

10 December 2018**Agenda Item: 5****REPORT OF THE DIRECTOR OF PUBLIC HEALTH****PUBLIC HEALTH PERFORMANCE AND QUALITY REPORT FOR
CONTRACTS FUNDED WITH RING-FENCED PUBLIC HEALTH GRANT JULY
TO SEPTEMBER 2018****Purpose of the Report**

1. To enable Members to scrutinise the performance and quality of services commissioned by Public Health (PH)

Information

2. The Health and Social Care Act 2012 confers general duties on local authorities to improve and to protect the health of their local populations, including specific statutory duties to commission certain mandatory services for residents^[1], the provision of specialist advice to the local NHS, and health protection advice to organisations across the local system.
3. In discharging these duties, the Council is currently supported by a ring-fenced grant which must be deployed to secure significant improvements in health, giving regard to the need to reduce health inequalities and to improving uptake and outcomes from drug and alcohol treatment services.
4. Services commissioned by public health contribute to a number of Council commitments (in particular, Commitment 6 – People are Healthier) and are critical for securing improved healthy life expectancy for residents.
5. Working with colleagues, the Public Health Contract and Performance Team manages the performance of providers to ensure the Authority and the residents of Nottinghamshire are receiving good outcomes, quality services and value for money.
6. Contract management is undertaken in a variety of ways including regular contract review meetings, quality assurance visits to the service and ongoing communication.

^[1] These mandatory services include: local implementation of the National Child Measurement Programme, assessment and conduct of health checks, open access sexual health and contraception services

7. This report provides the Committee with an overview of performance for Public Health directly commissioned services and services funded either in whole or in part by PH grant, in July to September 2018 against key performance indicators related to Public Health priorities, outcomes and actions within:
 - i) the Public Health Service Plan 2017-2018;
 - ii) the Health and Wellbeing Strategy for Nottinghamshire 2017-21; and
 - iii) the Authority's Commitments 2017-21.
8. A summary of the key performance measures is set out on the first page of **Appendix A**. Where performance is at 80% or greater of the target or meets the standard, it is rated green.
9. Appendix A also provides a description of each of the services and examples of the return on investment achievable from commissioning public health services.

NHS Health Checks (GPs)

10. The NHS Health Check Programme aims to help prevent heart disease, diabetes, stroke, kidney disease and certain types of preventable dementia by offering a check once every five years to everyone between the ages of 40 and 74 who has not already been diagnosed with one of these conditions.
11. Quarter 2 of 2018/19 shows reasonable performance, with 8,228 people being invited to attend a health check, above the quarterly target of 8,218. During the same period 4,946 health checks were undertaken, indicating an uptake of 60.1%, which compares favourably against the national average of 42.6% (Q1 2018/19).
12. Over the last four quarters, there had been a slight but noticeable drop in the number of people offered a health check, which was traced to a minor fault in the set-up of the new IT system that identifies the eligible population. This had been programmed to re-invite high risk patients ('high risk' is defined as having a likelihood of 20% or more of suffering a cardiovascular disease (CVD) event within the next ten years) who had not responded to their first invitation and two follow-ups after a period of one year. These had been prioritised over first time invitations for all other patients within the main five year cohort, both low and high risk. It is *first-time* invitations that are reported to Committee and to Public Health England for performance management purposes.
13. This has since been rectified, as evidenced by the strong Quarter 2 performance. Nonetheless, practices are still encouraged to target high risk patients when they send out first-time invitations and follow-ups. Once confirmed as high risk by the health check, these patients immediately exit the programme and are treated by their GP to prevent more serious outcomes. Patients with a lesser risk are also offered advice and sometimes treatment, as well as sign-posting to appropriate lifestyle services.
14. In addition to encouraging practices to increase the number of checks that they complete, considerable focus has been given by Public Health to supporting practices to undertake fully compliant health checks (i.e. that they complete all of the required assessments correctly). Overall compliance has improved consistently as a result of this intervention.

Focusing on the quality of the checks undertaken rather than just the quantity is essential in ensuring that patients receive the correct CVD risk score and associated guidance.

15. In addition to health checks undertaken in GP surgeries, Public Health commissions a small outreach service provided by a local community pharmacy which delivers NHS Health Checks in county workplaces. This service enables working people to access NHS Health Checks more conveniently and also seeks to target specific groups within the workforce at higher risk of CVD. During Quarter 2, six sessions were delivered to 59 people, a quarter (25%) of whom were found to have high blood pressure or cholesterol and nearly half (42%) were offered advice on lifestyle interventions.

