

## Public Health Committee

**Thursday, 11 September 2014 at 14:00**

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

---

### AGENDA

- |    |  |         |
|----|--|---------|
| 1  | Minutes of the last Meeting held on 3 July 2014  | 3 - 6   |
| 2  | Apologies for Absence  |         |
| 3  | Declarations of Interests by Members and Officers:- (see note below)<br>(a) Disclosable Pecuniary Interests<br>(b) Private Interests (pecuniary and non-pecuniary) |         |
| 4  | NHS Health Check Programme   | 7 - 14  |
| 5  | Nottinghamshire County Domestic Abuse Services   | 15 - 18 |
| 6  | Obesity Prevention and Weight Management Services<br>Commissioning Update  | 19 - 22 |
| 7  | Public Health Outcomes Programme - Plans and Progress  | 23 - 26 |
| 8  | Public Health Services Performance and Quality Report for Health<br>Contracts  | 27 - 68 |
| 9  | Lowland Derbyshire and Nottinghamshire Local Nature Partnership  | 69 - 78 |
| 10 | Work Programme   | 79 - 84 |

## **Notes**

- (1) Councillors are advised to contact their Research Officer for details of any Group Meetings which are planned for this meeting.
- (2) Members of the public wishing to inspect "Background Papers" referred to in the reports on the agenda or Schedule 12A of the Local Government Act should contact:-

Customer Services Centre 0300 500 80 80

- (3) Reports in colour can be viewed on and downloaded from the County Council's website ([www.nottinghamshire.gov.uk](http://www.nottinghamshire.gov.uk)), and may be displayed at the meeting.
- (4) Persons making a declaration of interest should have regard to the Code of Conduct and the Council's Procedure Rules. Those declaring must indicate the nature of their interest and the reasons for the declaration.

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

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

Meeting	PUBLIC HEALTH COMMITTEE
Date	3 July 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 Carr  
Steve Carroll  
Kay Cutts MBE

Alice Grice  
Martin Suthers OBE  
Muriel Weisz

A Ex Officio: Alan Rhodes

**OFFICERS IN ATTENDANCE**

Kate Allen, Public Health Consultant  
Barbara Brady, Public Health Consultant  
Paul Davies, Democratic Services,  
Chris Kenny, Director of Public Health  
Lindsay Price, Senior Public Health Manager  
Cathy Quinn, Associate Director of Public Health  
Lynn Robinson, Senior Public Health Manager  
Robin Smith, Communications and Marketing  
John Tomlinson, Deputy Director of Public Health

**MINUTES**

The minutes of the meetings held on 8 May and 12 June 2014 were confirmed and signed by the Chair.

**DECLARATIONS OF INTEREST**

There were no declarations of interest.

**PUBLIC HEALTH SERVICES PERFORMANCE AND QUALITY REPORT FOR  
HEALTH CONTRACTS**

There was discussion about the format of the report, with the conclusion that the level of detail was appropriate.

**RESOLVED: 2014/018**

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

**TOBACCO CONTROL AND SMOKING CESSATION SERVICES**

**RESOLVED: 2014/019**

That the revised timescale for commissioning future tobacco control services be approved.

**PRESENTATION ON PUBLIC HEALTH SERVICES FOR CHILDREN AND YOUNG PEOPLE**

Kate Allen gave a presentation on Public Health services for children and young people, including health visitors, school nursing and the Family Nurse Partnership. She responded to questions and comments.

**RESOLVED: 2014/020**

That the presentation be received.

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

**RESOLVED: 2014/021**

- (1) That the report be noted.
- (2) That the commissioning of school nursing and health visiting services be aligned, to ensure an integrated 0-19 Healthy Child Programme for Nottinghamshire.
- (3) That options be considered for aligning and integrating planning and commissioning processes in relation to public health nursing and children's centres.

**AGENDA ORDER**

With the agreement of the committee, the order of the agenda was changed.

**DOMESTIC ABUSE SERVICES**

The committee was informed that a working group of partners, chaired by Councillor Grice, was considering options for domestic violence services. In view of this, the committee deferred a decision on the recommendation to re-procure domestic abuse services.

**RESOLVED: 2014/022**

- (1) That a further report be presented regarding the process, timetable and proposed budgetary envelope, following further discussion with the Police and Crime Commissioner and appropriate internal authorisations.
- (2) That the County Council act as the lead commissioner, working with the Police and Crime Commissioner.

**PUBLIC HEALTH DEPARTMENT PLAN 2014/15**

**RESOLVED: 2014/023**

That the Public Health Department Plan for 2014/15 be approved.

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

**RESOLVED: 2014/024**

- (1) That a post of Executive Officer, Band D, SCP 42-47 (£35,784-£40,254) be established for Public Health.
- (2) That funds within the Public Health grant and Public Health transition fund be re-assigned to cover the costs of the post.

**WORK PROGRAMME**

**RESOLVED: 2014/025**

That the work programme be noted.

The meeting closed at 3.55 pm.

**CHAIR**



## **REPORT OF THE DIRECTOR OF PUBLIC HEALTH NHS HEALTH CHECK PROGRAMME**

### **Purpose of the Report**

1. This report seeks approval for the following for which the rationale is given in the report :
  - 1.1. the procurement of NHS Health Checks provision for GPs to deliver a **core service**, via direct award, from April 2016
  - 1.2. the procurement of an **outreach service** to engage high risk groups that are unlikely to take up the core offer from their GP, via open tender, from April 2016
  - 1.3. the procurement of an associated **information technology system** to support delivery and enable the required data flow in fulfilment of the LA mandate, from April 2016
  - 1.4. the above contracts to be for a 3-year period from 1 April 2016 with an option to extend on an annual basis for a further 3 years (i.e. 3+1+1+1), to a maximum of 6 years in total
  - 1.5. the outreach and IT procurement to be conducted jointly with Nottingham City Council
  - 1.6. funding of a **social marketing** campaign this year (2014-15) to increase uptake in fulfilment of the LA mandate.

### **Information and Advice**

2. The provision of NHS Health Checks is a mandatory requirement for Local Authorities (LAs) following the transfer of responsibilities for the programme from Primary Care Trusts to LAs on 1 April 2013.
3. The NHS Health Check programme is a cardiovascular risk assessment programme in England which aims to delay or prevent the onset of diabetes, heart and kidney disease and stroke for eligible citizens aged 40-74. The risk assessment element of the check provides a key route into existing lifestyle interventions through well-established pathways to support citizens to stop smoking, lose weight, be more active and drink within recommended limits as appropriate.
4. Local Authority contracts for existing services were issued to GP practices on 1 April 2014 to continue provision of the service for another year until 31<sup>st</sup> March 2015.
5. Performance last year was below the 20% offer target, but achieved the aim of a year-on-year increase in uptake. Performance in 2013-14, benchmarked against the regional and national average, was:

- |                   |              |                                 |
|-------------------|--------------|---------------------------------|
| • Nottinghamshire | offers 14.8% | uptake 61.6% (51.3% in 2012-13) |
| • East Midlands   | offers 20.1% | uptake 59.5%                    |
| • England         | offers 18.5% | uptake 49.0%                    |

Performance in Q1 this year was:

- Nottinghamshire offers 3.6% uptake 44%

Activity has historically shown considerable variation quarter by quarter.

## Other Options Considered

- Other options considered for the delivery model of the NHS Health Check programme included:
  - Core GP service only (no change): this option was rejected as it risks increasing health inequalities and not providing sufficient capacity. The outreach service is required to improve access among patients who are least likely to respond to their invitation and/or most likely to be at high risk of cardiovascular disease.
  - Alternative provision only (decommission core GP service): this option was rejected as access to GP patient records is required in order to ensure that all eligible citizens are offered a Health Check every five years. Alternative providers may be able to form information-sharing agreements with practices but when surveyed, practices in a neighbouring LA indicated that they would not agree to this. The issue is being looked into at national level, so until the legal position has been clarified, this option presents a significant risk to the LA mandate.

## Reasons for Recommendations

- Recommendation 1.1 (Direct GP award)
 

Benchmarking locally and nationally indicates that the current LCPHS contract represents good value for money.

There is currently no assured alternative way to systematically identify the eligible population and therefore ensure coverage to achieve the LA's mandate, due to the need to access the patient's medical record.

Market research with the public reveals that GP practices are residents' preferred provider. Consultation with GP practices indicates that

  - the majority of practices are keen to deliver
  - there is variation in how practices administer and deliver the programme
  - some practices have capacity issues due to the additional workload created by delivery of the NHS Health Check Programme .

Inter-practice agreements and sharing best practice provide the appropriate means of reducing variation and driving up performance, within this contractual framework.
- Recommendation 1.2 (Outreach tender)
  - Consultation with GP practices indicates that some practices have low uptake despite following up the initial invitation with reminders including telephone and SMS. Some groups of the eligible population remain hard for them to engage.
  - Market research with the public reveals that perceived inflexibility about GP appointment times, especially outside working hours, was a barrier to uptake, and that

- patients would accept the check from a competent trained healthcare professional in another organisation, provided that quality, confidentiality and governance standards were maintained
  - On the advice of Procurement, the most appropriate procurement process would be through open tender.
9. Recommendation 1.3 (IT tender)
- Consultation with GP practices indicates a need to improve systematic feedback of Health Check data to GP practices from other providers.
  - There is a need for assurance that the IT system provision offers value for money and provides optimum ease of use for end user.
  - On the advice of Procurement, the most appropriate procurement process would be through open tender.
10. Recommendation 1.4 (Contract length)
- A contract period of three years for all elements of the programme with an option to extend on an annual basis for a further 3 years is recommended in order to provide continuity for patients and providers if the existing system is working well, and to reduce associated procurement costs.
  - Market testing indicates that a shorter contract would lead to providers mitigating any financial risks within the first year(s) and therefore a higher cost. A short contract also prevents the commissioner from including incremental efficiency savings over the lifetime of the contract through good supplier relationship management.
11. Recommendation 1.5 (Joint tender)
- Joint procurement with Nottingham City Council is recommended as the service provision requirements are the same, and market assessment indicates that costs are inversely associated with the volume of activity, particularly at the volume that each LA requires. A joint process will also free up commissioning capacity, reduce procurement costs and ensure we commission the best value for money service available for Nottinghamshire County residents.
12. Recommendation 1.6 (Social marketing)
- Market research with the public reveals uncertainty about the purpose and content of the NHS Health Check, and that this is a barrier to uptake, particularly among groups that are already less motivated to respond to an invitation from their GP practice (Appendix 1).

## **Statutory and Policy Implications**

13. The NHS Health Check programme is a mandatory service; failure to offer an NHS Health Check to all eligible 40-74 year olds, to deliver the required standard of risk assessment and to seek continuous improvement in the uptake of the NHS Health Checks would leave Nottinghamshire County Council in breach of the Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013 S.I. 2013/351.
14. 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**

15. The budget available will be confirmed prior to formal procurement. The proposed programme model allows for adjustments to be made in order to remain within our financial constraints.

## **Public Sector Equality Duty implications**

16. An Equality Impact Assessment is available as a Background Paper.

## **Implications for Service Users**

17. The NHS Health Check programme addresses priorities which disproportionately affect socially disadvantaged communities within Nottinghamshire County. These include prevention of cardiovascular disease and supporting residents to make healthy lifestyle choices, such as stopping smoking, being more active, achieving a healthy weight and drinking within recommended limits. The programme also raises awareness of dementia and cancer, as many of the risk factors are the same.
18. Through the prevention of cardiovascular disease in the longer-term, the NHS Health Check programme is designed to improve the economic and social well-being of Nottinghamshire County by keeping residents healthier for longer, thereby reducing illness-related absence from the workplace and decreasing demand on social care provision.

## **RECOMMENDATIONS**

Public Health Committee is asked to approve:

- 1.1 The procurement of NHS Health Checks provision for GPs to deliver a core service, via direct award, from April 2016.
- 1.2 The procurement of an outreach service to engage high risk groups that are unlikely to take up the core offer from their GP, via open tender, from April 2016.
- 1.3 The procurement of an associated information technology system to support delivery and enable the required data flow in fulfilment of the LA mandate, from April 2016.
- 1.4 The above contracts to be for a 3-year period from 1 April 2016 with an option to extend on an annual basis for a further 3 years (i.e. 3+1+1+1), to a maximum of 6 years in total.
- 1.5 The outreach and IT procurement to be conducted jointly with Nottingham City Council.

- 1.6. The funding of a social marketing campaign this year (2014-15) to increase uptake in fulfilment of the LA mandate.
- 1.7. The receipt of an update on the NHS Health Check Commissioning Plan following the outcomes of the Council Budget Consultation

**Chris Kenny**  
**Director of Public Health**

**For any enquiries about this report please contact:**

Helen Scott, Senior Public Health Manager

[helen.scott@nottsc.gov.uk](mailto:helen.scott@nottsc.gov.uk)

**01623 433209**

#### **Constitutional Comments [SLB 18/08/14]**

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

#### **Financial Comments [KS 22/08/14]**

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

#### **Background Papers and Published Documents**

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

- Equality Impact Assessment

#### **Electoral Division(s) and Member(s) Affected**

- All



# **Appendix 1: NHS Health Check Social Marketing Intervention Campaign**

## **Public Engagement Events**

Public engagement events are strongly recommended as a way of engaging with the target audience and raising awareness of the “NHS Heart Check Up”. Not only will engagement build brand trust, but it also gives a face to the brand and will allow for quality engagement. However, a main concern in the utilization of events of this type is that they may attract the wrong audience, specifically attracting the ‘worried well’. In order to circumvent this potential issue, it is recommended that a targeted intervention campaign should be used in order to reach our target audience that consists of hard to reach, high-risk groups such as male manual workers. Two types of targeted public engagement events are outlined below:

### **Targeted Public Engagement Events**

Targeted public engagement events in the form of roadshow style awareness raising events at supermarkets and community centres, for example, would allow for effective engagement with the at-risk population and provide the target audience with information about the “NHS Heart Check Up”. At these events, members of the public can be screened for eligibility by promotional staff and booked in to attend the out-reach clinic pre-booked appointment events hosted by pharmacies. Locations for public engagement events will be carefully selected to take place in high-risk areas of Nottinghamshire County to effectively engage with the target audience. Promotional items and leaflets will be distributed at these events where we would aim for quality engagement as opposed to quantity, given that the aim of these events is to engage with the at-risk population rather than the worried well. It would be advisable that in addition to a health advisor (or indeed a range of health advisors) being present at the event who could field specific health-related questions from the public, spokespeople in the form of appropriate council members would also attend the events in order generate press coverage and demonstrate support for the campaign.

