

**REPORT OF DIRECTOR OF PUBLIC HEALTH****PUBLIC HEALTH PERFORMANCE AND QUALITY REPORT FOR  
CONTRACTS FUNDED WITH RING-FENCED PUBLIC HEALTH GRANT  
SEPTEMBER TO DECEMBER 2017****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<sup>[1]</sup>, 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 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.
6. Contract management is undertaken in a variety of ways including regular contract review meetings, quality assurance visits to the service and ongoing communication.

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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

7. The intended results are that we achieve positive outcomes, value for money, quality services and good supplier relationships.
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 September to December 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 2017-21; and
  - iii) the Authority's Commitments 2017-21.
9. A summary of the performance measures is set out on the first page of **Appendix A**. Key performance indicators for activity are rated green where performance is at 80% or greater of the target. Performance measures for quality standards are rated green where the standard has been met or exceeded.
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. The majority of Public Health commissioned services are on track and the providers together with the Authority are meeting the key performance indicators and outcomes set. For those contracts where performance against plan is below target or actual performance is not fully explained in Appendix A, more detail is provided below:

## **Healthchecks**

11. The number of eligible patients being offered and receiving Health Checks is slightly lower than this time last year, but uptake has remained steady through 2017/18.
12. GP practices in Nottinghamshire have been incentivised to target patients with a higher risk of cardiovascular disease in order to identify and treat those most likely to have a stroke, coronary heart disease or heart failure. In addition, work has been undertaken by the Public Health Team to ensure that the Health Checks that practices undertake are fully compliant with Public Health England national guidance

## **Sexual Health- HIV testing**

13. Nottingham University Hospital Trust and Doncaster and Bassetlaw Hospital Trust are meeting their targets for HIV testing. Sherwood Forest Hospital Foundation Trust is not on target to meet the quality standard of 60% of new service users accepting a HIV test by the end of the year. The provider is working on this, however, a lot of new service users do not want or feel they require a HIV test. All partners of service users who are HIV positive are notified and these discussions and outcomes for HIV remain excellent at 100%.

## **Sexual Health- Chlamydia testing**

14. Whilst the quality standard of 75% of service users accepting a chlamydia test has not been met for 16-24 year olds, more service users have accepted a test than last year.
15. There is a national move to reduce the 75% quality standard. The national chlamydia screening programme is also being reviewed and the Authority is awaiting the national integrated sexual health service specification.
16. Public health is advocating more targeted testing of service users considered to be at higher risk and opportunistic testing. Our providers promote testing, but people can refuse.
17. There have been a number of positive improvements in service outcomes, despite the quality standard not having been achieved. This reflects a more effective and targeted approach to chlamydia testing. There has been an increase in numbers tested, as well as an increase in the proportion of those tested whose result is positive for chlamydia (the positivity rate). Our providers are on track to deliver an increase in the detection rate to somewhere near the east midlands average by the end of the year.

## **Smoking Cessation**

18. As reported previously, the Smoking Cessation service is not delivering on supporting the health outcome for the population in the county as not enough service users are being attracted into the service. The provider is however, sustaining the Authority's contract out of their own funds as the payment they receive from the Authority is not enough to sustain the workforce and resources required to provide the service.
19. The public health team has gone back to basics with the provider and is investing intensive support to ensure the numbers of quitters increases including more specific targeting at the identified groups in the contract (routine and manual workers/pregnant women).
20. A new outreach team structure aims to improve service delivery by going out to target smokers in the community.
21. Furthermore, resources are being moved to 'in-reach' teams targeting the hospital population. The provider will be working closely with the secondary care trusts.
22. The provider continues to achieve good outcomes for those service users in the service who stop smoking with 87% of those accessing the service achieving a quit at four weeks in quarter three with a cumulative proportion of 59% achieving a quit at four weeks across the year so far.

## **Obesity Prevention and Weight Management**

23. The service is currently on track to achieve 12 month weight management outcome targets.
24. The Provider of OPWM has had a change of management which has been very positive and improved working with the County Council. The Provider is delivering a wide range of targeted

obesity prevention activities with groups including new parents, school children, older people and vulnerable adults. With regard to weight management the service is achieving well on adult participants with additional choice provided to clients to access local Slimming World or Weight Watchers groups.

25. Whilst the figures remain poor for both maternity and children, the public health team and provider have plans in place to ensure outcomes improve.
26. Members will receive a full report in May in respect of the OPWM service.

## **0-19**

27. The reported KPIs for this service have changed to reflect more meaningful work done by the provider. A shortage of staff is causing the underperformance, including staff on maternity leave, sick leave and a failure to recruit as the Trust was only advertising fixed short term appointments. A recruitment drive for permanent staff is to be launched aimed to be completed by September.
28. In areas of the county where there is close to full staffing, the outcomes are very good, therefore, once there are enough staff, performance should increase and meet the KPIs.

## **Illicit Tobacco**

29. Public Health have a service level agreement with Trading Standards and fund both a police officer and an officer. In October 2017, following intelligence received, Trading Standards Officers from the Illicit Tobacco Team attended a premise within the county which Nottinghamshire Police had secured. Inside the premise tobacco manufacturing was taking place and 3 tonnes of tobacco leaf, with a street value of £1.2 million was seized. Trading Standards Officers continue to investigate the matter.

## **Academic Resilience**

30. Academic resilience is a jointly commissioned programme across the county which is not captured in Appendix A. Each Amazing Breath are providers in the north of the county and Young Minds in the south. They provide quite different programmes but both aim to help children improve wellbeing and become more resilient.
31. Each Amazing Breath has recently launched: A '*Celebration in Film of Children Growing Stronger and More Resilient at Misterton Primary and Nursery School, Nottinghamshire*' <http://www.eachamazingbreath.org/portfolio/report/misterton-2017> . The report celebrates the integrated partnership working across Nottinghamshire and how, together, 46 schools in the north of the county have been facilitated to bring *Take Five at School* alive. By Easter 2018, over 8000 children in North and West Nottinghamshire will have a daily resilience building practice, and over 500 children will be trained to lead their peers in practices to help build their sense of resilience and capacity. [Please click the following link to view the new 4-minute film of the children sharing their insights <https://vimeo.com/248344492>]

## **Statutory and Policy Implications**

32. 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**

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

## **Implications in relation to the NHS Constitution**

### **Public Sector Equality Duty implications**

34. 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**

35. 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**

36. 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/S**

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

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**For any enquiries about this report please contact:**

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**Constitutional Comments**

37.No Constitutional comments are required

**Financial Comments**

38. No Financial comments are required

**HR Comments**

39.No HR Comments are required

**Background Papers and Published Documents**

- 'None'

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

- 'All'