

ANNEX B:

PUBLIC HEALTH JOINT COMMISSIONING UNIT PERFORMANCE REPORT (PETERBOROUGH)

1. PURPOSE

The purpose of this paper is to provide an overview of performance of the public health contracts managed for Peterborough City Council, by the Cambridgeshire and Peterborough Public Health Joint Commissioning Unit (PHJCU).

2. BACKGROUND

The PHJCU was created in May 2017 and it brought together the Public Health Commissioning functions across Peterborough City Council and Cambridgeshire County Council. Three teams were formed, Drugs and Alcohol/Sexual Health, Integrated Lifestyles, and Primary Care. It is led by the Consultant in Public Health (Health Improvement) for Cambridgeshire and Peterborough. The model aims to bring together commissioning staff and Public Health staff to ensure that Public Health commissioning is informed by evidence of need and effectiveness, including cost benefits alongside robust commissioning practice. Health Improvement staff also continue to hold their wider roles in the public health team.

3. SCOPE OF THE PUBLIC HEALTH JCU

The PHJCU is responsible for the commissioning and performance monitoring of substance misuse, sexual health, lifestyles and all the primary care public health contracts. In addition, it also manages the commissioning and performance management of some smaller public mental health contracts. More recently the commissioning of the 0-19 Healthy Child programme pathway (health visiting and school nursing) has been included in the remit of the JCU, from October 1st 2018. It should be noted that all staff are involved in wider work with partners to develop joint pathways and commissioning, shared strategic approaches and policy development.

4. CURRENT CONTRACTS AND PLANNED PROCUREMENTS

Currently the JCU holds ten Peterborough City Council and forty Cambridgeshire County Council contracts. Please note this includes over 100 GP practices and 45 community pharmacies. There have been two contract awards involving PCC Services, following in-depth procurement exercises. These are:

- Cambridgeshire and Peterborough Workplace Service (started 1st June 2018)
- Cambridgeshire and Peterborough Healthy Schools Service (started 1st October 2018)

Procurements in progress or planned for the forthcoming year are outlined in Table 1

Table 1: JCU Current and Planned procurements 2018/19				
Service	Health Committee/Cabinet Lead Member approvals	Joint Commissioning Board approvals	Procurement Schedule	Current Status
In progress				
Planned 2018/19				
Cambridgeshire and Peterborough Integrated Sexual Health Services			Provisional TBC This is part of the work being undertaken for the PHE Commissioning Pilot	In first phase of Engage and Review Key work-streams include strategic sign up, service review, understanding need and establishing evidence base and best practice. An exemption is being sought to align with CCG commissioning cycle and also to ensure that there is adequate capacity.
Cambridgeshire Child and Adolescent Substance use Service (CASUS)	September, 2018	JCB May 2018 and then re-presented August 2018	Section 75 Integrated model delivered by CPFT (inc CJS provision)New Service: April 2019	Section 75 work is now underway. HR involved re transfer of 3 YOS staff members. Service spec to be developed over the next 2 months.
Cambridgeshire Controlled Drinkers Project	May 2018	JCB May 2018 – then represented to JCB in July 2018.	Invitation to tender: 15 Oct 2018 Contract Award: December 2018 New Service: April 2019	The JCB agreed at its meeting in July that the Controlled Drinkers Project should be retendered. A process of recommissioning the contract is now underway. The current contract ends on the 31st of March 2019.
Cambridgeshire and Peterborough Integrated Healthy Child Programme (0-19)	February 2019	December 2018	Proposed Section 75 integrated model delivered by CCS and CPFT	Integrated service model completed and Service Specification close to completion.

5. PERFORMANCE

The following is an overview of the performance of the main Peterborough City Council contracts that the Public Health JCU manages until the end of Q2 of 2018/19 financial year. Not all the Key Performance Indicators (KPIs) are included in the report but those considered to be key to achieving the service outcomes are presented

6. INTEGRATED SEXUAL HEALTH SERVICES

6.1 Integrated Sexual Health Services - Peterborough

The Integrated Sexual Health Services are provided by Cambridgeshire Community Services in Peterborough. Overall the performance is good and most of the Key Performance Indicators that are being monitored are being achieved with a small number of exceptions. However the length of time between first contact and appointment offered, currently monitored for information only, is generally longer than the preferred threshold, reflecting pressures on the service.

Key Performance Indicators for information only:

Table 2: Percentage of people with STI needs, offered appointment or walk in within 2 working days of first contact.

Threshold	July	August	September
90%	73%	58%	68%

Table 3: Percentage of people with STI needs seen or assessed by a healthcare professional within 2 working days of first contact

Threshold	July	August	September
80%	73%	58%	68%

These two indicators assist sexual health services in terms of measuring the improvement of onward transmission of infection.

Table 4: Percentage of people with contraceptive needs, offered appointment to be seen within 2 working days of first contact

Threshold	July	August	September
95%	55%	55%	63%

Table 5: Percentage of chlamydia positive patients receiving treatment within 6 weeks of test date

Threshold	July	August	September
95%	89%	92%	87%

6.2.1 Activity

The tender submission for sexual health services activity was set at 20,000 attendances increased to 22,000 during a restructure in Year 1 of the service. Activity for contract year 4 (Jul 17- Jun 18) was 25,929 (22,491 plus 3438 DNA) which is 18% higher than the current service capacity.

7. DRUGS AND ALCOHOL SERVICES

All drug and alcohol providers submit their treatment outcome data to the National Drug Treatment Monitoring System (NDTMS) where it is cleaned and matched to national and local comparators. These outcomes can be found in the Diagnostic Outcomes Monitoring Executive Summary (DOMES) and are used to demonstrate performance. NDTMS data is also collected from Young People's Services and are again used in this report. This data can be used internally by public health commissioners, but is not allowable for publication until full quality checks and benchmarking have been carried out at national level, which means published information is significantly out of date. This report will therefore provide 'headlines' of performance, without publishing the detailed DOMES figures.

7.1.1 Background

The Integrated Drug and Alcohol Treatment Service commenced on 1st April 2016, delivered by Change Grow Live (CGL). The service brings together the previously separate elements of substance misuse treatment including adult and young people's drug and alcohol treatment, Hospital Alcohol Liaison Project; support for children of substance misusing parents/carers, needle exchange, pharmacy based supervised consumption and Tier 4 residential rehabilitation and detoxification.

Following the recommissioning exercise there was a dip in performance during the first year (16/17) of the contract in relation to the number of successful completions of treatment. A contract query was issued in June 2017 and commissioners put in place enhanced performance management mechanisms including a 'turnaround' period. The turnaround period ceased at the end of December 2017 as a result of the excellent progress CGL made in reversing its dip in performance and maintaining its recovered position. The service is still being closely monitored to help ensure the performance improvements are sustained.