### **Pre-booked Appointment Events**

Delivery of “NHS Heart Check Up” events where the at-risk population will have been pre-screened at public engagement events and booked in to attend the out-reach clinic events hosted by pharmacies. In total, we would aim to conduct 3 events that will take place (spread out over the course of a year, for example) in the highest risk areas of the county with 12-14 appointments booked in at each event. This will produce a total of 40 attendees. It would also be beneficial for the pre-booked engagement events to have spokespeople in the form of appropriate council members who would also attend the events in order generate press coverage, demonstrate support for the campaign and, if possible, have a “NHS Heart Check Up” themselves. Here, photo opportunities of councilors having a “NHS Heart Check Up” would be particularly effective.

### **Venue Advertising**

In order to raise awareness of the “NHS Heart Check Up” and increase attendance at the public engagement events, free venue advertising via the council and other channels such as staffrooms at transport depots, job centres, bus stations, Working

Men's Clubs, District and Borough Council buildings, council leisure centres, libraries, Housing Associations, Citizen's Advice Bureaux, Credit Unions and Trade Unions would be effective in engaging with the target audience of hard to reach, high-risk groups such as male manual workers. A wave of household leafleting is recommended prior to each event to maximize attendance. In addition, beer mat advertising in pubs and Working Men's Clubs would be an effective method of engagement with this target audience. Venue advertising would be in place for a number of weeks prior to the public engagement events in order to maximize attendance and awareness of the events.

## Budget

Element	Detail	Cost
Pilot project Management	Oversight of programme delivery, liaison with health check providers by Notts County Council Public Health team.	£0.00 (NCC)
PR Campaign	PR schedule and plan developed. PR campaign delivery, coordination, media liaison etc. with pilot intervention events by Notts County Council Comms. & Marketing team.	£0.00 (NCC)
Pilot Intervention materials development and production	Developing and delivering a pilot intervention. Producing a short evaluation report of pilot scheme with key recommendations for future work.	£16,191.00

**11<sup>th</sup> September 2014****Agenda Item: 5****REPORT OF PUBLIC HEALTH****NOTTINGHAMSHIRE COUNTY DOMESTIC ABUSE SERVICES****Purpose of the Report**

- 1 To report on the Domestic Abuse Review 2014 and the options for domestic abuse services commissioning.
- 2 To agree the way forward with commissioning in conjunction with the Nottinghamshire Police and Crime Commissioner

**Information and Advice****3 As reported previously:**

Tackling Domestic Abuse remains a strategic priority for Nottinghamshire and this is articulated in the Police and Crime Commissioners (PCC) plan, the Health and Well Being strategy and Safer Nottinghamshire Board priorities. Recently a comprehensive review has been completed (led by the PCC), this along with the Domestic Abuse refresh for the JSNA provide us with a good foundation and a clear way forward. This work is very timely as the majority of services commissioned by NCC have a contract end date of summer 2015.

- 4 As of 1<sup>st</sup> April 2014 all funding to support Domestic Abuse from NCC comes from the Public Health Grant and is in the region of £1million, and is a mixture of contracted services and those funded through Grant Aid. An additional £800,000 comes from other partners, the biggest contributor being the PCC. Over the next few years NCC will need to meet budgetary challenges and this will have an impact on PH and the various policy areas.
- 5 The financial envelope for domestic abuse services funded by NCC is subject to the NCC budget challenge and the PCC funding is awaiting central government budget settlements. It is likely that the outcomes of both these processes will be clear in February 2015. Any decisions at this stage will be subject to the availability of finance from April 2015 onwards.

**Agreement at NCC Public Health Committee July 2014**

- 6 Permission was sought from this Committee to begin the process of retendering DV services jointly with the PCC, with the Council acting as the lead and for new service arrangements to be in place 1st October 2015. In response, Members asked the Public Health Team to review the options for commissioning domestic abuse services and obtain relevant legal and procurement advice. As a result of taking that advice two options are available to Members and these are outlined in the table below.

**The following feedback has been provided by the Nottinghamshire Police and Crime Commissioner (PCC)**

- 7 The PCC is committed to an open procurement process for its share of the Nottinghamshire domestic abuse funding and sees no viable alternative method of commissioning. This commissioning intention has already been widely publicised in the Domestic Violence Review with no adverse response.
- 8 Joint commissioning with NCC provides a unique opportunity to link all the PCC and NCC funded services into a single tender process, resulting in a jointly managed contract or set of contracts, thus reducing the workload for both providers and commissioners.
- 9 The joint commissioning team as currently constituted contains sufficient leadership, expertise and local knowledge to develop a tender process that will not disadvantage local providers or providers that can deliver quality services.

**The following feedback has been provided by the NCC Procurement and Public Health Teams**

- 10 The legal duty for procurement is clear, as is the advantage to funders of developing a process that invites providers to develop their services exactly as required by local conditions
- 11 Re-commissioning offers an opportunity to align changes to funding arrangements inherited from NCC Grant Aid which have reached the end of a three year agreement, with the rest of the domestic abuse services
- 12 By jointly commissioning with the PCC there is a greater opportunity for efficiencies.

**Table 1 Options for commissioning Domestic Abuse services**

Option	Description	Advantages	Disadvantages
1	Conduct a joint open procurement process on behalf of the County Council and the PCC with NCC as the lead partner.	Due to commissioning intentions already conveyed, this is what existing services are expecting Enables NCC and PCC to align services, and maintain best value and quality standards through an outcome based approach Achieves sustainability and security for successful provider(s)	Potential concerns from existing providers if they lose their funding
2	Delay commissioning for a further year	Stability for existing third sector projects not in	PCC not in a position to delay, so potential that key

	continuing existing funding arrangements. Commission in 2015-16	receipt of PCC funds	safeguarding services are provided by two different organisations by October 2015, one commissioned by NCC and another commissioned by PCC resulting in failure to align Services Providers have to tender twice in both 2015 and 2016
--	---	----------------------	---

### **Reasons for Recommendations**

- 13 The legal framework for commissioning makes the duty to procure services of this size and scope clear. In certain circumstances NCC would be allowed to delay procurement for further information or in order to align the timeframes of several contracts. Since a very comprehensive review has just been completed and the contracts are all due to end in summer 2015 these grounds do not offer any alternative in this case.
- 14 Feedback from the PCC clearly favours joint commissioning in the near future and this opportunity will not be repeated for at least the next two years.
- 15 Through the Domestic Abuse Review process local providers are now expecting to bid for services again in 2015 and there has been no adverse reaction to this proposal

### **Crime and Disorder Implications**

- 16 Tackling Domestic Abuse is a community safety priority

### **Safeguarding of Children and Vulnerable Adults Implications**

- 17 Services working with and for Victims of Domestic Abuse are required to work in accordance with local safeguarding arrangements

## **RECOMMENDATION**

The PH Committee is asked:

To agree to Option 1 in Table 1 above. A joint open procurement process on behalf of the County Council and the PCC with NCC as the lead partner is undertaken, recognising that at this stage the financial envelope for this commissioning is yet to be determined

**Rachel Adams**  
**Public Health Manager**

**For any enquiries about this report please contact:**

Rachel Adams 0115 9772015  
rachel.adams@nottsc.gov.uk

## **Constitutional Comments [SB 18/08/2014]**

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

## **Financial Comments [NS 13/08/14]**

19 The financial implications are set outlined in paragraphs 4 and 5 of this report.

## **Background Papers and Published Documents**

Nottinghamshire PCC Domestic Abuse Review (*available at*  
<http://www.nottinghamshire.pcc.police.uk/Home.aspx>)

[Domestic Violence chapter JSNA Nottinghamshire 2014](#)

[Health and Wellbeing Board January 2013: Tackling Domestic Violence in Nottinghamshire](#)

## **Electoral Divisions and Members Affected**

- All

**11<sup>th</sup> September 2014****Agenda Item: 6****REPORT OF DIRECTOR OF PUBLIC HEALTH****OBESITY PREVENTION AND WEIGHT MANAGEMENT SERVICES  
COMMISSIONING UPDATE****Purpose of the Report**

1. This report provides an update on the tender for obesity prevention and weight management services and confirms that a Public Health Committee meeting has been arranged for 11<sup>th</sup> December 2014 in order to grant approval of the award of the contract and enable services to be in place on 1<sup>st</sup> April 2015.

**Information and Advice**

2. From April 2013, the Local Authority (Public Health) became the responsible commissioner for obesity interventions as well as locally led nutrition and physical activity initiatives. Members have previously received and approved reports for the decommissioning of obesity prevention and weight management services and the re-commissioning of these services. Following a successful tender process it was agreed at the June Public Health Committee that the contract for obesity prevention and weight management services be awarded to Derbyshire Community Health Services.
3. Subsequently the successful bidder withdrew from the tender due to a misunderstanding on their part regarding costings. As there was no second preferred bidder it has not been possible to implement the decision to award the contract.
4. To ensure continuity of service provision, all current providers of services have been approached to continue to provide services beyond 30<sup>th</sup> September for a further 6 months until 31<sup>st</sup> March 2015.
5. Following advice from both legal services and procurement the Council is therefore retendering for a similar specification i.e. an integrated obesity prevention and weight management service consisting of:
  - Tier 1 Healthy eating and physical activity interventions targeted at those most in need
  - Tier 2 Lifestyle community weight management services
  - Tier 3 Specialist multidisciplinary weight management services (required for service users to access weight loss surgery).Services are anticipated to be in place by 1<sup>st</sup> April 2015.
6. There are a number of implications arising from this particular situation:
  - Regarding the continuance of current provision, most provision will continue. The exceptions to this are five GP practices in Bassetlaw who have decided not to. Based

on the number of referrals last year it is thought that this would have an impact on approximately 100 referrals. As an interim measure it has been agreed that practices can refer individuals to the ZEST weight management service delivered by Bassetlaw Health Partnership. Six of the seven District Councils are current service providers (not Rushcliffe) and negotiation is currently underway with them to continue services at a cost to the Council broadly similar to current arrangements.

- Obesity prevention and weight management services had never previously been tendered. We have now used the evidence from the first tender to calculate more accurately the funds required to enable a contract to be awarded (prior to this services had never been through a tendering process). Modelling work undertaken since the first tender now indicates that a budget of £1.9m is more realistic.

#### Other Options Considered

7. Should the financial envelope not be increased there is a risk that the Council could not identify a preferred bidder and so the contract will not be in place by 1<sup>st</sup> April 2015.

#### Reason/s for Recommendation/s

8. The current contract extensions end on 31<sup>st</sup> March 2015. The recommendations ensure the provision of services from 1<sup>st</sup> April 2015.

#### Statutory and Policy Implications

9. 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.

#### Implications for Service Users

10. Service users/carers were consulted during the consultation process. A consultation with service users, prospective bidders and key stakeholders was undertaken towards the end of 2013 to seek their views on service provision. The outcome has been used to shape the service specification.

### RECOMMENDATIONS

#### The Public Health Committee is asked to

- 1) Note the current situation regarding the commissioning of obesity prevention and weight management services.
- 2) Note the plans to extend the current service arrangements.
- 3) Agree to an increase in the financial envelope up to £1.9million pa to allow for the successful retendering of obesity prevention and weight management services from within the Public Health Grant.
- 4) Agree to a report being brought to the Public Health Committee on 11<sup>th</sup> December 2014 to recommend the award of contract.

**Dr Chris Kenny**  
**Director of Public Health**

**For any enquiries about this report please contact: Barbara Brady (Public Health) internal extension 72373**

### **Constitutional Comments [SLB 02/09/2014]**

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

### **Financial Comments [NS 13/08/2014]**

The report to this Committee in June identified significant savings on the substance misuse treatment and recovery services and obesity prevention and weight management services commissioning of approximately £3 million by 2017/18 when compared to the baseline of 2013/14. Consequently, any potential additional costs arising from these proposals should be seen in light of the savings on the whole commissioning exercise.

### **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



**REPORT OF THE DIRECTOR OF PUBLIC HEALTH****PUBLIC HEALTH OUTCOMES PROGRAMME – PLANS AND PROGRESS****Purpose of the Report**

1. This report provides an overview of the Public Health Outcomes programme within the Council's Redefining your Council transformation strategy. It describes the current position and outlines plans to take forward the work over the next three to six months.

**Information and Advice**

2. In 2013, the Public Health department was tasked with identifying £12 million efficiency savings over 3 years, which equates to 30% of the total Public Health grant. During 2014/15, the department has successfully achieved £5 million efficiencies for realignment in other areas of Council activity delivering Public Health outcomes.

**Identifying Public Health Efficiencies for 2015/16 and 2016/17**

3. During the year, work has continued so that a further £7 million savings can be identified in the Public Health grant, whilst maintaining delivery of Public Health outcomes overall. A zero-based budgeting approach was undertaken on all areas of Public Health expenditure. The work to date has identified that this level of efficiencies will cause a significant risk to maintaining Public Health outcomes. As the Public Health efficiencies underpin the Council's medium term financial strategy, this risk is being discussed with the Transformation Board.
4. In response to concerns raised last year, a CCG engagement group has been established to allow early discussion with NHS partners on proposed service changes. The group is helping improve relationships with partners by allowing an open and honest dialogue to take place on the impact of proposals before any decisions are made. The group has expressed concern over the detrimental impact on health and social services by significant disinvestment in traditional Public Health services. As a result, the department is reviewing proposals to identify a realistic plan, which will minimise the risk for the health and social care community.
5. Alongside the engagement work, the lessons learnt from the recent re-commissioning exercises are being fed into future procurement plans for the department. The complexity of service re-commissioning has highlighted the need for staff capacity and adequate time for effective engagement with providers and associated commissioners. It has also emphasised that market readiness and development is an important stage in any successful recommissioning exercise.

## **Public Health Pressures and Grant Realignment**

6. The Public Health 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. Furthermore investment in Public Health prevention helps reduce the demand on health and social care services in the future.
7. There are many Council services that deliver Public Health outcomes. A realignment exercise undertaken for 2014/15 enabled the £5 million efficiencies to be re-invested in alternative services that continue to deliver Public Health Outcomes.
8. To build on the approach undertaken for 2014/15, Public Health is leading a new exercise that allows a comprehensive assessment of all Council services. This will allow the Council to have a full understanding on where the Public Health grant would be best utilised and where opportunities for further integration can assist future efficiencies. One area of commonality is around community development. There is a range of services across the Council that work to assist community resilience and build resources. This is an important Public Health outcome as it provides the opportunity to help communities to support themselves and prevent future health and social care problems.
9. The realignment project is taking place in conjunction with nominated leads across the Council. This is a complex task as it involves assessing each Council service against Public Health outcomes. The Public Health Department has asked the Transformation Board for more time to be able to engage the right people to complete the task accurately.
10. Following Departmental budget setting, some new areas have come to light that add financial pressure on budgets. The follow up retender of weight management services due to withdrawal of the successful bidder has the potential to add a further pressure on the Public Health grant.
11. In addition, a recent budget exercise between CCGs and Public Health was carried out to identify anomalies in the original Public Health grant calculation. This review concluded that after taking all elements of the budgets into account, a transfer of £1,085,330 is required from the Public Health grant to CCGs to cover the budget setting anomalies for 2014/15. This item is due to be considered by the Finance & Property Committee on 15<sup>th</sup> September 2014.
12. These additional pressures are likely to impact on the level of savings available for realignment within the Council.

