

Public Health Committee

Thursday, 21 January 2016 at 14:00

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

AGENDA

- | | | |
|---|--|---------|
| 1 | Minutes of the last Meeting held on 12 November 2015 | 3 - 6 |
| 2 | Apologies for Absence | |
| 3 | Declarations of Interests by Members and Officers:- (see note below)
(a) Disclosable Pecuniary Interests
(b) Private Interests (pecuniary and non-pecuniary) | |
| 4 | Presentation: Young People's Substance Misuse Service | |
| 5 | Public Health Grant Realignment 2015-16 - Progress Report | 7 - 14 |
| 6 | Public Health Services Performance and Quality Report for Health Contracts Q2 2015-16 | 15 - 24 |
| 7 | Work Programme | 25 - 30 |

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:-

- (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	12 November 2015 (commencing at 2.00 pm)

Membership

Persons absent are marked with an 'A'

COUNCILLORS

Joyce Bosnjak (Chair)

	Reg Adair	Alice Grice
A	Steve Carr	Mike Pringle
	Steve Carroll	Martin Suthers OBE
	Mrs Kay Cutts MBE	Muriel Weisz
A	Ex Officio: Alan Rhodes	

OFFICERS IN ATTENDANCE

Kate Allen, Public Health
Barbara Brady, Public Health
Paul Davies, Democratic Services
Geoff Hamilton, Public Health
Chris Kenny, Director of Public Health
Kay Massingham, Public Health
Anne Pridgeon, Public Health
Peter Saunders, Corporate Communications

ALSO IN ATTENDANCE

Annie Holden, Everyone Health
Sandra Whiston, Public Health England
Michelle Wykes, Everyone Health

MEMBERSHIP OF THE COMMITTEE

It was noted that Councillors Pringle had been appointed for this meeting only, in place of Councillors Gilfoyle.

MINUTES

The minutes of the meeting held on 30 September 2015 were confirmed and signed by the Chair.

ANNUAL REPORT OF THE DIRECTOR OF PUBLIC HEALTH

RESOLVED 2015/041

That the contents of the report be noted, and publication of the report be approved.

PRESENTATION BY EVERYONE HEALTH, OBESITY PREVENTION AND WEIGHT MANAGEMENT PROVIDER

Annie Holden and Michelle Wykes gave a presentation on the obesity and weight management services provided by Everyone Health, and answered questions from members.

RESOLVED 2015/042

That the presentation be received.

PUBLIC HEALTH DEPARTMENTAL PLAN 2015/16 – PROGRESS REPORT

RESOLVED 2015/043

That the progress report be noted.

WORK PROGRAMME

The committee requested a report on Health Checks to the January or March meeting.

RESOLVED: 2015/044

That the committee's work programme be noted.

DENTAL PUBLIC HEALTH IN NOTTINGHAMSHIRE AND APPROVAL OF CONTRACT AWARD FOR NEW ORAL HEALTH PROMOTION SERVICE

RESOLVED: 2015/045

- 1) That the report be noted, and the work currently undertaken to improve oral health across the county be acknowledged.
- 2) That the decision on awarding the oral health promotion service contract be taken after the public have been excluded from the meeting.

EXCLUSION OF THE PUBLIC

RESOLVED: 2015/046

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.

**EXEMPT APPENDIX TO DENTAL PUBLIC HEALTH IN NOTTINGHAMSHIRE
AND APPROVAL OF CONTRACT AWARD FOR NEW ORAL HEALTH
PROMOTION SERVICE**

RESOLVED: 2015/047

That the new oral health promotion service contract be awarded to the preferred bidder as set out in the exempt appendix to the report.

The meeting closed at 3.30 pm.

CHAIR

REPORT OF THE DIRECTOR OF PUBLIC HEALTH

PUBLIC HEALTH GRANT REALIGNMENT 2015/16 – PROGRESS REPORT

Purpose of the Report

1. This report provides an update on the use of realigned Public Health grant in 2015/16, based on results of monitoring up to 30 September 2015.

