

## **Public Health Sub-Committee**

**Thursday, 12 September 2013 at 14:00**

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

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### **AGENDA**

- |   |  |         |
|---|--|---------|
| 1 | Minutes of the last meeting held on 18 July 2013   | 5 - 8   |
| 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 | Substance Misuse Commissioning Update  | 9 - 12  |
| 5 | Public Health Services Performance and Quality Report for Health Contracts   | 13 - 60 |
| 6 | Work Programme   | 61 - 64 |

## NOTES:-

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

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

Customer Services Centre 0300 500 80 80

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

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

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

## **Notes**

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- (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.

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## minutes

Meeting	PUBLIC HEALTH SUB-COMMITTEE
Date	18 July 2013 (commencing at 2.00 pm)

### **Membership**

Persons absent are marked with 'A'

### **COUNCILLORS**

Joyce Bosnjak (Chair)  
Glynn Gilfoyle (Vice-Chair)  
Reg Adair  
Steve Carroll  
Kay Cutts  
John Knight  
Martin Suthers OBE  
Muriel Weisz  
Jacky Williams

A Ex-officio (non-voting): Councillor Alan Rhodes

### **OFFICERS IN ATTENDANCE**

Kate Allen, Public Health Consultant  
Barbara Brady, Public Health Consultant  
Paul Davies, Democratic Services Officer  
Jonathan Gribbin, Public Health Consultant  
Nick Romilly, Public Health Manager  
Helen Scott, Senior Public Health Manager  
John Tomlinson, Deputy Director of Public Health

### **MEMBERSHIP**

It was noted that Councillor Carroll had been appointed in place of Councillor Rhodes.

### **MINUTES**

The minutes of the last meeting held on 16 April 2013 were confirmed and signed by the Chair.

### **MATTER ARISING FROM THE MINUTES**

The Chair stated that the sums agreed at the last meeting for sexual health services and the weight management pathway would be subject to the County Council's budget review process. There would be a report to a future meeting which would show any revised sums and the rationale for any changes.

## **DECLARATIONS OF INTEREST**

There were no declarations of interest.

## **INTEGRATED COMMISSIONING ARRANGEMENTS FOR CHILDREN'S HEALTH SERVICES**

### **RESOLVED: 2013/020**

- (1) That the integrated commissioning arrangements for children's health services be noted, including the establishment of the Nottinghamshire Integrated Commissioning Hub and governance arrangements for the integrated commissioning of health services for children, young people and families.
- (2) That the Sub-Committee receive regular updates on the work of the Integrated Commissioning Hub, with the first such report in January 2014.

## **USE OF PUBLIC HEALTH GRANT TO ADDRESS COMMUNITY SAFETY AND VIOLENCE PREVENTION**

### **RESOLVED: 2013/021**

That subject to the County Council's budget review process, approval in principle be given to £153,000 of Public Health funding recurrently to part fund the implementation of IRIS (Identification and Referral to Improve Safety) across the county.

## **USE OF PUBLIC HEALTH GRANT TO COMMISSION SUICIDE PREVENTION TRAINING**

### **RESOLVED: 2013/022**

That subject to the County Council's budget review process, approval in principle be given to a recurrent £35,000 of the Public Health Grant to commission suicide prevention training across the county.

## **COMMUNITY INFECTION PREVENTION AND CONTROL**

### **RESOLVED: 2013/023**

That approval be given to a project to review Community Infection Prevention and Control, and a further report be presented to the Sub-Committee on options for the service.

## **NHS HEALTH CHECK COMMISSIONING AND IMPLEMENTATION PLAN**

### **RESOLVED: 2013/024**

- (1) That subject to the County Council's budget review process, approval in principle be given to Option 4 for the NHS Health Check Commissioning and Implementation Plan.

- (2) That the Sub-Committee receive an update on the NHS Health Check Commissioning and Implementation Plan following procurement.

**WORK PROGRAMME**

**RESOLVED: 2013/025**

That the Sub-Committee's work programme be noted.

The meeting closed at 3.45 pm.

**CHAIR**





**12<sup>th</sup> September 2013****Agenda Item: 4****REPORT OF DIRECTOR OF PUBLIC HEALTH****SUBSTANCE MISUSE COMMISSIONING UPDATE****Purpose of the Report**

1. The purpose of this report is to provide a progress report on the adult community substance misuse treatment and recovery services tender and substance misuse services in Nottinghamshire Prisons.

**Information and Advice****Adult Community Substance Misuse Treatment and Recovery Services**

2. Consultation on the proposed model and outcome measures commenced on the 20<sup>th</sup> June 2013 and will run for three months. In addition to four stakeholder events, participation in the consultation can take place by accessing the consultation webpage <http://www.nottinghamshire.gov.uk/caring/yourhealth/developing-health-services/substance-misuse-services-changes/> and by the distribution of documents to all libraries. The involvement of service users and carers is crucial and this is currently underway with a series of events including focus groups.
3. Following the consultation period, all feedback will be considered and used to inform the model to be commissioned. The support of Health Watch is currently being secured so they can provide an assurance regarding the quality of the process. The next stage is the development of a service specification and the proposal is to establish a panel of service users and carers to provide input into the development of this, and indeed continue to be involved in the procurement panel. So far this consultation has generated a significant amount of interest amongst stakeholders and we are making every effort to ensure this consultation is done well and that the voices of those in most need are heard.
4. Market testing is now complete and work is underway to develop a costing model to enable greater understanding of the value for money aspects of the tender. The next steps in the process after the conclusion of the consultation period is to move into the formal tender stage, currently this is planned to commence in October 2013.
5. Both the Director of Public Health and the Chair of the Public Health Sub-Committee are being given regular updates on progress and will be advised if an adjustment to the project timescales are needed.
6. The final award will be made in accordance with the Authority's Financial Regulations.

## **Substance misuse services in Prison settings**

7. The Council has a Section 75 of the NHS Act 2006 agreement with NHS England (Nottinghamshire and Derbyshire Area Team) for delegated responsibility to lead on the commissioning of substance misuse services in custodial settings. The local area team remains responsible for the direct commissioning of broader offender health services. This agreement is concerned with the provision of services in HMP Ranby and HMP Whatton only.
8. HMP Lowdham Grange is a private prison, therefore there are additional complexities in the contract detail, including how resources are allocated. The commissioning and performance management of substance misuse services will therefore remain the responsibility of NHS England, the local area health and justice team and the National Offender Management Service (NOMS).
9. A contract for integrated substance misuse recovery services in HMP's Ranby and Whatton was awarded at the end of January 2013, with new services commencing delivery on the 1st April 2013, full mobilisation of which is on track for completion by the end of August 2013.
10. The intention of Public Health was to eventually align the contract and performance management of all three prison substance misuse services with the community based services within NCC. Indications from NHS England and NOMS are that the extrication of complex arrangements related to private prisons could take some time, resulting in unknown timescales for the transfer of responsibility of HMP Lowdham Grange to the Council. This suggests that it may no longer be feasible to align the three prison contracts. Discussion is currently underway with the local area team regarding the best way forward

## **Statutory and Policy Implications**

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

### **Implications for Service Users**

12. Service users/carers will be consulted as part of the consultation process, and their views gathered. It is intended to establish a service user/carer panel post consultation.

