

Public Health Committee

Thursday, 17 March 2016 at 14:00

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

AGENDA

- | | | |
|---|--|---------|
| 1 | Minutes of the last Meeting held on 21 January 2016 | 3 - 4 |
| 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 | NHS Health Checks Update – Presentation by Helen Scott, Senior Public Health Manager | |
| 5 | Integrated Healthy Child Programme and Public Health Nursing Service for 0-16 Year Olds - Commissioning Proposals | 5 - 14 |
| 6 | Use of Public Health Grant 2016-17 | 15 - 24 |
| 7 | Public Health Departmental Plan 2015-16 Progress Report | 25 - 40 |
| 8 | Public Health Services Performance and Quality Reports for Health Contracts Quarter 3, 2015-16 | 41 - 50 |
| 9 | Work Programme | 51 - 54 |

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:-

Customer Services Centre 0300 500 80 80

- (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 21 January 2016 (commencing at 2.00 pm)

Membership

Persons absent are marked with an 'A'

COUNCILLORS

Joyce Bosnjak (Chair)
Glynn Gilfoyle (Vice-Chair)

Reg Adair
Steve Carroll
Mrs Kay Cutts MBE
Dr John Doddy

Alice Grice
David Martin
Muriel Weisz

A Ex Officio: Alan Rhodes

OFFICERS IN ATTENDANCE

Nathalie Birkett, Public Health
Paul Davies, Democratic Services
Laurence Jones, Children, Families and Cultural Services
Chris Kenny, Director of Public Health
Kay Massingham, Public Health

MEMBERSHIP OF THE COMMITTEE

It was noted that following the recent reallocation of seats between groups, Councillor Steve Carr was no longer a member of the committee, and Councillor David Martin had been appointed to the committee.

Councillor Dr John Doddy had been appointed for this meeting only, in place of Councillor Martin Suthers.

MINUTES

The minutes of the meeting held on 12 November 2015 were confirmed and signed by the Chair.

AGENDA ORDER

With the committee's agreement, the Chair took the items in the order shown below.

PUBLIC HEALTH GRANT REALIGNMENT 2015/16 – PROGRESS REPORT

RESOLVED 2016/001

That the report be noted.

YOUNG PEOPLE'S SUBSTANCE MISUSE SERVICE

Laurence Jones gave a presentation on substance misuse services for young people. Commissioning of the services was due to transfer from Children, Families and Cultural Services Department to Public Health. He responded to members' questions and comments.

RESOLVED 2016/002

That the presentation be received.

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

RESOLVED 2016/003

That the report be received, and the performance and quality information be noted.

WORK PROGRAMME

Health Checks, steroid misuse and e-cigarettes were suggested for inclusion in the work programme.

RESOLVED: 2016/004

That the committee's work programme be noted.

The meeting closed at 3.35 pm.

CHAIR

REPORT OF DIRECTOR OF PUBLIC HEALTH**INTEGRATED HEALTHY CHILD PROGRAMME AND PUBLIC HEALTH
NURSING SERVICE 0-19 YEARS – COMMISSIONING PROPOSALS****Purpose of the Report**

1. To invite the Committee's consideration of the proposed service model for the integrated Healthy Child Programme and Public Health Nursing service for 0 to 19 year olds which has been informed by a programme of engagement with key stakeholders.
2. To seek approval to consult formally with stakeholders regarding the preferred options presented in this paper.

Information and Advice

3. In May 2015, the Public Health Committee reviewed a paper that set out commissioning intentions in relation to the Healthy Child Programme and Public Health Nursing services for 0 to 19 year olds. The paper briefed the Committee regarding the changes in commissioning responsibility for public health nursing for 0 to 5 year-olds, and the Family Nurse Partnership Programme, highlighted the importance of the Department of Health's Healthy Child Programme as an evidence-based programme that aims to improve a range of health and wellbeing outcomes, and summarised the current contracting arrangements for these services.
4. The Public Health Committee approved the plans to commission an integrated Healthy Child Programme and Public Health Nursing Service.

Progress

5. As agreed the contracts for the Healthy Child Programme and Public Health Nursing services, comprised of Health Visiting, Public Health School Nursing, the National Child Measurement Programme and the Family Nurse Partnership Programme, have been extended to 31st March 2017. This enables time to complete a robust procurement exercise for the integrated Healthy Child Programme and Public Health Nursing service, followed by a period of mobilisation with the new service operational from 1st April 2017.
6. The breastfeeding peer support service pilots, jointly commissioned by Clinical Commissioning Groups (CCGs) and Nottinghamshire County Council (NCC) Public Health, have been extended to the same timescales and are currently being evaluated. Pending results of evaluation, it is the intention that these services be included within the integrated Healthy Child Programme and Public Health Nursing service.

Work undertaken to inform the proposed service model

7. The proposed service model has been informed by a programme of engagement with service users, parents and carers, the current workforce, professionals, provider organisations and Health and Wellbeing Board partners.
8. The proposed model has been informed by guidance published by the Department of Health in January 2016, to support the commissioning of the Healthy Child Programme, and by local intelligence and needs assessment.
9. A programme of market engagement has been carried out since December 2015 and this continues to shape the development of the proposed service model, evaluate the feasibility of delivery, and gauge the level of interest in the market.
10. A quality and equality impact assessment runs alongside the procurement process.

Proposed delivery model

11. The proposed delivery model reflects best available evidence, national guidance and local intelligence. The model also reflects the importance of developing an enhanced culture of multi-agency working across partners to most effectively meet the needs of children, young people and families in Nottinghamshire.
12. The aims of the proposed model are to:
 - help parents develop and sustain a strong bond with their children
 - encourage care that keeps children healthy and safe
 - protect children from serious disease, through screening and support for immunisation
 - reduce childhood obesity by promoting healthy eating and physical activity
 - identify health issues early, so support can be provided in a timely manner
 - make sure children are prepared for and supported in all child care, early years and education settings and especially are supported to be 'ready to learn at two and ready for school by five'.
13. This will support delivery of the Public Health Outcomes Framework 2013-16 for:
 - Domain 1: Improving the wider determinants of health
 - Domain 2: Health Improvement
 - Domain 3: Health Protection
 - Domain 4: Healthcare public health and preventing premature mortality.
14. Table 1 confirms the scope for the integrated service and highlights key interdependencies

Table 1: Scope of the integrated Healthy Child Programme and Public Health Nursing Service

