Nottinghamshire County Council

Public Health Sub-Committee

Monday, 11 February 2013 at 14:00

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

AGENDA

1	To note the appointment by the County Council of Cllr Martin Suthers as Chairman of the Sub-Committe	
2	Election of Vice-Chairman	
3	Apologies for Absence	
4	Declarations of Interests by Members and Officers:- (see note below) (a) Disclosable Pecuniary Interests (b) Private Interests (pecuniary and non-pecuniary)	
5	Membership and Terms of Reference	3 - 6
6	Introduction to Public Health: Presentation by Dr Chris Kenny, Director of Public Health.	
7	Public Health Grant and Budget Planning	7 - 14
8	Public Health Transition from NHS to County Council	15 - 18
9	Public Health Legacy Document	19 - 38
10	Community Based Substance Misuse Treatment and Recovery Services	39 - 42

Notes

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

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

Customer Services Centre 0300 500 80 80

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

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

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

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

Nottinghamshire County Council

Report to Public Health Sub-Committee

11 February 2013

Agenda Item: 5

REPORT OF CORPORATE DIRECTOR, POLICY PLANNING AND CORPORATE SERVICES

MEMBERSHIP AND TERMS OF REFERENCE

Purpose of the Report

1. To note the Sub-Committee's membership and terms of reference.

Information and Advice

Membership

2. The following members have been appointed to the Public Health Sub-Committee:

Councillor
Joyce Bosnjak
Steve Carroll
Ged Clarke
John Doddy
June Stendall
Martin Suthers
Stuart Wallace
Liz Yates
Vacancy (Liberal/Democrat)

Ex-officio (non-voting): Councillor Mrs Kay Cutts

Terms of Reference

3. County Council on 20 December 2012 agreed that the terms of reference for the Sub-Committee would be:

1. This is a sub-committee of the Policy Committee.

2. The exercise of the powers and functions set out below are delegated in relation to Public Health:

a. All decisions within the control of the Council including but not limited to those listed in the Table below

b. Policy development in relation to Public Health, subject to approval by the Policy Committee or the Full Council

c. Review of performance on at least a quarterly basis

d. Review of day to day operational decisions taken by Officers

e. Approval of consultation responses

f. Approval of relevant staffing structures as required

3. If any report comes within the remit of more than one committee, to avoid the report being discussed at several committees, the report will be presented and determined at the most appropriate committee. If this is not clear, then the report will be discussed and determined by the Policy Committee.

4. As part of the detailed work programme the Sub-Committee will receive reports on the exercise of powers delegated to Officers.

5. The Sub-Committee will be responsible for its own projects but, where it considers it appropriate, projects will be considered by a cross-committee project steering group that will report back to the most appropriate committee.

	Table
	Responsibility for Public Health with the exception of functions reserved to the Health and Wellbeing Board

4. For information, the terms of reference of the Health and Wellbeing Board are shown in Appendix 1. The Board has been meeting in a shadow form since May 2011, and will take up its full powers on 1 April 2013.

Reason/s for Recommendation/s

5. To advise the Sub-Committee of its terms of reference and how they relate to those of the Health and Wellbeing Board.

Statutory and Policy Implications

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

RECOMMENDATION/S

1) That the Sub-Committee's membership and terms of reference be noted.

Jayne Francis-Ward
Corporate Director Policy Planning and Corporate Services

For any enquiries about this report please contact: Paul Davies 0115 977 3299

Constitutional Comments

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

Financial Comments

8. None.

Background Papers and Published Documents

None.

Electoral Division(s) and Member(s) Affected

All

HEALTH AND WELLBEING BOARD (SHADOW)

TERMS OF REFERENCE

1. Preparing and publishing a Joint Strategic Needs Assessment of the population of Nottinghamshire.

2. Preparing a Health and Wellbeing Strategy based on the needs identified in the Joint Strategic Needs Assessment and overseeing the implementation of the strategy.

3. Ensuring that commissioning plans have due regard to the Joint Strategic Needs Assessment and the Health and Wellbeing Strategy.

4. Promoting integrated working including joint commissioning in order to deliver cost effective services and appropriate choice. This will also include joint working with services that impact on wider health determinants.

NOTE: This Committee is in shadow form until the Health and Social Care Act's statutory powers are in place from April 2013.

Nottinghamshire County Council

Report to the Public Health Subcommittee

11 February 2013

Agenda Item:

REPORT OF THE DIRECTOR OF PUBLIC HEALTH

PUBLIC HEALTH GRANT AND BUDGET PLANNING REPORT

Purpose of the Report

1. To update the Public Health Subcommittee on the Public Health Grant and associated arrangements recently announced and to provide an outline Financial Plan for 2013/14 for approval.

Information and Advice

Public Health Grant & Reporting Arrangements

2. As from April 2013 Public Health functions will be funded through three principal routes:
   - Ring-fenced grants to upper tier and unitary local authorities
   - Through the NHS Commissioning Board
   - Public Health England commissioning or providing services itself

3. The ring fenced Public Health Grant for 2013/14 and 2014/15 was announced on the 10th January 2013 along with supporting guidance detailing the determinants, conditions and administering arrangements.

4. The allocations for Nottinghamshire (including Bassetlaw) are as follows (NB: This includes 2.8% growth and additional elements that were previously excluded from calculations):
   - 2013/14 £35.1m
   - 2014/15 £36.1m

   (Average growth is 5.5% in 2013/14 – the minimum growth is 2.8%)

5. The Joint Strategic Needs Assessment and Health & Wellbeing Strategy will drive commissioning plans and hence public health expenditure. The Public Health Outcomes Framework should also be regarded when setting budgets.

6. It is important that the Public Health Grant is only 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.

7. Nottinghamshire County Council will report financial plans and actual spend against the grant through existing quarterly revenue outturn (RO) returns. Annex 1 lists the Public Health sub categories which will need to be reported against.

8. Nottinghamshire County Council will need to ensure that the finances reported are verified and in line with the purpose set out in the grant conditions and the Chief Executive will need to return a statement confirming that the grant has been used in line with these conditions.

9. The use of the grant will be subject to existing local authority financial management requirements and the Department of Health will expect the External Auditor to highlight any issues of concern in the account of the grant spend.

10. Public Health England will review plans and returns relating to the Public Health Grant on behalf of the Department of Health.

Outline Financial Plan 2013/14

11. A draft financial plan was produced in October 2012 following the Public Health Confirm and Challenge session and a financial options paper has been presented to the Corporate Leadership Team and the Health & Wellbeing Board. The options paper was based on receiving a PH Grant of £29.9m in 2013/14 with contractual pre-commitments (including staffing and directorate non pay) estimating the same.

12. The paper also highlighted that expenditure proposals put forward by the PH Directorate at the Confirm & Challenge session (including pre-commitments) totalled £32.8m. Annex 2 is based on the information previously collated, but amended to include elements that now fall within the grant allocation. It analyses the total value at Public Health policy area level.

13. Further validation work has now taken place between Local Authority Procurement, Finance and NHS Contracting Teams and table 1 below summarises the outline financial plan for consideration.