### **Financial Implications**

13. The remodelling and tendering of substance misuse services will address issues of cost efficiency and value for money within the current budget limits.

### **Crime and Disorder Implications**

14. Within scope for the adult community substance misuse treatment and recovery services is the inclusion of the budget for criminal justice interventions. The Police and Crime Commissioner's (PCC) office is working alongside Public Health to integrate substance misuse treatment and recovery interventions for those who access via the criminal justice system into the final model commissioned to ensure consistency across the whole system.

District level community safety colleagues are supporting the production of district level community safety information for inclusion in the final tender pack. Community safety colleagues have been invited to the consultation events and invited to participate in the online survey.

## **RECOMMENDATION/S**

- 1) The Sub-Committee are asked to note the progress report.

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

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

### **Constitutional Comments (SG 22.08.13)**

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

### **Financial Comments (ZKM 21.08.13)**

16. The financial implications are outlined in paragraph 13 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.

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

All districts



**12 September 2013****Agenda Item: 5**

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

### **Purpose of the Report**

1. The report provides a summary of the performance and quality information relating to Public Health Services commissioned by Nottinghamshire County Council as part of the Public Health function.

### **National and local context**

2. A significant number of health contracts were novated to the council as part of the transition arrangements for Public Health on 1 April 2013. All contracts novated were transferred on a '*Lift, Shift and Stabilise*' basis for a period of one year (2013/14).
3. Performance and quality information is presented in **Appendix One**. This provides activity and performance data where there is data currently available for quarter 1 - 2013/14. Where there is a delay in the availability of quarter 1 data (for example due to fixed timescales for submitting data to national data sets or where data requirements need to be clarified), this information will be presented in the following quarter's report and will be clearly identified as quarter 1 data.
4. A background paper provides a summary of available activity and performance information from the contract period 2012/13. This information, where available, has been provided by the previous commissioners. This information provides baseline information to support and inform the performance management of the contracts in 2013/14.
5. Each report is ordered under the Public Health functions (refer to table 1). There is reference to the National Public Health Outcomes Framework (PHOF) and local priorities from the Nottinghamshire County Health and Wellbeing Strategy. Supporting information is given about the providers of contracts. In some instances a range of providers are commissioned to deliver the outcomes for a given function, whilst for other functions there are no contracts.
6. At the end of Appendix One, an exception report is provided including information about quality and risks associated to Public Health Services. The information is shown as a numeric exception summary report of Serious Incidents, complaints and Freedom of Information requests relating to Public Health Service contracts.

**Table 1: Public Health Functions**

<b>Public Health Priorities</b>	
1	NHS Health Check
2	National Child Measurement Programme
3	Comprehensive Sexual Health Services
4	Public Health Advice to the Clinical Commissioning Groups (CCGs) via a Memorandum of Understanding (MoU)
5	Local Authority (LA) role in dealing with health protection incidents, outbreaks and emergencies
<b>Other Public Health Functions</b>	
6	Accidental Injury Prevention
7	Alcohol & Drug Misuse
8	Children & Young People
9	Community Safety, Violence Prevention and Social Exclusion
10	Dental Public Health
11	Immunisation Screening & Support
12	Infection Control
13	Mental Health
14	Nutrition
15	Physical Activity
16	Prevention of cancer & long term conditions
17	Reduce & prevent birth defects
18	Seasonal mortality
19	Social exclusion
20	Tobacco control
21	Weight management
22	Workplace Health

7. Nottinghamshire County Council has three types of contracts to manage Public Health Services:

1. Associate Contracts where Nottinghamshire County Council is an associate commissioner to a NHS Standard Contract with each contract led by an agreed Clinical Commissioning Group as Lead Commissioner. The council is an associate to the following NHS Standard contracts
  - Nottingham University Hospitals NHS Trust
  - Sherwood Forest Hospitals Foundation Trust
  - Doncaster and Bassetlaw Hospitals Trust
  - Nottinghamshire Healthcare Trust
  - Community Health Partnerships
  - Bassetlaw Health Partnerships
2. Public Health Services Contract (developed by the Department of Health, in partnership with local government and public health professionals)
3. A local abridged contract for the provision of Public Health Services with a financial value under £100,000.

## **Reason/s for Recommendation/s**

1. The recommendations are made to support future development of performance and quality reporting for Public Health Services contracts.

## **Statutory and Policy Implications**

2. 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, the NHS constitution (together with any statutory guidance issued by the Secretary of State) and 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 related to the NHS constitution (together with any statutory guidance issued by the Secretary of State)**

3. Regard has been taken to the NHS Constitution together with all relevant guidance issued by the Secretary of State in formulating the recommendation.

### **Implications for Service Users/ Safeguarding of Children Implications**

4. Performance and quality reporting is a mechanism for providers to provide commissioners with assurance of patient safety and quality of services.

### **Financial Implications**

5. Robust performance and quality reporting ensures that financial implications are monitored and reviewed effectively to minimise financial risk to the council.

## **RECOMMENDATIONS:**

1. That the Public Health Subcommittee receive the report and note the performance and quality information provided in Appendix One.

## **Appendix One: Quarter One Report April -June 2013/14**

**Cathy Quinn**  
**Associate Director of Public Health**

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

Sally Handley	Lynn Robinson
Senior Public Health Manager	Senior Public Health Manager

### **Constitutional Comments**

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

### **Financial Comments (ZKM 21.08.03)**

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

## **Background Papers**

Public Health Performance and Quality Report for Health Contracts Summary for 2012/13

Public Health Contract Performance and Quality Management 06.06.2013

Draft Public Health Governance Framework September 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



# Public Health Performance and Quality Report for Health Contracts

## Quarter One (April – June) 2013/14

Contents	
Page	Area
2	Format of the Report
3	Key Indicators for Priority Public Health Functions, including Details and Remedial Actions and Quality Issues: <ul style="list-style-type: none"> <li>- NHS Health Check</li> <li>- National Child Measurement Programme</li> <li>- Sexual Health</li> <li>- Public Health Advice to the CCGs (via a MoU)</li> <li>- Local Authority (LA) role in dealing with health protection incidents, outbreaks and emergencies</li> </ul>
15	Key Indicators for other Public Health Functions, including Details and Remedial Actions and Quality Issues.

