

REPORT OF THE DIRECTOR OF PUBLIC HEALTH

PUBLIC HEALTH PERFORMANCE AND QUALITY REPORT FOR CONTRACTS FUNDED WITH RING-FENCED PUBLIC HEALTH GRANT JANUARY TO MARCH 2018

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^[1], 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 our 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 January to March 2018 against key performance indicators related to Public Health priorities, outcomes and actions within:

^[1] 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

- 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.
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.
 10. As this is the end of year report, further detail on the performance of all the services is provided below.
 11. Some information relating to this report is not for publication by virtue of Schedule 12A of the Local Government Act 1972.
 12. Having regard to all the circumstances, on balance the public interest in disclosing the information does not outweigh the reason for exemption because the information would add a limited amount to public understanding of the issues but would significantly damage certain providers' commercial position.
 13. The exempt information is set out in the **Exempt Appendix**.

NHS Health Checks (GPs)

14. The Health Check Programme aims to help prevent heart disease, diabetes, stroke, kidney disease and certain types of dementia. Everyone between the ages of 40 and 74 who has not already been diagnosed with one of these will be invited for a check once every five years. In Nottinghamshire, Health Checks are delivered by nurses and health care assistants (HCAs) in GP practices, commissioned by Public Health. Practices are paid per health check and are financially incentivised to target those at higher risk of cardiovascular disease (£15 for a 'low risk' patient and £40 for a 'high risk' patient¹).
15. Data available from the most recent five year cohort of patients (covering the period Quarter 1 2013/14 to Quarter 3 2017/18) indicates that performance in Nottinghamshire has been variable. While the percentage of the eligible population invited for a health check (Nottinghamshire 61.9%; East Midlands 81.2%; England 86.4%) and the percentage of the eligible population as a whole receiving one (known as 'coverage') (Nottinghamshire 35.6%; East Midlands 44.6%; England 41.9%) is below the East Midlands and national average, the proportion of those invited who actually take up the offer of a health check (known as 'uptake') is higher (Nottinghamshire 57.5%; East Midlands 54.9%; England 48.5%).
16. Targets for 2018/19 have been set at 100% invites and 75% uptake to mirror Public Health England's aspiration and focus practices on improving performance. Nonetheless practices in Nottinghamshire are still encouraged to target high risk patients (who can be much harder to reach), even though it impacts adversely upon performance against regional and national

¹ A 'low risk' patient is considered to have a less than 20% chance of having a cardiovascular disease event (such as stroke) in the next 10 years; a 'high risk patient' will have a 20% chance or more.

averages, as this approach is felt to be the most cost effective and clinically appropriate in the long term.

17. While the majority of practices in the county engage with the programme, they all face conflicting demands and Health Checks are not always prioritised. Some do not have the resources (i.e. nurses/HCAs, rooms, administrators) to conduct a large number of checks and others may not believe that the evidence base for Health Checks is robust enough. A proportion of practices also do not believe that the remuneration offered is sufficient to cover their costs.
18. Practices are supported to improve performance through regular liaison with Public Health, a dedicated website to share resources and good practice, and a strategic steering group including clinical commissioning group representation. A new IT system has also been implemented this year to enable key stakeholders, including practices themselves, to monitor, benchmark and improve performance. However, even the most conscientious practices can find it difficult to motivate patients to attend for a check - they are contracted to send an initial invitation letter, followed up by two more contacts (letter, text or telephone), but rarely have capacity to do more than this.
19. Considerable work has been conducted by Public Health during the last 12 months to ensure that practices undertake compliant health checks (i.e. that they complete all of the required assessments, use the correct clinical template and record the information accurately). Compliance has improved as a result of this, which has included designing a new clinical template to ensure that mandatory fields are populated. Practices have worked hard to adjust to the new template, including training their staff, and are now more focused on the delivery of fully compliant checks.
20. The coming year will see further work not just around encouraging practices to increase invitations, uptake and coverage, achieving full compliance and successfully targeting high risk patients, but also work to develop better quality assurance of the delivery of health checks (such as patient feedback) and the promotion of effective training for new administrative and clinical staff within practices.

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

21. All three sexual health providers are performing well overall despite challenges with retraining their workforce. They now deliver an integrated service across Nottinghamshire which means people can access contraceptive services at the same time and place as testing and treatment for sexually transmitted infections.

