

## Public Health Committee

**Thursday, 29 September 2016 at 14:00**

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

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### AGENDA

- |    |  |         |
|----|--|---------|
| 1  | Minutes of the last Meeting held on 14 July 2016   | 5 - 6   |
| 2  | Apologies for Absence  |         |
| 3  | Declarations of Interests by Members and Officers:- (see note below)<br>(a) Disclosable Pecuniary Interests<br>(b) Private Interests (pecuniary and non-pecuniary) |         |
| 4  | Presentation by Solutions4Health on Tobacco Control Services   |         |
| 5  | Implementation of a Schools Health Hub   | 7 - 12  |
| 6  | Integrated Healthy Child and Public Health Nursing Programme 0-19 Years - Tender Outcome   | 13 - 18 |
| 7  | NHS Health Check Procurement Update  | 19 - 22 |
| 8  | Establishment of Health and Housing Coordinator  | 23 - 28 |
| 9  | Update on Public Health Budgets 2016-17  | 29 - 36 |
| 10 | Public Health Services Performance and Quality Report for Contracts Funded with Ring Fenced Public Health Grant Q1 2016-17   | 37 - 52 |

11 Work Programme

53 - 58

12 Exclusion of the Public

The Committee will be invited to resolve:-

“That the public be excluded for the remainder of the meeting on the grounds that the discussions are likely to involve disclosure of exempt information described in paragraph 3 of the Local Government (Access to Information) (Variation) Order 2006 and the public interest in maintaining the exemption outweighs the public interest in disclosing the information.”

**Note**

If this is agreed, the public will have to leave the meeting during consideration of the following items.

13 Exempt Appendix to Item 6 - Integrated Healthy Child and Public Health Nursing Programme

- Information relating to the financial or business affairs of any particular person (including the authority holding that information);

14 Exempt Appendix to Item 7 - NHS Health Check Procurement Update

**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>



|         |                                      |
|---------|--------------------------------------|
| Meeting | PUBLIC HEALTH COMMITTEE              |
| Date    | 14 July 2016 (commencing at 2.00 pm) |

**Membership**

Persons absent are marked with an 'A'

**COUNCILLORS**

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

|                   |              |
|-------------------|--------------|
| Reg Adair         | Alice Grice  |
| Steve Carroll     | David Martin |
| John Cottee       | Sheila Place |
| Mrs K L Cutts MBE |              |

A Ex Officio: Alan Rhodes

**OFFICERS IN ATTENDANCE**

Barbara Brady, Interim Director of Public Health\*  
Paul Davies, Democratic Services  
Jonathan Gribbin, Public Health\*  
Sally Handley, Public Health\*  
Kay Massingham, Public Health\*  
David Pearson, Corporate Director, Adult Social Care, Health and Public Protection

\* Note: In view of their disclosable pecuniary interest in the restructure of the Public Health Division, colleagues from Public Health remained outside the room until the decision on that item had been taken.

**CHAIR AND VICE-CHAIR**

The appointment by the County Council on 12 May 2016 of Councillor Joyce Bosnjak as Chair of the Committee and Councillor Glynn Gilfoyle as Vice-Chair was noted.

**MINUTES**

The minutes of the meeting held on 19 May 2016 were confirmed and signed by the Chair.

**MEMBERSHIP OF THE COMMITTEE**

It was noted that Councillors John Cottee and Sheila Place had been appointed for this meeting only, in place of Councillors Stuart Wallace and Muriel Weisz.

## **RESTRUCTURE OF THE PUBLIC HEALTH DIVISION**

### **RESOLVED 2016/017**

That approval be given to the changes to the Public Health Service structure effective from 1 August 2016 as set out in the report and its appendix.

## **QUALITY ASSURANCE AND IMPROVEMENT ARRANGEMENTS FOR PUBLIC HEALTH COMMISSIONED SERVICES**

### **RESOLVED 2016/018**

That the arrangements that support quality assurance and improvement of Public Health commissioned services be noted.

## **PUBLIC HEALTH SERVICES PERFORMANCE AND QUALITY REPORT FOR HEALTH CONTRACTS, QUARTER 4, 2015/16**

### **RESOLVED 2016/019**

That the performance and quality information be noted.

## **PUBLIC HEALTH GRANT REALIGNMENT – FINAL REPORT 2015/16**

### **RESOLVED 2016/020**

That the report be noted.

## **WORK PROGRAMME**

### **RESOLVED: 2016/021**

That the committee's work programme be noted.

The meeting closed at 3.00 pm.

**CHAIR**



## **REPORT OF THE DIRECTOR OF PUBLIC HEALTH**

### **IMPLEMENTATION OF A SCHOOLS HEALTH HUB**

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

1. To update the Public Health Committee on the progress of the development of the Schools Health Hub (SHH), the aim of which is to support schools to improve the health, wellbeing and educational outcomes of their pupils.
2. To highlight the joint working between the Schools Health Hub and the Tackling Emerging Threats to Children Project and existing support to schools, provided by different teams within Nottinghamshire County Council.

#### **Information and Advice**

1. This report provides the Public Health Committee with a briefing on the development of the Schools Health Hub (SHH) and plans to integrate the SHH Hub team with the newly formed 'Threats to Children Team' within Nottinghamshire County Council.

#### **Background**

2. Following the de-commissioning of the Healthy Schools Programme, the need to develop a new service to support schools to identify local public health issues affecting their schools and to improve the health, wellbeing and educational outcomes of their pupils was identified.
3. The proposal to develop a Nottinghamshire Schools Health Hub (SHH) was supported by the Public Health Committee in May 2015 and non-recurrent funding of £400K was identified to support this proposal.
4. The aim of the SHH is to support schools to improve health and wellbeing and educational outcomes, resulting in safe, healthy, happy, resilient children and young people who are able to fulfil their potential. In addition, schools will be able to demonstrate to Ofsted that they are broadening their curricula.
5. The focus of the SHH will be to provide advice, guidance and information for schools in relation to policy development, PSHE planning, training (including signposting to existing training and services) and in relation to evidence based interventions to improve health and wellbeing of pupils and staff. More specifically, the SHH will support schools to identify specific local public health issues affecting a given school and to provide guidance and support to the school to address these concerns.
6. The SHH will contribute to the work underway as part of the local Transformation Plan for Children and Young People's Mental Health and Wellbeing<sup>1</sup>.

<sup>1</sup> <http://www.england.nhs.uk/wp-content/uploads/2015/07/local-transformation-plans-cyp-mh-guidance.pdf>

## Implementation of the Schools Health Hub

7. The SHH will act as an umbrella for children’s and young people’s evidence-based health promotion services, maintaining a schools focus and working with providers of health and wellbeing related interventions and services to schools.
8. A schools mapping exercise completed in 2015 identified that there were at least 32 different interventions offered to schools by external providers including the NHS, Nottinghamshire County Council (NCC), the Voluntary and Community Sector and private sector companies.
9. Interventions provided by these organisations covered issues such as promotion of physical activity and healthy eating, addressing child sexual exploitation, domestic violence, substance use, first aid, E-Safety etc. These were not always co-ordinated or quality assured, some were free whilst schools paid for others and very few were evidence based. It is apparent that schools are confused about where and how to access high quality effective interventions.
10. The SHH will quality assure interventions offered to schools and provide a co-ordinated approach, covering key public health and wellbeing issues. Commissioners of these interventions are working together to shape the SHH.
11. Key elements of the SHH model are SHH co-ordinators and high quality on-line information provided through the NCC Schools Portal. The establishment of three fixed term contract SHH co-ordinator posts was approved by the Children and Young People’s Committee in June 2016, as part of the development of the Support To Schools service and establishment of the *Threats to Children* Team. The SHH co-ordinators will be employed within the Children, Families and Cultural Services (CFCS) Directorate as part of the new NCC *Threats to Children* Team.
12. SHH co-ordinators will work with key partners to improving the health and wellbeing of children and young people, including other members of the *Threats to Children* Team, education colleagues, Primary Mental Health Workers (as part of One CAMHS), and the 0-19 Healthy Child and Public Health Nursing teams.
13. There will be a focus on schools in areas of greatest child poverty and SHH co-ordinators will encourage engagement from both secondary schools and primary schools in target localities.
14. Proposed areas of support are identified overleaf. The darker boxes in the table detail services provided to all schools, whilst lighter boxes identify targeted activities.

|   |   |  |   |
|---|---|--|---|
| Family of school profiles and evidence base             | PSHE and emotional resilience programme development | Strategic engagement with target schools                   | Health and Wellbeing Policies                                 |
| Guidance and Information                                | Training for school staff teams and Governors       | Co-ordination of the ASSIST* programme with target schools | Health Promotion campaigns e.g. Change for Life               |
| Communication route for schools re health and wellbeing | Partnership work with School Nursing                | Quality assurance of visitors to schools                   | Co-ordinated health and wellbeing packages for target schools |

## Desired Outcomes of the Schools Health Hub

15. The overarching aim of the SHH is to improve outcomes for children and young people, including contributing to improvements in priorities within the Public Health Outcomes Framework (as outlined below) and to support more schools to achieve an 'outstanding' Ofsted result by broadening their curriculum.

|   |
|---|
| <b>DOMAIN 1: Improving the wider determinants of health</b>   |
| Objective: Improvements against wider factors that affect health and wellbeing, and health inequalities                                 |
| Reduced school absences   |
| Reduced incidence of domestic abuse   |
| School Readiness: The percentage of children with free school meal status achieving a good level of development at the end of reception |
| Reduced numbers of first time entrants to the youth justice system  |
| 16-18 year olds not in education employment or training   |

|  |
|--|
| <b>DOMAIN 2: Health improvement</b>  |
| Objective: People are helped to live healthy lifestyles, make healthy choices and reduce health inequalities                       |
| Reduced smoking prevalence in 15 year olds   |
| Reduced teenage conception rates   |
| Reduced hospital admissions caused by unintentional and deliberate injuries in children and young people aged 0-14 and 15-24 years |
| Improved emotional wellbeing of looked after children  |
| Reduced alcohol and drug misuse  |
| Reduced excess weight in 4-5 year olds and 10-11 year olds   |

|  |
|--|
| <b>DOMAIN 3: Health protection</b>   |
| Objective: The population's health is protected from major incidents and other threats, while reducing health inequalities |
| Reduced chlamydia prevalence in 15-24 year olds  |

|  |
|--|
| <b>DOMAIN 4: Healthcare public health and preventing premature mortality</b>   |
| Objective: Reduced numbers of people living with preventable ill health and people dying prematurely, while reducing the gap between communities |
| Reduced tooth decay in children aged 5   |

