Percentage of representations from those successfully completing treatment within six-months:

- Improvement of previous quarters is sustained with a 0.9% improvement this quarter
- 14 individuals re-presented to the treatment system within 6 months
- The system cannot yet track individuals.

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

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

PROVIDER = HETTY'S (Brief interventions / Family services). Part of The Nottinghamshire Recovery Partnership		
INDICATOR	ACTUAL Quarter Two – 2013/14	Trend
Number of new referrals to the service during the quarter	99	↑
The number of clients engaged with family services completed by the service during the quarter	91	↑
Active clients	326	↑↑
Events / interventions	2795	↑↑

PROVIDER = FRAMEWORK LAST ORDERS (specialist triage service). Part of The Nottinghamshire Recovery Partnership		
INDICATOR	ACTUAL Quarter Two – 2013/14	Trend
Number of completed assessments during the quarter	27	↔
Complaints/Compliments	No complaints received	↔
Consent and Confidentiality form - to be completed for all service users	100%	↔
Waiting Times - % service users assessed on the day of presentation	100%	↔
Screening Identification - audit for self-referrals	100%	↔
Alcohol consumption - recording of units consumed	100%	↔
Hypertension Screening - Blood Pressure age 40+	100%	↔
Standard Assessment Form - to be completed for all service users	100%	↔
Risk assessment - to be completed for all	100%	↔
Triage - same day triage to another service	100% attempted	↔
Assessment and Discharge reports - to be complete and with the GP within 2 weeks of discharge	97%	↑

PROVIDER = BASSETLAW DRUG AND ALCOHOL SERVICE			
INDICATOR	TARGET For each quarter- 2013/14	ACTUAL Quarter Two – 2013/14	Trend
Access to services			
Clients have a waiting time of 3 weeks or less for a first appointment	90%	100%	↔
Effective Treatment			
Over 18's (all drugs) presentations in effective treatment	90%	95%	↑
Blood Borne Viruses			
New presentations offered Hepatitis B Virus (HBV) vaccination	98%	100%	↔
Percentage of clients accepting the offer commence HBV vaccination	65%	38%	↓
Percentage of clients in treatment that are injectors are offered an Hepatitis C Virus test	98%	100%	↔
Percentage of those in treatment with a Hepatitis C test	85%	88%	↔
Treatment Outcome Profiles (TOP)			
New treatment journeys with a TOP completed	98%	100%	↔
Care plan reviews with a TOP completed	85%	100%	↔
Completion of TOP on planned exit	90%	100%	↔
Successful Discharges from Treatment			
Percentage of successful discharges as a proportion of those in treatment (all clients/drugs)	10%	7%	↓
Numbers in alcohol treatment	220 clients (full year)	124	↑
Of those discharged from alcohol treatment, % discharged successfully	55%	48%	↓

Summary / Performance Issues and actions taken:

Percentage of clients accepting the offer commence HBV vaccination:

- There has been an increase of 16% from previous quarter. However, it is still below target and will be continued to be monitored and liaise with all clinics to improve on this percentage further.

Percentage of successful discharges as a proportion of those in treatment (all clients/drugs):

- The performance is down 8% on previous quarter. However, as a proportion of all those in treatment successful discharges currently stand

at 35% which is equivalent to the national average. Continue to monitor to further improve for next quarter.

Of those discharged from alcohol treatment, % discharged successfully:

- Down 8% on previous quarter. However, as a proportion of all those in treatment successful discharges currently stand at 35% which is equivalent to the national average. Continue to monitor to further improve for next quarter.