60% of new users accepting HIV test

22. Further work has been undertaken to interrogate why performance has been lower in Bassetlaw and especially Mid-Nottinghamshire since the start of the new contract. The conclusion is that the denominator used by SFHFT and DBH is incorrect which has resulted in artificially lowering their HIV testing uptake. The data collected included repeat attenders and contraceptive only clients who would not automatically be offered a test. From quarter 1

of 2018/19 the HIV quality standard will be accurately recorded and monitored. If performance against this metric remains low then the team will work with the providers to improve uptake of testing by service users.

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

- 23. Since 2013, there has been concern over the declining chlamydia detection rate for 15-24 year olds in Nottinghamshire. The most recent published detection rate for Nottinghamshire was 1423 per 100,000 (the England average is 1882).
- 24. Nottinghamshire decommissioned its Chlamydia Screening Office in 2011 and since 2013 the detection performance rate has declined. It should be noted that the decline is in line with the trend nationally but has been more acute in Nottinghamshire.
- 25. However, from 2017, the latest data from the Chlamydia Testing Activity Database indicates that there has been an improvement in the detection rate over 2017/18. This increase appears to be due to better targeting of at risk populations within Nottinghamshire. The number of tests carried out has only increased slightly but the number of positive tests identified from those tests has increased. Nottinghamshire has the highest positivity rate in the East Midlands and compares well to other Local Authorities in England. Within Nottinghamshire, Mansfield and Ashfield are performing above the national average and commissioners are meeting the service provider to understand further what is driving this exceptional performance. We are still to see the benefits of the recently commissioned online chlamydia testing, which will hopefully continue the increase in chlamydia detection rate in 2018.

Young Peoples Sexual Health Service- C Card (In-house)

- 26. The C-card scheme is a free and confidential advice and condom service for young people living in Nottinghamshire. Targets have been met for all of the KPI's and the service is performing well overall. An action plan has been developed for 2018/19 which aims to increase new registrations and number of active sites across the scheme. Furthermore, the number of overall return visits to the scheme is a 12% increase over last year.

Alcohol and Drug Misuse Services (Change Grow Live)

- 27. 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. PH and the provider work closely together to ensure a safe and equitable service is provided across Nottinghamshire. There continues to be very positive feedback from service users both whilst in the service and once they are substance free. The provider encourages a peer mentor approach and many service users who complete their journey stay on to help others.
- 28. However, the national published statistics known as the PH Outcomes Framework only measures successful completions from a clinical treatment aspect. Therefore, if members were to check the PH outcomes framework, Nottinghamshire would be shown as red and therefore below the national average. This is due in part to the fact that the figures are based

on 2016 data but mainly due to the fact that the Nottinghamshire contract measures a different indicator to the framework.

29. The Nottinghamshire measurements are harder to achieve than the national framework as the aim is to ensure all service users with any substance misuse issues are helped to recovery and not just those who require a clinical intervention (generally opiate users)
30. This provider has faced many challenges since it took over the service in October 2014 but provides an innovative, efficient and successful service to residents with substance misuse issues.

Smoking Cessation (Solutions 4 Health)

31. The past year has been challenging for smoking cessation providers both nationally and locally. Numbers of people accessing services have fallen as people look to other means of quitting, such as e-cigarettes. Smoking is now more focused in specific groups who may be hard to reach and who are more likely to have more than one health issue, for example alcohol use or weight management.
32. The provider has struggled to respond to this new environment due to the structure of their service which offered a traditional clinic based model and did not utilise partners such as pharmacies and GPs as effectively as it could.
33. A restructure of the service has taken place to deliver a new model for smoking cessation. The new model will work closely with hospitals, GPs and Pharmacists who are already working with people who smoke and are in a good position to refer into, or work alongside the service. Targeted specialist services can then be delivered in these settings, for example maternity clinics, and the service can expand telephone and online services for people who do not need such intensive support.
34. Working closely with other Public Health policy areas, as agreed at the Health and Wellbeing Board, such as Making Every Contact Count, Health Checks and the Wellbeing at Work Programme, the service will be able to maximise referrals to support individuals, organisations and communities to reduce the smoking rates across Nottinghamshire.
35. Changing the model to work across organisations in this way will increase referrals into the service and this increase should be reflected in successful quitters by October 2018. Ongoing and regular reviews of service delivery will monitor the service against this timeline.

Illicit Tobacco Services (In-house)

36. The Council's officers continue to take effective enforcement action against individuals and businesses that sell and distribute illicit tobacco. During 2017/18 officers conducted a total of 124 inspections at premises in the county, resulting in 45 seizures of illicit tobacco and 44 arrests. More than 124,000 illicit cigarettes and 6,000kg of tobacco were seized during the year with an estimated total retail value in excess of £2.4m. A number of investigations are ongoing.

