

REPORT OF INTERIM DIRECTOR OF PUBLIC HEALTH

QUALITY ASSURANCE AND IMPROVEMENT ARRANGEMENTS FOR PUBLIC HEALTH COMMISSIONED SERVICES

Purpose of the Report

1. To provide information about arrangements to support Clinical Quality Assurance (QA) and Quality Improvement for Public Health Commissioned Services, in accordance with established good practice.
2. To summarise the systems and processes that provide assurance of the clinical quality and safety of Public Health Commissioned Services to protect the public who access these services.

Information and Advice

National and local context

3. Nottinghamshire County Council commissions a range of Public Health (PH) services as part of its duty as an upper tier authority to improve and protect the health of the population (Health and Social Care Act 2012ⁱ). The commissioning priorities for these services are informed and guided by the Health and Wellbeing Strategy, the Public Health Outcomes Framework (PHOF), national policy and guidance; the local Joint Strategic Needs Assessment (JSNA) and feedback from engagement and consultation with key stakeholders.
4. There is a requirement to ensure that the services we commission have synergy and alignment with services commissioned and delivered by other health and care commissioning organisations and providers. For example, NHS England and local Clinical Commissioning Groups - CCGs (as commissioners) and a range of services delivered by a mixed economy of health and care providers (NHS and non-NHS providers of varying organisational size, capacity and maturity).
5. Careful consideration as to the interdependencies of health and care organisations is essential to support a positive service user (SU) journey. Appendix 1 sets out the complexity and interdependencies of the current health and care system.
6. It is important to stress that PH services have a clinical dimension which require tailored and evidence based clinical governance systems and processes. PH services are often targeted and accessed by the most vulnerable people in our communities. To support a positive SU

journey, it is essential that clinical pathways are aligned across services irrespective of commissioner or provider. With effective collaboration and co-operation between commissioning and provider organisations to ensure the clinical quality and safety of services commissioned.

7. It is essential that the council ensures that the PH services commissioned deliver high quality, evidenced-based, safe, effective and accessible services that promote health improvement and a positive SU experience, while also reflecting value for money.
8. The assurance of clinical quality is a cornerstone of the commissioning process, framed around the three dimensions of quality:
 - I. Clinical effectiveness
 - II. Service User Safety
 - III. Service User experience
9. The focus on clinical effectiveness, safety and experience aims to foster a culture of quality improvement that is underpinned by best practice and the recommendations of the Francis Report (2013)ⁱⁱ. The NHS Constitutionⁱⁱⁱ also sets out the council's duty to have regard to the NHS Constitution when commissioning or providing public health services. The NHS Constitution sets out fundamental principles, values, rights, responsibilities and pledges to support a positive SU experience.

Systems and processes to support Quality Assurance and Improvement

10. To support the PH Division's responsibility for ensuring the QA and improvement of PH commissioned services, a PH Clinical Governance Panel meets monthly. The panel provides an assurance mechanism to support the Council in discharging its statutory responsibilities to improve and protect the health of the population, which includes the commissioning of PH services. The panel works to ensure that the standards and principles of clinical effectiveness, safety and experience are applied to the services commissioned. The Terms of Reference for the panel are provided in Appendix 2, and are subject to some minor revisions pending the completion of restructuring and reassignment of roles within the division.
11. A Quality and Risk Management Protocol sets out key principles to support robust QA and improvement measures. This includes the management of complaints and Serious Incidents (SIs), applying best practice from national guidance.
12. QA requires collaborative working with Directors of Quality and colleagues within NHSE and local CCGs, and we recognise the value of engagement and feedback from Healthwatch and Health Scrutiny Panels. For example feedback from Healthwatch and the Health Scrutiny Panel provided important insight during the consultation phase during the procurement process for the Integrated Sexual Health Service. The benefits of engaging with commissioners across a health and care economy are well researched and supports system-wide intelligence about quality and enables the sharing of best practice to support quality improvement.
13. To support the QA of Locally Commissioned PH Services (LCPHS) commissioned from General Practice (services include NHS Health checks and Long Acting Reversible Contraception LARC - IUCD and Implants), the PH Division is developing a QA Framework for GP Commissioned services. This will include information and intelligence from contract

and performance management, engagement with primary care commissioning colleagues in NHSE and local CCGs and information from Care Quality Commission GP Quality Ratings.

How are we assured of the quality of services commissioned?

14. A number of systems and processes provide the assurance of quality and support providers to drive forward quality improvement.

Robust procurement process

15. A robust procurement process is essential to ensure the quality and safety of PH commissioned services. A Project Initiation Document (PID) underpins the procurement process, with delivery supported by effective project management and professional advice and services from within the council (for example, Public Health, Legal Services, Procurement Team, Corporate Communications and Finance). Oversight of the PH procurement process, including the authority to act and agreement following the competitive tender evaluation process to make the contract award, is secured from the Public Health Committee.