PROVIDER = NOTTINGHAMSHIRE PROBATION SUBSTANCE MISUSE SERVICE			
INDICATOR	TARGET For each quarter- 2013/14	ACTUAL Quarter Two – 2013/14	Trend
Access to services			
Clients have a waiting time of 3 weeks or less for a first appointment	100%	100%	↔
Effective Treatment			
Opiate User presentations in effective treatment	90%	81%	↓
Over 18's (all drugs) presentations in effective treatment	90%	81%	↓
Blood Borne Viruses			
New presentations offered Hepatitis B Virus (HBV) vaccination	98%	100%	↑
Percentage of clients accepting the offer commence HBV vaccination	65%	82%	↑↑
Percentage of clients in treatment that are injectors are offered an Hepatitis C Virus test	98%	100%	↑
Percentage of those in treatment with a Hepatitis C test	85%	91%	↑
Treatment Outcome Profiles (TOP)			
New treatment journeys with a TOP completed	98%	100%	↑
Care plan reviews with a TOP completed	85%	100%	↑↑
Completion of TOP on planned exit	90%	100%	↑
Successful Discharges from Treatment			
Percentage of successful discharges as a proportion of those in treatment (opiate users)	10%	6%	↑
Percentage of successful discharges as a proportion of those in treatment (non-opiate users)	45%	40%	↓

Summary / Performance Issues:

Because of a Court Order the client may be in the care of the probation service for a set period of time and are then referred onto the Recovery Partnership for on-going treatment once the time period of the court order is completed.

Actions to be taken:

Continued monitoring of the service.

PROVIDER = REGENTS HOUSE (offers support to families and carers and those affected by someone else's substance misuse)			
INDICATOR	ACTUAL Quarter One – 2013/14	ACTUAL Quarter Two – 2013/14	Trend
Number of referrals in	18	20	↑
Number successfully leaving the service	13	13	↔
Carers clinics	16	15	↔
Referrals to counselling	1	0	↑
Referrals to mentoring	1	1	↔
Rickter reviews	1	10	↑↑
Calls answered next working day	100%	100%	↑
Feedback sought from planned/unplanned exits	62%	62%	↔
Feedback received	50%	10%	↓↓
Satisfaction rate	100%	100%	↔

Summary / Performance Issues:

The number of referrals into the service is very low.

Actions to be taken:

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

SUBSTANCE MISUSE IN PRISON – HMP RANBY PROVIDER = NOTTINGHAMSHIRE HEALTHCARE NHS TRUST		TARGET 2013/14	Quarter Two – ACTUAL	Trend
Reception				
Number of New Prison Receptions	No target – based on activity		647	↑
% of new receptions screened for substance misuse			100%	↔
% of new receptions screened identified as having an alcohol problem			15.3%	↔
% of new receptions screened identified as an Opiate User			19%	↑
% of new receptions screened identified as an Non-Opiate User			2.33%	↑
% 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%		72%	↔
Internal Initiations				
% of internal referrals identified as having an alcohol problem	No target – based on activity		22%	↑
% of internal referrals identified as having opiate drug problem			22%	↑
% of internal referrals identified as having Non-opiate drug problem			56%	↔
Total entry into Substance Misuse Recovery Service (SMRS)				
Total new assessments (Reception + Internal - activated)	No target		248	↔
% identified with a substance misuse need are referred to SMRS within 1 workday (reception + internal)	No target		61%	↑
% of where ongoing clinical prescribing need identified reviewed by GPwSi within 2 working days (reception + internal)	No target		0	↔
Interventions and Treatment				
% of new presentations offered a full recovery package of care	No target		35%	↑
% of those accepting and receiving a full recovery package of care	No target		83%	↑

Summary / Performance Issues:

Successes:

- 100% of prisoners now receiving both treatment and psychosocial interventions
- House Block 2 is being refurbished
- Staffing levels have increased
- There is now a non-medical prescriber 2-days a week, and a full-time substance misuse GP

Constraints:

- There is a time lag in training staff how to use SystmOne/templates
- There has been an increase of internal referrals

Actions to be taken:

The Key Performance Indicators are being reviewed by Nottinghamshire County Council, with the provider, to ensure they reflect the service.

NHT has offered to carry out drug awareness training/awareness sessions in the evenings.

