

**7 October 2019****Agenda Item: 4****REPORT OF THE DIRECTOR OF PUBLIC HEALTH****PUBLIC HEALTH PERFORMANCE AND QUALITY REPORT FOR  
CONTRACTS FUNDED WITH RING-FENCED PUBLIC HEALTH GRANT 1  
APRIL 2019 TO 30 JUNE 2019****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 Council 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 residents.
5. Working with colleagues, the Public Health Contract and Performance Team manages the performance of providers to ensure the Authority and the residents of Nottinghamshire are receiving good outcomes, quality services and value for money.
6. Contract management is undertaken in a variety of ways including regular contract review meetings, quality assurance visits to the service and ongoing communication.
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 April to June 2019 against key performance indicators related to Public Health priorities, outcomes and actions within:

---

<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

- a). the Public Health Service Plan 2018-2019;
- b). the Health and Wellbeing Strategy for Nottinghamshire 2017-21; and
- c). the Authority's Commitments 2017-21.

- 8. A summary of the key performance measures is set out on the first page of **Appendix A**. Where performance is at 80% or greater of the target or meets the standard, it is rated green.
- 9. Appendix A also provides a description of each of the services and examples of the return on investment achievable from commissioning public health services. Furthermore, it provides a break down of some commissioned services at District level.

### **NHS Health Checks (GPs)**

- 10. The NHS Health Check Programme has met its targets for the first quarter. GPs identified and started treatment for 213 people at high risk, who were likely to have experienced a heart attack or stroke if they had not been detected early through the service. This is in addition to offering advice, sign-posting and treatment to all those who had a health check, a total of 5,798 people.
- 11. During this quarter, 10,274 people in total were invited to attend a health check, which is the highest number since quarter two of 2014/15. The proportion of people taking up their invitation was 56.4%, better than last year's national average of 45.9%.
- 12. The aim of this programme is to help prevent heart disease, diabetes, stroke, kidney disease and certain types of preventable dementia by offering a check once every five years to everyone between the ages of 40 and 74 who has not already been diagnosed with one of these conditions. The Government recently announced its intention to review NHS Health Checks to explore new intelligent, predictive checks, taking age, risk factors and lifestyle into account.

### **Integrated Sexual Health Services (ISHS) (Nottingham University Hospitals (NUH), Sherwood Forest Hospital Foundation Trust (SFHFT) and Doncaster and Bassetlaw Hospitals (DBH)**

- 13. The ISHS provides a testing and treatment service for sexually transmitted infections (STIs) and contraception. High demand for the ISHS continues to arise with similar numbers of people accessing the service in this quarter one as in the previous year.

### **60% of new users accepting HIV test**

- 14. Following work to resolve a data reporting issue last year for this measure all three ISHS providers exceed the 60% target for the percentage of new service users accepting a HIV test.

### **75% of 15-24 year olds accepting a chlamydia test.**

15. Chlamydia is one of the most common STIs and although often symptomless it can cause long-term health problems including infertility if left untreated.
16. SFHFT and DBH have exceeded the quality standard of 75% of 15-24 year olds in contact with the service accepting a chlamydia test. NUH are slightly below the quality standard in quarter one, reporting 73% of 15-24 year olds accepting a chlamydia test in this quarter. However, the service has confirmed that all appropriate young people are offered a test.

### **30% of women aged 16-24 receiving contraception accept LARC**

17. Long-acting reversible contraceptive (LARC) methods, such as contraceptive injections, implants, the intra-uterine system (IUS) or the intrauterine device (IUD), are highly effective as they do not rely on daily compliance and are more cost effective than condoms and the pill.
18. Take up of LARC across all ages of women of reproductive age should contribute to reducing unintended pregnancies. This 30% measure is routinely surpassed by all three ISHS providers and this continues to be the case this quarter.

### **Young People's Sexual Health Service- C Card (In-house)**

19. The C-card scheme is a free and confidential advice and condom service for young people living in Nottinghamshire. The service has achieved 90% of target for new registrations with 315 this quarter against a target of 350. Easter fell in quarter one with a number of registration points such as schools and colleges closed which has a negative impact of the number of registrations.
20. The service has exceeded the target for the number of young people who return to use the scheme.
21. The service continues to be well used and promotional activity is taking place to promote the scheme further and improve access.