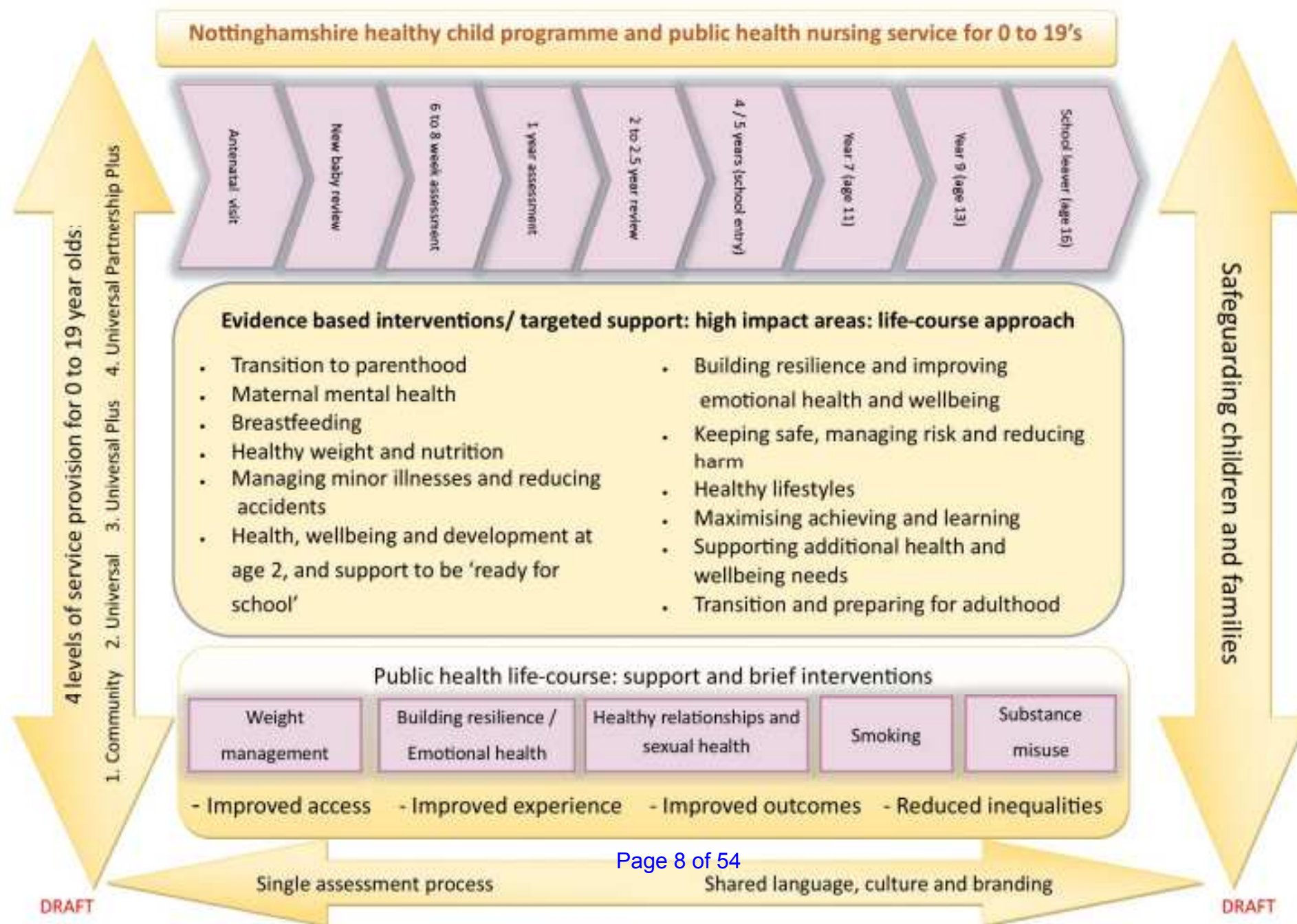
<i>In scope (included in integrated service)</i>	<i>Out of scope (key partner/ interdependency)</i>
<ul style="list-style-type: none">§ Health Visiting§ Family Nurse Partnership Programme§ Public Health School Nursing§ National Child Measurement Programme§ Breastfeeding support (which may include peer support)§ Preparation for Birth and Beyond (Department of Health's antenatal education programme, delivered in conjunction with partners)§ Promotion of public health and healthy lifestyle choices, brief intervention, making every contact count.	<ul style="list-style-type: none">• Children's centres / early years provision, commissioned by NCC• Antenatal and new-born screening, commissioned by NHS England• Maternity services, commissioned by CCGs• 6 to 8 week health review by GPs, commissioned by NHS England• Child health information systems, commissioned by NHS England• Targeted services, commissioned by NCC and/or CCGs

15. The proposed model consists of:

- a. Nine universal reviews delivered in line with the Healthy Child Programme, widely promoted via a core offer and supported by universal access to advice and support
- b. Four levels of provision, based on need and delivered in line with the Healthy Child Programme, with safeguarding at the core
- c. Targeted support and evidence based interventions, focused on high impact areas
- d. Health promotion across the life-course

16. Figure 1 summarises the universal offer for the integrated Healthy Child Programme and Public Health Nursing service for 0 to 19 year olds.

Figure 1



17. The model incorporates targeted support and evidence based interventions focused on high impact areas. It is recognised that there will be challenges within a child or young persons' life and times when they need additional support. The proposed model will use strengths-based approaches and validated tools to meet identified needs in line with the Healthy Child Programme. Targeted support will build therapeutic relationships to enable efficient working with children, young people and families to support behaviour changes, promote health protection and keep children safe. Targeted support could include but is not limited to:

- promotion of parent and infant mental health and secure attachment
- evidenced-based parenting interventions
- prescribing medication
- use of evidence based approaches to promote positive lifestyle choices
- support for language and communication development
- support for social and emotional development
- individual or group work for children and young people at risk of poor outcomes linked to emerging public health needs, such as children identified as overweight or obese, young people who do not attend school, school aged pregnant teenagers and young people with emotional health and wellbeing needs.

18. The proposed model:

- a. Builds on the rapid national Health Visiting service transformation, led by NHS England, that has taken place over the past five years
- b. Implements the recommendations from the NCC School Nursing review carried out across 2014/15
- c. Allows flexibility in relation to the delivery of the Family Nurse Partnership Programme, a licensed programme which is likely to undergo transformation nationally over the next few years
- d. Integrates services to facilitate the availability of a seamless care pathway for children, young people and families

19. In order to integrate care across the age range of 0 to 19 years the provider of the service will be expected to share resources and skill mix across the 0 to 19 years pathway, recognising particular specialisms where appropriate. Management structures will reflect management of multi-disciplinary staff groups rather than particular professional groups. These multi-disciplinary groups may include specialist community public health practitioners, family nurses, nursery nurses, assistant practitioners, volunteers, peer support workers and administrative staff.

20. NCC will contract with a single provider for delivery of the integrated service across Nottinghamshire, though subject to rigorous checks via the procurement process a provider could use a lead provider or sub-contracting model.

Options for consideration

21. There are a number of considerations relating to the draft proposal.

22. All service options for consideration are based on the commissioning of an integrated Healthy Child Programme and Public Health Nursing Service which will include intensive home based support for teenage mothers and their babies (Family Nurse Partnership), breastfeeding support and the National Child Measurement Programme.

23. The emotional health and wellbeing needs of children and young people in Nottinghamshire have increased significantly in recent years. In 2015, Government published ***Future in Mind***, which aims to transform care in relation to children and young people's mental health and wellbeing. A key theme within ***Future in Mind*** is to promote resilience, prevention and early intervention, a core role of universal services. The options presented for consideration in Table 2 below aim to release capacity within the service to more effectively support children and young people's emotional health and wellbeing needs.

Table 2

Continence provision		
<i>Option One</i>	<i>Considerations</i>	<i>Preferred Option</i>
Include level one continence provision within the integrated service	<p>Level one interventions for continence are commissioned as part of the public health school nursing service, though interventions can be lengthy and are not currently time limited. Some practitioners within the public health school nursing service deliver level two interventions though this is not formally commissioned.</p> <p>NICE guidance recommends universal services deliver level one continence interventions which includes brief intervention, advice and support, evidence based, time limited interventions and referral to level two services.</p>	<p>To include level one continence provision within the integrated service, ensuring that interventions are delivered in line with NICE guidance and are time limited. Where there is not sufficient improvement following intervention the child will be referred to primary care for further interventions.</p> <p>Commissioners will also work to ensure that the specialist community services for CYP with complex needs or disabilities support CYP with level two continence needs.</p>
<i>Option Two</i>		
Exclude level one continence provision within the integrated service	<p>Excluding all continence support will leave a gap in current care provision for children with level one continence needs. Unresolved continence difficulties have a negative impact on the emotional health and wellbeing of children and young people.</p>	

Universal school entry hearing test		
Option One	Considerations	Preferred Option
Exclude universal school entry hearing tests	<p>Practice is inconsistent and of variable effectiveness/quality and there is no robust evidence base to support the continuation of this function. Failed hearing tests are often seasonal and related to 'glue ear' rather than true hearing loss.</p> <p>All new-born babies in Nottinghamshire now receive a new-born hearing screen.</p> <p>Universal testing reduces capacity in the workforce to deliver interventions related to emotional health and wellbeing.</p>	<p>To exclude a school entry universal hearing test for all children.</p> <p>Commissioners will work with the new provider and key stakeholders to ensure that an alternative pathway is in place for any parents/ carers or professional colleagues concerned about potential hearing difficulties.</p>
Option Two		
Include universal school entry hearing tests.	<p>Hearing tests have been an established function of the school health team for many years.</p> <p>Some GPs refer children to the School Nurse if they feel a child needs a hearing test.</p>	
Universal school entry vision testing		
Option One	Considerations	Preferred Option
Exclude universal school entry vision testing	<p>Practice is inconsistent and there is not a robust evidence base to support the continuation of this function.</p> <p>School vision testing is not a thorough test and is</p>	<p>To exclude school entry universal vision tests.</p> <p>Commissioners will work with the new provider and key stakeholders to ensure that an alternative pathway is</p>

	<p>inadequate in comparison to that carried out by a highly trained optician.</p> <p>Routine vision testing for all children via an optician should be a key public health message promoted to all families.</p>	<p>communicated to all parents/carers at all universal checkpoints, and that the public health message is embedded into routine practice.</p>
<i>Option Two</i>		
Include universal school entry vision testing	<p>School entry vision tests have been an established function of the school health team for many years.</p>	

Next Steps

- 24.** The proposed model, which has been fully informed by a programme of engagement with key stakeholders, will be formally consulted on from w/c 21st March 2016. Responses to the consultation will be evaluated and feedback incorporated prior to finalising the service specification and returning to Public Health Committee in May 2016 for agreement to tender.