Assist (In-house)

37. The Assist service is in its third year of running in schools across Nottinghamshire and the impact on young people across the county has been very positive. ASSIST is improving young people's health whilst providing valuable life skills. ASSIST's activity based training improves leadership, communication skills, resilience, self-esteem, confidence, highlights empathy and shows the value of taking a non-judgemental approach to peer-led conversations. The whole school benefits from increased conversations around smoking and health.
38. All students who take part fill in feedback forms at the end of training. Comments include:
- 'I learned that I can influence people's ideas by using my knowledge'
 - 'I have different views and that's OK'
 - 'I now know that I never want to smoke'
 - 'Smoking is bad for you'
 - 'The only thing I would change about the course is to have more people doing it'
 - 'I learned that I am an introvert but I am still quite persuasive'
 - 'It boosted my confidence'
 - 'I realise that I can learn a lot in two days'
 - 'I learned that I am more confident than I thought'
 - 'I stood up and talked in front of people'
 - 'I am more influential in my peers eyes than I thought'
 - 'I am good at backing up what I think and being brave'
39. The teachers have also been really positive and once they have seen the programme run have been keen to carry it on in following years.
40. One student was chosen and given the chance to be part of the programme (by a teacher) on the understanding that their behaviour improved. They took on the role as a peer supporter seriously, saw the project through to the end and completed their diary. The teacher said that as a result, the student had been a pleasure in school. 'They just needed to be given that chance, something to focus on and for someone to believe in them'.
41. ASSIST is a national programme and the local provider has worked in the most schools in England over the last academic year and is set to do the same in the coming year.

Obesity Prevention and Weight Management (Everyone Health)

42. This service consists of Tier 1 obesity prevention work in a range of community settings and targeted Tier 2 healthy lifestyle weight management on referral.
43. Tier 1 prevention services have been restructured this year, to deliver a greater breadth and coverage of initiatives in schools, workplaces and community groups, with an emphasis on on-going engagement which builds local skills, resilience and capacity, rather than one-off events.
44. The uptake of the adult tier 2 weight management offer continues to be excellent in 2017/18 with the service having achieved more than double (218%) of their annual target number (258)

of service users. During 2017/18, through re-profiling within the current contract, 12 weeks weight management support has been provided to over 1000 additional adults. Following the successful trial of this approach, the service will continue to offer this increased access to weight management support in 2018/19

45. The uptake of children and families weight management has started to improve in quarter 4 of 2017/18 with the service achieving 43.5%(108 children) of the annual target in 2017/18. The latest outcome data shows that when children engage with the service there are positive improvements in excess weight gain, physical activity and diet.
46. The uptake of maternity weight management has been poor in the first two years of the contract. Commissioners have worked with the provider to develop a service improvement plan for this part of the service.
47. The work public health has been doing with both the provider and maternity services is starting to produce an increase in the number of pregnant women accessing the service with 23 women accessing the service in quarter 4 of 2017/18 from a target of 29. This is a significant increase on the previous quarters and previous years.
48. The Council commissioning of tier 3 weight management services ended on the 31st March 2018, with commissioning responsibility transferring to Clinical Commissioning Groups, in line with national guidance. Therefore from 2018/19 tier 3 and post bariatric support will no longer be included within this performance report.

Domestic Abuse Services (Notts Women's Aid and Womens Aid Integrated Services)

49. The domestic abuse providers are facing increasingly complex and difficult cases but continue to provide an excellent quality service in spite of these challenges.
50. The target set locally for the number of adults supported has been exceeded and both providers continue to provide a valued and important service to survivors of domestic abuse.
51. Whilst the number of unique children each quarter has varied between 67 and 132, the actual number of children supported each quarter is over 200. Providers are working longer with children and young people since they require support for longer due to the levels of trauma, complex needs and time taken to build trust. There is significantly less engagement in the summer due to school holidays.

Seasonal Mortality (Nottingham Energy Partnership)

52. This Service supports people to access insulation, heating improvements and preventative adaptations and gives advice to help reduce fuel poverty at home, primarily for those aged over 60, but also for families with children under 5 and pregnant women. The Provider match funds the commissioned value of this service. The contract for this Service was previously held jointly, with Nottingham City Council as the lead commissioner. The City Council decommissioned their provision of this service from May 2018, therefore the Council has taken control of this contract from May 2018. The level of investment in this Service for Nottinghamshire has been maintained, and PH has worked with the Provider to improve equity of access and uptake across the County.