## Proposed timetable for the implementation of the Schools Health Hub

16. The timetable for the implementation of the Schools Health Hub is as follows:

| Action   | Target date   |
|--|---------------|
| Form SHH Steering Group to determine function and oversee implementation   | February 2016 |
| Develop job description/person specification and submit for job evaluation | March 2016    |
| Team leader and base for team to be identified                             | May 2016      |

|   |   |
|---|---|
| Explore job evaluation outcome with Tackling Emerging Threats steering group  | July 2016   |
| SHH recruitment planning finalised  | 1 <sup>st</sup> Sept 2106                         |
| Interviews held for SHH co-ordinators   | 17 <sup>th</sup> -18 <sup>th</sup> Oct 2016       |
| All <i>Threats to Children</i> Team members in place  | Mid Dec 2016                                      |
| Mobilisation period of the <i>Threats to Children</i> Team  | 1 <sup>st</sup> Jan – 31 <sup>st</sup> March 2017 |
| SHH fully operational   | 1 <sup>st</sup> April 2016                        |
| Quarterly SHH Steering Group meetings to ensure health and well-being focus within the tackling emerging threats team | Ongoing from 1 <sup>st</sup> April 2017           |

### **Interdependencies between the Schools Health Hub and other support to schools services**

17. Clear links and potential inter-dependencies between the planned function of the SHH and the plans to support schools in relation to the 'Tackling Emerging Threats to Children' (TETC) agenda, (i.e. PREVENT duty, child sexual exploitation and bullying/cyber-bullying) were identified by members of the SHH Steering Group and the TECT Steering Group.
18. It was agreed that it would be beneficial to bring the work of the two groups together, in order to maximise efficiency and reduce duplication, since both teams were to be operating in a similar way working with schools. In addition, the importance of simplifying the support to schools was recognised. Therefore it was agreed to establish one joint team, incorporating tackling emerging threats specialist staff and the SHH co-ordinators.
19. SHH co-ordinators will use their knowledge of local health needs to inform the development of and to maintain the planned young people's health and wellbeing website, identified as a priority within the NCC Young People's Health strategy (2015).
20. SHH co-ordinators will promote public health interventions delivered as part of other services commissioned by Public Health within NCC (e.g. ASSIST, C Card, Everyone Health)
21. SHH co-ordinators will support schools in accessing academic resilience programmes commissioned as part of the local Transformation Plan for Children and Young People's Mental Health and Wellbeing.

### **RECOMMENDATION/S**

That the Committee:

- 1) Notes the progress of plans to develop and implement the Schools Health Hub within Nottinghamshire
- 2) Notes the interdependencies and joint working between the Schools Health Hub and other support to schools services, particularly the Tackling Emerging Threats to Children Project

## **Barbara Brady**

Interim Director of Public Health

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

Kerrie Adams

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Senior Public Health and Commissioning Manager

### **Constitutional Comments (SMG 20/9/16)**

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

### **Financial Comments (KAS 20/09/16)**

23. There are no financial implications contained within 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.

Bhundia T, Edwards S, Kakoullis I (2015) 'Service Review of the Healthy Schools & Early Years Programme: A Commissioners Report', Integrated Commissioning Hub, Nottinghamshire County Council.

Integration of Educational Psychology Service and Schools and Families Specialist Services into the Support to Schools Service, Children and Young People's Committee, 20 June 2016:

[INTEGRATION OF EDUCATIONAL PSYCHOLOGY SERVICE AND SCHOOLS AND FAMILIES SPECIALIST SERVICES INTO THE SUPPORT TO SCHOOLS SERVICE](#)

[EDUCATION, STANDARDS AND INCLUSION STRUCTURE](#)

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

- All





## **REPORT OF DIRECTOR OF PUBLIC HEALTH**

### **INTEGRATED HEALTHY CHILD AND PUBLIC HEALTH NURSING PROGRAMME 0-19 YEARS – TENDER OUTCOME**

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

1. To update the Committee on the procurement process for the integrated Healthy Child and Public Health Nursing Programme for 0 to 19 year olds.
2. To seek approval for award of the contract for the integrated Healthy Child and Public Health Nursing Programme for 0 to 19 year olds to the winning tenderer, as set out in the exempt appendix.

#### **Information and Advice**

3. In May 2015, in anticipation of the transfer of commissioning responsibility for children's public health nursing for under 5's, the Public Health Committee approved plans to re-commission Health Visiting, Public Health School Nursing, the Family Nurse Partnership and the National Child Measurement Programme as an integrated Healthy Child and Public Health Nursing Programme for 0-19 year olds.
4. In March 2016, the Public Health Committee were presented with a proposed service model for an integrated Healthy Child and Public Health Nursing Programme informed by a programme of stakeholder engagement. The proposal included a number of preferred options; Public Health Committee agreed a preferred option and approved plans for formal consultation on the model.
5. In May 2016, the Public Health Committee reviewed a refined service model informed by the engagement and consultation outcomes, an equality impact assessment, and review of the evidence base, national guidance and local intelligence. The Committee gave approval for the tender to be advertised.
6. This paper describes the procurement process undertaken, provides detail of the responses received and the preferred provider.

#### **Confidentiality**

7. Some information relating to this report is not for publication by virtue of paragraph 3 of Schedule 12A of the Local Government Act 1972. Having regard to all the circumstances, on balance, the public interest in disclosing the information does not outweigh the reason for exemption because the information comprises commercially sensitive and confidential

information about the bids the Council received. This information relates to the receipt and evaluation of bids and the detail of the preferred provider and will be presented in an exempt appendix.

## **Procurement process**

### *Market engagement*

8. A programme of market engagement took place between December 2015 and February 2016 to gauge the level of interest in the market, shape the development of the proposed service model and evaluate the feasibility of delivery. The aim was to ensure a transparent and collaborative approach to the procurement. The market engagement included a series of events and one-to-one meetings between commissioners and potential bidders which were widely advertised.
9. A total of 29 organisations registered an interest in the tender, 12 organisations were represented at one of the market engagement events and three organisations took up the offer of a one-to-one meeting as part of the market engagement phase.

### *Tender*

10. A steering group was established to oversee the procurement process. The steering group worked closely to define the criteria against which bids would be evaluated and to develop the materials published.

### *Tenders invited*

11. Tenders were invited between 27 May 2016 and 11 July 2016.
12. A suite of documents were developed and published as part of the tender:
  - i. Invitation to tender document describing the tender requirements, process, timescale and the award criteria used to evaluate bids
  - ii. Service specification which sets out in detail what the service will be required to deliver
  - iii. Finance schedule that confirms the financial envelope and payment schedule
  - iv. Quality, performance and information requirements establish how the service will be performance managed against identified outcomes and how the quality and safety of the service will be assured
  - v. Information relating to the employees of the incumbent provider
  - vi. Information in relation to the current utilisation of estates
  - vii. Form of contract which the successful bidder will enter into with the Council

### *Tender evaluation methodology*

13. The first stage of evaluation was the checking of bids for appropriate levels of experience and financial standing, and bidders were required to meet established minimum criteria to pass this stage.
14. The award criteria were designed to identify the bid that represented the most economically advantageous tender, rather than the lowest price alone. The evaluation was therefore based on a combination of quality and finance, with the scoring weighted as 70% and 30% respectively.
15. A key part of the finance evaluation measured the bidder's ability to meet the challenges of a reducing financial envelope, the remainder evaluated the number of direct service hours that would be delivered.
16. The quality evaluation consisted of a number of questions divided under the following sections:
  - Service delivery model
  - Health promotion and public health life course
  - Mobilisation
  - Capacity and workforce
  - Partnership working
  - Performance, information management and technology

Each question and section was attributed a weighting which translates into a percentage of the final score awarded to each bidder.

### *Tender evaluation*

17. A panel of fourteen colleagues with backgrounds including clinical, commissioning, contract management, quality and safeguarding, finance, public health and procurement were involved in the evaluation of the tender. CCG and children's services representatives were included.
18. Colleagues scored the tender individually and then attended moderation panels where any outlying scores were discussed and consensus reached. A number of detailed clarification questions on aspects of bidder responses were raised by commissioners during this stage.

### ***Tender outcome***

19. The outcome of the tender is included in the Exempt Appendix.

### **Next steps and contractual arrangements**

20. A period of mobilisation will take place from October 2016 to 31<sup>st</sup> March 2017 during which commissioners and the preferred provider will work in partnership to ensure the new model is implemented as seamlessly as possible.
21. Commissioners will contract with the preferred provider for a period of three years, and there are options to extend the contract for a further four annual extensions if required.

## **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 contract value of the Health Visiting, Public Health School Nursing, National Child Measurement Programme and the Family Nurse Partnership Programme in 2016/17 is £15,300,157. The financial envelope for the integrated Healthy Child and Public Health Nursing Programme will be £14,208,321 in 2017/18, £13,652,775 in 2018/19, and £13,035,954 in 2019/20 due to a reduction in the national public health allocation, announced in the Comprehensive Spending Review in November 2015. The proposed integrated service model aims to streamline service delivery and release capacity, whilst maintaining quality and improving child and family outcomes.

## **RECOMMENDATION/S**

That the Committee:

- 1) Approves the award of the contract for the Integrated Healthy Child and Public Health Nursing Programme for 0 – 19 year olds to the winning tenderer, as set out in the exempt appendix.