Reason for Recommendation

- 25.** Contract expiry on 31st March 2017 and the timescales involved in the procurement process mean it is necessary to agree to formally consult on the proposed service model in order for procurement plans to progress.

Statutory and Policy Implications

- 26.** 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

- 27.** The contract value of the Health Visiting, Public Health School Nursing, National Child Measurement Programme and the Family Nurse Partnership Programme in 2016/17 will be £15,422,516. The financial envelope for the integrated Healthy Child Programme and Public Health Nursing Service is projected to be £14,208,321 in 2017/18, £13,652,775 in 2018/19, and £13,035,954 in 2019/20 due to a reduction in the national public health allocation,

announced in the Comprehensive Spending Review in November 2015. The proposed integrated service model aims to streamline service delivery and release capacity.

Safeguarding of Children and Vulnerable Adults Implications

28. Safeguarding is a key element of the commissioning plan in relation to this service.

Implications for Service Users

29. There will be improved health and wellbeing outcomes for children, young people and families as a result of an integrated Healthy Child Programme and Public Health Nursing Service for 0 to 19 year olds.

RECOMMENDATION/S

That the Committee:

- 1) Notes the proposed service model for the integrated Healthy Child Programme and Public Health Nursing Service for 0 to 19 year olds.
- 2) Agree the preferred options presented and approves the formal consultation regarding the proposed service model.

Dr Chris Kenny
Director of Public Health

For any enquiries about this report please contact:

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Constitutional Comments (EP 03/03/2016)

30. The recommendations fall within the remit of Public Health Committee by virtue of its terms of reference.

Financial Comments (KS 07/03/2016)

31. The financial implications are contained within paragraph 27 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.

Healthy Child Programme and Public Health Nursing – Commissioning Plans, Public Health Committee, 12 May 2015

<http://www.nottinghamshire.gov.uk/dms/Meetings/tabid/70/ctl/ViewMeetingPublic/mid/397/Meeting/3500/Committee/507/Default.aspx>

Nottinghamshire School Nursing Review and proposed new model, September 2014 – implications for commissioners (including Appendices 1-3) available at

www.nottinghamshire.gov.uk/schoolnursing

Healthy Child Programme and Public Health Nursing for children and young people, Public Health Committee – 3 July 2014

<http://www.nottinghamshire.gov.uk/dms/Meetings/tabid/70/ctl/ViewMeetingPublic/mid/397/Meeting/3495/Committee/507/SelectedTab/Documents/Default.aspx>

‘Nottinghamshire School Nursing Review’ Nottinghamshire Children’s Trust Board – 5 September 2013

<http://www.nottinghamshire.gov.uk/caring/childrenstrust/about-the-childrens-trust/childrenstrustCommittee/>

Nottinghamshire School Nursing Review – implications for Commissioners, Children’s Trust Board 6th November 2014

<http://www.nottinghamshire.gov.uk/caring/childrenstrust/about-the-childrens-trust/childrenstrustboard/?entryid217=431744&p=2>

‘Healthy Child Programme and Public Health Nursing for Children and Young People’ Nottinghamshire Health and Wellbeing Board – 8 January 2014

<http://www.nottinghamshire.gov.uk/dms/Committees/tabid/62/ctl/ViewCMISCommitteeDetails/mid/381/id/505/Default.aspx>

Family Nurse Partnership Progress Report – report to Children Trust Board – 19 November 2015

<http://www.nottinghamshire.gov.uk/care/childrens-social-care/nottinghamshire-childrens-trust/childrens-trust-board-meeting-archive>

Family Nurse Partnership – report to Children and Young People’s Committee on 20 April 2015

Family Nurse Partnership Programme Progress Report – report to Children and Young Committee on 8 December 2014

<http://www.nottinghamshire.gov.uk/dms/Meetings/tabid/70/ctl/ViewMeetingPublic/mid/397/Meeting/3340/Committee/482/SelectedTab/Documents/Default.aspxpeople's>

Electoral Division(s) and Member(s) Affected

All

17 March 2016**Agenda Item: 6****REPORT OF THE DIRECTOR OF PUBLIC HEALTH****USE OF PUBLIC HEALTH GRANT 2016/17****Purpose of the Report**

1. This report informs the Public Health Committee of:
 - a. the Public Health grant for 2016/17
 - b. the financial plan for use of this grant in 2016/17, with budgets for each policy area
 - c. the realignment of identified resources in 2016/17
 - d. use of Public Health reserves to support the above activities in 2016/17

Background

2. The County Council is responsible for ensuring the delivery of a range of Public Health services using Public Health grant, a ring-fenced grant provided for the specific purpose of improving the health and wellbeing of local populations (including restoring or protecting their health where appropriate) and reducing health inequalities. The ring fence is due to remain in place until 2018.

Information and Advice

3. In 2015/16 the Public Health grant for Nottinghamshire County Council was originally £36.1m but due to a national cut of £200m to the Public Health grant, announced in July 2015, was reduced by 6.2% (£2.6m) in-year. The reduction was accommodated from a combination of underspends on some public health contracts, expenditure control, non-recruitment to vacancies, and some use of reserves. Another adjustment was made in October as Nottinghamshire County Council took over the commissioning responsibilities for health visiting and family nursing, receiving an in-year additional grant of £5.8m (£11.8m full year effect, due to a small adjustment relating to Bassetlaw).
4. In planning for the 2016/17 budget, the Council made the following assumptions:
 - a. the in-year reduction of 6.2% would be made recurrent in 2016/17
 - b. the full year health visiting and family nursing allocation would be made recurrent
 - c. there would be a rebasing adjustment to remove that element of the Public Health grant which had previously been paid over to the CCG

These assumptions led the Council to plan for a budget which was £44.008m.

5. The Public Health grant allocations for 2016/17 were announced on 11 February 2016. The Public Health grant for Nottinghamshire was **£43.26m**, £0.748m less than anticipated.

The shortfall can be accommodated in 2016/17 using the Public Health reserves, but from 2017/18 onwards, additional savings will need to be identified.

6. The grant announcement also included the Public Health grant allocations for 2017/18, showing a further 2.5% reduction, to £42,194,000. It is anticipated that there will be further reductions, based on the total notional allocations also published. Projections are set out in Table One below.

Table One: Public Health grant allocations forecasts

Year	Public Health Grant allocation	Reduction on previous year
2016/17	£43,260,000	£748,000
2017/18	£42,194,000	£1,066,000
2018/19	£41,096,965*	£1,097,044
2019/20	£40,028,435*	£1,068,521
	Cumulative reduction	£ 3,980,198

Note: * denotes notional allocations. These may not be ring fenced.

7. A partner-based, officer working group will now be set up to consider budget reduction options. It is anticipated that options identified by this group will form part of the Council's overall budget setting process for 2017/18.

Public Health Finance Plan 2016/17

8. Table Two below sets out the agreed budgets for each policy area during 2016/17. These budgets were developed in line with the Council's assumptions set out above, and include the reductions which were agreed by the Council as part of its budget setting process to accommodate the anticipated £3m reduction in Public Health grant.
9. The Finance Plan now includes a movement of reserves in order to offset the additional £0.748m reduction in Public Health grant in 2016/17.

