Nottinghamshire County Council

Public Health Committee

Thursday, 19 May 2016 at 14:00

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

AGENDA

1	Minutes of the last Meeting held on 17 March 2016	3 - 6
2	Apologies for Absence	
3	Declarations of Interests by Members and Officers:- (see note below) (a) Disclosable Pecuniary Interests (b) Private Interests (pecuniary and non-pecuniary)	
4	Integrated Healthy Child and Public Health Nursing Programme 0-19 Years - Commissioning Proposals	7 - 26
5	Commissioning Homelessness Prevention Accommodation Services	27 - 30
6	NHS Health Check Procurement Update	31 - 34
7	Public Health Departmental Plan 2015-16 and Service Plan 2016-17	35 - 68
8	Annual Report to Health and Wellbeing Board	69 - 80
9	Work Programme	81 - 84

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

Nottinghamshire County Council

minutes

Meeting	PUBLIC HEALTH COMMITTEE
Date	17 March 2016 (commencing at 2.00 pm)

Membership
Persons absent are marked with an 'A'

COUNCILLORS

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

Reg Adair
Steve Carroll
Mrs Kay Cutts MBE
Alice Grice
David Martin
Muriel Weisz
Gordon Wheeler

A Ex Officio: Alan Rhodes

OFFICERS IN ATTENDANCE

Kerry Adams, Public Health
Kate Allen, Public Health
Nathalie Birkett, Public Health
Paul Davies, Democratic Services
Chris Kenny, Director of Public Health
Kay Massingham, Public Health
Helen Scott, Public Health

MEMBERSHIP OF THE COMMITTEE

It was noted that Councillor Gordon Wheeler had been appointed for this meeting only, in place of Councillor Martin Suthers.

MINUTES

The minutes of the meeting held on 21 January 2016 were confirmed and signed by the Chair.

NHS HEALTH CHECKS UPDATE

Helen Scott gave a presentation to update the committee on the NHS Health Checks commissioned by Public Health. Overall, local performance was in line with the national picture. However there was considerable variation between GP practices, partly explained by the way they were recording health checks. Procurement of a new IT system should help resolve this. She responded to members' questions and comments.

RESOLVED 2016/005

That the presentation be received.

INTEGRATED HEALTHY CHILD PROGRAMME AND PUBLIC HEALTH NURSING SERVICE 0-19 YEARS – COMMISSIONING PROPOSALS

RESOLVED 2016/006

(1) That the proposed service model for the Integrated Healthy Child Programme and Public Health Nursing Service for 0 to 19 year olds be noted.

(2) That the preferred options presented be agreed and the formal consultation regarding the proposed service model be approved.

USE OF PUBLIC HEALTH GRANT 2016/17

RESOLVED 2016/007

(1) That the Public Health grant allocation for 2016/17 be noted.

(2) That the 2016/17 Public Health finance plan be noted.

(3) That the use of resources for realignment in 2016/17 be noted.

(4) That the use of reserves to support the Finance Plan and realignment of resources in 2016/17 be noted.

(5) That the Committee receive a further report on budget reduction proposals from 2017/18 onwards in due course.

PUBLIC HEALTH DEPARTMENTAL PLAN 2015/16 – PROGRESS REPORT

RESOLVED 2016/008

That the update report on the Public Health Departmental Plan be noted.

PUBLIC HEALTH GRANT PERFORMANCE AND QUALITY REPORT FOR HEALTH CONTRACTS, QUARTER 3, 2015/16

RESOLVED 2016/009

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

WORK PROGRAMME

RESOLVED: 2016/010

That the committee's work programme be noted.

The meeting closed at 3.35 pm.

CHAIR

Report to Public Health Committee

19 May 2016

Agenda Item: 4

REPORT OF INTERIM DIRECTOR OF PUBLIC HEALTH

INTEGRATED HEALTHY CHILD AND PUBLIC HEALTH NURSING PROGRAMME 0-19 YEARS – COMMISSIONING PROPOSALS

Purpose of the Report

1. To present the outcome of the formal consultation on the proposed service model for the integrated Healthy Child and Public Health Nursing Programme for 0 to 19 year olds.

2. To seek approval to advertise the tender for the integrated Healthy Child and Public Health Nursing Programme for 0 to 19 year olds.

Information and Advice

3. In May 2015 the Public Health Committee approved plans to commission an integrated Healthy Child and Public Health Nursing Programme.

4. In March 2016, the Public Health Committee were presented with a proposed service model for an integrated Healthy Child and Public Health Nursing Programme. The proposal included a number of preferred options and Public Health Committee approved the formal consultation on the proposed model.

Progress

5. The consultation commenced on Monday 21st March 2016 and ran for a period of 4 weeks. This paper summarises the responses and presents a final service model for the consideration of the Public Health Committee.

Work undertaken to inform the proposed service model

6. The proposed service model, presented in March 2016, was informed by a programme of engagement with service users, parents and carers, the current workforce, professionals, provider organisations, and in excess of 350 people from all Nottinghamshire districts provided verbal feedback at this stage. In addition to this there was broad engagement at a strategic level with Health and Wellbeing Board partners.

7. The proposed service model was directly informed by what we heard throughout the engagement phase, for example:

Feedback	Response

Parents/carers weren't always sure what level of service to expect or how to use the services	Included a 'core offer' within the new service model that will be widely promoted to all children, young people and families.
Parents/carers reported that being able to 'drop in' to see the health visitors whilst attending the children's centre was important.	Reflected in the new service model
Parents/carers were unsure where to get support from when their child was in primary school.	Ensured that access to 'drop ins' for parents and carers of primary school age children is included.
Parents/carers reported that support around breastfeeding and bottle feeding was important.	Ensured that infant feeding support is a key theme in the new service.
Stakeholders and parents/carers advised there was little visible support between the age of 2 years and school entry.	Proposed a targeted checkpoint at age 3 to 3.5 for those with additional needs and ensured that 'drop-ins' are clearly advertised as a point of ongoing universal support.
There were concerns about whether the most vulnerable families would access high street vision tests.	Ensured that the model includes support for vulnerable families to access these vision tests.
Stakeholders repeatedly described the importance of partnership working.	Ensured this is embedded in the service specification.
Stakeholders advised it can be difficult to access the correct contact within universal services.	Named links with key partners have been included.
Partners supported the proposals to ensure continence provision is delivered in line with NICE guidance with the proviso that appropriate services to support Level 2 continence needs are established.	We are working with other commissioners to ensure the Level 2 care pathway is available by the time the service is operational.

8. A programme of market engagement shaped the development of the proposed service model, evaluated the feasibility of delivery, and gauged the level of interest in the market.

9. The proposed model has been informed by guidance published by the Department of Health in January 2016, to support the commissioning of the Healthy Child Programme, and by local intelligence and needs assessment.

10. A quality and equality impact assessment runs alongside the procurement process, this can be found in Appendix One.

11. The proposed service model was carefully co-designed between commissioners, stakeholders and service users to ensure it aligns with broader pathways and thresholds for services across the children's health and care landscape.

Results of the consultation

12. The consultation closed on Monday 18th April 2016 and a full summary of the consultations response can be found in Appendix Two. As the Healthy Child Programme is a nationally driven statutory programme, the consultation largely focussed on the 'how' of service delivery rather than on 'what' is to be delivered.

13. The majority of respondents supported the proposal, reporting that the proposal 'felt right' and agreeing with the key benefits of an integrated service. Many respondents shared comments in relation to a specific aspect, however due to the breadth of this universal service the comments received were broad and key themes were at times difficult to extract. The consultation responses clearly supported:
    - A targeted checkpoint review between 2.5 and 5 years
    - A targeted checkpoint review at 3 to 4 months
    - The use of drop-in clinics for advice and support at all ages
    - The focus on partnership working
    - Ongoing co-location in children's centres
    - Early evening access to services
    - Named links with key settings

    The consultation has also provided further valuable information and suggestions which have directly informed the detail of the service specification.

14. The consultation included the preferred options in relation to screening that were presented to Public Health Committee in March 2016. On the whole, ceasing universal screening for vision was supported. However there were a number of comments that related to more vulnerable children and how they could be disadvantaged by this proposal. The proposal included the expectation that vulnerable families would be supported by the integrated service to access high street opticians. Ceasing universal screening for hearing was supported.

Model for the integrated Healthy Child and Public Health Nursing Programme

15. The responses to the consultation have been reflected in the revised service model and specification.

16. The model and service specification reflect best available evidence, national guidance, local intelligence and the engagement and consultation carried out. Further detail regarding the service model can be found in Appendix Three.

Tender process

17. A detailed service specification has been developed to describe the requirements of the integrated Healthy Child and Public Health Nursing Programme. The specification will ensure equity of service across Nottinghamshire with the service responding to the specific needs of each family, child or young person. The delivery of a high quality and best value service will be monitored via a comprehensive outcomes framework and accompanying robust approach to performance management.

18. The tender will be evaluated based on the Most Economically Advantageous Tender criteria where the Council evaluates bids based on a combination of quality and price. At tender evaluation the provider's plans to manage the year-on-year reduction in contract value will be evaluated. Emphasis across the tender evaluation will be placed on quality and the evaluation will be detailed, reflecting the breadth of activities to be delivered by the service and the level of interdependency with other services and pathways. The evaluators will have a range of expertise.

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

20. Pending approval to advertise the tender from Public Health Committee it is anticipated that the outcome of tender evaluation will be presented to the September 2016 meeting of the Committee prior to award of the new contract. This will allow an adequate mobilisation period prior to contract commencement on 1st April 2017.

Next steps

21. Subject to agreement from Public Health Committee, the tender will be advertised to the market in late May 2016.

Reason for Recommendation

22. Contract expiry on 31st March 2017 and the timescales involved in the tender process mean it is necessary to agree to advertise the tender, informed by broad engagement and consultation, in order to protect the essential contract mobilisation period and ensure the service is operational from 1st April 2017.

Statutory and Policy Implications

23. 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

24. The contract value of the Health Visiting, Public Health School Nursing, National Child Measurement Programme and the Family Nurse Partnership Programme in 2016/17 is £15,311,157. The financial envelope for the integrated Healthy Child and Public Health Nursing Programme is projected to be £14,208,321 in 2017/18, £13,652,775 in 2018/19, and £13,035,954 in 2019/20 due to a reduction in the national public health allocation, announced in the Comprehensive Spending Review in November 2015. The proposed integrated service model aims to streamline service delivery and release capacity, whilst maintaining quality and improving child and family outcomes.

Safeguarding of Children and Vulnerable Adults Implications

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

Implications for Service Users

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

RECOMMENDATION/S

That the Committee:

1) Notes the outcome of the engagement and consultation in relation to the integrated Healthy Child and Public Health Nursing Programme.

2) Agrees that the integrated Healthy Child and Public Health Nursing Programme is advertised for tender.

Barbara Brady
Interim Director of Public Health

For any enquiries about this report please contact:

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Consultant in Public Health
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Kate.allen@nottscc.gov.uk

Constitutional Comments (EP 04/05/2016)

27. The recommendations fall within the remit of the Public Health Committee by virtue of its terms of reference. The Contract which must form part of the tender pack for the integrated healthy child and public nursing programme must be in a form approved by Legal Services prior to the tender being advertised.

Financial Comments (KS 05/05/2016)

28. The financial implications are contained within paragraph 24 of the report.

Background Papers and Published Documents

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

Healthy Child Programme and Public Health Nursing – Commissioning Plans, Public Health Committee, 17 March 2016
http://www.nottinghamshire.gov.uk/dms/Meetings/tabid/70/ctl/ViewMeetingPublic/mid/397/Meeting/3500/Committee/507/Default.aspx

Healthy Child Programme and Public Health Nursing – Commissioning Plans, Public Health Committee, 12 May 2015
http://www.nottinghamshire.gov.uk/dms/Meetings/tabid/70/ctl/ViewMeetingPublic/mid/397/Meeting/3500/Committee/507/Default.aspx

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

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

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

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

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

Family Nurse Partnership Progress Report – report to Children Trust Board – 19 November 2015
http://www.nottinghamshire.gov.uk/care/childrens-social-care/nottinghamshire-childrens-trust/childrens-trust-board-meeting-archive

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

Family Nurse Partnership Programme Progress Report – report to Children and Young Committee on 8 December 2014
http://www.nottinghamshire.gov.uk/dms/Meetings/tabid/70/ctl/ViewMeetingPublic/mid/397/Meeting/3340/Committee/482/SelectedTab/Documents/Default.aspxeople's

Electoral Division(s) and Member(s) Affected

All

Appendix One: Equality Impact Assessment

This EqIA is for:	Healthy child and public health nursing programme
Details are set out:	Healthy Child and Public Health Nursing programme - Commissioning Plans, Public Health Committee, 19 May 2016 Consultation: Healthy Child and Public Health Nursing programme, 21st March to 18th April 2016 Commissioning Plans, Public Health Committee, 17 March 2016
Officers undertaking the assessment:	Helena Cripps, Public Health and Commissioning Manager

Assessment approved by:	Service Director	Date:

The Public Sector Equality Duty which is set out in the Equality Act 2010 requires public authorities to have due regard to the need to: Eliminate unlawful discrimination, harassment and victimisation; Advance equality of opportunity between people who share a protected characteristic and those who do not; Foster good relations between people who share a protected characteristic and those who do not.

The purpose of carrying out an Equality Impact Assessment is to assess the impact of a change to services or policy on people with protected characteristics and to demonstrate that the Council has considered the aims of the Equality Duty.

Part A: Impact, consultation and proposed mitigation

1 What are the potential impacts of proposal? *Has any initial consultation informed the identification of impacts?*

The contracts for the current Health Visiting service, the School Nursing service and the Family Nurse Partnership (which provides targeted support for young parents) will end on 31st March 2017. Recent changes to commissioning responsibility, as a result of the Health and Social Care Act 2012, have brought together these services within Nottinghamshire County Council (NCC). In line with direction from the Department of Health, NCC is commissioning an integrated Healthy Child and Public Health Nursing programme for 0 to 19 year olds to be operational from 1st April 2017.

