



17th March 2016

Agenda Item: 8

REPORT OF DIRECTOR OF PUBLIC HEALTH

PUBLIC HEALTH SERVICES PERFORMANCE AND QUALITY REPORT FOR HEALTH CONTRACTS QUARTER 3 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 October to December 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 3 (October to December 2015) against key performance indicators related to public health priorities, outcomes and actions within:
 5. the Public Health Departmental Plan 2015-2016;
 6. the vision of the Health and Wellbeing Board; and
 7. the Authority's priorities following the adoption of the Strategic Plan 2014-18.
8. A summary of the performance measures is set out at **Appendix A**.

Key Issues in Performance in Quarter 3 2015-16

9. The aim of the health check programme is that everyone in England between the age of 40 and 74 who has not already been diagnosed with heart disease, stroke, diabetes, kidney disease or certain types of dementia, or with certain risk factors, is invited for a face-to-face check once every five years. Checking the blood pressure, cholesterol, weight and lifestyle of people aged 40-70 has the potential to reduce mortality, save money and improve the health of Nottinghamshire residents by spotting risk factors before health conditions develop. The numbers of patients receiving health checks have continued to increase in quarter three which is promising. Unfortunately, however, the numbers of invites in quarter three have gone down from quarter two albeit they are still higher than those sent out in quarter one. Nottinghamshire continues to perform on average 7% better than the national average of 45% of people offered health checks receiving one. 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.
10. Sexual health services are generally 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 mobilisation for the new services, which are due to commence on 1 April 2016. The new integrated model is welcomed by providers as a mechanism to further improve access and quality of services.
11. Quarter three equates to the first quarter of the second year of the contract for the Substance misuse contract. On the 1st October 3263 individuals transferred from Year 1 of the service and continued to be care coordinated in Year 2. This is an increase of 1063 individuals compared to the start of the contract when individuals transferred into the service from previous providers. This includes 480 criminal justice individuals, accounting for 15% of the cohort. The number of new journeys in Quarter 1 of the contract equate to 1481 individuals, of which 156 (11%) are criminal justice.
12. Savings are being made on the Tobacco Control contract because the provider is not performing to target, however, this means that many people are not being supported to stop smoking. Quarter 3 includes Stoptober but even this has not generated the expected increase. The public health team continues to work hard with the provider to ensure all is being done to bring people into the service, however the loss of the contract has destabilized staff. Action plans have been agreed and the provider has targeted events, areas and shops throughout the county. A new provider is mobilising in the County and is engaging well to ensure a smooth transition of the staff and services.
13. There is an awareness that not all service users in the new integrated Obesity prevention and weight management service have been captured and reflected in the performance figures to date and therefore while the numbers are poor, they are not a true reflection of the work being done by the provider. However, the provider has acknowledged that there has been some bad practice by staff which has been addressed. Furthermore, there is a growing realization that cultural change among both stakeholders and service users is taking a lot longer than anticipated. The public health team are meeting on a weekly basis with the

provider to ensure everything is being done to provide the Authority the assurance required that outcomes will improve.

14. The new integrated service for Domestic Abuse commissioned by both public health and the OPCC commenced on 1st October 2015. The providers are working extremely hard to produce new reports and to extract information to populate the reports to ensure this reflects the good services that they continue to provide. We anticipate that we will not have robust figures until June 2016.
15. Whilst the Healthy Housing service is commissioned in only the three southern boroughs of the County, the provider is providing training in other areas of the County, starting in Mansfield. The Provider is confident that targets will be met in the County for the first time at the end of this year due to a concerted effort to target need in the County boroughs following robust contract management of the provider by the contract and performance team.
16. The contract team visited the Friary and were provided comprehensive access to the service. As a result it has been agreed that quarterly contract review meetings will commence to ensure the excellent and good value for money service tackling social exclusion amongst the homeless community continues to be provided.
17. Public health services for children and young people aged 5-19 are performing well. Dental public health services only begin in quarter three and therefore this will only be reported in quarter four.

Statutory and Policy Implications

18. 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

19. 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

20. 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

21. 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

22. 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:

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

Chris Kenny
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

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

Background Papers and Published Documents

None

Electoral Division(s) and Member(s) Affected

All