

Public Health Committee

Thursday, 10 September 2015 at 14:00

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

AGENDA

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|---|--|---------|
| 1 | Minutes of the last Meeting held on 2 July 2015 | 3 - 6 |
| 2 | Apologies for Absence | |
| 3 | Declarations of Interests by Members and Officers:- (see note below)
(a) Disclosable Pecuniary Interests
(b) Private Interests (pecuniary and non-pecuniary) | |
| 4 | Public Health Arrangements across Nottinghamshire County | 7 - 16 |
| 5 | Public Health Department Plan 2015/16 | 17 - 32 |
| 6 | Commissioning of Specialist Domestic Violence and Abuse Services within Refuge | 33 - 36 |
| 7 | Public Health Services Performance and Quality Report for Health Contracts Quarter 1 2015/16 | 37 - 44 |
| 8 | Work Programme | 45 - 48 |
| 9 | Re-commissioning Tobacco Control Services Update | 49 - 52 |

10 EXCLUSION OF THE PUBLIC

The Committee will be invited to resolve:-

“That the public be excluded for the remainder of the meeting on the grounds that the discussions are likely to involve disclosure of exempt information described in paragraph 3 of the Local Government (Access to Information) (Variation) Order 2006 and the public interest in maintaining the exemption outweighs the public interest in disclosing the information.”

Note

If this is agreed, the public will have to leave the meeting during consideration of the following items.

11 Exempt Appendix to Item 9: Re-Commissioning Tobacco Control Services Update

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	2 July 2015 (commencing at 2.00 pm)

Membership

Persons absent are marked with an 'A'

COUNCILLORS

Glynn Gilfoyle (Vice-Chair)(in the Chair)

	Reg Adair	Dr John Doddy
	Alan Bell	Mike Pringle
A	Steve Carr	Martin Suthers
	Steve Carroll	Muriel Weisz
A	Ex Officio: Alan Rhodes	

OFFICERS IN ATTENDANCE

Nathalie Birkett, Group Manager Public Health Commissioning
Barbara Brady, Public Health Consultant
Chris Kenny, Director of Public Health
Kay Massingham, Public Health Executive Officer
Nick Romilly, Public Health Manager
Cathy Quinn, Associate Director of Public Health
Helen Scott, Senior Public Health Manager

ALSO IN ATTENDANCE

Chris Cutland, Deputy Police and Crime Commissioner

APPOINTMENT OF CHAIR AND VICE-CHAIR

The appointment by the County Council on 14 May 2015 of Councillor Joyce Bosnjak as Chair of the committee and Councillor Glynn Gilfoyle as Vice-Chair was noted.

MEMBERSHIP OF THE COMMITTEE

The membership of the committee as set out above was noted. It was also noted that Councillors Bell, Doddy and Pringle had been appointed for this meeting only, in place of Councillors Bosnjak, Cutts and Grice.

MINUTES

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

DECLARATIONS OF INTEREST

There were no declarations of interest.

COMMISSIONING NHS HEALTH CHECK INFORMATION TECHNOLOGY AND OUTREACH SERVICES

RESOLVED: 2015/020

- 1) That the results of the consultation for the commissioning of a NHS Health Check Targeted Outreach Service be noted.
- 2) That the intention to go out to tender formally for a NHS Health Check Targeted Outreach Service and an Integrated Information Technology Solution to support both the new Targeted Outreach Service and the re-commissioned Core GP-led service, on 17 July 2015, as agreed in the Public Health Procurement Plan, be noted.
- 3) That the committee receive an update following conclusion of the tender and the request for formal approval to award to the successful providers on 30 September 2015.

ESTABLISHMENT OF A HEALTH AND WELLBEING BOARD SUPPORT TEAM

RESOLVED: 2015/021

That a post of Executive Officer, Band D, scp 42-47 (£36,571 - £41,140) be established to support the Health and Wellbeing Board, funded from the Public Health Transition Fund.

PUBLIC HEALTH GRANT REALIGNMENT – PROGRESS REPORT 2014/15

RESOLVED: 2015/022

That the year end monitoring report on realignment of the Public Health Grant be noted.

PUBLIC HEALTH DEPARTMENT PLAN PROGRESS REPORT 2014/15 AND UPDATE ON PREPARATION OF 2015/16 PLAN

RESOLVED: 2015/023

- 1) That the progress report on the Public Health Departmental Plan for 2014/15 be noted.
- 2) That the Public Health Department Plan for 2015/16 be presented to the next meeting.

PUBLIC HEALTH SERVICES PERFORMANCE AND QUALITY REPORT FOR HEALTH CONTRACTS

RESOLVED: 2015/024

That the performance and quality information in the report be noted.

WORK PROGRAMME

RESOLVED: 2015/025

That the work programme be noted.

DOMESTIC VIOLENCE AND ABUSE SERVICE COMMISSIONING UPDATE

After consideration of the information available in the public report, the committee decided to take the decision on the award of the contract after exclusion of the public.

EXCLUSION OF THE PUBLIC

RESOLVED: 2015/026

That the public (apart from the Deputy Police and Crime Commissioner) be excluded for the remainder of the meeting on the grounds that the discussions are likely to involve disclosure of exempt information described in paragraph 3 of the Local Government (Access to Information) (Variation) Order 2006 and the public interest in maintaining the exemption outweighs the public interest in disclosing the information.

EXEMPT APPENDIX TO DOMESTIC VIOLENCE AND ABUSE SERVICE COMMISSIONING UPDATE

RESOLVED: 2014/027

That approval be granted to the award of contract for domestic violence and abuse services to the successful bidders(s) identified in the exempt appendix to the report.

The meeting closed at 3.00 pm.

CHAIR



REPORT OF THE DIRECTOR OF PUBLIC HEALTH

PUBLIC HEALTH ARRANGEMENTS ACROSS NOTTINGHAMSHIRE COUNTY

Purpose of the Report

To seek support for the transformation of Nottinghamshire County Council into a fully empowered public health organisation, in the light of the review of *Redefining Your Council*.

Background

1. ***Public health is the art and science of preventing disease, prolonging life and improving health through organised efforts of society***

***Science without art sits on a shelf
Art without science wastes money***

In practice, the PH system combines science (eg technical skills relating to knowledge, information analysis, evidence of effectiveness etc), and art (eg using the views and opinions of professionals, politicians, patients, carers, and many other stakeholders) to produce a robust and effective approach to improving the health and wellbeing of the population, and at the same time reducing health inequalities.

It operates under 3 headings:

- a) **Health improvement**, including developing and implementing a number of PH policy areas such as tobacco, obesity, substance misuse, sexual health, children's health age 5-19, oral health, mental health, workplace health, health inequalities
- b) **Health protection**, including community infection control, screening, vaccination and immunisation programmes, health emergency planning
- c) **Health services**, including giving PH advice and support to CCGs to ensure they commission services based on population need

Some of these functions, like health improvement are the direct responsibility of the DPH, whereas some, like the health protection areas, the DPH has a responsibility to ensure adequate arrangements are in place.