The new integrated Healthy Child and Public Health Nursing programme will deliver:

- Health visiting services
- Family nurse partnership services
- School nursing services

This also includes:

- The National Child Measurement Programme, which weighs and measures children at Reception and in Year 6
- Breastfeeding support
- Preparation for Birth and Beyond, antenatal education delivered in pregnancy jointly by health visitors, children's centres and midwives

The new service will continue to deliver the Healthy Child Programme 0-19 which is a statutory programme developed by the Department of Health. The Healthy Child Programme offers every family

a programme of developmental reviews, information and guidance to support parenting and promote healthy choices, and identifies families that are in need of additional support. This is currently delivered to all children and young people by health visitors, school nurses, family nurses and a range of other professionals such as maternity services, early year's services and education services.

The service integrates care across the 0 to 19 age range removing artificial barriers created by transition from health visiting to school nursing services. Professionals will work across the 0 to 19 year old age range in locality based teams so they can better know and support families.

To families, the service will be received as a single, streamlined service with shared language, culture and branding and service delivery will be equitable across Nottinghamshire

In order to integrate care the service will share resources and skill mix across the 0 to 19 years pathway, recognising professional registration and particular specialisms where appropriate.

A single assessment process or tool will be developed to capture core information and build on this as appropriate across a child or young person's life course. Referral pathways onto other services will be smooth.

The key features of the new model are:

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

The service model and associated impacts of change was informed by a programme of engagement with service users, parents and carers, the current workforce, professionals and partner organisations.

The proposals have been formally consulted on to inform the development of the final model. As the Healthy Child Programme is a nationally driven statutory programme, the consultation largely focussed on the 'how' of service delivery rather than on 'what' is to be delivered. The only changes families should see will be positive.

2 Protected Characteristics: Is there a potential positive or negative impact based on:

Age	☑ Positive	☐ Negative	☐ Neutral Impact
Disability	☐ Positive	☐ Negative	☑ Neutral Impact
Gender reassignment	☐ Positive	☐ Negative	☑ Neutral Impact
Pregnancy & maternity	☑ Positive	☐ Negative	☐ Neutral Impact
Race including origin, colour or nationality	☐ Positive	☐ Negative	☑ Neutral Impact
Religion	☐ Positive	☐ Negative	☑ Neutral Impact
Gender	☐ Positive	☐ Negative	☑ Neutral Impact

Sexual orientation including gay, lesbian or bisexual	☐ Positive	☐ Negative	☑ Neutral Impact

3 Where there are potential negative impacts for protected characteristics these should be detailed including consideration of the equality duty, proposals for how they could be mitigated (where possible) and meaningfully consulted on:

How do the potential impacts affect people with protected characteristics *What is the scale of the impact?*	How might negative impact be mitigated or explain why it is not possible	How will we consult
None recorded.		

Part B: Feedback and further mitigation

4 Summary of consultation feedback and further amendments to proposal / mitigation

The vast majority of respondents supported the proposed service model.

The consultation responses clearly supported:

- The key principles and advantages of an integrated model
- A targeted checkpoint review between 2.5 and 5 years
- A targeted checkpoint review at 3 to 4 months
- The use of drop-in clinics for advice and support at all ages
- The focus on partnership working
- Ongoing co-location in children's centres
- Early evening access to services
- Named links with key settings

Many respondents shared comments in relation to a specific aspect of the proposed service, however due to the breadth of this universal service the comments received were broad and key themes were at times difficult to extract.

The consultation included some proposals in relation to routine screening. Currently all children at school entry have a vision and hearing screen however there is no evidence base to support the effectiveness of these. For vision a much better test is available free of charge from high street opticians, and for hearing screening the new-born hearing screen now negates the requirements for a universal screen at school entry.

On the whole ceasing universal screening for vision was supported, however there were a number of comments that related to more vulnerable children and how they could be disadvantaged by this proposal. The proposal included the expectation that vulnerable families would be supported by the integrated service to access high street opticians and this expectation has been further clarified as a result. Ceasing universal screening for hearing was supported.

Appendix Two: Summary of engagement and consultation in relation to the integrated Healthy Child and Public Health Nursing Programme for 0 to 19 year olds

Introduction

This is a summary report of the participation activity for the integrated Healthy Child and Public Health Nursing Programme for 0-19's working with parents and carers, children and young people, professionals, current service providers and key stakeholders. It includes evidence from previous engagement and consultations on the School Nursing service and the Young People's Health Strategy for Nottinghamshire carried out in 2015, and the engagement programme to inform the new model for the integrated Healthy Child and Public Health Nursing Programme for 0-19's which took place between December 2015 and March 2016. It also includes feedback following a four week formal consultation conducted via Survey Monkey on the proposed model which took place between 21st March and 18th April 2016.

Background

Across Nottinghamshire the current contracts for Health Visiting, Family Nurse Partnership (FNP), School Nursing, breastfeeding support and the National Childhood Measurement Programme (NCMP) will end on 31st March 2017. In line with national direction and following the transfer of commissioning responsibilities from NHS England to Local Authorities, Nottinghamshire County Council (NCC) plans to commission a single service for 0 to 19 years olds which will be in place from 1st April 2017.

The new integrated Healthy Child and Public Health Nursing Programme for 0-19's will ensure high quality and cost effective delivery of all services within the five original contracts. It will be integrated, children, young people and family centred, provide wrap around care and support and will be experienced as a seamless pathway by service users. It is driven by the statutory Healthy Child Programme (HCP) for 0-19's developed by the Department of Health. The commissioned service will offer every family a programme of developmental reviews, information and guidance to support parenting and promote healthy choices, and identifies families that are in need of additional support. It will not include maternity services delivered by midwives, early years provision delivered by children's centres and private day nurseries, primary care services delivered by General Practitioners (GP's), or targeted services such as smoking cessation, sexual health, mental health services or care for children with very complex health needs delivered by specialist services.

Participation, engagement and consultation

As the Healthy Child Programme is a nationally driven statutory programme, the recent participation activity has been focussed on the 'how' of service delivery rather than on 'what' is to be delivered. The qualitative data was obtained through focus group discussion, workforce workshops, and stakeholder events, with the intention of establishing what constituted best evidence based practice; what was working well and why, as well as what wasn't going so well, why, and how this could be improved.

The feedback from the consultation with almost 1000 children and young people in relation to the Young People's Health strategy for Nottinghamshire in 2015 has been taken into account when designing this new service. A comprehensive review and consultation around the Healthy Child and Public Health Nursing service for 0-19's was completed in 2015. Young people thought of School Nurses as caring, trustworthy and knowledgeable and valued by schools. This learning has fed directly into the integrated service model development, the recommendations included but are not limited to:

- Implementing a targeted approach to at-risk children and young people
- Increasing health promotion activity in partnership with schools
- Increasing the accessibility and visibility of the service
- Increasing focus on preventing risk taking behaviour by delivering brief and early interventions
- Providing level one continence advice, support and time limited evidence based interventions

- Ceasing vision screening, as the evidence base does not support delivery of this. Public health school nursing will signpost all families to free vision screening accessible via opticians.
- Ceasing hearing screening, as there is no evidence base to support delivery of this
- Streamlining child protection panel processes to better utilise capacity
- Supporting schools to support children and young people with medical conditions as per national guidance.

There has been a triangulated approach to engagement gathering quantitative and qualitative data which reflect what stakeholders think and feel about the services and what services do. This directly informed the development of the proposed service model. Further formal consultation then took place.

Engagement

The purpose of the informal engagement activity was to inform the new model of an integrated service by consulting at the 'front-line' with parents via a number of children's centres at family play sessions for 0-5 year olds and with front line practitioners via two events held for the current workforce. This was extended to operational level services management and staff via a number of Local Management Groups (LMG's) and Local Advisory Groups (LAG's) and the staff and partners in current services provision i.e. Health Visitors, the Family Nurse Partnership service, School Nurses and their multi-disciplinary partners.

Engagement was carried out with in excess of 350 participants. In addition, there was engagement at a strategic level with Public Health Senior Leadership Team and Children and Family Cultural Senior Leadership Team within NCC, the Health and Wellbeing Board, the Children's Trust Board, Clinical Commissioning Group's across Nottinghamshire via clinical executive, clinical innovation or clinical cabinet groups, with clinical networks such as the Children and Young People's Health Network, maternity leads, the Early Years Integrated Commissioning Group (ICG), with local commissioners, and with NHS England commissioners.

The intelligence gained across the engagement phase can be themed as follows:

- **Service Provision**
  - Concerns about the reduced funding for the service, that it will no longer be NHS provision and that it might be 'privatised'.
  - Branding, the service should be recognised as an NHS or NCC service.
  - Thresholds/broader pathway: there should not be gap between universal and specialist services e.g. CAMHS, children's specialist services etc.
  - Despite many positive comments there were also comments about sickness absence or staff maternity leave and limited arrangements for replacements. Some people felt aware of high caseloads and felt there was little time available especially to talk about sensitive issues or emotions and wellbeing.
  - Health Visitors and FNP are used, valued and trusted by parents; FNP needs to be offered to more people who need support especially those who didn't have good parenting themselves
  - The School Nursing service was valued though not all parents and carers were aware of how to contact their School Nurse.
  - Knowing what the service provides will mean that parents know what to expect and can anticipate support.
  - Support need to extend to all feeding-breast, bottle and weaning support - valued when received.
  - Childrens centre partnership valued, Health Visitors encourage attendance at children's centres and parents liked Health Visitor service available at children's centres.

- **Service Management**
  - Integrating care across 0 to 19 years and use of locality based skill mixed teams was widely supported.

- Partnership working and having named links for key partners, such as GPs, maternity services, children's centres, early year's settings was stressed.
- Joint training opportunities on common subjects across disciplines e.g., brief interventions, motivational interviewing for healthy lifestyle choices, breast feeding, weaning, safe sleeping etc.
- Generic skills, skill mix and better resource management using all staff skills to the full and to avoid duplication, reduce referrals and redesigned paperwork for one assessment document.
- One point of contact: families will have less professionals involved and less confusion around who does what and who to contact.
- Supports transition across the life course with consistency of care plans.

➢ **Communication, ICT and Information Sharing**
- Information sharing with compatible systems is vital.
- Innovative communication tools shroud be used.

➢ **Suggestions**
- If universal vision screening ceases, vulnerable families should receive additional support to ensure they access high-street vision tests.
- Continence provision should be delivered in line with NICE guidance with the proviso that appropriate services to support Level 2 continence needs are established.
- If universal hearing screening ceases it was suggested that there be a facility for primary care to refer into the service for ad-hoc hearing screen tests prior to referral to specialist services.

➢ **Positive Comments**
- Welcomed and long overdue.
- Not concerned how the service is structured and organised or who delivers it, just want good local services delivered by knowledgeable staff.

The proposed service model was directly informed by what we heard throughout the engagement phase, for example:

Feedback	**Response**
Parents/carers weren't always sure what level of service to expect or how to use the services	Included a 'core offer' within the new service model that will be widely promoted to all children, young people and families.
Parents/carers reported that being able to 'drop in' to see the Health Visitors whilst attending the children's centre was important.	Reflected in the new service model
Parents/carers were unsure where to get support from when their child was in primary school.	Ensured that access to 'drop ins' for parents and carers of primary school age children is included.
Parents/carers reported that support around breastfeeding and bottle feeding was important.	Ensured that infant feeding support is a key theme in the new service.
Stakeholders and parents/carers advised there was little visible support between the age of 2 years and school entry.	Proposed a targeted checkpoint at age 3 to 3.5 for those with additional needs and ensured that 'drop-ins' are clearly advertised as a point of ongoing universal support.

There were concerns about whether the most vulnerable families would access high street vision tests.	Ensured that the model includes support for vulnerable families to access these vision tests.
Stakeholders repeatedly described the importance of partnership working.	Ensured this is embedded in the service specification.
Stakeholders advised it can be difficult to access the correct contact within universal services.	Named links with key partners have been included.
Partners supported the proposals to ensure continence provision is delivered in line with NICE guidance with the proviso that appropriate services to support Level 2 continence needs are established.	We are working with other commissioning to ensure the Level 2 care pathway is available by the time the service is operational.

Formal consultation

The purpose of the formal consultation was to seek views from stakeholders – parents, carers, clinicians, professionals and partner organisations, on the proposed integrated service model which had been fully informed by the engagement. The consultation also sought views on the perceived benefits of an integrated service which also emerged from the engagement phase.

A total of 186 participants (26 parents and carers and 160 professionals and partner organisations) from across Nottinghamshire engaged with the consultation questionnaires via Survey Monkey on either the NCC website or customer service 'golden number' 0300 500 8080 for those with communication needs or difficulty accessing the internet. The consultation was widely promoted and supported by a broad communications plan.

Parents, carers and young people

There were 24 questions in total and respondents were predominantly parents living in the Ashfield, Newark and Sherwood and Rushcliffe area with children across the 0-19 year age range, though all districts were represented. They recognised the advantages of accessing the service in children's centres and valued the combination of information and support available. Feeding information, (including breast bottle and weaning) advice and support was an important issue and of the mothers who breastfed 65% felt they had had the support they needed whilst 35% felt they hadn't, and for those who bottle-fed, 56% felt they had had the support they needed whilst 44% thought that they had not.

The location, facilities and information and support that could be gained from co-location with children's centres was supported by the parents/carers who responded. Parents/carers (71%) also welcomes the ability to access support from a drop in clinic. Respondents wanted to access services across weekday morning, afternoons and evenings. The new baby, 6 to 8 weeks and 1 year review were reported to be most helpful though the majority of respondents found all 0-5 year old reviews helpful.

The parents who responded largely felt they knew what level of support to expect in relation to their pre-school age child's physical health, emotional health wellbeing but not in relation their own health or wellbeing.

Respondents supported young adults receiving information and advice to manage their own health in transition to adulthood. The current key priority areas of support for school age children were all valued.

There were opposing opinions on routine screening for sight and hearing tests at school and comments extended to dental treatment, the predominant response was in favour of parents taking responsibility for hearing and sight screening. Parents also commented on being able to opt out of the height and weight screening and easier access to counselling and psychological therapies. There were no responses from children or young people.

