

REPORT OF DIRECTOR OF PUBLIC HEALTH

PUBLIC HEALTH PERFORMANCE AND QUALITY REPORT FOR CONTRACTS FUNDED WITH RING-FENCED PUBLIC HEALTH GRANT

QUARTER 2 of 2016/17

Purpose of the Report

1. This report provides an update on performance for the Public Health Committee in respect of contracts that are commissioned directly by Public Health (PH) and services that are either in whole or in part funded with ring-fenced PH grant, for the period July to September 2016.

Background

2. The Authority has a duty under the Health and Social Care Act 2012 to take appropriate steps to improve the health and wellbeing of the local population.
3. The NHS Act 2006 and Part 2 of the Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013 (SI 2013/351) provides for certain mandatory functions to be provided by the Authority, including:
 - **Regulation 3** requires local authorities to provide for the weighing and measuring of certain children in their area (including age and school type).
 - **Regulations 4 and 5** relate to the duties of local authorities to provide or make arrangements to provide for health checks for eligible people.
 - **Regulation 6** requires local authorities to secure open access sexual health services in its area.
 - **Regulation 8** imposes a duty on local authorities to provide information and advice to certain persons and bodies with a view to promoting health protection arrangements.
4. The PH contract and performance team robustly reviews and monitors performance and quality data received from the providers of services commissioned directly by PH.

5. PH grant is used to fund services commissioned by other teams and departments of the Authority.
6. Whilst the PH contract and performance team do not directly contract manage the services commissioned by other teams, we have endeavoured to engage with the commissioners and providers to ensure PH grant is spent on PH outcomes and in accordance with the grant conditions and guidance that governs the use of the PH grant.

Information and Advice

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 Quarter 2 (July to September 2016) against key performance indicators related to public health priorities, outcomes and actions within:
 - i) the Public Health Service Plan 2016-2017;
 - ii) the Health and Wellbeing Strategy for Nottinghamshire 2014-17; and
 - iii) the Authority's priorities following the adoption of the Strategic Plan 2014-18.
8. A summary of the performance measures is set out at **Appendix A**.

Key Issues in Performance in Quarter 2 of 2016-17

9. Quarter 2 generally sees a slowing down of activity across services as potential service users are not available to take up services during the summer months. This is especially acute in those services aimed at children and young people and based around academic settings.
10. The majority of our contracts are on track and performing well. For those contracts where performance against plan is an issue or actual performance is not fully explained by the numbers, more detail is provided below.
11. The tobacco control and smoking cessation provider is not performing to plan. There was an expectation that it would take time for a new provider to embed services and therefore low numbers in the first two quarters were to be expected. However, the numbers are lower than anticipated which means it will be very difficult for the provider to get back on track even though performance generally improves in the last two quarters of a contract year because of Stoptober and New Year resolutions. The Public Health team are working closely with the provider to maximise performance in the second half of the year.
12. The Obesity Prevention and Weight Management provider is performing to plan in a number of key areas. However, whilst the numbers are improving for the children's and maternity

services and in post-bariatric reviews, the numbers are still below target. Action plans have been provided to address these issues and the public health team will continue to robustly monitor this.

13. The numbers of adults supported in the Domestic Abuse service has dropped in this second quarter report. However, the report does not explain that Quarter 2 heralds the end of the first year for this contract. Over the contract year the providers have exceeded annual targets. In the north of the county the provider performed at 103%, and in the south the provider performed at 105%.
14. The number of interventions are reported as down in the social exclusion contract. However, the provider has stated that demand is higher now than at any time previously. A new client monitoring system has been put in place since the last quarter and therefore data may not yet be accurate. The PH team will closely monitor this.
15. The correct services and pathways have yet to be agreed with the provider of the Young Peoples substance misuse services. The performance indicators may change as a result and therefore performance monitoring information is not available as yet. However, service user feedback has been provided which is positive, with the service being well received by the young people and their carers.

Statutory and Policy Implications

16. 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, the 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

17. 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

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

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

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

RECOMMENDATION

The recommendations are:

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

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For any enquiries about this report please contact:
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Constitutional Comments

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

Financial Comments

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

Background Papers and Published Documents

None

Electoral Division(s) and Member(s) Affected
All