7.1.2 Areas of Strength Q1 2018/19

- Significant increase in the numbers in treatment since the contract started on the 1st of April 2016 despite a reduced budget envelope
- Successful completions of treatment for opiates close to top quartile/Alcohol completions of treatment above national averages/alcohol and non-opiates still in top quartile range.
- Penetration rates (i.e. estimated proportion of residents with a drug and/or alcohol misuse problem who attend treatment services) remain strong
- Opiate, crack, and cocaine abstinence rates are excellent
- There has been an improvement in successful treatment completions for opiates and alcohol for the criminal justice cohort and the proportion of criminal justice clients engaged in treatment is higher than national average
- Clients who leave criminal justice settings and picked up in the community within 42 days is excellent (almost at 100%).
- Young people's excessive drinking has improved since the last quarter and over time. YP are drinking less on their own at treatment exit and showing less excessive drinking at the start of treatment.
- YP reduction in smoking and cannabis use at treatment exit
- 90% of YP successfully completing treatment across all substances – well above national average

7.1.3 Areas for Improvement – Q1 18/19

At the Q1 performance meeting held with CGL in October a number of areas for improvement were noted, as below. These issues are included within the Service

Quality Improvement Plan (SQIP) and/or on the risk/issue log shared between commissioners and CGL.

- Drop-off in successful treatment completions for non-opiates.
- Drop-off in alcohol/non-opiates treatment completions, possibly related to referrals from Family Safeguarding.
- Proportions of clients in employment needs to be improved. The service is linking in with the Job Centre and the Work and Health Programme to address this issue.
- Alcohol abstinence rates related to staffing issues
- Lower than expected referrals to safeguarding and early help – these are now starting to pick up and a Safeguarding Audit is planned for early next year to further explore performance in this area.
- Low smoking cessation rates – CGL has linked up with the Tobacco Control Group in Peterborough.
- Low take up of HBV vaccinations. Staff have been provided with refresher course training on this area and plans are in place to improve.
- Criminal Justice Successful Completions – Some recent improvement. Issues with sharing information on release from prison is still a concern. CGL attended a recent offender workshop aimed at improving offender pathways and a countywide task and finish group is being set up to take forward actions identified at the workshop.

8. INTEGRATED LIFESTYLE SERVICES

In Peterborough the Lifestyle Service, which focusses on supporting behaviour change which will prevent development of long term conditions like heart disease and diabetes, is commissioned from Solutions4Health. , A number of service advisors are multi-lingual which enables services to be delivered to a greater number of Peterborough's diverse community.

Services delivered include:

- Health Trainers
- Falls Prevention Health Trainer
- Stop Smoking
- Adult Weight Management (Tiers 2 & 3)
- Child Weight Management (Tier 2)
- Physical Activity
- Outreach NHS Health Checks
- Behaviour Change Training

The following graphs show performance against the main service areas.

8.1 Health Trainer Service

The Health Trainer service is delivered across the City and has specific requirements to support those living in the 20% most deprived areas of Peterborough. The service also has specific targets related to routine and manual workers, BME residents and people with mental health problems.

Figure 6: Health Trainer Service – Personal Health Plans Produced & Completed

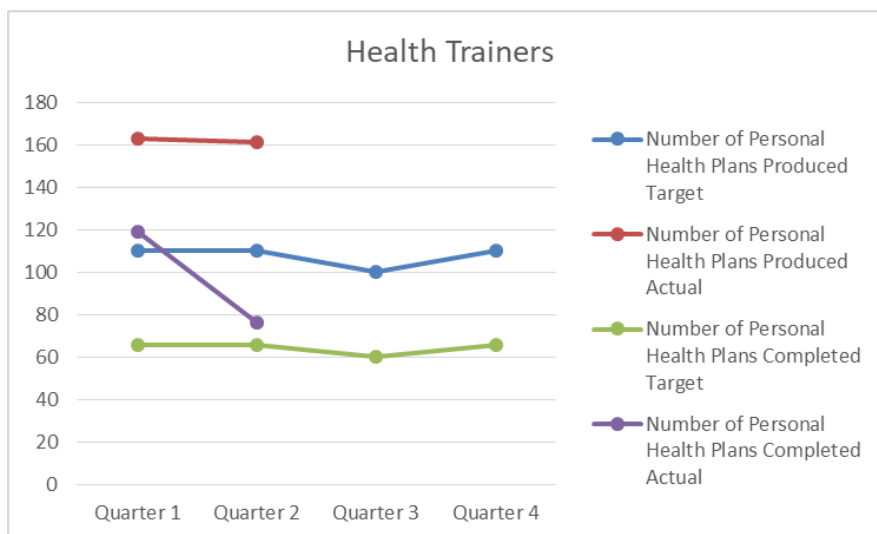
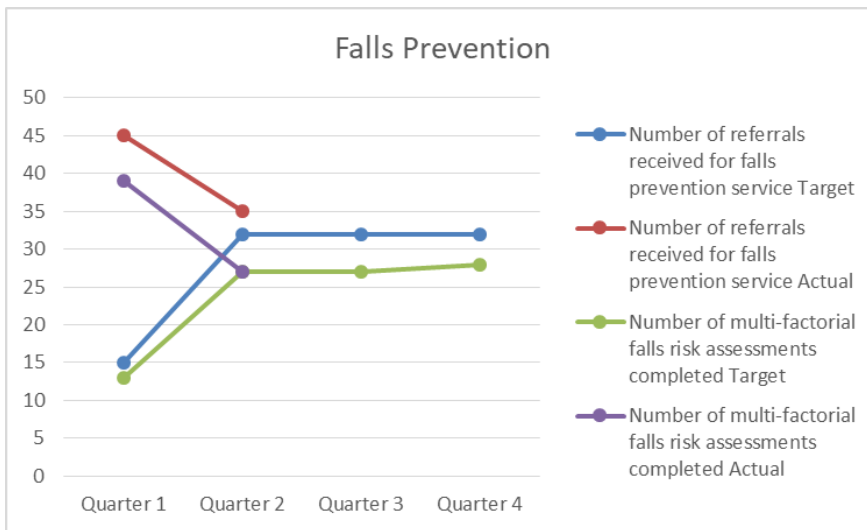