53. The plan is to improve value for money and effectiveness of this Service through closer working with Age UK and Warm Homes on Prescription to ensure more integrated and seamless services to eligible residents.

Social Exclusion (The Friary)

54. The Friary provides a valuable service to homeless people and works well with the Authority to ensure value for money is maintained.

55. The evidence from the Friary's own user consultation is that the Friary is a service which is valued by its users and which they identify as contributing towards improved health, self-confidence and reductions in loneliness.

Public Health Services for Children and Young People aged 0-19 (Nottinghamshire Healthcare Trust)

56. The service has just completed the first year of delivery and the programme is now embedding across the County as a fully integrated service to young people and their families. The Authority has set ambitious targets for the provider and whilst these targets have yet to be met, the service overall is performing well.

57. Performance in areas where there is a full staffing establishment is improving and Nottinghamshire data for mandated reviews is comparable with, or better than the England average.

58. A shortage of staff due to retirement, maternity leave, sick leave within the Trust, and difficulties with recruitment continues to present challenges mirrored in the performance figures. A rolling programme of recruitment for permanent staff has been launched and the Trust report an increase in applications. It is anticipated that once there are enough staff, performance should improve.

Oral Health Promotion Services (Nottinghamshire Healthcare Trust)

59. Nottinghamshire's specialist Oral Health Promotion Team offers a comprehensive range of services across the county. This nationally recognised service facilitates the promotion of good oral health within local communities and vulnerable groups through:

- training for the wider health, social care and education workforce
- supervised tooth-brushing in primary schools (with linked nurseries)
- health promotion activities such as the provision of tooth-brushing packs.

60. Performance has been consistently strong over recent years and the service offers excellent value for money. In the last year, 7,217 children received oral health advice and resources at their one year health review (82% against a target of 75%) and 873 children took part in the supervised tooth-brushing programme in 20 schools (target was 20 schools). The service has also created a new toolkit to guide teaching staff in supporting families where there is an oral health concern.

61. Oral health promotion training among frontline staff is constantly evaluated and promoted. This year training was delivered to 236 staff working in child-related services and 257 in adult-

related services (target of 200 each). In addition, 12 oral health awareness-raising campaigns were undertaken, resulting in 2,030 contacts.

62. During the coming year, local dental practices will be supported to support supervised tooth-brushing schools and oral health training will be updated to accommodate new staff and services. A loan service for the resource kit will be piloted and new social media activity will include campaigns on Instagram, Twitter, YouTube and Facebook.

Community Infection Prevention and Control (CCGs)

63. This service provides an invaluable barrier to the prevention and spread of infectious and avoidable diseases. The team have provided initiatives in care homes, GP practices and the acute hospital trusts including hand hygiene training, viral swabbing, advice and assistance. A project developed by the provider has been adopted by NHS improvement for national use.

Academic Resilience (Each Amazing Breath and Young Minds)

64. Take Five is a Whole School Resilience Building Programme based on breathing, grounding, and awareness that helps children, and staff, not only cope with stress—the theme of Mental Health Awareness Week—but also feel strong, safe, capable, and full of life, cornerstones of life-long mental (and physical) wellbeing.
65. Take Five self-leadership programme, developed by Each Amazing Breath, is a needs-based approach specifically for secondary schools where young people are supported to develop their capacity to handle life's challenges with awareness and confidence, building skills of self regulation, and managing anger. On the morning of 16th May, fifteen Year 7 children celebrated 'Growing Stronger' as they completed their *Take Five at School* Self-Leadership training during National Mental Health Awareness week.
66. Their school has committed to developing the strength-based resilience building programme, the Take Five at schools programme, to build emotional health and wellbeing for children and young people attending Nottinghamshire schools. Take Five has now spread to over 8000 children in Nottinghamshire.

Statutory and Policy Implications

67. 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

68. 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

69. 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

70. 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

71. 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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Constitutional Comments [08.06.2018]

72. The report and recommendation falls within the delegation to Adult Social Care and Public Health Committee.

Financial Comments [DG 08.06.2018]

73. The financial implications are contained within paragraph 68 of this report.

HR Comments

74. There are no HR implications in the report

Background Papers and Published Documents

- 'None'

Electoral Division(s) and Member(s) Affected

- 'All'