## **Summary of Actions**

13. The Public Health department plans to take forward the following actions to ensure that efficiency savings are maximised, whilst maintaining delivery of Public Health Outcomes:
  - a. Review all Public Health commissioned services, using market testing and development to identify achievable service efficiencies that minimise the impact on the health and social care community.
  - b. Use the findings of the review to formulate firm budget proposals by January 2015 for implementation from April 2016. Present these plans to the Transformation Board confirm & challenge to achieve political and organisational approval.

- c. Engage providers and commissioners in the re-commissioning process to improve awareness of potential changes, through the CCG engagement group and joint NHS-Council communications with providers as required.
  - d. Undertake specific consultations for any significant change to services.
  - e. Work with the Corporate Director of Children, Families & Cultural Services, the Deputy Director of Adult Social Care, Health & Public Protection and staff from all departments to explore opportunities for realignment of the Public Health efficiencies.
14. In summary, since the original efficiency target for Public Health was proposed, the Council has a more detailed understanding of the complexity of Public Health services and budgets, and the interdependencies with local NHS partners. This has led the Council to re-consider the level of savings that can be achieved and the timeframe for delivery, to maintain delivery of Public Health outcomes overall.
15. A further report will be presented to the Public Health Committee in March 2015 to outline Public Health efficiencies proposals and potential areas for realignment.

## **Statutory and Policy Implications**

16. 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**

17. All financial implications related to service review and re-commissioning will be considered as part of the review and procurement process. These will be described in detail in specific reports to the Public Health Committee once identified.

## **Implications for Service Users**

18. Implications for service users of Public Health services will be considered as part of the review of and re-commissioning process, and included in consultation on significant service changes where required.

## **RECOMMENDATION/S**

- 1) The Public Health Committee is asked to note the progress on the Public Health Outcomes Programme and endorse the plan of action to identify further efficiencies by January 2015 for implementation during 2016/17.

**Dr Chris Kenny**  
**Director of Public Health**

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

### **Constitutional Comments**

19. As the report is for noting only, no constitutional comments are required.

### **Financial Comments**

20. As the report is for noting only, no financial comments are required.

### **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 budget changes and realignment of the Public Health grant'. Report to the Public Health Committee 6 March 2014.

### **Electoral Division(s) and Member(s) Affected**

- All

## **PUBLIC HEALTH SERVICES PERFORMANCE AND QUALITY REPORT FOR HEALTH CONTRACTS**

### **Purpose of the Report**

1. This report provides a summary of the performance and quality data relating to the Public Health (PH) contracts that are commissioned by Nottinghamshire County Council (NCC) for the period April to June 2014 (quarter one, 2014/15).
2. Due to the timing of the report, not all quarter one data is available.

### **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.
5. A PH performance management working group is reviewing the content and format of the report, taking into account recommendations from the Public Health Committee (PHC). Amendments will be incorporated into future reports.

### **Key Issues**

6. An overview of the contracts where there are current performance issues is summarised in a table and included on page 3 of the report.
7. Two main areas of concern are shown in relation to:
  - NHS Health Checks – GPs
  - Tobacco Control – Four week smoking quitter figure; GPs, Community Pharmacists, New Leaf and Bassetlaw Stop Smoking Service.
8. A summary of the issues and actions that are being taken is included in the table.

9. Detailed information regarding all commissioned services is included in section 3, pages 4 to 32. A performance summary for each of the PH function areas is given along with the contract name and value; contract outcomes (as linked to the Public Health Outcomes Framework); name/s of the provider/s; summary of performance and quality and any actions in relation to the contract.
10. 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.
11. A summary table of complaints, serious incidents and Freedom of Information requests in relation to PH contracts is included at section 4 (page 33).
12. Included at section 5 of the Report (pages 34 to 37) are the contract strategic priorities, as linked to the Public Health Outcomes Framework and the Health and Wellbeing Strategy priorities.

### **Reason for Recommendation**

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

### **Statutory and Policy Implications**

14. 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**

15. 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**

16. 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**

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

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

18. 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**

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

**Cathy Quinn**

**Associate Director of Public Health**

**For any enquiries about this report please contact:**

Lynn Robinson

Senior Public Health Manager

Nathalie Birkett

Group Manager, Public Health Commissioning

## **Constitutional Comments**

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

## **Financial Comments**

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

## **Background Papers and Published Documents**

None

## **Electoral Division(s) and Member(s) Affected**

All



# **Public Health Contract Quality & Performance Report**

## **Quarter 1 April - June 2014/15**

**11<sup>th</sup> September 2014**

# 1. Executive Summary

## Introduction

An overview of the contracts where there were performance issues in quarter one, 2014/15 are summarised in section 2 on page 3.






In section 3, pages 4 to 32, a performance summary for each of the Public Health function areas is given along with; the contract name and value, contract outcomes, as linked to the Public Health Outcomes Framework, name/s of the provider/s, summary of performance and quality and any actions in relation to the contract.

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

A summary table of complaints, serious incidents and Freedom of Information requests in relation to Public Health contracts is included as Section 4 (page 33).

Section 5 (pages 34 to 37) are the contract strategic priorities, as linked to the Public Health Outcomes Framework and the Health and Wellbeing Strategy priorities.

### Key to Performance Trends

-  Sustained improvement in performance
-  Short-term or recent improvement in performance
-  No significant change in performance
-  Short-term or recent deterioration in performance
-  Sustained deterioration in performance

### Annual Financial Value of Contract Range

### Category

More than or equal to £1,000,000

High

£1,000,000 to £999,999

Medium High

£10,000 to £99,999

Medium

Less than or equal to £9,999

Low

## 2. Summary of Performance Issues

Public Health Function	Contract Provider	Plan for the quarter / year	Activity for the quarter	Summary of performance	Actions
NHS Health Checks (page 4)	GPs	Q1 Target offers = 13,587  Annual Target offers = 54,347	Q1 Actual = 10,166	Several practices did not sign the contract until late in quarter one but have been notified of the full annual activity to be achieved in the remainder of the year.	A paper is going to the Public Health Committee to propose a future service model. Additional actions are being taken by Public Health and CCGs to drive up performance following the Health and Wellbeing workshop.  This includes listing individual practices' performance to highlight over and under achieving practices. Those that are under-achieving are being contacted in order to determine a tailored response and action from the Public Health team, for example; buddying between practices, inter-practice agreements, and sharing of good practice. Visits are being carried out with appropriate staff, including CCG staff, dependant on the root cause of under-performance.
		Q1 Target health checks received = 7,473  Annual Target health checks received = 29,891	Q1 Actual = 4,485		
Tobacco Control (pages 22 to 24)	GPs, Community Pharmacists, New Leaf and Bassetlaw Stop Smoking Service	Quarter One target = 1,613 four-week smoking quitters	Quarter One actual = 1,184 four-week smoking quitters across Nottinghamshire	The actual activity against plan equates to a 73% achievement of actual against target.	Public Health (PH) is working with other local authorities and providers to explore similar reductions in activity across the country and the reasons behind this.  PH will be exploring with providers the possibility of commissioning extra activity later in the financial year to ensure the 0.5% reduction in smoking prevalence is achieved.  PH is working with the providers to ensure action plans are in place and enacted upon to address their under-performance. These are being monitored through the contract management mechanism.

### 3. Performance Summary – NHS Health Checks

Contract Name & Value	Contract Outcomes	Provider	Reporting Period	Indicator	Quarter One Target	Quarter One Performance	Annual Target	Progression from last Quarter	Summary of Performance & Quality	Actions
<b>NHS Health Checks</b>  Medium High	To reduce early mortality and improve quality of life for individuals with Long Term Conditions (LTC)	GPs across Nottinghamshire	Q1 April - June 2014	No. of eligible patients who have been offered health checks	13,587	10,166	54,347	↑	Several practices did not sign the contract until late in quarter one but have been notified of the full annual activity to be achieved in the remainder of the year.	A paper is going to the Public Health Committee to propose a future service model. Additional actions are being taken by Public Health and CCGs to drive up performance following the Health and Wellbeing workshop.  This includes listing individual practices' performance to highlight over and under achieving practices. Those that are under-achieving are being contacted in order to determine a tailored response and action from the Public Health team, for example; buddying between practices, inter-practice agreements, and sharing of good practice. Visits are being carried out with appropriate staff, including CCG staff, dependant on the root cause of under-performance.
				No. of patients offered who have received health checks	7,473	4,485	29,891	↓		

### 3. Performance Summary - National Child Measurement Programme

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

### 3. Performance Summary – Sexual Health

Contract Name & Value	Contract Outcomes	Provider	Reporting Period	Indicator	Quarter One Target	Quarter One Performance	Progression from last quarter	Summary of Performance & Quality	Actions
Sexual Health  High Contract Value	Promotion of the prevention of Sexually Transmitted Infections to include HIV	Nottingham University Hospitals (NUH)	Q1 April – June 2014	Genito-Urinary Medicine (GUM) – First Appointment	1510	1145	↔	The GUM services are demand-led and paid for on a PbR tariff basis.  NUH is under the projected activity levels for both first and follow-up appointments. The proportion of appointments attended that are follow-ups is relatively low in NUH.	The activity plan was kept the same as the 13/14 activity plan, this was abnormally low at nearly 1,000 less contacts. In the context of growth elsewhere activity levels were not reduced to this level.  Consider revising targets to actual activity for next financial year if NUH are still below plan.
	Increased knowledge and awareness of all methods of contraception amongst all groups in the local population			GUM – Follow-up Appointment	296	209	↓		
	GUM – Community – First Appointment			275	196	↑			
	GUM – Community – Follow-up Appointment			67	5	↓			
	Doncaster & Bassetlaw Hospital (DBH) Foundation Trust	GUM – First Appointment	824	841	↔	DBH has slightly exceeded expected activity for first appointments, and is slightly under for follow-ups. Neither of these are cause for concern at this point.	Mapping and review of all sexual health services is underway. This will include a detailed review of DBH data to look in more detail at what activity is taking place within the service, and with whom.		
		GUM – Follow-up Appointment	366	360	↑				

### 3. Performance Summary – Sexual Health

Contract Name & Value	Contract Outcomes	Provider	Reporting Period	Indicator	Quarter One Target	Quarter One Performance	Progression from last quarter	Summary of Performance & Quality	Actions
<b>Sexual Health</b>  High Contract Value	Promotion of the prevention of Sexually Transmitted Infections to include HIV  Increased knowledge and awareness of all methods of contraception amongst all groups in the local population	Sherwood Forest Hospital (SFHT) Foundation Trust	Q1 April – June 2014	GUM - First Appointment	1,874	1,714	↔	SFHT is under planned activity for GUM first appointments but has slightly exceeded planned activity for follow-ups. Neither are cause for concern at this stage.	Mapping and review of all sexual health services is underway. This will include a detailed review of SFHT GUM and CaSH data to look in more detail at what activity is taking place within the services, and with whom.
				GUM – Follow-up Appointment	1,060	1,075	↑		
				Contraceptive and Sexual Health Services (CaSH) – First Appointment	N/A	1,302	↔	A revised service specification is being developed for CaSH, to include more detailed KPIs. No known issues at present.	
				Contraceptive and Sexual Health Services (CaSH) – Follow-up Appointment	N/A	2,638	↔		
				SEXions	Data not available. Will be reported in Quarter 2 2014/15				
		Bassetlaw Health Partnership	Contraceptive and Sexual Health Services (CaSH)	Data not available. Will be reported in Quarter 2 2014/15					

