

**11 December 2017****Agenda Item: 6**

## **REPORT OF DIRECTOR OF PUBLIC HEALTH**

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

**QUARTER 2, 2017/18**

#### **Purpose of the Report**

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

#### **Background**

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 about the commissioning of certain mandatory services to residents<sup>[1]</sup>, the provision of specialist advice to the local NHS, and of health protection advice to organisations across the local system.
3. In discharging these duties, the authority 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 our residents.
5. Working with public health colleagues, the Public Health Contract & Performance Team manages the performance of providers to ensure the Authority and the residents of Nottinghamshire are receiving valuable outcomes and value for money across the lifetime of the contract term for each individual service.

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<sup>[1]</sup> 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

6. Contract management is undertaken in a variety of ways including quarterly contract review meetings, regular quality assurance visits to the service and ongoing communication.
7. The intended result is that commissioned services are kept under a tight rein and as far as possible outcomes, value for money, quality and good supplier relationships are maintained.

## Information and Advice

8. 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 2017) 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 2014-17; and
  - iii) the Authority's Commitments 2017-21.
9. A summary of the performance measures is set out on the first tab of **Appendix A**.

## Key Issues in Performance in Quarter 2 of 2017-18

10. Appendix A provides the detail regarding provider performance as well as a description of each of the services and examples of the return on investment achievable from commissioning public health services. For those contracts where performance against plan is an issue or actual performance is not fully explained in Appendix A, more detail is provided below.
11. Eligible patients are offered a health check to help prevent certain life threatening illnesses. GPs send out letters inviting eligible patients to attend for a health check. Patients can choose whether or not to attend. The number of health checks offered has risen in the second quarter by approximately 4000 and the numbers are over 2000 more than this time last year. If this level of performance continues, almost 75% of eligible Nottinghamshire residents will have been offered health checks and almost 50% will have received a health check. Whilst below the nationally set targets, this performance will put Nottinghamshire above the national average.
12. A good sexual health service is important in promoting general physical, mental and social well-being of the population. The three sexual health providers provide a countywide, open and equitable service to all Nottinghamshire residents. The integrated service is attracting more service users although not all will either want or require a HIV or chlamydia test. However, as part of a collective approach to address the low testing rate of chlamydia in 16-24 year olds across the county, from November 2017 an on-line chlamydia testing service for 16 -24 year olds is being promoted. The online provision 'freetestme' ([www.freetest.me/landing/nottinghamshire](http://www.freetest.me/landing/nottinghamshire)) is available to 16 -24 year olds. As part of the online service, SmartKits (chlamydia testing kits) are also available at youth centres. The plan is to review the uptake of the online service in March 2018 and provide access to SmartKits at community pharmacists that are C-Card registration sites and other locations around the County. The Authority's young people's officer with a lead

for the C-Card Scheme is assisting in the promotion of the 'freetestme' online service and the distribution of the SmartKits. This is in addition to the offer of a test by the Integrated Sexual Health Services and a new provision within the Healthy Families Programme, who are commissioned to provide sexual health promotion, pregnancy testing and chlamydia testing in the teenage hot spot areas across the county. Due to the young people's officer being tasked with the distribution of the on-line chlamydia kits, the targets for C Card registration are to be reviewed.

13. Smoking is one of the primary causes of preventable illness and death and whilst the prevalence of smoking in Nottinghamshire is equal to the national average of 18.4% it is important to continue the downward trend in prevalence. The tobacco control and smoking cessation service provides clinics and outreach services to reach as many smokers who are either resident or registered with a GP in Nottinghamshire, as possible as well as receiving referrals from other stakeholders including GPs, pharmacists, and midwives. The provider continues to underperform to the targets set by Public Health however an added complication is that due to the way quits are counted, the latest figures do not include the September quitters. It is acknowledged that the first two quarters in any year will be slow for smoking cessation and the provider has a robust action plan, requested by Public Health, to address the underperformance moving forward.
14. Being overweight or obese can lead to the onset of preventable long term illness. The Obesity Prevention and Weight Management service (OPWM) has a countywide presence and is over target in the numbers of adults supported to lose weight. Delivery to target is dependent on third parties for both the maternity and children's where the provider is not performing to plan. The provider has submitted a further action plan to address the lack of engagement from midwives and paediatricians. The provider has also made great inroads into schools.

### **Statutory and Policy Implications**

15. 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**

16. 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**

17. 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**

18. The performance and management and quality monitoring and reporting of contracts are mechanisms by which commissioners secure assurance about the safety and quality of services using the public health grant.

## **RECOMMENDATION**

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

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## **Constitutional Comments**

19. No Constitutional Comments are required.

## **Financial Comments**

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

## **Background Papers and Published Documents**

Public Health Outcomes Framework 2016-19 at a glance.

## **Electoral Division(s) and Member(s) Affected**

All