

# **Report to the Policy Committee**

22 May 2013

Agenda Item:7

#### REPORT OF THE DIRECTOR OF PUBLIC HEALTH

#### PUBLIC HEALTH SERVICE DEVELOPMENTS REPORT

# **Purpose of the Report**

1. To provide the Policy Committee with an outline of the proposed Public Health Service Developments totalling £2.71m for approval.

# Information and Advice

#### **Public Health Finance Plan**

2. The Public Health Revenue Budget for 2013 was approved by the County Council on 28 February 2013. Table 1 summarises the plan and shows how the Public Health Grant of £35.1m will be utilised.

#### Table 1

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

## **Public Health Development Proposals**

- 3. In addition to existing commitments, the budget allows the opportunity for Public Health service developments totalling £2.71m, which are the subject of this report. The report provides further information on the evidence base of the proposals that have been requested by Public Health Policy leads to address local need.
- 4. Table 2 below provides an outline of developments by policy areas. Supporting rationale and anticipated outcomes can be found in Appendix 1. Further detail around each policy proposal can be found in the associated background paper.

- 5. These service developments were discussed and supported by Health and Wellbeing Board members at their workshop on 27 March 2013.
- 6. The Public Health Subcommittee considered the proposals on 16 April where members received a presentation from each Public Health lead outlining the underlying need, the rationale for investment (including information on investment to save in the longer term) and the anticipated outcomes. The Subcommittee reviewed the information on each case and challenged the cases accordingly.
- 7. The Public Health Subcommittee unanimously supported each proposal shown in Table 2 and recommended them for approval by the Policy Committee.

Table 2

	£
Sexual health	507,000
NHS Health Checks	459,000
Obesity, nutrition and exercise	540,000
Tobacco control	767,000
Workplace health	227,000
Public mental health	38,000
Community safety, violence prevention and response	153,000
Other public health developments	19,000
Total	£2.71m

- 8. More details on each of these elements, including proposals for spend, the rationale for each proposal and the anticipated outcomes, are provided in Appendix 1 and the associated background paper.
- 9. The Public Health grant includes a risk reserve of £1.2million, which is currently under discussion. The first call on this budget should be any additional funding required from the finalisation of NHS Contract envelopes. There are a number of pressures identified following the transfer of contracts that are still under consideration.
- 10.Once all pressures have been identified, it is recommended that any remaining developments across the Council that meet the criteria under the Public Health grant be reviewed. Each case will be considered for prioritisation in line with the Health & Wellbeing Strategy, the Council Strategic Plan, Public Health Delivery Plan and the Public Health Outcomes Framework. A further report will be presented to the Public Health Subcommittee outlining recommendations for approval of any proposed plans and any changes to plan shown in Table 1.

# **Statutory and Policy Implications**

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

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

#### **RECOMMENDATION/S**

The Policy Committee are asked to:

1) Consider and approve each of the Public Health service developments outlined in Table 2 of this report.

# **Chris Kenny Corporate Director of Public Health**

# For any enquiries about this report please contact:

Cathy Quinn, Associate Director of Public Health

## **Constitutional Comments (SG 07/05/2013)**

7. The Committee is the appropriate body to decide the issues set out in this Report.

## Financial Comments (ZKM 02.05.13)

8. The financial implications are outlined throughout this report and appendix.

#### **Background Papers**

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

Report to Public Health Sub-Committee on 16<sup>th</sup> April 2013

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

ΑII

# Details of proposed Public Health Service Developments for 2013/14

## 1. Sexual Health

## Proposed spend £507k

**Proposal**: To introduce an initiative to prevent HIV and achieve earlier diagnosis

To extend the Sexions model for sexual health promotion to include the southern boroughs and achieve county wide coverage

To introduce a viral messaging service to increase the uptake of sexual health services in key target groups

To fund Chlamydia testing and treatment within CASH (Contraception and Sexual Health) clinics across the county

Rationale: Sexually transmitted infections (STI's) and unintended pregnancy are preventable

Many STI's have long term effects on health

There has been an increase in risky sexual behaviour, with continued ignorance

about the possible consequences

There is a clear relationship between sexual health and health Interventions which promote good sexual health are cost effective

**Outcomes:** Reduction in teenage pregnancies

Increased uptake of sexual health services by target population groups

Reduction in STI's and re-infections

Increased awareness about prevention of HIV and an increase in uptake at point

of care testing

## 2. NHS Health Checks

### Proposed spend £459k

Proposal: Commission multiple delivery routes to complement the current GP based model,

to reach the groups least likely to take up a GP offer but most likely to be at risk of

cardiovascular disease e.g. workplaces, carers centres.

Enhance and enable best practice in risk management (including lifestyle advice, behavioural intervention and referrals to other services such as smoking

cessation, obesity pathway, and alcohol services).

Social marketing campaign to optimise uptake and behaviour change among

target groups

Rationale: Commissioning a single provider model with GP practices will not achieve

mandatory targets

This approach will reduce the risk of widening health inequalities Will alleviate capacity issues associated with increased uptake

**Outcomes:** Reduction of premature mortality from cardiovascular disease through the early

identification, intervention and treatment for those most likely to be at risk.