SUBSTANCE MISUSE IN PRISON – HMP WHATTON PROVIDER = NOTTINGHAMSHIRE HEALTHCARE NHS TRUST		TARGET 2013/14	Quarter Two – ACTUAL	Trend
Reception				
Number of New Prison Receptions	No target – based on activity		108	↑
% of new receptions screened for substance misuse			100%	↔
% of new receptions screened identified as having an alcohol problem			20.5%	↔
% of new receptions screened identified as an Opiate User			0%	↔
% of new receptions screened identified as an Non-Opiate User			0%	↑
% 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%	100%	100%	↑
Internal Initiations				
% of internal referrals identified as having an alcohol problem	No target – based on activity		21%	↔
% of internal referrals identified as having opiate drug problem			0%	↔
% of internal referrals identified as having Non-opiate drug problem			0%	↔
Total entry into Substance Misuse Recovery Service (SMRS)				
Total new assessments (Reception + Internal - activated)	No target		238	↔
% identified with a substance misuse need are referred to SMRS within 1 workday (reception + internal)	No target		100%	↑
% of where ongoing clinical prescribing need identified reviewed by GPwSi within 2 working days (reception + internal)	No target		0	↑
Interventions and Treatment				
% of new presentations offered a full recovery package of care	No target		100%	↑↑
% of those accepting and receiving a full recovery package of care	No target		18%	↓

Summary / Performance Issues:

Work is on-going by Nottinghamshire Healthcare Trust to ensure accurate and timely data is captured. SystmOne is now used within the service and templates have been produced. Staff are currently been trained. The Trust has appointed a programme lead who will closely with the psychosocial lead on the substance misuse pathway.

Actions to be taken:

The Key Performance Indicators are being reviewed by Nottinghamshire County Council, with the provider, to ensure they reflect the service

5. Community Safety and Violence Prevention

Outcome / Indicator	Reference National Public Health (PH) Outcomes Framework and background information
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 <i>Call to end violence against women and girls 2010</i> 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: <ul style="list-style-type: none"> - Violent crime - Domestic violence 	
Category of contract value	Medium
Name of Providers	Nottinghamshire Women's Aid – Bassetlaw Children's Services

Summary of Performance
<p>The increase in figures for quarter three reflect the number of children in the awareness raising sessions that have been run in schools - 205 children/young people. Referrals for the 1-1 service are generated from these sessions for young people requiring ongoing support.</p> <p>A safety book has been successful and this is being developed with the input from many of the young people.</p> <p>There are currently no targets to monitor activity against.</p>

Monitoring Data	Activity Quarter One – 2013/14	Activity Quarter Two - 2013/14	Activity Quarter Three - 2013/14	Trend
Number of children supported this quarter	29	37	221	↑↑
Number of children new to service this quarter	25	18	214	↑↑
Number of children who received support for less than 6 weeks	21	19	207	↑↑
Number of children who received support for more than 6 weeks	8	9	14	↑
Number of children who disengaged from the support being offered	4	9	4	↔
Number of children who were supported 1-1	12	12	16	↑
Number of children who were supported in groups	19	7	205	↑↑

Actions to be taken
<ul style="list-style-type: none"> Continue to monitor activity and review the service with the providers.
Quality and Patient Safety: No issues reported.

6. Seasonal Mortality

Outcome / Indicator	Reference National Public Health (PH) Outcomes Framework and background information
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	
Category of contract value	Medium
Name of Provider	Nottingham Energy Partnership (Greater Nottingham Healthy Housing Service)

INDICATOR	Annual Target	TARGET Quarter One – 2013/14	ACTUAL Quarter One – 2013/14	TARGET Quarter Two – 2013/14	ACTUAL Quarter Two – 2013/14	Trend
Number of people trained to deliver brief intervention	153	30	8	27	0	↓
Number of training courses held for front line staff	11	N/A	2	N/A	0	↓↓
Number of awareness raising community presentations / events held	5	N/A	4	N/A	0	↓
Number of people attending awareness raising community presentations / events	100	N/A	85	N/A	0	↓
Number of home heating and insulation referrals	600	162	140	126	29	↓↓
Number of homes in which heating and insulation improvements are made as a result of referrals	390	106	19	82	0	↓↓
Number of people attending the training who rate service provided as good or better	85%	85%	100%	85%	0	↓↓
Percentage of people attending the training who rate service provided as good or better	N/A	N/A	41	N/A	0	↓↓

Summary of Performance <ul style="list-style-type: none">• No training courses were delivered in quarter two, due to restructuring of teams and annual leave• The service has been attending flu clinics to promote the message of Affordable Warmth.• Referrals for grants are low.	
Actions to be taken: <ul style="list-style-type: none">• The service continues to work with key individuals to encourage staff to attend the training.• A mailshot to inform people regarding available grants is planned. It is anticipated this will raise increase the number of referrals in quarters three and four.	
Quality and Patient Safety: No issues reported.	