Clinicians, professionals and partner organisations

A broad range of professionals and partners responded from many organisations across Nottinghamshire. Mansfield and Ashfield had the highest number of respondents reflecting the areas with the highest health inequality however all districts were well represented. There were 17 questions in total which sought views on an integrated service, partnership working, and key features of the proposed model such as the universal offer, targeted support, named links and routine screening.

Respondents described advantages of an integrated service and the majority of responses can be themed as follows:

- beneficial in relation to information sharing and communication,
- improved continuity and transition
- reduced duplication

Respondents identified challenges of an integrated service and the majority of responses can be themed as follows:

- workforce transformation
- professional identity
- resource/capacity

Improving communication, electronic information sharing, physical co-location and clarity of roles and responsibilities were widely reported as key to working better together. Other themes included the importance of listening and involving the workforce as services transform, involving children, young people and families, and establishing shared paperwork and referral processes.

Respondents overwhelmingly (82%) agreed with the key benefits of an integrated service as follows:

- Seamless service
- Easier and better communication
- Improved continuity of support
- Simpler approach with less practitioners involved in a child, young person or family's care
- An opportunity to form stronger working relationships and partnerships
- More productive service without gaps and reduced duplication of generic tasks
- More streamlined assessment process
- Shared, language, culture and branding

Respondents largely supported the universal and targeted offer proposed though there were comments about the level of access for vulnerable or hard-to-reach families. Comments also highlighted the need to ensure support is accessible between the universal 6 to 8 week review and the 1 year review and prior to school entry.

Named links between the integrated service and key settings were whole-heartedly supported. The proposals published were not detailed in relation to breastfeeding support and a number of comments were received in relation to the importance of this provision.

The majority of respondents (62%) reported that the proposal feels right and (27%) didn't know, largely due to the breadth of the service and the level of information included within the consultation document.

A number of the individual comments proved difficult to theme though all have been considered individually.

Routine screening

The consultation included proposals in relation to routine screening in schools. Opinions from clinicians, professionals and partner organisations were polarised on this issue with some strongly in favour of ceasing screening, supporting the proposal that parents access the most appropriate specialised services and are responsible for routine screening of their child's hearing and sight as they would dental. Others valued the screening, early detection and support and were strongly against the proposals. The majority were in favour of the changes as long as the integrated service supports those children who are known to be vulnerable, or have additional needs. There was a suggestion for this to be included in additional or targeted packages.

Conclusion

The informal engagement and formal consultation has been thorough with views sought at strategic, management, clinical and operational levels as well as with service users. The views and experiences through the engagement phase shaped the design of the proposed service model and the detail of the service specification.

In conclusion, the majority of respondents (62%) to the formal consultation reported that the proposal feels right and respondents (82%) agreed with the key benefits of an integrated service.

The consultation responses clearly supported:

- A targeted checkpoint review between 2.5 and 5 years
- A targeted checkpoint review at 3 to 4 months
- The use of drop-in clinics for advice and support at all ages
- The focus on partnership working
- Ongoing co-location in children's centres
- Early evening access to services
- Named links with key settings

The formal consultation has largely supported the proposed model and provided further valuable information and suggestions to inform the detail of the service specification.

Within the model and accompanying service specification, in response to the consultation we will ensure:

- The offer of support to vulnerable families to access free high street vision testing is clearly defined
- The requirement to use information technology and innovative methods of communication are clearly defined
- There is clarity around the infant feeding offer
- Services are available in the evening
- 'Making Every Contact Count' is embedded
- Information sharing requirements are clearly defined
- The workforce are fully engaged and involved as services transform (to be picked up during contract mobilisation)
- Engagement and co-production with children, young people, parents and carers continues (to be picked up during contract mobilisation)

Appendix Three - service model for the integrated Healthy Child and Public Health Nursing Programme

The integrated Healthy Child and Public Health Nursing Programme will deliver:

- Health visiting services
- Family nurse partnership services
- School nursing services

This also includes:

- The National Child Measurement Programme, which weighs and measures children at school entry and in Year 6
- Breastfeeding peer support
- Preparation for Birth and Beyond, targeted antenatal education delivered in pregnancy jointly by health visitors, children's centres and midwives.

Driven by the Healthy Child Programme

The integrated service will deliver the Healthy Child Programme which is a statutory programme developed by the Department of Health. The Healthy Child Programme offers every family a programme of developmental reviews, information and guidance to support parenting and promote healthy choices, and identifies families that are in need of additional support. This is currently delivered to all children and young people by health visitors, school nurses, family nurses and a range of other professionals such as maternity services, early year's services and education services.

The key features of the proposed model are as follows.

Integrated service across the 0 to 19 age range

- Professionals will work across the 0 to 19 year old age range in locality based teams so they can better know and support families.

- To families, the service will be received as a single, streamlined service with shared language, culture and branding.

- Service delivery will be equitable across Nottinghamshire

- In order to integrate care the service will share resources and skill mix across the 0 to 19 years pathway, recognising professional registration and particular specialisms where appropriate.

- Management structures will reflect management of multi-disciplinary staff groups rather than particular professional groups. These multi-disciplinary groups may include, for example specialist public health nurses, family nurses, nursery nurses, assistant practitioners, volunteers, peer support workers and administrative staff.

- A single assessment process or tool will be developed to capture core information and build on this as appropriate across a child or young person's life course.

- Referral pathways onto other services will be smooth.

A minimum of 9 universal 'checkpoints' will be delivered to all in line with the Healthy Child Programme:

Universal checkpoint reviews, delivered in line with the Healthy Child Programme, widely promoted via a core offer and supported by universal access to advice and support.

- Antenatal visit – face to face review
- New baby review – face to face review
- 6 to 8 week assessment – face to face review
- 1 year assessment – face to face review
- 2 to 2.5 year review – face to face review
- School entry (age 5) – parent/carer reported questionnaire
- Transition to secondary (age 11) - parent/carer and self- reported questionnaire
- Adolescence (age 13) – self reported questionnaire
- Transition to adulthood (age 16) – healthcare information pack

There will be universal access to advice and support via drop-in clinics in locality areas and access to health professionals by phone.

All secondary school aged young people will have access to a regular, year round drop-in clinic and there will be drop-in clinics that offer advice for parents and carers of babies, children up to 5 years of age and primary school age children.

Services will be available across weekdays and early evenings.

There will be named linked public health practitioners for key partners such as general practice, children centres, maternity teams, early year's settings and schools.

Four levels of provision

The four levels of provision are based around levels of needs identified in the Healthy Child Programme. Safeguarding is a core element of the programme and runs across the four levels of provision:

Your community: the workforce will have an important public health leadership role in the community and a broad knowledge of community needs and resources available linking families to support and working to promote health and wellbeing across settings. In particular the provider will work with others to increase community participation in promoting and protecting health, thus building local capacity to improve health outcomes.

Universal: every new mother and child or young person will have access to a public health practitioner, receive a programme of health and development checks and information and support to provide the best start in life. This includes promoting good health and identifying problems early.

Universal plus: provides a swift response to families from the service when specific help and support is required. This might be identified through a health check or through the provision of easily accessible services. This could include offering time limited evidence based interventions for specific issues, managing long-term health issues and additional health needs, reassurance about a health worry, advice on sexual health, and support for emotional and mental health wellbeing.

Universal partnership plus: ongoing support is provided to families where there is a need for ongoing support and interagency partnership working, particularly for families with complex needs. The provider will play a key role in bringing together relevant local services.

Targeted support and evidence based interventions

Targeted support and evidence based interventions, focused on the department of Health's high impact areas:

- Breastfeeding peer support
- Targeted review at 3 to 4 months
- Targeted review at 3 to 3.5 years
- Interventions in line with the Healthy Child Programme and the evidence-base which could include but is not limited to:
    - promotion of parent and infant mental health and secure attachment
    - evidenced-based parenting interventions
    - prescribing medication as an independent/supplementary prescriber
    - use of motivational interviewing/Solihull approaches to promote positive lifestyle choices
    - techniques to support language and communication development
    - techniques to support social and emotional development
- Group work to children and young people 'at risk'
- Chlamydia screening
- Emotional health and wellbeing
- Continence support (in line with NICE guidance)

Health promotion across the life course

The service model maximises the health and well-being being of children, young people and their families and aims to reduce health inequalities by empowering children, young people and families to make healthy changes and choices and minimize risk taking behaviour:

- Emotional health and wellbeing
- Healthy relationships and sexual health (including C-Card registration and distribution, pregnancy testing and
- Smoking cessation, prevention and protection
- Healthy weight and nutrition
- Substance misuse
- Prevention of unintentional injuries

A culture of partnership, multi-agency working with key stakeholders

The service forms part of a joined-up children's health, social care, education and early years' system working together to respond to needs as early as possible in order to enable families to build resilience and reduce the need for more specialist interventions.

Nottinghamshire Healthy Child and Public Health Nursing Programme for 0 to 19 year olds

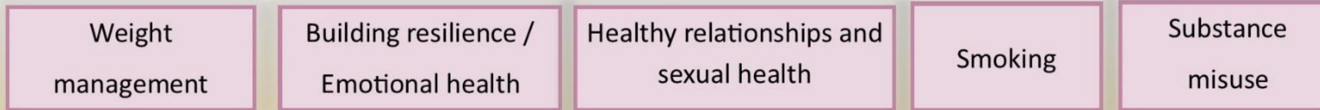
4 levels of service provision for 0 to 19 year olds:

1. Community 2. Universal 3. Universal Plus 4. Universal Partnership Plus

Evidence based interventions/ targeted support: high impact areas: life-course approach

- Transition to parenthood
- Maternal mental health
- Breastfeeding
- Healthy weight and nutrition
- Managing minor illnesses and reducing accidents
- Health, wellbeing and development at age 2, and support to be 'ready for school'
- Building resilience and improving emotional health and wellbeing
- Keeping safe, managing risk and reducing harm
- Healthy lifestyles
- Maximising achieving and learning
- Supporting additional health and wellbeing needs
- Transition and preparing for adulthood

Public health life-course: support and brief interventions



- Improved access - Improved experience - Improved outcomes - Reduced inequalities

Single assessment process

Shared language, culture and branding

Safeguarding children and families

DRAFT

DRAFT

Report to Public Health Committee

19 May 2016

Agenda Item: 5

REPORT OF THE INTERIM DIRECTOR OF PUBLIC HEALTH

COMMISSIONING HOMELESSNESS PREVENTION ACCOMMODATION SERVICES

Purpose of the Report

1. Public Health Committee is requested:
    a. To note progress on commissioning a Quick Access Temporary Accommodation Support service across Nottinghamshire County to prevent homelessness.
    b. To approve the proposal to go out formally to tender for a framework agreement for this service on an interim basis in order to ensure compliance with the EU procurement regulations.
    c. To approve the proposed contract period of 1 year, from September 2016, with an option to extend for a further 12 months in 3-month increments i.e. (1+1) up to a maximum of 2 years.
    d. To give delegated authority to the Director of Public Health (or their authorised deputy) in consultation with the Chair and Vice Chair of the Public Health Committee to award to the successful bidder(s) once the tender is concluded and for Public Health Committee to receive an update following the conclusion of the tender.

Information and Advice

2. During 2015 Adult Social Care reviewed homelessness prevention services with the districts and NHS partners. This demonstrated that there was no suitable alternative to the Council's commissioned temporary accommodation support service for people who become homeless but who do not meet the criteria for priority re-housing under the district councils' statutory responsibilities.

3. The Quick Access Temporary Accommodation Support Service provides support to people who are in temporary accommodation, in order to facilitate them in taking up move-on or permanent accommodation.

4. In February 2014, following feedback from the public to its consultation and an equality impact assessment, the County Council identified £1 million from the Public Health Grant to fund housing related support services for people at risk of homelessness. Further consultation with partner organisations including district and borough strategic housing managers, showed that retaining the Single Adult Homelessness Quick Access Accommodation services was considered a priority.

5. The contract with the current provider was extended from 1st April 2015 for 12 months under a Financial Regulations Waiver and a VEAT Notice was published to allow for a procurement process to take place. The contract extension ended on 31st March 2016 and the service is continuing by agreement between the commissioner and the provider, pending formal tender.

6. This service is part of a range of services that contribute to homelessness prevention. The wider homelessness prevention pathway is currently being reviewed with district council and NHS partners.

7. The service contributes to the following Public Health outcomes:
   - 1.13 Re-offending rates
   - 1.15 Statutory Homelessness
   - 1.18 Social Isolation
   - 2.10 Self harm
   - 2.23 Self-reported well-being
   - 4.10 Suicide rate.

Other Options Considered

8. As the contract with the incumbent provider has already been extended for a year and a formal VEAT Notice issued, the Authority has no alternative but to tender this service.

Reasons for Recommendations

9. The Council needs to go out to tender to ensure compliance with the EU procurement regulations, and to provide assurance that the service procured represents value for money.

10. In compliance with County Council policy, the Council must ensure that the quick access temporary accommodation support service provision offers value for money and supports Public Health outcomes.

11. On the advice of Procurement, the most appropriate procurement process would be through open tender. In order to comply with the EU procurement regulations, it is necessary for the Council to go out formally to tender for this service to be in place as soon as practicable.

Statutory and Policy Implications

12. This report has been compiled after consideration of implications in respect of finance, the public sector equality duty, human resources, crime and disorder, human rights, the safeguarding of children, sustainability and the environment and those using the service 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. On 25th February 2016 Full Council approved the realignment of £922,000 from the Public Health Grant to support the continuation of a quick access accommodation support service across the county from April 2016 to April 2017 (Budget Approval 2016-17).

Implications for Service Users

15. This is a vulnerable client group and the procurement of Quick Access Temporary Accommodation Support services enables the Council to continue to offer support whilst working with partners to review the whole homelessness prevention pathway in context.

Crime and Disorder Implications

16. A significant proportion of people at risk of homelessness are ex-offenders and the provision of temporary accommodation reduces the likelihood of re-offending.