2. Public Health Outcomes Frameworks

The performance of the new health and wellbeing system will be measured through a new Public Health Outcomes Framework (PHOF), under the leadership of the Health and Wellbeing Board. This is one of a suite of frameworks¹ through which the Government intends to ensure accountability and transparency.

Councils and Health and Wellbeing Boards will be expected to improve their performance against the measures in the PHOF through addressing the health needs of their local population. These are set out in the Joint Strategic Needs Assessment (JSNA) then prioritised and tackled through their Health and Wellbeing Strategy.

3. National and Local context

The *Health and Social Care Act 2012* laid down many of the features of the new PH system. These included the move of the PH function from the NHS into upper tier local authorities, the establishment of Clinical Commissioning Groups as statutory organisations, the setting up of Public Health England (PHE), and the creation of new statutory responsibilities and duties for the DPH. The Act also gave the responsibility for the health and wellbeing of their populations to local authorities, using the newly formed Health and Wellbeing Boards as the system leader. The overall intention was to maximise the potential for the PH function to be sited within local government, not just in relation to commissioned PH services, but for all council responsibilities, and thereby allow the council to contribute to the whole PH system in conjunction with key stakeholders.

At local level, *Redefining Your Council* is the overarching strategic context for developing Nottinghamshire County Council, and agreeing the new operating model for the next few years. Not only does this clarify the values of the organisation (treating people fairly, value for money, working together) but it also summarises the drivers for change:

- Reducing resources - by 2017/18, the County Council will face a budget shortfall of £77m. This is despite making savings of around £100m over the past three years
- Increasing service demands - for example due to an ageing population, an increase in the number of children in care and a 50% increase in the number of highways customer enquiries (between 2011 and 2013).
- Changes to legislation and regulation - for example the forthcoming Care Act 2014 and the Health and Social Care Act 2012, along with changes to inspection frameworks
- Technological advancements – there is growing demand for online, web based transactions

What does this mean for the Council?

It is anticipated that the Council will be a significantly different organisation. It will be:

- a differently-shaped organisation
- providing fewer services

¹ Public Health Outcomes Framework 2013-16, Adult Social Care Outcomes Framework 2013/14 and NHS Outcomes Framework 2013/14.

- employing fewer people
- sourcing services from a range of different suppliers - including the private and public sector along with in-house provision and consideration of mutual companies and charitable status.

Aspects of these organisational changes promoted within the council (eg evidence based approach, outcomes oriented commissioning) are already integral to public health disciplines and ways of working. Within this overall national and local context, the time is right to develop a vision for the way in which the PH function will operate across Nottinghamshire County.

Health and Wellbeing strategy – this has been developed within Nottinghamshire County, led by the newly created Health and Wellbeing Board. The Director of Public Health is one of the 3 senior council officers on the Board and ensures that the Board is public health focused, and ensures that the strategy works towards improving the health and wellbeing of the population. Currently the strategy has a number of priority areas which are led by a Board Champion. This system has recently been reviewed, and the strategy is likely to be revised to have a smaller number of more tightly focused priorities.

4. Vision for the new PH system within Nottinghamshire County Council

To develop Nottinghamshire County Council into a fully empowered public health organisation that enables it to fully unleash its potential to improve the health and wellbeing of the local population, and, in partnership with local stakeholders, to fully contribute to an effective and efficient public health system across the whole county

5. The PH function moved from the NHS to Nottinghamshire County Council in April 2013, and the last two years have seen a slow but steady **integration** of the PH staff and related functions into the council. However, because of the need to ensure all PH commissioned services were fully fit for purpose, significant PH staff time has been devoted to the strategic recommissioning all the services which were inherited by the council on 1 April 2013. This process will not be fully complete until 2016/17, but will make a substantial contribution (£8m) to the medium term financial plan of the council. At this point there will be much more scope for the PH function to influence the whole of the county council and beyond, and there is now a golden opportunity to redefine this new PH function in the light of the overall review of *Redefining Your Council*.
6. In terms of **integration**, the council will go through a number of stages as it embeds public health knowledge skills and experience into the organisation:
 - **Safe** – at this stage the council will have safe PH services, which are commissioned and performance managed properly (eg tobacco, substance misuse etc)
 - **Informed** – at this stage, the council will have partially incorporated many of the PH skills routinely into the organisation,
 - **Embedded** – here the council will have a fully incorporated public health approach to all its plans on a routine basis
 - **Empowered** – at this stage the council will be a fully-fledged public health organisation, with the improvement of its residents' health and wellbeing at the core of its thinking, and

all staff feeling fully empowered to improve health and reduce inequalities as part of routine business

7. This new vision for PH within the council will enable the organisation to move from **safe** through to **empowered** and will be described in 6 sections:

7.1 Core service offer

7.2 Commissioning of PH services, including accountability for the PH ring fenced grant

7.3 Public Health staff, including their core knowledge, skills and experience plus their development and integration into the council

7.4 Relationship with key stakeholders, particularly CCGs and district councils

7.5 Health protection

7.6 Development of the role of the HWB Board

7.1 Core service offer

- a. **To improve the health and wellbeing of the people of Nottinghamshire county, and reduce health inequalities.** This is the raison d'être of the public health function, and all public health staff will ensure that the large number of opportunities of working within the council are maximised. In addition, the current public health staff will be able to learn a lot about how to work within a political environment and make the most of engaging and influencing locally elected members. This process will help to move the organisation from a safe to an empowered public health organisation. For example the council will increasingly be able to harness all of its resources (eg social care, planning etc) to improve health and wellbeing and will be able to make arrangements to achieve this across the whole council agenda and not only in relation to mandated PH services. This is a good example of strategic PH influence on all aspects of the council.
- b. **To contribute to the achievement of a range of health outcomes.** This will be a combination of population outcomes which reflect the overall health and wellbeing of Nottinghamshire residents, but also specific council outcomes reflecting the nature of the council's overall strategic plan. Again the focus needs to be utilising all the forces of the council whether this be commissioning PH services, or developing social care or the implementation of the range of council services.
- c. **To focus on health improvement** via a combination of strategic influence of key partners, and the recommissioning of services which promote the health and wellbeing of the population. This would also include utilising PH skills across the whole council, particularly the strategic analysis of need, and understanding of the evidence base and ensuring a strategic commissioning lens is used in all council thinking. (This could include an incentive payment reward scheme as part of the contractual agreement with the providers of newly commissioned services.) It will be important to focus on what needs to be achieved (outcomes) and allow the procurement process to determine how services should be delivered (ie which provider).
- d. **To support local commissioners and ensure resources are deployed based on population based health need.** This relates to local Clinical Commissioning Groups, and other key stakeholders who commission services eg district councils, Police and Crime Commissioner. This is important in the community safety agenda, including issues like substance misuse and domestic abuse. It will also be important to ensure PH support to local NHS commissioning organisations who may have increased responsibilities as a result of delegated functions from NHS England.

