

	<p>Performance and Contract Management Committee</p> <p>23rd July 2014</p>
<p>Title</p>	<p>Performance management arrangements and the end of year position of the Joint Public Health Service</p>
<p>Report of</p>	<p>Lead Commissioner Public Health Services/Director of Joint Public Health Service</p>
<p>Wards</p>	<p>All</p>
<p>Status</p>	<p>Public</p>
<p>Enclosures</p>	<p>Appendix A– Public Health Quarter 4 2013/14 report</p>
<p>Officer Contact Details</p>	<p>Claire Symonds – Director of Commercial and Customer Services LBB Claire.Symonds@barnet.gov.uk</p> <p>Andrew Howe – Director of Joint Public Health Service Andrew.Howe@harrow.gov.uk</p>

<p>Summary</p>
<p>This report provides the Performance and Contract Management Committee with information regarding the performance of the Public Health service in relation to Q4 2013/14 This document gives attention to the action taken against the red indicator reported in that period.</p>

<p>Recommendations</p>
<p>The Performance and Contract Management Committee is requested to note the 2013/14 quarter 4 performance report for the joint Public Health Service and comment where appropriate.</p>

1. WHY THIS REPORT IS NEEDED

- 1.1 The Performance and Contract Management Committee at its meeting of 11th June resolved to consider and review performance management arrangements and the end of year position of this Delivery Unit.
- 1.2 This report outlines the quarter 4 position of Public Health's performance against the priorities outlined in the Council's Corporate Plan, and priorities agreed in the 2013/14 Management Agreement, and the budget position.
- 1.3 This report further provides information on the performance of the Joint Public Health Service in the 2013/14 Q4 performance (Appendix A), previously published for the 11th June Performance and Contract Monitoring Committee.

2. Background

- 2.1 The joint Public Health Service is hosted by the London Borough of Harrow and is governed by a five year Inter-Authority Agreement (IAA). The agreement between Barnet and Harrow is 14 months into delivering Public Health Services and expires in March 2018.
- 2.2 The joint Public health Service's historic performance can be accessed from www.barnet.gov.uk/performance. Within this page there is also a link to the quarterly reporting explanatory note.

3. REASONS FOR RECOMMENDATIONS

- 3.1 To allow scrutiny of the information requested and to allow some discussion and feedback from the committee on the position reported.

4. ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED

- 4.1 None.

5. POST DECISION IMPLEMENTATION

- 5.1 This will be dependent on the feedback received from the committee.

6. IMPLICATIONS OF DECISION

6.1 Corporate Priorities and Performance

- 6.2 **Corporate Objectives.** The Joint Public Health Service (JPHS) contributes to achieving six priority outcomes outlined in the Barnet Corporate Plan for 2013-2016 and, in particular, is a significant contributor to the delivery of outcomes:

- To sustain a strong partnership with the local NHS, so that families and individuals can maintain and improve their physical and mental health.

- To promote a healthy, active, independent and informed over 55 population in the borough so that Barnet is a place that encourages and supports residents to age well.

6.3 **Public Health Management Agreement 2013-2014.** Underlining the Corporate Plan priorities outcomes the Public Health Management Agreement sets out the specific performance framework for the delivery of Public Health Services for the year 2013-2014.

6.3.1 Within the Management Agreement the JPHS has 5 primary objectives which are then translated into 7 KPIs.

The five priority objectives are:

- Completion of the School nursing and health visiting review, implementation of agreed review recommendations alongside early years work and have arrangements in place for receipt of Health Visiting services for 1 April 2015.
- Extend the Schools well-being programme and continue development of the Early Years Programme.
- Extend the programme of helping people with health problems back to work and to stay in work with Council colleagues.
- As part of the integrated care agenda, introduce a new a self-care programme in partnership with the CCG.
- Re-procure sexual health services, and drug and alcohol services (following a service review); in collaboration with the West London Alliance where appropriate.

6.3.2 Additionally the joint Public Health Service also contributes significantly to the outcomes outlined in the Barnet Health and Wellbeing strategy and the joint Public Health Service commissioning intentions support the strategies across four main themes:

- Preparation for Healthy Life,
- Well-Being in the Community,
- How we Live, and
- Care when Needed.

