

APPENDIX 1

The following list describes the Public Health responsibilities which will be transferring with Public Health to Local Authority on 1 April 2013. This includes five mandated functions, which are highlighted in **Bold**:

- **the National Child Measurement Programme**
- **NHS Health Check assessments**
- **comprehensive sexual health services (including testing and treatment for sexually transmitted infections, contraception outside of the GP contract and sexual health promotion and disease prevention)**
- **the local authority role in dealing with health protection incidents, outbreaks and emergencies**
- **Public Health advice to NHS commissioners**
- tobacco control and smoking cessation services
- alcohol and drug misuse services
- PH services for children and young people aged 5-19 (including Healthy Child Programme 5-19) and longer term all children and young people PH services
- interventions to tackle obesity such as community lifestyle and weight management services
- locally-led nutrition initiatives
- increasing levels of physical activity in the local population
- public mental health services
- dental public health services (prevention/health promotion elements only)
- accidental injury prevention
- population level interventions to reduce and prevent birth defects
- behavioural and lifestyle campaigns to prevent cancer and long-term conditions
- local initiatives on workplace health
- supporting, reviewing and challenging delivery of key public health funded and NHS delivered services such as immunisation and screening programmes
- local initiatives to reduce excess deaths as a result of seasonal mortality
- PH aspects of promotion of community safety, violence prevention and response
- PH aspects of local initiatives to tackle social exclusion
- Local initiatives that reduce PH impacts of environmental risks.

Public Health services currently commissioned

The table below summarises, for each of the policy areas, the needs of the local population and the services currently commissioned.

Reasons for investing in these services	Services commissioned
Public Health Leadership	
	This heading includes pay and non pay costs associated with the Public Health leadership team, administrative support, commissioning support and information analysts, including overheads and supporting functions.
Drugs and Alcohol Misuse	
<p>It is estimated that there are 4,700 opiate and/or crack users in Nottinghamshire, 120,000 high risk drinkers and approximately 21,000 dependent drinkers.</p> <p>Whilst the prevalence of Opiate and/or Crack User's in treatment remains higher than any other illicit substance users, over the last 5 years, we are seeing greater increases in those reporting the use of cannabis, amphetamines and legal highs.</p> <p>The links between alcohol and violent crime are evident, with both victims and perpetrators identifying problems with alcohol.</p> <p>Once effectively engaged in drug treatment the outcomes are positive for opiate users. Reductions are seen in drug use and injecting, with reports in improvements in employment and housing, however there are reported increases in alcohol use.</p> <p>A quarter of those in drug treatment also report problems with alcohol use.</p>	<p>A range of services a commissioned to treat dependency on drugs and alcohol across the County using a number of different funding streams (Adult Pooled Treatment budget, Drug Intervention Programme as well as PCT mainstream healthcare monies).</p> <p>The budget currently commissions community drug and alcohol misuse treatment services as well as the successful identification of drug misusing offenders, a comprehensive and standard assessment of their treatment and other support needs; and effective, consistent case management to help break the cycle of drugs and offending.</p>
Sexual Health Services	
<p>Many sexually transmitted infections (STI's) have long term effects on health and there has been an increase in risky sexual behaviour, with continued ignorance about the possible consequences.</p> <p>Preventative services not only promote well-being but positively impact upon cost to the NHS. It is suggested that the prevention of unplanned pregnancy by the NHS contraception services saves the NHS over £2.5 billion a year.</p> <p>The highest burden of sexually related ill-health is borne by women, gay men, teenagers and young adults and more deprived communities.</p>	<p>The current model commissioned sits across numerous providers and in a variety of settings i.e. hospitals, health centres, schools and colleges, providing different elements of the care pathway.</p> <p>The services provide specialist sexual health and contraception services that contribute to the following outcomes:</p> <ul style="list-style-type: none"> • Prevention, detection and treatment of sexual ill health; • Provide effective contraceptives services; • Plan and prevent unwanted pregnancy; • Reduce the transmission of STIs and HIV • Reduce the prevalence of undiagnosed STIs and HIV • Improve the Health of people living with STIs • Reduce the stigma attached to STIs and HIV Promoting good sexual health; • Increase access of sexual health services in the community; • Provide effective Sexual Relationship Education into schools (Mansfield &

