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ADDITIONAL / TO FOLLOW AGENDA ITEMS

This is a supplement to the original agenda and includes reports that are additional to the original agenda or which were marked 'to follow'.

NOTTINGHAM CITY COUNCIL
HEALTH AND WELLBEING BOARD

Date: Wednesday, 27 January 2016

Time: 2.00 pm

Place: Ground Floor Committee Room - Loxley House, Station Street, Nottingham, NG2 3NG

Governance Officer: Phil Wye **Direct Dial:** 0115 8764637

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Agenda Item 5

HEALTH AND WELLBEING BOARD - 27th January 2016

Title of paper:	Health Protection Assurance	
Director(s)/ Corporate Director(s):	Alison Challenger Interim Director of Public Health	**Wards affected: All**
Report author(s) and contact details:	Alison Challenger alison.challenger@nottinghamcity.gov.uk	
Other colleagues who have provided input:	Jonathan Gribbin – Consultant in Public Health Nottinghamshire County Council Jean Robinson – Strategic Integration and Intelligence Specialist Dale Burton – Public Health Analyst David Millington – Public Health Analyst	
Date of consultation with Portfolio Holder(s) (if relevant)		

Relevant Council Plan Key Theme:	
Strategic Regeneration and Development	☐
Schools	x
Planning and Housing	☐
Community Services	☐
Energy, Sustainability and Customer	☐
Jobs, Growth and Transport	☐
Adults, Health and Community Sector	x
Children, Early Intervention and Early Years	x
Leisure and Culture	☐
Resources and Neighbourhood Regeneration	☐
Relevant Health and Wellbeing Strategy Priority:	
Healthy Nottingham - Preventing alcohol misuse	☐
Integrated care - Supporting older people	☐
Early Intervention - Improving mental health	☐
Changing culture and systems - Priority Families	☐

Summary of issues (including benefits to citizens/service users and contribution to improving health & wellbeing and reducing inequalities):

1. New regulations on health protection responsibilities came into force on the 1st April 2013
2. Health protection for an area requires a multi-agency planning and response at local level
3. Health and Wellbeing Boards are to receive information and assurance on local arrangements for health protection

Recommendation(s): The Board is asked to note	
1	The report and assurance
2	That effective health protection mechanisms are in place
3	That further work is needed to maintain and further improve awareness, accessibility and uptake to health protection services

How will these recommendations champion mental health and wellbeing in line with the Health and Wellbeing Board aspiration to give equal value to mental health and physical health ('parity of esteem'):
People with mental health problems are less likely to access early intervention, screening and immunisation services and are consequently at higher risk of late diagnosis and resulting morbidity

The recommendations will support improved access and early intervention for those less likely to access routine services

1. REASONS FOR RECOMMENDATIONS

This paper describes the health protection responsibilities for local authorities which came into force on the 1st April 2013 including local arrangements for delivery and assurance of the local response to the revised regulations.

Health and Wellbeing Boards are to be informed and assured that the health protection arrangements properly meet the health needs of the local population.

2. BACKGROUND (INCLUDING OUTCOMES OF CONSULTATION)

Health protection is the domain of public health which seeks to prevent or reduce the harm caused by communicable diseases, and to minimise the health impact of environmental hazards such as chemicals and radiation, and extreme weather events.

This broad definition includes the following functions within its scope, together with the timely provision of information and advice to relevant parties, and ongoing surveillance, alerting and tracking of existing and emerging threats:

- National programmes for immunisation
- National programmes for screening, including those for:
  - Antenatal (fetal anomaly, infectious diseases in pregnancy, sickle cell and thalassaemia) and newborn (nine life-limiting diseases, hearing, and physical examination)
  - Cancer (bowel, breast and cervical)
  - Diabetic retinopathy and abdominal aortic aneurism
- Management of environmental hazards including those relating to air pollution and food
- Health emergency preparedness and response, including management of incidents relating to communicable disease (e.g. meningococcal disease, TB, pandemic flu) and chemical, biological, radiological and nuclear hazards
- Infection prevention and control (CIPC) in health and social care community settings of healthcare acquired infections (HCAI) in particular
- Other measures for the prevention, treatment and control of the management of communicable disease (e.g. Tuberculosis, blood borne viruses, seasonal flu)

2.1 System responsibilities for health protection

From 1st April 2013, NHS reforms transferred health protection responsibilities to the following organisations:

- Public Health England (PHE) brings together a wide range of public health functions and is responsible for delivering the specialist health protection response to incidents and outbreaks which was formerly provided by the Health Protection Agency

- NHS England hosts a PHE team with responsibility for the commissioning and implementation of national screening and immunisation programmes in Nottinghamshire (Appendix 1)

- NHS England also provides a co-chair and managerial support for the Local Health Resilience Partnership which, along with preparedness, coordinates any NHS multi-agency response to an emergency

- NHS Clinical Commissioning Groups commission treatment services which comprise an important component of strategies to control communicable disease

- Nottingham City Council, in addition to existing responsibilities for environmental health and emergency planning, directly commission sexual health services and services for community infection prevention and control

These roles are complementary and all are needed to ensure robust and locally sensitive arrangements for health protection planning and response.