6.3.3 **Summary of performance during Quarter 4 2013/14**

		Quarter 4 RAAG ratings			
		Green	Green Amber	Red Amber	Red
Corporate Plan	Indicators*	1	0	0	1
Key Performance	Indicators	4	1	0	2

Please note two Corporate Plan indicators were not due to be reported in quarter 4, they were last reported in quarter 3.

6.4 **Corporate Plan Indicators.**

6.4.1 The Corporate Plan Indicator *Increase the number of eligible people who receive an NHS Health Check to 9000* was rated Red in quarter 4. There were 918 Health Checks carried out between October and December 2013, against a target of 2,000 – 54% below target.

6.4.2 2013/14 was the first year following transition of these contracts from the NHS to the Council as a result of the Health and Social Care Act 2012; it took some time to embed new systems into the Council, in particular payment systems to the providers. Public Health has implemented a recovery action plan and there are a number of actions in progress to improve performance for 2014/15 which are:

- Extra outreach work has been commissioned from a local GP and two outreach sessions will be held in Barnet by end of December 2014. These sessions should amount to approximately 150 additional Health Checks.
- Discussions are taking place with the Local Pharmaceutical Committee with the intention of commissioning pharmacists to deliver health checks.
- More frequent monitoring of the GP practices delivering health checks will take place. This monitoring will be conducted by the Health Checks administrative staff and will involve ensuring the GP practices understand protocols, data submission, and any other issues that may be impairing GP performance. This closer monitoring will also help clarify what we can expect from all of our GPs.
- Training is underway for staff delivering health checks. This will become a mandatory quality assurance requirement for practices in order to accredit them to deliver Health Checks.
- Working with Harrow Procurement Team, plans are in place to procure a new IT system that will create a more efficient, user friendly and quality assured data management system. This system will provide a more efficient data collection and submission system as well as improved interpretations system for the programme.

6.5 **Key Performance Indicators.** The two Red indicators were:

6.5.1 Percentage of drug users that left drug treatment successfully who do not then re-present to treatment again within six months as a proportion of the total number in treatment- non-opiate users (PH008b)

Performance in Barnet is better than the baseline but worse than both the England and London rates. HB Public Health is working with Commissioners and Providers and has met with Public Health England to encourage greater co-ordination of services to support clients' recovery.

6.5.2 Reduction in alcohol related admissions to hospitals per 100,000 population (PH012)

Performance in Barnet is worse than the England rate but better than the London rate. HB Public Health is working with Commissioners and Providers and has met with Public Health England to encourage greater co-ordination of

services to support clients' recovery. An alcohol recovery plan was implemented in 2013/14. Funding has been agreed and provided for the Don't Bottle it up Campaign in Barnet for 2014 -15 and the initial business case for funding of a Specialist Alcohol Nurse is completed.

6.5.3 This report presents the performance of the joint Public Health Service at meeting the measures of success for the Corporate Priorities. This report also includes performance indicators of the delivery of services by the joint Public Health Service.

6.5.4 Robust budget and performance monitoring are essential to ensuring that there are adequate and appropriately directed resources to support delivery and achievement of Council priorities and targets as set out in the Corporate Plan.

6.5.5 Relevant Council strategies and policies include the following:

- Corporate Plan 2013-14;
- Medium Term Financial Strategy;
- Treasury Management Strategy;
- Debt Management Strategy;
- Insurance Strategy;
- Risk Management Strategy; and
- Capital, Assets and Property Strategy.

6.5.6 The priorities of the Council are aligned to the delivery of the Health and Wellbeing Strategy.

7. Resources (Finance & Value for Money, Procurement, Staffing, IT, Property, Sustainability)

7.1 Robust budget and performance monitoring plays an essential part in enabling the organisation to deliver its objectives efficiently and effectively.

7.2 The budget position at the end of quarter 4 shows a small £12,000 overspend (0.1% variation) against a revised budget of £13,766,000.

7.3 The new investment programmes took longer than anticipated to implement, and the associated costs were prudently set aside during the year in an earmarked reserve to be carried forward into 2014/15.