16. Other key quality and governance processes within the procurement process include formal consultation and engagement with key stakeholders; 'soft market testing'; the development of evidenced based service specifications and performance and quality schedules that are reviewed by clinical experts within the field; the development of rigorous quality and financial evaluation criteria. Following contract award, clinical governance and QA is applied through a robust mobilisation process.

17. The PH Division has developed a Procurement Guide that sets out the process this resource has been designed following the review of procurement processes undertaken within the division since 2013.

Contract Management including monitoring of Performance and Quality

18. QA and improvement is a fundamental theme that runs through the terms and conditions of the PH Contract and within the contract schedules. For example:

- QA is supported by the requirement for healthcare providers to hold current and appropriate registration with relevant regulatory bodies (Care Quality Commission CQC)
- Regular Contract Quality Review Meetings are a standard requirement within PH contracts this includes the sharing of specified performance and quality reports (as set out in the contract schedules)
- Providers are required to demonstrate equity of access and where indicated the targeting of services to specific groups
- Providers are required to demonstrate their responsibilities to ensure that adverse events are detected and openly investigated and lessons learnt are promptly applied (Serious Incident Reporting process)
- The recruitment of a workforce that is fit for purpose ensuring the workforce holds current, service specific, nationally agreed qualifications, clinical competencies and standards
- Providers are required to demonstrate that their staff have access to appropriate mandatory and role specific training and development (for example safeguarding, CSE,

Information Governance, Health and Safety) and where appropriate have access to regular clinical and safeguarding supervision

- Providers are required to demonstrate how they meet the Equality Duty (2010)^{iv}, Information Governance and information sharing requirements^v
- Contract and schedules set out clear requirements and expectations of provider arrangements for Clinical Governance (including safeguarding), Board reporting processes, research and audit plans

19. Other arrangements for increasing our understanding, knowledge and intelligence of providers include:

- Collaboration with local and national commissioners to share quality and governance related intelligence, risk and insight about providers (supported by attendance at the Quality Scrutiny Group facilitated by NHSE)
- Engagement and feedback with local commissioners (for example CCGs), this is of particular importance when local CCGs are also commissioning services from the same provider
- Active participation through attendance at NHS provider Quality Scrutiny Panels
- Ensure that the specified Quality Standards provide meaningful intelligence, including information about provider workforce, training and competencies, staff well-being, rates of sickness and absence, vacancies and staff turnover
- Quality Assurance visits included within the contract for the main service providers (Appendix 3 provides the documentation to support QA Visits)
- The implementation of best practice (for example from NICE Guidance, national guidance)

20. Intelligence and understanding about the quality of PH services gained through engagement with SUs and the public

- SU feedback shared by providers (this is a quality standard in contract schedules – SU feedback, compliments, complaints, management and reporting of SIs)
- PH team to develop a planned approach to enable engagement with SUs throughout the life of the contract and to inform future procurement plans
- Capture feedback from the public through PH engagement events, broader LA and CCG events and engagement with Healthwatch

Reasons for Recommendation

21. The PH Committee is aware of the specific systems and processes applied to support QA and safety of PH commissioned services and is mindful of:

- the clinical nature of these services and associated risks, in addition to the vulnerability of people accessing the services
- the interdependencies of health and care organisations and the need for collaborative and joint working to support an effective, safe joined up SU journey

Statutory and Policy Implications

22. 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, 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

23. The resource associated with managing QA is met within the PH Grant.

RECOMMENDATION

That the committee

1. Note the arrangements that support QA and improvement of PH commissioned services

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Constitutional Comments (CEH 24/06/16)

24. The report is for noting purposes only

Financial Comments (KAS 30/6/16))

25. The financial implications are contained within paragraph 23 of the 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.

Quality and Risk Protocol to support Public Health Commissioned Services (refreshed June 2016, internal document PH Division)

The Mid Staffordshire NHS Foundation Trust Public Enquiry. Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry. Chaired by Robert Francis QC. 2013. London Stationary Office. <http://webarchive.nationalarchives.gov.uk/20150407084003/http://www.midstaffpublicinquiry.com/report>

Public Health Supplement to the NHS Constitution - for local authorities and PH England. 2013. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/473475/NHS_Constitution-PublicHealthSupp.pdf

The Equality Act 2010. Equality Act Guidance. 2010. <https://www.gov.uk/guidance/equality-act-2010-guidance>

The Health and Social Care (Safety and Quality) Act 2015.
http://www.legislation.gov.uk/ukpga/2015/28/pdfs/ukpga_20150028_en.pdf

Electoral Division(s) and Member(s) Affected

All