Table 1

	£
Pre-commitments (inc Staff costs and Directorate expenses)	29.9
Estimated Local Authority Overheads	0.4
Income from Police and Crime Commissioner	(0.6)
Estimated Prescribing Costs relating to Primary Care Services (Sexual Health & Tobacco Control)	0.9
PH Directorate proposals (Annex 2 – column 3)	2.8
Innovation/Development fund	1.2
Earmarked Reserves for recurrent items (premises, service growth)	0.5
Total £	**35.1**

14. It is recommended that a Public Health Innovation/Development fund is created with the remaining Public Health Grant balance of £1.2m. Proposals against this fund will be prioritised in line with the Health & Wellbeing Strategy, the Business Plan and the Public Health Outcomes Framework. A further report will be presented to the Public Health Subcommittee for approval of any proposed plans.

Statutory and Policy Implications

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

RECOMMENDATION/S

The Public Health Subcommittee are asked to:

1) Note the information on the Public Health Grant for Nottinghamshire, including the allocation, purpose and reporting arrangements.

2) Approve the Outline Financial Plan, and creation of an innovation/development fund with effect from 1 April 2013.

3) Receive a further report on Public Health proposals for approval at a future meeting.

Chris Kenny
Director of Public Health

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

Constitutional Comments (NAB 1.2.13)

16. The Public Health Sub-committee has authority to approve the recommendation set out in this report by virtue of its terms of reference.

Financial Comments (NR 1.2.13)

17. The financial implications are set out throughout the report.

Background Papers

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

Electoral Division(s) and Member(s) Affected

All

Annex 1

Local Authority spend will need to be reported against the following categories:

Priority mandated functions:

1. Sexual Health Services – STI Testing and Treatment
2. Sexual Health Services – Contraception
3. NHS Health Check programme
4. Local Authority role in Health Protection
5. Public Health Advice
6. National Childhood Measurement Programme

(The services and steps that will be prescribed are set out in 'Public Health in Local Government – factsheets')

Other functions:

7. Sexual Health Services – Advice, prevention and promotion
8. Obesity – Adults
9. Obesity – Children
10. Physical Activity – Adults
11. Physical Activity – Children
12. Drug Misuse – Adults
13. Alcohol Misuse – Adults
14. Substance Misuse (drugs and alcohol) – youth services
15. Stop smoking services and interventions
16. Wider tobacco control
17. Children 5-19 public health programmes
18. Miscellaneous, which includes:
    - Non-mandatory elements of the NHS Health Check Programme
    - Nutrition initiatives
    - Health at work
    - Programmes to prevent accidents
    - Public mental health
    - General prevention activities

- Community safety, violence prevention and social exclusion
- Dental public health
- Fluoridation
- Local authority role in surveillance and control of infectious disease
- Information and intelligence
- Any public health spend on environmental hazards protection
- Local initiatives to reduce excess deaths from seasonal mortality
- Population level interventions to reduce and prevent birth defects (supporting role)
- Wider determinants

Annex 2

Public Health - Financial Plan 2013/14 by policy area

Programme Area	2013/14 Budgets Requested at Confirm & Challenge			
	Pre-committed £	Additional requested £	Total Recurrent £	Non Recurrent requested £
Public Health Directorate Pay	2,958,300	-	2,958,300	-
Directorate Non Pay	150,000	-	150,000	-
Mandated Functions:				
Dealing with Health protection incidents & emergencies	-	2,500	2,500	-
Comprehensive sexual health services	5,390,477	507,376	5,897,853	-
National Child Measurement Programme (inc in School Nursing Contract - Children 5-19)	-	-	-	-
NHS Health Checks (Assessment & Lifestyle interventions)	889,221	459,452	1,348,673	32,000
Non Mandated Functions:				
Obesity, Nutrition and Exercise	959,950	540,050	1,500,000	500,000
Tobacco control	1,891,236	766,834	2,658,070	-
Alcohol and Drug Misuse services (includes Police & Crime Commissioner contracts)	12,704,921	-	12,704,921	-
Local initiatives on workplace health	-	227,000	227,000	-
Dental public health & Fluoridation	235,700	-	235,700	-
Public mental health services	-	107,900	107,900	-
Public health services for children and young people aged 5-19, including healthy schools	4,173,785	-	4,173,785	-
Accidental injury prevention, including falls prevention	-	5,000	5,000	-
Population level interventions to reduce and prevent birth defects	33,000	-	33,000	-
Behavioural and lifestyle campaigns to prevent cancer and long-term conditions	258,391	15,000	273,391	-
Local initiatives to reduce excess deaths as a result of seasonal mortality	15,000	-	15,000	-
Public health aspects of promotion of community safety, violence prevention and response	103,775	152,895	256,670	
Public aspects of local initiatives to tackle social exclusion	155,396	5,000	160,396	36,000
Local initiatives to reduce public health impacts of environmental risks	-	-	-	-
Infection prevention and control services	32,012	1,000	33,012	
Totals (£)	**29,951,164**	**2,790,007**	**32,741,171**	**568,000**

Nottinghamshire County Council

Report to the Public Health Subcommittee

11 February 2013

Agenda Item:

REPORT OF THE DIRECTOR OF PUBLIC HEALTH

PUBLIC HEALTH TRANSITION

Purpose of the Report

1. This report provides information on the transfer of the Public Health department and associated function from NHS Nottinghamshire County to Nottinghamshire County Council. It describes progress made to date, risks and planned actions to resolve issues before 1 April 2013.

Information and Advice

Context

2. The Health & Social Care Act 2012 will come into force on 1 April 2013. The act gives all upper tier Local Authorities the statutory responsibility for promoting health improvement in the local population. This responsibility is underpinned by the creation of Health & Wellbeing Boards and the transfer of Public Health staff and functions from the NHS into upper tier Local Authorities.

Public Health Department

3. Including the Director of Public Health, there are currently 59 members of staff in the Public Health (PH) department that will be transferring on 1 April 2013. The department is responsible for commissioning Public Health services to improve health and wellbeing and reduce health inequalities across local communities. Public Health performs this role through using Public Health and scientific skills to:

- Identify the level of local Public Health needs within local communities
- Analyse evidence to define the services and interventions that are known to work;
- Compare cost effectiveness (or value for money) of a range of interventions;
- Set service quality standards based on evidence
- Define, monitor and analyse Public Health information and outcomes, comparing these with neighbouring areas.
- Improve collaboration and integration across health, social care and third sector organisations.

Location of Public Health

4. Within Nottinghamshire, early discussions took place to relocate Public Health staff within Local Authority premises. This took place in November 2011 (with the exception of Staff working for NHS Bassetlaw.) The Public Health Department is now located within County

Hall and Meadow House. The remaining Public Health staff located in Bassetlaw are due to move to Meadow House in February 2013. Since the move, Public Health has been hosted within the Adult Social Care, Health & Public Protection directorate to provide internal accountability within the Council during transition.

5. On 1 April 2013, the Public Health department will formally transfer from the NHS to Nottinghamshire County Council. From April, Public Health (PH) will be a separate directorate within the Council. This will mean that PH will be managed as a separate department but staff will be functionally integrated into other parts of the Council, allowing for close working relationships across all directorates.