- e. **Ensure the Health and Wellbeing Board (HWB Board) is supported and is public health focused.** This will include ensuring the board is both public health focused but also facilitating the inclusion of the range of partners in its thinking. The response to the Peer Challenge in February 2015 will be a golden opportunity to enable the board to become a system leader rather than just a system enabler, with health improvement and reducing health inequalities at its core. There is an opportunity here to develop and enable all board members to think 'health improvement' in all its business.
- f. **Ensure the statutory role of the Director of Public Health (DPH) is fulfilled.** This includes ensuring the DPH role is fulfilled as described in the Health and Social Care Act 2012. This would include the development and publication of the Joint Strategic Needs Assessment, the Health and Wellbeing Strategy, and the Independent DPH Annual Report (due for publication in September 2015). In addition the health protection functions of the DPH need to be supported eg health emergency planning and the assurance and oversight role for screening and vaccination programmes, blood borne viruses, Tuberculosis, and community infection control. This also includes the public health response to potential environmental issues eg fracking.

7.2 Commissioning of PH Services, including accountability for the PH Grant

- a. The council receives a grant each year to enable the PH system to operate effectively. In 2015/16 this will be £36.1m, and the majority of this (90%+) is spent on commissioning a range of services. This grant comes from the Department of Health (DH), via Public Health England (PHE), and is currently ring fenced. It will continue to be so for 2015/16, although it is not clear whether it will continue to be ring fenced after that, or be subsumed within the overall county council allocation from central government. As part of the new vision for PH within the council, the DPH will continue to be the accountable officer for this grant, and formally report to the PH Committee who will continue to agree expenditure and scrutinise performance.
- b. As part of the implementation of the council's medium term financial strategy, the PH grant will deliver £8m in efficiencies over the three year period 2014-17. £5m was achieved in 2014/15 and a further £3m will be achieved over the period 2015/17. This money will be realigned into a number of council areas which have been agreed will help towards the achievement of PH outcomes. The DPH will continue to be responsible for ensuring this realigned money is spent appropriately, and will formally report this to PHE each year.
- c. The DPH will continue to be responsible for a number of PH areas, which will include the achievement of efficiencies over the next two years, and ongoing active performance management thereafter.
- d. In terms of PH staffing, since 2013, the department has funded a range of commissioning resource and other central overheads, which were previously funded out of its budget. In addition, it is planned to release £150k in efficiencies in 2015/16 from a total budget of £2.9m. However, at the same time it is planned to recruit several temporary posts on fixed term contracts to ensure the commissioning activity above comes to fruition efficiently and effectively, using funding from reserves.
- e. During 2015/16, further reductions will be made to the PH grant as a result of the Chancellor's decision to cut the national grant by £200m. For Nottinghamshire County

this will be approximately £2.5m, and further work will now be done to ensure the council is able to live within this revised amount.

7.3 PH staff, including their core knowledge, skills, experience and development

- a. PH staff have a variety of knowledge skills and experiences which need to be more actively used for the benefit of the council as a whole:
- Many have a knowledge base which comes from a previous clinical training (eg medicine, nursing, pharmacy, dietetics, physiotherapy etc), and many have been through formal PH training programmes which have focused on ensuring a good knowledge of key PH topics like epidemiology, statistics, psychology, sociology, strategic commissioning and general management.
 - There are a large number of staff who have skills which will be of benefit to the council. These include research and analytical skills which focus on an evidence based approach to decision making. Within the council such skills will be useful to ensure that political decision making is complemented by this evidence based approach.
 - In addition, many staff have a wide range of experiences which will be useful to the council. These include not only extensive experience of working in the NHS, including both as commissioners and providers, but also experience of working in schools, private industry, academia and a variety of public sector organisations (eg district councils, police, fire, voluntary sector etc).
 - It is important to note that PH staff will also need to learn from other county council staff, particularly in areas like political engagement, consultation with the public, legal and procurement.
- b. Staff development is an important component of the new vision. It will be essential that all staff continue with a development programme that ensures everyone has a full understanding of council systems and processes. This already happens with all staff for mandatory training (eg fire, health and safety, information governance etc), and for some relevant staff for more bespoke training (eg the recent management development programmes for group managers and team managers). However, as part of the individual performance appraisal system, all members of staff will have a personal development plan which includes ongoing development for issues such as how to work in a political environment, and how to make the best use of council systems like Business Management Systems (BMS).
- c. In addition all staff have a role to play in the training of staff, including aspects of medical education. The council is an accredited training location for public health registrars, and Foundation Year (FY2) doctors, all of whom come on rotation as part of their overall training. In return for the supervision and training provided by PH Consultants, the council benefits from the additional free capacity which these trainees provide.
- d. As part of this staff development, all PH Consultant staff, including the DPH, have to undergo a professional appraisal every year organised by Public Health England. (This is in addition to any internal council management appraisal.) This professional appraisal includes the requirement to undergo at least 150 hours of continuing professional development over a 3 year period, which is closely monitored by the Faculty of Public Health. Every 5 years this leads to the process of *revalidation* which

is now an essential requirement for all staff at Consultant level. For example the DPH was formally revalidated by the General Medical Council (GMC) in January 2015, and will need to be revalidated again in January 2020. This is an essential requirement to remain on the GMC Medical Register.

- e. As part of *Redefining Your Council*, PH staff will be more actively engaged in helping all parts of the council to look at services through a commissioning lens to ensure the commissioning skills and expertise of PH staff are used across the organisation as a whole.

7.4 Relationship with key stakeholders, particularly CCGs

- a. The PH team will continue to be the principal source of public health advice for local commissioners, particularly Clinical Commissioning Groups (CCGs), and staff will undertake this role as part of the Memorandum of Understanding with the CCGs. An important part of this new vision will be to ensure this supports the 3 planning localities across Nottinghamshire (ie Bassetlaw, Mid Notts, and South Notts).
- b. As part of their job plan each of the PH Consultants is a member at least one of the CCGs. This involves ensuring PH support to commissioning decisions, advising the relevant committees as necessary (eg Governing Body, Executive Committee, Clinical Council), and being the first port of call for any queries from that locality. The DPH will continue to support county wide CCG forums eg the CCG Clinical Congress.
- c. Another key set of stakeholders are all the district councils. These are heavily engaged in a number of PH areas, and indeed some of the DC Chief Executives act as sponsors for key areas eg housing, substance misuse, domestic violence. Each of the PH Consultants will continue to be the first port of call for any locality PH issue relating to an individual district, and the DPH will ensure the PH system supports this process.
- d. Other key stakeholders include the Nottinghamshire Fire and Rescue Service, Nottinghamshire Police and the Nottinghamshire Police and Crime Commissioner. They are actively engaged in a range of PH issues such as substance misuse, domestic violence, accident prevention and tobacco. Part of the new PH vision will be to ensure the locality working initiative coordinated by the Notts Chief Officers Forum, is supported by PH staff, partly with analytical information, but also by ensuring the PH commissioned services are sensitive to this policy area eg linking the healthy child programme to the troubled families initiative.