**Barbara Brady**  
**Director of Public Health**

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

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## **Constitutional Comments (CEH 07/09/2016)**

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

## **Financial Comments (DG 06/09/2016)**

25. The financial implications are contained within paragraph 23 above.

## **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.

Healthy Child Programme and Public Health Nursing – Commissioning Plans, Public Health Committee, 19 May 2016

<http://www.nottinghamshire.gov.uk/dms/Meetings/tabid/70/ctl/ViewMeetingPublic/mid/397/Meeting/3698/Committee/507/Default.aspx>

Healthy Child Programme and Public Health Nursing – Commissioning Plans, Public Health Committee, 17 March 2016

<http://www.nottinghamshire.gov.uk/dms/Meetings/tabid/70/ctl/ViewMeetingPublic/mid/397/Meeting/3500/Committee/507/Default.aspx>

Healthy Child Programme and Public Health Nursing – Commissioning Plans, Public Health Committee, 12 May 2015

<http://www.nottinghamshire.gov.uk/dms/Meetings/tabid/70/ctl/ViewMeetingPublic/mid/397/Meeting/3500/Committee/507/Default.aspx>

Family Nurse Partnership Progress Report – report to Children Trust Board – 19 November 2015

<http://www.nottinghamshire.gov.uk/care/childrens-social-care/nottinghamshire-childrens-trust/childrens-trust-board-meeting-archive>

Nottinghamshire School Nursing Review and proposed new model, September 2014 – implications for commissioners (including Appendices 1-3) available at [www.nottinghamshire.gov.uk/schoolnursing](http://www.nottinghamshire.gov.uk/schoolnursing)

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

All.





## **REPORT OF THE DIRECTOR OF PUBLIC HEALTH**

### **NHS HEALTH CHECK PROCUREMENT UPDATE**

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

1. This report provides an update on the tender for an IT Solution to support the GP-led NHS Health Check Service. The Public Health Committee is requested:
  - a. To note the progress of the tender
  - b. To give approval to award the contract for the NHS Health Check IT Solution in accordance with the outcomes identified in the exempt appendix.

#### **Information and Advice**

2. Some information relating to this report is not for publication by virtue of paragraph 3 of Schedule 12A of the Local Government Act 1972. Having regard to all the circumstances, on balance the public interest in disclosing the information does not outweigh the reason for exemption because the information comprises commercially sensitive and confidential information about the tender process that the Council is conducting. The exempt information is set out in the Exempt Appendix.
3. Members received and approved procurement updates on 30<sup>th</sup> September 2015 and 19<sup>th</sup> May 2016:
  - a. The Council had received bids in 2015 for an IT Solution to support delivery of both the GP-led and a Targeted Outreach service (Lot 1), however no bids were received in respect of Targeted Outreach (Lot 2). The two lots were inextricably linked therefore it was agreed on 30<sup>th</sup> September 2015 not to award the IT Solution in isolation, and to re-tender for an IT Solution to support only the GP-led programme.
  - b. On 19<sup>th</sup> May 2016, members approved the proposal to go out to tender formally for an IT Solution to support delivery by GP practices of the NHS Health Check programme and enable the required data flow in fulfilment of the LA mandate, from April 2017.
4. The IT Solution contract was procured in accordance with the UK Public Contract Regulations 2015 using regulation 27 an Open Tender procedure and will put in place a countywide service for all GP practices.
5. The budget for 2016-17 for the IT Solution is £60,000.
6. This procurement was undertaken as an EU Open Process. Bidders had to submit a General Questionnaire and a Technical Questionnaire as a single stage bid.
7. The Council received bids that were evaluated using the Most Economically Advantageous Tender criteria. This enables the Council to evaluate bids based on quality and price of the

tender submission. This is standard best practice for the procurement of services. The weighting of the scoring between price and quality was 40% and 60% respectively. Tenders were evaluated in accordance with the process set out in the information to tenderers.

8. The Tender Questionnaire included questions in respect of service delivery, service implementation, management and staffing, governance, and price for the provision of services. Responses were evaluated against set criteria with a threshold set on some but not all of the questions.

### **Recommendation of award**

9. The tender evaluation process has completed and the outcome of the tender evaluation panel is included in the exempt appendices.

### **Other Options Considered**

10. To date the Council has received compliant tenders within the budget approved for these services and therefore there are no reasons to abandon or discontinue the process.

### **Reason for Recommendation**

11. The current contract ends on 31<sup>st</sup> March 2017. The recommendation ensures the continuity of the service after that date.
12. To update the Committee on progress of the procurement exercise.

### **Statutory and Policy Implications**

13. 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.

## **RECOMMENDATIONS**

1. To note the progress of the procurement exercise
2. To note the contents of the Exempt Appendix
3. To give approval to award the contract for the NHS Health Check IT Solution in accordance with the outcomes identified in the exempt appendix.

**Barbara Brady**  
**Director of Public Health**

**For any enquiries about this report please contact:**  
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### **Constitutional Comments (SMG 21/9/16)**

14. The proposals set out in this report fall within the remit of the Committee

### **Financial Comments (SC 21.09.2016)**

15. The financial implications are contained within paragraph 5 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.

- None.

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

- All.



**29 September 2016****Agenda Item: 8****REPORT OF THE DIRECTOR OF PUBLIC HEALTH****ESTABLISHMENT OF A HEALTH AND HOUSING COORDINATOR****Purpose of the Report**

1. This report provides information on the development of a Health and Housing initiative and seeks approval from the Public Health Committee to establish a new post of Health and Housing Coordinator.

**Background**

2. Opportunities for improved health outcomes and the scope for reducing demand pressures and reducing costs on services, such as those provided through integrated working between public health, social care and housing are well evidenced within the Nottinghamshire JSNA; Nottinghamshire Housing Delivery Plan and accompanying report most recently presented to the Health and Wellbeing Board. A health and housing scoping event was held in January 2016, involving a range of partners, drawn from health, housing and social care. This re-affirmed potential opportunities to reduce pressures on acute services; improve partnership working to deliver improved health outcomes across the County.
3. The potential increased role of housing is strongly supported by the Health and Wellbeing Board. This is evidenced by housing having an integral role within the Sustainable Transformation Plan. Recent activity at a national level has included the production of a national Memorandum of Understanding between health, housing and social care organisations to realise potential significant savings and reduced demand pressures at a time of increasing pressure on NHS and Social Care services. Integration is starting to be seen, for example through hospital discharge schemes, though currently on a more local ad hoc basis rather than a co-ordinated activity across the County.

**Information and Advice**

4. Following detailed discussions between local partners on the integration of housing, health and social care, a bid was submitted to the NHS Pioneer Investment Fund to support coordinated activity with the aim of increasing the integration of health and housing. Specifically, the bid sought funding to establish a fixed-term coordinator role, whose role would be to take forward the Health and Housing Delivery Plan, form a central point of contact between health and housing stakeholders and facilitate integrated working in order to maximise savings whilst improving health outcomes for the public. The appointment of a co-ordinator will further strengthen the position of Nottinghamshire at the

forefront of integrating health and housing work across two tiers of authorities, and offers an opportunity to share experience and good practice with others in the future.

5. At present, limited work to co-ordinate actions within the housing delivery plan and raising the profile of the health and housing agenda is being undertaken through District Councils in addition to existing workloads, but this is not sustainable in the longer term. Though positive progress has been made and partnerships formed, opportunities to make a real change are being missed.
6. In order to give a county-wide remit, it is proposed that the Nottinghamshire co-ordinator is based within the Public Health division at NCC. Without this additional support the progress of integrated working will be limited and will be taken forward by officers with limited capacity. In addition, without this post it is very likely that examples of integrated working will remain ad hoc and localised without wider county roll-out.
7. This proposal is supported by all key stakeholders and members of the Nottinghamshire Better Care Fund Programme Board; Health and Wellbeing Board and Nottinghamshire Health and Housing Integrated Commissioning Group. Significantly, this proposal has been endorsed by the Health and Wellbeing Board; the Health and Housing Commissioning Group and by all District Chief Executives.
8. The coordinator role can be undertaken using the generic Public Health and Commissioning Manager job description that was developed and evaluated as part of the Public Health restructure approved by Committee on 14 July 2016.

### **Other Options Considered**

9. Consideration was given to locating the post within one of the District Councils but this was not recommended as locating the post within the County Council gives the best opportunity for working across Nottinghamshire. This approach has support from the District Councils.

### **Reason for Recommendation**

10. The Council's Constitution require all posts on the establishment to be approved by the appropriate Committee.

### **Statutory and Policy Implications**

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

### **Financial Implications**

12. A job description for the post of Public Health and Commissioning Manager has been evaluated as Band D. The costs associated with establishing this post at the top of the scale will be £41,551 per annum (plus on costs).

13. There is no additional Council resource required to meet the costs of the post. The post is subject to an application for external funding through the Pioneer Investment Fund. If approved, the external funding will meet the entire cost of the post. The external funding bid request is for funding for two years. It is proposed to establish the post on a fixed term contract to align with the availability of external funding. Line management would be provided within the existing Public Health structure and so can be accommodated within existing resources.

14. Should the external funding not be approved, the post will not be established.

### **Human Resources Implications (SJJ 19.09.2016)**

15. The Human Resources implications are outlined within the body of this report.

## **RECOMMENDATION**

Public Health Committee is asked to approve the establishment of a post of Public Health and Commissioning Manager (Health and Housing) at Hay Band D and on a fixed term contract for two years from the date of appointment, subject to the approval of external funding to meet the costs of the post.

**Barbara Brady**  
**Director of Public Health**

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

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### **Constitutional Comments (KK 19.09.2016)**

21. The proposal in this report is within the remit of the Public Health Committee.

### **Financial Comments (SC 21.09.2016)**

22. The financial implications are contained within paragraph's 12 to 14 of the report.

## **Background Papers and Published Documents**

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

## Electoral Divisions and Members Affected

- All





**29 September 2016**

**Agenda Item: 9**

## **REPORT OF THE DIRECTOR OF PUBLIC HEALTH**

### **UPDATE ON PUBLIC HEALTH BUDGETS 2016/17**

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

1. This report informs the Public Health Committee of the work of the Public Health Grant Working Group set up in March 2016, and seeks approval to changes to the use of Public Health grant within the Council in 2016/17.