6. Dr Chris Kenny will be accountable to the Chief Executive in his role as Director of Public Health, and existing structures and relationships will be aligned to ensure effective governance arrangements are in place for all aspects of Public Health within Nottinghamshire County Council

Transition Plan

7. A detailed transition plan has managed the transition process since November 2011 and describes the actions being taken to make sure the Public Health transfer runs smoothly and to time. The plan covers four main elements:
    - **Maintaining the day-to-day Public Health Function during Transition** – a Public Health Business Plan and regular reporting has kept an overview of progress on a daily basis during transition.
    - **Delivering the Health & Wellbeing Public Health Function from April 2013** – The Nottinghamshire shadow Health & Wellbeing Board has been meeting since May 2011. Significant progress has been made to prepare the Board for its statuary function from 1 April 2013.
    - **Transfer and maintenance of an effective Public Health Workforce** – a joint management and trade union working group is in place to manage the transfer of staff.
    - **Transferring the Public Health function and infrastructure to support delivery** – a series of work streams is in place to manage the transfer of services, contracts and supporting structures connected to the Public Health function.

8. A dedicated Project Board has been established within the Council to manage the transition to give in depth support to areas of transition that require detailed action. The project is sponsored through David Pearson and Chris Kenny and led by Cathy Quinn, Associate Director of Public Health.

Key Issues

9. The Transition is running smoothly and is set to deliver the remaining actions in time for the formal transfer on 1 April 2013. The following issues have been highlighted which are currently being worked through to make sure a solution is in place before April 13. These are not deemed to pose a significant risk at this time.

10. **Human Resources** – A joint management and trade union working group is in place and the formal staff consultation commenced on 17 January 2013. In the main, staff terms and conditions are being nationally negotiated as part of a transfer scheme. These apply TUPE principles and will be consistent across the country at the time of transfer. However there is

still work to be done on defining the local agreements, such as flexible working and long service awards. These will be confirmed shortly and consulted with trade unions and staff.

11. **IT connection and Information Governance** – a working group is in place to take forward work to secure access to the health information systems that are needed for Public Health to continue to perform their function after April 2013. There have been some delays around securing an IT connection and national delays around information Governance requirements. However contingency plans are in place and work is progressing to resolve issues in time for April 13.

12. **Contract Transfer** – a list of contracts relating to Public Health services has been compiled in preparation for transfer to Nottinghamshire County Council. Final queries are being raised with Clinical Commissioning Groups, NHS Commissioning Board Area Teams and the PCTs to make sure these are transferred to the right organisation. A quality and performance framework is also being developed to support the future commissioning of PH services within the Council. Issues around property liability are being discussed to clarify risks associated with future decommissioning of services. These will be raised within the PCT and Council once information is available.

13. A transfer scheme is being compiled for the PCT that will form the legal transfer of staff employment, assets and liabilities, (including service contracts) between the PCT and successor organisations. The elements relating to Public Health appear uncomplicated and should not pose a risk to the organisation. The transfer scheme will be presented at the Policy Committee in March for approval due to the need to gain organisations approval before the end March 13.

Statutory and Policy Implications

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

RECOMMENDATION/S

1) The Public Health Subcommittee are asked to note the progress being made on the Public Health transition to Nottinghamshire County Council.

Dr Chris Kenny
Director of Public Health

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

Constitutional Comments (NAB 1.2.13)

15. The Public Health Sub-committee has authority to consider the matters set out in this report by virtue of its terms of reference.

Financial Comments (NR 1.2.13)

16. There are no financial implications arising directly from this report.

Background Papers

Public Health Transition Plan March 2012.

Public Health Business Plan 2012-13 revised July 2012.

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

Electoral Division(s) and Member(s) Affected

All

Nottinghamshire County Council

Report to the Public Health Subcommittee

11 February 2013

Agenda Item:

REPORT OF THE DIRECTOR OF PUBLIC HEALTH

PUBLIC HEALTH LEGACY DOCUMENT

Purpose of the Report

1. To inform the Public Health Sub-Committee of the process followed to document historic arrangements and agreements for Public Health Services and seek endorsement of the Public Health Legacy Document.

Information and Advice

2. During the transfer of Public Health from the National Health Service (NHS) into local government it is essential that the handover process builds on previous work and learning in order to avoid duplication of effort or omissions.

3. Within the changes resulting from the Health and Social Care Act 2012 most Public Health responsibilities will transfer into local government. There are some responsibilities such as immunisations and screening which will transfer to the NHS Commissioning Board and other responsibilities such as commissioning for long term conditions which will transfer to the Clinical Commissioning Groups.

4. It was recognised that while there would be some transfer of staff and expertise to support these changes. However, it would be essential to ensure that a formal handover of information take place to ensure risks are minimised and business continuity and quality is maintained during the transition.

5. The Public Health Legacy Document has been prepared in line with guidance provided by the Department of Health. It is intended that it will be made available not only within local government but also to other receiver organisations, taking on responsibility for services previously managed within Public Health in NHS Nottinghamshire County and NHS Bassetlaw.

6. The Public Health Legacy Document will also form part of an overarching document for both NHS Nottinghamshire County and NHS Bassetlaw Primary Care Trusts as they are dissolved on 31 March 2013.

7. The Legacy Document is for internal business processes and therefore supporting information and appendices referred to within the document are only accessible within the

Department. Any requests for further information will be managed through the freedom of Information process.

Statutory and Policy Implications

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

RECOMMENDATION/S

1) The Public Health Subcommittee are asked to endorse the Public Health Legacy Document, with effect from 1 April 2013.

Chris Kenny
Director of Public Health

For any enquiries about this report please contact:

Nicola Lane
Public Health Manager
T: 0115 977 2139
E: nicola.lane@nottspct.nhs.uk or nicola.lane@nottscc.gov.uk

Constitutional Comments (NAB 1.2.13)

The Public Health Sub-committee has authority to consider the matters set out in this report by virtue of its terms of reference.

Financial Comments (NR 1.2.13)

There are no financial implications arising directly from this report.

Background Papers

How to: maintain quality during the transition: Preparing for handover
The National Quality Board May 2012
http://www.dh.gov.uk/health/2012/05/handover-guide/

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

Electoral Division(s) and Member(s) Affected
All

Legacy Document for Public Health
NHS Nottinghamshire County and NHS Bassetlaw

Information for the reader

Document Purpose:	The purpose of this document is to meet the mandate requirements of the National Quality Board to enable organisational memory and quality during and post the transitional arrangements of the reforms bought about by the Health and Social Care Bill 2012.
Author:	Sonya Clark, Public Health Manager
Publication Date:	
Audience:	
Related documents;	This Document should be read in conjunction with; • NHS Nottinghamshire County & Nottingham City Cluster legacy document • NHS Bassetlaw legacy document
Contact Details:	Cathy Quinn 0115 977 2882 cathy.quinn@nottspct.nhs.uk Nicola Lane 0115 977 2130 nicola.lane@nottspct.nhs.uk

Document/Version Control

Version	Date	Who	Why
0.1	17/07/2012	S Clark	Suggested format for document
1.2	23/10/2012	S Clark	1st Draft to C Quinn for comment and review
1.3	24/10/2012	C Quinn	Review draft
1.4	24/10/2012	S Clark	1st Draft circulated to PH directorate for comment and input
2.0	15.01.2013	N Lane	

Contents

Glossary & Abbreviations

CCG	Clinical Commissioning Group
NCB	National Commissioning Board
PCT	Primary Care Trust
SHA	Strategic Health Authority
DH	Department of Health
LES	Locally Enhanced Service
MOU	Memorandum of understanding
NES	Nationally Enhanced Service

1. INTRODUCTION

The National Quality Board publication 'How to: 'Maintain Quality during the transition: Preparing for Handover', (May 2011) set out the importance of preparing a legacy document to endure that information about quality was not lost as organisations change.