8. Legal and Constitutional References

8.1 Under the Council's Constitution Scheme of Delegation, the Performance and Contract Management Committee has the following responsibility for functions:

- i. Overall responsibility for quarterly budget monitoring, including monitoring trading position and financial strategy of Council Delivery Units.
- ii. Monitoring of Performance against targets by Delivery Units and Support Groups including Customer Support Group; Re; the Barnet Group Ltd (including Barnet Homes and Your Choice Barnet); HB Public Law; NSL; Adults and Communities; Family Services; Education and Skills; Street

Scene; Public Health; Commissioning Group; and Assurance.

- iii. Receive and scrutinise contract variations and change requests in respect of external delivery units.
- iv. To make recommendations to Policy and Resources and Theme Committees on relevant policy and commissioning implications arising from the scrutiny of performance of Delivery Units and External Providers.
- v. Specific responsibility for the following functions within the Council:
 - a. Risk Management
 - b. Treasury Management
 - c. Performance
- vi. If any report comes within the remit of more than one committee, to avoid the report being discussed at several committees, the report will be presented and determined at the most appropriate committee. If this is not clear, then the report will be discussed and determined by the Policy and Resources Committee.

9. Risk Management

- 9.1 Risks with a rating of 12 or above are reported as part of the Council's quarterly performance monitoring process.
- 9.2 The Council maintains its own separate risk logs for all major contracts, which are informed by the risks reported by each partner. The Council's risk log for each contract are published in the council's quarterly performance reports and reported internally and externally as part of the routine performance cycle.
- 9.3 Each partner reports their risks at least monthly to the Council for review by the commercial team and respective contract boards.
- 9.4 The risks for the joint Public Health Service are included in the attached quarter 4 report.
- 9.5 Many of the risks reported at Q4 will continue to be live, whilst some will have been closed or replaced.

10. Equalities and Diversity

- 10.1 Each contract places obligations on our partners to support the Council in carrying out its public sector equality duty (as set out in the Equality Act 2010). This means having due regard to the need to:
 - 10.1.1 eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Act;
 - 10.1.2 advance equality of opportunity between those who share a relevant protected characteristic and those who do not;

- 10.1.3 foster good relations between those who share a relevant protected characteristic and those who do not.
- 10.2 The 'protected characteristics' referred to are: age; disability; gender reassignment; pregnancy and maternity; race; religion or belief; sex and sexual orientation. The duty also covers marriage and civil partnership, but to a limited extent.
- 10.3 Effective contract management is vital to ensuring that the Council's duties under the Equality Act 2010 are supported by its partners.
- 10.4 Equality performance is monitored by collecting data on service usage, customer feedback and specific performance indicators. Where service changes affecting residents or service users are proposed, equality impact assessments will be undertaken, and where needed, these will include consultation with residents or service users.
- 10.5 The Equalities measures adopted by the joint Public Health Service in support of the Corporate equalities and diversity strategy are provided in the 2014/15 Service Plan.

11. Consultation and Engagement

- 11.1 During the process of formulating budget and Corporate Plan proposals for 2013/14 onwards, three phases of consultation took place:
- Phase One (October 2012 – November 2012): Residents' Perception telephone survey
 - Phase two (November 2012 – January 2013): Corporate Plan consultation
 - Phase three (October 2012 – January 2013): Finance and business planning (including proposed budget) consultation
- 11.2 The results and impact on the Corporate Plan and budget are outlined in the Cabinet Report to Committee on the 5 March 2013 (Item 8). <http://barnet.moderngov.co.uk/ieListDocuments.aspx?CId=162&MId=6629&Ver=4>

12. BACKGROUND PAPERS

- 12.1 Minutes and decision of Cabinet Resources Committee 25th February 2014
Agenda Item 6:
<http://barnet.moderngov.co.uk/documents/g7520/Printed%20minutes%2025th-Feb-2014%2020.00%20Cabinet%20Resources%20Committee.pdf?T=1>
- 12.2 Report to Cabinet Resources Committee 25th February 2014:
<http://barnet.moderngov.co.uk/documents/s13261/Management%20Agreement%20report.pdf>)
- 12.3 http://www.barnet.gov.uk/downloads/download/1380/corporate_plan_indicators_201314_quarter_4
- 12.4 Performance and Contract Management Committee Minutes 11th June:
<http://barnet.moderngov.co.uk/mgCommitteeDetails.aspx?ID=693>