RECOMMENDATIONS

1) It is recommended that Public Health Committee:
    a) Notes progress on commissioning a Quick Access Temporary Accommodation support service across Nottinghamshire County to prevent homelessness.
    b) Approves the proposal to go out formally to tender for a framework agreement for this service on an interim basis in order to ensure compliance with the EU procurement regulations.
    c) Approves the proposed contract period of 1 year, from September 2016, with an option to extend for a further twelve months in 3-month increments i.e. (1+1) up to a maximum of 2 years.
    d) Gives delegated authority to the Director of Public Health (or their authorised deputy) in consultation with the Chair and Vice Chair of the Public Health Committee to award to the successful bidder(s) once the tender is concluded and for Public Health Committee to receive an update following the conclusion of the tender.

Barbara Brady
Interim Director of Public Health

For any enquiries about this report please contact:
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Constitutional Comments (EP 06/05/2016))
17. The recommendations fall within the remit of the Public Health Committee by virtue of its terms
of reference. Any contract to be entered into should be in a form approved by the Group Manager Legal and Democratic Services

Financial Comments (KS 09/05/2016)
18. The financial implications are contained within paragraph 14 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.

None

Electoral Division(s) and Member(s) Affected

All

Report to Public Health Committee

19 May 2016

Agenda Item: 6

REPORT OF THE INTERIM DIRECTOR OF PUBLIC HEALTH

NHS HEALTH CHECK PROCUREMENT UPDATE

Purpose of the Report

1. This report seeks approval for the following for which the rationale is given in the report:
   a. To go out to tender formally on 14th July 2016 for the procurement of an **information technology system** to support delivery by GP practices of the NHS Health Check programme and enable the required data flow in fulfilment of the LA mandate, from April 2017
   b. The contract to be for a 3-year period from 1 April 2017 with an option to extend on an annual basis for a further 1 year (i.e. 3+1), to a maximum of 4 years in total
   c. The Public Health Committee to receive an updated report in September following the conclusion of the tender and for them to decide the awarding of the contract.

Information and Advice

2. The provision of NHS Health Checks is a mandatory requirement for Local Authorities (LAs) following the transfer of responsibilities for the programme from Primary Care Trusts to LAs on 1 April 2013.

3. Members received and approved a procurement update on 30th September 2015 and agreed to discontinue the procurement process at that time. The Council had received bids for an IT Solution to support delivery of both the GP-led and a Targeted Outreach service (Lot 1), however no bids were received in respect of Targeted Outreach (Lot 2). The two lots were inextricably linked therefore it was agreed not to award the IT Solution in isolation, and to re-tender for an IT Solution to support only the GP-led programme.

4. The budget for the IT Solution is £60,000.

5. This procurement will be undertaken as an EU Open Process. Bidders have to submit a General Questionnaire and a Technical Questionnaire as a single stage bid.

6. The award criteria will have the weightings: 60% Price and 40% Quality.

Other Options Considered

7. There are no other options that provide an alternative process without significant risk to the LA mandate to deliver the programme and report performance to Public Health England.

Reason for Recommendation

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8. There is a need for assurance that the IT system provision offers value for money and provides optimum ease of use for end user.

9. On the advice of Procurement, the most appropriate procurement process would be through open tender.

10. The core GP-led service was commissioned by direct award from April 2016, for 3 years with an option to extend on an annual basis for a further 2 years (i.e. 3+1+1), to a maximum of 5 years in total. The proposed term of the IT contract will therefore have the same end date as the GP-led service that it supports.

11. A contract period of 3 years with an option to extend on an annual basis for a further 1 year is recommended in order to provide continuity for patients and providers and to reduce associated procurement costs.

12. Market testing indicates that a shorter contract would lead to providers mitigating any financial risks within the first year(s) and therefore a higher cost. A short contract also prevents the commissioner from including incremental efficiency savings over the lifetime of the contract through good supplier relationship management.

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. The indicative budget for the NHS Health Check Integrated IT Solution is £60,000 for 2016/2017 which is the value of the contract being procured for 2017/2018.

RECOMMENDATIONS

Public Health Committee is asked to approve:

1) The proposal to go out to tender formally on 14th July 2016 for the procurement of an IT Solution to support delivery by GP practices of the NHS Health Check programme and enable the required data flow in fulfilment of the LA mandate, from April 2017

2) The contract period of 3 years from 1 April 2017 with an option to extend on an annual basis for a further 1 year (i.e. 3+1), to a maximum of 4 years in total

3) The Public Health Committee to receive an updated report in September following the conclusion of the tender and for them to decide the awarding of the contract.

Barbara Brady
Interim Director of Public Health

For any enquiries about this report please contact:

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Constitutional Comments (LM 06/05/2016)

15. The recommendations in the report fall within the Terms of Reference of the Public Health Committee.

Financial Comments (KS 09/05/2016)

16. The financial implications are contained within paragraph 14 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.

- None

Electoral Divisions and Members Affected

- All

Nottinghamshire County Council

Report to the Public Health Committee

19 May 2016

Agenda Item: 7

REPORT OF THE INTERIM DIRECTOR OF PUBLIC HEALTH

PUBLIC HEALTH DEPARTMENTAL PLAN 2015/16 AND SERVICE PLAN 2016/17

Purpose of the Report

1. The 2015/16 Public Health departmental plan was approved by Public Health Committee on 10 September 2015. This report provides a final report for Committee on progress against the 2015/16 plan and outlines the approach to Service Planning to be undertaken for 2016/17, both for noting by the Committee.

Background

2. In the previous two years, as a separate Department of the County Council, Public Health developed an annual Departmental Plan to set the overall direction for its work and identify key activities and actions to be undertaken.

3. Public Health Committee approved the 2015/16 Public Health Department Plan on 10 September 2015 and agreed to receive updates on progress. Updates were previously provided in November 2015 and March 2016 following the agreed headings:

   - Improving efficiency and quality in commissioned services
   - Exploring new opportunities to improve health
   - Embedding Public Health leadership and oversight
   - Developing and making the maximum use of Public Health skills.

4. Owing to changes in the Council structure during 2015, Public Health is no longer a separate Department. As part of ASCH&PP, Public Health will have an operational-level Service Plan in the future. Performance will continue to be reported to Committee in the form of the quarterly contracts and performance report on commissioned services, which as previously notified to Committee, is being expanded to encompass performance on all the areas supported through Public Health grant, including the realigned Public Health grant supporting activity in other parts of the Council.

Information and Advice

5. Annex 1 to this report contains the year-end report on progress against the 2015/16 Department Plan. The report concentrates on performance in implementing the Plan, and so it focuses on identified activities and whether they have been completed. Other aspects of performance are covered in the quarterly contracts and performance reports submitted separately to Public Health Committee.

6. Since the last progress report to Committee, there has been one change in an activity being marked as Amber which previously was Green. This is the restructure of Public Health. Owing to the detailed consultation responses received, more time was needed to consider and address the comments. The implementation of the restructure has therefore been delayed and included as an action in the Service Plan for 2016/17.

7. There are no actions marked red as none are unable to be implemented.

8. Annex 2 contains the Public Health Service Plan for 2016/17 in the Council's standard Service Plan format. Service Plans are monitored internally with a mid-year report to the corporate performance team. It is also proposed to bring update reports on progress against the Service Plan to the Public Health Committee at mid-year and at year-end.

Other Options Considered

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

Reason for Recommendation

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

Statutory and Policy Implications

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

Financial Implications

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

RECOMMENDATION

1) That Committee notes the update on 2015/16 Department Report and the move to Service Planning in 2016/17.
2) That Committee agrees to receive periodic updates on progress against the 2016/17 Service Plan.

Barbara Brady
Interim Director of Public Health

For any enquiries about this report please contact:

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Constitutional Comments (EP 29/04/2016)

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

Financial Comments (KS 29/04/2016)

14. There are no financial implications contained within the report.

Background Papers and Published Documents

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

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

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

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

Report to Public Health Committee, 17 March 2016, Public Health Departmental Plan 2015/16 – Progress Report

Electoral Divisions and Members Affected

- All

Annex 1: Public Health Departmental Plan – performance monitoring 2015/16 – Quarter 4 year-end update

1. Improving efficiency and quality in commissioned services

Item	Status	Q1 and Q2 activity report	Q3 activity report	Q4 activity report
1.1 Develop a Procurement Plan to ensure the Department maintains services and meets its legal and contractual obligations whilst aligning plans and future timeframes for management of future workload.	GREEN	Procurement Plan completed and approved by Public Health Committee in May 2015. Activity was completed by end Q1. Procurement activities to be conducted in accordance with Plan and reported separately below.	Activity completed in Q1.	Activity completed in Q1.
1.2 Maximise the use of resources to deliver health improvements and identify opportunities to make value for money improvements, whilst still delivering public health outcomes for tobacco control, sexual health services, oral health promotion services, health checks, and health education/promotion in schools.	GREEN	Tobacco control • Tobacco Control Services re-commissioned. New provider to commence April 1st 2016. • Peer support ASSIST programme commissioned to be delivered in targeted schools from January 2016.	Mobilisation of the new Tobacco Control contract ensuring smooth transition from existing to new provider. Appointment of ASSIST coordinator and trainers. Training in the programme delivery. Ongoing monitoring of action plans for existing organisations.	Mobilisation of the new Tobacco Control contract completed. Service operational from 1 April 2016. ASSIST programme operational. All schools in the first wave of targeted schools have been contacted. Delivery has started in one school and expressions of interest received by several other schools.
	GREEN	Sexual health Recommissioning proceeding to plan for an integrated sexual health service that will offer a 'one stop shop' approach to sexual health services in a number and range of accessible locations, ensuring that service users within a single visit have access to STI testing and treatment, contraceptive and sexual	Following competitive tender process contracts awarded to successful bidders with mobilisation of the Integrated Sexual health Service (ISHS) underway to enable a 'go live' date of 01.04.2016. Contracts awarded as follows: Lot 1 Doncaster and Bassetlaw Hospitals NHS Foundation Trust	The three providers DBH, SFHFT and NUH worked proactively with PH to mobilise the ISHS which were ready to go live as planned on 01.04.2016. Each provider worked with the council's communications team to disseminate publicity targeted to service users and key

Item	Status	Q1 and Q2 activity report	Q3 activity report	Q4 activity report
		health promotion.	Lot 2 Sherwood Forest Hospitals NHS Foundation Trust Lot 3 Nottingham University Hospitals NHS Trust	stakeholders to support access to the new services. Contract Quality Review Meetings have been established to support contract management and quality assurance.
	GREEN	Oral health promotion services Procurement exercise undertaken over the summer, bids evaluated.	Report to PH Committee on 12 November to seek approval of preferred supplier. Contract awarded to NHFT.	Mobilisation complete, together with ranking of county primary schools re need for new supervised tooth brushing programme Fluoridation costs have fluctuated over recent years due to variable operation of water plants and issues with fluoride supplies. The 2015/16 invoice was substantially above the forecasted level. Indications are that costs in future will remain significantly higher than previously. The LA is working with PHE and Severn Trent Water to secure stability for future fluoridation costs.
	AMBER	Health checks Procurement of new Outreach Service and IT Solution commenced as per PH procurement plan but discontinued after tender closed with no bids for Lot 2 Outreach service, as Lot 1 IT was inextricably linked.	IT contract extension agreed to 31/3/17 and re-procurement initiated for 2017-18. Mandated core GP-led contract for 2016-17 prepared, pending budget agreement. Quality monitoring framework agreed and incorporated into practice liaison visits.	2016-17 GP contracts issued. IT specification and tender questions completed. Health Check incorporated into local pathway for NHS diabetes prevention. Rushcliffe bin lorry promotion campaign delivered.

Item	Status	Q1 and Q2 activity report	Q3 activity report	Q4 activity report
	GREEN	Health education / promotion in schools • Approval by Public Health Committee of development and funding of the schools health hub, steering group developing model • Recognition of duplication with CFCS Tackling Emerging Threats to CYP and the PREVENT agenda	• Combine the schools health hub steering group with the tackling emerging threats to children universal support group, first joint meeting 15th October • Develop joint electronic learning platforms for schools and professionals providing information, advice, guidance • Finalise service model, commissioning for service and agree revised timeframes, in place by September 2016 • Explore function of SHH co-ordinator in relation to TETC/primary mental health worker • Develop links with Future in Mind Transformation Plan and young people's health website	Finalised Job Description for Schools Health hub 'co-ordinator' post Working with colleagues in CFCS (Education Standards and Inclusion Division) and lead for Future in Mind programme, aligned job purpose with TETC co-ordinator and primary mental health worker Completed soft market testing activity to explore pre-existing models/ potential providers and opportunities for SHH
1.3 Develop integrated commissioning plans for children and young people aged 0-19 years taking account of impact, cost-effectiveness and opportunities to align and join up service provision, and including the smooth transition of responsibility for the Family Nurse Partnership and	GREEN	Integrated commissioning plan development – 0-19 years • Plan developed in conjunction with the Early Years' service through the Early Help and HCP ICH. • Procurement and direct award proposals approved by Public Health Committee in May, presented to HWB also. Update to plan signed off by Chris Kenny. New service in place from 01.04.17	• Mapping of Health Visiting and Children's Centres core offer completed, identifying overlap and gaps. • Commencing Phase 2 of HV, FNP and SN future service model – Direct Award and Business as usual for 2015-16/17 • Development of procurement plan for 2017 contract	• Completed soft market testing for provision of 0-19 integrated HCP and PH Nursing Service • Completed consultation with key stakeholders: service users/ workforce/ partner agencies/CCGs • Public Health Committee approved proposed procurement plan • Public consultation on proposed model of service completed March-April 2016 • Service specification

Item	Status	Q1 and Q2 activity report	Q3 activity report	Q4 activity report
Health Visiting Services from October 2015.				/outcomes framework and contract negotiation for direct award 2016/17 completed
	GREEN	Transfer of responsibility for FNP / HV services • Health Visiting Transfer Assurance Group convened to sign off transfer of Health Visiting and Family Nurse Partnership services to LA. Completed on 29.09.15 • Resident reporting data collaged, distributed and reported to PHE via LGA.	• Regional 0-5 groups for NHS England South Yorkshire & Humber and North Midlands planning for transfer of caseloads from registered to resident. • Joint city/county commissioning group to oversee mobilisation of transfer	• Provider led city/county mobilisation plan developed • Communication re changes sent to CCG/ primary care • Transfer of ante-natal clients commenced January 2016