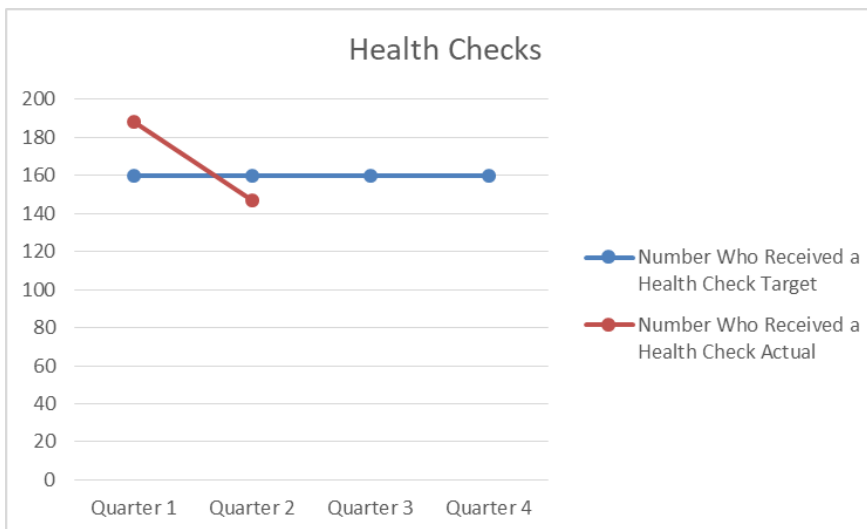
Figure 7 Health Trainer: Falls Prevention



8.2 NHS Health Checks

GP practices continue to be commissioned to undertake health checks. In addition Solutions4Health provides outreach health checks which complement the GP provision by targeting hard to reach groups across the city.

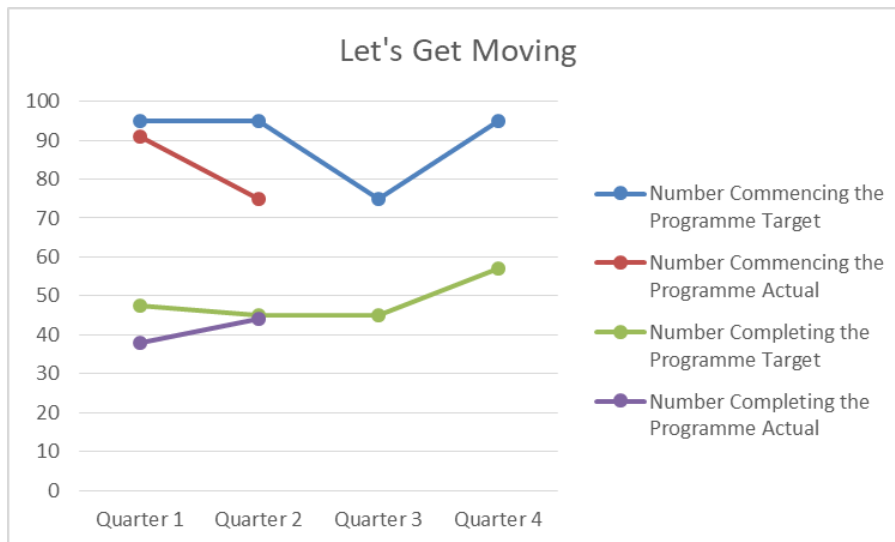
Figure 8: Outreach NHS Health Checks



8.3 Physical Activity Let's Get Moving

The Let's Get Moving service is a physical activity service to support those people who are not achieving the recommended level of physical activity or have a long term condition to be more active and discover new opportunities.

Figure 9: Percentage completing a Let's Get Moving course



8.4 Weight Management

Adult Weight Management – Tier 2

This is an evidence based group programme delivered in the community, which offers dietary advice, physical activity and behavior change techniques.

Figure 10: Adult Weight Management Tier 2 - Shape up for Life

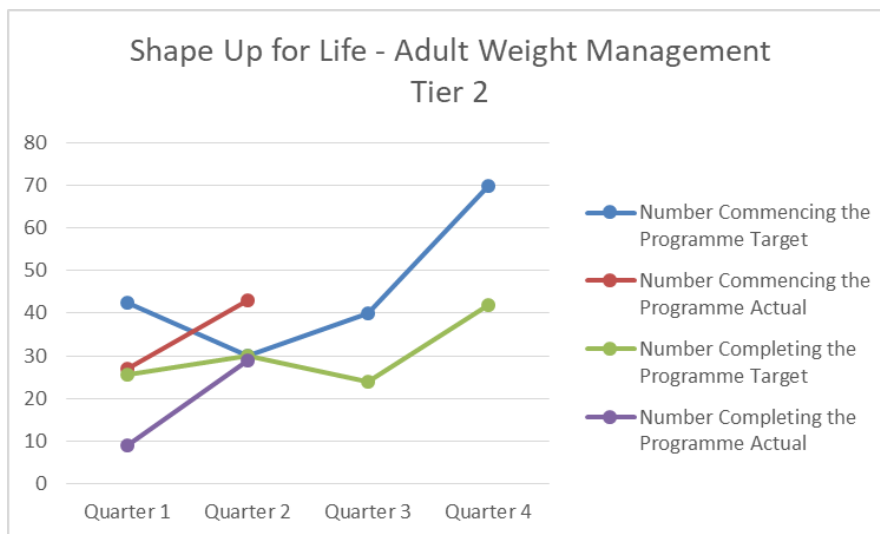
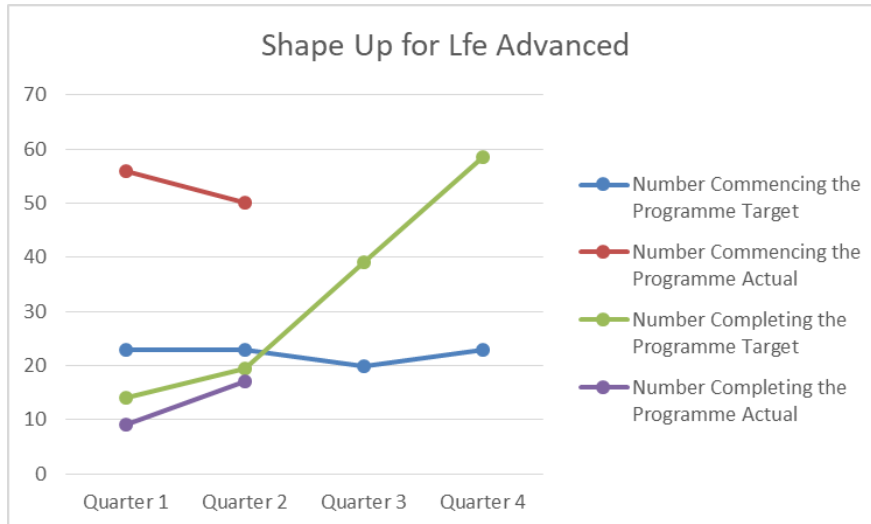