## Format of the Report

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

Annual financial values of contracts are summarised into categories as shown below

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

For each of the 22 functions, the name of the providers of the associated contracts are included, along with appropriate indicators, plan and actual figures achieved, as outlined in the service specifications.

Details and remedial actions, key issues affecting delivery, actions to address the issues and whether there has been a quality and safety issues in relation to the contract then follow.

## 1. Public Health Priority: NHS Health Checks

National Public Health Outcomes Framework		Health and Wellbeing Strategy Priorities
Outcome	Reference National Public Health (PH) Outcomes Framework	
Recorded diabetes Take up of the NHS Check programme – by those eligible*	PH 2.17 PH 2.22	- Physical Disability, Long term Conditions and Sensory Impairment - To reduce early mortality and improve quality of life for individuals with Long Term Conditions (LTC)
Category of contract value	Medium High	Distributed across 106 providers

\*eligible = adults in England aged between 40-74 who have not already been diagnosed with heart disease, stroke, diabetes or kidney disease

Name of Providers
GPs

Target and Measure Newark & Sherwood, Ashfield, Mansfield, Gedling, Rushcliffe, Broxtowe	Quarter One - 2013/14 Plan	Quarter One – 2013/14 Actual
Numbers of eligible patients who have been offered health checks	17,790	8,891
Numbers of patients offered who have received health checks	11,565	4,804
Bassetlaw		
Numbers of eligible patients who have been offered health checks	1,910	1,888
Numbers of patients offered who have received health checks	1,394	1,035
Nottinghamshire County Council - total		
Numbers of eligible patients who have been offered health checks	19,700	10,779
Numbers of patients offered who have received health checks	12,959	5,839

<b>Details and Remedial Actions:</b>
<b>Key Issues affecting delivery:</b> High degree of variation in coverage and uptake between practices Risk of inequalities and missing high risk groups Different remuneration arrangements and targets in Bassetlaw, City and County due to legacy from previous commissioners
<b>Actions to address issues:</b> Actions to address issues: 1) implement the proposed NHS Health Check Commissioning and Implementation Plan (medium term action) 2) continuing shared ownership of action plans with the Clinical Commissioning Groups (immediate) 3) submit an update on the NHS Health Check Commissioning and Implementation Plan following procurement (medium term).
<b>Quality and Patient Safety:</b> no issues reported

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

National Public Health Outcomes Framework		Health and Wellbeing Strategy Priorities
Outcome	Reference National Public Health (PH) Outcomes Framework	
Excess weight * ages 4-5 (Reception Year)	PH 2.6i	- To achieve a sustained downward trend in the level of excess weight in children by 2020
Excess weight * ages 10-11 (Year 6)	PH 2.6ii	
Category of contract value	Medium High	

Name of Providers
County Health Partnership
Bassetlaw Health Partnership

This is measured on an annual basis. Operational meetings continue with the providers to ensure the programme is delivered to the timescale, and quality indicators are monitored. These will be reported over the year, including participation rates.

### 3. Public Health Priority: Comprehensive Sexual Health

National Public Health Outcomes Framework		Health and Wellbeing Strategy Priorities
Outcome	Reference National Public Health (PH) Outcomes Framework	
Chlamydia diagnoses (15-24 year olds)	PH 3.2	None
People presenting with HIV at a late stage of infection	PH 3.4	
Category of contract value	High	

Name of Providers	Service
Nottingham University Hospitals	Genito-Urinary Medicine (GUM)
	GUM – community
	Contraceptive and Sexual Health service (CaSH)
Sherwood Forest Hospital Foundation Trust	Genito-Urinary Medicine (GUM)
	CaSH
	Sexions
Doncaster & Bassetlaw Hospital	Genito-Urinary Medicine (GUM)
Terrence Higgins Trust	HIV Advice/support
Bassetlaw Health Partnership	CaSH
Community Pharmacists – Local Enhanced Service (LES)	<ul style="list-style-type: none"> <li>- Emergency Hormonal Contraceptive (EHC)</li> <li>- C-Card</li> </ul>
GPs – Local Enhanced Service	Long-Acting Reversible Contraceptive (LARC) <ul style="list-style-type: none"> <li>- Sub Dermal Implants (Implanon)</li> <li>- Long Acting Reversible Contraception (IUD/IUCD)</li> </ul>

Work is on-going during 2013/2014 to identify what quality performance data of contracts is available that provides meaningful information and that gives a full picture of providers performance.