This document can be accessed via this link: http://www.dh.gov.uk/health/2012/05/handover-guide/

The purpose of this legacy document is to:

- retain a 'log' of organisational memory as the NHS undergoes major structural changes to how it is organised and managed
- enhance the robustness of handover arrangements
- capture and transfer organisational memory and information
- ensure quality and safety is not put at risk during structural change

The Department of Health subsequently issued the checklist 'Handover of the PH functions of service' which was based on the principles outlines in the National Quality Board document and provided further guidance specific to public health.

This legacy document is for Nottinghamshire County and covers the public health interface with all 6 districts/boroughs and future Clinical Commissioning Groups (CCGs):

- Mansfield and Ashfield CCG
- Nottingham North and East CCG
- Rushcliffe CCG
- Bassetlaw CCG
- Newark and Sherwood CCG
- Nottingham West CCG

It will feed into the legacy and planning for both Nottinghamshire and South Yorkshire cluster PCT's and covers information relating to public health for NHS Nottinghamshire County and NHS Bassetlaw. It does not relate to any activity within Nottingham City which will be included in legacy documents from NHS Nottingham City.

The scope of this document extends to services that are related to public health; both pre and post April 2013. It does not cover the majority of clinical, medical or

traditional healthcare services. For legacy purposes, details of such services contained within the related legacy documents produced by NHS Nottinghamshire County and Nottingham City Cluster and NHS Bassetlaw.

It is intended that this legacy document should be finalised in January 2013. However, as new commissioning systems are clarified, it is likely that the document will continue to evolve. Updates are scheduled for:

- 1st draft October 2012
- 2nd review November 2012
- 3rd review and final document January 2013
- Review & update 31 March 2013

The development of the legacy document is the responsibility of the Associate Director of Public Health.

2. EXECUTIVE SUMMARY

2.1. The organisation/system

Dr Chris Kenny, Director of Public Health is responsible for the transition of public health.

Operational management for the transition is being lead by;

Cathy Quinn Associate Director of Public Health: HR, ICT/IG, location/bases, legacy, transition of public health budgets, Health & Wellbeing Board and strategy.

Tracy Madge Associate Director of Public Health: effective transfer of PH contracts into the local authority and out to other receiver organisations in the NHS, and the development and approval of a Public Health 'Core Offer' 2013-2016 Memorandum of Understanding (MOU) with CCGs.

A Public Health Transition Board was established within the NCC Improvement Programme in November 2012 to oversee the transition. Documents relating to this group can be found: J:\Transition\PH Transition Board

2.2. Overview of sender and receiver organisations

There is an assumption that full transition would occur within the national timescales including the transfer of people, budgets, and contracts.

Sender organisations	Receiver organisations
NHS Nottinghamshire County Teaching NHS Bassetlaw	6 Clinical Commissioning Groups; • NHS Bassetlaw CCG • NHS Mansfield & Ashfield CCG • NHS Newark & Sherwood CCG • NHS Nottingham North & East CCG • NHS Nottingham West CCG • NHS Rushcliffe CCG

	Clinical Support Units x2 Nottinghamshire County Council National Commissioning Board • Derbyshire and Nottinghamshire Local Area Team (LAT) • South Yorkshire LAT Public Health England

2.3. PH staffing

The Public Health staff are employed by NHS Nottinghamshire County, lead by Chris Kenny the Director of Public Health.

An overview of the staffing structure for the directorate is provided as Appendix Two.

In November 2012 it was agreed that Dr Kenny should act jointly as Director of Public Health for Nottingham City and Nottinghamshire County. Supporting staff remain employed by NHS Nottinghamshire County and NHS Nottingham City until the proposed transfer into the relevant local authorities.

2.4. Key contacts

Key contacts for each organisation are included in Appendix Three.

3. PH FUNCTIONS NOW AND IN THE FUTURE

This section defines the historic roles undertaken by Public Health and the new roles that have been proposed by national guidance and statute.

3.1. Current PH functions that will transfer to other NHS commissioning organisations from April 2013

National guidance is explicit that the following functions do not fall under the responsibility of Public Health. However there are a variety of historical working arrangements that have involved Public Health in some of these areas.

The following table describes the function, the proposed location and the general information requirements for the safe and smooth transfer to take place.

Further discussions will help clarify specific details and propose responsibilities that will be retained through agreement of the Public Health core offer with NHS commissioners.

Function	Transfers to	Information requirements
• Screening • Immunisation & Vaccination • End of Life & palliative care • Sexual Assault Referral Centre • Offender health	NHS Commissioning Board	Each theme will require; • Commissioner details • A list of current contracts with finance info • Provider contact details • Details of performance management inc. data • Risks

• Specialised commissioning • Public Health services for children from 0 -5yrs • Clinical networks		• Issues with provider or current contract • Contracts prepared for novation – or associate/holding arrangements agreeing • Quality information • Other key contacts This list is based on the national guidance and discussion with current and future commissioners. A PH contract transition steering group is overseeing the contract transition process, what is required and how it will be managed.
• Non-specialised cancer healthcare services • Individual Funding Requests • Children & Young Peoples commissioning • Dementia • End of Life care • Long Term Conditions – diabetes, heart failure, asthma, COPD Inc. home oxygen services, renal, diabetic eye screening, AAA screening • Long Term Neurological Conditions & stroke • Mental Health & Learning Disabilities commissioning • Older peoples commissioning • Infection Prevention & Control	CCGs & CSUs	

3.2. Commissioning responsibilities of Public Health in the Local Authority from April 2013

Nationally Public Health in the Local Authority has been mandated to commission the provision of the following 5 functions;

1. National Child Measurement Programme (NCMP)
2. NHS Health Check
3. Public Health Advice to the NHS ("Core Offer")
4. Sexual health commissioning
5. Protecting the health of their local populations

Including those functions listed above, it is expected that PH in the LA will take responsibility for the following services from April 2013. The table also lists the related commissioning from other health care/NHS commissioners.

