

## **Public Health Department Plan 2015-16**

### **Section One: Introduction and Context**

Public Health came to Nottinghamshire County Council from the NHS in 2013 as part of implementing the Health and Social Care Act 2012. The Act gave responsibility to the local authority for five mandated functions and a set of statutory responsibilities. The Council receives a ring-fenced Public Health grant, worth £36.1m in 2015/16, to spend on activities which deliver Public Health outcomes. The Council has a duty to ensure that this grant is spent effectively and for the purpose for which it has been provided.

Public Health is defined as

“The art and science of preventing diseases, prolonging life and improving health through organised efforts of society.”

The Public Health system combines science (technical skills, information analysis, evidence of effectiveness) with art (using opinions and views of experts, service users and stakeholders) to produce an effective approach to improving health and wellbeing in the population and at the same time reducing health inequalities.

Health inequalities are differences between people or groups due to social, geographical, biological or other factors. As a result of these differences, some people may have poorer health and shorter lives. The Marmot review (2010) *Fair Society, Healthy Lives* highlighted that people living in the poorest areas die on average seven years earlier than people living in richer areas, and have higher rates of mental illness; disability; harm from alcohol, drugs and smoking. Some differences, such as ethnicity, may be fixed. Others are caused by social or geographical factors and can be avoided or mitigated. Public Health aims to work to address the causes of health inequalities through identifying policy changes that will have the most impact for those in greatest need.

Public Health operates under three main headings:

- Health Improvement: Helping people to live healthy lives, to make healthy choices and reducing health inequalities.

- Health Protection: Ensuring the population's health is protected from major incidents and other threats, such as infectious diseases and environmental hazards.
- Healthcare public health and preventing premature mortality: Through effective service commissioning, reduce the numbers of people living with preventable ill health and of people dying prematurely, while reducing the inequalities gap between communities.

The services delivered through the Public Health function are as follows:

*Directly commissioned services:*

These cover both health improvement and healthcare public health functions. Three of the mandatory functions (NHS health checks, sexual health, National Child Measurement Programme) are directly commissioned, along with the following services:

- Tobacco control and smoking cessation
- Combating substance misuse
- Tackling obesity and promoting healthy weight
- Domestic violence and abuse
- Oral health and water fluoridation
- Public health services for children and young people age 0-19
- Tackling fuel poverty and loneliness.

In 2015/16, Public Health will become responsible for some additional services, with the transfer of Health Visiting services and the Family Nurse Partnership from the NHS. Budgets for these services will also transfer across to the Council. These will form part of the commissioned services in future.

*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.

*Health improvement*

Public Health organises a range of behavioural and lifestyle initiatives, some of which are to address cancer and long term conditions. It also works on initiatives to reduce excess deaths as a result of seasonal mortality, to improve workplace health, and to address the needs of specific groups such as prisoners or people with a mental illness.

*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.

Within the Council, Public Health advises other parts of the Council on commissioning, notably through the Children’s Integrated Commissioning Hub (which is moving towards integrated commissioning for wider children’s services) and through the realignment of Public Health grant into other services provided by the Council and which contribute to Public Health outcomes, such as Trading Standards, Children’s Centres, and support for people with mental health needs.

### Ways of working

The transfer of the Public Health function to the Council gave an opportunity to integrate Public Health activities with other services to maximise benefit. This is being done within the operating context of **Redefining Your Council**, the overarching strategic context for developing Nottinghamshire County Council as an organisation. The Public Health team works closely with other parts of the Council and with external partners that influence the wider determinants of health, such as environmental health, leisure and transport. The Health and Wellbeing Board structure is intended to maintain close working links between different agencies to influence the health of the population. There is also the opportunity to make the most of the reach of the Council into the community through delivery of other services for children, older people and special needs groups. The aim is to integrate Public Health considerations into the wider organisation, so that Public Health approaches are routinely incorporated into the wider Plans.

## Section Two: Fit with corporate and local strategy

**Nottinghamshire County Councils’ Strategic Plan for 2014-18** sets the overall vision for Nottinghamshire to be a better place to live, work and visit. It sets out the Council’s five core priorities:

- Supporting safe and thriving communities
- Protecting the environment
- Supporting economic growth and employment
- Providing care and promoting health
- Investing in our future

Public Health is relevant to all of these areas, but specific outcomes for Public Health have been included for health protection and health improvement.

## Supporting safe and thriving communities

Outcome	How will we measure progress	Role of the Council
<b>The health and safety of local people are protected by organisations working together</b>	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.

