Nottinghamshire County Council

Service Planning 2017-18

Name of service	**Public Health**		
Completed by	**Kay Massingham**	**Date**	**15 March 2017**
Approved by	**Barbara Brady**	**Date**	**16 March 2017**

Service Plan

1. Outcomes

a. What outcomes does the service aim to deliver for its customers?

The Council has a set of mandatory functions and duties related to Public Health enshrined in the legislation of the Health and Social Care Act 2012. The main outcomes the Public Health service aims to deliver for its customers are:

- Health and wellbeing in the population is improved
- Health inequalities are reduced
- The health of the population is protected

It delivers these outcomes through activity in three main headings:

- Health improvement
- Health protection
- Healthcare public health and preventing premature mortality

In 2017/18 the Council will receive a ring-fenced Public Health grant allocation of £42.194m. The Council has a duty to ensure that this grant is spent effectively and for the purpose for which it has been provided, i.e to deliver prescribed services, and for other activity which contributes to Public Health outcomes, as set out in the national Public Health Outcomes Framework (PHOF).

The national PHOF covers overarching indicators such as life expectancy and healthy life expectancy, and indicators linked to specific Public Health issues such as smoking prevalence, low birth weight, excess winter deaths, diagnoses of particular illnesses etc.

The requirement to demonstrate effective contract performance in relation to eventual Public Health outcomes needs to be embedded in all contracts for commissioned services and in service level agreements or similar in respect of realigned Public Health grant to other parts of the Council.

Most of the Public Health function is delivered through commissioned services. Elements of health protection and health improvement are undertaken through partner collaborations. Advice and support to the Clinical Commissioning Groups (CCGs) is provided in line with a Memorandum of Understanding (MoU). This is due to be submitted to Public Health Committee for approval on 30 March 2017.

b. How do they support / contribute to the Council's strategic outcomes? and the outcomes of other local organisations and partnerships?

ie The Strategic Plan, Redefining Your Council, Key Strategies etc

NCC's Strategic Plan 2014-18

This Plan sets out the overall vision for Nottinghamshire to be a better place to live, work and visit. It contains two specific outcomes related to Public Health (extracts in tables below taken from NCC Strategic Plan document):

Supporting safe and thriving communities

Outcome	***How will we measure progress***	***Role of the Council***
The health and safety of local people are protected by organisations working together	*A multi-agency plan is agreed to lead a response across partners to health emergencies from infectious diseases, environmental, and chemical hazards*	*We will provide leadership across partner organisations to protect the health and safety of local people. We will contribute to planning for health emergencies.*

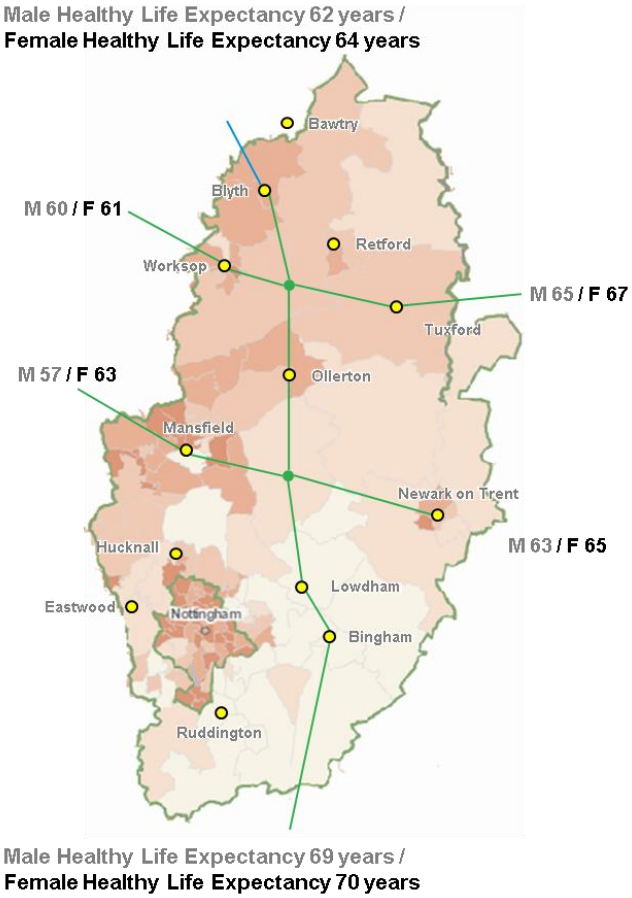
Health protection is one of the statutory functions of Public Health and we will continue to provide leadership within the Public Health arena and contribute to planning for health emergencies.

