Nottinghamshire County Council

Public Health Committee

Thursday, 14 July 2016 at 14:00

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

AGENDA

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.

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.

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

(5) This agenda and its associated reports are available to view online via an online calendar - http://www.nottinghamshire.gov.uk/dms/Meetings.aspx

Nottinghamshire County Council

minutes

Meeting	PUBLIC HEALTH COMMITTEE
Date	19 May 2016 (commencing at 2.00 pm)

Membership
Persons absent are marked with an 'A'

COUNCILLORS

Joyce Bosnjak (Chair)
Glynn Gilfoyle (Vice-Chair)

Reg Adair
Steve Carroll
Dr John Doddy
Alice Grice
David Martin
Stuart Wallace
Muriel Weisz

A Ex Officio: Alan Rhodes

OFFICERS IN ATTENDANCE

Kerry Adams, Public Health
Kate Allen, Public Health
Barbara Brady, Interim Director of Public Health
Laura Chambers, Adult Social Care, Health and Public Protection
Helen Cripps, Public Health
Paul Davies, Democratic Services
Kay Massingham, Public Health
Helen Scott, Public Health

MINUTES

The minutes of the meeting held on 17 March 2016 were confirmed and signed by the Chair.

MEMBERSHIP OF THE COMMITTEE

It was noted that Councillors Dr John Doddy and Stuart Wallace had been appointed for this meeting only, in place of Councillors Kay Cutts and Martin Suthers.

INTEGRATED HEALTHY CHILD PROGRAMME AND PUBLIC HEALTH NURSING SERVICE 0-19 YEARS – COMMISSIONING PROPOSALS

RESOLVED 2016/011

(1) That the outcome of the engagement and consultation in relation to the Integrated Healthy Child Programme and Public Health Nursing Programme be noted.

(2) That the Integrated Healthy Child Programme and Public Health Nursing Programme be advertised for tender.

COMMISSIONING HOMELESSNESS PREVENTION ACCOMMODATION SERVICES

RESOLVED 2016/012

(1) That the progress on commissioning a Quick Access Temporary Accommodation Support Service across Nottinghamshire County to prevent homelessness be noted.

(2) That approval be given to the proposal to go out formally to tender for a framework agreement for the service on an interim basis in order to ensure compliance with EU procurement regulations.

(3) That the proposed contract period of one year, from September 2016, with an option to extend for a further 12 months in three month increments, ie (1+1) up to a maximum of two years be approved.

(4) That delegated authority be given to the Interim Director of Public Health (or her authorised deputy) in consultation with the Chair and Vice-Chair of the Public Health Committee to award to the successful bidder(s) once the tender is concluded, and for Public Health Committee to receive an update following the conclusion of the tender.

NHS HEALTH CHECK PROCUREMENT UPDATE

RESOLVED 2016/013

(1) That approval be given to go out to tender formally on 14 July 2016 for the procurement of an IT Solution to support delivery by GP practices of the NHS Health Check programme and enable the required flow in fulfilment of the local authority mandate from April 2017.

(2) That the contract period be three years from 1 April 2017 with an option to extend on an annual basis for a further year (ie 3+1) to a maximum of four years in total.

PUBLIC HEALTH DEPARTMENTAL PLAN 2015/16 AND SERVICE PLAN 2016/17

RESOLVED 2016/014

(1) That the update on the 2015/16 Departmental Plan and the move to service planning in 2016/17 be noted.

(2) That the Committee receive six-monthly updates on progress against the 2016/17 Service Plan.

ANNUAL REPORT TO HEALTH AND WELLBEING BOARD 2015/16

RESOLVED 2016/015

That the annual summary of work of the Public Health Committee be approved for submission to the Health and Wellbeing Board.

WORK PROGRAMME

RESOLVED: 2016/016

That the committee's work programme be noted, subject to the addition of six-monthly progress reports on the Public Health Service Plan.

The meeting closed at 3.05 pm.

CHAIR

Nottinghamshire County Council

Report to Public Health Committee

Agenda Item: 5

REPORT OF THE CORPORATE DIRECTOR OF ADULT SOCIAL CARE AND HEALTH AND DEPUTY CHIEF EXECUTIVE

RESTRUCTURE OF THE PUBLIC HEALTH DIVISION

Purpose of the Report

1. The purpose of this report is to seek approval to changes to the structure of Public Health arising from *Redefining Your Council* and reductions to the Public Health Grant for 2016/17.

Information and Advice

2. During 2014/15 the council developed a new vision for the future - *Redefining Your Council.* Part of this vision was to integrate public health into the Adult Social Care & Health & Public Protection Department, with the Director of Public Health managerially accountable to the Chief Executive, although on a day to day basis the post will report to the Corporate Director for Adult Social Care and Health and Deputy Chief Executive. This came into effect on 1 September 2015. Part of this process included developing a new structure for the PH team, so that their role and remit was consistent with this NCC vision, and became fully integrated into the council.

3. At the same time, a new vision for the public health function across the county was developed, and this was formally approved by the Public Health Committee on 10 September 2015. This laid the foundation for a fully integrated public health system within the council, and also explained how all public health staff would operate both internally and with partners.

4. Public Health staff transferred to the County Council in their existing posts and on their existing terms and conditions in April 2013.

5. Since transfer only minor changes have been made to the structure; mainly when posts have become vacant and have been deleted with remaining tasks re-allocated amongst the remaining posts. Any new posts have been established on the terms & conditions adopted by NCC.

6. The current proposal is to disestablish the existing structure in its entirety and to create a new structure for the Public Health service. The posts in the new structure will be established on County Council terms and conditions of employment as agreed with the recognised trade unions as part of Single Status.

7. The proposals on the re-structure of the service were issued to staff and relevant trade unions for consultation. In line with the comments received, a formal response to the comments was issued addressing any concerns that were raised and where appropriate some changes to the proposed structure and job descriptions were made.

8. In terms of the public health budget, the council receives a ring fenced grant each year from Public Health England. In 2015/16 this was £36.1m at the start of the year, but due to a national cut of £200m to the public health grant, announced in July 2015, the grant to NCC was reduced by 6.2% (£2.6m) in year. This has been managed by a combination of underspends on public health contracts, plus use of reserves. In addition, NCC took over the commissioning responsibilities for health visitors and the Family Nurse Partnership on 1 October 2015, and therefore received an additional grant of £5.8m (£11.8m full year effect, due to a small adjustment relating to Bassetlaw). The council assumed this in year cut of 6.2% would be made recurrent in 16/17, therefore planned an overall reduction of £3m as part of the budget planning process, which would include both the normal PH grant plus the health visitor allocation. The grant for 2016/17 was announced at £43.26m, which is £0.748m less than anticipated, leading to additional pressure on budgets.

9. In terms of PH staffing resource this has come down from a starting budget of £3.023m in 2013/14, to a planned budget of £2.387m in 2016/17, as a result of recurrent reductions as shown in the table below. The proposed new structure will cost £2.374m, which is within budget. Therefore over the 4 year period to 2016/17, the division will have provided total staffing savings of £0.689m, a reduction of 23% against the 2013/14 net budget of £3.023m.

Year	**2013/2014**	**2014/2015**	**2015/2016**	**2016/2017**
Budget	£3,023,031	£2,987,580	£2,837,580	£2,387,580

10. The vision for public health continues to be a smaller team but one which is more strategically focused and integrated into the council as a whole, albeit managerially located within ASCH & PP. The proposed budget reductions have been constructed with a view to maintaining sufficient capacity to deliver the division's core responsibilities. These include:

    - **Health improvement**, including developing and implementing a number of PH policy areas such as tobacco, obesity, substance misuse, sexual health, children's health age 5-19, oral health, mental health, workplace health, health inequalities

    - **Health protection**, including community infection control, screening, vaccination and immunisation programmes, health emergency planning

    - **Health services**, including giving Public Health advice and support to CCGs to ensure they commission services based on population need

    - The need to meet statutory requirements such as the production of the Joint Strategic Needs Assessment, the Health and Wellbeing Strategy and the independent Annual Report of the Director of Public Health.

    - The Public Health division also hosts the children's integrated commissioning hub (ICH), specifically to commission children's health services on the CCGs' behalf. Posts related to this function are included within the structure. A number of these posts are funded through ring-fenced CCG monies and these are identified both in the proposed structure diagrams in Appendix 1 and in the tables included in the report.

11. These proposals build upon the improvements made to the PH function over the last few years, in particular;

    - The transfer of the PH system from the NHS to the council in April 2013.
    - The strategic recommissioning of a number of services e.g. drug and alcohol, obesity and weight management, tobacco, sexual health.
    - Continued commissioning support for CCGs as part of the Memorandum of Understanding with them.
    - The development of the Health and Wellbeing Board and the Health and Wellbeing strategy
    - The focus of the Public Health Committee on public health services, performance and the use of the PH ring-fenced grant

12. The proposed structure reflects the requirements to meet the new vision for PH within the council. The use of generic job descriptions allows the division to maintain maximum flexibility in its structure, allowing it to respond quickly to changes both in demands and divisional structures. Consequently, over time it is expected that posts will be transferred between teams across the division to meet competing priorities.

The Proposals

13. The proposal is to disestablish the existing structure in its entirety and to create a new structure for the Public Health service. Existing posts are on a mixture of NHS and County Council terms and conditions of employment. In the new structure, all the posts will be established on County Council terms and conditions of employment as agreed with the recognised trade unions as part of Single Status and will be significantly changed in terms of focus. The list of existing posts – all the current posts on the establishment - to be deleted are set out in the table below. Fifteen posts in Public Health were previously deleted as part of the budget setting process for 2016/17, and were included in a Section 188 notice issued in December 2015. These fifteen posts are not included in the list below, as they have already been disestablished.

Existing Posts (to be deleted)	**FTEs**
Director of PH	1
Consultant in Public Health	5
Associate Director in Public Health	1
Senior PH Manager / Senior Public Health and Commissioning Manager / Senior Public Health Intelligence Specialist / Senior PH and Commissioning Manager CICH*	10
Public Health Manager / Public Health and Commissioning Manager / Reablement Evaluation Officer / Public Health Manager – Information and Intelligence	17.5
Public Health Analyst	3

Group Manager Commissioning	1
Public Health Contracts Manager	2
Public Health Performance and Contracts Officer	1
Executive Officer Public Health	1
Executive Officer Health and Wellbeing	1
PA to PH Directorate	3
Team Secretary / Business Support Administrator Grade 3	3
C&YP Mental Health and Wellbeing Programme Lead*	1
Strategic Performance and Needs Assessment Manager*	1
ICCYPH Programme Manager*	2
CICH Performance and Contracts Officer*	0.5
Business Support Administrator Grade 4*	1
Total	**55**

Note: Posts marked with an asterisk are funded through CCGs and not out of Public Health grant.

14. The posts to be established are set out in the table below.

Proposed Posts (to be established)	**FTEs**
Director of PH	1
Consultant in Public Health	4
Senior Public Health and Commissioning Manager	7
Senior Public Health and Commissioning Manager*	1
Public Health and Commissioning Manager	15.5
Public Health Support Officer	2.5
Senior Public Health Intelligence Analyst	1
Public Health Intelligence Analyst	3

Group Manager, Contracts and Performance	1
Public Health Performance and Contracts Manager	2
Public Health Performance and Contracts Officer	1
Executive Officer Public Health	1
Business Support Officer	1
PA to Service Directors	2
Business Support Administrator 3	3
C&YP Mental Health and Wellbeing Programme Lead*	1
C&YP Mental Health and Wellbeing and Commissioning Manager*	1
Strategic Performance and Needs Assessment Manager*	1
ICCYPH Programme Manager*	2
CICH Performance and Contracts Officer*	0.5
Business Support Administrator Grade 4*	1
Total	**52.5**

Note: Posts marked with an asterisk are funded through CCGs and not out of Public Health grant.

15. Appendix 1 shows the proposed structure in terms of hierarchy, although a flexible approach is planned. Appendix 1 also identifies all the posts which are funded outside of the Public Health grant, and those which will be on fixed term contracts.

Other Options Considered

16. There are no other short term options to addressing the challenges within the public health function. Longer term options could be the complete integration of all staff into Adults and Health, with no separately identified PH team. This, however, is not considered appropriate at this time.

Reason for Recommendation

The proposed structure reflects the next phase in the integration of the public health service as outlined in re-defining your council ” to ensure improved delivery of public health activity, more closely aligned to service and strategic priorities and needs, reduced costs and improved value for money”.

Statutory and Policy Implications

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

Implications for service users

18. One of the main reasons for restructuring the Public Health Service is based on the approach that these services should make an appropriate contribution towards the Council's overall savings target to safeguard front-line service delivery. These reductions are planned to minimise the impact on the quality of the service provided to customers and key stakeholders.

Financial Implications

19. Financial implications are set out in paragraphs 8 and 9 of the report.

Equalities Implications

20. The restructuring of the public health Division will be carried out in accordance with the County Council's employment and equalities policies.

Human Resources Implications

21. Staff and all trade unions including those trade unions not recognised for collective bargaining purposes but who represent colleagues in the service have been fully informed and consulted on the restructure.

22. The HR implications have been considered throughout the consultation process in drawing up the new structure and job descriptions. Appointments to the posts in the new structure will progress in line with the corporate enabling process. All posts have been evaluated using the agreed job evaluation process and the grades have been confirmed.

RECOMMENDATION

23. It is recommended that Elected Members approve the changes to the Public Health Service structure effective from 1 August 2016 as set out in this report and in Appendix 1.

David Pearson
Corporate Director, Adult Social Care and Health and Deputy Chief Executive

For any enquiries about this report please contact: Barbara Brady, Interim Director of Public Health

T: 0115 977 5781
E: Barbara.brady@nottscc.gov.uk

Constitutional Comments (CEH 23.06.16)

24. The recommendation falls within the remit of the Public Health Committee under its terms of reference.

Financial Comments (KAS 23/06/16)

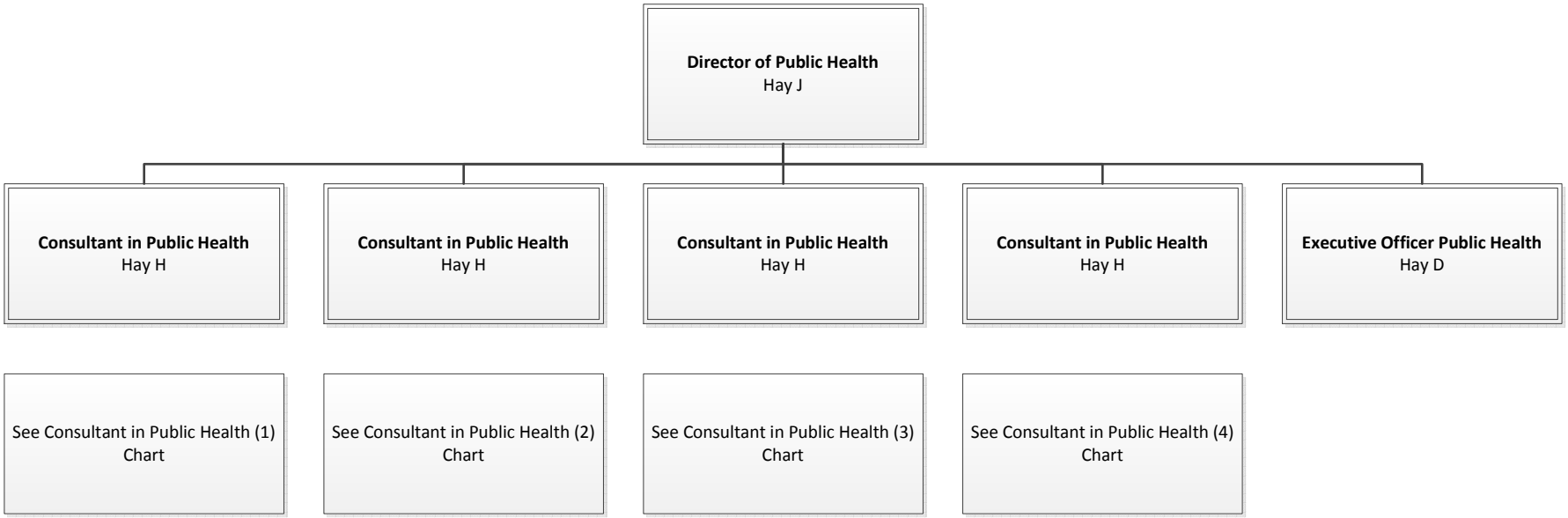
25. The financial implications are contained within paragraphs 8 and 9 of the report.