#### **Background**

2. The County Council is responsible for ensuring the delivery of a range of Public Health services using Public Health grant, a ring-fenced grant provided for the specific purpose of improving the health and wellbeing of local populations (including restoring or protecting their health where appropriate) and reducing health inequalities. The ring fence is due to remain in place until 2018.
3. The Public Health grant for Nottinghamshire in 2016/17 was announced in February 2016. The announcement contained notional estimates for the following three years. A report on the Public Health finance plan for 2016/17 was brought to Committee in March 2016. Committee noted that a stakeholder working group was being set up to consider utilisation of the budget in the light of anticipated reductions to Public Health grant, and agreed to receive a further report on the budget situation in due course.
4. The stakeholder working group comprised staff representatives from Public Health, Finance and other departments of the Council, and external stakeholders Public Health England and Nottinghamshire CCGs. The working group held three meetings, in April, May and July 2016. Reports on progress were taken to the Council's CLT in July and to the Clinical Congress group of Nottinghamshire CCGs in September.

#### **Findings of the Public Health Grant Working Group**

5. The Working Group received initial information on the projected level of Public Health grant and budget. It agreed the use of prioritisation criteria to be used in review of the budget lines. The Group subsequently received detailed financial projections for the next three years, taking into account latest forecasts against budget in 2016/17, and the results of detailed budget line reviews. These reviews also examined areas of realignment to verify that these were contributing to Public Health outcomes.
6. Since 2014, as part of integrating the Public Health function within the authority, the Council has used Public Health grant to support Council services which contribute to the

delivery of Public Health outcomes. This realignment has been in two directions, with some services transferring into Public Health, that were previously delivered in other parts of the Council (DVA, Substance misuse) and some Public Health funding being transferred to other parts of the Council to support services delivered there. The total amount of 2016/17 Public Health grant identified for transfer to other parts of the Council in 2016/17 was £5.266m. A further £848,802 was identified to be used from reserves to support realignment in 2016/17.

7. The Public Health grant conditions specify that grant must be used only for meeting eligible expenditure incurred or to be incurred by local authorities for the purposes of their public health functions as specified in Section 73B(2) of the National Health Service Act 2006 (“the 2006 Act”). With regard to the use of Public Health grant for other functions of the local authority, the conditions state that “the authority must be of opinion that those functions have a significant effect on public health or have a significant effect on, or in connection with, the exercise of the functions described in paragraph 3; and the authority must be satisfied that, having regard to the contribution from the Public Health grant, the total expenditure to be met from the fund and the public health benefit to be derived from the use of the fund, the arrangements provide value for money.”
8. The stakeholder group recommended that some adjustments are made to focus the Public Health grant realignment on the areas which are most likely to contribute to Public Health outcomes. This would not affect the amount of realigned grant overall, and so have no overall financial impact on other parts of the Council, but it will mean a smaller number of activities will be supported and reported to Public Health Committee as part of the monitoring of Public Health activity (contained in the quarterly performance and monitoring reports). The proposed adjustments are set out in Table 1 below. They have been discussed and agreed with the service representatives on the stakeholder working group.

**Table 1: Proposed alterations to realignment of Public Health grant 2016/17**

| <b>Realignment line</b>                  | <b>Original realignment 2016/17</b> | <b>PH £</b> | <b>Proposed realignment 2016/17</b> | <b>PH £</b> |
|--|-------------------------------------|-------------|-------------------------------------|-------------|
| Handy Persons Adaptation Scheme (HPAS)   | £87,590                             |             | £177,590                            |             |
| Children’s Centres                       | £2,490,000                          |             | £3,386,320                          |             |
| Young Carers                             | £182,200                            |             |                                     | £0          |
| Supported Accommodation for Young People | £424,120                            |             |                                     | £0          |
| Youth Offending Team                     | £380,000                            |             |                                     | £0          |
| <b>Totals</b>                            | <b>£3,563,910</b>                   |             | <b>£3,563,910</b>                   |             |

9. It is also recommended that the uncommitted small allocation of £50,000 realignment to Community Resources to Support People be removed, as no further activities are planned and initiatives to combat loneliness among older people are now being delivered via the Council’s Connect contract.
10. The full list of realignments with all the proposed changes is set out at Annex 2.
11. The stakeholder group also considered potential expansion of activities which would have

significant impact on Public Health outcomes. Two areas which were desirable for expansion were identified: the ASSIST smoking prevention programme in schools and the Healthy Housing initiative, both of which operated on a pilot basis with limited geographic coverage, but which were shown to have significant impact on health.

12. At the same time, discussions were taking place elsewhere regarding the use of the Better Care Fund Disabled Facilities Grant. The Handy Persons Adaptation Scheme (HPAS), which is supported by Public Health grant realignment as shown above, and also by a further allocation of £52,500 from another part of the Public Health budget, was identified as a candidate for funding from the BCF Disabled Facilities Grant. Health and Wellbeing Board approved £188,894 of BCF funding for the HPAS scheme in 2016/17 on 7 September. This would release £188,894 of Public Health funding for reassignment.
13. It is proposed to utilise the released Public Health grant to expand the activities identified by the stakeholder group, as follows:

**Table 2: Proposed expansions of activities**

| Activity   | Current budget<br>£ 2016/17 | Proposed budget<br>£ 2016/17  |
|--|-----------------------------|---|
| ASSIST<br>Evidence-based programme of smoking prevention in schools, delivered under licence by Notts Youth Service. Currently operates on a pilot basis in about 50% of County secondary Schools. Proposed expansion would enable coverage throughout the County.     | £150,000                    | £300,000  |
| Seasonal Death Reduction Initiative<br>Small scale initiative to support vulnerable older people to improve the warmth of their homes. Currently operates on a pilot basis in south Notts only. Expansion would enable activity to be spread wider through the County. | £14,850                     | Up to £53,744, subject to discussion with the provider about the feasibility of expansion |

14. Overall, the group concluded that with the removal of some additional small uncommitted items of expenditure, the level of Public Health grant, when the remaining reserves were added, would be able to support planned expenditure until the end of the ring fence in 2018. At this point, all the Public Health reserves would have been utilised. Beyond that, when the ring fence was removed from 2018/19 onwards, the Council would need to make decisions about the level of resource it wished to allocate to Public Health.

### Other Options Considered

15. The review has focused on the most easily achievable changes which would be least disruptive to services currently in place. Other options to reduce Public Health expenditure would involve contractual changes which would be complex and potentially costly to implement. Further savings could be sought as services are recommissioned in line with existing expiry dates for contract. This is a natural point for services to be reviewed and so preferable to making changes part way through existing contracts.

## **Reason for Recommendation**

16. The Public Health Committee is responsible for ensuring that the Public Health Grant is used most effectively to improve the public's health, and for the purposes intended as directed by the Department of Health and Public Health England.

## **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.

## **Financial Implications**

18. The financial implications are set out in the report.

## **RECOMMENDATION**

The Public Health Committee is asked to:

- 1) Note the position as regards the Public Health grant and budget up to March 2018
- 2) Approve the list of changes to realignment in 2016/17 as set out in paragraphs 8 and 9
- 3) Following on from a decision on alternative funding for HPAS by the Health and Wellbeing Board, approve the use of released Public Health funds to expand the activities identified in paragraph 13

**Barbara Brady**  
**Director of Public Health**

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## **Constitutional Comments (SLB 05/09/2016)**

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

## **Financial Comments (DG 06/09/2016)**

22. The financial implications are contained within Table 1 and Table 2 of the report.

## **Background Papers and Published Documents**

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

**Electoral Divisions and Members Affected**

- All

## Annex 1: Proposed Public Health grant realignment outside of Public Health 2016/17

| Title  | Service aims and activities  | Public Health Outcomes   | Original realignment identified 2016/17 £ | Proposed adjusted realignment 2016/17 £ | Department transferred to / Notes |
|--|--|--|---|---|-----------------------------------|
| Illicit Tobacco  | Regulating the legal and tackling the illicit tobacco trade to reduce smoking prevalence, through dedicated Trading Standards support.   | Reduce smoking prevalence.   | £91,000                                   | £91,000                                 | ASCHPP                            |
| Handy Person's Adaptation Scheme                         | Service to provide adaptations to help older people remain in their own homes, such as hand rails, insulation/heating and key safes.   | Reduce falls and injuries among older people; improve perceptions of safety in own home                            | £87,590                                   | £177,590                                | ASCHPP                            |
| Older People's early intervention and prevention service | Community involvement schemes to support people to retain independence, including community outreach work with individuals.  | Improve health-related quality of life for older people ; improve social connectedness and self-reported wellbeing | £152,130                                  | £152,130                                | ASCHPP                            |
| Information Prescriptions                                | Information service focused on health conditions, providing accredited local health and social care information for patients, carers and professionals to enable people to manage their conditions better. Information is available electronically or on | Improve health-related quality of life for older people.   | £25,816                                   | £25,816                                 | ASCHPP                            |
| Stroke   | Service to stroke survivors and their carers provided by the Stroke Association giving information advice and support.   | Prevent readmissions to hospital after stroke.   | £11,986                                   | £11,986                                 | ASCHPP                            |