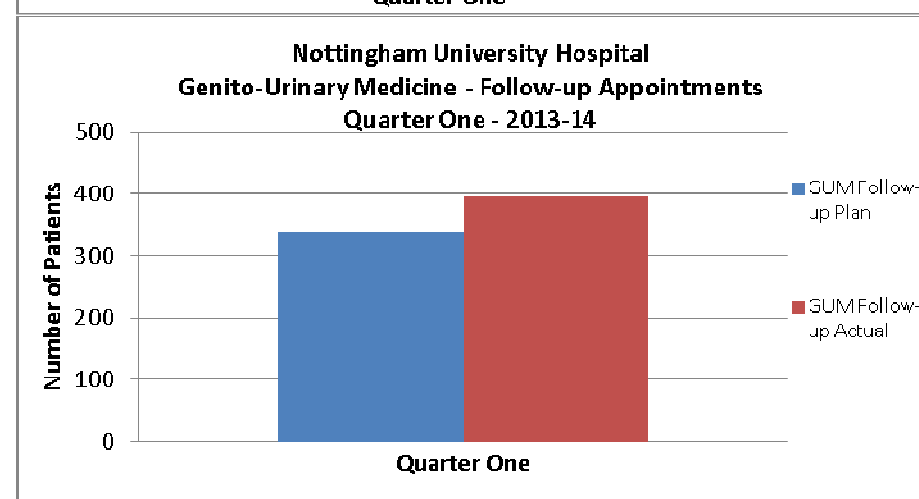
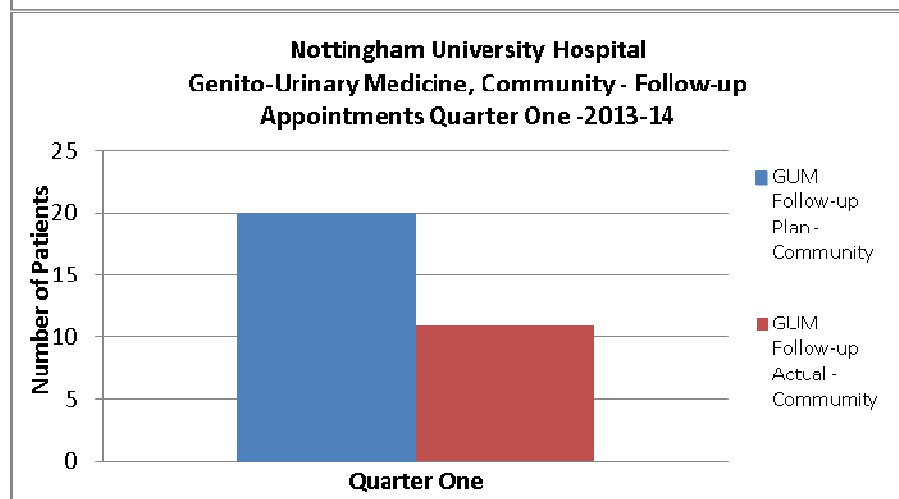
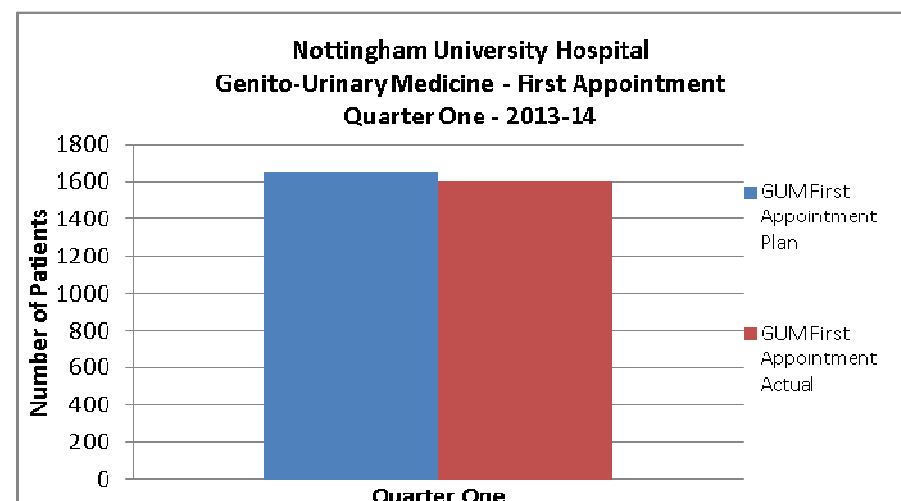
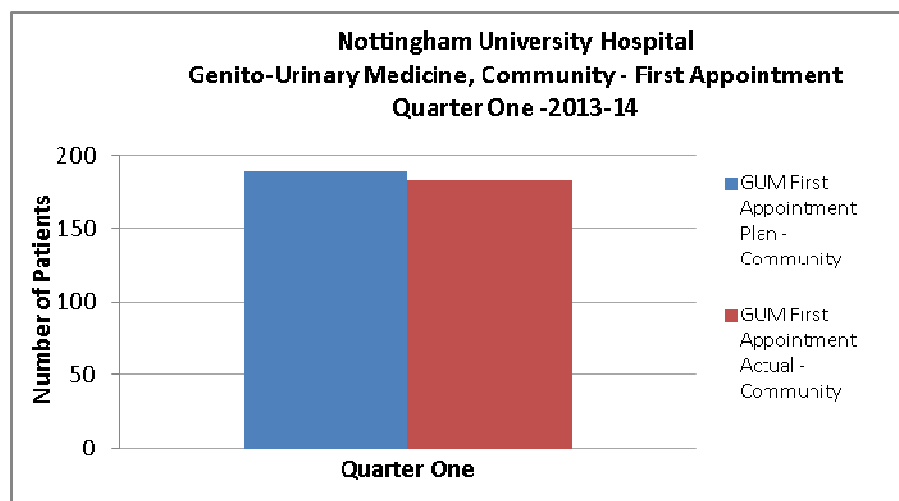
### **Genito-Urinary Medicine (GUM)**

Nottinghamshire County Council is an Associate Commissioner to the Nottingham University Hospitals, Sherwood Forest Hospital Foundation Trust and Doncaster and Bassetlaw Hospital. These three Trusts provide Genito-Urinary Medicine and Contraceptive and Sexual Health services for the residents of Nottinghamshire. The contract team is working with the Lead Commissioner for each of these contracts to ensure it receives meaningful and timely data, to enable performance to be monitored and reported on.

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

## Nottingham University Hospitals

The four graphs below summarise the activity against plan for patients accessing Genito-urinary Medicine, both hospital based and community based clinics. They show activity for first appointments and follow-up appointments.



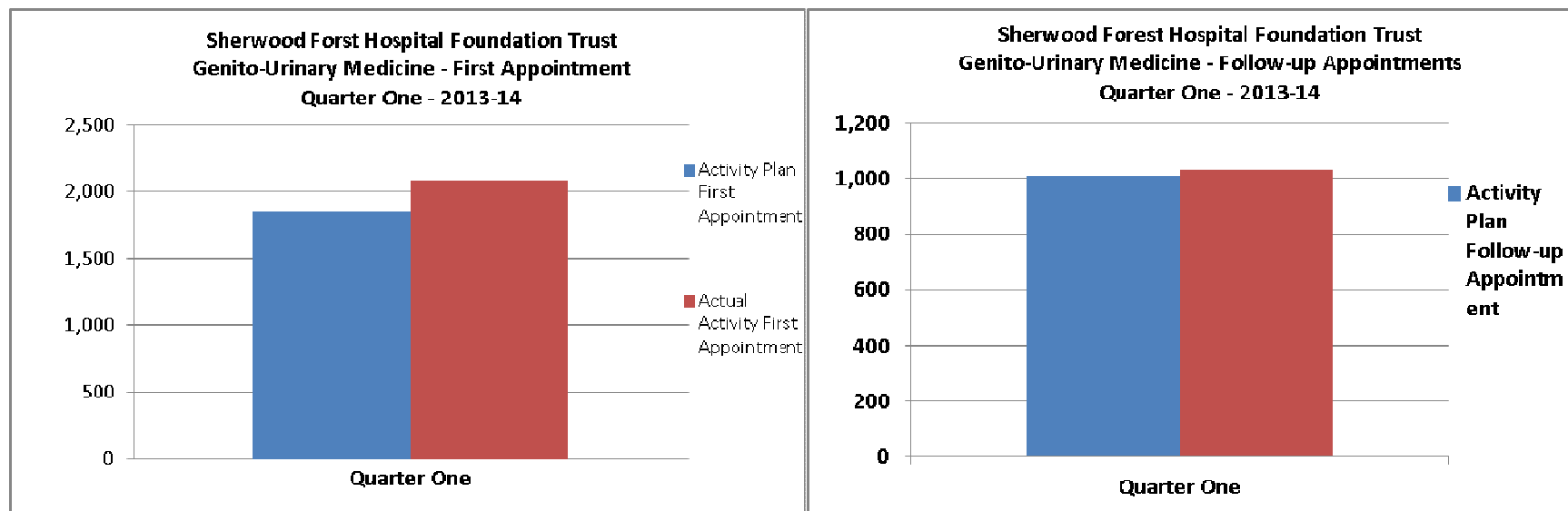
NUH first appointments have underachieved by 3% in clinic and underachieved by 3% in community

