

Public Health Committee

Tuesday, 12 May 2015 at 14:00

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

AGENDA

- | | | |
|----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|
| 1 | Minutes of the last Meeting held on 12 March 2015 | 3 - 4 |
| 2 | Apologies for Absence | |
| 3 | Declarations of Interests by Members and Officers:- (see note below) (a) Disclosable Pecuniary Interests (b) Private Interests (pecuniary and non-pecuniary) | |
| 4 | Healthy Child Programme and Public Health Nursing - Commissioning Plans | 5 - 12 |
| 5 | Developing a Schools Health Hub | 13 - 26 |
| 6 | Re-Commissioning Tobacco Control Services | 27 - 34 |
| 7 | Public Health Procurement Plan 2015-16 | 35 - 44 |
| 8 | Public Health Finance Plan 2015-16 | 45 - 54 |
| 9 | Annual Report to Health and Wellbeing Board | 55 - 70 |
| 10 | Public Health Services Performance and Quality Report for Health Contracts, October – December 2014 | 71 - 78 |
| 11 | Work Programme | 79 - 82 |

12 EXCLUSION OF 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.

13 Exempt Appendix to Item 7, Public Health Procurement Plan 2015-16

- Information relating to the financial or business affairs of any particular person (including the authority holding that information);

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 | 12 March 2015 (commencing at 2.00 pm) |

Membership

Persons absent are marked with an 'A'

COUNCILLORS

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

Chris Barnfather
Steve Carr
Steve Carroll
John Cottee

Kate Foale
Alice Grice
Martin Suthers OBE
Muriel Weisz

A Ex Officio: Alan Rhodes

OFFICERS IN ATTENDANCE

Barbara Brady, Public Health Consultant
Paul Davies, Democratic Services
Jonathan Gribbin, Public Health Consultant
Chris Kenny, Director of Public Health
Cathy Quinn, Associate Director of Public Health
Tristan Snowden-Poole, Public Health Manager

ALSO IN ATTENDANCE

Sandra Eden, CRI
Sharon Riley, CRI

MINUTES

The minutes of the meeting held on 21 January 2015 were confirmed and signed by the Chair.

MEMBERSHIP

Councillors Barnfather, Cottee and Foale had been appointed in place of Councillors Adair, Cutts and Bosnjak for this meeting only.

DECLARATIONS OF INTEREST

There were no declarations of interest.

PRESENTATION ON PUBLIC HEALTH POLICY AREA: SUBSTANCE MISUSE

Tristan Snowden-Poole introduced Sandra Eden and Sharon Riley from CRI, the provider of substance misuse services in the county. They outlined progress since the contract had been awarded in June 2014 and the start of services in September 2014. They responded to questions and comments from the committee.

RESOLVED: 2015/006

That the presentation be received.

DEVELOPMENT OF DRAFT PROPOSED SERVICE MODEL FOR COMMISSIONING COMPREHENSIVE SEXUAL HEALTH SERVICES IN NOTTINGHAMSHIRE FROM APRIL 2016

RESOLVED: 2015/007

That the recommendations regarding the proposed Integrated Sexual Health Services model be endorsed.

PUBLIC HEALTH DEPARTMENTAL PLAN – PROGRESS REPORT 2014/15

RESOLVED: 2015/008

That the report on progress with the Public Health Departmental Plan be noted.

WORK PROGRAMME

RESOLVED: 2015/009

That the work programme be noted.

The meeting closed at 4.00 pm.

CHAIR

REPORT OF THE DIRECTOR OF PUBLIC HEALTH**HEALTHY CHILD PROGRAMME AND PUBLIC HEALTH NURSING –
COMMISSIONING PLANS****Purpose of the Report**

1. To seek Committee approval of proposed commissioning plans for the Healthy Child Programme and public health nursing for 0-19 year olds.
2. To consider the integration of commissioning the Healthy Child Programme and public health nursing services with the commissioning of Nottinghamshire's Children's Centres.
3. To seek approval for a report on options appraisal for joint commissioning of the Healthy Child Programme with Children's Centres to be brought to a future meeting of the Committee.
4. To update the Committee on the proposed expansion of the Family Nurse Partnership programme.

Information and Advice

5. This report provides the Committee with an update in relation to the commissioning of the Healthy Child Programme (HCP) and public health nursing (0 -19 year olds).

Healthy Child Programme (HCP)

6. The HCP¹ was published in November 2009 and sets out the recommended framework of services for children and young people aged 0 -19 years (including during pregnancy) to promote optimal health and wellbeing, prevent ill health and provide early intervention when required.
7. The HCP delivers universal services to all children and families, including routine screening and developmental checks. Through the programme, families in need of additional support and children who are at risk of poor outcomes can be identified and the appropriate support provided; a key aim of the HCP is to reduce health inequalities.

¹ The HCP comprises three guidance documents: HCP - pregnancy and the first 5 years of life; HCP - the 2 year review; HCP – from 5-19 years. The documents include a programme schedule of age appropriate health and development reviews.

8. Effective implementation of the HCP (0-5 years) contributes to: a range of health and wellbeing outcomes such as strong parent-child attachment and positive parenting; care that helps to keep children healthy and safe (e.g. healthy eating, prevention of certain serious communicable diseases, increased rates of breastfeeding); and readiness for school and improved learning.
9. The HCP (5-19 years) aims to improve a range of public health outcomes including improved sexual health, reduced numbers of teenage pregnancies, healthy diet and exercise, improved educational outcomes, smoking prevention and cessation, alcohol and substance use prevention and awareness, improved emotional health and wellbeing etc. The programme also incorporates the mandatory function of the delivery of the National Child Measurement Programme (NCMP).

Public health nursing for children and young people

10. The main groups of public health nurses who provide services to children and young people and their families are health visitors, school nurses and family nurses. This final group is delivering the Family Nurse Partnership (FNP) Programme.

Current commissioning arrangements

Health Visiting and Family Nurse Partnership (FNP)

11. Currently the responsibility for commissioning Health Visiting and FNP services is delegated to NHS England. This responsibility will transfer to local authorities on 1st October 2015. Two NHS England teams (previously known as area teams) cover Nottinghamshire. These teams commission Health Visiting and FNP services in Nottinghamshire and Bassetlaw respectively.
12. Health Visiting services and the FNP are currently provided across the whole of Nottinghamshire by Health Partnerships (County and Bassetlaw Health Partnerships), part of the Nottinghamshire Healthcare NHS Foundation Trust.

School Nursing

13. As with Health Visiting and the FNP in Nottinghamshire, Health Partnerships currently provide School Nursing Services.
14. The responsibility for commissioning of School Nursing Services for the whole of Nottinghamshire transferred from Primary Care Trusts (PCTs) to Public Health (PH) in the Local Authority in April 2013. Currently Nottingham North East Clinical Commissioning Group (CCG) leads on the commissioning of services provided by the health provider, County Health Partnerships, including school nursing and the NCMP; Bassetlaw CCG leads on the commissioning of the service in Bassetlaw, delivered by Bassetlaw Health Partnerships. Public Health is an associate commissioner to the NHS contracts with the current providers. These associate commissioner arrangements are due to end on 31st March 2016, when the current contract ends.
15. The Children's Integrated Commissioning Hub (ICH) has completed a review of the Nottinghamshire School Nursing Service to inform future commissioning

intentions. This has led to a proposed new model for the service which has been widely consulted upon. The consultation exercise ended on 31st March 2015.

Proposed commissioning arrangements

16. Once commissioning responsibility has transferred to NCC, Health Visiting services and FNP will be commissioned by the Children's ICH, which currently leads commissioning of School Nursing and the NCMP. By bringing commissioning of all public health nursing services together, it will be possible to integrate these services more effectively and also align them with the operating model for the Children, Families and Cultural Services (CFCS) Department. It is envisaged that this will lead to improved working across children's services in local areas, providing better value, improved service quality and better outcomes for children, young people and families.
17. The current contracts with Health Partnerships for Health Visiting and School Nursing services expire on 31st March 2016, requiring NCC to undertake a procurement exercise in order to award a new contract during 2016-17. It is proposed that the current contract is extended for a minimum of six months (subject to legal advice), ensuring that the services are in place until the end of September 2016. This then allows 12 months, from 1st October 2015, to align the commissioning of Health Visiting and School Nursing, and to re-procure an integrated 0 - 19 HCP service, to be in place from October 2016.
18. The current contract for FNP expires in August 2015. The scope to integrate commissioning of FNP is limited due to the programme's licence restrictions. Additionally, FNP is due to be expanded, with the result that timescales for re-commissioning Health Visiting and School Nursing differ. This is described later in the report.

Proposed commissioning timetable for Healthy Child Programme 0-19

| | Target Date |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|
| Serve 12-month notice on School Nursing (including NCMP) associate contract | March 2015 |
| Transfer of Health Visiting and FNP commissioning to NCC | 1 st October 2015 |
| Serve 12-month notice on Health Visiting | 1 st October 2015 |
| Notify of intention to award NCC contract extension of Health Visiting and School Nursing (including NCMP) contract for 6 months, from 1 st April to 30 th September 2016 | 1 st October 2015 |
| Procurement process for Healthy Child Programme 0-19 (Health Visiting, School Nursing and NCMP) | 1 st October 2015 – 30 th April 2016 |
| Health Visiting and School Nursing (including NCMP) associate contract ends. | 31 st March 2016 |
| Mobilisation period for new service | 1 st May 2016 – 30 th September 2016 |
| New contract start date | 1 st October 2016 |

Consideration of integrated commissioning with Children's Centres

19. The newly formed Early Childhood and HCP Integrated Commissioning Group is currently considering integrating commissioning arrangements with Children's Centres. There are benefits to joining up the commissioning of these services in terms of creating additional efficiencies in line with planned budget savings; however the proposed timescales for commissioning the HCP will need to be delayed if they are to coincide with the Children's Centre contracting.
20. The Early Childhood and HCP Integrated Commissioning Group is undertaking an options appraisal, with legal and procurement specialist input, assessing the benefits and challenges of differing options. It is proposed that a report on these will be presented to future Public Health Committee and Children and Young People's Committee meetings to consider and agree a preferred approach.

Expansion of FNP

21. An FNP progress report was presented to the Children's Trust Board in December, detailing the positive progress that had been achieved since the programme's inception. The report also highlighted the gap between the service capacity and the eligible population. At the time of that report, 287 eligible clients had been turned down or not considered for the programme. The original programme commissioned in Nottinghamshire provided coverage to 14% of the eligible population compared, to a target of 25% nationally.
22. A recent review of parenting programmes by NCC's Children, Families and Cultural Services Department acknowledged the strong evidence-base for FNP and in recognition of this and the limited capacity within the current service, FNP has been identified as a priority area for additional investment.
23. Funding from the Supporting Families programme, totalling £1.5m, has been identified to enable the expansion of the current programme in Nottinghamshire. Confirmation of this funding is subject to approval from the Children and Young People's Committee.
24. Further funding of £142,000 has also been secured by NHS England North Midlands (previously NHS England Derbyshire and Nottinghamshire Area Team) to support the expansion, including training and programme delivery costs.
25. Subject to final confirmation of costs, the funding is expected to provide between 150-175 additional places on the programme over the next 3½ years, increasing coverage to approximately 25%, in line with the national target.

Other Options Considered

26. An options appraisal is being developed to support decision making processes regarding the possible integrated commissioning of Children Centres with the HCP. These include the separate commissioning of the services, postponing the procurement of the HCP to fit in with Children Centre procurement plans, or advancing Children Centre procurement.

Reasons for Recommendations

27. The Committee requires to be kept informed of Public Health commissioning plans for services for children and young people, in particular for Health Visiting and School Nursing as they have a key part to play in improving outcomes and reducing health inequalities for children and families. In addition the proposed integrated commissioning of Children Centres and the HCP will require decisions to be made by both the Public Health and the Children and Young People's Committee.

Statutory and Policy Implications

28. 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

29. The commissioning budget for the Health Visiting Service and the FNP is due to transfer to NCC on 1st October 2015, with the transfer of commissioning responsibility. The Health Visiting budget will be combined with the School Nursing Budget when commissioning the 5-19 HCP.

Safeguarding of Children and Vulnerable Adults Implications

30. Safeguarding is a key element of all commissioning plans for these services.

Implications for Service Users

31. There will be improved health and wellbeing outcomes for children and young people. Nearly 2,000 young people were consulted when reviewing the School Nursing Service to inform commissioning of the service to meet their needs.

RECOMMENDATIONS

That the Committee:

- 1) approves the proposed commissioning plans and timetable for the Healthy Child Programme and public health nursing for 0-19 year olds (Health Visiting, School Nursing and National Child Measurement Programme).
- 2) considers the potential integration of commissioning the Healthy Child Programme and public health nursing services with the commissioning of Nottinghamshire's Children's Centres, recognising that this may mean a delay to re-procurement of the Healthy Child Programme.

- 3) agrees to receive a further report incorporating an options appraisal for joint commissioning of the Healthy Child Programme with Children's Centres.
- 4) notes the proposed expansion of the Family Nurse Partnership.

Dr Chris Kenny
Director of Public Health

For any enquiries about this report please contact:

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Constitutional Comments (CEH 22/04/15)

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

Financial Comments (KAS 17/04/15)

33. The financial implications are contained within paragraph 29 of the report.

Background Papers and Published Documents

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

Nottinghamshire School Nursing Review and proposed new model, September 2014 – implications for commissioners (including Appendices 1-3) available at www.nottinghamshire.gov.uk/schoolnursing

Healthy Child Programme and Public Health Nursing for children and young people, Public Health Committee – 3rd July 2014
<http://www.nottinghamshire.gov.uk/dms/Meetings/tabid/70/ctl/ViewMeetingPublic/mid/397/Meeting/3495/Committee/507/SelectedTab/Documents/Default.aspx>

'Nottinghamshire School Nursing Review' Nottinghamshire Children's Trust Board – 5 September 2013
<http://www.nottinghamshire.gov.uk/caring/childrenstrust/about-the-childrens-trust/childrenstrustCommittee/>

Nottinghamshire School Nursing Review – implications for Commissioners, Children's Trust Board 6th November 2014
<http://www.nottinghamshire.gov.uk/caring/childrenstrust/about-the-childrens-trust/childrenstrustboard/?entryid217=431744&p=2>

'Healthy Child Programme and Public Health Nursing for Children and Young People' Nottinghamshire Health and Wellbeing Board – 8 January 2014
http://www.nottinghamshire.gov.uk/dms/Committees/tabid/62/ctl/ViewCMIS_CommitteeDetails/mid/381/id/505/Default.aspx

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

[Phhttp://www.nottinghamshire.gov.uk/dms/Meetings/tabid/70/ctl/ViewMeetingPublic/mid/397/Meeting/3340/Committee/482/SelectedTab/Documents/Default.aspxpeople's](http://www.nottinghamshire.gov.uk/dms/Meetings/tabid/70/ctl/ViewMeetingPublic/mid/397/Meeting/3340/Committee/482/SelectedTab/Documents/Default.aspxpeople's)

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

Electoral Divisions and Members Affected

All

C0624

REPORT OF THE DIRECTOR OF PUBLIC HEALTH

DEVELOPING A SCHOOLS HEALTH HUB

Purpose of the Report

1. To update the Committee on the Healthy Schools Programme review and subsequent recommendations.
2. To seek approval of proposed commissioning plans for a new Schools Health Hub to better meet the needs of schools and their pupils.
3. To seek approval of proposed commissioning plans for the ASSIST (A Stop Smoking in Schools Trial - smoking prevention intervention in schools) programme.
4. To seek approval for the exclusion of the Oral Health Promotion function within the Schools Health Hub with a view that this is commissioned separately.

Information and Advice

5. This report provides the Committee with an update on the Healthy Schools Programme and subsequent plans to improve support for schools to develop and deliver interventions to enhance a range of health outcomes, which in turn will have a positive impact on educational achievement and aspirations of pupils.

Healthy Schools Programme

6. The national Healthy Schools Programme was developed in 1999. Nottinghamshire extended the programme locally to also cover early years' settings. Following many national and local changes to the Healthy Schools Programme, a review of the existing programme was undertaken to provide evidence of the programme's impact, whilst also identifying further improvements required.
7. A 'Healthy School' is defined as '*one that is successful in helping pupils to do their best and build on their achievements. It is committed to on-going improvement and development. It promotes physical and emotional health by providing accessible and relevant information and equipping pupils with the skills and attitudes to make informed decisions about their health*'¹.

¹ National Healthy Schools guidance, Department of Education and Employment. 1999

8. The Healthy Schools Programme involves accreditation, based on the achievement of set criteria in relation to four core themes:
 - Personal, Social and Health Education (PSHE), including Sex and Relationships and Drugs Education
 - Healthy Eating
 - Physical Activity
 - Emotional Health and Well-being, including Bullying.