Background Papers
Report to Public Health Committee, 10 September 2015, Public Health Arrangements across Nottinghamshire County

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

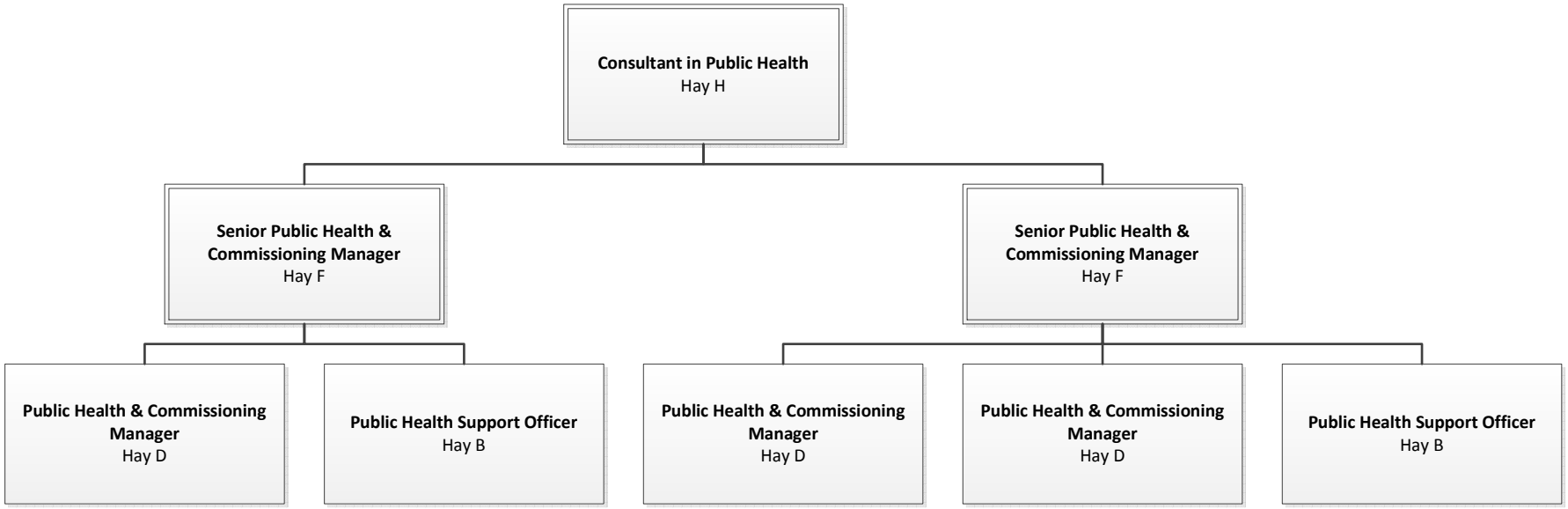
Directorate

Public Health



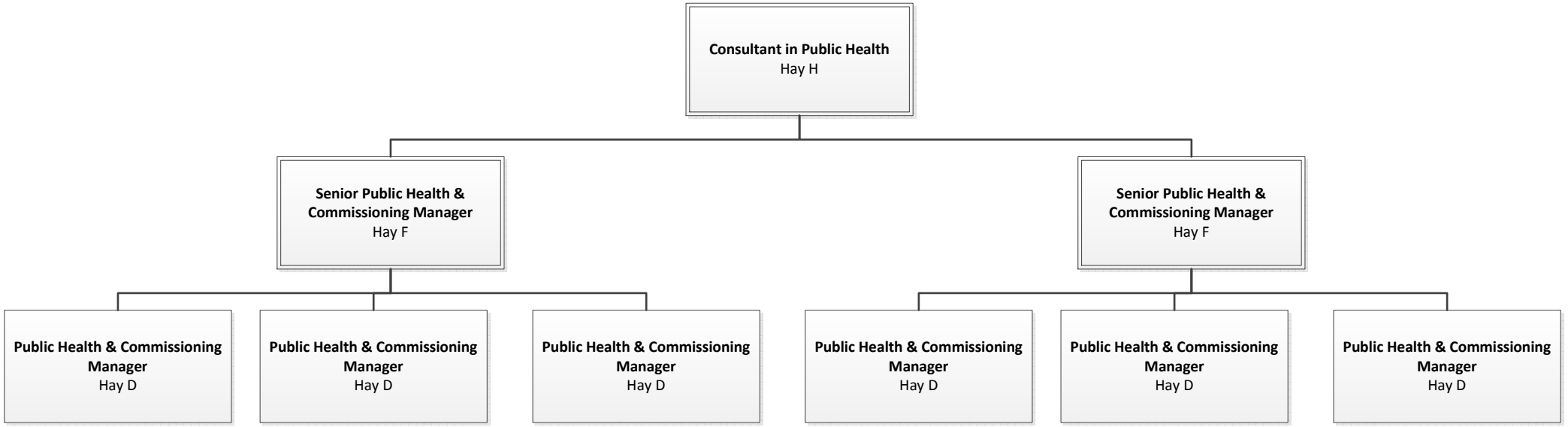
Consultant in Public Health (1)

Public Health



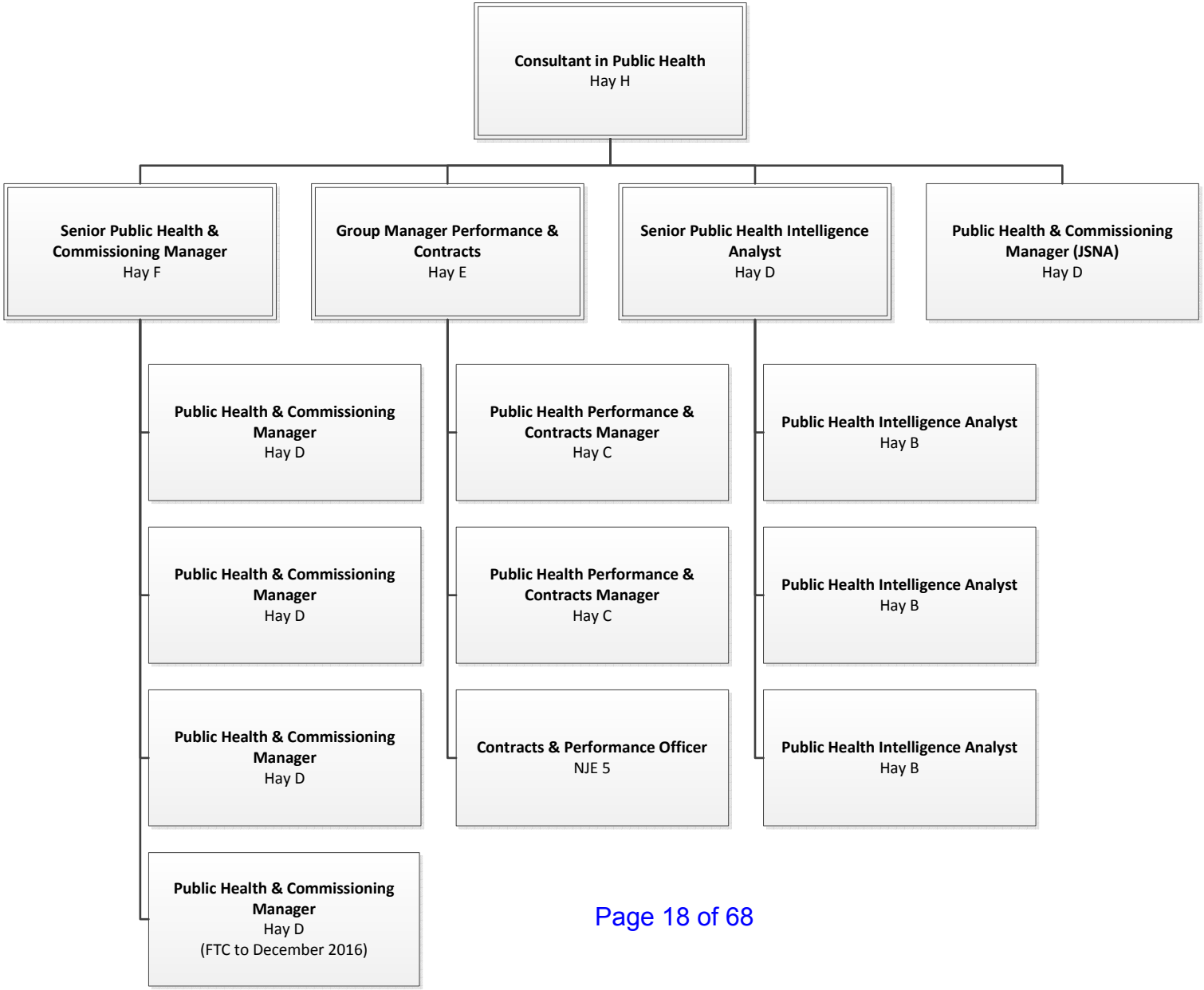
Consultant in Public Health (2)

Public Health



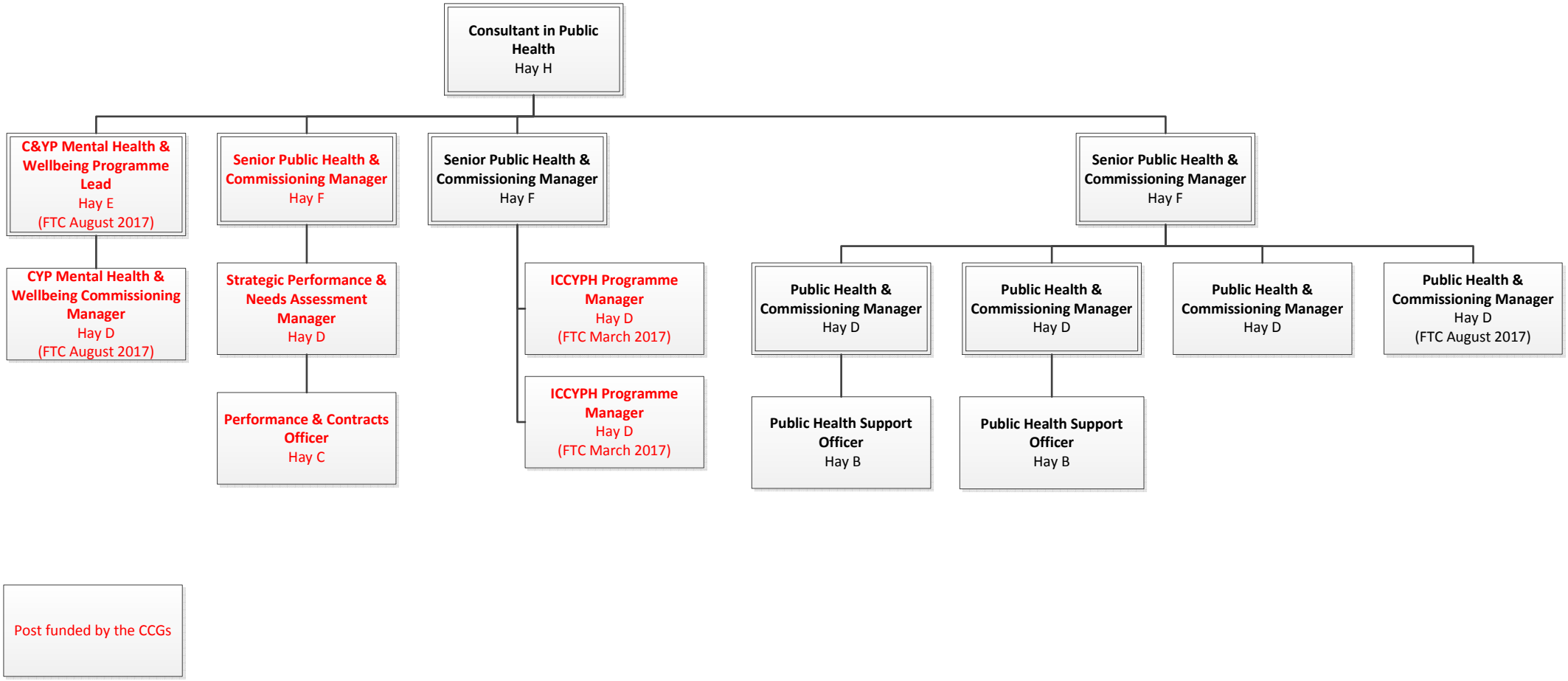
Consultant in Public Health (3)

Public Health



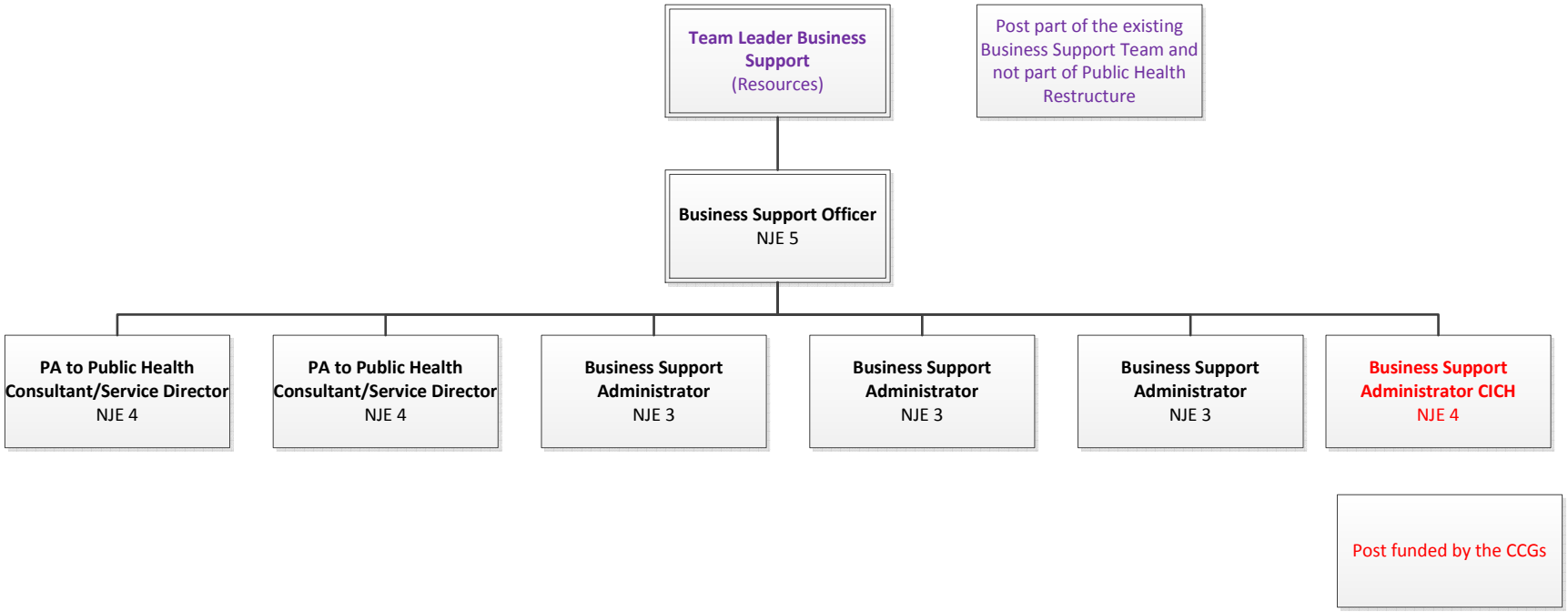
Consultant in Public Health (4)

Public Health



Public Health Business Support

Managed by Resources Department



Executive Officer (Public Health) will liaise with Team Leader (Business Support) regarding business support for the whole department.