7. Social Exclusion

Outcome / Indicator	Reference National Public Health (PH) Outcomes Framework and background information
Children in poverty	Child poverty is an important issue for public health. Inclusion of this indicator emphasises its importance. There is evidence that childhood poverty leads to premature mortality and poor health outcomes for adults (see the Marmot Review, 2010). Reducing the numbers of children who experience poverty should improve these adult health outcomes and increase healthy life expectancy.
Social Isolation	There is a clear link between loneliness and poor mental and physical health. A key element of the Government's vision for social care, set out in the Care and Support White Paper, is to tackle loneliness and social isolation, supporting people to remain connected to their communities and to develop and maintain connections to friends and family.
Health and Wellbeing Strategy Priorities	
- To improve outcomes for children and their families	
Category of contract value	Medium High
Name of Providers	Citizen's Advice Bureaus (Nottinghamshire and District CAB)
	Citizen's Advice Bureau (Bassetlaw Positive Paths)
	The Friary (Drop-in Service)

Summary of Performance
<p>During the third quarter the Bassetlaw Positive Moves dealt with:</p> <ul style="list-style-type: none"> • A high percentage of patients/clients referrals wanting assistance to complete benefit appeals • A high percentage of complex cases and patients presenting multiple enquiries within caseload. • Clients returning to the service from previous years needing help with renewals. <p>The service is over-achieving on its activity level compared to target.</p>

PROVIDER = Citizen's Advice Bureau (Bassetlaw Positive Paths)				
INDICATORS	Annual Target 2013/14	Actual Quarter Three – 2013/14	Cumulative Actual	Trend
Patients/clients to be provided with advice and support services	520	142	474	↑
Additional Annual income for patients/clients	£1,240,774	£152,516	£704,916	↑

Actions to be taken
<ul style="list-style-type: none"> None to report as the service is on target to achieve its annual target.
Quality and Patient Safety: No issues reported.

8. Tobacco Control

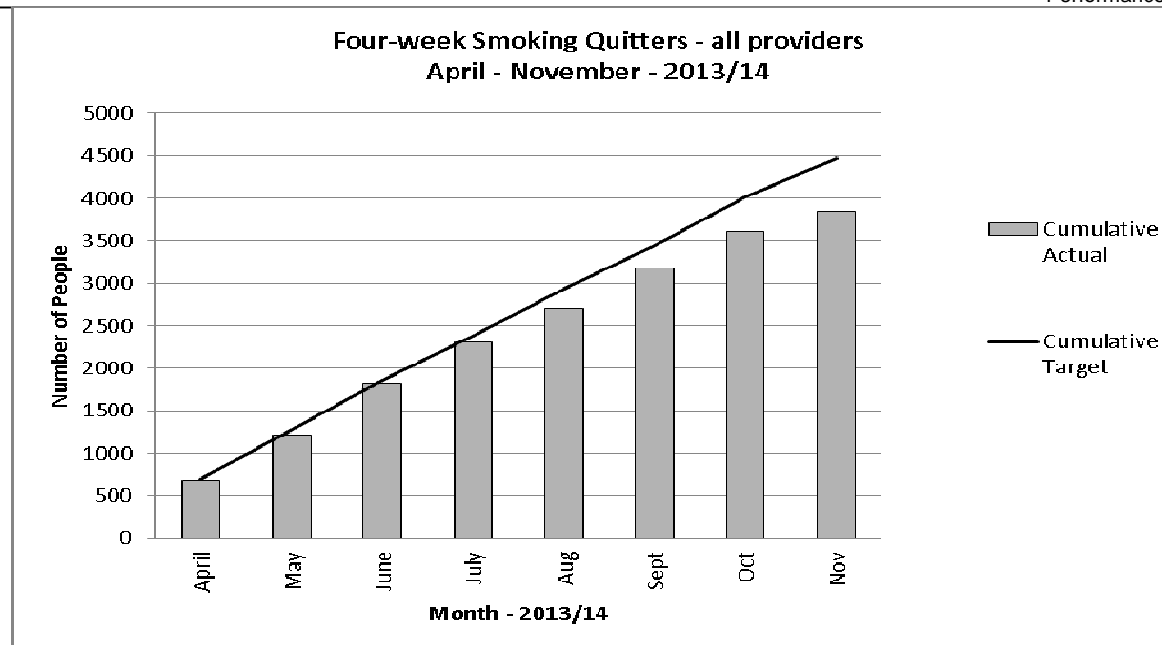
Outcome / Indicator	Reference National Public Health (PH) Outcomes Framework and background information
Smoking prevalence in over 18 years	<p>Smoking is a major cause of preventable morbidity and premature death, accounting for 79,100 deaths in England in 2011, some 18 per cent of all deaths of adults aged 35 and over.</p> <p>The Tobacco Control Plan includes a national ambition to reduce adult (aged 18 or over) smoking prevalence in England to 18.5 per cent or less by the end of 2015.</p>
Health and Wellbeing Strategy Priorities	
- Prevention: behaviour change and social attitudes smoking and tobacco control	
Category of contract value	High
Name of Providers	New Leaf – County Health Partnership
	GPs –Nottinghamshire
	Community Pharmacists – Nottinghamshire
	Bassetlaw Stop Smoking Service
	Bassetlaw GPs