7.5 Health Protection

- a. The DPH will continue to co-chair the Nottinghamshire Local Health Resilience Partnership to ensure the health response to emergencies is planned and coordinated. As part of this process the DPH will continue to have a strong working relationship with the emergency planning function of the council and will continue to be a member of the Local Resilience Forum (LRF) and ensure strong links between the NHS and the LRF.
- b. The DPH will continue to have responsibility to secure assurance about arrangements and outcomes for other aspects of health protection not directly commissioned by the council. For example, vaccination and immunisation programmes, screening

programmes, Tuberculosis, blood borne viruses (eg Hepatitis B and C), community infection control, and the public health impacts of environmental hazards eg fracking.

7.6 Development of the role of the Health and Wellbeing Board

- a. The PH team has been fundamental to the success of the HWB Board over the last 4 years, as each board meeting, development session and stakeholder meeting has always had a PH focus. However, the peer review process which took place in February 2015 identified that the Board should become more of a health and wellbeing system leader and not just focused on the PH agenda. Therefore the new vision for PH within the council will be to ensure that this happens, with the board becoming a more corporate committee supported by a dedicated team, but still supported as necessary by the PH team. This will include supporting the governance review of the Board during 2015 and ensuring there is continued PH support for both the Board and the 3 NHS planning groups across the county. This will also result in a review of the HWB Strategy with fewer and more focused priorities.
- b. For this reason the Associate Director of PH will continue to be managed by the DPH but will give particular focus to the review of, and ongoing development of, the HWB Board and its varying support structures, including support for the Chair of the Board.

8. Summary

This paper has summarised a new vision for the public health function within Nottinghamshire County Council, as part of the review of *Redefining Your Council*.

- *A PH function which is fully integrated into the council, but also has strategic influence on many other partners and stakeholders which make up the wider PH system*
- *All aspects of the council should be looked at through a strategic commissioning lens, irrespective of the provider, with a focus on health and wellbeing outcomes*
- *PH staff need to be better utilised and their knowledge skills and experience need to be better incorporated into the routine workings of the council*
- *The HWB Board should be developed into a system leader for the local health and social care community*

9. Next steps

Discussion took place with Public Health staff in May/June 2015, followed by a meeting of all Public Health staff to look at implementation on 16 July 2015

Discussion with Chair and Vice Chair of the PH Committee May/June 2015

Discussion at Corporate Leadership Team 9 June 2015

Views from partners sought July 2015 – including CCGs, district councils, Police, PCC, Fire and Rescue Service

To be formally approved at Nottinghamshire County Council PH Committee in September 2015, as part of the overall review of *Redefining Your Council*.

Ongoing Implementation from September 2015. An action plan has been developed and this forms the basis of the Public Health Department Plan for 2015/16 (see separate agenda item).

RECOMMENDATION

Members are asked to support the new vision for the PH function across Nottinghamshire County.

Dr Chris Kenny
Director of Public Health

For any enquiries about this report please contact:

Dr Chris Kenny
Director of Public Health
Telephone: 0115 977 2819
chris.kenny@nottscc.gov.uk

Financial Comments (DG 13/08/2015)

10. There are no financial implications within this report.

Constitutional Comments (CEH 13/08/15)

11. This report falls within the remit of the Public Health Committee

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 Policy Committee, 15 July 2015, Redefining Your Council – A Review

Electoral Divisions and Members Affected

All



REPORT OF THE DIRECTOR OF PUBLIC HEALTH

PUBLIC HEALTH DEPARTMENT PLAN 2015/16

Purpose of the Report

1. The report presents the Public Health Department Plan for 2015-16 for approval by the Committee and seeks Committee agreement to receive monitoring reports on progress against the plan in due course.

Background

2. The Public Health department has an annual plan which sets out overall direction for its work and highlights key activities and actions to be undertaken. The plan is subject to Committee approval.
3. The Committee also receives bi-annual updates on progress in implementing the plan, to ensure that progress is tracked and monitored.
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 the Public Health Committee separately in the quarterly contracts and performance reports. Progress reports in respect of the Department Plan implementation concentrate on identified activities and whether they have been completed.

2015-16 Department Plan

5. The 2015/16 plan is attached for consideration. As reported to Committee in July 2015, the preparation of the plan was delayed owing to the need to ensure it took account of other decisions of the Council, specifically proposals for implementation of Redefining Your Council due to be considered by Policy Committee in July.
6. The Public Health Department Plan takes account of the statutory responsibilities, contractual obligations and wider strategic requirements of the County Council. It reflects other decisions of the Public Health Committee setting strategy and direction for the work of Public Health, the County Council's budget consultation and setting process, and the Procurement Plan that was approved by the Committee on 12 May 2015.
7. The proposed Public Health Department Plan is presented in Appendix One. It has been developed in conjunction with the individual policy leads to include key priorities. These are summarised under the following headings:

- Improving efficiency and quality in commissioned services
 - Exploring new opportunities to improve health
 - Embedding Public Health leadership and oversight
 - Developing and making maximum use of Public Health skills
8. If approved, the actions contained within the 2015/16 Department Plan will be monitored using local performance information linked to Public Health Outcomes Framework. Progress reports on the actions contained in the plan will be brought to Committee to ensure that the implementation of the plan is overseen.

Other Options Considered

9. Consideration was given to not putting in place a Department Plan for 2015-16, in the light of forthcoming structural changes within the County Council. However, this option was rejected as it would not provide a monitoring framework for the activities of the department in the interim. Instead, the structural changes, e.g. transfer of the Public Health function to the Adult Social Care and Health Department, have been included as actions within the plan, within the Resources section.

Reason for Recommendation

10. The Department Plan for 2015/16 will provide overall direction for the department and enable progress to be monitored.

Statutory and Policy Implications

11. 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

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

RECOMMENDATIONS

The Public Health Committee is requested to:

1. Approve the Public Health Department Plan for 2015 -16
2. Agree to receive monitoring reports on progress against the plan in due course.