The Council, through the leadership role of the Director of Public Health, is also delegated a health protection duty to provide information and advice to relevant organisations so as to ensure all parties discharge their roles effectively for the protection of the local population .

The Director of Public Health is a member of the Health Protection Group whose remit is to seek assurance regarding outcomes and arrangements relating to most aspects of health protection for people in Nottingham City and Nottinghamshire County. Membership of the group includes a range of other partners, who commission or provide elements of the overall health protection system in Nottinghamshire including: public health specialists and environmental health colleagues from local authorities, NHS clinical commissioning groups, NHS England, and Public Health England.

The assurance for sexual health services is obtained through the county wide Strategic Sexual Health Advisory Group.

2.2 National immunisation programmes

Immunisation programmes are one of the most cost effective health protection interventions and a cornerstone of public health practice. High immunisation rates are important to prevent the spread of infectious disease, complications and possible early death among individuals and supports good school attendance, educational attainment, reduced inequalities, and healthy independent living in later years.

Immunisation programmes aim to protect population health through both individual and herd immunity, which is achieved when a sufficient proportion of the target population is immunised to suppress the spread of disease to non-immune or unimmunised individuals. For most infectious diseases in the national programmes, official estimates are that an uptake of 95% of the population is required to ensure herd immunity.

A number of routine and targeted immunisation programmes (Appendix 1) are commissioned by NHS England and are delivered through a range of providers (e.g. GPs, hospital trusts, and school nurses).

Actions for improving outcomes of particular providers or in particular populations are regularly reviewed at NHS England's quarterly programme board and have been the subject of a recent City and County Joint Health Scrutiny Report.
Performance of screening programmes is reported through the Public Health Outcomes Framework, Health Protection domain. Nottingham City performance can be found in Appendix 2.

2.3 National screening programmes

Screening is a strategy used in a population to identify the possible presence of an as-yet-undiagnosed disease or increased risk of disease in individuals without signs or symptoms. The purpose of screening is to identify and intervene early to reduce the potential harm.

A number of screening programmes are commissioned by NHS England on a national basis including programmes for: antenatal and newborn, cancer (bowel, breast and cervical), diabetic retinopathy and abdominal aortic aneurysm. (Appendix1)

Delivery of these to residents of Nottingham City is overseen by the Screening and Immunisations team for Derbyshire & Nottinghamshire and South Yorkshire & Bassetlaw. Each programme is underpinned by rigorous quality assurance and monitoring arrangements to ensure that the target population benefit from the service and those individuals are not exposed to potential harms (e.g. failures to correctly identify individuals requiring further tests).

Local actions are also undertaken to improve access to screening programmes including primary care input towards improving uptake to bowel cancer screening and public health campaigns.

2.4 Environmental hazards

Environmental hazards constitute a wide range of threats to the health of the population, and are addressed through the work of diverse public and private organisations, much of which is underpinned by legislation or statutory powers. Amongst these, local authorities maintain services and enforcement measures for ensuring: enforcement of safe standards for food, clean air, safe levels of noise, and disposal of waste, safe housing conditions.
Some of these environmental health hazards are reflected in the PHOF which describes the level of exposure in Nottinghamshire County to poor air quality and high levels of noise.

Recent meetings of the County wide Health Protection group continue to monitor and review the local arrangements for air quality management, noise, and standards of food safety and housing standards.

2.5 Health emergency preparedness & response

Ensuring that the local health system is prepared to deal with emergencies is the responsibility of the Local Health Resilience Partnership (LHRP) which is facilitated by NHS England and is co-chaired by the DPH for Nottinghamshire County. The LHRP brings together NHS commissioner, healthcare providers, local authorities and public health for this purpose. This is also the group through which, in the event of an incident requiring a multi-agency health response, NHS England would lead coordinated action across Nottinghamshire. The LHRP and NHS England work in close collaboration with the Local Resilience Partnership.

The LHRP work plan is developed with regard to the community risk register. Partners regularly exercise their plans and a desk-based exercise is regularly included in LHRP meeting agendas.

The PHOF contains an indicator reporting that there are clear and appropriate arrangements in place to protect the population against the effects of communicable disease outbreaks and chemical incidents.