Table Two: Summary Finance Plan 2016/17

Commissioned Services	Budget 2016/17 £
Children's 0-5	10,824,080
Children's school aged	3,269,466
Dental PH	183,366
Domestic Violence and Abuse	1,007,438
Healthy ageing	194,935
Health at work	7,000
NHS health checks	859,150
Infection control	81,500
Mental health	
Obesity and weight management	1,430,776
Seasonal death reduction initiatives	15,000

Sexual health	6,160,020
Tobacco control	2,342,055
Social exclusion	17,884
Substance misuse inc CYP substance misuse	9,425,748
Realignment to other services	5,266,000
Sub-total – commissioned services	41,084,418
PH Corporate	Budget 2016/17 £
Health and Wellbeing Board	20,000
Staffing costs	2,387,580
Overheads and other costs	516,635
Sub-total - PH corporate	2,942,215
TOTAL	44,008,633
Public Health grant allocation	43,260,000
(Movement of reserves)	(748,633)

10. Full Council approved the revenue budget for Public Health as part of approving the Council budget in February 2016. The Public Health Committee is asked to note the Public Health finance plan for 2016/17.

Public Health Grant Realignment 2016/17

11. Since 2014, as part of integrating the Public Health function within the authority, the Council has used Public Health grant to support Council services which contribute to the delivery of Public Health outcomes. This process is known as realignment. £5m from the Public Health grant was realigned in 2014/15 and £9m – including £4m from reserves – in 2015/16. Realignment included both movement of funds from Public Health to other Departments and movement of activities from elsewhere in the Council to Public Health (e.g. combating substance misuse and domestic violence). This latter category of realignment is included in the above Finance Plan under Commissioned Services. This is the reason why the amount shown in the Finance Plan for Realignment to other services is different to the total sum of the activities being supported through Realignment shown in Annex 1.
12. Reduction in the resources for realignment in 2016/17 was one of the budget reduction proposals approved by full Council in February 2016. £1.65m was removed from the realignment budget, but in line with results of budget consultation, it was agreed to use £850K from Public Health reserves in 2016/17 to taper the impact of the reductions. The full list of realignment projects for 2016/17, including use of reserves, is set out in Annex 1.
13. From 2016/17, the realigned activities will be monitored in the same way as other Public Health activities and the results incorporated into the Quarterly Performance and Quality Reports to Public Health Committee. This will ensure that the Council continues to fulfil its responsibility to ensure that Public Health grant is used for the purposes for which it was provided, and that the Council, and local residents, continue to receive maximum benefit from the allocated grant.

Use of Public Health Reserves

14. Public Health has a general reserve of carried forward unused Public Health grant from previous years, along with a transition reserve, which contained funds to support additional costs associated with the transfer of Public Health into the County Council.
15. As set out in the information provided above, it is proposed to utilise an additional £1.6m of Public Health reserves in 2016/17 to support the budget (see paragraphs 5 and 12 above). Reserves will also be used to meet staffing costs previously approved by Public Health Committee, offset additional costs for some services affected by re-procurement delays and provide cover for identified cost risks. The reserves are planned to be fully utilised by end March 2018.
16. Public Health also has some Section 256 reserves, which are funds provided for specific purposes. These are for particular activities related to substance misuse and children's public health and will be allocated accordingly.

Other Options Considered

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

Reason for Recommendation

18. The PH Committee is responsible for ensuring that the PH Grant is used most effectively to improve the public's health, and for the purposes intended as directed by Public Health England.

Statutory and Policy Implications

19. 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

20. The financial implications are set out in the report.

RECOMMENDATION

The Public Health Committee is asked to:

- 1) Note the Public Health grant allocation for 2016/17
- 2) Note the 2016/17 PH finance plan
- 3) Note the use of resources for realignment in 2016/17
- 4) Note the use of reserves to support the Finance Plan and realignment of resources in 2016/17

- 5) Receive a further report on budget reductions proposals from 2017/18 onwards in due course

Dr Chris Kenny
Director of Public Health

For any enquiries about this report please contact:

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Constitutional Comments (CEH 29/02/2016)

21. The report is for noting purposes only

Financial Comments (KS 29/02/2016)

22. The financial implications are contained within paragraph 20 of the report. The information specific to the 16/17 budget is contained within paragraphs 8-10 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.

Department of Health, Local authority circular - public health grant and conditions LAC(DH)(2016), 11 February 2016, <https://www.gov.uk/government/publications/public-health-grants-to-local-authorities-2016-to-2017>

Department of Health, Local authority allocations and allocations per head 2016 to 2017, 11 February 2016, <https://www.gov.uk/government/publications/public-health-grants-to-local-authorities-2016-to-2017>

Report to Full Council, 25 February 2016, Annual Budget 2016/17

Electoral Divisions and Members Affected

- All

Appendix A: Public health grant realignment 2016/17

Title	Service aims and activities	Public Health Outcomes	Realignment 2015/16 £	Proposed realignment 2016/17 £	Department transferred to / Notes
Domestic Violence	Centralisation and coordination of domestic violence services across the Council.	Reduce domestic abuse	£1,034,000	£1,034,000	Transferred into Public Health from PPCS
Illicit Tobacco	Regulating the legal and tackling the illicit tobacco trade to reduce smoking prevalence, through dedicated Trading Standards support.	Reduce smoking prevalence.	£91,000	£91,000	ASCHPP (Trading Standards)
Substance misuse services, including young people's substance misuse	Residential rehabilitation and supporting people accommodation, early intervention and diversion programmes, including services for young offenders (under 18).	Reduce alcohol-related admissions to hospital; reduce re-offending levels - percentage of offenders who re-offend, average number of re-offences per offender	£468,000	£48,000	Transferred into Public Health from ASCHPP and CFCS. Most activities have now been subsumed within substance misuse contract. £48,000 from PH reserves in 2016/17
Handy Person's Adaptation Scheme	Service to provide adaptations to help older people remain in their own homes, such as hand rails, insulation/heating and key safes.	Reduce falls and injuries among older people; improve perceptions of safety in own home	£95,000	£87,850	ASCHPP
Older People's early intervention and prevention service	Community involvement schemes to support people to retain independence, including community outreach work with individuals.	Improve health-related quality of life for older people ; improve social connectedness and self-reported wellbeing	£164,000	£152,130	ASCHPP
Building Community Resources to Support People	Small scale pilot activities to combat loneliness among older people, such as volunteering schemes, peer support and help with accessing services.	Improve social connectedness; self-reported wellbeing.	£200,000	£50,000	Transferred into Public Health from ASCHPP

Information Prescriptions	Information service focused on health conditions, providing accredited local health and social care information for patients, carers and professionals to enable people to manage their conditions better. The information is available electronically or on paper.	Improve health-related quality of life for older people.	£28,000	£25,816	ASCHPP
Stroke	Service to stroke survivors and their carers provided by the Stroke Association giving information advice and support.	Prevent readmissions to hospital after stroke.	£13,000	£11,986	ASCHPP
Mental Health Co-production	Social workers and support workers provide a personalised approach to meet the individual recovery outcomes for all spectrums of mental health problems.	Improve social connectedness; self-reported wellbeing; reduce risk of suicide; prevent hospital admissions; increase employment rate for people with long term health problems.	£206,000	£206,000	ASCHPP £67,716 from PH reserves in 2016/17
Supporting People	Support workers working from hostels and supported housing for adults who are/have recently been homeless and in crisis, many of whom have mental health &/or substance misuse issues.	Reduce substance misuse, address fuel poverty, prevent homelessness, reduce winter deaths, reduce risk of suicide and prevent hospital admissions.	£1,000,000	£1,000,000	ASCHPP £78,000 from PH reserves in 2016/17

Moving Forward service	The service provides personal support covering housing, social inclusion, crisis and employment, targeted at people with mental health problems, with the aim of helping them continue to live independently.	Reduce social isolation and risk of suicide; increase employment for people with long term health problems.	-	£800,000	ASCHPP £270,866 from PH reserves in 2016/17
Supported Accommodation for Young People & homelessness	Support workers help vulnerable young people to develop life skills to help them access services, education and employment. Vulnerable factors include homelessness, learning disability, offenders, young parents, substance users, & those with poor mental/ emotional health. Service provided within supported accommodation to reach people at highest need.	Prevent homelessness; reduce number of 16-18 year olds not in education employment or training.	£460,000	£424,120	CFCS
Children's Centres	Children's centre provision focuses on improving a range of outcomes for parents/carers and children. The work is delivered in a range of locations across Nottinghamshire	Improve birth weight of term babies; reduce smoking prevalence at time of delivery; increase breastfeeding initiation and prevalence; improve population vaccination coverage; reduce under 18 conceptions; improve school readiness; reduce excess weight in 4-5 year olds, reduce tooth decay in children age 5; reduce hospital admissions caused by unintentional and deliberate injuries in children age 0-4.	£3,490,000	£2,490,000	CFCS 2015/16 included £1m of non-recurrent Public Health grant. £194,220 from PH reserves in 2016/17