Background

2. Public Health was transferred to Nottinghamshire County Council (NCC) on 1 April 2013 along with an allocation of ring-fenced Public Health grant, to be used to support activities leading to Public Health outcomes.
3. As part of integrating the Public Health function within the Authority, a review was undertaken to align Public Health functions, reduce duplication and achieve efficiencies, whilst maintaining overall spend on Public Health at the ring-fenced level. £5m was realigned to other Council activities delivering Public Health outcomes in 2014/15, increased to £9m in 2015/16.
4. On 12 May 2015, Public Health Committee approved a list of realignment activities to be funded out of the Public Health grant as part of the Finance Plan for 2015/16. Committee also agreed to maintain an overview of performance with regards the realigned grant. This report provides monitoring information on the use of this realigned Public Health grant and thus meets the obligation of the Council to ensure that Public Health grant is used for the purposes for which it was provided.

Information and Advice

5. Public Health grant was made available for realignment through release of uncommitted expenditure, efficiency savings arising from re-procurement exercises, underspends from staffing and policy areas, and use of reserves.
6. Realignment comprised both movement of resources to other Council departments, and absorption of costs previously held by other areas of the Council into Public Health. Costs absorbed by Public Health amounted to £1.454m related to substance misuse and domestic violence, which had previously been delivered by other parts of the Adult Social Care, Health & Public Protection Department. Detailed monitoring of performance and expenditure related to these activities is contained in the regular Performance and Quality Reports to Public Health

Committee. The remaining £7.545m was realigned to other parts of the Council. Performance and spend monitoring takes place through quarterly returns on the individual activities. Public Health staff take a monitoring overview, agreeing targets with relevant staff within Departments.

- 7. The Public Health Outcomes Framework is a national framework which sets out a vision for public health, desired outcomes and indicators to help understand how well public health is being improved and protected. These outcomes relate to not only how long people live, but also how well they live at all stages of life. As the Public Health outcomes are long-term, and so not always possible to monitor in-year, appropriately identified markers for success are monitored instead, alongside expenditure, to ascertain overall performance.
- 8. Annex 1 contains a complete list of the realignment activities in 2015/16 together with the main Public Health outcomes being positively addressed by each of the activities.

Performance

- 9. Monitoring process for the realigned grant confirms that the grant is being used to deliver Public Health outcomes. Three activities which commenced as realignment for the first time in 2015/16 are still setting baselines and agreeing detailed targets. The majority of the realigned activities are on track to meet annual targets set. Fourteen out of the nineteen identified realignment activities are on target to achieve spend and targets.
- 10. Based on the forecasts made at the end of Quarter 2, the total projected underspend on realignment is £755,032 or 8.3% of the total realignment budget. Plans to remediate underspend are not being put in place given the financial need to accommodate the in-year savings requirement of £2.6million on the Nottinghamshire Public Health grant. The savings on realignment will contribute towards this target.
- 11. The five activities which are not on target are set out in Table 1 below.

Table 1: Realignment activities forecasting reduced activity or spend

<i>Project</i>	<i>Approved budget</i>	<i>Revised forecast (% of budget)</i>	<i>Commentary</i>
Building Community Resources to Support People	£200,000	£19,745 (10%)	A pilot approach was designed and ran, but outcomes did not meet expectations. The pilot has not been extended pending consideration of the results.
Substance misuse	£420,000	£0 (0%)	Realignment activities and targets have been subsumed into the overall Public Health substance misuse contract. Re-procurement and integration of services generated additional efficiency savings.
Young Carer’s ASCH	£240,000	£132,076 (55%)	Carers’ personal budgets available to meet needs, so not all realigned Public Health grant will be required.