2.6 Other arrangements for the prevention and control of communicable disease

In recent years, Tuberculosis (TB) has re-emerged as a significant public health problem nationally. At the request of the Health Protection group, PHE undertook an audit which shows that for the small overall number of patients not completing treatment, the reasons were due to emigration or death and not to a shortfall in the performance of the local system. Public health is represented at the two stakeholder groups which oversee local arrangements.

Other communicable disease hazards include complications arising from untreated viral hepatitis, many who remain undiagnosed but who may go on to develop liver disease. It is clear that there remains a significant need to diagnose these individuals so that they can access newly available effective treatments and thereby reduce or avoid long term complications.

The prevention and control of HIV is overseen as part of the arrangements for sexual health, so is not reported here.

2.7 Community Infection Prevention and Control (CIPC)

CIPC concerns the prevention of healthcare associated infections (HCAI) amongst people receiving care in health or social care settings, especially in community settings such as nursing and residential homes, GP practices and dentists.

Performance of the local system impacts a range of stakeholders and is accountable through indicators in both the NHS and Public Health Outcomes Frameworks relating to infection control.

The infection and control team is commissioned by Nottingham City Council and services are currently provided by Citycare.

2.8 Performance

The Public Health Outcomes Framework (PHOF) is a national set of indicators, set by the Department of Health and used by local authorities, NHS and Public Health England to measure public health outcomes. They focus on improving life expectancy, and reducing differences in life expectancy and healthy life expectancy between communities.

The majority of PHOF indicators for health protection focus on vaccinations. There are also indicators for air pollution, TB, sustainable development and emergency preparedness.

Appendix 2 provides the most recent published data in the PHOF. Further information and

1. Vaccinations

Uptake to vaccination programmes in Nottingham has been rising gradually over recent years, and for 2013/14, a number were comparable with England, with the exception of

influenza vaccine uptake amongst the over 65s and those considered most at risk, and also the measles, mumps and rubella booster offered at age 5.

2. Cancer screening programmes

Uptake to the Breast and Bowel cancer screening programmes meet the standard of the National Screening Committee but continue to remain lower than the regional and England average.
Progress is monitored and reviewed regularly by the PHE regional screening Boards who work with the council and CCG to identify interventions to improve local uptake.

3. Other Health Protection measures

Air pollution, Tuberculosis prevalence and treatment completion, emergency plans are reported in the PHOF with latest published data in appendix 2.

3. OTHER OPTIONS CONSIDERED IN MAKING RECOMMENDATIONS

This report is to outline the health protection arrangements for Nottingham City and the involvement of the range of stakeholder responsibilities. Also included are the headline outcomes – further details on any of the aspects mentioned in this report may be brought to a subsequent Commissioning Executive or Health and Wellbeing board for more detailed scrutiny.

4. FINANCE COMMENTS (INCLUDING IMPLICATIONS AND VALUE FOR MONEY/VAT)

The local authority and partners will need to ensure continued and appropriate resource to manage the health protection and emergency planning functions to comply with the responsibilities in the 2013 regulations.

5. LEGAL AND PROCUREMENT COMMENTS (INCLUDING RISK MANAGEMENT ISSUES, AND LEGAL CRIME AND DISORDER ACT AND PROCUREMENT IMPLICATIONS)

6. EQUALITY IMPACT ASSESSMENT

6.1 Has the equality impact of the proposals in this report been assessed?

No X

An EIA is not required because: the report does not contain proposals or financial decisions

(Please explain why an EIA is not necessary)

7. LIST OF BACKGROUND PAPERS OTHER THAN PUBLISHED WORKS OR THOSE DISCLOSING CONFIDENTIAL OR EXEMPT INFORMATION

8. PUBLISHED DOCUMENTS REFERRED TO IN COMPILING THIS REPORT

8.1 Protecting the health of the local population: the new health protection duty of local authorities. DH, PHE, LGA. May 2013

Acknowledgement and thanks to Jonathan Gribbin and Bryony Lloyd of the Public Health team in Nottinghamshire County Council and Public Health England, East Midlands Centre for their contribution and support in compiling this report.

Appendix 1 – services commissioned by NHS England

NHS public health functions agreement 2016-17

Annex A – "s.7A services"

Services to be provided 2016-17

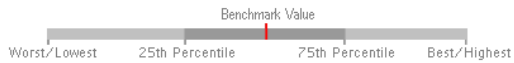
All current service specifications are available at http://www.england.nhs.uk/ (search for 'public health commissioning').