PH in the LA		Related CCG elements	Related NCB elements
Sexual health (Mandatory)	Contraception over and above GP contract Testing and treatment of	Promotion of opportunistic testing and treatment Termination of pregnancy services	Contraceptive services commissioned through GP contract Sexual assault referral centres

	sexually transmitted infections (excluding HIV treatment) Sexual health advice, prevention and promotion	(with consultation on longer-term arrangements) sterilization and vasectomy services	HIV treatment
NHS Health Check Programme (Mandatory)	Assessment and lifestyle interventions	NHS treatment following NHS Health Check assessments and ongoing risk management	Support in primary care for people with long term conditions identified through NHS Health Checks
Obesity programmes NCMP (Mandatory element)	Local programmes to prevent and address obesity, e.g. National Child Measurement Programme and weight management services	Advice as part of other healthcare contacts NHS treatment of overweight and obese patients	Brief interventions in primary care Some specialist morbid obesity services
Health Protection (Mandatory)	Action to ensure health protection of their local populations is maintained	Emergency planning and resilience remains core business of NHS	Mobilising NHS in event of emergency
Children's public health 5-19	Healthy Child Programme for school-age children, including school nursing	Treatment services for children, including child and adolescent mental health services (CAMHS)	Healthy Child programme (pregnancy to five years old), including health visiting and family nurse partnership NB: until 2015, when it will be transferred to LA immunisation programmes
Public mental health	Mental health promotion, mental illness prevention and suicide prevention	Treatment for mental ill health	Mental health interventions under GP contract Some specialised mental health services
Physical activity	Local programmes to address inactivity and other interventions to promote physical activity	Advice as part of other healthcare contacts	Brief interventions in primary care
Drug misuse	Drug misuse services, prevention and treatment	Advice as part of other healthcare contacts	Brief interventions in primary care
Alcohol misuse	Alcohol misuse services, prevention and	Alcohol health workers in a variety of healthcare settings	Brief interventions in primary care

	treatment		
Tobacco control	Local activity, including stop smoking services, prevention activity, enforcement and communications	Brief interventions in secondary care and maternity care	Brief interventions in primary care
Nutrition	Any locally-led initiatives	Nutrition as part of treatment services, dietary advice in healthcare settings	Brief interventions in primary care
Reducing and preventing birth defects	Population level interventions to reduce and prevent birth defects (with PHE)	Maternity services	Interventions in primary care such as pre-pregnancy counseling or smoking cessation programmes Some specialist genetic services Antenatal and newborn screening aspects of maternity services
Health at work	Any local initiatives on workplace health	NHS occupational health services	
Accidental injury prevention	Local initiatives such as falls prevention services		
Seasonal mortality	Local initiatives to reduce excess deaths	Flu and pneumococcal vaccination programmes	
Offender health	A duty to secure and maintain the public health of the prison population	Commissioning of healthcare services for the general population including secondary care & mental health.	Commissioning of health services for people in prison & places of detention.

3.3. Other public health responsibilities

One of the mandatory responsibilities of the Local Authorities is to ensure NHS commissioners receive the public health advice they need as the 'Core Offer'. The details relating to the 'Core Offer' are contained within a Memorandum of Understanding (MoU) which has been agreed with local CCGs.

The MoU agrees a three year core offer from PH to Clinical Commissioning Groups and other commissioners which clearly defines outputs which will be translated into an annual delivery plan that is jointly monitored. PH support will mainly delivered through the local authority PH team but there will also be support from PHE and the PH teams at the NHS CB.

3.4. Historical prioritisation of themes

The PCT has set targets for the local area historically based on the World Class Commissioning model (WCC) and more recently the Quality, Innovation, Productivity & Prevention (QIPP) agenda.

Details of local priorities for the area as set by the PCT's can be found in the following;

Strategic Plan & Local Operating Framework NHS Nottinghamshire County http://www.nottspct.nhs.uk/news-archive/589-ambitious-health-plans-for-nottinghamshire.html

Strategic Plan NHS Bassetlaw http://www.bassetlaw-pct.nhs.uk/images/stories/NHSBassetlaw_StrategicPlan_%2025.01.2010.pdf

Local priorities have also been influenced by:

- local needs assessments
- national targets
- local service issues
- benchmarking exercises
- local incidents and complaints

Based on this evidence the Director of Public Health has set strategic objectives in conjunction with consultant and policy leads.

3.5. Going Forward: Prioritising PH themes locally

The Joint Strategic Needs Assessment (JSNA) will remain the source of evidence in order to set strategic priorities.

The PH team held a confirm and challenge day on the 8th October 2012 to prioritise work areas and set budgets for 2013/14. This process reviewed current contracts and their financial values, along with plans for how the team would like to adapt services in 2013/14 to meet local needs in Nottinghamshire and ensure equity of service.

The team also used the priorities in the Health and Wellbeing Strategy http://www.nottinghamshire.gov.uk/caring/yourhealth/health-and-wellbeing-board/strategy/

and the JSNA: http://www.nottinghamshire.gov.uk/thecouncil/plans/strategydevelopment/joint-strategic-needs-assessment/ as reference points for prioritising themes.

The details and results of the confirm and challenge process can be found in the following document: J:\Transition\PH Contracting 2012-13\Confirm and Challenge\notes 8.10.12

4. PROCESS AND PREPARATION FOR HANDOVER

4.1. Defining and agreeing new roles and responsibilities

Each area has been considered by the policy lead, taking national guidance into account and also local working relationships and contracts.

All public health contracts have been identified, including service providers, contract values, contract activity, policy lead within public health managing the transition and commissioning arrangements from April 2013.

Public Health has been represented at the Nottinghamshire County and Bassetlaw COO & Cluster Executives meetings. Through this and after one-to-one meetings with each CCG a Memorandum of Understanding has been agreed with the CCGs to define the Public Health core offer.

Confirmation of arrangements for contracts and services and the agreements between Public Health and the CCGs will be formally agreed by the Nottinghamshire County Council Public Health Sub-committee in February 2013.

4.2. Contracts

Along with the definition of new roles and responsibilities, the DH prescribed for PCTs a 3 phase process with time frames and actions for the transition of NHS contracts to receiver organisations the three phases being;

- Stock Take
- Stabilise
- Shift

For the national guidance please see the Department of Health website: http://www.dh.gov.uk/health/category/policy-areas/nhs/resources-for-managers

An initial stock take of PH contracts was undertaken across Nottinghamshire and Bassetlaw. A copy of the submitted data from May 2012 can be found at on the Public Health shared drive by clicking here.

To support phases 2 & 3 a PH Contracts Transition Project Team was established. This group developed a project implementation plan, project plan, risks and issues log and an approach to data gathering and triangulation. Details of the project documents can be found on the Public Health shared drive or through this link.

Two work streams were established to make the transitional arrangements more manageable:

1. Contracts and themes transferring to become the responsibility of PH in the Local Authority
2. Contracts and themed areas transferring to become responsibility of other NHS commissioning organisations such as the CCGs or NCB.

A PH contracts Transition Steering Group was established with representatives of the NHS Nottinghamshire County for information governance, public health, public health finance and also included a representative from NHS Bassetlaw and procurement at Nottinghamshire County Council. Papers for the group can be accessed via this link.

This multi-agency group has overseen the mapping of contracts to transfer into the local authority to highlight and mitigate against any identified risks. It has also developed and agreed approaches to contracts that were more complex, such block acute or community contracts and LES's.

A list of all contracts and their receiver organisations can be found at: J:\Transition\PH Contracting 2012-13\Contracts & Procurement\Copy of contracts list 12 December 2012

All suppliers concerned with public health contracts were contacted in writing in December 2012 with confirmation of the transitional arrangements and the procurement processes for 2013/14. Copies of these were also issued via Public Health SMT on 19 December 2012.