Dr Chris Kenny
Director of Public Health

For any enquiries about this report please contact:

Kay Massingham

Executive Officer

Telephone: 0115 993 2565

kay.massingham@nottsc.gov.uk

Financial Comments (DG 11/08/15)

13. Financial implications are included in paragraph 12.

Constitutional Comments (SLB 11/08/15)

14. Public Health Committee is the appropriate body to consider the content of this 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, 3 July 2014, Public Health Department Plan

Report to Public Health Committee, 12 March 2015, Public Health Department Plan 2014 -15 – Progress Report

Report to Public Health Committee, 2 July 2015, Public Health Department Plan progress report 2014/15 and update on preparation of 2015/16 plan

Electoral Divisions and Members Affected

All

Public Health Department Plan 2015-16

Section One: Introduction and Context

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

Public Health is defined as

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

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

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

Public Health operates under three main headings:

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

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

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

Directly commissioned services:

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

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

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

Health protection

The local authority statutory health protection role covers the provision of information and advice to relevant parties within their area in order to promote the preparation of, or participation in, health protection arrangements against threats to the health of the local population.

Health improvement

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

Advice and Support

Provision of advice to the CCGs is a mandatory function. Advice to the Clinical Commissioning Groups (CCGs) is delivered through a Memorandum of Understanding (MoU)

– this includes provision of population health advice, information and expertise to support the commissioning of evidence-based, cost-effective health services.

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

Ways of working

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

Section Two: Fit with corporate and local strategy

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

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

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

Supporting safe and thriving communities

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

Providing care and promoting health

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

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

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

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

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

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

Our Delivery Plan targets for the year are:

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

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

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

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

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

Section Three: Public Health Priorities for 2015-16

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

Improve efficiency and quality in commissioned services

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

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

Tobacco Control

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

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

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

Work in partnership to improve health and wellbeing

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

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

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

Health and Wellbeing Board Peer Review

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

Embed Public Health leadership and oversight

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

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

Develop and make the maximum use of Public Health skills

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

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

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

Section Four: Resources

Staffing and structure

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

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

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

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

Financial Resources 2015/16

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

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

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

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

Section Five: Monitoring the Department Plan

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

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

Appendix One: Public Health Procurement Timetables 2015/16

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

10th September 2015**Agenda Item: 6****REPORT OF THE DIRECTOR OF PUBLIC HEALTH****COMMISSIONING OF SPECIALIST DOMESTIC VIOLENCE AND ABUSE
SERVICES WITHIN REFUGE****Purpose of the Report**

1. The purpose of this report is to:
 - Brief members of the Public Health Committee on the background relating to specialist domestic violence and abuse (DVA) services within refuge in Nottinghamshire.
 - Inform members of the options relating to the future commissioning of specialist DVA services within refuge.
 - Seek approval of the proposed commissioning arrangements from 1st October 2015.

Background**Evidence of effectiveness**

2. Refuges provide safe temporary accommodation for women and children fleeing DVA. In addition to providing a secure place to live, specialist DVA services provided within the refuge enable women and their children to recover from DVA and to take steps to regain an independent life. With appropriate resources, refuges have the capacity to provide protection, support and help to survivors so as to avoid future abuse.
3. Studies do indicate refuge has potential for improving women's mental health, life quality, self-esteem, coping, empowerment and in some cases outcomes related to depression and trauma. A study by the New Economics Foundation found that for every £1 spent on refuge provision, a social return of £3.54 is generated.

Current refuge provision

4. There are currently four women's refuges in Nottinghamshire, two located in the north (Bassetlaw and Mansfield) with specialist DVA support services commissioned by NCC until 30th September 2015 and provided by Nottinghamshire Women's Aid (NWA) and two in the south (Broxtowe and Newark) which are not commissioned by NCC. There is a male refuge located in Derbyshire that Nottinghamshire services refer male survivors of DVA to.
5. The two refuges located in the north provide 15 units of accommodation for women and children. Both refuges operate within a national refuge network and are commissioned in accordance with Women's Aid Federation Commissioning Standards which stipulate that

“refuge services should not be restricted to service users from specific geographical areas but should allow survivors to travel the distance needed to be safe from their abusers in order to contribute to an effective national network of refuges”.

6. The 15 units in the north of the county were well utilised being occupied 95% of the time with only slightly over the agreed limit of 5% void (5.8%) in 2014-15. During this period 67 adult females accompanied by 127 children used the two refuges and their respective services.

Commissioning of refuge provision

7. In order to respond to local and national need for emergency accommodation, refuge is an important component in providing a comprehensive response to violence against women and girls. The 2008 Council of Europe minimum standards for combatting violence against women services recommend at least one family refuge space per 10,000 women. This same standard was also reflected in the former local government 2005 Best Value Performance Indicator (BVPI 225). Although the BVPI is no longer applicable this remains the most up to date ratio to benchmark against today. For Nottinghamshire this equates to 34 refuge spaces based on the 2015 female 16+ population or a slightly lower 23 spaces based on women aged between 16-59 years only. Equivalent standards for men are not currently published.
8. NCC has a long history of funding specialist DVA services in refuge accommodation and refuge was a component of the DVA services commissioned in 2012. However, refuge was out of scope of the joint commissioning of DVA services undertaken by NCC and the Office of the Police and Crime Commissioner (OPCC) earlier this year. The reasons for this were partially due to unresolved historical complications with the registered social landlord (RSL) owners of the refuges, a recent non-recurrent financial investment by the Department of Communities and Local Government (DCLG) into Nottinghamshire and also an acknowledgement that specialist DVA services in refuge is different to the wider DVA support services. The DCLG funding aims to sustain, improve and enhance local refuge provision. It was therefore deemed beneficial to commission specialist DVA services in refuge separately and later than the DVA services tender so as to see how the national financial investment builds capacity locally.
9. Despite this decision to wait, local refuge arrangements remain unstable. There has been some delay in implementing the national monies and the position of the local RSLs remains unchanged. For these reasons and the fact that the current DVA services contract is due to expire on 30th September 2015 a decision is required in order to ensure there is continuous provision beyond 1st October 2015.
10. Approval was given by the Public Health Committee on 2nd July 2015 to award the 2015-2018 DVA services contract to Nottinghamshire Women’s Aid in the north and WAIS in the south of the county. A clause in the Invitation to Tender documentation entitles NCC to enact a contract variation (CV) for the supply of specialist DVA services in refuge.
11. This paper proposes that the most efficient and timely course of action that will provide continuity of safe, high quality specialist DVA support services in refuge is to carry out a CV to NWA’s contract for the supply of specialist DVA services to a minimum of 15 units across two refuges in Nottinghamshire and to scope how NCC can commission and/or sustain further refuge provision in light of the recent investment made by DCLG.

Other options considered

12. Doing nothing - the result of which would mean current provision would end on 30th September 2015. This would essentially be decommissioning provision which would be detrimental to the needs of a very vulnerable group and contravene the standards set out by the Council of Europe / local authority BVPI-225.
13. Tender for a new provider of DVA services in refuge – this would be costly in terms of Council resource and unnecessary as the previous DVA tender documentation allowed for the addition of specialist DVA services in refuge. Furthermore, potential landlords of refuge provision may not allow another provider to deliver specialist DVA services within their refuge accommodation and this would result in a fragmented service which would be counterproductive to the recently successful commissioning of a more integrated system.

