

# Report to the Health and Wellbeing Board

03 June 2015

Agenda Item: 7

#### REPORT OF DIRECTOR OF PUBLIC HEALTH

# 2014/15 ANNUAL SUMMARY OF WORK OF THE NOTTINGHAMSHIRE COUNTY COUNCIL PUBLIC HEALTH COMMITTEE

## **Purpose of the Report**

1. This report provides information on the work of the Nottinghamshire County Council Public Health Committee in 2014/15. It describes the work of the Public Health department and outlines key Committee decisions and performance monitoring activities to ensure the Council meets its Public Health responsibilities.

#### Information and Advice

## **Background**

- 2. The Health and Social Care Act 2012 transferred responsibility for Public Health from the NHS to local authorities in April 2013. Overall, the Public Health function encompasses:
  - 2.1. Health Improvement: Helping people to live healthy lives, to make healthy choices and reducing health inequalities.
  - 2.2. Health Protection: Ensuring the population's health is protected from major incidents and other threats, such as infectious diseases and environmental hazards.
  - 2.3. Healthcare public health and preventing premature mortality: Through effective service commissioning, reduce the numbers of people living with preventable ill health and of people dying prematurely, while reducing the inequalities gap between communities.
- The County Council was given responsibility for five mandated functions, along with the responsibility to produce a Joint Strategic Needs Assessment, a Pharmaceutical Needs Assessment and a Health and Wellbeing Strategy, led through a local Health and Wellbeing Board.
- 4. The five mandated functions are NHS Health Check assessments; open access to sexual health services; the National Child Measurement Programme (NCMP); management of health protection incidents, outbreaks and emergencies (which could include infectious disease, environmental hazards and extreme weather events); and the provision of Public Health advice to NHS Clinical Commissioning Groups (CCGs).
- 5. As well as these five functions, the Department delivers a range of Public Health services through direct commissioning and is also responsible for a number of other policy areas that require wide influence across the health and social care community. Services include: tobacco control; combating substance misuse; services around obesity / nutrition; cancer prevention; oral health / fluoridation; workplace health; PH aspects of community safety; violence prevention (including domestic violence and abuse); infection control and public

mental health. There are also a number of services related to children's public health, such as prevention of birth defects, children's public health programmes for ages 5-19, ensuring high take-up of vaccination and immunisation programmes, and prevention of avoidable injuries. Many of these services were already in place prior to 2013 and existing contract arrangements were novated over to the County Council.

6. The County Council was provided with a ring-fenced Public Health grant, worth £36.1m in 2014/15, to meet the costs of the Public Health function. 87% of the PH budget is spent on commissioned services.

#### The role of the Public Health Committee

- 7. The County Council operates a Committee structure to carry out its duties, with an appropriate constitution to allow open and transparent decision making. Each Committee has a defined area of responsibility and takes decisions related to that area. The Public Health Committee is the primary decision-making body of the County Council with respect to the Public Health function. Its main duties are as follows:
  - 7.1. To ensure that the Public Health responsibilities of the County Council are delivered.
  - 7.2. To ensure that the Public Health grant is used effectively and for the purposes for which it has been provided.
  - 7.3. To oversee performance in the delivery of the Public Health responsibilities of the County Council.

## Relationship with the Health & Wellbeing Board

- 8. The Health and Wellbeing Board has core statutory duties as follows:
  - 8.1. To prepare and publish a joint strategic needs assessment to identify local needs
  - 8.2. To prepare and publish a health & well-being strategy to lead improvements in health and wellbeing for the population based on local needs
  - 8.3. To promote and encourage integrated working to deliver changes at a local level
- 9. It takes a very wide view of the health and wellbeing of Nottinghamshire and directs an implementation plan to improve this, covering a wide range of partners and functions.
- 10. Public Health is a core component of improving health and wellbeing, however the internal Public Health responsibilities of the County Council are a subsection of the entire work of the Board. By illustration, the delivery of Public Health functions by the County Council is a significant element of the Health and Wellbeing Strategy for Nottinghamshire, but it is not the only element.
- 11. The co-dependence means that work of the Health and Wellbeing Board interfaces with the Public Health Committee but is separate to it. Similarly the work of the Health & Wellbeing Board interfaces with other Council Committees that consider health and wellbeing policies,

such as the Adult Social Care Committee and Children & Young Peoples Committee. It also interfaces with Clinical Commissioning Groups governing bodies and District & Borough Council committees. However decision making responsibilities and resources are retained in the member organisations and relevant decision making forum.