All business support staff will move into the centralised business support system as part of this process

Nottinghamshire County Council

Report to Public Health Committee

14 July 2016

Agenda Item: 6

REPORT OF INTERIM DIRECTOR OF PUBLIC HEALTH

QUALITY ASSURANCE AND IMPROVEMENT ARRANGEMENTS FOR PUBLIC HEALTH COMMISSIONED SERVICES

Purpose of the Report

1. To provide information about arrangements to support Clinical Quality Assurance (QA) and Quality Improvement for Public Health Commissioned Services, in accordance with established good practice.
2. To summarise the systems and processes that provide assurance of the clinical quality and safety of Public Health Commissioned Services to protect the public who access these services.

Information and Advice

National and local context

3. Nottinghamshire County Council commissions a range of Public Health (PH) services as part of its duty as an upper tier authority to improve and protect the health of the population (Health and Social Care Act 2012[i]). The commissioning priorities for these services are informed and guided by the Health and Wellbeing Strategy, the Public Health Outcomes Framework (PHOF), national policy and guidance; the local Joint Strategic Needs Assessment (JSNA) and feedback from engagement and consultation with key stakeholders.

4. There is a requirement to ensure that the services we commission have synergy and alignment with services commissioned and delivered by other health and care commissioning organisations and providers. For example, NHS England and local Clinical Commissioning Groups - CCGs (as commissioners) and a range of services delivered by a mixed economy of health and care providers (NHS and non-NHS providers of varying organisational size, capacity and maturity).

5. Careful consideration as to the interdependencies of health and care organisations is essential to support a positive service user (SU) journey. Appendix 1 sets out the complexity and interdependencies of the current health and care system.

6. It is important to stress that PH services have a clinical dimension which require tailored and evidence based clinical governance systems and processes. PH services are often targeted and accessed by the most vulnerable people in our communities. To support a positive SU

journey, it is essential that clinical pathways are aligned across services irrespective of commissioner or provider. With effective collaboration and co-operation between commissioning and provider organisations to ensure the clinical quality and safety of services commissioned.

7. It is essential that the council ensures that the PH services commissioned deliver high quality, evidenced-based, safe, effective and accessible services that promote health improvement and a positive SU experience, while also reflecting value for money.

8. The assurance of clinical quality is a cornerstone of the commissioning process, framed around the three dimensions of quality:
    I. Clinical effectiveness
    II. Service User Safety
    III. Service User experience

9. The focus on clinical effectiveness, safety and experience aims to foster a culture of quality improvement that is underpinned by best practice and the recommendations of the Francis Report (2013)[ii]. The NHS Constitution[iii] also sets out the council's duty to have regard to the NHS Constitution when commissioning or providing public health services. The NHS Constitution sets out fundamental principles, values, rights, responsibilities and pledges to support a positive SU experience.

Systems and processes to support Quality Assurance and Improvement

10. To support the PH Division's responsibility for ensuring the QA and improvement of PH commissioned services, a PH Clinical Governance Panel meets monthly. The panel provides an assurance mechanism to support the Council in discharging its statutory responsibilities to improve and protect the health of the population, which includes the commissioning of PH services. The panel works to ensure that the standards and principles of clinical effectiveness, safety and experience are applied to the services commissioned. The Terms of Reference for the panel are provided in Appendix 2, and are subject to some minor revisions pending the completion of restructuring and reassignment of roles within the division.

11. A Quality and Risk Management Protocol sets out key principles to support robust QA and improvement measures. This includes the management of complaints and Serious Incidents (SIs), applying best practice from national guidance.

12. QA requires collaborative working with Directors of Quality and colleagues within NHSE and local CCGs, and we recognise the value of engagement and feedback from Healthwatch and Health Scrutiny Panels. For example feedback from Healthwatch and the Health Scrutiny Panel provided important insight during the consultation phase during the procurement process for the Integrated Sexual Health Service. The benefits of engaging with commissioners across a health and care economy are well researched and supports system-wide intelligence about quality and enables the sharing of best practice to support quality improvement.

13. To support the QA of Locally Commissioned PH Services (LCPHS) commissioned from General Practice (services include NHS Health checks and Long Acting Reversible Contraception LARC - IUCD and Implants), the PH Division is developing a QA Framework for GP Commissioned services. This will include information and intelligence from contract

and performance management, engagement with primary care commissioning colleagues in NHSE and local CCGs and information from Care Quality Commission GP Quality Ratings.

How are we assured of the quality of services commissioned?

14. A number of systems and processes provide the assurance of quality and support providers to drive forward quality improvement.

Robust procurement process

15. A robust procurement process is essential to ensure the quality and safety of PH commissioned services. A Project Initiation Document (PID) underpins the procurement process, with delivery supported by effective project management and professional advice and services from within the council (for example, Public Health, Legal Services, Procurement Team, Corporate Communications and Finance). Oversight of the PH procurement process, including the authority to act and agreement following the competitive tender evaluation process to make the contract award, is secured from the Public Health Committee.

16. Other key quality and governance processes within the procurement process include formal consultation and engagement with key stakeholders; 'soft market testing'; the development of evidenced based service specifications and performance and quality schedules that are reviewed by clinical experts within the field; the development of rigorous quality and financial evaluation criteria. Following contract award, clinical governance and QA is applied through a robust mobilisation process.

17. The PH Division has developed a Procurement Guide that sets out the process this resource has been designed following the review of procurement processes undertaken within the division since 2013.

Contract Management including monitoring of Performance and Quality

18. QA and improvement is a fundamental theme that runs through the terms and conditions of the PH Contract and within the contract schedules. For example:

- QA is supported by the requirement for healthcare providers to hold current and appropriate registration with relevant regulatory bodies (Care Quality Commission CQC)
- Regular Contract Quality Review Meetings are a standard requirement within PH contracts this includes the sharing of specified performance and quality reports (as set out in the contract schedules)
- Providers are required to demonstrate equity of access and where indicated the targeting of services to specific groups
- Providers are required to demonstrate their responsibilities to ensure that adverse events are detected and openly investigated and lessons learnt are promptly applied (Serious Incident Reporting process)
- The recruitment of a workforce that is fit for purpose ensuring the workforce holds current, service specific, nationally agreed qualifications, clinical competencies and standards
- Providers are required to demonstrate that their staff have access to appropriate mandatory and role specific training and development (for example safeguarding, CSE,

Information Governance, Health and Safety) and where appropriate have access to regular clinical and safeguarding supervision
- Providers are required to demonstrate how they meet the Equality Duty (2010)[iv], Information Governance and information sharing requirements[v]
- Contract and schedules set out clear requirements and expectations of provider arrangements for Clinical Governance (including safeguarding), Board reporting processes, research and audit plans

19. Other arrangements for increasing our understanding, knowledge and intelligence of providers include:

- Collaboration with local and national commissioners to share quality and governance related intelligence, risk and insight about providers (supported by attendance at the Quality Scrutiny Group facilitated by NHSE)
- Engagement and feedback with local commissioners (for example CCGs), this is of particular important when local CCGs are also commissioning services from the same provider
- Active participation through attendance at NHS provider Quality Scrutiny Panels
- Ensure that the specified Quality Standards provide meaningful intelligence, including information about provider workforce, training and competencies, staff well-being, rates of sickness and absence, vacancies and staff turnover
- Quality Assurance visits included within the contract for the main service providers (Appendix 3 provides the documentation to support QA Visits)
- The implementation of best practice (for example from NICE Guidance, national guidance

20. Intelligence and understanding about the quality of PH services gained through engagement with SUs and the public

- SU feedback shared by providers (this is a quality standard in contract schedules – SU feedback, compliments, complaints, management and reporting of SIs)
- PH team to develop a planned approach to enable engagement with SUs throughout the life of the contract and to inform future procurement plans
- Capture feedback from the public through PH engagement events, broader LA and CCG events and engagement with Healthwatch

Reasons for Recommendation

21. The PH Committee is aware of the specific systems and processes applied to support QA and safety of PH commissioned services and is mindful of:
    - the clinical nature of these services and associated risks, in addition to the vulnerability of people accessing the services
    - the interdependencies of health and care organisations and the need for collaborative and joint working to support an effective, safe joined up SU journey

Statutory and Policy Implications

22. 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

23. The resource associated with managing QA is met within the PH Grant.

RECOMMENDATION
That the committee

1. Note the arrangements that support QA and improvement of PH commissioned services

Barbara Brady
Interim Director of Public Health

For any enquiries about this report please contact:
Dr Jonathan Gribbin
Consultant in Public Health
0115 9939362
jonathan.gribbin@nottscc.gov.uk

Constitutional Comments (CEH 24/06/16)

24. The report is for noting purposes only

Financial Comments (KAS 30/6/16))

25. The financial implications are contained within paragraph 23 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.

Quality and Risk Protocol to support Public Health Commissioned Services (refreshed June 2016, internal document PH Division)

The Mid Staffordshire NHS Foundation Trust Public Enquiry. Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry. Chaired by Robert Francis QC. 2013. London Stationary Office. http://webarchive.nationalarchives.gov.uk/20150407084003/http://www.midstaffspublicinquiry.com/report

Public Health Supplement to the NHS Constitution - for local authorities and PH England. 2013. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/473475/NHS_Constitution-PublicHealthSupp.pdf

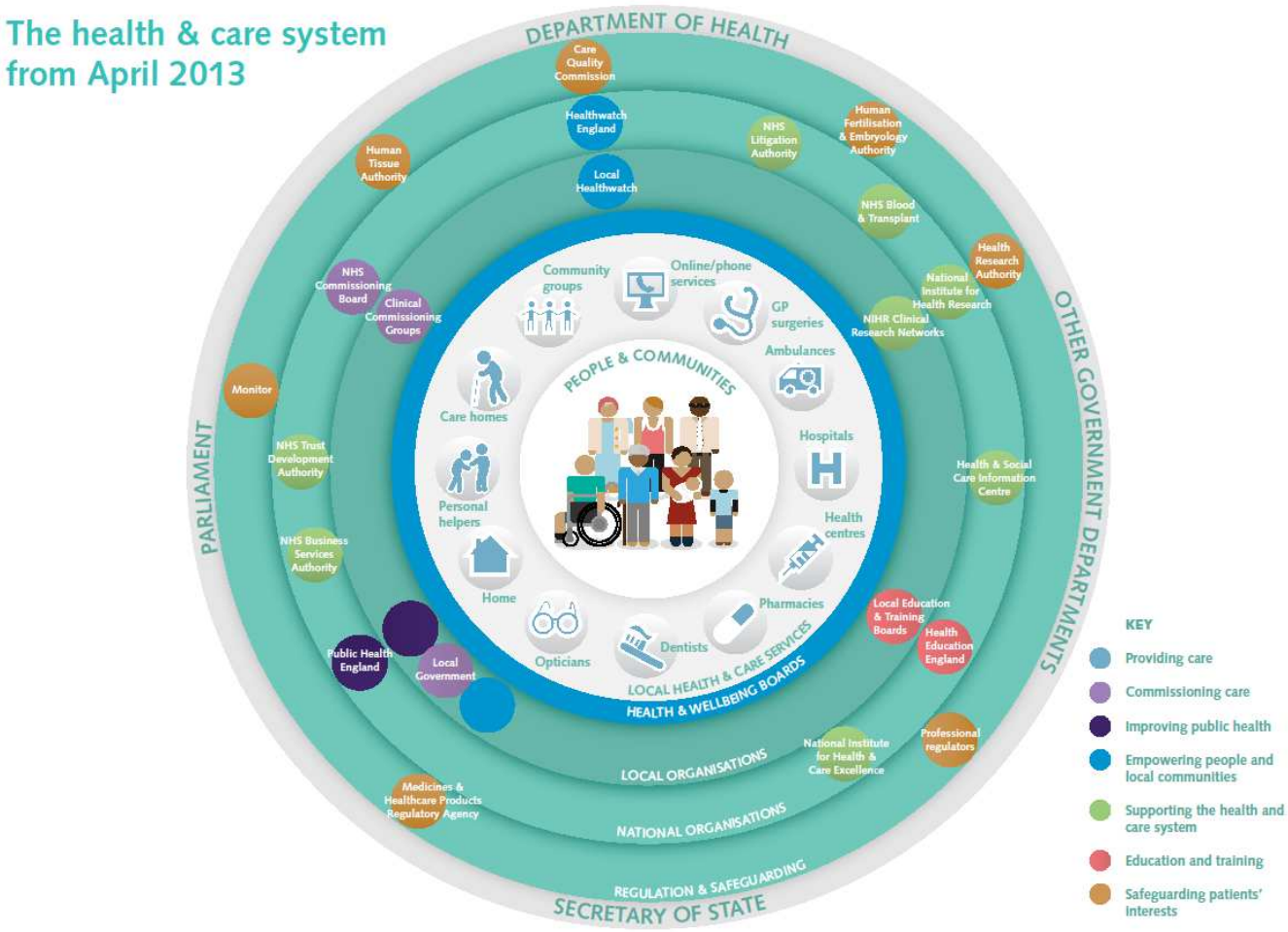
The Equality Act 2010. Equality Act Guidance. 2010. https://www.gov.uk/guidance/equality-act-2010-guidance

The Health and Social Care (Safety and Quality) Act 2015. http://www.legislation.gov.uk/ukpga/2015/28/pdfs/ukpga_20150028_en.pdf

Electoral Division(s) and Member(s) Affected

All

Appendix 1


The health & care system from April 2013
DEPARTMENT OF HEALTH
OTHER GOVERNMENT DEPARTMENTS
PARLIAMENT
SECRETARY OF STATE
REGULATION & SAFEGUARDING
NATIONAL ORGANISATIONS
LOCAL ORGANISATIONS
HEALTH & WELLBEING BOARDS
LOCAL HEALTH & CARE SERVICES
PEOPLE & COMMUNITIES
Care Quality Commission
Healthwatch England
Local Healthwatch
Human Tissue Authority
NHS Litigation Authority
Human Fertilisation & Embryology Authority
NHS Blood & Transplant
Health Research Authority
National Institute for Health Research
NIHR Clinical Research Networks
NHS Commissioning Board
Clinical Commissioning Groups
Monitor
NHS Trust Development Authority
NHS Business Services Authority
Health & Social Care Information Centre
Local Education & Training Boards
Health Education England
Public Health England
Local Government
Professional regulators
National Institute for Health & Care Excellence
Medicines & Healthcare Products Regulatory Agency
Community groups
Online/phone services
GP surgeries
Ambulances
Hospitals
Health centres
Pharmacies
Dentists
Opticians
Home
Personal helpers
Care homes
KEY
Providing care
Commissioning care
Improving public health
Empowering people and local communities
Supporting the health and care system
Education and training
Safeguarding patients' interests

Nottinghamshire County Council

Public Health Clinical Governance Panel
Terms of Reference

Scope

The Public Health Clinical Governance Panel (PHCGP) is responsible for ensuring that the principles and standards of clinical governance and quality (clinical effectiveness, safety and patient experience) are applied to Public Health commissioned services. Clinical governance concerns arising within services commissioned on behalf of other organisations (for example Clinical Commissioning Groups -CCGs) will be escalated by the PHCGP to the responsible organisation.