Mental Health Co-Production Service	£206,000	£172,000 (83%)	Savings arising from staff vacancies.
DVA Grant Aid	£50,000	£37,147 (74%)	Funding requirement was for three quarters of year

Benefits Realisation

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

- Achieving Public Health benefits from other areas of work, including by partners:** The innovative work being done on illicit tobacco prevention and enforcement activity engages the power of Trading Standards in an approach to smoking cessation which focuses on the removal of cheap, illegal tobacco from the market. Partnership approaches to enforcement, including licensing, are being used with cooperation from the Police. Realignment has fostered an integrated approach, with other agencies contributing to delivery of Public Health outcomes. The work has a number of benefits including reducing the amount of illegal tobacco, which contributes to reduced smoking prevalence; increased intelligence reporting of illegal tobacco, and prevention of illegal tobacco sales. In the first 5 months of 2015/16, 199,985 cigarettes and 51.2Kg of pouched tobacco have been seized, well above the 148,565 cigarettes, and just short of the 59.3Kg of pouched tobacco, recovered in the preceding year.
- Making every contact count:** Use of Public Health grant to support children's centres helps to provide an integrated service offer to parents and children, maximising the Public Health opportunity of every contact. Children's social care, early years and Public Health services can be integrated for delivery leading to streamlined operations, reduced duplication and avoidance of overlap.
- Maximising opportunities to achieve cost efficiencies:** Activities related to substance misuse have all been absorbed into the main substance misuse service commissioned by Public Health. Cost savings within the contract have reduced the need for the realignment budget to fund separate activities, as these services are now contained in the large-scale substance misuse contract. This leads to savings for the Council whilst service is maintained. Examples of activities which are now subsumed within the main substance misuse contract include community rehabilitation for substance misuse and support for people to retain/secure accommodation. Both of these aspects were previously separately funded by ASCH&PP and are now part of what the provider is required to do to deliver recovery outcomes.

The above are examples: work continues in other areas of realignment with Departments to develop good practice and joint working, for example in the approach to mental health. There are opportunities to coordinate the Mental Health Co-production service and the Moving Forward service to bring about improved co-ordination and achievement of Public Health outcomes in future.

Other Options Considered

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

Reason for Recommendation

14. The Public Health Committee agreed to keep an overview of the use of realigned Public Health grant and receive updates on performance.

Statutory and Policy Implications

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

Financial Implications

16. Public Health grant for realignment has been released through a combination of efficiency savings, budget control and use of reserves. Against the total £9m allocated for realignment in 2015/16, underspend is projected at £755,032 or 8.3% of the realignment budget. This underspend will help offset an in-year budget reduction of 6.2% of total Public Health grant (£2.6m on the Nottinghamshire Public Health grant).

RECOMMENDATION

1) Public Health Committee is asked to note the report.

Dr Chris Kenny
Director of Public Health

For any enquiries about this report please contact:

Kay Massingham
Public Health Executive Officer
0115 9932565
kay.massingham@nottsc.gov.uk

Constitutional Comments (CEH 29/12/15)

17. The report is for noting purposes only.

Financial Comments (KAS 17/12/15)

18. The financial implications are contained within paragraph 15 of the report.

Background Papers and Published Documents

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

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

Electoral Divisions and Members Affected

All

Annex 1: Use of realigned Public Health grant

Public Health Outcomes	Realigned Activity	Approved allocation £ (£000s)
1.11 – Domestic abuse	Domestic Violence realignment -	1,034
1.11 – Domestic abuse	DVA Grant Aid	50
1.12 – Violent crime 1.13 Re-offending levels	Youth Violence Reduction,	380
1.15 Statutory homelessness 2.15 Completion of drug treatment 2.18 Alcohol-related admissions to hospital	Supporting People	1,000
1.15 Statutory homelessness 1.05 Young people not in employment, education or training 2.10 Self harm	Young People’s Supported Accommodation	460
2.15 Completion of drug treatment 2.18 Alcohol-related admissions to hospital	Substance misuse	420
2.15 Completion of drug treatment 2.18 Alcohol-related admissions to hospital	Young people’s substance misuse	48
2.14 Smoking prevalence	Illicit tobacco prevention and enforcement	91
1.18 Social isolation 1.8 Employment for those with long term conditions	Mental Health Co-Production Service	206
1.18 Social isolation 1.8 Employment for those with long term conditions	Moving Forward service	800
1.18 Social isolation 2.23 Self-reported well-being	Building community resources to support people	200
1.18 Social isolation 2.23 Self-reported well-being	Older People’s Early intervention Scheme	164
2.24 Injuries due to falls	Handy Persons Adaptation Scheme	95
2.23 Self-reported wellbeing	Stroke service	13
2.23 Self-reported wellbeing	Information Prescriptions	28
1.05 - 16-18 year olds not in education employment or training 1.03 - Pupil absence 1.01 Children in poverty	Young Carers	340