NUH follow up appointments have over achieved by 17% in clinic and underachieved in community by 45%



### Sherwood Forest Hospital Foundation Trust

The two graphs below summarise the activity against plan for patients accessing hospital based Genito-Urinary Medicine. They show activity for first appointments and follow-up appointments for quarter one 2013/14.



SFHT first appointments have over achieved by 13%

SFHT follow-up appointments have overachieved by 2%

<b>SEXions</b>	<b>Quarter One – 2013/14</b>
Number of 1:1 contacts with young people	405
Number of lessons delivered	56
Number of young people reached	1907

### **Doncaster & Bassetlaw Hospital**

The data for quarter 1 is not available to date; this will be reported in the quarter 2 report.

### **Contraceptive and Sexual Health Services (CaSH)**

Providers input their activity onto a national database (Sexual Health Reproductive Activity Dataset – SHRAD). Information will be available via the Health and Social Care Information Centre website later in the year. Public Health is working with the providers to ensure that the data is also provided via locally sharing agreements in addition to the national database to support contract monitoring and performance management. An updated position will be reported in the quarter 2 report.

**Terrence Higgins Trust**

This service is provided across the City and County. Approximately 23% of clients of the service are county residents. Data is not supplied with County/City breakdown.

Indicators	Target	Actual Quarter One 2013-14
Point of care testing	60 per quarter	85
Condom distribution	2,500 per annum	1062
Outreach events	3 per quarter	6
Chlamydia - All 15-24 year olds offered a screen	100%	100%

### **NHS Nottinghamshire County Community Pharmacists– C-Card and Emergency Hormonal Contraceptive**

These are demand-led services, therefore there are no targets. In quarter one 2013/14 there were 138 transactions.

An updated position will be reported in the quarter 2 report for Emergency Hormonal Contraceptive.

### **Nottinghamshire GPs - Long-Acting Reversible Contraceptive**

This is a demand-led service, therefore there are no targets.

<b>Long-Acting Reversible Contraceptive (LARC)</b>	<b>Activity - Year 2013/14</b>
	<b>Quarter One</b>
Sub Dermal Implants (Implanon) - Insertions	346
Sub Dermal Implants (Implanon) - Removal	201
Sub Dermal Implants (Implanon) – Insertion and Removal combined	133
Long Acting Reversible Contraception – Insertions	641
Long Acting Reversible Contraception - Removals	329

**Bassetlaw Community Pharmacists – Emergency Hormonal Contraceptive**

This is a demand-led service, therefore there are no targets.

An updated position will be reported in the quarter 2 report for Emergency Hormonal Contraceptive.

**Bassetlaw GPs - Long Acting Reversible Contraception (IUD/IUCD)**

7 GP practices provided activity in quarter 1 2013/14. This is a demand-led service, therefore there are no targets.

Time Period - Activity	Insertions	Removals	Reviews
April 2012 – December 2012	220	103	161
April 2013 – June 2013	57	N/A	30

**Bassetlaw GPs – Sub-Dermal Implants**

7 GP practices provided activity in quarter 1 2013/14. This is a demand-led service, therefore there are no targets.

Time Period - Activity	Insertions	Removals	Removal and fitting
April 2012 – December 2012	177	101	35
April 2013 – June 2013	48	30	23

#### **4. Public Health Priority: Public Health Advice to Clinical Commissioning Groups**

A Memorandum of Understanding (MoU) for Public Health (PH) advice to the Nottinghamshire County Clinical Commissioning Groups (CCG) has been agreed for the period 2013 – 2016. Each CCG has signed an MoU adapted to reflect the specific needs of each CCG.

The Chief Operating Officer Executive Group (for CCGs) receives a Checkpoint Report quarterly, this provides an update on the work undertaken and future actions relating to the delivery of the MoU.

## 5. Public Health Priority: Steps Local Authorities must perform to protect the health of their local populations

There is a Health Protection Strategy Group (HPSG) which feeds in to the Health and Wellbeing Implementation Group. It also links in with Public Health England and the NHS Commissioning Board Area Team.

The purpose of the HPSG is to provide proper assurance regarding outcomes and arrangements for the protection of the health of the population to Nottinghamshire County Health and Wellbeing Board and Implementation Group.

NHS Clinical Commissioning Groups fund the provision of treatment services for communicable diseases. The local authority provides advice about gaps in provision and evidence about what works to local NHS commissioners to ensure that health protection related needs are addressed effectively. Current work on this includes developing options for improving local services for people in central Nottinghamshire who are diagnosed with Hepatitis C, and on-going public health leadership of TB Stakeholder groups.

## 6. Accidental Injury Prevention

Public Health provides a leadership function with a work programme in place. Currently there are no contracts.



## 7. Alcohol and Drug Misuse

National Public Health Outcomes Framework		Health and Wellbeing Strategy Priorities
Outcome	Reference National Public Health (PH) Outcomes Framework	
Successful completion of drug treatment	PH 2.15	<ul style="list-style-type: none"> <li>- Alcohol related admissions to hospital</li> <li>- Mortality from Liver Disease</li> <li>- Successful completion of drug treatment</li> </ul>
People entering prison with substance dependence issues who are previously not known to community treatment	PH 2.16	
<b>Category of contract value</b>	High	

All drug treatment agencies must provide a basic level of information to the National Drug Treatment Monitoring System (NDTMS) on their activities each month (referred to as the Core Data Set). The Core Data Set is made available for quarter 1 in September. Local providers are required to upload their performance data to the NDTMS and to report on a locally agreed performance dashboard. The NDTMS data for Quarter 1 and dashboard will be presented in the quarter 2 report.

<b>Service Providers</b>
The Recovery Partnership
Bassetlaw Drug and Alcohol Service
Nottinghamshire Probation Substance Misuse Service
Doncaster and Bassetlaw Hospital
Sherwood Forest Hospitals Foundation Trust
Nottinghamshire Healthcare Trust
Carer's Federation
Framework Housing Association
Hetty's
GPs
Community Pharmacists

**Supervised Consumption – Local Enhanced Service (individual community pharmacists) – 2013/14**

An updated position will be reported in the quarter 2 report for Supervised Consumption.