2. Work in partnership to improve health and wellbeing

Item	Status	Q1 and Q2 activity report	Q3 activity report	Q4 activity report
2.1 Develop the role of the Health & Wellbeing Board to fulfil its role as a systems leader as identified by the 2015 peer review, focusing the work of the Board on a smaller number of tightly focused priorities which will deliver significant improvements in health and address health inequalities.	GREEN	Action plan developed and report was approved by Health & Wellbeing Board on 2 September 2015. New working principles, revised priorities and action plan were agreed by the Board.	Following an unsuccessful recruitment process for the HWB Executive Officer post, support was secured from within the Department to help the work programme for the Board. Work has started on reviewing the delivery plan and establishing measures and milestones for the new annual actions. A progress report on this work was agreed by the Implementation Group in December, for presentation to the Board in January 2016.	A workshop took place in January to establish an action plan for Housing and Health. A workshop also took place in March to agree action to tackle health inequalities. The implementation group received monitoring reports on the 20 priorities and 7 strategic actions in the Health and Wellbeing strategy. The implementation group agreed to review governance arrangements in line with the STP

Item	Status	Q1 and Q2 activity report	Q3 activity report	Q4 activity report
				process.
2.2 Work in partnership with the Police and Crime Commissioner to undertake joint commissioning of services to combat domestic violence that are evidence-based, joined up and deliver significant improvements in outcomes.	GREEN	Joint commissioning exercise complete. Public Health Committee approved award of contracts in July 2015. Mobilisation phase underway. Agreement of how data collection and reporting will take place is underway. Agreement of which outcomes are to be reported on is underway.	New services commenced on 1 October 2015. Q3 produced first reporting period (Q1 of contract), some data quality issues but performance surpassed estimated demand. Reporting process and timeframe agreed with providers.	Continued to work on and agree the outcomes and KPIs to be reported on via the performance report. Quality assurance visits arranged with date, format and focus of visit all agreed with providers. Training Needs Assessment planned and ready for dissemination in Q3 of contract year
2.3 Work with partners to promote joint and aligned strategy to tackle tobacco use, covering the full spectrum of supply, control, prevention and cessation support, through the implementation of the Nottinghamshire Declaration on Tobacco Control.	GREEN	Trading Standards service delivering specification for control of illegal tobacco. Police Officer now seconded to the team. Estimated value of products seized in first two quarters £99k. 25 Legal outcomes including prosecutions, cautions and warnings.	247,905 cigarettes, 59.55Kg of pouched tobacco have been seized so far, which equates to approximately £146,500 (£119,500 cigarettes and £27,000 Handrolled tobacco) at high street prices. Up to the end of Q3 there were 43 legal outcomes (Legal outcomes including prosecutions/ cautions/warnings) 7 premises associated with illicit tobacco sales closed after recent investigations. Up to the end of Q3 there were 5 license reviews, 9 press releases and a media campaign – Stub it out – which received wide coverage.	Up to the end of quarter 4 575,045 cigarettes, 103.4kg of pouched tobacco have been seized, which equates to approximately £296,091 at high street prices. There have been 58 legal outcomes including prosecutions/ cautions/warnings totalling approx. 250 offences. 10 premises associated with illegal tobacco sales closed after recent investigations. There have been 10 license reviews Over 30 press releases/media coverage about illegal tobacco enforcement work Two very successful roadshows with BWY canine LTD have taken place in Mansfield and Sutton-in-Ashfield that provided

Item	Status	Q1 and Q2 activity report	Q3 activity report	Q4 activity report
				15 pieces of intelligence, nationwide coverage on social media and conversations with about 207 individuals about illegal tobacco.
	GREEN	Local Authority Declaration on Tobacco Control and Nottinghamshire and Nottingham Declaration on Tobacco Control. Action plans completed by all Health and Wellbeing Board member organisations. The Declaration is being rolled out in 3 phases: Phase 1 (HWB members) 93% of members have signed the Declaration and 33% have an Action Plan. Phase 2 (Other NHS and significant public bodies) 2 NHS Trusts have signed along with Notts Fire and Rescue Service. Other organisations have agreed to sign. Phase 3 (Private sector employers) 4 have signed through the Wellbeing@Work Scheme.	The target is for 100% of HWB partners to have signed the declaration and have Action Plans in place by year end. By the end of Q3, 93% of members had signed the Declaration and 40% had an Action Plan.	By the end of Q4, 93% of members had signed the Declaration and 63% had an Action Plan. All partners in phase 2 have signed the Declaration; 5 NHS Trusts have signed along with Notts Fire and Rescue Service and Children's Centres. Phase 3: 4 organisations have signed through the Wellbeing@Work Scheme along with a further 2; Notts Womens Aid and Notts Women's Aid Integrated Services. The Declaration will continue to be rolled out in 2016/17 with the monitoring of action plans for HWB members.
2.4 In conjunction with relevant partners, complete and then implement the Young People's Health strategy to improve health and wellbeing outcomes for this group, linking in with	GREEN	Young People's Health event held 13 8 15, good engagement of young people and partners. Draft Strategy developed and signed off by steering group	• Presentation of Young People's Health Strategy to Health and Wellbeing Board, and Policy Committee • Steering group established to develop implementation and commissioning plan, involving young people • Funding for publication of YP	• Steering group meeting to progress strategy, three year action plan in place • Teenage pregnancy oversight to be integrated as part of YPHS steering group • Plan for YP website under development • Report and recommendations

Item	Status	Q1 and Q2 activity report	Q3 activity report	Q4 activity report
the Health and Wellbeing Board to ensure its wide application.			Health strategy agreed by HWBB	completed, following engagement with Ashfield Secondary School Heads (supporting elected member of Ashfield District Council)
2.5 Respond to the challenges of an ageing population and the implications of the Care Act 2014 by working in partnership with other services of the County Council, CCGs, district and Borough Councils and the voluntary sector, to develop / commission Public Health services for older people, to support people with dementia and their carers, to reduce fuel poverty and loneliness and the risk of falls.	GREEN	• Audit of progress against new NICE guidance (published March 2015). • Ongoing monitoring of contracts to support the reduction of excess winter deaths and fuel poverty, including advice and support for the public, and training for professionals. • Partner organisations submitted bids to National Energy Action (NEA) to lever funding for a warm homes on prescription service and for support to people not on the main gas grid. • Improve access to information about dementia and local services via the development of *Nottinghamshire Help Yourself* , internet and paper-based systems • Extending the provision of Dementia Carers' Support Workers *Compass workers* to March 2016 • Developing joint health and social care plans to promote exercise and bone health and reduce falls in localities: ○ South Notts	• Report to October Health and Wellbeing Board on excess winter deaths and fuel poverty. • Dissemination of "Keep Warm this Winter" leaflet to practices, libraries, voluntary sector partners and district and borough councils. • Implementation of successful National Energy Action bid. • Further work to ensure equitable provision of advice and support services across Nottinghamshire working with district and borough council colleagues. • Ongoing monitoring of contracts to support the reduction of excess winter deaths and fuel poverty, including advice and support for the public, and training for professionals. • Health & Wellbeing Board Dementia Stakeholder Event held 24 November • Complete Falls & Bone health plans for mid and south Notts	• Launch of Early Intervention & Prevention Service, January 2016 • Dissemination of "Keep Warm this Winter" leaflet to practices, libraries, voluntary sector partners and district and borough councils. • Continued implementation of NEA bids. • Health and Housing Group scoping event held on 19 January. • Nottinghamshire Falls Pathway agreed by Health & Wellbeing Board (6 April) • County-wide dementia Plan to Health & Wellbeing Board (4 May)

Item	Status	Q1 and Q2 activity report	Q3 activity report	Q4 activity report
		○ Mid-Notts ○ Bassetlaw		
2.6 Work with newly realigned services to embed Public Health considerations into these services (Moving Forward Service, Grant aid to victims of sexual abuse, Children's Centres).	GREEN	Grant aid for victims of sexual abuse agreement concluded in Q1. Moving Forward performance framework in development, July 2015. Children's Centres performance framework in place and being monitored by CICH. Quarterly monitoring in place for all realignment lines/services.	All previous lines of realignment reviewed for evidence of contribution to Public Health outcomes. Continued to develop Moving forward performance framework with ASCH commissioner and the provider Framework.	Co-production and Moving Forward performance outcomes for 2016/16 are aligned with PHOF. ASCHOF. Public Health and Framework have agreed the 2016/17 Moving Forward performance framework Public Health and Co-production have agreed and signed off the 2016/17 performance framework and Delivery Plan
2.7 Lead a countywide Workplace Health scheme, working with external partners to improve health outcomes for employees.	GREEN	• 30 organisations are now engaged to include 14 of the original Bassetlaw organisations; 2 of which have recently been awarded 'Platinum' accreditation. • Approximately 360 workplace health champions have been trained in the nationally accredited RSPH level 2 Health Trainer Training. • Up to 150 have undertaken 'Motivational interviewing Training', • 20 have received Mindfulness training (linked to the wider district work around the 'Take Five' theme) • 90 have received 'Basic Counselling Skills Training' (linked to supporting the wider district mental health and well-	80 workplace health champions undertook Community Mental Health First Responder Training (September to December 2015) 40 agencies now engaged 11 awards presented between October and December 2015; to include the first 2 platinum awards for Bassetlaw workplaces who came over to the county model. Future local schools engagement planned District level roll-out has commenced.	- 40 more workplace health champions have undertaken the mental health training in March 2016 -On-going RSPH health trainer training for champions; Train the trainer for RSPH was delivered March 16 -Currently analysing year one lifestyle data; report to be developed to show findings.

Item	Status	Q1 and Q2 activity report	Q3 activity report	Q4 activity report
		being agenda). • A large network has been developed to ensure sharing of information and best practice • The Bassetlaw workplaces have also supported the GGC Working Voices initiative, with 4 of the five original workplaces joining the scheme and now inputting their say into the shaping of local health services.		

3. Embed Public Health leadership and oversight

Item	Status	Q1 and Q2 activity report	Q3 activity report	Q4 activity report
3.1 Meet the statutory obligations of Public Health, including publishing the Director's annual report to highlight areas of public health that require particular focus and attention, refreshing the JSNA, and publishing the Health and Wellbeing Strategy.	GREEN	JSNA refresh for diet, physical activity and excess weight underway.	DPH Annual Report completed and approved by PH Committee, Nov 2015. JSNA refresh for excess weight, physical activity and diet/nutrition has been completed and approved by HWIG on 10th December. JSNA refresh for loneliness completed and sent out for consultation.	JSNA topic review has begun. The process aims to ensure the JSNA reflects current priorities. Work to improve engagement and involvement of the voluntary and community sector in the JSNA has begun with events held to identify key areas the sector can help support. This will be followed with task and finish groups over the coming months. Nottinghamshire Insight has been revised making it easier to navigate, including the JSNA pages. JSNA topics on loneliness and suicide prevention have been completed and submitted to

Item	Status	Q1 and Q2 activity report	Q3 activity report	Q4 activity report
				HWIG for approval in April. There are 14 JSNA topic refreshes in progress including substance misuse.
3.2 In accordance with the agreed Memorandum of Understanding, provide Public Health advice and support to CCGs across all three of the planning localities in Nottinghamshire (Bassetlaw, Mid Notts, and South Notts), building on previous achievements to influence commissioning and promote preventive health services.	GREEN	Public Health support provided to Mid-Notts Transformation Programme, completion of HIA of the programme. Leading development of women and children's workstream. Risk to achievement of KPI (paediatrics).	• Further development of Mid-Notts women and children's workstream, addressing KPIs and system-wide transformation. • South Notts transformation population group work commenced October/ November 2015, to develop new models of care.	As part of changed planning footprint and input to Sustainability and Transformation Plan, models of care covering sub-population groups of CYP developed, to be agreed, national review of Maternity Services published in March 2016, will inform development of local maternity services in Nottinghamshire.
3.3 Ensure that the health response to emergencies is planned and co-ordinated, maintaining strong working relationships with the emergency planning function of the Council, and also addressing Public Health responses to emerging environmental issues, such as fracking.	GREEN	Establish links with PHE environmental science specialists regarding national work on fracking	Options paper was developed to support decision about the value and role of health impact assessment in regard to possible application(s) for fracking.	Workstream to be picked up in activities under 4.2 below.

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

Item	Status	Q1 and Q2 activity report	Q3 activity report	Q4 activity report
4.1 Embed and widen the use of Public Health principles in the commissioning and delivery of Council services to improve Public Health outcomes.	GREEN	Realignment project established for 2015/16 and quarterly monitoring schedule in place. Undertook review of effectiveness of realignment lines in delivering Public Health outcomes in light of budget restrictions, September 2015.	Realignment monitoring conducted to end Q2 with report on progress, including identification of savings, to Public Health Committee, 21 Jan 2016.	Continued to monitor use of realignment funds for contribution to PH outcomes. Realignment monitoring in 2016/17 has been planned to be in line with other Public Health-commissioned activity.
4.2 Provide specialist Public Health advice and input into Health Impact Assessments on service provision and spatial planning.	GREEN	Mid-Notts Better Together Programme – HIA completed (not council) HWB Board workshop scheduled for October 1st. Public health response provided to planning applications for large developments.	Nottinghamshire Health and Wellbeing Stakeholder 'Planning and health' event run by the Town & County Planning Association took place on 1st October. Event promoted in a national document to be published in the next month. Attended Nottinghamshire Planning Policy Officers and Development Management Officers Groups to discuss way forward. Have internal support from NCC Planning Department to progress work in the next quarter. Worked with Mansfield DC to undertake a Health Impact Assessment of the Mansfield Plan – learning from this to support work moving forwards	Spatial planning and health document has been written, in which all districts will be encouraged to sign up to. It is to go to the HWB in May for sign off and then for districts to endorse and sign up to.
4.3 Maintain the Council's accreditation as a training location for Public Health registrars and Foundation Year doctors	GREEN	PH continues to meet accreditation requirements as training location. 4 Registrars and 2 FY doctors on placement during Q1 and Q2, plus NHS Management Trainee 8-week placement.	Three PH registrars on placement in phase 1 of their specialist training program and one FY2 doctor during Q3.	Three PH registrars and 1 FY2 on placement during Q4.