The PHCGP provides an assurance mechanism to support Nottinghamshire County Council in discharging its statutory responsibilities to improve and protect the health of the population, this includes the commissioning of Public Health services and specialist advice functions from Public Health (within local authorities), for example to CCGs. The PHCGP acts as a senior advisory panel reporting to the PH Senior Leadership Team (PHSLT).

It is noted that performance management is overseen by the PHSLT and departmental risk management and mitigation is reviewed by the Risk Safety and Emergency Management Group (RSEMG).

Function

Organisational

1. Review internal clinical governance arrangements to ensure they are current; fit for purpose; have synergy with the councils Corporate Risk Management Strategy and the broader NHS quality assurance and service user safety agenda; are evidenced based and capture any emerging recommendations from public investigations, reports and enquiries (for example Morecombe Bay Report, Francis Report).

2. To promote a departmental culture that sets out and supports accountability at all levels for quality, service user safety and risk management

3. To own and oversee the updating of the departments Quality and Risk Management protocol to support the transaction of effective clinical governance and quality assurance for PH commissioned services by the department

4. To commission reports and independent professional advice as deemed necessary to assist in fulfilling its obligations

Service (PH commissioned services)

5. To support a culture of high quality service delivery and continual quality improvement through the promotion of quality standards and the provision of advice and guidance on quality standards and wider mechanisms that provide quality assurance, risk management and mitigation in relation to Public Health commissioned services

6. To review the impact and implications of provider organisation's quality rating, financial and organisational board accountability and stability by reviewing regulatory body inspection reports (for example CQC, Monitor) and consider the impact of intelligence and information shared by local Clinical Commissioning Groups, NHS England Regional Team and the local Quality Scrutiny Group. As appropriate to seek legal advice relating to this intelligence and advise and escalate concerns to PHSLT, the DPH and CLT as appropriate

7. Review findings and recommendations from Quality Assurance Visits (PH commissioned services), share and celebrate good practice and agree any contractual sanctions that may be indicated

8. Proactively manage any significant or reputational concerns and/or related media interest that arise from either SIs, incidents, complaints, contractual breaches considering any significant wider health system implications

9. Provide direction and advice as to the departments priorities for the formal review of PH commissioned services (in the form of Service Review) as indicated in relation to quality and SU safety

Individual (service user focus)
Review and agree appropriate actions in relation to:

10. Serious Incidents - reviewed at key reporting stages (notification, summary reports following Root Cause Analysis (RCA) by the provider, agreement of recommendations, lessons learnt and action plan and commissioner agreement of closure of each SI). This may include the provision of an agreed strategic response and any specified requirements to be shared with the provider by the commissioner. Any escalation will also be agreed for example to PHSLT, DPH, CLT, RSEMB or the local Quality Surveillance Group - QSG)

11. Incidents - ensuring that incidents reported are of an appropriate designation, with corrective actions agreed if not. The panel may discuss any concerns relating to the incident and agree a strategic response, with any specified requirements to be shared with the provider by the commissioner. As an example an incident may outline the circumstances around the death of a service user and form part of the providers duty in respect of their CQC Requested Activity registration

12. Complaints - to review the circumstances, any reoccurring themes and lessons learnt from complaints to improve service quality and experience

13. Proactively manage any significant or reputational concerns and/or related media interest that arise from either SIs, incidents, complaints, contractual breaches considering any significant wider health system implications

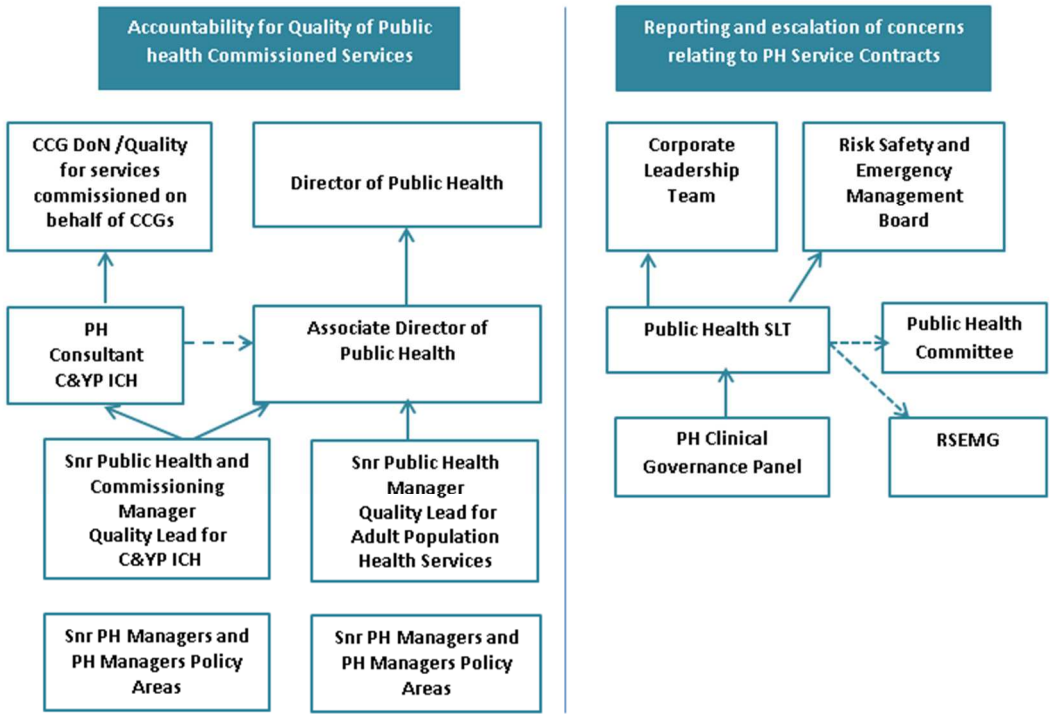
14. To consider and agree matters that require appropriate escalation internally or externally (as an example CQC Whistleblowing within a provider organisation)

Accountability
The PHCGP is accountable to the PHSLT, and will provide summary and exception reports to the PHSLT. Should a significant or urgent concern or risk arise, this may be escalated immediately to the DPH.

The DPH and the Assistant DPH have the responsibility for escalating concerns and signification risks to the Corporate Leadership Team (CLT) and the Risk Safety and Emergency Management Board (RSEMB) as appropriate. In extreme circumstances, the DPH may escalate the concern or risk directly to the Chief Executive.

The Consultant in Public Health, with responsibility for the Children and Young People's Integrated Commissioning Hub (C&YP ICH) has responsibility for escalating concerns and significant risk relating to services commissioned on behalf of CCGs by the C&YP ICG to the relevant CCG.
In addition, the Public Health Committee receive a regular summary report that includes quality factors within the PH Performance Report.
Refer to Figure 1 PH Accountability for quality, reporting and escalation of concerns within the council.

Figure 1



Membership
The PHCGP has a core membership that reflects the service areas that present with higher client vulnerability factors, in addition to the core membership additional members may be invited from the department and council as agenda items indicate.

Core membership
- Associate Director of Public Health
- Public Heath Consultant with a lead for Community Substance Misuse Services
- Senior Public Health Manager with a lead for quality

- Senior Public Health Manager with a lead for Community Substance Misuse Services
- Group Manager Contracts and Performance
- Senior Public Health Manager with a lead quality for C&YP

Examples of members that may be invited dependant on the focus of agenda items or the focus of quality or clinical governance concerns:

- Public Health Consultants
- Senior Public Health Managers
- Members of Adult Health and Social Care (where there is a quality concern relating to a co commissioned service)

Responsibilities

Individual members of the PHCGP will be required to have knowledge and understanding of the following issues:

- Objectives of Nottinghamshire County Council
- Knowledge of the principles and practice of clinical governance and quality assurance of clinical services
- Awareness of relevant legislation, regulations or other rules governing the local authority public health responsibilities and the relationship to PH commissioned services, including reference to regulatory bodies as related to PH commissioned services (for example CQC, Monitor, GMC, NMC)
- Understanding of the mandatory functions of Public Health, the range of Public Health Services commissioned, including the quality standards and service user safety requirements as set out within the contract and quality schedules

Chair

Associate Director of Public Health

Vice Chair

TBA

Frequency of meetings

Every six weeks with additional meetings convened in between meetings as indicated. PHCGP formally began meeting in August 2015.

Review of Terms of Reference

Annually

Appendix 3 - Documents that support QA Visits

The following documents support the Quality Assurance visits

Quality Assurance Visits Public Health Service Contracts

Quality Assurance (QA) visits form part of the QA process and provide invaluable contextual insight and assurance of the quality of services commissioned and provide an important opportunity for commissioners and providers to learn and improve services.

QA Visits are either planned (as set out in the contract schedules), responsive or unannounced.

The overarching aims of QA visits are to:

1. Gain a contextual understanding of the services commissioned
2. Develop effective working relationships between staff in provider and commissioner organisations
3. Understand the perspectives of Service Users (SUs) and the successes and constraints of service user journey's
4. Explore and triangulate performance and quality indicator to support a shared understanding of continuous quality improvement and service development
5. Identify key areas of success and any areas of concern
6. Agree actions and timescales as an outcome of QA visit

Commissioner and provider actions to support QA Visits			
When	**Who**	**What**	**Notes**
Please note the aims and objectives of the visit are set out in the QA Visit documentation			
4 weeks before visit	Commissioner and provider	Agree service are to be visited	Ideally this can be agreed at Contract Quality Review Meeting
	Commissioner	Confirm who will be part of the commissioner QA Team Confirm with the provider, the location, time and duration of visit	Confirmed by Contract Lead
	Commissioner	Provide QA Visit documentation to provider that sets out: 1. Aim and objectives of the QA visit 2. The requirements of the visit (for example observe service delivery and settings), meet Service Users	Shared by Contract Lead QA documentation developed jointly by Policy Lead, Quality Lead and Contract Lead

Commissioner and provider actions to support QA Visits			
When	**Who**	**What**	**Notes**
		(SU) and staff) including format of engagement with SU and staff 3. Provide an outline time schedule for the visit	
3 weeks before visit	Provider	Complete service details on QA Visit documentation and share with commissioner This should include any audit reports and supporting Service User vignettes/stories/feedback	
		Confirm to commissioner which staff and how many service users will be part of the QA Visit Add detail to the time schedule to support the visit and share with commissioner	
		Ensure staff and rooms for the visit are available	
2 Weeks before	Commissioner	QA Team hold a Pre Visit Preparation meeting - review documentation and reports shared by provider, agree how they will undertake the visit, responsibilities of the QA Team for the QA visit and questions and focus of discussion	
1 week before	Commissioner /provider	Confirm arrangements for QA visit and provide any clarification of times schedule and arrangements It should be made clear to any staff or service users who agree to share information as part of the QA visit that any information that is shared that may present as a safeguarding concern will be escalated in accordance with the NSCB Interagency Safeguarding procedures.	
Day of visit	Provider	Ensure service area, staff and SUs available to support agreed schedule of visit	
	Commissioner and Provider	Setting the scene – an initial meeting at the start of the visit to confirm format and focus and timescales of the visit format	Opportunity to clarify and confirm requirements
	Commissioner	Undertake visit with providers as per visit schedule	
	Commissioner	QA Team meet to agree initial headline feedback Discuss any urgent safeguarding or safety concerns	
	Commissioner and Provider	QA Team and provider representatives meet together for sharing learning from visit Commissioner shares headline feedback	
1 week post visit	Commissioner	QA Team meet to review and agree feedback to be shared with provider and any actions required	Feedback and documentation to be shared by Contract Lead

Commissioner and provider actions to support QA Visits			
When	**Who**	**What**	**Notes**
2 weeks post visit (10 working days)	Commissioner	Provide feedback report and areas for to be developed into an agreed action plan following the visit	Written by Quality Lead and agreed by QA Team who attended the visit Shared with provider by contract lead
Next Contract Quality Review Meeting	Provider	Provide draft action plan, to include action, owner, timescales	Discuss and agree at next available meeting
	Commissioner and provider	Agree action plan, time scales and review	

Template for Quality Assurance Visit - Public Health Service Contracts

Introduction from commissioners
Local authorities have a statutory duty to have regard to the NHS Constitution (2009) when exercising their public health functions under the NHS Act 2006. This includes principles, values, rights, responsibilities and pledges set out within the NHS Constitution as set out in the Public Health Supplement to the NHS Constitution (2013). Nottinghamshire County Council as a commissioner of Public Health Services recognises that patients/service users and the public *'have the right to be treated with a professional standard of care, by appropriately qualified and experienced staff, in a properly approved or registered organisation that meets the levels of safety and quality'* (NHS Constitution 2009:26). Commissioning is a tool for ensuring high quality, cost effective care and relies on adequate and meaningful data and information about the service. Quality is a golden thread that runs through the Public Health Service contract. Each contract sets out generic and service specific quality requirements that are focused on the delivery of high quality of care that is evidenced based and cost effective. With a clear requirement and commitment to the delivery of improved safety, effectiveness of services and improved service user experience. The Quality Assurance Visits (QAV) form part of the quality assurance process and provide an opportunity for provider and commissioners to work collaboratively to enhance the quality of care and SU experience.

The planned visit…

Details of the visit	
Service name	
Service area	
Place (of visit)	
Date of visit	
Names and roles of Public Health Team who will be part of visit	

Reason for visit	Quality Assurance visit as agreed and set out within the quality schedule
Aim of the visit	For commissioners to gain an understanding of the service commissioned, to meet staff and service

	users, to develop effective working relationships between provider and commissioner and to provide assurance to the Public Health Senior Leadership Team (PH SLT) and Nottinghamshire County Council about the quality of Public Health Services commissioned.