Current commissioning arrangements

9. The Children's Integrated Commissioning Hub (ICH) leads on the commissioning of public health and wider health services for children, young people and families in Nottinghamshire. Associate commissioner arrangements are in place for a number of services until 31st March 2016, with Nottingham North East Clinical Commissioning Group (NNE CCG) acting as the lead commissioner. The commissioning of the current Healthy Schools Programme is managed by the ICH, as an associate commissioner.
10. The Healthy Schools Programme is provided by Health Partnerships within Nottinghamshire Healthcare Trust (NHT). Performance management arrangements are in place, led by the ICH.
11. A dedicated Healthy Schools team was in existence until 31st March 2014. Health Partnerships disbanded the team and now the work is led by school nurses (the School Health Service) across Nottinghamshire (including Bassetlaw). Concerns have been raised by commissioners regarding the capacity and skills of the School Health workforce to lead on the programme, as many targets have not been achieved since April 2014.
12. Commissioners have identified that schools are not focusing on the four priority areas of the programme, with the exception of some primary schools focusing on the obesity prevention elements. Performance monitoring for 2014/15 indicates that schools are engaging in oral health promotion work. However this is not one of four priority areas and a separate Oral Health Promotion team exists to lead on this topic area with schools.
13. The budget for the Healthy Schools Programme was £232,253 per annum. A proportion of this money has now been used by the School Health Service to lead the work (£62,253), whilst the remainder has been used as a saving (£170,000) for the provider, as agreed by NNE CCG.

Healthy Schools Programme Review

14. A review of the Nottinghamshire Healthy Schools Programme was conducted, in order to assess whether the service met and could continue to meet the health and wellbeing needs of children and young people as detailed in the service objectives. A summary of the review is attached as Appendix 1 to this report.
15. The review identified a number of issues in relation to the Programme:
 - the programme was intended to be delivered across all school settings; however the previous dedicated team was unable to achieve this scale of delivery due to limited capacity

- although much of the feedback is positive, some schools regard the support received from the Programme as limited or tokenistic
- the Programme currently appears to be more reactive than proactive as a result of high demand and limited capacity
- Ofsted no longer measures achievement of the Healthy Schools standard. However Ofsted is positive about the local Healthy Early Years Standard in Children's Centres
- feedback suggests that schools do not consider assessments robust enough and would welcome a formal Ofsted recognised accreditation for completed assessments
- gaps in effective partnership working have been highlighted in some areas
- schools in some target localities have been reluctant to engage in the programme.

16. Key recommendations have been made, which propose that the commissioners remodel the programme to ensure that it meets identified health needs across Nottinghamshire.

| | |
|-------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Programme Content | <ul style="list-style-type: none"> • Remodel the programme and establish a Schools Health Hub to offer information, advice and guidance for schools, focusing on priority public health issues and ceasing the 'Healthy School Standard'. • The Hub should provide time limited intensive packages of support to target schools, together with sample policies and PSHE programmes to all schools requesting these. |
| Tackling Health Inequalities | <ul style="list-style-type: none"> • Ensure a targeted approach to schools in localities experiencing high levels of child poverty, poor health outcomes and in particular schools with high levels of pupils eligible for free school meals. • Engage reluctant target schools by engaging the Governing Body, Head Teacher, PSHE leads and Education Improvement colleagues in Nottinghamshire County Council (NCC). • Support school pastoral care leads in their work to improve the emotional health and wellbeing of children and young people. |
| Workforce Development | <ul style="list-style-type: none"> • Those delivering the Programme must have sufficient knowledge and expertise to support schools appropriately, coordinating all interventions and ensuring effective partnership working. They will need access to key networks and stakeholders to ensure successful joint working. • Teachers should be supported to access accessible training to maximise engagement e.g. hold twilight sessions within schools. |
| Communication and Promotion | <ul style="list-style-type: none"> • Ensure there is clear and regular communication with schools and other settings regarding the work e.g. development of regular bulletin. • Development of a webpage for schools to access a wealth of information re. national health promotion campaigns, advice, evidence based programmes, quality assured visitors to schools, sample policies etc. |
| Partnership and Integrated Working | <ul style="list-style-type: none"> • Ensure any new model/programme is built on a partnership approach with a range of health services and interventions offered to school settings. • Provided co-ordination and quality assurance of visitors in schools, particularly those commissioned by NCC. |

Developing a Schools Health Hub

17. In light of the Healthy Schools Programme review findings and recommendations, the ICH would like to progress the development of a Schools Health Hub, an outline of which can be found in Appendix 2. The aim of the new Schools Health Hub will be to improve health and educational outcomes, resulting in safe, healthy, happy, resilient children and young people who are able to achieve their potential.
18. Public Health has served notice on the current provider of the Healthy Schools Programme as the contract is due to cease on 31st March 2016.
19. The focus of the Schools Health Hub will not be the Healthy Schools Standards but rather advice, guidance and information for schools in relation to policy development, PSHE planning, training (including signposting to existing training and services) for school staff, together with health promotion interventions. A key objective of the service will be to support schools to support and improve the emotional health and wellbeing of their children and young people.
20. The new Hub will act as an umbrella for children's and young people's evidence-based health promotion services, supporting a joined up partnership approach, whilst maintaining a schools focus. This model will bring together key health related visitors to schools, ensuring quality assurance, a co-ordinated approach and a focus on priority public health issues. Commissioners of these interventions are already working together to shape the Schools Health Hub, to ensure high quality, consistency and adoption of best practice.
21. A recent schools mapping exercise identified that there were at least 32 interventions offered to schools by external providers including the NHS, NCC, Voluntary and Community Sector and private sector companies. Interventions include promotion of physical activity and healthy eating, training and information on child sexual exploitation, domestic violence, substance use, first aid, E-Safety etc. These are not co-ordinated or quality assured, some are free whilst others charge and few are evidence based. It has become apparent that schools are confused about where and how to access support or how to identify effective interventions. There is scope for the Schools Health Hub to quality assure these services/interventions and work alongside providers to deliver comprehensive packages of support to target schools.
22. The proposed functions of the Schools Health Hub will include:

| | | | |
|---------------------------------------------------------|-----------------------------------------------------|-----------------------------------------------------------|---------------------------------------------------------------|
| Family of school profiles and evidence base | PSHE and emotional resilience programme development | Strategic engagement with target schools | Health and Wellbeing Policies |
| Guidance and Information | Training for school staff teams and Governors | Co-ordination of the ASSIST programme with target schools | Health Promotion campaigns e.g. Change for Life |
| Communication route for schools re health and wellbeing | Partnership work with School Nursing | Quality assurance of visitors to schools | Co-ordinated health and wellbeing packages for target schools |

23. The focus on schools in areas of greatest child poverty will continue and the approach needs to ensure that secondary schools are engaged as well as primary schools within target localities. The darker boxes in the preceding paragraph highlight universal services for all schools, whilst lighter boxes identify activity for target schools.

Inclusion of ‘A Stop Smoking in Schools Trial’ (ASSIST) Programme

24. Smoking is the largest single cause of preventable illness in the UK and whilst smoking prevalence is falling overall, smoking levels in certain areas of Nottinghamshire and amongst certain populations remain high. In Nottinghamshire it is estimated that 2,500 11-15 year olds taking up smoking each year.
25. ASSIST is a smoking prevention peer support programme delivered to year 8 pupils in school. It involves training influential peers to have informal interactions outside of the classroom to encourage their peers not to smoke.
26. ASSIST is the only evidence-based smoking prevention programme with a positive impact, demonstrated through a randomised control trial of 10,730 students in 59 schools in England and Wales. Students were followed up immediately after the intervention, at one year and two years post intervention. Results showed a 22% reduction in the odds of being a regular smoker in an intervention school compared to a control school. There was evidence to suggest that ASSIST worked best in close knit communities e.g. ex mining areas.
27. ASSIST forms part of the new model for Tobacco Control services that are being re-commissioned by Public Health (please refer to the paper submitted to the Public Health Committee, May 2015). Thus the ASSIST programme will be commissioned at a different stage from the School Health Hub, by the ICH.
28. It is proposed that longer term, the ASSIST programme be co-ordinated as part of the Schools Health Hub, with the programme being formally commissioned. Should agreement be given, in the short term it is the intention that the programme be commissioned immediately with a view to commencing delivery in schools from September 2015. This would mean that for this first year, the coordination would be directly with the Council’s Youth Service, and by the Schools Health Hub in years two and three.

29. The Youth Service is in a good position to deliver the ASSIST programme because of their existing expertise in peer led approaches. Providing this intervention as an in-house service is also more cost effective, as existing senior Youth Workers will take on this role with a small increase in hours, rather than commissioning new posts. It will also enable an earlier start date of September 2015. There is potential for the Schools Health Hub to be commissioned internally, recognising that the Council's Youth Service may be in a good position to provide the service. However a robust and transparent approach will be taken to commissioning this new service.
30. To run the ASSIST programme, a licence must be purchased and the programme must be delivered in a specified manner in order to maintain effectiveness, as follows:
- a) the children must be nominated by their peers from Year 8 in secondary schools
 - b) 18% of the year group must be identified and trained and must be representative of the gender balance in the year group.
 - c) the children must undertake two day training sessions, delivered out of school by non-school staff.
 - d) at least 15% must be recruited as peer supporters.
 - e) the conversations that follow must be informal and delivered outside of lessons.
 - f) a trainer to child ratio of 1:15 when in school and 1:10 when out of school is required.
 - g) schools with a large year group (over 170) will require parallel training sessions to be run.
 - h) the programme should not be delivered to schools with less than 60 in a year group.
31. An ASSIST programme budget of £150,000 per annum has been allocated from the tobacco control budget and will include:
- a) a three year licence.
 - b) trainer time (to be trained initially and to deliver the training and follow up sessions)
 - c) a coordinator as part of the School Health Hub to 'sell' ASSIST to schools and set up and monitor the programme with schools
 - d) costs associated with training days e.g. venue, travel, food, costs to cover a supply teacher
 - e) the recommendation that a teacher accompany the pupils on the two days out of school-costs to cover a supply teacher
 - f) evaluation of the programme

Further detail and break down of the costs can be found in Appendix 3.

32. Costs cover delivery of the programme in target secondary schools only; this equates to 22 of the 45 secondary schools over the three year period covered by the licence. The programme will be repeated in years two and three in schools of highest need. There is the option to extend the licence and programme beyond year three. This will be reviewed in year three.

Exclusion of the Oral Health Promotion Service

33. The level of dental decay in five-year old children is a useful indicator of the success of a range of programmes and services that aim to improve the general health and

wellbeing of young children. Oral health in five-year olds is included within the Public Health Outcomes Framework.

34. In the Public Health England (PHE) Dental Public Health Intelligence Programme survey (2012), 2,522 children were surveyed in Nottinghamshire of whom 63% were clinically examined at school by trained and calibrated examiners. The survey identified that the proportion of five-year olds with tooth decay was 23% in Nottinghamshire compared with 27.9% in England as a whole. However there is variation across the county with districts towards the south having a higher proportion of children experiencing decay, particularly within the Gedling District. This in part is due to water fluoridation in central and north Nottinghamshire.
35. Currently, the specialist Oral Health Promotion Service^{2,3} provided by NHT, carries out a range of oral health promotion activities, ensuring oral health promoting messages are given and understood by the local population and targeting key stages in life from pregnancy and early years through to old age. The contract for this service is due to end on 31st March 2016 and the budget is £80,000 per annum.
36. Following discussion and review of current work, commissioners felt that the inclusion of the oral health promotion function into the Schools Health Hub was not appropriate because of their active work with antenatal and postnatal services, early years as well as work with the elderly in care homes.
37. Therefore it is proposed that an oral health promotion function is commissioned separately through a short procurement exercise, to ensure a new contract and provider is in place from April 2016. The successful provider of the oral health promotion function will be expected to work in partnership with the Schools Health Hub to deliver all aspects of the service that are delivered in schools settings.

Desired Outcomes of the Schools Health Hub

38. The aim of the Schools Health Hub is to improve a range of health and wellbeing outcomes, described below (Public Health Outcomes framework indicators), as well as more schools achieving an 'outstanding' Ofsted result through broadening of their curricula.

| DOMAIN 1: Improving the wider determinants of health |
|-----------------------------------------------------------------------------------------------------------------------------------------|
| Objective: Improvements against wider factors that affect health and wellbeing, and health inequalities |
| Reduced numbers of children in poverty |
| Reduced school absences |
| Reduced incidence of domestic abuse |
| School Readiness: the percentage of children with free school meal status achieving a good level of development at the end of reception |
| Reduced numbers of first time entrants to the youth justice system |
| 16-18 year olds not in education employment or training |

² <http://www.nottinghamshirehealthcare.nhs.uk/our-services/health-partnerships/county-health-partnerships/other-services/oral-health-promotion/>

³ <http://www.nottinghamshire.gov.uk/caring/yourhealth/staying-healthy/oralhealth/>

| |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|
| DOMAIN 2: Health improvement Objective: People are helped to live healthy lifestyles, make healthy choices and reduce health inequalities |
| Reduced smoking prevalence in 15 year olds |
| Reduced teenage conception rates |
| Reduced hospital admissions caused by unintentional and deliberate injuries in children and young people aged 0-14 and 15-24 years |
| Improved emotional wellbeing of looked after children |
| Reduced alcohol and drug misuse |
| Reduced excess weight in 4-5 year olds and 10-11 year olds |

| |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| DOMAIN 3: Health protection Objective: The population's health is protected from major incidents and other threats, while reducing health inequalities |
| Reduced chlamydia prevalence in 15-24 year olds |

Proposed commissioning timetable for Schools Health Hub

39. The draft commissioning timetable for the procurement of a Schools Health Hub is as follows:

| | Target Date |
|------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|
| Serve 12 month notice on Healthy Schools Programme which is currently part of the School Health Service contract | March 2015 |
| Consider commissioning of Schools Health Hub and the option of providing this function within NCC | June 2015 |
| Scope which schools have the greatest needs | June 2015 |
| Commence procurement process for Schools Health Hub | 1 st July - 31 st December 2015 |
| Mobilisation period | 1 st January – 31 st March 2016 |
| New contract start date | 1 st April 2016 |

Other Options Considered

40. A range of options have been considered for this work and the model has been developed in consultation with public health leads, schools and young people. The continuation of the Healthy Schools Programme model was initially the preferred option. However following feedback from schools, it was agreed that this was not the best way forward.

Reasons for Recommendations

41. The recommendations have been developed to support schools to improve the overall health, including emotional health and wellbeing of children and young people aged 5-19years. Recommendations stem from the review of the Healthy Schools Programme and aim to ensure schools are successful in helping pupils maintain good health, do their best and fulfil their potential. The School Health Hub will be committed to on-going improvement and development. It will promote physical and

emotional health by providing accessible, relevant information and by equipping pupils with the skills and attitudes to make informed decisions about their health⁴.

Statutory and Policy Implications

42. 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.

Crime and Disorder Implications

43. The Schools Health Hub will support community safety interventions in schools where there is desired positive impact on the health and wellbeing outcomes of children and young people.

Financial Implications

44. Funding for the Schools Health Hub has yet to be finalised and an agreement in principle to support the work is required prior to agreement in relation to funding. Initially, a three year pilot project is under consideration, with robust evaluation of the impact of the Hub in year three. Initial estimates indicate that a budget of £200,000 per annum would be required and it is envisaged that if there is agreement to a three year pilot, non-recurrent funding would be sought from the Public Health budget.
45. The ASSIST programme budget of £150,000 per annum has been allocated from the tobacco control budget and includes a three year licence. Further detail and breakdown of the detailed costs can be found in Appendix 3.
46. The specialist Oral Health Promotion Service budget is £80,000 per annum. The contract for the service is due to end on 31st March 2016, so it is proposed that an oral health promotion function is commissioned with the same budget through a short procurement exercise, thus ensuring a service is in place from April 2016.

Implications for Service Users

47. The Schools Health Hub aims to improve the overall health and wellbeing outcomes for children and young people of school age. The Hub will support a range of interventions and aid the evaluation and effectiveness of interventions.

RECOMMENDATIONS

That the Committee:

- 1) notes the findings and recommendations of the Healthy Schools Programme review.
- 2) approves the proposed commissioning plans for a new Schools Health Hub to replace the Healthy Schools Programme.

⁴ National Healthy Schools guidance, Department of Education and Employment. 1999

- 3) approves plans to commission the ASSIST programme through Nottinghamshire County Council's Youth Service with immediate effect and subject to approval of recommendation 2, coordinate the programme through the new Schools Health Hub model in due course.
- 4) approves the proposed separate commissioning of a Specialist Oral Health Promotion service and approves procurement plans to have a new contract in place from April 2016.

Dr Chris Kenny
Director of Public Health

For any enquiries about this report please contact:

Tina Bhundia (Public Health Manager) or Dr Kate Allen (Consultant in Public Health)

E: tina.bhundia@nottscc.gov.uk;

E: kate.allen@nottscc.gov.uk

Constitutional Comments (CEH 22/04/15)

48. The Public Health Committee has the delegated authority to consider and decide on the recommendations in the report by virtue of its terms of reference

Financial Comments (KAS 24/04/15)

49. The financial Implications are contained within paragraphs 44-46 of the report.

Background Papers and Published Documents

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

- Bhundia T, Edwards S, Kakoullis I (2015) 'Service Review of the Healthy Schools & Early Years Programme: A Commissioners Report', Integrated Commissioning Hub, Nottinghamshire County Council.