**Summary / Performance Issues:**

- A detailed performance report is presented to the Nottinghamshire Substance Misuse Partnership Joint Commissioning Group for Adult Treatment and Recovery Services.
- Community Drug Misuse Services are currently subject to a tender process. As an outcome of the tender process it is anticipated that an award will be made to a provider to commence delivery of the Community Recovery Service during 2014/15.
- Contract Service Review meetings have been established, with the main providers.

**Actions to be taken:**

- Continue to monitor all providers action plans in relation to their performance against targets.
- Work with the Public Health policy lead to ensure contract performance issues identified by the Joint Commissioning Group are actioned.

**Quality and Patient Safety:**

It is recognised that the clients accessing these services may present as vulnerable adults. The providers commissioned to deliver these services are required to demonstrate experience of delivering services to this vulnerable client group and have clear arrangements to reduce the impact of the inherent risks to ensure patient safety. In quarter 1 2013-14 there were 2 serious incidents reported by the Recovery Partnership (Nottinghamshire Healthcare Trust), both were investigated and signed off during the period. No outstanding issues.

Nottinghamshire County Council is an Associate Commissioner to the Nottinghamshire Healthcare Trust, Sherwood Forest Hospital Foundation Trust and Doncaster and Bassetlaw Hospital. These three Trusts provide Drug and Alcohol services for the residents of Nottinghamshire. The contract team is working with the Lead Commissioner for each associate contract to ensure that meaningful and timely data is shared to support performance monitoring.

## 8. Children and Young People

The contracts in relation to children and young people are:

- School Nursing
- Special School Nursing
- Healthy Schools Programme.

A Children's Integrated Commissioning Hub is being established which will report to the Children's Trust Board. The performance management of the above contracts will be the responsibility of the Hub.

## 9. Community Safety and Violence Prevention

National Public Health Outcomes Framework		Health and Wellbeing Strategy Priorities
Outcome	Reference National Public Health (PH) Outcomes Framework	
Domestic Abuse Violent crime (including sexual violence)	PH 1.11 PH 1.12	Crime and Community Safety: - Violent crime - Domestic violence  - Falls and injuries in the over 65's
Category of contract value	Medium High	

Service Providers
Nottinghamshire Women's Aid
Citizen's Advice Bureaus
Gedling Community Voluntary Services
The Friary

### Nottinghamshire Women's Aid

Nottinghamshire County Council Public Health has a contract with Nottinghamshire Women's Aid to provide a Domestic Violence Children's Outreach Service in Bassetlaw. The contract team has established links with the service and has set up Contract Service Review Meetings in 2013/14.

### Citizen's Advice Bureau (Bassetlaw Positive Paths)

The service provides welfare benefits advice and support to the clients/patients who have a critical illness and/or limiting long term illness including cancer and other conditions.

#### Summary:

Annual Target	2012/13 Target	2012/13 Actual	2013/14 Q1 Target	2013/14 Q1 Actual
520 patients/clients to be provided with advice and support services	520	582 patients/clients assisted = 111.9% of target	130	153 patients/clients assisted
Additional Annual income for patients/clients of £1,240,774	£1,240,774	Additional Annual income for patients/clients £2,420,745	£310,193.50	£374,397.61

**The Friary**

The aim of the drop-in facility, provided at The Friary is to improve the quality of life and self-esteem of vulnerable people affected by homelessness, lack of permanent housing, or long term unemployment.

An updated position will be reported in quarter 2.

## 10. Dental Public Health

National Public Health Outcomes Framework		Health and Wellbeing Strategy Priorities
Outcome	Reference National Public Health (PH) Outcomes Framework	
Tooth decay in children aged 5	PH 4.2	None identified
Category of contract value	Medium High	

Service Provider
County Health Partnership – Oral Health Promotion Team
Water Suppliers (Severn Trent/Anglican Water) for water fluoridation (no contract monitoring information)

An updated position will be reported in quarter 2.



## 11. Immunisation Screening & Support

National guidance states that Public Health will provide a local leadership function for the preventative aspects of health protection (e.g. national screening and immunisation programmes commissioned by NHS England and the implementation of other local strategies for the control of communicable diseases by NHS and other organisations).

A work programme supports this priority.

## 12. Infection Control

Full responsibility and funding for community infection control rests with the public health teams embedded within local authorities. There is a work programme in place to support this priority.

Nottinghamshire County Council has commenced a review of arrangements for Community Infection Prevention and Control\* in order to ensure that it has affordable arrangements in place for addressing the future needs of the local population. Progress on this will be monitored by the Health Protection Strategy Group.

\* “community infection prevention and control” refers to the prevention of infections in those receiving care in either health or social care settings, especially in community settings such as GP practices or care homes. It specifically excludes the infection control work which takes place in settings which are managed by healthcare providers.

### 13. Mental Health

Public Health provides a leadership function with a work programme in place. Currently there are no contracts.

## 14. Nutrition

National Public Health Outcomes Framework		Health and Wellbeing Strategy Priorities
Outcome	Reference National Public Health (PH) Outcomes Framework	
Diet Excess weight in adults Excess weight in 4-5 and 10-11 year olds	PH 2.11 PH 2.12 PH 2.6	<ul style="list-style-type: none"> <li>- To achieve a downward trend in the level of excess weight in adults by 2020</li> <li>- A sustained downward trend in the level of excess weight in children by 2020</li> </ul>
<b>Category of contract value</b>	Medium High	

Service Providers
Ashfield District Council
Bassetlaw Health Partnership
County Health Partnership
Mansfield District Council
Newark and Sherwood District Council

<b>Ashfield District Council Target and Measure</b>	<b>2012/13 Annual Target</b>	<b>2012/13 Actual</b>	<b>2013/14 Annual Target</b>	<b>2013/14 Q1 Target</b>	<b>2013/14 Q1 Actual</b>
Targeted one-off awareness sessions - Community	43	53	43	10	9
Targeted one-off awareness sessions – School	25	25	25	1	6
Targeted one-off awareness sessions - Workplace	4	7	4	1	2
Cookery Courses (cook & eat) - School	4	4	4	3	1
Cookery Courses (cook & eat) – GP Referral	2	2	2	1	1