|   |  |  |   |   |  |
|---|--|--|---|---|--|
| Mental Health Co-production                             | Social workers and support workers provide a personalised approach to meet the individual recovery outcomes for all spectrums of mental health problems.   | Improve social connectedness; self-reported wellbeing; reduce risk of suicide; prevent hospital admissions; increase employment rate for people with long term health problems.              | £206,000                                      | £206,000                                      | ASCHPP<br><br>£67,716 from PH reserves in 2016/17  |
| Supporting People                                       | Support workers working from hostels and supported housing for adults who are/have recently been homeless and in crisis, many of whom have mental health &/or substance misuse issues.                       | Reduce substance misuse, prevent homelessness, reduce winter deaths, reduce risk of suicide and prevent hospital admissions.   | £1,000,000                                    | £1,000,000                                    | ASCHPP<br><br>£78,000 from PH reserves in 2016/17  |
| Moving Forward service                                  | Provide personal support covering housing, social inclusion, crisis and employment, targeted at people with mental health problems, with the aim of helping them continue to live independently.             | Reduce social isolation and risk of suicide; increase employment for people with long term health problems.  | £800,000                                      | £800,000                                      | ASCHPP<br><br>£270,966 from PH reserves in 2016/17 |
| Supported Accommodation for Young People & homelessness | Support workers help vulnerable young people to develop life skills to help them access services, education and employment. Service provided within supported accommodation to reach people at highest need. | Prevent homelessness; reduce number of 16-18 year olds not in education employment or training.  | £424,120                                      | £0  | CFCS   |
| Children's Centres                                      | Children's centre provision focuses on improving a range of outcomes for parents/carers and children. The work is delivered in a range of locations across Nottinghamshire                                   | Improve birth weight of term babies; reduce smoking prevalence at time of delivery; increase breastfeeding initiation and prevalence; improve  | £2,490,000<br><br>(£194,220 from PH reserves) | £3,386,320<br><br>(£384,220 from PH reserves) | CFCS   |
| Family Nurse Partnership                                | Evidence-based programme to improve outcomes for pregnant teenagers, teenage parents and their children, through an intensive home-based visiting programme for first time vulnerable teenage mothers.       | Improve infant mortality, improve birth weight of term babies, reduce smoking prevalence at time of delivery, increase breastfeeding initiation and prevalence; reduce under 18 conceptions; | £92,200                                       | £92,200                                       | Transferred in to Public Health from CFCS.         |

|  |  |  |  |   |   |
|--|--|--|--|---|---|
| Youth Offending Team and Youth Justice | Preventative case management and psycho-social interventions provided through Youth Offending Teams to children aged 8-17 with early signs of violent and antisocial behaviour   | Reduce pupil absence; reduce first time entrants to the youth justice system; reduce violent crime (including sexual violence), reduce re-offending levels | £380,000<br><br>(£190K from PH reserves)                           | £0  | CFCS  |
| Young Carers                           | Support workers provide information and advice to support young carers of a disabled parent. This helps promote educational, psychological social and emotional development. Service is complementary to delivery of Personal Budgets. | Reduce social isolation; improve self-reported wellbeing; reduce number of children in poverty.  | £182,200   | £0  | CFCS £92,200 ASCHPP £90,000   |
| Young People's Sexual Health           | Dedicated out of hours C-Card scheme delivered in young people's venues and targeted at young people. Sexual health is a statutory PH responsibility.  | Reduce under 18 conceptions; improve chlamydia screening detection rate (15-24 year olds)  | £73,760  | £73,760   | CFCS  |
| Young People's Substance Misuse        | Early intervention and diversion programmes, including services for young offenders (under 18s)  | Percentage of offenders who reoffend, average number of re-offences per offender   | £48,000  | £48,000   | £48,000 from reserves in 2016/17. Activity being subsumed into Public Health activities to address substance misuse |
| Community Resources to Support People  | Budget to support pilot activities to combat loneliness among older people   | Improve social connectedness; self-reported wellbeing  | £50,000  | £0  | Very little spend in 2015/16; no further activities planned.  |
| <b>TOTALS</b>                          |  |  | <b>£6,114,802<br/>(£5,266,000 plus<br/>£848,802 from reserves)</b> | <b>£6,064,802<br/>(5,266,000 plus<br/>£798,802 from reserves)</b> |   |



## **REPORT OF DIRECTOR OF PUBLIC HEALTH**

### **PUBLIC HEALTH PERFORMANCE AND QUALITY REPORT FOR CONTRACTS FUNDED WITH RING-FENCED PUBLIC HEALTH GRANT**

**QUARTER 1 of 2016/17**

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

1. This report provides an update on performance for the Public Health Committee in respect of contracts that are commissioned directly by Public Health (PH) and also those services that are either in whole or in part funded with ring-fenced PH grant, for the period April to June 2016.

#### **Background**

2. Good health is at the top of most wish lists- for the Authority itself and the individuals we serve. Physical and mental well-being makes it easier for people to pursue opportunities to work and study, to remain financially secure and physically independent. A healthy population is one that has the potential to be a healthy and productive workforce for industry, and one that relieves considerable strain on the public purse by keeping well.
3. The Authority has a duty under the Health and Social Care Act 2012 to take appropriate steps to improve the health and wellbeing of the local population. Public health commissioning promotes health and wellbeing by :
  - bringing a population approach to commissioning;
  - supporting the focus on prevention from conception and throughout the life course;
  - supporting an outcomes-based approach to performance and evaluation
4. The NHS Act 2006 and Part 2 of the Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013 (SI 2013/351) provides for certain mandatory functions to be provided by the Authority, including:
  - **Regulation 3** requires local authorities to provide for the weighing and measuring of certain children in their area (including age and school type).
  - **Regulations 4 and 5** relate to the duties of local authorities to provide or make arrangements to provide for health checks for eligible people.
  - **Regulation 6** requires local authorities to secure open access sexual health services in its area.

- **Regulation 8** imposes a duty on local authorities to provide information and advice to certain with a view to promoting health protection arrangements.

### **Directly commissioned PH Services**

5. The PH contract and performance team robustly reviews and monitors performance and quality data received from the providers of services commissioned directly by PH.
6. 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. Remedial action plans to rectify under performance are developed with providers as appropriate where there has been a significant breach of contractual requirements.

### **Other Services commissioned using PH Grant**

7. One of the aims of transferring PH responsibilities to local authorities was to better integrate health and social care services and other activities that affect health. To this end, PH grant is used to fund services commissioned by other teams and departments of the Authority and absorption of costs previously held by other teams into Public Health. Monitoring of this 're-aligned' grant has previously been reported to the Public Health Committee separately.
8. Whilst the PH contract and performance team do not directly contract manage the services commissioned by other teams, we have endeavoured to engage with the commissioners and providers to ensure PH grant is spent on PH outcomes and in accordance with the grant conditions that govern the use of the PH grant.
9. The PH grant conditions state that the grant is used to:
  - Improve significantly the health and wellbeing of local populations;
  - Carry out health protection functions;
  - Reduce health inequalities across the life course, including within hard to reach groups; and
  - Ensure the provision of population healthcare advice.
10. The Director of Public Health and the s151 Officer must provide added assurance that the grant has been used as intended in the form of a statement of assurance and that the Revenue Outturn provided to the Department of Health (DH) is an accurate reflection of PH expenditure. The use of the grant is also subject to existing Authority financial management requirements and the External Auditor is required to highlight any issues of concern to the DH.
11. Furthermore, the Authority must have regard to guidance from the Secretary of State when exercising its public health functions; in particular this duty requires the Authority to have regard to the DH Public Health Outcomes Framework (PHOF) against which the Authority

should measure their performance (an 'At a glance' PHOF 2016-19 is reproduced in Appendix A). These indicators are grouped into several 'domains'

- Improving the wider determinants of health;
- Health improvement;
- Health protection; and
- Healthcare, public health and preventing premature mortality.

## **Information and Advice**

12. This report provides the Committee with an overview of performance for public health directly commissioned services and services funded either in whole or in part by PH grant, in Quarter 1 (April to June 2016) against key performance indicators related to public health priorities, outcomes and actions within:

- i) the Public Health Service Plan 2016-2017;
- ii) the vision of the Health and Wellbeing Board; and
- iii) the Authority's priorities following the adoption of the Strategic Plan 2014-18.

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

## **Key Issues in Performance in Quarter 1 of 2016-17**

14. Due to the need for a year on year improvement in the uptake of Health Checks, the annual target of people who have been offered health checks has increased by 1800 from 49,697 to 51,497 and the numbers of people receiving health checks has risen by 4,171 to 33,988. The first quarter figures whilst below the anticipated goal for the year, are already showing a slight improvement both in percentage terms and actual numbers on the first quarter last year. There has been a significant improvement, however, in the numbers of people referred to other services as a result of a health check. Further work is being undertaken to ensure that GPs are referring patients to other relevant PH commissioned services as required.

15. The results for the first quarter of the new Integrated Sexual Health Services are very promising. The initial feedback from across the county, from both providers (Doncaster and Bassetlaw Hospitals; Sherwood Forrest Hospitals; and Nottingham University Hospitals and service users, is that the new service was rolled out smoothly and has been welcomed as a better way of providing this mandatory service.

16. More service users are accessing the Alcohol and Drug Misuse Services than ever before with the numbers of successful exits increasing. The PH team are working closely with Change Grow Live to manage long term service users (those in the service over five years) and to increase the reach into the alcohol population.

17. The new Tobacco Control provider, Solutions for Health (S4H), started delivery of the new service on 1<sup>st</sup> April 2016. Staff were TUPE'd from the outgoing provider and a number of

new staff have been recruited. We anticipated a drop in quitters whilst the new service found its feet. S4H has hit the streets in this first quarter through outreach sessions on their customised van and as a result 1037 people set a quit date in this first quarter with 575 actual four week quitters.