Electoral Divisions and Members Affected

All

C0625

Nottinghamshire Healthy Schools and Early Years Programme – a commissioner’s report 2014

Objectives:

- To scope and review the current service provision in place against the HSP service specification
- To analyse data to assess the impact, level of engagement and effectiveness of the current work areas/ service provision implemented
- To gain the views and understand the contribution of stakeholders in the delivery of the HSEYP
- To gain the views of the wider school community on the impact of the HSEYP
- To gain the views and identify the needs from the provider and commissioner with the aim of informing the recommendations for future commissioning
- To formulate and present recommendations based on the findings with the aim of informing the future commissioning requirements of the service

For more information

childrens.commissioning@nottscc.gov.uk

0115 97 72676

Aim of report: To review the progress to date for the Nottinghamshire County Healthy Schools and Early Years Programme (HSEYP) in order to evaluate the effectiveness and impact of the programme; and to present recommendations on the future commissioning of the service.

Methodology:

To ensure the robustness of the review the following quantitative and qualitative methods were used to provide a complete picture of the service activity to date:

- Questionnaires
- Face to face semi structured interviews
- Cross review/ analysis of qualitative and quantitative data
- Observational methods
- Review of national and local documentation including the service specification

Key Findings:

- This review suggests that the current service specification is not fit for purpose.
- Intended to be delivered countywide within all school settings of, the team was unable to achieve this scale of delivery.
- Management have faced uncertainty, due to restructuring and changes in staffing, whilst the provider has experienced budget constraint, impacting on their ability to support the programme.
- Although much feedback is positive, it is less so by service users who regard the support received by the programme as limited or tokenistic.
- The programme currently appears more reactive than proactive due to high demand and limited capacity.
- Feedback suggests that service users do not consider assessments robust enough.
- Gaps in effective partnership working have been highlighted on a number of levels.
- Ofsted no longer values the Healthy Schools standard, however Ofsted are positive about the Healthy Early Years Standard in Children Centres.
- Schools in target localities have been reluctant to engage in the programme.

Conclusions:

The review can conclude that the four key priority areas including sexual health, substance use, emotional health and wellbeing, and physical health and wellbeing, continue to be a priority focus of the HSEY programme, when targeting resources.

A number of strengths and positives were highlighted throughout the analysis of both quantitative and qualitative data. However, the review also highlighted weaknesses, particularly with regard to the future planning, targeted, development and sustainability of the previous team to ensure full and successful delivery of the programme.

Key recommendations have been made, that propose that the commissioners remodel the programme to ensure that it meets identified health needs across Nottinghamshire.

Recommendations:

1. Remodel the programme to offer information, advice and guidance for schools focusing on priority health issues and ceasing the ' healthy school standard'.
2. Review the Children Centre work with commissioners to identify alternative funding.
3. Ensure a targeted approach to localities experiencing high levels of child poverty and alternative education settings.
4. Those delivering the programme must have sufficient knowledge and expertise.
5. Ensure there is clear and regular communication with schools and other settings
6. Ensure a new programme is built on a partnership/umbrella approach with a range of health interventions offered to school settings. These should be quality assured, and schools supported to engage in health issues.

Nottinghamshire Schools Health Hub Proposals 2015 - 2016

Aim of Programme: To develop and commission a model for a schools health & wellbeing service to deliver key public health priorities aimed specifically at children and young people in Nottinghamshire County, with the aim of improving public health outcomes resulting in safe, healthy, happy, resilient young people who achieve their potential.

Rationale: Based on the healthy schools programme review findings, the Children's Integrated Commissioning Hub (ICH) will seek to scope and map health activities provided by internal departments and external groups/organisations, within all schools in Nottinghamshire, as a continuation and review of a previous mapping exercise undertaken in 2009. This work stream will ultimately inform the ICH and enable the team to advise on commissioning, based upon an accurate base lined list of health services or interventions provided in Nottinghamshire schools.

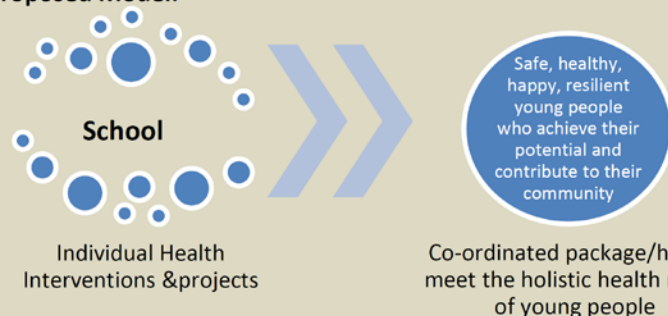
Objectives:

- To scope and review the current service provision and needs in order to inform the new model
- To analyse data and determine the public health priorities for children and young people locally to tailor the programme accordingly and adopt a targeted approach
- To gain the views and consult with the school community (head teacher, staff, governors, parents and pupils), public health and NCC colleagues and other stakeholders to inform the development and delivery of the model
- Link with other key current providers who currently deliver health services within a school setting
- To scope and identify the needs for the successful provider with the aim of informing the service specification
- To complete the service specification and begin the procurement process accordance to the timeline set
- To successfully interview and award the contract to the chosen provider with the aim of service delivery beginning 1st April 2016

Current Situation:

- The current provision does not meet the public health needs for children and young people in Nottinghamshire and is not needs led
- Schools are reluctant to engage
- PSHE is not statutory

Proposed Model:



For more information:

Children's Integrated Commissioning Hub 0115 97 72676
childrenscommissioning@nottscc.gov.uk



Development of Model:

1. Establish a steering group and any sub groups where required to oversee the commissioning process
2. Based on the review and evidence, cost for, propose and secure the budget.
3. Base the model on the needs locally for children and young people and understand what they want.
4. Consult with schools to understand their needs.
5. Ensure there is clear and regular communication with schools and other settings to support engagement
6. Shape a new programme/hub on a partnership/umbrella approach with a range of health interventions offered to school settings. These should be quality assured, and schools supported to engage in health issues.

Commissioning Timeline:

1. Decommission the healthy schools and early years programme by 31st March 2015
2. Scope which schools have the greatest needs by 31st March 2015
3. Market Management by June 2015
4. Engage schools on the commissioning process by June 2015
5. Begin procurement process by July 2015
6. Award contract to begin 1st April 2016

List of Current/Possible Public Health/NCC Interventions:

Sex & Relationships Education, Drugs Education, Healthy Schools, Smoking education, CSE, Bullying, Obesity prevention, School Nursing, CaSH provision, TIE, oral health promotion, Sport, Youth Arts, DV education, Suicide prevention, first aid, Emotional Health & Well-being, community safety, etc...

Desired Outcomes:

- Safe, healthy, happy, resilient young people who achieve their potential
- Lower prevalence of young people:
 - Smoking
 - Being overweight or obese
 - Misusing substances
 - Becoming teenage parents
 - Experiencing bullying
 - Poor school attendance
 - School exclusions etc...
- Increased school attainment
- More schools achieving an 'outstanding' Ofsted result by broadening their curriculum

ASSIST costs for in-house delivery**ASSIST initial costs:**

| | Licence (3 years) | 3 day training for staff to deliver ASSIST (NB. actual training is included in licence fee) |
|----------------------------------|-----------------------|---------------------------------------------------------------------------------------------|
| | £49K + VAT (£58, 800) | |
| Cost of trainer time x 10 | | =£1542.45 x 3 days= £4627.5 |
| Total | £63,427.50 | |

Cost of coordinator = £19,212.70 (part time)

Cost of trainer = £154.25 per day, £77.13 per half day paid on a daily/ half daily basis + half an hour travel time per day (£10.28)

Cost per school = £6506.08 (+allow 1 extra day planning and prep per trainer for their first school=£1,542.50). Full breakdown per school, see overleaf.

Year 1

=one third of licence fee=£19,600 +
 initial 3 days training=£4627.5+
 coordinator = £19,212.70 +
 8 schools =(£6506.08 x 8)=£52,048.64 + end of year celebration @ £500 +
 10 x 1 day extra planning =£1542.50
=£97,531.34

Year 2

=one third of licence fee=£19,600 +
 Initial 3 days training for 10 additional trainers=£4627.5 +
 Coordinator = £19,212.70 +
 18 schools= (6506.08 x 18)=117,109.44 + end of year celebration @ £500 +
 10 x 1 day extra planning=£1,542.50
=£162,592.14

Year 3

=One third licence fee=19,600+

Coordinator=19,212.70 +
 22 schools = (6506.08 x 22)=£143,133.76 + end of year celebration @ £500
=£182,446.46

Average cost per year=£147,523.31 + 2476.69 for evaluation each year = £150,000

ASSIST ongoing costs per school based on average no of trainers required (4) per school, training 40 pupils.

| | 1st ASSIST session (half day inc planning and prep)– Peer Nomination | 2nd ASSIST session (half day inc planning and prep) – Recruitment | 3rd session (whole day)– Training x 40 pupils x 2 parallel sessions | 4th session (whole day)– Training x 40 pupils x 2 parallel sessions | 5th session Follow-up 1 (half day inc planning and prep) | 6th session Follow-up 2. (approx. half day inc planning and prep) | 7th session Follow-up 3. (half day inc planning and prep) | 8th session-Follow-up 4. (half day inc planning and prep) | Total (£) |
|--------------------------------|-----------------------------------------------------------------------------------|--------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|------------------------------------------------------------------------------------|----------------------------------------------------------------------------|------------------------------------------------------------------|------------------|
| Cost of trainer 1 | £87.41 | £87.41 | £164.53 | £164.53 | £87.41 | £87.41 | £87.41 | £87.41 | 853.52 |
| Cost of trainer 2 | £87.41 | £87.41 | £164.53 | £164.53 | £87.41 | £87.41 | £87.41 | £87.41 | 853.52 |
| Cost of trainer 3 | £87.41 | £87.41 | £164.53 | £164.53 | £87.41 | £87.41 | £87.41 | £87.41 | 853.52 |
| Cost of trainer 4 | £87.41 | £87.41 | £164.53 | £164.53 | £87.41 | £87.41 | £87.41 | £87.41 | 853.52 |
| Trainer Travel expenses | | | | | | | | | 800 |
| Transport | | | | | | | | | 600 |
| Venue hire | | | | | | | | | 192 |
| Catering | | | | | | | | | 800 |
| Cost of supply teacher | n/a | n/a | £150/day | £150/day | n/a | n/a | n/a | n/a | 300 |
| Incentives | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | 400 |

Cost per school: Total= £6506.08



REPORT OF THE DIRECTOR OF PUBLIC HEALTH

RE-COMMISSIONING TOBACCO CONTROL SERVICES

Purpose of the Report

1. To update the Public Health Committee with the results of the consultation on the re-commissioning of Tobacco Control Services across Nottinghamshire County.
2. To ask permission to go out to tender for these services
3. To note that the main prevention programme for Children and Young people (ASSIST) is commissioned separately via the Children's Integrated Commissioning Hub with the Council's Youth Service as the provider.

Information and Advice

4. 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 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)
5. The aims of the re-commissioning are:
 - To reduce the numbers of people who smoke by supporting smokers to successfully quit long term
 - To reduce the numbers of young people who start to smoke
 - To reduce tobacco related harm to the whole population of Nottinghamshire County by, for example second hand smoke and illegal tobacco initiatives

- To support the national and local Declarations on Tobacco Control
- To reduce health inequalities across the county through a targeted approach in line with the Health and Wellbeing Board priorities.

6. How will this make a difference?

- The redesigned service will be more effective in reducing smoking across all local communities as it will not only support people to stop smoking, as the current service does, but will prevent young people from starting to smoke in the first place.
- The redesigned service will place greater emphasis on the groups of people in our community who are disproportionately affected by smoking: young people, pregnant women, routine and manual workers and people with mental health issues.
- By delivering interventions to reduce the harm caused by tobacco use, and by working in partnership with Trading Standards and other key stakeholders, the redesigned service will help to reduce the amount of illegal tobacco that is on the streets of the County and the crime that is associated with this.
- By delivering all these elements in a co-ordinated way the new service will make a difference to local communities and will help to reduce the health inequalities that mean that a male resident of Mansfield will live for around 8.5 years less than a male resident of Rushcliffe.

The Context

7. On March 6th 2014 the Public Health Committee agreed that Tobacco Control Services should be re-commissioned across the county. The rationale for that decision was based upon the evidence presented around the ongoing harm caused by tobacco use across the county and the opportunity to commission more effectively to reduce this harm. [Smoking Cessation Services Public Health Committee, 6 March 2014](#).
8. Part of the new proposed Tobacco Control Services model encompasses an element of prevention. A component of this relates to school aged children. As the Children's Integrated Commissioning Hub has the responsibility for commissioning health services in schools it is appropriate that this is led by this team.
9. It is for this reason that the Children's Integrated Commissioning Hub takes forward the proposal to commission A Stop Smoking In Schools Programme (ASSIST) (Please refer to Developing a Schools Health Hub report submitted to the Public Health Committee May 2015).

Current situation

10. Currently re-commissioning of the Tobacco Control Services is proceeding in line with the agreed timescales. [Tobacco Control and Smoking Cessation Services Public Health Committee, 3 July 2014](#)

Consultation Process

11. The consultation process has taken place in line with Nottinghamshire County Council policy. The aim of the process was to consult with a wide range of stakeholders and the public from across the county in order to fully understand their views and opinions about the new proposed model for Tobacco Control Services in preparation to go out to tender in May 2015. Appendix 1
12. The consultation ran for three months from January 5th to March 31st 2015.
13. A number of methods were used as part of the three month process.
14. The methods included;
 - Online questionnaire
 - Paper versions of the questionnaire available in Nottinghamshire County Council libraries and General Practices, also available on request.
 - Four consultation events across the county for all key stakeholders and the public
 - Engagement with service users
15. The process was co-ordinated through a communications and engagement plan that involved advertising, utilising posters, press releases, local and social media
16. The results of the consultation have been collated and the findings analysed. The full report is available at: www.nottinghamshire.gov.uk/tobacco-consultation

Key Findings

17. The robust consultation process identified an overwhelming support for the re-commissioning of Tobacco Control Services based on the proposed model.
18. The consultation supported an outcomes based approach to commissioning.
19. Respondents highlighted the need for stop smoking support alongside a variety of preventative interventions, and interventions that protect people from the harm caused by tobacco use. These ranged from education and awareness raising, to cultural changes and legislation
20. Respondents supported an approach that was individualised and flexible to meet the varying needs of people in Nottinghamshire.
21. The recommendations from the Consultation report have been integrated into the model for the future re-commissioned service.

Other Options Considered

22. Please refer to the Public Health Committee report - Re-commissioning Tobacco Control Services, 11 December 2014. ([Re-commissioning Tobacco Control Services](#) Public Health Committee, 11 December 2014)

Reasons for Recommendations

23. The consultation process has strongly supported the proposed model for the re-commissioning of services for Tobacco Control.
24. The “Developing a Healthy Schools Hub” Report has outlined the rationale to co-ordinate the ASSIST prevention programme as part of the Schools Health Hub with staff to deliver the programme identified through the Council’s Youth Service.
25. The re-commissioning process is in line with the agreed timeline in going out to tender on May 13th 2015.

Statutory and Policy Implications

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

Financial Implications

27. The indicative budget for the re-commissioned Tobacco Control Service is £2.3m for 2016/2017. £150,000 is allocated from this amount to commission the ASSIST programme.

RECOMMENDATIONS

It is recommended that Public Health Committee

- 1) Notes the results of the consultation for the re-commissioning of Tobacco Control Services.
- 2) Notes the Report – ‘Developing a Schools Health Hub’ and interdependency in relation to this report.
- 3) Agrees the request to formally go out to tender on May13th 2015.