### 3. Performance Summary – Sexual Health

#### Genito-urinary medicine (GUM) follow-up appointments:

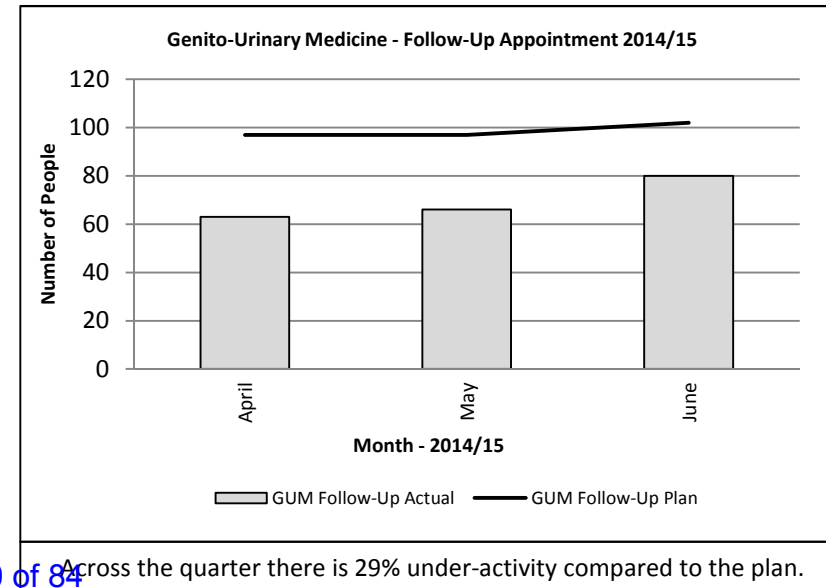
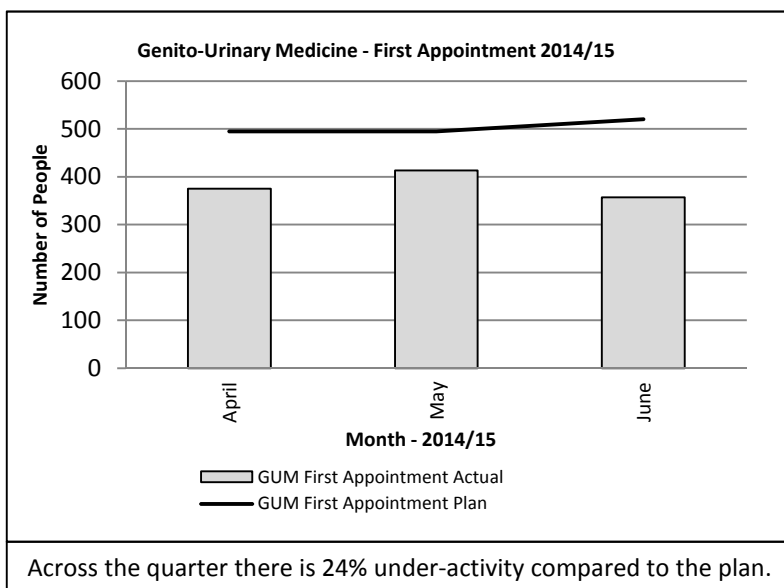
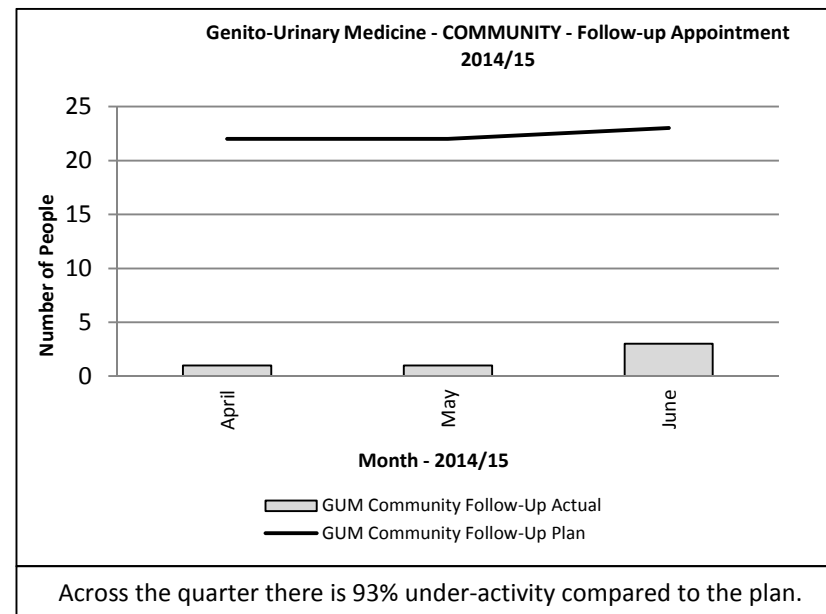
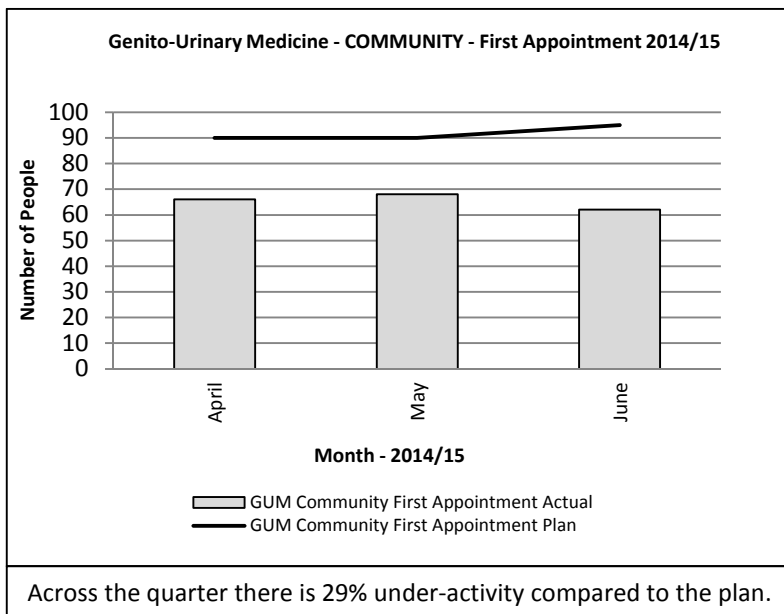
- The public health team are aware that there is significant variation in the proportion of appointments that are conducted as follow-ups between the different providers of GUM services in Nottinghamshire county.
- The proportion of appointments that were follow-ups in 2013/4 were:
  - Nottingham University Hospital Trust (NUH):
    - GUM: 18.6% (1,267 follow-ups; 5,551 first appointments)
    - GUM community: 4.8% (35 follow-ups; 694 first appointments)
  - Sherwood Forest Hospitals Trust (SFHT):
    - 35.7% (4,168 follow-ups; 7,495 first appointments)
  - Doncaster and Bassetlaw Hospital Trust (DBH):
    - 29.0% (1,379 follow-ups; 3,368 first appointments)
- The reason for this variation is not yet fully understood; however, it will be investigated as part of a review of services that is planned for completion prior to December 2014.
- More details of the planned review will be presented to the Public Health Committee at the September meeting as part of the agenda item on the sexual health policy area and sexual health priorities.

### 3. Performance Summary – Sexual Health

<p>Sherwood Forest Hospitals NHS Foundation Trust Genito-Urinary Medicine - First Appointment 2014/15</p> <table><tr><th>Month</th><th>Actual Activity</th><th>Activity Plan</th></tr><tr><td>April</td><td>510</td><td>610</td></tr><tr><td>May</td><td>560</td><td>610</td></tr><tr><td>June</td><td>630</td><td>640</td></tr></table> <p>Month - 2014/15</p>	Month	Actual Activity	Activity Plan	April	510	610	May	560	610	June	630	640	<p>Sherwood Forest Hospitals NHS Foundation Trust Genito-Urinary Medicine - Follow-Up Appointment 2014/15</p> <table><tr><th>Month</th><th>Actual Activity</th><th>Activity Plan</th></tr><tr><td>April</td><td>320</td><td>340</td></tr><tr><td>May</td><td>360</td><td>350</td></tr><tr><td>June</td><td>390</td><td>360</td></tr></table> <p>Month - 2014/15</p>	Month	Actual Activity	Activity Plan	April	320	340	May	360	350	June	390	360	<p><b>Impact of the service:</b></p> <p>The GUM services treat and manage all sexually transmitted infections (STIs) that are diagnosed in outreach/CaSH clinics (except chlamydia, for which treatment is often made available through other routes), as well as diagnosing and treating conditions that people present to the service with (often symptomatic STIs). CaSH services provide contraception and sexual health services (including asymptomatic STI testing and sexual health advice), therefore reducing unplanned pregnancies, including teenage pregnancies, and STI transmission. The SEXions service provides a specialist sex and relationships services to young people, primarily in schools and colleges.</p>
Month	Actual Activity	Activity Plan																								
April	510	610																								
May	560	610																								
June	630	640																								
Month	Actual Activity	Activity Plan																								
April	320	340																								
May	360	350																								
June	390	360																								
<p>Across the quarter there is 9% under-activity compared to the plan.</p>	<p>Across the quarter there is 1% over-activity compared to the plan.</p>																									
<p>Doncaster &amp; Bassetlaw Hospitals NHS Foundation Trust Genito-Urinary Medicine - First Appointment 2014/15</p> <table><tr><th>Month</th><th>Actual Activity</th><th>Activity Plan</th></tr><tr><td>April</td><td>286</td><td>270</td></tr><tr><td>May</td><td>275</td><td>270</td></tr><tr><td>June</td><td>280</td><td>284</td></tr></table> <p>Month - 2014/15</p>	Month	Actual Activity	Activity Plan	April	286	270	May	275	270	June	280	284	<p>Doncaster &amp; Bassetlaw Hospitals NHS Foundation Trust Genito-Urinary Medicine - Follow-Up Appointment 2014/15</p> <table><tr><th>Month</th><th>Actual Activity</th><th>Activity Plan</th></tr><tr><td>April</td><td>105</td><td>120</td></tr><tr><td>May</td><td>120</td><td>120</td></tr><tr><td>June</td><td>135</td><td>125</td></tr></table> <p>Month - 2014/15</p>	Month	Actual Activity	Activity Plan	April	105	120	May	120	120	June	135	125	<p><b>Strategic priorities:</b></p> <ul style="list-style-type: none"><li>To reduce the rates of unplanned pregnancies and STIs in Nottinghamshire through open access, high quality sexual health services.</li><li>Tackle HIV through prevention and increased access to testing to enable early diagnosis and treatment.</li><li>Promote integration, quality, equity, value for money and innovation in sexual health interventions and services.</li><li>Mapping and review of the services is underway to provide more detailed information about current provision and service use.</li></ul>
Month	Actual Activity	Activity Plan																								
April	286	270																								
May	275	270																								
June	280	284																								
Month	Actual Activity	Activity Plan																								
April	105	120																								
May	120	120																								
June	135	125																								
<p>Across the quarter there is 2% over-activity compared to the plan.</p>	<p>Across the quarter there is 2% under-activity compared to the plan.</p>																									

Page 39 of 84

### 3. Performance Summary – Sexual Health



### 3. Performance Summary – Sexual Health

Contract Name & Value	Contract Outcomes	Provider	Reporting Period	Indicator	Quarter One Target	Quarter One Performance	Progression from last Quarter	Summary of Performance & Quality	Actions
<b>Sexual Health</b>  High Contract Value	Promotion of the prevention of Sexually Transmitted Infections to include HIV	Terrence Higgins Trust (THT)	Q1 April – June 2014	Number of People Living with HIV supported in Nottinghamshire County	1 per quarter	1	Not reported on last quarter. Progression will be mapped from quarter 2 onwards.	Type of support offered includes; practical , support regarding legal issues, support for those newly diagnosed, relationship issues, living and remaining well, etc.	Work continues to monitor the service. No outstanding issues.
	Number of existing clients Living with HIV supported in Nottinghamshire County			3 per quarter	8	Type of support offered includes; practical , support regarding legal issues, support for those newly diagnosed, relationship issues, living and remaining well, etc.			
	Number of Point of Care testing for people residing in Nottinghamshire County			24 per quarter	25	HIV Testing and support in a friendly and safe environment, takes place at the THT office on a daily basis by appointment.			
	Number of Condom Packs distributed in Nottinghamshire County			150 per quarter	250	There are several outlets for distribution, including via: the health promotion worker, health and treatment worker, clinical sessions, events etc.			
	Number of support sessions delivered in Nottinghamshire targeting high risk groups			24	33	A mixed group has been established, which has proved to be very popular with service users taking ownership and suggesting future subjects for discussions/visitors and for outings/events.			
	HIV training sessions for Professionals including statutory & voluntary services to address societal discrimination and stigma.			2 sessions per year	0	Training is always available on request and is very popular with repeat visits often requested for additional staff or more advanced information.			

### 3. Performance Summary – Sexual Health

Contract Name & Value	Contract Outcomes	Provider	Reporting Period	Indicator	Quarter One Target	Quarter One Performance	Progression from last Quarter	Summary of Performance & Quality	Actions
<b>Sexual Health</b>  High Contract Value	Promotion of the prevention of Sexually Transmitted Infections to include HIV	Community Pharmacists – Locally Commissioned Public Health Services (LCPHS)	Q1 April – June 2014	Emergency Hormonal Contraceptive (EHC)	These are demand-led service, therefore there are no targets.	819 consultations	Not applicable	87 community pharmacists deliver this service across Nottinghamshire.	Demand-led service. Continue to monitor the service.
	Increased knowledge and awareness of all methods of contraception amongst all groups in the local population	GPs – Long-Acting Reversible Contraceptive (LARC) Sub Dermal Implants		Fittings		322		Numbers continue to remain consistent across the year. No quality issues reported for these services.	Demand-led service. Numbers will continue to be monitored.
				Removals		253			
				Combined		124			
				Fittings		506			
		GPs - Intra Uterine Contraceptive Device (IUCD)s		Removals/Review		329			

### 3. Performance Summary - Alcohol and Drug Misuse

Contract Name & Value	Contract Outcomes	Provider	Reporting Period	Indicator	Annual Target	Quarter One Performance	Progression from last Quarter	Summary of Performance & Quality	Actions
<b>Alcohol and Drug Misuse</b>  High contract value	Reduction in Alcohol related admissions to hospital  Reduction in mortality from liver disease  Successful completion of drug treatment	Notts Recovery Partnership	Q1 April – June 2014	<p>Due to the timing and release of data from the National Drug Treatment Monitoring System the data for quarter one was not available at the time of producing this report.</p> <p>Alcohol and drug misuse services have been decommissioned. These services will run from the 1<sup>st</sup> April until 30<sup>th</sup> September 2014. During this period Public Health will continue to monitor their performance.</p> <p>A Mobilisation Plan is being developed to ensure the safe transfer of clients from these providers to the new provider.</p>					
		Bassetlaw Drug and Alcohol Service (BDAS)	Q1 April – June 2014						

### 3. Performance Summary - Alcohol and Drug Misuse

Contract Name & Value	Contract Outcomes	Provider	Reporting Period	Indicator	Target	Quarter One Performance	Progression from last Quarter	Summary of Performance & Quality	Actions
Alcohol and Drug Misuse  High Contract Value	Reduction in Alcohol related admissions to hospital	Notts Probation SM Service	Q1 April – June 2014	Clients have a waiting time of 3 weeks or less for a first appointment	95%	100%	↔	The client group consists of small numbers. They are usually seen within the Probation Substance Misuse Service as part of a Court Order.	Alcohol and drug misuse services have been decommissioned. These services will run from the 1 <sup>st</sup> April until 30 <sup>th</sup> September 2014. During this period Public Health will continue to monitor their performance.  A Mobilisation Plan is being developed to ensure the safe transfer of clients from these providers to the new provider.
	Reduction in mortality from liver disease			Opiate User presentations in effective treatment	90%	76%	↓		
	Successful completion of drug treatment			Over 18's (all drugs) presentations in effective treatment	90%	77%	↑		
				New presentations offered Hepatitis B Virus (HBV) vaccination	98%	100%	↑↑		
				% of clients accepting the offer commence HBV vaccination	65%	68%	↑		
				% of clients in treatment that are injectors are offered an Hepatitis C Virus test	98%	100%	↑		
				% of those in treatment with a Hepatitis C test	85%	60%	↓	Has seen a reduction in the overall target since Q4. The reduction in this target may be partly due to the number of offenders that are waiting or have yet to be booked in for testing.	The Substance Misuse Practitioners have been tasked to chase up all outstanding hepatitis appointments.