Providing care and promoting health

Outcome	***How will we measure progress***	***Role of the Council***
The health inequalities gap is narrowed, improving both health and wellbeing	*Effective health and wellbeing interventions are targeted to where they are most needed*	*We will work in partnership to maximise the use of resources to target the areas of greatest need, highest demand and tackle inequality*

Public Health addresses health inequalities by targeting resources on areas of need. Service specifications for commissioned services are written to achieve this, and advice to CCGs is provided to inform the commissioning of healthcare services in response to population need.

The Director of Public Health Annual Report 2016 particularly focused on health inequalities. The graphic below is taken from that report and uses a "road map" of Nottinghamshire to illustrate the health inequalities within Nottinghamshire: the differences in healthy life expectancy between different areas of the County.



The recommendations within the 2016 DPH Annual report focus on some of the health inequalities identified in the Marmot report of 2010. The 2017 DPH Annual Report intends to focus on a different set of health inequalities as identified in the Marmot report.

Redefining Your Council

Redefining Your Council is the overarching strategic context for developing Nottinghamshire County Council as an organisation. Through this strategy, the Council seeks to integrate its functions more closely in order to deliver services more effectively. During 2016/17, a staffing restructure within Public Health took place as a further step towards integration. This brought all staff within the division onto NCC terms and conditions into a structure designed to be consistent with other parts of the Council, within the ASCH&PP department. In 2017/18, Public Health will seek to work across the Council to integrate public health considerations into the work of the Council.

Public Health contributes to the Council's values, as identified in Redefining Your Council, as follows:

Treating people fairly - through the use of Public Health analysis of data to develop evidence-based service commissioning.
Value for Money - performance management and contract monitoring within Public Health focus on cost effectiveness, delivery of outcomes, achievement of efficiencies, and ensuring that resources are used for the purpose for which they were provided.
Working together – Public Health works through the Health and Wellbeing Board to improve the health and wellbeing of the people of Nottinghamshire. Through the provision of advice to CCGs, Public Health contributes to the commissioning of other health services based on population need.

Health and Wellbeing Strategy

The Health and Wellbeing Board (HWB) is the primary body overseeing overall Strategy for Health & Wellbeing in Nottinghamshire. A key action for Public Health in 2017/18 is to support the Health and Wellbeing strategy refresh.

2. Objectives

a. What are the key objectives of the service for 2017 - 18

1. **To work towards the Council becoming an organisation with health and wellbeing at its core, in line with the vision for Public Health previously approved by Public Health Committee**

    - Develop a health and wellbeing self-assessment tool for use within the Council
    - Use the findings of the self-assessment exercise to develop an improvement plan

2. **To work effectively with partners to improve health and wellbeing in the population and to address health inequalities identified in the Marmot Report.**

    - Refresh the Health and Wellbeing Strategy by March 2018
    - Work with Health and Wellbeing partners, both inside and outside the Council, to implement the recommendations of the 2016 Director of Public Health Annual Report
    - Implement year 2 of the 3-year Young People's Health Strategy Action Plan by the end of 2017/18
    - Publish the 2017 DPH Annual Report, focusing on other Marmot recommendations

3. **To identify and plan to address indicators within the Public Health Outcomes Framework where Nottinghamshire outcomes are significantly worse than England.**

    - Identify areas within the PHOF where Nottinghamshire outcomes are significantly worse than England or where trends are deteriorating over time
    - Devise a plan to address this

4. **To plan for a reducing level of Public Health resource announced in the Chancellor's Budget Statement of 2015 whilst ensuring that maximum value is secured from use of resources.**

    - Achieve budgetary savings required during 2017/18
    - Begin planning for the recommissioning of services as contracts expire from 2018/19 including evaluation of commissioned services, return on investment and assessment of risk, to inform future recommissioning plans

3. Pressures and Challenges

a. What pressures specific to the service may impact on service delivery or achievement of the service objectives in 2017 - 18

1. Four year forward projections for Public Health were announced in the Government's comprehensive spending review announcement of November 2015, which showed a diminishing level of future resource. 2017/18 is the third consecutive year of reductions. Stakeholders were engaged in planning for future reducing resources in 2016; mitigation includes use of reserves to taper impact.

