

21 January 2016

Agenda Item: 6

REPORT OF DIRECTOR OF PUBLIC HEALTH

PUBLIC HEALTH SERVICES PERFORMANCE AND QUALITY REPORT FOR HEALTH CONTRACTS QUARTER 2 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 July to September 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 2 (July to September 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 2 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. In quarter two, there has been an increase in all three performance indicators. Nearly 2000 more people were offered health checks in quarter two than in quarter one; 53% of those offered health checks received them which is better than the England average of 45.8% in the same period; and of those that received health checks, over six percent were identified as high risk. 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. Quarter two reporting for the alcohol and drug misuse services provides a full year of performance for this service. In the year 1st October 2014 to 31st September 2015, therefore, a total number of 9763 service users have accessed the service. This is based on the agreed service user definitions against a target within the tender of 9301. This has resulted in a performance rate of volumes at 105%. The numbers of successful completions has increased throughout the year for:
 - Opiate, from 0.3% to 5.9%, an increase of 5.6%;
 - Alcohol, from 3.2% to 32.3%, an increase of 29.1%;
 - Non Opiate, from 1.9% to 29.2%, an increase of 27.3%;
 - Non Opiate and Alcohol, from 3.1% to 18.7%, an increase of 15.6%.We move into year two of this contract on a positive note which we intend to work together to improve.
9. Members will note that the one year smoking cessation service pilot continues to underperform. Whilst savings are being made because the provider is not performing to target, unfortunately this means that smoking prevalence is not reducing as quickly as anticipated. Quarter 2, covering the summer period has historically been a quiet time for generating quitters as evidenced by the drop in figures. However, the public health team continues to work hard with the provider to ensure all is being done to get people into the service. Action plans have 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 replacement provider is in the early stages of mobilisation in the County and the provider is engaging well to ensure a smooth transition of the staff and services in April.
10. The new obesity prevention and weight management service continues to receive large numbers of referrals. However, referrals are not always eligible to receive the service and therefore more is being done by the provider to ensure the right people are targeted. Discussions continue, to enable pathways for the maternity and post bariatric services which should be up and running in the New Year.

11. The current domestic abuse services continue to perform well in this last quarter of the current contract. The incumbent providers have successfully tendered for the ongoing provision of these services and are engaging well with commissioners from both public health and the OPCC to ensure the new integrated service commences on 1st October 2015.
12. The addition of a Community Engagement Officer in the Healthy Housing Service has made a significant impact on increasing the number of Switch and Save Energy Workshops booked and participation at more local events which in turn means the provider is reaching and targeting more people. Furthermore, the provider has secured £50,000 of funding from their own charitable funds to deliver a Boiler Health Service Check and Boiler Scrappage Scheme across the City and Rushcliffe, Broxtowe and Gedling. Whilst the service is commissioned in only the three southern boroughs of the County, the provider has also agreed to provide training in other areas of the County, starting in Mansfield.
13. Funding has been removed from the Together We Are Better pilot as the outcomes have not met our expectations. The Friary, however, continue to provide an excellent and good value for money service tackling social exclusion amongst the homeless community.
14. 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

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.

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

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

Financial Comments (KAS 17/12/15)

21. The financial implications are contained within paragraph 16 of the report.

Background Papers and Published Documents

None

Electoral Divisions and Members Affected

All