**Service Provider = Bassetlaw Health Partnership**

No data available

<b>County Health Partnership Target and Measure</b>	<b>2012/13 Annual Target</b>	<b>2012/13 Actual</b>	<b>2013/14 Annual Target</b>	<b>2013/14 Q1 Target</b>	<b>2013/14 Q1 Actual</b>
Targeted one-off awareness sessions - Community	160	225	160	No Quarterly Targets	70
Targeted one-off awareness sessions – School / nursery / children / young people	180	395	180		89
Targeted one-off awareness sessions - Workplace	15	15	15		6
Cookery Courses (cook & eat) - Community	67	62	67		34
Cookery Courses (cook & eat) – School	15	15	15		11
Training sessions, minimum of 10-12 participants per course	65	55	65		26
Awareness Raising Events	20	43	20		14

<b>Mansfield District Council Target and Measure</b>	<b>2012/13 Annual Target</b>	<b>2012/13 Actual</b>	<b>2013/14 Annual Target</b>	<b>2013/14 Q1 Target</b>	<b>2013-14 Q1 Actual</b>
Targeted one-off awareness sessions - Community	36	45	36	No Quarterly Targets	9
Targeted one-off awareness sessions – School	25	26	25		6
Targeted one-off awareness sessions - Workplace	24	19	24		2
Cookery Courses (cook & eat) - School	4	4	4		1
Cookery Courses (cook & eat) – GP Referral	2	2	2		1

<b>Newark &amp; Sherwood District Council Target and Measure</b>	<b>2012/13 Annual Target</b>	<b>2012/13 Actual</b>	<b>2013/14 Annual Target</b>	<b>2013/14 Q1 Target</b>	<b>2013-14 Q1 Actual</b>
Targeted one-off awareness sessions - Community	60	117	60	No Quarterly Targets	37
Targeted one-off awareness sessions – School	140	137	140		46
Targeted one-off awareness sessions - Workplace	25	19	25		3
Cookery Courses (cook & eat) - Community	20	18	20		5

### Details and Remedial Actions

As well as the above activity being collated, there is on-going evaluation. These services are being reviewed to ensure equity of provision across the county.

Notice has been served on all the contracts, with new arrangements in place during 2014/15.

**Quality and Patient Safety:** no issues reported.

## 15. Physical Activity

National Public Health Outcomes Framework		Health and Wellbeing Strategy Priorities
Outcome	Reference National Public Health (PH) Outcomes Framework	
Proportion of physically active and inactive adults	PH 2.13	- Utilisation of green space for exercise/health reasons
Category of contract value	Medium	

Service Providers – Exercise Referral Schemes
Bassetlaw District Council
Gedling Borough Council
Newark and Sherwood District Council

<b>Bassetlaw District Council Target and Measure</b>	<b>Full year - 2012/13 Target</b>	<b>Full year - 2012/13 Actual</b>	<b>Q1- 2013/14 Target</b>	<b>Q1- 2013/14 Actual</b>
Number of referrals	400	473	100	123
Number of people who start the 12 programme	340	412	85	97
Number of people completed the 12 week programme *	204	Figure not known*	51	11
Patient Satisfaction Surveys returned	60%	39%	60%	29%
Patients who reported the programme as positive experience	85%	87%		27%

\* this figure is not yet known. For example, a referral that started in the scheme on the 12.01.2013 will not be due a 12-week assessment until the 12.04.13. This will be reported on in the first quarter of 2013/14.

<b>Gedling Borough Council Target and Measure</b>	<b>Full year - 2012/13 Target</b>	<b>Full year - 2012/13 Actual</b>	<b>Q1- 2013/14 Target</b>	<b>Q1- 2013/14 Actual</b>
Number of referrals	No target	515	No target	Data not rcvd
Number of people who start the 12 programme	300	393	300	Data not rcvd
Percentage of people completed the 12 week programme	60%	46.6%	60%	Data not rcvd
Percentage of those reaching goal	50%	46%	50%	Data not rcvd



<b>Newark and Sherwood District Council Target and Measure</b>	<b>Full year - 2012/13 Target</b>	<b>Full year - 2012/13 Actual</b>	<b>Q1- 2013/14 Target</b>	<b>Q1- 2013/14 Actual</b>
Number of referrals	No target	223	No target	
Number of people who start the 12 programme	300	60	75	70
Number of starters that did not complete 12 weeks	No target	49	No target	46
Percentage of those reaching goal	86%	43%	50%	

<b>Broxtowe District Council Target and Measure</b>	<b>Full year - 2012/13 Target</b>	<b>Full year - 2012/13 Actual</b>	<b>Q1- 2013/14 Target</b>	<b>Q1- 2013/14 Actual</b>
Number of referrals	No target	492	No target	123
Number of people who start the 12 programme	300	346	75	63
Number of starters that did not complete 12 weeks	No target	192	No target	29
Percentage of those reaching goal	86%		50%	

### **Details and Remedial Actions**

These services are being reviewed to ensure equity of provision across the county.

Notice has been served on all the contracts, with new arrangements in place during 2014/15.

**Quality and Patient Safety:** no issues reported

## 16. Prevention of cancer & long term conditions

National Public Health Outcomes Framework		Health and Wellbeing Strategy Priorities
Outcome	Reference National Public Health (PH) Outcomes Framework	
Mortality rate from causes considered preventable Under 75 mortality rate from all cardiovascular disease Under 75 rate from cancer Under 75 rate from liver disease Under 75 mortality rate from respiratory diseases	PH 4.3 PH 4.4 PH 4.5 PH 4.6 PH 4.7	<ul style="list-style-type: none"> <li>- To achieve the 11 quality standards in the long-term condition National Service Framework of 2005 by 2015</li> <li>- To reduce early mortality and improve quality of life for individuals with Long Term Conditions</li> </ul>
<b>Category of contract value</b>	Medium High	

### Service Providers

There are several contracts. An updated position will be reported in quarter 2.

## 17. Reduce & prevent birth defects

National Public Health Outcomes Framework		Health and Wellbeing Strategy Priorities
Outcome	Reference National Public Health (PH) Outcomes Framework	
Low birth weight of term babies	PH 2.1	- Developing early intervention and prevention approaches
Child development at 2 years	PH 2.5	
Infant mortality	PH 4.1	
<b>Category of contract value</b>	Medium	

### Service Providers

Leicester University:

- to maintain the East Midlands and South Yorkshire Congenital Anomalies register
- to publish the Trent Neonatal Survey.

Several local authorities contribute financially to the contract. Leicester University publish reports detailing data for Nottinghamshire babies. Public Health will be reviewing the reports to ascertain the value of them.

## 18. Seasonal Mortality

National Public Health Outcomes Framework		Health and Wellbeing Strategy Priorities
Outcome	Reference National Public Health (PH) Outcomes Framework	
Excess winter deaths	PH 4.15	- Excess winter deaths
Category of contract value	Medium	

Service Provider
Public Health has one contract. An updated position will be reported in quarter 2.