2. Staffing capacity was reduced in a restructure in 2016. Capacity within the division affects ability to respond to changing environments. External demands on staff are increasing, e.g. the development of the Sustainability and Transformation Plan has implications for Public Health.

b. Based on 2016 - 17 and benchmarking in the service profile are there any areas of performance or cost to be addressed in 2017 - 18?

1. The 2017/18 Public Health budget is linked to the nationally determined, ring fenced allocation of Public Health grant. Public Health reserves will be used to balance the budget in 2017/18 as the grant is reducing faster than expenditure can be reduced, owing to contractual commitments.

2. Local Public Health Outcomes Framework (PHOF) information shows some poor or deteriorating Public Health outcomes for Nottinghamshire. Consideration needs to be given to how to address these. An action is included in the Service Plan.

4. Actions for 2017 - 18

What are the key actions required to deliver the 2017 - 18 objectives

Using objectives and challenges identified above what are the key actions for the service will do over the next year to achieve its objectives, improve outcomes & service quality and deliver options for change to reduce costs. Are there any risks associated with the action and have these been considered? Will any of the planned changes impact on service users/customers? If it will have an adverse impact on any particular group an Equality Impact Assessment should be completed

Actions to be completed in 2017-18 (also include actions from any relevant Council strategies or Options for Change)	Risks / Impact	Responsible Officer	Timescale	
			Start	Finish
1. Develop a health and wellbeing self-assessment tool for use within the Council and use the findings to inform an improvement plan	Impact: improved integration of health and wellbeing; opportunities for synergy and addressing wider determinants of health with impact on local population. Risk: insufficient resources to address findings.	DPH	April 2017	March 2018
2. Refresh the Health and Wellbeing Strategy by the end of the 2017/18 financial year	Impact: potential to engage partners and drive action by others. Risk: reducing capacity of HWB members to contribute to and implement strategy.	DPH	April 2017	March 2018
3. Implement the recommendations of the 2016 Director of Public Health Annual Report, working with HWB members, external partners, district Councils, and other parts of the County Council	Impact: potential to engage partners and drive action by others. Risk: Insufficient resources of partners to address all recommendations.	Consultants in Public Health	April 2017	November 2017
4. Publish the 2017 DPH Annual Report focusing on Marmot recommendations covering children & young people and economic wellbeing.	Impact: potential to engage partners and raise the profile of health and wellbeing in other parts of the system. Risk: reducing capacity of partners to contribute to and implement strategy.	DPH	July 2017	November 2017

5. Implement year 2 of the 3-year Young People's Health Strategy Action Plan.	Impact: improved health and wellbeing among young people; increased awareness of issues faced by the target group Risk: lack of budget to implement recommendations and action plan limit scope for implementation; partners' ability to contribute may also be limited.	Consultant in Public Health	April 2017	March 2018
6. Identify areas within the PHOF where Nottinghamshire outcomes are significantly worse than England or where trends are deteriorating over time, and devise a plan to address this	Impact: increased awareness of outcome indicators. Risk: lack of budget to address deterioration; partners' ability to contribute may also be limited. Mitigation: ability to target resources.	Consultants in Public Health	April 2017	March 2018
7. Achieve budgetary savings required during 2017/18	Impact: Restrictions on budget constrain service offer. Risk: Ability to respond to cost pressures. Potential mitigation by use of reserves, if needed.	DPH	April 2017	March 2018
8. Begin planning for the recommissioning of services as contracts expire from 2018/19 including evaluation of commissioned services, return on investment and assessment of risk, to inform future recommissioning plans	Impact: advance planning to enable transition and identification of efficiencies. Risk: Identified need may not be able to be met with available resource.	Consultants in Public Health	April 2017	March 2018

Is this a critical service?	**Y**	**- Critical - does the service have a business continuity plan in place?**	**Y**
		- Non critical - has the service undertaken a Business (Continuity) Impact Assessment?	**Y / N**

5. Measures

How will you know if the actions are making a difference, that the service is achieving its outcomes and that you are providing a quality service?

How can we measure if our customers/service users are better off?

Outcome measures	Baseline (2016-17)	Target					or Range		Responsible officer
		Qtr 1	Qtr 2	Qtr 3	Qtr 4	Annual	Lower	Upper	
Improvement relative to PHOF measures (Action 6)	Contained in PHOF reports					Improvement compared to previous year / Improvement on relative position compared to CIPFA neighbours			PH SLT
£ financial savings achieved compared to last year's budget (Action 7)	£1,066m reduction on Public Health grant compared to previous year; partly offset by use of reserves					Reserves use is within limit planned (£512K to balance budget)			Barbara Brady

How will you measure, benchmark and compare the quality of the service?

