

Report to the Public Health Committee

10th September 2015

Agenda Item: 7

REPORT OF DIRECTOR OF PUBLIC HEALTH

PUBLIC HEALTH SERVICES PERFORMANCE AND QUALITY REPORT FOR HEALTH CONTRACTS QUARTER 1 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 April to June 2015 inclusive.

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 1 (April to June 2015) 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 1 2015-16

- 6. The annual target for the number of people who have been offered health checks has increased slightly from 49,268 to 49,697 and the target for those receiving health checks in Nottinghamshire has been increased this year from 27,172 to 29,817 due to the need for a year on year improvement in the uptake of health checks. Whilst the quarter one percentage is lower than the quarter 1 position this time last year, there is an ongoing and consistent effort by policy team colleagues to go round those GP practices who may not be performing well and assisting them with any issues they may be experiencing in either sending out health check offer letters or getting people through their doors to take up a health check assessment.
- 7. Sexual health services are performing well in Nottinghamshire. Contract review meetings are still being undertaken with providers to ensure services continue to be provided at their optimum for the remainder of the term in the associate arrangements. Performance will continue to be robustly monitored during the tender process for the new services, which are due to commence on 1 April 2016.
- 8. The alcohol and drug misuse services commenced on 1st October 2014. The services continue to grow with more service users being recorded accessing the services. This was a complex service to transfer and a completely new integrated way of working for outcomes. There are some teething problems, including issues with staff sickness, recruitment and the use of agency staff. The staffing issues have in turn meant that some services have required intensive input from both the provider and public health colleagues to ensure provision is robust. The public health team is working very closely with the provider to ensure that as we enter into the second half of the first contract year, the Authority is assured that all commissioned services are in place and being provided to a consistently good standard across the county.
- 9. The new one year smoking cessation service pilot commenced on 1 April 2015 which is based on a results driven payment mechanism rather than the previous block contract held under associate arrangements. Whilst savings can be made if the provider does not perform to target, Members will note that performance for the first quarter is not promising. However, the service performs extremely well with those service users it engages and the success rate for quitting of those engaged in the service is excellent. The public health team is working hard with the provider to ensure all is being done to get people into the service. An action plan has been agreed to ensure that throughout the year the provider targets events, areas and shops throughout the county where more referrals can be generated. Ideas to boost numbers have included opening temporary drop in 'shops' in town centres as well as utilising the provider's mini-bus to do outreach work. A tender commenced in May to procure a new Tobacco Control service which will be in place by 1st April 2016.
- 10. The new obesity prevention and weight management service has begun albeit not all services are fully up and running in this first quarter due in part to the new integrated way the services have been commissioned, ongoing discussions with other key stakeholders and in part to a recruitment issue. However, those services that are running are being provided to target and have been well received. Due to ongoing and robust discussions with public

health colleagues, the provider is reportedly on track to deliver the remainder of the services and to meet all the targets set.

- 11. The current domestic abuse services are performing well even with the uncertainty that a tender exercise tends to bring in destabilising the market. The providers are continuing to provide an excellent service to this very vulnerable service user group. The new service will commence on 1st October 2015.
- 12. The healthy housing services are going from strength to strength. The service is provided in Rushcliffe, Gedling and Broxtowe in the County and is a City Council led contract. The numbers of people trained to deliver brief interventions is very promising and means that more referrals will be generated. There needs to be some targeted work in Rushcliffe and this has been flagged to the provider for action in quarter two. The number of homes of people in target groups in which heating and insulation improvements are made is low. This is due to the paucity in the Government's ECO grant funding. National energy grant funding may not be available until 2017 because the energy companies have mostly met their carbon emissions saving target and therefore there is no incentive for them to develop projects and offer grants to subsidise the installation of energy saving measures. However, 26 installations are due in quarter two in the three boroughs. Furthermore, the provider has submitted a successful bid to offer free solar PV panels to help reduce householder's electricity bills which is due to start in quarter three.
- 13. The first quarter for the two services tackling social exclusion is promising and the public health team is working closely with the providers to ensure this continues.
- 14. Services and evaluations for the public health services for children and young people aged 5-19 and the dental public health services only begin in quarter three and therefore this will only be reported in quarter four.

Statutory and Policy Implications

15. This report has been compiled after consideration of implications in respect of crime and disorder, finance, human resources, human rights, the NHS Constitution, the public sector equality duty, 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

16. Robust performance and quality reporting ensures that financial implications are monitored and reviewed effectively to minimise financial risk to the council.

Implications in relation to the NHS Constitution

17. Regard has been taken to the NHS Constitution together with all relevant guidance issued by the Secretary of State in formulating the recommendation.

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 Implications

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

The recommendations are:

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

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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