Chris Kenny

Director of Public Health

For any enquiries about this report please contact: Jo Marshall, Public Health Manager jo.marshall@nottsc.gov.uk or Dr John Tomlinson, Deputy Director of Public Health, john.tomlinson@nottsc.gov.uk

Constitutional Comments (CEH 22/04/15)

28. The recommendations fall within the delegation to the Public Health Committee by virtue of its terms of reference.

Financial Comments (KAS 24/04/15)

29. The financial implications are contained within paragraph 27 of the report.

Background Papers and Published Documents

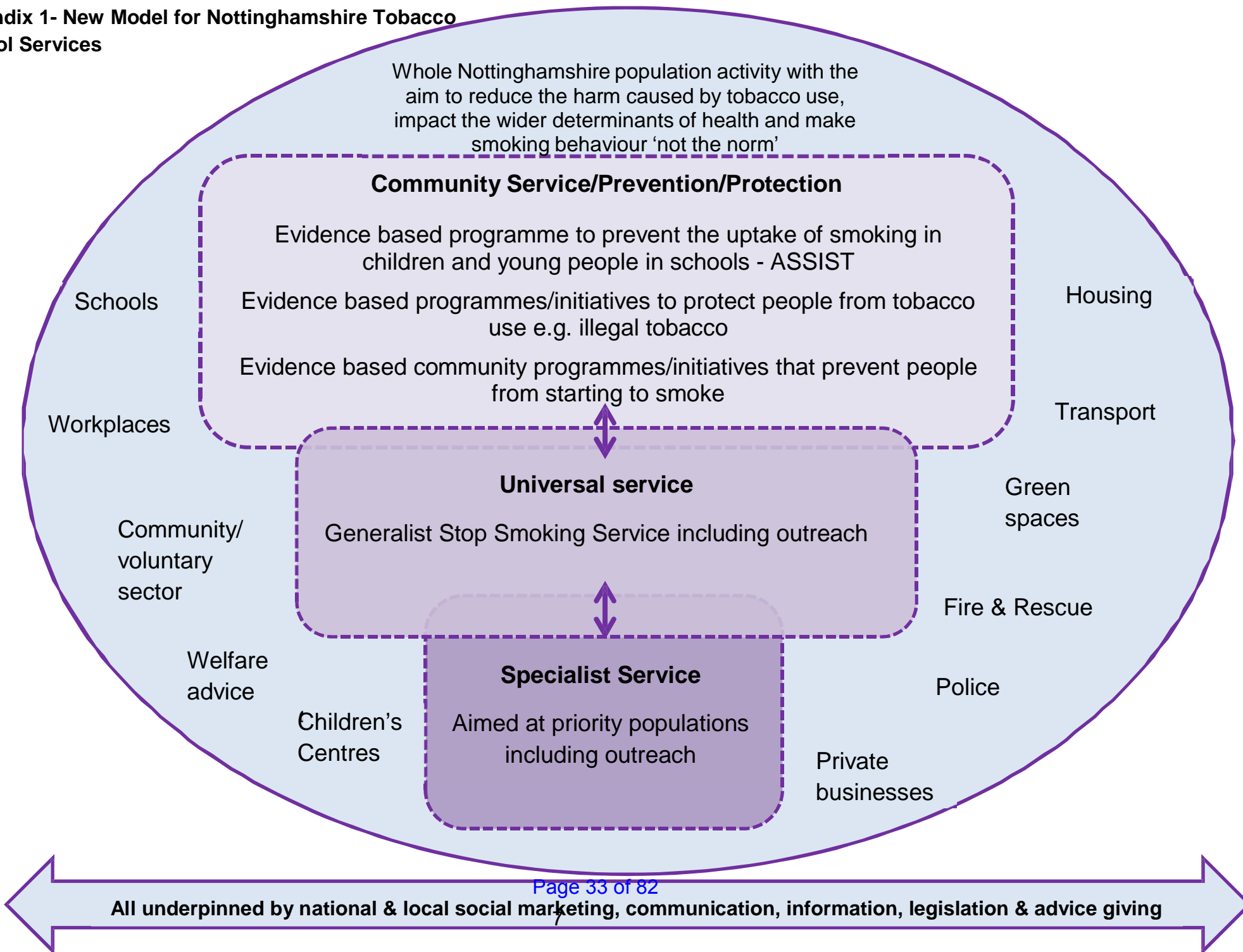
Except for previously published documents, which will be available elsewhere, the documents listed here will be available for inspection in accordance with Section 100D of the Local Government Act 1972.

- [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

Electoral Division(s) and Member(s) Affected

- All

Appendix 1- New Model for Nottinghamshire Tobacco Control Services



12 May 2015**Agenda Item: 7**

REPORT OF THE DIRECTOR OF PUBLIC HEALTH PUBLIC HEALTH PROCUREMENT PLAN 2015/16

Purpose of the Report

1. This report provides information on the proposed programme of recommissioning for Public Health services. It includes background information on the rationale and methodology behind the commissioning cycle and seeks approval from the Committee to agree indicative budgets and activity to undertake the projects contained within the overall procurement plan for 2015/16.

Background

2. The Public Health department is responsible for ensuring the delivery of a range of Public Health services using the Public Health grant. The range of services directly commissioned by the Public Health department is described in **Table One**. Further information on Public Health finances and responsibilities are contained in the associated paper 'Public Health Finance Plan 2015/16.'
3. Some information relating to this report is not for publication by virtue of paragraph 3 of Schedule 12A of the Local Government Act 1972. Information relating to indicative budget spend on the policy areas identified in the table in paragraph 10 below is considered commercially sensitive and is set out in an Exempt Appendix.
4. Having regard to all the circumstances, on balance the public interest in disclosing the information referred to in paragraph 3 does not outweigh the reason for exemption because the information is of limited value to the public (i.e. it is only indicative) but disclosure of the information could influence the cost at which the market provides public health services by reducing the scope of price competition at the time of commissioning.
5. The intention is to provide as much information as possible in the open part of the report and reduce the amount of exempt information to a minimum. Only the proposed inductive budget amounts have been exempted from the open part of this report.
6. In order to fulfil its responsibilities, the department is required to review and re-procure services to ensure that quality, cost-effective services are in place. A number of current service contracts are due to expire in 2016, which is also driving the procurement activity for the department over the coming year.

Information and Advice

Procurement Plan

7. The procurement projects that are planned for the coming year are highlighted in bold in **Table 1**. The Committee has received previous reports highlighting the complexity and time-consuming nature of the re-commissioning process. The prolonged timeline means that a lot of the work has already started to ensure that the department can award a new contract in a timely manner to correspond with the expiry of existing contracts. However, this does not pre-empt the formal decision-making process by the PH Committee.
8. As the contracts will not be awarded until next financial year, indicative budgets will need to be agreed during 2015/16 to allow the re-procurement projects to continue according to schedule. The Council will not agree final budgets until February 2016. Indicative budgets have been set out in the Exempt Appendix, for the reasons outlined in paragraph 3.
9. Indicative budgets have been proposed that incorporate an element of efficiency, reflective of the financial pressures for the Council as a whole. These budgets have been proposed following internal review of the likely impact of efficiency savings. The department is confident that all areas are directed at evidence-based approaches and that none of the commissioned services provides a level of service greater than the level of local need. Therefore, the proposed indicative budgets aim to continue delivery of Public Health services and minimise the overall impact on Public Health outcomes.
10. The Committee is requested to agree the indicative budgets for 2016/17, set out in the exempt appendix of this report, subject to Council approval, to allow the re-procurement exercises to progress according to schedule. The Committee is also asked to support the department's preliminary re-commissioning activity to ensure that re-procurements take place in the necessary timeframe.

| Directly Commissioned Public Health Services | Contract Expiry & Proposed Re-tender Timeline |
|-----------------------------------------------------|---------------------------------------------------------------------------------------------------------|
| Children's Public Health services | Contract extended until Sept 2016. New services by 1 October 2016 |
| Domestic & Sexual Abuse services | Contract expires September 2015. New services by 1 October 2015 |
| Drugs & Alcohol services | Contract awarded in 2014/15. Contract commenced: Oct 2014 (Contract length 4 plus 1 plus 1 years) |
| NHS Health Checks service | New service model by 1 April 2016 |
| Obesity & Weight Management Services | Contract awarded in 2014/15. Contract commenced: Apr 2015 (Contract length 4 plus 2 years) |
| Oral Health Promotion services | Contract expires March 2016. New services by 1 April 2016 |
| Sexual Health services | Contract expires March 2016. New services by 1 April 2016 |

NB: water fluoridation, healthy ageing and general prevention services are not included.

Table 1: Directly Commissioned Services and Contract expiries

11. When the current Public Health contracts were novated from the NHS in April 2013, existing contract expiries were retained. This has resulted in the current pressure on the department to re-commission multiple services at the same time. Experience from market testing indicates that providers require a minimum contract length of three to five years to establish the infrastructure to deliver services. Shorter contract lengths will discourage providers from entering the market. To avoid future workload pressures, the Committee is asked to support the use of contracts of at least three to five years duration, and apply varying contract lengths to spread the re-commissioning work over future years.

Commissioning Process

12. Commissioning is the complex process of ensuring that services are provided as effectively and efficiently as possible to meet the needs of the population. Ultimately, the aim is to deliver maximum health gain within the available funds, i.e. best value for money. Responsibilities range from assessing local population needs, prioritising outcomes, procuring services to achieve those outcomes and supporting service providers to enable them to deliver outcomes for the whole community. Commissioning is a continual cycle rather than a timeline with an end date.

13. Public Health places a strong emphasis on a variety of science and social science research and evaluation methods to build an informed, explicit and judicious body of current evidence. The basis for establishing need looks beyond simple demand, to PH intelligence and epidemiological data and to scientific evidence about effectiveness and cost effectiveness. This is used to inform an understanding of need and how best to address this within available resources.

14. Figure 1 below summarises the commissioning cycle and the PH role at each stage. Each of these stages is described in more detail in the report below.

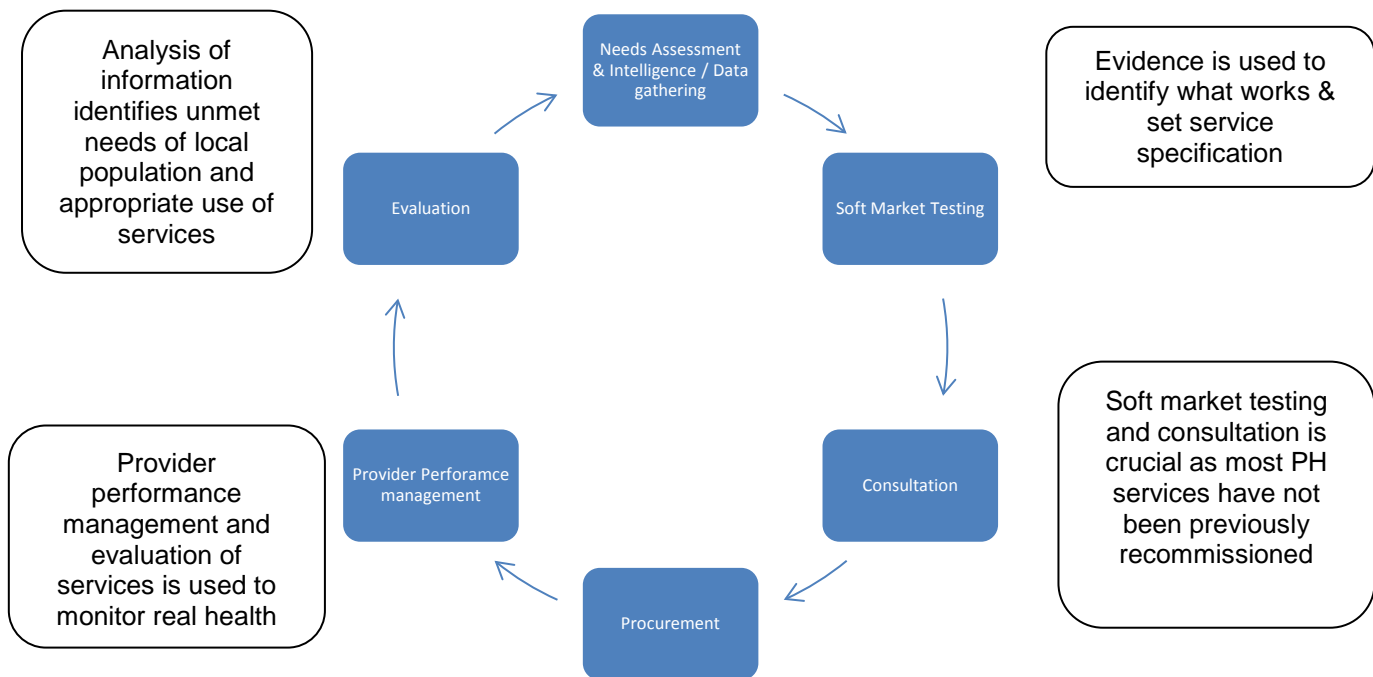


Figure 1: The Commissioning Cycle

Needs assessment and intelligence gathering to support evidence based commissioning

15. Evidence is gathered as part of the planning process before any soft market testing is started. This information is used to determine the level of need and the most effective approaches to service delivery, which set the scene for all recommissioning exercises. This stage also involves analysis of data, such as predicting anticipated growth in disease and uptake of services using various limiting factors, for example, differences in level of disease and alternative treatment pathways.
16. Public Health concentrates on improving outcomes and value for money from the services that it buys and avoids a focus on ‘outputs’ or activity. This approach requires strategic commissioning, where the provider has control over the delivery process, and Public Health (PH) receives assurance through interim performance measures, quality indicators and long term health and wellbeing outcomes.
17. Commissioning intentions, procurement activity and service models are therefore not based on perceived short-term opportunities, but on a review of the best evidence regarding effective approaches to service provision.

Soft market testing and consultation

18. Soft market testing is a method of gathering market intelligence by engaging with the providers and users of the services in question. The process also looks for innovation and/or alternative delivery models, alongside looking for efficiencies and best value. As most PH services have not been subject to re-tender previously, this is critical for finding out how ready the market is for providing these services to deliver identified PH outcomes.

19. Engagement with current and potential service users takes place throughout the intelligence gathering and soft market testing phases through equity audit, evaluation and needs assessment. This prolonged period of activity takes place prior to formal consultation.
20. Consultation follows the soft market testing to formalise the recommissioning process. PH carries out consultation with relevant stakeholders (which includes providers) to ensure that the preferred models defined by the gathered evidence are the right ones for the community. PH works to the required standards set out by the Council on all consultations to ensure that service changes are properly consulted, fair and transparent. PH will consider all the responses to consultation in finalising their plans for procurement
21. Elected Members, as local representatives, may be involved as individual consultees by attending events or workshops organised with relevant stakeholders; by filling out online or paper consultation forms or by providing written views. Their views will be one of a range of stakeholders whose views will be taken into account as part of the consultation process. Health Scrutiny Committee Members will also be included as consultees for projects they have identified as “substantial”.

Defining Service Specification and Outcomes

22. The evidence previously gathered and the necessary practical and social considerations are combined to make a robust recommendation on the model of service delivery. This detailed service specification underpins the contract and provides a framework for contract monitoring.
23. Outcomes are the real-life health and wellbeing improvements required by the service. The nationally agreed Public Health Outcomes Framework describes the overall outcomes expected from PH services. The two main outcomes are further broken down into outcomes to be achieved for specific policy areas.:

Outcome 1: Increased healthy life expectancy *Taking account of the health quality as well as the length of life*

Outcome 2: Reduced differences in life expectancy and healthy life expectancy between communities *Through greater improvements in more disadvantaged communities.*

24. Most services concentrate on delivering ‘outputs’, as changes to outcomes are influenced over many years. These ‘outputs’ must be effective interim performance measures to keep track of progress and allow service changes to be made. It is important that any interim performance measures clearly relate to the ultimate goal or health outcome. These are included in the service specification or contract monitoring schedule.
25. The Public Health Committee may set or influence commissioning intentions for a service. If the consultation findings, including the soft market testing, identify a set of potential options, with pros and cons of each, it is the role of the Committee to agree which option is preferred, taking into account the available evidence and the results of

the consultations and soft market testing overall. Officers will provide the background information and the reasons for any recommendations to inform decision-making.

Purchasing Services

26. This is the stage that Members will be most familiar with as this is the stage at which services are procured through a legally compliant tender process.
27. The service that is procured is in effect the Public Health intervention that aims to bring about the required outcomes. The service specification will have been informed by the soft market testing, consultation and available budget to deliver the greatest benefit from the available resource.
28. As part of the procurement process, an indicative budget is required to progress the tender for the new services. In many cases the budget is difficult to predict until the consultation process is complete and the service model defined. Also, it is important to recognise the impact that delivering efficiencies might have on effectiveness. In particular, it is likely to lead to fewer outcomes or outcomes that have less impact.
29. No contract for services is awarded unless the expenditure has been approved by, or on behalf of, the Council. The PH Committee performs this task for PH services. Background evidence, soft market testing and results of consultations are described in a covering report and approval sought to proceed with the recommended specification. Once Member approval is given, further decisions of Members would be sought should there be any developments during the procurement process that would significantly change matters, such as tenders coming in above the agreed financial envelope.

Managing Service Providers and Measuring Impact

30. Managing service providers includes monitoring, evaluating and managing the providers' performance. The information requested from providers through regular reporting will inform whether or not they meet the required outcomes of the contract and these in turn will reflect whether the Public Health intervention is working.
31. Data is collated by various means, including local national. The latter often has the benefit that it is reproducible and has been verified as being associated with real health outcomes. Quality measures are also collected to ensure the quality and safety of services.
32. In this part of the process, the Committee will receive performance reports on the effectiveness of the contracts and examine the budget as part of its overall responsibility to provide overview of the Public Health Grant. The Health Scrutiny Committee may also choose to examine whether the contracts are delivering as expected in light of the previous evidence, soft market testing and consultation results.

Public Health and Member Responsibilities

33. Figure 2 below illustrates the division of responsibilities throughout the commissioning process. The central circle identifies the activities and tasks being undertaken by PH staff and the external squares show the typical role of Members during each stage of the process, as included in the detailed explanation of each of stages above.