### **Alcohol and Drug Misuse Services (Change Grow Live)**

22. Change, Grow, Live (CGL) is the substance misuse treatment and recovery service in Nottinghamshire.
23. Successful completions from the whole service as defined by the contract have been consistently good and have been exceeded by the provider as evidenced in the performance figures.
24. CGL works proactively across the county to ensure residents get free from their substance misuse. Successful completion data from CGL for non-opiates such as cannabis, amphetamines, steroids, cocaine and crack cocaine and Novel Psychoactive Substances (or what were formerly known as 'legal highs') and opiates was 23.9% which is well above the target of 15%.

25. Representations and unplanned discharges from the service have been consistently low for quarter one. From a total 2535 unique individuals who have presented to service, only 166 (6.5%) were discharged in an unplanned way with only 17 re-presentations.
26. Overall improvements in the wider outcomes derived from the service are all above target for this quarter. These outcomes are:
- Employment, training and education: target 25%; performance 42%.
  - Mental wellbeing: target 60%; performance 84%.
  - Housing improvements (where housing was identified as an issue at entrance into the service): target 70%; performance 87%.
27. These results demonstrate the effectiveness of the treatment and recovery system in Nottinghamshire, especially as the Nottinghamshire measurements are harder to achieve than the national framework. The aim in Nottinghamshire is to ensure all service users with any substance misuse issues are helped to recovery and not just those who require a clinical intervention

### **Young People's Substance Misuse Service (Change, Grow, Live)**

28. CGL took over the young people's substance misuse service on 1<sup>st</sup> October 2018. CGL have initiated new ways of working across the county with an emphasis on preventing young people starting to misuse substances as well as providing support for those who are misusing. Data from quarter one shows that 46 young people have been referred into the service (target of 50 per quarter) of which 11 were from social care and 10 from the youth offending team. Three were between the ages of 18 to 21. In addition, the service has engaged with 629 young people in outreach work and group work and trained 48 professionals in relation to young people's substance misuse.

### **Smoking Cessation (Solutions 4 Health)**

29. Performance by the Stop Smoking Provider remains challenging. However, recently published national data shows that the Nottinghamshire picture mirrors national trends for these services and even shows that the quality of the Nottinghamshire service is better than the national picture.
30. Nationally there has been a 14.7% reduction in the number of people setting a quit date in the last year and a 12.1% reduction in the number quitting successfully.
31. Since the peak levels of people stopping smoking eight years ago, before the service was commissioned by the Authority, the number of smokers setting a quit date with service support has fallen by 71.4%, and the number quitting successfully by 69.6%.
32. The quality of the local service however exceeds national levels. Nationally the quality of interventions remains consistently high, with 52.1% of all service users successfully quit at the four-week stage. Locally the service supported 62.1% of service users to successfully quit at four weeks, 10% above national performance.

### **Illicit Tobacco Services (In-house)**

33. The retail value of illicit tobacco seized in quarter one was £12,750. However, the team have been busy further to the seizure of tobacco with a total retail value of £513,823 in the previous quarter as a result of targeting further up the supply chain. Due to the quantity of this previous seizure, along with the complexity of the joint operation with the HMRC, the resulting legal follow up work was prioritised during the current quarter one period.

### **Obesity Prevention and Weight Management (Everyone Health)**

34. The Obesity Prevention and Weight Management service is on target in quarter one. Recent employment of a specialist midwife in the service has improved uptake of the maternity weight management, and referrals from the national child measurement programme together with some new engagement with adolescents has contributed to increased uptake of the children's weight management. There is a trend for lower referrals from the Bassetlaw midwifery service and there is increased engagement with this service.
35. Overall the service continues to perform well on the delivery of a wide range of targeted community initiatives. The total number of sessions is slightly behind plan in this quarter due to a challenging target for a new approach to deliver sessions in the early years working with Children Centre Services. This approach will be monitored and reviewed alongside our emerging work on the childhood obesity trailblazer programme.

### **Domestic Abuse Services (Notts Women's Aid and JUNO Women's Aid Integrated Services)**

36. The Domestic Abuse service provides information, advice, safety planning and support (including support through the courts) to women, men, teenagers, children and young people. The service does not have targets, but the public health team monitors the outputs and outcomes of the service. The service is facing increasingly complex and difficult cases. Quality Assurance visits further evidence that the services provided are robust, well received by service users and provide good value for money.
37. Figures show an increase in the number of adults, children and young people supported compared with last year. The number of high-risk adult referrals is increasing, and this is beginning to impact on the capacity of the multi-agency risk assessment conferences (MARACs) where information is shared across partner agencies to ensure safety. MARAC referrals are being investigated alongside the Police who are the main referral source.
38. Over 50% of children on Child Protection Plans live in a household with domestic abuse and to this end the providers work closely with Children's Services and have workers based with the Family Service

### **Seasonal Mortality (Nottingham Energy Partnership)**

39. This service protects and improves the health of residents in the county, by facilitating insulation and heating improvements and preventative adaptations in private sector homes, providing energy efficiency advice and reducing fuel poverty. The service targets the most deprived private sector households, with a specific emphasis on support to residents over

60 and a smaller provision for families with children under five and pregnant women. The service exceeded its targets last year and has begun to work well towards 2019/20 goals.