Summary of performance
<ul style="list-style-type: none"> • Performance by all providers is a concern, but in particular under-performance of the GP's and community pharmacies. • Because of the reporting of four-week smoking quitters, the November data is not complete. It is anticipated that the number of smoking quitters for November will increase and will be reported in the next quarters report. • When people quit smoking is seasonal, with historically more people stopping smoking in quarter four. This is thought to be due to New Year resolutions, coughs and colds and National No Smoking Day in early March. • The above table and graph show that performance against target has not been achieved since August and performance is deteriorating which may lead to not achieving the annual target. • The key issues affecting delivery is the underperformance.

Service Provider INDICATOR - Four-week smoking quitter*	2013/14 Annual Target	2013/14 April - Nov Target	2013/14 April – Nov Actual	Trend
New Leaf – County Health Partnership	4,953	3,141	3,005	↔
GPs – Nottinghamshire	600	370	219	↓↓
Community Pharmacists – Nottinghamshire	531	299	159	↓↓
Bassetlaw Stop Smoking Service	700	468	414	↓
Bassetlaw GPs	293	197	51	↓↓
Total annual target / actual	7,077	4,475	3,848	↓↓

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

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



Actions to be taken

- Nottinghamshire County Public Health is working closely with all providers. It has received assurances from both County Health Partnership (CHP) and Bassetlaw Health Partnership (BHP) that their year-end targets will be achieved. This has been received from CHP and is awaited from BHP.
- Public Health has commissioned New Leaf to deliver an additional 350 quitters during January – March 2014 (January = an extra 50 quitters; February = an extra 150 quitters; March = an extra 150 quitters)
- A Public Health Manager has been allocated to work, on a project basis for three-months, to support primary care contractors. This work includes; contacting them to ensure all paperwork has been completed and submitted and assessing any ongoing training needs to ensure an effective service is being delivered.
- Four-week smoking quitter figures are checked and reported on a weekly basis to a Senior Public Health Manager.
- Monthly performance meetings are taking place and additional actions identified and implemented.

Quality and Patient Safety: No issues reported.

9. Weight Management (including nutrition and physical activity)

Outcome / Indicator	Reference National Public Health (PH) Outcomes Framework and background information
<p>Diet</p> <p>Excess weight in adults</p> <p>Excess weight in 4-5 and 10-11 year olds</p> <p>Proportion of physically active and inactive adults</p>	<p>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.</p> <p>The Government's "Call to Action" on obesity (published Oct 2011) included national ambitions relating to excess weight in adults.</p> <p>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.</p>
Health and Wellbeing Strategy Priorities	
<ul style="list-style-type: none"> - To achieve a downward trend in the level of excess weight in adults by 2020 - A sustained downward trend in the level of excess weight in children by 2020 - Utilisation of green space for exercise/health reasons 	
Category of contract value	Medium High