## 19. Social Exclusion

National Public Health Outcomes Framework		Health and Wellbeing Strategy Priorities
Outcome	Reference National Public Health (PH) Outcomes Framework	
Children in poverty Social Isolation	PH 1.1 PH 1.18	<ul style="list-style-type: none"> <li>- To improve outcomes for children and their families</li> <li>- To reduce falls and injuries in the over 65's</li> </ul>

Service Providers
Citizen's Advice Bureaus
Gedling Council for Voluntary Services

An updated position will be reported in quarter 2.

## 20. Tobacco Control

National Public Health Outcomes Framework		Health and Wellbeing Strategy Priorities
Outcome	Reference National Public Health (PH) Outcomes Framework	
Smoking prevalence in over 18 years	PH 2.14	- Prevention: behaviour change and social attitudes smoking and tobacco control
Category of contract value	High	

Service Providers
New Leaf – County Health Partnership
GPs – NHS Nottinghamshire PCT and NHS Bassetlaw
Community Pharmacists – NHS Nottinghamshire PCT and NHS Bassetlaw
Bassetlaw Stop Smoking Service

Target and Measure – Four-week smoking quitter* Service Provider	2013/14 Annual Target	2013/14 Q1 Target	2013/14 Q1 Actual
New Leaf – County Health Partnership	4953	1325	1384
GPs – Nottinghamshire	900	234	93
Community Pharmacists – Nottinghamshire	800	183	74
Bassetlaw	993	252	199

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

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

**\*\* Commissioned activity** this is activity that is commissioned in order to meeting the four week quitter target. Activity is usually over-commissioned to allow contingencies to ensure the end of year target is met.

#### Details and Remedial Actions

##### Key Issues affecting delivery:

- The key issues affecting delivery is the underperformance of the GP's and community pharmacies. There proposed commissioned activity was based on the previous year's activity. A large part of the activity had already been moved over to New Leaf to cover the deficit from primary care contractors.

##### Actions to address issues:

- Nottinghamshire County public health is looking to bench mark against other areas with similar demographics in respect of the % of the smoking population that we are targeting. This will help inform future commissioning options.
- Options are being considered by public health to move activity over to another provider existing within the current budget.

- Public Health tobacco team are working closely with the performance and contracts team to monitor Primary Care Performance on a monthly basis. Any issues will be reported at the monthly meeting.
- Processes have been set up for New Business to look at options for new GP's and community pharmacies to delivery smoking cessation support.

**Quality and Patient Safety:** no issues reported



## 21. Weight Management

National Public Health Outcomes Framework		Health and Wellbeing Strategy Priorities
Outcome	Reference National Public Health (PH) Outcomes Framework	
Diet Excess weight in adults Excess weight in 4-5 and 10-11 year olds	PH 2.11 PH 2.12 PH 2.6	<ul style="list-style-type: none"> <li>- To achieve a downward trend in the level of excess weight averaged across all adults by 2020</li> <li>- A sustained downward trend in the level of excess weight in children by 2020</li> </ul>
<b>Category of contract value</b>	Medium high	

Service Provider
Bassetlaw Health Partnership
Retford Health

<b>Service Provider - Bassetlaw Health Partnership</b>
No data available. An updated position will be reported in quarter 2.

Service Provider - Retford Health, Chrysalis Indicator	Full year - 2011/12 Actual	2013/14 Q1 Actual
Number of patients that have completed a 12-week Adult Weight Management session	384	68
Number of patients who attended 6 or more sessions	273	66
Number of patients who achieved a target weight loss 6+ sessions	167	37
Lifestyle Benefits Reported: Improved diet 83 %; More active 70 %; Reduced BP 63 % Numerous ad hoc reports of patients lowering medication needs and reduced GP visits.		

**Quality and Patient Safety:** One complaint was received in this period relating to access to services. No other issues reported.

Currently Nottinghamshire County Council provides weight management services in Bassetlaw only. Inequity in obesity service provision is the driving force behind the current tender process.

Notice has been served on all the contracts, with new arrangements in place during 2014/15.

## 22. Workplace Health

Public Health provides a leadership function with a work programme in place. Currently there are no contracts.

### Quality - Exception Report Q1 2013-14

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

	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	
Public Health Area							
Alcohol and Drug Misuse services	0 (Zero)	0 (Zero)	0 (Zero)	2 (Two)	2 (Two)	2 (Two)	0 (Zero)
Interventions to tackle obesity such as community lifestyle and weight management services	1 (One)	1 (One)	1 (One)	0 (Zero)	0 (Zero)	0 (Zero)	0 (Zero)

**12 September 2013****Agenda Item: 6****REPORT OF CORPORATE DIRECTOR, POLICY, PLANNING AND  
CORPORATE SERVICES****WORK PROGRAMME****Purpose of the Report**

1. To consider the Sub-Committee's work programme for 2013/14.

**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 sub-committee will wish to commission periodic reports on such decisions. The sub-committee is therefore requested to identify activities on which it would like to receive reports for inclusion in the work programme.

**Other Options Considered**

5. None.

**Reason/s for Recommendation/s**

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

**Statutory and Policy Implications**

7. This report has been compiled after consideration of implications in respect of finance, equal opportunities, human resources, crime and disorder, human rights, the safeguarding of children, sustainability and the environment and those using

the service and where such implications are material they are described below. Appropriate consultation has been undertaken and advice sought on these issues as required.

## **RECOMMENDATION/S**

- 1) That the sub-committee's work programme be noted, and consideration be given to any changes which the sub-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 Sub-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 Sub-Committee Work Programme 2013/14

Meeting Dates	PH Sub Committee	Lead Officer	Supporting Officer
<b>7 November 2013</b>	Public Health Nursing Draft Public Health Business Plan <i>Update on Substance Misuse Services</i>	Kate Allen Cathy Quinn <i>Barbara Brady</i>	Irene Kakoulis Sally Handley
<b>9 January 2014</b>	Performance and Finance Report for July – Sept 2013 Report on Integrated Commissioning Hub for children and young people's health services	Cathy Quinn  Kate Allen	Sally Handley  Sarah Everest
<b>6 March 2014</b>	Performance and Finance Report for Oct - Dec 2013	Cathy Quinn	Sally Handley
<b>8 May 2014</b>	Performance and Finance Report for Jan-Mar 2014	Cathy Quinn	Sally Handley
<b>3 July 2014</b>			

### Proposed Future Items (& suggested date)

- Procurement plan for retendering PH services
- Follow up report on Work Place Health
- Follow up report on Community Infection Prevention & Control
- Follow up report on Obesity commissioning