40. The service has exceeded the quarter one target for the number of people they provide with comprehensive energy efficiency advice and/or help and advice to switch energy supplier or get on the cheapest tariff. The service has commenced the training to deliver Energy Efficiency Brief Interventions to improve awareness of the links between cold-homes, fuel poverty and ill health and to generate appropriate referrals to the service, training 47 individuals against a quarter one target of 55 (85%). Further training is scheduled to increase the reach throughout the rest of the year.

### **Healthy Families (Nottinghamshire Healthcare Trust)**

41. The service is in its third year of delivery and the Healthy Families Programme is now embedded across the County as a fully integrated universal service for children, young people and their families.
42. The Authority has set local targets for the provider, in line with National, regional and local performance. 'Stretch' targets have been applied to ensure that the service aspires to meet Nationally reported targets. The service overall is performing well with Nottinghamshire data for mandated reviews in 2018/19 comparing favourably with both National data and that of our statistical neighbours. As an example, 97% of 2-2½ year developmental reviews completed, were undertaken using ASQ-3 (Ages and Stages Questionnaire). The use of this evidence-based tool enables the Healthy Families Team to make an informed assessment of a child's readiness to start school, and therefore offer targeted interventions for children when concerns are identified.
43. Staffing and recruitment challenges experienced by the service due to retirement, maternity leave, and sick leave are resolving albeit there is a shortage of nurses nationally. The Trust is working pro-actively to recruit and retain the workforce and a picture of increased workforce stability is emerging. This is being reflected in improved performance against the key performance indicators.

### **Oral Health Promotion Services (Nottinghamshire Healthcare Trust)**

44. Nottinghamshire's specialist Oral Health Promotion Team works to improve oral health within local communities and among vulnerable groups by delivering training for the health, social care and education workforce, a supervised tooth-brushing programme in targeted primary schools (with linked nurseries) and health promotion activities such as the provision of tooth-brushing packs to one-year olds.
45. Performance by the service continues to be strong. During quarter one, oral health promotion training among frontline staff was delivered to 98 staff working in child-related services and 71 in adult-related services (quarter one target of 50 each). The targeted supervised toothbrushing programme was active in 22 primary schools (against a target of 20), engaging with around 2,800 children. In addition, parents of 1,760 children received oral health advice and resources at their child's one-year health review (95% of the quarter one 2019/20 one-year old child cohort).

## **Homelessness (Framework)**

46. The service provides intensive support in short term hostel accommodation (up to 18 weeks) and less intensive support in Move On and Housing First Accommodation (typically for six months, and up to a maximum of 12 months) aimed at enabling the service user to achieve a range of outcomes including self-care, living skills, managing money, motivation and taking responsibility, social networks and relationships, managing tenancy and accommodation, reducing offending and meaningful use of time
47. In quarter one a total of 44 people exited the short-term hostel accommodation of whom 30 (68%) exited in a planned way and 14 (32%) in an unplanned way. In terms of numbers this is below the expected target of 80%. However, service users accessing hostel accommodation are particularly complex and vulnerable. A number of particular factors including ongoing alcohol and substance misuse as well as violence has meant service users have had to be removed from accommodation in order to protect both staff and other service users.
48. For the move on accommodation a total of 25 people exited the service in a planned way (93% against a target of >80%) and two people exiting the service in an unplanned way (7% against a target of <20%) which is within the targeted range.

## **Other Options Considered**

49. None

## **Reason/s for Recommendation/s**

50. To ensure performance of Public Health services is scrutinised by the Authority

## **Statutory and Policy Implications**

51. 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**

52. 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**

53. 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**

54. 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**

55. 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**

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

**Jonathan Gribbin**  
**Director of Public Health**

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

Nathalie Birkett

Group Manager Contracts and Performance

[nathalie.birkett@nottsccl.gov.uk](mailto:nathalie.birkett@nottsccl.gov.uk)

01159772890

### **Constitutional Comments (CEH 04/09/19)**

56. The recommendation falls within the remit of the Adult Social Care and Public Health Committee under its terms of reference.

### **Financial Comments (DG 04/09/19)**

57. There are no specific financial implications arising from this 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.

None

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

All