Family Nurse Partnership	Evidence-based programme to improve outcomes for pregnant teenagers, teenage parents and their children, through an intensive home-based visiting programme for first time vulnerable teenage mothers.	Improve infant mortality, improve birth weight of term babies, reduce smoking prevalence at time of delivery, increase breastfeeding initiation and prevalence; reduce under 18 conceptions; improve school readiness.	£100,000	£92,220	Transferred in to Public Health from CFCS.
Youth Offending Team and Youth Justice	Preventative case management and psycho-social interventions provided through Youth Offending Teams to children aged 8-17 with early signs of violent and antisocial behaviour	Reduce pupil absence; reduce first time entrants to the youth justice system; reduce violent crime (including sexual violence), reduce re-offending levels; reduce rate of complaints about noise	£380,000	£380,000	CFCS £190,000 from PH reserves in 2016/17
Young Carers	Support workers provide information and advice to support young carers of a disabled parent. This helps promote educational, psychological social and emotional development. Service is complementary to delivery of Personal Budgets.	Reduce social isolation; improve self-reported wellbeing; reduce number of children in poverty.	£340,000	£182,200	CFCS £92,200 ASCHPP £90,000
Young People's Sexual Health	Dedicated out of hours C-Card scheme delivered in young people's venues and targeted at young people. Sexual health is a statutory PH responsibility.	Reduce under 18 conceptions; improve chlamydia screening detection rate (15-24 year olds)	£80,000	£73,760	CFCS
Total			£9,000,000 (£1,000,000 non recurrent)	£7,148,802 (of which £848,802 from reserves)	

17 March 2016**Agenda Item: 7****REPORT OF THE DIRECTOR OF PUBLIC HEALTH****PUBLIC HEALTH DEPARTMENTAL PLAN 2015/16 - PROGRESS REPORT****Purpose of the Report**

1. The 2015/16 Public Health departmental plan was approved by Public Health Committee on 10 September 2015. This report provides an update on progress against the plan for noting by the Committee.

Background

2. Public Health has an annual plan which sets the overall direction for its work and highlights key activities and actions to be undertaken. In 2015/16, the Plan was delayed owing to the need to ensure it took account of other Council decisions, specifically proposals for implementation of Redefining Your Council which were approved by Policy Committee in July.
3. Public Health Committee approved the 2015/16 Public Health Department Plan on 10 September 2015 and agreed to receive updates on progress in implementing the Plan. An update was provided in November 2015. This report provides the latest progress against the Plan presented in Annexe 1, following the agreed headings:
 - Improving efficiency and quality in commissioned services
 - Exploring new opportunities to improve health
 - Embedding Public Health leadership and oversight
 - Developing and making the maximum use of Public Health skills.

Information and Advice

4. The plan is supported by detailed targets for each activity, which are monitored and linked to the Public Health Outcomes Framework. This will ensure that Public Health continue to deliver health improvement outcomes for local people. Performance against detailed targets is reported to Public Health Committee separately in the quarterly contracts and performance reports. This report is about performance in implementing the Plan, and so it concentrates on activities and whether they have been completed.
5. Since the last report to Committee, there have been some positive changes. The activities around the Schools Health Hub, previously marked as amber owing to delays, have been developed further. Revised timeframes were agreed with partners during Quarter 3 and these timeframes are now on schedule, so the status of this activity has been changed to Green.
6. There are no actions marked red as none are behind schedule and unable to be recovered.

Other Options Considered

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

Reason for Recommendation

8. In September 2015, the Public Health Committee approved the Public Health Departmental Plan for 2015/16 and agreed to receive update reports on progress.

Statutory and Policy Implications

9. 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

10. There are no direct financial implications for this report.

RECOMMENDATION

1) That Committee notes the update on progress report.

Dr Chris Kenny
Director of Public Health

For any enquiries about this report please contact:

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Constitutional Comments

11. This report is for noting only and no Constitutional comments are required.

Financial Comments (KS 24/02/2016))

12. The financial implications are contained within paragraph 10 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, 2 July 2015, Public Health Department Plan 2014/15 and update on preparation of 2015/16 plan

Report to Public Health Committee, 10 September 2015, Public Health Department Plan 2015/16

Report to Public Health Committee, 21 November 2015, Public Health Departmental Plan 2015/16 - Progress Report

Electoral Divisions and Members Affected

- All

Annex 1

Public Health Departmental Plan – performance monitoring 2015/16 – Quarter 3 update

1. Improving efficiency and quality in commissioned services

Item	Status	Q1 and Q2 activity report	Q3 activity report	Projected activity in Q4
1.1 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.	GREEN	<p>Procurement Plan completed and approved by Public Health Committee in May 2015.</p> <p>Activity was completed by end Q1.</p> <p>Procurement activities to be conducted in accordance with Plan and reported separately below.</p>	Activity completed in Q1.	Activity completed in Q1.
1.2 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.	GREEN	<u>Tobacco control</u> <ul style="list-style-type: none"> Tobacco Control Services re-commissioned. New provider to commence April 1st 2016. Peer support ASSIST programme commissioned to be delivered in targeted schools from January 2016. 	<p>Mobilisation of the new Tobacco Control contract ensuring smooth transition from existing to new provider.</p> <p>Appointment of ASSIST coordinator and trainers. Training in the programme delivery.</p> <p>Ongoing monitoring of action plans for existing organisations.</p>	<p>Continued mobilisation and assurance of service delivery by 1st April 2016</p> <p>Operationalise ASSIST programme across first wave of targeted schools through inter-authority agreement with youth services.</p>
	GREEN	<u>Sexual health</u> <p>Recommissioning proceeding to plan for an integrated sexual health service that will offer a 'one stop shop' approach to sexual health services in a number and range of accessible locations, ensuring that service users within a single visit have access to STI testing and treatment, contraceptive and sexual</p>	<p>Following competitive tender process contracts awarded to successful bidders with mobilisation of the Integrated Sexual health Service (ISHS) underway to enable a 'go live' date of 01.04.2016.</p> <p>Contracts awarded as follows: Lot 1 Doncaster and Bassetlaw Hospitals NHS Foundation Trust</p>	<p>During quarter 4 the mobilisation of services will be continued so as to ensure that the ISHS are ready to go live on 01.04.2016 across the county.</p>

Item	Status	Q1 and Q2 activity report	Q3 activity report	Projected activity in Q4
		health promotion.	Lot 2 Sherwood Forest Hospitals NHS Foundation Trust Lot 3 Nottingham University Hospitals NHS Trust	
	GREEN	<u>Oral health promotion services</u> Procurement exercise undertaken over the summer, bids evaluated.	Report to PH Committee on 12 November to seek approval of preferred supplier. Contract awarded to NHFT.	Mobilisation, including analysis exercise to rank county primary schools in terms of need for new supervised tooth brushing programme
	AMBER	<u>Health checks</u> Procurement of new Outreach Service and IT Solution commenced as per PH procurement plan but discontinued after tender closed with no bids for Lot 2 Outreach service, as Lot 1 IT was inextricably linked.	IT contract extension agreed to 31/3/17 and re-procurement initiated for 2017-18. Mandated core GP-led contract for 2016-17 prepared, pending budget agreement. Quality monitoring framework agreed and incorporated into practice liaison visits.	Progress the IT procurement. Scope GP pilot of point of care testing to increase uptake among less engaged groups. Ensure Health Check is incorporated into local pathway for NHS diabetes prevention.
	GREEN	<u>Health education / promotion in schools</u> <ul style="list-style-type: none"> Approval by Public Health Committee of development and funding of the schools health hub, steering group developing model Recognition of duplication with CFCS Tackling Emerging Threats to CYP and the PREVENT agenda 	<ul style="list-style-type: none"> Combine the schools health hub steering group with the tackling emerging threats to children universal support group, first joint meeting 15th October Develop joint electronic learning platforms for schools and professionals providing information, advice, guidance Finalise service model, commissioning for service and agree revised timeframes, in place by September 2016 Explore function of SHH co-ordinator in relation to 	<ul style="list-style-type: none"> Finalise Job Description for Schools Health hub 'co-ordinator' Finalise service model with projected start date of September 2016 Align job purpose with TETC co-ordinator and primary mental health worker Soft market testing activity to explore pre-existing models/ potential providers and opportunities for SHH