2.04 Under 18 conceptions 3.2 Chlamydia diagnoses	Young people's sexual health project	80
2.01 - Low birth weight of term babies 2.07 - Hospital admissions caused by unintentional and deliberate injuries in children 2.02- Breastfeeding 2.03 - Smoking status at time of delivery	Family Nurse Partnerships	100
1.02 School readiness 2.01 - Low birth weight of term babies 2.07 - Hospital admissions caused by unintentional and deliberate injuries in children 2.02- Breastfeeding 2.03 - Smoking status at time of delivery	Children's Centres	3490
Total		8999

21 January 2016

Agenda Item: 6

REPORT OF DIRECTOR OF PUBLIC HEALTH

PUBLIC HEALTH SERVICES PERFORMANCE AND QUALITY REPORT FOR HEALTH CONTRACTS QUARTER 2 2015/16

Purpose of the Report

1. This report provides an update on performance management for the Public Health Committee in respect of contracts that are commissioned by Public Health (PH) for the period July to September 2015 inclusive.

Background

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

Information and Advice

4. This report provides the Committee with an overview of performance for public health commissioned services in Quarter 2 (July to September 2015) against key performance indicators related to public health priorities, outcomes and actions within:
 - i) the Public Health Departmental Plan 2015-2016;
 - ii) the vision of the Health and Wellbeing Board; and
 - iii) the Authority's priorities following the adoption of the Strategic Plan 2014-18.
5. A summary of the performance measures is set out at **Appendix A**.

Key Issues in Performance in Quarter 2 2015-16

6. The annual target for the number of people who have been offered health checks has increased slightly from 49,268 to 49,697 and the target for those receiving health checks in Nottinghamshire has been increased this year from 27,172 to 29,817 due to the need for a

year on year improvement in the uptake of health checks. In quarter two, there has been an increase in all three performance indicators. Nearly 2000 more people were offered health checks in quarter two than in quarter one; 53% of those offered health checks received them which is better than the England average of 45.8% in the same period; and of those that received health checks, over six percent were identified as high risk. There is an ongoing and consistent effort by policy team colleagues to go round those GP practices who may not be performing well and assisting them with any issues they may be experiencing in either sending out health check offer letters or getting people through their doors to take up a health check assessment.