Sections 1-7 to be completed by the provider in advance of the visit and shared with the commissioner 2 weeks prior the planned visit

1. Background information about the service	
Please provide the details below:	
Background information about the service area to be visited	

2. Service User (SU) Safety	
Please provide a summary for the service area visited below	
Number of serious incidents and SU safety incidents over last 6 months	
Themes identified and action taken	

3. Service User Experience	
Please provide a summary for the service area to be visited below:	
Number of complaints over last 6 months	
Themes and action taken	
What do service users tell you?	
SU feedback	
Compliments	
Other feedback from SUs	

4. Quality standards	
Please provide a summary for the service area visited below:	
Staffing levels	
Audits	

5. Areas of focus for the visit	
Please provide the details below:	
Add detail for visit*	

6. Workforce and staff profile	
Please provide the details below:	
Workforce	
Development and training-how are these needs met	
Staff wellbeing (survey results)	
Staff profile	
Staff sickness	
Staff turnover	
Vacancy rate	

7. Placements for students and volunteers
Please provide the details below:
Students

Which HEI and training institutions do you collaborate with? What type of student, length of placement and number placed in a year?	
Do you have any students in the service area currently?	
Feedback from students	
Placement audits	
Volunteers	
Do you have a volunteer programme in the service?	
Summary of volunteer training and accreditation	
Feedback from volunteers	

Summary of visit from Commissioners

Summary of visit from commissioners	
What we observed /saw	
What we heard	
What staff told us (for example:	

Head of Service, Practitioners, Admin staff)	
What service users shared with us	

References

[i] Health and Social Care Action (2012)

[ii] The Mid Staffordshire NHS Foundation Trust Public Enquiry. Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry. Chaired by Robert Francis QC. 2013. London Stationary Office. http://webarchive.nationalarchives.gov.uk/20150407084003/http://www.midstaffspublicinquiry.com/report

[iii] Public Health Supplement to the NHS Constitution - for local authorities and PH England. 2013. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/473475/NHS_Constitution-PublicHealthSupp.pdf

[iv] The Equality Act 2010. Equality Act Guidance. 2010. https://www.gov.uk/guidance/equality-act-2010-guidance

[v] The Health and Social Care (Safety and Quality) Act 2015. http://www.legislation.gov.uk/ukpga/2015/28/pdfs/ukpga_20150028_en.pdf

Nottinghamshire County Council

Report to the Public Health Committee

14th July 2016

Agenda Item: 7

REPORT OF INTERIM DIRECTOR OF PUBLIC HEALTH

PUBLIC HEALTH SERVICES PERFORMANCE AND QUALITY REPORT FOR HEALTH CONTRACTS QUARTER 4 of 2015/16

Purpose of the Report

1. This report provides an update on performance management for the Public Health Committee in respect of contracts that are commissioned by Public Health (PH) for the period January to March 2016. The report also provides an end of year summary.

Background

2. The PH contract and performance team receive performance and quality data in relation to all services commissioned by PH.

3. The PH contract and performance team, together with policy team colleagues attend regular contract review meetings either on a monthly or quarterly basis with all service providers, where performance is reviewed and monitored. Remedial action plans to rectify under performance are developed with providers as appropriate where there has been a significant breach of contractual requirements.

Information and Advice

4. This report provides the Committee with an overview of performance for public health commissioned services in Quarter 4 (January to March 2016) against key performance indicators related to public health priorities, outcomes and actions within:
   i) the Public Health Departmental Plan 2015-2016;
   ii) the vision of the Health and Wellbeing Board; and
   iii) the Authority's priorities following the adoption of the Strategic Plan 2014-18.

5. A summary of the performance measures is set out at **Appendix A**.

Key Issues in Performance in Quarter 4 of 2015-16

6. As GP practices shift emphasis to providing core activities, the provision of Health Checks under the Authority's locally commissioned public health services contract has failed to meet the higher national target for this year. To a degree this reflects the national trend. However, as GPs are only paid for activity provided, the Authority is making budgetary savings. The Public Health team continue to visit those GP practices who particularly underperform to see if there is any support we can provide. We are also monitoring those practices where numbers of Health Checks suddenly decline as this may be an indication that there are issues within a practice that require further investigation with our CCG and NHS England colleagues.

7. The smoking cessation service resulted in 2257 four week quitters for the year. The contract and policy teams successfully negotiated out of an expensive 'block' associate agreement in 2015/16 resulting in savings to the public purse during this last financial year which has provided better value for money even with the lower quit numbers. From April 2016, the PH team have re-commissioned a payment by results tobacco control service that encompasses a life course approach; from preventing children from starting to smoke, supporting people to quit and protecting communities from tobacco related harm.

8. The obesity prevention and weight management provider has managed to set up an equitable and comprehensive county-wide service across all Districts in their first year which is an improvement on the disparate services that existed previously. However, further work is required to get the right people in the service, especially in the children and young people tier 2 service, maternity and post-bariatric reviews. The provider has been asked to produce an action plan to assure the Authority that these areas in particular are met moving forwards.

Overall Performance in 2015/16

9. Overall, the services commissioned by public health have performed well in 2015/16.

10. Over 1000 residents were identified as high risk as a result of their Health Check and were referred to other services. These 1072 residents have the potential to live healthier, longer lives. A new computer solution is being procured during 2015/16 with the aim of helping practitioners provide the service more efficiently.

11. Sexual health services have generally performed well in Nottinghamshire in 2015/16, especially compared to other areas and against the back drop of the uncertainty caused by a procurement of a very different integrated service. The new integrated service starting on 1st April 2016 should ensure further success in this area with a much more accessible and open service for Nottinghamshire residents.

12. The results of the National Childhood Measurement Programme for the academic year 2015/16 will not be published until the end of 2016 and therefore Committee will be updated on this as soon as practicable once this data is known.

13. Building on the success of the previous year when targets were exceeded, the alcohol and substance misuse services have continued to improve in the first two quarters of their

contract year from October to the end of March. CRI have changed their name to CGL (Change Grow Live) nationally although the Nottinghamshire service is known as New Directions. The Authority has a very close and robust relationship with the provider and we continue to work well with them to ensure this service continues to assist people with substance misuse issues to escape from the misery of their addictions.

14. The new integrated domestic abuse services which started on 1st October 2015 is performing well. The providers, WAIS and NWA are very passionate about their services and their service users and this is borne out by the work that is being done.

15. Further to robust scrutiny and contract management of the Nottingham Energy Partnership during 2015/16, the seasonal mortality service provided through a healthy housing initiative in the south of the County has dramatically improved this year albeit we are still seeking improvement in the numbers of brief interventions. It is anticipated that numbers should improve, as the service is using its own charitable resources to provide training outside of the three southern boroughs the Authority has commissioned.

16. The numbers of people seen by the Friary has risen since last year from 6219 to 6826. The Friary provides a bespoke service, fully integrating health outcomes for the service users that pass through its doors.

17. The public health services provided to children and young people aged 5-19 have generally performed well. The school nursing service has shown a significant increase in the number of public health brief interventions over last year and the C Card service has opened 30 new sites this year against a target of 20. Commissioning responsibility for Health Visiting and the Family Nurse Partnership transferred to the local authority in October 2015 and procurement activity for an integrated 0-19 Healthy Child Programme is currently underway. The new service is planned to begin in April 2017 and will combine the School Health Service, Health Visiting, Breastfeeding Peer Support and the Family Nurse Partnership.

18. Dental public health services have met or exceeded all targets in the areas of oral health promotion activity, training and positive feedback from service users, this success is being built upon through the procurement of a new service and updated key performance indicators for 2016/17.

19. The contract and performance team, together with policy team colleagues will continue to manage and monitor all public health commissioned services in 2016/17 through regular contract review meetings. Any underperformance, for whatever reason will continue to be dealt with through the mechanisms contained in the contractual relationship.

20. Furthermore, the contract team has realised thousands of pounds of savings this last year through robust monitoring of invoices and adherence to the terms and conditions of contract. Unfortunately, a robust log of these savings has not been kept in 2015/16, however moving forward, a report on any savings made in 2016/17 will be presented to the Committee in due course.

21. Better contract management not only generates savings for the Authority through reduced contract expenditure, but also brings improvements in the quantity and quality of commissioned services, the avoidance of service failure and better management of risk.

22. Due to the more controlled management of the public purse in regard to these directly commissioned public health services and the better outcomes for service users such scrutiny provides, the contract team has begun to invest time in ensuring the services funded with public health grant through realignment are also robustly managed. Public Health Committee will receive an updated report on these realigned services as part of this performance report in 2016/17.

Statutory and Policy Implications

23. 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, the 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

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

Public Sector Equality Duty implications

25. Monitoring of the contracts ensures providers of services comply with their equality duty. Equality performance is a standing agenda item of review meetings and providers are asked to provide case studies celebrating success and showing how complaints, if applicable, are resolved.

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

26. The performance and quality monitoring and reporting of contracts is a mechanism for providers to assure commissioners regarding patient safety and quality of service.

RECOMMENDATION

The recommendations are:

1) That the Public Health Committee receives the report and notes the performance and quality information provided.

Barbara Brady
Interim Director of Public Health

For any enquiries about this report please contact:
Nathalie Birkett
Group Manager, Public Health Contracts and Performance

Constitutional Comments

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

Financial Comments (KAS 30/6/16)

28. The financial implications are contained within paragraph 24 of the report

Background Papers and Published Documents

None

Electoral Division(s) and Member(s) Affected

All

PUBLIC HEALTH CONTRACT QUALITY & PERFORMANCE REPORT. QUARTER FOUR 2015/16

Nottinghamshire County Council

Key to the Status Column	
↑	Improving from last quarter
↔	No change from last quarter
↓	Needs improvement from last quarter

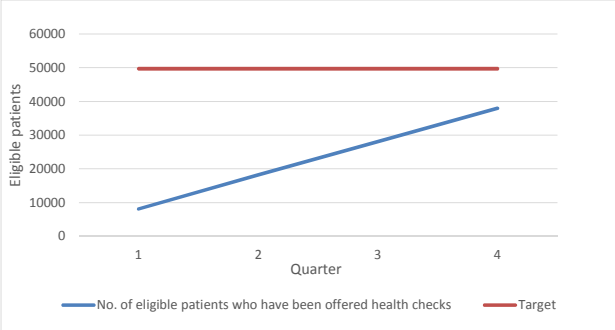
Annual Financial Value of Contract Range	Category
More than or equal to £1,000,000	High
£100,000 to £999,999	Medium High
£10,000 to £99,999	Medium
Less than or equal to £9,999	Low

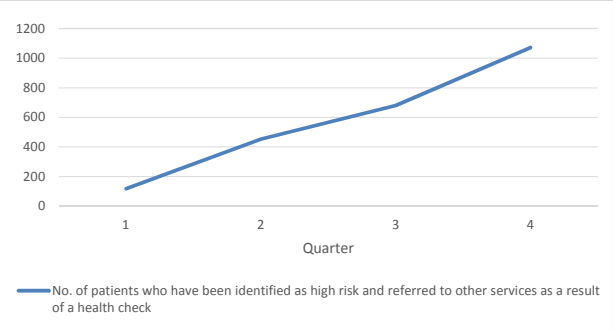
Service and Outcome	Contract Value Category	Performance Indicators	Q1	Q2	Q3	Q4	2015/16 Total Achieved	Annual Target	% of target met	
NHS Health Check Assessments To reduce early mortality and improve quality of life for individuals with Long Term Conditions (LTC)	**Medium High**	No. of eligible patients who have been offered health checks	8136	10075 ↑	9883 ↓	9843 ↓	37937	49,697	76%	
		No. of patients offered who have received health checks	4429	5384 ↑	5560 ↑	6372 ↑	21745	29,817	73%	
		No. of patients who have been identified as high risk and referred to other services as a result of a health check	117	336 ↑	228 ↓	391 ↑	1072	n/a	n/a	
Comprehensive Sexual Health Services Promotion of the prevention of Sexually Transmitted Infections including HIV Increased knowledge and awareness of all methods of contraception amongst all groups in the local population	**High**	**Genito-Urinary Medicine (DBH, SFHT & NUH)**								
		First attendance	4196	4307 ↑	3824 ↓	3969 ↑	16296	14258	114%	
		Follow up appointment	1499	1820 ↑	1678 ↓	1518 ↓	6515	5,908	110%	
		SFHFT								
		SEXions - number of education sessions provided in schools	39	26 ↓	56 ↑	71 ↑	192	n/a	n/a	
		SEXions - number of 1-1 advice & sessions given to young people	237	169 ↓	130 ↓	165 ↑	701	n/a	n/a	
		NHT - The Health Shop								
		Percentage of 15-24 year olds in contact with The Health Shop service who are offered a Chlamydia screen	100%	92% ↓	93% ↑	85% ↓	93%	100%	93%	
		Percentage of appropriate clients aged over 14 years who are offered advice on contraception	100%	100% ↔	99% ↓	100% ↑	100%	100%	100%	
		Planned Face-to-Face Activity - Sexual Health Only	232	245 ↑	246 ↑	245 ↓	968	1140	85%	
		Terrence Higgins Trust								
		No. of Point of Care testing (POCT) for people residing in Nottinghamshire County	19	28 ↑	30 ↑	22 ↓	99	56	177%	
		No. of support sessions delivered in Notts targeting people living with HIV	54	94 ↑	61 ↓	28 ↓	237	96	247%	
National Child Measurement Programme To achieve a sustained downward trend in the level of excess weight in children by 2020	**Medium High**	% of children in Reception with height and weight recorded	Academic year 2015/16 published end of Nov/Dec by HSCIC				0%	n/a	n/a	
		% of children in Year 6 with height and weight recorded	Academic year 2015/16 published end of Nov/Dec by HSCIC				0%	n/a	n/a	
		Parents/Carers receive the information regarding their child within 6-weeks post measurement	Academic year 2015/16 published end of Nov/Dec by HSCIC				0%	n/a	n/a	
Alcohol and Drug Misuse Services Reduction in Alcohol related admissions to hospital Reduction in mortality from liver disease Successful completion of drug treatment	**High**	**Change Grow Live**								
		Number of successful exits (ie planned)	188	165	157	197	707	n/a	n/a	Comments from Damaris, these are all NDTMs reportable clients. Missing from these are all Pathway 1 clients and those Pathway 2 clients who are not NDTMS reportable.
		Number of new treatment journeys	520	479	464	448	1911	n/a	n/a	
		Total number of service users	2945	2974	3007	3061	11987			
Tobacco Control and Smoking Cessation Reduce adult (aged 18 or over) smoking prevalence Behaviour change and social attitudes towards smoking Prevalence rate of 18.5% by the end of 2015/16	**High**	**Four-week smoking quitter rate**								
		GP's (County & Bassetlaw)	82	57 ↓	20 ↓		159	418	38%	
		County Community Pharmacies	17	4 ↓	1 ↓		22	77	29%	Q4 Figures will be available mid-June
		New Leaf - County Health Partnership	511	462 ↓	208 ↓		1181	3730	32%	
Obesity Prevention and Weight Management (OPWM) To achieve a downward trend in the level of excess weight in adults by 2020 A sustained downward trend in the level of excess weight in children by 2020 Utilisation of green space for exercise/health reasons	**High**	**Number of new assessments**								
		Adults - Tier 2	70	64 ↓	67 ↑	99 ↑	300	410	73%	
		Adults - Tier 3	47	202 ↑	170 ↓	212 ↑	631	768	82%	
		Children & Young People - Tier 2	0	2 ↑	0 ↓	31 ↑	33	88	38%	
		Children & Young People - Tier 3	3	28 ↑	20 ↓	23 ↑	74	79	94%	
		Maternity	0	0 ↔	4 ↑	10 ↑	14	800	2%	
		Post-bariatric reviews	0	0 ↔	0 ↔	0 ↔	0	60	0%	
		Adults, Children & Young People combined service users	91	20 ↓	215 ↑	131 ↑	457	550	83%	
Domestic Abuse Services Reduction in Violent crime Reduction in Domestic violence	**Medium**	**Contract started 1 October 2015**								
		No of adults supported			842	655 ↓	1497	2500	60%	
		No of children, young people & teenagers supported			156	152 ↓	308	773	40%	
Seasonal Mortality Reduction in excess winter deaths	**Medium**	**Nottingham Energy Partnership - Healthy Housing**								
		Number of people from the target groups given comprehensive energy efficiency advice and/or given help and advice to switch energy supplier or get on the cheapest tarrif	183	144 ↑	107 ↑	75 ↓	509	201	253%	NB The previous quarter figures have changes when submitted in q4
		Number of individuals trained to deliver Brief Interventions i.e. number of people attending the training courses	64	46 ↓	19 ↓	20 ↑	149	185	81%	
Social Exclusion To improve outcomes for older people by reducing risk and health impacts of loneliness	**Medium**	**The Friary Drop-in Centre**								
		Number of one-to-one specialist advice interviews undertaken	1583	1795 ↑	1556 ↓	1892 ↑	6826	n/a	n/a	
		% young people and/or parents carers surveyed who thought the school nursing service was good or excellent	92%	97% ↑	89% ↓	93% ↑	93%	85%	109%	