List of services to be provided pursuant to this agreement

Programme category or programme	**Services**
Immunisation programmes	Neonatal hepatitis B immunisation programme
	Pertussis pregnant women immunisation programme
	Neonatal BCG immunisation programme
	Respiratory syncytial virus (RSV) immunisation programme
	Immunisation against diphtheria, tetanus, poliomyelitis, pertussis and Hib
	Rotavirus immunisation programme
	Meningitis B (MenB) immunisation programme
	Meningitis ACWY (MenACWY) immunisation programme
	Hib/MenC immunisation programme
	Pneumococcal immunisation programme
	DTaP/IPV and dTaP/IPV (pre-school booster) immunisation programme
	Measles, mumps and rubella (MMR) immunisation programme
	Human papillomavirus (HPV) immunisation programme
	Td/IPV (teenage booster) immunisation programme
	Seasonal influenza immunisation programme

Appendix 2 – Health protection measures in the Public Health Outcomes Framework

Compared with benchmark: Better Similar Worse Lower Similar Higher Not Compared



Indicator	Period	Nottingham		Region	England	England		
		Count	Value	Value	Value	Worst/ Lowest	Range	Best/ Highest
3.03i - Population vaccination coverage - Hepatitis B (1 year old)	2013/14	22	88.0%*	-	-	-	-	-
3.03i - Population vaccination coverage - Hepatitis B (2 years old)	2013/14	17	77.3%*	-	-	-	-	-
3.03iii - Population vaccination coverage - Dtap / IPV / Hib (1 year old) <90% ≥90%	2013/14	4,177	92.9%	96.5%	94.3%	78.6%		98.4%
3.03iii - Population vaccination coverage - Dtap / IPV / Hib (2 years old) <90% ≥90%	2013/14	4,249	96.2%	97.7%	96.1%	81.6%		99.1%
3.03iv - Population vaccination coverage - MenC <90% ≥90%	2012/13	4,107	92.4%	94.8%	93.9%	75.9%		98.8%
3.03v - Population vaccination coverage - PCV <90% ≥90%	2013/14	4,137	92.0%	96.1%	94.1%	78.2%		98.3%
3.03vi - Population vaccination coverage - Hib / MenC booster (2 years old) <90% ≥90%	2013/14	4,092	92.7%	95.3%	92.5%	76.6%		98.1%
3.03vii - Population vaccination coverage - PCV booster <90% ≥90%	2013/14	4,046	91.6%	95.2%	92.4%	76.4%		98.5%
3.03viii - Population vaccination coverage - MMR for one dose (2 years old) <90% ≥90%	2013/14	4,048	91.7%	94.9%	92.7%	78.3%		98.3%
3.03ix - Population vaccination coverage - MMR for one dose (5 years old) <90% ≥90%	2013/14	3,900	93.1%	95.6%	94.1%	74.8%		98.6%
3.03x - Population vaccination coverage - MMR for two doses (5 years old) <90% ≥90%	2013/14	3,589	85.7%	91.1%	88.3%	63.8%		97.4%
3.03xii - Population vaccination coverage - HPV <previous year's England value ≥previous year's England value	2013/14	1,256	90.4%	90.9%	86.7%	51.1%		96.6%
3.03xiii - Population vaccination coverage - PPV <previous year's England value ≥previous year's England value	2013/14	28,588	70.7%	70.8%	68.9%	52.8%		77.6%
3.03xiv - Population vaccination coverage - Flu (aged 65+) <75% ≥75%	2014/15	29,059	71.9%	73.5%	72.7%	61.7%		80.1%
3.03xv - Population vaccination coverage - Flu (at risk individuals)	2014/15	17,886	47.1%	48.9%	50.3%	38.4%		63.6%
3.03vi - Population vaccination coverage - Hib / Men C booster (5 years) <90% ≥90%	2013/14	3,852	92.0%	94.1%	91.9%	72.7%		98.1%

Compared with benchmark: Better Similar Worse Lower Similar Higher Not Compared

Indicator	Period	Nottingham		Region	England	England		
		Count	Value	Value	Value	Worst/ Lowest	Range	Best/ Highest
2.20i - Cancer screening coverage - breast cancer	2015	17,170	73.3%	79.6%	75.4%	56.3%		86.4%
2.20ii - Cancer screening coverage - cervical cancer	2015	54,543	73.8%	76.3%	73.5%	56.5%		84.0%
2.20iii - Cancer screening coverage - bowel cancer	2015	14,705	48.7%	57.8%	57.1%	37.3%		67.0%

