



REPORT OF THE ASSOCIATE DIRECTOR OF PUBLIC HEALTH

PUBLIC HEALTH CONTRACT PERFORMANCE AND QUALITY MANAGEMENT

Purpose of the Report

1. This report provides information on the arrangements for the Performance and Quality Management of Public Health Contracts. It asks the Public Health Subcommittee to review and consider the Quality and Risk Management Policy to Support Health Contracts and the information provided in Public Health Contract Performance and Quality Management

National and local context

2. As a result of the Health and Social Care Act 2012 (H&SCA 2012) and the new duty of upper tier and unitary local authorities to take steps to improve the health of their populations, Nottinghamshire County Council has taken forwards a range of health services, supported by a ring fenced budget for public health.
3. The new responsibility includes the commissioning of services to deliver the five priority Public Health functions and Public Health functions guided by the Public Health Outcomes Framework (PHOF), the local Joint Strategic Needs Assessment (JSNA), the Health and Wellbeing Strategy and the Local Outcomes Framework (LOF) (**refer to Appendix 1**).
4. The practicalities of implementing this new responsibility included the transition of existing health contracts that extended beyond 01 April 2013, which were transferred to Local Authorities under a transfer scheme (H&SCA 2012 section 300-302 and schedule 22 and 23). The transfer scheme transferred the contract obligations and liabilities from the current commissioning arrangements to local authorities as outlined in the transition powers of the H&SCA 2012.
5. Associated with this responsibility, Nottinghamshire County Council has three types of contracts; Associate Contracts where Nottinghamshire County Council is an associate commissioner, contracts transacted through the Public Health Services Contract (developed by the Department of Health, in partnership with local government and public health professionals) and a local abridged contract for the provision of Public Health Services with a financial value under £100,000.

6. Reflective of the promises and commitments outlined in the Nottinghamshire County Council Strategic Plan 2010 -2014, a cornerstone to the assurance process for commissioned health services is the assurance of quality, patient safety and positive patient experience.
7. The focus on quality, patient safety and patient experience is underpinned by the recommendations of the Francis Report (2013). The Francis report is the result of a public inquiry into the role of commissioning, supervisory and regulatory bodies in the monitoring of Mid Staffordshire Foundation NHS Trust between January 2005 and March 2009. It follows on from two previous inquiries into events at the Trust which uncovered a lack of basic care in many of its wards and departments. In response to the report, Health Secretary Jeremy Hunt committed to ensuring that the quality of patient care will be put at the heart of the NHS in an overhaul of the health and care system. The response by the health secretary is accompanied by a statement of common purpose signed by the chairs of key organisations across the health and care system.
8. Nottinghamshire County Council will be working in partnership with the local NHS England Area Teams to implement the Francis Report (2013) recommendations, with a particular focus on the recommendations for commissioners which form part of the 290 recommendations.
9. To support delivery of commissioning functions for health contracts a Quality and Risk Management Policy to Support Health Contracts is shared (Appendix 2) and an outline model of Performance and Quality Reports for Health Contracts (Appendix 3). The performance management of health contracts will reflect the process to be outlined in the Nottinghamshire County Council Strategic Management Framework supported by a Performance Management protocol. The strategic framework and protocol will set out key principles to support robust performance monitoring, quality standards and quality assurance measures (including patient safety) to ensure that Nottinghamshire County Council as commissioner of health services is assured that services are:
 - a. fit for purpose
 - b. of a high quality
 - c. demonstrate the application of systems and processes that maintain patient safety
 - d. deliver measurable health outcomes (health enhancement/improvement) reflective of the PHOF, LOF, JSNA and Health and Wellbeing Strategy
 - e. capture service user evaluation and feedback, and
 - f. reflect value for money
10. **The Quality and Risk Management Policy to Support Health Contracts**, is aligned to the Nottinghamshire County Council Corporate Risk Management Strategy and an appendix to the draft Public Health Governance Framework (06.09.2012) and has been developed to set out robust and responsive quality and risk management processes to ensure that quality standards and service user / patient safety are continually improved.
11. The policy endorses the proactive anticipation and appropriate management of risks, through clear risk reduction measures. The policy sets out the process for Serious Incident Reporting using the National Reporting and Learning System, Care Quality Commission Serious Incident Investigation and the responsibilities of the Public Health Department in the investigation and management of Serious Incidents and Complaints. The policy outlines the relationships with NHS England Area Teams, Healthwatch, Scrutiny Panels, the management of formal and informal enquires, including enquiries from members of

parliament to support effective system wide management of quality and patient safety (**refer to Appendix 2**).

12. It is envisaged that there will be the opportunity to bring some alignment of Serious Incident investigation processes for health contracts through joint working with Adult Health Social Care and Public Protection (AHSC&PP) as part of the review the AHSC &PP Risk Escalation Policy. The PHSC is asked to endorse the Quality and Risk Management Policy to Support Health Contracts and recommend it for approval to the Policy Committee.