18. The Obesity Prevention and Weight Management Service has entered its second year. The adult service is popular and more importantly, the outcomes are good. The children's service, maternity and post-bariatric services still require further work. Whilst inappropriate referrals have been successfully managed in the adult service, these continue in the children's service. The PH team are working with Everyone Health (EH) to secure links with a local paediatrician with a special interest in obesity to help reduce some of the inappropriate referrals. Links have been made with maternity units and whilst these have not been translated into referrals, EH is confident that pregnant women should start being referred to the service.
19. Seasonal Mortality is tackled in the south of the county by a 'Healthy Housing' initiative. Whilst the figures in the south are low for this first quarter, the provider, Nottingham Energy Partnership (NEP) has provided training sessions in Ashfield, Mansfield and Newark and an energy switching workshop in Ashfield. Referrals are now being generated from these areas. National grant funding is still an issue for this service as it directly impacts on the numbers of referrals for energy saving measures. However, the service provides good value for money (£14,850 per annum). NEP are marketing a Boiler Scrappage and Boiler Health Check Scheme which although in its infancy has already received the following quote: *"I would not have been able to afford a new boiler, and I wouldn't have even known about it if I hadn't picked up the leaflet at my surgery! I have peace of mind and it is one less thing to worry about."*
20. The PH services delivered to Children and Young People aged 0-19 are generally performing well, some performance indicators appear slightly below target in quarter 1 but this is largely due to a change to reporting requirements in the new contract which has caused some data quality issues which are being addressed with the provider. The new Integrated 0-19 Healthy Child and Public Health Nursing Programme is due to begin in April 2017.
21. The new oral health service started on 1<sup>st</sup> April 2016 and is performing well. A new supervised tooth-brushing programme is due to be rolled out this year.
22. The Illicit Tobacco Team have been successful in tackling one off sellers in small shops, however emphasis now is on organised crime. Unfortunately, this has meant that illicit tobacco sales are harder to detect and the product itself is more sophisticated. However, they continue to provide remarkable results with limited resources.
23. The various healthy aging services continue to support PH outcomes albeit scrutiny is on those that may not be providing good value for money to the Authority.

24. The PH team is yet to engage with the commissioners of Children's Centres, however the PH outcomes are good.
25. The breastfeeding service continues to enrol a healthy number of expectant mothers and work is being done to ensure that the numbers of mothers initiating breastfeeding increases.
26. The C Card scheme continues to work well in targeting teenage pregnancy hotspot areas with nine new sites opened in this first quarter.
27. The PH team is working closely with the provider of the Young Peoples substance misuse services, Nottinghamshire Healthcare Trust, to ensure the correct services are in place with the correct pathways and whilst this work is taking place, robust data is not yet available.
28. The homelessness and mental health services are in the process of being reviewed as it was found that PH outcomes were not being monitored. Contract variations have been drafted but are yet to be agreed with the provider, Framework. The Co-production service, provided by an in-house team however is working hard to achieve PH outcomes.

## **Statutory and Policy Implications**

29. 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**

30. 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**

31. 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**

32. 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:**

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## **Constitutional Comments**

33. Because this report is for noting only, no constitutional comments are required.

## **Financial Comments**

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

## **Background Papers and Published Documents**

None.

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

All.

| 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 | Public Health Outcomes Indicator | Performance Indicators   | Q1  | Q2   | Q3  | Q4  | 2016/17 Total Achieved | Annual Target | % of target met |
|--|-------------------------|----------------------------------|--|---|------|-----|-----|------------------------|---------------|-----------------|
| <b>National Child Measurement Programme</b><br>To achieve a sustained downward trend in the level of excess weight in children by 2020       | Medium High             | 2.06                             | % of children in Reception with height and weight recorded   | Academic year 2016+C16/17 published end of Nov/Dec by HSCIC |      |     |     | 0%                     | n/a           | n/a             |
|  |                         |                                  | % of children in Year 6 with height and weight recorded  | Academic year 2016+C16/17 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 2016+C16/17 published end of Nov/Dec by HSCIC |      |     |     | 0%                     | n/a           | n/a             |
| <b>NHS Health Check Assessments</b><br>To reduce early mortality and improve quality of life for individuals with Long Term Conditions (LTC) | Medium High             | 2.22                             | No. of eligible patients who have been offered health checks   | 8539  |      |     |     | 8539                   | 51,497        | 17%             |
|  |                         |                                  | No. of patients offered who have received health checks  | 5299  |      |     |     | 5299                   | 33,988        | 16%             |
|  |                         |                                  | No. of patients who have been identified as high risk and referred to other services as a result of a health check | 291   |      |     |     | 291                    | n/a           | n/a             |
| <b>Integrated Sexual Health Services</b>   |                         |                                  | <b>Doncaster and Bassetlaw Hospitals</b>   |   |      |     |     |                        |               |                 |
|  |                         |                                  | Total number of filled appointments  | 2431  |      |     |     | 2431                   | Baseline      | n/a             |
|  |                         |                                  | Total number patients who receive full sexual health screen  | 527   |      |     |     | 527                    | TBA           | n/a             |
|  |                         |                                  | Number and % new service users accepting a HIV test  | 613 (30%)   |      |     |     | 30%                    | 60%           | 50%             |
|  |                         |                                  | % 15-24 year olds in contact with the service accepting a chlamydia screen   | 68%   |      |     |     | 68%                    | 75%           | 91%             |
|  |                         |                                  | Number and % screens with a positive Chlamydia result  | 88 (9%)   |      |     |     | 9%                     | 7.50%         | 120%            |
|  |                         |                                  | % of women aged 15-24 receiving contraception who accept LARC  | 42%   |      |     |     | 42%                    | 30%           | 140%            |
|  |                         |                                  | Number of women accessing Emergency Hormonal Contraception accept LARC   | 25  |      |     |     | 25                     | Baseline      | n/a             |
|  |                         |                                  | <b>Sherwood Forest Hospital Trust</b>  |   |      |     |     |                        |               |                 |
|  |                         |                                  | Total number of filled appointments  | 5763  |      |     |     | 5763                   | Baseline      | n/a             |
| Total number patients who receive full sexual health screen  | 1344                    |                                  |  |   | 1344 | TBA | n/a |                        |               |                 |
| Number and % new service users accepting a HIV test  | 1363 (34)               |                                  |  |   | 34%  | 60% | 57% |                        |               |                 |

|   |      |                                    |   |            |  |  |  |      |                        |      |  |  |  |
|---|------|------------------------------------|---|------------|--|--|--|------|------------------------|------|--|--|--|
| <b>Integrated Sexual Health Services</b><br>Promotion of the prevention of Sexually Transmitted Infections including HIV<br>Increased knowledge and awareness of all methods of contraception amongst all groups in the local population  | High | 2.04, 3.02, 3.04                   | % 15-24 year olds in contact with the service accepting a chlamydia screen                    | 56%        |  |  |  | 56%  | 75%                    | 75%  |  |  |  |
|   |      |                                    | Number and % screens with a positive Chlamydia result   | 355 (18%)  |  |  |  | 18%  | 7.50%                  | 240% |  |  |  |
|   |      |                                    | % of women aged 15-24 receiving contraception who accept LARC                                 | 49%        |  |  |  | 49%  | 30%                    | 163% |  |  |  |
|   |      |                                    | Number of women accessing Emergency Hormonal Contraception accept LARC                        | 29         |  |  |  | 29   | Baseline               | n/a  |  |  |  |
|   |      |                                    | <b>Nottingham University Hospital</b>   |            |  |  |  |      |                        |      |  |  |  |
|   |      |                                    | Total number of filled appointments   | 3043       |  |  |  | 3043 | Baseline               | n/a  |  |  |  |
|   |      |                                    | Total number patients who receive full sexual health screen                                   | 1089       |  |  |  | 1089 | TBA                    | n/a  |  |  |  |
|   |      |                                    | Number and % new service users accepting a HIV test   | 1137 (76%) |  |  |  | 76%  | 60%                    | 127% |  |  |  |
|   |      |                                    | % 15-24 year olds in contact with the service accepting a chlamydia screen                    | 65%        |  |  |  | 65%  | 75%                    | 87%  |  |  |  |
|   |      |                                    | Number and % screens with a positive Chlamydia result   | 12 (14%)   |  |  |  | 14%  | 7.50%                  | 187% |  |  |  |
|   |      |                                    | % of women aged 15-24 receiving contraception who accept LARC                                 | 32%        |  |  |  | 32%  | 30%                    | 107% |  |  |  |
|   |      |                                    | Number of women accessing Emergency Hormonal Contraception accept LARC                        | 44         |  |  |  | 44   | Baseline               | n/a  |  |  |  |
|   |      |                                    | <b>Community Pharmacies</b>   |            |  |  |  |      |                        |      |  |  |  |
|   |      |                                    | Number of women under the age of 20 accessing EHC from Community Pharmacies within the county | 56         |  |  |  | 56   | n/a                    | n/a  |  |  |  |
| <b>Alcohol and Drug Misuse Services</b><br>Reduction in Alcohol related admissions to hospital<br>Reduction in mortality from liver disease<br>Successful completion of drug treatment  | High | 1.05, 1.03, 1.15, 1.04, 2.18, 1.13 | <b>Change Grow Live</b>   |            |  |  |  |      |                        |      |  |  |  |
|   |      |                                    | Number of successful exits (ie planned)   | 285        |  |  |  | 285  | April-June Target 150  | 190% |  |  |  |
|   |      |                                    | Number of new treatment journeys  | 1406       |  |  |  | 1406 | April-June Target 1566 | 90%  |  |  |  |
|   |      |                                    | Total number of service users   | 3814       |  |  |  | 3814 | 10301                  | 37%  |  |  |  |
| <b>Tobacco Control and Smoking Cessation</b><br>Reduce adult (aged 18 or over) smoking prevalence<br>Behaviour change and social attitudes towards smoking<br>Prevalence rate of 18.5% by the end of 2015/16  | High | 2.9, 2.3, 2.14                     | <b>Four-week smoking quitter rate</b>   |            |  |  |  |      |                        |      |  |  |  |
|   |      |                                    | Pregnant Smokers  | 25         |  |  |  | 25   | 500                    | 5%   |  |  |  |
|   |      |                                    | Routine and Manual Workers  | 119        |  |  |  | 119  | 1500                   | 8%   |  |  |  |
|   |      |                                    | Under 18 Smokers  | 6          |  |  |  | 6    | 200                    | 3%   |  |  |  |
|   |      |                                    | Other Smokers   | 425        |  |  |  | 425  | 2800                   | 15%  |  |  |  |
| <b>Obesity Prevention and Weight Management (OPWM)</b><br>To achieve a downward trend in the level of excess weight in adults by 2020<br>A sustained downward trend in the level of excess weight in children by 2020<br>Utilisation of green space for exercise/health reasons | High | 1.16, 2.06, 2.11, 2.12, 2.13       | <b>Number of new assessments</b>  |            |  |  |  |      |                        |      |  |  |  |
|   |      |                                    | Adults - Tier 2   | 136        |  |  |  | 136  | 258                    | 53%  |  |  |  |
|   |      |                                    | Adults - Tier 3   | 222        |  |  |  | 222  | 400                    | 56%  |  |  |  |
|   |      |                                    | Children & Young People - Tier 2  | 17         |  |  |  | 17   | 108                    | 16%  |  |  |  |
|   |      |                                    | Children & Young People - Tier 3  | 14         |  |  |  | 14   | 98                     | 14%  |  |  |  |
|   |      |                                    | Maternity   | 5          |  |  |  | 5    | 104                    | 5%   |  |  |  |