Figure 11: Adult Weight Management Tier 2 – Advanced

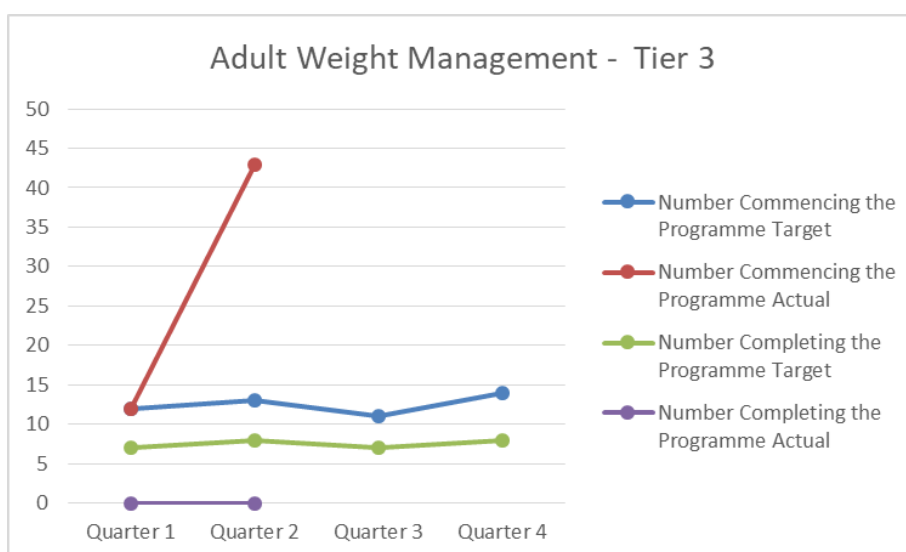
In addition to the standard group based programme, the Service also delivers group based or one-to-one support to individuals with higher needs often waiting to be seen within Tier 3.



Adult Weight Management - Tier 3

This aspect of the contract is delivered by Cambridge University Hospitals NHS Foundation Trust (CUHFT) – Addenbrookes, with sessions held at the Peterborough City Care Centre. No completion data is available as the course last up to year and the Service started in January 2018.

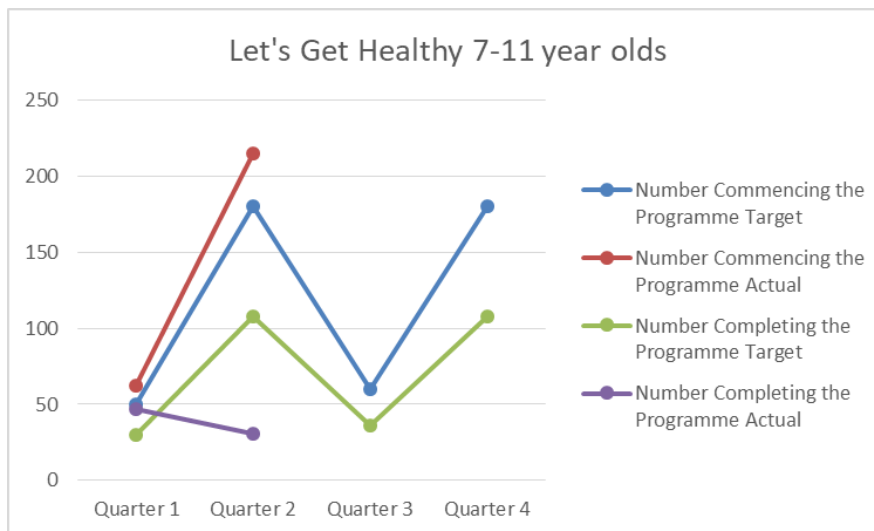
Figure 12: Adult Weight Management Tier 3



Child Weight Management – Tier 2: Let’s Get Healthy

This programme is delivered in a number of Peterborough schools, which have been selected due to a higher prevalence of overweight or obese children. It works with children and their families around eating well, being physically active and healthy weight status.

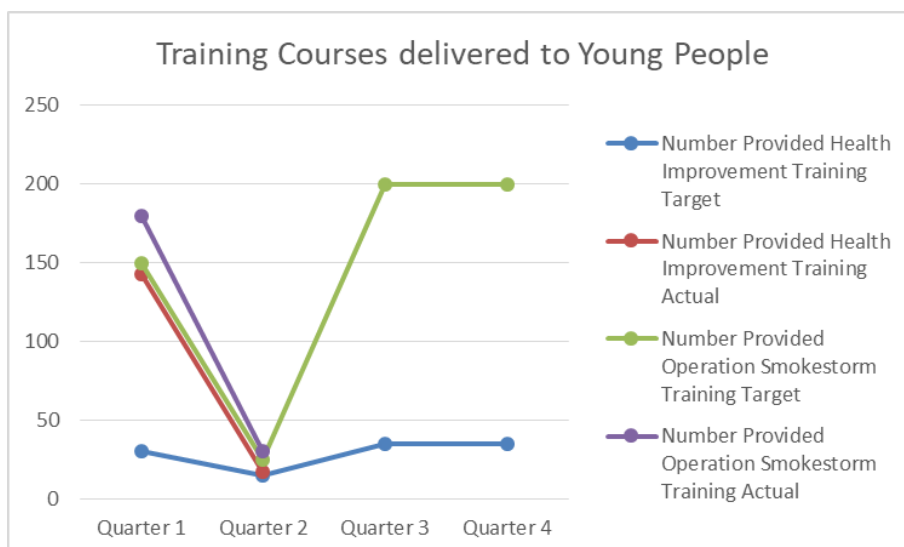
Figure 13: Child Weight Management – Tier 2: Let’s Get Healthy 7-11 year olds



8. 5 Health Improvement courses in schools

The service delivers Royal Society of Public Health Level 2 training in secondary schools as part of the local Youth Health Champion initiative as well as the tobacco educational training tool Operation SmokeStorm designed to inform children of the harm caused by tobacco.

Figure 14: Training Courses Delivered to Young People



8.6 Commentary

Overall the Service has performed well during quarter 2.

The adult weight management tier 3 service began delivery in January 2018. The number of clients commencing the tier 3 service has exceeded target, but due to the length of the intervention data is not currently available for the number completing the programme.

The child weight management programme is also performing well, a high number of families have commencing it, however outcomes are still to be collected and reported.

(Please note Stop Smoking Performance across all providers is found in the Primary Section)

9. PRIMARY CARE COMMISSIONING OVERVIEW

A number of public health services are commissioned from primary care, that is, GP practices and community pharmacies. The table below identifies the services commissioned in Peterborough.