### 3. Performance Summary - Alcohol and Drug Misuse

Contract Name & Value	Contract Outcomes	Provider	Reporting Period	Indicator	Target	Quarter One Performance	Progression from last Quarter	Summary of Performance & Quality	Actions
Alcohol and Drug Misuse  High Contract Value	Reduction in Alcohol related admissions to hospital	Notts Probation Substance Misuse Service	Q1 April – June 2014	New treatment journeys with a Treatment Outcome Plan (TOP) completed	98%	100%	⬆️	The client group consists of small numbers. They are usually seen within the Probation Substance Misuse Service as part of a Court Order.	Alcohol and drug misuse services have been decommissioned. These services will run from the 1 <sup>st</sup> April until 30 <sup>th</sup> September 2014. During this period Public Health will continue to monitor their performance.  A Mobilisation Plan is being developed to ensure the safe transfer of clients from these providers to the new provider.
	Reduction in mortality from liver disease			Care plan reviews with a TOP completed	85%	97%	⬆️		
	Successful completion of drug treatment			Completion of TOP on planned exit	90%	100%	⬆️		
				% of successful discharges as a proportion of those in treatment (opiate users)	10%	12%	⬆️		
	% of successful discharges as a proportion of those in treatment (non-opiate )			45%	33%	⬇️⬇️	The client group consists of small numbers. 22 offenders that used drugs successfully completed treatment between 1/6/13 and 30/6/14.		

### 3. Performance Summary - Alcohol and Drug Misuse

Contract Name & Value	Contract Outcomes	Provider	Reporting Period	Indicator	Target	Quarter One Performance	Progression from last Quarter	Summary of Performance & Quality	Actions
<b>Alcohol and Drug Misuse</b>  High Contract Value	Reduction in Alcohol related admissions to hospital	Notts Healthcare Trust – Substance Misuse Service in HMP Ranby	Q1 April – June 2014	% of New receptions identified with a substance misuse need are referred to Substance Misuse recovery service within 1 workday from Reception Substance Misuse Screening	100%	99%	↑↑	Some system training issues were still ongoing at the start of April 2014. This means reception staff were not sending referrals straight though. This has now been resolved.	Work continues to monitor the service. No outstanding issues.
	Reduction in mortality from liver disease			% of where ongoing clinical prescribing need identified, prescription reviewed by GPwSi within 2 working days of referral	95%	93%	↑	This is an improved performance compared to last year. However, some improvement still required. This will be achieved through closer monitoring.	
	Successful completion of drug treatment			% of new receptions identified with a substance misuse need, offered full substance misuse assessment and recovery plan in place within 5 working days of referral	95%	75%	↑	Most breaches have come from April 2014 when there were still training issues regarding the system processes. These have now been resolved.	
				% of clinical caseload in treatment in HMP Ranby < 12 months	>73%	21%	↓↓	The target is being reviewed and will be amended appropriately following the result of a benchmarking exercise that took place in July 2014.	
				% 13 week multi-disciplinary review due are completed	100%	100%	↑	Target achieved.	

Page 46 of 84

Page 46 of 84

### 3. Performance Summary - Alcohol and Drug Misuse

Contract Name & Value	Contract Outcomes	Provider	Reporting Period	Indicator	Target	Quarter One Performance	Progression from last Quarter	Summary of Performance & Quality	Actions
Alcohol and Drug Misuse  High Contract Value	Reduction in Alcohol related admissions to hospital	Notts Healthcare Trust – Substance Misuse Service in HMP Ranby	Q1 April – June 2014	% of HMP Ranby SMRS successful completions have re-engaged into the service within 6 months	<30%	0%	↔	This is currently being reviewed.	These targets are being reviewed and will be confirmed after quarter one.
	Reduction in mortality from liver disease			% of successful discharges as a proportion of those in treatment (Opiate users)	25%	4%	↓↓	The team at Ranby often have patients remain on the caseload once treatment is complete. This is to allow long term follow up.	
	Successful completion of drug treatment			% of successful discharges as a proportion of those receiving interventions (Non-Opiate users)	44%	6%	↓↓		
	% of successful discharges as a proportion of those receiving interventions (Alcohol user)			55%	2%	↓↓	Successful completions are those discharges that are planned.		
	% of those receiving clinical/non-clinical treatment and interventions transfer/releases from HMP Ranby with a reviewed, up-to-date Recovery Plan in place			85%	100%	↑↑	These targets have been achieved in quarter one.		
	Number of releases who had CJIT/Community Substance Misuse service 3-way communication prior to release			85%	100%	↑↑			

### 3. Performance Summary - Alcohol and Drug Misuse

Contract Name & Value	Contract Outcomes	Provider	Reporting Period	Indicator	Target	Quarter One Performance	Progression from last Quarter	Summary of Performance & Quality	Actions
Alcohol and Drug Misuse  High Contract Value	Reduction in Alcohol related admissions to hospital	Notts Healthcare Trust – Substance Misuse Service in HMP Whatton	Q1 April – June 2014	% of New receptions identified with a substance misuse need are referred to Substance Misuse recovery service within 1 workday from Reception Substance Misuse Screening	100%	100%	↑↑	Target achieved.	Work continues to monitor the service. No outstanding issues.
	Reduction in mortality from liver disease								
	Successful completion of drug treatment			% of where ongoing clinical prescribing need identified, prescription reviewed by GPwSi within 2 working days of referral	95%	Awaiting data		The target is being reviewed and will be amended appropriately following the result of a benchmarking exercise that took place in July 2014.	
				% of new receptions identified with a substance misuse need, offered full substance misuse assessment and recovery plan in place within 5 working days of referral	95%	100%	↑↑	Target achieved.	
				% of clinical caseload in treatment in HMP Whatton < 12 months	tbc	0%		The target is being reviewed and will be amended appropriately following the result of a benchmarking exercise that took place in July 2014.	
				% 13 week multi-disciplinary review due are completed	tbc	awaiting data			

Page 48 of 84

### 3. Performance Summary - Alcohol and Drug Misuse

Contract Name & Value	Contract Outcomes	Provider	Reporting Period	Indicator	Target	Quarter One Performance	Progression from last Quarter	Summary of Performance & Quality	Actions
Alcohol and Drug Misuse  High Contract Value	Reduction in Alcohol related admissions to hospital	Notts Healthcare Trust – Substance Misuse Service in HMP Whatton	Q1 April – June 2014	% of HMP Whatton SMRS successful completions have re-engaged into the service within 6 months	<30%	Awaiting data		Notts Healthcare Trust is auditing all caseloads and codes for the next report.	These targets are being reviewed and will be confirmed after quarter one.
	Reduction in mortality from liver disease			% of successful discharges as a proportion of those in treatment (Opiate users)	25%	Awaiting data			
	Successful completion of drug treatment			% of successful discharges as a proportion of those receiving interventions (Non-Opiate users)	44%	0	⬇️⬇️	The team at Whatton often have patients remain on the caseload once treatment is complete. This is to allow long term follow up.	
				% of successful discharges as a proportion of those receiving interventions (Alcohol user)	55%	22%	↔️	A successful discharge are those discharges that are planned.	
				% of those receiving clinical/non-clinical treatment and interventions transfer/releases from HMP Whatton with a reviewed, up-to-date Recovery Plan in place	85%	Awaiting data		Notts Healthcare Trust is auditing all caseloads and codes for the next report.	
				Number of releases who had CJIT/Community Substance Misuse service 3-way communication prior to release	85%	Awaiting data			

### 3. Performance Summary - Community Safety and Violence Prevention

Contract Name & Value	Contract Outcomes	Provider	Reporting Period	Indicator	Annual Target	Quarter One Actual	Progression from last Quarter	Summary of Performance & Quality	Actions
<b>Community Safety and Violence Prevention</b>  Medium Contract Value	Reduction in Violent crime Domestic violence	Notts Women's Aid – Bassetlaw Children's Services	Q1 April – June 2014	Number of children supported this quarter	No annual target	66	↔	Performance remains consistent. No exceptions to report.	Work continues to monitor the service. No outstanding issues.
				Number of children new to service this quarter		55	↔		
				Number of children who received support for less than 6 weeks		52	↔		
				Number of children who received support for more than 6 weeks		14	↔		
				Number of children who disengaged from the support being offered		1	↔		
				Number of children who were supported 1-1		14	↔		
				Number of children who were supported in groups		52	↔		

### 3. Performance Summary - Seasonal Mortality

Contract Name & Value	Contract Outcomes	Provider	Reporting Period	Indicator	Annual Target	Quarter One Actual	Summary of Performance & Quality	Actions
<b>Seasonal Mortality</b>  Medium Contract Value	Reduction in excess winter deaths	Nottingham Energy Partnership (Greater Nottingham Healthy Housing Service (HHS))	Q1 April – June 2014	Number of people trained to deliver brief intervention	153		The data is not available for quarter one. It will be reported on in the quarter two report 2014/15.	
				Number of awareness raising community presentations / events held	5			
				Number of people attending awareness raising community presentations / events	100			
				Number of home heating and insulation referrals	600			
				Number of homes in which heating and insulation improvements are made as a result of referrals	390			

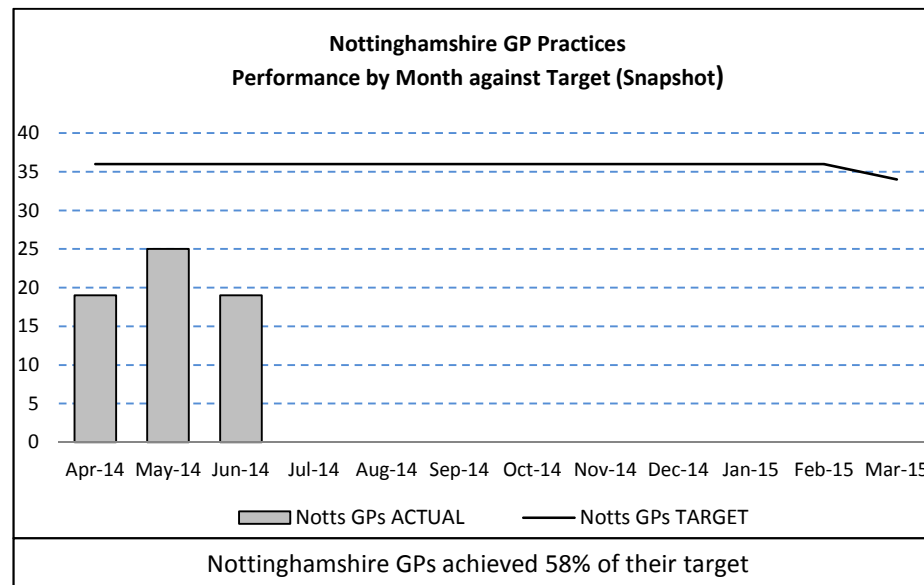
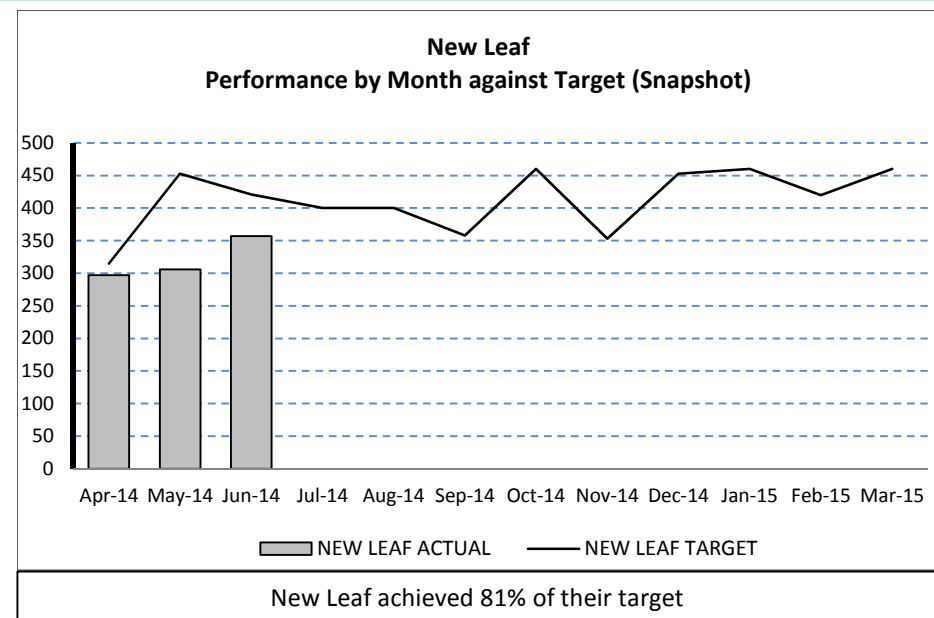
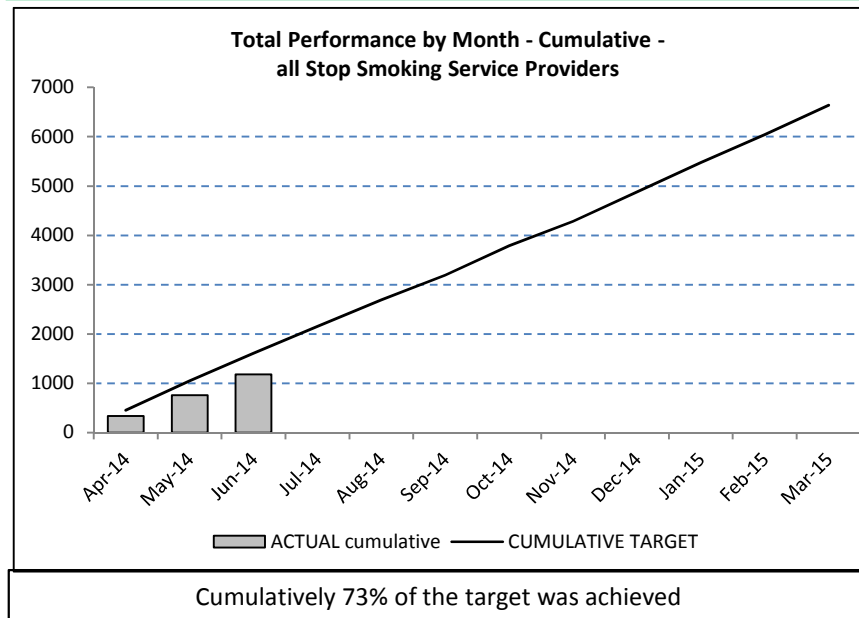
### 3. Performance Summary - Social Exclusion

Contract Name & Value	Contract Outcomes	Provider	Reporting Period	Indicator	Annual Target	Quarter One Performance	Progression from last Quarter	Summary of Performance & Quality	Actions		
<b>Social Exclusion</b>  Medium High Contract Value	To improve outcomes for children and their families by reducing poverty and Social Exclusion	Citizen’s Advice Bureau (Bassetlaw Positive Paths)	Q1 April – June 2014	Patients/clients to be provided with advice and support services	130	124	↑↑	No exceptions to report. Performance against contract continues to be over-achieved.			
				Additional Annual income for patients/clients	£310,193.50	£246,972.45	↑				
		Citizen’s Advice Bureau (Broxtowe)		The data is not available for quarter one. It will be reported on in the quarter two report 2014/15.							
		Citizen’s Advice Bureau (Notts and District CAB)		The data is not available for quarter one. It will be reported on in the quarter two report 2014/15.							
		The Friary Drop-in Service		One to one specialist advice interviews	1,668	1,456	↑	Target achieved.	Work continues to monitor the service. No outstanding issues.		