Item	Status	Q1 and Q2 activity report	Q3 activity report	Q4 activity report
4.4 Implement the NCC Public Health staff workforce development plan, as part of a commitment to staff development which also includes continuing professional development, personal appraisal, and seeking to spread Public Health skills across the wider Council.	GREEN	Workforce development plan signed off by SLT in May 2015. Implementation actions during Q1 and Q2: • CPD programme planned for 2015/16 • Health and Social Care Journal Club programme planned for 2015/16 • Information provided to staff on mandatory training requirements • Monitoring of mandatory training compliance • Exploration of professional registration revalidation requirements	Plan adjusted to take account of feedback from staff survey undertaken in May 2015. Institution of routine monitoring and evaluation for training attendance, to inform future training attendance.	Implementation actions during Q4: • CPD and Journal Club events held. • Refresher information governance training requirement highlighted. Compliance is being monitored. • Revalidation of registrations – staff attended information events run by PHE. Information was provided to staff on a new opportunity in the East Midlands for qualifying staff to join the Register for Public Health practitioners.
4.5 Review Public Health structures and responsibilities and agree a new structure in line with Redefining Your Council	AMBER	Department event held 16 July 2015 to give initial information to staff. Senior structure agreed as part of RYC interim Council structure by Policy Committee in July 2015. Transfer of Public Health to ASCH&PP, September 2015	Job descriptions for all posts in new structure were drawn up. Job evaluations were undertaken.	Restructure proposals were published 18 January 2016. Consultation closed mid-February. As a result of the many consultation responses, the implementation of the restructure has been delayed to 2016/17, to allow additional time for all the consultation responses to be considered.

Annex 2

Nottinghamshire County Council

Service Planning
2016-17

Name of service	Public Health		
Completed by	Kay Massingham	Date	21 March 2016
Approved by	Chris Kenny	Date	23 March 2016

Service Plan

1. Outcomes
a. What outcomes does the service aim to deliver for its customers?

The main outcomes the Public Health service aims to deliver for its customers are:

- Health and wellbeing in the population is improved
- Health inequalities are reduced
- The health of the population is protected

It delivers these outcomes through activity in three main headings:

- Health improvement
- Health protection
- Healthcare public health and preventing premature mortality

Public Health is mainly concerned with population-level interventions that will influence the health of the population. The Public Health system combines science (technical skills, information analysis, evidence of effectiveness) with art (using opinions and views of experts, service users and stakeholders) to produce an effective approach to improving health and wellbeing in the population and at the same time reducing health inequalities. The results of many Public Health initiatives can only be assessed over the very long term. Markers towards the achievement of long-term outcomes related to improved health in the population and reduction in health inequalities are monitored instead, in the form of interim performance measures and quality indicators.

The Council has a set of mandatory functions and duties related to Public Health enshrined in the legislation of the Health and Social Care Act 2012. It currently receives an annual Public Health grant allocation which pays for the function. In 2016/17 the Nottinghamshire Public Health grant will be £43.26m. The Council has a duty to ensure that this grant is spent effectively and for the purpose for which it has been provided, i.e to contribute to Public Health outcomes.

Public Health outcomes are set out in the national Public Health Outcomes Framework. These cover overarching indicators such as life expectancy and healthy life expectancy, and indicators linked to specific Public Health issues such as smoking prevalence, low birth weight, excess winter deaths, diagnoses of particular illnesses etc.

The requirement to demonstrate effective performance in relation to eventual Public Health outcomes needs to be embedded in all contracts for commissioned services and in service level agreements or similar in respect of realigned Public Health grant to other parts of the Council.

Public Health aims to deliver relevant activity by working together effectively with partners, and to ensure that Public Health grant is used appropriately and effectively. Most of the Public Health function is delivered through commissioned services. Elements of health protection and health improvement are undertaken through partner collaborations. Advice and support to the Clinical Commissioning Groups (CCGs) is provided in line with an existing Memorandum of Understanding (MoU) (due for renewal in 2016).

b. How do they support / contribute to the Council's strategic outcomes? and the outcomes of other local organisations and partnerships?

ie The Strategic Plan, Redefining Your Council, Key Strategies etc

NCC's Strategic Plan 2014-18

This Plan sets out the overall vision for Nottinghamshire to be a better place to live, work and visit. It contains five core priorities, of which two contain specific outcomes related to Public Health, as follows (extracts in tables below taken from NCC Strategic Plan document):

Supporting safe and thriving communities

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

Providing care and promoting health

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

In relation to the first outcome above, health protection is one of the statutory functions of Public Health and we will continue to provide leadership within the Public Health arena and contribute to planning for health emergencies.

In relation to the second outcome above, as the use of tobacco is significantly linked to deprivation, a drop in smoking prevalence across Nottinghamshire would demonstrate an impact on health inequalities. Smoking prevalence will therefore be used as a proxy measure to assess this. Progress will be demonstrated by a drop in smoking prevalence of 0.5% or more by 2017. In 2016/17, we will contribute to the outcome on Health Inequalities in relation to Tobacco Control as follows:

- We will implement the new Tobacco Control commissioned service, with a focus on populations with the highest smoking prevalence, in order to tackle health inequality

- We will ensure that all HWB members and named key partners have live action plans to achieve their organisational and HWB aspirations with regards to Tobacco Control

Our detailed targets for this work in 2016/17 are contained in the Action Plan below.

Redefining Your Council
Redefining Your Council is the overarching strategic context for developing Nottinghamshire County Council as an organisation. Through this strategy, the Council seeks to integrate its functions more closely in order to deliver services more effectively. During 2015/16, Public Health became part of the Adults and Health department within the Council. In 2016/17, a staffing restructure within Public Health will take place to integrate the function further.

Public Health also contributes to the Council's values, as identified in Redefining Your Council, as follows:

Treating people fairly - through the use of Public Health analysis of data to develop evidence-based policies and service commissioning. We will also prioritise appropriate target groups within society in relation to smoking prevalence across Nottinghamshire, in order to address the health inequalities gap.

Value for Money - the performance management function and contract monitoring within Public Health focus on delivery of outcomes. Contracts are designed to elicit good performance whilst ensuring the most efficient use of resources through the use of collar and cap arrangements. In 2016/17, a staffing restructure within Public Health will take place to integrate the function further within the council and to deliver anticipated savings.

Working together – through the Health and Wellbeing Board and through its work with all other partners, Public Health will work to improve the health and wellbeing of the people of Nottinghamshire.

Health and Wellbeing Strategy
The Health and Wellbeing Board (HWB) is the primary body overseeing overall Strategy for Health & Wellbeing in Nottinghamshire. The Health and Wellbeing strategy identifies four main ambitions:

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

Our aims to improve health and wellbeing in the population, and to reduce health inequalities, support the first three of the ambitions above. Our aim to work effectively with Public Health partners links directly to the fourth ambition.

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

2. Objectives
a. What are the key objectives of the service for 2016 - 17

1. **To deliver quality and efficiency in commissioned Public Health services during 2016-17 by the successful re-commissioning of some services and contract management of all commissioned services, in order to maintain quality whilst delivering financial savings.**

Priority actions for 2016/17 are as follows:

- Re-commission IT services for NHS Health Checks and the Healthy Child Programme for children age 0-19
- Manage Public Health commissioned services contracts and activities supported through PH grant realignment to deliver financial savings targets
- Strengthen clinical governance and quality arrangements in commissioned services

2. **To work effectively with partners in 2016-17 to improve health and wellbeing in the population of Nottinghamshire and to reduce health inequalities**

Priority actions for 2016/17 are as follows:

- Refresh the Health and Wellbeing Strategy by the end of the 2016-17 financial year
- Continue to work with Health and Wellbeing Board partners to promote joint and aligned strategy to tackle tobacco use, reducing health inequalities linked to tobacco use and focusing on the implementation of Action Plans related to the Nottinghamshire Declaration on Tobacco Control
- Develop proposals for Council-wide approaches to the delivery of mental health services
- Implement Year 1 of the 3-year Young People's Health Strategy Action Plan

3. **To fulfil statutory obligations during the year and provide Public Health leadership and oversight**

The Council has statutory obligations around Public Health leadership, such as publishing the Director's Annual Report, refreshing sections of the Joint Strategic Needs Assessment and providing health advice and support to CCGs across all three of the planning localities in Nottinghamshire (Bassetlaw, Mid-Notts, South Notts/Greater Nottingham.)

Priority actions for 2016/17 are as follows:

- Refresh the Memorandum of Understanding with CCGs by the end of 2016
- Maximise the health gains that the planning system can offer through the development of protocols for closer working between planners and health

4. **To maximise value for money within the Council by implementing an efficient Public Health staffing structure, engaging effectively with partners to ensure budgetary savings are achieved in 2016-17 and effectively planning for future savings.**

Allocations for Public Health grant have been announced for the next two years, with notional figures available for the two years after that, indicating a continued reduction in funding. The Options for Change agreed during 2015/16 include a reduction in staffing budget linked to a restructure. The overall climate is therefore one of reducing resources.

Priority actions for 2016/17 are as follows:

- Identify with partners plans for future budget reductions in light of the reducing Public Health grant.
- Complete and implement the restructure of Public Health including refreshing the workforce development plan to address changes in staff complement and structure
- Achievement of budgetary savings required during 2016-17.

3. Pressures and Challenges

a. What pressures specific to the service may impact on service delivery or achievement of the service objectives in 2016 - 17

1. Public Health planned for a reduction in Public Health grant of £3m in 2016/17 against original anticipated funding, taking into account the inward transfer of resources to support the additional responsibilities for Family Nurse Partnership and Health Visiting. Three Options for Change were approved to achieve this reduction, with some use of reserves in 2016/17 to mitigate part of the impact.
2. Public Health grant allocations announced in February 2016 included a further reduction of £0.748K in 2016/17 on top of the anticipated £3m reduction, and another £1.0m reduction in 2017/18, with additional reductions anticipated in the following two financial years. The £750K shortfall in budget in 2016/17 can be met from Public Health reserves in 2016/17 but further reductions will need to be identified from 2017/18 to accommodate this and future reductions. This means that during 2016-17 the service will need to focus some of its resource on how to achieve the savings required in future years.
3. Changes to senior staffing, reduction in overall staff complement and changes to structure may affect the levels of service able to be delivered and the capacity to take on pieces of work.

b. Based on 2015 – 16 and benchmarking in the service profile are there any areas of performance or cost to be addressed in 2016 – 17?

Cost – reserves to be used to support shortfall in Public Health grant (£748K), mitigation of Realignment reductions (£850K) in 2016/17.

Performance - There were some areas of underperformance in commissioned services in 2015/16 which have been addressed through re-commissioning from 1 April 2016. Addressing further underperformance may have budgetary implications and will need to be considered in the context of overall budget planning.

4. Actions for 2016 - 17

What are the key actions required to deliver the 2016 -17 objectives

Using objectives and challenges identified above what are the key actions for the service will do over the next year to achieve its objectives, improve outcomes & service quality and deliver options for change to reduce costs. Are there any risks associated with the action and have these been considered? Will any of the planned changes impact on service users/customers? If it will have an adverse impact on any particular group an Equality Impact Assessment should be completed

Actions to be completed in 2016/17 (also include actions from any relevant Council strategies or Options for Change)	Risks / Impact	Responsible Officer	Timescale	
			Start	Finish
1. Deliver health improvements and identify opportunities to make value for money improvements, whilst still delivering public health outcomes, in the re-commissioning of the NHS health checks IT service and children's public health services 0-19	Requirement to maintain statutory functions may affect VFM improvements achievable. Mitigation: risk provision in reserves. Achieving savings on contracts carries potential reputational risk. Mitigation: consultation with partners during service specification development.	Consultants in Public Health	1 April 2016	31 March 2017
2. Review and manage existing contracts (including contracts due to start 1 April 2016 and activities supported through PH grant realignment) to deliver financial savings targets contained in OFC APH002 and OFC APH003	Provider / contract transition has potential to affect performance. Mitigation: PH contracts team experience in managing transition. Savings targets are subject to performance on volume-based contracts: savings may be at expense of lower performance. Mitigation: provision has been made in PH reserves.	Group Manager contracts & perform-ance / Consultant in Public Health	1 April 2016	31 March 2017
3. Strengthen clinical governance and quality arrangements for commissioned services,	Weak clinical governance can impact on quality of service provided. Mitigation: PH quality leads are experienced in implementing clinical governance to minimise risk for service users	Consultant in Public Health	1 April 2016	March 2017

4. Refresh the Health and Wellbeing Strategy	Reducing capacity of HWB members to contribute to and implement strategy.	Consultant in Public Health	April 2016	March 2017
5. Continue to work with partners to promote joint and aligned strategy to tackle tobacco use, focusing on the implementation of action plans related to the Nottinghamshire Declaration on Tobacco Control, and expansion of the Declaration to third parties	Reducing capacity of HWB members, named partners and staff within Public Health.	Consultant in Public Health	1 April 2016	31 March 2017
6. Develop proposals for council-wide approaches to the delivery of mental health services	Requires partnership approach between ASCH and Public Health	Consultant in Public Health	1 April 2016	31 March 2017
7. Implement the first year of the Young People's Health Strategy Action Plan, (three year strategy)	Impact –improved health and wellbeing of young people, increased awareness of issues faced by the group. Risks - Lack of budget to implement recommendations and action plan limit scope for implementation. Partners' ability to contribute likely to be limited.	Consultant in Public Health	April 2016	March 2017
8. Refresh the Memorandum of Understanding with CCGs	Partner expectations may exceed available capacity. Mitigation: management of partner expectations as part of stakeholder engagement.	DPH	April 2016	October 2016
9. Maximise the health gains that the planning system can offer through the development of protocols for closer working between planners and health	Capacity within Districts and within Public Health to contribute to and implement working methods. Mitigation: consider in allocation of	Consultant in Public Health	1 April 2016	31 March 2017

	resources.			
10. Engage partners and plan for future budget reductions in light of reducing Public Health grant	Reductions may put at risk statutory requirements. Mitigation: planning will need to ensure statutory requirements are considered.	DPH	April 2016	October 2016
11. Complete the restructure of Public Health in line with OFC APH001 and follow this by refreshing and expanding the Public Health workforce development plan to take account of changes in staff complement, the need to support and develop staff in the new structure, and support for revalidation of professional status.	Sufficiency of staffing/budget to deliver mandatory functions. Mitigation: work allocation to ensure statutory requirements are prioritised and staff training also takes into account.	DPH	April 2016	October 2016
12. Achievement of budgetary savings identified in OFCs APH001, APH002 and APH003	Some savings are contingent on contract performance; savings may be at expense of performance. Mitigation: provision made in reserves for 2016/17	DPH	April 2016	March 2017

Is this a critical service?	**Y**	**- Critical - does the service have a business continuity plan in place?**	**Y**
		- Non critical - has the service undertaken a Business (Continuity) Impact Assessment?	