Table 15: Primary Care Contracts in Peterborough

Service	Peterborough					
	GPs	No. of contracts sent out	No. returned and delivering	Comm. Pharm.	No. of contracts sent out	No. returned and delivering
Stop Smoking	X	23	9	x	16	1
NHS Health checks	X	23	19	N/A	N/A	N/A
Long acting reversible contraception (LARCs)	X	24	20	N/A	N/A	N/A
Emergency Hormonal Contraception	N/A	N/A	N/A	x	30	16

The Local Pharmaceutical Committee have agreed that all local Pharmacies access the Making Every Contact Count Health Conversations training.

10. STOP SMOKING SERVICES

Primary care has been providing stop smoking services for a prolonged period. The core stop smoking services delivered by Solutions4Health support GP practices to deliver the services through training and ongoing problem solving. Individual practices are provided with targets and there are aggregated targets for the two areas. In some practices the core stop smoking services provide some or all of the practice service and this is reflected in the payment structures. In Peterborough the majority of treatment episodes are now provided directly by the core stop smoking services, which deliver the service in 21 GP practices. Peterborough prison is also proactive in supporting smokers to quit and these figures are included in the overall Peterborough stop smoking activity.

10.2 Stop Smoking Services - Peterborough

Figure 16: Solutions4Health Stop Smoking Performance

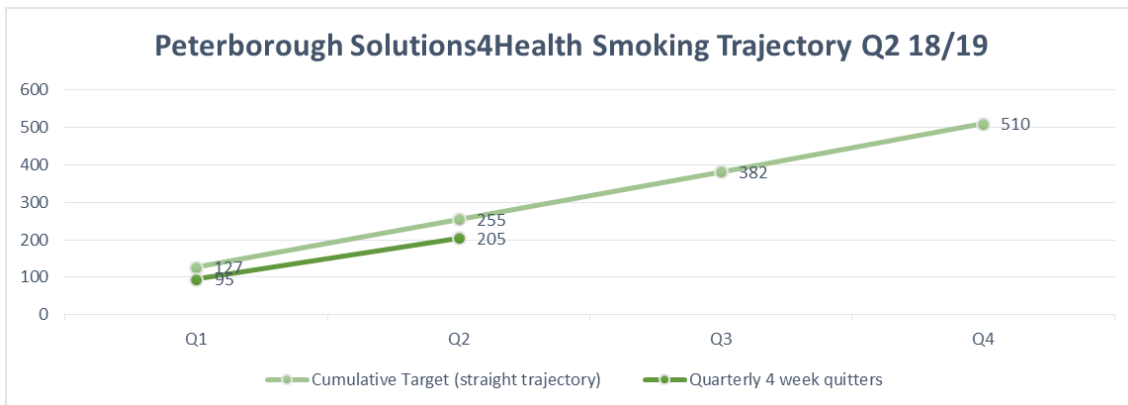
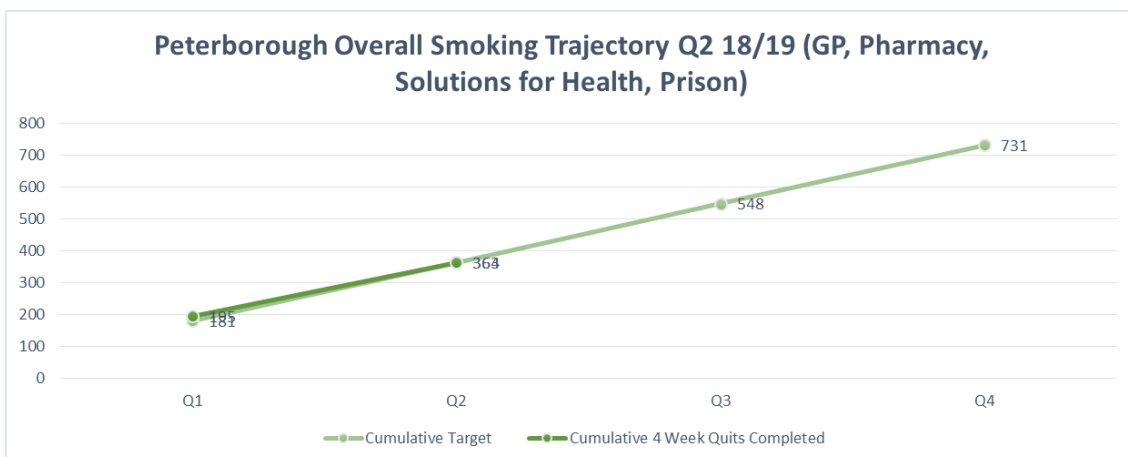


Figure 17: Overall Stop Smoking Performance



11. LONG ACTING REVERSIBLE CONTRACEPTION (LARCS)

The trajectories below are based on last year's out-turn and there is an ambition to maintain the same level of activity.