Targets set quarterly

50% 9954 year 2  
50% 10,647 year 3  
(expected volume not cap)

|   |               |   |   |      |  |  |  |      |       |             |     |
|---|---------------|---|---|------|--|--|--|------|-------|-------------|-----|
|   |               |   | Post-bariatric reviews  | 5    |  |  |  | 5    | 60    | 8%          |     |
|   |               |   | Adults, Children & Young People combined service users  | 1509 |  |  |  | 1509 | 6,794 | 22%         |     |
| <b>Domestic Abuse Services</b><br>Reduction in Violent crime<br>Reduction in Domestic violence                    | <b>Medium</b> | <b>1.11</b>                               | No of adults supported  | 572  |  |  |  | 572  | 2504  | 23%         |     |
|   |               |   | No of children, young people & teenagers supported  | 114  |  |  |  | 114  | 776   | 15%         |     |
| <b>Seasonal Mortality</b><br>Reduction in excess winter deaths  | <b>Medium</b> | <b>4.15</b>                               | <b>Nottingham Energy Partnership - Healthy Housing</b>  |      |  |  |  |      |       |             |     |
|   |               |   | 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 tariff | 30   |  |  |  |      | 30    | 288         | 10% |
|   |               |   | Number of individuals trained to deliver Brief Interventions i.e. number of people attending the training courses   | 19   |  |  |  |      | 19    | 185         | 10% |
| <b>Social Exclusion</b><br>To improve outcomes for older people by reducing risk and health impacts of loneliness | <b>Medium</b> | <b>1.18</b>                               | <b>The Friary Drop-in Centre</b>  |      |  |  |  |      |       |             |     |
|   |               |   | Number of one-to-one specialist advice interviews undertaken  | 2042 |  |  |  |      | 2042  | n/a         | n/a |
|   |               |   | Number of emergency parcels provided  | 1294 |  |  |  |      | 1294  | Baseline Q1 | n/a |
| <b>Public Health Services for Children and Young People aged 0-19</b>   | <b>High</b>   | <b>1.01, 1.02, 2.02, 2.03, 2.05, 2.06</b> | % of mothers who receive a face to face antenatal contact   | 73%  |  |  |  | 73%  | 75%   | 97%         |     |
|   |               |   | Number of brief interventions offered by school nurses and delivered with children and young people by public health topic  | 1830 |  |  |  | 1830 | n/a   | n/a         |     |
|   |               |   | % of children who received a 2.5 year review  | 88%  |  |  |  | 88%  | 95%   | 93%         |     |
|   |               |   | % of under 18 years or low income mothers who qualify for Healthy Start that have received Healthy Start advice   | 75%  |  |  |  | 75%  | 75%   | 100%        |     |
|   |               |   | % of family nurse partnership clients enrolled by 16th week of pregnancy  | 64%  |  |  |  | 64%  | 60%   | 107%        |     |
| <b>Dental Public Health Services</b>  | <b>Medium</b> | <b>4.02</b>                               | % of service users surveyed who receive oral health advice/resources who report that it is very useful.   | 93%  |  |  |  | 93%  | 80%   | 116%        |     |
|   |               |   | % of frontline staff trained who say they have gained knowledge and confidence in delivering oral health brief interventions.   | 100% |  |  |  | 100% | 80%   | 125%        |     |
|   |               |   | % of parents/carers with a child aged 1 year who receive oral health brief advice.  | 74%  |  |  |  | 74%  | 75%   | 99%         |     |

| Service and Outcome  | Public Health grant realignment allocation | Actual realignment expenditure 2015/16                         | Performance Indicators  | Q1                        | Q2 | Q3 | Q4  | 2016/17 Total Achieved | Annual Target               | % of target met   | Notes                      |  |
|--|--|--|---|---------------------------|----|----|-----|------------------------|-----------------------------|-------------------|----------------------------|--|
| <b>Illicit Tobacco Prevention and Enforcement</b><br>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              | Low  | 2.14   | Illicit Cigarettes seized   | 242760                    |    |    |     | 242760                 | Increase on 15/16 >575,045  | 42%               |                            |  |
|  |  |  | Estimated retail value: counterfeit seized products (Based on retail value of £9 cigs and £18 HRT)                              | £168,840.00               |    |    |     | £168,840.00            | Increase on 15/16 >£296,091 | 57%               |                            |  |
| <b>Healthy Ageing Schemes</b><br>Improve health related quality of life for older people   | Medium                                     | <b>Handy Person's Adaptation Scheme (contribution)</b>         |   |                           |    |    |     |                        |                             |                   |                            |  |
|  |  | 2.24, 4.14   | Number of adaptations undertaken  | Jessica Chapman           |    |    |     |                        | 0                           | Maintain volume   | Achieved                   |  |
|  |  | <b>Stroke Association</b>                                      |   |                           |    |    |     |                        |                             |                   |                            |  |
|  |  | 4.04   | Number of clients   | 54                        |    |    |     |                        | 54                          | 320               | 17%                        |  |
|  |  | <b>Older Person's Early Intervention Scheme (contribution)</b> |   |                           |    |    |     |                        |                             |                   |                            |  |
|  |  | 4.13   | Number of referrals (Community Outreach Advisors)   | Gill Oliver               |    |    |     |                        | 0                           | n/a               | n/a                        |  |
|  |  |  | Number of referrals (Nottinghamshire Connect)   |                           |    |    |     |                        | 0                           | 1703              | 0%                         |  |
|  |  | <b>Notts Help Yourself</b>                                     |   |                           |    |    |     |                        |                             |                   |                            |  |
| 4.03, 4.13   | Website hits (millions)                    |  |   |                           |    |    | 0   | 1.5                    | 0%                          | Reported annually |                            |  |
|  | % satisfaction in user surveys             |  |   |                           |    |    | n/a | n/a                    | n/a                         | Reported annually |                            |  |
| <b>Children's Centres</b><br>To improve school readiness among children, contribute to targets around dental health, breastfeeding, healthy weight, smoking, hospital admissions for non-accidental injury               | High                                       | 2.05   | % of children under five registered with a children's centre  | 95%                       |    |    |     | 95%                    | 95%                         | 100%              |                            |  |
|  |  |  | Parents completing evidence based parenting programme   | 1359                      |    |    |     | 1359                   | 2,000                       | 68%               |                            |  |
|  |  |  | % of children achieving a good level of development at end of EYFS  |                           |    |    |     | 0%                     | 69%                         | 0%                | Reported annually in Q2    |  |
| <b>Family Nurse Partnership</b><br>Improve breastfeeding initiation rates and prevalence; contribute to outcomes around smoking status at time of delivery, birth weights, hospital admissions for non-accidental injury | Medium                                     | 2.02   | Percentage of clients enrolled by 16th week of pregnancy  | 64%                       |    |    |     | 64%                    | 60%                         | 107%              |                            |  |
|  |  |  | Percentage of mothers initiating breastfeeding  | 44%                       |    |    |     | 44%                    | 70%                         | 63%               |                            |  |
| <b>Young People's Sexual Health: C-Card scheme</b><br>Reduce teenage conceptions   | Low  | 2.04   | Number of young people returning to use the scheme  | 823                       |    |    |     | 823                    | 1700                        | 48%               |                            |  |
|  |  |  | No of new sites established   | 9                         |    |    |     | 9                      | 20                          | 45%               |                            |  |
| <b>Young Carer's</b><br>Reduce the number of young people in poverty   | Medium                                     | 1.01   | Number of young carers referred to the service who receive an assessment of need using the EHAF and the MACCA/PANOC assessment. | 45                        |    |    |     | 45                     | na                          | na                |                            |  |
|  |  |  | Young Carers report a reduction in the caring role and/or a reduction in the negative impact of caring                          |                           |    |    |     | 0                      | na                          | na                | Survey undertaken annually |  |
| <b>Young People's Substance Misuse Services</b><br>Successful completion of drug treatment<br>Reduce numbers of young people not in education, employment or training  | Low  | 2.15   | % of planned exits  | Q1 data not yet available |    |    |     | 0%                     | 80%                         | 0.000%            |                            |  |
| <b>Young People's Supported Accommodation</b><br>Reduce the number of young people in poverty  | Medium                                     | 1.01   | % of young people maintaining their tenancy or moving on successfully   | 92%                       |    |    |     | 92%                    | 95%                         | 96.842%           |                            |  |
| <b>Youth Violence Reduction</b><br>Reduction in young people offending, First time entrants to youth justice system. Reductions in violent crime.  | Medium                                     | 1.04   | First time entrants to youth justice system   | Q1 data not yet available |    |    |     | 0                      | na                          | na                |                            |  |
|  |  |  | People receiving formal package of support  |                           |    |    |     | 0                      |                             | #DIV/0!           |                            |  |