Public Health Services for Children and Young People aged 5-19	**High**	Number of brief interventions offered by school nurses and delivered with children and young people by public health topic	1974	1284 ↓	1620 ↑	1371 ↓	6249	n/a	n/a
		Number of children with a school entry health review by end of year one	2391	1286 ↓	1745 ↑	1973 ↑	7395	n/a	n/a
		Total number of schools that have completed the Healthy Schools Whole School Review across Nottinghamshire in this financial year	29	16 ↓	8 ↓	8 ↔	61	200	31%
		% of children's centres engaged in the Healthy Early Years Programme	86%	86% ↔	96% ↑	100% ↑	92%	95%	97%
Dental Public Health Services	**Medium**	% mothers with a child under 6 months who receive oral health advice who report that it is very useful	0%	0% ↔	0% ↔	69% ↑	17%	80%	22%
		% staff trained who have gained knowledge and have confidence in offering oral health brief interventions	No training delivered this qtr due to re-location	100%	100% ↔	100% ↔	100%	80%	125%
		Number of primary schools using the resource pack that have found the "Teeth Tools for Schools" resource pack both useful and educational	0	0	98%	0	25%	80%	31%

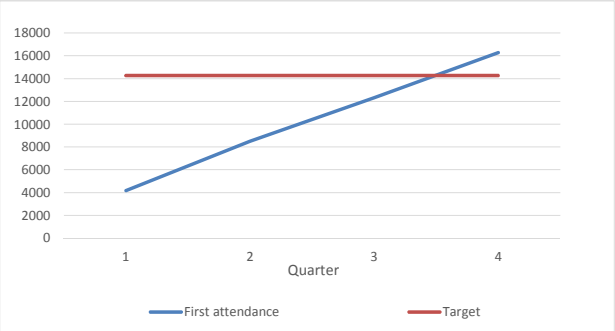
PUBLIC HEALTH CONTRACT QUALITY & PERFORMANCE REPORT. QUARTER FOUR 2015/16

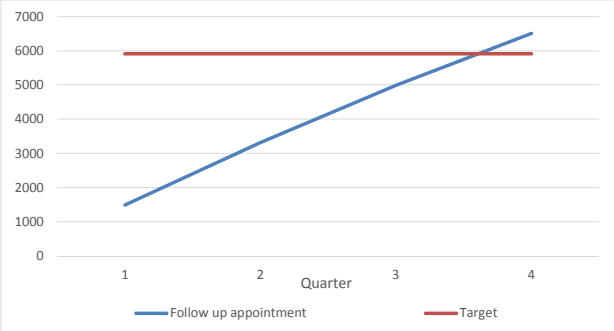
NHS Health Check Assessments



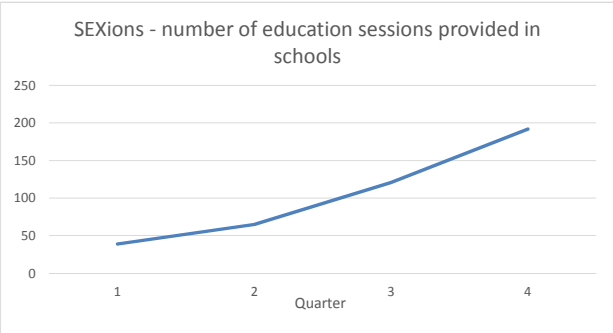


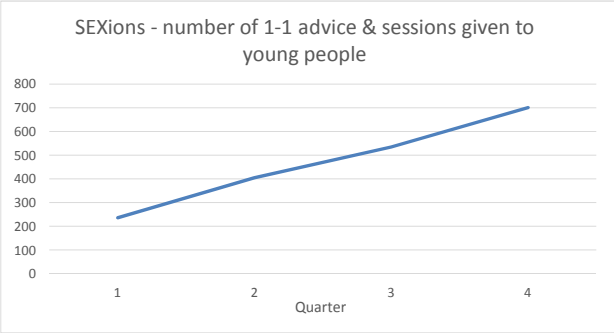
Comprehensive Sexual Health Services
Genito-Urinary Medicine (DBH, SFHT & NUH)