Item	Status	Q1 and Q2 activity report	Q3 activity report	Projected activity in Q4
			<p>TETC/primary mental health worker</p> <ul style="list-style-type: none"> Develop links with Future in Mind Transformation Plan and young people's health website 	
1.3 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.	GREEN	<p><u>Integrated commissioning plan development – 0-19 years</u></p> <ul style="list-style-type: none"> Plan developed in conjunction with the Early Years' service through the Early Help and HCP ICH. Procurement and direct award proposals approved by Public Health Committee in May, presented to HWB also. Update to plan signed off by Chris Kenny. New service in place from 01.04.17 	<ul style="list-style-type: none"> Mapping of Health Visiting and Children's Centres core offer to be completed, identifying overlap and gaps. Commencing Phase 2 of HV, FNP and SN future service model – Direct Award and Business as usual for 2015-16/17 Development of procurement plan for 2017 contract 	<ul style="list-style-type: none"> Soft market testing for provision of 0-19 integrated HCP and PH Nursing Service Consultation with key stakeholders: service users/workforce/partner agencies/CCG's etc Paper to Public Health committee outlining proposed procurement plan Public consultation on proposed model of service March 2016 Service specification/outcomes framework/Contract negotiation for direct award 16/17 Whole system approach to YP Public Health in commissioning plans eg incorporating ISHS/smoking cessation/obesity outcomes
	GREEN	<p><u>Transfer of responsibility for FNP / HV services</u></p> <ul style="list-style-type: none"> Health Visiting Transfer Assurance Group convened to sign off transfer of Health Visiting and Family Nurse Partnership services to LA. 	<ul style="list-style-type: none"> Regional 0-5 groups for NHS England South Yorkshire & Humber and North Midlands planning for transfer of caseloads from registered to resident. Joint city/county 	<ul style="list-style-type: none"> Provider led city/county mobilisation plan developed Communication re changes to CCG/primary care sent by LA Feb 16 Transfer of Ante-natal clients commenced 01/16

Item	Status	Q1 and Q2 activity report	Q3 activity report	Projected activity in Q4
		<p>Completed on 29.09.15</p> <ul style="list-style-type: none"> Resident reporting data collaged, distributed and reported to PHE via LGA. 	commissioning group to oversee mobilisation of transfer	

2. Work in partnership to improve health and wellbeing

Item	Status	Q1 and Q2 activity report	Q3 activity report	Q4 – projected activity
2.1 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. .	GREEN	<p>Action plan developed and report taken to Health & Wellbeing Board for approval on 2 September 2015.for approval on 2 September 2015.</p> <p>New working principles, revised priorities and action plan agreed by the Board.</p>	<p>Following an unsuccessful recruitment process for the HWB Executive Officer post, support was secured from within the Department to help the work programme for the Board.</p> <p>Work has started on reviewing the delivery plan and establishing measures and milestones for the new annual actions. A progress report on this work was agreed by the Implementation Group in December, for presentation to the Board in January 2016.</p>	<p>A workshop is scheduled to take place in January to establish an action plan for Housing and health.</p> <p>A workshop is also planned to take place in March to agree action to tackle health inequalities.</p> <p>The implementation group will review plans to implement a new place-based governance structure for the Board to link work to localities and establish a provider summit to support the work of the Board.</p>
2.2 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	GREEN	<p>Joint commissioning exercise complete. Public Health Committee approved award of contracts in July 2015.</p> <p>Mobilisation phase underway. Agreement of how data collection and reporting will take place is underway. Agreement of which outcomes are to be reported on is underway.</p>	<p>New services commenced on 1 October 2015.</p> <p>Q3 produced first reporting period (Q1 of contract), some data quality issues but performance surpassed estimated demand.</p> <p>Reporting process and timeframe agreed with providers.</p>	<p>Outcomes finalised and agreed during Q4.</p> <p>Continue to establish data reporting systems and improve data quality to be ready to set baseline by Q4 of contract year.</p> <p>First quality assurance visit to provider undertaken.</p>

Item	Status	Q1 and Q2 activity report	Q3 activity report	Q4 – projected activity
outcomes.				
2.3 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.	GREEN	Trading Standards service delivering specification for control of illegal tobacco. Police Officer now seconded to the team. Estimated value of products seized in first two quarters £99k. 25 Legal outcomes including prosecutions, cautions and warnings.	247,905 cigarettes, 59.55Kg of pouched tobacco have been seized so far, which equates to approximately £146,500 (£119,500 cigarettes and £27,000 Handrolled tobacco) at high street prices. So far this year there have been 43 legal outcomes Legal outcomes including prosecutions/cautions/warnings) 7 premises associated with illicit tobacco sales closed after recent investigations. So far this year there have been 5 license reviews, 9 press releases and a media campaign – Stub it out – which received wide coverage.	Service to continue as per specification
	GREEN	Local Authority Declaration on Tobacco Control and Nottinghamshire and Nottingham Declaration on Tobacco Control. Action plans completed by all Health and Wellbeing Board member organisations. The Declaration is being rolled out in 3 phases: Phase 1 (HWB members) 93% of members have signed the Declaration and 33% have an Action Plan. Phase 2 (Other NHS and significant public bodies) 2 NHS Trusts have signed along with Notts Fire and Rescue Service. Other	The target is for 100% of HWB partners to have signed the declaration and have Action Plans in place by year end. By the end of Q3, 93% of members had signed the Declaration and 40% had an Action Plan.	Second wave of organisations to be contacted regarding sign up to the local Nottinghamshire Declaration on Tobacco Control. The signing of the Declaration and development of an action plan to be included in the procurement of services for NCC.

Item	Status	Q1 and Q2 activity report	Q3 activity report	Q4 – projected activity
		organisations have agreed to sign. Phase 3 (Private sector employers) 4 have signed through the Wellbeing@Work Scheme.		
2.4 In conjunction with relevant partners, complete and then implement the Young People's Health strategy to improve health and wellbeing outcomes for this group, linking in with the Health and Wellbeing Board to ensure its wide application.	GREEN	Young People's Health event held 13 8 15, good engagement of young people and partners. Draft Strategy developed and signed off by steering group	<ul style="list-style-type: none"> • Presentation of Young People's Health Strategy to Health and Wellbeing Board, and Policy Committee • Steering group established to develop implementation and commissioning plan, involving young people • Funding for publication of YP Health strategy agreed by HWBB 	<ul style="list-style-type: none"> • Steering group to progress strategy • Teenage pregnancy oversight to be integrated as part of YPHS steering group • YPHS action plan to be developed • Plan for development of YP website to be developed • Engagement with Secondary school Heads alongside elected member (Ashfield)
2.5 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.	GREEN	<ul style="list-style-type: none"> • Audit of progress against new NICE guidance (published March 2015). • Ongoing monitoring of contracts to support the reduction of excess winter deaths and fuel poverty, including advice and support for the public, and training for professionals. • Partner organisations submitted bids to National Energy Action (NEA) to lever funding for a warm homes on prescription service and for support to people not on the main gas grid. • Improve access to information about dementia and local services via the development 	<ul style="list-style-type: none"> • Report to October Health and Wellbeing Board on excess winter deaths and fuel poverty. • Dissemination of "Keep Warm this Winter" leaflet to practices, libraries, voluntary sector partners and district and borough councils. • Implementation of successful National Energy Action bid. • Further work to ensure equitable provision of advice and support services across Nottinghamshire working with district and borough council colleagues. • Ongoing monitoring of contracts to support the reduction of excess winter deaths and fuel poverty, including advice and 	<ul style="list-style-type: none"> • Launch of Early Intervention & Prevention Service, January 2016 • Dissemination of "Keep Warm this Winter" leaflet to practices, libraries, voluntary sector partners and district and borough councils. • Continued implementation of NEA bids. • Health and Housing Group scoping event. • Implementation of falls plans • Development of County-wide dementia plan (may 2016) • Agree KPIs for IRIS