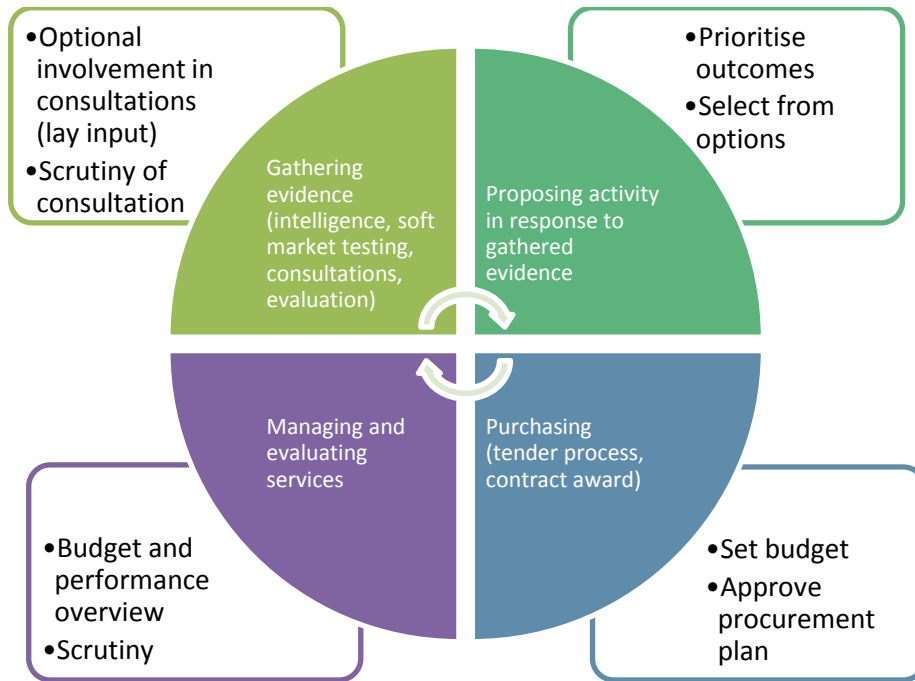


Fig 2: Division of responsibilities

Public Health and Scrutiny

34. Apart from where there is an express legal duty to consult in legislation or statutory guidance, the general duty to consult is governed by a duty of public authorities to act fairly in the exercise of their functions. The Local Authority Public Health Regulations 2013 require local authorities (through scrutiny) to review and scrutinise matters relating to the planning, provision and operation of the health service (including finances) in the area. As a 'health' function, it is advised that the Council is responsible for reporting to Health Scrutiny Committee for their Public Health commissioning role.

35. To fulfill this responsibility, it is proposed that an overview paper will be taken to Health Scrutiny Committee early each year outlining the year's re-procurement activity. This will give the Committee an opportunity to gain an understanding of the procurements planned in Public Health, identify those projects which it considers are "substantial" and flag any particular topics they want to follow more closely. Health Scrutiny will also be included as a consultee for all projects.

36. In year, update papers will be presented to Health Scrutiny Committee providing a progress report on procurement projects, and their associated consultations. Scrutiny can also request ad hoc reports to be presented on individual projects as required. The

Committee is due to consider this proposal in May 2015 to agree the detail of this reporting schedule.

Decision Making Process

37. Since 2013, the PH Committee has requested multiple reports to keep oversight of the re-commissioning of PH services as a relatively new Council function. With the concurrent reporting arrangements to the Health Scrutiny Committee, the department is conscious of duplicating activity and associated workload. In order to streamline the re-commissioning process, the PH Committee is asked to consider a revised decision-making process for future procurement exercises.

38. The Committee is asked to agree the following process, which is anticipated to work alongside the reporting schedule to Health Scrutiny Committee:

- a. Receive an annual procurement plan detailing the re-procurement activity for the year, including the associated timelines, process to be followed and agreement of indicative budget if required. This report will set the annual commissioning intentions for the department and provide the necessary agreement to commence re-procurement projects for the whole year.
- b. Regular reports to be provided through the year to update the Committee on progress and seek approval for any changes to the annual plan.
- c. A report presented to the Committee to seek approval to award the contract to the new provider when required.
- d. The Committee can also request additional reports to provide further information on any procurement project as required.

Other Options Considered

39. The PH department may have been able to extend current contracts, avoiding the need to re-procure services. However, many services are in need of review and legal services advised against this approach, to reduce risk for the Council

40. The PH department could concentrate on a procurement focused exercise preventing the work associated with the full commissioning cycle. However, this would result in inefficient services, and services not focussed on the right outcomes to deliver strategic improvement to health and wellbeing.

Reason for Recommendation

41. The PH Department is responsible for delivering quality services that improve the public's health and uses the PH grant to the best effect.

Statutory and Policy Implications

42. 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

43. The resources to commission the Public Health services contained within this report are included in the ring-fenced Public Health grant. Further financial implications will be brought to the Committee in the final reports requesting authority to award the individual service contracts.

Implications in relation to the NHS Constitution

44. Regard will be taken to the NHS Constitution together with all relevant guidance issued by the Secretary of State in any service changes relating to the re-commissioning of individual Public Health services.

Implications for Service Users

45. Implications for service users of Public Health services will be considered as part of the individual review of and re-commissioning process, and included in consultation on significant service changes where required.

Public Sector Equality Duty implications

46. Any Public consultation undertaken relating to the re-commissioning of individual Public Health services will take people with protected characteristics and from seldom heard groups into consideration. Equality impact assessments will also be carried out for any changes to services.

RECOMMENDATIONS

The Public Health Committee is asked to:

- 1) Approve the Public Health Procurement Plan for 2015/16
- 2) Agree to award contracts of varying lengths (minimum 3-5 years) to achieve best value for money in future years
- 3) Approve Indicative Budgets for 2016/17 as set out in the Exempt Appendix, to allow the procurement to progress according to the required timescales
- 4) Agree the future decision making process to progress re-procurement projects in a timely manner.

Dr Chris Kenny
Director of Public Health

For any enquiries about this report please contact Cathy Quinn, Associate Director of Public Health. Email: cathy.quinn@nottsc.gov.uk

Constitutional Comments (CEH 10/04/2015)

47. The recommendations fall within the delegated authority of the Public Health Committee by virtue of its terms of reference.

Financial Comments (KAS 10/04/15)

48. The financial implications are contained within paragraph 43 of the report and the exempt appendix.

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.

Public Health Department plan 2014/15

Public health Finance Plan 2015/16

Electoral Divisions and Members Affected

- All

12 May 2015**Agenda Item: 8**

REPORT OF THE DIRECTOR OF PUBLIC HEALTH PUBLIC HEALTH FINANCE PLAN 2015/16

Purpose of the Report

1. This report presents the financial plan for the Public Health department. It outlines the agreed budgets for each policy area and seeks approval on the proposed areas for realignment for 2015/16 using Public Health reserves.

Background

2. The Public Health department is responsible for ensuring the delivery of a range of Public Health services using the Public Health grant. The grant for 2015/16 remains at the same value as 2014/15, which is £36.1 million.
3. The Public Health grant will continue to be ring-fenced for 2015/16 and national guidance dictates that it is spent on activities whose main or primary purpose is to improve the health and wellbeing of local populations (including restoring or protecting their health where appropriate) and reducing health inequalities. Therefore Revenue Outturn reporting will continue through the year to assure Public Health England that the Council is spending the entire grant on the intended purposes.

Information and Advice

Public Health Finance Plan

4. **Table One** describes the agreed budgets for each policy areas, which are required to deliver services during 2015/16. These budgets reflect reconciliation work that has taken place during the year to ensure all contracted services are identified and coded to the correct place. The substance misuse and obesity weight management budgets reflect the new contractual values for these recently re-tendered services.
5. The proposed budgets for 2015/16 are based on 2014/15 expenditure and are not adjusted for annual inflation. It is therefore proposed to earmark a budget for 'Miscellaneous contract pressures' to take account of in-year pressures, such as out of area sexual health activity and over-activity on contracts subject to NHS national tariffs. This approach is proposed to allow flexibility across the range of policy areas, rather than allocating small increases to all budgets.

| Direct Commissioned Services | Budget 2015/16 |
|-------------------------------------------------------------------------------------|-----------------------|
| Children 5-19 PH Programmes (inc National Child Measurement Programme; NCMP) | £ 3,689,466 |
| Dental PH & Fluoridation | £ 183,366 |
| Domestic Violence | £ 1,107,438 |
| Health at Work | £ 7,000 |
| Healthy Ageing & General Prevention | £ 218,935 |
| NHS Health Check Programme | £ 859,150 |
| Infection Control | £ 81,500 |
| Obesity, Weight Management (inc Physical Activity) | £ 1,430,776 |
| Seasonal Death Reduction Initiatives | £ 15,000 |
| Sexual Health | £ 6,839,660 |
| Smoking & Tobacco | £ 2,592,055 |
| Social Exclusion | £ 17,884 |
| Substance Misuse | £10,473,050 |
| Realignment Fund | £ 3,555,000 |
| PH Corporate costs | Budget 2015/16 |
| Health and Wellbeing Board | £ 20,000 |
| Staffing | £ 2,837,580 |
| Overheads | £ 503,000 |
| Payment to CCG | £ 1,085,330 |
| Misc. contract pressures | £ 452,810 |
| Efficiency savings | £ 150,000 |
| Total | £ 36,119,000 |

Table One: Summary Finance Plan 2015/16

6. Full Council approved the revenue budget for Public Health in February 2015. The PH Committee is asked to note the finance plan for 2015/16 that describes individual budgets for each policy area.
7. There are plans in place to review and re-commission many of the services by April 2016. These plans are described in detail in the related report 'Public Health Procurement Plan 2015/16' also presented to the Committee.
8. During 2014/15, there have been a number of changes which have affected the delivery of many of the PH contracts. These issues have been reported separately to the PH Committee in the Quality and Performance reports on a quarterly basis, and have contributed to the decision to re-commission services during 2015/16. The changes in contracted activity have resulted in an underspend on some PH service budgets. These funds have been added to the PH reserves.
9. As the ring-fence is still in place for the Public Health grant during 2015/16, any underspend on the budget must also be spent on the defined purposes. For 2015/16, the PH department is contributing £4 million from reserves to the Council's mid-term financial strategy. This helps manage some of the organisational financial risk and will allow the PH department the time required to review services thoroughly through the

re-commissioning process and identify possible efficiency savings alongside service redesign for 2016/17. A plan is currently being developed to agree the use of the remaining PH reserves over the coming year.

Public Health Grant Realignment

10. In order to meet the terms of the grant, a realignment exercise was undertaken for 2014/15 that identified areas of Council services that contributed to the delivery of PH Outcomes. This process used agreed assessment criteria to objectively identify appropriate services. £5m of Public Health grant was realigned accordingly in 2014/15.
11. Public Health has now completed the realignment project for 2015/16 that involved a comprehensive assessment of all Council services. The process was carried out in conjunction with nominated leads across the Council, and led by a cross-Council realignment group. The project compared the level of contribution to PH outcomes for each service, and created a shortlist of services where the impact and scope for PH were assessed as major or significant.
12. The project concluded that, although a range of services identified potential impact, there were few services that offered significant impact on PH outcomes. Following assessment, the realignment group supported the following new areas (and budget contribution; £) for realignment in 2015/16:
 - a) Children's Centres - **£3.14 million**
Children's centres provide services focussing on improving a range of outcomes for parents/carers and children. The work is delivered in a range of locations across Nottinghamshire.
 - b) Moving Forward service - **£800,000**
The service provides personal support covering housing, social inclusion, crisis and employment, targeted at people with mental health problems, with the aim of helping them continue to live independently.
 - c) Sexual Abuse grant aid - **£50,000**
Grant aid to organisations that provide support to victims of sexual violence

The full list of realignment including those agreed and reviewed for 2014/15 are included in **Appendix A**.

13. The PH Committee is asked to agree the proposed areas for realignment of the PH Grant for 2015/16.
14. The PH department will keep a whole programme overview of what it commissions to deliver improvements in PH outcomes. As in previous years, it is proposed that formal monitoring take place on all areas of realignment. As with all PH services, monitoring of outcome measures and value for money will be carried out and reported to the Public Health Committee to ensure that the Council, and local residents, continue to receive maximum benefit from the allocated grant.

Other Options Considered

15. None

Reason for Recommendation

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

Statutory and Policy Implications

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.

Financial Implications

18. The Public Health grant for 2015/16 remains unchanged, although there are some changes relating to individual policy areas and areas for realignment during 2015/16 described in Table One and Paragraph 11 of the report.

Implications in relation to the NHS Constitution

19. Regard is taken to the NHS Constitution together with all relevant guidance issued by the Secretary of State in any service changes relating to the re-commissioning of individual Public Health services using the PH grant.

Implications for Service Users

20. Implications for service users of Public Health services are considered as part of the individual review of and re-commissioning process, and included in consultation on significant service changes where required.

Public Sector Equality Duty implications

21. Any Public consultation undertaken relating to the review or re-commissioning of individual Public Health services will take people with protected characteristics and from seldom heard groups into consideration. Equality impact assessments will also be carried out for any changes to services.

RECOMMENDATIONS

The Public Health Committee is asked to:

- 1) Note the 2015/16 PH finance plan based on the PH revenue budget agreed by Full Council on the 26 February 2015
- 2) Approve the proposed areas for PH Realignment funds for 2015/16

Dr Chris Kenny
Director of Public Health

For any enquiries about this report please contact Cathy Quinn, Associate Director of Public Health. Email: cathy.quinn@nottscc.gov.uk

Constitutional Comments (LM 17/04/15)

22. The recommendations in the report fall within the terms of reference of the Public Health Committee.

Financial Comments (KAS 17/04/15)

23. The majority of the report contains financial information which is summarised in paragraph 18 of the report.

Background Papers and Published Documents

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

Public Health Department plan 2014/15

Report to PH Committee - 'Public Health Budget Changes and Realignment of the Public Health Grant'. 6 March 2014

Report to PH Committee - 'Public Health Grant Realignment- Progress Report 2014-15.' 21 January 2015

Report to Public Health Committee – 'Public Health Procurement plan 2015/16.' 12 May 2015

Electoral Divisions and Members Affected

- All

Appendix A: Public health grant proposed realignment 2015/16 (new or increased activity for 2015/16 marked in bold text)

| Title | Service aims and activities | Public Health Outcomes | Realignment 2014/15 £ | Proposed realignment 2015/16 £ | Department transferred to / Notes |
|----------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|--------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Domestic Violence | Centralisation and coordination of domestic violence services across the Council. | Reduce domestic abuse | £1,034,000 | £1,034,000 | Public Health Department (transferred in from PPCS) |
| Grant aid for victims of sexual violence | Grant aid to organisations that provide support to victims of sexual violence. | Reduce domestic abuse | - | £50,000 | Public Health Department (transferring in from PPCS) New for 2015/16: complementary to activity above. |
| Substance misuse services, including young people's substance misuse | Residential rehabilitation and supporting people accommodation, early intervention and diversion programmes, including services for young offenders (under 18). | Reduce alcohol-related admissions to hospital; reduce re-offending levels - percentage of offenders who re-offend, average number of re-offences per offender | £468,000 | £468,000 | ASCHPP £262K 14/15 transferring in to Public Health in 2015/16 CFCS £48K From 2015/16, Public Health Department £420K (includes transfer in from ASCHPP above, that forms part of the substance misuse contract) |
| Illicit Tobacco | Regulating the legal and tackling the illicit tobacco trade to reduce smoking prevalence, through dedicated Trading Standards support. | Reduce smoking prevalence. | £91,000 | £91,000 | ASCHPP (Trading Standards) |
| Handy Person's Adaptation Scheme | Service to provide adaptations to help older people remain in their own homes, such as hand rails, | Reduce falls and injuries among older people; improve perceptions of safety in own | £95,000 | £95,000 | ASCHPP |

| | | | | | |
|----------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------|---------------------------------------------------------------------------------|
| | insulation/heating and key safes. | home | | | |
| Older People's early intervention and prevention service | Community involvement schemes to support people to retain independence, including community outreach work with individuals. | Improve health-related quality of life for older people ; improve social connectedness and self-reported wellbeing | £164,000 | £164,000 | ASCHPP Service redesign for 2015/16 to deliver a more integrated service |
| Building Community Resources to Support People | Activities to combat loneliness among older people, such as volunteering schemes, peer support and help with accessing services. Part of NCC strategy to tackle loneliness. | Improve social connectedness; self-reported wellbeing. | £200,000 | £200,000 | ASCHPP |
| Information Prescriptions | Information service focused on health conditions, providing accredited local health and social care information for patients, carers and professionals to enable people to manage their conditions better. The information is available electronically or on paper. | Improve health-related quality of life for older people. | £28,000 | £28,000 | ASCHPP |
| Stroke | Service to stroke survivors and their carers provided by the Stroke Association giving information advice and support. | Prevent readmissions to hospital after stroke. | £13,000 | £13,000 | ASCHPP |
| Mental Health Co-production | Social workers and support workers provide a personalised approach to meet the individual recovery outcomes for all spectrums of mental health problems. | Improve social connectedness; self-reported wellbeing; reduce risk of suicide; prevent hospital admissions; increase employment rate for people with long term health problems. | £206,000 | £206,000 | ASCHPP |
| Supporting People | Support workers working from hostels and supported housing for adults who are/have recently been homeless and in crisis, many of whom have mental health &/or substance misuse issues. | Reduce substance misuse, address fuel poverty, prevent homelessness, reduce winter deaths, reduce risk of suicide and prevent hospital admission | £1,000,000 | £1,000,000 | ASCHPP |