Integrated Sexual Health Services (ISHS) (Nottingham University Hospitals (NUH), Sherwood Forest Hospital Foundation Trust (SFHFT) and Doncaster and Bassetlaw Hospitals (DBH)

16. The ISHS provides a testing and treatment service for sexually transmitted infections (STIs) and contraception. There are 3 sexual health providers and they continue to perform well in quarter 2 with a slight improvement in the number of filled appointments compared with quarter 2 last year from 12,234 to 12,322.

60% of new users accepting HIV test

17. SFHT and DBH are now working to the new definition for this quality standard which is in line with the Public Health Outcomes Framework (PHOF) definition. This means there has been a significant improvement in performance. NUH has seen a fall in the number of new service users accepting an HIV test and this may be due to IT updates to their reporting system. This will be discussed in full at the Quarter 2 contract review meeting. The Authority is waiting for Public Health England (PHE) analysts to independently review the data. It appears that different IT systems at the various provider organisations and coding issues have caused figures to be artificially low in Nottinghamshire. Until PHE complete this piece of work there can be no speculation about what the percentages will be, but it is expected they will be considerably higher.

75% of 15-24 year olds accepting a chlamydia test.

18. Chlamydia is one of the most common STIs and although often symptomless it can cause long-term health problems including infertility if left untreated.
19. SFHT has exceeded the quality standard of 75% of 15-25 year olds in contact with the service accepting a chlamydia test in quarter 2. NUH and DBH remain below target, however as part of the overall aim to improve chlamydia testing rates for this age group, work is ongoing between the Authority and all providers to improve performance against this metric. It is expected that all providers will achieve the standard in the next six months.
20. The most recent PHOF data for Quarter 2 2018 shows a continuing upward trend for Nottinghamshire with a positive detection rate of 1,989 which is higher than the East Midlands and England rate for the quarter. High detection rates and diagnoses is a sign of a good service as it means more people are getting treated and able to manage their condition.

21. The use of the on-line testing service for chlamydia continues to increase. Online chlamydia testing provides an accessible and confidential way for young people to get tested for a relatively common but potentially serious sexually transmitted disease which often shows no symptoms in the early stages. This means that positive cases can be treated, preventing onwards transmission and reducing the likelihood of chlamydia infection for sexually active young people in Nottinghamshire.

Young People's Sexual Health Service- C Card (In-house)

22. The C-card scheme is a free and confidential advice and condom service for young people living in Nottinghamshire. The provider has been given a difficult stretch target to meet which may need to be reviewed. The service is performing well overall, with a 40.4% increase in new service users registering for the scheme between Q1 and Q2. Historically, achieving an increase has been a challenge and an action plan has been developed for 2018/19 which aims to continue the increase in new registrations and number of active sites across the scheme.

Alcohol and Drug Misuse Services (Change Grow Live)

23. Change, Grow, Live (CGL) is the substance misuse treatment and recovery service in Nottinghamshire.
24. Successful completions from the whole service as defined by the contract have been consistently good and have been exceeded by the provider as evidenced in the performance figures.
25. CGL works proactively across the county to ensure residents get free from their substance misuse. Successful completion data from CGL for non-opiates such as cannabis, amphetamines, steroids, cocaine and crack cocaine and Novel Psychoactive Substances (or what were formerly known as 'legal highs'), show that for quarter 2, there is a completion rate of 39.5% which is both above the CGL national average of 38.4% and the Public Health England (PHE) national average of 39.04%. Successful completions for non-opiates are on an upward trajectory which is positive for residents.
26. Furthermore, overall completion rates for opiate users of heroin or codeine from CGL are above the PHE national average of 6.41% and the CGL national average of 6.13% with an average of 7.3%.
27. Successful completions for alcohol are also on an upward trajectory with a 39.42% completion rate, which is in line with the PHE national average.
28. These results demonstrate the effectiveness of the treatment and recovery system in Nottinghamshire, especially as the Nottinghamshire measurements are harder to achieve than the national framework. The aim in Nottinghamshire is to ensure all service users with any substance misuse issues are helped to recovery and not just those who require a clinical intervention (generally opiate users).

29. CGL works extensively with service users in Nottinghamshire to ensure recovery is part of their treatment pathway from entry into the service. CGL offers a quality peer support for those who are finishing with their treatment and wish to support other service users along with their recovery.