7. Sexual health services are performing well in Nottinghamshire. Contract review meetings are still being undertaken with providers to ensure services continue to be provided at their optimum for the remainder of the term in the associate arrangements. Performance will continue to be robustly monitored during the tender process for the new services, which are due to commence on 1 April 2016.
8. Quarter two reporting for the alcohol and drug misuse services provides a full year of performance for this service. In the year 1st October 2014 to 31st September 2015, therefore, a total number of 9763 service users have accessed the service. This is based on the agreed service user definitions against a target within the tender of 9301. This has resulted in a performance rate of volumes at 105%. The numbers of successful completions has increased throughout the year for:
 - Opiate, from 0.3% to 5.9%, an increase of 5.6%;
 - Alcohol, from 3.2% to 32.3%, an increase of 29.1%;
 - Non Opiate, from 1.9% to 29.2%, an increase of 27.3%;
 - Non Opiate and Alcohol, from 3.1% to 18.7%, an increase of 15.6%.We move into year two of this contract on a positive note which we intend to work together to improve.
9. Members will note that the one year smoking cessation service pilot continues to underperform. Whilst savings are being made because the provider is not performing to target, unfortunately this means that smoking prevalence is not reducing as quickly as anticipated. Quarter 2, covering the summer period has historically been a quiet time for generating quitters as evidenced by the drop in figures. However, the public health team continues to work hard with the provider to ensure all is being done to get people into the service. Action plans have been agreed to ensure that throughout the year the provider targets events, areas and shops throughout the county where more referrals can be generated. Ideas to boost numbers have included opening temporary drop in 'shops' in town centres as well as utilising the provider's mini-bus to do outreach work. A replacement provider is in the early stages of mobilisation in the County and the provider is engaging well to ensure a smooth transition of the staff and services in April.
10. The new obesity prevention and weight management service continues to receive large numbers of referrals. However, referrals are not always eligible to receive the service and therefore more is being done by the provider to ensure the right people are targeted. Discussions continue, to enable pathways for the maternity and post bariatric services which should be up and running in the New Year.

11. The current domestic abuse services continue to perform well in this last quarter of the current contract. The incumbent providers have successfully tendered for the ongoing provision of these services and are engaging well with commissioners from both public health and the OPCC to ensure the new integrated service commences on 1st October 2015.
12. The addition of a Community Engagement Officer in the Healthy Housing Service has made a significant impact on increasing the number of Switch and Save Energy Workshops booked and participation at more local events which in turn means the provider is reaching and targeting more people. Furthermore, the provider has secured £50,000 of funding from their own charitable funds to deliver a Boiler Health Service Check and Boiler Scrappage Scheme across the City and Rushcliffe, Broxtowe and Gedling. Whilst the service is commissioned in only the three southern boroughs of the County, the provider has also agreed to provide training in other areas of the County, starting in Mansfield.
13. Funding has been removed from the Together We Are Better pilot as the outcomes have not met our expectations. The Friary, however, continue to provide an excellent and good value for money service tackling social exclusion amongst the homeless community.
14. Public health services for children and young people aged 5-19 are performing well. Dental public health services only begin in quarter three and therefore this will only be reported in quarter four.

Statutory and Policy Implications

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

Financial Implications

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

Implications in relation to the NHS Constitution

17. Regard has been taken to the NHS Constitution together with all relevant guidance issued by the Secretary of State in formulating the recommendation.

Public Sector Equality Duty implications

18. 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

19. 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.

Chris Kenny
Director of Public Health

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

Constitutional Comments

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

Financial Comments (KAS 17/12/15)

21. The financial implications are contained within paragraph 16 of the report.

Background Papers and Published Documents

None

Electoral Divisions and Members Affected

All

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

Value of Contract Range
More than or equal to £1,000,000
£100,000 to £999,999
£10,000 to £99,999
Less than or equal to £9,999