## Providing care and promoting health

Outcome	How will we measure progress	Role of the Council
<b>The health inequalities gap is narrowed, improving both health and wellbeing</b>	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

The Strategic Plan is supported by an annual corporate delivery plan that demonstrates how these outcomes will be met. Health protection is one of the statutory functions of Public Health and we will continue to provide leadership and contribute to planning for health emergencies. In 2015/16, we will make specific contributions to the outcome around Health Inequalities as follows:

### Outcome – The health inequalities gap is narrowed improving both health and wellbeing

Specific actions we will undertake as part of the NCC Delivery Plan in 2015/16 include:

- **Sexual Health** –
  - we will re-commission an integrated sexual health service with a ‘one stop shop’ approach to sexual health services in a number and range of accessible locations
  - we will work with providers to complete a health equity audit of all sexual health services to assess and support equitable access
- **Domestic Violence** - We will work with the Office of the Police and Crime Commissioner to introduce new arrangements in place for the survivors of domestic abuse in each district across the county.
- **Tobacco control** - We will:

- ensure that all partners have signed the Tobacco Declaration for Nottinghamshire
- ensure that all partners have action plans to achieve their organisational and Health & Wellbeing Board aspirations with regards to Tobacco control

Our Delivery Plan targets for the year are:

- To complete the re-commissioning of open access sexual health services to timeframe
- To award a new contract for domestic abuse services to timeframe
- To reduce tobacco use and monitor:
  - % of identified partners that have:
    - signed the tobacco declaration - target 100% (baseline 52%)
    - actions plans in place - target 100% (baseline 5%)

Looking beyond the Council more widely at health in Nottinghamshire, the Health and Wellbeing Board (HWB) is the primary body overseeing overall **Strategy for Health & Wellbeing in Nottinghamshire**. The Director of Public Health is one of the 3 senior council officers on the Board and ensures that the Board is public health focused, and works towards improving the health and wellbeing of the population. The HWB strategy identifies four main ambitions:

- For everyone to have **a good start in life**
- For people to **live well**, making healthier choices and living healthier lives
- That people **cope well** and that we help and support people to improve their own health and wellbeing, to be independent and reduce their need for traditional health and social care services where we can.
- To get everyone to **work together**

The four ambitions drive work around a wide range of priorities, which include drugs and alcohol, obesity, sexual health, emotional and mental health. Public Health is responsible for commissioning many of the services related to the priorities areas; therefore the delivery of the strategy is embedded in the priorities for Public Health.

The HWB had a peer review in early 2015. The peer challenge identified the commitment of Board members, examples of joint working and the role of Board champions in promoting priorities and pushing forward collective ownership. It also identified opportunities for further development, such as setting out a clear vision, focusing on a reduced number of strategic priorities to enable more targeted action, and simplifying arrangements for linking with other key areas and priorities.

## Section Three: Public Health Priorities for 2015-16

Public Health will continue its work to deliver health improvements and tackle health inequalities across the County. This section concentrates on key actions for 2015/16.

### Improve efficiency and quality in commissioned services

Public Health is a systems leader in commissioning for outcomes. During 2014/15, major commissioning exercises concluded for services to address substance misuse, and obesity and weight management services. The Community Infection Control service was transferred to the NHS under a Section 25 agreement, and actions were put in place to increase take-up of NHS Health Checks provision. In 2015/16, Public Health is due to re-commission other services, and will take on additional functions with the transfer of Health Visiting and Family Nurse Partnerships from the NHS to local authorities. Priority activities for 2015-16 include:

- Develop a Procurement Plan to ensure the Department maintains services and meets its legal and contractual obligations whilst aligning plans and future timeframes for management of future workload. For example, the Plan includes differential timeframes so that all of the contracts do not expire concurrently in the future.

#### **Tobacco Control**

Following review of local services, Public Health identified scope for service improvement and improved outcomes. The re-procurement plan incorporates smoking cessation support, prevention and tackling supply in a holistic approach to tobacco control

- Maximise the use of resources to deliver health improvements and identify opportunities to make value for money improvements, whilst still delivering public health outcomes for **tobacco control, sexual health services, oral health promotion services, health checks, and health education/promotion in schools.**

- Develop integrated commissioning plans for children and young people aged 0-19 years taking account of impact, cost-effectiveness and opportunities to align and join up service provision, and including the smooth transition of responsibility for the Family Nurse Partnership and Health Visiting Services from October 2015..