## Delivery of the Public Health Committee's duties in 2014/15

12. The Public Health Committee maintains an active work programme that is reviewed at each meeting. The Committee held 6 scheduled meetings during 2014/15 and two extra-ordinary meetings to fulfil its duties. This activity is summarised as follows:

## Ensuring that the Public Health responsibilities of the County Council are delivered

- 12.1. The Committee received the HWB Strategy 2014-17.
- 12.2. With respect to the five mandated functions, the Committee approved recommissioning plans for the Health Check programme and for sexual health services. These are due to be implemented during 2015/16. For the Health Check function, the Committee also approved funding of a social marketing campaign in 2014-15 to increase uptake in fulfilment of the mandate. Information was also received on arrangements in place for delivering the Council's health protection role, which outlined the Council's (and hence the Committee's) responsibilities.
- 12.3. In terms of commissioned services, the Committee approved the award of contracts for substance misuse and obesity / weight management services using extraordinary meetings to meet the required timeframe. It approved commissioning plans and timeframes for community safety aspects of public health (addressing domestic violence and abuse) and tobacco control. The Committee also considered the future structure of re-commissioning within the area of Public Health services for children and how services could be aligned, including with other Council services, for maximum efficiency and effectiveness.
- 12.4. Over the year, the Committee also received several presentations on aspects of the Public Health department's commissioned services, including one from the new provider for substance misuse services.

## Ensuring that the Public Health grant is used effectively and for the purposes for which it has been provided:

- 12.5. The Committee set budget envelopes for re-procurements in the areas of domestic violence and obesity & weight management services.
- 12.6. The Committee received information about performance of the Council services against which Public Health grant had been realigned, to confirm that the realigned funds were being spent on services that delivered Public Health outcomes and that this work was proceeding to budget and timeframe.

## Overseeing performance in the delivery of the Public Health responsibilities of the County Council

- 12.7. The Committee received quarterly reports summarising service performance and quality on all of the directly commissioned services.
- 12.8. The Committee also approved a Public Health Department Plan for 2014/15. The Plan focused on four areas:

- 12.8.1. Improving quality and efficiency in commissioned Public Health services looking at the commissioned services and making plans for future commissioning
- 12.8.2. Exploring new opportunities to improve health focusing on how the Public Health grant could support Council services delivering public health outcomes
- 12.8.3. Building on success working with the CCGs and developing staff skills
- 12.8.4. Embedding Public Health leadership mainly related to plans, strategies and needs assessments.
- 12.9. Actions were identified for the Department within each of these categories. These actions covered many of the mandated functions of the Public Health Department and Council, such as developing the JSNA and PNA, refreshing 11 JSNA topics, contributing to health emergency planning e.g by updating the pandemic flu plan, and providing advice to the CCGs, for example in the Coordinated County CCG response to Mental Health Services for Older People Community Services Review, or the commissioning of breast feeding peer support services across 5 CCGs.
- 12.10. Details of performance against this plan by the end of Quarter 3, which is the most recent information available, are appended to this report in Annex 2.
- 13. A complete list of all the decisions and deliberations of the Public Health Committee in 2014/15 is attached at Annex 1.

#### Planned work of the Committee in 2015/16

- 14. In 2015/16, the Committee will ensure that the Public Health responsibilities of the County Council are delivered by:
  - 14.1. Considering and agreeing procurement plans, setting indicative budgets (subject to confirmation by full Council where these are in respect of future years) and considering whether to award contracts for services relating to domestic violence and abuse, sexual health, oral health and tobacco control
  - 14.2. Considering options for delivery of children's Public Health services, which take account of the transfer of responsibilities for Health Visiting and Family Nurse Partnership to local authorities from October 2015, and plan for the future commissioning of these services alongside School Nursing services in an integrated Healthy Child Programme 0-19.
  - 14.3. Considering plans for delivery of Public Health services in schools, including development of a Schools Health Hub to enhance health outcomes through improved support to and co-ordination with schools.
  - 14.4. Maximising opportunities to join up different elements of Public Health work by putting in place schools-based initiatives to prevent or discourage young people from taking up smoking.
- 15. The Committee will ensure that Public Health grant is used effectively and for the purposes for which it was provided by considering and approving the Finance Plan for the year, which sets out the proposals for use of the Public Health Grant, including the proposals to realign Public Health grant to other areas of the Council which deliver Public Health outcomes. On the subject of realigned Public Health grant, the Committee will also receive monitoring reports to ensure the Grant is delivering maximum benefit.

- 16. The Committee will oversee performance by receiving quarterly reports summarising service performance and quality on all of the directly commissioned services. It will also receive a six monthly update on progress against commissioning plans.
- 17. The Committee will receive presentations from service providers in the areas of obesity and weight management, and other new providers as identified, giving the Council opportunities to ask questions on implementation and performance.

## **Statutory and Policy Implications**

18. 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**

19. There are no direct financial implications for this report.

## **RECOMMENDATION/S**

a) The Board notes the report.

## Dr Chris Kenny Director of Public Health

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