

REPORT OF INTERIM DIRECTOR OF PUBLIC HEALTH

PUBLIC HEALTH SERVICES PERFORMANCE AND QUALITY REPORT FOR HEALTH CONTRACTS QUARTER 4 of 2015/16

Purpose of the Report

1. This report provides an update on performance management for the Public Health Committee in respect of contracts that are commissioned by Public Health (PH) for the period January to March 2016. The report also provides an end of year summary.

Background

2. The PH contract and performance team receive performance and quality data in relation to all services commissioned by PH.
3. 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, where performance is reviewed and monitored. Remedial action plans to rectify under performance are developed with providers as appropriate where there has been a significant breach of contractual requirements.

Information and Advice

4. This report provides the Committee with an overview of performance for public health commissioned services in Quarter 4 (January to March 2016) against key performance indicators related to public health priorities, outcomes and actions within:
 - i) the Public Health Departmental Plan 2015-2016;
 - ii) the vision of the Health and Wellbeing Board; and
 - iii) the Authority's priorities following the adoption of the Strategic Plan 2014-18.
5. A summary of the performance measures is set out at **Appendix A**.

Key Issues in Performance in Quarter 4 of 2015-16

6. As GP practices shift emphasis to providing core activities, the provision of Health Checks under the Authority's locally commissioned public health services contract has failed to meet the higher national target for this year. To a degree this reflects the national trend. However, as GPs are only paid for activity provided, the Authority is making budgetary savings. The Public Health team continue to visit those GP practices who particularly underperform to see if there is any support we can provide. We are also monitoring those practices where numbers of Health Checks suddenly decline as this may be an indication that there are issues within a practice that require further investigation with our CCG and NHS England colleagues.
7. The smoking cessation service resulted in 2257 four week quitters for the year. The contract and policy teams successfully negotiated out of an expensive 'block' associate agreement in 2015/16 resulting in savings to the public purse during this last financial year which has provided better value for money even with the lower quit numbers. From April 2016, the PH team have re-commissioned a payment by results tobacco control service that encompasses a life course approach; from preventing children from starting to smoke, supporting people to quit and protecting communities from tobacco related harm.
8. The obesity prevention and weight management provider has managed to set up an equitable and comprehensive county-wide service across all Districts in their first year which is an improvement on the disparate services that existed previously. However, further work is required to get the right people in the service, especially in the children and young people tier 2 service, maternity and post-bariatric reviews. The provider has been asked to produce an action plan to assure the Authority that these areas in particular are met moving forwards.

Overall Performance in 2015/16

9. Overall, the services commissioned by public health have performed well in 2015/16.
10. Over 1000 residents were identified as high risk as a result of their Health Check and were referred to other services. These 1072 residents have the potential to live healthier, longer lives. A new computer solution is being procured during 2015/16 with the aim of helping practitioners provide the service more efficiently.
11. Sexual health services have generally performed well in Nottinghamshire in 2015/16, especially compared to other areas and against the back drop of the uncertainty caused by a procurement of a very different integrated service. The new integrated service starting on 1st April 2016 should ensure further success in this area with a much more accessible and open service for Nottinghamshire residents.
12. The results of the National Childhood Measurement Programme for the academic year 2015/16 will not be published until the end of 2016 and therefore Committee will be updated on this as soon as practicable once this data is known.
13. Building on the success of the previous year when targets were exceeded, the alcohol and substance misuse services have continued to improve in the first two quarters of their

contract year from October to the end of March. CRI have changed their name to CGL (Change Grow Live) nationally although the Nottinghamshire service is known as New Directions. The Authority has a very close and robust relationship with the provider and we continue to work well with them to ensure this service continues to assist people with substance misuse issues to escape from the misery of their addictions.

14. The new integrated domestic abuse services which started on 1st October 2015 is performing well. The providers, WAIS and NWA are very passionate about their services and their service users and this is borne out by the work that is being done.
15. Further to robust scrutiny and contract management of the Nottingham Energy Partnership during 2015/16, the seasonal mortality service provided through a healthy housing initiative in the south of the County has dramatically improved this year albeit we are still seeking improvement in the numbers of brief interventions. It is anticipated that numbers should improve, as the service is using its own charitable resources to provide training outside of the three southern boroughs the Authority has commissioned.
16. The numbers of people seen by the Friary has risen since last year from 6219 to 6826. The Friary provides a bespoke service, fully integrating health outcomes for the service users that pass through its doors.
17. The public health services provided to children and young people aged 5-19 have generally performed well. The school nursing service has shown a significant increase in the number of public health brief interventions over last year and the C Card service has opened 30 new sites this year against a target of 20. Commissioning responsibility for Health Visiting and the Family Nurse Partnership transferred to the local authority in October 2015 and procurement activity for an integrated 0-19 Healthy Child Programme is currently underway. The new service is planned to begin in April 2017 and will combine the School Health Service, Health Visiting, Breastfeeding Peer Support and the Family Nurse Partnership.
18. Dental public health services have met or exceeded all targets in the areas of oral health promotion activity, training and positive feedback from service users, this success is being built upon through the procurement of a new service and updated key performance indicators for 2016/17.
19. The contract and performance team, together with policy team colleagues will continue to manage and monitor all public health commissioned services in 2016/17 through regular contract review meetings. Any underperformance, for whatever reason will continue to be dealt with through the mechanisms contained in the contractual relationship.
20. Furthermore, the contract team has realised thousands of pounds of savings this last year through robust monitoring of invoices and adherence to the terms and conditions of contract. Unfortunately, a robust log of these savings has not been kept in 2015/16, however moving forward, a report on any savings made in 2016/17 will be presented to the Committee in due course.
21. Better contract management not only generates savings for the Authority through reduced contract expenditure, but also brings improvements in the quantity and quality of commissioned services, the avoidance of service failure and better management of risk.

22. Due to the more controlled management of the public purse in regard to these directly commissioned public health services and the better outcomes for service users such scrutiny provides, the contract team has begun to invest time in ensuring the services funded with public health grant through realignment are also robustly managed. Public Health Committee will receive an updated report on these realigned services as part of this performance report in 2016/17.

Statutory and Policy Implications

23. 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

24. 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

25. 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

26. 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.

Barbara Brady
Interim Director of Public Health

For any enquiries about this report please contact:

Nathalie Birkett

Group Manager, Public Health Contracts and Performance

Constitutional Comments

27. Because this report is for noting only, no Constitutional Comments are required.

Financial Comments (KAS 30/6/16)

28. The financial implications are contained within paragraph 24 of the report

Background Papers and Published Documents

None

Electoral Division(s) and Member(s) Affected

All