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

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

Summary of Performance

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

Ashfield District Council – Community Nutrition INDICATORS	2013/14 Annual Target	Quarter Three 2013/14 Actual	2013/14 Cumulative Actual	Trend
Targeted one-off awareness sessions - Community	43	9	32	↔
Targeted one-off awareness sessions – School	25	7	12	↑
Targeted one-off awareness sessions - Workplace	4	7	23	↑↑
Cookery Courses (cook & eat) - School	4	0	0	↓↓

Bassetlaw District Council - Exercise Referral Scheme INDICATORS	2013/14 Annual Target	Quarter Three 2013/14 Actual	2013/14 Cumulative Actual	Trend
Number of referrals	400	88	365	↔
Number of people who start the 12-week programme	340	N/A	312	↔

Number of people who have completed the 12-week programme *	204	N/A	109	↔
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* this figure is a running total. For example, a referral that started in the scheme on the 01.04.2013 will not be due a 12-week assessment until the 12.04.13. This will be reported on in the first quarter of 2013/14.

Bassetlaw Health Partnership - Community weight management programme (ZEST) INDICATORS	2013/14 Annual Target	Quarter Three 2013/14 Actual	2013/14 Cumulative Actual	Trend
Number of people completing a 12 week ZEST programme	150	36	87	↑

Broxtowe Borough Council – Exercise Referral Scheme INDICATORS	2013/14 Annual Target	Quarter Three 2013/14 Actual	2013/14 Cumulative Actual	Trend
Number of referrals	No target	94	360	↔
Number of people who start the 12-week programme	500	70	224	↓ ↓
Number of people who have completed the 12-week programme	No target	43	119	↔

County Health Partnership INDICATORS	2013/14 Annual Target	Quarter Three 2013/14 Actual	2013/14 Cumulative Actual	Trend
Targeted one-off awareness sessions - Community	160	92	228	↑ ↑
Targeted one-off awareness sessions – School / nursery / children / young people – those signed up to the Enhanced Healthy School Status	180	106	283	↑ ↑
Targeted one-off awareness sessions – School / nursery / children / young people - school facilities and children's centres that are not participating in the Healthy Early Years Standard	60	110	96	↑
Targeted one-off awareness sessions - Workplace	15	3	12	↑
Cookery Courses (cook & eat) - Community	65	43	93	↑
Cookery Courses (cook & eat) – School	15	1	15	↑
Training sessions, minimum of 10-12 participants per course	65	37	88	↑

Awareness Raising Events	20	12	40	↑↑
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Summary of Performance

Performance against the Public Health contract shows an overall variance of +35% (+36% reported at the end of November)

This over performance is still in the main due to reporting of Community Nutrition Group activity. Initial investigations seem to conclude that the activity reported for this contract is correct but that it is reported by individual contact and not group sessions, which is what we understand the currency to be for Group activity. Work is ongoing to clarify the contract currency for this activity and whether it should be recorded as group sessions carried out or individual attending groups.

Gedling Borough Council – Positive Moves, Exercise Referral Scheme INDICATORS	2013/14 Annual Target	Quarter Three 2013/14 Actual	2013/14 Cumulative Actual	Trend
Number of referrals	No target	92	360	↔
Number of people who start the 12-week programme	300	68	264	↔
Number of people who complete the 12-week programme	180	27	120	↔
Number of people reaching goal	150	27	117	↔

Mansfield District Council – Community Nutrition INDICATORS	2013/14 Annual Target	Quarter Three 2013/14 Actual	2013/14 Cumulative Actual	Trend
Targeted one-off awareness sessions - Community	36	9	32	↑
Targeted one-off awareness sessions – School	25	5	23	↑
Targeted one-off awareness sessions - Workplace	24	7	14	↓
Cookery Courses (cook & eat) - School	4	1	2	↔

Newark & Sherwood District Council – Community Nutrition INDICATORS	2013/14 Annual Target	Quarter Three 2013/14 Actual	2013/14 Cumulative Actual	Trend
Targeted one-off awareness sessions - Community	60	33	105	↑↑
Targeted one-off awareness sessions – School	140	41	137	↑
Targeted one-off awareness sessions - Workplace	25	0	5	↓↓
Cookery Courses (cook & eat) - Community	20	7	19	↑↑

Newark and Sherwood District Council – Exercise Referral Scheme INDICATORS	2013/14 Annual Target	Quarter Three 2013/14 Actual	2013/14 Cumulative Actual	Trend
Number of referrals	No target	77	287	↔
Number of people who start the 12-week programme	300	67	211	↔
Number of starters that complete the 12-week programme	No target	12	49	↔

Actions to be taken
<ul style="list-style-type: none"> • Notice has been served, until 31.07.14 on all weight management providers. • Retendering for a Nottinghamshire Obesity Prevention and Weight Management Services is currently underway.
Quality and Patient Safety: No issues reported.