|  |               |             |  |   |  |  |  |         |                    |          |                     |
|--|---------------|-------------|--|---|--|--|--|---------|--------------------|----------|---------------------|
| <b>Supporting People: Homelessness Support</b><br>Reduction in statutory homelessness, impacts on alcohol related admissions to hospital                               | <b>High</b>   | <b>1.15</b> | People receiving informal package of support   | Laura Chambers /<br>Cath Cameron-Jones        |  |  |  | 0       |                    | #DIV/0!  |                     |
|  |               |             | People moving on in a planned way  |   |  |  |  | 0       |                    | #DIV/0!  |                     |
|  |               |             | Utilisation of accommodation   |   |  |  |  | 0       | 95%                | 0.000%   |                     |
| <b>Mental Health CoProduction</b><br>Self reported wellbeing, Adults in contact with secondary mental health services who live in stable and appropriate accommodation | <b>Medium</b> | <b>4.09</b> | Improvement in mental health and wellbeing from entry and at 12 months (based on WEMWBS) - mean WEBWBS score | Richard Sample                                |  |  |  | #DIV/0! | increase over year | achieved |                     |
|  |               |             | % of clients with improvement in WEMWBS scores   |   |  |  |  | #DIV/0! | increase over year | achieved | Target set from Q2  |
|  |               |             | % of clients in stable accommodation   |   |  |  |  | #DIV/0! | increase over year | Achieved |                     |
| <b>Moving Forward Service</b><br>Reduction in statutory homelessness, adults in contact with mental health services who live in stable and appropriate accommodation   | <b>Medium</b> | <b>1.15</b> | % of service users who are supported to establish and maintain independent living                            | Awaiting signing of CV, data not yet received |  |  |  | #DIV/0! | 96.0%              | #DIV/0!  | Targets set from Q3 |
|  |               |             | Throughput - accommodation units only  |   |  |  |  | #DIV/0! | 120%               | na       | Targets set from Q3 |



| Public Health Area                           | Complaints relating to Health Contracts |   |                                      | Summary of Serious Incidents (SI's) |  |                                | Freedom of Information                      |
|--|---|---|--------------------------------------|-------------------------------------|--|--------------------------------|---|
|  | No.of new Complaints in period          | No.of Complaints under investigation in | 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 |
| Alcohol and Drug Misuse Services             |   |   |                                      | 2                                   | 1  |                                | 1   |
| Pharmacy                                     |   |   |                                      |                                     |  |                                |   |
| Mental Health                                |   |   |                                      |                                     |  |                                | 2   |
| Information relating to management functions |   |   |                                      |                                     |  |                                | 2   |
| Sexual Health                                |   |   |                                      |                                     |  |                                | 2   |
| Cross Departmental                           |   |   |                                      |                                     |  |                                | 3   |
| Obesity Prevention                           |   |   |                                      |                                     |  |                                | 1   |
| NHS Health Checks                            |   |   |                                      |                                     |  |                                |   |
| Tobacco Control                              |   |   |                                      |                                     |  |                                |   |
| CYP  |   |   |                                      | 1                                   |  | 1                              | 1   |
| Domestic Abuse                               |   |   |                                      |                                     |  |                                | 1   |



# Public Health Outcomes Framework 2016–2019

## At a glance

### VISION

To improve and protect the nation's health and wellbeing and improve the health of the poorest fastest

#### Outcome measures

Outcome 1) Increased healthy life expectancy, i.e. taking account of the health quality as well as the length of life

Outcome 2) Reduced differences in life expectancy and healthy life expectancy between communities (through greater improvements in more disadvantaged communities)

#### Alignment across the Health and Care System

\* Indicator shared with the NHS Outcomes Framework.

\*\* Complementary to indicators in the NHS Outcomes Framework

† Indicator shared with the Adult Social Care Outcomes Framework

†† Complementary to indicators in the Adult Social Care Outcomes Framework

### 1 Improving the wider determinants of health

#### Objective

Improvements against wider factors which affect health and wellbeing and health inequalities

#### Indicators

- 1.01 Children in low income families
- 1.02 School readiness
- 1.03 Pupil absence
- 1.04 First time entrants to the youth justice system
- 1.05 16-18 year olds not in education, employment or training
- 1.06 Adults with a learning disability / in contact with secondary mental health services who live in stable and appropriate accommodation<sup>†</sup> (ASCOF 1G and 1H) \*\* (NHSOF 2.5ii)
- 1.07 Proportion of people in prison aged 18 or over who have a mental illness
- 1.08 Employment for those with long-term health conditions including adults with a learning disability or who are in contact with secondary mental health services<sup>\*</sup> (i-NHSOF 2.2) ††(ii-ASCOF 1E) \*\* (iii-NHSOF 2.5j) †† (iii-ASCOF 1F)
- 1.09 Sickness absence rate
- 1.10 Killed and seriously injured casualties on England's roads
- 1.11 Domestic abuse
- 1.12 Violent crime (including sexual violence)
- 1.13 Levels of offending and re-offending
- 1.14 The percentage of the population affected by noise
- 1.15 Statutory homelessness
- 1.16 Utilisation of outdoor space for exercise / health reasons
- 1.17 Fuel poverty
- 1.18 Social isolation<sup>†</sup> (ASCOF 1I)

### 2 Health improvement

#### Objective

People are helped to live healthy lifestyles, make healthy choices and reduce health inequalities

#### Indicators

- 2.01 Low birth weight of term babies
- 2.02 Breastfeeding
- 2.03 Smoking status at time of delivery
- 2.04 Under 18 conceptions
- 2.05 Child development at 2 – 2 ½ years
- 2.06 Child excess weight in 4-5 and 10-11 year olds
- 2.07 Hospital admissions caused by unintentional and deliberate injuries for children and young people under 25
- 2.08 Emotional well-being of looked after children
- 2.09 Smoking prevalence – 15 year olds
- 2.10 Self-harm
- 2.11 Diet
- 2.12 Excess weight in adults
- 2.13 Proportion of physically active and inactive adults
- 2.14 Smoking prevalence – adults (over 18s)
- 2.15 Drug and alcohol treatment completion and drug misuse deaths
- 2.16 Adults with substance misuse treatment need who successfully engage in community-based structured treatment following release from prison
- 2.17 Estimated diagnosis rate for people with diabetes mellitus
- 2.18 Alcohol-related admissions to hospital
- 2.19 Cancer diagnosed at stage 1 and 2\*\* (NHSOF 1.4v 1.4vi)
- 2.20 National Screening Programmes
- 2.22 Take up of the NHS Health Check programme – by those eligible
- 2.23 Self-reported well-being
- 2.24 Injuries due to falls in people aged 65 and over

### 3 Health protection

#### Objective

The population's health is protected from major incidents and other threats, whilst reducing health inequalities

#### Indicators

- 3.01 Fraction of mortality attributable to particulate air pollution
- 3.02 Chlamydia diagnoses (15-24 year olds)
- 3.03 Population vaccination coverage
- 3.04 People presenting with HIV at a late stage of infection
- 3.05 Treatment completion for TB
- 3.06 Public sector organisations with board approved sustainable development management plan
- 3.08 Antimicrobial Resistance

### 4 Healthcare public health and preventing premature mortality

#### Objective

Reduced numbers of people living with preventable ill health and people dying prematurely, whilst reducing the gap between communities

#### Indicators

- 4.01 Infant mortality<sup>\*</sup> (NHSOF 1.6i)
- 4.02 Proportion of five year old children free from dental decay<sup>\*\*</sup> (NHSOF 3.7i)
- 4.03 Mortality rate from causes considered preventable<sup>\*\*</sup> (NHSOF 1a)
- 4.04 Under 75 mortality rate from all cardiovascular diseases (including heart disease and stroke)<sup>\*</sup> (NHSOF 1.1)
- 4.05 Under 75 mortality rate from cancer<sup>\*</sup> (NHSOF 1.4)
- 4.06 Under 75 mortality rate from liver disease<sup>\*</sup> (NHSOF 1.3)
- 4.07 Under 75 mortality rate from respiratory diseases<sup>\*</sup> (NHSOF 1.2)
- 4.08 Mortality rate from a range of specified communicable diseases, including influenza
- 4.09 Excess under 75 mortality rate in adults with serious mental illness<sup>\*</sup> (NHSOF 1.5j)
- 4.10 Suicide rate<sup>\*\*</sup> (NHSOF 1.5iii)
- 4.11 Emergency readmissions within 30 days of discharge from hospital<sup>\*</sup> (NHSOF 3b)
- 4.12 Preventable sight loss
- 4.13 Health-related quality of life for older people
- 4.14 Hip fractures in people aged 65 and over
- 4.15 Excess winter deaths
- 4.16 Estimated diagnosis rate for people with dementia<sup>\*</sup> (NHSOF 2.6j)





## **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 |
|------------------------|---|------------------|--------------------|
| <b>1 December 2016</b> | Domestic Violence and Abuse services – update   | John Tomlinson   | Gill Oliver        |
|                        | Air Quality in Nottinghamshire  | Jonathan Gribbin |                    |
|                        | Public Health role in the Sustainability and Transformation Plan  | Barbara Brady    |                    |
|                        | Director of Public Health Annual Report   | Barbara Brady    | Kay Massingham     |
|                        | Public Health Service Plan 2016/17 Update report  | Barbara Brady    | Kay Massingham     |
|                        | 3 year report on NHS Health Checks programme  | John Tomlinson   | Helen Scott        |
|                        | Public Health Services Performance and Quality Report for Health Contracts – Q2 July - September 2016   | Jonathan Gribbin | Nathalie Birkett   |
| <b>26 January 2017</b> | Presentation on substance misuse  | John Tomlinson   | Lindsay Price      |
| <b>30 March 2017</b>   | Public Health Services Performance and Quality Report for Health Contracts – Q3 October - December 2016 | Jonathan Gribbin | Nathalie Birkett   |
|                        | Public Health Service Plan 2017/18 <span style="float: right;"><a href="#">Page 54 of 57</a></span>     | Barbara Brady    | Kay Massingham     |

|                     |  |               |                  |
|---------------------|--|---------------|------------------|
|                     |  |               |                  |
| <b>8 June 2017</b>  | Public Health Service Plan 2016/17 final report  | Barbara Brady | Kay Massingham   |
| <b>20 July 2017</b> | Public Health Services Performance and Quality Report for Health Contracts – Q4 January - March 2017 |               | Nathalie Birkett |