All arrangements were agreed through the Nottinghamshire and Bassetlaw COO and Cluster Executive Board. The Cluster Executive Board is for NHS Nottinghamshire County PCT and NHS Nottingham City PCT.

4.3. Functions transferring to PH in the Local Authority

Wherever possible contracts have been managed to maintain the status quo wherever possible during transition. As a result contracts have been managed in two ways;

- novation/transfer to the LA (single contracts, mainly non NHS services)
- associated agreements negotiated and agreed until April 2014 (mainly for acute or community block contracts)

This approach was agreed to meet national guidance and to allow a review of the implications for a range of issues that may impact on quality or cost for example:

- Quality monitoring of contracts on services directly commissioned and how this is managed in the LA
- Market forces – tendering several services together may produce better value for money, for example a pan Nottingham approach to primary care commissioning so we can agree fair and consistent, value for money contracts
- CQUIN and how this will be financially managed, for example the LA may have other incentive schemes that we may wish to adopt
- That any gains financial or other are not cancelled out through the risk of legacy premises costs. For example there may be risk to value for money if the NHS wish to charge for premises

This approach also allows time for a full review of all areas and a robust forward plan to be agreed with senior managers and the NCC Corporate Leadership Team.

4.3.1 Nottinghamshire County Council Public Health Transition Board

A multi disciplinary PH Transition Board was established within the NCC Improvement Programme to oversee the transition on behalf of the Council.

Terms of reference for the Board can be found in: J:\Transition\PH Transition Board

A project plan has been developed and regular reports made to NCC through the Improvement Programme.

4.4. Functions transferring other NHS commissioning organisations

A list of contracts that are not transferring with public health from the NHS can be found at in J:\Transition\PH Contracting 2012-13\Contracts & Procurement\Contracts not transferring to LA.

4.5. Principles underpinning the process of transferring contracts.

The following national principles have been adhered to:

- continuity of clinical care must not be threatened during contract transition;
- a consistent and objective approach is required;
- there will be openness, transparency and visibility of progress;
- management action should be proportionate to the risks identified;
- it is the responsibility of the current contracting authorities to prepare contracts for transfer and ensure no ‘net gain’ or ‘net loss’ due to the transfer process
- it is the responsibility of new contracting authorities to establish the management controls and operational processes to receive contracting

responsibilities and maintain continuity of service with any clinical, financial and legal risks addressed.

4.6. NHS Nottinghamshire County and NHS Nottingham City Transition Board

Regular reports of progress have been made to the PCT Transition Board, established to oversee the transfer of all functions from the PCT.

5. MILESTONES & TIME FRAMES

National milestones – Health & Wellbeing Board (HWB)

Date	Milestone
March 2012	Enable their emerging CCGs to work with their local authority to establish their local HWB in shadow form by end March 2012 and begin refreshing JSNA
April 2012	Enable emerging CCGs to jointly lead their local HWB. Identify high level priorities from JSNA as basis for HWS and begin developing HWS by April 2012
July 2012	Enable their emerging CCGs to use their JSNA and HWS as evidence for the authorisation process by July 2012
September 2012	Use agreed HWS as foundation for 2013/14 planning process. Involve partners in HWB in the planning progress. Begin developing JSNA for 2014/15
December 2012	Begin developing HWS for 2014/15 by December 2012. Continue to work with partners in HWB to develop commissioning plans
February 2013	Enable emerging CCGs to work with partners in HWB to ensure that commissioning plans fully reflect the local priorities in the HWS by February 2013

Public Health

Date	Milestone
March 2012	Agree local transition plans for public health as part of integrated plan.
March 2012	Develop a communication plan and engagement plan, first draft produced by March 2012
June 2012	Agree approach to the development and delivery of the local public health vision
September 2012	Agree working relationships on PH information requirements and information governance by December 2012 NB: Milestone deferred from September 12.
October 2012	Test arrangements for delivery of specific PH services (esp. screening & immunisation)
October 2012	Test arrangements for the role of PH in emergency planning (esp. role of DPH and LA based PH)
October 2012	Ensure early draft of legacy and handover documents
January	Ensure final legacy and handover document produced

2013	
In 2012	Agree arrangements for Local Authorities to take on PH functions (date subject to local determination) **Nov 2012** - Agree commissioning arrangements **Nov 2012** – write to providers regarding contract transition update around their contract **Dec 2012 – Mar 2013** Enact paperwork and actions to shift legal and budgetary responsibilities **Dec 2012** - agree PH Budget/grant allocations

The transition plan, associated communications and action plans are in available at: J:\Transition\Transition Plan.

6. QUALITY PROFILE

6.1. Description of the Area

A full description of the area and its profiles can be found in section 4 of the health and wellbeing strategy http://www.nottinghamshire.gov.uk/caring/yourhealth/health-and-wellbeing-board/strategy/

And in the JSNA
http://www.nottinghamshire.gov.uk/thecouncil/plans/strategydevelopment/joint-strategic-needs-assessment/

7. QUALITY & PERFORMANCE

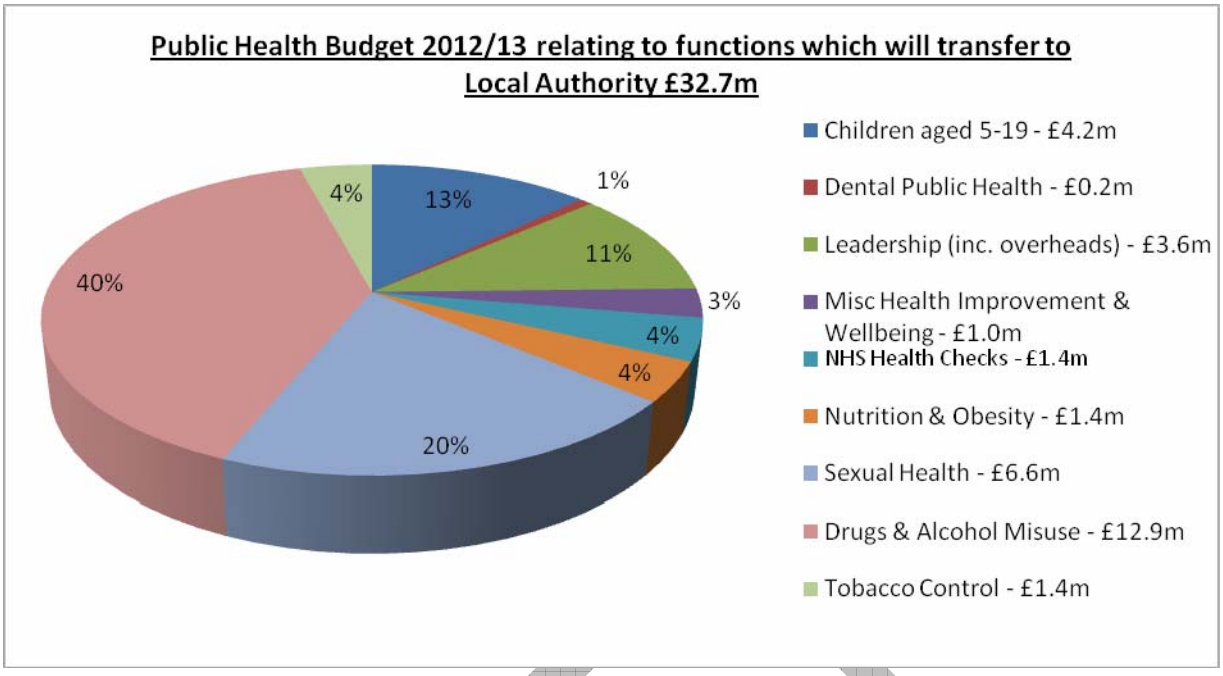
The PCT had a tight performance management process, through the performance team. Quality and performance areas relating to Public Health included 4 week quitters, Chlamydia screening and cancer waits.