Quality - Exception Report Q3 2013-14

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

Public Health Area	Complaints relating to Health Contracts			Summary of Serious Incidents (SI)			Freedom of Information Requests relating to Public health Functions and Health Contracts
	Number of new complaints in period	Number of complaints under investigation in period	Number of complaints concluded in period	Number of new SIs in period	Number of SIs under investigation in period	Number of SIs concluded in period	
Alcohol and Drug Misuse services	0 (Zero)	0 (Zero)	0 (Zero)	5 (Five)	5 (Five)	0 (Zero)	0 (Zero)
NHS Health Checks	0 (Zero)	0 (Zero)	0 (Zero)	0 (Zero)	0 (Zero)	0 (Zero)	2 (Two)
Infection Control	0 (Zero)	0 (Zero)	0 (Zero)	0 (Zero)	0 (Zero)	0 (Zero)	1 (One)
Health and Wellbeing Board	0 (Zero)	0 (Zero)	0 (Zero)	0 (Zero)	0 (Zero)	0 (Zero)	1 (One)
Information relating to management functions	0 (Zero)	0 (Zero)	0 (Zero)	0 (Zero)	0 (Zero)	0 (Zero)	4 (Four)

**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.

Information and Advice

2. The County Council requires each committee or sub-committee to maintain a work programme. The work programme will assist the management of the committee's agenda, the scheduling of the committee's business and forward planning. The work programme will be updated and reviewed at each pre-agenda meeting and committee meeting. Any member of the committee is able to suggest items for possible inclusion.
3. The attached work programme has been drafted in consultation with the Chair and Vice-Chair, and includes items which can be anticipated at the present time. Other items will be added to the programme as they are identified.
4. As part of the transparency introduced by the revised committee arrangements in 2012, committees are expected to review day to day operational decisions made by officers using their delegated powers. It is anticipated that the committee will wish to commission periodic reports on such decisions. The committee is therefore requested to identify activities on which it would like to receive reports for inclusion in the work programme.

Other Options Considered

5. None.

Reason/s for Recommendation/s

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

Statutory and Policy Implications

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

RECOMMENDATION/S

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

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

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

Constitutional Comments (HD)

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

Financial Comments (PS)

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

Background Papers

None.

Electoral Division(s) and Member(s) Affected

All

Public Health Committee Forward Plan 2013/14

Meeting Dates	PH Committee	Lead Officer	Supporting Officer
6 March 2014	Presentation on Tobacco Control Smoking cessation services Report on Public Health Budget changes and realignment of PH grant Public Health Services Performance and Quality Report for Health Contracts - October – December 2013	John Tomlinson John Tomlinson Cathy Quinn Cathy Quinn	Lindsay Price Lindsay Price Sally Handley / Lyn Robinson
8 May 2014	Presentation on Public Health policy area – Health Checks Healthy Child Programme and Public Health Nursing for Children and Young People Draft Public Health Business Plan 2014-15 Health & Wellbeing Strategy	John Tomlinson Kate Allen Cathy Quinn Cathy Quinn Cathy Quinn	Helen Scott Nicola Lane
3 July 2014	Presentation on Public Health policy area – Public Health services for Children and Young People Sexual Health services Award of the Substance Misuse services contracts Public Health Services Performance and Quality Report for Health Contracts - Jan-Mar 2014	Kate Allen Barbara Brady Cathy Quinn	 Lyn Robinson

Proposed Future Items (& suggested date)

- Procurement plan for retendering PH services
- Presentation on Sexual Health
- Follow up report on Community Infection Prevention & Control TBC
- Substance Misuse performance report – April 15