5. Measures

How will you know if the actions are making a difference, that the service is achieving its outcomes and that you are providing a quality service?

How can we measure if our customers/service users are better off?

Outcome measures	Baseline (2015-16)	Target					or Range		Responsible officer
		Qtr 1	Qtr 2	Qtr 3	Qtr 4	Annual	Lower	Upper	
£ financial savings achieved on commissioned services (Action 2)	£2.65m less than equivalent budgets in 2015/16	25%	50%	75%	100%			Expenditure within budget	Nathalie Birkett / Kate Allen
Tobacco control and smoking cessation contract: No of four week quitters reported (Action 5)	Target set in new services contract. Scheduling being finalised.				6800	6800			John Tomlinson
HWB members and named key partners have signed the Nottinghamshire Declaration on Tobacco Control (Action 5)	82%	90%	100%	100%	100%	100%			John Tomlinson
HWB members and named key partners have a Tobacco Declaration action plan agreed by their organisation (Action 5)	41%	60%	80%	100%	100%	100%			John Tomlinson
HWB members and named key partners are actively implementing their Tobacco Declaration action plans as evidenced by a quarterly self-assessment template (Action 5)	Newly established target	20%	40%	80%	100%	100%			John Tomlinson
Improvement in Mental Wellbeing score WEMWBS with PH realignment mental health services (Action 6)	To be set in Q1	Estab-lish baseline			Increase from baseline	Increased			Barbara Brady / Susan March

How will you measure, benchmark and compare the quality of the service?									
Quality measure	Baseline (2015-16)	Target					or Range		Responsible officer
		Qtr 1	Qtr 2	Qtr 3	Qtr 4	Annual	Lower	Upper	
Submission of health contracts quality and performance reports to Public Health Committee containing detailed performance data on commissioned and realigned services (Action 2)	Quarterly reporting schedule	1	1	1	1				Nathalie Birkett
Quality standards are contained in individual commissioned services specifications and quality schedules (Action 3)	Require-ments set in service specs					Require-ments of specs are met			Nathalie Birkett / Sally Handley

What other measures will help you to plan and manage the service?									
Deliverable/quantity/cost measures	Baseline (2015-16)	Target					or Range		Responsible officer
		Qtr 1	Qtr 2	Qtr 3	Qtr 4	Annual	Lower	Upper	
The NHS health checks IT and children's 0-19 procurements are completed by 31 March 2017 (Action 1)	Planned time schedules			Contract Awards	Mobilis-ation				John Tomlinson / Kate Allen
Senior managers receive training in quality and clinical governance within six months of restructure taking place (Action 3)	Planned time schedules			2 workshop s held					Jonathan Gribbin / Sally Handley
The refresh of the Health and Wellbeing Strategy is completed by the end of March 2017 for implementation starting 1 April 2017 (Action 4)	Existing HWB strategy previously agreed				Refresh complete				Consultant in PH
Proposals are developed for a Council-wide approach to mental health services (Action 6)	New activity in 2016/17	Report to Public Health Ctte		Proposal develop-ed					Barbara Brady / Susan March
Year 1 of the Young People's Health Strategy Action Plan is implemented by end of March 2017 (Action 7)	Action Plan previously agreed				Identified actions complete.				Kate Allen

The refreshed MoU setting out levels of service to CCGs is in place by October 2016 (Action 8)	Existing MoU extended to 30 Sept 2016			New MoU in place					DPH
Partner engagement between health and spatial planning is established by the end of December 2016 through the development of an agreed spatial planning and health document and an engagement protocol (Action 9)	Planned time schedules		7 districts signed spatial planning and health document	Engage-ment protocol publish-ed					Barbara Brady / Anne Pridgeon
Budget plan is developed to deliver required savings from 2017 (Action 10)	Public Health grant announce ments 2016			£1.75m of recurrent savings identified	Savings plans approved by Council				DPH
Restructure of Public Health is implemented (Action 11)	Proposals and results of consulta-tion		Complete restruc-ture						DPH
Financial savings are achieved in line with OFCs (Action 12)	Budget set for 2016/17 takes OFCs into account	25%	50%	75%	100%			Spend is within approved budget	DPH

Notes:

If performance is monitored at intervals other than quarterly (e.g. monthly, termly) alter column headings or add columns as needed.

Additional Guidance should be followed on the use and reporting of measures/indicators and setting targets. Please discuss with your Performance Business Partner.

Nottinghamshire County Council

Service Profile
2016-17

The Service Profile template provides additional information that has previously been contained with service plans or sought as part of the service review process. The following questions about your service's customers and resources should provide you with a tool

- for identifying needs and opportunities for your service as part of the development of your service plan for 2016 – 17 and
- for sharing those needs with enabling services and transformation programmes such as ways of working so that they can understand your requirements and plan support for your service and
- to provide information for service reviews and future budget development as part of the redefining your council framework and to support the overall the strategic management of the Council.

A. Customers

i. Who are your customers and service users?

Public Health customers are primarily partners. Although PH commissions services at a population level, it is the commissioned providers who deliver these services to relevant target or client groups.

Public Health works with partners in delivery of the statutory health protection role, provision of advice to CCGs, and delivery of health improvement functions. This last category covers a range of behavioural and lifestyle initiatives, generally delivered through partnership arrangements with healthcare providers, employers and organisations. Examples are initiatives to address long term conditions, improve workplace health, and improve health of specific groups, such as older people.

Public Health has an influential role in bringing the key stakeholders together within forums to enable whole system planning, and from a population and health inequality perspective. For Nottinghamshire this is a core remit of the Health and Wellbeing Board.

ii. How and where do they access the service?

For commissioned Public Health services – through arrangements set up by the contracted organisations in accordance with service specifications. This may include access via GP referrals or via pharmacies. Individuals could find out about services through libraries, charitable or third sector organisations, or the internet. Alternatively, other parts of the Council that deliver services directly may provide information on lifestyle initiatives, for example.

Partners can access Public Health services through various partnership working and collaborative arrangements. Identified Public Health Consultants provide links to CCGs and sit on partnership and transformation boards.

iii. What feedback have you had from users about their needs and quality of current service? And how does this compare with others?

Include or reference benchmarking data

For commissioned services: Service specifications for commissioned services are all drawn up with extensive input in terms of needs assessment and analysis, consultation, including with potential service users, and soft marking testing. Benchmarking data is always part of the development of services.

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.

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 re-commissioning 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.

Public Health concentrates on improving outcomes and maximising value for money from the services that it commissions 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.

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 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.

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.

Consultation follows the soft market testing to formalise the re-commissioning 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.

The above information relates to service commissioning. Partnership working involves maintaining relationships with partner bodies and through the development of joint and agreed Memorandum of Understanding, Strategies and Action Plans, working together on mutually agreed programmes of work and in line with agreed working methods. Review of these documents provides an opportunity to seek feedback and judge overall satisfaction of partners.

B. Service Design

i. What are the main activities that the service is commissioned to deliver

Commissioned services:
Three of the mandatory functions (NHS health checks, sexual health, National Child Measurement Programme) are directly commissioned, along with the following:

- Tobacco control including smoking cessation
- Combating substance misuse
- Tackling obesity and promoting healthy weight
- Domestic violence and abuse
- Oral health and water fluoridation
- Public health services for children and young people age 0-19 including school nursing, health visiting and the Family Nurse Partnership

Health protection
The local authority statutory health protection role covers the provision of information and advice to relevant parties within their area in order to promote the preparation of, or participation in, health protection arrangements against threats to the health of the local population. It is delivered partly by agreement with NHS (Infection Control service) and partly through partnership working and collaborative roles (e.g. Public Health links to emergency planning).

Health improvement
Public Health works closely with health and other statutory and voluntary stakeholders to support providers and commissioners to engage with Nottinghamshire's populations main illness/premature mortality concerns (including cancer, stroke, CHD, dementia), through a whole system, population approach, enabling NICE evidence, and demographic, financial and equity elements to be incorporated in local developments.

Public Health organises a range of behavioural and lifestyle initiatives, some of which are to address cancer and long term conditions, and some of which are targeted at older people, such as to reduce excess deaths as a result of seasonal mortality, to reduce falls, and to support people with dementia and their carers. There are also initiatives to address the needs of specific groups, such as prisoners or people with a mental illness. Such initiatives are often delivered through partnership arrangements with other organisations.

Advice and Support
Provision of advice to the CCGs is a mandatory function. Advice to the Clinical Commissioning Groups (CCGs) is delivered through a Memorandum of Understanding (MoU) – this includes provision of population health advice, information and expertise to support the commissioning of evidence-based, cost-effective health services.

ii. Do these contribute to or fulfil any statutory requirements or duties

The activities listed above demonstrate that Public Health delivers its five identified mandatory functions, which are as follows:

- NHS health checks,
- Open access sexual health services,
- National Child Measurement Programme
- Health protection statutory role
- Provision of Public Health advice to CCGs
- Statutory functions of DPH

In addition, it is required to use the Public Health grant to support activities which contribute to Public Health outcomes. All the activities supported with the Public Health grant must contribute to Public Health outcomes as set out in the national Public Health Outcomes Framework. These cover overarching indicators such as life expectancy and healthy life expectancy, and indicators linked to specific Public Health issues such as smoking prevalence, low birth weight, excess winter deaths, diagnoses of particular illnesses etc.

iii. To what extent is there scope to reduce the costs of the service through the re-engineering of business processes (eg use of LEAN+)

Service redesign for re-commissioning of services includes identification of value for money efficiencies. Contract design and payment mechanisms are performance-related and drive positive outcomes from commissioned services.

In the light of reducing Public Health grant over the next four years, resource planning is necessary, to review how and at what level services are provided. Plans to do this are included in the service plan, and this will include consultation and engagement with stakeholders.

iv. What anticipated changes in service design will be implemented in 2016/17? What is the anticipated impact?

Restructure with changes to working arrangements – potential to affect staff in terms of managerial location, workload, portfolio areas, and conditions.

Budget reductions in commissioned services – pressure on contracted services to achieve savings

Removal of elements of realigned Public Health grant (some offset by use of reserves) - impact on other parts of the Council.

Changes in arrangements for contracted services – sexual health services and tobacco control are both due to transfer to a new provider on 1 April. Anticipated impact will be to improve service and performance.

C. Resources - Financial
i. What is the service budget?

Actual Expenditure 2015/16 (excluding redundancy costs):

Employees £000	*Running Costs £000*	*Capital Charges £000*	*GROSS EXP £000*	*Grant Income £000*	*Other Income £000*	*NET EXP £000*
			39,705	-39,338	-828	**-461**

Revenue Budget 2016/17:

Running Costs £000	*Capital Charges £000*	*GROSS BUDGET £000*	*Grant Income £000*	*Other Income £000*	*NET BUDGET £000*	
		45,284	-43,260	-1,275	**749**	

Current Budget Pressures & Agreed Savings in MTFS:

	2017/18 £000	*2018/19 £000*	***TOTAL £000***
Budget Pressures	0	0	0
Agreed Savings			0
Projected Budget Changes	0	0	0

- *Note1: Although the Public Health grant appears to be increased from 2015/16, when the additional responsibilities for health visiting and Family Nurse Partnership programme (transferred to Council in October 2015) are factored in, grant for 2016/17 represents a £3.75m decrease.*
- *Note2: Although there are no budget pressures currently identified in the MTFS, the Nottinghamshire Public Health Grant is £750K less than expenditure in 2016/17 and forecast to decrease by a further £1m in 2018/19. Savings of c. £1.8m will be needed to address this cumulative reduction in Public Health grant by 2017/18.*

ii. Does the service generate or rely on any external income? What is the expected income for 2016/17?

Public Health is principally funded through Public Health grant, which has been announced at £43.26m for 2016/17. Other funding is received in respect of specific items e.g. funding from CCGs to support costs of Children's Integrated Commissioning Hub; funding from PCC office as contributions to substance misuse and domestic violence contracts. Overall there is a shortfall of £0.749m in the Public Health budget in 2016/17 and reserves will be used to balance the budget this year whilst options for reductions are identified from 2017/18.

CCGs make contributions to the Children's Integrated Commissioning Hub. There are some small contributions from other organisations e.g. Public Health England, Health Education East Midlands, in respect of specific allowances or activities delivered by staff. Additional resource is also transferred in from CFCS in respect of Family Nursing. Anticipated total income in addition to the Public Health grant in 2016/17 is £1.275m.

iii. How does the cost of the service compare with others?
Include or reference benchmarking data

Public Health grant is allocated by the Department of Health based on a formula which takes account of population, need, health inequality and local service costs.

National allocations for 2016/17 and 2017/18, together with details of all the allocations made to upper tier Local Authorities in England, are available at https://www.gov.uk/government/publications/public-health-grants-to-local-authorities-2016-to-2017

D. Resources - Workforce

i. How many FTE staff provide the service as at 1 April 2016?