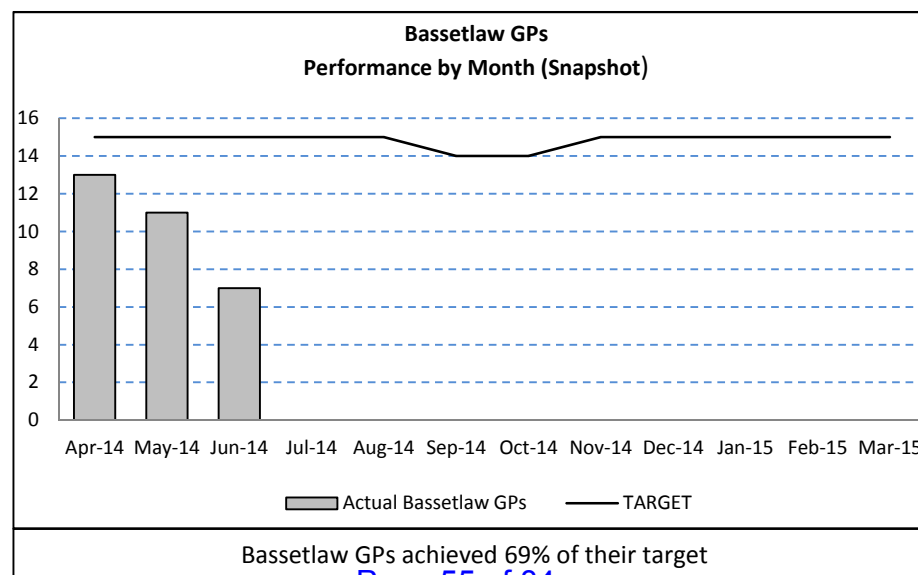
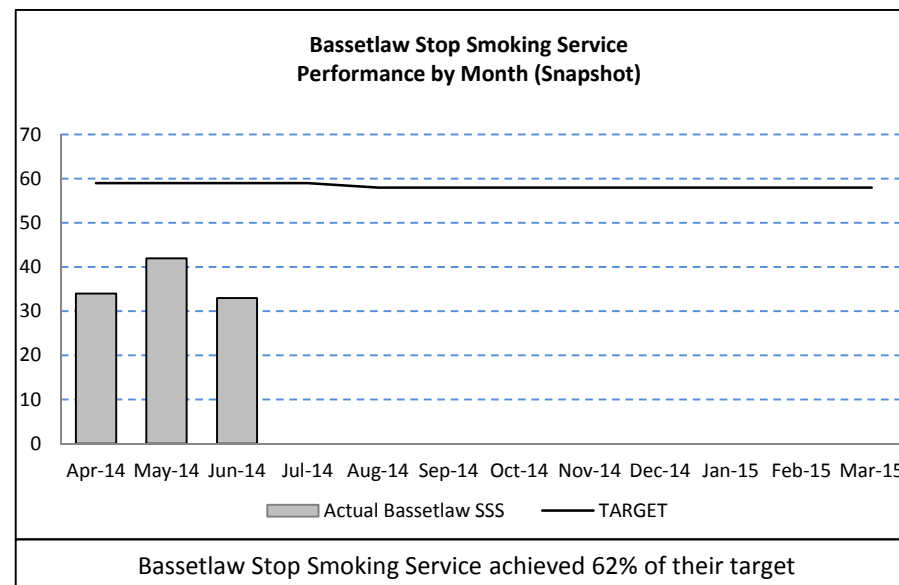
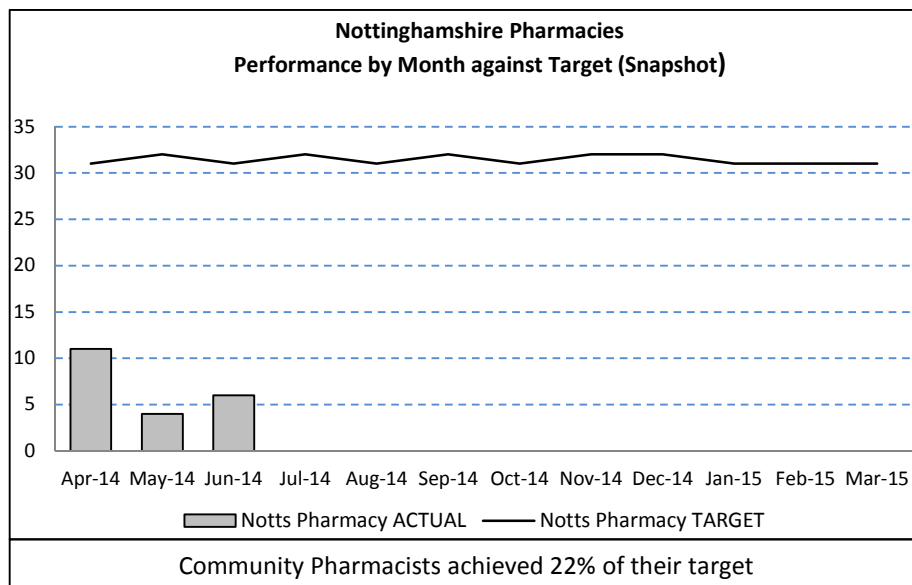
### 3. Performance Summary - Tobacco Control

Contract Name & Value	Contract Outcomes	Provider	Reporting Period	Indicator	Annual Target	Quarter One Target	Quarter One Performance	Progression from last Quarter	Summary of Performance & Quality	Actions
<b>Tobacco Control</b>  High Contract Value	Reduce adult (aged 18 or over) smoking prevalence	New Leaf – County Health Partnership (CHP)	Q1 Jan – Mar 2014	Four-week smoking quitter	4,953	1,189	960	⇓	To achieve a 0.5% reduction in prevalence in 2014/15, 6,667 four-week smoking quitters will be required.  The total target commissioned in 2014/15 is 6,638.  There has been a significant drop in performance across all providers. in quarter one., however due to the timing of the report and the delay in ascertaining the smoking status of clients, these figures are provisional only.  The reduction in performance by Specialist Providers in Quarter 1 is notable in comparison with previous years when there has historically been over-performance.	Public Health (PH) is working with other local authorities and providers to explore similar reductions in activity across the country and the reasons behind this.  PH will be exploring with providers the possibility of commissioning extra activity later in the financial year to ensure the 0.5% reduction in smoking prevalence is achieved.  PH is working with the providers to ensure action plans are in place and enacted upon to address their under-performance. These are being monitored through the contract management mechanism.  PH is working with the lead commissioners to ensure all appropriate performance management actions are taken.
	Behaviour change and social attitudes towards smoking	Community Pharmacists – Notts		Four-week smoking quitter	377	94	21	⇓		
	Prevalence rate of 18.5% by the end of 2015/16	GPs - Notts		Four-week smoking quitter	430	108	63	⇓		
		Bassetlaw Stop Smoking Service (BHP)		Four-week smoking quitter	700	177	109	⇓		
		Bassetlaw GPs		Four-week smoking quitter	178	45	31	⇓		

### 3. Performance Summary - Tobacco Control



### 3. Performance Summary - Tobacco Control



### 3. Performance Summary – Weight Management

Contract Name & Value	Contract Outcomes	Provider	Reporting Period	Indicator	Annual Target	Quarter One Performance	Progression from last Quarter	Summary of Performance & Quality	Actions
Weight Management – Medium High contract value	To achieve a downward trend in the level of excess weight in adults by 2020	Ashfield District Council – Community Nutrition	Q1 April – June 2014	Targeted one-off awareness sessions – Community	43	19	↑↑	There has been excellent performance in all areas during quarter one.	The provider has been asked to continue providing services until 31.3.15 whilst retendering of the Obesity Prevention and Weight Management Services is being undertaken.  During this period Public Health will continue to monitor their performance.
	A sustained downward trend in the level of excess weight in children by 2020			Targeted one-off awareness sessions – School	25	15	↑↑		
	Utilisation of green space for exercise/health reasons			Targeted one-off awareness sessions - Workplace	4	9	↑↑		
				Cookery Courses (cook & eat) – School	4	1	↔		

### 3. Performance Summary – Weight Management

Contract Name & Value	Contract Outcomes	Provider	Reporting Period	Indicator	Annual Target	Quarter One Target	Quarter One Performance	Progression from last Quarter	Summary of Performance & Quality	Actions
Weight Management – Medium High contract value	<p>To achieve a downward trend in the level of excess weight in adults by 2020</p> <p>A sustained downward trend in the level of excess weight in children by 2020</p> <p>Utilisation of green space for exercise/health reasons</p>	Bassetlaw District Council - Exercise Referral Scheme	Q1 April – June 2014	Number of referrals	400	100	135	↑	There has been excellent performance in these areas during quarter one.	Public Health will continue to monitor.
				Number of people who start the 12-week programme	340	85	117	↑		
				Number of people who have completed the 12-week programme	204	51	13	↓	The number of people completing the 12-week programme is low.	The figure may not be complete for quarter one due to the time lag of the programme. It will be explored with the provider.
		Bassetlaw Health Partnership - Community weight management programme (ZEST)	Q1 April – June 2014	Number of people completing a 12-week ZEST programme	150	No target	7	↓↓	The number of people completing the 12-week programme is low.	Performance is currently being discussed with the provider and targets reviewed.
				Participants achieving 5-10% weight loss	40%		22%	↔	This figure remains consistent with other quarters performance.	
		Broxtowe Borough Council – Exercise Referral Scheme	Q1 April – June 2014	Number of referrals	No target	No target	120	↔	Performance remains consistent from quarter four.	Public Health will continue to monitor.
				Number of people who start the 12-week programme			65	↔		
				Number of people who have completed the 12-week programme			41	↔		

### 3. Performance Summary – Weight Management

Contract Name & Value	Contract Outcomes	Provider	Reporting Period	Indicator	Annual Target	Quarter One Performance	Progression from last Quarter	Summary of Performance & Quality	Actions
<b>Weight Management –</b> Medium High contract value	To achieve a downward trend in the level of excess weight in adults by 2020  A sustained downward trend in the level of excess weight in children by 2020  Utilisation of green space for exercise/health reasons	County Health Partnership	Q1 April – June 2014	Targeted one-off awareness sessions - Community	160	71	↑	The provider has over-achieved in the majority of Key Performance Indicators.	Areas of concern will be monitored and explored as part of the contract monitoring / management process.
				Targeted one-off awareness sessions – School / nursery / children / young people – those signed up to the Enhanced Healthy School Status	180	132	↑		
				Targeted one-off awareness sessions – School / nursery / children / young people - school facilities and children's centres	60	23	↑		
				Targeted one-off awareness sessions - Workplace	15	2	↔		
				Cookery Courses (cook & eat) - Community	65	12	↓		
				Cookery Courses (cook & eat) – School	15	5	↑		
				Training sessions, minimum of 10-12 participants per course	65	14	↑		
				Awareness Raising Events	20	10	↑		

### 3. Performance Summary – Weight Management

Contract Name & Value	Contract Outcomes	Provider	Reporting Period	Indicator	Annual Target	Quarter One Performance	Progression from last Quarter	Summary of Performance & Quality	Actions
Weight Management – Medium High contract value	To achieve a downward trend in the level of excess weight in adults by 2020	Gedling Borough Council – Get Going in Gedling	Q1 April – June 2014	Number of walks	No target	8	Figures not available	Performance appears to be low for quarter one.	The provider is working with existing volunteers to form a constituted charity, the aim being to make the scheme sustainable long term. Have one leader trained as a cascade trainer so new leaders can be recruited and trained in future. Working with Gedling Homes to set up new walks for older people in care settings. Training arranged with Gedling Homes for September.
				Total attendances		788			
				Number of new participants for new walk	50	7			
				Number of new participants for existing walks	125	10			
	A sustained downward trend in the level of excess weight in children by 2020	Gedling Borough Council – Moving Move Often		Number of new attendances	2,874	842		Over achievement.	Areas of concern will be monitored and explored as part of the contract monitoring / management process.
				New sessions	4	2			
				Number of new participants at new sessions	40	38			
				Number of training courses	2	0		No training has taken place to date.	Training has been arranged with Gedling Homes for September.
				Number attending training	20	0			

### 3. Performance Summary – Weight Management

Contract Name & Value	Contract Outcomes	Provider	Reporting Period	Indicator	Annual Target	Quarter One Performance	Progression from last Quarter	Summary of Performance & Quality	Actions
Weight Management – Medium High contract value	To achieve a downward trend in the level of excess weight in adults by 2020  A sustained downward trend in the level of excess weight in children by 2020	Gedling Borough Council – Positive Moves, Exercise Referral Scheme	Q1 April – June 2014	Number of referrals	N/A	103	↑	No target.	The provider has communicated to all Practice Managers that the scheme is still running.  An additional 6-week evening weight management programme has been scheduled for July for exercise referral participants at Carlton Forum Leisure Centre working jointly with nutrition colleagues. 10 people attended the first week.
				Number of people who start the 12-week programme	300	70	↓	Starters are under target.	
				Number of people who complete the 12-week programme	180	38	↔	There is a lag in this data due to the indicator.	
				Number of people reaching goal	150	44	↔	On target to achieve annual target.	
	Utilisation of green space for exercise/health reasons	Mansfield District Council – Community Nutrition		Targeted one-off awareness sessions - Community	36	11	↔	Performance in all indicators is good.	Areas of concern will be monitored and explored as part of the contract monitoring / management process.
				Targeted one-off awareness sessions – School	25	31	↑		
				Targeted one-off awareness sessions – Workplace	24	6	↑		
				Cookery Courses (cook & eat) – School	4	1	↑		

### 3. Performance Summary – Weight Management

Contract Name & Value	Contract Outcomes	Provider	Reporting Period	Indicator	Annual Target	Quarter One Performance	Progression from last Quarter	Summary of Performance & Quality	Actions
Weight Management – Medium High contract value	To achieve a downward trend in the level of excess weight in adults by 2020	Newark & Sherwood District Council – Community Nutrition	Q1 April – June 2014	Targeted one-off awareness sessions - Community	60	29	⬆️	Performance in these indicators is good.	Areas of concern will be monitored and explored as part of the contract monitoring / management process.
	Targeted one-off awareness sessions – School			140	26	⬆️			
	Targeted one-off awareness sessions - Workplace			25	2	⬇️	Performance in quarter one is under achieving in relation to the annual target.		
	Cookery Courses (cook & eat) - Community			20	3	↔️			
	A sustained downward trend in the level of excess weight in children by 2020	Newark and Sherwood District Council – Exercise Referral Scheme		Number of referrals	N/A	94	⬆️	No annual target.	Areas of concern will be monitored and explored as part of the contract monitoring / management process.
	Utilisation of green space for exercise/health reasons			Number of people who start the 12-week programme	300	76	⬆️	Performance in this indicator is good.	
				Number of starters that complete the 12-week programme	N/A	69	⬆️	No annual target.	