Quality measure	Baseline (2016-17)	Target					or Range		Responsible officer
		Qtr 1	Qtr 2	Qtr 3	Qtr 4	Annual	Lower	Upper	
Submission of health quality and performance reports to Public Health Committee containing detailed performance data on commissioned and realigned services (Actions 6 and 8)	Quarterly reporting schedule	1	1	1	1				Nathalie Birkett

What other measures will help you to plan and manage the service?

Deliverable/quantity/cost measures	Baseline (2016-17)	Target					or Range		Responsible officer
		Qtr 1	Qtr 2	Qtr 3	Qtr 4	Annual	Lower	Upper	
Self-assessment is completed by all departments by 31 March 2018 (Action 1)	Planned time schedules				Self assess-ments comp-lete				Barbara Brady
The refresh of the health and wellbeing strategy is completed by the end of March 2018 with sign off by all partners and for implementation starting 1 April 2018 (Action 2)	Existing HWB strategy			Refresh undertak en	Partner sign off.				Barbara Brady
Recommendations within the 2016 DPH Annual Report are implemented by 30 November 2017 (Action 3)	List of recommen dations		Action plans in place	Actions impleme nted in line with action plans					PH SLT
2017 DPH Annual Report is published to timeframe (Action 4)	Last year's publication schedule			Report publishe d					Barbara Brady
Year 2 of the Young People's Health Strategy Action Plan is implemented by the end of March 2018 (Action 5)	Action Plan previously agreed	Ongoing manage ment of website by Schools		Refresh of action plan	Identified actions complete d	Annual audit of service user access to			Kate Allen

		Health Hub				Health4teens website			
A plan is in place for the recommissioning of services from 2018 onwards (Action 8)	Known contract expiry dates				Commissioning plan complete				Jonathan Gribbin

Notes:

If performance is monitored at intervals other than quarterly (e.g. monthly, termly) alter column headings or add columns as needed.

Additional Guidance should be followed on the use and reporting of measures/indicators and setting targets. Please discuss with your Performance Business Partner.

Nottinghamshire County Council

Service Profile
2017-18

The Service Profile template provides additional information that has previously been contained with service plans or sought as part of the service review process. The following questions about your service's customers and resources should provide you with a tool

- for identifying needs and opportunities for your service as part of the development of your service plan for 2017-18 and
- for sharing those needs with enabling services and transformation programmes such as ways of working so that they can understand your requirements and plan support for your service and
- to provide information for service reviews and future budget development as part of the redefining your council framework and to support the overall the strategic management of the Council.

A. Customers

i. Who are your customers and service users?

Although PH commissions services at a population level, it is the commissioned providers who deliver these services to relevant target or client groups.

Public Health primarily works with organisations, either commissioned service providers, or with partners engaged in delivery of the statutory health protection role, provision of advice to CCGs, and delivery of health improvement functions.

Public Health has an influential role in bringing the key stakeholders together within forums to enable whole system planning, and from a population and health inequality perspective. For Nottinghamshire this is a core remit of the Health and Wellbeing Board.

ii. How and where do they access the service?

For commissioned Public Health services – through arrangements set up by the contracted organisations in accordance with service specifications. This may include access via GP referrals or via community pharmacies. Individuals could find out about services through libraries, charitable or third sector organisations, or the internet. Alternatively, other parts of the Council that deliver services directly may provide information on lifestyle initiatives, for example the NCC Contact Centre.

Partners can access Public Health services through various partnership working and collaborative arrangements. Identified Public Health Consultants provide links to CCGs and sit on partnership and transformation boards.

iii. What feedback have you had from users about their needs and quality of current service? And how does this compare with others?

Include or reference benchmarking data

For commissioned services: Service specifications for commissioned services are all drawn up with extensive input in terms of needs assessment and analysis, consultation, including with potential service users, and soft market testing. Benchmarking data is always part of the development of services. Evidence is gathered as part of the planning process before any soft market testing is started. This information is used to determine the level of need and the most effective approaches to service delivery, which set the scene for all re-commissioning exercises. This stage also involves analysis of data, such as predicting anticipated growth in disease and uptake of services using various limiting factors, for example, differences in level of disease and alternative treatment pathways.