Financial Implications

14. At the 21st January 2015 PHC members agreed to an overall reduction in the DVA budget of £100,000. This has led to the budget for the provision of DVA services within refuge to reduce by £19,148 from £194,000 to £174,852 per year.
15. This paper proposes £174,852 per year is committed for the period October 2015 – September 2018 (the length of the main DVA contract) in order to ensure at least the same level of refuge service provision is delivered across Nottinghamshire.

Reason/s for Recommendation/s

16. The reasons for recommending the commissioning of refuge services are:
 - to ensure we have an effective and timely response to urgent requests for emergency accommodation
 - that provision is sustained at least at the current commissioned level for the next three years
 - that refuge provision is integrated with the recently commissioned DVA service

Statutory and Policy Implications

17. 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.

Public Sector Equality Duty implications

18. The Equality and Human Rights Commission state the public sector Equality Duty does not mean that services should necessarily be provided on the same scale for both men and women. For example, because women make up the majority of victims of domestic violence and rape it may not be appropriate for a local council to fund or provide refuge services on an equal basis for men and for women, as set out in the example in section 19 taken from the Equality and Human Rights Commission.

19. If a service was provided for men and women jointly it would not be as effective and the level of need for the services makes it not reasonably practicable to provide separate services for each sex. For example, a women-only support unit for women who have experienced domestic or sexual violence can be set up, even if there is no parallel men-only unit because of insufficient demand. Further information is available at <http://www.equalityhumanrights.com/private-and-public-sector-guidance/public-sector-providers/public-sector-equality-duty/general-duty-faqs-gb>

RECOMMENDATION/S

Members are asked to:

- Support the commissioning intentions outlined in the report.
- Approve the expenditure of £174,852 per year on provision of specialist DVA services within refuge in Nottinghamshire.

Dr Chris Kenny
Director of Public Health

For any enquiries about this report please contact:

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Constitutional Comments (AK 13/8/2015)

Public Health Committee has authority to approve the recommendations set out in this report.

Financial Comments (DG 10.8.15)

The financial implications are contained within paragraph's 14 and 15.

Background Papers and Published Documents

Details relating to the commissioning of DVA service what is in scope and not in scope and information relating to the future commissioning of refuge was published in the tender documents including the service specification in 2015

Electoral Division(s) and Member(s) Affected

- All



10th September 2015

Agenda Item: 7

REPORT OF DIRECTOR OF PUBLIC HEALTH

PUBLIC HEALTH SERVICES PERFORMANCE AND QUALITY REPORT FOR HEALTH CONTRACTS QUARTER 1 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 April to June 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 1 (April to June 2015) against key performance indicators related to public health priorities, outcomes and actions within:
 - i) the Public Health Departmental Plan 2015-2016;
 - ii) the vision of the Health and Wellbeing Board; and
 - iii) the Authority's priorities following the adoption of the Strategic Plan 2014-18.
5. A summary of the performance measures is set out at **Appendix A**.

Key Issues in Performance in Quarter 1 2015-16

6. The annual target for the number of people who have been offered health checks has increased slightly from 49,268 to 49,697 and the target for those receiving health checks in Nottinghamshire has been increased this year from 27,172 to 29,817 due to the need for a year on year improvement in the uptake of health checks. Whilst the quarter one percentage is lower than the quarter 1 position this time last year, there is an ongoing and consistent effort by policy team colleagues to go round those GP practices who may not be performing well and assisting them with any issues they may be experiencing in either sending out health check offer letters or getting people through their doors to take up a health check assessment.
7. Sexual health services are performing well in Nottinghamshire. Contract review meetings are still being undertaken with providers to ensure services continue to be provided at their optimum for the remainder of the term in the associate arrangements. Performance will continue to be robustly monitored during the tender process for the new services, which are due to commence on 1 April 2016.
8. The alcohol and drug misuse services commenced on 1st October 2014. The services continue to grow with more service users being recorded accessing the services. This was a complex service to transfer and a completely new integrated way of working for outcomes. There are some teething problems, including issues with staff sickness, recruitment and the use of agency staff. The staffing issues have in turn meant that some services have required intensive input from both the provider and public health colleagues to ensure provision is robust. The public health team is working very closely with the provider to ensure that as we enter into the second half of the first contract year, the Authority is assured that all commissioned services are in place and being provided to a consistently good standard across the county.
9. The new one year smoking cessation service pilot commenced on 1 April 2015 which is based on a results driven payment mechanism rather than the previous block contract held under associate arrangements. Whilst savings can be made if the provider does not perform to target, Members will note that performance for the first quarter is not promising. However, the service performs extremely well with those service users it engages and the success rate for quitting of those engaged in the service is excellent. The public health team is working hard with the provider to ensure all is being done to get people into the service. An action plan has been agreed to ensure that throughout the year the provider targets events, areas and shops throughout the county where more referrals can be generated. Ideas to boost numbers have included opening temporary drop in 'shops' in town centres as well as utilising the provider's mini-bus to do outreach work. A tender commenced in May to procure a new Tobacco Control service which will be in place by 1st April 2016.
10. The new obesity prevention and weight management service has begun albeit not all services are fully up and running in this first quarter due in part to the new integrated way the services have been commissioned, ongoing discussions with other key stakeholders and in part to a recruitment issue. However, those services that are running are being provided to target and have been well received. Due to ongoing and robust discussions with public

health colleagues, the provider is reportedly on track to deliver the remainder of the services and to meet all the targets set.

11. The current domestic abuse services are performing well even with the uncertainty that a tender exercise tends to bring in destabilising the market. The providers are continuing to provide an excellent service to this very vulnerable service user group. The new service will commence on 1st October 2015.
12. The healthy housing services are going from strength to strength. The service is provided in Rushcliffe, Gedling and Broxtowe in the County and is a City Council led contract. The numbers of people trained to deliver brief interventions is very promising and means that more referrals will be generated. There needs to be some targeted work in Rushcliffe and this has been flagged to the provider for action in quarter two. The number of homes of people in target groups in which heating and insulation improvements are made is low. This is due to the paucity in the Government's ECO grant funding. National energy grant funding may not be available until 2017 because the energy companies have mostly met their carbon emissions saving target and therefore there is no incentive for them to develop projects and offer grants to subsidise the installation of energy saving measures. However, 26 installations are due in quarter two in the three boroughs. Furthermore, the provider has submitted a successful bid to offer free solar PV panels to help reduce householder's electricity bills which is due to start in quarter three.
13. The first quarter for the two services tackling social exclusion is promising and the public health team is working closely with the providers to ensure this continues.
14. Services and evaluations for the public health services for children and young people aged 5-19 and the dental public health services only begin in quarter three and therefore this will only be reported in quarter four.