Young People's Substance Misuse Service (Nottinghamshire Healthcare Foundation Trust)

30. The dramatic decline in referrals into the service in quarter 2 is due to the provider serving notice on this contract and a number of staff leaving the service. From the beginning of the third quarter, this service has been taken over by CGL, the main substance misuse provider. It is always difficult for any new provider to run with a new service albeit expectations are high that targets will be met by the end of the financial year.

Smoking Cessation (Solutions 4 Health)

31. The service in Nottinghamshire (SmokefreeLifeNotts) was recently restructured to deliver a new model for smoking cessation. The new model offers a more flexible, individualised approach with increased access to telephone and online support as well as the more traditional groups and one to one sessions.
32. SmokefreeLifeNotts staff are now on the wards in King's Mill Hospital, offering support at the bedside to patients who smoke, either with quitting or temporary abstinence during their hospital stay. "Stop Before the Op" support is also offered to outpatients waiting for elective surgery. This will complement the ongoing work that continues to take place with pregnant women at King's Mill Hospital and the wellbeing coordinators.
33. SmokefreeLifeNotts staff are also now on the wards at Nottingham University Hospitals (NUH) to enable them to adopt the same ward based approach to support County patients who attend the hospital as inpatients and outpatients, in line with the prevention approach outlined by the Health Minister in November.
34. Due to the cyclical nature of smoking cessation (more people quit at New Year, following Stoptober and Stop Smoking Day in March), referrals and therefore quitters are expected to rise in line with these key campaigns.
35. It is positive to note that, albeit small, there is an improvement in the numbers of successful quitters. It is expected with all the changes made by the service and extra input from public health that this upward trajectory is set to continue.

Illicit Tobacco Services (In-house)

36. The Council's officers continue to take effective enforcement action against individuals and businesses that sell and distribute illicit tobacco. During Quarter 2 of 2018 officers conducted a total of 23 inspections at premises in the county, resulting in 7 seizures of illicit tobacco. Total seizures amounted to a retail value of £28,590 (£25,370 of cigarettes and £3,220 of tobacco). The work is intelligence led and targeted in order to work in the most efficient and

effective way. The employment of a Police Officer as part of the team is integral to its success in achieving prosecutions. A number of investigations are ongoing.

Assist (In-house)

37. The ASSIST peer led smoking prevention programme continues to be run in targeted schools across Nottinghamshire and the impact on young people across the county continues to be very positive. ASSIST is improving young people's health whilst providing valuable life skills. ASSIST's activity based training improves leadership, communication skills, resilience, self-esteem, confidence, highlights empathy and shows the value of taking a non-judgemental approach to peer-led conversations. The whole school benefits from increased conversations around smoking and health.
38. A further five schools have been recruited to the programme during 2018/19 quarter 2 and it has been agreed that the programme will continue to run until March 2019

Obesity Prevention and Weight Management (Everyone Health)

39. The Obesity Prevention and Weight Management service supports children, and adults through a variety of targeted community prevention healthy eating and physical activity initiatives and weight management support. The service is performing above target for adults supported in weight management and on track for children. Performance for the number of pregnant women supported is below target.
40. The Provider has identified that low uptake of maternity weight management services is due to a combination of lower than expected demand from pregnant women, low number and untimely referrals from NHS maternity services, and the need for a service offer more tailored to service user preferences. The Authority has worked with the Provider and NHS leads to develop a service improvement plan for maternal weight management. These service and system changes have resulted in improvements in the uptake of the maternal weight management offer in comparison to the same period a year ago, but this is still below the planned level of service uptake.
41. Regular contact with the midwifery leads addressing the issues relating to referrals which are different for each midwifery service keeps this agenda in the spotlight. The new pathway is being implemented and Everyone Health has adopted revised marketing materials.
42. The service is now able to refer individuals to 12 other weight management offers through sub-contracting arrangements, where appropriate to the service user's need. This has increased the number of adults accessing weight management services and the service is currently above target. It also offers service users more choice of weight management support.
43. The service is on track with its prevention sessions, projects in schools, and with vulnerable adults.
44. As a result of a re-negotiation of the contract at the beginning of 2018/19, the Service is establishing additional new prevention projects covering both physical activity and nutrition

based support at district and borough level in community, workplace and schools settings. The projects are proceeding as scheduled.