Compared with benchmark: Better Similar Worse Lower Similar Higher Not Compared

Indicator	Period	Nottingham		Region	England	England		
		Count	Value	Value	Value	Worst/ Lowest	Range	Best/ Highest
3.01 - Fraction of mortality attributable to particulate air pollution	2013	-	6.0%	5.6%	5.3%	2.8%		8.4%
3.05i - Treatment completion for TB	2013	48	90.6%	88.1%	84.8%	-	*Insufficient number of values for a spine chart*	-
3.05ii - Incidence of TB	2012 - 14	169	18.1	9.5	13.5	100.0		0.0
3.07 - Comprehensive, agreed inter-agency plans for responding to health protection incidents and emergencies	2014/15	-	100%	100%	95.2%	0.0%		100%

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HEALTH AND WELLBEING BOARD - 27th January 2016

Title of paper:	**A Strategic Public Health Framework for Nottinghamshire Healthcare NHS Foundation Trust**	
Director(s)/ Corporate Director(s):	Ruth Hawkins, Chief Executive, Nottinghamshire Healthcare NHS Foundation Trust Chris Packham, Nottinghamshire Healthcare NHS Foundation Trust Alison Challenger, Interim Director of Public Health, Nottingham CityCouncil	**Wards affected: All**
Report author(s) and contact details:	**Chris Packham** **chris.packham@nottshc.nhs.uk**	
Other colleagues who have provided input:		
Date of consultation with Portfolio Holder(s) (if relevant)	**N/A**	

Relevant Council Plan Strategic Priority:	
Cutting unemployment by a quarter	☐
Cut crime and anti-social behaviour	☐
Ensure more school leavers get a job, training or further education than any other City	☐
Your neighbourhood as clean as the City Centre	☐
Help keep your energy bills down	☐
Good access to public transport	☐
Nottingham has a good mix of housing	☐
Nottingham is a good place to do business, invest and create jobs	☐
Nottingham offers a wide range of leisure activities, parks and sporting events	☐
Support early intervention activities	X
Deliver effective, value for money services to our citizens	X
Relevant Health and Wellbeing Strategy Priority:	
Healthy Nottingham: Preventing alcohol misuse	X
Integrated care: Supporting older people	☐
Early Intervention: Improving Mental Health	X
Changing culture and systems: Priority Families	☐

Summary of issues (including benefits to citizens/service users and contribution to improving health & wellbeing and reducing inequalities):

1. The development of a strategic framework for public health has been approved by the Nottinghamshire Healthcare NHS Board
2. The Trust supports 142,000 individual patients and is also a major local employer; it is well placed to demonstrate and champion how a public health approach can benefit patients, staff and communities
3. The Trust has an important part to play in improving the health of the public and reducing inequality through its work within the local health and social care communities

Recommendation(s):

1	To support the approach of a strategic public health framework towards improving the health of patients, staff and local communities
2	The Board is invited to provide comment or suggestions to the content of the framework and to identify if there are further links to be made
	How will these recommendations champion mental health and wellbeing in line with the Health and Wellbeing Board aspiration to give equal value to mental health and physical health ('parity of esteem'): A strategic framework for public health will ensure physical and mental health are equally valued and prioritised within Trust strategy In receiving Board endorsement and approval for the framework, the HWBB supports the approach taken by the Trust towards achieving parity of esteem and recommends this to the HWBB partners

1. REASONS FOR RECOMMENDATIONS

To endorse the approach towards the health and wellbeing agenda and to champion the public health approach

To identify if the content of the paper reflects the Boards priorities and for members to comment

To promote to the board the benefits of an organisation framework and to recommend this to member organisations

2. BACKGROUND (INCLUDING OUTCOMES OF CONSULTATION)

See appendix

3. OTHER OPTIONS CONSIDERED IN MAKING RECOMMENDATIONS

See appendix

4. FINANCIAL IMPLICATIONS (INCLUDING VALUE FOR MONEY/VAT)

None

5. RISK MANAGEMENT ISSUES (INCLUDING LEGAL IMPLICATIONS AND CRIME AND DISORDER ACT IMPLICATIONS)

None

6. EQUALITY IMPACT ASSESSMENT

Has the equality impact been assessed?

Not needed (report does not contain proposals or financial decisions)   X

Due regard should be given to the equality implications identified in the EIA.

7. LIST OF BACKGROUND PAPERS OTHER THAN PUBLISHED WORKS OR THOSE DISCLOSING CONFIDENTIAL OR EXEMPT INFORMATION

8. PUBLISHED DOCUMENTS REFERRED TO IN COMPILING THIS REPORT

see appendix

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NOTTINGHAMSHIRE HEALTHCARE NHS TRUST

A Strategic Public Health Framework for Nottinghamshire Healthcare NHS Trust

Improving the health of the public and reducing inequality through the work of the Trust

1. Introduction

The role of the health service remains a vital component in improving health[1]. It remains true that early intervention is key in overcoming the huge challenges of an ageing population and limited resources[2]. Whilst much of the formal responsibility for preventative health has passed from the NHS to local government[3], the NHS remains key in adding life to years and years to life[4]. In addition, the Trust has a key role to play in contributing to the health of the public in many ways[5]. The government has signalled a strong approach to improving and planning mental and physical health[6], and there is a recognition that far greater emphasis needs to be placed by the system on addressing mental and physical health issues together[7].