11.2 LARCs – Peterborough

Figure 18: LARC Implants Insertions

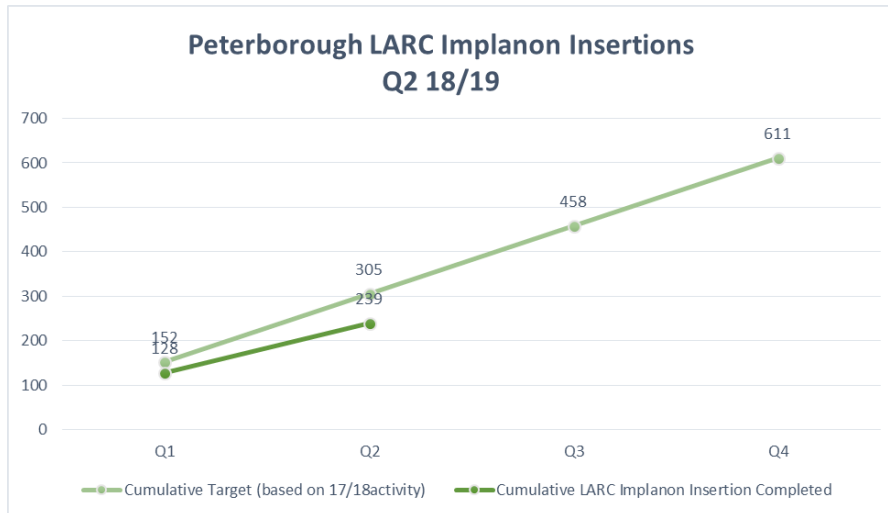


Figure 19: LARC Implants Removal

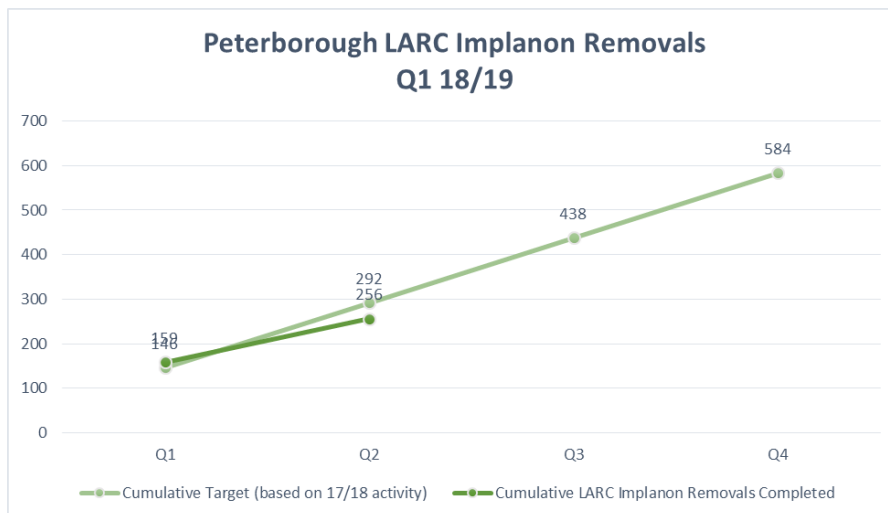


Figure 20a: Total LARC IUCD Insertions

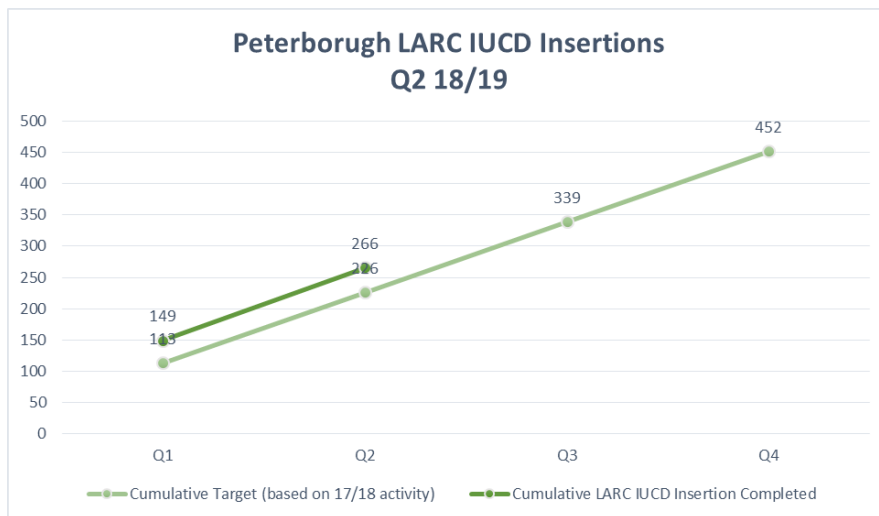
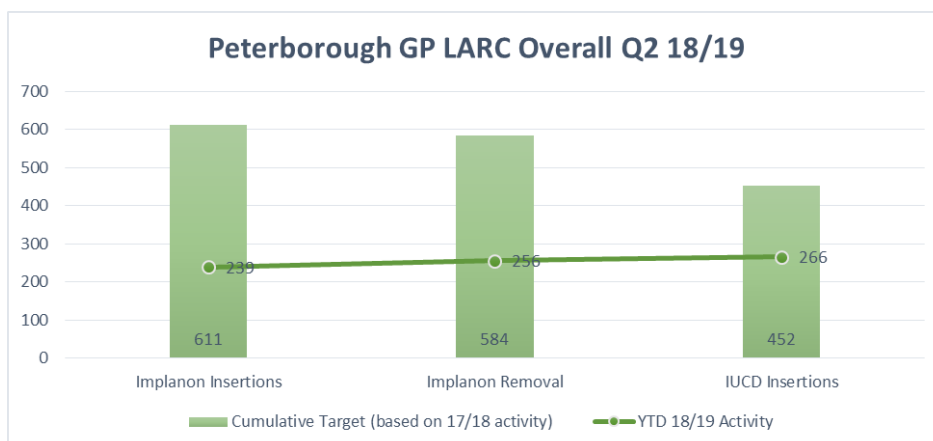


Figure 21: Overall Summary LARC Performance



Commentary

Performance and data quality in Peterborough is improving. The key challenge for the GP provided LARCS is the decreasing number of trained GP practice staff to deliver the service. This reflects the increasing number of GPs who have retired and the need for training. A training programme was commissioned for Cambridgeshire which Peterborough practices are now also accessing.