### Work in partnership to improve health and wellbeing

Changes to systems and financial restructuring have brought social care and health staff closer together. In 2014/15, Public Health worked with colleagues in social care to develop services to address loneliness, combat falls and reduce seasonal mortality. Changes to management arrangements within the County Council will offer further scope to do this. The recent Peer Review of the Health and Wellbeing Board identified the opportunity for the HWB to become a systems leader in the field of Public Health. Overall, Public Health is in

prime position to maximise the opportunities for joint work and wider influence to collectively improve health across sectors. Actions related to this in 2015/16 include:

- Develop the role of the Health & Wellbeing Board to fulfil its role as a systems leader as identified by the 2015 peer review, focusing the work of the Board on a smaller number of tightly focused priorities which will deliver significant improvements in health and address health inequalities.
- Work in partnership with the Police and Crime Commissioner to undertake joint commissioning of services to combat domestic violence that are evidence-based, joined up and deliver significant improvements in outcomes.
- Work with partners to promote joint and aligned strategy to tackle tobacco use, covering the full spectrum of supply, control, prevention and cessation support, through the implementation of the Nottinghamshire Declaration on Tobacco Control.
- In conjunction with relevant partners, complete and then implement the Young People's Public Health strategy to improve health and wellbeing outcomes for this group, linking in with the Health and Wellbeing Board to ensure its wide application.
- Respond to the challenges of an ageing population and the implications of the Care Act 2014 by working in partnership with other services of the County Council, CCGs, district and Borough Councils and the voluntary sector, to develop / commission Public Health services for older people, to support people with dementia and their carers, to reduce fuel poverty and loneliness and the risk of falls.
- Work with newly realigned services to embed Public Health considerations into these services (Moving Forward Service, Grant aid to victims of sexual abuse, Children's Centres).
- Lead a countywide Workplace Health scheme, working with external partners to improve health outcomes for employees.

#### Health and Wellbeing Board Peer Review

The Peer Review took place in February 2015. It commended examples of joint working where the Board had acted as a catalyst, and the use of Board workshops to discuss topics in great detail and engage wider partnerships. The Challenge panel also noted areas for further consideration, such as a focus on fewer strategic priorities to enable more targeted action, using Board members to share successes, and linking with other key areas and priorities, such as the Better Care Fund which integrates health and social care for older people.

### **Embed Public Health leadership and oversight**

In 2014/15, Public Health leadership obligations were met. The Director's Annual Report was prepared and the Department led on the development of the JSNA and Pharmaceutical Needs Assessment. Health protection was prioritised with the updating of the pandemic flu plan and mutual aid arrangements with environmental health departments, and monitoring organisational changes for impact on health emergency preparedness arrangements. Key actions for 2015-16 include:

- Meet the statutory obligations of Public Health, including publishing the Director's annual report to highlight areas of public health that require particular focus and attention, refreshing the JSNA, and publishing the Health and Wellbeing Strategy.
- In accordance with the agreed Memorandum of Understanding, provide Public Health advice and support to CCGs across all three of the planning localities in Nottinghamshire (Bassetlaw, Mid Notts, and South Notts), building on previous achievements to influence commissioning and promote preventive health services.
- Ensure that the health response to emergencies is planned and co-ordinated, maintaining strong working relationships with the emergency planning function of the Council, and also addressing Public Health responses to emerging environmental issues, such as fracking.

### **Develop and make the maximum use of Public Health skills**

Public Health is now well established within the County Council. Integrated commissioning has been set up with Children's Services on joint Public Health services for children. The corporate realignment project agreed to reinvest £8m of Public Health grant into Council services that deliver Public Health outcomes, with Public Health maintaining an overview as part of its accountability to ensure Public Health grant is spent appropriately. There are opportunities to build on this and extend Public Health's reach in the delivery of Council services more widely. Key actions for 2015-16 include:

- Embed and widen the use of Public Health principles in the commissioning and delivery of Council services to improve Public Health outcomes.
- Provide specialist Public Health advice and input into Health Impact Assessments on service provision and spatial planning.
- Maintain the Council's accreditation as a training location for Public Health registrars and Foundation Year doctors



- Implement the NCC Public Health staff workforce development plan, as part of a commitment to staff development which also includes continuing professional development, personal appraisal, and seeking to spread Public Health skills across the wider Council.

## Section Four: Resources

### Staffing and structure

The Director of Public Health will continue to lead local health improvement and health protection for Nottinghamshire County Council.

Each Public Health policy is led through a nominated Public Health Consultant. Information, contracting, performance and other cross-Public Health functions are led through the Associate Director of Public Health.

Changes are planned to the Public Health Department in 2015/16 as part of the implementation of Redefining Your Council. Key actions related to this include:

- Review Public Health structures and responsibilities and agree a new structure in line with Redefining Your Council
- Consult with staff on the alignment of terms and conditions of all staff to be in line with those in place for staff across the County Council

## Financial Resources 2015/16

Resources for Public Health are in the form of a ring-fenced Public Health grant. Initially this was set at £36.1m in 2015/16. The detailed budget for 2015/16, as approved by Public Health Committee on May 12 2015, is set out below. Since then, an announcement has been made about a national reduction in the overall Public Health budget. Further work will need to be done in-year to identify how to meet this reduction.

