



REPORT OF DIRECTOR OF PUBLIC HEALTH

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

QUARTER 3 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 October to December 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. The majority of Public Health commissioned services 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.
10. Health check numbers are down which could be a reflection of the failure of some practices uploading their data on time albeit there is an acknowledgement that figures are falling as GPs are increasingly stretched. Those GP practices that appear to have lower or decreasing numbers are being targeted to ascertain how uptake can be improved.
11. The tobacco control and smoking cessation provider is still not performing to plan. Whilst there was an expectation that performance would improve in the third quarter due to national campaigns such as Stoptober, this has not translated into smoking quitters. The Public Health team are working closely with the provider to maximise performance however, it is unlikely the annual target will be met. The provider is keen to ensure that numbers of smoking quitters improve as this is a pbr contract.
12. The Obesity Prevention and Weight Management provider is performing to plan in a number of key areas and overall is exceeding target. 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 number of people attending training courses provided by the Healthy Housing service has fallen in the County. This is being addressed in the final quarter with the provider focusing their efforts to scheduling training sessions in Broxtowe, Gedling and Rushcliffe and ensuring more accurate information is received from venues as to numbers of attendees.
14. The number of illicit cigarettes seized has reduced in the last quarter. This was expected due to time being taken up by prosecutions which means officers are not available to organise raids. Performance has exceeded targets previously as individual shopkeepers have been caught and are now being successfully prosecuted. The landscape is changing however, with more organised crime being involved. Robust discussions will have to take place to agree how this service evolves.
15. The numbers of people moving on in a planned way in the Supporting People: Homelessness Support service is underperforming due in part to circumstances out of the provider's control as there is not the accommodation available for service users to be moving on to. As one of the contracts not commissioned and managed by public health, further discussions are planned to provide assurance that best value for money is being attained.

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

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/S

The recommendations are:

- 1) That the Public Health Committee receives the report and notes the performance and quality information provided together with the mitigating and monitoring actions of Public Health officers.

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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