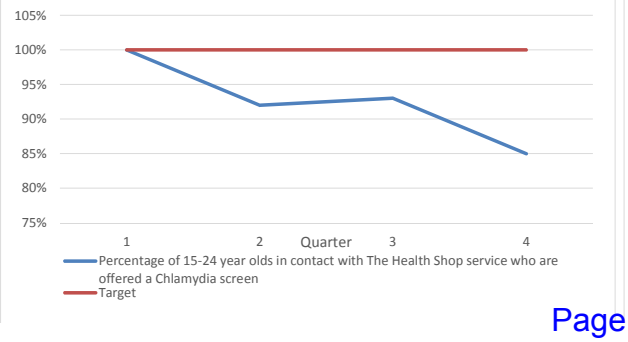


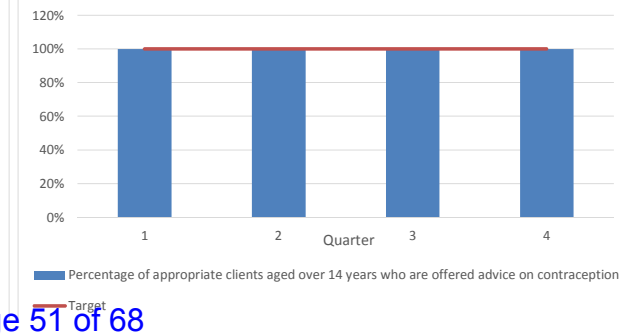
SFHFT

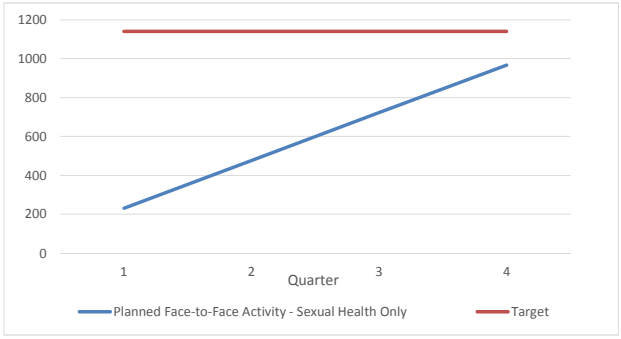




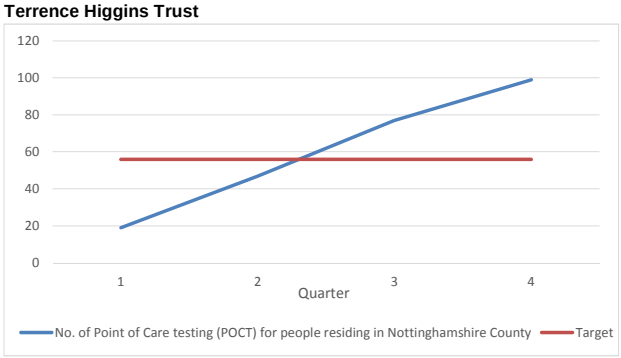
NHT - The Health Shop

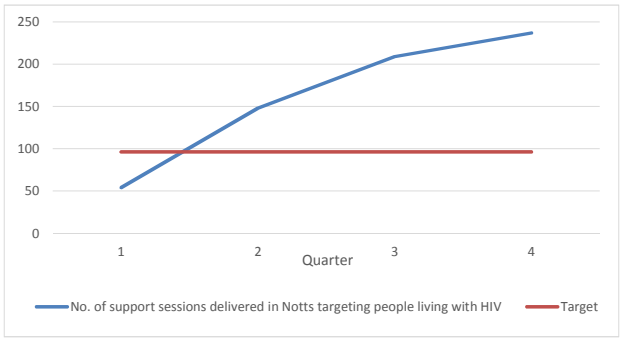




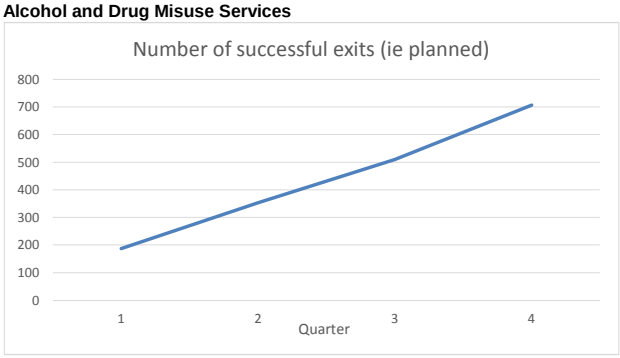


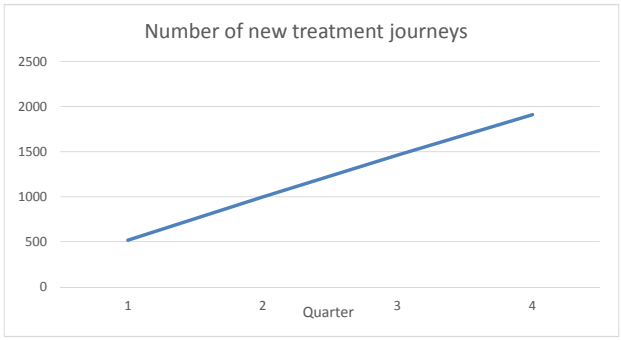
Terrence Higgins Trust

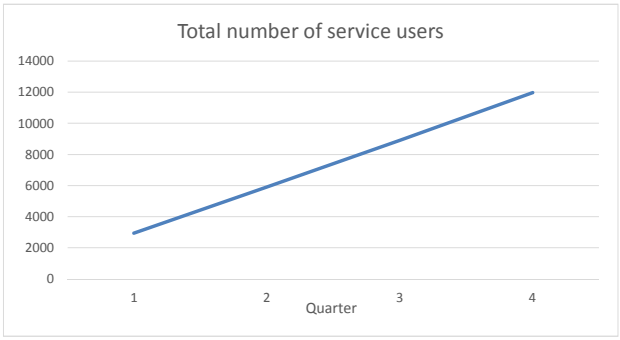




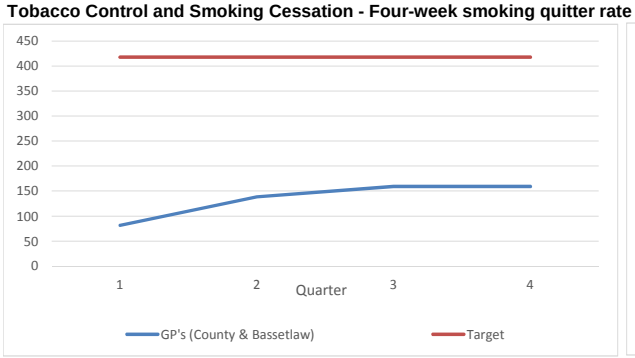
Alcohol and Drug Misuse Services

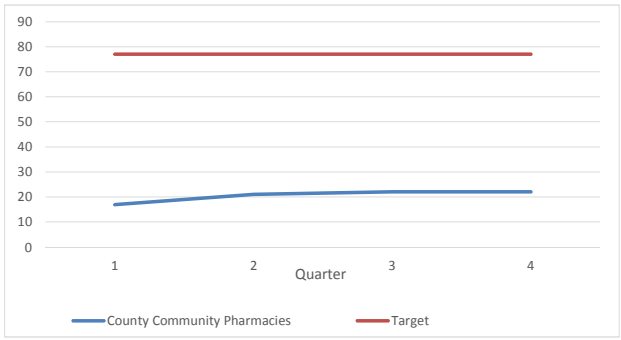


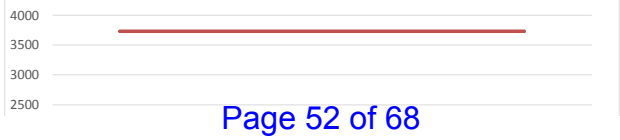


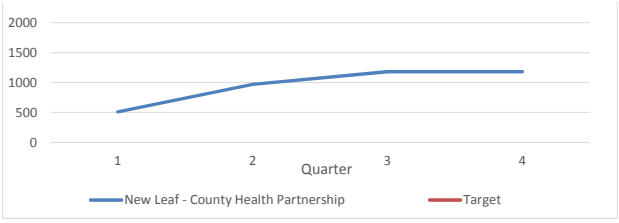


Tobacco Control and Smoking Cessation - Four-week smoking quitter rate

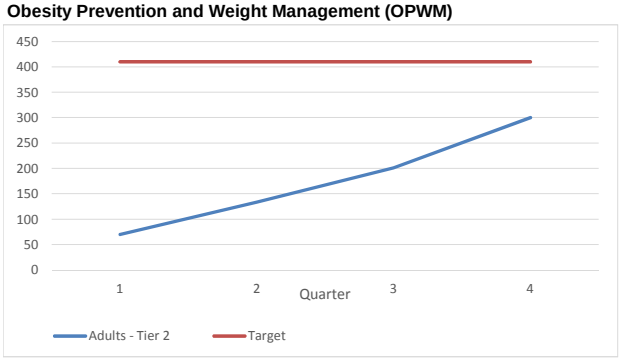


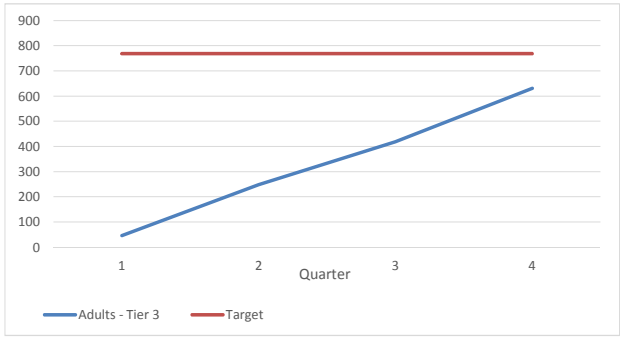


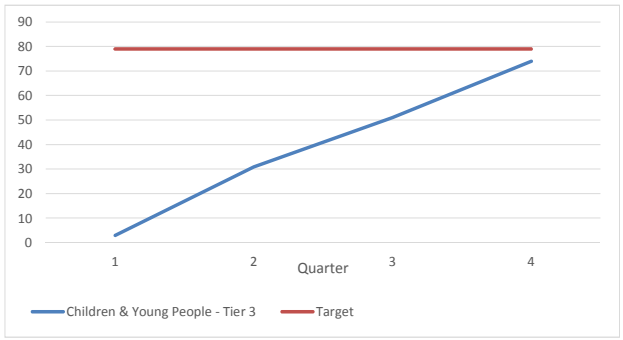


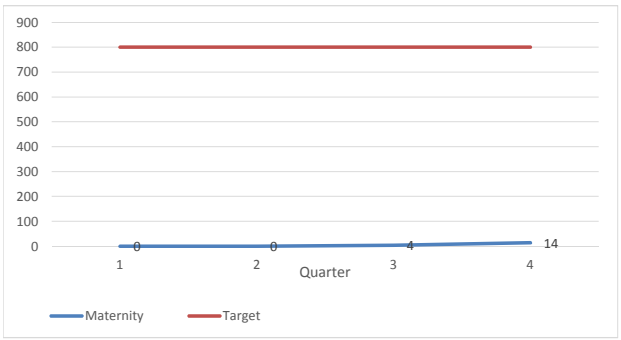


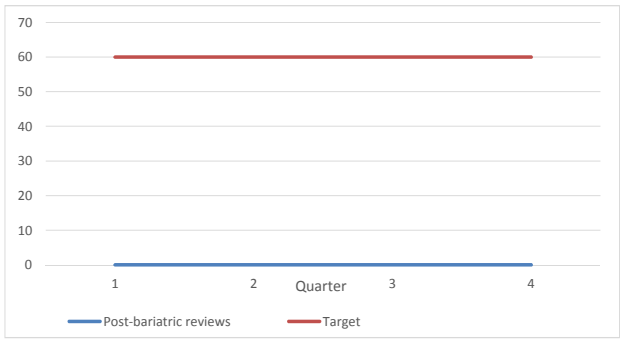
Obesity Prevention and Weight Management (OPWM)

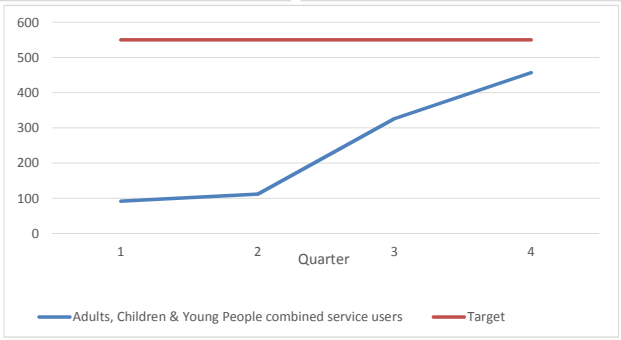






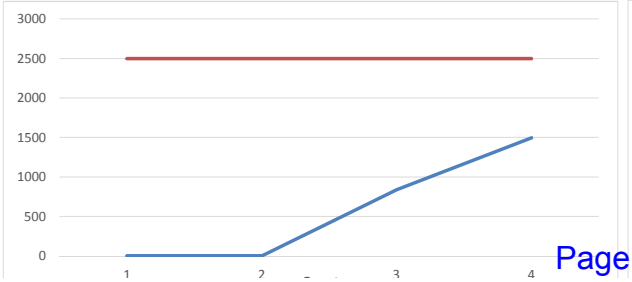


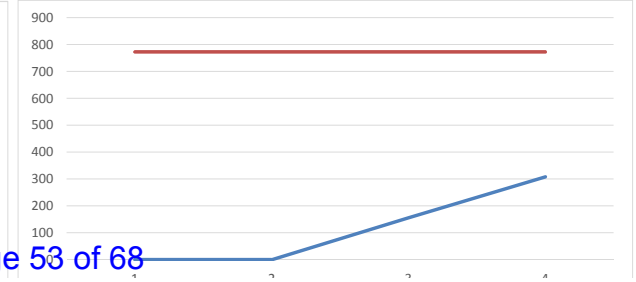


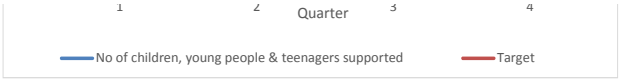


Domestic Abuse Services

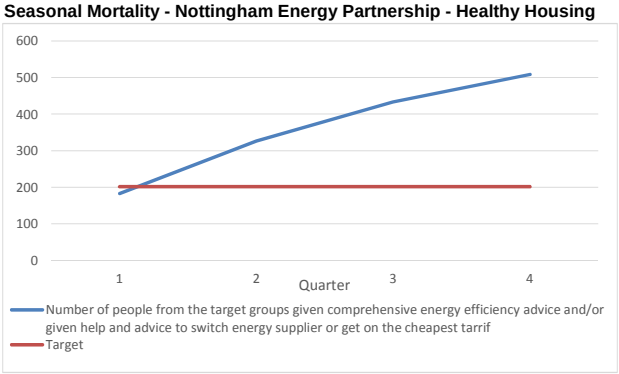
Contract commenced 1 October 2015

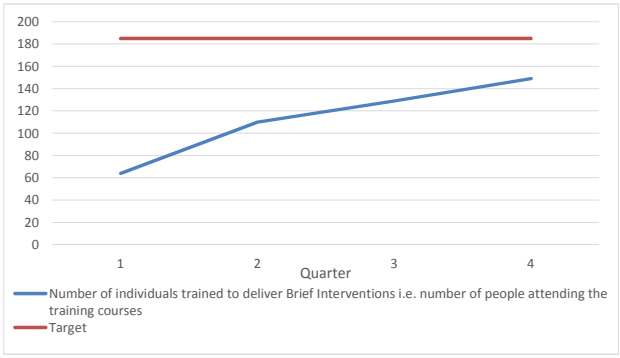




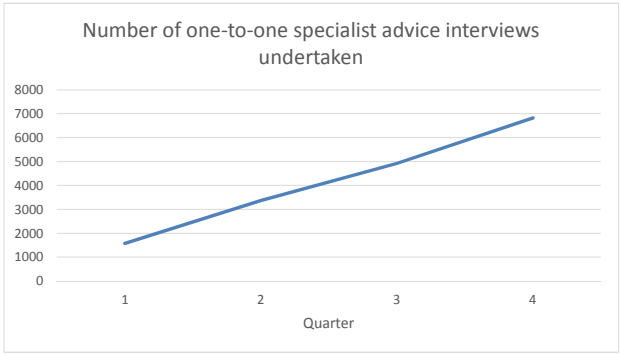


Seasonal Mortality - Nottingham Energy Partnership - Healthy Housing

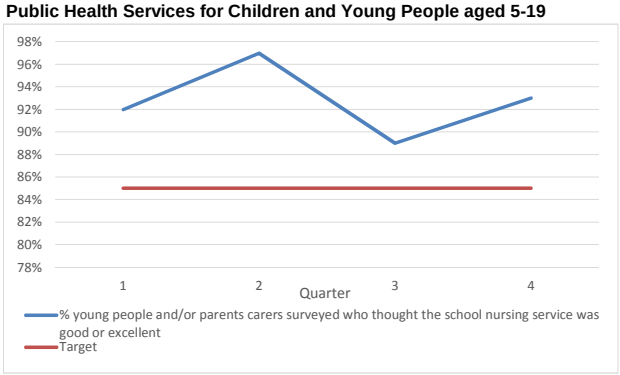


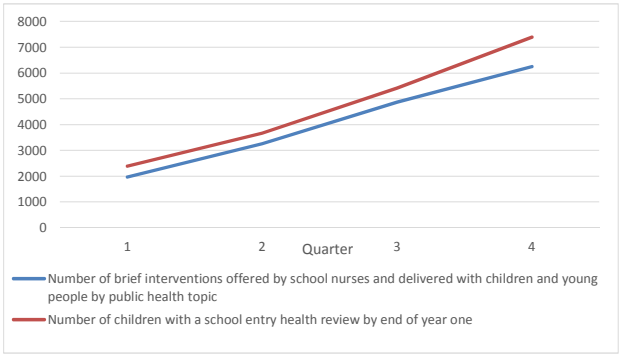


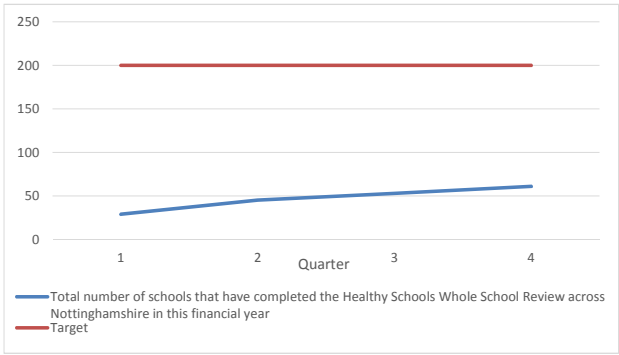
Social Exclusion - The Friary Drop in Centre

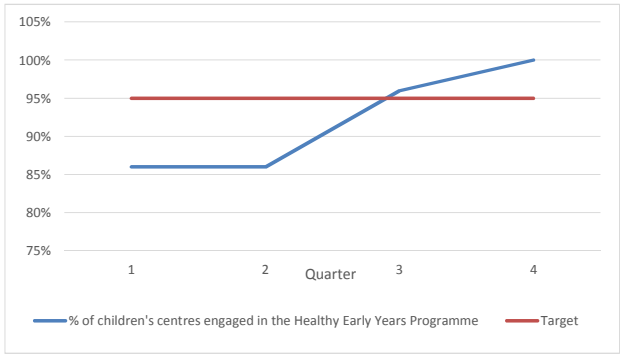


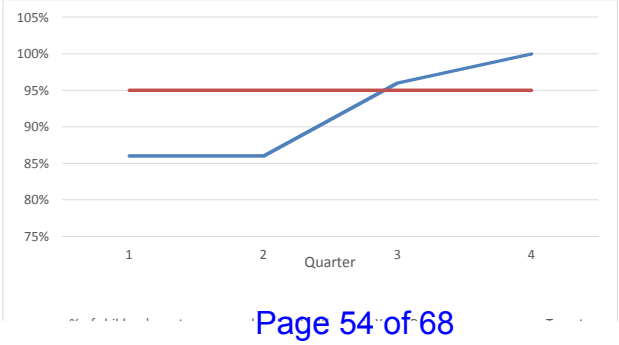
Public Health Services for Children and Young People aged 5-19



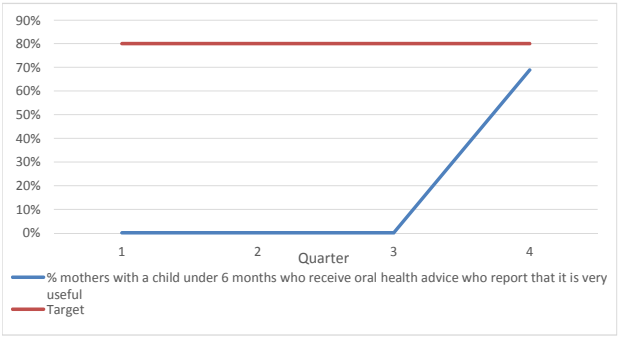


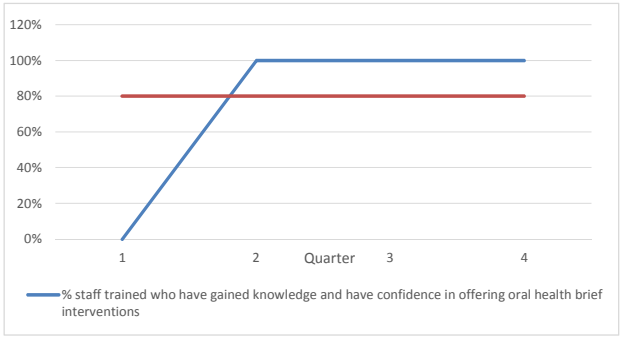


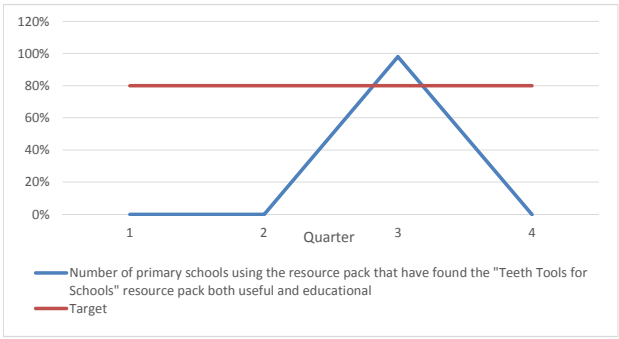




Dental Public Health Services







Complaints, Serious Incidents & Freedom of Information Requests **Quarter 4 2015/16**

	Complaints relating to Health Contracts			Summary of Serious Incidents (SI's)			Freedom of Information
Public Health Area	**No.of new Complaints in period**	**No.of Complaints under investigation in period**	**No.of Complaints concluded in period**	**No.of new SI's in period**	**No.of SI's under investigation in period**	**No.of SI's concluded in period**	**Freedom of Information Requests relating to Public Health Functions and Health Contracts**
Alcohol and Drug Misuse Services		1		1	1		2
Pharmacy							1
Mental Health							
Information relating to management functions			1				4
Sexual Health							1
Cross Departmental							1
Obesity Prevention							
NHS Health Checks							
Tobacco Control							
CYP				1			1
Domestic Abuse							2

Nottinghamshire County Council

Report to the Public Health Committee

14 July 2015

Agenda Item: 8

REPORT OF INTERIM DIRECTOR OF PUBLIC HEALTH

PUBLIC HEALTH GRANT REALIGNMENT - FINAL REPORT 2015/16

Purpose of the Report

1. To provide monitoring information on the use of realigned Public Health grant in 2015/16 for noting by the Committee.

Background

2. Public Health was transferred to Nottinghamshire County Council (NCC) on 1 April 2013 along with an allocation of ring-fenced Public Health grant, to be used to support activities leading to Public Health outcomes.

3. As part of integrating the Public Health function within the Authority, a review was undertaken to align Public Health functions, reduce duplication and achieve efficiencies, whilst maintaining overall spend on Public Health at the ring-fenced level. £5m was realigned to other Council activities with potential to deliver Public Health outcomes in 2014/15, increased to £9m in 2015/16.

4. On 12 May 2015, Public Health Committee approved a list of realignment activities to be funded out of the Public Health grant as part of the Finance Plan for 2015/16. Committee also agreed to maintain an overview of performance with regards the realigned grant.

5. A monitoring report was brought to Public Health Committee in January 2016 with the results of monitoring in Quarters 1 and 2. This second report contains a report on performance to year end and so concludes the monitoring for the year 2015/16.