Further mapping is taking place by Sarah Godber and David Gilding. This will be included in the report once finalised.

It is unclear at present what performance management arrangements will be in place within Local Authority in future. Issues around localism, changes in outcome measures and transfer of responsibility are being considered to define likely future reporting arrangements.

8. FINANCIAL HISTORY

Currently across NHS Bassetlaw and NHS Nottinghamshire County the overall budget for Public Health functions is £67.4m. Approximately £32.7m (48.5%) of this budget relates to functions which will fall within the Local Authority's remit. The chart below illustrates how the £32.7m is currently allocated across the public health policy areas.



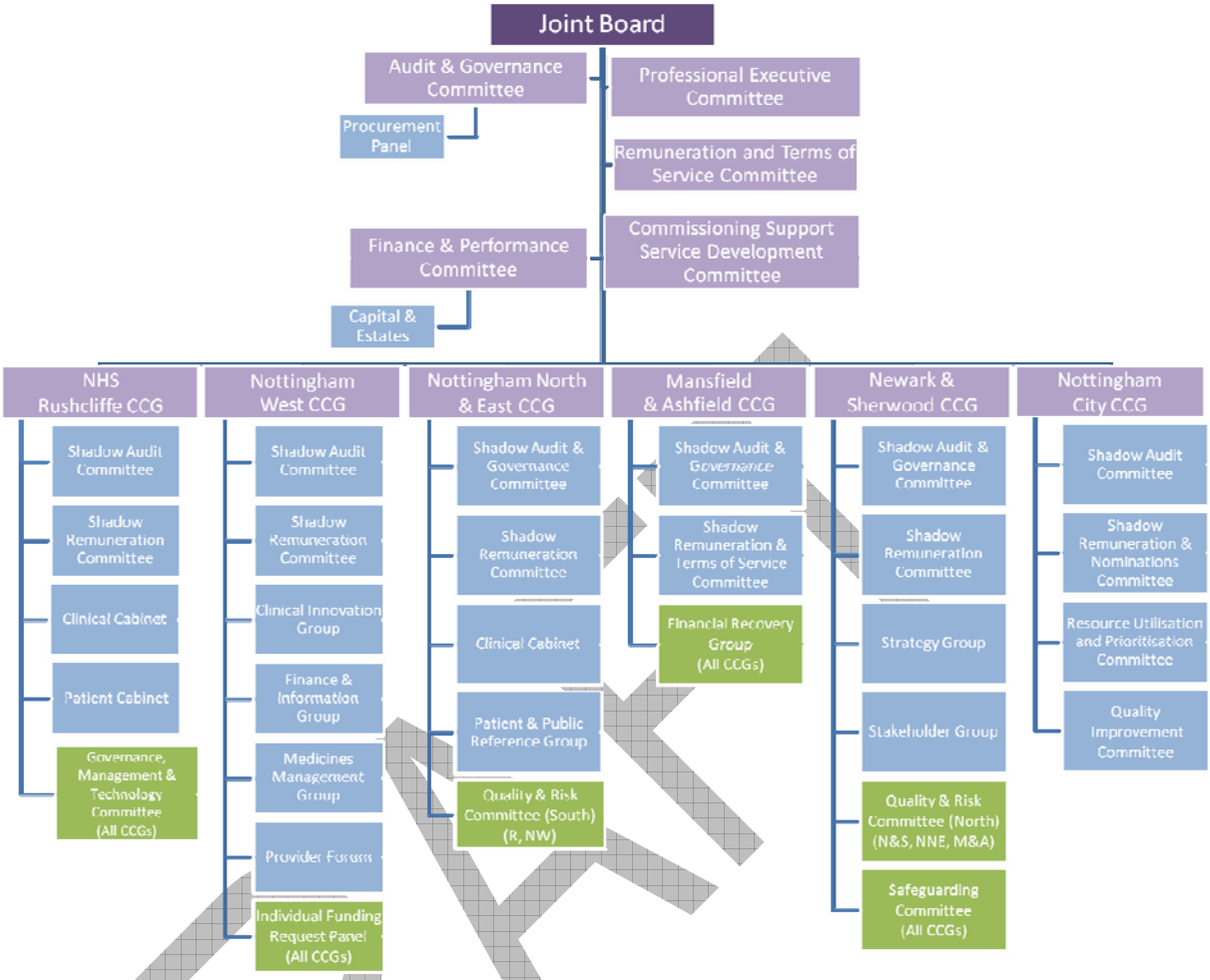
A more detailed breakdown of finance across the areas of Public Health is included in Appendix 1.

9. GOVERNANCE

Full governance information for NHS Nottinghamshire County and Bassetlaw is included in the respective legacy documents for the organisation which can be found in J:\Transition\Legacy Document\PCT legacy documents. Legacy documents for NHS Nottinghamshire County and NHS Bassetlaw can be found in Appendix 4.

The Corporate Governance Structure is as follows:

A joint accountability structure has been agreed for NHS Nottingham City & NHS Nottinghamshire County as follows:



Public Health Accountability

Public Health remain directly accountable to the respective PCTs' organisation and reports through the Chief Executive.

The DPH regularly attends the Nottinghamshire Group within Bassetlaw and the PCT Board, cluster Joint Executive & COO meeting and Clinical Executive Group within Nottinghamshire County.

In November 2012 a joint Director of Public Health (DPH) role across Nottingham City and Nottinghamshire County was agreed. The DPH reporting in to the PCT Cluster Board and into each local authority and closer working arrangements between the two public health departments strengthened although the two directorates remained separate and staff remained employed by their relevant PCT.

Accountability within Nottinghamshire County Council will be through a Public Health Sub-Committee, established in response to the changes resulting from the Health and Social Care Act. The first meeting of this committee was held in February 2013.

10. RISK REGISTER

Public Health maintained a department risk register which was submitted to the relevant commissioning organisations at regular intervals.

The risk register included performance in general across the county against the PH Business Plan and progress against national, regional and local targets e.g smoking quitters.

The risk register has been supplemented by a specific register to capture risks around the transition of budgets and contracts.

Risk registers can be found on the public health shared drive: J:\Corporate, Governance & Assurance\Risk registers

11. COMMUNICATION

A transition communications plan was drafted within the Public Health transition Plan.

The PH Contract transition team also developed a specific contracts communications plan to engage both internal and external stakeholders and providers. 'Transitions News' was established as an internal public health briefing but was developed for wider circulation to other stakeholders.

The PCT communications department currently manage the PCT website, which include health and public health information. A review of the PCT website has been undertaken to identify which information should transfer over to the NCC website. Web content was reviewed and transferred by the NCC Digital Team in collaboration with colleagues in NHIS.