### 3. Performance Summary – Weight Management

Contract Name & Value	Contract Outcomes	Provider	Reporting Period	Indicator	Annual Target	Quarter One Performance	Progression from last Quarter	Summary of Performance & Quality	Actions
<b>Weight Management –</b> Medium High contract value	To achieve a downward trend in the level of excess weight in adults by 2020	Bassetlaw GPs - Weight Management	Q1 April – June 2014	No. of patients that have completed a 12-week Adult Weight Management session	No annual target	71	↑	No exception to be reported.	Areas of concern will be monitored and explored as part of the contract monitoring / management process.  Practices continue to deliver weight management services.
	A sustained downward trend in the level of excess weight in children by 2020			Number of patients who attended 6 or more sessions		48	↓		
	Utilisation of green space for exercise/health reasons			Number of patients who achieved a target weight loss 6+ sessions		21	↓		

## 4. Complaints, Serious Incidents & Freedom of Information Requests

Public Health Area	Complaints relating to Health Contracts			Summary of Serious Incidents (SI)			Freedom of Information Requests relating to Public health Functions and Health Contracts
	Number of new complaints in period	Number of complaints under investigation in period	Number of complaints concluded in period	Number of new SIs in period	Number of SIs under investigation in period	Number of SIs concluded in period	
Alcohol and Drug Misuse services	None	None	None	Two	None	Two	One
Mental Health	None	None	None	None	None	None	One
Information relating to management functions	None	None	None	None	None	None	One

## 5. Contract Strategic Priorities

### NHS Health Checks

Outcome/Indicator	Public Health Outcome Framework and background
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.
<b>Health and Wellbeing Strategy Priorities</b>	Increase the number of eligible people who have a Health Check Support people with Long Term Conditions (LTC)

### National Child Measurement Programme

Outcome/Indicator	Public Health Outcome Framework and background
Excess weight ages 4-5 (Reception Year) and ages 10-11 (Year 6)	Obesity is a priority area for the Government. The “Healthy Lives, Healthy People: A call to action on obesity in England” document includes national ambitions relating to excess weight in children. Excess weight (overweight and obesity) in children often leads to excess weight in adults, and this is recognised as a major determinant of premature mortality and avoidable ill health.  The data source for the numbers of excess weight children is the National Child Measurement Programme. Public Health commissions the school nursing service to carry out this programme on its behalf. It takes place in all schools in Nottinghamshire on an annual basis. The results of the 2012/13 school year programme were published on the 11 <sup>th</sup> December 2013 and are outlined below.
<b>Health and Wellbeing Strategy Priorities</b>	Improve children and young people’s health outcomes through the integrated commissioning of services Reduce the number of people who are overweight and obese

## 5. Contract Strategic Priorities

### Comprehensive Sexual Health

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

### Alcohol and Drug Misuse

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

## 5. Contract Strategic Priorities

### Community Safety and Violence Prevention and Social Exclusion

Outcome/Indicator	Public Health Outcome Framework and background
Domestic Abuse	Tackling domestic abuse as a public health issue is vital for ensuring that some of the most vulnerable people in our society receive the support, understanding and treatment they deserve. The more we can focus in on interventions that are effective, the more we can treat victims and prevent future re-victimisation. It is also the government's strategic ambition, as set out in <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.
<b>Health and Wellbeing Strategy Priorities</b>	Working together to keep children and young people safe Improving services to support victims of domestic abuse

### Seasonal Mortality

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

## 5. Contract Strategic Priorities

### Tobacco Control

Outcome/Indicator	Public Health Outcome Framework and background
Smoking prevalence in over 18 years	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. 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.
Health and Wellbeing Strategy Priorities	Reduce the number of people who smoke

### Weight Management

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



## **REPORT OF PUBLIC HEALTH**

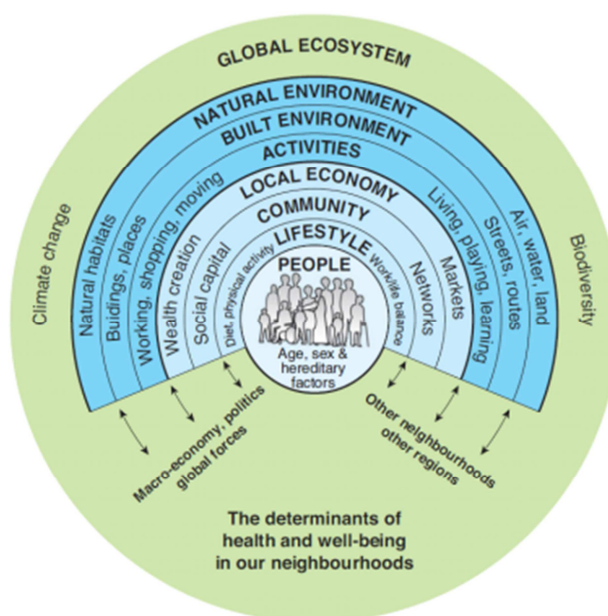
### **LOWLAND DERBYSHIRE & NOTTINGHAMSHIRE LOCAL NATURE PARTNERSHIP**

#### **Purpose of the Report**

1. To raise awareness of the role of the natural environment in the promotion of good health and helping people to recover from illness.
2. To raise awareness of the role of health and care commissioners and providers in improving the natural environment for the benefit of the health of the population.
3. To explore how Public Health can work with Lowland Derbyshire & Nottinghamshire Local Nature Partnership to contribute to health and wellbeing in Nottinghamshire.

#### **Information and Advice**

4. Many influences affect people's health and wellbeing. Those which determine the health and wellbeing of communities and individuals range from climate change and the local environment to lifestyle factors such as diet, physical activity and hereditary factors.



Source: Barton and Grant (2006)

**Does access to the natural environment improve health and wellbeing, prevent disease and help people recover from illness?**

5. Green exercise is taken in an outdoors environment and may include activities such as walking, cycling, running, gardening and conservation. Activity can take place in green spaces near to where people live or further afield in the open countryside.
6. Green space offers a number of benefits to health: -
  - Research has shown that patient recovery rates improve even if they can only view trees from their hospital window.<sup>1</sup>
  - It improves the quality of our living and working spaces, attracting business and investment and contributing to the local economy e.g. through improved air quality, noise and temperature regulation.
  - It provides employment in nature.
  - It reduces the impacts of extreme weather.
  - It provides attractive locations for walking and cycling.
  - It reduces healthcare costs.
  - Forests, peat bogs and saltmarsh can remove significant amounts of carbon from the atmosphere.
  - Trees and vegetation provide shelter from cold winds; cool the air in summer through shade and transpiration and reduce the risk of local flooding by helping water infiltrate the ground.
7. Experiencing nature in the outdoors can: -
  - Improve air quality<sup>2</sup>
  - Help tackle obesity and coronary heart disease
  - Encourage people to be more active
  - Help tackle mental health problems and restore people's ability to concentrate and reduce stress
  - Increase productivity
  - Through social interaction and access to the outdoors and nature, improve the quality of life of older people, including those living with dementia.<sup>3</sup>
8. There are many examples of good practice in Nottinghamshire e.g. Walking for Health, community food growing projects, Brook Farm in Nottinghamshire and the Eco Centre <http://www.eco-centre.org.uk/>
9. Drawing on previous costing approaches by the National Institute for Health and Clinical Excellence (NICE) and others, Natural England provides estimates of the value of the expanded Walking the Way to Health Initiative (WHI) programme for its duration and health value of universal provision of green space access.
10. The models gave the following illustrative estimates of value of the expanded WHI programme over the 3 year period:

---

<sup>1</sup> <http://nhsforest.org/evidence> accessed 18 August 2014

<sup>2</sup> <http://savinghumans.org/2013/07/10/cities-are-for-life-not-just-for-people/>

<sup>3</sup> <http://publications.naturalengland.org.uk/publication/31045?category=127020>  
<http://publications.naturalengland.org.uk/publication/6578292471627776?category=127020>  
<http://www.nice.org.uk/guidance/PH8/chapter/Appendix-C-the-evidence>

PH 1.16 Utilisation of green space for health/exercise reasons

[http://www.rspb.org.uk/Images/naturalthinking\\_tcm9-161856.pdf](http://www.rspb.org.uk/Images/naturalthinking_tcm9-161856.pdf)

- 2817 Quality Adjusted Life Years (QALY) delivered at a cost of £4008.98 per QALY.
  - Savings to the health service of £81,167,864 (based on life-cost averted).
  - A cost-benefit ratio of 1:7.18.
11. The values presented are illustrative estimates based on assumptive models. Available data is limited and this prevents all costs and benefits from being included in the calculations. If the data was available that allowed for the full financial costs to be considered across the range of delivery partners, it is still highly likely that the models would show WHI to be cost-effective, with substantial life-cost averted savings and a high cost benefit ratio.
12. Recent work has shown that where people have good perceived and/or actual access to green space they are 24% more like to physically active. If this effect was universal and the population of England was afforded equitable good access to green space it is estimated that the life-cost averted saving to the health service could be in the order of £2.1 billion per annum.<sup>4</sup>

## Key Health issues in Nottinghamshire

### Air quality

13. The Nottinghamshire Air Quality Strategy identifies the need to reduce air pollution by encouraging alternative travel modes and promoting sustainable development through the Local Transport Plan and development plan processes.<sup>5</sup>

### Obesity and Coronary Heart Disease

14. Unhealthy diets combined with physical inactivity have contributed to an increase in excess weight. Nationally, almost a quarter of adults and a sixth of children under the age of 11 are obese. It is predicted that by 2050, 60% of adult men, 50% of adult women and 25% of children may be obese. Alongside this, overweight has become usual rather than unusual<sup>6</sup>
15. In Nottinghamshire, it is estimated that 24% of adults are obese. This is around 166,000 adults aged 16 and over. Obesity appears to be higher among the more deprived.
16. In reception year, over one in five children in Nottinghamshire are either overweight or obese. By Year 6, the rate is almost one in three, similar to the national figure. In local Year 6 aged children, the prevalence of obesity is significantly higher in boys than girls (19.6% and 15.5% respectively). Nationally, 20% of boys and 16.5% of girls are obese at this age.<sup>7</sup>

### Physical Activity

<sup>4</sup> Natural England Technical Information Note TIN055 An estimate of the economic and health value and cost effectiveness of the expanded WHI scheme 2009

<sup>5</sup> North Nottinghamshire Local Transport Plan 2006-2011

<http://www.nottinghamshire.gov.uk/travelling/travel/plansstrategiesandtenders/local-transport-plan/>

<sup>6</sup> Nottinghamshire County Council [www.nottinghamshire.gov.uk/EasySiteWeb/GatewayLink.aspx?allid=343040](http://www.nottinghamshire.gov.uk/EasySiteWeb/GatewayLink.aspx?allid=343040) Accessed 18 August 2014

<sup>7</sup> Nottinghamshire JSNA children September 2013

[www.nottinghamshire.gov.uk/EasySiteWeb/GatewayLink.aspx?allid=258070](http://www.nottinghamshire.gov.uk/EasySiteWeb/GatewayLink.aspx?allid=258070) Accessed 18 August 2014

17. 21% of Nottinghamshire young people aged 11-18 years say they never play sport or do any physical activity. In Ashfield, this figure is 33%, the highest in the county (Tellus 4 Survey). Using the national proportions from the HSE (2008), it is estimated that approximately 30,000 (14,600 boys and 15,500 girls) of the 42,000 resident population in Nottingham City aged between 2-15 years are not meeting the recommended levels of physical activity.

## **Mental health and disability**

18. One in four people will encounter mental health problems at some stage of life. Positive experiences throughout the life course from early years to old age promote good mental health. There is also growing evidence that improving mental wellbeing increases the resilience of individuals and groups, and produces a wide range of benefits across society.<sup>8</sup> In Nottinghamshire 20% of the population have a disability. This is slightly higher than the average in England of 18%. A growing body of evidence identifies that people with a disability, long term condition or who are workless are more likely to suffer from poor mental health.<sup>10</sup> People with Learning Disabilities die younger and have poorer health than the general population.<sup>11</sup>

## **Work**

19. The better people feel at work, the greater their contribution and the higher their personal performance and the performance of their organisation. Addressing workplace health and wellbeing effectively will improve health outcomes for staff, reducing sickness absence, staff turnover, 'presenteeism' (attending work when unwell) and improving performance. In 2011/12, 27 million work days were lost through long term sickness (over 20 weeks), of which 22.7 million were linked to work related ill health. Helping people back into work where they have been out of work due to mental ill health can assist in some cases with recovery. Employers have an important role to play both in supporting citizens already in work and in demonstrating a willingness to provide employment for people who have been out of work due to identified health conditions.

## **Ageing population**

20. Overall, the age structure of Nottinghamshire is slightly older than the national average, with 19% of the population aged 65+ in 2011 compared with 17% in England. Our population is predicted to continue to age and over the next seven years and is expected to increase by 12% to 177,400 by 2020. Older people are more likely to experience disability and limiting long-term illnesses. More older people in Nottinghamshire are anticipated to live alone (increasing by 14% between 2014 and 2020).<sup>12</sup> Dementia is one of the main causes of disability in later life. The number of people with dementia is rising as the population ages. For example, the prevalence of dementia is expected to rise across Nottinghamshire by 88% between 2010 and 2030, with an estimated 18,400 people affected due to the ageing

---

<sup>8</sup> Kim-Cohen J, Caspi A, Moffitt T et al. (2003) Prior juvenile diagnoses in adults with mental disorder. Archives of General Psychiatry 60: 709–717; Kessler R, Berglund P, Demler o et al. (2005) Lifetime prevalence and age-of-onset distributions of DSM-IV disorders in the national comorbidity survey Replication. Archives of General Psychiatry 62: 593–602.