| | | | | | |
|---------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | | | | | |
| Moving Forward service | The service provides personal support covering housing, social inclusion, crisis and employment, targeted at people with mental health problems, with the aim of helping them continue to live independently. | Reduce social isolation and risk of suicide; increase employment for people with long term health problems. | - | £800,000 | ASCHPP New for realignment in 2015/16. |
| Supported Accommodation for Young People & homelessness | Support workers help vulnerable young people to develop life skills to help them access services, education and employment. Vulnerable factors include homelessness, learning disability, offenders, young parents, substance users, & those with poor mental/ emotional health. Service provided within supported accommodation to reach people at highest need. | Prevent homelessness; reduce number of 16-18 year olds not in education employment or training. | £460,000 | £460,000 | CFCS |
| Children's Centres | Children's centre provision focuses on improving a range of outcomes for parents/carers and children. The work is delivered in a range of locations across Nottinghamshire | Improve birth weight of term babies; reduce smoking prevalence at time of delivery; increase breastfeeding initiation and prevalence; improve population vaccination coverage; reduce under 18 conceptions; improve school readiness; reduce excess weight in 4-5 year olds, reduce tooth decay in children age 5; reduce hospital admissions caused by unintentional and deliberate injuries in children age 0-4. | £350,000 | £3,491,000 | CFCS Initial realignment in 2014/15 was for the speech and language therapy services in Children's Centres. This represents a major expansion of realignment into Children's Centres. £3,141,000 additional fund for 2015/16. |

| | | | | | |
|----------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|-------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|
| Family Nurse Partnership | Evidence-based programme to improve outcomes for pregnant teenagers, teenage parents and their children, through an intensive home-based visiting programme for first time vulnerable teenage mothers. | Improve infant mortality, improve birth weight of term babies, reduce smoking prevalence at time of delivery, increase breastfeeding initiation and prevalence; reduce under 18 conceptions; improve school readiness. | £100,000 | £100,000 | CFCS Realigned in 2014/15. FNP is a national programme with good evidence showing improved health & wellbeing outcomes for vulnerable groups & infants |
| Youth Offending Team and Youth Justice | Preventative case management and psycho-social interventions provided through Youth Offending Teams to children aged 8-17 with early signs of violent and antisocial behaviour | Reduce pupil absence; reduce first time entrants to the youth justice system; reduce violent crime (including sexual violence), reduce re-offending levels; reduce rate of complaints about noise | £380,000 | £380,000 | CFCS |
| Young Carers | Support workers provide information and advice to support young carers of a disabled parent. This helps promote educational, psychological social and emotional development. Service is complementary to delivery of Personal Budgets. | Reduce social isolation; improve self-reported wellbeing; reduce number of children in poverty. | £340,000 | £340,000 | CFCS £100K ASCHPP £240K |
| Young People's Sexual Health | Dedicated out of hours C-Card scheme delivered in young people's venues and targeted at young people. Sexual health is a statutory PH responsibility. | Reduce under 18 conceptions; improve chlamydia screening detection rate (15-24 year olds) | £80,000 | £80,000 | CFCS |
| Total | | | £5,009,000 | £9,000,000 | |

12 May 2015

Agenda Item: 9

REPORT OF THE DIRECTOR OF PUBLIC HEALTH

ANNUAL REPORT TO HEALTH AND WELLBEING BOARD 2014/15

Purpose of the Report

1. To seek approval for a summary report of Public Health Committee activity in 2014/15 to the Health and Wellbeing Board.

Background

2. The Health and Wellbeing Board (HWB) takes an overview of activity on Health and Wellbeing in Nottinghamshire. The Board considers the activities of a range of partners in doing this. The HWB has requested an annual report summarising the work of the Public Health Committee to be provided.

Information and Advice

3. The draft summary report to the HWB is appended for consideration by the Public Health Committee.

Other Options Considered

4. This report is to agree the sharing of information only. No other options are required.

Reason for Recommendation

5. The Health and Wellbeing Board has requested to receive an annual report on the work of the Public Health Committee for information.

Statutory and Policy Implications

6. 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

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

RECOMMENDATION

That Committee approves the attached report for submission to the Health and Wellbeing Board.

Dr Chris Kenny
Director of Public Health

For any enquiries about this report please contact: Kay Massingham tel 0115 9932565 or email kay.massingham@nottsc.gov.uk

Financial Comments (KAS 17/04/15))

8. The financial implications are contained within paragraph 7 of the report.

Constitutional Comments (CEH 23/04/15)

9. The recommendation falls within the delegation to the Public Health Committee under its terms of reference.

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.

Electoral Divisions and Members Affected

- All

REPORT OF DIRECTOR OF PUBLIC HEALTH

2014/15 ANNUAL SUMMARY OF WORK OF THE NOTTINGHAMSHIRE COUNTY COUNCIL PUBLIC HEALTH COMMITTEE

Purpose of the Report

1. This report provides information on the work of the Nottinghamshire County Council Public Health Committee in 2014/15. It describes the work of the Public Health department and outlines key Committee decisions and performance monitoring activities to ensure the Council meets its Public Health responsibilities.

Information and Advice

Background

1. The Health and Social Care Act 2012 transferred responsibility for Public Health from the NHS to local authorities in April 2013. Overall, the Public Health function encompasses:
 - 1.1. Health Improvement: Helping people to live healthy lives, to make healthy choices and reducing health inequalities.
 - 1.2. Health Protection: Ensuring the population's health is protected from major incidents and other threats, such as infectious diseases and environmental hazards.
 - 1.3. 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.
2. The County Council was given responsibility for five mandated functions, along with the responsibility to produce a Joint Strategic Needs Assessment, a Pharmaceutical Needs Assessment and a Health and Wellbeing Strategy, led through a local Health and Wellbeing Board.
3. The five mandated functions are NHS Health Check assessments; open access to sexual health services; the National Child Measurement Programme (NCMP); management of health protection incidents, outbreaks and emergencies (which could include infectious disease, environmental hazards and extreme weather events); and the provision of Public Health advice to NHS Clinical Commissioning Groups (CCGs).
4. As well as these five functions, the Department delivers a range of Public Health services

through direct commissioning and is also responsible for a number of other policy areas that require wide influence across the health and social care community. Services include: tobacco control; combating substance misuse; services around obesity / nutrition; cancer prevention; oral health / fluoridation; workplace health; PH aspects of community safety; violence prevention (including domestic violence and abuse); infection control and public mental health. There are also a number of services related to children's public health, such as prevention of birth defects, children's public health programmes for ages 5-19, ensuring high take-up of vaccination and immunisation programmes, and prevention of avoidable injuries. Many of these services were already in place prior to 2013 and existing contract arrangements were novated over to the County Council.

5. The County Council was provided with a ring-fenced Public Health grant, worth £36.1m in 2014/15, to meet the costs of the Public Health function. 87% of the PH budget is spent on commissioned services.

The role of the Public Health Committee

6. The County Council operates a Committee structure to carry out its duties, with an appropriate constitution to allow open and transparent decision making. Each Committee has a defined area of responsibility and takes decisions related to that area. The Public Health Committee is the primary decision-making body of the County Council with respect to the Public Health function. Its main duties are as follows:

- 6.1. To ensure that the Public Health responsibilities of the County Council are delivered.
- 6.2. To ensure that the Public Health grant is used effectively and for the purposes for which it has been provided.
- 6.3. To oversee performance in the delivery of the Public Health responsibilities of the County Council.

Relationship with the Health & Wellbeing Board

7. The Health and Wellbeing Board has core statutory duties as follows:
 - 7.1. To prepare and publish a joint strategic needs assessment to identify local needs
 - 7.2. To prepare and publish a health & well-being strategy to lead improvements in health and wellbeing for the population based on local needs
 - 7.3. To promote and encourage integrated working to deliver changes at a local level
8. It takes a very wide view of the health and wellbeing of Nottinghamshire and directs an implementation plan to improve this, covering a wide range of partners and functions.
9. Public Health is a core component of improving health and wellbeing, however the internal Public Health responsibilities of the County Council are a subsection of the entire work of the Board. By illustration, the delivery of Public Health functions by the County Council is a significant element of the Health and Wellbeing Strategy for Nottinghamshire, but it is not the only element.
10. The co-dependence means that work of the Health and Wellbeing Board interfaces with the Public Health Committee but is separate to it. Similarly the work of the Health & Wellbeing Board interfaces with other Council Committees that consider health and wellbeing policies,

such as the Adult Social Care Committee and Children & Young Peoples Committee. It also interfaces with Clinical Commissioning Groups governing bodies and District & Borough Council committees. However decision making responsibilities and resources are retained in the member organisations and relevant decision making forum.

Delivery of the Public Health Committee's duties in 2014/15

11. The Public Health Committee maintains an active work programme that is reviewed at each meeting. The Committee held 6 scheduled meetings during 2014/15 and two extra-ordinary meetings to fulfil its duties. This activity is summarised as follows:

Ensuring that the Public Health responsibilities of the County Council are delivered

- 11.1. The Committee received the HWB Strategy 2014-17.
- 11.2. With respect to the five mandated functions, the Committee approved re-commissioning plans for the Health Check programme and for sexual health services. These are due to be implemented during 2015/16. For the Health Check function, the Committee also approved funding of a social marketing campaign in 2014-15 to increase uptake in fulfilment of the mandate. Information was also received on arrangements in place for delivering the Council's health protection role, which outlined the Council's (and hence the Committee's) responsibilities.
- 11.3. In terms of commissioned services, the Committee approved the award of contracts for substance misuse and obesity / weight management services using extra-ordinary meetings to meet the required timeframe. It approved commissioning plans and timeframes for community safety aspects of public health (addressing domestic violence and abuse) and tobacco control. The Committee also considered the future structure of re-commissioning within the area of Public Health services for children and how services could be aligned, including with other Council services, for maximum efficiency and effectiveness.
- 11.4. Over the year, the Committee also received several presentations on aspects of the Public Health department's commissioned services, including one from the new provider for substance misuse services.

Ensuring that the Public Health grant is used effectively and for the purposes for which it has been provided:

- 11.5. The Committee set budget envelopes for re-procurements in the areas of domestic violence and obesity & weight management services.
- 11.6 The Committee received information about performance of the Council services against which Public Health grant had been realigned, to confirm that the realigned funds were being spent on services that delivered Public Health outcomes and that this work was proceeding to budget and timeframe.

Overseeing performance in the delivery of the Public Health responsibilities of the County Council

- 11.7 The Committee received quarterly reports summarising service performance and quality on all of the directly commissioned services. A summary of the latest performance information will be provided at Annex 2.
- 11.8 The Committee also approved a Public Health Department Plan for 2014/15. The Plan focused on four areas:

- 11.8.1 Improving quality and efficiency in commissioned Public Health services – looking at the commissioned services and making plans for future commissioning
- 11.8.2 Exploring new opportunities to improve health – focusing on how the Public Health grant could support Council services delivering public health outcomes
- 11.8.3 Building on success – working with the CCGs and developing staff skills
- 11.8.4 Embedding Public Health leadership – mainly related to plans, strategies and needs assessments.

11.9 Actions were identified for the Department within each of these categories. These actions covered many of the mandated functions of the Public Health Department and Council, such as developing the JSNA and PNA, refreshing 11 JSNA topics, contributing to health emergency planning e.g by updating the pandemic flu plan, and providing advice to the CCGs, for example in the Co-ordinated County CCG response to Mental Health Services for Older People Community Services Review, or the commissioning of breast feeding peer support services across 5 CCGs.

11.10 Details of performance against this plan by the end of Quarter 3, which is the most recent information available, are appended to this report in Annex 3.

12 A complete list of all the decisions and deliberations of the Public Health Committee in 2014/15 is attached at Annex 1.

Statutory and Policy Implications

13 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

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

RECOMMENDATION/S

- a) The Board notes the report.

Dr Chris Kenny
Director of Public Health

For any enquiries about this report please contact: Kay Massingham tel 0115 9932565 email kay.massingham@nottsc.gov.uk

Annex 1: Deliberations of the Public Health Committee 2014/15

| Date | Report | Decision / Deliberations |
|-------------------|----------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 8 May 2014 | Nottinghamshire Health and Wellbeing Strategy 2014-17 | Noted the strategy previously approved by the HWB |
| 8 May 2014 | Excess Winter Deaths in Older People | Received information relating to winter deaths in Nottinghamshire, causal factors and initiatives underway to address them |
| 12 June 2014 | Substance misuse treatment and recovery services; Obesity prevention and weight management services - Commissioning update | Award of contracts to successful bidders and a request for a progress report on operations after six months |
| 3 July 2014 | Public Health Service Performance and Quality Report for Health Contracts 2013/14 | Noted a summary of performance information from Public Health contracts in 2013/14 |
| 3 July 2014 | Tobacco Control and Smoking Cessation Services | Approved changes to commissioning timeframes |
| 3 July 2014 | Healthy child programme and public health nursing for children and young people | Supported a proposal to align the commissioning of school nursing and health visiting services, to ensure an integrated 0 -19 HCP for Nottinghamshire, and supported further consideration of options for aligning and integrating planning and commissioning processes in relation to public health nursing and children's centres. |
| 3 July 2014 | Public Health Department Plan 2014-15 | Approved PH Department Plan |
| 3 July 2014 | Nottinghamshire County domestic abuse services | Deferred decision on reprocurement of domestic violence services pending a further report to the next meeting on timeframes and budget envelopes. |
| 3 July 2014 | Establishment of Executive Officer to support Public Health business function | Approved new post on County Council establishment to be paid out of reassigned reserve funds. |
| 11 September 2014 | NHS Health Check Programme | <p>Approved the following procurements, for a 3 year period from 1 April 2016 with option for 3 1 year annual extensions:</p> <ul style="list-style-type: none"> • NHS Health Checks provision for GPs to deliver a core service, via direct award. • outreach service to engage high risk groups that are unlikely to take up the core offer from their GP, via open tender, (jointly with Nottingham City Council) • associated information technology system to support delivery (jointly |

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| | | with Nottingham City Council) Approved funding of a social marketing campaign in 2014-15 to increase uptake in fulfilment of the LA mandate. Agreed to receive an update on the Commissioning Plan following the Council Budget Consultation. |
| 11 September 2014 | Nottinghamshire County domestic abuse services | Approved a joint open procurement process on behalf of the County Council and the PCC with NCC as the lead partner. |
| 11 September 2014 | Obesity Prevention and Weight Management Services Commissioning Update | Noted the current situation regarding the commissioning of obesity prevention and weight management services, and the plans to extend the current service arrangements. Approved an increase in the financial envelope up to £1.9million pa from within the Public Health Grant. Agreed to a further report being brought to the Public Health Committee in December to recommend the award of contract. |
| 11 September 2014 | Public Health Outcomes Programme – Plans And Progress | Noted the progress on the Public Health Outcomes Programme and endorsed the plan of action to identify further efficiencies for implementation during 2016/17. |
| 11 September 2014 | Public Health Service Performance and Quality Report for Health Contracts Q1 2014/15 | Noted the quality and performance information |
| 11 September 2014 | Lowland Derbyshire & Nottinghamshire Local Nature Partnership | Supported the development of joint working between the LNP, Public Health and the Nottinghamshire HWB, the mapping of existing health and wellbeing work with the natural environment and best practice / gaps, and the development of ways of joint working to enhance outcomes, with project proposals to be developed where resources allow. |
| 26 November 2014 | Commissioning Comprehensive Sexual Health Services in Nottinghamshire from April 2016 | Noted the background information on sexual health commissioning and approved consultation with stakeholders about the future model of sexual health services |
| 26 November 2014 | Community Infection Prevention and Control Service | Approved work to secure the proposed community infection prevention and control service from Clinical Commissioning Groups via two Section 75 agreements |

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| | | Noted that funding would include some non-recurrent transition monies designated to address issues relating to the transition of public health to the local authority |
| 26 November 2014 | NHS England Commissioning Intentions for Prison Health | Noted changes to commissioning intentions and implications for Nottinghamshire Public Health |
| 21 January 2015 | Domestic Abuse Services Procurement | Received updates on the procurement of domestic abuse services, approved changes to budgets and supported commissioning plans |
| 21 January 2015 | Arrangements for Protecting the Health of the population in Nottinghamshire County | Noted the Council's duties in regard to health protection and the arrangements in place for effective discharge of duties |
| 21 January 2015 | Public Health Grant Realignment – Progress Report 2014/15 | Noted progress on the realignment of Public Health grant and agreed to receive a further report on realignment for 2015/16 |
| 21 January 2015 | Public Health Services Performance and Quality Report for Health Contracts, Q2 2014/15 | Noted performance and quality information on contracts during Q2 |
| 12 March 2015 | Development of the Draft Proposed Service Model for the Commissioning of Sexual Health Services in Nottinghamshire from April 2016 | Endorsed service model proposals for an integrated sexual health service, and noted further market testing and consultation activity planned |
| 12 March 2015 | Public Health Department Plan – progress report 2014/15 | Received and noted report on progress against Department Plan |

Annex 2: Performance and Quality

Appendix to separate item on the Public Health Committee agenda: Summary of Public Health quality and contract performance, Quarter 3 2014/15