	Ashfield) that encourage young people to delay Sexual relationships, understand sexuality, and actively manage their contraceptive requirements.
Tobacco Control	
Smoking is the primary reason for the gap in health life-expectancy between rich and poor. It is also the single greatest cause of preventable deaths in England – killing approx 1,300 people across the county per year. Each year in Nottinghamshire it is estimated that smoking costs society £204.4m (£40m NHS spend).	Smoking cessation services are currently commissioned to support the Tobacco agenda. These are commissioned from three providers (including a specialist provider, GP's and Pharmacists), targeting areas of the highest deprivation, to meet an NHS four week quitter target.
Obesity	
Obesity is a major public health problem. Unhealthy diets combined with physical inactivity have contributed to an increase in obesity with almost a quarter of adults and almost a sixth of children under the age of 11 are deemed obese. Obesity threatens the health and wellbeing of individuals and will place a national financial burden in terms of health and social care costs, on employers through lost productivity and on families because of the increasing burden of long term chronic disability.	A range of services are currently commissioned as follows: <ol style="list-style-type: none"> 1. The National Childhood Measurement Programme involves the annual weighing and measuring of all eligible children in reception (aged 4-5) and year 6 (aged 10-11). This service provides surveillance data on weight status of children to provide parents/carers with feedback on their child's weight status and information about where to access support and advice. 2. Prevention and weight management interventions include the community nutrition service, exercise referral schemes and 12 week management courses.
Dental Public Health & Fluoridation	
Levels of dental caries in five year olds are lower than the national average in all areas except Broxtowe and Gedling. The levels of dental decay in the three areas with water fluoridation are significantly lower than the national average, despite high levels of deprivation in those areas. Poor oral health may be associated with low weight and failure to thrive in very young children. Poor oral hygiene in adults is linked to periodontal disease which is associated with heart disease.	Three services are currently commissioned as follows: <ol style="list-style-type: none"> 1. Oral health promotion service provides a range of promotion services across the County. This work includes the Incredible Mouths initiative which promotes good dietary habits, good oral hygiene and regular dental attendance. 2. The Dental epidemiology study provides surveillance data on the health of children's teeth. 3. Water fluoridation in Ashfield, Bassetlaw and Mansfield.
Children aged 5-19	
There is a close association between health and academic attainment, with academic attainment influencing and being influenced by, health status. There is clear evidence that poor health can inhibit learning. Particular issues can be prevalent in schools where there are high proportions of pupils eligible for free school meals. Areas highlighted include: Childhood Obesity Teenage conception	Two services are currently commissioned as follows: <ol style="list-style-type: none"> 1. The Healthy Schools programme. This team are responsible for improving health for children and young people in schools, children's centres by working with services to achieve and maintain a healthy school standard or healthy early years standard. Healthy schools advisors support schools, children's centres and provider staff to deliver the wider public health agenda, providing information, guidance and expertise on encouraging

<p>Substance misuse Smoking prevalence Emotional health and wellbeing Immunisation rates Safeguarding issues</p>	<p>healthy lifestyles. Schools select priority health topics such as emotional health or healthy eating to focus on depending on the needs in their setting.</p> <p>2. The School Nursing service leads the implementation of the Healthy Child Programme for 5-19 year olds. This includes provision of health promotion, advice, signposting to other services, direct clinical treatments, education, safeguarding support and service co-ordination. The service focuses on improving health outcomes, particularly for targeted groups, including those disengaged from school. The service is provided to approximately 136,000 children and young people across the patch.</p>
NHS Health Checks	
<p>NHS Operating Framework 2012 -13 whereby a target of 20% coverage of the eligible population to have had an offer of a NHS Health Check. To demonstrate improved uptake rates up to 75%.</p> <p>The NHS Nottinghamshire County Health Check programme was introduced in 2010 to provide adults aged 40 to 74 with no previous history of cardiovascular disease (CVD) with a health check once every five years aiming to identify those at highest risk of heart disease, stroke, type 2 diabetes or kidney disease.</p> <p>The programme is now being fully rolled out. Ultimately, all eligible people should be invited for a health check within five years of the introduction of the scheme.</p>	<p>The service is commissioned via a Local Enhanced Service agreement with GP practices. A payment is made per NHS Health Check to identify eligible patients, send out invitations, undertake the Health Check, provide lifestyle advice and appropriate management e.g. referral to intervention services e.g. NHS Smoking Cessation services.</p> <p>An additional remuneration is paid for each patient placed on a CVD high risk register and managed according to national guidance including NICE CG 67 Lipid modification, NICE CG 34 Hypertension, NICE CG 43 Obesity, as part of an annual review. This payment is fixed for 3 years only and will cease in 2012/13.</p>
Miscellaneous Health Improvement and Wellbeing	
	<p>A range of services are commissioned which fall under this heading, including Domestic Violence services, services to tackle public mental health, homelessness, fuel poverty and social exclusion.</p>