The trust is a major employer, a strong corporate citizen, a provider of care to many of the most vulnerable members of our society, a major centre for research and innovation, and a *positive* organisation proud of its patient and carer engagement and focus. It is ideally placed to take a major role in contributing to public health and in many areas already makes huge contributions in excellent and exceptional ways.

This paper proposes a strategic framework for public health that allows the Trust to recognise and embrace existing work and future opportunities to enhance this contribution and help lead the healthcare sector in demonstrating and championing how a public health approach can benefit our patients and communities. The choice of workstreams is designed to both provide an umbrella strategy for some existing work and also drive themes for detailed management under this framework. It is not fully inclusive of all the work we do but designed to focus in areas for particular development or with particularly important public health benefits going forwards or that may not be highlighted in other frameworks.

2. The domains of public health

The public health outcomes framework identifies four domains that describe how action to improve public health can be considered:

- Wider determinants – affecting upstream causes of ill health (improving education, employment, sense of community, access to services, housing, reducing poverty, violence, stigma, poor lifestyle opportunities)
- Health Improvement - helping people make healthy behavioural choices - for patients and for staff
- Health protection – keeping people safe from infection, poor environment and injury
- Healthcare Public Health – making our services accessible to all and benefitting the most possible number of people in need with the resources we have

3. The population of Nottinghamshire
Each council produces a Joint Strategic Needs Assessment for its population. This traditionally is prepared by public health specialists within the council and uses a wide range of information from national and local sources. The population we serve is extensive and diverse – ranging from significant areas of deprivation in Nottingham City and Mansfield, rural isolation and poverty, through to more suburban and mixed economies. There are areas of great diversity and mobility and places with highly stable indigenous populations.

Around half of all mental health and a significant amount of physical health status is programmed by the time young people reach their teenage years - a focus and understanding on children is therefore vital. There are 180,000 children in the county and 80,000 in the city. The City is very deprived and has the health and social care needs associated with that position. The county area is average for England but also holds pockets of deprivation that are both urban and rural: each with different needs and solutions. The health challenges facing Nottingham and Nottinghamshire increase demand for physical and mental healthcare and are consistent with national patterns:

- A wide range of challenges to children attaining their full potential
- an ageing population with increasingly complex morbidity, needing support to maintain their health and independence;
- a wide range of possible health technologies but limited resources
- inequalities in health, with discrepancies in life expectancy between the least and most deprived areas of up to 10 years in males and females, and between the general population and those with enduring severe mental illness of over 15 years
- many communities, groups and individuals without a strong sense of community and belonging in society
- a large burden of preventable adult disease, attributable to obesity, poor diets, low levels of physical activity, alcohol misuse, and smoking

4. Our populations in the Trust

4.1. Patients
The Trust provided health care to 142,000 different individuals in 2013/14, undertaking over 1.5 million individual contacts. Many of our patients are amongst the most vulnerable in the local communities and we have a substantial opportunity to help improve health and some of its wider determinants in those patients, accepting that in many cases, the quality of treatment provided is only one among many determinants of the outcome of that treatment. Improved health behaviours in patients will maximise the long-term outcomes of their treatment and can contribute to preventing them from returning to community or hospital healthcare settings.

4.2. Staff
Our workforce is exposed to the same preventable risk factors for disease as the rest of the population, and if representative of the national population, of our 9000 staff, around 5,700 (64%) staff will be overweight or obese, and more than 2,200 (25%) will be smokers. Some 6% of men and 2% of women are estimated to drink alcohol in a way that significantly harms their health: in our Trust that translates to around 135 men and 140 women at any one time.

A healthy workforce is essential to a successful hospital, through reduced sick leave and also more broadly. Staff health affects patient experience, patient safety, and clinical outcomes.

So improving staff health improves patients' health. Acting to help staff improve their own health behaviour will also promote those attitudes and beliefs to help them deliver health improvement messages to patients and visitors.

