



REPORT OF DIRECTOR OF PUBLIC HEALTH

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

QUARTER 1 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 also those services that are either in whole or in part funded with ring-fenced PH grant, for the period April to June 2016.

Background

2. Good health is at the top of most wish lists- for the Authority itself and the individuals we serve. Physical and mental well-being makes it easier for people to pursue opportunities to work and study, to remain financially secure and physically independent. A healthy population is one that has the potential to be a healthy and productive workforce for industry, and one that relieves considerable strain on the public purse by keeping well.
3. 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. Public health commissioning promotes health and wellbeing by :
 - bringing a population approach to commissioning;
 - supporting the focus on prevention from conception and throughout the life course;
 - supporting an outcomes-based approach to performance and evaluation
4. 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 with a view to promoting health protection arrangements.

Directly commissioned PH Services

5. The PH contract and performance team robustly reviews and monitors performance and quality data received from the providers of services commissioned directly by PH.
6. The PH contract and performance team, together with policy team colleagues attend regular contract review meetings either on a monthly or quarterly basis with all service providers. Remedial action plans to rectify under performance are developed with providers as appropriate where there has been a significant breach of contractual requirements.

Other Services commissioned using PH Grant

7. One of the aims of transferring PH responsibilities to local authorities was to better integrate health and social care services and other activities that affect health. To this end, PH grant is used to fund services commissioned by other teams and departments of the Authority and absorption of costs previously held by other teams into Public Health. Monitoring of this 're-aligned' grant has previously been reported to the Public Health Committee separately.
8. 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 that govern the use of the PH grant.
9. The PH grant conditions state that the grant is used to:
 - Improve significantly the health and wellbeing of local populations;
 - Carry out health protection functions;
 - Reduce health inequalities across the life course, including within hard to reach groups; and
 - Ensure the provision of population healthcare advice.
10. The Director of Public Health and the s151 Officer must provide added assurance that the grant has been used as intended in the form of a statement of assurance and that the Revenue Outturn provided to the Department of Health (DH) is an accurate reflection of PH expenditure. The use of the grant is also subject to existing Authority financial management requirements and the External Auditor is required to highlight any issues of concern to the DH.
11. Furthermore, the Authority must have regard to guidance from the Secretary of State when exercising its public health functions; in particular this duty requires the Authority to have regard to the DH Public Health Outcomes Framework (PHOF) against which the Authority

should measure their performance (an 'At a glance' PHOF 2016-19 is reproduced in Appendix A). These indicators are grouped into several 'domains'

- Improving the wider determinants of health;
- Health improvement;
- Health protection; and
- Healthcare, public health and preventing premature mortality.

Information and Advice

12. 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 1 (April to June 2016) against key performance indicators related to public health priorities, outcomes and actions within:

- i) the Public Health Service Plan 2016-2017;
- ii) the vision of the Health and Wellbeing Board; and
- iii) the Authority's priorities following the adoption of the Strategic Plan 2014-18.

13. A summary of the performance measures is set out at **Appendix A**.

Key Issues in Performance in Quarter 1 of 2016-17

14. Due to the need for a year on year improvement in the uptake of Health Checks, the annual target of people who have been offered health checks has increased by 1800 from 49,697 to 51,497 and the numbers of people receiving health checks has risen by 4,171 to 33,988. The first quarter figures whilst below the anticipated goal for the year, are already showing a slight improvement both in percentage terms and actual numbers on the first quarter last year. There has been a significant improvement, however, in the numbers of people referred to other services as a result of a health check. Further work is being undertaken to ensure that GPs are referring patients to other relevant PH commissioned services as required.

15. The results for the first quarter of the new Integrated Sexual Health Services are very promising. The initial feedback from across the county, from both providers (Doncaster and Bassetlaw Hospitals; Sherwood Forrest Hospitals; and Nottingham University Hospitals and service users, is that the new service was rolled out smoothly and has been welcomed as a better way of providing this mandatory service.