Engagement with current and potential service users takes place throughout the intelligence gathering and soft market testing phases through equity audit, evaluation and needs assessment. Consultation with relevant stakeholders (which includes providers) follows to ensure that the preferred models defined by the gathered evidence are the right ones for the community. PH works to the required standards set out by the Council on all consultations to ensure that service changes are properly consulted, fair and transparent. PH will consider all the responses to consultation in finalising their plans for procurement.

For partnership activity and policy leadership: Partnership working involves maintaining relationships with partner bodies and through the development of joint and agreed Memorandum of Understanding, Strategies and Action Plans, working together on mutually agreed programmes of work and in line with agreed working methods. Review of these documents provides an opportunity to seek feedback and judge overall satisfaction of partners.

B. Service Design

i. What are the main activities that the service is commissioned to deliver

Commissioned services:

Three of the prescribed functions (NHS health checks, sexual health, National Child Measurement Programme) are directly commissioned, along with the following Public Health services:

- Tobacco control including smoking cessation
- Combating substance misuse
- Tackling obesity and promoting healthy weight
- Domestic violence and abuse
- Oral health and water fluoridation
- Healthy Child programme for ages 0-19 (includes some elements which are mandatory)

Health protection

The local authority statutory health protection role covers the provision of information and advice to relevant parties within their area in order to promote the preparation of, or participation in, health protection arrangements against threats to the health of the local population. It is delivered partly by agreement with NHS (Infection Control service) and partly through partnership working and collaborative roles (e.g. Public Health links to emergency planning).

Health improvement

Public Health works closely with health and other statutory and voluntary stakeholders to support providers and commissioners to engage with Nottinghamshire's populations main illness/premature mortality concerns (including cancer, stroke, CVD, dementia), through a whole system, population approach, enabling NICE evidence, and demographic, financial and equity elements to be incorporated in local services and activity.

Public Health organises a range of behavioural and lifestyle initiatives, some of which are to address cancer and long term conditions, and some of which are targeted at older people, such as to reduce excess deaths as a result of seasonal mortality and to reduce admissions to hospital caused by falls.

Advice and Support
Provision of advice to the CCGs is a mandatory function. Advice to the Clinical Commissioning Groups (CCGs) is delivered through a Memorandum of Understanding (MoU) – this includes provision of population health advice, information and expertise to support the commissioning of evidence-based, cost-effective health services.

ii. Do these contribute to or fulfil any statutory requirements or duties

The activities listed above demonstrate that Public Health delivers its identified mandatory functions, which are as follows:

- NHS health checks,
- Open access sexual health services,
- National Child Measurement Programme
- Health protection statutory role
- Provision of Public Health advice to CCGs
- Statutory functions of DPH
- Healthy Child Programme. Delivery of the HCP is a statutory requirement of LAs, in particular the 5 Department of Health mandated development checks within it

In addition, the Council is required to use the Public Health grant to support activities which contribute to Public Health outcomes as set out in the national Public Health Outcomes Framework. These cover overarching indicators such as life expectancy and healthy life expectancy, and indicators linked to specific Public Health issues such as smoking prevalence, low birth weight, excess winter deaths, diagnoses of particular illnesses etc.

iii. To what extent is there scope to reduce the costs of the service through the re-engineering of business processes (eg use of LEAN+)

Service redesign for re-commissioning services includes identification of value for money efficiencies. Commissioned services account for 81% of Public Health spend. Contract design and payment mechanisms are performance-related and drive positive outcomes from commissioned services. Existing commissioned services have staggered end dates to enable effective workload management. Review of service specifications will focus on cost reduction to take account of diminishing budgets.

iv. What anticipated changes in service design will be implemented in 2017/18? What is the anticipated impact?

Budget reductions affecting commissioned services – pressure on contracted services to achieve savings.

Reductions of elements of realigned Public Health grant - impacts on other parts of the Council. Reserves will be used to mitigate the impact of some reductions in 2017/18.

C. Resources - Financial

i. What is the service budget?

*Actual Expenditure 2016/17 (excluding redundancy costs):**

Employees £000	*Running Costs £000*	*Capital Charges £000*	*GROSS EXP £000*	*Grant Income £000*	*Other Income £000*	*NET EXP £000*
			0			**0**

Revenue Budget 2017/18:

Employees £000	*Running Costs £000*	*Capital Charges £000*	*GROSS BUDGET £000*	*Grant Income £000*	*Other Income £000*	*NET BUDGET £000*
2,414	40,603		**43,017**	-42,194	-823	**0**

Current Budget Pressures & Agreed Savings in MTFS:

	2018/19 £000	*2019/20 £000*	***TOTAL £000***
Budget Pressures			0
Agreed Savings			0
Projected Budget Changes	0	0	0

*Note: outturn figures for actual expenditure in 2016/17 to be added when available.

ii. Does the service generate or rely on any external income? What is the expected income for 2017/18?