Links were also established with CCG on-line leads to establish links to their websites and to ensure that advice and content for the public was consistent.

12. BUSINESS CONTINUITY AND KNOWLEDGE RETENTION

During the implementation of the PH transition plan, risks and issues were documented as they arose. A report was generated to document the details all stages of transition, discussions, and outcomes from actions so that knowledge is readily available and easily accessible to any member of the PH team. This document is available in J:\Corporate, Governance & Assurance\Risk registers

Checkpoint reports are submitted monthly by each directorate team to highlight current activity, progress, risks and issues this also ensures organisational memory.

13. ICT & IG

An ICT & IG workgroup was established to oversee this element of the transition to NCC and to streamline working practices into the NCC Ways of Working Programme.

Documents relating to the ICT workgroup can be found at: J:\Transition\ICT & IG\ICT

14. ASSETS AND LIABILITIES

Assets and liabilities relating to Public Health have been identified in line with the guidance produced by the Department of Health - *Transfer documentation: identifying legal title in assets and liabilities and completing transfer documentation.*

The document can be accessed via this link:

https://www.wp.dh.gov.uk/publications/files/2012/10/Transfer-Documentation-Guidance.pdf

15. FREEDOM OF INFORMATION

During the transition support in the event of any Freedom of Information (FOI) requests will be provided by the PCT Head of Information Governance. Following the transfer in to NCC support will be provided by the NCC Senior Practitioner Information Governance within Policy, Planning and Corporate Services.

16. APPROVAL OF LEGACY DOCUMENT

Formal approval will be through PCT Cluster Board and NCC Public Health Transition Board and Public Health Committee as necessary.

17. PUBLICATION

The Public Health Legacy Document will be published by NHS Nottinghamshire County in line with the other legacy documents.

18. LIST OF APPENDICES

Appendix 1 Public Health Services

Appendix 2 Public Health Structures

Appendix 3 Key contacts

Appendix 4 Legacy documents NHS Nottinghamshire County and NHS Bassetlaw

Nottinghamshire County Council

Report to the Public Health Sub-Committee

11 February 2013

Agenda Item:

REPORT OF THE DIRECTOR OF PUBLIC HEALTH

NOTTINGHAMSHIRE COUNTY COMMUNITY BASED SUBSTANCE MISUSE TREATMENT AND RECOVERY SERVICES

Purpose of the Report

1. The purpose of this report is to provide a case for the decommissioning of the current community based substance misuse treatment and recovery services across Nottinghamshire County and put in place new arrangements by 1st April 2014.

Information and Advice

Definitions

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

3. This report relates to community based substance misuse services and excludes prison based substance misuse services.

The Context

4. The Nottinghamshire Health and Wellbeing Strategy has identified substance misuse as a key priority and as a result Public Health have been reviewing current service provision. The commissioning and funding landscape for substance misuse services has been historically complex. Previously, services have been funded through a wide variety of funding streams and commissioned and performance managed by various commissioners using different performance frameworks.

5. As of April 2013, Public Health in the Local Authority will become the responsible commissioner for substance misuse services and the funding will be via the Public Health ring-fenced Grant.

6. Across all historical funding streams, Nottinghamshire currently invests approximately £13million in substance misuse services which is more than 40% of the new Public Health ring fenced Grant. It is the most financially resourced Public Health policy area.

The Rationale

7. Services have been developed and have evolved over time in line with annual funding increases and Nottinghamshire performed well against national targets which focussed on getting individuals into treatment and retaining them.

8. In 2010, a new National Drug Strategy was introduced along with the principles of the Recovery Agenda and the measure of success was changed to successful completions of treatment. In response to this, an internal review of Nottinghamshire community services took place to redesign and reconfigure services so that they were locality and recovery focussed.

9. Although this process reduced duplication and improved integration in the system it was limited as:

- It only applied to part of the treatment system (the Drug and Alcohol Action Team commissioned drug services)
- It excluded Bassetlaw (which is commissioned and managed separately by NHS Bassetlaw)
- There was no formal procurement exercise to test value for money (the developments consisted of part system redesign and extensions or adjustments to existing contracts)

10. Further system redesign is required as:

- Large parts of the substance misuse system remain disconnected
- There is inequity of service delivery and treatment and recovery outcomes across the county
- There are still capacity issues in some areas of the system
- There is still a lack of integration with wider agencies to deliver the recovery/reintegration agenda
- Drug and alcohol pathways and services need further integration
- There remain pathway issues between criminal justice services (including prisons) and community treatment and recovery services
- It is not always clear whether the system is meeting the identified needs of services users, families, friends and the wider community
- It is not clear whether the system is cost efficient and providing value for money
- There are still risks of service gaps and duplication within the system
- Elements of the current system and some services are still complex to commission, deliver, performance manage and potentially to be the recipient of

11. The shortcomings of the current system have led to operational complexity and this can affect equity of access and quality of service for service users. The care pathway can be further simplified and optimised for these individuals.

Expected Outcomes

12. It is recommended that community based substance misuse recovery services in Nottinghamshire are remodelled to better meet the needs of service users and that a robust procurement is undertaken. The aim will be to ensure that by April 2014 new arrangements are in place that are:

- Outcome focussed and designed to improve outcomes for service users, their family members and carers and the wider community
- Equitable across the county
- Respond to (changing) local needs
- Cost effective
- Fit for purpose
- Support the outcomes specified in the Nottinghamshire Substance Misuse Strategy and the Public Health Outcomes Framework
- Demonstrate a contribution to a reduction in drug and alcohol related crime and disorder

Other Options Considered

13. Maintain the status quo. This option would not address the issues specified in section 10 above nor secure the outcomes identified in section 12 above. In addition, Local Authority procurement colleagues have advised that action needs to be taken for the Local Authority to meet its legal obligations in relation to procurement processes.

14. Internally review services and make changes to the system via variation and/or extensions of current contracts. This option may fail to disentangle fundamental complexities within the current system and is unlikely to ensure value for money. Utilising formal procurement options will increase transparency of process and decision making. New services may need to be commissioned and cost efficiencies may not be maximised without a whole system approach. The risk of inequity across the county would potentially remain.

Statutory and Policy Implications

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

Implications for Service Users

16. Service users and their family members and carers will receive more accessible and better quality services. Service user recovery outcomes will be improved for the county. Service users will be centrally involved in the redesign and evaluation of the services.

Financial Implications

17. The remodelling and re-commissioning of services will address issues of cost efficiency and value for money.

Crime and Disorder Implications

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

Safeguarding of Children Implications

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

RECOMMENDATION/S

20. That the Sub-Committee approve the recommendation in paragraph 12 of this report, with effect from 1 April 2013.

Chris Kenny
Director of Public Health

For any enquiries about this report please contact: Tristan Poole (Public Health)

Constitutional Comments (NAB 1.2.13)

21. The Public Health Sub-committee has authority to approve the recommendation set out in this report by virtue of its terms of reference.

Financial Comments (NR 1.2.13)

22. The financial implications are referred to in paragraph 6 and 17 of the report.

Electoral Division(s) and Member(s) Affected

23. All districts