Statutory and Policy Implications

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

Financial Implications

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

Implications in relation to the NHS Constitution

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

Public Sector Equality Duty implications

18.Monitoring of the contracts ensures providers of services comply with their equality duty. Equality performance is a standing agenda item of review meetings and providers are asked to provide case studies celebrating success and showing how complaints, if applicable, are resolved.

Implications for Service Users/Safeguarding of Children and Vulnerable Adults Implications

19.The performance and quality monitoring and reporting of contracts is a mechanism for providers to assure commissioners regarding patient safety and quality of service.

RECOMMENDATION

The recommendations are:

- 1) That the Public Health Committee receives the report and notes the performance and quality information provided.

Chris Kenny
Director of Public Health

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

Constitutional Comments

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

Financial Comments

21. 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 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	5	5	0	
Mental Health				0	0	0	1
Information relating to management functions				0	0	0	6
Sexual Health				0	0	0	1
Cross Departmental				0	0	0	3
Obesity Prevention				0	0	0	
NHS Health Checks				0	0	0	
Tobacco Control							1
CYP							1
Domestic Abuse							1

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

Service and Outcome	Contract Value Category	Performance Indicators	Q1	2015/16 Total Achieved	Annual Target	% of target met	
NHS Health Check Assessments To reduce early mortality and improve quality of life for individuals with Long Term Conditions (LTC)	Medium High	No. of eligible patients who have been offered health checks	8136	8136	49,697	16%	
		No. of patients offered who have received health checks	4429	4429	29,817	15%	
		No. of patients who have been identified as high risk and referred to other services as a result of a health check	117	117	n/a	n/a	
Comprehensive Sexual Health Services Promotion of the prevention of Sexually Transmitted Infections including HIV Increased knowledge and awareness of all methods of contraception amongst all groups in the local population	High	Genito-Urinary Medicine (GUM - DBH, SFHT & NUH) Cumulative target					
		First attendance	4196	4196	4147	101%	
		Follow up appointment	1499	1499	1,625	92%	
		SFHT					
		SEXions - number of education sessions provided in schools	39	39	n/a	n/a	
		SEXions - number of 1-1 advice & sessions given to young people	237	237	n/a	n/a	
		NHT - The Health Shop					
		Percentage of 15-24 year olds in contact with The Health Shop service who are offered a Chlamydia screen	100%	100%	100%	100%	
		Percentage of appropriate clients aged over 14 years who are offered advice on contraception	100%	100%	100%	100%	
		Planned Face-to-Face Activity - Sexual Health Only	232	232	1140	20%	
		Terrence Higgins Trust					
		No. of Point of Care testing (POCT) for people residing in Nottinghamshire County	19	19	24	79%	
		No. of support sessions delivered in Notts targeting people living with HIV	54	54	96	56%	
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 2014/15	0%		n/a	
		% of children in Year 6 with height and weight recorded	academic year 2014/15	0%		n/a	
		Parents/Carers receive the information regarding their child within 6-weeks post measurement	academic year 2014/15	0%		n/a	
Alcohol and Drug Misuse Services Reduction in Alcohol related admissions to hospital Reduction in mortality from liver disease Successful completion of drug treatment	High	Crime Reductions Initiative (CRI) Baseline to be set from October 2015 Targets to be set Q3					
		Number and % of unplanned exits	195 (48%)	n/a	n/a	n/a	
		Number of successful exits (ie planned) and	209 (52%)	n/a	n/a	n/a	
		Number of new treatment journeys	1134	1134	n/a	n/a	
Tobacco Control and Smoking Cessation Reduce adult (aged 18 or over) smoking prevalence Behaviour change and social attitudes towards smoking Prevalence rate of 18.5% by the end of 2015/16	High	Four-week smoking quitter rate					
		GP's (County & Bassetlaw)	52	52	418	12%	
		County Community Pharmacies	14	14	77	18%	
		New Leaf - County Health Partnership	392	392	3730	11%	

Obesity Prevention and Weight Management (OPWM) To achieve a downward trend in the level of excess weight in adults by 2020 A sustained downward trend in the level of excess weight in children by 2020 Utilisation of green space for exercise/health reasons	High	Number of new assessments				
		Adults - Tier 2	82	82	258	32%
		Adults - Tier 3	61	61	480	13%
		Children & Young People - Tier 2	0	0	54	0%
		Children & Young People - Tier 3	8	8	49	16%
		Maternity	0	0	500	0%
		Post-bariatric reviews	0	0	60	0%
		Adults, Children & Young People combined service users	91	91	1,400	7%
Domestic Abuse Services Reduction in Violent crime Reduction in Domestic violence	Medium	Notts Women's Aid - MARAC				
		No of cases discussed at MARAC	114	114	440	0
		WAIS - MARAC				
		No of cases discussed at MARAC	84	84	350	0
		Notts Women's Aid mthly target				
		Utilisation of refuges (Target = 95%)	92%	92%	95%	97%
		Successful departures from refuges (Target = 88%)	100%	100%	88%	114%
		Children's Outreach - volume	54	54	130	42%
		WAIS				
		Children's Outreach - volume	42	42	130	32%
Seasonal Mortality Reduction in excess winter deaths	Medium	Nottingham Energy Partnership - Healthy Housing				
		Number of homes of people in the target groups in which heating and insulation improvements and/or preventative adaptation are made as a result of referrals	16	16	201	8%
		Number of individuals trained to deliver Brief Interventions i.e. number of people attending the training courses	49	49	185	26%
Social Exclusion To improve outcomes for older people by reducing risk and health impacts of loneliness	Medium	Together We Are Better - Service commenced November 2015 for one year pilot				
		Number of invitation letters sent (this is letters sent to GP's for distribution - the number actually distributed is not known)	5250	5250	n/a	n/a
		Number of individuals paired	4	4	n/a	n/a
	Medium	The Friary Drop-in Centre				
		Number of one-to-one specialist advice interviews undertaken	1583	1583	n/a	n/a
Public Health Services for Children and Young People aged 5-19	High	% young people and/or parents carers surveyed who through the school nursing service was good or excellent		0%	85%	0%
		Number of brief interventions offered by school nurses and delivered with children and young people by public health topic		0	n/a	n/a
		Number of children with a school entry health review by end of year one		0	n/a	n/a
		Total number of schools that have completed the Healthy Schools Whole School Review across Nottinghamshire in this financial year		0	50	0%
		% of children's centres engaged in the Healthy Early Years Programme		0%	95%	0%
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%	80%	0%
		% staff trained who have gained knowledge and have confidence in offering oral health brief interventions	0%	0%	80%	0%
		Number of primary schools using the resource pack that have found the "Teeth Tools for Schools" resource pack both useful and educational	0%	0%	80%	0%