Domestic Abuse Services (Notts Women's Aid and Womens Aid Integrated Services)

- 45. The Domestic Abuse service provides information, advice, safety planning and support (including support through the courts) to women, men, teenagers, children and young people. Services are facing increasingly complex and difficult cases but continue to be on track to meet all indicative targets set by commissioners (the Authority and the Office of the Police and Crime Commissioner). Quality Assurance visits further evidence that the services provided are robust, well received by service users and provide good value for money.
- 46. The numbers of adults, children and young people show an increase compared with the same period last year.
- 47. There are a number of children on Child Protection Plans who live in a household with domestic abuse and to this end the providers work closely with Children's Services and have workers based with the Family Service.

Seasonal Mortality (Nottingham Energy Partnership)

- 48. This service protects and improves the health of residents in Nottinghamshire County, by facilitating insulation and heating improvements and preventative adaptations in private sector homes, providing energy efficiency advice and reducing fuel poverty. The service targets the most deprived private sector households, with a specific emphasis on support to residents over 60 and a smaller provision for families with children under 5 and pregnant women. The service is on track to achieve 2018/19 targets.
- 49. In Quarter 2, the service has reached the target of 68 people who received comprehensive energy efficiency advice and/or were given help and advice to switch energy supplier or get on the cheapest tariff. The service also trained 42 (against a target of 47, 89% achievement) individuals to deliver Energy Efficiency Brief Interventions to improve awareness of the links between cold-homes, fuel poverty and ill health and to generate appropriate referrals to the service.

Social Exclusion (The Friary)

- 50. The Friary provides a "one-stop" approach on three mornings a week from a single location in West Bridgford to individuals in crisis situations, including homeless people. It delivers one to one assessment of need, specialist advice and practical support regarding housing, benefits, debts and health needs (including signposting to other services that operate within the Friary e.g. GP clinic, substance misuse services) The service offered support to 374 individuals in Quarter 2 with the service giving specialist advice to 2,528 people and providing 1,240 health care support and interventions. This shows a slight increase in numbers presenting, compared to Quarter 1.

Public Health Services for Children and Young People aged 0-19 (Nottinghamshire Healthcare Trust)

51. The service has entered its second year of delivery and the Healthy Families Programme is now embedding across the County as a fully integrated universal service for children, young people and their families. The Authority has set ambitious targets for the provider and whilst some of these targets have yet to be met, the service overall is performing well with Nottinghamshire data for mandated reviews comparable with, or better than the England average.
52. Staffing and recruitment challenges experienced by the service due to retirement, maternity leave, and sick leave are resolving. The Trust is working pro-actively to recruit and retain the workforce and a rolling programme of recruitment for permanent staff has been launched. This increase in workforce capacity is being reflected in improved performance against the key performance indicators.
53. A quality assurance visit focussing on safeguarding was conducted by the Authority during Q2. Whilst this identified good safeguarding procedures within the 0-19 service, it also highlighted the need to work more closely with colleagues in primary and secondary care in order to improve communication pathways. This will be monitored as part of ongoing contract management processes

Oral Health Promotion Services (Nottinghamshire Healthcare Trust)

54. Nottinghamshire's specialist Oral Health Promotion Team works to improve oral health within local communities and among vulnerable groups by delivering training for the health, social care and education workforce, a supervised tooth-brushing programme in targeted primary schools (with linked nurseries) and health promotion activities such as the provision of tooth-brushing packs to one year olds.
55. During Q2, oral health promotion training among frontline staff was delivered to 62 staff working in child-related services and 71 in adult-related services (Q2 target of 50 each). The supervised toothbrushing programme was active in 19 primary schools (against a target of 20) and parents of 2,135 children received oral health advice and resources at their child's one year health review (97% of the Q2 one year old child cohort). This represents good performance by the service, which continues to work with energy to develop new ways of promoting oral health widely among the population.
56. The service has also recently reached the finals of the Oral Health Awards 2018 in the 'Best Community Initiative' category for its innovative educational resource, Teeth Tools for Schools. This resource contains lesson plans, information and whole school approaches to motivate local primary schools to embrace oral health and make it integral to the school day. In 2017/18, 94% of primary schools in the county actively utilised this resource (which can be viewed at www.nottinghamoralhealth.com), successfully sharing key oral health messages with local children.