<sup>9</sup> Department of Health. 2011. No Health Without Mental Health.

<sup>10</sup> Nottingham City Joint Health & Wellbeing Strategy 2013-16

<sup>11</sup> Nottinghamshire Health and Wellbeing strategy priorities 2014-16 page 6

<sup>12</sup> <http://www.nottinghaminsight.org.uk/insight/jsna/county-jsna-home.aspx>

population. The rate of increase for Nottinghamshire is expected to be higher than for the East Midlands. Currently it is estimated that only about 40% of people with dementia are diagnosed and treated by their GP <sup>13</sup>

### **The role of health and care commissioners and providers in improving the natural environment for the benefit of the health of the population.**

21. The health of patients, staff and local communities can be dramatically improved by providing opportunities to exercise outdoors and access green spaces including woodlands but less than 10% of the population have access to local woodland within 500m of their home. <sup>14</sup>
22. NHS staff, patients and the local community all have key roles to play in increasing green space. There is a wealth of information about how this can be done. Nationally the NHS Forest project has information on their website for commissioners and providers: <http://nhsforest.org/get-involved>. The East Midlands NHS Sustainable Development Network trialled 3 NHS Forest projects as part of the East Midlands NHS Carbon Reduction Project and help and advice is available through the Public Health Manager with the lead for Sustainable Development.

### **Examples of good practice**

23. Birmingham NHS Foundation Trust: NHS Forest sites were identified across the combined Mental Health and Acute Trusts working collaboratively with mental health and physical disability. Site 1 was planted with 20 fruit trees as a community orchard. Other phases include providing:
- raised beds for community use
  - six bee hives
  - regenerated woodland and additional woodland planting
  - bluebell and snowdrop planting
  - a poppy meadow for the centenary of the First World War
  - a reminiscence garden for elderly care.

<http://nhsforest.org/university-hospitals-birmingham-nhs-foundation-trust>

24. Nottingham University Hospitals Trust achieving Gold status in the Food Catering Mark; - the first NHS hospital to achieve the Soil Association's Gold Food for Life Catering Mark for serving fresh, healthy meals – made with local, seasonal and organic ingredients. This ensures staff, patients and visitors at Nottingham City Hospital and Queen's Medical Centre have a guarantee that the food they are eating is prepared with fresh ingredients, free from harmful additives and trans fats and which meet high standards of traceability, freshness and provenance. It provides an independently audited framework for the hospital and ensures at least 15% of total ingredient spend is on organic ingredients, and that menus make use of ingredients produced locally and in the UK.
25. This will ensure a reduction in the use of chemicals in pesticides and fertilizers on the land, leading to an increase in bio-diversity and illustrates the potential for health services to impact on nature.

---

<sup>13</sup> Nottinghamshire Health and Wellbeing strategy priorities 2014-16 page 7

<sup>14</sup> <http://nhsforest.org/evidence>

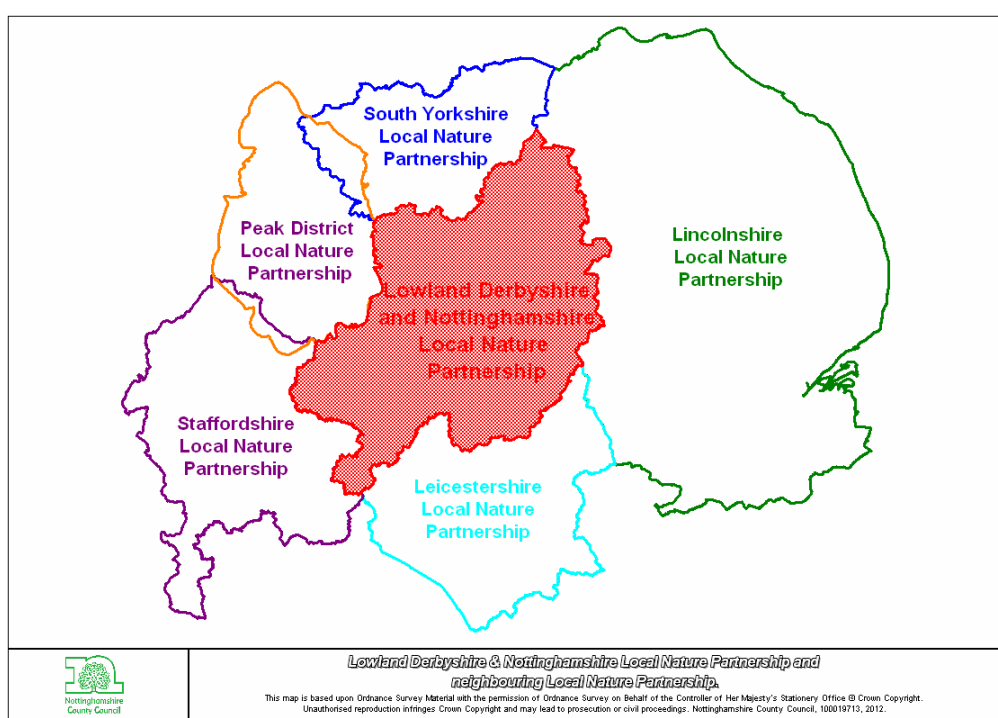
## The Lowland Derbyshire & Nottinghamshire Local Nature Partnership

26. In 2010 the new Coalition Government made a commitment to establish 50 Local Nature Partnerships across England. The Lowland Derbyshire and Nottinghamshire Local Nature Partnership covers the county of Nottinghamshire and those areas of Derbyshire (outside the Peak District) covered by the Lowland Derbyshire Biodiversity Partnership. This area is entirely within the boundary of the Derbyshire and Nottinghamshire Local Enterprise Partnership (D2N2 LEP). A map showing the area covered by the Lowland Derbyshire and Nottinghamshire Local Nature Partnership is included at Figure 1 below.

27. The main purposes of the Local Nature Partnerships are to; -

- embed the value of the natural environment in local decision making
- promote sustainable land use and management
- promote the greening of economic growth
- advise on strategic planning matters
- enhance the quality of life, health and well-being of citizens.

Figure 1: A map showing the area covered by the Lowland Derbyshire and Nottinghamshire Local Nature Partnership



28. The health strategy for the Lowland Derbyshire & Nottinghamshire Local Nature Partnership is at development stage. It will promote the potential health benefits of accessing the natural environment. Specifically to: -

- influence developers and planners to take account of the health benefits of the natural environment when planning developments

- encourage decision makers to allocate resources to improving the natural environment including health service commissioners and providers for the benefit of the health of the population
- promote the potential for health services to increase the natural environment within the estate
- identify opportunities for research into the benefits of green space on mental health
- help businesses, communities and individuals to create and enjoy the benefits of a better natural environment.

## Membership of Lowland Derbyshire & Nottinghamshire Local Nature Partnership

29. Membership comprises:

- **Private sector:** Toyota UK (chair), National Farmers Union, Center Parcs, David Wilson Homes, Lafarge Tarmac, Water industry
- **Local government and health:** Derbyshire County Council, Nottinghamshire Health & Wellbeing Board, Nottingham and Nottinghamshire Health & Sustainable Development
- **Voluntary/Environmental sector:** Derbyshire Wildlife Trust / East Midlands Biodiversity Partnership, Nottinghamshire Wildlife Trust, RSPB, Rural Community Action Nottinghamshire
- **Public Bodies:** Natural England, National Forest, Derby University
- The Board is supported by its employee, Rosy Carter, and by officers of the two County Councils and staff of Toyota. For more information see: <http://www.derbyshirebiodiversity.org.uk/lnp/index.php>

## How can Public Health work with Lowland Derbyshire & Nottinghamshire Local Nature Partnership to contribute to health and wellbeing in Nottinghamshire?

30. The LNP can contribute knowledge and expertise about the natural environment that will help to identify areas for joint work. The LNP is keen to work with Public Health and Health & Wellbeing Boards to:

- implement healthy living and access to green space and countryside.
- Highlight the importance of natural areas, active lifestyles and active transport in preventative health.
- Deliver landscape scale projects on behalf of LEPs (e.g. Regional Growth Fund and EU Structural Investment Funds) or on their own account through LNP partner organisations.
- Contribute to strategic land use planning processes and early interventions with businesses and developers to map and develop opportunities for enhancing biodiversity and greenspace at major development sites
- Influence policy and strategies to achieve better health and improved environment
- Stimulate new projects and services that are based on sustainable, environmentally friendly growth
- Reduce costs of services and improving outcomes.

31. Create a 'natural health service' for Derbyshire and Nottinghamshire delivering:

- NHS Forest initiatives
- increased physical activity e.g. walking for health groups for care homes;
- tools to help GP practices to 'pull' people into healthier living rather than
- push/prescribe outdoor activity; green gym opportunities through setting up of more site based Friends Groups to build capacity to enhance biodiversity

- mitigation of climate change impacts on health.

## **Reasons for Recommendations**

32. To improve health and wellbeing at a time of austerity

## **Statutory and Policy Implications**

33. 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.

## **Financial Implications**

34. This work will contribute to an improvement in health and wellbeing through intelligent use of natural resources.

## **Human Resources Implications**

35. Existing staff training through awareness raising sessions.

## **Human Rights Implications**

36. Currently residents in care homes are regularly deprived of access to fresh air due to risk averse procedures by care home staff. This work could help to address this issue.

## **Implications for Service Users**

37. Service Users will benefit through improved health and wellbeing.

## **Implications for Sustainability and the Environment**

38. Sustainability and the Environment will improve as a result.

## **Ways of Working Implications**

39. Training and awareness raising for staff will help to improve the natural environment and health and wellbeing

## **RECOMMENDATIONS**

The Public Health Committee is asked to:

- 1) Support the development of joint working between the LNP, Public Health and the Nottinghamshire Health and Wellbeing Board.

- 2) Support the mapping of existing health and wellbeing work with the natural environment and best practice / gaps
- 3) Develop ways of complementing and enhancing outcomes by working together.
- 4) Develop project proposals based on key areas of priority where resources allow.

### **Helen Ross and Councillor Martin Suthers**

For any enquiries about this report please contact:  
Helen Ross, Public Health Manager at Nottingham City Council  
Telephone 0115 876 5759  
[Helen.ross@nottinghamcity.gov.uk](mailto:Helen.ross@nottinghamcity.gov.uk)

### **Background Papers and Published Documents**

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

- None

### **Electoral Divisions and Members Affected**

- All



**REPORT OF CORPORATE DIRECTOR, POLICY, PLANNING AND  
CORPORATE SERVICES****WORK PROGRAMME****Purpose of the Report**

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

**Information and Advice**

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

**Other Options Considered**

5. None.

**Reason/s for Recommendation/s**

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

**Statutory and Policy Implications**

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

## **RECOMMENDATION/S**

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

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

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

### **Constitutional Comments (HD)**

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

### **Financial Comments (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 Work Programme 2014/15

Meeting Dates	PH Committee	Lead Officer	Supporting Officer
<b>11 September 2014</b>	Presentation on Domestic Violence ( in conjunction with the Police & Crime Commissioner's office)	Barbara Brady	Rachel Adams
	Report on Domestic Abuse Services	Barbara Brady	Rachel Adams
	Obesity Prevention and Weight Management Services Commissioning Update	Barbara Brady	Ann Pridgeon
	Local Nature Partnership	Martin Suthers	Helen Ross
	NHS Health Checks	John Tomlinson	Helen Scott
	Public Health Outcomes Programme	Chris Kenny	Cathy Quinn
	Public Health Services Performance and Quality Report for Health Contracts – April – June 2014	Cathy Quinn	Lynn Robinson
<b>26 November 2014</b>	Presentation on Public Health policy area – Sexual Health	Jonathan Gribbin	Sally Handley
	Report on Sexual Health Services	Jonathan Gribbin	Sally Handley
	Community Infection Prevention & Control commissioning (TBC)	Jonathan Gribbin	Tracy Burton
	Winter warmth report	Mary Corcoran	Gill Oliver
	Report on Realignment of Public Health grant 2014-15	Cathy Quinn	
	NHS England Commissioning Intentions for Prison Health	Barbara Brady	Tristan Poole
	Page 81 of 84		

<b>Extra 2pm Thursday, 11 December 2014</b>	Consideration of the tender / procurement process for obesity prevention and weight management.	Barbara Brady	Anne Pridgeon
<b>21 January 2015</b>	<p>Presentation on Public Health policy area – Health Protection</p> <p>Recommissioning Tobacco Control</p> <p>Progress report on Public Health Business Plan / Health &amp; Wellbeing Strategy</p> <p>Dental Public Health &amp; Fluoridation</p> <p>Public Health Services Performance and Quality Report for Health Contracts – July - September 2014</p>	<p>Jonathan Gribbin</p> <p>John Tomlinson</p> <p>Cathy Quinn</p> <p>Kate Allen</p> <p>Cathy Quinn</p>	<p>Lindsay Price</p> <p>Nathalie Birkett</p>
<b>12 March 2015</b>	<p>Presentation on Public Health policy area – Obesity</p> <p>Obesity performance report</p> <p>Public Health Budget Proposals 2015-16</p> <p>Domestic Abuse update</p> <p>Public Health Services Performance and Quality Report for Health Contracts - October – December 2014</p>	<p>Barbara Brady</p> <p>Barbara Brady</p> <p>Chris Kenny</p> <p>Barbara Brady</p> <p>Cathy Quinn</p>	<p>Anne Pridgeon</p> <p>Anne Pridgeon</p> <p>Cathy Quinn</p> <p>Nick Romilly</p> <p>Nathalie Birkett</p>
<b>12 May 2015</b>	<p>Presentation on Public Health policy area – Substance Misuse</p> <p>Substance Misuse performance report</p> <p>Public Health Business Plan 2015-16 (Inc procurement intentions)</p>	<p>Barbara Brady</p> <p>Barbara Brady</p> <p>Cathy Quinn</p>	<p>Sally Handley</p> <p>Sally Handley</p>

	Report on Realignment of Public Health grant 2014-15	Cathy Quinn	
<b>2 July 2015</b>	<p>Presentation on Public Health policy area – General Prevention</p> <p>Progress report on Public Health Business Plan / Health &amp; Wellbeing Strategy</p> <p>Tobacco Control performance report</p> <p>Public Health Services Performance and Quality Report for Health Contracts - Jan-Mar 2015</p>	<p>Mary Corcoran</p> <p>Cathy Quinn</p> <p>John Tomlinson</p> <p>Cathy Quinn</p>	Gill Oliver