12. NHS HEALTH CHECKS

12.1 NHS Health Checks – Peterborough (See Lifestyle Section for Outreach HCs)

Figure 22: GP Health Checks

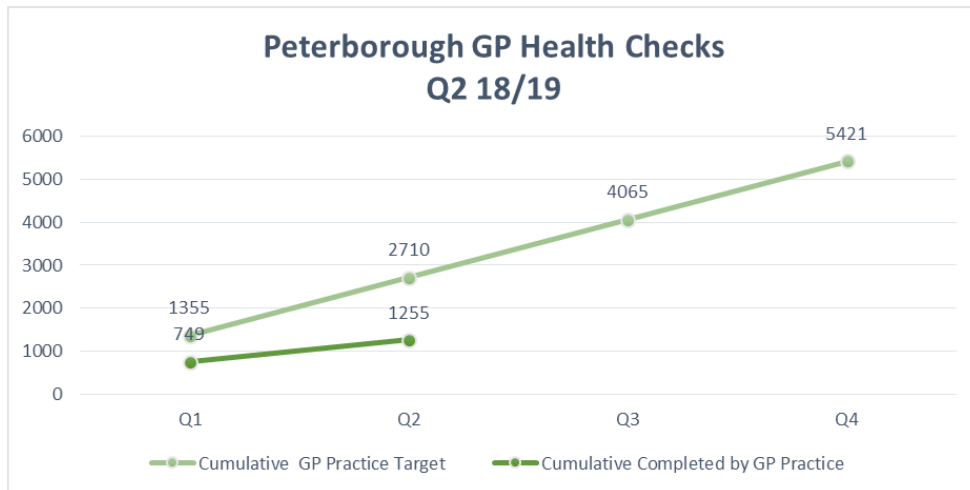


Figure 23: Peterborough Overall NHS Health Checks

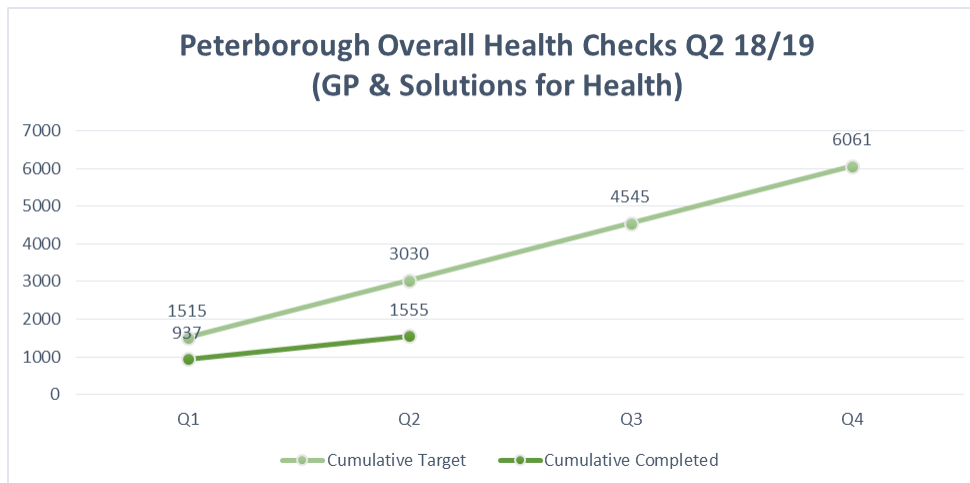
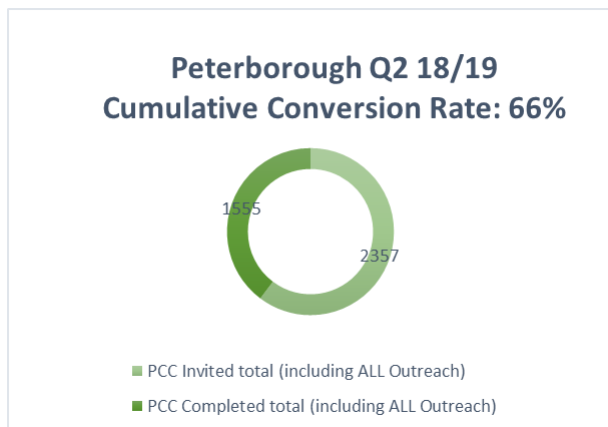


Figure 24: NHS Health Checks Conversion Rate



Commentary

There does appear to be a drop in activity but this is due to late data submissions from GP practices. The quality of the data has improved and the conversion rates in both Cambridgeshire and Peterborough are excellent. The team continue to work with the CCG primary care information team to improve the quality of the data collection and reporting templates. And the team continue to work in partnership with the practices to ensure the quality of the delivery of the Health Checks meets national standards.

13. EMERGENCY HORMONAL CONTRACEPTION (EHC)

The Peterborough EHC Service was re-commissioned in 2017/2018 and a significant amount of work was done in the second half of last year to ensure Pharmacies received the relevant training. The results of this work are now beginning to show, as we have seen an increase in the number of claims being made. There is ongoing work to engage pharmacies.

Figure 25: Peterborough Community Pharmacy EHC Consultations

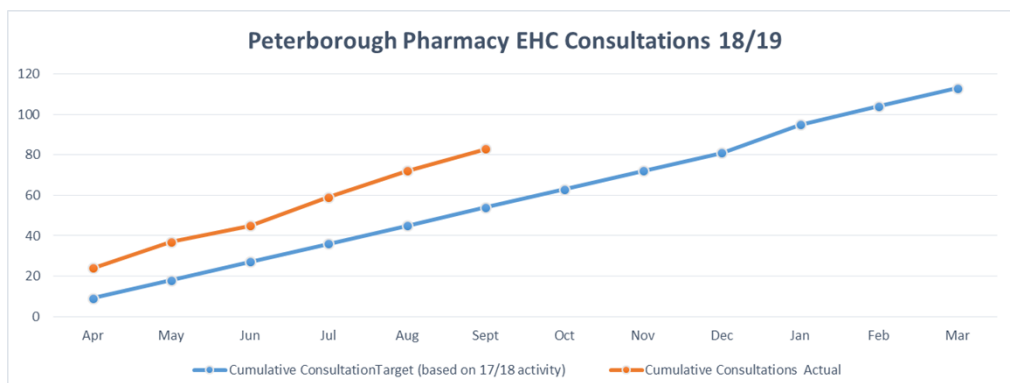
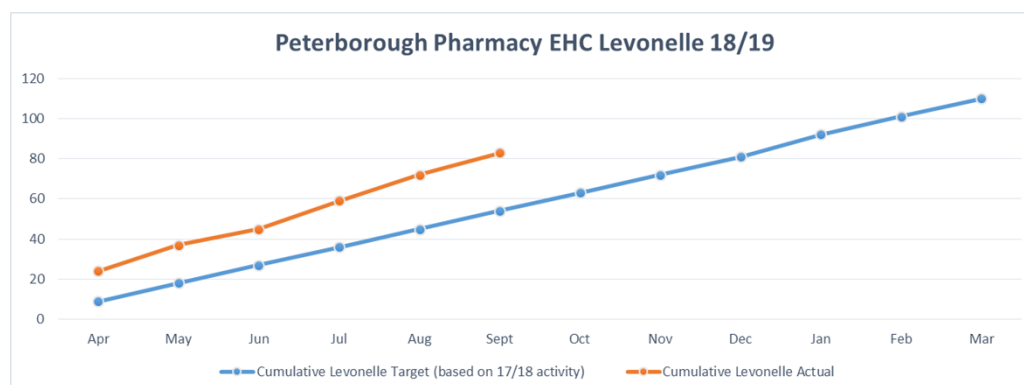


Figure 26: Peterborough Community Pharmacy EHC Levonelle Dispensed



14. HEALTHY WORKPLACE SERVICE

From 1st June 2018 Cambridgeshire County Council (CCC) and Peterborough City Council (PCC) have jointly commissioned Everyone Health to provide health improvement interventions within workplace settings. There is a particular focus on targeting employers with routine and manual workers to improve access for this group and tackle health inequalities.

The targets for the workplace programme focus upon numbers of new employers engaged, numbers of Mental Health First Aid Lite training sessions delivered and number of employers accessing support networks provided (in order to maintain engagement with workplaces involved in the programme).

Health Champion training sessions are also provided to ensure that volunteers within engaged organisations can signpost to local services and run health focused campaigns for staff. The programme is closely aligned with the Integrated Healthy Lifestyle Services in Peterborough area to ensure outreach NHS Health Checks, weight management and other services are part of the workplace health 'offer' for employers across both areas.

Commentary

Sport and Leisure Management Ltd (Everyone Health) were awarded this contract in March 2018 and delivery commenced from June 2018.