Service and Outcome	Contract Value Category	Performance Indicators	Q1	Q2	2015/16 Total Achieved	Annual Target	% of target met	
NHS Health Check Assessments To reduce early mortality and improve quality of life for individuals with Long Term Conditions (LTC)	Medium High	No. of eligible patients who have been offered health checks	8136	10075	18211	49,697	37%	
		No. of patients offered who have received health checks	4429	5384	9813	29,817	33%	
		No. of patients who have been identified as high risk and referred to other services as a result of a health check	117	336	453	n/a	n/a	
Comprehensive Sexual Health Services Promotion of the prevention of Sexually Transmitted Infections including HIV Increased knowledge and awareness of all methods of contraception amongst all groups in the local population	High	Genito-Urinary Medicine (GUM - DBH, SFHT & NUH) Cumulative target						
		First attendance	4196	4307	8503	4147	205%	
		Follow up appointment	1499	1820	3319	1,625	204%	
		SFHFT						
		SEXions - number of education sessions provided in schools	39	26	65	n/a	n/a	
		SEXions - number of 1-1 advice & sessions given to young people	237	169	406	n/a	n/a	
		NHT - The Health Shop						
		Percentage of 15-24 year olds in contact with The Health Shop service who are offered a Chlamydia screen	100%	97%	197%	100%	197%	
		Percentage of appropriate clients aged over 14 years who are offered advice on contraception	100%	100%	200%	100%	200%	
		Planned Face-to-Face Activity - Sexual Health Only	232	245	477	1140	42%	
		Terrence Higgins Trust						
		No. of Point of Care testing (POCT) for people residing in Nottinghamshire County	19	28	47	56	84%	
		No. of support sessions delivered in Notts targeting people living with HIV	54	94	148	96	154%	
National Child Measurement Programme To achieve a sustained downward trend in the level of excess weight in children by 2020	Medium High	% of children in Reception with height and weight recorded	Academic year 2015/16		0%		n/a	
		% of children in Year 6 with height and weight recorded	Academic year 2015/16		0%		n/a	
		Parents/Carers receive the information regarding their child within 6-weeks post measurement	Academic year 2015/16		0%		n/a	
Alcohol and Drug Misuse Services Reduction in Alcohol related admissions to hospital Reduction in mortality from liver disease Successful completion of drug treatment	High	Crime Reductions Initiative (CRI)						
		Number of unplanned exits				n/a	n/a	n/a
		Number of successful exits (ie planned)				n/a	n/a	n/a
		Number of new treatment journeys				0	n/a	n/a
Tobacco Control and Smoking Cessation Reduce adult (aged 18 or over) smoking prevalence Behaviour change and social attitudes towards smoking Prevalence rate of 18.5% by the end of 2015/16	High	Four-week smoking quitter rate						
		GP's (County & Bassetlaw)	79	25	104	418	25%	
		County Community Pharmacies	17	2	19	77	25%	
		New Leaf - County Health Partnership	511	301	812	3730	22%	

Obesity Prevention and Weight Management (OPWM) To achieve a downward trend in the level of excess weight in adults by 2020 A sustained downward trend in the level of excess weight in children by 2020 Utilisation of green space for exercise/health reasons	High	Number of new assessments					
		Adults - Tier 2	82	31	113	258	44%
		Adults - Tier 3	61	57	118	480	25%
		Children & Young People - Tier 2	0	2	2	54	4%
		Children & Young People - Tier 3	8	22	30	49	61%
		Maternity	0	0	0	500	0%
		Post-bariatric reviews	0	0	0	60	0%
		Adults, Children & Young People combined service users	91	20	111	1,400	8%
Domestic Abuse Services Reduction in Violent crime Reduction in Domestic violence	Medium	Notts Women's Aid - MARAC					
		No of cases discussed at MARAC	114	100	214	440	49%
		WAIS - MARAC					
		No of cases discussed at MARAC	84	94	178	350	51%
		Notts Women's Aid mthly target					
		Utilisation of refugees (Target = 95%)	92%	98%	190%	95%	200%
		Successful departures from refugees (Target = 88%)	100%	100%	200%	88%	227%
		Children's Outreach - volume	54	49	103	130	79%
		WAIS					
		Children's Outreach - volume	42	30	72	130	55%
Seasonal Mortality Reduction in excess winter deaths	Medium	Nottingham Energy Partnership - Healthy Housing					
		Number of people from the target groups given comprehensive energy efficiency advice and/or given help and advice to switch energy supplier or get on the cheapest tariff	67	80	147	201	73%
		Number of individuals trained to deliver Brief Interventions i.e. number of people attending the training courses	64	46	110	185	59%
Social Exclusion To improve outcomes for older people by reducing risk and health impacts of loneliness	Medium	Together We Are Better - Service commenced November 2014 for one year pilot					
		Number of invitation letters sent (this is letters sent to GP's for distribution - the number actually distributed is not known)	5250	5352	10602	n/a	n/a
		Number of individuals paired	4	8	12	n/a	n/a
	Medium	The Friary Drop-in Centre					
		Number of one-to-one specialist advice interviews undertaken	1583	1795	3378	n/a	n/a
Public Health Services for Children and Young People aged 5-19	High	% young people and/or parents carers surveyed who thought the school nursing service was good or excellent		97%			
		Number of brief interventions offered by school nurses and delivered with children and young people by public health topic	1974	1284	3258	n/a	n/a
		Number of children with a school entry health review by end of year one	2391	1286	3677	n/a	n/a
		Total number of schools that have completed the Healthy Schools Whole School Review across Nottinghamshire in this financial year	29	16	45	200	23%
		% of children's centres engaged in the Healthy Early Years Programme		86%			
Dental Public Health Services	Medium	% mothers with a child under 6 months who receive oral health advice who report that it is very useful	0%	0%	0%	80%	0%
		% staff trained who have gained knowledge and have confidence in offering oral health brief interventions	0%	0%	0%	80%	0%
		Number of primary schools using the resource pack that have found the "Teeth Tools for Schools" resource pack both useful and educational	0%	0%	0%	80%	0%