Information and Advice

6. Public Health grant was made available for realignment through release of uncommitted expenditure, efficiency savings arising from re-procurement exercises, underspends from staffing and policy areas, and use of reserves.

7. Realignment comprised both movement of resources to other Council departments, and absorption of costs previously held by other areas of the Council into Public Health. Costs absorbed by Public Health amounted to £1.454m related to substance misuse and domestic violence, which had previously been delivered by other parts of the Adult Social Care, Health

& Public Protection Department. Detailed monitoring of performance and expenditure related to these activities is contained in the regular Performance and Quality Reports to Public Health Committee. The remaining £7.545m was realigned to other parts of the Council.

Results of monitoring

8. Performance and spend monitoring took place through quarterly returns on the individual activities. The table attached at Annex 1 contains full details of the performance monitoring on the realigned activity outside the Public Health division. DVA and substance misuse are not included, as these two activities have been reported as part of the quarterly Performance and Quality report to Public Health Committee.

9. Expenditure forecasts at mid-year were for underspend of £755,032 or 8.3% of the total realignment budget. Given the financial need to accommodate the in-year savings requirement of £2.6million on the Nottinghamshire Public Health grant, no remediation plans were put in place.

10. At year end, actual underspend was £710,243 or 7.9% of the total realignment budget. The individual lines where there was underspend and the reasons are set out in the table below. The underspend was used to offset the in-year savings requirement on the Nottinghamshire Public Health grant.

Table 1: Realignment activities in 2015/16 with reduced spend compared to budget

Project	*Approved budget allocation*	*Actual expenditure (% of budget)*	*Commentary*
Building Community Resources to Support People	£200,000	£19,745 (10%)	Activity was ceased after pilot in light of Public Health budget reductions and development of alternatives elsewhere.
Substance misuse	£420,000	£0 (0%)	Subsumed into the Public Health substance misuse contract which generated additional efficiency savings.
Young Carer's	£340,000	£306,594 (90%)	Staffing levels led to reduced activity for a period during the year.
Mental Health Co-Production Service	£206,000	£175,272 (85%)	Staff vacancies.
DVA Grant Aid	£50,000	£37,147 (74%)	Funding requirement was for three quarters of year
Young People's Sexual Health (C-Card scheme)	£80,000	£62,000 (78%)	Delays in designing and developing the promotional material. However, the scheme exceeded all of its targets, even without the promotional activity.
Stroke	£13,000	£9,524 (73%)	Staff sickness absence.
Older People's Early Intervention	£164,000	£161,903 (98%)	Change of contractual arrangements from 1 Jan.
Information Prescriptions	£28,000	£18,572 (66%)	Changes to contractual arrangements.

Benefits Realisation

11. Examples of some of the benefits being brought about through the realignment activities are described below:

- ***Achieving Public Health benefits from other areas of work, including by partners:*** The innovative work being done on illicit tobacco prevention and enforcement activity engages the power of Trading Standards in an approach to smoking cessation which focuses on the removal of cheap, illegal tobacco from the market. Partnership approaches to enforcement, including licensing, are being used with cooperation from the Police. Realignment has fostered an integrated approach, with other agencies contributing to delivery of Public Health outcomes. The work has a number of benefits including reducing the amount of illegal tobacco, which contributes to reduced smoking prevalence; increased intelligence reporting of illegal tobacco, and prevention of illegal tobacco sales. In 2015/16, 575,045 cigarettes and 103.4Kg of pouched tobacco have been seized, well above the 148,565 cigarettes and 59.3Kg of pouched tobacco recovered in the preceding year. This equates to approximately £296,091 at high street prices.

- ***Maximising opportunities to achieve cost efficiencies:*** Activities related to substance misuse have all been absorbed into the main substance misuse service commissioned by Public Health. Cost savings within the contract have reduced the need for the realignment budget to fund separate activities, as these services are now contained in the large-scale substance misuse contract. This leads to savings for the Council whilst service is maintained. Examples of activities which are now subsumed within the main substance misuse contract include community rehabilitation for substance misuse and support for people to retain/secure accommodation. Both of these aspects were previously separately funded by ASCH&PP and are now part of what the provider is required to do to deliver recovery outcomes.

12. In 2016/17, realigned activity will be monitored in the same way as other Public Health-funded activity and performance will be included in the quarterly contracts and performance report, providing a single report to Members on performance across the Public Health budget. Public Health will be presenting a 4 year budget plan to the Committee in due course, and this will include recommendations regarding investment/disinvestment decisions to enable the budget to be balanced.

Other Options Considered

13. This report has been brought for information. No other options are required.

Reason for Recommendation

14. The Public Health Committee agreed to receive updates on performance related to realigned Public Health grant in 2015/16.

Statutory and Policy Implications

15. 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

16. Public Health grant for realignment has been released through a combination of efficiency savings, budget control and use of reserves. Against the total £9m allocated for realignment in 2015/16, underspend at year end was at £710,243 or 7.9% of the realignment budget. This underspend helped to offset an in-year budget reduction of 6.2% of total Public Health grant (£2.6m on the Nottinghamshire Public Health grant).

RECOMMENDATION

- That Committee notes the report.

Barbara Brady
Interim Director of Public Health

For any enquiries about this report please contact: kay.massingham@nottscc.gov.uk or Tel: 0115 993 2565

Constitutional Comments (CEH 23/06/2016)

17. The report is for noting purposes only.

Financial Comments (KAS 30/6/16)

18. The financial implications are contained within paragraph 16 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.

Report to Public Health Committee 12 May 2015, Public Health Finance Plan 2015/16

Report to Public Health Committee 21 January 2016, Public Health Grant Realignment 2015/16 Progress Report

Electoral Divisions and Members Affected

- All

PUBLIC HEALTH REALIGNMENT PERFORMANCE REPORT. 2015/16

Nottinghamshire County Council

Note: this summary contains performance information on activities being supported with Public Health grant outside of the Public Health division.

Service and Outcome	Public Health grant realignment allocation	Actual realignment expenditure 2015/16	Performance Indicators	Q1	Q2	Q3	Q4	2015/16 Total Achieved	Annual Target	% of target met	Notes
DVA Grant Aid to survivors of sexual abuse Reduction in domestic violence and abuse	**50,000**	**37,147**	**SHE**								
			Number of clients			353		353			Annual figures reported in December each year. No targets set in grant aid agreement.
			Rape Crisis								
			Number of clients			98		98			
			ISAS								
			Number of clients			310		310			
Illicit Tobacco Prevention and Enforcement Reduce adult (aged 18 or over) smoking prevalence Behaviour change and social attitudes towards smoking Prevalence rate of 18.5% by the end of 2015/16	**91,000**	**91,000**	Number of reports of illicit tobacco by Nottinghamshire residents and businesses (indication of whether awareness raising is changing attitudes about the acceptability of illicit tobacco)	20	40	29	17	106	150	71%	
			Number of traders/premises stopped from selling illicit tobacco as a result of Trading Standards enforcement activity	1	1	5	3	10	4	250%	
			Number of **unique** premises investigated (ie: # of sellers/shops inspected using powers or warrants)	10	30	27	20	87	30	290%	
			Illicit Cigarettes seized	104005	99200	62200	309640	575045	134455	428%	
			Illicit rolling tobacco seized (kg)	18.65	38.00	18.40	28.35	103.4	61.2	169%	
			Estimated retail value: counterfeit seized products (Based on retail value of £9 cigs and £18 HRT)	£ 53,613.00	£ 58,320.00	£ 34,614.00	£ 149,544.00	£296,091.00	£87,003	340%	
			Legal outcomes (inc:- prosecutions/cautions/warnings (including costs of fine/length of sentence/licence review etc) total each month of pending + complete	9	16	18	15	58	60	97%	
Healthy Ageing Schemes Improve health related quality of life for older people	**£500,000**	**£304,744**	**Handy Person's Adaptation Scheme (contribution)**								
			Number of adaptations undertaken	710	710	790	1037	3247	Maintain volume	Achieved	
			Stroke Association								
			Number of clients				243	243	320	76%	Reported annually
			Older Person's Early Intervention Scheme (contribution)								
			Number of referrals (Community Outreach Advisors)	412	327	327		1066			No targets set.
			Number of referrals (Nottinghamshire Connect)				405	405	1703	24%	New service commenced Jan 2016
			Community Resources to support people								
			Number of projects	1				1	n/a	n/a	Activity ceased after Q1
			Information Prescriptions (contribution)								
			Website hits (millions)				1.053	1.053	1.5	70%	Website hits are reported annually
			% satisfaction in user surveys				56.40%	n/a	n/a	n/a	Satisfaction is surveyed annually
Children's Centres To improve school readiness among children, contribute to targets around dental health, breastfeeding, healthy weight, smoking, hospital admissions for non-accidental injury	**£3,149,000**	**£3,149,000**	% of children under five registered with a children's centre	Not reported	94%	94%	100.00%	96%	95%	101%	
			Parents completing evidence based parenting programme	Not reported	1436	615	681	2732	2,000	137%	
			% of children achievinig a good level of development at end of EYFS	65%	65%	65%	65.00%	65%	63%	103%	
Family Nurse Partnership Improve breastfeeding initiation rates and prevalence; contribute to outcomes around smoking status at time of delivery, birth weights, hospital admissions for non-accidental injury	**£100,000**	**£100,000**	Percentage of clients enrolled by 16th week of pregnancy	Not reported	65%	74%	73%	71%	60%	118%	
			Percentage of mothers initiating breastfeeding	Not reported	52.8%	48.9%	54.8%	52.2%	n/a	na	No breastefeeding target set, but increase of 10% compared to previous year
Young People's Sexual Health: C-Card scheme Reduce teenage conceptions	**£80,000**	**£62,000**	Number of young people returning to use the scheme	477	407	423	427	1734	1700	102%	
			No of new sites established	14	6	9	10	39	20	195%	
Young Carer's Reduce the number of young people in poverty	**£340,000**	**£306,594**	Number of young carers referred to the service who receive an assessment of need using the EHAF and the MACCA/PANOC assessment.	60	50	70	55	235	na	na	
			Young Carers report a reduction in the caring role and/or a reduction in the negative impact of caring				Awaiting results of survey	0	na	na	Survey undertaken annually
Young People's Substance Misuse Services Successful completion of drug treatment Reduce numbers of young people not in education, employment or training	**£48,000**	**£48,000**	% of planned exits	89%	95%	98%	Data not yet received	94%	80%	117.500%	
Young People's Supported Accommodation Reduce the number of young people in poverty	**£460,000**	**£460,000**	Number of clients leaving the service who achieved independent living - young people	96%	not reported	92%	87%	92%	78%	117.521%	
Youth Violence Reduction Reduction in young people offending, First time entrants to youth justice system. Reductions in violent crime.	**£380,000**	**£380,000**	First time entrants to youth justice system	48	73	54	Data not yet received	175	na	na	
Supporting People: Homelessness Support Reduction in statutory homelessness, impacts on alcohol related admissions to hospital	**£1,000,000**	**£1,000,000**	People receiving formal package of support	353	123	64	60	600	1390	43.165%	
			People receiving informal package of support	325	770	474	99	1668	2604	64.055%	
			People moving on in a planned way			75%	88%	82%	75%	108.667%	Targets set from Q3
			Utilisation of accommodation			95%	99%	97%	95%	102.105%	Targets set from Q3
Mental Health CoProduction Self reported wellbeing, Adults in contact with secondary mental health services who live in stable and appropriate accommodation	**£206,000**	**£175,272**	Improvement in mental health and wellbeing from entry and at 12 months (based on WEMWBS) - mean WEBWBS score	45.40	not reported	not reported	46.97	46.19	increase over year	achieved	
			% of clients with improvement in WEMWBS scores		59.00%	62.50%	not reported	61%	increase over year	achieved	Target set from Q2
			% of clients in stable accommodation	88.00%	96.30%	100.00%	not reported	95%	increase over year	Achieved	
Moving Forward Service Reduction in statutory homelessness, adults in contact with mental health services who live in stable and appropriate accommodation	**£800,000**	**£800,000**	% of service users who are supported to establish and maintain independent living			92.4%	95.4%	93.9%	96.0%	97.813%	Targets set from Q3
			Throughput - accommodation units only			not reported	159.0%	159%	120%	na	Targets set from Q3

Nottinghamshire County Council

Report to Public Health Committee

14 July 2016

Agenda Item: 9

REPORT OF CORPORATE DIRECTOR, RESOURCES

WORK PROGRAMME

Purpose of the Report

1. To consider the Committee's work programme for 2016/17.

Information and Advice

2. The County Council requires each committee or sub-committee to maintain a work programme. The work programme will assist the management of the committee's agenda, the scheduling of the committee's business and forward planning. The work programme will be updated and reviewed at each pre-agenda meeting and committee meeting. Any member of the committee is able to suggest items for possible inclusion.

3. The attached work programme has been drafted in consultation with the Chair and Vice-Chair, and includes items which can be anticipated at the present time. Other items will be added to the programme as they are identified.

4. As part of the transparency introduced by the revised committee arrangements in 2012, committees are expected to review day to day operational decisions made by officers using their delegated powers. It is anticipated that the committee will wish to commission periodic reports on such decisions. The committee is therefore requested to identify activities on which it would like to receive reports for inclusion in the work programme.

Other Options Considered

5. None.

Reason/s for Recommendation/s

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

Statutory and Policy Implications

7. This report has been compiled after consideration of implications in respect of crime and disorder, finance, human resources, human rights, the NHS Constitution (Public Health only), the public sector equality duty, safeguarding of children and vulnerable adults, service users, sustainability and the environment and ways of working and where such implications are

material they are described below. Appropriate consultation has been undertaken and advice sought on these issues as required.

RECOMMENDATION/S

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

Jayne Francis-Ward
Corporate Director, Resources

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

Constitutional Comments (HD)

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

Financial Comments (NS)

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

Background Papers

None.

Electoral Division(s) and Member(s) Affected

All

Public Health Committee Work Programme 2016 - 17

Meeting Dates	PH Committee	Lead Officer	Supporting Officer
29 September 2016	Presentation by Solutions for Health, Smoke Free Life Nottinghamshire	John Tomlinson	Lindsay Price
	NHS Health Check IT service – award of contract	John Tomlinson	Helen Scott
	Healthy child programme and public health nursing service for 0 – 19 year olds – award of contract	Kate Allen	Kerrie Adams
	Public Health Services Performance and Quality Report for Health Contracts – April – June 2016	Jonathan Gribbin	Nathalie Birkett
	Mental Health activities funded through Public Health grant realignment	Jonathan Gribbin	Susan March
	Update on Schools Health Hub	Kate Allen	Kerrie Adams
1 December 2016	Domestic Violence and Abuse services – update	John Tomlinson	Nick Romilly
	Director of Public Health Annual Report	Barbara Brady	
	Public Health Service Plan 2016/17 Update report	Barbara Brady	Kay Massingham

1 December 2016	Public Health Services Performance and Quality Report for Health Contracts – July - September 2016		Nathalie Birkett
26 January 2017			
30 March 2017	Public Health Services Performance and Quality Report for Health Contracts – October - December 2016		Nathalie Birkett
8 June 2017			
20 July 2017			