Public Health is principally funded through Public Health grant, which has been announced at £42.194m for 2017/18.

Other funding is received in respect of specific items e.g. funding from CCGs to support costs of Children's Integrated Commissioning Hub; funding from PCC office as contributions to substance misuse and domestic violence contracts.

There are some small contributions from other organisations e.g. Public Health England, Health Education East Midlands, in respect of specific allowances or activities delivered by staff. Additional resource is also transferred in from CFCS in respect of Family Nurse Partnership.

The budget for 2017/18 set out above is in respect of the core Public Health function only, and anticipates transfer from reserves of £512K to balance planned expenditure.

iii. How does the cost of the service compare with others?

Include or reference benchmarking data

Public Health expenditure relates to the ring fenced, nationally allocated Public Health grant. These allocations are determined at a national level by the Department of Health, using an ACRA formula that takes account of population, need, health inequality and local service costs.

National allocations for 2017/18, together with details of all the allocations made to upper tier Local Authorities in England, are available at https://www.gov.uk/government/publications/public-health-grants-to-local-authorities-2016-to-2017

A benchmarking exercise was undertaken in January 2017 to compare the utilisation of the grant in Nottinghamshire with that of other authorities, using the expenditure reported in the RO returns for

2015/16 and comparing spend per 1000 population. The comparison was with CIPFA neighbours and with all other Public Health local authorities.

With the exception of expenditure in the children's public health and substance misuse categories, Nottinghamshire was similar to its CIPFA neighbours.

Higher spend on children's public health can be explained by the realignment of Public Health grant to support children's centres in Nottinghamshire. Higher spend on substance misuse can be explained by pooling of all the historical drug and alcohol budgets (as well as pooling non-substance misuse-specific historical budgets too). The Nottinghamshire substance misuse contract includes substance-related GP services, prescribing and pharmacy costs, and inpatient detox costs. All of these may be contracted separately in other areas. Elements of the Council's supporting people budget and community care for residential rehabilitation were also subsumed into the substance misuse contract. Other local authorities may include some of these costs within social care categories in the RO, and not in Public Health.

D. Resources - Workforce

i. How many FTE staff provide the service as at 1 April 2017?

35.71 FTEs within the core Public Health division
Up to 3 hosted staff on NHS rotational training arrangements (Registrars (in training to become Consultants in Public Health) and FY2 s (trainee doctors) on short term placement).
7.42 FTEs within the CCG-funded Children's Integrated Commissioning Hub.
4.11 FTEs providing business support to the Public Health division from the corporate business support service and funded out of PH grant.

ii. Are there any known workforce needs or issues during 2017/18?

Staffing capacity was reduced in a restructure in 2016. Capacity within the division affects ability to respond to changing environments. External demands on staff are increasing, e.g. the development of the Sustainability and Transformation Plan has implications for Public Health.

E. Resources - Technology

i. What use is currently made of ICT in the provision of your service?

Hot-desking workstations in standard NCC office accommodation
Remote working through a mix of Get Connected and Lenovo tablet devices. Some individuals have laptops instead of tablets.
Mobile telephony - principally Nokia phones.
Some individuals have fixed workstations owing to the presence of adapted equipment or special software to meet either access to work needs or to support specific areas of work.

ii. What planned developments are there for the increased use of ICT?

Replacement of Lenovo tablets and Get Connected facilities with lightweight laptops for flexible working staff.

F. Resources - Property

i. Which properties are currently used in the provision of your service and what are the current staff-to-desk ratios?

Third floor riverside south wing at County Hall (36 workstations to 49 staff members) and two shared bays on ground floor of Meadow House (15 workstations; 11 PH staff; bays are shared with staff from CFCS). Staff use these spaces flexibly according to home and meeting locations.

ii. Are these properties suitable for the service's needs? Could service delivery be improved or costs reduced by co-locating with any other local organisations or service?

PH has already reduced its office utilisation at Meadow House (12 workspaces given up for reallocation during 2015/16; co-location with TETC team within CFCS in 2016/17).