Challenges around recruitment and staff changes have led to the need for an extended mobilisation period for this contract. Regular meetings have been held with the Provider and support for mobilisation provided to the staff. Steady progress towards KPIs is being made, including the delivery of a Workplace Network meeting and Mental Health First Aid training. Formal reporting is starting in November 2018.

15. HEALTHY SCHOOLS PROGRAMME

From 1st October 2018 Everyone Health have been jointly commissioned by Cambridgeshire County Council (CCC) and Peterborough City Council (PCC), in partnership with the Office of the Police and Crime Commissioner (OPCC), to deliver a local healthy schools programme that will focus on building resilience in children and young people to reduce the risk of them adopting unhealthy, harmful or risk taking behaviours. Central to the Programme is that the Provider will bring the different services working in schools together to develop a collaborative offer for schools.

In the first month of the contract Everyone Health agreed final staffing structures and delivery models with the commissioners and partners. The website is being developed and communications to schools and partners will be sent in the coming weeks. Regular meetings will continue to be held during the mobilisation phase.

16. HEALTHY CHILD PROGRAMME 0-19

The PHJCU took on commissioning of the Healthy Child Programme (Health visiting and school nursing) from October 1st 2018. The Healthy Child Programme in Peterborough is delivered by Cambridgeshire and Peterborough NHS Foundation Trust (CPFT). The following table shows trends in performance against the mandated health visitor checks for new babies and children up to the age of two – two and a half. Performance in Peterborough is generally good – at or above the national average.

Health visitor service delivery metrics: 2017 onwards in Cambridgeshire and Peterborough

Quarterly and annual datasets and commentary for local authority health visits to pregnant women, children and their families during pregnancy and early childhood.

2017/18

	2017/18 Quarter 1 (July 2018 release)						2017/18 Quarter 2 (July 2018 release)						2017/18 Quarter 3 (July 2018 release)						2017/18 Quarter 4 (July 2018 release)								
	C2: New birth visits within 14 days	C3: New birth visits after 14 days	C8I: 6 week reviews	C4: 12 mth reviews by 12 mths of age	C5: 12 mth reviews by 15 mths of age	C6I: 2.5 yr reviews using ASQ 3	C2: New birth visits within 14 days	C3: New birth visits after 14 days	C8I: 6 - 8 week reviews	C4: 12 mth reviews by 12 mths of age	C5: 12 mth reviews by 15 mths of age	C6I: 2.5 yr reviews using ASQ 3	C2: New birth visits within 14 days	C3: New birth visits after 14 days	C8I: 6 week reviews	C4: 12 mth reviews by 12 mths of age	C5: 12 mth reviews by 15 mths of age	C6I: 2.5 yr reviews using ASQ 3	C2: New birth visits within 14 days	C3: New birth visits after 14 days	C8I: 6 - 8 week reviews	C4: 12 mth reviews by 12 mths of age	C5: 12 mth reviews by 15 mths of age	C6I: 2.5 yr reviews using ASQ 3			
England	86.2%	11.2%	81.6%	74.4%	82.6%	75.7%	88.0%	9.9%	84.3%	75.4%	82.5%	75.8%	92.1%	88.6%	9.5%	85.7%	76.5%	83.3%	76.1%	91.5%	88.5%	9.7%	84.9%	77.6%	82.1%	76.4%	88.7%
Cambridgeshire	94.6%	2.8%	93.4%	87.2%	87.2%	80.8%	95.2%	2.9%	86.2%	80.5%	87.3%	78.8%	87.9%	95.3%	2.8%	89.9%	83.3%	81.2%	80.7%	91.7%	95.8%	2.2%	84.3%	78.5%	85.2%	76.9%	93.7%
Peterborough	90.0%	6.0%	87.9%	80.3%	95.4%	71.9%	91.4%	6.0%	87.3%	82.6%	94.3%	80.0%	94.9%	90.4%	6.3%	88.8%	84.8%	93.9%	87.5%	96.4%	89.5%	7.2%	89.1%	82.9%	91.5%	79.3%	-

2018/19 – Quarter 2 provisional, data supplied from Performance monitoring workbooks

	2018/19 Quarter 1 (October 2018 release)						2017/18 Quarter 2 (local quarterly performance reports)						
	C2: New birth visits within 14 days	C3: New birth visits after 14 days	C8I: 6-8 week reviews	C4: 12 mth reviews by 12 mths of age	C5: 12 mth reviews by 15 mths of age	C6I: 2.5 yr reviews using ASQ 3	C2: New birth visits within 14 days	C3: New birth visits after 14 days	C8I: 6-8 week reviews	C4: 12 mth reviews by 12 mths of age	C5: 12 mth reviews by 15 mths of age	C6I: 2.5 yr reviews using ASQ 3	
England	88.3%	9.2%	85.5%	77.0%	81.9%	76.5%	n/a	n/a	n/a	n/a	n/a	n/a	
Cambridgeshire	95.3%	2.4%	95.0%	71.2%	85.1%	84.9%	92.2%	2.4%	91.7%	81.2%	77.4%	72.3%	97.8%
Peterborough	90.1%	7.4%	88.3%	85.3%	93.0%	90.3%	87.5%	n/a	88.6%	85.3%	90.7%	84.6%	86.4%

'-' Failed stage 2 validation

Source: Public Health England <https://www.gov.uk/government/publications/health-visitor-service-delivery-metrics-2017-to-2018>

Quarter 2 2018/19: Data from trust performance reports, national data not available

Indicators are benchmarked against the England average and are colour coded to indicate their rating:

	Statistically significantly better than the England average
	Statistically similar to the England average
	Statistically significantly worse than the England average

17. BUDGET OVERVIEW

All the contracts with the exception of those with primary care and out of area sexual health attendances are block contracts.

18. THE IMPACT OF SAVING REQUIREMENTS

A key challenge for the PHJCU is to secure the cash savings that are required for the Public Health Directorates in both local authorities.

In Peterborough, the approach has been to reduce the contract value throughout the life of the contract. The rationale being that as the contracts embed efficiencies can be found. However, the financial pressures have become more acute in Peterborough and additional efficiencies and innovative approaches are being sought to create savings.

19. BUDGET PRESSURES

There are ongoing pressures in the Peterborough iCaSH reflecting savings and demand pressures. There have been some clinic closures and additional funding has been made available. This will be reviewed as part of the wider recommissioning of the iCaSH contract across Peterborough and Cambridgeshire planned for 2019/20. There are also pressures in CGL budgets due to increase in price of Buprenorphine – a drug used to support opiate treatment.

20. SUMMARY

This report only details main higher value or higher profile contracts and how any issues are being managed. Currently, there are no outstanding performance issues relating to the Public Health JCU contracts not described here.

This page is intentionally left blank