Item	Status	Q1 and Q2 activity report	Q3 activity report	Q4 – projected activity
		<p>of Nottinghamshire Help Yourself , internet and paper-based systems</p> <ul style="list-style-type: none"> Extending the provision of Dementia Carers' Support Workers <i>Compass workers</i> to March 2016 Developing joint health and social care plans to promote exercise and bone health and reduce falls in localities: <ul style="list-style-type: none"> South Notts Mid-Notts Bassetlaw 	<p>support for the public, and training for professionals.</p> <ul style="list-style-type: none"> Health & Wellbeing Board Dementia Stakeholder Event held 24 November Complete Falls & Bone health plans for mid and south Notts 	
2.6 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).	GREEN	<p>Grant aid for victims of sexual abuse agreement concluded in Q1. Moving Forward performance framework in development, July 2015.</p> <p>Children's Centres performance framework in place and being monitored by CICH. Quarterly monitoring in place for all realignment lines/services.</p>	<p>All previous lines of realignment reviewed for evidence of contribution to Public Health outcomes.</p> <p>Continued to develop Moving forward performance framework with ASCH commissioner and the provider Framework.</p>	<p>Align Co-production and Moving Forward performance outcomes with PHOF. ASCH, Public Health and Framework to agree the 2016/17 Moving Forward performance framework</p> <p>Public Health and Co-production to agree and sign off the 2016/17 performance framework</p>
2.7 Lead a countywide Workplace Health scheme, working with external partners to improve health outcomes for employees.	GREEN	<ul style="list-style-type: none"> 30 organisations are now engaged to include 14 of the original Bassetlaw organisations; 2 of which have recently been awarded 'Platinum' accreditation. Approximately 360 workplace health champions have been trained in the nationally accredited RSPH level 2 Health Trainer Training. Up to 150 have undertaken 'Motivational interviewing 	<p>80 workplace health champions undertook Community Mental Health First Responder Training (September to December 2015)</p> <p>40 agencies now engaged</p> <p>11 awards presented between October and December 2015; to include the first 2 platinum awards for Bassetlaw workplaces who came over to the county model. Future local schools engagement planned</p> <p>District level roll-out has commenced.</p>	<p>- 40 more workplace health champions planned to undertake mental health training in March 2016</p> <p>-On-going RSPH health trainer training for champions; Train the trainer for RSPH scheduled for March 16</p> <p>-Currently analysing year one lifestyle data; report to be developed to show findings.</p>

Item	Status	Q1 and Q2 activity report	Q3 activity report	Q4 – projected activity
		<p>Training’,</p> <ul style="list-style-type: none"> • 20 have received Mindfulness training (linked to the wider district work around the ‘Take Five’ theme) • 90 have received ‘Basic Counselling Skills Training’ (linked to supporting the wider district mental health and well-being agenda). • A large network has been developed to ensure sharing of information and best practice • The Bassetlaw workplaces have also supported the GGC Working Voices initiative, with 4 of the five original workplaces joining the scheme and now inputting their say into the shaping of local health services. 		

3. Embed Public Health leadership and oversight

Item	Status	Q1 and Q2 activity report	Q3 activity report	Q4 – projected activity
3.1 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.	AMBER	JSNA refresh for diet, physical activity and excess weight underway.	<p>DPH Annual Report completed and approved by PH Committee, Nov 2015.</p> <p>JSNA refresh for excess weight, physical activity and diet/nutrition has been completed and approved by HWIG on 10th December.</p> <p>JSNA refresh for loneliness completed and sent out for</p>	<p>JSNA refresh for loneliness to be submitted to HWIG.</p> <p>JSNA refresh for substance misuse to be developed.</p>

Item	Status	Q1 and Q2 activity report	Q3 activity report	Q4 – projected activity
			consultation.	
3.2 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.	GREEN	Public Health support provided to Mid-Notts Transformation Programme, completion of HIA of the programme. Leading development of women and children's workstream. Risk to achievement of KPI (paediatrics).	<ul style="list-style-type: none"> • Further development of Mid-Notts women and children's workstream, addressing KPIs and system-wide transformation. • South Notts transformation population group work commenced October/November 2015, to develop new models of care. 	As part of changed planning footprint and input to Sustainability and Transformation Plan, finalise models of care covering sub-population groups of CYP, await outcome of national review of Maternity Services to inform development of local services in Nottinghamshire.
3.3 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.	GREEN	Establish links with PHE environmental science specialists regarding national work on fracking	Options paper was developed to support decision about the value and role of health impact assessment in regard to possible application(s) for fracking.	Workstream to be picked up in activities under 4.2 below.

4. Develop and make maximum use of Public Health skills within the Council

Item	Status	Q1 and Q2 activity report	Q3 activity report	Q4 – projected activity
4.1 Embed and widen the use of Public Health principles in the commissioning and delivery of Council services to improve Public Health outcomes.	GREEN	<p>Realignment project established for 2015/16 and quarterly monitoring schedule in place.</p> <p>Undertook review of effectiveness of realignment lines in delivering Public Health outcomes in light of budget restrictions, September 2015.</p>	Realignment monitoring conducted to end Q2 with report on progress, including identification of savings, to Public Health Committee, 21 Jan 2016.	Continue to monitor use of realignment funds for contribution to PH outcomes.
4.2 Provide specialist Public Health advice and input into Health Impact Assessments on service provision and spatial planning.	GREEN	<p>Mid-Notts Better Together Programme – HIA completed (not council) HWB Board workshop scheduled for October 1st.</p> <p>Public health response provided to planning applications for large developments.</p>	<p>Nottinghamshire Health and Wellbeing Stakeholder 'Planning and health' event run by the Town & County Planning Association took place on 1st October. Event promoted in a national document to be published in the next month. Attended Nottinghamshire Planning Policy Officers and Development Management Officers Groups to discuss way forward. Have internal support from NCC Planning Department to progress work in the next quarter.</p> <p>Worked with Mansfield DC to undertake a Health Impact Assessment of the Mansfield Plan – learning from this to support work moving forwards</p>	<p>Development of a health and planning document in which all districts will be encouraged to sign up to.</p> <p>Development of an engagement protocol to provide guidance when health colleagues (CCG & Public Health) need to be involved in planning issues and when a Health Impact Assessment needs to be undertaken.</p>
4.3 Maintain the Council's accreditation as a training location for Public Health registrars and Foundation Year doctors	GREEN	<p>PH continues to meet accreditation requirements as training location.</p> <p>4 Registrars and 2 FY doctors on placement during Q1 and Q2, plus NHS Management Trainee 8-week placement.</p>	Three PH registrars on placement in phase 1 of their specialist training program and one FY2 doctor during Q3.	Continue with 3 registrars and 1 FY2

Item	Status	Q1 and Q2 activity report	Q3 activity report	Q4 – projected activity
4.4 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.	GREEN	<p>Workforce development plan signed off by SLT in May 2015. Implementation actions during Q1 and Q2:</p> <ul style="list-style-type: none"> • CPD programme planned for 2015/16 • Health and Social Care Journal Club programme planned for 2015/16 • Information provided to staff on mandatory training requirements • Monitoring of mandatory training compliance • Exploration of professional registration revalidation requirements 	<p>Plan adjusted to take account of feedback from staff survey undertaken in May 2015.</p> <p>Institution of routine monitoring and evaluation for training attendance, to inform future training attendance.</p>	Initiate training needs analysis for 2015, refresh actions and include support for revalidation of professional registrations.
4.5 Review Public Health structures and responsibilities and agree a new structure in line with Redefining Your Council	GREEN	<p>Department event held 16 July 2015 to give initial information to staff. Senior structure agreed as part of RYC interim Council structure by Policy Committee in July 2015. Transfer of Public Health to ASCH&PP, September 2015</p>	Job descriptions for all posts in new structure drawn up and job evaluation undertaken.	Restructure proposals published 18 January 2016. Consultation closes mid-February. Feedback will be taken into account before submission of final proposals to Public Health Committee.

17th March 2016

Agenda Item: 8

REPORT OF DIRECTOR OF PUBLIC HEALTH

PUBLIC HEALTH SERVICES PERFORMANCE AND QUALITY REPORT FOR HEALTH CONTRACTS QUARTER 3 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 October to December 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 3 (October to December 2015) against key performance indicators related to public health priorities, outcomes and actions within:
 5. the Public Health Departmental Plan 2015-2016;
 6. the vision of the Health and Wellbeing Board; and
 7. the Authority's priorities following the adoption of the Strategic Plan 2014-18.
8. A summary of the performance measures is set out at **Appendix A**.