For dental

health the quality survey takes place annually during Q3 so there is no data for Q1 and 2.

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 period	No. of Complaints concluded in period	No. of new SI's in period	No. of SI's under investigation in period	No. of SI's concluded in period	Freedom of Information Requests relating to Public Health Functions and Health Contracts
Alcohol and Drug Misuse Services				0	0	5	1
Mental Health							
Information relating to management functions							3
Sexual Health							
Cross Departmental							1
Obesity Prevention							
Tobacco Control							
CYP							2
Domestic Abuse							1
NHS Health Checks							

REPORT OF CORPORATE DIRECTOR, RESOURCES

WORK PROGRAMME

Purpose of the Report

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

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
17 March 2016	Healthy child programme and public health nursing service for 0 – 19 year olds	Kate Allen	Kerrie Adams
	Restructuring of Public Health	Chris Kenny	Kay Massingham
	Public Health Services Performance and Quality Report for Health Contracts – October - December 2015	Cathy Quinn	Nathalie Birkett
	Progress Report on Public Health Department Plan 2015-16	Chris Kenny	Kay Massingham
19 May 2016	Public Health Service and Finance Plans 2016-17	Chris Kenny	Kay Massingham
	Year-end report on realignment of Public Health grant 2015-16	Chris Kenny	Kay Massingham
	Year-end report on Public Health Department Plan 2015/16	Chris Kenny	Kay Massingham
	PH Procurement Plan 2016/17	Cathy Quinn	Nathalie Birkett
	PH Committee Annual Summary for Health & Wellbeing Board	Cathy Quinn	Kay Massingham

	Healthy child programme and public health nursing service for 0 – 19 year olds – approval to tender	Kate Allen	Kerrie Adams
	Mental Health activities funded through Public Health grant realignment	Barbara Brady	Susan March
	NHS Health Check Procurement of IT service	John Tomlinson	Helen Scott
14 July 2016	Public Health Services Performance and Quality Report for Health Contracts – January – March 2016	Cathy Quinn	Nathalie Birkett
	Quality assurance arrangements in Public Health	Cathy Quinn	Sally Handley
29 September 2016	Director of Public Health Annual Report	Chris Kenny	
	Presentation by Solutions for Health, Smoke Free Life Nottinghamshire	John Tomlinson	Lindsay Price
	Healthy child programme and public health nursing service for 0 – 19 year olds – award of contract	Kate Allen	Kerrie Adams
	Public Health Services Performance and Quality Report for Health Contracts – April – June 2016	Cathy Quinn	Nathalie Birkett
	NHS Health Check IT service – award of contract	John Tomlinson	Helen Scott
November 2016	Public Health Services Performance and Quality Report for Health Contracts – July - September 2016	Cathy Quinn	Nathalie Birkett

January 2017			
March 2017	Public Health Services Performance and Quality Report for Health Contracts – October - December 2016	Cathy Quinn	Nathalie Birkett