5. How does a public health approach help patients and the Trust?

In addition to reinforcing the role of the trust in improving health through healthcare, the Framework also identifies how this approach and input can support the Trust in the widest possible way in continuing to support the highest quality healthcare possible (CQC), our potential for development (Foundation Trust opportunities and Monitor) and our research and innovation strengths (University, Department of Health, NHS England)

- Contribution to NHS, Social Care, and Public Health Outcomes frameworks
- Supporting High Quality Foundation Trust performance
- Enhancing CQC results

6. Why a framework and why now?

- We are already doing a great deal and we should celebrate this
- A framework allows us to see if there are gaps in what we could achieve
- We should encourage debate in our staff and patients about what public health priorities the Trust should pursue
- The Trust is a major and important organisation and can harness and strengthen wider community work, and help develop and facilitate communities and individuals to build sustainable public health actions
- Our staff have many skills in public health approaches that others outside the Trust can benefit from
- Early intervention, integrated care, and Childrens and Young Peoples Community Health Services will soon be predominantly commissioned by Local Authority colleagues. It is vital our overall strategy takes account of the direction and focus on Health and Well-Being Strategies and outcomes frameworks

7. A Public Health framework

Using a mix of the various ways of describing public health, we can begin to see a complex matrix that brings together the elements of quality care

- Outcomes Frameworks
    - Public health
    - NHS
    - Social Care
- CQC and Monitor inspection domains reflecting Safety and Patient Experience

Our challenge is to describe these so we can identify strengths and weaknesses in our work with populations, and our potential to enhance the public health role of the Trust.

8. Mapping what are we already doing

8.1. Internal actions

Health protection

Infection control policy and practice, staff and patients: vaccinations Influenza, Hep B, others as required, Blood Borne Viruses, Infection control for staff, personal

protective equipment, Staff sickness policy, Needle-stick policy, Other occupational hazards policy (eg dermatitis)

Health improvement
Individual opportunities
Staff health and wellbeing strategies, Patient health and well-being, Smoking cessation support, Healthy diets, Physical exercise and reducing unhealthy weight, others
Leadership - development of Health & Well-Being Champions
A 'health promoting trust'
Sickness policies, Occupational health support, Good mental health in the workplace, Mindfulness, Anti-bullying, Equality and diversity

Healthcare Public Health
Making Every Contact Count (MECC) currently mainly psychological inputs
Equality of access for all our patients – measuring, identifying and acting
Targeting of vulnerable groups to support better health for all – proactive work
Prioritising what we do and for whom
'right care right time right place'
Reducing clinical variation
Maximising evidence-based care

8.2. External and Partnership

- Health and Well-being strategies
- Engagement with City and County council Health and Well-being Strategies and Mental Health Strategies
- Active participant in Suicide Prevention Strategies with key lead roles
- Linking our own 'Children and Young People Strategy' with Council Children's Plans
- Sustainability strategies
- Prevent strategy
- Others

9. Areas of Focus

The Trust Board strongly supported developing a public health strategic framework across the Trust. We already have an extensive range of actions that already represent a strong public health focus. Initial discussions with colleagues internally and externally have highlighted a number of areas for particular focus. We have been able to draw up an initial list of these areas to signal our direction of travel. These are:

9.1. Early intervention and prevention

Utilise the Childrens and Young Peoples strategy, CAMHS strategy, our children services, work of our Early intervention in Psychosis and our IAPT services to help provide a real population level effective intervention to enhance primary and secondary prevention that can be measured and developed

9.2. 'Making Every Contact Count'

Continue to develop and pursue brief interventions training and basic physical and mental health skills for front line staff to integrate skills in each division for staff development and patient benefit especially around effective prevention interventions. This links to our staff as public health practitioners (below)

9.3. Patient health

Public Health Guidance work on Smoking cessation

Improving National Screening Programme uptake in our patients (Cancer and Diabetic retinopathy)

Physical healthcare in severe mental illness, in secure environments (Prison Healthchecks, CVD risk assessment in our secure hospitals) initiatives

Enhanced physical healthcare in patient with enduring severe mental illness ('Physform' work)

9.4. Staff Health and Human Resources: our Public Health Responsibility Deal

Smoking cessation support for staff

Mental Health and Well-being

9.5. Our staff as public health practitioners

Mapping our existing skill sets (which are extensive within our Community nursing and allied health staff), who already work as a major public health practitioner workforce. Our vision is to both enhance those skills through shared training especially around added psychological skills, and also to share those skills with our mental health workforce for patient benefit. This also links to the developing Health Visitor development plan.

9.6. Partnerships for Health

Utilise our FT freedoms to build new and innovative partnerships with other provides so together we may offer better 'population health' interventions. An example of this might be the use of IAPT approaches in a much wider range of long term conditions and lifestyle states (such as morbid obesity)

9.7. Health individual healthcare settings

Work to identify how our many individual settings (including Forensic and Offender Health sites and smaller community settings) can work on their own tailored actions to promote population health.

9.8. Wider Determinants

Mental well-being. We are already partners in the Health and Well-Being Boards in City and County, We will develop and strengthen our defined role in the City and County Suicide Prevention strategy and Mental Well-Being Strategy including work on Housing and Health.