REPORT OF CORPORATE DIRECTOR, RESOURCES

WORK PROGRAMME

Purpose of the Report

1. To consider the Committee's work programme for 2015/16.

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

Meeting Dates	PH Committee	Lead Officer	Supporting Officer
30 September 2015	Award of sexual health services contract	Jonathan Gribbin	Lynn Robinson
	Award of NHS Health Check IT and Outreach Contracts	John Tomlinson	Helen Scott
	DPH Annual Report	Chris Kenny	
12 November 2015	Presentation by Everyone Health, Obesity prevention and weight management provider	Barbara Brady	Anne Pridgeon
	Dental Public Health in Nottinghamshire [Sandra Whiston, Dental PH Consultant, PHE]	Kate Allen Sandra Whiston, [Dental PH Consultant PHE]	Geoff Hamilton
	Public Health Services Performance and Quality Report for Health Contracts – July - September 2015	Cathy Quinn	Nathalie Birkett
	Young People's Substance Misuse Service	Kate Allen	Lawrence Jones
21 January 2016	Progress Report on Realignment of Public Health grant 2015-16	Cathy Quinn	Kay Massingham
	Progress Report on PH Department Plan 2015-16	Cathy Quinn	Kay Massingham

17 March 2016	Public Health Services Performance and Quality Report for Health Contracts – October - December 2015	Cathy Quinn	Nathalie Birkett
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REPORT OF THE DIRECTOR OF PUBLIC HEALTH

RE-COMMISSIONING TOBACCO CONTROL SERVICES UPDATE

Purpose of the Report

1. This report provides an update on the tender for the Tobacco Control Services and recommends the Public Health Committee to give approval to award the contract for Tobacco Control Services in accordance with the outcomes identified in the exempt appendices.

Information and Advice

2. Some information relating to this report is not for publication by virtue of paragraph 3 of Schedule 12A of the Local Government Act 1972. Having regard to all the circumstances, on balance, the public interest in disclosing the information does not outweigh the reason for exemption because the information comprises commercially sensitive and confidential information about the bids the Council received. The exempt information is set out in the Exempt Appendix, which will be sent to committee members as soon as the evaluation and tender process has been completed.
3. The process so far:
 - **March 6th 2014** – The Public Health Committee agreed to the re-commissioning of Tobacco Control Services in order to put redesigned services in place by 1st April 2015 [Smoking Cessation Services](#) (Public Health Committee, 6 March 2014).
 - **July 3rd 2014** – The Public Health Committee agreed to realign timescales to a start date for the redesigned service of 1st April 2016 [Tobacco Control and Smoking Cessation Services](#) (Public Health Committee, 3 July 2014).
 - **December 11th 2014** – The Public Health Committee approved the model for consultation [Re-commissioning Tobacco Control Services](#) (Public Health Committee, 11 December 2014)
 - **May 12th 2015** – The Public Health Committee approved plans to commission the ASSIST (A Stop Smoking in Schools Trial - smoking prevention intervention in schools) programme through Nottinghamshire County Council's Youth Service with immediate effect [Developing A Schools Health Hub](#) (Public Health Committee, 12 May 2015)
 - **May 12th 2015** – The Public Health Committee agreed for Tobacco Control Services to formally go out to tender on May 13th 2015 [Re-commissioning of Tobacco Control Services](#) (Public Health Committee, 12 May 2015)

4. The procurement of the Tobacco Control Services is in accordance with The UK Public Contracts Regulations 2015 (SI 2015 No 102). A two stage process was adopted and will put in place a single countywide service for adults, children and young people.

Stage 1: Pre-qualification stage

5. Eight bidders submitted proposals. In the Pre-qualification questionnaire, bidders' responses were evaluated on either pass/fail and/or scored basis against criteria relating to business activities and experience, quality and contract management and business continuity.
6. Only those bidders who met or exceeded the minimum threshold for specific questions and sections of the Pre-qualification questionnaire were invited to tender. Six bidders met these criteria and of these, the top five bidders were invited to tender.

Stage 2: Invitation to Tender stage

7. The Council received bids that were evaluated using the Most Economically Advantageous Tender criteria. This enables the Council to evaluate bids based on quality and price of the tender submission. This is standard best practice for the procurement of services. The weighting of the scoring between quality and price was 60% and 40% respectively. Tenders were evaluated in accordance with the process set out in the information to tenderers.
8. The Tender Questionnaire included questions in respect of service delivery, service implementation, management and staffing, governance, responding to set scenarios and price for the provision of services. Responses were evaluated against set criteria with a threshold set on some but not all of the questions.

Recommendation of award

9. The Tender evaluation process has completed and the outcome of the Tender evaluation panel is included in the exempt appendices.

Other Options Considered

10. To date the Council has received compliant tenders within the budget approved for these services and therefore there are no reasons to abandon or discontinue the process.

Reason for Recommendation

11. The current contracts end on 31st March 2016. The recommendation ensures the continuity of these services to the public after that date.

Statutory and Policy Implications

12. 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

13. The indicative budget for the re-commissioned Tobacco Control Service is £2.3m for 2016/2017. £150,000 has been allocated from this amount to commission the ASSIST programme.
14. The award of these services will provide consistency, quality assurance and improve cost efficiency that will deliver good value for money services within the current budget limits. Please refer to Public Health Committee paper [Re-commissioning Tobacco Control Services](#).

Implications for Service Users

15. Service users/carers were consulted as part of the consultation process. A consultation with service users, prospective bidders and key stakeholders was undertaken between January and April 2015 to seek their views on service provision. The outcome was used to shape the service specification and model.

RECOMMENDATION

- 1) The Public Health Committee gives approval to award the contract for Tobacco Control Services in accordance with the outcomes identified in the exempt appendices.

Dr Chris Kenny
Director of Public Health

For any enquiries about this report please contact:

Lindsay Price
Senior Public Health Manager
01623 433098
Lindsay.price@nottsc.gov.uk

or

Jo Marshall
Public Health Manager
0115 9773925
Jo.marshall@nottsc.gov.uk

Constitutional Comments (CEH 13/08/15)

16. The recommendation falls within the delegation to the Public Health Committee by virtue of its terms of reference.

Financial Comments (DG 11.08.2015)

17. Financial implications of this report are contained within paragraph 13.

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.

- [Smoking Cessation Services](#)
Public Health Committee, 6 March 2014
- [Tobacco Control and Smoking Cessation Services](#)
Public Health Committee, 3 July 2014
- [Re-commissioning Tobacco Control Services](#)
Public Health Committee, 11 December 2014
- [Developing A Schools Health Hub](#)
Public Health Committee, 12 May 2015
- [Re-commissioning of Tobacco Control Services](#)
Public Health Committee, 12 May 2015

Electoral Divisions and Members Affected

All