Single Person Supported Accommodation (Framework)

57. The service provides intensive support in short term hostel accommodation (up to 18 weeks) and less intensive support in Move On and Housing First Accommodation (typically for six months, and up to a maximum of 12 months) aimed at enabling the service user to achieve a range of outcomes including self-care, living skills, managing money, motivation and taking responsibility, social networks and relationships, managing tenancy and accommodation, reducing offending and meaningful use of time.
58. The Single Person Supported Accommodation contract was re-tendered in Q2 with Framework Housing Association being awarded the contract for contract commencement on the 22nd of September 2018. The service will continue to provide the opportunity for the assessment of support needs, followed by intensive and targeted housing related support to enable an individual to move towards independent living. Going forward the service will support people to meet their health and social care needs alongside targeted housing related support.
59. Following the procurement of this service, service mobilisation was undertaken in Quarter 2 with new targets which have not all been met albeit it is anticipated the percentage of service users leaving hostel accommodation in a planned way will increase and meet targets in the next six months.

Community Infection Prevention and Control (CCGs)

60. This service provides advice and assistance to prevent the spread of infectious and avoidable diseases. The team has provided initiatives in care homes, GP practices and the acute hospital trusts including hand hygiene training, viral swabbing, advice and assistance. The service continues to meet all of the Authority's key performance indicators.

Academic Resilience (Each Amazing Breath-EAB and Young Minds-YM)

61. Academic resilience providers develop and deliver an evidence-based programme that improves emotional health, wellbeing and resilience of children and young people in 30 Nottinghamshire schools. It is a whole school approach, meaning that school leaders, staff, children and young people are all involved. It includes approaches such as training the trainer and pupils and students as coaches, mentors or teachers. The programmes are sustainable and will enable schools to have the understanding, knowledge, skills and resources to continue independent delivery of the programme thus building resilience for new cohorts of children and young people after the direct contract activity ends. There are currently two provider organisations commissioned to deliver programmes within Nottinghamshire: 'Each Amazing Breath' and 'Young Minds'.
62. Developed by Each Amazing Breath (EAB), 'Take Five' is a Whole School Resilience Building Programme based on breathing, grounding, and awareness that helps children to develop their capacity to handle life's challenges with awareness and confidence, building skills of self-regulation, and managing anger. EAB is currently commissioned by the Authority to deliver the programme in 15 schools across Bassetlaw, Newark and Sherwood, Mansfield and Ashfield.
63. In Broxtowe, Gedling and Rushcliffe, the Authority has commissioned Young Minds to deliver a school based academic resilience programme which uses evidence based approaches to

help schools close the attainment gap. Schools are supported to develop their own practical, integrated whole-school approach to identifying and supporting vulnerable pupils to enable them to achieve their emotional and academic potential.

64. Young Minds supports 15 schools in the three boroughs, including one school for children with special educational needs and disability, Derrymount. During Q1 and Q2 100% of school staff who have taken part in academic resilience training report that they now have an increased understanding of mental health and resilience.

Other Options Considered

65. None

Reason/s for Recommendation/s

66. To ensure performance of Public Health services is scrutinised by the Authority

Statutory and Policy Implications

67. This report has been compiled after consideration of implications in respect of crime and disorder, data protection and information governance finance, human resources, human rights, the NHS Constitution (public health services), the public sector equality duty, safeguarding of children and adults at risk, service users, smarter working, sustainability and the environment 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

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

Public Sector Equality Duty implications

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

Safeguarding of Children and Adults at Risk Implications

70. Safeguarding is a standing item on contract review meeting agendas and providers are expected to report any areas of concern allowing the Authority to ensure children and adults at risk are safe.

Implications for Service Users

71. The management and quality monitoring of contracts are mechanisms by which commissioners secure assurance about the safety and quality of services using the public health grant for service users.

RECOMMENDATION

- 1) For Committee to scrutinise the performance of services commissioned using the public health grant

Jonathan Gribbin
Director of Public Health

For any enquiries about this report please contact:

Nathalie Birkett
Group Manager Contracts and Performance
nathalie.birkett@nottsccl.gov.uk
01159772890

Constitutional Comments [CEH 08.11.2018]

72. The recommendation falls within the delegation to Adult Social Care and Public Health Committee under its terms of reference.

Financial Comments [DG 07.11.2018]

73. The financial implications are contained within paragraph 68 of this report.

Background Papers and Published Documents

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

- 'None'

Electoral Division(s) and Member(s) Affected

- 'All'