Tobacco: We are also signed up to the Nottinghamshire-wide Tobacco Declaration.

9.9. Research

In our Institute of Mental Health, we have an internationally renown resource. There is much descriptive epidemiology and interventional research to be done on public mental health and the many aspects of combined mental and physical health in people with enduring severe mental illness. Some of this is beginning to be identified

through CLARHC but we want to use this strategy to stimulate ideas and encourage translation into active successful research for patient benefit.

9.10 Demonstrating Equality through Health Equity Audit.

We have an active Equality and Diversity Committee. It already considers workforce and service delivery issues along equity lines. There is much more analysis we could do to assess our own ability to provide equitable access to services for all clients, through more extensive Health Equity Audit. This will combine with similar responsibilities for health commissioners and data from Council JSNA's.

10 Public Health Champions and steering group

We are developing a steering group to develop the workstreams outlined above and act as a focus for external discussion with partners and the Health and Well-Being boards. We have identified colleagues who will help take this forward across the Trust and will also identify additional colleagues as we develop the work.

Board Champion	Sheila Wright (Deputy Trust Chair)
Trust Lead	Dr Chris Packham (Associate Medical Director)
Forensic	Louise Bussell (Associate Nursing Director), Eddie Alder (Senior Matron, Offender Health), Dr Chris Clarke (Associate Medical Director)
Health Partnerships	Peter Hunt (Children and Young People Lead), Michelle Bateman
	Dr Raian Sheik (Clinical Director, Mansfield and Ashfield)
Local Services	Sandra Crawford (Associate Nursing Director) Annie Clarke, Senior Matron Physical Health), Dr Richard Welfare (Clinical Director)
Learning and Development	Julian Eve (Director)
Human Resources	Clare Teeney (Director)
Involvement Centres	Jonathan Wright (Deputy Lead)

11. Next steps

1. Develop with local council champions and public health teams to enhance this framework
2. Work with the National Public Health Provider Network (and Public Health England and NHS England who support it) to share and support best practice nationally
3. Develop a timed action plan (by end January 2016) with outputs and reporting process back to the Trust

12. Summary

This work is designed to ensure the Trust plays the maximum possible part in improving the health of the public and reducing inequality through its work within the local Health and Social Care communities and identifies areas of particular importance in achieving the aims of our Public Health Strategy

Chris Packham Updated 10.12.2015

Acknowlegements

To colleagues in each division who have already commented and contributed to the Framework

The work of colleagues in individual Trusts, especially in Oxford and Leeds, and the national Public Health in Provider network under Sir Muir Gray's leadership who constructed material used in the full report (including appendices) is acknowledged with thanks

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Outline Action Plan Summary

	WORKSTREAM	**how delivered**	**how measured**	**progress and review timescales**	**comments**
1	Early intervention and prevention	childrens and young peoples strategy	project milestones	as per CYP strategy	
2	MECC	brief interventions training smoking, alcohol, exercise diet, mindfulness and well-being	training uptake	review 31.3.2016	challenging requires training integration between divisions
3	Patient health	smoke free		5.4.2016	
		screening		31.12.2015	
		Cardio-metabolic physform		audit 31.11.2015	
		secure environments CVD risk monitoring		annual audit	
4	Staff health	smoke-free programme	smoke free project	5.4.2016	
		mental well being	staff survey and ons wellbeing measure	November 2015 baseline	
5	Staff as practitioners	public health roles of community staff	to be developed	existing training strategies of HVs and DNs.	need to develop professional links with this role internally and also commissioned activity requirements
6	Developing public health provider partnerships	*Business development Eg* IAPT, Liaison	vanguard business development	Ongoing Trust business	Need to identify health improvement links
7	Health settings	individual prison healthcare units	to be developed	to be developed	requires NOMS and MOJ buy in
8	**Wider determinants**	**CITY AND COUNTY HEALTH AND WELL BEING STRATEGIES**	**Separate metrics**	**LOCAL AUTHORITY TIMESCALES**	FOR DISCUSSION WITH INDIVIDUAL BOARDS
9	Research and development	more accurate routine data	EPR NTPS	31.12.2015	
plus	OUTCOMES	outcome data	clinical effectiveness committee staff survey	31.3.2016 31.12.2015	
plus	INTELLIGENT DATA	better knowledge	library services development	31.3.2016	PROVIDE UPDATE LINKED TO CCG CONTRACTS
plus	ELECTRONIC SYSTEMS		EPR	31.3.2016	
plus	RESEARCH	primary research	CLAHRC	31.3.2016	FUTHER DEVELOPMENT NEEDED