Key Issues in Performance in Quarter 3 2015-16

9. The aim of the health check programme is that everyone in England between the age of 40 and 74 who has not already been diagnosed with heart disease, stroke, diabetes, kidney disease or certain types of dementia, or with certain risk factors, is invited for a face-to-face check once every five years. Checking the blood pressure, cholesterol, weight and lifestyle of people aged 40-70 has the potential to reduce mortality, save money and improve the health of Nottinghamshire residents by spotting risk factors before health conditions develop. The numbers of patients receiving health checks have continued to increase in quarter three which is promising. Unfortunately, however, the numbers of invites in quarter three have gone down from quarter two albeit they are still higher than those sent out in quarter one. Nottinghamshire continues to perform on average 7% better than the national average of 45% of people offered health checks receiving one. 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.
10. Sexual health services are generally 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 mobilisation for the new services, which are due to commence on 1 April 2016. The new integrated model is welcomed by providers as a mechanism to further improve access and quality of services.
11. Quarter three equates to the first quarter of the second year of the contract for the Substance misuse contract. On the 1st October 3263 individuals transferred from Year 1 of the service and continued to be care coordinated in Year 2. This is an increase of 1063 individuals compared to the start of the contract when individuals transferred into the service from previous providers. This includes 480 criminal justice individuals, accounting for 15% of the cohort. The number of new journeys in Quarter 1 of the contract equate to 1481 individuals, of which 156 (11%) are criminal justice.
12. Savings are being made on the Tobacco Control contract because the provider is not performing to target, however, this means that many people are not being supported to stop smoking. Quarter 3 includes Stoptober but even this has not generated the expected increase. The public health team continues to work hard with the provider to ensure all is being done to bring people into the service, however the loss of the contract has destabilized staff. Action plans have been agreed and the provider has targeted events, areas and shops throughout the county. A new provider is mobilising in the County and is engaging well to ensure a smooth transition of the staff and services.
13. There is an awareness that not all service users in the new integrated Obesity prevention and weight management service have been captured and reflected in the performance figures to date and therefore while the numbers are poor, they are not a true reflection of the work being done by the provider. However, the provider has acknowledged that there has been some bad practice by staff which has been addressed. Furthermore, there is a growing realization that cultural change among both stakeholders and service users is taking a lot longer than anticipated. The public health team are meeting on a weekly basis with the

provider to ensure everything is being done to provide the Authority the assurance required that outcomes will improve.

14. The new integrated service for Domestic Abuse commissioned by both public health and the OPCC commenced on 1st October 2015. The providers are working extremely hard to produce new reports and to extract information to populate the reports to ensure this reflects the good services that they continue to provide. We anticipate that we will not have robust figures until June 2016.
15. Whilst the Healthy Housing service is commissioned in only the three southern boroughs of the County, the provider is providing training in other areas of the County, starting in Mansfield. The Provider is confident that targets will be met in the County for the first time at the end of this year due to a concerted effort to target need in the County boroughs following robust contract management of the provider by the contract and performance team.
16. The contract team visited the Friary and were provided comprehensive access to the service. As a result it has been agreed that quarterly contract review meetings will commence to ensure the excellent and good value for money service tackling social exclusion amongst the homeless community continues to be provided.
17. 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

18. 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

19. 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

20. 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

21. 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

22. 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:

23. 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

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

Financial Comments

28. There are no financial implications arising from this report.

Background Papers and Published Documents

None

Electoral Division(s) and Member(s) Affected

All

PUBLIC HEALTH CONTRACT QUALITY & PERFORMANCE REPORT. QUARTER THREE 2015/16


**Nottinghamshire
County Council**

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	Q3	2015/16 Total Achieved	Annual Target	
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 ⬆️	9883 ⬇️	28094	49,697	
		No. of patients offered who have received health checks	4429	5384 ⬆️	5560 ⬆️	15373	29,817	
		No. of patients who have been identified as high risk and referred to other services as a result of a health check	117	336 ⬆️	228 ⬇️	681	n/a	
		Genito-Urinary Medicine (GUM - DBH, SFHT & NUH)						
		First attendance	4196	4307 ⬆️	3793 ⬇️	12296	14258	
		Follow up appointment	1499	1820 ⬆️	1672 ⬇️	4991	5,908	
		SFHFT						
		SEXions - number of education sessions provided in schools	39	26 ⬇️	56 ⬆️	121	n/a	
		SEXions - number of 1-1 advice & sessions given to young people	237	169 ⬇️	130 ⬇️	536	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%	92% ⬇️	93% ⬆️	285%	100%	
		Percentage of appropriate clients aged over 14 years who are offered advice on contraception	100%	100% ↔️	99% ⬇️	299%	100%	
		Planned Face-to-Face Activity - Sexual Health Only	232	245 ⬆️	246 ⬆️	723	1140	
		Terrence Higgins Trust						
		No. of Point of Care testing (POCT) for people residing in Nottinghamshire County	19	28 ⬆️	30 ⬆️	77	56	
No. of support sessions delivered in Notts targeting people living with HIV	54	94 ⬆️	61 ⬇️	209	96			
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%		
		% of children in Year 6 with height and weight recorded	Academic year 2015/16			0%		
		Parents/Carers receive the information regarding their child within 6-weeks post measurement	Academic year 2015/16			0%		
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		197	180	177		
		Number of successful exits (ie planned)	288	254	198	n/a	n/a	
		Number of new treatment journeys	1165	1031	1481	3677	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)	82	57 ⬇️	20 ⬇️	159	418	
		County Community Pharmacies	17	4 ⬇️	1 ⬇️	22	77	
		New Leaf - County Health Partnership	511	462 ⬇️	208 ⬇️	1181	3730	

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	72	31 ↓	13 ↓	116	258
		Adults - Tier 3	31	57 ↓	18 ↓	106	480
		Children & Young People - Tier 2	0	2 ↑	0 ↓	2	54
		Children & Young People - Tier 3	4	6 ↑	4 ↓	14	49
		Maternity	0	0 ↔	3 ↑	3	500
		Post-bariatric reviews	0	0 ↔	0 ↔	0	60
		Adults, Children & Young People combined service users	91	20 ↓	46 ↑	157	1,400
Domestic Abuse Services Reduction in Violent crime Reduction in Domestic violence	Medium	Contract started 1 October 2015					
		Q1					
		No of adults supported			840	840	2500
		No of children, young people & teenagers supported			156	156	773
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 ↑	107 ↑	254	201
		Number of individuals trained to deliver Brief Interventions i.e. number of people attending the training courses	64	46 ↓	19 ↓	129	185
	Medium	The Friary Drop-in Centre					
		Number of one-to-one specialist advice interviews undertaken	1583	1795 ↑	1556 ↓	4934	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	92%	97% ↑	89% ↓	278%	85%
		Number of brief interventions offered by school nurses and delivered with children and young people by public health topic	1974	1284 ↓	1620 ↑	4878	n/a
		Number of children with a school entry health review by end of year one	2391	1286 ↓	1745 ↑	5422	n/a
		Total number of schools that have completed the Healthy Schools Whole School Review across Nottinghamshire in this financial year	29	16 ↓	8 ↓	53	200
		% of children's centres engaged in the Healthy Early Years Programme	86%	86%	96%	268%	95%
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%	0%	80%
		% staff trained who have gained knowledge and have confidence in offering oral health brief interventions	No training delivered this qtr due to re-location	100%	100%	200%	80%
		Number of primary schools using the resource pack that have found the "Teeth Tools for Schools" resource pack both useful and educational	0	0	98%	98%	80%

% of target met
57%
52%
n/a
86%
84%
n/a
n/a
285%
299%
63%
138%
218%
n/a
n/a
n/a
n/a
n/a
38%
29%
32%

45%
22%
4%
29%
1%
0%
11%
34%
20%
126%
70%
n/a
100%
n/a
n/a
27%
100%
0%
250%
123%

Q3 report states that they are on track to achieve target??

For dental health the quality survey didn't takes place during Q3 as orginally planned so there is still 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	1				1		1
Mental Health							
Domestic Abuse							1
Sexual Health							
Obesity Prevention							
Tobacco Control							1
NHS Health Checks							
CYP							3
Management functions	1						1
Cross Departmental							1

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
19 May 2016	Public Health Service 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 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	Director of Public Health Annual Report	Chris Kenny	

2016	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