Annex 3: Progress against NCC Public Health Departmental Plan 2014/15

1. Improving efficiency and quality in commissioned services

| Item | Status | Q1 and Q2 activity report | Q3 and Q4 – projected activity |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1.1 Develop a strategic departmental plan to secure resources for areas of greatest priority within Public Health. | GREEN | Internal agreement of department priorities, potential budget efficiencies, and use of reserves. CLT agreement of revised efficiency target for PH Establishment of CCG engagement group. Development of procurement plan for re-commissioning services in line with contract timeframes. | PH budget options for change and use of realigned grant to be put forward to confirm and challenge session. |
| 1.2 Maximise the use of resources to deliver health improvements and identify opportunities to make value for money improvements, whilst still delivering public health outcomes for substance misuse, obesity and tobacco control. | GREEN | Contract for redesigned Substance Misuse services was awarded in June 2014 with start date October 1 st 2014. | Regular performance monitoring has been established for the substance misuse contract and quality monitoring processes are in place. KPIs are being developed as baseline measures for year 1 of the contract. |
| | AMBER | Obesity and weight management procurement commenced, but had to be restarted for budget control reasons. In the meantime, existing providers continued to deliver some service. | Obesity and weight management services re-procurement process complete with value for money improvements; mobilisation phase underway with contract start due on 1 April 2015. |
| | GREEN | The Nottinghamshire County and Nottingham City Declaration on Tobacco Control was endorsed and signed by the Health and Wellbeing Board. Members of the Board were charged with taking the document through their organisations to be signed and an action plan commenced. | A follow up report will be presented to the Health and Wellbeing Board to keep track of progress to partners sign up and agreement of actions related to the tobacco declaration. |

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| | AMBER | <p>Planning for commissioning of newly designed tobacco control services. Local Stop Smoking services have been decommissioned, but as the re-commissioning timescales have been realigned, are to carry on delivering services for 2015/16.</p> <p>All services have significantly reduced performance this year and extensive work is taking place to address this.</p> | <p>Soft market testing was undertaken in Q3 and the results and approach to consultation agreed by PH Committee. Consultation is running during Q4.</p> |
| 1.3 Commission new services to deliver an effective community infection prevention and control service for Nottinghamshire. | GREEN | <p>CIPC service specifications developed for Nottinghamshire County plus Bassetlaw CCGs</p> <p>Discussions and agreements re possible section 75 with CCGs and Public Health Committee.</p> <p>NHS Transitional monies agreed.</p> | <p>Planned consultation with key stakeholders and analysis</p> <p>Planned consultation with Staff</p> <p>Development of contractual arrangements</p> |
| 1.4 Review the effectiveness of the current NHS Health Checks programme and consider new approaches to achieve more equitable coverage of local residents and better targeting at hard to reach groups. | AMBER | <p>Review of effectiveness led to:</p> <ul style="list-style-type: none"> - direct liaison with GP practices not delivering the target amount of activity, providing support for them to improve their offer and uptake rates. - NHS health checks included in the Notts workplace health model. - Revised criteria for pilot outreach sessions to ensure that employers better target higher risk individuals <p>Commencement of procurement project for targeted outreach Health Checks and integrated IT system, jointly with Nottingham City Council.</p> | <p>Continue to review results in terms of activity and proportion of high risk individuals identified.</p> <p>Continue procurement project subject to budget consultation.</p> |
| 1.5 Assess current sexual health services, public health services for children and young people aged 5-19 years and dental public health services to determine impact, cost-effectiveness and opportunities for | GREEN | <p>Sexual Health needs assessment and stakeholder engagement undertaken to inform understanding of commissioning priorities.</p> | <p>Development of and further consultation on a proposed service model based on findings from needs assessment and stakeholder engagement, and other preparatory work for possible re-procurement during 2015.</p> |

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| future efficiency. | GREEN | <p>Comprehensive review of County School Nursing services completed with wide stakeholder engagement. School health profiles completed. Recommendations for future commissioning and service model now out for consultation.</p> <p>Review of Healthy Schools service complete, recommendations made and report finalised.</p> <p>For both services, regular service monitoring/review meetings established.</p> | <p>Complete consultation and finalise plans for commissioning of public health nursing service for children and young people aged 5-19 years, with aim of improving efficiency, quality, health outcomes and reducing health inequalities.</p> <p>Using service review findings and through consultation/engagement, develop service model for delivery of wide ranging health education/promotion to schools.</p> |
| | GREEN | <p>Working with PHE, process clarified in relation to fluoridation by water companies and costs. Service specification for Oral Health Promotion service and delivery reviewed. Regular service monitoring review meetings established.</p> | <p>Review provision of oral health promotion and links with development of health education/promotion model</p> |
| 1.6 Assess the current provision of information to people with health and social care needs to ensure that it meets the needs of all sections of the community. | GREEN | <p>Promotion of the 'nottsinfoscript' (information prescriptions) facility across health & social care, with key emphasis on CCG awareness (primary care).</p> | <p>Support each district that signs up to the Notts Workplace Health scheme to undertake local mapping of supporting services or confirm local supporting services already developed and for this to be added to the wider information system at NCC. To date Bassetlaw Menu of services and Ashfield DC mapping doc added to 'nottsinfoscript'</p> |

2. Exploring new opportunities to improve health

| Item | Status | Q1 and Q2 activity report | Q3 and Q4 – projected activity |
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| 2.1 Lead work through the Health & Wellbeing Board to deliver significant improvements in health through delivery of the Health & Wellbeing Strategy. | GREEN | <p>H&W Delivery Plan developed and published on Council webpage. Development of HWB logo Stakeholder network with VCS held in June 14</p> <p>Launch of the No Health without Mental Health Nottinghamshire's Mental Health Framework for Action 2014-2017</p> | <p>Progress report on delivery plan to be presented to HWB. Finance Workshop to be held Jan 15. Communication plan to be reviewed. Peer Challenge to be held Feb 15</p> <p>Align mental health actions with HWB strategy and CCG Mental Health commissioning intentions</p> |

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| | | Consultation on the Nottinghamshire Suicide Prevention 2014-2017 complete | Suicide Prevention Steering group to agree final strategy draft and strategy launch processes |
| 2.2 Work through the Health & Wellbeing Board to target areas of greatest need, in order to address health inequalities. | GREEN | Information gathering to establish priorities and contributing risk factors, and map current initiatives to these. | |
| 2.3 Jointly commission services for domestic violence that are evidenced based, joined up and managed to deliver significant improvements in outcomes. | GREEN | Evidence collection including JSNA, review of existing services, soft market testing and establishment of procurement steering group. | Consultation on Outcomes and Quality Standards Dec- 6 th Jan 15 Public Health Committee update Jan 21 st Confirmation of DV budget anticipated Feb 15 and PQQ expected to be advertised early March. |
| 2.4 Work with Trading Standards to implement a new approach to tackling illicit tobacco that contributes to Public Health Outcomes. | GREEN | Realignment of PH grant to support Trading Standards work. Detailed monitoring put in place. 51 reports of illegal tobacco; 4 premises stopped from selling illegal tobacco; 42 premises investigated; 71 inspections conducted; 21 warrants executed on commercial premises 6 on private premises; 28 prosecutions/warnings/cautions either in progress or completed £69,652.50 - Estimated value of counterfeit and non-duty paid cigarettes and hand rolled tobacco seized | Support options with Notts Police to increase the resources for tackling illegal tobacco to employ police officer support directly as part of the task force. |
| 2.5 Work alongside Adult Social Care, Health & Public Protection to commission services to build community independence and reduce the impact of loneliness. | AMBER | Commissioned Together we are Better befriending pilot with Ashfield & Mansfield CCG Contributed to development of the tender for Early Intervention and Prevention Expanded remit of Dementia group to include Older People's Mental Health Worked with colleagues in ASCHPP on the development of loneliness prevention services for 2015/16, which resulted in changes to proposed services | Options for loneliness commissioning to be brought to Public Health Committee once detailed proposals are worked up. |
| 2.6 Work with partners to agree strategies for tackling fuel poverty and seasonal mortality. | GREEN | Flu Vaccination and Affordable Warmth Campaign 2014 launched. Promotion of service to flu clinics in Greater Nottingham. Focus of this year's campaign is energy switching. Marketing materials were sent to every GP practice. Advertisement of a new post Community | Continue to promote the strategy to NCC staff, GP practices and ASCH service users. Planned meetings to discuss approaches to avoid unplanned hospital admissions and excess winter deaths. Partnership agreement developed/proposal to |

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| | | Engagement Project Officer Development of a Partnership agreement with housing officers and key partners across the county to look at a joint commissioning proposal to provide services to address Excess Winter Deaths. Greater Nottingham Healthy Housing Service -A key priority is working with First Contact Service to establish an effective referral service. | be ready by the this period |
| 2.7 Establish an evidence resource around health improvement benefits from all Public Health expenditure. | GREEN | Monitoring put in place for all Realignment projects to examine outcomes and health improvements generated | Progress report on performance of realignment projects to Public Health Committee in January 2015. Further monitoring underway. |

3. Building on success

| Item | Status | Q1 and Q2 activity report | Q3 and Q4 – projected activity |
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| 3.1 Work with Clinical Commissioning Groups and wider NHS colleagues to strengthen links with Public Health, building on previous achievements to influence NHS commissioning and promote preventive health services. | GREEN | Planned and delivered a Falls Stakeholder event in May to gain clinical and other views to contribute to Falls JSNA and Framework for Action Co-ordinated County CCG response to MHSOP Community Services Review to ensure approval for remodelling of services Taken on Public Health lead for continence Reviewed and updated service specification for Falls & Fracture Liaison | Complete Falls JSNA documents for County & City – January 2015 Complete Dementia JSNA for City – January 2015 Develop Falls Framework for Action – January 2015 See also Integrated Commissioning Hub for children’s services work programme. |
| 3.2 Build on the early successes in the Integrated Commissioning Hub for children’s services, to lead the joint approach to commissioning services for this age group. | GREEN | Performance management processes established in relation to services, strong links with CCGs developed. Key projects include CAMHS review and new model developed and agreed, ICCYPH project phase 2 underway, non-NHS service reviews underway to inform re-commissioning plans. Concerning behaviours pathway live and embedding, maternity services reviews completed and implementation/ improvement plans agreed with providers. Breast feeding peer support services commissioned across 5 CCGs Engagement and communication with children, young people and families well established, | Contribute to CCGs’ work-stream to reducing avoidable admissions Complete mystery shopper report Commence implementation of new CAMHS model with providers Market engagement in relation to ICCYPH Present maternity review findings to CCGs and Quality & Risk Committees Lead work-streams in relation to children’s services for <i>Mid Notts Better Together</i> and <i>South Notts Transformation Programme</i> Work with NHS England Area Teams to ensure safe transfer of commissioning of HV and FNP services |

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| | | underpinning commissioning work. | Uncertainty in relation to future funding of CICH. Meeting with CCG Chief Officers in February to consider future, post March 2016 |
| 3.3 Maintain the skills and experience of Public Health workforce to continue to lead the commissioning for outcomes and greater partnership working to achieve shared goals. | AMBER | CPD sessions, journal club (see 4.7 below), and FY2 and Trainee programme are underway. Activity on future workforce development planning delayed until Q3 owing to limited staff capacity to work on this. | Review of training needs to be completed. Workforce development plan to be developed for department |
| 3.4 Use the insight gained from the Wellbeing at Work programme to develop Nottinghamshire County Council as an exemplary model for staff wellbeing and lead a countywide Workplace Health Scheme to improve health outcomes for employees. | GREEN | Stakeholder event held April 2014; User feedback and 2013 Bassetlaw evaluation report outcomes used to shape draft strategy County toolkit and supporting criteria developed Confirmed support from provider services for IAPT, dietetics, tobacco control 1 st strategy group held Oct 14 4 organisations signed up to the scheme and 4 pending | Finalise strategy and toolkit; & strengthen strategy group involvement Aim to sign 4 organisations between November 2014-March 2015 Investigate opportunities for workplace health web site Sign up wider supporting agencies as part of provider support for the scheme to include CAB, Risk will be lack of interest/resources for agencies signing up |

4. Embedding Public Health Leadership

| Item | Status | Q1 and Q2 activity report | Q3 and Q4 – projected activity |
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| 4.1 Use Public Health expertise to ensure multi-agency plans and services are in place to protect the health of the population from environmental, communicable and chemical threats. | GREEN | Update of pandemic flu plan completed. Mutual aid arrangements of environmental health departments have been updated. Health and Wellbeing Board support secured for multi-agency work to update the Notts Air Quality Management Strategy. | Monitor NHS England reorganisation for impact on the integrity of Health Emergency Preparedness Resilience & Response arrangements. |
| 4.2 Lead the development of the Joint Strategic Needs Assessment and Pharmaceutical Needs Assessment, to engage partners in identifying and building services to address the needs of local people. | GREEN | JSNA key achievements since April 2014: <ul style="list-style-type: none"> Migration of JSNA to Nottinghamshire Insight web pages Completed the refresh of 11 JSNA topics PNA review plan developed and steering group overseeing work for city and county. Work on track to refresh PNA by March 2015 | Continue to work with 3 rd sector and Healthwatch on specific topics to strengthen inclusion of information from patients, public, users within JSNA Continue to develop Nottinghamshire Insight as the system through which JSNA products are published. Evaluate the JSNA to ensure continuous improvement and continue to refresh JSNA |

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| | | | topics Complete refresh of PNA and gain HWB approval by March 2015. |
| 4.3 Publish the Director of Public Health annual report to highlight areas of public health that require particular focus and attention. | GREEN | Activity due in Q4 | |
| 4.4 Develop an Adolescent Public Health strategy to support investment in their futures and improving health and wellbeing outcomes for this group. | GREEN | Adolescent Health Strategy Steering Group established, initial meeting held with identified leads and project plan agreed. | Develop strategy themes and action plan, plan for stakeholder event to take place in 2015-16 |
| 4.5 Work within Council to embed Public Health principles into the commissioning and delivery of services, improving health improvement outcomes. | GREEN | The Children's Integrated Commissioning Hub works on behalf of Public Health, Children's Services (CFCS Department) and CCGs. Through development of a clear Commissioning Framework, public health principles underpin all commissioning activity. The framework has been shared widely with and has been well received by stakeholders, including providers. The realignment project has also promoted the PH approach to commissioning, helping the Council review its commissioning intentions to build in a more evidenced based approach around loneliness services. | Continue to develop commissioning plans for a range of health and wellbeing services for children which are outcome focused and evidence based. Work closely with other departments within the Council to share approach to embedding PH principles in commissioning and delivery Continued closer working across the Council will continue to build better integration and sharing of PH skills and experience around commissioning for health improvement outcomes. |
| 4.6 Build new links with Local Authority to provide Public Health advice to spatial planning. | RED | Due to the OPWM retender there has been limited capacity to work on this. However, links have been established with the LA Planning Policy Team and planning applications and documents are now being sent through for consultation. | Planning is an agenda item at a future Obesity Integrated Commissioning Group meeting (Jan 15) when the group will identify planning activities that support healthy living and access to green space being undertaken by Districts, learn from what already works and consider what would add value. |
| 4.7 Develop a programme to extend Public Health skills to the wider workforce. | GREEN | Journal Club established and led by PH registrar | Journal Club sessions to continue. |



REPORT OF THE DIRECTOR OF PUBLIC HEALTH

PUBLIC HEALTH SERVICES PERFORMANCE AND QUALITY REPORT FOR HEALTH CONTRACTS

Purpose of the Report

1. This report provides an update on performance management for the Public Health Committee in respect of contracts that are commissioned by Public Health (PH) for the period October to December 2014.

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 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 in Quarter 3 (October to December 2014) against key performance indicators related to the priorities, outcomes and actions within the Public Health Departmental Plan 2014-2015 and which reflect the Authority's priorities following the adoption of the Strategic Plan 2014-18.
5. The report also gives the opportunity to provide the latest update in respect of complaints, serious incidents and Freedom of Information Act requests.
6. A summary of the performance measures is set out at **Appendix A**.

Key Issues in Performance in Quarter 3 2014-15

7. The main area of concern is still in relation to the Tobacco Control and Smoking Cessation service. Members will note that there are a number of other services that are not meeting the set targets. Public Health colleagues are working with relevant providers to address this.
8. A summary of the issues and actions that are being taken is included in Appendix A.

Key Issues in Quality in Quarter 3 2014-15

9. Whilst there were a number of teething problems with the new substance misuse service which generated a number of unofficial complaints, these were quickly resolved by the new provider. The official complaint, logged in the report, was in respect of the adverse effects the changes in the provision of substance misuse services since 2011 has had on an individual service user. A response was issued and there has been no further action.
10. There was one reportable serious incident in Quarter 3 in relation to the substance misuse service. This was an unforeseen death and PH colleagues have been working very closely with the provider to put robust systems of reporting and investigation in place to support lessons learnt.
11. Freedom of information requests have included questions in respect of public health spend per service area and the emotional and mental health of children and young people. All requests have been answered in accordance with statutory guidelines.