16. More service users are accessing the Alcohol and Drug Misuse Services than ever before with the numbers of successful exits increasing. The PH team are working closely with Change Grow Live to manage long term service users (those in the service over five years) and to increase the reach into the alcohol population.

17. The new Tobacco Control provider, Solutions for Health (S4H), started delivery of the new service on 1st April 2016. Staff were TUPE'd from the outgoing provider and a number of

new staff have been recruited. We anticipated a drop in quitters whilst the new service found its feet. S4H has hit the streets in this first quarter through outreach sessions on their customised van and as a result 1037 people set a quit date in this first quarter with 575 actual four week quitters.

18. The Obesity Prevention and Weight Management Service has entered its second year. The adult service is popular and more importantly, the outcomes are good. The children's service, maternity and post-bariatric services still require further work. Whilst inappropriate referrals have been successfully managed in the adult service, these continue in the children's service. The PH team are working with Everyone Health (EH) to secure links with a local paediatrician with a special interest in obesity to help reduce some of the inappropriate referrals. Links have been made with maternity units and whilst these have not been translated into referrals, EH is confident that pregnant women should start being referred to the service.
19. Seasonal Mortality is tackled in the south of the county by a 'Healthy Housing' initiative. Whilst the figures in the south are low for this first quarter, the provider, Nottingham Energy Partnership (NEP) has provided training sessions in Ashfield, Mansfield and Newark and an energy switching workshop in Ashfield. Referrals are now being generated from these areas. National grant funding is still an issue for this service as it directly impacts on the numbers of referrals for energy saving measures. However, the service provides good value for money (£14,850 per annum). NEP are marketing a Boiler Scrappage and Boiler Health Check Scheme which although in its infancy has already received the following quote: *"I would not have been able to afford a new boiler, and I wouldn't have even known about it if I hadn't picked up the leaflet at my surgery! I have peace of mind and it is one less thing to worry about."*
20. The PH services delivered to Children and Young People aged 0-19 are generally performing well, some performance indicators appear slightly below target in quarter 1 but this is largely due to a change to reporting requirements in the new contract which has caused some data quality issues which are being addressed with the provider. The new Integrated 0-19 Healthy Child and Public Health Nursing Programme is due to begin in April 2017.
21. The new oral health service started on 1st April 2016 and is performing well. A new supervised tooth-brushing programme is due to be rolled out this year.
22. The Illicit Tobacco Team have been successful in tackling one off sellers in small shops, however emphasis now is on organised crime. Unfortunately, this has meant that illicit tobacco sales are harder to detect and the product itself is more sophisticated. However, they continue to provide remarkable results with limited resources.
23. The various healthy aging services continue to support PH outcomes albeit scrutiny is on those that may not be providing good value for money to the Authority.

24. The PH team is yet to engage with the commissioners of Children's Centres, however the PH outcomes are good.
25. The breastfeeding service continues to enrol a healthy number of expectant mothers and work is being done to ensure that the numbers of mothers initiating breastfeeding increases.
26. The C Card scheme continues to work well in targeting teenage pregnancy hotspot areas with nine new sites opened in this first quarter.
27. The PH team is working closely with the provider of the Young Peoples substance misuse services, Nottinghamshire Healthcare Trust, to ensure the correct services are in place with the correct pathways and whilst this work is taking place, robust data is not yet available.
28. The homelessness and mental health services are in the process of being reviewed as it was found that PH outcomes were not being monitored. Contract variations have been drafted but are yet to be agreed with the provider, Framework. The Co-production service, provided by an in-house team however is working hard to achieve PH outcomes.

Statutory and Policy Implications

29. 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

30. 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

31. 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 Implications

32. 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

The recommendations are:

- 1) That the Public Health Committee receives the report and notes the performance and quality information provided.

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Constitutional Comments

33. Because this report is for noting only, no constitutional comments are required.

Financial Comments

34. There are no financial implications arising from this report.

Background Papers and Published Documents

None.

Electoral Division(s) and Member(s) Affected

All.