Reduction of inequalities in life expectancy

# 3. Obesity, Nutrition and Exercise

#### Proposed spend £540k

Proposal: To commission countywide Tier 2 (accessed directly by patients) and Tier 3

(services accessed through referral by GPs or other health professional) Community Weight Management services for adults (including pregnant women)

and children across Nottinghamshire.

Rationale: Current provision of Tier 2 services is inequitable and there is no Tier 3 service

across the county

If we do not provide weight management services the number of individuals that become obese and morbidly obese requiring weight loss drugs and surgery is

likely to increase

There is an increasing amount of evidence of the need to tackle obesity before, during and after pregnancy to improve the outcome for both mother and child

Outcomes: Equitable provision of county wide community weight management services for

overweight and obese adults and children to access support on weight, diet and

physical activity

Reduction in excess weight in adults and children

Improved outcomes for both mother and child in pregnancy

Reduction in the numbers requiring weight loss drugs and surgery

## 4. Tobacco Control

### **Proposed spend £767k**

Rationale: To commission a Go Smoke Free service to raise awareness of the harm caused

by second hand smoke, focussing on the impact of tobacco smoke in the home

and on children's health

Commission a tobacco control specific education programme for young people about the dangers of smoking and equip them with the skills challenge perceptions around cigarette smoking

Work with colleagues across public health to commission lifestyle programmes

e.g. peer support for young people/social norms campaigns

Maintain the current quitter rates previously commissioned on a non-recurrent basis

Outcomes: Currently only £5k of the budget is spent on prevention and reducing the number

of young people who start to smoke

Build on smoke free legislation and extend smoke free areas across

Nottinghamshire

To invest with partners in the regional collaborative to tackle illegal and illicit

tobacco across the whole county

Outcomes: Reduce the demand and supply of tobacco in Nottinghamshire and tackle the

harm caused by smoking

Reduce health inequalities and associated wider determinants of health in the

longer term

# 5. Workplace Health

# Proposed spend - £227k

Proposal: For Nottinghamshire County to become an exemplary role model for health and

wellbeing

To establish a workplace health and wellbeing award scheme

To establish partnership initiatives to assist people back into the workplace after

periods of ill health

Rationale: An opportunity for an integrated approach to improving workplace health and

wellbeing

Evidence suggests the better people feel at work the greater their contribution, the

higher their personal performance and the performance of their organisation

**Outcomes:** Improved health outcomes for staff

Improvements in performance, lower sickness absence, staff turnover,

presenteeism and HR/Manager time on conflicts, disputes, tribunals etc..

Improved involvement, innovation, energy, motivation, engagement, commitment and trust leading to greater financial efficiency, improved reputation and resilience

#### 6. Public Mental Health

#### Proposed spend - £38k

**Proposal:** To commission Suicide Prevention Training to raise awareness and provide skills

to primary care and other professionals to identify individuals at risk of suicide

(£35k)

To build, strengthen and improve the existing Books on Prescription scheme by

replacing, purchasing new books and marketing the service (£3k)

Rationale: No mental health awareness/suicide prevention training taking place to identify 'at

risk' individuals

Evidence based cost effective intervention recommended through both national

suicide and mental health strategies

To provide this self help scheme and ensure that Nottinghamshire supports the

new national books on prescription scheme being introduced in 2013

NICE intervention to help individuals with common mental health problems such

as anxiety and depression

**Outcomes:** Professionals are aware of where to signpost individuals when there is a concern

Reduce the number of suicides in Nottinghamshire

To enable people to access self help to understand and manage their wellbeing

through self help reduce the demand on other mental health services

# 7. Community Safety, violence prevention and response

#### Proposed spend - £153k

Proposal: Implementation of a domestic violence training, support and referral approach

consistently across general practice

Rationale: Domestic violence has been identified as a priority for action for the Safer

Nottinghamshire Board, the Nottinghamshire Health & Wellbeing Strategy and for

the recently elected Police and Crime Commissioner

1 in 4 women in their lifetime and 1 in 10 women a year are victims of domestic

violence. Survivors of domestic abuse experience chronic health problems

Outcomes: General Practice can play an instrumental role in responding to and preventing

further domestic violence. Implementing this approach will lead to increased case findings, improved support available sooner, reduction in people accessing emergency care, reduction in safeguarding issues and improvement in the quality

of care for patients

# 8. Other Public Health Developments

#### Proposed total spend - £19k

**Proposal:** Falls Awareness (£5k)

Dementia Awareness (£5k)

Loneliness (£5k)

Health Protection, incidents and emergencies (£3k) Infection prevention and control services (£1k)

**Rationale:** To support a range of different public health related issues e.g. raising awareness

of falls and dementia, enhancing the quality of life for people with long term

conditions and/or care and support needs

To create a small non pay budget to support the Infection prevention and control

services and Health Protection policy areas

Outcomes: To develop plans identifying the most effective initiatives to support and tackle

these issues