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, 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. 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

14. 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

15. Monitoring of the contracts ensures providers of services comply with their equality duty.

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

16. 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 recommendation is:

- 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 (Nathalie.birkett@nottscc.gov.uk)

Group Manager, Public Health Commissioning

Constitutional Comments

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

Financial Comments

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

Background Papers and Published Documents

None

Electoral Divisions and Members Affected

All

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

| Annual Financial Value of Contract Range | Category |
|------------------------------------------|-------------|
| More than or equal to £1,000,000 | High |
| £100,000 to £999,999 | Medium High |
| £10,000 to £99,999 | Medium |
| Less than or equal to £9,999 | Low |



| Service and Outcome | Contract Value Category | Status | Performance Indicators | Q1 | Q2 | Q3 | Cumulative Total | Annual Target | % of target met | Summary of Performance and Quality | Actions Reported if Underperformance Reported | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-----------------------|-------|-------|------------------|-----------------------------------|-------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|--|
| 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 | 10072 | 12201 | 9737 | 32010 | 49,268 | 65% | The considerable variation in levels of activity between practices is being addressed directly with low performers. | Practice lason visits are to be increased to address the low performers | |
| | | ↓ | No. of patients offered who have received health checks | 4294 | 5680 | 5183 | 15157 | 27,172 | 56% | The considerable variation in levels of uptake between practices is being addressed through sharing national and local marketing insight. | Targetted social marketing planned in Quarter 4. | |
| 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 | NUH - Integrated sexual health contract | | | | | | | | | | |
| | | ↑ | No. of contraception treatments / interventions | 1849 | 2155 | 5549 | 9553 | 7,425 | 129% | Activity targets are under review | Reviewing focus of activity and plan for 2015/16 | |
| | | ↓ | No. of other treatment interventions - full sexual health screens (Chlamydia, Gonorrhoea, Syphilis & HIV) | 644 | 610 | 590 | 1844 | 350 | 527% | | | |
| | | ↑ | % receiving a positive result (positivity % within the service should not fall below 7.5%) | 10.6% | 8.7% | 10.2% | N/A | N/A | N/A | | | |
| | | BHP - CaSH | | | | | | | | | | |
| | | ↓ | Total monthly face-to-face contacts | 1579 | 1505 | 1470 | 4554 | 2,200 | 207% | Whilst Q3 numbers are down on Q2, the overall achievement is above target. | | |
| | | SFHT | | | | | | | 3/4 target | | | |
| | | ↓ | GUM First Appointment | 1713 | 1745 | 1575 | 5033 | 5840 | 86% | Activity targets are under review | Reviewing activity plan for 2015/16 | |
| | | ↓ | GUM Follow-up Appointment | 1075 | 1026 | 959 | 3060 | 3304 | 93% | | | |
| | | | Contraception and Sexual Health Services (CaSH) First Appointment | 1302 | 2638 | | 3940 | no target | no target | | | |
| | | | Contraception and Sexual Health Services (CaSH) Follow-up Appointment | 1165 | 2744 | | 3909 | no target | no target | | | |
| | | ↑ | SEXions - number of education sessions provided in schools | 59 | 39 | 56 | 154 | no target | no target | | | |
| | | ↑ | SEXions - number of 1-1 advice & sessions sessions given to young people | 120 | 98 | 199 | 417 | no target | no target | | | |
| | | DBH - GUM | | | | | | | 3/4 target | | | |
| | | ↓ | GUM First Appointment | 841 | 846 | 776 | 2463 | 2,512 | 98% | Activity targets are under review | Reviewing activity plan for 2015/16 | |
| | | ↓ | GUM Follow-up Appointment | 360 | 411 | 340 | 1111 | 1,116 | 100% | | | |
| | | NHT - The Health Shop | | | | | | | Monthly target | | | |
| | | ↑ | Percentage of 15-24 year olds in contact with The Health Shop service who are offered a Chlamydia screen | 94% | 86% | 94% | 274% | 50% | n/a | Whilst Q3 numbers are down on Q2 for planned face to face activity, the overall achievement is above target | Reviewing activity plan for 2015/16 | |
| | | ↔ | Percentage of appropriate clients aged over 14 years who are offered advice on contraception | 100% | 100% | 100% | 100% | 100% | n/a | | | |
| | | ↓ | Planned Face-to-Face Activity - Sexual Health Only | 239 | 368 | 344 | 951 | 855 | 111% | | | |
| Terrence Higgins Trust | | | | | | | | | | | | |
| ↓ | No. of Point of Care testing (POCT) for people residing in Nottinghamshire County | 18 | 27 | 18 | 63 | 96 | 66% | Activity targets are under review | Reviewing activity plan for 2015/16 | | | |
| ↑ | No. of support sessions delivered in Notts targeting high risk groups | 33 | 44 | 57 | 134 | 96 | 140% | | | | | |
| National Child Measurement Programme To achieve a sustained downward trend in the level of excess weight in children by 2020 | Medium High | N/A | % of children in Reception with height and weight recorded | Academic year 2013/14 | | 100% | 0 | | | All consenting pupils have been measured | | |
| | | N/A | % of children in Year 6 with height and weight recorded | Academic year 2013/14 | | 100% | 0 | | | All consenting pupils have been measured | | |
| | | N/A | Parents/Carers receive the information regarding their child within 6-weeks post measurement | Academic year 2013/14 | | 20% | 0 | | | There is a letter backlog which will be resolved in Q4 | | |

| | | | | | | | | | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|---------|---------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|------------|------------------|-----------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Alcohol and Drug Misuse Services Reduction in Alcohol related admissions to hospital Reduction in mortality from liver disease Successful completion of drug treatment | High | The Recovery Partnership - Nottinghamshire Healthcare Trust | | | | | | | | The SMS retender destabilised services due to the uncertainty a re-tender exercise has on the market, albeit the Recovery Partnership continued to perform well. | |
| | | ↔ | Percentage of successful discharges as a proportion of those in treatment (Opiate Users) | 9.9% | | | | 9.9% | 10% | | 99.0% |
| | | ↔ | Percentage of successful discharges as a proportion of those in treatment (Non Opiate Users) | 39.3% | | | | 39.3% | 44% | | 89.3% |
| | | ↔ | Of those discharged from alcohol treatment, percentage discharged successfully | 42.5% | | | | 42.5% | 55% | | 77.3% |
| | | ↔ | Percentage of representations from those successfully completing treatment | 14.2% | | | | 14.2% | 19.7 - 21.4% | | 66.4%-72.1% |
| | | Crime Reductions Initiative (CRI) | | | | | | | | | |
| | | ↔ | Alcohol - Number and % of planned exits | | Service commenced 1st October 2015 | 83(118)70% | 83(118)70% | tba | | | |
| | | ↔ | Opiates - Number and % of planned exits | | Service commenced 1st October 2015 | 72(95)76% | 72(95)76% | tba | | | Performance, in terms of successful completions is good, especially as there would have been an expectation of a dip in performance with the start of a new service. There can be no direct comparison with the previous service as different KPIs are being measured. |
| | | ↔ | Non-Opiates - Number and % of planned exits | | Service commenced 1st October 2015 | 23(35)66% | 23(35)66% | tba | | | |
| | | Prisoner's Health Reduction in Alcohol related admissions to hospital Reduction in mortality from liver disease Successful completion of drug treatment | High | ↓ | Number and % of HMP Ranby SMRS successful drug free discharges as a proportion of those in treatment - Opiates - Nottinghamshire Healthcare Trust | (4)4% | (15)13% | (17) 11% | 0 | | 25% |
| ↔ | Number and % of HMP Ranby SMRS successful discharges have re-engaged into the service within 6 months - Nottinghamshire Healthcare Trust | | | (0)0% | (3)2% | (3) 2% | 0 | -30% | Monthly targets | | |
| N/A | Number and % of HMP Whatton SMRS successful drug free discharges as a proportion of those in treatment - Alcohol - Nottinghamshire Healthcare Trust | | | (2) 22% | (5)19% | (35) 61% | 0 | 55% | Monthly targets | | |
| N/A | Number and % of HMP Whatton SMRS successful discharges have re-engaged into the service within 6 months - Nottinghamshire Healthcare Trust | | | (0) 0% | (1)2% | (2) 2% | 0 | -30% | Monthly targets | | |
| N/A | Number and % of 6 weekly reviews where health outcomes are assessed as having improved - HMP Ranby Direct Award | | | N/A | (20)81% | Data Unavailable until 28 Feb 15 | 0 | 75% | Monthly targets | Although data for this indicator is not yet available the prison gym service have indicated that this target will be achieved. | |
| 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 | | | | | | | | Current performance by all smoking cessation providers is significantly below target. Whilst action plans have been put in place to mitigate against this underperformance it is extremely unlikely that it will be possible to achieve the target for quitters for 14/15. | |
| | | ↓ | Bassetlaw GPs | 32 | 31 | 2 | 65 | 293 | 22% | | |
| | | ↓ | County GPs | 70 | 63 | 29 | 162 | 430 | 38% | | |
| | | ↓ | County Community Pharmacies | 27 | 25 | 12 | 64 | 377 | 17% | | |
| | | ↓ | New Leaf - County Health Partnership | 982 | 712 | 393 | 2087 | 4953 | 42% | | |
| | | ↓ | Bassetlaw Stop Smoking Service | 109 | 116 | 78 | 303 | 700 | 43% | | |
| 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 | ↑ | No. of people who complete a 12-week weight loss programme - BHP | 7 | 0 | 6 | 13 | 150 | 9% | Due to the OPWM retender, providers have had their contracts extended twice and this has led to a lot of uncertainty which has resulted in underperformance. Assurances have been received from services around improvements in performance. | |
| | | ↑ | No. of people who complete a 12-week weight loss programme - Bassetlaw GPs | 71 | 41 | 45 | 157 | 224 | 70% | | |
| | | ↑ | Community targeted one off sessions - CHP | 71 | 68 | 70 | 209 | 120 | 174% | | |
| | | ↓ | Cookery courses (cook and eat) community - CHP | 15 | 19 | 13 | 47 | 49 | 96% | | |
| | | ↑ | Targeted one off sessions in the community - Ashfield District Council | 19 | 3 | 16 | 38 | 43 | 88% | | |
| | | ↑ | Targeted one off sessions in the community - Mansfield District Council | 11 | 11 | 14 | 36 | 36 | 100% | | |
| | | ↑ | Targeted one off sessions in the community - Newark & Sherwood District Council | 29 | 11 | 12 | 52 | 35 | 149% | | |
| | | ↓ | Number of people who complete a 12 week exercise referral programme - Gedling Borough Council | 56% | 36% | 27% | n/a | 60% mthly target | n/a | | |
| | | N/A | Number of people who complete a 12 week exercise referral programme - Broxtowe Borough Council | 41 | | Service Ended | 41 | no target | no target | | |
| | | ↑ | Number of people who complete a 12 week exercise referral programme - Newark & Sherwood District | 69 | 53 | 57 | 179 | no target | no target | | |

| | | | | | | | | | | | | | |
|----------------------------------------------------------------------------------------------------------------------------|------------------------------|-------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-------|-------|-------------------|-------------------------------|-------------------------------|----------------------------------------------------------------------------------------------------|-------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Domestic Abuse Services Reduction in Violent crime Reduction in Domestic violence | Medium | Notts Women's Aid - MARAC | | | | | | | | | | Work is progressing to meet targets by the end of the year | |
| | | | No of cases discussed at MARAC | 92 | 104 | 116 | 312 | 175 | 2 | | | | |
| | | WAIS - MARAC | | | | | | | | | | | |
| | | | No of cases discussed at MARAC | 118 | 89 | 104 | 311 | 175 | 2 | | | | |
| | | Notts Women's Aid | | | | | | | monthly target | | | | |
| | | ↓ | Utilisation of refugees (Target = 95%) | 94.9% | 96.3% | 94.4% | N/A | 95% | N/A | | | | |
| | | ↔ | Successful departures from refugees (Target = 88%) | 100% | 100% | 100% | N/A | 88% | N/A | | | | |
| | | ↑ | Children's Outreach - volume | 28 | 25 | 29 | 82 | 130 | 63% | | | | |
| WAIS | | | | | | | | | | | | | |
| ↓ | Children's Outreach - volume | 50 | 53 | 52 | 155 | 130 | 119% | | | | | | |
| Seasonal Mortality Reduction in excess winter deaths | Medium | Nottingham Energy Partnership - Healthy Housing | | | | | | | | | | Further to a positive contract review meeting, numbers are significantly increasing | The constraints of national initiatives and other factors outside the control of the provider is making it difficult for the provider to meet the targets however this is being kept under review and the provider is making targeted improvements. |
| | | ↑ | 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 | 8 | 5 | 37 | 50 | 343 | 15% | | | | |
| | | ↑ | Number of individuals trained to deliver Brief Interventions i.e. number of people attending the training courses | 15 | 14 | 38 | 67 | 160 | 42% | | | | |
| Social Exclusion To improve outcomes for older people by reducing risk and health impacts of loneliness | Medium | Together We Are Better - Service commences 6.11.14. Will be reported on from Quarter 3 onwards. | | | | | Data not received | | | | To be reported in quarter 4 | | |
| Social Exclusion To improve outcomes for single people and families by reducing risk and health impacts of homelessness | Medium | The Friary Drop-in Centre | | | | | | | | | | Discussion with the Friary indicates that current levels of activity fall within normal historical variability in activity quarter to quarter. Agreed to move | |
| | | ↑ | Number of one-to-one specialist advice interviews undertaken | 1456 | 1330 | 1676 | 4462 | 6,672 | 67% | | | | |
| The complete data for the following two policy areas will be reported on from Quarter 3 | | | | | | | | | | | | | |
| Public Health Services for Children and Young People aged 5-19 | High | N/A | % young people and/or parents carers surveyed who through the school nursing service was good or excellent | N/A | N/A | N/A | N/A | 85% | n/a | During Q3 110 schools identified a Champion, 60+ schools are working towards completion of the WSR | Healthy Schools has been rebranded and this is under review | | |
| | | N/A | Number of brief interventions offered by school nurses and delivered with children and young people by public health topic | N/A | 128 | 349 | 477 | no target set (baseline year) | no target set (baseline year) | | | | |
| | | N/A | % children with a school entry health review by end of year one | N/A | N/A | N/A | N/A | no target set (baseline year) | no target set (baseline year) | | | | |
| | | ↓ | Total number of schools that have completed the Healthy Schools Whole School Review across Nottinghamshire in this financial year | 2 | 14 | 8 | 24 | 200 | 12% | | | | |
| | | N/A | Proportion of schools engaged in the Healthy Schools Programme with high Free School Meal eligibility | N/A | N/A | N/A | N/A | 90% | N/A | | | | |
| | | N/A | % of children's centres engaged in the Healthy Early Years Programme | N/A | 72% | 86% | N/A | 95% | Monthly target | | | | |
| Dental Public Health Services | Medium | N/A | % mothers with a child under 6 months who receive oral health advice who report that it is very useful | N/A | N/A | N/A | N/A | 80% | N/A | 50% of county schools actively using TT4S, 100% found it useful and educational | | | |
| | | ↔ | % staff trained who have gained knowledge and have confidence in offering oral health brief interventions | 100% | 100% | 100% | 100% | 80% | 125% | | | | |
| | | N/A | Number of primary schools using the resource pack that have found the "Teeth Tools for Schools" resource pack both useful and educational | 24 | N/A | N/A | 24 | 43 | 56% | | | | |

| 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 | 1 | 1 | 1 | 2 |
| Mental Health | | | | 0 | 0 | 0 | |
| Information relating to management functions | | | | 0 | 0 | 0 | 1 |
| Sexual Health | | | | 0 | 0 | 0 | |
| Cross Departmental | | | | 0 | 0 | 0 | |
| Obesity Prevention | | | | 0 | 0 | 0 | 1 |
| NHS Health Checks | | | | 0 | 0 | 0 | |

**REPORT OF CORPORATE DIRECTOR, POLICY, PLANNING AND
CORPORATE SERVICES****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, Policy, Planning and Corporate Services

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

| Meeting Dates | PH Committee | Lead Officer | Supporting Officer |
|--------------------------|-------------------------------------------------------------------------------------------------------|------------------|---------------------------------------------------------------------------|
| 2 July 2015 | Domestic Violence – contract award | Barbara Brady | Kay Massingham/ Nicola Lane Kay Massingham Nathalie Birkett |
| | Year-end report on Public Health Department Plan 2014/15 inc. delivery of Health & Wellbeing Strategy | Cathy Quinn | |
| | Public Health Department Plan 2015-16 | Cathy Quinn | |
| | Public Health Services Performance and Quality Report for Health Contracts - Jan-Mar 2015 | Cathy Quinn | |
| | <i>Report on Winter warmth report TBC</i> | Mary Corcoran | |
| 10 September 2015 | Public Health Services Performance and Quality Report for Health Contracts – April - July 2015 | Cathy Quinn | Nathalie Birkett |
| 30 September 2015 | Special meeting - Award of sexual health services contract | Jonathan Gribbin | Lynn Robinson |
| 12 November 2015 | Presentation by Everyone Health, Obesity prevention and weight management provider | Barbara Brady | Nathalie Birkett Geoff Hamilton [<i>emailed 23 April 2015</i>] |
| | Domestic Violence/Abuse – refuge provision from April 2016 | Barbara Brady | |
| | Public Health Services Performance and Quality Report for Health Contracts – July - September 2015 | Cathy Quinn | |
| | Oral Health Promotion Service – Approval of Contract Award [Exempt – confidential] | Kate Allen | |
| 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 | | | |