Public Health Policy Area	Budget	Notes
<b><u>Directly Commissioned Services</u></b>		
Alcohol and drug misuse services	£10,473,050	
Children and young people Public Health services aged (5-19 years)	£3,689,466	<i>(includes National Child Measurement Programme)</i>
Domestic violence and abuse prevention	£1,107,438	
Dental Public Health and fluoridation	£183,366	
NHS Health Check assessments	£859,150	
Obesity & Healthy Weight	£1,430,776	<i>Includes Weight management, Nutrition and Physical Activity</i>
Sexual health services	£6,836,660	
Tobacco control and smoking cessation services	£2,592,055	
<b><u>Other Core Services</u></b>		
Public Health Corporate	£3,360,580	<i>Includes staff and general overhead &amp; running costs</i>
Avoidable injury prevention	0	<i>*Staff costs associated with function included in corporate costs</i>
Community Infection Prevention and Control	£81,500	
Environmental risks	0	
Health protection incidents, outbreaks and emergencies	0	<i>*Staff costs associated with function included in corporate costs</i>
Public Health Advice to the Clinical Commissioning Groups (CCGs)	0	<i>* Staff costs associated with function included in corporate costs</i>
Public Mental Health services	0	<i>*Staff costs associated with function included in</i>

		<i>corporate costs</i>
<b>Population level interventions to reduce and prevent birth defects</b>	0	<i>*Staff costs associated with function included in corporate costs</i>
<b>Healthy ageing and general prevention</b>	<b>£218,935</b>	
<ul style="list-style-type: none"> <li>• Stroke Prevention</li> <li>• General Prevention</li> </ul>		
<b>Seasonal mortality</b>	<b>£15,000</b>	
<b>Social exclusion</b>	<b>£17,884</b>	
<ul style="list-style-type: none"> <li>• Loneliness</li> <li>• Homelessness</li> </ul>		
<b>Workplace health</b>	0	<i>*Staff costs associated with function included in corporate costs</i>
<b>Payment to CCG</b>	<b>£1,085,330</b>	
<b>PH Contingency</b>	<b>£602,810</b>	
<b>Re-aligned Public Health Grant</b>	<b>£3,555,000</b>	<i>Held outside PH department</i>
<b><u>Total Public Health Grant</u></b>	<b><u>£36,119,000</u></b>	

A further £5.799m will transfer to the Council during 2015/16 in respect of Health Visiting and Family Nurse Partnership functions due to transfer from the NHS to the Council on 1 October 2015.

## **Section Five: Monitoring the Department Plan**

Each of the identified actions within the four areas will be subject to action planning by the relevant teams, with the identification of milestones and monitoring of activity through the year.

Progress against the actions will be reported quarterly to the Senior Leadership Team and bi-annually to the Public Health Committee. The Director of Public Health and Senior Leadership Team will maintain oversight to monitor achievements, and address any risks and issues.

## Appendix One: Public Health Procurement Timetables 2015/16

	PH Consultant Lead	Consultation, Market Assessment & Development of Service Specification	Procurement Exercise	Award of Tender	Mobilisation period	New Service Start Date
<b>Public Health Services Under Active Re-commissioning in 2015-16</b>						
<b>Tobacco Control Services</b>	John Tomlinson	Jan – March 2015	May-Sept 2015	September 2015	Dec 2015 – Mar 2016	1 April 2016
<b>Domestic Violence Services</b>	Barbara Brady	Oct 2014 – Jan 2015	Mar-Jul 2015	July 2015	Jul 2015 – Sep 2015	1 October 2015
<b>Sexual Health Services</b>	Jonathan Gribbin	January – May 2015	July-August 2015	September 2015	October 2015 – March 2016	1 April 2016
<b>Oral Health Promotion Service</b>	Kate Allen	May-Aug 2015	Sept – Oct 2015	November 2015	December 2015 – March 2016	1 April 2016
<b>NHS Health Checks Service</b>	John Tomlinson	Development of new service model	Feb- Sept 2015	September 2015	October 2015- March 2016	1 April 2016
<b>Schools Health Hub</b>	Kate Allen	Scoping work to identify schools level of need June – July 2015	July - Dec 2015	December 2015	Jan – March 2016	1 April 2016
<b>Children’s Public Health Services – Healthy Child Programme 0-19 (incorporates school nursing, health visiting , family nurse partnership and NCMP)</b>	Kate Allen	Development of new service model, consultations and preliminary work March – October 2015	October 2015 – April 2016	April 2016	May – September 2016	1 October 2016