Outline Model of Performance and Quality Reports for Health Contracts

13. A template for the Quality and Performance reports will capture performance and quality information obtained from providers in monthly, quarterly, six monthly and annual health contract returns. A summary report will be provided to the Public Health Senior Management Team (PH SMT) and the Public Health Sub Committee (PH SC) on a quarterly basis (**refer to Appendix 3**) .
14. The report will include a summary of High Impact (Red Risks) from Public Health Register, Serious Incidents, complaints and Freedom of Information requests relating to Health contracts. Table 1, below provides a timetable for Performance and Quality Reports.

Table 1 Timetable for Quality and Performance Reports

Data Reporting Period	PH SMT	PH SC
Summary of 2012-13	28.08.2013	12.09.2013
Quarter 1 2013-14	28.08.2013	12.09.2013
Quarter 2 2013-14	18.11.2013	09.01.2014
Quarter 3 2013-14	Feb 2014 date TBC	06.03.2014
Quarter 4 2013-14	April 2014 date TBC	08.05.2014

Statutory and Policy Implications

15. This report has been compiled after consideration of implications in respect of finance, equal opportunities, 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.

RECOMMENDATION/S

1. The Public Health Sub-Committee is asked to endorse the Quality and Risk Management Policy to Support Health Contracts and recommend it for approval by the Policy Committee.
2. The Public Health Sub-Committee is asked to note the information provided in Public Health Contract Performance and Quality Management and to provide feedback in relation to the format of the proposed report.

Cathy Quinn,
Associate Director of Public Health

For any enquiries about this report please contact: Cathy Quinn, Associate Director of Public Health

16. Constitutional Comments (SLB 24/05/2013)

The Public Health Sub-Committee is the appropriate body to consider the content of this report

17. Financial Comments (ZKM 28.05.2013)

There are no financial implications arising directly from this report.

Background Papers

Draft Public Health Governance Framework September 2012

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 Division(s) and Member(s) Affected

All

List of Appendices

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| Appendix 1 | Public Health Priority and Public Health Functions |
| Appendix 2 | Quality and Risk Management Policy to Support Health Contracts |
| Appendix 3 | Outline model of Performance and Quality Reports for health contracts with sample data for the Priority Public Health Functions |

Appendix 1

Public Health Priority and Public Health Functions		
Functions	Lead Consultant	Lead Public Health Manager
Public Health Priority Functions		
1. The National Child Measurement Programme	Barbara Brady	Anne Pridgeon
2. NHS Health Check assessments	John Tomlinson	Jenny Charles-Jones
3. Comprehensive sexual health services (including testing and treatment for sexually transmitted infections, contraception outside of the GP contract and sexual health promotion and disease prevention)	Penny Spring	Tracy Burton
4. The local authority role in dealing with health protection incidents, outbreaks and emergencies	Jonathan Gribbin	
5. Public Health advice to Clinical Commissioning Groups (CCGs) via Memorandum of Understanding		
Public Health Functions		
6. Accidental injury prevention	Penny Spring	
7. Alcohol and drug misuse services	Barbara Brady	Tammy Coles
8. Public health services for children and young people aged 5-19 (including Healthy Child Programme 5-19) (and in the longer term all public health services for children and young people)	Kate Allen	Irene Kakoullis
9. Public health aspects of promotion of community safety, violence prevention and response	Barbara Brady	
10. Dental public health services (prevention/health promotion elements only)	Barbara Brady	Anne Pridgeon
11. Supporting, reviewing and challenging delivery of key public health funded and NHS delivered services such as immunisation and screening programmes	Kate Allen Penny Spring	
12. Infection Prevention and Control	Jonathan Gribbin	Sally Bird

Public Health Priority and Public Health Functions		
Functions	Lead Consultant	Lead Public Health Manager
13. Public mental health services	Barbara Brady	Anne Pridgeon
14. Locally-led nutrition initiatives	Barbara Brady	Anne Pridgeon
15. Increasing levels of physical activity in the local population	Barbara Brady	Anne Pridgeon
16. Behavioural and lifestyle campaigns to prevent cancer and long-term conditions	John Tomlinson – LTC Mary Corcoran - cancer	Jenny Charles-Jones Sue Coleman
17. Population level interventions to reduce and prevent birth defects	Kate Allen	
18. Local initiatives to reduce excess deaths as a result of seasonal mortality	Mary Corcoran	Nikki Hughes
19. Public health aspects of local initiatives to tackle social exclusion	Barbara Brady	
20. Tobacco control and smoking cessation services	John Tomlinson	Lindsay Price
21. Interventions to tackle obesity such as community lifestyle and weight management services	Barbara Brady	Anne Pridgeon
22. Local initiatives on workplace health	Penny Spring	Helen Houghton

Appendix 2

Quality and Risk Management Policy to Support Health Contracts

Refer separate attachment

Appendix 3

Outline model of Performance and Quality Reports for health contracts including sample data for the Public Health Priority Functions

Refer to separate attachment