48 staff in proposed new structure, of which 7 are on fixed-term contracts owing to time-limited funding / roles.

Plus 4-5 hosted staff on NHS rotational training arrangements - Registrars (in training to become Consultants in Public Health) and FY2 s (trainee doctors) on short term placement.

ii. Are there any known workforce needs or issues during 2016/17?

A restructure of Public Health is planned for implementation in 2016 with changed management structures. Business support staff are due to be transferred to corporate business support. Reduction in staff establishment is being achieved by the removal of vacancies. There will need to be both prioritisation of future work taking account of reducing staffing resource, and support for staff in the changed working environment.

E. Resources - Technology

i. What use is currently made of ICT in the provision of your service?

Hot-desking workstations in standard NCC office accommodation
Remote working through a mix of Get Connected and Lenovo tablet devices. Some individuals have laptops instead of tablets.
Mobile telephony - principally Nokia phones.

A small number of individuals have fixed workstations owing to the presence of adapted equipment or special software to meet either access to work needs or to support specific areas of work.

ii. What planned developments are there for the increased use of ICT?

None.

F. Resources - Property

i. Which properties are currently used in the provision of your service and what are the current staff-to-desk ratios?

Third floor riverside south wing at County Hall (36 workstations) and two bays on ground floor of Meadow House (15 workstations). Staff use these spaces flexibly according to home and meeting locations.

The Meadow House areas are under-utilised 15 workstations in designated area and 12 individuals with MH base. The County Hall space is only just sufficient: staff frequently have to work in nearby Touchdown Zone as there are no available workstations in the Public Health designated area.

ii. Are these properties suitable for the service's needs? Could service delivery be improved or costs reduced by co-locating with any other local organisations or service?

PH reduced its office utilisation at Meadow House during 2015/16 to free up space for others (12 workspaces given up for reallocation).

Nottinghamshire County Council

Report to the Public Health Committee

19 May 2016

Agenda Item: 8

REPORT OF THE INTERIM DIRECTOR OF PUBLIC HEALTH

ANNUAL REPORT TO HEALTH AND WELLBEING BOARD 2015/16

Purpose of the Report

1. To seek approval for a summary report of Public Health Committee activity in 2015/16 for submission 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

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

Barbara Brady
Interim Director of Public Health

For any enquiries about this report please contact:
Kay Massingham
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Constitutional Comments (EP 29/04/2016)

8. The recommendation is within the remit of the Public Health Committee by virtue of its terms of reference.

Financial Comments (KS 29/04/2016))

9. There are no financial implications contained within 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.

Reports to Public Health Committee as listed in Annex 1 to the appended Report to Health and Wellbeing Board.

Electoral Divisions and Members Affected

- All

Nottinghamshire County Council

Appendix

Report to Health and Wellbeing Board

DATE

Agenda Item:

REPORT OF THE INTERIM DIRECTOR OF PUBLIC HEALTH

2015/16 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 2015/16. 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. 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 Health and Social Care Act 2012 transferred responsibility for Public Health from the NHS to local authorities in April 2013. 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 Council directly commissions a range of Public Health services and is 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 0-19, 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. In 2015/16 the range of children's public health services was expanded with the inward transfer of health visiting and the Family Nurse Partnership Programme from the NHS to the Council starting on 1 October 2015.

5. The County Council was provided with a ring-fenced Public Health grant, worth £39,338,497 in total during 2015/16, to meet the costs of the Public Health function.

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. The Board 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 People's Committee. It also interfaces with Clinical Commissioning Groups governing bodies and District / Borough Council committees. 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 2015/16

11. The Public Health Committee maintains an active work programme that is reviewed at each meeting. The Committee held 6 scheduled meetings and one extra-ordinary meeting to fulfil its duties in2015/16. This activity is summarised as follows:

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

11.1. The Committee approved the publication of the independent Director of Public Health annual report.
11.2. With respect to the five mandated functions, the Committee considered commissioning plans for the IT element of the NHS Health Check programme and approved award of contract for integrated sexual health services.
11.3. In terms of commissioned services, the Committee approved the award of contracts for tobacco control, domestic violence and abuse, and oral health promotion services. It also approved commissioning plans and timeframes for children's public health services.
11.4. The Committee received several presentations on aspects of Public Health services, from the new provider for obesity and weight management services, from the County Council Children's and Families Department related to young people's substance misuse services, and on delivery of NHS Health Checks.

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 as part of its approval of the Procurement Plan for 2015/16.
11.6. The Committee received information about the Council services against which Public Health grant had been realigned, to confirm that the realigned funds were being spent on services that contributed to 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 2015/16. 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 Working in partnership to improve health and wellbeing – focusing on actions being undertaken with partners, and on the role of the Health and Wellbeing Board.
11.8.3 Embedding Public Health leadership – meeting statutory obligations, providing advice to CCGs and ensuring that Public Health responses are made to emerging environmental issues
11.8.4 Develop and make maximum use of Public Health skills within the Council – working across the Council, and reviewing the Public Health structures and responsibilities in line with Redefining Your Council

11.9. Actions were identified for Public Health within each of these categories, which covered many of the mandated functions of the Public Health Department and Council. Examples are refreshing JSNA topics and providing advice to the CCGs, for example in the development of the women and children's workstream or in contributing to the mid-Notts and South Notts / Greater Nottingham transformation programmes.

11.10. Details of performance against this plan will be appended to this report in Annex 3.

12 A complete list of all the decisions and deliberations of the Public Health Committee in 2015/16 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.

Barbara Brady
Interim Director of Public Health

For any enquiries about this report please contact:
Kay Massingham
Executive Officer – Public Health

Tel: 0115 993 2565
kay.massingham@nottscc.gov.uk

Constitutional Comments (EP 29/04/2016)

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

Financial Comments (29/04/2016)

16. There are no financial implications contained within 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.

Electoral Divisions and Members Affected

- All

Annex 1: Deliberations of the Public Health Committee 2015/16

Date	Report	Decision / Deliberations
12 May 2015	Healthy Child Programme and Public Health nursing – commissioning plans	Approved commissioning plans for healthy child programme and public health nursing for 0-19 year olds; noted the proposed expansion of the Family Nurse Partnership.
12 May 2015	Developing a Schools Health Hub	Received information on the Healthy Schools Programme review. Approved commissioning plans for the new Schools Health Hub to replace this programme and the ASSIST programme to address smoking among young people. Approved separate commissioning plans for specialist oral health promotion service.
12 May 2015	Re-commissioning of Tobacco Control Services	Received results of consultation and approved plans to go out to tender
12 May 2015	Public Health Procurement Plan	Received and approved the Public Health procurement plan for 2015/16
12 May 2015	Public Health Finance Plan	Received and approved the Public Health Finance plan for 2015/16 including the proposed areas for realignment of Public Health grant
12 May 2015	Annual Report to Health and Wellbeing Board	Approved the annual report for submission to the Health and Wellbeing Board
12 May 2015	Public Health Service Performance and Quality Report for Health Contracts 2014/15	Noted a summary of performance information from Public Health contracts in Quarter 3 of 2014/15
2 July 2015	Commissioning NHS Health check IT and outreach services	Received results of consultation and noted intentions to go out to tender as previously agreed in the Public Health procurement plan
2 July 2015	Establishment of Health and Wellbeing Board support team	Approved new post on County Council establishment to be paid out of reserve funds.
2 July 2015	Public Health Realignment – progress report 2014/15	Noted performance on the realigned Public Health grant in 2014/15
2 July 2015	Public Health Department Plan progress report 2014/15 and update on preparation of 2015/16 Plan	Received information on performance against the Department Plan in 2014/15 and agreed to receive the 2015/16 Plan at its next meeting
2 July 2015	Public Health Service Performance and Quality Report for Health Contracts 2014/15	Noted a summary of performance information from Public Health contracts in Quarter 4 and for the year end of 2014/15
2 July 2015	Domestic Violence and Abuse Service Commissioning Update	Approved the award of contract for domestic violence and abuse services to the successful bidder.

10 September 2015	Public Health arrangements across Nottinghamshire County	Agreed to support the new vision for the Public Health function.
10 September 2015	Public Health Department Plan 2015/16	Approved the 2015/16 Department Plan
10 September 2015	Commissioning of Specialist Domestic Violence and Abuse services within refuge	Approved expenditure on provision of specialist DVA services within refuge
10 September 2015	Public Health Service Performance and Quality Report for Health Contracts Q1 2015/16	Noted the quality and performance information
30 September 2015	Comprehensive Sexual Health Services in Nottinghamshire – Commissioning Update	Approved the award of contracts and signing of a partnership agreement with Nottingham City Council.
30 September 2015	NHS Health Checks procurement update	Agreed to halt the current procurement.
12 November 2015	Presentation by Everyone Active, provider of the commissioned obesity and weight management services	Received a presentation on the obesity and weight management service, including feedback from a service user
12 November 2015	Annual Report of Director of Public Health	Received and approved the publication of the Annual Report of the Director of Public Health
12 November 2015	Public Health Department Plan 2015/16 – Progress report	Received an update on progress on the Department Plan to the end of Q2 2015/16
12 November 2015	Dental Public Health in Nottinghamshire	Received a presentation on dental public health in Nottinghamshire and approved the award of a contract for the new oral health promotion service to the preferred bidder.
21 January 2016	Presentation on Substance Misuse services for young people	Received a presentation on the services provided in relation to substance misuse by young people
21 January 2016	Public Health Grant Realignment – progress report 2015/16	Noted progress on realignment of Public Health grant up to the end of Q2 2015/16
21 January 2016	Public Health S Performance and Quality Report for Health Contracts, Q2 2015/16	Noted performance and quality information on contracts during Q2
17 March 2016	Presentation on performance on Health Checks programme	Received a presentation on the performance of the NHS Health Checks programme
17 March 2016	Integrated Healthy Child Programme and Public Health Nursing Service 0-19 years – commissioning proposals	Noted the proposed service model for the integrated Healthy Child Programme and Public Health Nursing Service for 0 to 19 year olds, agreed preferred options for formal consultation.

17 March 2016	Use of Public Health grant 2016/17	Received information about future Public Health grant including projections for the following four years, the Public Health finance plan for 2016/17, and realignment of Public Health grant in 2016/17
17 March 2016	Public Health Department Plan – progress report 2015/16	Received and noted report on progress against Department Plan up to the end of Q3 of 2015/16
17 March 2016	Public Health S Performance and Quality Report for Health Contracts, Q2 2015/16	Noted performance and quality information on contracts during Q3 of 2015/16

Annex 2: Performance and Quality

Most recent appendix related to Summary of Public Health quality and contract performance, Quarter 3 2015/16, submitted to Public Health Committee in March2016

Annex 3: Progress against NCC Public Health Departmental Plan 2015/16

Appendix to earlier item on the Public Health Committee agenda: Public Health Departmental Plan – performance monitoring 2015/16 – Quarter 4 year-end update

Nottinghamshire County Council

Report to Public Health Committee

19 May 2016

Agenda Item: 9

REPORT OF CORPORATE DIRECTOR, RESOURCES

WORK PROGRAMME

Purpose of the Report

1. To consider the Committee's work programme for 2016/17.

Information and Advice

2. The County Council requires each committee or sub-committee to maintain a work programme. The work programme will assist the management of the committee's agenda, the scheduling of the committee's business and forward planning. The work programme will be updated and reviewed at each pre-agenda meeting and committee meeting. Any member of the committee is able to suggest items for possible inclusion.

3. The attached work programme has been drafted in consultation with the Chair and Vice-Chair, and includes items which can be anticipated at the present time. Other items will be added to the programme as they are identified.

4. As part of the transparency introduced by the revised committee arrangements in 2012, committees are expected to review day to day operational decisions made by officers using their delegated powers. It is anticipated that the committee will wish to commission periodic reports on such decisions. The committee is therefore requested to identify activities on which it would like to receive reports for inclusion in the work programme.

Other Options Considered

5. None.

Reason/s for Recommendation/s

6. To assist the committee in preparing its work programme.

Statutory and Policy Implications

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

RECOMMENDATION/S

1) That the committee's work programme be noted, and consideration be given to any changes which the committee wishes to make.

Jayne Francis-Ward
Corporate Director, Resources

For any enquiries about this report please contact: Paul Davies, x 73299

Constitutional Comments (HD)

1. The Committee has authority to consider the matters set out in this report by virtue of its terms of reference.

Financial Comments (NS)

2. There are no direct financial implications arising from the contents of this report. Any future reports to Committee on operational activities and officer working groups, will contain relevant financial information and comments.

Background Papers

None.

Electoral Division(s) and Member(s) Affected

All

Public Health Committee Work Programme 2016-17

Meeting Dates	PH Committee	Lead Officer	Supporting Officer
14 July 2016	Year-end report on realignment of Public Health grant 2015-16		Kay Massingham
	Public Health Services Performance and Quality Report for Health Contracts – January – March 2016	Jonathan Gribbin	Nathalie Birkett
	Quality assurance arrangements in Public Health	Jonathan Gribbin	Sally Handley
	Update on Schools Health Hub	Kate Allen	Kerrie Adams
29 September 2016	NHS Health Check IT service – award of contract	John Tomlinson	Helen Scott
	Presentation by Solutions for Health, Smoke Free Life Nottinghamshire	John Tomlinson	Lindsay Price
	Healthy child programme and public health nursing service for 0 – 19 year olds – award of contract	Kate Allen	Kerrie Adams
	Public Health Services Performance and Quality Report for Health Contracts – April – June 2016	Jonathan Gribbin	Nathalie Birkett
1 December 2016	Domestic Violence and Abuse services – update	Barbara Brady	Nick Romilly

	Public Health Services Performance and Quality Report for Health Contracts – July - September 2016		Nathalie Birkett
	Director of Public Health Annual Report	Barbara Brady	
26 January 2017			
30 March 2017	Public Health Services Performance and Quality Report for Health Contracts – October - December 2016		Nathalie Birkett
8 June 2017			
20 July 2017			